

EMPLOYEE SELF-  
CONFIDENCE:  
AN EXPLORATION OF  
INTERVENTIONS

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## Acknowledgements

### For Winnie, Maureen and Willie

*Your Granny left school aged 12 - lots of siblings behind her to care for, dress and feed. Your mother was 14 when she left school. I too abandoned the books at 14. Recall Ronnie Delaney from Dublin, winning the 1500m in Melbourne in 1956, the day before I began work as a shop boy.*

*William Murtagh  
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I would like to take this opportunity to extend my heartfelt appreciation and gratitude to Rachel Lewis and Joanna Yarker. I can only imagine the insight, time, energy, knowledge and tenacity that was required of you both, to not only envisage this Professional Doctorate process, but then to subsequently bring it to life. With a family and demanding job, enrolling on a full-time PhD programme was just not possible for me. I am therefore so fully aware that without all your foundational effort, I would never have had the opportunity to accomplish this goal; and so, for that alone, Jo and Rachel, I will be forever grateful to you both. Equally, I am so very privileged and humbled to have had the opportunity to experience you both in your many roles as my supervisors, mentors, teachers, coaches, counsellors and friends. On numerous occasions over this last two years, your authenticity, kindness, steadiness, expertise and generosity has left me in awe. Thank you both, sincerely, for it all...

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Gary... simply and forever, 'heaven's doors'.

And Ma, this would not have been possible without you doing all that you did for us... I do so hope that, somehow, you do know that we know...

## Abstract

A large body of research exists attributing the construct of self-confidence to a range of individual and organisational workplace outcomes. However, a synthesis of the evidence base exploring the existence, impact and efficacy of self-confidence interventions in the workplace had not yet been completed. Hence, as the first phase of this doctorate, a systematic literature review was undertaken to identify, collate and critically assess related scholarly research.

Despite the everyday and common use of the term by the general population, academically, the construct of self-confidence remains misunderstood and confused, particularly with regards to its interrelationships with the constructs of self-efficacy and self-esteem. Whilst some researchers assert that self-confidence, self-esteem and self-efficacy are synonymous, others point to conceptual differences between these three constructs. Therefore, for the purposes of this Systematic Literature Review, the decision was made to explore all three constructs under the umbrella term of self-confidence.

An initial search of four academic databases identified 10,537 titles linking self-confidence to workplace interventions. Of these, nine published empirical papers met the inclusion criteria.

Despite the variable quality of the papers and the heterogeneity in the design and implementation approach used, some initial evidence to support to the benefit of related training and non-training self-confidence interventions in the workplace was identified (with at least one of the dependent variables demonstrating a statistically significant change in seven of the nine studies reviewed). In terms of work-related performance outcomes, these included improvements in: organisational commitment; job satisfaction; selection interview performance; psychological capital and leadership capabilities. However, due to the heterogeneous nature of the intervention designs used, no firm conclusions could be drawn as to which interventions are the most effective at developing employee self-confidence.

In their most recent survey, the International Coaching Federation (ICF) established that “increased self-confidence” (ICF, 2017 p.9) was the second most commonly cited reason individuals gave for pursuing executive coaching. With evidence suggesting that executive coaching is an effective mechanism in the enhancement of self-confidence, the link between the two fields is firmly established. However, the growing field of executive coaching is not without its issues, with the lack of standardisation of practitioner approach having been recently highlighted as a key area of concern. Hence, in direct response to the challenges raised by Grover and Furnham (2016 p.36) for prospective researchers to “engage multidisciplinary audiences” to develop “best practice guidelines”, the second phase of this doctorate, sought to converge the field of executive coaching with that of self-confidence to produce a framework of guidance for use by executive coaches supporting employees with low self-confidence.

A four-staged Delphi study methodology, involving a panel of 38 multidisciplinary experts, was applied over a period of six months. Three separate aims were achieved simultaneously. Firstly, experts consensually amalgamated the two fields of executive coaching and self-confidence; secondly, a relevant and focused framework of guidance for use by an executive coach in the support of employees with low self-confidence was created; and thirdly, a foundational evidence base for use as helpful precursor to more sophisticated analytical and predictive future research was also developed.

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## **Part 1:**

### **Professional doctorate background**

#### **Professional practice statement**

As a Chartered Occupational Psychologist, I am exempt from the first module (Professional Practice Portfolio) of the Professional Doctorate. This thesis therefore satisfies the requirements for Part 2 of the Professional Doctorate (Research Thesis). The following provides a summary of my professional practice as context to this thesis.

I completed my M.Sc. in Occupational Psychology at The Queen's University, Belfast in December 1991. In parallel, I joined Coopers & Lybrand, London (now PriceWaterhouseCoopers) as a Management Consultant. Over a period of 15 years, I specialised in delivering leadership development, recruitment and talent management, systems integration, business process reengineering, merger and acquisition and change management programmes for national and international clients. I then moved to Portugal, where I ran my own Consultancy Firm. During these 10 years, I provided strategic support, leadership development, assessment services and executive coaching services to European businesses. I achieved my Qualification in Occupational Psychology (Stage 2) with the British Psychological Society in September 2015.

Currently based in Belfast, as the owner of Clavey Consulting, I deliver bespoke transformational change interventions at a strategic, systemic, cultural, team and individual level to clients in a range of industrial sectors. I also specialise in the delivery of executive coaching services, particularly to high performing leaders and ambitious rising talent, to enable them to further develop their self-confidence, strategic thinking, influencing ability, sense of authority and application of institutional and personal power. Within this privileged space, I find myself continually shocked at how many people, who outwardly appear to be so self-confident, recount the daily challenges they face as a direct consequence of their lack of self-confidence. Whilst their journeys and stories are different, the debilitating pain, fear and inner turmoil is similar. Aware of how much suffering comes as a consequence of lacking in self-confidence, and conscious of how much human potential could be unleashed if such

individuals could become more assured in themselves, spurred me to undertake this journey of discovery. My hope in undertaking this programme was to develop robust guidelines for use in that space. I am delighted to say that that hope has been realised.

## **Publications arising from this thesis**

### **Peer reviewed conference presentations**

Murtagh, M., Lewis, R. and Yarker, J. (under review) 'Supporting employees with low self-confidence: a Delphi study to develop executive coach guidelines'. Paper submitted or presentation in January 2020, to the British Psychological Society Division of Occupational and Psychology Annual Conference, Stratford-upon-Avon, UK.

Murtagh, M., Lewis, R. and Yarker, J. (under review) 'Exploring the prevalence, impact and effectiveness of self-confidence workplace interventions: A systematic literature review'. Paper submitted for presentation in March 2020, to the British Psychological Society Division of Occupational and Psychology Northern Ireland Annual Conference, Belfast, UK.

Murtagh, M., Lewis, R. and Yarker, J. (under review) 'Supporting employees with low self-confidence: a Delphi study to develop executive coach guidelines'. Paper submitted for presentation in March 2020, to the British Psychological Society Division of Occupational and Psychology Northern Ireland Annual Conference, Belfast, UK.

## Part 2:

### Exploring the prevalence, impact and effectiveness of self-confidence training interventions in the workplace: a systematic literature review

#### Abstract

Despite the existence of a large and diverse body of research attributing the construct of self-confidence to specific organisational and individual workplace outcomes, less is known about how self-confidence is developed in the workplace and which interventions are most effective. This is in stark contrast to the domains of health and sports performance where the impact of self-confidence training is both thoroughly explored and well documented.

Cognisant of the fact that no systematic reviews of self-confidence interventions in the workplace currently exist, this exploratory synthesis aims to identify, collate and assess, what workplace self-confidence interventions have been conducted, for whom, in what circumstances, with what outcomes and with what efficacy.

Our review identified a total of 10,537 scholarly references which link self-confidence to interventions applied in the workplace. Following a rigorous paper inclusion process, nine published empirical studies were approved by all three authors, as eligible for this systematic literature review.

The subsequent evidence assessment suggests the research results are extremely varied in terms of quality and strength. There is, however, some initial support to suggest there may be beneficial outcomes to self-confidence interventions in the workplace. These include improvement in employee self-confidence, as well as a variety of workplace performance-based and related outcomes (including, psychological capital, job satisfaction, organisational commitment, intention to quit, reduction of employee turnover, leadership capabilities, human relations, motivational and cognitive cultural intelligence and selection interview

performance). However, due to the lack of homogeneity in design and implementation, no firm conclusions can be drawn as to the most effective self-confidence approach or content.

Our paper provides new insights and specific recommendations based on the synthesis of these papers, in order to inform future research in the areas of personal capability and organisational development. We suggest that future research utilises longitudinal and comparative experimental designs to assess the efficacy of training interventions and to better inform the approaches and techniques used by professionals working across coaching, training and organisational development.

**Keywords:** Self-confidence; self-esteem; self-efficacy; workplace; training; interventions; systematic literature review.

## Introduction

*“How we behave, think and emotionally respond to various situations is impacted by our self-confidence” (Bandura, 1977).*

Humans have an innate tendency to avoid rather than embrace change, favouring familiarity and predictability over uncertainty and disruption (Boswell, Olson-Buchanan and Harris, 2014). However, current workplace environments, as characterised by “always on cultures”, “complex situations and interrelationships” (Donaldson-Feilder, Lewis and Yarker, 2018 p.12) as well as less stable career paths and rapid technological developments (Savickas et al., 2009) are demanding. They create an expectation that employees need to relentlessly rise to the challenge, keep pace by constantly adapting, as well as consistently deliver at high levels of performance, in order to drive organisational profitability. Almost twenty years have passed since Addleson (2000) first challenged organisations to raise their awareness to the detrimental consequences of a bottom-line focus, over that of the psychological well-being of the individual employee. During this time, a significant body of evidence has been established which documents the negative impact of this emphasis on organisational performance over employee well-being (Lantz Friedrich, Sjöberg and Friedrich, 2016; Guest, 2017). The resultant pressure put upon employees “may easily translate into employee worries over the possibility of job loss, job changes, and dealing with new technology”

(Stajkovic, 2006, p. 1208). Within such an unstable workplace climate, employees may easily lose their motivation (Armenakis and Bedeian, 1999) if they are not confident to handle the demands of changing conditions (Gilstrap, 2015).

Self-evaluations, such as self-confidence, are long known to have a positive impact on the commitment, capacity and well-being of the employee. Chen, Gully and Eden (2004) established that such self-regulatory personal-level resources have a strong impact on motivation, behaviour and performance in work settings. Other studies have confirmed that interventions aimed at developing self-evaluations, have a positive impact on both job satisfaction (van Seggelen-Damen and van Dam, 2016) as well as psychological well-being (Robertson and Felicilda-Reynaldo, 2015). Specifically, researchers have also confirmed that the self-evaluative process of self-confidence, is a predictor of job satisfaction, organisational commitment and psychological well-being (Avery, Avolio and Luthans, 2011). Within the current workplace landscape, characterised by competitive and transitioning cultures and environments, self-evaluation strategies represent a useful approach for organisations to focus upon strengthening, in order to mitigate the negative effects of undesirable employee states, whilst simultaneously enabling the delivery of sustainable high performance.

## **Background**

### **Self-confidence**

From my work as both a psychologist and a coach, it is apparent that self-confidence is recognisable. Not only do we notice it within ourselves, but we also observe it in others. Within ourselves, we have a sense of when we have it, as well as an awareness of when we don't. Often a source of envy, as well as awe, most of us yearn for more. Interestingly, despite the popular, everyday use of the term "self-confidence" by the general population, academically, the construct remains complicated, misunderstood and confused. The confusion is most apparent when the relationship between self-confidence, self-esteem and self-efficacy is considered. Despite the existence of a large body of literature which proports that self-confidence, self-esteem and self-efficacy are different constructs with their own

particular and unique characteristics which support their conceptual distinctness (Bandura, 1977; Cramer, Neal and Brodsky, 2009; Luthans et al., 2006; Tan and Alpert, 2013), the term self-confidence is, nonetheless, regularly used interchangeably with that of self-esteem (Hisrich, Dornoff and Kernan, 1972; Taylor, 1974; Brown, Dutton and Cook, 2001) and self-efficacy (Oney and Oksuzoglu-Guven, 2015).

Such interrelatedness between these three psychological factors is reinforced by the fact that academics interested in the areas of self-esteem and self-efficacy have identified similar workplace outcomes to those of self-confidence. Researchers have identified self-efficacy, (belief in one's ability to accomplish a specific task (Bandura, 1997, 2012)) as having: a positive impact on employee well-being (Xanthopoulou, Bakker, Demerouti and Schaufeli, 2007); job satisfaction (Gruman, Saks and Zweig, 2006); and work performance (Alessandri et al., 2015). Similar outcomes are attributed to self-esteem. Defined by Leary and Baumeister (2000, p.1) as "a person's appraisal of his or her value", it too has been identified as an important determinant of: employee well-being (Baumeister, Schmeichel and Vohs, 2007; Unal, Dogu and Cinar, 2018); job satisfaction (Andrade, Costa, Estivalette and Lengler, 2017; Feng et al., 2017); and workplace performance (Judge and Bono, 2001). Self-confidence has also been identified as having a positive impact on: employee well-being (Parlalis and Christodoulou, 2018); job satisfaction (Rashid, Habashy and Calopedos, 2018); and workplace performance (Chhetri, Gekara, Manzoni and Montague, 2018).

However, the differences between these three psychological factors becomes acutely apparent, when examined from the fundamental starting position of both an academic definition and a theoretical foundation. In contrast to self-efficacy (with its theoretical roots and definition grounded in Social Cognitive Theory (Bandura, 1997)) and self-esteem (first theorised and defined in 1890 by James), the construct of self-confidence lacks both a robust theoretical foundation as well as an accepted definition.

Despite, as Brott (2004) noted in his book, self-confidence being both orally and behaviourally verifiable, scholars have, as yet, failed to unanimously define it. Broadly, theorists in the area tend to view self-confidence as either a cognitive (i.e. evaluative) or an affective (i.e. emotional) concept. Proponents of the cognitive camp, including Castelfranchi



and Falcone (1998), acknowledge the impact of the past in the formation of self-confidence. Indeed, Siegrist, Gutscher and Earle (2005) defined self-confidence as the belief that certain future events will occur as expected, based on either a past experience or evidence. Additional aligned self-confidence definitions include: the degree of certainty one holds about a perception, event, or outcome (Merkle and van Zandt, 2006); an individual attribute concerning the belief that a judgment is accurate or correct (Berger, 1992); comprised of abilities and certainty based on knowledge (Gist and Mitchell, 1992); an opinion that cannot be hidden (Rotenstreich, 1972); a favourable opinion an individual holds about the estimation he makes under uncertainty (Guennif, 2002); a reliance stemming from persuasion or accompanied by it (Rotenstreich, 1972); an individual's certainty about his or her abilities (Vealey, 1986); and an aggregate of an individual's self-performance, self-evaluation and completed performances (Lenney, 1981).

Advocates of the affective camp include Compte and Postlewaite (2004), who conceptualised self-confidence as a feeling of assuredness and lack of anxiety. Aligned to this viewpoint, Kidwell, Hardesty and Childers (2008) asserted that self-confidence is decreased by feelings of frustration or doubt, as well as increased by positive feelings, such as love and happiness. Carson et al. (2001) described self-confidence as feelings of well-being due to deepening positive emotions. Researchers Kukulic et al. (2013 p.330) defined self-confidence as "an individual's recognition of his or her own abilities, love of him or herself and being aware of his or her own emotions. Self-confidence may also be described as feelings of well-being as a result of deepening positive emotions".

Additional theorists have also proposed motivational definitions of the construct. Dequech (2000) suggested that the object of self-confidence is the future and proposed that it is characterised by assured expectation, positive encouragement to action and self-projection. The future-focused orientation was also supported by Stajkovic (2006 p.1208) who defined self-confidence as "a certainty about handling something."

Indeed, this confusion of multiple and diverse explanations led Cramer, Neal and Brodsky (2009 p. 326) to conclude that the "fragmented definitions" that exist around the construct of self-confidence are the "result (of an) inconsistent theoretical foundation". Using the construct of self-efficacy with its established theoretical foundations in Social Cognitive

Theory (Bandura, 1997) as a comparator, these authors challenged future researchers to develop an accepted theoretical anchor for the construct of self-confidence, against which a conceptual definition of self-confidence could be formed. To our knowledge, the challenge remains unfulfilled. Instead, the existing theoretical explanations behind the construct of self-confidence remain varied and inconclusive.

Aligned to the previously proposed theories of Lampert and Rosenberg (1975) and Locander and Herman (1979), researchers Shrauger and Schohn (1995) developed what is generally accepted to be one of the most empirically derived and comprehensive theories in the field. They proposed that self-confidence is comprised of both a general confidence (or a context free judgment of assuredness of how confident an individual is overall), as well as domain-specific confidence (confidence in a particular ability or skill or knowledge). Building on this foundation, Suh (2000) proposed that general self-confidence, is in fact, reflected by an aggregate of various specific self-confidences. This proposition was supported by Matthews, Deary and Whiteman (2003) who argued that success in a multiple of specific areas (e.g. sport, work, academia) is likely to increase an individual's general self-confidence. However, Oney and Oksuzoglu-Guven (2015), challenged that conclusion and instead proposed that general and specific self-confidence are independent constructs. They based their conclusions on research by Kanazawa (2004), who proposed that in evolutionary terms, humans developed general self-confidence to respond to novel and non-recurrent problems, and specific self-confidence to deal with recurrent, more familiar problems. Oney and Oksuzoglu-Guven (2015) therefore concluded that only by separating the construct of self-confidence into general and specific constructs, could conceptual parsimony be increased and the predictive power of each construct clarified.

In order to boost employee capacity, performance and well-being within the variability, complexity and competitiveness of the current workplace context, organisations may choose to explore investing in development initiatives aimed at enhancing the self-confidence of the individual. To do so, the first crucial step of an associated exploratory process, would be to confirm that self-confidence is a trait and can, therefore, be further developed over time. However, currently the debate continues as to whether self-confidence can be conceptualised as a stable personality trait, or an emotional state that varies highly between situations and across time. As such, a number of between-person

studies exist, where researchers conceptualised self-confidence as a trait (Demo, 1992; Shrauger and Schohn, 1995), as well as within-person studies where self-confidence is reported as a state (Suh, 2000; Matthews, Deary and Whiteman, 2003). Hence, at this point in time, no concrete conclusions regarding the stability or malleability of self-confidence within the workplace context can be made.

However, what does exist is evidence of the impact of enhanced self-confidence on the attainment and maintenance of individual high performance in a competitive environment. Within the field of sports psychology, numerous research studies have focused on the operationalisation of self-confidence within a variety of sporting disciplines, including: swimming (Hanton and Connaughton, 2002); tennis (Hatzigeorgiadis, Zourbanos, Galanis and Theodorakis, 2011); wrestling (Treasure, Monson and Lox, 1996); and baseball (Thompson, Barnsley and Stebelsky, 1991). Indeed, the close relationship between self-confidence and successful performance was articulated by Feltz (2007, p. 278) who asserted that “self-confidence is one of the most frequently cited psychological factors thought to affect athletic achievements” and concluded that one’s “self-confidence is the central mediating construct of those achievement strivings”. Following the same sentiment, Hardy (1996) concluded that self-confidence may be one of the most powerful qualities elite performers possess.

Sports related research studies have also aided our general understanding of the focused relationship between self-confidence and anxiety-performance. Indeed, Hardy (1990) identified that self-confidence moderated the effect of cognitive anxiety and physiological arousal on performance. Further research by Jones, Hanton and Swain (1994 p.662) concluded that “elite performers who do experience debilitating anxiety symptoms possess an effective cognitive strategy for maintaining confidence levels”. Hanton and Jones (1999) discovered that it was possible to reduce cognitive anxiety and improve participant self-confidence and performance, by rationalising thoughts and feelings. Similarly, researchers Zinsser, Bunker and Williams (2006) established that self-talk served to regulate effort and enhance self-confidence. Exploring the relationship between self-talk, anxiety and self-confidence further, researchers Hatzigeorgiadis, Zourbanos, Galanis and Theodorakis (2011) concluded that self-talk can enhance self-confidence and reduce cognitive anxiety in tennis players. They identified that as an individual’s cognitive anxiety increases, self-confidence

decreases and vice versa. They concluded that as the relationship between cognitive anxiety and self-confidence was so interrelated, each construct had to lie at an opposite end of the same continuum. This relationship between self-confidence and anxiety has also been explored in-depth within the field of health psychology (Matthies et al., 2017; Hong et al., 2019). Indeed, in research conducted within an occupational context, Goette et al. (2015, p.122) established that trait anxiety effected an individual's self-confidence when under stress. They cautioned "that changes in the stressful nature of individuals' environments could have a profound impact on individuals and the organizations within which they interact."

Within the workplace context, a substantial body of research already exists which attributes the construct of self-confidence to multiple and diverse organisational and individual workplace outcomes. Established as a predictor of behaviour (Corbin, 1981; Scanlan and Passer, 1981; Landers, 1983), self-confidence has also been proven to be: a mediator in increasing problem solving skills (Pinar, Yildirim and Sayin, 2018); a key contributing factor in the construct of personal resilience (Lin, Lee and Lin, 2017); a predictor of both work place performance and desirable employee attitudes (Avey, Avolio and Luthans, 2011); a requisite for the initiation of leadership (Bono and Judge, 2004); an important differentiating trait that characterises an effective leader (Northouse, 2018); and a predictor of higher performance and personal goals in followers when demonstrated by leaders (Hu, Wang, Liden and Sun, 2012).

Whilst self-confidence remains a confusing construct (in terms of its: ill-defined binding to the constructs of self-esteem and self-efficacy; absence of an academic definition; lack of a solid theoretical base; tangled interconnectedness between its affective, cognitive and behavioural components; as well as its lack of clarity as to whether it is general or specific, a trait or a state) its multifaceted impact within the workplace cannot be ignored. Indeed, a strong body of evidence suggests that self-confidence influences a wide variety of organisational outcomes. However, how self-confidence can be trained and developed within this context and against such a varied and inconclusive conceptual and theoretical backdrop, is less clear. When this observation is considered in the light of the conclusions reached by Cramer, Neal and Brodsky's (2009) that some conceptions of self-confidence appear appropriate for training, and alongside those by Stankov, Lee, Luo and Hogan (2012),

that self-confidence is potentially malleable and, therefore, could become an important target of intervention, the need to better understand the effectiveness of current self-confidence training interventions in the workplace becomes more important.

### **Self-efficacy**

Although often substituted with the term self-confidence in academic literature, self-efficacy differs from self-confidence in that it benefits from a solid theoretical foundation and a generally accepted definition. With its theoretical basis cemented in Social Cognitive Theory (Bandura, 1977), self-efficacy is defined as the belief in “one’s capabilities to mobilise the motivation, cognitive resources, and courses of action needed to meet given situational demands” (Bandura, 1989 p. 408). In essence, as self-efficacy relates to one’s conviction, belief or judgement that one can or cannot attain one’s goal (Bandura, 1977), it motivates individuals to persist despite setbacks, become more actively involved in a task, and work harder and longer toward attainment (Bandura, 2012).

As one of the most commonly studied variables in the field of organisational psychology, the positive link between work related outcomes and self-efficacy is well accepted (Sadri and Robertson, 1993; Stajkovic and Luthans, 1998). Indeed workplace research suggests that self-efficacy is an important component of: job performance (Stajkovic and Luthans, 1998; Judge et al., 2007); motivation (Stoltz, 1997); job satisfaction (Judge and Bono, 2001; Cieslak et al., 2016; Shoji et al., 2016); attendance (Frayne and Lathan, 1987); setting and realising ambitious workplace goals (García-Morales, Jiménez-Barrionuevo and Gutiérrez-Gutiérrez, 2012; Laguna, 2013); the organisation and execution of actions (Gist and Mitchell, 1992; Bandura, 1997; Forgas, 2001; Chen, Gully and Eden, 2004); coping behaviours (Devonport and Lane, 2006); problem solving and experimentation with new behaviours and skills (Popper and Lipshitz, 1992); and creativity (Fredrickson, 2009; Baas et al., 2013; Liu, Hui, Lee and Chen, 2013; Karwowski et al., 2017). Furthermore, meta-analyses studies that examined self-efficacy have not only established positive relationships with well-being, adaptation and performance (Kammeyer-Mueller, Judge and Scott, 2009), but also identified self-efficacy as a component of higher order constructs such as core self-evaluations (Judge and Bono, 2001) and Psychological Capital (PsyCap) (Luthans and Youssef, 2004).

Acknowledged to impact the choice of action, effort and perseverance applied in challenging circumstances (Wood and Bandura, 1989; Bandura, 1999), it is therefore of no surprise that within the complexity of the workplace environment, self-efficacy is also one of the most frequently examined resources in understanding the development and consequences of employee states such as: workplace stress (Cordes and Dougherty, 1993; Perrewé et al., 2002; Smoktunowicz et al., 2015); as well as job-related depression and burnout (Judge and Bono, 2001; Cieslak et al., 2016; Shoji et al., 2016).

Akin to self-confidence, the construct of self-efficacy is conceptualised by some researchers as having a general component, defined by Chen, Gully and Eden, (2001 p.379) as our overall belief in our ability to perform successfully “across different situations and domains”, as well as a context (or task) specific component (Bandura, 1977). Again, similar to self-confidence, a lack of accord exists as to whether self-efficacy is general (Judge, Erez and Bono, 1998; Eden and Aviram, 1993; Chen, Gully and Eden, 2001) or specific (Bandura, 2006; Cramer, Neal and Brodsky, 2009). Indeed, numerous context specific self-efficacy examples exist throughout academic literature, including: self-regulatory self-efficacy (Frayne and Latham, 1987); work self-efficacy (Alessandri et al., 2015); teacher self-efficacy (Skaalvik and Skaalvik, 2010); and creative self-efficacy (Karwowski et al., 2017). To further substantiate this position, social cognitive theorists proposit that self-efficacy measures should be context-specific because self-efficacy itself, is a context-specific belief (Bandura, 1997; Luszczynska, Scholz and Schwarzer, 2005).

In terms of the development of self-efficacy, Bandura (1982) proposed that four categories of experience are used, namely: enactive mastery (i.e. personal attainments), vicarious experience (i.e. modelling), verbal persuasion (e.g. encouragement) and physiological arousal (e.g. anxiety). However, Bandura (1982) concluded that whilst these experiences influence efficacy perceptions, it is the individual’s cognitive appraisal and integration of these experiences that ultimately determines self-efficacy. Therefore, self-efficacy is perceived by some researchers to be a dynamic construct, with efficacy judgements changing “over time as new information and experience are acquired (sometimes during the actual task performance)” (Gist and Mitchell, 1992 p.184). Hence, self-efficacy influences an

individual's choice of activities, as well as their coping efforts whilst engaged in those tasks (Gist and Mitchell, 1992). Therefore, judgments of self-efficacy impact human psychosocial functioning, predisposing individuals to choose activities and social environments in which they judge themselves to be capable of handling, as well as avoid activities and environments which they believe exceed their coping capabilities (Betz and Hackett, 1986; Bandura, 1989).

Some researchers believe that performance and self-efficacy have what is effectively a cyclical relationship, with high self-efficacy facilitating performance, and successful performance nurturing self-efficacy (Gist and Mitchell, 1992; Mathieu, Martineau and Tannenbaum, 1993). By extrapolating these conclusions into the workplace environment, employee performance, well-being and development could be enhanced, not just through the uptake of related interventions provided within an organisational context, but also through the skills and competencies which are cultivated as a consequence of partaking in such offerings. As one advantage of self-efficacy is its malleability (Judge et al., 2007), understanding how interventions designed to enhance the development of employee self-efficacy in an organisational context work, are therefore of particular interest to this study.

### **The relationship between self-confidence and self-efficacy**

The relationship between self-confidence and self-efficacy is complex. The interdependency between the two constructs is highlighted by Stajkovic and Luthans (1998) who define self-efficacy as an individual's confidence in their ability to mobilize their motivation, cognitive resources and courses of action in order to achieve high levels of performance. Whilst acknowledging the existence of a relationship between the two constructs of self-confidence and self-efficacy, Bandura (1977 p. 382) was firm in his assertion of their distinctiveness, stating "confidence is a nondescript term that refers to strength of belief but does not necessarily specify what the certainty is about... Perceived self-efficacy refers to belief in one's agentic capabilities, that one can produce given levels of attainment". In essence, he suggested that as self-confidence is related to the strength of a belief or conviction, it does not suggest a level of perceived competence (Bandura, 1986). In parallel, whilst self-efficacy affirms the level of perceived competence, it does not indicate the degree of confidence in the outcome resulting from this competence. Hence, a lawyer may

have the skill and competence to represent a client at court, although may not be confident of the outcome. This relationship between abilities and performance was further reinforced by Gist and Mitchell (1992 p.186), who viewed self-efficacy to be an important motivational construct which “influences individual choices, goals, emotional reactions, effort, coping and persistence. These researchers suggested that self-efficacy is “a judgement about task capability”, (Gist and Mitchell, 1992 p.185), whereas self-confidence is a much more complex construct which comprises abilities and certainty based on knowledge. Whilst Feltz and Chase (1998) suggested that self-efficacy is a situational specific form of self-confidence, Hammermeister, Pickering and Ohlson (2009) concluded that self-confidence is an overarching construct that encompasses self-efficacy as well as the notion of competence.

In related research, Stajkovic (2006) suggested that employee character was comprised of four domains (namely: self-efficacy (belief she or he can do specific tasks); resilience (belief she or he can bounce back if things go awry); hope (assessment what is to be done and how to do it); and optimism (he or she forms a positive outcome outlook on the entire undertaking). His research led him to conclude that not only do self-efficacy, hope, resilience and optimism serve as the building blocks of self-confidence, but that these domains shared confidence as a common latent bond, creating, in effect, a core of self-confidence (Stajkovic, 2006). In a more recent attempt to clearly articulate the differences between both constructs, Cramer, Neal and Brodsky (2009 p. 326) concluded that whilst self-efficacy clearly “possesses the cognitive, affective and behavioural facets which influence outcome”, self-confidence “is largely affective and cognitive as a result of behaviour”. These authors also suggested that additional differences between the two constructs existed, including that the: target of self-efficacy is the “specific behaviours prior to action”, whereas the target of self-confidence is the “judgements resulting from action”; and in terms of utility, self-efficacy is a “belief system acting as an agent of change, which can be the target of an intervention” whereas self-confidence is a “construct that results from intervention” (Cramer, Neal and Brodsky, 2009 p. 323).

### **Self-esteem**

Often also presented as being synonymous to self-confidence (Day and Hamblin, 1964; Hisrich, Dornoff and Keman, 1972; Taylor, 1974; Locander and Hermann, 1979; Lau and Ng,



2001; Chelminski and Coulter, 2007), self-esteem is conceptualised as a theory about the self (Christensen, Wood and Bandura, 2003). The construct was first conceived over 100 years ago by James (1890), after recognising that humans have the capacity to view themselves as objects and to develop self-feelings and attitudes towards themselves. He considered self-esteem to be our view of our self-image and reflected whether or not we approved of it. James (1890) also considered self-esteem to be dynamic and therefore receptive to manipulation. So robust was his thinking, that many of James' ideas remain theoretically and methodologically relevant to psychologists today.

The construct appears to have received relatively little academic attention until Rosenberg (1965) took a more focused interest in the area. He suggested that self-esteem relied on two factors: firstly, that of reflective appraisal (the ability to take on the role of the other); and, secondly, that of social comparisons (the ability to see ourselves through the eyes of others). Such evaluative and affective frames continue to underpin more recent definitions of self-esteem, including that offered by: Wang and Ollendick (2001), who proposed that self-esteem involved an evaluation of oneself followed by an emotional reaction towards oneself; Leary and Baumeister (2000) who suggested that self-esteem reflected one's subjective impression of one's worth or value to other people; and Chen, Gully and Eden, (2004 p. 393) who concluded that self-esteem reflected "how much we like ourselves".

Future focused explanations were also offered by some researchers, including that by Reasoner (2005), who proposed that self-esteem was comprised of two aligned yet separate dimensions of worth and competence, and defined self-esteem as the experience of being capable of meeting life challenges and being worthy of happiness. More recently, Mackinnon, (2015) suggested self-esteem not only provided the energy required to mobilise human behaviour, but also contributed to its direction.

Over the years, theorists have continued to explore the multifaceted nature of self-esteem, as well as its associated areas of debate, including whether it is: contingent or noncontingent (Deci and Ryan,1995); explicit or implicit (Greenwald and Banaji, 1995); trait or state (Heatherton and Wyland, 2003; Gilovich, Keltner and Nisbett, 2006); and global (i.e.

evaluation of the total self) or specific (i.e. situational or task specific) (Rosenberg, Schooler, Schoenbach and Rosenberg, 1995; Brockner, 1988; Pierce and Gardner, 2004).

Self-esteem is often associated with various labels, such as self-respect, and self-acceptance (Blascovich and Tomaka, 1991), leading proponents of the affective model, Rosenberg, Schooler, Schoenbach and Rosenberg (1995 p.141) to define it as “the individual's positive or negative attitudes toward the self as a totality.” The affective model (i.e. feelings of self-worth or self-liking) suggests that self-esteem forms early in life as a response to temperamental and relational factors (Brown, Dutton and Cook, 2001). When formed, it enables individuals with high self-esteem the ability to promote, protect and restore their feelings of self-worth (Brown, Dutton and Cook, 2001). Indeed, our human need to protect our self-esteem is so strong, authors Baumeister, Heatherton and Tice (1994) noted in their book that we generally: take credit for success; deny blame for failures; exaggerate and overestimate our abilities, virtues and positive traits; conceal our shortcomings; compare ourselves with others who are less gifted; identify ourselves with successful groups; and distance ourselves from failing or stigmatized groups.

Indeed, Rosenberg (1979 p.31) suggested that whilst appreciating his own merits, an individual with high self-esteem nonetheless recognises his faults and “does not necessarily consider himself superior to others.” In contrast, an individual with low self-esteem “lacks respect for himself, considers himself unworthy, inadequate, or otherwise seriously deficient as a person” (Rosenberg, 1979 p.54).

Low self-esteem can be understood in terms of: an uncertainty in self-knowledge; a cautious and self-protective approach to life; a shortage of positive resources in the self; and a chronic internal conflict, which leaves the individual at the mercy of events and changing situations (Baumeister, 1993). Baumeister, Schmeichel and Vohs (2007) concluded that as individuals with low self-esteem doubted their value and worth, self-esteem was an important determinant of emotional well-being. Indeed, low self-esteem has been linked to: less competency to overcome difficulties, decreased level of well-being, depression and aggression (Stavropoulos, Lazaratou, Marini and Dikeos, 2015); feelings of worthlessness, inferiority, and emotional instability, so leading to dissatisfaction with life (Ha, 2006);

feelings of social rejection (Leary, Schreindorfer and Haupt, 1995; Leary, Tambor, Terdal, and Downs, 1995); and a general negative attitude toward many things, including other people and personal circumstances (Mackinnon, 2015). More often attributed to high achieving women than men (Clance and Imes, 1978; Fried-Buchalter, 1997), imposter phenomenon appears to be more prevalent in individuals with low self-esteem (Schubert and Bowker, 2019). In contrast, theorists have identified that persons with high self-esteem feel valued by others and are certain about their worth. As such, they are less likely to exhibit depressive symptoms at the experience of negative life events (Stavropoulos, Lazaratou, Marini and Dikeos, 2015); more effective in self-regulating goal-directed behaviour (Di Paula and Campbell, 2002); and more likely to persist in the face of difficult tasks (Baumeister, Campbell, Krueger and Vohs, 2003).

These findings are further reinforced through studies of organisational self-esteem, defined as “the degree to which an individual believes him/herself to be capable, significant, and worthy as an organisational member” (Pierce and Gardner, 2004 p.593). Indeed, Korman (2012) identified that people are motivated to perform a task or job in a manner consistent with their self-esteem. Researchers in this field have identified that self-esteem is related to corporate citizen behaviour, in-role performance, organisational commitment, and job satisfaction (Pierce and Gardner, 2004; Bowling, Eschleman and Wang, 2010); work and job performance (Bono, 2001; Chattopadhyay, Glick and Huber, 2001); commitment (Pierce and Gardner, 2004); and employees' behaviour and attitude (Gardner, van Dyne and Pierce, 2004; Lee and Peccei, 2007; Liu, Hui, Lee and Chen, 2013).

### **The relationship between self-confidence, self-esteem and self-efficacy**

Although self-esteem and self-efficacy are perceived to be so aligned that some researchers find it difficult to distinguish between them operationally (Eden and Aviram, 1993), an established body of research reinforces the position that self-esteem and self-efficacy are separate, but highly related constructs. Researchers, such as Chen, Gully and Eden (2001), point to individual differences in motivation, attitudes, learning, and task performance outcomes as evidence of their difference. Judge et al. (1999) affirmed their separateness by establishing that when self-esteem and self-efficacy are combined, they better predict

overall job satisfaction. Yet the confusion caused by the thin line between their uniqueness and interrelatedness is understandable when the conclusions offered by Chen, Gully and Eden (2004) are considered. Whilst these researchers provided strong evidence that general self-efficacy and self-esteem were empirically and conceptually different, they also established that “general self-efficacy was more highly related to work self-esteem than was global self-esteem” (Chen, Gully and Eden, 2004, p. 390). With these findings in mind, they suggested that motivational researchers (i.e. those focusing on work-related effort, performance and achievement outcomes) would be well advised to focus on general self-efficacy, whereas well-being researchers (i.e. those exploring workplace satisfaction, strain and other effective reactions) might do best by focusing on self-esteem.

Hence, whilst currently, no empirical research exists which clarifies either the distinctiveness nor the interplay between self-confidence, self-efficacy and self-esteem, the three psychological factors do share a degree of overlap and generalisability. Areas of relatability previously mentioned include, although are not limited to their: cognitive, affective, and motivational components; task specific temporary states as well as generalised stable traits; enhancement and development through training, education and experience; and impact on workplace capability, performance and well-being. In an effort to distinguish between the concepts of self-esteem and self-confidence, Feltz, (2007 p.279) explained that “although self-confidence and self-esteem may be related, certain individuals do not have high self-confidence for a given activity, but nevertheless still “like themselves”; by contrast, there are those who may regard themselves as highly competent at a given activity but do not have corresponding feelings of self-worth”. However, the interconnectedness between the three constructs is reinforced by Dickerson and Taylor, (2000) who established that when combined, self-efficacy and self-esteem are strong predictors of individual self-confidence. Indeed, proponents of the core self-evaluation theory suggest that the constructs of self-confidence, self-efficacy and self-esteem, are so highly related in terms of their cognitive, affective, and motivational components, that they should be combined and treated as a unitary construct (Kammeyer-Mueller and Judge, 2009). More recently, Jaaffar, Ibrahim, Rajadurai, and Sadiq Sohail (2019) not only demonstrated that self-efficacy and self-esteem have a positive and significant relationship with self-confidence, but their research also

confirmed the moderating effect of self-esteem on the relationship between self-efficacy and self-confidence.

### **Rationale for this study**

Putting the noted disparity associated with the three constructs aside for a moment, if, as Sambrook (2005) suggested, enhanced self-confidence positively effects workplace learning and development, it stands to reason that interventions designed to improve the self-evaluative capability of self-confidence (and the aligned constructs of self-efficacy and self-esteem) would enable employees to better navigate change, successfully manage their psychological well-being and enhance their performance in the ever increasingly complexity of the current workplace landscape.

Our assuredness in facing future events impacts our feelings of competence and in turn, our behaviour and performance. It therefore stands to reason that workplace interventions which focus on stimulating the self-evaluative process of self-confidence, will positively affect the human experience, and as a consequence, contribute to organisational effectiveness. Yet, surprisingly few studies exist within the occupational context which seek to explore the antecedents, impact or efficacy of self-confidence interventions in the workplace.

As a research team, we are fully aware that only when the nomological networks involved in self efficacy, self-esteem and self-confidence have been established, will an accepted understanding of how these individual constructs independently and collectively influence human behaviour and performance in organisations be gained. At that point in time, practitioners will then be able to develop more effective selection, placement, development and coaching interventions tailored to match the self-confidence dispositions and capabilities of the individual employee. Yet, despite the current frustration, complexity and perplexity that exists as a consequence of the muddiness of the self-confidence landscape, it is, nonetheless, still possible, to seek to gain an understanding of the evidence base of self-confidence interventions in the workplace.

Cognisant of the conclusions of Watson et al. (2018 p. 248) that, “systematic reviews of intervention studies provide insight into the causal relationships in field settings (Miller and Tsang, 2011; Aguinis and Edwards, 2014 ) and provide explanations of why and how outcomes have been successfully or unsuccessfully met and for whom”, the research team for this study decided to use a systematic review methodology to examine the evidence for the existence, outcomes and efficacy of self-confidence interventions in the workplace. In addition, in acknowledgement of the current “blurredness” that exists between the three constructs of self-confidence, self-efficacy and self-esteem, the team also made the decision that within this review study, all three constructs would be explored under the collective, umbrella term of self-confidence.

### **Research process**

By researching existing research, systematic reviews advance both academia and practice by accumulating and comparing the findings from a range of studies in an explicit and methodological manner, in order to provide a synthesised, reliable and accessible knowledge base. Guided by a set of principles rather than a rigid, inflexible, and restricted protocol (Briner and Denyer, 2012), the reviewers systematically adopt an appropriate replicable, scientific and transparent process (Tranfield, Denyer and Smart, 2003). Whilst systematic reviews never provide answers, they do report what is known and not known in relation to a review question (Briner, Denyer and Rousseau, 2009). They typically follow five key steps (planning the review; locating studies; appraising contributions; analysing and synthesizing information; and reporting best evidence) and adhere to a set of core principles, (cited in Briner and Denyer (2012) and adapted from Petticrew and Roberts 2006).

1. Identify and clearly define the question the review will address.
2. Consider forming an advisory or steering group.
3. Determine the types of studies and data that will answer the question.
4. Search the literature to locate relevant studies.
5. Sift through all the retrieved studies in order to identify those that meet the inclusion criteria (and need to be examined further) and those that do not and should be excluded.

6. Extract the relevant data or information from the studies.
7. Critically appraise the studies by assessing the study quality determined in relation to the review question.
8. Synthesize the findings from the studies.
9. Consider potential effects of publications or other biases.
10. Write up report.
11. Disseminate the review findings.

Systematic Reviews are often made available in on-line databases such as the Campbell Collaboration (C2) (2010) and the EPPI-Centre (2010), both of which used the medically based Cochrane Collaboration as a template for their development (Morrell, 2008). The Cochrane Collaboration was formed in the early 1990's to produce systematic reviews relating to evidence-based medicine, clinical care and health policy. As one of the three related Cochrane databases, the Cochrane Database of Systematic Reviews (CDSR) (Cochrane Library, 2019) contains peer-reviewed systematic reviews and protocols prepared by the Cochrane Review Groups. Effectively, these review groups "identify, appraise and synthesize all the empirical evidence that meets pre-specified eligibility criteria to answer a specific research question. Researchers conducting systematic reviews use explicit, systematic methods that are selected with a view aimed at minimizing bias, to produce more reliable findings to inform decision-making" (Cochrane Library, 2019).

Systematization can also be justified in terms of a need to improve scholarship, or 'thoroughness' (Tranfield, Denyer and Smart, 2003). Evidence based medical research, (which holds randomized controlled trials at the apex of a hierarchy of evidence), responds well to a normative model of systemised research. However, some management scholars suggest that a more complex relationship exists between the way in which the social world is framed and the consequential effect of such framing (Giddens, 1984). They propose that as behaviour in organizations is epistemologically murky (Morrell, 2008) it is "unfeasible and undesirable for management research to simply adopt the benchmark of the Cochrane model" (Briner, Denyer, and Rousseau, 2009, pg.26). As a consequence, the Cochrane approach is rarely used for management and organization studies (Briner, Denyer, and Rousseau, 2009). Indeed, this proposition as offered by these researchers, was reinforced

by the findings of this particular research study. In direct comparison to the hundreds and thousands of bibliographical references identified from a search of three additional electronic research databases, the comparable search of the CDSR yielded only five records.

Bias is defined in the Cochrane Handbook for Systematic Reviews of Interventions (Higgins et al., 2019) as a systematic error, or deviation from the truth, in results. The two areas of bias identified within this source, (namely biases as the results of included studies and biases in the results of a synthesis) are assessed by Cochrane Review Groups using the risk-of-bias tool for randomised trials (RoB 2). However, as only three of the papers included in this systematic research review were classified as randomised trials, it was not possible to apply this assessment framework to this study.

However, elements from the Cochrane protocol can, nonetheless, be adapted and applied to the systematic review approach (as outlined by Briner and Denyer (2012) and applied by Donaldson-Feilder, Lewis and Yarker (2018)), favoured in this study. For example, within a systematic review, the research question defines the search strategy used to identify which studies are included, what data is extracted and how it is critically appraised. Cochrane protocol suggests that a relevant, well-formulated, answerable review question should be shaped by the opinion of an advisory group of experts and users. Therefore, an expert advisory group (comprised of academics, practitioners and employees) was used within this particular research study to craft the most appropriate research question. Again, in alignment with Cochrane protocol, a standardised data extraction form was introduced into this study to record the relevant and standardised information from each of the nine individual research papers under review.

Cochrane protocol also recommends that “the quality of each study is carefully assessed using predefined criteria and evidence of weak methodology or the possibility that a study may have been affected by bias is reported in the review in order to provide a comprehensive view of the efficacy of a particular medical intervention” (Cochrane Library, 2019). Therefore, in alignment to this proposal, quality assessment guidelines developed by Snape et al. (2017), were used to assess the methodological limitations and bias within each paper included in this review. Therefore, to limit the effect of publication bias and in



adherence to Cochrane protocol, a comprehensive review of grey literature, was undertaken within this study. It is generally accepted that academic journals have a tendency to publish studies that show positive findings relevant to a given question, often resulting in well-conducted studies which identify null or negative results abandoned in file-drawers (Geyskens, Krishnan, Steenkamp and Cunha 2009). Hence, within this particular study, reference lists, dissertations, working documents, conference papers, reports, magazine articles and books which existed both within and outside the remit controlled by commercial publishers were identified and synthesized. In an effort to minimise this bias further, 38 expert researchers, practitioners and employees were individually contacted by the research team and requested to forward information on relevant grey literature known to them personally. All of recommendations received from this group were subsequently used to inform this study and to create a more comprehensive and reliable knowledge base as an outcome.

### **Research questions**

As the purpose of this systematic literature review is to examine the prevalence, effectiveness and impact of self-confidence interventions within the organisational, business and workplace setting, the following research questions are explored:

- I. **What types of interventions aim to develop employee self-confidence?**
- II. **What outcomes are achieved as a result of developing employee self-confidence in the workplace?**
- III. **Which interventions are the most effective at developing employee self-confidence?**

### **Method**

In advance of conducting this study, the research team developed both a review process protocol, as well as the inclusion/exclusion criteria against which to categorise the studies identified in the review. The review protocol was registered with the International Prospective Register for Systematic Reviews database 20th June 2018, registration number:

99715 ([www.crd.york.ac.uk/PROSPERO](http://www.crd.york.ac.uk/PROSPERO)). The systematic approach outlined by Briner and Denyer (2012) and applied by Donaldson-Feilder, Lewis and Yarker (2018), was adopted by the research team in order to identify, critically evaluate, synthesise and integrate the study findings in a structured and comprehensive manner. In this study, we adhere to the reporting guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement.

### **Search approach**

A computerised literature search of four primary electronic databases (ABI/Inform Global, Cochrane, EBSCO Business Source Premier and PsycINFO) was undertaken. To ensure the search process was fully inclusive as well as purposeful in identifying relevant published studies, an in-depth review of existing literature as well as discussions with academic supervisors and colleagues was undertaken to establish appropriate search terms. The following terms were subsequently used: *self-confidence* or *self-efficacy* or *self-esteem* AND *intervention* or *train\** (for training or trainer) or *coach\** (for coach, coachee, coaching) or *develop\** (for develop or development) AND *work\** (for work or workplace or worker) or *employ\**(for employee, employer, employment) or *organi\** (for organisation or organization) or *job*.

### **Inclusion criteria**

The inclusion criteria were established to identify interventions which: (1) focused specifically on developing self-confidence, and/or interventions where the development of self-confidence acted as a mediator to the enhancement of primary outcomes; (2) utilised a trial design that employed a randomised controlled design, controlled design or any other design that resulted in quantitative outcomes; (3) involved the working population (adults over 18 years of age); (4) were written in English; and (5) were in a peer-reviewed academic journal.

Mirroring the approach of Wang and Chugh (2014), all papers were independently cross-checked by all three authors at each stage of the systematic review. Continuously rotating between roles during the paper inclusion process, two authors independently conducted either the Broad Title, Narrow Abstract or Full Text Paper Screen stages of the process, whilst the third moderated the discrepancies. Disputed articles were reviewed collectively, disagreements discussed, and agreement reached.

Of the 10,537 scholarly bibliographic records originally retrieved through the database trawl, 1681 duplicate articles were identified and removed from the process. No additional records were identified by the expert group. The remaining 8856 titles were then assessed against the Board Title Screen criteria of self-confidence/efficacy/esteem AND training/intervention/coach AND work/employment/organisation/job, developed for this study against the Centre for Reviews and Dissemination (Akers et al., 2009) guidelines. The 71 academic studies identified as the output of this stage were reviewed by all three authors and confirmed as eligible for progression to the Narrow Abstract Screen phase.

The abstract of each of these 71 papers was reviewed against the eligibility criteria identified specifically for this study, using the established SPIOs<sup>1</sup> (Study Design, Participants, Interventions and Outcomes) framework. These inclusion and exclusion criteria are summarised in the following table:

**Table 1: Narrow screen eligibility criteria using SPIOs framework**

	Inclusion criteria	Exclusion criteria
<b>Study design</b>	<ul style="list-style-type: none"> <li>- Empirical research (no thought or opinion pieces)</li> <li>- Explores an intervention/s which impacts self-confidence directly</li> <li>- Explores an intervention/s in which self-confidence acts a mediator/moderator to another outcome</li> </ul>	<ul style="list-style-type: none"> <li>- Purely theoretical or descriptive</li> <li>- Does not include a self-confidence intervention</li> </ul>
<b>Participant population</b>	<ul style="list-style-type: none"> <li>- Workplace related</li> <li>- Any sector</li> <li>- Adult population</li> </ul>	<ul style="list-style-type: none"> <li>- Not workplace related</li> <li>- Not Illness specific</li> <li>- Not sports related</li> </ul>

<sup>1</sup> SPIOs is an adaptation of the Richardson, Wilson, Nishikawa and Hayward, 1995 PICO (Population, Interventions, Comparisons and Outcomes) approach.

<b>Intervention</b>	<ul style="list-style-type: none"> <li>- Designed for/delivered to employees in the workplace to enhance their self- confidence</li> <li>- Designed for/delivered to employees in the workplace to enhance another outcome by using self-confidence as a mediator</li> </ul>	<ul style="list-style-type: none"> <li>- Not designed to enhance self-confidence</li> <li>- Does not include a self-confidence intervention</li> <li>- Considers self-confidence purely as an outcome not as an intervention</li> </ul>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>- Includes outcome measures/target variables in which the intervention aims to achieve change</li> </ul>	

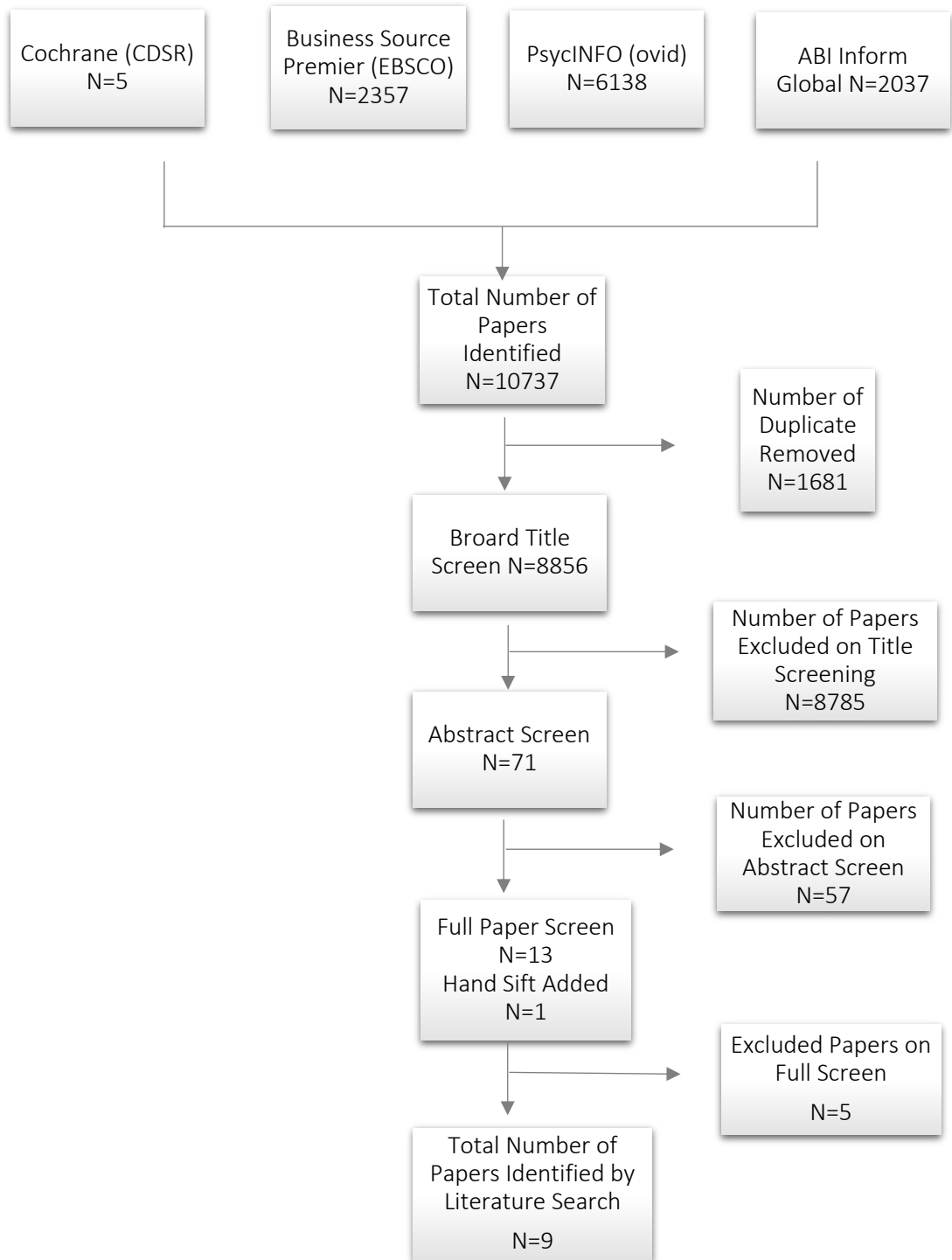
Following an adjudicated process, 13 articles were collectively identified by the authors as eligible for progression to the inclusion process. An additional manual search of the reference lists of these and other studies was also undertaken. Identified papers were subsequently subjected to the same rigorous paper inclusion process. As a result of this process, an additional paper was identified for inclusion in this study.

To abstract, collate and compare the 14 articles in more detail in the Full Text Paper Screen stage of the process, a summary matrix table was developed, using the following research conditions as column headings: Reference; Date of Publication; Study Design; Purpose/Hypotheses; Intervention; Subjects; Measures Used; Analytical Process; and Outcomes. In the tenth column, headed "Inclusion/Exclusion", each author independently used a "traffic light" colour code system to denote their evaluation of the overall alignment of each paper to the SPIOs criteria.

As a result of the detailed data comparison process, nine articles were ultimately approved by all three authors as eligible for inclusion in this systematic literature review. A PRISMA diagram (Liberati et al., 2009; Moher et al., 2015) provides a diagrammatic overview of the four phases of the literature retrieval and selection process.

Within the reference section of this paper, the nine studies included in this review are identified by the prefix \*.

Figure 1: Flow diagram summary of the literature retrieval and selection process



### **Data extraction**

Based on the framework developed for a previous systematic review (Simpson et al., 2014), a data extraction tool was developed to capture information on the: purpose, design and methodology of each study; selection methods and demographics of the populations involved; details of the interventions used; the outcomes measured and reported; the limitations identified; and proposed suggestions for future study. The related data for each study was extracted and captured by the lead researcher to enable further synthesis, analysis and assessment. A second researcher reviewed the extracted data for consistency and accuracy. Points of discrepancy were adjudicated by the third researcher and a consensus achieved.

### **Data synthesis**

As only a small number of heterogeneous experimental intervention studies (n=9) were retrieved following the literature review and data extraction process, a quantitative meta-analysis was not possible. Therefore, an exploratory synthesis was conducted, the findings of which are presented in a narrative format in this comparative study.

### **Evidence grading**

An overall evidence grading for each paper was established, based on a combination of the quality of the findings, as well as the strength of evidence.

In order to reduce the risk of bias, and in alignment with the systematic literature review recommendations proposed by Briner and Denyer (2012), an assessment of the study quality of each of the nine papers was undertaken. Based on the guidelines suggested by Snape et al. (2017), each paper was quality assessed against either the proposed quantitative or mixed methods frameworks. Methodological rigour was assessed in six areas, namely: (a) design (b) application (c) analysis (d) evidence (e) ethics (f) research contribution.

To ensure further rigour, and in alignment with the process previously used by Donaldson-Feilder, Lewis and Yarker (2018), the ethics element of the qualitative framework was replicated and applied during the assessment of the quantitative element of the Shantz and Latham (2012) paper. The lead author and a researcher independently assessed the nine papers against the appropriate framework criteria. Where a paper included both qualitative and quantitative data, both frameworks were applied. Both researchers subsequently met to review their findings and to resolve any discrepancies through discussion. A third researcher resolved any disagreements. On completion of the quality assessment table (Supplementary Table 1), the research team members independently awarded an overall quality rating to each of the nine papers. Any discrepancies were discussed and where necessary, a consensual agreement was reached through the established process of discussion and adjudication.

Following a similar discussion and agreement process, an overall evidence grading for each paper was also established, based on a combination of the above quality of the findings, as well as the strength of evidence. To establish the latter, where sufficient information was provided, the effect size of each intervention was calculated using Cohen's  $d$  criterion (where  $d \geq .2$  indicates a change and .2,.5 and .8 are respectively considered to be small, medium and large values of  $d$  (Cohen, 1988)).

The evidence statements used (i.e. "Very Low-Quality Evidence" (i.e. insufficient evidence to make conclusions); Initial Evidence (i.e. an effect may occur); Promising Evidence (i.e. an impact may occur, but further investigation is required); or Strong Evidence (i.e. confidence that an intervention has an impact on the stated group and context) were aligned to the four evidence categories identified by Snape et al. (2017). In essence, an intervention was considered effective if it recorded a positive impact and was assessed to be of high quality.

A summary of the results of the evidence grading are presented in Table 5.

## Results

Following the broad and narrow literature screening process, of the 10, 537 records retrieved, nine papers were found to satisfy the inclusion criteria. The authors of these papers are as follows: Cangemi (1979); Hammermeister, Pickering and Ohlson (2009); Luthans, Avey, and Patera (2008); McNatt and Judge (2008); Moen and Allgood (2009); Rehg, Gundlach and Grigorian (2012); Shantz and Latham (2012); Smith (1997); Tan and Alpert (2013).

Table 2 provides a summary overview of the key elements from each paper. These include: study characteristics (i.e. country of origin; study design/control group; methodological approach; data collection; research question/ hypothesis/es); participant population characteristics (i.e. population characteristics; use of volunteers; occupational context; job tenure; gender; age; ethnicity; educational levels; professional attainment; and leadership and management responsibilities). Table 3 summarises the intervention characteristics (i.e. intervention approach; target; delivery method; hours of input; and data collection). A number of these key areas are explored in more detail in the following sections.

### Study characteristics

#### *Country of origin*

Of the nine studies included in this study, seven originated from the USA (Cangemi, 1979; Hammermeister, Pickering and Ohlson, 2009; Luthans, Avey and Patera, 2008; McNatt and Judge, 2008; Rehg, Gundlach and Grigorian, 2012; Smith (1997); Tan and Alpert, 2013). Of the two remaining studies, one study (Shantz and Latham, 2012) was conducted in the UK, the other in Norway (Moen and Allgood, 2009).

#### *Study design/control group*

In terms of study design, randomised controlled trials were implemented in the following three studies, namely: Luthans, Avey and Patera (2008); McNatt and Judge (2008); Shantz



and Latham (201). Two studies, (Rehg, Gundlach and Grigorian, 2012; Smith, 1997) utilised a non-randomised controlled trial. Three of the remaining studies (Cangemi, 1979; Hammermeister, Pickering and Ohlson, 2009; Tan and Alpert, 2013) reported interventions with no control group. The authors of the Moen and Allgood (2009) study did not provide information on the study design within their paper. Hence, we cannot currently explore this study in much detail within this section. However, we have written to the authors to request specific details on audience characteristics, intervention methodology, implementation approach and duration.

### *Methodological approach*

Eight of the nine studies included in this review gathered quantitative data only (Cangemi, 1979; Hammermeister, Pickering and Ohlson, 2009; Luthans, Avey and Patera, 2008; McNatt and Judge, 2008; Moen and Allgood, 2009; Tan and Alpert, 2013; Rehg, Gundlach and Grigorian, 2012; Smith, 1997). The remaining study, Shantz and Latham (2012) used a mixed measures approach to obtain both qualitative and quantitative data.

### *Data collection*

As summarised in Table 3, two studies collected data at only one timepoint, namely post-intervention (Cangemi, 1979; Shantz and Latham, 2012). Four studies collected data at two timepoints, both pre-intervention and post-intervention (Hammermeister, Pickering and Ohlson, 2009; Moen and Allgood, 2009; Smith, 1997; Tan and Alpert, 2013). Two studies collected data at three time points: pre-intervention, post-intervention and follow-up three days later (Luthans, Avey and Patera, 2008); and pre-intervention, post-intervention and follow-up 5 months later (McNatt and Judge, 2008). One study (Rehg, Gundlach and Grigorian, 2012) collected comparative data from four separate training groups, at different time points. Data was collected for Groups 1 and 2 at pre-intervention (Day 1) and post-intervention (Day 9); for Group 3 post-intervention only (Day 9); and for Group (4) post-intervention only (1-month after the completion of the training programme).

### *Research question/ hypothesis/es*

The research question/s and hypothesis/es posed by the researchers of the nine studies included in this literature review, are summarised in Table 2.

### **Participant population characteristics**

#### *Population characteristics*

A total of 1077 participants were involved in the nine studies. Although 127 individuals participated in the study by Moen and Allgood (2009) the split, if any, between target and control group was not specified. Of the 950 participants involved in the remaining eight studies, 670 were part of an intervention treatment group and 278 part of a control group. Taking each study sample population as a whole (i.e. including both intervention and control/comparison groups): two studies involved between 240 and 364 participants (Cangemi, 1979; Luthans, Avey and Patera, 2008); four studies involved between 71 and 127 participants (McNatt and Judge, 2008; Moen and Allgood, 2009; Rehg, Gundlach and Grigorian, 2012; Smith, 1997); with between 18 and 35 participants involved in the remaining three studies (Hammermeister, Pickering and Ohlson, 2009; Shantz and Latham, 2012; Tan and Alpert, 2013).

#### *Use of volunteers*

Seven of the nine studies used volunteers as study participants (Cangemi, 1979; Hammermeister, Pickering and Ohlson, 2009; Luthans, Avey and Patera, 2008; Moen and Allgood, 2009; Shantz and Latham, 2012; Smith, 1997; Tan and Alpert, 2013). One study (McNatt and Judge, 2008) did not specify how participants had been selected. With the remaining study (Rehg, Gundlach and Grigorian, 2012), participants were already attending a mandatory military contracting training course and were therefore compelled to complete the training programme as a requirement of their job.

### *Occupational context*

The occupational context of each study varied. Within the Cangemi (1979) study, the 240 volunteer participants were hourly paid clock card employees from a medium sized manufacturing facility in Kentucky, USA. The 27 participants involved in the Hammermeister, Pickering and Ohlson, (2009) study were based at a large military base on the west coast of USA, operated within a War Transition Unit (WTU). They included: 16 military enlisted personnel (Grades E-5 to E-7), 5 civilian nurses, 4 civilian social workers and 2 civilian occupational therapists). The 364 participants in Luthans, Avey and Patera (2008) web-based intervention study, were drawn from a wide cross section of industries including manufacturing, service, sales and government. The McNatt and Judge (2008) study involved 71 first- and second-year internal accounting auditors from three USA offices of the same Big 4 Accounting firm. The Moen and Allgood (2009) study involved 127 senior employees from a Norwegian branch of a Fortune 500 company. The Rehg, Gundlach and Grigorian (2012) study involved both 110 military and government civilians from the contracting career field of the US Airforce. The 35 participants in the Shantz and Latham (2012) study sample, were unemployed IT professionals based in the UK. The study by Smith (1997) involved 96 employees from a USA Financial Services Institution. The Tan and Alpert (2013) study involved 18 internationally educated nurses based in a long-term care nursing facility in Nevada, USA.

### *Job tenure*

Four studies provided data related to job tenure. The mean tenure for the population in the Luthans, Avey and Patera (2008) study, was 12.1 years. With the Rehg, Gundlach and Grigorian (2012) study, the mean military experience of the population fell within the 10-13 years range, with the mean contracting experience of the same group noted as 4 years. With the McNatt and Judge (2008) study, 62% of the sample had a mean tenure of 0.77 months, whereas the remaining 38% had a mean tenure of 12 months. Within the Tan and Alpert (2013) study, the average tenure of the sample working as nurse in USA was 1.5 years. One study, that by Shantz and Latham (2012) involved unemployed participants. Related

information was not provided in the remaining three studies (Cangemi, 1979; Hammermeister, Pickering and Ohlson, 2009; Moen and Allgood, 2009).

### *Gender*

Of the nine studies, six provided information on the gender split of their participants. Four of these studies appeared to have a relatively balanced split between male and female participants (Hammermeister, Pickering and Ohlson, 2009 (44% female); Moen and Allgood, 2009 (43.5 % female); McNatt and Judge, 2008 (52% female); Smith, 1997 (45.7% female). In the remaining two studies, the participant sample for the study by Shantz and Latham (2012) was biased towards male participants (6% female), whereas the study by Tan and Alpert (2013) was biased towards female participants (83% female).

### *Age*

Five studies provided mean age data. Of these, four studies indicated the mean age of the whole sample, namely: Hammermeister, Pickering and Ohlson (2009) with a M age = 38.3 years; Luthans, Avey and Patera (2008) with a M age = 32.2 years; McNatt and Judge (2008) with a M age = 24 years; and Tan and Alpert (2013) with a M age = 27.5 years. In three studies, the percentage of participants within separate age ranges was reported. Within the Moen and Allgood (2009) study, participants were categorised within four different age ranges, namely: 4.8% aged < 30 years old; 61.3% aged between 30 and 45; 29.8% aged between 46 and 60; and 4% aged > 60 years old). Researchers Shantz and Latham (2012) used three different ranges (i.e. 69% aged between 22 and 28; 25 % aged between 29 and 35; and 6% aged above 36 years). Four age ranges were used to categorise participants ages within the Smith (1997) study, namely: 12.5% aged between 21 and 30; 51% aged between 31 and 40; 17.7% aged between 41 and 50; and 18.7% aged above 50 years.

### *Ethnicity*

Only three studies provided a breakdown of the ethnicity of participants. Within the Luthans, Avey and Patera (2008), 88.5% of participants were Caucasian, 3.3% Asian, 1.4% African

American, 1% Hispanic, 1% Native American and 5.8% unreported. In terms of the Smith (1997) study, 75% of the participants were classified as white; 15.6% were Spanish; 8.3% were black; and 2% reported as other. Whilst in the third study, Tan and Alpert (2013) did not specify the actual ethnicity of their sample, the participants country of origin was reported, with 16 individuals coming from the Philippines, 1 from India and 1 individual from Korea.

#### *Education level and professional attainment*

Three studies listed the educational attainment level of their study participants. These were: Luthans, Avey and Patera (2008) where 33% of participants had a bachelor's degree and 11% a masters or doctorate degree; McNatt and Judge (2008) where 100% of participants were university graduates; and Tan and Alpert (2013) where 100% of participants held a Bachelor of Science degree. Although within the Hammermeister, Pickering and Ohlson (2009) study, the participant's educational attainment was not explicitly specified, grade and role details were provided. These included military enlisted personnel (Grades E-5 to E-7), civilian nurses, civilian social workers and civilian occupational therapists. Similarly, although their actual educational attainment level was not specified, the participant group in the Shantz and Latham (2012) study comprised of professionals in the IT sector.

#### *Leadership and managerial responsibilities*

Six studies highlighted the level of leadership and managerial responsibilities held by the participants. Within the Luthans, Avey and Patera (2008) study, 41% of the sample were first level supervisors or higher, with the remaining 59% of participants coming from a non-management level. Within the McNatt and Judge (2008) study, 38% of the sample had recently been promoted to In-charge Auditors with responsibility for leading audit engagements. The participants within the Moen and Allgood (2009) study were classified as CEO, executives and middle managers, although the breakdown between these three groups was not specified. Participants within the Rehg, Gundlach and Grigorian (2012) sample included individuals with Contracting and Military Officer status ranking, although exact group numbers were not specified. Within the Smith (1997) study, 36.4% of the

participants held positions associated with managerial responsibility, (i.e. 6.2% were Credit Supervisors; 4.2% Customer Service Managers; 8.3% Sales representatives; 14.6% Branch Operations Managers; and 3.1% Branch Managers). The Tan and Alpert (2013) study included 2 Charge Nurses in addition to 16 Nurses.

Table 2: Summary of study and population characteristics

Author/Year	Country of origin	Study design	Method	Data collection	Research question/ proposition	Hypotheses	Participant population characteristics	Ethnicity	Education Attainment	Leadership/ managerial level
Cangemi (1979)	USA	T *	Quant	Post (timing not specified)	Can a seven hour self-awareness growth-orientated human relations programme for clock employees improve employee-management relations in a medium sized manufacturing company?	H1: An understanding of Maslow's concepts regarding growth, safety level behaviour and self-esteem behaviour, as well as sensitivity towards an understanding of one's own needs and the needs of others, were the goals of the programme.	240 hourly clock card non-unionised manufacturing employees <ul style="list-style-type: none"> <li>• Volunteers</li> <li>• T group (n=240)</li> </ul>	Not specified		
Hammermeister Pickering and Ohlson (2009)	USA	T *	Quant	Pre, Post (timing specified)	To examine if an educationally based Mental Skills Training (MST) intervention can enhance self-esteem in Warrior Transition Unit (WTU) members.	H1: To describe changes in self-esteem scores reported by WTU cadre members before and after an Army Centre for Enhanced Performance (ACEP) MST educational intervention. H2: Identify mental skills that most effectively predict self-esteem.	27 Warrior Transition Unit (WTU) cadre members of the US Army <ul style="list-style-type: none"> <li>• Volunteers</li> <li>• T group (n=27)</li> <li>• M age = 38.3 yrs.</li> <li>• 44% female</li> </ul>			

Luthans, Avey and Patera (2008)	USA	RCT	Quant	Pre, Post, Follow-up (timing specified)	Psychological capital (PsyCap) as a core construct can be developed through a web-based intervention.	H1. Psychological capital as a core positive construct can be developed in employees through a short, highly focused web-based intervention structured around the recognized developmental guidelines of the four PsyCap components (hope, efficacy, optimism, and resilience).	364 working adults from a cross section of industry (manufacturing, service, sales and government). <ul style="list-style-type: none"> <li>• Volunteers</li> <li>• Randomly assigned to an intervention (n=187) or control (n=177) group</li> <li>59% non-manager roles; 41% 1<sup>st</sup> level supervisor/manager role.</li> <li>• M tenure= 12.1 yrs.</li> <li>• M age = 32.2 yrs.</li> </ul>	<ul style="list-style-type: none"> <li>• 88.5% Caucasian</li> <li>• 3.3% Asian</li> <li>• 1.4% African American</li> <li>• 1% Hispanic</li> <li>• 1 % Native American</li> <li>• 5.8% unreported</li> </ul>	<ul style="list-style-type: none"> <li>• 33% bachelor's degree</li> <li>• 11% masters/doctorate</li> </ul>	<ul style="list-style-type: none"> <li>• 41% first level supervisors or higher</li> <li>• 59% non-manager</li> </ul>
McNatt and Judge (2008)	USA	RCT	Quant	Pre, Post, Follow-up (timing specified)	To examine the effectiveness of a fictitious self-efficacy intervention on bolstering professionals job attitudes (i.e. job satisfaction, commitment, and intention to quit).	H1: Self-efficacy boosting interventions improve job satisfaction. H2: Self-efficacy boosting interventions improve commitment. H3: Self-efficacy boosting interventions reduce intentions to quit. H2: Self-efficacy boosting interventions reduce employee turnover.	71 1 <sup>st</sup> and 2 <sup>nd</sup> year internal auditors from three offices of the same Big 4 accounting firm. Randomly assigned to <ul style="list-style-type: none"> <li>• T group (n=35) or</li> <li>• C group (n=36)</li> <li>• 52% female</li> <li>• M age = 24 yrs.</li> <li>• M tenure =62% @ 0.77mths.</li> <li>• M tenure =38% @12 mths.</li> </ul>		<ul style="list-style-type: none"> <li>• 100% university graduates</li> </ul>	<ul style="list-style-type: none"> <li>• 38% In-charge Auditors</li> </ul>



Moen and Allgood (2009)	Norway	Not specified	Quant	Pre, Post (timing not specified)	To investigate the effect of executive coaching on self-efficacy.	H1: Successful executive coaching has a significant effect on self-efficacy when it comes to critical leadership capabilities.	127 CEO, executives and middle managers from a Fortune 500 company. Number of T or C group participants not provided <ul style="list-style-type: none"> <li>• Volunteers</li> <li>• 43.5% female</li> <li>• 4% aged &gt; 60 years old</li> <li>• 29.8% aged between 46 and 60</li> <li>• 61.3% aged between 30 and 45</li> <li>• 4.8% aged &lt; 30 years old</li> </ul>			<ul style="list-style-type: none"> <li>• 100% executives &amp; middle managers</li> </ul>
Rehg, Gundlach and Grigorian (2012)	USA	CT (not random)	Quant	Mixed (timing specified)	Examining the influence of cross-cultural training on cultural intelligence and specific self-efficacy.	H1: Individuals who received cultural training will have higher levels of SSE (specific self-efficacy) than individuals who do not receive the training. H2: Individuals with higher levels of SSE will exhibit higher levels of cognitive CQ (cultural intelligence). H3: Individuals with higher levels of SSE will exhibit higher levels of motivational CQ.	99 US Military and Government Civilian Contingency Contracting Officers/employees , from a range of demographics, allocated into one of 4 treatment groups: <ul style="list-style-type: none"> <li>• T group 1 (n=17): pretest/ intervention/post -test</li> </ul>			<ul style="list-style-type: none"> <li>• Contracting staff and military officers</li> </ul>

						H4: Individuals with higher levels of SSE will exhibit higher levels of behavioural CQ.	<ul style="list-style-type: none"> <li>• T group 2 (n=29): pretest/ intervention/post -test</li> <li>• T group 3 (n=28): post-test only</li> <li>• T group 2 (n=25): post-test only</li> <li>• M military experience =10-13 yrs.</li> <li>• M contracting experience = 4yrs.</li> </ul>			
Shantz and Latham (2012)	UK	RCT	Quant & Qual	Post (timing specified)	To examine whether written self-guidance (WSG), is an effective transfer of training intervention to increase self-efficacy and interviewing performance of job seekers.	<p>H1: Trainees who write a self-persuasive letter on the application of skills they learned in a training programme perform significantly better than those randomly assigned to a control group.</p> <p>H2: Subsequent to training, self-efficacy is significantly higher in the WSG condition than it is in the control group.</p> <p>H3: Self-efficacy explains (mediates) the relationship between the independent and dependent variables, namely WSG and an individual's performance in a selection interview.</p>	<p>35 unemployed IT professionals</p> <ul style="list-style-type: none"> <li>• Volunteers</li> <li>• T group (n=16) or</li> <li>• C group (n=19)</li> <li>• 6% female</li> <li>• 69% aged between 22 and 28; 25 % aged between 29 and 35; 6% aged above 36 yrs.</li> </ul>			

Smith (1997)	USA	CT (not random)	Quant	Pre, Post (timing specified)	To determine if employee self-esteem increased as a result of being taught the "Achievement Directed Logic" method of goal identification and attainment.	H1: Employees who participate in training in the use of "Achievement Directed Logic" a method of setting and achieving goals, will show a marked and statically significant improvement in their self-esteem measurement, greater than that of the employees who did not receive this instruction.	<ul style="list-style-type: none"> <li>• 96 financial sector employees</li> <li>• Volunteers</li> <li>• T group (n=18)</li> <li>• C group (n=18)</li> <li>• 45.8% female</li> <li>• 12.5% aged 21-30; 51% aged 31-40; 17.7% aged 41-50; and 18.7% aged &gt;50 years.</li> </ul>	<ul style="list-style-type: none"> <li>• 75% White</li> <li>• 15.6% Spanish</li> <li>• 8.3% Black</li> <li>• 2% Other</li> </ul>	•	<b>36.4 % supervisor or above</b>
Tan and Alpert (2013)	USA	T*	Quant	Pre, Post (timing specified)	To examine if simulation training will enhance the perceived self-efficacy of internationally educated nurses who care for cardiac patients.	H1: Internationally educated nurses who receive this simulation would show improved self-efficacy on completion of the training.	<p>18 Internationally educated licensed registered nurses in Nevada</p> <ul style="list-style-type: none"> <li>• Volunteers</li> <li>• T group (n=18)</li> <li>• 83% female</li> <li>• M age = 27.5 yrs.</li> <li>• M tenure= 1.5 yrs.</li> </ul>	<ul style="list-style-type: none"> <li>• 16 Philippines</li> <li>• 1 India</li> <li>• 1 Korea</li> </ul>	<ul style="list-style-type: none"> <li>• 100% B.Sc. degree</li> </ul>	<ul style="list-style-type: none"> <li>• 2 charge nurses</li> </ul>

\*T= Descriptive Study

## Outcomes

The primary purpose of this study was to identify the prevalence, outcomes and efficiency of self-evaluative self-confidence interventions in the workplace. Hence, three related three research questions were proposed, namely:

- I. **What types of interventions aim to develop employee self-confidence?**
- II. **What outcomes are achieved as a consequence of developing employee self-confidence in the workplace?**
- III. **Which interventions are the most effective at developing employee self-confidence?**

These will be addressed in this section of the study.

- I. **What types of interventions aim to develop employee self-confidence?**

The types of interventions which sought to develop employee self-confidence varied considerably across the nine studies in terms of characteristics, approach, target and delivery methods. The key characteristics of each intervention are explored in more detail within this section and summarised in Table 3.

### *Intervention characteristics*

None of the nine studies explicitly explored the impact of a self-confidence intervention. However, within six of the nine papers, a number of terms were used interchangeably, causing confusion as to the relationships of the associated outcomes generated. For example, within the Cangemi (1979 p.34) study, the term “human relations” was equated with that of “self-esteem behaviour”. Within the five remaining studies, the term “self-confidence” was used interchangeably with that of self-efficacy. Within these studies, the authors Tan and Alpert, (2013 pp.76-80) referred to “self-confidence among the nurses”, “building self-confidence” and “increasing the self-confidence.” In addition, they used a Simulation Confidence Scale as the pre- and post-training assessment tool to assess self-efficacy. Whilst this 10-item questionnaire measures the “confidence level of individuals” (Tan and Alpert, 2013, p.78), the authors interpreted the results as assessing “the self-

efficacy of internationally educated nurses” and concluded that the “simulation is effective in increasing the self-confidence of internationally educated nurses” (Tan and Alpert, 2013, p.79). Within the Hammermeister, Pickering and Ohlson (2009) study, a self-confidence module was one of the six instructional components of the performance enhancement curriculum-based training intervention (with the others being: mental skills; goal setting; emotional control; life coaching theory; attention control; and imagery), yet self-esteem was the stated outcome measured. The authors attempted to explain their interchanging terminology by referencing Feltz and Chases’s (1998) assertion that self-efficacy is a situational specific form of self-confidence. Again, with the Rehg, Gundlach and Grigorian (2012 p.220) study, the authors used the term “confidence in ability” to refer to “specific self-efficacy”. Within their paper, researchers Luthans, Avey and Patera (2008 p. 210) define Psychological Capital as “characterised by having confidence (self-efficacy) to take on...”. Similarly, within the Moen and Allgood (2009 p.72) study, the authors stated that self-efficacy is “often called task specific self-confidence”.

#### *Delivery medium*

Although the authors of the Moen and Allgood (2009) study used an executive coaching intervention, specific details of the methodology used were not included in their paper. Of the remaining eight studies, five (Cangemi, 1979; Hammermeister, Pickering and Ohlson, 2009; Rehg, Gundlach and Grigorian, 2012; Smith, 1997; Tan and Alpert, 2013) used a face-to-face group training format to deliver targeted content to participants. Of these, three studies (Cangemi, 1979; Hammermeister, Pickering and Ohlson, 2009; Tan and Alpert, 2013) used a modular approach. The researchers involved in the two remaining study (Rehg, Gundlach and Grigorian, 2012; Smith, 1997), delivered their intervention through a single lecture. A modular training method was also used by Luthans, Avey and Patera (2008), although the medium in this case was a web-based self-directed learning programme. McNatt and Judge (2008) used a combination of a structured interview and follow-up written communications; and Shantz and Latham (2012) choose a written self-guidance intervention method.

### *Intervention duration and approach*

Leaving the Moen and Allgood, (2009) study to one side, the duration of each of the interventions varied significantly across the eight remaining studies, ranging from 20 minutes (Shantz and Latham, 2012) to 12 hours long (Hammermeister, Pickering and Ohlson, 2009).

Of these studies, the shortest intervention was the “Dear Self” Written Self Guidance (WSG) technique used by Shantz and Latham (2012). The 16 unemployed IT professionals within the treatment group were given 20 minutes to write a Written Self Guidance (WSG) letter at the end of the last day of a 4 x 1-day training programme, delivered over an 11-week period and designed to enhance employment prospects within the IT industry. 5 weeks after the completion of the training programme, and immediately prior to their participation in a mock job interview, the treatment group reread their respective letter to self, in which they affirmed how the new skills and techniques they had acquired through the programme would promote success in a job interview.

McNatt and Judge (2008) used a two-phase approach for their intervention. During the first phase, the 35 auditor treatment group members attended a 15-20 min in-house interview, which was specifically designed to enhance self-efficacy through verbal persuasion and modelling. During the second phase of the intervention, the participants received a self-efficacy enhancing communication (letter) at weeks 3, 6 and 9. Whilst the content of the letter was written by researchers, it was purported to have been sent to the participant by senior managers within the firm. The details of the time required for the internal auditors to read and complete the three supplementary self-efficacy communications was not specified in the study.

Within the Rehg, Gundlach and Grigorian (2012) study, a 1-hour in-house cognitive based cross-culture lecture, designed to enhance the specific self-efficacy of army personnel prior to their dispatch to Iraq, was used as the intervention. The content of the single training session focused on comparing and contrasting the culture of the USA with that of Iraq. It was delivered to 99 US Military and Government Contingency Contracting Officers (split into

four treatment groups) on the second day of a nine-day US Airforce standardised training course, which was primarily focused on explaining contingency contracting procedures, law and related regulations.

The on-line web-based animation video presentation, used by Luthans, Avey and Patera (2008), lasted 1.5 hours. Delivered to 364 working adult participants from a range of industries, the intervention focused on developing the four components of PsyCap. The first of the two 45-minute modules focused on enhancing resilience and efficacy. It finished with a self-reflection exercise cued to focus on past thoughts emotions and behaviours and future actions. The second module (delivered one week later), focused on developing hope and optimism and concluded with an outcome orientated self-reflection exercise.

Within the Smith (1997) study, a two hour 'Achievement Directed Logic' training programme was delivered to the 48 volunteer treatment group employees of a Financial Services Institution. Designed to create enhanced self-esteem, the programme was comprised of 20 related conceptual elements exploring the expectancy, incentive and motive for achieving enhanced individual performance and personal success. In addition, each participant was also provided with a personalised binder and encouraged to complete the "hands-on learning activities" contained within. These exercises were designed as a practical support to reinforce and further embed the behaviours which underpinned goal identification, setting and prioritisation. As the training was delivered at nine different office locations, care was taken to standardise the programme delivery, particularly in terms of the trainer, content and timing of the material covered.

The cardiac simulation classroom-based training intervention used by Tan and Alpert (2013), lasted 5 hours. Following a 1hr introduction session, the 18 cardiac nurses attended 2 x 2hr standardised cardiac simulation case scenario training sessions. During each simulation training session, each participant assumed the role of primary nurse providing care for the cardiac patient for an observed 20-minute period. A 10-15 minute debriefing session followed, where all participants were asked to describe their thoughts and feelings about the simulation experience and whether they now felt more prepared to deal with patients with cardiac conditions.

With the Cangemi (1979) study, the 240 clock card manufacturing employees attended two 3.5 hours seminars, over a 2-day period. Lasting 7 hours in total, the seminar content emphasised personal growth and development, career planning, motivation and mental hygiene practices.

The longest intervention was the Performance Psychology Principles Training used by Hammermeister, Pickering and Ohlson, (2009), which lasted 12 hours in duration. Designed specifically for the 27 members of a healthcare cadre of a Warrior Transition Unit (WTU) of the U.S. Army, the 8 x 1.5 hr Army Centre for Enhanced Performance (ACEP) curriculum modules focused on enhancing: self-confidence, goal-setting, mental skills foundations, attention control, energy management, imagery for healing, life-coaching theory and team building.



**Table 3: Summary of intervention characteristics**

Author/Year	Research question	Intervention	Medium	Training format	Delivery method	Hours Input
Cangemi (1979)	Can a seven hour self-awareness growth-orientated human relations programme for clock employees improve employee-management relations in a medium sized manufacturing company?	A 7-hr seminar (2 x 3.5hrs modules) in Human Relations aimed at increasing 240 clock card worker's understanding of each other and enhancing Maslow's concepts regarding growth, safety level and self-esteem behaviour.	Group training programme	Modular	Designed to enhance clock card manufacturing employees experience in the workplace, the content focused on enhancing personal growth, development, career planning, motivation and mental hygiene	7 hrs
Hammermeister, Pickering and Ohlson (2009)	To examine if an educationally based Mental Skills Training (MST) intervention can enhance self-esteem in Warrior Transition Unit (WTU) members.	A 12 hr (8x1.5 A 12 hr (8 x 1.5 hrs modules) education session focused on enhancing the skill and use of performance psychology principles of 27 US Army personnel	Group training programme	Modular	Content included: 1) mental skills foundations, 2) self-confidence, 3) goal setting, 4) attention control, 5) energy management, 6) imagery for healing, 7) life-coaching theory, and 8) team building	12 hrs
Luthans, Avey and Patera (2008)	Psychological capital (PsyCap) as a core construct can be developed through a web-based intervention.	A 90 mins (2 x 45 min modules) on-line web-based animation video presentation focused on developing the four components of PsyCap of 364 working adult participants from a cross-section of industries	Web-based animation	Modular	T group watched 2 separate 45 min narrated web-based PowerPoint Flash animation video presentations, 1 week apart. Session 1: explanations of positive capabilities of efficacy and resilience and their: application in the workplace; and applicability to the workplace; and their relationship with PsyCap. Encouraged to then reflect on learning and subsequently application back to participants' jobs. Session 2: focused on constructs of hope and optimism and followed the same format	1.5 hrs

					C group = watched 2 separate 45 min narrated web-based PowerPoint Flash animation video sessions on Decision Making, 1 week apart.	
McNatt and Judge (2008)	To examine the effectiveness of a fictitious self-efficacy intervention on bolstering professionals job attitudes (ie job satisfaction, commitment, and intention to quit).	71 auditors attended a 15-20 min in-house interview (designed to enhance self-efficacy through verbal persuasion and modelling), and received a self-efficacy enhancing written communication at weeks 3, 6 and 9.	Interview and letters	Non-training	T group participated in a 15–20 mins self-efficacy enhancing exchange interview and received a self-efficacy communication from management, at weeks 3, 6, and 9. C group participated in a 15–20 mins interview about auditors and received non-SE-related informational mail from same management also at week 3,6 and 9.	15 min interview (with follow-up comms)
Moen and Allgood (2009)	To investigate the effect of executive coaching on self-efficacy.	An executive coaching intervention delivered to 127 executives.	Executive coaching	Non-training	Not specified	Not specified
Rehg, Gundlach and Grigorian (2012)	Examining the influence of cross-cultural training on cultural intelligence and specific self-efficacy.	A 1hr inhouse cognitive based cross-culture PowerPoint lecture, designed to enhance specific self-efficacy of 99 Military and Civilian personnel prior to dispatch to Iraq.	Group training programme	Single module	T group attended a 1 hr basic Cross Cultural Awareness training lecture, with an emphasis on comparing USA culture (values, world views, behavioural impact, perspective, functioning in a dissimilar culture) with that of Iraq, on Day 2 of a 9 Day US Airforce specified training course (on law, contract, regulations etc). C group did not attend the lecture.	1 hr
Shantz and Latham (2012)	To examine whether written self-guidance (WSG), is an effective transfer of training intervention to increase self-efficacy and interviewing performance of job seekers.	A 20 mins “Dear Self” Written Self Guidance (WSG) self-persuasive letter, following attendance at 4 x 1day training program delivered over an 11-week period to 36 unemployed IT professionals, designed to secure a permanent job within the IT industry.	Written Self Guidance (WSG)	Non-training	T group spent 20 mins writing a self-persuasive letter on the skills and techniques they would use in a job interview, following a 4 x 1day training programme delivered over 11 weeks. C group attended same training programme and received a summary of the training content to review for 20 minutes at the end of the delivery. 5 weeks later, prior to a mock job interview, T group reread their respective letters to self, C group read summary of programme content.	20 mins
Smith (1997)	To determine if employee self-esteem increased as a result of	A 2 hr “Achievement Directed Logic” training programme delivered to 48 volunteer	Achievement Directed Logic	Single module	Designed to create enhanced self-esteem, through the conceptualisation and enhancement of goal setting and attainment skills. Comprised	2 hrs

	being taught the “Achievement Directed Logic” method of goal identification and attainment.	employees of a financial instruction. Providing a conceptual and practical understanding of personal goal setting and goal attainment, the training material and accompanying personalised binder were designed to enhance individual self-esteem.			of 20 related elements exploring the expectancy, incentive and motive for achieving enhanced individual performance and personal success. In addition, each participant also completed practical written exercises in their personalised binder to reinforce and further embed the underpinning behaviours of goal identification, setting and prioritisation.	
Tan and Alpert (2013)	To examine if simulation training will enhance the perceived self-efficacy of internationally educated nurses who care for cardiac patients.	A 5 hr (1hr introduction plus 2 x 2 hrs modules) group cardiac training and simulation sessions, where participants assumed the role of primary nurse providing care for the cardiac patient for an observed 20 min period, designed to increase the self-efficacy of 18 internationally educated nurses who cared for cardiac patients	Group training cardiac simulation programme	Modular	Each participant attended a 1x1hr introduction; then 2x2hr cardiac simulation training, with an observed 20 min cardiac simulation per participant per session. Debrief for 10-15 mins followed, where participants described their thoughts and feelings about the simulation experience and how prepared they felt to deal with patients with cardiac conditions.	5 hrs (including observed 20 min simulation practice)

ii. **What outcomes are achieved as a consequence of developing employee self-confidence in the workplace?**

In response to the second research question, a diverse range of outcomes were reported as a consequence of the interventions designed to develop employee self-confidence in the workplace. All nine studies used quantitative measures and idiosyncratic subjective self-report scales to assess self-confidence, performance and psychological outcomes. However, whilst questionnaire responses from the bespoke Human Relations assessment scale developed in the Cangemi (1979) study indicated that participants found the course to be worthwhile and well accepted, no statistical analysis was completed. Hence no further conclusions can be drawn here with regards to the outcomes achieved by this study. A summary of the interventions applied, the measures used and the outcomes achieved are provided in Table 5.

*Self-confidence outcome measures*

Of the seven research papers which used an intervention targeted at a self-confidence related outcome, five studies targeted self-efficacy as an outcome and two targeted self-esteem. Within these studies self-esteem was measured using the self-report Culture-Free Self-Esteem Index-2 (CF/SEI-2) within the Smith (1997) study. Hammermeister, Pickering and Ohlson (2009), used the published Nugent and Thomas 's (1993) 40 item SERS (Self Esteem Rating Scale) to assess self-esteem as an outcome of their intervention.

A range of outcome measures were used by the researchers involved in the five studies which targeted self-efficacy outcome. As each of the five studies assessed a specific self-efficacy, tailored self-report questionnaires were used. Within the McNatt and Judge (2008) study, a bespoke measure using 37 items from the Self Efficacy Inventory for Entry-level Public Accountants (Saks, 1995) was created to assess Auditor Self-Efficacy. A bespoke 32 item scale designed to measure Leadership Self Efficacy was used in the Moen and Allgood (2009) study. Rehg, Gundlach and Grigorian (2012) developed a six item Contingency Contracting Self-Efficacy questionnaire, (using wording similar to items used by Chen, Gully and Eden (2001) for generalized self-efficacy); Shantz and Latham, (2012) developed a bespoke five item Interview Self-efficacy Questionnaire; and Tan and Alpert (2013) developed a bespoke 10 item Simulation "Confidence" Scale to assess "self-efficacy"

(although they did also refer to the outcome measured as “self-efficacy (i.e. confidence)” within their results section (Tan and Alpert, 2013, p.79)).

#### *Performance outcome measures*

Three studies measured work related performance outcomes. To assess their study outcomes, McNatt and Judge (2008) used four published job-attitude self-report measures, namely: the five item Job satisfaction scale (Judge, Erez and Bono, 1998); the five item Organizational Commitment Questionnaire (Mowday, Steers and Porter, 1979); the three item Intention to Quit scale (Colarelli, 1984); and the 10-item Level of Conscientiousness Scale (Goldberg, 1999). In addition, data on Aptitude (measured using each auditors’ overall university Grade Point Average (GPA)); Tenure (calculated as the number of months auditors had worked at the firm prior to the beginning of the experiment); and Turnover (based on information and data provided by the firm) was also collected. Within the Moen and Allgood (2009) study, the authors developed a 32-item scale to assess the four leadership subscales of: general capability as a leader; capability of a leader related to development, learning and motivation of employees; building relationships; and management by objectives. Within the Shantz and Latham (2012) study, two independent researchers used the novel content analysis technique of emergent coding to categorise the content of the 16 WSG letters against the four dimensions of: what to do; how to behave; self-affirmation; and self-relevant information.

#### *Related outcome measures*

Four of the nine studies used self-reporting questionnaires to measure relatable outcomes. Cangemi (1979) developed a 21-item Human Relations Questionnaire specifically for use in this study; Hammermeister, Pickering and Ohlson (2009) used the Durand-Bush and Salmela’s (2001) published 48 item OMSAT-3 (Ottawa Mental Skills Assessment Tool -3); Luthans, Avey and Patera (2008) used the published 24 item PsyCap Questionnaire (PCQ) by Luthans, Youssef, and Avolio (2007) as the assessment measure for their study; and Rehg, Gundlach and Grigorian (2012) used 16 items from the cultural intelligence scale (CQS)

developed by Ang et al. (2007) to measure the three related areas of Cognitive Cultural Intelligence, Motivational Cultural Intelligence and Behavioral Cultural Intelligence.

### *Self-confidence outcomes attained*

Four of the five studies which targeted self-efficacy as an outcome, reported an increase in the treatment group's self-efficacy post-intervention. With the exception of the Rehg, Gundlach and Grigorian (2012) study (where despite the mean specific self-efficacy increase from T1 at 5.83 ( $\sigma^2=0.93$ ) to T2 at 6.03 ( $\sigma^2 = 0.90$ ) at for Class 3, the t-value of 1.77 ( $p = 0.085$ ) did not show a significance at  $p \leq 0.05$ ), the remaining studies published positive results. In the McNatt and Judge (2008) study, auditor self-efficacy was increased as a result of the non-training self-efficacy interview and supporting communications intervention. Similarly, within the Moen and Allgood (2009) study the senior leaders who received executive coaching demonstrated increased mean self-efficacy. A univariate analysis of variance demonstrated that participants in the Shantz and Latham (2012) treatment group reported significantly higher levels of self-efficacy ( $M = 5.53, SD = .80$ ) than participants in the control group ( $M = 4.48, SD = .96; F(5, 29) = 3.36, p = .05, d = 1.11$ ). The analysis of variance conducted within the Tan and Alpert (2013) study demonstrated a very strong association between the pre and post training results ( $F = 131.27, p < .0005, \eta^2 = .89$ ) and indicated that 89% of the variance was attributed to the cardiac training and simulation activity. By comparing the post training ( $M = 1.49, SD = 0.52$ ) with the pretraining results ( $M = 2.76, SD = 0.56$ ), the authors concluded the internationally educated nurses who participated in the cardiac simulation training demonstrated increased self-efficacy and confidence.

With regards to self-esteem, the results of the Hammermeister, Pickering and Ohlson (2009) study demonstrated a significant improvement in the treatment group's Self Esteem Rating Scores (SERS) pre-test ( $M = 78.85, SD = 31.74$ ) to post-test ( $M = 89.82, SD = 26.73$ ) scores ( $t(23) = -3.26, p = .003$ ). Whilst it was reported in the Smith (1997) study that self-esteem was increased significantly as a result of the "Achievement Directed Logic" training intervention, it is not possible to see how this claim is substantiated from the evidence provided. For example, in reference to a graphical comparison of the treatment and control groups "total gain in scores vs total loss in scores", the author comments (pg.74) "as can be readily seen,

the treatment group shows a more significant gain.” However, this conclusion appears to be made on the basis of a sight comparison only, as no supporting data is provided to substantiate this claim. In addition, within the study, the data from an independent samples test is also provided. However, as an invalid figure has been entered for the control mean, it is not possible to verify the author’s additional claim (pg.78) of a “significant improvement in the treatment scores as compared to the control group scores”.

#### *Performance outcomes attained*

Of the three studies which primarily focused on performance outcomes, the McNatt and Judge’s (2008) study indicated that whilst the intervention did not have a significant impact on auditors’ job attitudes as a whole, within the sub-group of employees with some tenure, the results indicated that the intervention reduced the amount of turnover (Exp (B) = .64; Wald statistic = 2.85), at a significance at the  $p \leq .05$  level. Overall, within this subgroup, the self-efficacy intervention raised job attitudes and reduced turnover to one standard of a deviation greater (average  $d=1.18$ ) than their control colleagues, across the five job attitudes of: job satisfaction; organisational commitment; professional commitment; intention to quit the organisation; and intention to quit the profession. The Moen and Allgood (2009) study results also demonstrated increased changes in the four targeted leadership subscales of: general capability as a leader ( $p<.01$ ); capability as a leader related to development, learning and motivation of employees ( $p<.001$ ); building relationships ( $p<.001$ ); and management by objectives ( $p<.01$ ). Within the Shantz and Latham, 2012 study, the Written Self-Guidance (WSG) treatment group performed significantly better [ $F(6,28)= 5.6, p <.05$ ] in their mock interview performance than the control group.

#### *Related outcomes attained*

Of the four studies which explored relatable outcomes, no further conclusions could be drawn with regards to the outcomes achieved by Cangemi (1979). Within the Hammermeister, Pickering and Ohlson (2009) study, the stepwise multiple regression identified that the self-confidence, imagery and mental practice variables of the OMSAT-3 uniquely predicted cadre members' self-esteem scores. Within the Luthans, Avey and Patera (2008) study, the ANCOVA results suggest that Treatment or Control group variable was a

significant predictor of PsyCap at Time 2 ( $p < .001$ ), with BESD display range (of .452 to .548) implying that Treatment Group will score above average on the PsyCap instrument 54.8% of the time (equivalent to above average). Within the Rehg, Gundlach and Grigorian (2012) study, the results indicated whilst specific self-efficacy (SSE) training had a moderately significant effect ( $r=0.356$ ,  $p<.001$ ) on Behavioural Cultural Intelligence, it had a positive and strong significant effect on Cognitive Cultural Intelligence ( $r=0.256$ ,  $p<.005$ ).



Table 4: Summary of interventions, measures and outcomes attained

Intervention Target

Author/Year	Intervention	Intervention	Instrument Used	Instrument Target	Reliability	Self-Confidence	Self-Esteem	Self-Efficacy	Performance related	Other related
Cangemi (1979)	A seven hour seminar (2 x 3.5hrs modules) in Human Relations aimed at increasing clock worker's understanding of each other and enhancing Maslow's concepts regarding growth, safety level and self-esteem behaviour.	Human Relations	21 item Human Relations Questionnaire	Human Relations	None specified		(√)			√
Hammermeister, Pickering, and Ohlson (2009)	A 12 hr (8x1.5 A 12 hr (8 x 1.5 hrs modules) education session focused on enhancing the skill and use of performance psychology principles.	Self-esteem	40 item SERS (Self Esteem Rating Scale)	Self Esteem	Self-esteem=.97		√			√
			48 item OMSAT-3 (Ottawa Mental Skills Assessment Tool -3)	Mental Skills	Range for the 3 component subscales (foundation skills, psychosomatic skills and cognitive skills) varied between .66 to .9 with a mean of .8					
Luthans, Avey, and Patera (2008)	A 90 mins (2 x 45 min modules) on-line web-based animation video presentation to develop the four components of PsyCap within adult participants from a cross-section of industries	PsyCap	24 item PsyCap Questionnaire (PCQ)	PsyCap	PsyCap=.93 Efficacy=.92, Hope=.87, Optimism=.77, Resilience=.83			(√)		√
McNatt and Judge (2008)	One 15-20 min in-house interview (designed to enhance self-efficacy through verbal persuasion and modelling), followed by the receipt of a self-efficacy enhancing	Auditor Self-efficacy	37 items from Saks's 1995 Self efficacy Inventory for Entry-level Public Accountants	Self-Efficacy	Self-efficacy=.96			√	√	

	communication at weeks 3, 6 and 9. The results confirmed that the Self-efficacy intervention was effective in raising auditor self-efficacy.		5 item Job Satisfaction Scale	Job Satisfaction	Job satisfaction=.89					
			5 item Organizational Commitment Questionnaire	Organizational Commitment	Organizational Commitment=.77					
			5 item Professional Commitment Questionnaire	Professional Commitment	Professional Commitment=.86					
			3 item Intention to Quit Questionnaire	Intention to Quit	Intention to Quit=.78					
			10 item Conscientiousness Questionnaire	Conscientiousness	Conscientiousness=.89					
Moen and Allgood (2009)	Not specified	Leadership Self-efficacy	32 item Leadership Self Efficacy Scale	Leadership Self Efficacy	Leadership Self Efficacy =.97 (T1) and .97 (T2) (1) General capability as a leader=.87 (T1) and .88 (T2) (2) Capability develop and motivate employees=.92 (T1) and .88 (T2) (3) Capability as a leader to build relationships=.88 (T1) and .89 (T2) (4) Capability as a leader to execute management by objectives=.90 (T1) and .91 (T2)			√	√	
Rehg, Gundlach and Grigorian (2012)	A 1hr inhouse cognitive based cross-culture PowerPoint lecture, designed to enhance specific self-efficacy of Military and Civilian personnel prior to dispatch to Iraq.	Contingency Contracting Self-efficacy	Six item Contingency Contracting Self-Efficacy questionnaire	Self-Efficacy	T1=.73 T2=.75			√		√
Shantz and Latham (2012)	A 20 mins "Dear Self" Written Self Guidance (WSG) self-persuasive letter, following attendance at 4 x 1day training program delivered	Interview Self-Efficacy	Five item Interviewing Self-Efficacy Questionnaire	Interviewing Self-efficacy	Self-efficacy=.90.			√	√	

	over an 11- week period and designed to secure a permanent job within the IT industry.		Emergent coding	Interview performance	What to do=.93 How to behave=.90 Self-affirmation=.97 Self-relevant =.88					
Smith (1997)	A 2 hr "Achievement Directed Logic" training programme delivered to 48 volunteer employees of a financial institution. Providing a conceptual and practical understanding of personal goal setting and goal attainment, the training material and accompanying personalised binder were designed to enhance individual self-esteem.	Achievement Directed Logic	Culture-Free Self-Esteem Index-2 (CF/SEI-2)	Self-Esteem	None specified		√			
Tan and Alpert (2013)	A 5 hr (1hr introduction plus 2 x 2 hrs modules) group cardiac training and simulation sessions, where participants assumed the role of primary nurse providing care for the cardiac patient for an observed 20 min period, designed to increase the self-efficacy of internationally educated nurses who cared for cardiac patients	Self-Efficacy/ Confidence	10 item Simulation Confidence Scale	Confidence/ Self-Efficacy	None specified	(√)		√		

√- explicitly targeted outcome

(√) -inferred within the study narrative, rather than an explicitly targeted outcome

iii. **Which interventions are the most effective at developing employee self-confidence?**

Whilst all nine papers reported changes in the targeted outcome variables, to a greater or lesser extent, the actual effect and quality of the evidence varied. Therefore, in order to respond appropriately to the third research question and identify the most effective interventions, an overall standardised evidence assessment was required. By taking the related components of (a) effect size and (b) quality of the papers explored, the authors of this systematic used a staged process (described below) to produce an overall standardised assessment result for each paper.

**(a) Effect size**

In order to better understand the relationships between the variables as well as measure the size of the identified associations or differences, the effect size was noted or calculated where possible. Cohen's *d* criterion (Cohen, 1988) was used for grading purposes (where  $d \geq .2$  indicates a change and .2,.5 and .8 are respectively considered to be small, medium and large values of *d*).

As the relevant data was not available for three papers (Cangemi, 1979; Rehg, Gundlach and Grigorian, 2012; Smith 1997), the effect size for these papers could not be calculated. Of the six remaining studies, published effect size values were available for the following four papers: Hammermeister, Pickering and Ohlson (2009); Luthans, Avey and Patera (2008); McNatt and Judge (2008); Tan and Alpert (2013). Using the statistical data provided, the research team calculated the effect size for the two remaining papers (Moen and Allgood,2009; Shantz and Latham, 2012).

*Effect sizes of self-confidence related outcomes*

Despite the variation in the audience, approach and duration of the interventions used in the six associated research papers where self-confidence related outcomes were targeted, a positive effect was identified in all but one of these studies. In terms of the two studies

which targeted self-esteem, insufficient data was presented in the Smith (1997) paper to enable the effect size to be calculated. Within the second study, (Hammermeister, Pickering and Ohlson, 2009), a small effect size ( $d=.37$  ( $r=.18$ )) was calculated by this research team, using presented data. The results suggest that the 12-hour Performance Psychology Principles Training intervention, delivered in 1.5 hour sessions over eight days, positively impacted the self-esteem of military enlisted personnel.

With regards to self-efficacy, the guidance offered by Judge et al. (2007 p.118) proposes that “even if the incremental contribution of self-efficacy in predicting work-related performance is at times, rather small, this does not mean that concept has no utility. Sometimes small effects can be important; and practically, one advantage of self-efficacy is that it is malleable.” Therefore, the self-efficacy outcomes of all five studies will be recorded here, regardless of effect size.

Although within the Rehg, Gundlach and Grigorian (2012) study, a statistically significant increase in self-efficacy as a result of the one hour cross-cultural training intervention was not demonstrated in contracting personnel who attended a one hour in-house cross-culture lecture, the remaining four studies did demonstrate a positive increase in self-efficacy as an outcome, to a varying degree. Using the statistical results noted by Moen and Allgood (2009), an effect size was calculated by the research team. The results indicated a small effect size ( $d=.48$  ( $r=.02$ )), suggesting that an increase in the self-efficacy of senior employees in a Fortune 500 Company occurred as a result of their executive coaching intervention. However, as these authors excluded any information pertaining to the format, design and duration of their intervention from their paper, the conclusions that can be drawn here are limited.

An increase in Auditor’s self-efficacy, with a medium size effect ( $d=.43$ ), was evidenced in the study by McNatt and Judge (2008), in which a non-training intervention comprised of both a 20-minute self-efficacy promoting structured interview supported by three follow-up self-efficacy communications was used.

A large effect size was demonstrated in the two remaining self-efficacy related studies. Shantz and Latham (2012) demonstrated that their non-training 20-minute Written Self Guidance Letter increased the self-efficacy of unemployed IT professionals ( $d=.1.8$  ( $r =-.51$ )). Similarly, the five-hour cardiac simulation training, delivered over three sessions within the Tan and Alpert (2013) study, also demonstrated an increase in the self-efficacy ( $d=2.35$  ( $r =-.761$ )) of internationally educated nurses.

#### *Effect sizes of performance related outcomes*

Within the Shantz and Latham (2012) study, Written Self-Guidance increased interview performance with a medium effect size ( $d=2.76$  ( $r =-.35$ )). Within the McNatt and Judge (2008) study, the results not only indicated two marginal effects on job satisfaction ( $\beta = .17$ ,  $p \leq .10$ ) and intention to quit ( $\beta = -.12$ ,  $p \leq .10$ ), but for employees of some tenure, the results confirmed that the self-efficacy intervention had a significant effect for all five job attitudes (i.e. job satisfaction ( $\beta = .28$ ,  $p \leq .05$ ); organisational commitment ( $\beta = .25$ ,  $p \leq .05$ ); professional commitment ( $\beta = .30$ ,  $p \leq .01$ ); intention to quit the organisation ( $\beta = -.31$ ,  $p \leq .01$ ); and intention to quit the profession ( $\beta = -.29$ ,  $p \leq .01$ )). These results enabled the authors to conclude that efficacy-enhancing communications can help mitigate factors that would otherwise contribute to employees leaving the company.

#### *Effect sizes of related outcomes*

Due to lack of availability of appropriate data, it was not possible to calculate the effect size within the Cangemi (1979) study. However, within the Luthans, Avey and Patera (2008) study, the authors calculated an increase in the PsyCap (small effect size ( $d=.191$  ( $r=.095$ ))) within the treatment group of employees who used the on-line training intervention comprised of two 45-minute web-based animation video presentations.

#### *Summary of effect size*

In summary, for the six studies in which the effect size was either published or calculated by the research team, a small effect size was identified for three interventions (Luthans, Avey

and Patera, 2008 (PsyCap); Hammermeister, Pickering and Ohlson, 2009 (self-esteem); Moen and Allgood, 2009 (self-efficacy). A medium effect size was identified in one intervention (McNatt and Judge, 2008 (self-efficacy)). A large effect size was noted in two studies (Shantz and Latham, 2012 (self-efficacy); Tan and Alpert, 2013 (self-efficacy)). A summary of the effect size associated with each paper is provided in Table 5.

### **(b) Quality assessment**

Based on the guidelines suggested by Snape et al. (2017), each paper was quality assessed against either the proposed quantitative or mixed methods frameworks. The methodological rigour of each of the nine papers was assessed against six criteria, namely: (a) design (b) application (c) analysis (d) evidence (e) ethics (f) research contribution. Having agreed an overall quality rating range (namely: <10 = Very Low Quality; between 11 and 15 = Low Quality; between 16 and 20 = Medium Quality; and 21 or above = High Quality) the research team awarded an equivalent quality rating to each of the nine papers, as summarised in Supplementary Table 1.

#### *Summary of quality assessment*

Due to the limitations of the design, application, analysis, evidence, ethical and research considerations, one paper was identified as Very Low Quality (Cangemi, 1979). Using the same guidelines and rationale, a Low Quality rating was awarded to five papers (Hammermeister, Pickering and Ohlson, 2009; Moen and Allgood, 2009; Rehg, Gundlach and Grigorian, 2012; Smith, 1997; Tan and Alpert 2013). The remaining three papers (Luthans, Avey and Patera, 2008; McNatt and Judge 2008; Shantz and Latham, 2012) were awarded a High Quality rating.

### **(c) Overall standardised evidence assessment**

Aligned to the four evidence categories identified by Snape et al. (2017) (as referenced in Watson et al., 2018), the research team used the following four statements (Very Limited Evidence (i.e. insufficient evidence to make conclusions); Limited Evidence (i.e. an effect

may occur); Promising Evidence (i.e. an impact may occur, but further investigation is required); or Strong Evidence (i.e. confidence that an intervention has an impact on the stated group and context)), to award an overall evidence assessment for each of nine interventions used. In essence, an intervention was considered effective if it recorded a positive impact and was assessed to be of high quality. A summary of the overall evidence assessment awarded to each of paper is provided in Table 5.

#### *Summary of standardised evidence assessment*

Overall, three interventions were assessed as providing Very Limited Evidence (Cangemi, 1979; Rehg, Gundlach and Grigorian, 2012; Smith, 1997); two as Limited Evidence (Hammermeister, Pickering and Ohlson, 2009; Moen and Allgood, 2009); and two as Initial Evidence (Luthans, Avey and Patera, 2008; Tan and Alpert, 2013). The remaining two papers were assessed as providing Promising Evidence (McNatt and Judge, 2008; Shantz and Latham, 2012).

#### **(d) Exploration of the most effective studies**

A more detailed exploration of the four highest scoring studies, their contribution and future research implications follows, in order to explore which interventions are the most effective at developing employee self-confidence.

An Initial Evidence assessment was awarded to the study by Luthans, Avey and Patera (2008) which demonstrated that a short, web-based training intervention (focused on the positive capacities of efficacy, resilience, hope and optimism) can be used to develop Psychological Capital (PcyCap) in participants from a broad cross-section of organisational roles and sectors. Within this study, the researchers also confirmed the existence of a second order construct of PcyCap, comprised of self-efficacy, hope resilience and optimism. However, a significant limitation of this study concerned the fact that the impact of the four individual components to the outcome measured was not correlated. Hence, it was not possible to identify if the self-efficacy component of the training worked better than other three components, or indeed if it worked at all. In fact, the overall increase in PsyCap attributed



to increased self-efficacy may actually have been related to the effect of the goal setting approach employed within the intervention, rather than the modular self-efficacy training material. The heterogeneous nature of the sample does enhance the internal validity of the study and provides some support for generalising the results to other populations, organisations and industries. However, as this web-based intervention was not compared to any other delivery medium (e.g. a face-to-face training approach), it is impossible to say whether the web-based training intervention works as well, better or worse than any other delivery method. These results simply suggest that a web-based delivery of PsyCap can be effective. In order to understand the impact more fully, future pedagogical research comparing the effectiveness of this web-based delivery approach to other delivery methods would prove beneficial, as would research clarifying the specific effect of the self-efficacy component of the PsyCap intervention.

Despite a large effect size of  $d=2.35$  ( $r = -.761$ ), experimental design issues and lack of robust ethical considerations impacted the quality of the Tan and Alpert (2013) study. This resulted an Initial Evidence rating being awarded to this paper. Whilst the authors concluded that the use of cardiac simulation scenario enhanced the self-confidence and self-efficacy of internationally educated nurses in their transition into nursing roles in the USA, the generalisability of the results are limited due to: the small treatment sample size; the homogeneous nature of treatment group; and the one-group design of the intervention. Further research exploring the impact of simulation training in building self-confidence and self-efficacy, could benefit from a larger heterogeneous sample and randomised control group experimental design. As the term self-confidence was used interchangeably by the authors throughout this paper with that of self-efficacy, further studies should aim to establish a singular and consistent target for the intervention up-front. In addition, future research aimed at establishing the interconnectivity between the constructs of self-confidence and self-efficacy would prove immensely beneficial.

Promising Evidence was awarded to the McNatt and Judge (2008) paper. The authors of this study attempted to bolster employee job attitudes and reduce turnover by implementing a non-training self-efficacy intervention. The results indicated a rise in auditor self-efficacy, with a medium effect. In addition, amongst the sub-group of employees of some tenure, the results also indicated a reduction in turnover at five-months post-intervention, as well as an

improvement in job attitudes (as measured for the remaining 5-7 hours of their working day post-intervention). Whilst the authors concluded that the combined effect of the self-efficacy enhancing interview and subsequent personal letters and emails (purported to having been sent from a partner/manager), positively influenced established auditors' job attitudes, no claim can be made as to the durability of this impact beyond the limited time period noted. While such a non-training self-efficacy intervention could enable an organisation to create a short-term boost in employee attitude, future longitudinal research is required to test the impact of such an intervention over a longer time period. Of equal interest is that fact that although the study results identified that the longitudinal effect of reduced turnover was a result of the intervention, it is not possible to confirm if it was due to an increase in auditor's self-efficacy. Receiving the letters from the partner/manger may have, in fact, increased the employee's sense of job security rather than impacted their self-efficacy.

With a large self-efficacy effect size ( $d=2.76$  ( $r = -.35$ )) and High Quality assessment, an overall assessment rating of Promising Evidence was also awarded to the Shantz and Latham (2012) study. The results indicated that both the self-efficacy and interview performance can be increased through the use of a 20-minute individual Written Self-Guidance exercise following the end of a training program. This finding may be of relevance to organisations interested in implementing low time consuming but effective self-efficacy enhancing intervention approaches. In addition, the results demonstrated that self-efficacy mediated the relationship between Written Self-Guidance and interview performance. However, the transferability of the results into the workplace environment would need to be examined as the treatment group in this study were unemployed IT professionals, rather than employed. Hence, further consideration also needs to be given to the impact of the particular motivational influences within the treatment population on the self-efficacy outcome.

The results from these four studies provide some indication of evidence for the effectiveness of both training and non-training interventions on self-confidence outcomes, especially self-efficacy. However, due to the reliance on single studies for evidence, no further conclusions as to the most effective content or format can be made. Again, for the same reason, only tentative conclusions can be reached with regards to associated performance and related

outcomes (such as PsyCap, interview performance, job attitudes and reduction in employee turnover).

Table 5. Details of the outcome measures and results for each study by category of outcome

Author/Year	Intervention	Outcome measure	Primary outcomes	Effect size	Effect size	Quality	Overall evidence assessment
Cangemi (1979)	Human Relations	Human Relations Questionnaire	The author concluded that the results suggested that the human relations course was found to be interesting, worthwhile and was well accepted by the clock employees. The author also concluded that many of the employees felt the course would help them in their personal lives outside the company. (study conducted in 1979 so limited statistical analysis)	Insufficient data available to calculate effect size	No available data	Very Low	Very Limited Evidence
Hammermeister, Pickering and Ohlson (2009)	Performance Psychology	Self -Esteem Rating Scale (SERS)	Significant improvement in the treatment group's self-esteem pre- (M = 78.85, SD = 31.74) to post-test (M= 89.82, SD = 26.73) scores on the SERS (t (23) =-3.26, p=.003). The treatment group mean SERS scores were also significantly higher following completion of the 12-hour Army Centre for Enhanced Performance (ACEP) intervention. In addition, stepwise multiple regression also identified the self-confidence, imagery and mental practice variables of the of the OMSAT-3 uniquely predicted cadre members' self-esteem scores	Authors stated, self-esteem rating scores indicated a "a significant effect from pre-to post-test". However, our calculations suggested a small effect size $d=.37$ ( $r=.18$ )*	Small	Low	Limited Evidence
Luthans, Avey and Patera (2008)	Psychological Capital	PsyCap (PCQ)	Effect sizes T 1 to T 2 for the treatment group $d=.191$ ( $r=.095$ ) and control group $d=-.042$ ( $r =-.084$ ). ANCOVA results suggest that Tor C group variable was a significant predictor of PsyCap at Time 2 ( $p <.001$ ), whereas age, gender, job level, ethnicity, and education were not ( $p >.05$ ). The BESD display range of .452 to .548. implies C group will score above average on the PsyCap instrument 45.2% of the time, T Group 54.8% of the time (above average).	As a result of the on-line training intervention PsyCap was increased (small effect size $d=.191$ ( $r=.095$ ))	Small	High	Initial Evidence

McNatt and Judge (2008)	Self-Efficacy	Self-efficacy Inventory for Public Level Accountants	<p>Treatment condition results confirmed that the self-efficacy intervention was effective in raising auditor Self Efficacy (<math>\beta = .22, p \leq .05</math>) considered a medium-sized effect (<math>d = .43</math>). With the exception of the two marginal effects on job satisfaction (<math>\beta = .17, p \leq .10</math>) and intention to quit (<math>\beta = -.12, p \leq .10</math>) the self-efficacy intervention did not have a significant impact on auditors' job attitudes a whole, but did have a weak main effect on the job attitudes of job satisfaction, commitment and intention to quit. Although the results indicated that the intervention reduced the amount of turnover within the treatment group (Exp (B) = .30; Wald statistic = 1.73, <math>p \leq .10</math>), this did not reach significance at the .05 level.</p> <p>Employees of some tenure: Raising job attitudes - Significant effect size:</p> <ul style="list-style-type: none"> <li>Job satisfaction (<math>\beta = .28, p \leq .05</math>)</li> <li>Organisational commitment (<math>\beta = .25, p \leq .05</math>)</li> <li>Professional commitment (<math>\beta = .30, p \leq .01</math>)</li> <li>Intention to quit the organisation (<math>\beta = -.31, p \leq .01</math>)</li> <li>Intention to quit the profession (<math>\beta = -.29, p \leq .01</math>)</li> </ul> <p>With employees of some tenure, the results also confirmed that the self-efficacy intervention had a significant effect for all five job attitudes.</p>	As a result of the non-training self-efficacy intervention auditor self-efficacy increased (medium-sized effect: ( $d = .43$ ) ( $\beta = .22, p \leq .05$ )); (and turnover in employees of some tenure was reduced: (large effect size: (Exp (B) = .64))	Medium	High	Promising Evidence
Moen and Allgood (2009)	Self-Efficacy	Leadership Self-efficacy (SES)	The treatment condition results indicated significant increased changes ( $p < .001$ ) in mean self-efficacy, as well as the subscales: capability as a leader related to development, learning and motivation of employees; and build relationships. Significant results ( $p < .01$ ) were also obtained for the subscales general capabilities as a leader and management by objectives.	Executive coaching increased participant self-efficacy ( $d = .48$ ( $r = .02$ ) small effect size*)	Small	Low	Limited Evidence
Rehg, Gundlach and Grigorian (2012)	Self-efficacy	Contingency Contracting Self-efficacy (CCSEQ)	H4- H7 focused on SSE. H4 individuals who received cultural training would have higher levels of SSE than those who did not. H4 hypothesis only supported at the $p < .10$ level for one of the three tests, while the other two were not significant. For class 1, the difference in means of 0.22 ( $t = 1.4$ ) was not significant. Class 2 also did not show statistical significance from time 1 to time 2 (mean difference = 0.18, $t = 1.2$ , ns). In the combined classes test, mean SSE increased from time 1 at	Insufficient data available to calculate effect size	No available data	Low	Very Limited Evidence

			5.83 ( $s_2 = 0.93$ ) to 6.03 ( $s_2 = 0.90$ ) at time 2. However, the $t$ -value of 1.77 ( $p = 0.085$ ) did not show a significance at $p \leq 0.05$ . H5-H7 stated that individuals with higher levels of SSE would demonstrate higher levels of cognitive, motivational, and behavioural levels of CQ, respectively. Results supported these hypotheses at time 2, but not at time 1. With H5, the relationship between cognitive CQ and SSE was positive at time 1, $r = 0.113$ , but non-significant, while at time 2 it was significant, $r = 0.256$ , $p < 0.05$ . Similar results were found for motivational CQ (H6). The correlation between motivational CQ and SSE at time 1 was $r = 0.269$ , which was non-significant, while at time 2 it was $r = 0.467$ , $p < 0.001$ , showing strong significance. Regarding H7 for behavioural CQ, correlation at time 1, $r = 0.222$ , was non-significant, while at time 2 a highly significant result was found ( $r = 0.356$ , $p < 0.001$ ).				
Shantz and Latham (2012)	Interview Self-Efficacy	Interview Self-efficacy (SEQ)	A univariate analysis of variance showed WSG T group ( $M = 3.41$ , $SD = .49$ ) performed significantly better in the interview than those in the control group [ $M = 3.0$ , $SD = .58$ ; $F(5, 29) = 3.26$ , $p = .05$ , $d = .56$ ]. The WSG T group ( $M = 5.53$ , $SD = .80$ ) reported a significantly higher level of self-efficacy than the control group [ $M = 4.48$ , $SD = .96$ ; $F(5, 29) = 3.36$ , $p = .05$ , $d = 1.11$ ]. Self-efficacy mediated the relationship between WSG and interview performance (Sobel's statistic 1.66, $p = .05$ ).	Written self-guidance increased both self-efficacy (large effect size $d = 1.18$ ( $r = -.51$ *)) interview performance (medium effect size $d = 0.76$ ( $r = -.35$ *))	Large	High	Promising Evidence
Smith (1997)	Achievement Directed Logic	Culture-Free Self-Esteem Index-2 (CF/SEI-2)	The author concluded that the achievement directed logic course significantly increased the self-esteem of the treatment group. However, limited data was provided as evidence to support the claim.	Insufficient data available to calculate the effect size	No data available	Low	Very Limited Evidence
Tan and Alpert (2013)	Self-Efficacy	Self-efficacy/ Self-confidence (SCS)	Analysis of variance indicated that 89% of the variance between the pre training and post training results can be attributed to the simulation activity. Conclude the internationally educated nurses who participated in this training project showed higher confidence according to the post training analysis ( $M = 1.49$ , $SD = 0.52$ ) compared with the pretraining results ( $M = 2.76$ , $SD = 0.56$ )".	Cardiac training and simulation activity increased self-efficacy (large effect size of $d = 2.35$ ( $r = -.761$ ))	Large	Low	Initial Evidence

NR = results not reported

Intervention effect size reported as Cohen's  $d$  unless otherwise stated ( $d=0.2$  (small effect size);  $d=0.5$  (medium effect size);  $d=0.8$  (large effect size))

Intervention effect size based on repeated (pre, post) within-group measures only

\*Effect size calculated by the research team

## Discussion

The primary aim of this systematic literature review was to explore the prevalence, outcomes and effectiveness of interventions aimed at developing the self-evaluative, personal-level resource of self-confidence in the workplace. Of the 10,537 peer-reviewed studies and grey literature references which were identified through the database trawl using search terms associated with self-confidence interventions in the workplace, only nine empirical studies satisfied the inclusion criteria for this systematic review.

To the authors knowledge, this is the first systematic literature review of its kind to be conducted in this area, and as such, it presents insight into the evidence base of self-confidence interventions in the workplace. The results generally indicate initial evidence for the beneficial and favourable impact of self-confidence related training and non-training interventions (with at least one of the dependent variables demonstrating a statistically significant change in seven of the nine studies reviewed). However, due to the heterogeneous nature of the study and intervention designs included in this review, as well as the lack of consistent measurement of self-confidence, no firm conclusions as to which interventions are most effective at developing employee self-confidence can be drawn. Whilst acknowledging the limitations associated with this study, our synthesised findings may provide a platform from which to better understand the relationship between the identified self-confidence intervention variables of approach, duration, workplace contexts, mode of delivery and the outcomes attained.

In considering our question **‘What types of interventions aim to develop employee self-confidence?’** this review identified a range of training and non-training interventions designed to improve self-confidence as well as other workplace-performance and related outcomes. Of the six studies which used a training intervention, a face-to-face group training format was used as the preferred mode of delivery. This format was used in five of the studies, namely: Cangemi (1979) for their human relations training; Hammermeister, Pickering and Ohlson (2009) for their performance psychology principles training; Rehg, Gundlach and Grigorian (2012) for their cross-cultural training; Smith (1997) for the achievement directed logic training; and Tan and Alpert (2013) for their cardiac simulation training. With the sixth study, a web-based self-learning positive psychological capital training programme was favoured by the researchers, Luthans, Avey and Patera (2008). With



the three remaining studies, the researchers used a range of non-training approaches including: a structured interview with follow-up communications (McNatt and Judge, 2008) to target self-efficacy; an executive coaching approach (Moen and Allgood, 2009) to impact self-efficacy; and a written self-guidance approach (Shantz and Latham, 2012) to influence self-efficacy. The findings from these studies suggest that self-confidence can be improved using a variety of techniques, yet further research is required to elucidate the gains attributable to intervention content and format.

In considering our question '**What outcomes are achieved as a result of developing self-confidence in the workplace?**' this review suggests that a variety of self-confidence, performance and related outcomes can be enhanced. Five studies (McNatt and Judge, 2008; Moen and Allgood, 2009; Rehg, Gundlach and Grigorian, 2012; Shantz and Latham, 2012; Tan and Alpert, 2013) directly targeted specific self-efficacy outcomes and two studies explored self-esteem (Hammermeister, Pickering and Ohlson, 2009; Smith, 1997).

Also identified were a number of performance related outcomes, including: job satisfaction; organisational commitment; professional commitment; intention to quit; reduction of employee turnover (McNatt and Judge, 2008); leadership capabilities, including capability as a leader, capability as a leader related to development, learning and motivation of employees, building relationships and management by objectives (Moen and Allgood, 2009); and selection interview performance (Shantz and Latham, 2012). In addition, the following related outcomes were also identified, namely: human relations (Cangemi, 1979); both motivational and cognitive cultural intelligence (Rehg, Gundlach and Grigorian, 2012); and Psychological Capital (Luthans, Avey and Patera, 2008). This review highlights the pervasive impact of self-confidence at work, as previously evidenced (Avey, Avolio and Luthans, 2011; Pinar, Yildirim and Sayin 2018). The varied focus on outcomes examined by researchers also lends support to the proposition put forward by Suh (2000) of the existence of specific self-confidences, each enhanced by targeted interventions. Within the descriptions of aims, the research papers reviewed here did not elaborate on the rationale behind the interventions and therefore future studies could usefully identify whether the aim is to improve self-confidence in a broad or specific way.

In considering our question **‘Which interventions are the most effective at developing employee self-confidence?’** the effect size and quality element score were combined to provide an overall standardised assessment grading, guided by established protocols (Snape et al., 2017). Overall, three interventions were assessed as providing Very Limited Evidence (Cangemi, 1979; Rehg, Gundlach and Grigorian, 2012; Smith, 1997); two as Limited Evidence (Hammermeister, Pickering and Ohlson, 2009; Moen and Allgood, 2009); and two as Initial Evidence (Luthans, Avey and Patera, 2008; Tan and Alpert, 2013). The remaining two papers were assessed as providing Promising Evidence (McNatt and Judge, 2008; Shantz and Latham, 2012).

When comparing the four most effective papers (Luthans, Avey and Patera, 2008; McNatt and Judge, 2008; and Shantz and Latham, 2012; and Tan and Alpert, 2013), a number of common factors are apparent. Perhaps the most obvious similarity is the fact that all four of the interventions used were associated with enhancing self-efficacy, to varying degrees. Whilst three of the studies purposefully focused on exploring the impact of a self-efficacy intervention, within the fourth study, self-efficacy featured as one of four modular components of the training intervention designed to enhance PsyCap. All four studies used appropriately related (albeit subjective self-report) measures to assess the effectiveness of their intervention. Whilst all four studies collected the corresponding data both pre-intervention and post-intervention, two of the studies also collected data at a third time point (three days later (Luthans, Avey and Patera, 2008) and 5 months later (McNatt and Judge, 2008)). In terms of experimental design, three of the studies also gained enhanced internal validity through the use of a randomised controlled design (Luthans, Avey and Patera, 2008; McNatt and Judge, 2008; Shantz and Latham, 2012). In order to then maintain a baseline implementation standard of a high quality comparative design, the experimental design features used by these four most effective studies explored in this review, should be considered for replication by researchers. Employing robust evaluation designs, as proposed by Snape et al. (2017) is vital in order to better understand which interventions are most effective. In turn, a strong evidence base for self-confidence interventions will enable organisations and practitioners to be better advised with regards the development and implementation of aligned development initiatives.

Of particular interest to practitioners and organisations, are the time inputs associated with these studies. The most effective intervention lasted just 20 mins (Shantz and Latham, 2012, followed by that of McNatt and Judge (2008) (15 mins) with the remaining two interventions which demonstrated initial evidence lasting 5 hours (Tan and Alpert, 2013) and 1.5 hours (Luthans, Avey and Patera, 2008) in duration. As previous studies support the fact that self-confidence is related to organisational performance outcomes, these results could be of interest to employers who wish to implement time efficient development initiatives to enhance the self-confidence of their staff members. Indeed, future studies in this area could extrapolate these findings further and examine the impact of moderating organisational variables (such as culture; leadership approach; opportunities to implement the acquired skill; performance objectives; and reward structure etc.) on the results obtained.

### **Limitations and future research**

It is important to note that a number of significant research challenges were associated with the papers included in this study. These, in turn, have impacted the transferability of the results, as well as the conclusions that can rightfully be drawn.

Perhaps of greatest concern is the fact that only a small number of academic studies progressed to the data extraction phase of this review. However, in his guidance on conducting and reviewing systematic reviews in work and organisational psychology, Daniels (2019, p.9) proposes that “a small number of studies should not be used as a criterion for rejecting a review that is otherwise technically excellent and conceptionally well grounded”. Instead, the author advocates, that in the case of such systematic reviews “knowing there is little or no information on a question is important to know and can form the basis of a whole new program of research”. He suggests the review should focus on addressing a compelling question to which the answer is “there is not much evidence’ and proposes that this opens up the field to identify “significant ways in which the knowledge-base can be improved”. Accordingly, we have attempted to outline the priority focus for future research to improve and further develop the knowledge base. The reviewed literature highlighted a number of gaps in our understanding in relation to interventions designed to enhance self-confidence. Seven limitations are noted and recommendations for furthering knowledge and research are provided.

The first challenge relates to the confusion caused by the interchanging of the self-confidence related terms within the narratives of six studies (i.e. Cangemi, 1979; Hammermeister, Pickering and Ohlson, 2009; Luthans, Avey and Patera, 2008; Moen and Allgood, 2009; Tan and Alpert, 2013; Rehg, Gundlach and Grigorian, 2012). Only three studies consistently used a singular term throughout (i.e. McNatt and Judge (2008) and Shantz and Latham (2012) consistently referred to self-efficacy; and Smith (1997) only used the term self-esteem within their paper). Whilst strengthening the research team's use of the umbrella term of self-confidence, it also challenges the clarity of the results achieved. Until the relationship between self-efficacy, self-esteem and self-confidence have been unequivocally established, our understanding of how these individual constructs independently and/or collectively influence workplace behaviour and performance, is likely to remain limited. To assertively promote the development of employee self-confidence, as well as affirm the impact of related interventions within an organisational context, future researchers need to begin by establishing a coherent and consistent definition. Once established, aligned self-confidence workplace related intervention studies can then be conceptualised, implemented, assessed and refined.

Second, the lack of clarity associated with the definition and conceptualisation of self-confidence translated into the lack of consistency in the design and implementation of the related interventions. Hence, all nine studies used an idiosyncratic intervention design, of which each was specific to a particular study. This resulted in the deployment of a range of approaches across all the studies, with no evident consistency or duplication.

Third, although there was considerable homogeneity in the outcome measured (self-efficacy) there was heterogeneity in the measures used. For example, in the five studies which examined the impact of an intervention on self-efficacy, five different bespoke scales were used to measure a specific self-efficacy. As a result of the diversity of the scales used, it is very difficult to make comparative assessments. Equally, the lack of parity in design implies that the robustness of the conclusions that can be drawn from these studies, is restricted. Furthermore, all nine studies relied on subjective self-report measures. Identified as a drawback by Blume, Ford, Baldwin and Huang, (2010), self-reports are susceptible to socially desirable responding as well as biases in self-representation. Hence, discrepancies

between the actual and reported behavioural change can result. Alongside self-reports, future researchers could consider including multi-rater assessments designed to focus on identifying changes in performance or behavioural outcomes to achieve a more reliable and valid assessment.

The fourth challenge is associated with the limitations of the experimental designs employed. For example, none of the current studies used a longitudinal design, and so evidence of the directionality and timing of the impact of the reported relationship is limited. Only three of the nine studies utilised an RCT design, (namely: Luthans, Avey and Patera, 2008; McNatt and Judge, 2008; Shantz and Latham, 2012). In addition, within three of the studies (Hammermeister, Pickering and Ohlson, 2009; Shantz and Latham, 2012; Tan and Alpert, 2013) small sample size, of less than 30 participants, was used. Future studies would benefit from using robust experimental designs which included a large heterogeneous sample, a wait-listed control group and a longitudinal design. As none of the papers included in this study attempted to establish the “active” ingredient within the self-confidence interventions, future researchers could also consider using a framework approach, within which only one variable (e.g. definition, method, delivery, content, outcome) is systematically manipulated, in order to establish the mediators of self-confidence.

A fifth limitation, in part due to the research designs employed, was that none of the nine studies included in this systematic review attempted to identify at what stage of their intervention self-confidence increased. If, as previously noted, self-confidence is a trait that can be developed over time (Demo, 1992; Shrauger and Schohn, 1995), future design approaches should remain attentive to this current research gap. Equally, as outside of the boundaries of the intervention study, the longevity of the increase in the self-confidence or associated performance or related outcome was not explored. Therefore, it is important for future researchers to also establish evidence of the permanence of the self-confidence outcomes.

A sixth limitation concerns the lack of consideration afforded to the mediating and moderating variables which impact self-confidence related outcomes. Shantz and Latham (2012) concluded that self-efficacy mediated the relationship between written self-guidance and interview performance. However, they also alluded to the potential impact of the

personal motivation levels of the treatment group participants on the self-efficacy results obtained, suggesting that they may have differed to that of the control group. Future research is therefore needed to establish the impact of additional variables on the self-efficacy outcomes obtained, as well as to determine the impact of an intervention on the self-efficacy of individuals who are less or more motivated. For example, authors of the McNatt and Judge (2008 p.803) study identified that newly recruited auditors starting their first job in a Big Four accounting firm scored themselves so highly on the work attitudes measures that “it left little room for improvement regardless of any experimental intervention.” In comparison, those employees of some tenure who had been in the role for at least six months, scored significantly lower. Hence, it may have been “inflation-causing newcomer excitement and expectations,” that influenced self-efficacy, or indeed job attitudes and turnover. Therefore, additional theoretical and empirical work exploring the connections between self-efficacy and affective variables (such as job attitudes), is necessary to establish definitive evidence with regards to mediator and moderator relationships.

Finally, whilst collectively the nine interventions reviewed were applied over a diverse range of public and private workplace contexts (including accountancy, finance, health, IT, military and manufacturing), with employees from the full range of managerial responsibility, (from “clock card” employees right up to senior leaders in Fortune 500 companies), only one study deliberately targeted participants from a range of occupational settings (Luthans, Avey and Patera, 2008) and no comparative studies were identified. Also worthy of note is the fact that for three of the most effective studies, the participants average age ranged from 24 to 32.2 years, and within the fourth study, only 6% of the participants were aged above 36 years. Future researchers would therefore need to be cognisant of the impact of this factor on the transferability of the results to older populations of employees. Drawing from the field of intervention research, those evaluating self-confidence interventions could usefully explore the question of what works for whom and why, as posed by Pawson, Greenhalgh, Harvey and Walshe (2005), to guide future work practices. Currently, the lack of diversity of occupation within the sample, leaves researchers unable to generalise the results to different workplace populations.

Given the heterogeneous nature of the interventions examined in this study, it is difficult to identify specific similarities or generate coherent and robust conclusions. By acknowledging and accommodating the limitations identified within these studies, further research could prove beneficial in assessing, for example: the longevity of the self-confidence experience outside of the boundaries of the intervention; the boundary conditions that exist in the relationship between the self-confidence interventions; their effectiveness on workplace outcomes; the stage within the intervention where self-confidence increased; the nomological networks involved in self-efficacy, self-esteem and self-confidence; as well as the associated mediators and moderators.

### **Future direction**

Organisations are constantly challenged by the need to remain competitive, as well as sustainable. Hence, many are prepared to invest in interventions which enhance employee commitment, capability, capacity and well-being in the workplace.

As explored more fully in the introduction to this study, self-evaluative and regulatory interventions are established predictors of both desirable employee states as well as workplace performance. However, as a result of this study, we have identified a shortage of research which examines the impact of self-confidence interventions in the workplace. The first task of future researchers then, is to consider how to move self-confidence research out of its established silo in sports psychology and into the context of occupational psychology.

Cognisant of the challenge posed by Grote and Cortina (2018 p. 338) namely, “would an answer to this question improve organisational functioning in a nontrivial way and would it prompt other researchers to improve organisational functioning further still?”, we answer in the affirmative. We therefore encourage future researchers in this area to take the “next step” towards establishing the most impactful self-confidence intervention (s) in the workplace and in exploring the phenomenon further.

Supplementary Table 1: Quality assessment of quantitative and qualitative studies

Paper*	1. Evaluation well-designed?				2. Study carried out appropriately?				3. Analysis appropriate?		4. Evidence consistent?			5. Ethical issues considered				6. Research contribution	Total score												
	Fidelity of delivery clear	Measures appropriate for Pre/post measures same	Same measures for all	Assignment to treatment	Random assignment	Comparison/ intervention	Representative sample	Baseline equivalence	Sample size large enough	Attrition less than 65%	Attrition clear	Attrition assessed/reported	Contamination controlled	Consistent and equivalent	Measures valid & reliable	Measures indep of treatm't	Measures not just self-rept	Analysis methods appropriate	Missing data appropriately treated	Findings made explicit	Evidence for and against	Credibility discussed	Findings related to RQs	Sufficient details of how research explained to	Researcher discussed issues raised by study	Adequate discussion of issues such as informed consent and anonymity	Consequences of research considered	Approval from an ethics committee	Contribution to existing knowledge or understanding		
1						✓		✓	✓						✓	✓															5
2	✓	✓	✓	✓			✓		✓						✓	✓				✓	✓	✓							✓		13
3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓				✓	✓	✓	✓						✓		21
4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓				✓	✓	✓	✓						✓		21
5		✓	✓	✓			✓	✓	✓					✓						✓	✓		✓						✓		11
6		✓				✓	✓	✓	✓						✓	✓				✓	✓	✓	✓		✓				✓		14
7		✓		✓	✓	✓		✓					✓	✓	✓	✓	✓			✓	✓	✓	✓					✓		15/2	
8	✓	✓	✓	✓					✓			✓	✓		✓								✓		✓			✓		11	
9	✓		✓	✓					✓									✓		✓	✓	✓	✓		✓			✓		11	

\* 1 = Cangemi (1979); 2 = Hammermeister, Pickering and Ohlson (2009); 3 = Luthans, Avey and Patera (2008); 4 = McNatt and Judge (2008); 5=Moen and Allgood (2009); 6 = Reh, Gundlach and Grigorian, (2012); 7 = Shantz and Latham (2012); 8 = Smith (1997); 9 = Tan and Alpert, (2013)

NB: A blank cell in this table means a rating of either: "No", "Cannot Tell" or "Not applicable"



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\*Denotes the nine studies under review within this SLR

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## Part 3:

### Executive coaching and employee self-confidence: A Delphi study

#### Abstract

Executive coaches repeatedly report that building self-confidence plays a central role in their practice. Indeed, over the last 8 years, the International Coaching Federation (ICF, 2009-2017) have consistently reported that enhanced self-confidence is a priority motivation for employees seeking executive coaching. In addition, increased self-confidence was the second most cited outcome experienced by employees who engaged in executive coaching (ICF, 2017). In turn, employee self-confidence has been associated with a number of social, relational and physiological workplace outcomes.

The primary aim of this research study was to seek expert opinion as to how the two fields of executive coaching and self-confidence could be purposefully converged. In order to accommodate the lack of clarity associated with the construct of self-confidence, a four-staged Delphi Study methodology, involving a panel of 38 experts, applied over a period of six months, was employed. A targeted guidance protocol, (comprising of 4 topic areas, 30 factors and 272 items) was consensually developed by the expert panel members, for use by an executive coach in the support of employees with low self-confidence. The emerging protocol provides a useful framework to guide practice and research in relation to the assessment, intervention and evaluation of self-confidence. Interestingly, the identification of lack of expert consensus regarding the individual experience of low self-confidence, challenges the generalisability of the antecedents, behavioural, cognitive and emotional components of low-self-confidence.

Given the widespread and diverse practice of executive coaching, findings highlight that there is a pressing need to conduct in-depth empirical research to define low self-confidence and examine ways in which an individuals' confidence is enhanced and maintained over time.

## Introduction

*“when self-confidence becomes really, really solid... it becomes you.”*

*Panel 1 participant.*

### Self-confidence in the workplace

Self-confidence has been identified as a precursor for success in many domains, through its ability to promote action, improve performance and boost both physical and mental strength. Within the ever-increasing complexity of the workplace context, it stands to reason that stimulating the self-confidence of employees, will not only positively affect the human experience, but also enhance the overall functioning, stability and growth of the organisation.

A substantial body of research already exists which attributes self-confidence to multiple and diverse individual, team and organisational outcomes. Recognised as a characteristic of the successful individual (Goleman, 1998), self-confidence has been demonstrated to positively enhance an employee's: resilience and problem-solving skills (Ertekin Pinar, Yildirim and Sayin, 2018); emotional intelligence (Raddawi, 2015); job satisfaction (Chhetri, Gekara, Manzoni and Montague, 2018); learning and development (Sambrook, 2006); workplace performance (Compte and Postlewaite, 2004); tenacity in challenging careers (Lent, Brown and Hackett, 1994); psychological wellbeing (Avey, Wernsing and Mhatre, 2011); and psychological capital (Luthans, Avey and Patera, 2008).

At a team level, Bandura (1997) concluded that collective confidence positively influenced both team members' motivation, as well as the coordination of their collective actions. Additional researchers have demonstrated that the general confidence of a team influences: sharing of complex knowledge (Lee Endres, Endres, Chowdhury and Alam, 2007); team success (Gully, Incalcaterra, Joshi and Beaubien, 2002); as well as overall performance (Prussia and Kiniciki, 1996).



At an organisational level, self-confidence is recognised as a key factor in enhancing: workplace morale (Gibbons, Dempster and Moutray, 2011); job performance (Chhetri, Gekara, Manzoni and Montague, 2018); organisational commitment (Avey, Wernsing and Mhatre, 2011); and job attitudes and employee retention (McNatt and Judge, 2008). Self-confidence interventions have also proven to be effective across a heterogeneous range of occupations, including: clock-card employees (Cangemi, 1979); military personnel (Hammermeister, Pickering and Ohlson, 2009); auditors (McNatt and Judge, 2008); executives (Moen and Allgood, 2009); IT workers (Rehg, Gundlach and Grigorian, 2012); financial sector employees Smith (1997); and internationally educated nurses (Tan and Alpert, 2013),

Widely recognised as a social construct (Bandura, 1999), self-confidence has also been associated with a number of leadership attributes including being: a requisite for the initiation of leadership (Bono and Judge, 2004); an influencer of the general capability of a leader (Moen and Allgood, 2009); an important leadership trait (Northouse, 2018); and a predictor of transformational leadership (Matzler, Bauer and Mooradian, 2015). Of related interest are the findings by Hu, Wang, Liden, and Sun (2012), who determined that the self-confidence of a leader positively correlated with the attainment of the personal goals and performance outcomes of their followers. In addition, Moen and Allgood (2009) demonstrated that the self-confidence of a leader positively impacted the development, learning, motivation and relationship building skills of those whom they lead.

A number of additional social, relational and physiological workplace outcomes associated with low and high self-confidence have also been identified. For example, employees who exhibit high levels of self-confidence are perceived by others to be more competent, which in turn, both enhances their ability to attain social status, as well as elevates their position of power within groups (Carli, LaFleur and Loeber, 1995; Anderson, Brion, Moore and Kennedy, 2012). Not only does appearing self-confident discourage others from competing at that same position for promotion (Charness, Rustichini and Van de Ven, 2018), but it also increases one's selection interview success (Shantz and Latham, 2012), likelihood of being hired (Charness, Rustichini and Van de Ven, 2018) and access to career-advancing opportunities, including promotion (Martin and Phillips, 2017).

In contrast, low self-confidence is associated with: a hesitancy to act (Mayo, Kakarika, Pastor and Brutus, 2012; Bleidorn et al., 2016); limited autonomy (Jackson, Firtko and Edenborough, 2007); excessive workload (Kirkham and Stapleton, 2000); low self-esteem, an external locus of control, increased burnout and reduced job satisfaction (Shallow, 2001); and workplace stress (Mackin and Sinclair, 1998). Evident in bullied employees (Vartia, 2001), underconfident workers are perceived to lack competence (Ogden et al., 2002; Kröner and Biermann, 2007), which makes them vulnerable to scrutiny and questioning from colleagues (Bedwell, McGowan and Lavender, 2015). As a consequence, career advancement opportunities are significantly reduced (Martin and Phillips, 2017).

Linked to low quality of life (Clark et al., 2011), low self-confidence has also been associated with mental illness risk (St. Clair et al., 2017). Indeed, the relationship between low self-confidence and mental illness has been widely explored, with researchers establishing connections with: Obsessive Compulsive Disorder (Kiverstein, Rietveld, Slagter and Denys, 2019); depression (Horrell et al., 2014); and anxiety (Coudevylle, Gernigon and Ginis, 2011) (including trait anxiety (Matthies et al., 2017) and social anxiety (Hong, 2018)). In fact, so strong was the correlation between self-confidence and cognitive anxiety that the researchers Hatzigeorgiadis, Zourbanos, Mpoupaki and Theodorakis, (2009) proposed that each construct lay the opposite end of the same continuum model.

### **Interventions to enhance self-confidence**

As a self-evaluative mechanism, self-confidence is clearly of interest to a broad band of researchers and practitioners. However, despite the existence of a diverse body of research attributing the construct of self-confidence to the range of workplace outcomes previously mentioned, literature exploring the impact and efficacy of interventions designed to enhance self-confidence within the workplace is, by comparison, relatively scant. This is in direct contrast to the fields of sports and health performance where the impact of self-confidence is being thoroughly explored, assessed and documented (e.g. Owen, Thrower, Lane and Thomas, 2019; Shafae et al., 2018)

One possible explanation for the lack of comparative research within an occupational context could be related to the misunderstanding and blurredness that exists between the constructs of self-confidence, self-efficacy and self-esteem. On one hand, an argument exists for a clear entwinement between the three constructs. Taking, workplace outcomes as an illustrative example, researchers have identified self-efficacy as having a positive impact on employee well-being (Xantopoulou et al., 2007); job satisfaction (Gruman, Saks and Zweig, 2006) and work performance (Alessandri et al., 2015). Comparable outcomes are also attributed to self-esteem, which has been identified as an important determinant of workplace well-being (Unal, Dogu and Cinar, 2018); job satisfaction (Andrade, Costa, Estivalette and Lengler, 2017; Feng et al., 2017); and workplace performance (Judge and Bono, 2001). Again, self-confidence has also been identified as having a positive impact on workplace well-being (Parlalis and Christodoulou, 2018); job satisfaction (Rashid, Habashy and Calopedos, 2018); and workplace performance (Chhetri, Gekara, Manzoni and Montague, 2018). Some authors of academic literature view the constructs as being so aligned that they regularly substitute the term self-confidence, with that of self-esteem (Hisrich et al., 1972; Taylor, 1974; and Brown et al., 2001) or self-efficacy (Rehg, Gundlach and Grigorian, 2012; Tan and Alpert, 2013; Oney and Oksuzoglu-Guven, 2015).

On the other hand, a large body of academics advocate that self-confidence, self-esteem and self-efficacy are definitive constructs with their own particular and unique characteristics that support their conceptual distinctness (Bandura, 1977; Cramer, Neal and Brodsky, 2009; and Tan and Alpert 2013). Indeed, when evaluated from the starting point of an academic definition and theoretical foundation, the fundamental differences between the three construct becomes acutely apparent. In contrast to both self-efficacy (with its clear theoretical roots and definition grounded in Social Cognitive Theory (Bandura, 1997) and self-esteem, (first theorised and defined 130 years ago by James (1890)), the construct of self-confidence lacks both a robust theoretical foundation, as well as an accepted academic definition.

In an attempt to clarify the differences between the three constructs, Martin and Phillips (2017 p. 31) asserted that “self-esteem is a *broad*, emotional view about one’s *generalised* worthiness as an individual, devoid of context (Borders, 2014; Rosenberg, 1965).” In

contrast, these authors suggested, self-confidence “is more *specific*, capturing the belief that one can achieve and accomplish *a number of goals* (i.e. actions) related to workplace success”. They suggest that while self-efficacy “is a *narrow* belief in one’s ability to achieve a *certain* task or goal (Bandura, 1997)” self-confidence “is more *broad*, encapsulating a number of beliefs about one’s abilities and efficacy to accomplish *numerous* desired tasks and goals, relevant to workplace success, without specifying the exact task or situation.” They summarised by suggesting that self-confidence “measures the belief that you can and will take action at work (i.e. taking on challenges, motivation to achieve goals) with the hope that it will be related to behavioural action-taking”. The authors adopted the position that self-confidence was a distinct, but related concept and sought to explore how self-confidence could be enhanced by practitioners in a workplace context.

In seeking to better understand what workplace self-confidence interventions had been conducted, for whom, in what circumstances, with what outcomes and with what efficacy Murtagh, Lewis and Yarker (2019, in preparation) retrieved a substantial body of 10,537 scholarly papers from a search of four primary electronic databases, which linked the construct of self-confidence to interventions applied in the workplace. Following a stringent paper inclusion process, nine published research papers were approved as eligible for final inclusion. Despite the lack of homogeneity in design and implementation approach, there was some initial evidence to support the existence of beneficial self-confidence intervention workplace outcomes. The study identified that self-confidence interventions not only increased employee self-confidence (Tan and Alpert, 2013), self-esteem (Hammermeister, Pickering and Ohlson, 2009; Smith, 1997) and self-efficacy (Moen and Allgood, 2009; Shantz and Latham, 2012), but also enhanced a range of workplace occupational, behavioural and performance outcomes (including: human relations (Cangemi, 1979); psychological capital (Luthans, Avey, and Patera, 2008); job satisfaction, organisational commitment, intention to quit, reduction of employee turnover (McNatt and Judge, 2008); leadership capabilities (Moen and Allgood, 2009); motivational and cognitive cultural intelligence (Rehg, Gundlach and Grigorian, 2012); and selection interview performance (Shantz and Latham, 2012)).

The review also highlighted that the range of audiences, intervention approaches and organisational contexts used in these nine studies was diverse. They included: a 7-hr seminar Human Relations group training attended by 240 manufacturing clock-card workers in USA (Cangemi, 1979); a 12-hr mental skills training intervention delivered to 27 US Army personnel (Hammermeister, Pickering and Ohlson, 2009); a 1.5 hour web-based animation video presentation on Psychological Capital delivered to 364 working adults from a cross-section of industries in the USA (Luthans, Avey and Patera, 2008); a 15-20 min in-house interview attended by 71 USA based auditors who then received 3 self-efficacy enhancing letters at weeks 3, 6 and 9 (McNatt and Judge, 2008); an executive coaching intervention delivered to 127 Norwegian executives (Moen and Allgood, 2009); a 1-hour in-house cognitive based cross-culture lecture attended by 99 US Military and Government (Rehg, Gundlach and Grigorian, 2012); a Written Self Guidance (WSG) letter and attendance by 36 unemployed British IT professionals at 4 x 1day training program delivered over an 11-week period (Shantz and Latham, 2012); a singular 2 hr Achievement Directed Logic training session designed to enhance individual self-esteem and delivered to 48 volunteer employees of a USA financial institution; and a 4 hr cardiac simulation case scenario training sessions attended by 18 internationally trained cardiac nurses in the USA (Tan and Alpert, 2013). Given the heterogeneous nature of the interventions and associated conditions, it was not possible for the researchers to generate robust generic conclusions.

The conclusions reached by Moen and Allgood, (2009) in their executive coaching intervention study proved particularly interesting. Curious to understand if executive coaching could drive the growth and development of CEO executives and middle managers, particularly in relation to number of critical leadership capabilities, these researchers concluded that executive coaching not only enabled executives to perform better in their leadership roles, but also increased their “self-efficacy, often called task specific self-confidence” (Moen and Allgood, 2009 p.72). Given that effective and efficient managerial and leadership performance plays a central role in the development, profitability and sustainability of every organisation, the use of executive coaching as an intervention to enhance employee self-confidence could have a significant and central role to play in the evolution and success of any organisation. Aware of the growth in practice of executive

coaching, these findings highlight the need to conduct in-depth empirical research to examine ways in which the fields of self-confidence and coaching are merged.

### **Coaching as an intervention**

Both a recent systematic review (Lai and McDowall, 2014) and meta-analyses (Theeboom, Beersma and van Vianen, 2014) established that coaching is an effective developmental intervention. The coaching industry has evolved significantly over the last 30 years, having “come a long way since its early days in the 1990s when the “you too can become a life coach” approach dominated” (Grant and O’Connor, 2019 p.3). Not only was the global revenue generated from coaching in 2015 estimated at \$2.356 billion USD (ICF, 2016), but the industry has expanded to incorporate a number of distinct but related elements (e.g. executive coaching, coaching psychology, mental health coaching and positive psychology coaching), which currently sit within the all-encompassing umbrella term of coaching.

Instrumental to the effectiveness of coaching as a workplace intervention, are its ability to both empower an individual to elaborate on and follow-up a specific action plan (Villa and Caperan, 2010), as well as take action and progress towards such goals (Campone, 2014). Indeed, in their Global Coaching Client Study (2009), the International Coaching Federation concluded that the goal focused, action-orientated nature of coaching process distinguished coaching from similar conversation-based interventions, such as counselling, mentoring and psychotherapy. They suggested that a “differentiator for the industry is that coaching is seen as an “action plan” rather than an exploratory process”. (ICF, 2009, p.3). Equally aware of the need to distinguish coaching as a separate domain, Passmore, Stopforth and Lai (2018) further stressed the importance of articulating its parameters, in order to satisfy three priority needs, namely: research (i.e. enabling clear delineation of coaching in order to clearly understand the phenomenon being explored); practice (i.e. providing clarity to clients on what they can expect from their coach as a service provider); and teaching (i.e. so as to identify a unique and distinct body of knowledge). For the same three reasons, this challenge could also be applied to the individual elements which sit within the overarching umbrella term of coaching. Whilst the exact boundaries and interconnections between the disciplines of coaching, executive coaching, coaching

psychology and mental health coaching have not yet been clearly articulated, for the purposes of this study it is important to attempt to clarify some of their differences.

### *Exploration of coaching*

In his ground-breaking exploration of the area of coaching, Whitmore (1992) suggested coaching was essentially about developing self-awareness and taking personal responsibility. In his book, *Coaching for Performance*, he described workplace coaching as “an essential management style or tool for optimising people’s potential and performance” (Whitmore, 1992, pg.97). In an attempt to differentiate coaching from associated interventions, Passmore and Fillery-Travis (2011, p.74) offered a process driven definition, suggesting coaching involved “a Socratic-based dialogue between a facilitator (coach) and a participant (client) where the majority of interventions used by the facilitator are open questions which are aimed at stimulating the self-awareness and personal responsibility of the participant”.

The constructive relationship that exists between coaching and self-confidence is brought acutely into focus through the results published by the International Coaching Federation within their *Global Coaching Client Study* (2009.). Beginning by emphasising that the general motivations for clients seeking coaching “are important for coaches to address”, they reported that the global top motivation for clients seeking coaching services was “self-esteem/self-confidence” (ICF, 2009, p.4). The same study also stated that “80% of people who receive coaching report increased self-confidence” and, in turn, concluded that “increased self-confidence enables employees to bring more of themselves into the workplace. This results in employees being more resilient and assertive” (ICF, 2009, p.8). Bearing in mind that self-confidence can be improved (Carlin, Gelb, Belinne and Ramchand, 2018), it seems reasonable to suggest that coaching is an effective mechanism to enhance self-confidence.

### *Exploration of executive coaching*

While references to executive coaching were virtually non-existent prior to 1980 (Lewis-Duarte and Bligh, 2012), the industry has expanded rapidly since. Indeed, researchers Albizu, Rekalde, Landeta and Fernández Ferrín (2019, p. 33) recently stated that “executive

coaching has become one of the principal leadership development strategies of our time”. In essence, the main purpose of executive coaching is to encourage behavioural and performance change in employees in their work (Lewis-Duarte and Bligh, 2012), by building self-confidence, offering support, and inspiring action (Wilson, 2004). The inter-relationship between self-confidence and executive coaching was established in the first ever randomised control study undertaken in the field of executive coaching, where researchers Grant, Curtayne and Burton (2009) reported that executive coaching improved employee self-confidence. Equally, with regards to the key motivations of those seeking executive coaching, in their most current analytical report the ICF (2017 p.9) identified the second most commonly cited reason 7,971 respondents gave for pursuing executive coaching “was increased self-confidence (40%),” closely following “improved communication skills (42%)”.

In one of the first noted definitions of executive coaching, Kilburg (2000 p.65) defined it as a “helping relationship formed between a client who has managerial authority and responsibility in an organisation and the consultant who uses a wide variety of behavioural techniques and methods to help the client achieve a mutually identifiable set of goals to improve his or her professional performance and personal satisfaction and, consequently, to improve the effectiveness of the client organisation in a formally defined coaching agreement”. The beneficial consequences of the use by practitioners of the aforementioned “wide variety of behavioural techniques” was further acknowledged by Passmore (2010). He noted that the purist goal-focused coaching approach had evolved, initially due to the integration of less evidence-based approaches such as Neurolinguistic Programming (NLP), but subsequently through the use of more evidence-based methodologies such as Cognitive Behavioural Therapy (CBT). That developmental trend continues today, with some executive coaches now applying a blend of methodologies from related therapeutic approaches, such as Transactional Analysis (TA), Acceptance and Commitment Therapy (ACT), Meditation and Mindfulness, to guide their practice and bring about insight, learning and behavioural change, as well as facilitate the achievement of outcomes (Angulo, Passmore and Brown, 2019).

More recently defined by Grant (2012) as a targeted purposeful intervention that helps executives develop and maintain positive change in their personal development and leadership behaviour, executive coaching is a rapidly developing global industry. Worth an



estimated \$2 billion (Forbes 2017), the executive coaching sector has experienced recent dramatic growth. Not only did the number of accredited executive coaches with the International Coach Federation (ICF), the largest professional coaching organisation, grow to 53,300 in 2016 (ICF, 2016), but coaching-related research also increased. Forbes (2017) noted that a search for peer-reviewed publications on the topic of executive coaching in the PsycINFO database yielded 32 citations published within the five year period of 1995 and 2000. The same search, with a similar time frame, yielded 238 citations published between 2012 and 2017.

Often aimed at addressing problems experienced by individuals and teams at a micro-level to improve macro-level organisational performance and effectiveness, executive coaching is commonly viewed by companies as a cost-effective, accessible and impactful intervention. Indeed, “86% of companies reported that they recouped their investment on executive coaching and more” (ICF, 2009, p.9). In the first systematic review ever conducted in the area of executive coaching, Athanasopoulou and Dopson (2018) identified 11 positive intervention outcome categories, including: development of authentic leadership qualities; increased leadership effectiveness; feeling more valued at work; improved resilience; increased work and life satisfaction. Interestingly, within the same study, these authors identified that coaching effectiveness was impacted by the coachee’s personal attributes, including their self-confidence, reinforcing the conclusions reached by previous researchers (De Haan, Duckworth, Birch and Jones 2013; Evers, Brouwers, and Tomic 2006).

Compte and Postlewaite (2004) attested that performance depended on a person’s confidence. Indeed, such conclusions were reinforced by the positive behavioural performance changes attributed to increased self-confidence, noted during a recent study by Oldridge (2019 p.18). Participants, who had received leadership coaching through their organisation, “were unanimous in their assessment that coaching had resulted in an increase in confidence” which in turn, led to “a change of behaviours” such as the confidence to “speak out”, “say no and delegate”, to “be authoritative, be a decision maker” and position self “as a leader”. When considered against the conclusions reached by the authors Kay and Shipman (2014) in their book, that a thriving organisation is dependent on the confidence of its employees to take risks, alongside the assertions made

by Carlin, Gelb, Belinne and Ramchand (2018) that confident behaviour is an important organizational signifier for leadership potential, it would seem reasonable to assume that by using the mechanism of executive coaching to enhance employee self-confidence, an organisation may benefit from the cultivation of performance outcomes and leadership capabilities that may otherwise have gone untapped.

However, despite its high demand in the workplace and substantiated outcomes, the executive coaching industry also has its challenges. In 2014, the ICF acknowledged that the executive coaching industry experienced a high variation in coaches background, coaching practices and quality. They reported in their most recent survey, (ICF, 2017, p.30) that “satisfaction with executive coaching is higher among individuals whose coach held a credential than those whose coach did not.” Athanasopoulou and Dopson (2018) also noted that the area of executive coaching is not without its issues, highlighting the lack of standardisation of approach as being an area of concern. They also acknowledged that existing scholarly field work has “an almost obsessive focus on the “end” or “destination” (i.e. what the EC outcomes are and how strong they are) at the expense of the “journey” (what EC involves as a practice and in what ways do the social context in which it takes place matters to this journey)” (Athanasopoulou and Dopson, 2018 p.85). Concluding that executive coaching is still a developing academic field which continues to seek professional legitimacy, Athanasopoulou and Dopson (2018) argued that methodological rigor was as important as context-sensitivity in the pursuit of better executive coaching research. These authors echoed Grover and Furnham's (2016 p.36) suggestions and reinforced the need for prospective researchers to develop independent working groups of inter and multi-disciplinary audiences such as “coaches, academics, sponsoring organisations and other stakeholders” in order to develop “best practice guidelines”.

### **Rationale for the current study**

Enhanced employee self-confidence has an established, direct and positive impact on a diverse range of individual, team and organisational level workplace outcomes. However, as previously mentioned, Martin and Phillips (2017) emphasised that in order for self-confidence to have a meaningful impact in the workplace, it must be paired with behaviour. To support this proposition, these authors alluded to past research which

demonstrated the link between self-confidence and action, including that offered by Bandura (1982). Such correlations led Martin and Phillips (2017 p.31) to assert that an “agentic form” of self-confidence, is relevant to workplace domains, because as well as the goal attainment qualities of assertiveness, competence and persistence (Abele, 2014), it is intrinsically linked to action taking. Within the coaching process, it could be argued that goals are a dominant focus (Grant, 2012; Ives and Cox, 2012), and that the behavioural change produced in a client is due, in part, to action (García-Naveira and Vaamonde, 2013). Hence, there can be no doubt of alignment between the goal and action-orientated nature of the coaching process, with the goal-orientated, action-taking agentic form of workplace self-confidence. The existence of such a synergistic relationship is further reinforced by Tupla (2015, p.41) who, on exploring the nature of coaching within organisations, stated that, “at the heart of coaching is a core quality that permeates the entire coaching process – building confidence.”

Taken in conjunction with the conclusions reached by Stankov, Lee, Luo and Hogan (2012) that self-confidence is potentially malleable and, therefore, could become an important target of an intervention, along with evidence that demonstrated that coaching supports the development of self-confidence (van Nieuwerburgh, 2012), the primary intention of this research was therefore to better understand how the two fields of executive coaching and self-confidence could be purposefully brought together.

Mindful that the construct of self-confidence is impacted by many independent factors and situational conditions, continues to lack a strong theoretical foundation as well an accepted definition, and is often confused with the interrelated constructs of self-efficacy and self-esteem, the need to identify a methodological research approach which could accommodate these challenges, confusion and lack of transparency was paramount. In addition, actively seeking to respond to some of the most recent challenges articulated by researchers in the field of executive coaching, was also important element of this study. These included: adhering to a methodologically rigorous approach (Athanasopoulou and Dopson, 2018); in order to develop an innovative intervention founded on practice based evidence (Schwartz, 2018); whilst using independent inter and multi-disciplinary working groups audiences such as “coaches, academics, sponsoring organisations and any other stakeholders that have an interest in EC research” (Grover and Furnham, 2016 p.36).

## Ontological and epistemological considerations

In order to identify the most appropriate research methodology for this study, both the ontological (i.e. what constitutes reality and how we understand existence) and epistemological (i.e. what constitutes valid knowledge and how can it be obtained) positions of this researcher were clarified. In terms of ontological position, this researcher holds an opinion aligned to that of critical realism (Parker, 1999). Hence, this researcher believes the world is experienced as an objective reality, which in turn, is viewed through the subjective lens of the individual. The aim of the current study is to understand the participants' experiences from their point of view, as they are relayed to the researcher. Hence, whilst the participants in this research study communicate their own objective reality to the researcher, it is in fact a version which has been distorted by their own subjective lens. This researcher is also supportive of the proposition of the double hermeneutic (Smith and Eatough, 2006), or dual interpretation process. Hence, this researcher is of that belief that she, in turn, subsequently distorts the subjectively tainted objective reality offered by participants, through her own biased subjective lens. It is therefore important for this researcher to acknowledge that she is influenced by her own subjective perception and therefore introduces biases into the research process that are impossible to eradicate.

In terms of the methodological position chosen, as this researcher holds an epistemological stance that sits closer to that of subtle realism (Snape and Spencer, 2003) than social constructionism (Denzin and Lincoln, 2008), the more abstract and inductive methodological approaches of ethnography (Hammersley and Atkinson, 2007), grounded theory (Charmaz, 2006), discourse analysis (Potter, 1996) and interpretative phenomenological (IPA) (Smith Flowers and Larkin, 2009) were therefore discounted. Sitting towards a more concrete position on the inductive-deductive continuum of qualitative methodological approaches, content analysis (Weber, 1990), thematic analysis (Braun and Clarke, 2006) and framework analysis (Pope Ziebland, S. and Mays, 2000) were therefore favoured as more conceptually aligned research approaches. As alongside a quantitative element, all three of these qualitative methodological approaches form the key components of the Delphi study approach. As a consequence of the clear alignment between the epistemological stance of the researcher and these more concrete deductive

methodological approaches, the Delphi study approach was therefore chosen as the research method for this study.

Five key techniques are employed to achieve rigour in qualitative research. Whilst the Delphi study methodology proactively incorporates triangulation (through its use of multiple methods and data sources), multiple coding (through expert panel members), respondent validation and deviant case analysis (through the transparent presentation of results, (such as language used, median and IQR scores) as well as the opinion seeking mechanisms incorporated each stage of the process), rigour is also enhanced through reflexivity. Considered a fundamental expectation (Lazard and McAvoy, 2017) quantitative research, reflexivity is concerned with how the researchers identity and position impacts the research process (Wilkinson, 1988), through variables such as gender, race, affiliation, age, sexual orientation, immigration status, personal experiences, linguistic tradition, beliefs, biases, preferences, theoretical, political and ideological stances, and emotional responses (Berger, 2015). Whilst a reflexive account can often take the form of listing personal characteristics (e.g. I am a female, I am self-employed, I am an Occupational Psychologist, I am an executive coach) or providing a descriptive account of life experiences, both have their limitations. Not only are both an objective process of subjective reasoning, but such accounts are inevitably limited and therefore may not adequately present their correlation to, or impact on, the research. Hence for the purposes of this study, an epistemological reflexivity position was favoured as it moves beyond the personal, to focus instead on the concerns associated with the nature, scope and limitations of the knowledge base. In effect, epistemological reflexivity concerns how the assumptions and values that are based in the researchers' theoretical and methodological approach, shape the knowledge produced in research (Willig, 2013). Whilst, just as with personal reflexivity, it is also possible to under-represent an epistemological reflexive account, it is harder to do so as the very nature of a research study demands that these frames are reported in the method section of the study. Hence an epistemological reflexive account is arguably more transparent and favourable. As such, within this research study, the theories which are referenced or excluded, alongside the chosen research methodology, reflect and frame the epistemological stance of this researcher.

Hence, in order to better understand how to explore the widespread issue of lack of self-confidence within an executive coaching context, a Delphi study methodology was chosen to synthesise and consolidate a diverse range of expert views and techniques in a systematic, evidence-based manner.

### **Aims of this study**

Due to the lack of published evidence to suggest anything different, the use of an executive coaching intervention to enhance employee self-confidence would appear to be a novel intervention research approach. When assessed against the four (i.e. exploratory, descriptive, analytical and predictive) increasingly sophisticated levels of research methods by purpose (Collis and Hussey, 2013), this research study would be classified as “exploratory”, as it aimed to investigate an area where “there are very few earlier studies to which reference can be made”, as well as “gain insights and familiarity with the subject area for more rigorous investigations at a later stage” (Tee, Passmore and Brown, 2018 p.80).

Equally, however, it was anticipated that the study would also explore the construct of self-confidence in more depth, and hence it was acknowledged that the output would undoubtedly also fall into the descriptive category (i.e. research which describes phenomena as they exist). In alignment with established practice, this study therefore began with no underlying assumptions or hypotheses. Instead “the researchers sought to generate quantitative data to obtain information on the characteristics” (Tee, Passmore and Brown, 2018 p.81), and content of an executive coaching intervention targeted at supporting employees with low-self-confidence.

Therefore, this study set out to accomplish three separate aims simultaneously:

- to achieve consensus among experts as to how the two fields of executive coaching and self-confidence could be purposefully brought together;
- to create a relevant, focused and valid framework of guidance and content for use by executive coaching practitioners to support an employee with low self-confidence; and

- to develop a foundational evidence base which could be used as a helpful precursor to more sophisticated analytical and predictive future research associated with grounded hypotheses.

## Method

As a well-established, validated, hybrid research method, which combines both qualitative and quantitative research approaches (Vernon, 2009), the Delphi study originated in 1948 at The RAND Corporation (Fink, Kosecoff, Chassin and Brook, 1984). The first significant related project was published over a decade later by Dalkey and Helmer (1963). Essentially, the Delphi study method is an iterative process whereby the subjective opinions of area specialists (Skulmoski, Hartman and Krahn, 2007) and (inter)national experts (van der Maaden et al., 2015) are analysed and fed back to participants for further reflection, clarification, reconsideration, modification, and possible disagreement (West, 2010).

Often used as the “tool for expert problem solving”, of a “complex problem” (Okoli, and Pawlowski, 2004 p.16), the Delphi study technique is typically used by researchers in contexts “where judgmental information is indispensable” (Okoli and Pawlowski, 2004 p.16). Based on the central premise that collective opinion is more valid than personal opinion alone (Hasson, Keeney and Mckenna, 2000), the process avoids influence or dominance of one expert opinion over another (Campbel, Braspenning, Hutchinson and Marshall, 2002). Indeed, the established anonymity between panellists can encourage creativity, honesty and balanced consideration of ideas (de Meyrick, 2003).

The Delphi study method has proved effective in obtaining a convergence of expert opinion around a central specified topic, in order to create: a consensus on outcomes and findings (Adler and Ziglio, 1996); predictions regarding future trends (Hsu and Sandford, 2007; Yousuf, 2007); core elements of a method or programme (Beehler, Funderburk, Possemato and Vair, 2013; Morrison and Barratt 2010); and practical guidelines (van der Maaden et al., 2015; Whiting and Cole, 2016).

Validity is added to the study process through participant validation (Silverman, 2006). A Delphi study is typically comprised of open interviews followed by a series of successive survey rounds. These normally follow a process which entails: (i) brainstorming the important facts; (ii) narrowing the original list to the most important factors; and (iii) ranking the list to identify the most important factors (Hsu and Sandford, 2007). Despite the lack of strict criteria as to how these survey rounds should take place, they are often conducted as a multi-staged, mixed-methods approach (Mullen, 2003). The approach therefore straddles the divide between quantitative and qualitative methods (Iqbal and Papon-Yong, 2009).

Chosen as the systematic academic research process for this research, the Delphi study method was selected not only for its alignment to the ontological and epistemological of this researcher, but also for its ability to support the research questions and aims, particularly in terms of its established ability to: explore (or achieve) consensus on disputed topics (such as self-confidence) where controversy, debate or a lack of clarity exist (Hasson, Keeney and Mckenna, 2000); engage a wide group of experts and stakeholders to create a consensus on outcomes and findings (Adler and Ziglio, 1996); in order to develop “best practice guidelines”(Grover and Furnham, 2016 p.36).

### **Participants**

Within the context of the Delphi study, the recruitment of experts is essential to reliability and is at the heart of the creditability of the approach (Baker, Lovell and Harris, 2006). Whilst there is no clear consensus as to the definition of an ‘expert’, Baker, Lovell and Harris, (2006) considered experts to be individuals who have the requisite knowledge and experience to respond appropriately and who may have the ability to influence standards.

Therefore, in order to enhance the reliability and validity of this study, participants who had experienced self-confidence enhancing coaching were sought as experts by experience (Hardy et al., 2004). In addition, aware that application of the resultant guidelines could demand that a coaching practitioner had a convergence of particular skills (related to, for example, coaching, business acumen, behavioural change, ethical



awareness, building self-awareness, and interpersonal understanding), a decision was made to establish a practitioner-level eligibility requirement of executive coach.

Aware that currently, no experience, training or competency requirements are necessary to practice in the public domain as an executive coach, a number of accreditation bodies have been established which stipulate standardised levels of training, experience and supervision necessary to practice as an as an accredited executive coach member. Currently, three of the largest Executive Coaching accreditation bodies are: the Academy of Executive Coaches (AoEC); the European Mentoring and Coaching Council (EMCC); and the International Coach Federation (ICF). Therefore, in order to enhance the reliability and validity of this study, accredited executive coach members of these, as well as other executive coaching regulatory bodies, were actively recruited into the study. In addition, conscious that insight, learning and behavioural change (Angulo, Passmore and Brown, 2019) can result when practitioners utilise coaching psychology models and techniques (such as Neurolinguistic Programming, Cognitive Behavioural Coaching, Transactional Analysis and Mindfulness) to guide their practice, executive coaches who also used a range of resources to influence their practice were specifically targeted as expert panel members in this study.

Of equal interest to this study is the fact that these accreditation bodies recruit members on a European or global basis. There is an inferred acknowledgement that both global professional executive coaching practices, as well as the workplace coaching population, are similar. Hence, with the implied understanding that the results of the research would be transferable to the global population of coaching clients and executive coaches, local UK and Ireland expert panel participants were sought, in order to enhance the logistical manageability of key stages of this study.

Therefore, in terms of this study, experts were recruited in adherence to the following inclusion criteria:

- practicing executive coaches who provide coaching services to employed adults (aged over 16);
- employees who developed enhanced self-confidence as a consequence of an executive coaching experience; or

- researchers who were active in related academic fields.

### **Recruitment process**

As no definitive guidelines currently exist with regards to the ideal number of panel member participants, the unresolved debate between academics interested in the Delphi study methodology continues. As a result, a wide variation as to the numbers of participants involved in studies is evident, with Reid (1988) noting panel sizes ranging from 10 to 1685. Whist Delbecq, Van de Ven and Gustafson, (1975) suggested an optimal number of 10-18 experts, academics such as Fink, Kosecoff, Chassin and Brook (1991) and Hasson, Keeney and Mckenna (2000) concluded that numbers of expert panel participants could vary according to the scope of the problem and resources available. However, in reality, as the assessment of the extent of the problem is often open to the interpretation of the researcher, the ambiguity associated with panel size still remains. Murphy et al., (1998) argued that as the number of judges increased, the reliability of the composite judgement also increased. However, Powell (2003) challenged this assumption by concluding that there was very little actual empirical evidence to support the effect of the number of participants on the reliability of the results. Therefore, cognisant of the guidance offered by Hsu and Sandford (2007) that the selection and number of participants is generally dependent on the areas of expertise required by the specific issue, a decision was made to recruit between 30 and 50 participants.

As is common in Delphi studies, the approach used to identify potential expert panel members was focused and purposeful.

Whilst fully aware of the research bias risk posed by recruiting experts acquainted to the researcher (Murphy et al., 1998) both workplace coaching clients who had experienced enhanced self-confidence as a consequence of an executive coaching intervention, as well as accredited executive coaches known to the researcher were deliberately targeted. As a growing network of coaching practitioners use a number of psychological frameworks most notably systemic, human relations, cognitive behavioural, psychodynamic and human factor models to inform their practice, (Schwartz, 2018; Tee, Passmore and Brown,

2018), executive coaches who utilised such methodologies were sought as expert panel participants.

In terms of the process, academics who had published aligned research within the last 6 months were identified and contacted through LinkedIn and by email. Invisible populations (Jenkins and Smith, 1994) were targeted using a “snowballing” technique (Iqbal and Pison-Yong, 2009 p.599) whereby interested parties were asked to use their own judgement to nominate similarly qualified and interested individuals for consideration. This process proved particularly successful. For example, through a single contact in The British Psychological Societies (BPS) Special Group of Coaching Psychologists, a number of interested academic researchers as well as executive coaches were identified and subsequently secured as study participants.

Cognisant of the need to retain the same panellists in order to secure a high response rate to improve credibility (Beretta, 1996), participants who would remain committed to their role throughout the duration of the study were sought. Therefore, individuals who expressed an interest in the research, were initially contacted through a personalised introductory email. In addition to explaining the background, purpose and anticipated outcomes of the study, a more in-depth explanation of the timescales and level of personal commitment required, was also provided. On receipt of this email, 12 individuals declined to participate further in the study and self-opted out. The remaining individuals agreed to undertake the tasks associated with the role of an expert panel participant. These 38 experts (Table 1), who were knowledgeable about the subject area, motivated to engage with the process and able to articulate judgements (Day and Bodeva, 2005), were secured as study participants.

Expert guidance offered by Linstone and Turoff (1975) concluded that as a varied panel is considered best in producing a credible questionnaire, individuals who might provide a minority or differing perspective should be actively recruited to the panel. Therefore, keen to balance the composition of both panels with experts who had specialist knowledge, qualifications and proven track records in the field (Keeney, Hasson and McKenna, 2001), as well as experts by experience (Hardy et al., 2004), a non-probability purposive sampling

strategy was used (Whiting and Cole, 2016). As a consequence, 14 experts were subsequently assigned to Panel 1, with the remaining 24 allocated to Panel 2.

### **Participant correspondence**

On confirmation of their agreement to act as an expert panel member, each participant was emailed a corresponding Panel 1 or a Panel 2 “Participant Information Pack”. To reinforce the collaborative and collegiate nature of the process, inclusive language (e.g. we, our, together, us) was deliberately used throughout each of these documents. Both Participant Information Packs opened with an Executive Summary. The standardised sections which followed explained the background, process and timelines associated with the study (i.e. Consent Form; Rationale for the Study; Overview of the Delphi Study Research Process and Key Elements of Our Process). The remaining sections (i.e. Your Role; and, Next Steps) were tailored to the specific needs of each of the two Panels.

Hence, within the corresponding Panel 1 “Your Role” section, the 14 expert members were provided with confirmation of their purpose within Stage 1 (i.e. to generate ideas on the potential topics for inclusion in the curriculum) and Stage 4, (i.e. to critically review the draft guidelines and framework developed as a consequence of the input by Panel 2 members). A detailed explanation of the semi-structured interview process followed.

A one-page handout entitled “One-to-One Semi-Structured Interview Briefing Notes”, was also included. This document was purposefully designed for reference and use by each expert during the actual interview process. Within this document, the four high-level topics of interest to the study (i.e. the construct and experience of self-confidence; the essential characteristics of an effective self-confidence enhancing executive coaching process; the knowledge, skills, experience, attitudes and state of the expert practitioner; as well as the practices, methodologies, interventions, and strategies used to enhance employee self-confidence within an executive coaching intervention), were reiterated. In addition, the 17 related open-ended targeted questions and associated sub-questions which would be asked during the interview process, were also listed. The participants were encouraged to spend time considering their responses to the 17 questions prior to their individual

interview, as well as to undertake any additional research required to support their opinion.

A similar summary handout was developed for use by the 24 Panel 2 participants. Entitled “Review and Assessment Process”, the purpose, key tasks and responsibilities associated with the expert role were explained in detail. The participants were informed that within Stage 2 of the study, they would be invited to complete Questionnaire 1 by both rating their agreement towards the items derived as an output of the Stage 1 process, as well as adding their own ideas and insights through open comment fields. They were also informed that during Stage 3, they would be invited to complete Questionnaire 2 by evaluating newly proposed factors, as well as reassessing any non-consensual items.

As well as a general overview of “Next Steps”, both “Participant Information Packs” concluded with an expression of thanks and appreciation. Fully aware of the need to retain panellists throughout the duration of the study in order to enhance the credibility of the project (Beretta, 1996), regular contact was maintained by the lead researcher with each individual and a flexible approach around submission deadlines was adopted. In addition, supportive individual emails were also sent to panellists throughout the duration of this study.

### **Ethical procedures**

This research study was carried out in adherence with The BPS Code of Ethics and Conduct (2018), legal requirements (e.g. GDPR) and the conditions of ethical approval prescribed by the Research Ethics Committee of the Faculty of Business and Social Sciences at Kingston University London. In terms of personal consent, whilst all 38 participants provided written acknowledgement of their agreement to act as a participant in the study, they were also made fully aware that they were free to withdraw from the research process at any time, without having to provide an explanation and without prejudice.

With regards to the ethical and legal management of data within this study, all 14 Panel 1 interviews, which were video recorded using Zoom, were transferred to a password

protected external removable hard drive, which was securely stored in the locked filing cabinet when not in use. These recordings were accessible only by the lead researcher. All associated files and links were immediately deleted from the Zoom host platform. The corresponding transcribed narratives were anonymized and any identifiable information (e.g. references to names, job titles, geographical location) removed. With regards to the Panel 2 output data, all qualitative as well as open field questionnaire responses were checked, and any identifiable information removed. Where necessary, unique identifiers were subsequently used to label data fields in the associated excel document files. Whilst these documents were also stored on the removable hard-drive, a backup version was also saved to the cloud-based Dropbox facility. In addition, any sensitive documentation relating to the research process which needed to be emailed was sent as a password protected file. To further protect the integrity of the process, the corresponding password was sent in a subsequent email, from a different email account. As aligned to the nature of a Delphi study, the final outcome data sets are retained in a password protected file. Any sensitive project documentation will be deleted one year after doctoral completion.

### **Delphi study process**

In order to develop a focused and valid consensually derived framework for use by an executive coach to support an employee with low self-confidence, a systematic Delphi study method was used. Having determined that the aim of the research was to generate consensus (not measure opinion), a four round process was therefore selected, as recommended by Iqbal and Pison-Yong (2009) in their Delphi study method guidelines. As each of the four phases were scheduled to take place approximately 5 weeks apart, the overall Delphi study process was delivered within a six-month period.

As the primary function of the Delphi study method is to explore an area of future thinking that goes beyond the currently known or believed, the reliability and validity of the study “may be improved if the initial group of experts produces the items” (Iqbal and Pison-Yong, 2009 p.599). Therefore, in alignment with the guidance offered by these researchers (and summarised in Table 1), a generative qualitative approach was used in Stage 1 of this process. To both broaden and build on the ideas generated by the experts in Stage 1, a

combined qualitative and quantitative approach was subsequently used at Stage 2. To narrow and refine the combined output from Stage 1 and 2, a quantitative approach only was used at Stage 3. Finally, to identify the most important factors for inclusion in the executive coaching guidelines, a qualitative approach only was used at Stage 4.

**Table 1: Summary of Delphi study research process**

	<b>Stage 1</b>	<b>Stage 2</b>	<b>Stage 3</b>	<b>Stage 4</b>
<b>Participant Panel</b>	1 (N=14)	2 (N=24)	2 (N=24)	1 (N=13)
<b>Aim</b>	Semi-structured Interviews to elicit expert experience and opinion completed	Initial test framework of topics, factors and items presented for review as Questionnaire 1.	Newly identified plus contested items from Stage 2 collated and presented for review as Questionnaire 2.	Combined consensual and contested results from Stages 2 and 3 presented for review as Questionnaire 3.
<b>Analysis</b>	Qualitative	Quantitative and Qualitative	Quantitative	Qualitative

To limit the possibility of participant fatigue and attrition rates (Walker and Selfe, 1996) each expert panel member was only required to participate in two stages of the process. As such, Panel 1 expert participants were only involved in Stages 1 and 4 of the process and Panel 2 expert participants in Stages 2 and 3.

*Stage 1a: Data collection*

Each of the 14 Panel 1 expert participants completed a video recorded, in-depth, face-to-face, semi-structured Zoom interview with the lead researcher, which lasted approximately one hour. During this process, expert participants were encouraged to brainstorm and generate ideas on potential qualitative topics and factors for inclusion in the final guidelines document, by responding to a number of targeted open-end questions.

Following the guidelines established by Iqbal and Pípon-Yong (2009), these questions were derived from an initial bank of potential questions using three primary sources of information: (i.e. the aims of this Delphi study; consultations with relevant individuals; and the systematic literature review by Murtagh, Lewis and Yarker (in preparation) which explored the prevalence, effectiveness and impact of self-confidence training

interventions in the workplace). They were then assessed within a piloted study by a small sample panel of executive coaches and coaching clients, for their “readability and relevance” (Iqbal and Pison-Yong, 2009 p.599), as well as their ability to stimulate participant thinking and to elicit salient beliefs (Fisbein and Ajzen, 2011), based on participants own experiences and points of view (Maguire and Delahunt, 2017). As a consequence of this process, 17 open-ended questions were selected for use. In adherence to the qualitative research guidelines offered by Kvale and Brinkmann (2009), a semi-structured interview approach was adopted which ensured the discussion was primarily participant led. The open-ended questions acted as a general guide, with small probe questions used to maintain the focus of the conversation on the areas of executive coaching and self-confidence.

#### *Stage 1b: Data analysis (qualitative phase)*

The Panel 1 output generated in Stage 1 of the process was analysed over a total period of approximately 4 weeks. Prior to analysis and immediately following each individual interview, the recorded zoom content narrative was transcribed verbatim by the lead researcher and anonymised.

As the purpose of thematic analysis is to identify patterns or themes within qualitative data, whilst aware that other researchers have used interviews or diaries (Downe-Wamboldt, 1992), parts of the text (Weber, 1990), or every word (Feeley and Gottlieb, 1998), a decision was made to use each whole interview as the standard unit of analysis in this research study. The corresponding meaning unit of the paragraphs, sentences and words, related to each other through their content and context, was also established, in alignment with the approach taken by Graneheim and Lundman (2004). In order to preserve the quality and core meaning of the text, it was decided that a condensation process (Coffey and Atkinson, 1996) and related process of abstraction (Graneheim and Lundman, 2003) would be undertaken.

Braun and Clarke’s (2006 p.85-101) six-phase thematic analysis framework was used to guide the process. During “Phase 1: Become familiar with the data”, the lead researcher



sat on the floor amongst all the narratives which were spread out in a relational fan-shaped arrangement. Braun and Clarke (2006) make the distinction between the semantic ('the explicit or surface meanings of the data' is identified and 'the analyst is not looking for anything beyond what a participant has said') and the latent level (which looks beyond what has been said and '...starts to identify or examine the underlying ideas, assumptions, and conceptualisations – and ideologies that are theorised as shaping or informing the semantic content') of data. With this distinction in mind, the lead researcher read and reread each individual transcript numerous times, making notes and using a supplementary process of mind maps and colour coding to capture the emerging pattern of the interconnectedness from the complexity of the ideas, observations, assumptions and emotions contained within in each document.

Having randomly selected an initial anonymised transcript, every segment of text that seemed relevant at a semantic or latent level, was highlighted. These were then organised into small chunks of meaning. Using the electronic application NVivo to support "Phase 2: Generate initial codes", an inductive (i.e. bottom-up process more driven by the data itself (Maguire and Delahunt, 2017)) analytical process was used to collate and labelled the initial open codes. The corresponding rudimentary framework was subsequently applied to the second transcript. These original themes were further developed and modified, and additional open codes were identified for inclusion.

Within the "Phase3: Search for themes" element, this iterative sense-making process was repeatedly applied to each of the remaining transcripts. As the content of each code was continuously reviewed, moved, deleted and refined, a preliminary hierarchical thematic structure evolved. During "Phase 4: Review themes", these high-level themes, and supporting codes and data were critically considered and evaluated in terms of their relevance, coherency and fit. Overlapping themes were collapsed or merged together and clear distinctive themes and sub-themes created from previously muddled and confused groupings. This sense-making process continued until it was established that the data within each theme really did support it and that each of the themes also worked within the context of the entire data set. Within "Phase 5: Define themes" the essence of what each theme is about (Braun and Clarke, 2006) was clarified and high-level overarching themes, within which the other semantic and latent themes were rooted, were defined. During the

final stage, “Phase 6: Writing-up”, the framework of the executive coaching guidelines was formed from the high-level themes and subsequently populated with the related data captured within the aligned codes. These were then presented in a questionnaire format for evaluation by the Panel 2 expert participants.

#### *Stage 1c: Design and distribution of Questionnaire 1*

With the understanding that there is very little difference among the scale formats in terms of variation about the mean, skewness or kurtosis. (Dawes, 2008), a 5-point Likert scale was chosen for use in the questionnaire design. Researchers caution that open-ended questions and fields can deter participation (Keeney, McKenna and Hasson, 2011). However, to prevent the views of the experts from Panel 1 limiting the scope of the data gathered, a decision was made to include open fields within each topic area, so as to encourage each Panel 2 participant to make comments, as well as suggest further topics or factors for inclusion.

The online Qualtrics application was used to present and disseminate Questionnaire 1, as it is not only capable of collating input from participants located in geographically diverse locations, but it is also designed for capturing complex qualitative and quantitative data output. To avoid response set bias, the items were pre-set to be presented in a randomised manner to each participant.

An extended Questionnaire 1 piloting process with 12 volunteers was undertaken to identify ambiguous, repetitive or inaccurate items. The finalised Questionnaire 1 contained an Executive Summary, which explained that the associated content was derived solely from the output of the Panel 1 participant interviews. It also reiterated that as part of the collective thinking process, the opinions of each panel participant were being sought, to further the development and refinement of the executive coaching framework and guidelines. It was also explained that on completion of the Informed Consent and Demographics section, the participant would be asked to respond to a number of questions exploring the definition and experience of self-confidence, as well as the potential content of a targeted executive coaching framework. To mitigate the risk of

“respondent fatigue” (Keeney, Hasson and McKenna, 2006 p.207), it had been made explicit within all pre-engagement and personalized correspondence that the response time for Questionnaire 1 was approximately 1 hour. Hence within this document, this message was further reinforced, and panellists were reminded that it would take at least an hour to complete the questionnaire.

The opportunity to measure consensus on emerged themes and associated content is a key strength of Delphi study research (Skulmoski et al., 2007) and usually takes place at Stage 2 of the process. Hence, following confirmation of their participation, each of the 24 expert members of Panel 2 received a personalised email inviting them to critically review the qualitative data generated from the ideas and experiences of the Panel 1 expert participants, feedback any inconsistencies, and provide their own views (Skulmoski et al., 2007). Once the embedded on-line link was activated, the Panel 2 experts were presented with Questionnaire 1. A reminder email for non-responders was also set up, for the discretionary use of the lead researcher.

#### *Stage 1d: Structure of Questionnaire 1*

Whilst bearing in mind that whilst the intention of this study was not to define self-confidence, the disparity of opinion surrounding the definition of self-confidence was nonetheless a concern. Therefore, in order to standardise the context of the study for Panel 2 experts, a decision was taken to provide the following working definition of self-confidence for reference and framing purposes.

Self-confidence is:

*“the socially contextualised interrelationship of authenticity, competence and connectedness, influenced by mindset and experienced in the mind, body and emotions. A confident performance is in response to all three components (authenticity, competence and connectedness) occurring, interacting and being positively influenced by an enhancing mindset. Loss of confidence is a reaction to*

*one or more components missing and being negatively influenced by a depreciating mindset.”*

Kane, A. (2019). Self-confidence at work; the development of a dynamic conceptual model. Professional Doctorate in Occupational and Business Psychology. Kingston University, London.

In order to strengthen coaching's position as an impactful developmental intervention, field researchers (such as Fairhurst, 2007) have long argued for the need for substantiated evidence to determine its effectiveness. Whilst recent systematic literature reviews have determined that coaching is an effective intervention (Jones, Woods and Guillaume, 2016), further research is needed concerning coaching effectiveness (Tee, Shearer and Roderique-Davies, 2019). Indeed Angulo, Passmore and Brown (2019 p.45) recently concluded that “the evaluation of the impact that coaching has on the coachee and the system is critical... and greater emphasis on formal evaluation” of coaching efforts is required.

Therefore, an open field question, which built on the related programme evaluation output identified from the Stage 1 narratives, was also included to encourage further exploration of the area. As such, participants were invited to consider: “if the purpose of a programme evaluation element was to evaluate the impact of this programme, what models/tests/measures would you use to demonstrate the return on investment/impact on: (a) the client; and (b) the organisation.”

Outside of the provided working definition of self-confidence, the output of the content and thematic analysis of the Panel 1 narratives, informed the entire structure and content of Questionnaire 1, which was comprised of 4 topic areas and 232 related items, namely:

**Topic 1: An offered working definition of self-confidence.**

Contained 1 item.

**Topic 2: Contextual elements for consideration prior to implementation.**

Contained 6 factors and 34 associated items relating to the: purpose; differentiating factors; coach characteristics; and optimal environmental conditions

**Topic 3: Targeted executive coaching programme protocol.**

Contained 4 factor containing 12 interrelated programme elements, which comprised of 89 associated items.

**Topic 4: An insight into the experience of self-confidence.**

Contained 12 factors with 108 related items associated with the triggers, as well as the cognitive, behavioural and emotional components of low and enhanced self-confidence.

*Stage 2: Data analysis (quantitative and qualitative phase)*

The responses for each item were assessed and items with maximum agreement or greatest contention identified. The importance placed by the panel members on an individual item was assessed by calculating the median score (as half the scores lie above and half below this figure). The consensus of opinion towards an individual item was calculated using the interquartile range (IQR) (as a value  $\leq 1$  indicates a good consensus of opinion, as 50% of the scores fall within one point of the given scale).

Following established guidelines, the criteria for consensus were determined *a priori* (van der Maaden et al., 2015) as summarised in Table 2 below:

**Table 2: Criteria for consensus**

Criteria for consensus	Median	IQR
Moderate consensus on agreement with statement	4 or 5	$\leq 2$
Moderate consensus on disagreement with statement	1 or 2	$\leq 2$
Strong consensus on agreement with statement	4 or 5	$\leq 1$
Strong consensus on disagreement with statement	1 or 2	$\leq 1$
No consensus	3	
No consensus	1 or 2 or 4 or 5	$>2$

As the proposed themes, factors and items presented in Questionnaire 1 reflected the divergence of opinion of the Panel 1 members, a decision was made to accept a moderate or strong level of consensus ( $Med \geq 4$ ;  $IQR \leq 2$ ). All remaining items were classified as non-consensual (i.e. Median  $\leq 3$ ; or Median 1,2,4 or 5 and  $IQR > 2$ ).

### *Stage 3a: Design and distribution of Questionnaire 2*

Of the 232 Questionnaire 1 items, only 29 items were assessed as non-consensual. Good practice guidelines suggest these items, alongside an indication of the diversity of their scores, be represented to the assessment panel for further consideration (Iqbal and Pipon-Yong, 2009). Hence, alongside their corresponding Stage 2 group median and IQR scores, these items were presented with the additional 126 new items derived from a qualitative assessment of Panel 2, in the form of Questionnaire 2.

The email with an embedded link to the Questionnaire 2 was sent to Panel 2 participants, along with a request to complete their responses with two weeks. The opening instructions provided panellists with an explanation as to how consensus had been measured, as well as the rationale for representing the non-consensual items for reassessment. Using the same 5-point Likert scale, the Panel members were invited to provide a rating of their level of agreement with the new items, as well as take into account the group median and IQR group scores when reassessing the familiar items. Questionnaire 2 took Panel 2 participants approximately 15 minutes to complete.

### *Stage 3b: Data analysis (quantitative phase)*

As there were no open comment fields within Questionnaire 2, the responses were collated and assessed using the same quantitative process and assessment criteria as used previously. The highest consensus and most contested items were identified. Presented in the form of a draft version of the executive coaching guidelines and protocol, Questionnaire 3 was comprised of 329 items (272 consensual and 57 non-consensual). The items were organised and presented in order of consensus magnitude (Hardy et al., 2004).

### *Stage 4: Data analysis (qualitative phase)*

During this final phase, the expert members of Panel 1 were invited to independently review the proposed structure and content of Questionnaire 3/Draft guidelines and protocol. Due to personal reasons, one panel member was unable to contribute further. Hence 13 panel

members assessed which of the 329 generated items should be included in the final version of the guidelines. The participants were each made aware that within the final version, the intention was to only include those items with moderate or strong consensus on agreement (i.e. with a Median  $\geq 4$  and an IQD  $\leq 2$  score) and exclude items with a moderate or strong consensus on disagreement score (i.e. with a Median  $\leq 3$  or an IQR  $\leq 3$ ). Hence, in alignment with the process outline in van der Maaden et al. (2015), Panel 1 experts were asked to confirm if they could “live with it” (Haggerty et al., 2007 p.337) if the item was adopted “as is” for inclusion in the final guidelines. Similarly, with regards to a contested item, the participants were also asked to confirm if they could “live with it” if that item were to be excluded.

## Results

### Participants

A summary overview of the characteristics of the 38 expert panel members is provided in Table 3. Of these participants, 14 (36.8%) were male and 24 (63.2%) were female. The youngest participant was 35 and the eldest 73. In terms of ethnicity, 36 participants (94.7%) were white, one (2.6 %) Chinese and one (2.6 %) Indian. With regards to the highest level of finished education, four (10.5%) completed secondary level, eight (21%) were graduates, 20 (52.6%) completed at master’s level and six (15.8%) at doctoral level. With regards to the level of seniority at work, two (5.2%) were first level supervisors, 8 (21 %) were top and the remaining 25 (65.7%) held either managerial or executive level positions. In terms of context, four (10.5 %) were researchers, five (13.2%) were coaching clients and 29 (76.3%) were executive coaches. Between them, the executive coaches had accumulated a total of 413 years coaching practice, of which a combined 317 years were spent as executive coaching practitioners. All five (100%) coaching client panel members attested to the fact that they had experienced increased self-confidence as an outcome of their executive coaching experience.

Of the 29 executive coaches and four researchers, one was a psychotherapist and 14 were psychologists (of which one was a Chartered Clinical Psychologist, one a Positive Psychologist, and eight were Chartered Occupational Psychologists). Of the 29 executive

coaches, 100% used a number of supporting disciplines to inform their practice, including: 16 (55%) who used mindfulness; 15 (51.7%) who used Systemic techniques; 13 (44.8%) who used NLP; and 11 (37.9%) who used Self-Compassion techniques. In response to the question, “On a scale of 1-10, how confident are you most of the time?” the 38 participants rated themselves as a mean of 7.3 (with a range of 4-10).

Panel 1 was comprised of 14 expert participant members. All 14 members completed Stage 1 of the study. 13 members of Panel 1 completed Stage 4 of the study. Panel 2 was comprised of 24 members. All 24 of the Panel 2 participants completed both of their respective study stages.

**Table 3. Profile of expert participants at Stage 1**

		Panel 1 (n=14)		Panel 2 (n=24)		Total
Gender		M	F	M	F	
Age	35-40			3	3	6
	41-50	2	2	3	5	12
	51-60	1	8	3	4	16
	61-70	1			2	3
	71 +			1		1
	Sub-total	4	10	10	14	38
Ethnicity	White	14		22		36
	Chinese			1		1
	Indian			1		1
Country based for work	England	8		8		16
	N. Ireland	4		12		16
	Ireland	1		3		4
	Australia	1				1
	USA			1		1
Highest level of finished education	Secondary			4		4
	Graduate	3		5		8
	Masters	8		12		20
	Doctorate	3		3		6
Level of seniority at work	Top (CEO, Chair, President)	6		3		9
	Senior Exec. (MD, Director)	6		10		16
	Upper Middle (	2		6		8
	Middle (Office Managers, Mid-Level Administrators)			3		3
	First Level (Supervisors)			2		2
Are you a...	Executive Coach	10		19		29
	<i>Total Yrs. coaching</i>		<i>215 yrs.</i>		<i>198 yrs.</i>	<i>413</i>



	<i>Total Yrs. as executive coach</i>	166 yrs.	151 yrs.	317
	Researcher	3	1	4
	Client/Coachee	1	4	5
	<i>(Executive Coaching did enhance my self-confidence)</i>	1	4	100%
As an Executive coach, which disciplines which most inform coaching practice	Mindfulness	4	12	16
	Systemic	8	7	15
	NLP	6	7	13
	Self-Compassion	2	9	11
	CBT	6	5	11
	TA		10	10
	Somatic	5	5	10
	Double Loop	4	3	7
	ACT	3	3	6
	Bioenergetics	2	3	5
Are you a ...	Psychologist	1	3	4
	Chartered Clinical Psy	1		1
	Chartered Occ. Psy.	5	3	8
	Positive Psychologist	1		1
	Somatic Psychotherapist	1		1
Qualified BPS Psychometrics Administrator	Both Level A & B	6	6	12
	Level A only	1	1	2
	Level B only		2	2
Self-rating	On a scale of 1-10, how confident are you most of the time?	7.2	7.5	

### Analysis and output

The outputs of each of the four-stages associated with the Delphi study process (as summarized in Table 4) are discussed in more detail within this section.

**Table 4: Overview of stage 1-4 results**

Topic	Stage 1 (Qual)	Stage 2 (Qual)   (Quant)		Stage 3 (Quant)			Stage 4 (Qual)	
	No. Generated Items for Q1.	No. of Items Contested in Q1.	No. of New Items Generated	Agreed Items Presented in Q3.	Contested Items Presented in Q3.	Total No. Items In Q3.	No. Items Agreed for Guidelines	No. Contested Items
Definition	1	0	0	1		1	1	0
LSC*	55	26	42	74	52	97	45	32
ESC**	53	3	25		4	78	74	2
Contextual Protocol	34	0	12	46	0	46	46	0
	89	0	18	106	1	107	106	0
Subtotal		29	126	272	57	329	272	34***
Total Items	232 (Q1.)	155 (Q2.)		329 (Q3.)			272 (plus 34***)	

\* LSC - Low self-confidence and \*\* ESC - Enhanced self-confidence factors when combined, make up "Topic 4: An insight into the experience of self-confidence" but are presented separately here for review and analysis purposes.  
\*\*\*Items which remained contentious following Stage 4 of the Delphi process.

### *Stage 1: Qualitative analysis*

Guided by Braun and Clarke's (2006) six-phase thematic analysis framework, the high-level themes and related codes were generated from the qualitative analysis. The output was subsequently presented in the form of Stage 2: Questionnaire 1 (see Annex 2). This initial framework was comprised of 4 topics, 30 factors and 232 related items.

### *Stage 2: Quantitative and qualitative analysis*

With regards to the open-field "evaluation" question, a range of diverse responses were elicited. Whilst the majority of participants explained that they simply used the client's original stated coaching objectives as the measure of success, others offered options of measures that could be considered for use by practitioners. These were collated and presented at Stage 4, to Panel 1 experts for their consideration.

Based upon the predetermined consensus criteria (Table 2), the quantitative data analysis revealed that of the 232 proposed items, 203 (87.5%) achieved consensus (i.e. Med $\geq$ 4; IQR $\leq$  2) and 29 items (12.5%) were contested (i.e. Med $\leq$ 3; or Med 1,2,4 or 5 and IQR  $\leq$  3). Interestingly, all 29 contested items were localised to a particular part of a specific topic area – that of "Topic 4: Components of low and enhanced self-confidence". Within that topic area, only 3 (10.3%) of the contested items were associated with enhanced self-confidence. These, in turn, impacted three of the six related factors, namely those associated with the triggers, behavioural and bodily components associated with enhanced self-confidence.

In contrast, of these 29 contested items, 26 (89.7%) were related to low self-confidence. All six associated factors were affected, with the highest relative impact associated with the factors of: "Purpose of low self-confidence" (where 8 (88.8%) of the 9 previously presented items were contested by Panel 2); "Bodily sensations" (where 14 (82.3%) of the

17 items contested); and “Behavioural components” (where 9 (39.1%) of the 23 items were contested).

During the qualitative phase of Stage 2, an additional 126 new items were generated from the insight and opinion offered by Panel 2 experts. Using the original framework as the guiding structure, these new items were combined with the 29 contested items and presented alongside their median and IQR score. The combined 155 item Questionnaire 2 was forwarded to Panel 2 participants for review.

### *Stage 3: Quantitative analysis*

The quantitative data analysis revealed that of these 155 Questionnaire 2 items, 98 items (63.3%), achieved a consensual rating. In turn, this resulted in 20 of the 30 factors (66.6%) achieving a 100% consensus rating.

The remaining 57 contested items (45.2%) were associated with 10 factors. Of these, one item was related to “Topic 4: Proposed practitioner protocol” and the corresponding factor “Triad session (1)”. Four items were associated with “Topic 2: Components of Enhanced self-confidence” and the three factors relating to the “ESC Triggers” (1 item), “ESC Behavioural components” (1 item) and “ESC Bodily sensations” (2 items). The remaining 52 items (91.2%) were all related to the six factors associated with “Topic 2: Components of Low self-confidence”. The most contentious factors at this stage in the process were: “Purpose of low self-confidence (11% consensus) and “Low self-confidence bodily sensations” (18% consensus).

Table 5: Stage 3 output

Stage 1 Output: Initial framework		Stage 3 output			
		Total No. items	Consensual items total	Contested total	Consensual items %
Topic (x4)	Factors (x30)				
1. Definition	Self-confidence definition	1	1		100
2. Components of Low (LSC) and Enhanced self-confidence (ESC)	LSC* Triggers	19	14	4	74
	LSC Cognitive components	13	7	6	54
	LSC Behavioural components	23	9	14	39
	LSC Emotional components	16	11	5	69
	LSC Bodily sensations	17	3	14	18
	LSC Purpose	9	1	8	11
	ESC** Triggers	11	10	1	91
	ESC Cognitive components	11	11		100
	ESC Behavioural components	22	21	1	95
	ESC Emotional components	15	15		100
	ESC Bodily sensations	11	9	2	82
ESC Purpose	8	8		100	
3. The contextual elements to consider prior to the programme implementation	Programme aims	10	10		100
	Differentiating aspects	8	8		100
	Characteristics exe. coach	15	15		100
	Physical environment	5	5		100
	Remote Environment	8	8		100
4. Proposed practitioner protocol	Summary information sheet	16	16		100
	Chemistry session aims	13	13		100
	Chemistry outputs	13	13		100
	Triad session (1)	7	6	1	86
	Intake session (including	11	11		100
	T1 Baseline evaluation)	6	6		100
	Design process	11	11		100
	Coaching session 1	11	11		100
	Coaching session 2-4	4	4		100
	T2 Comparative evaluation.	2	2		100
	Coaching session 5	6	6		100
	Triad session (2)	7	7		100
	Programme evaluation	N/A	N/A		N/A
<b>Total items</b>		<b>329</b>	<b>272</b>	<b>57</b>	

\* LSC - Low self-confidence and

\*\* ESC - Enhanced self-confidence factors

In contrast, the equivalent factors relating to “Topic 2: Components of Enhanced self-confidence” scored significantly higher, with the comparative factor of “ESC Bodily

sensations” achieving 82% consensus and the factor “ESC Purpose” achieving 100% consensus.

In preparation for Stage 4 of the study, the 57 contested items identified on completion of Stage 3, were subsequently collated with the 272 consensual items identified from Stages 2 and 3 of the Delphi study process. The combined 329 items were then presented as Questionnaire 3, which took the form of draft guidelines and a practitioner protocol.

#### *Stage 4: Qualitative analysis*

13 Panel 1 members were available to complete Stage 4 of the study. All 13 Stage 4 Panel 1 members agreed to the inclusion of the 272 consensual items. In terms of the 57 contested items, the panel agreed to the immediate removal of 23 items. Of these, the removal was agreed for: one item related to “Topic 4: Proposed practitioner protocol” and the corresponding factor “Triad session (1)”; two items associated with “Topic 2: Components of Enhanced self-confidence” factors, namely “ESC Triggers” (1 item), “ESC Behavioural components” (1 item); and 20 items related to “Topic 2: Components of Low self-confidence”. As a direct consequence, 24 (80%) of the 30 component factors achieved a 100% consensus rating, confirming a clear agreement between the expert panel members to the removal of 23 items and the retention of 272 associated items within the four corresponding Topic areas.

However, the proposed removal of 34 Stage 3 contested items (32 items relating to factors associated with “Topic 2: Components of Low self-confidence” and 2 items relating to “Topic 2: Components of Enhanced self-confidence”) was challenged by some Stage 4 experts, as highlighted in Table 6.

Table 6: Stage 4 Questionnaire 3 output

Stage 1 Output: Initial Framework		Stage 4 output: Proposed guidelines			
		Total No. items	Agreed removal	Contested total	Consensual items %
Topic (x4)	Factors (x30)				
1. Definition	Self-confidence definition	1	0	0	100
2. Components of Low (LSC) and Enhanced self-confidence (ESC)	LSC* Triggers	19	1	4	78
	LSC Cognitive components	13	6	0	100
	LSC Behavioural components	23	5	9	50
	LSC Emotional components	16	1	4	73
	LSC Bodily sensations	17	5	9	25
	LSC Purpose	9	2	6	14
	ESC** Triggers	11	1	0	100
	ESC Cognitive components	11	0	0	100
	ESC Behavioural components	22	1	0	100
	ESC Emotional components	15	0	0	100
	ESC Bodily sensations	11	0	2	82
ESC Purpose	8	0	0	100	
3. The contextual elements to consider prior to the programme implementation	Programme aims	10	0	0	100
	Differentiating aspects	8	0	0	100
	Characteristics exe. coach	15	0	0	100
	Physical environment	5	0	0	100
	Remote Environment	8	0	0	100
4. Proposed practitioner protocol	Summary information sheet	16	0	0	100
	Chemistry session aims	13	0	0	100
	Chemistry outputs	13	0	0	100
	Triad session (1)	7	1	0	100
	Intake session (including	11	0	0	100
	T1 Baseline evaluation)	6	0	0	100
	Design process	11	0	0	100
	Coaching session 1	11	0	0	100
	Coaching session 2-4	4	0	0	100
	T2 Comparative evaluation.	2	0	0	100
	Coaching session 5	6	0	0	100
	Triad session (2)	7	0	0	100
	Programme evaluation	N/A	N/A		N/A
<b>Total items</b>		<b>329</b>	<b>23</b>	<b>34</b>	

The removal of the following items was specifically challenged.

**Table 7: Items contested by stage 4 experts and requested for retention in guidelines**

	Stage 2		Stage 3	
	N=24		N=24	
	Mdn	IQR	Mdn	IQR
2.1 In my experience, <b>low</b> self-confidence is commonly <b>triggered</b> in myself or others by:				
resource constraints (e.g. time, knowledge, preparation, capability, capacity, energy)	3	1	3	1
wanting to impress (e.g. boss, peers, subordinates, assessment panel, clients)	3	2	3	1
the unexpected (e.g. situation, behaviour, outcome)			3	0.5
the personal reputation of another			3	1.5
2.3 In my experience, the <b>behavioural</b> components of <b>low</b> self-confidence commonly present in myself/others as:				
fidgeting (e.g. hands, hair, object)	3	0.25	3	0.25
exaggeration of own abilities to compensate for insecurity			3	1
bullying of other lower status individual/group			3	1.25
freezing (e.g. rabbit in the headlights', immobile)			3	2
physically shrinking (e.g. slump, droop)	3	1.25	3	1
shut down (e.g. focus inwards, stop hearing)	3	2	3	1
defensiveness (e.g. lash out verbally or physically, deflect, project)	3	2	3	1
dissociated (e.g. from the present, the outside world, others, own body)	3	2	3	1
movement (e.g. become clumsy, pace, move aimlessly about, stumble)	2.5	1	2.5	1
2.4 In my experience, the <b>emotional</b> components of <b>low</b> self-confidence, commonly presents in myself/others as:				
fear (e.g. frantic, overwhelmed, terror)	3.5	1	3	1
panic (e.g. anxiety, confusion)	3	1	3	1
aggression (e.g. defensiveness, anger)			3	0.25
judgmental (e.g. critical, blame)			3	1
2.5 In my experience, <b>bodily sensations</b> associated with <b>low</b> self-confidence, commonly present in myself/others as:				
blushing (e.g. flushed, blotchy face/neck)			3	0
a plummeting sensation	3	1	3	1
shaking (e.g. hands, legs, head)	3	1	3	1
heart beating loudly in head	3	1.25	3	1
breath restricted, short, quick, high in chest	3	2	3	1
flaccidity in musculature, including a slumped spine			3	1
tension/ aching in body			3	1
dry mouth/ difficulty swallowing			3	1
sweating			3	1.25
2.6 In my experience, the <b>purpose of low</b> self-confidence is to enable myself/others to:				
avoid harm (e.g. physical, emotional or reputational) to self or other	3.5	1	3	2

evaluate (e.g. enquire, seek alternatives, assess, consider, determine)	3	1.25	3	1
acquire flexibility (e.g. in thinking and behaviour)	2	1	3	1
perfect (e.g. practice, learn, adapt, grow)	3	2	3	2
avoid negative feelings (e.g. embarrassment, humiliation, rejection, shame)	3	2	2	1
retain self-respect (e.g. dignity, self-belief)	3	1.25	2	1

2.11 In my experience, the bodily **sensations** associated with **enhanced** self-confidence, commonly presents in myself or others as:

tingling of excitement	3.5	1	3	1
giddiness of possibility	3	2	3	1

With regards to the Stage 4 Panel 1 feedback, the 32 contested items associated with “Topic 2: Components of Low self-confidence” provoked the greatest comment and challenge. For example, in terms of the related factor “LSC Purpose” one panel member remarked “I had never considered that low self-confidence would serve a purpose, but having reflected on it, I would suggest that all of the above should be included in the final guidelines.” Similarly, concern was also raised in relation to nine contested items associated with the “LSC Bodily sensations” factor. For example, one panel member remarked “taking a stepping back observation, I see a lot of the bodily sensations have been removed and I don’t agree with that” and another stated “I was so surprised to see that so many of the bodily sensations associated with low self-confidence were contested and I hypothesised that this may be due of a lack of awareness...breath restricted, dry mouth, and shaking, are to me, necessary additions to the list.”

With regards to the two contested items related to “Topic 2: Components of Enhanced self-confidence”, one respondent explained that “my only comment is related to the "Excitement and Giddiness" items. I do think these emotions are extremely relevant as they are what indicates that you are on the right track”.

In reference to the remaining three Topic areas, a number of suggestions were made relative to each. Taking each in turn, with regards to “Topic 1: Offered definition of self-confidence”, favourable response was received with regards to the definition itself, as reflected in the sentiment of the comments, “I love the working definition recommend - the interplay of authenticity, competence and connectedness really resonates with me, ” and, “I have experience of when one of the components are lost and this has had a



profound effect on my self-confidence. However, concern was also raised by a number of participants as to the practical use of the definition, reflected by comments such as “I think this definition may be a little too academic and cumbersome for a coaching client - I would potentially break it down and present it in more “accessible language”, and “it’s too long and complicated. It needs to be shorter so that someone can quickly associate with it.”

In terms of “Topic 3: Contextual elements for consideration prior to programme implementation”, a number of propositions were made. For example, within the related “Programme aims” factor, a suggestion was made to include “something about the “so what” for a coachee i.e. what will they see that is different?”. With regards to the “Differentiating aspects” factor, a panel member suggested including an item related to the identification of “actual, tangible results”. Within the “Characteristics of executive coach” factor, items relating to “open to learning” and “prepared to take a controlled risk with the coachee to help them push their boundaries, by drawing on all the skills above” were suggested for consideration.

Within the “Topic 4: Proposed practitioner protocol”, comments were offered regarding the relative positioning of the items included with the related ‘Intake session’ and ‘Coaching session 1’. Suggestions to the timing of the ‘Time 2 evaluation’ process were also offered. However, no comment was offered with regards to the measures proposed to evaluate the return on investment or impact of the programme.

In terms of related additional queries, a panel member remarked “I am wondering what are the critical differences and success factors for coaching for enhanced self-confidence are versus generic coaching? Many of the guideline items are process orientated, so I am wondering if the differences are more apparent in the supporting material?”; with another participant asking “what are the actual, tangible results that the client might attain?”; and yet another commenting “the issue of cause and effect is unclear to me i.e. do the emotional / cognitive components cause the self-confidence or visa-versa? “

Due to the constraints inherent with the Delphi study methodology, as well as the time and resource constraints associated with the Professional Doctorate research study, it has

not possible to further explore the observations and challenges made by Stage 4 participants. Nevertheless, for the purposes of transparency, their feedback has been noted here, in the hope that it will influence and guide future researchers in this area.

## Discussion

This exploratory and descriptive research study set out to accomplish three separate aims simultaneously:

- to achieve consensus among experts as to how the two fields of executive coaching and self-confidence could be purposefully brought together;
- to create a relevant, focused and valid framework of guidance and content for use by executive coaching practitioners supporting employees with low self-confidence; and
- to develop a foundational evidence base which could be used as a helpful precursor to more sophisticated analytical and predictive future research associated with grounded hypotheses.

All three research aims were achieved.

In terms of the first aim, in what is believed to be the first Delphi study to have been applied in either research field, a four-staged research methodology, involving an initial panel of 38 experts, was applied over a period of 6 months, to consensually integrate the areas of executive coaching and self-confidence.

With regards to the second aim, low employee self-confidence is understood to negatively impact a range of individual, team and organisational workplace outcomes. As enhanced self-confidence is an acknowledged outcome of a coaching experience (ICF, 2009), coaches must already have had the ability to support their clients in this field. However, until now, a coherent and comprehensive practical framework designed to guide and educate executive coaches in this arena, did not exist. Hence, the Delphi study method proved particularly valuable in transparently generating a range of quantitative and qualitative data sets, which subsequently informed the development of a targeted, practical guidance

text and framework, with an embedded executive coaching protocol. While the full guidelines and protocol are attached at Part 4 of this document, a summary overview will be presented here to provide an insight into the expansive and inclusive nature of the guidelines.

Structured within four interrelated topics areas (i.e. An offered contextual definition of self-confidence; An exploration of the associated cognitive, behavioural and emotional components of low and enhanced self-confidence; Contextual elements to consider prior to the implementation of this targeted Programme; and Targeted executive coaching programme protocol) the framework is comprised of 30 factors and 272 consensually derived items. Following an offered working definition of the construct of self-confidence, the guidelines continue with an exploration of the purpose, triggers as well as the experience of both low and enhanced self-confidence. An overview of contextual conditions (including the: purpose and aims; factors which differentiate this programme from a standard executive coaching offering; qualities of an effective coach; and related environmental and atmospheric conditions) is then presented. A chronological walk-through of the elements associated with the proposed targeted executive coaching protocol follows. Comprised of four fundamental processes, containing a total of 13 interrelated elements, the protocol explores: the content of a summary information sheet, (including, for example: the origins, purpose and aims of the programme; the time commitment required; participant suitability (who the programme is for and not for); typical challenges to expect as a participant; additional support available; as well as anticipated outcomes); the conditions and outputs associated with the chemistry session, triad, intake and coaching sessions; as well as the related design, contractual and evaluation processes. Practitioners are also encouraged to consider the interplay between the client, key stakeholders and the organisational system.

In terms of the third aim, this study used a multi-phase, multi-method, empirical and systematic research methodology to begin to address the challenges raised by previous researchers. As previously mentioned, they called for methodologically rigorous approach (Athanasopoulou and Dopson, 2018), in order to develop an innovative executive coaching intervention founded on practice based evidence (Schwartz, 2018), using independent

inter and multi-disciplinary working groups audiences such as “coaches, academics, sponsoring organisations and other stakeholders” to develop “best practice guidelines” (Grover and Furnham, 2016 p.36). In fact, not only do these guidelines and protocol provide a systematic exploration of the interrelationship between self-confidence enhancement and executive coaching in the workplace, but they also provide a solid evidence base from which related and practical contextual interventions can subsequently be developed, tested, examined and refined.

### **Strengths**

This integrated and practical framework benefits from a number of associated strengths. Firstly, with credibility being dependent on how well the data and processes of analysis address the intended focus (Polit and Hungler, 1999), the appropriateness of the use of the Delphi study methodology in this research process is a particular strength. Within the Delphi study itself, credibility is dependent on the response rate (Beratta, 1996), with Sumsion (1998) suggesting that a 70 % response rate should ideally be established. Within this particular study, a 100 % participant response rate was maintained throughout three of the four associated research stages. Reliability lies at the heart of credibility. Whilst some researchers have criticised the Delphi study methodology as providing no evidence of the replication of results (Williams and Webb, 1978; Walker and Selfe, 1996), others have demonstrated reliability over a significant time period (Ono and Wedemeyer, 1994). Day and Bobeva (2005) concluded that reliability is established through iteration of rounds for data collection and analysis guided by the principles of democratic participation and anonymity. Other researchers attest to reliability being ensured within the Delphi study process by the recruitment of experts (Baker, Lovell and Harris, 2006). The diversity of experience of the expert panel participants involved in this study (practitioners, coaching clients and academic researchers) is therefore further evidence for the reliability of the results of this research study.

The central premise of the Delphi study is founded upon the assumption that collective group opinion is more valid than personal opinion alone (Hasson, Keeney and Mckenna, 2000). Iqbal and Pison-Young (2009) concluded that the reliability and validity of the study

may be improved if an initial group of experts produces the items, as was the case in this study. Indeed, the reliability and validity of the original output generated from Stage 1 of this study is further reinforced by the fact that at Stage 2 of the process, three of the topics in their entirety, (comprised of 18 related factors and 124 items) achieved 100% expert consensus on evaluation. Of equal interest is the fact that despite the addition of 30 new items to these three specific topic areas at Stage 2 of the process, this consensual trend continued. By the end of Stage 3 of the process, only 1 of the newly added items was contested. Following appraisal at Stage 4 by the Panel 1 experts, this item was removed, resulting in 100% consensus for each of the 153 items associated with these three topic areas. With the remaining Topic 4, the four contentious items associated with the three factors exploring the purpose, cognitive and emotional components of enhanced self-confidence were also removed at Stage 4 of the Delphi study process, resulting in 100% agreement for all six associated factor areas. As a consequence, overall, 24 of the 30 factors achieved 100% consensus. Such positive results confirm that these Topic areas, alongside their related factors and items are both reliable and valid.

A second strength concerns the adherence of this research to Delphi study best practice guidelines. Worthy of particular note is the transparency afforded in the presentation of the quantitative analysis results to Stage 2,3 and 4 expert panel members. Identified by Powell (2003) as an important element in the demonstration of consensus that might otherwise be hidden, both the central tendency and dispersion of scores from the previous rounds were provided for reference to panel members.

A third strength is related to the fact that this study captured the current thinking, developments and experience of experts in the area. It is therefore reasonable to conclude that the content of the curricula is up-to-date and reflective of present-day best-practice.

In summary, the interplay of the credibility, reliability, validity, relevance of the consensually generated topics, factors and items contribute to the overall strength of this study. Given the absence of current guidance and protocol, the findings from this study could be usefully offered for immediate application by an experienced executive coaching practitioner, for use with a diverse range of employees, in a variety of workplace settings, at a global level and their transferability explored.

## Limitations

Before next steps in research or practice are undertaken, the limitations of this study first need to be considered.

The first limitation of this study concerns the composition of the expert panel. As previously mentioned, the panel members for this study were deliberately targeted, so as to enhance the demographic balance around gender, age, ethnically and background. However, the final secured sample of participants lacked ethnic diversity. Nonetheless, due to both the global presence of the executive coaching accreditation bodies (e.g. ICF and AC) as well as the standardisation associated with their accreditation processes, there is an implied acceptance that the study results should be equally effective across all geographical populations. However, future researchers could explore if such assumptions relating to the generalisability of the output are appropriate. It is noteworthy that expert academic researchers interested in the field of self-confidence were not secured as participants. Whilst all five coaching client participants experienced enhanced self-confidence as a result of their executive coaching experiences, and a number of the executive coach participants identified that a common outcome of their executive coaching practice was enhanced employee self-confidence, expert insight from the specific population of self-confidence academics and researchers was nonetheless, apparent through its absence. Although established guidelines suggest that the Delphi study approach does not call for expert panels to be representative samples for statistical purposes (Powell, 2003), future investigators should be mindful of this omission when applying the findings of this study to further research.

The second limitation of this study concerns the length of time it took participants to complete Questionnaire 1. Aware of the range and complexity of the information to be presented, Questionnaire 1 was deliberately structured to minimise information loss through the inclusion of a split-questionnaire design framework, as well as continuous, ranked order and discrete measurement scales (Adigüzel and Wedel, 2008). Following feedback from the pilot study group, the design was modified to further reduce respondent burden by, for example, the repositioning of the demographic question block to the end of the Questionnaire. Whilst Panel 2 members were repeatedly briefed at all

stages of the recruitment and briefing processes, that it would require approximately 1 hour to complete Questionnaire 1, the impact of respondent fatigue on the results, must nonetheless, be taken into consideration by future researchers.

Thirdly, the consensus nature of the Delphi study approach is generally considered to be an advantage of the methodology. However, some researchers view it as a limitation. Indeed, Sackman (1975) expressed concern that the compromise required to achieve agreement could in fact, lead to a diluted and watered-down version of the best opinion. Expressing a similar sentiment, Rennie (1981) suggested that only bland statements that represented the lowest common denominator could be generated using the Delphi study approach. Indeed, on reviewing the original narratives generated in Stage 1, the wealth of information contained within is underrepresented by the final framework content. However, solace is taken from the insight offered by Murphy et al. (1998) who proposed that the Delphi study technique should be viewed as a process for making the best use of available information, be that scientific data or the collective wisdom of participants. Similarly, Pill (1971) asserted that the output of a Delphi approach is at best an opinion and should be interpreted as such. In addition, some researchers determine that the iterative “rounds may continue until consensus is reached” (Iqbal and Pison-Yong, 2009 p.599). Indeed, this particular study would have benefitted from the inclusion of at least one, if not two additional stages, during which the 34 contested items, the additional 4 new items, as well as the items whose physical positioning was challenged, could have been offered back to panel members for further appraisal. However, the continuation of the consensus gathering process was not feasible due to the particular parameters associated with this study. Such limitations were related, in part, to the fact that this research study was conducted within the context of a professional doctorate qualification, but also to participant fatigue, resource, time and cost (Jones, Sanderson and Black, 1992; Hasson, Keeney and McKenna, 2000).

Fourthly, and with reference to the criticism raised by the Stage 4 panel participant who observed that due to the generic process focused nature of the results generated, the guidelines and protocol failed to identify the critical differences and success factors required to enhanced self-confidence within a coaching context. Due to the exploratory nature of this study, the generated guidelines were indeed limited by the research

purpose. Hence, rather than the output being a complete developmental intervention manual, the results of this study can serve only as a baseline against which the content of such an intervention can be generated. Therefore, the logical next step is for future researchers to use the outputs from this research to design, implement and assess the critical differences and success factors required to maximise the efficacy of a developmental intervention which enhances employee self-confidence within an executive coaching context, as well as establish clear empirical evidence of the actual outcomes achieved in practice. However, it is worthy of noting that in their current form, these guidelines do respond to the previously noted challenges raised by Grover and Furnham's (2016 p.36) who called for prospective researchers to develop independent working groups of inter and multi-disciplinary audiences such as “coaches, academics, sponsoring organisations and other stakeholders” in order to develop “best practice guidelines”. In addition, as they stand, these guidelines also speak to the concerns raised by the coach practitioners of the recent 2016 ICF Global Coaching Study. When asked to identify the biggest obstacle for coaching over the next 12 months, the 15,380 respondents expressed their main concern as “untrained individuals who call themselves coaches” (ICF, 2016 p.19). Hence, both the research process employed, as well as the guidelines produced as an output, may help to bring best-practice, evidence-based research to the under-regulated executive coaching industry.

Finally, due to the exploratory nature of this research, the mechanisms of action between executive coaching and self-confidence were not established in this study. In fact, within this study, an assumption has been made with regards to the existence of a relationship between the two constructs. Further empirical research is therefore required to explore the existence of and nature of such a relationship, as well as identify the mediators and moderators of any observed changes.

### **Implications for future research and practice**

In response to multiple calls for best practice guidelines, this framework and protocol could be used to inform the development of the content of an executive coaching programme to enhance employee self-confidence. The content of such a programme could potentially



be most influenced by those factors which the experts in this study rated to be of the highest importance, namely: “Characteristics of executive coach practitioner”; Coach-client relationship”; “Triad relationships”; “Goal-focused”; and “Home practice”. Each of these six factors will be explored here in more detail.

### *Characteristics of executive coach practitioner*

Beginning with the “Characteristics of executive coach practitioner”. This factor contained the majority of the highest expert-rated items of the entire survey. Whilst recent evidence suggests that the personality of the coach is unrelated to coaching outcomes (De Haan, Grant, Burger and Eriksson, 2016; Bozer and Jones, 2018), the characteristics of empathy and positive regard have, nonetheless, been demonstrated to be important coach characteristics (Grant, 2013). As a result of this study, the relevant qualities required from a coach in order to effectively deliver this targeted executive coaching programme have been identified. Indeed, of the 15 proposed items, seven achieved the highest possible score (med=5; IQR=0), seven achieved a high consensus (med=5; IQR≤ 1), with the remaining item achieving a strong consensus (med=4; IQR=1).

It is also worth acknowledging that these items were created by participant panel members from disparate backgrounds (practitioners, coaching clients and academic researchers), using research processes which, it could be argued, are strongly aligned to the established job analysis techniques of Repertory Grid and Critical Incident Analysis. Hence, the robustness of the methodological approach, combined with the high consensus results, would suggest that these 15 items are reliable and valid. Therefore, we can conclude that these specific characteristics are strongly associated with an expert executive coach practitioner operating in the space of employee self-confidence enhancement. This resultant attribute framework could prove useful to a coaching client or organisational stakeholder for reference when selecting the most appropriate self-confidence coaching practitioner. These items could also prove to be of interest to an executive coaching accreditation body, interested in selecting the appropriate applicants for an affiliated “self-confidence practitioner coaching accreditation” programme.

### *Coach-client relationship*

Secondly, building further on the robustness of the practitioner attribute element of the framework, the importance of the related “Coach-client relationship” is also reflected by related high consensus items within the “Chemistry session” and “Intake session” factors of the protocol. While research recognises the quality of the coach-client alliance as a key ingredient to successful coaching (de Haan, Grant, Burger and Eriksson, 2016), it has also been noted that less attention has been paid by researchers to the role of the practitioner within the coaching relationship (Schartz, 2018). Of relevance to this study, are the aligned results of recent research in this area. Whilst it has generally accepted within coaching circles that the client should set their own goals, current research challenges the restrictive nature of this condition and, instead, provides the coach with a greater permission to being actively engaged in goal setting with the client (Grant and O’Connor, 2019). Alluding to the previous research conducted by Locke (1996), these authors propose that as long as the client understands why the goal is being set and agrees with that reason, the individual will be committed to the coaching goal, regardless of who set it. Affiliated research attests to the power of positive diagnosis within the coaching relationship. Through this process, the coach supports the client to assess what is going well for them, as well as identify and use information, resources, skills, habits and capacity that relates to peak performance in order to achieve goals (Biswas-Diener, 2010). Hence, within this targeted executive coaching framework, the executive coach practitioner requires the necessary expertise to support their client in realising their potential, by using their strengths (Linley, Nielsen, Gillett and Biswas-Diener, 2010), self-efficacy (Bandura, 1977) and intrinsic motivation (Deci and Ryan, 2008). Aware that positive reinforcement helps individuals to identify helpful behaviours and consciously repeat them (Burden, 2003), the role of the executive coach within this particular framework is to support their client to identify what is working for them, as well as apply the associated behaviours towards the achievement of their desired outcome.

Further related research in the area of the “Coach-client relationship” has established that coaches with an academic background the social sciences of human behaviour are more effective in increasing client self-awareness (Bozer, Sarros and Santora, 2014). Aligned

research has also recognised that the coaching practice differs between registered psychologists and non-psychologist coaches in terms of both behaviours (Jenkins, Passmore, Palmer and Short, 2012) as well as the coaching models they use with their coachees (Passmore, Brown and Csigas, 2017). Hence, Passmore, Stopford and Lai (2018) proposed that when the competencies, disciplines and skills of a coaching psychologist were combined in practice, materially different coaching outcomes would result.

Whilst traditionally, coaching and mental health have been clearly held as entities that needed to be kept separate, mental wellbeing is becoming increasingly of interest to coaching psychologists (Bishop, Hemingway and Crabtree, 2018). Whilst the established tension continues to be played out in practice today, with some organisations using and strongly endorsing mental health coaching (Mahari, 2016) and others disputing its appropriateness (Jenner, 2014), it is, nonetheless, an emergent area of interest.

Cognisant of the correlation between low self-confidence and mental illness risk (St. Clair et al., 2017), what is of particular interest to this study, are not only the similarities between the low-intensity therapy delivered by psychological wellbeing practitioners (as outlined in Improving Access to Psychological Therapies (IAPT) Guidelines (2015)) and established coaching practices, but also the need articulated by the Mental Health Taskforce (2016) for more innovative, empowering and self-management based mental health approaches. Keen to better understand the impact and outcomes of published mental health coaching studies, Bishop, Hemingway and Crabtree (2018) recently conducted a scoping review of 12 related studies. They not only identified a range of positive outcomes, (including: symptom reduction, improved self-management, better social functioning and attainment of life goals relating to education and employment), but also highlighted that only one study did not find any significant positive effects (Haerter et al., 2016), and more importantly, no studies were identified where negative effects were established. These results lead Bishop (2018, p.10) to conclude that “coaching is a viable form of mental health support – certainly not harmful as suggested by adversaries of the approach (Jenner, 2014)” and that coaches are well placed to support people with their mental health.

What is also worthy of note, within the workplace context, a generalised positive perception is afforded to the term “executive coaching”, when compared to that of “therapy”. Hence, due to its high level of legitimacy and acceptability within the workplace, individuals with low self-confidence and aligned mental health concerns may find executive coaching a more accessible form of mental health support. With this proposition in mind, it would therefore be of interest to future researchers to explore whether self-confidence and related outcomes differ, if these guidelines were to be applied by coaching psychologists, or mental health coaches, rather than executive coaches.

Overall, as there is fresh evidence of an emergent body of researchers investigating the nature of the coach-client relationship (Grant and O’Connor, 2019), these guidelines could prove to be a source of interest to those individuals exploring the dynamic aspects as well as the resultant outcomes arising from the interconnected nature of this unique relationship.

#### *Triad relationship*

Thirdly, the practical implications of the outcomes of this study are further reinforced when the “Triad relationship” factors containing the next highest scoring consensual items are considered. Despite both the “Introductory triad” and “Concluding triad” having originally been offered as optional elements of the proposed practitioner protocol, 12 of the 14 related items attained the next highest consensus ratings (i.e. med=5; IQR≤ 1 for) in the study. It could therefore be argued that rather than remain optional, these triad relationship protocol elements should, instead, be made mandatory.

It also goes without saying, that the triadic relationship between the coach, client and key organisational sponsor (e.g. line manager, Human Resources, or Learning and Development stakeholder) is crucial to the outcome of an employee self-confidence intervention. Often reflective of the systemic forces and dynamics alive in the organisational system (such as expectation, power, coercion, autonomy, responsibility and agency) within which the coaching client operates, this 3-way relationship can be the

source of collusion and tension. The most commonly related challenge cited (that of Grant and O'Connor, 2019), concerns whose interest is to be served by the employed coach. By providing clear and explicit guidance to inform the development of both ethical and contractual boundaries, the interrelated needs of all interested parties can be considered and transparently served. The results of this study will help to provide the foundational platform from which such clarity can be developed.

#### *Practical implications of low- and over-confidence*

Fourthly, of probable equal interest to those involved in developing the content of a self-confidence enhancing executive coaching programme, is the fact that of the 57 contested items at the Stage 3 of the process, 52 items (91.2%) were associated with the six factors related to low self-confidence. During Stage 4, over 50% of the panel requested that 32 (61.5%) of the low self-confidence contested items were retained in the guidelines. In direct contrast, the same panel requested that of the remaining 25 contested items presented, only two (related to enhanced self-confidence) be retained.

Whilst on one hand, it could be argued that as the purpose of this Delphi study was to capture a range of expert responses and thematically analyse them in order to gain consensus as to how low self-confidence should be handled in an executive coaching context, it was not necessary to achieve consensus on the experience of low self-confidence and enhanced self-confidence. In fact, if the aim of this exploratory research was to “gain insights and familiarity with the subject area for more rigorous research investigation at a later stage”, (Tee, Passmore and Brown, 2018 p.80), the lack of consensus identified in this study is exactly what should be expected at this most fundamental phase of the research process. On the other hand, however, if the purpose of exploratory research is to also identify areas of distinction, the particular lack of consensus associated with the areas of purpose, triggers and experience of low self-confidence as well as the bodily sensations associate with enhanced self-confidence, generates curiosity as to the “why?”. Indeed, the notable disparity between these and the remaining items could, in fact, enable future academics interested in analytical and

predictive research in this vast area, to home in on the characteristics associated with self-confidence as a topic for investigation.

Of particular interest to this study is the fact that despite low self-confidence being attributed to a range of workplace outcomes, academic research exploring the purpose, antecedents and experience of low self-confidence is sparse in comparison. In a study by Norman and Hylland (2003) exploring what self-confidence meant to qualifying Teachers, the causes of lack of self-confidence were identified as: negative thinking; self-doubt; feeling of inferiority and perceived knowledge deficit; fear of not being accepted by others; identity; own physical characteristics; newness of the task; and over-estimating task requirements. This group reported that they experienced lack of self-confidence as feeling: anxious; nervous; tense; uncomfortable; scared; judged and insecure. They attributed their lack of self-confidence to particular resultant behaviours, including difficulty communicating with and interacting with others, as well as the avoidance of certain tasks.

In a more recent study, researchers Bedwell, McGowan and Lavender (2015) noted the absence of research focused on understanding the factors which contribute to the enhancement and reduction of workplace self-confidence. Exploring the lived experience of self-confidence by participant Midwives, these authors identified a number of causes of workplace low self-confidence, including: “self-doubt; feelings of helplessness; the influence of colleagues; critical comments or questioning of actions taken; a new situation; a change in environment; intergroup conflict; and the hierarchical nature of the environment”. They also noted that low self-confidence was experienced by participants, as “feelings of vulnerability” (Bedwell, McGowan and Lavender, 2015 p.172-174).

Whilst there are similarities between the results of these two studies with regards to the antecedents and experience of low self-confidence identified as an output of this research, further evidence is required to definitively ascertain the factors which affect self-confidence and the effects of self-confidence. In addition, research to identify the antecedents and experiences of low self-confidence in the workplace context is also necessary. Once identified, effective workplace strategies, interventions, practices and support to enable the development and maintenance of employee self-confidence and the promotion of a positive workplace culture, can be implemented.

Digging deeper, the items which proved most controversial were associated with the “Purpose of low self-confidence” factor. The argument exists that low self-confidence has a proven evolutionarily beneficial to human survival, otherwise it would not exist. Indeed, researchers have demonstrated that humans are not only negatively biased, but that negative experiences impact more than positive events (Baumeister, Bratslavsky, Finkenauer and Vohs, 2001). The evolutionary and developmental value of negativity justifies this bias (Rozin and Royzman, 2001). Negativity bias not only provides the motivation to grow, but it also enables humans to notice, take action and adapt faster to changed circumstances. As an additional point of interest, the synergy between this language and that of the expert items associated with the Purpose, Triggers, Cognitive, Behavioural, Emotional and Bodily factors of low self-confidence is immediately apparent.

These findings are of particular interest for a number of reasons. Not only do they highlight an exciting area of exploratory research around the general area of low self-confidence, but more specifically, these results demonstrate that more focused research is required to clarify the relationship between low self-confidence and its purpose. In addition, these results also suggest there may be a role for the executive coach to support their client into reframing low self-confidence as a protective mechanism which may, in fact, be of help rather than hindrance to an individual. The results also imply that, unlike enhanced self-confidence, the purpose, associated antecedents or experience of low self-confidence cannot be generalised. This conclusion alone, would suggest that an executive coach supporting an employee with low self-confidence should first seek to gain a shared understanding of the construct of low self-confidence within their client’s own internal world, rather than just presume to understand.

The question then arises as to how self-confidence can be increased. In a chapter of his book which is entitled “how to be confident”, Dr Peters (2012 pg. 320-327) proposes that low self-confidence is associated with a perfectionist belief system and associated self-narrative. He suggests that it is possible to experience “100 per cent confidence” at all times, by very simply reframing our internal narrative from “I have to achieve” to “I am doing my best”. Similarly, authors Kay and Shipman (2014), state that “perfection is the enemy of the good. It’s also the enemy of confidence”. Indeed, Dweck (2006 pg. 51-52)

suggested that a growth, rather than a perfectionist mindset, was an essential prerequisite to both gaining and embedding enhanced self-confidence.

A related consideration was raised in commentary offered by a number of participants who suggested that increasing an individual's self-confidence could lead to "overconfidence" and further potential challenges. Whilst Crocker, Thompson, McGraw and Ingerman (1987) and Wills (1981) identified that individuals with high self-confidence were more likely to use downward comparisons when comparing themselves to others who were less skilled or fortunate, Loftus (2005) concluded that overconfidence is not necessarily a fixed attribute of an individual. Indeed, researchers Moore and Dev (2017) found that most individuals exhibited overconfidence on some tasks, whilst on other tasks most individuals exhibited underconfidence, leading them to conclude that both overconfidence and underconfidence were in fact, task dependent.

Indeed, despite Campbell, Goodie, and Foster (2004) illustrating a positive relationship between overconfidence and narcissism, most recent research attests to clear psychological and behavioural differences between the two (Tamborski, Brown and Chowning, 2012). With a constant need for recognition and attention, a sense of entitlement, and a willingness to further one's own interests at the expense of others (Ham, Seybert and Wang, 2017), narcissists have a distorted self-perception with a positively biased evaluation of their own abilities and performance, despite objective evidence and feedback (Morf and Rhodewalt, 1993). Whilst narcissism is an accepted personality trait, Moore and Dev (2017) established that overconfidence is unlikely to be so. Within the workplace environment, researchers found that overconfident CEOs produced higher R&D productivity, generated better innovative output, and converted growth opportunities into firm value (Galasso and Simcoe, 2011), leading Hirshleifer, Low and Teoh (2012 p. 1496) to concur with previous researcher's conclusions of "the bright side" of CEO overconfidence.

#### *Goal-focused orientation*

Fifthly, the "Goal-focused orientation" of the strengths-based foundational underpinning this proposed protocol, may also prove of interest to researchers. Goal-orientation is widely



recognised as being an integral element of the coaching process. Indeed, authors Dembkowski, Eldridge and Hunter (2006, p.60-61) suggest that without clear goals “an executive coaching relationship can become just a forum for rambling discussions.” They propose that “the precise formulation of the goal is critical because of the impact it will have” and suggest that the goal should therefore be “initiated” as well as “have direct personal relevance for the client”. Indeed, Olivero, Bane and Kopleman (1997) assert that it is this fulfilment of such personal goals which causes the coachee’s self-confidence to increase. Jinks and Dexter (2012) went even further and suggested that in order to attain improved well-being and enhanced optimal human functioning, such goals need to be intrinsic, authentic, harmonious, flexible, appropriate, and activity orientated. These specific goal-related attributes are reflected throughout the proposed guidelines. Indeed, the strengths based emphasis of this proposed framework is aligned to the four positive psychological theories (cited in Burke, 2018 p.16) “of: strengths theory (Proctor et al., 2011), broaden-and-build theory (Fredrikson, 2001), self-determination theory (Spence and Oades, 2011); and well-being theory (Seligmann, 2011)”, in which Positive Psychology Coaching (PPC) is rooted (Passmore and Oades, 2014).

In aligned research, Kiverstein, Rietveld, Slagter and Denys (2019), concluded that individuals are self-confident when they trust their abilities and surroundings. They asserted that a person will act with self-confidence when they trust their actions will lead to the outcomes they expect. These researchers established that low self-confidence was the result of actions being driven by the fear and anxiety experienced at the anticipation of threat and danger. They suggested that being open to other possibilities for action, and not only those related to fear and anxiety, could enhance self-confidence.

The emphasis placed on focusing the client’s attention away from solution and towards one where strengths can be used to achieve desired goals, resonates strongly with the underlying principles of Cognitive Behavioural Therapy (CBT), Neurolinguistic Programming (NLP), Acceptance and Commitment Therapy (ACT) as well as Positive Psychology, which in turn, reflects the diversity of models used in practice by the executive coach panel members.

### *Home practice*

Sixthly, what may also be of interest to future programme developers is the fact that home-practice was not only identified by experts as an important element of this executive coaching protocol, but all four related items attained a high consensus score. Indeed, recent research findings by Hone, Jarden, Duncan and Schofield (2015) found that of the 10,000 participants in their positive psychology study, those who partook in home practice were 18 times more likely to flourish than those who did not. Further empirical research could assess the transferability of these findings to the context of self-confidence enhancing executive coaching.

Whilst these five highlighted areas may help provide an initial steer to practitioners and facilitators interested in developing the content of a self-confidence enhancing executive coaching programme for application in the workplace, it is also important to acknowledge that the remaining factors and items in the framework are also worthy of consideration and further exploration. In doing so, further empirical research is recommended to test their relevance, as well as transferability.

### **Conclusion**

Although enhanced client self-confidence is a commonly reported outcome of the executive coaching experience, as far as these authors are aware, no scholarly article yet exists which explores the relationship between self-confidence and coaching. In response to calls for best practice guidelines and in an attempt to reconcile this gap in academic literature, this exploratory research study has endeavoured to establish a practical connection between the two within the context of the workplace setting. Despite some of the methodological weaknesses noted, the use of a Delphi study approach not only captures the curiosity, appetite and support which currently exists amongst executive coach practitioners with regards to the exploration of self-confidence within an executive coaching context, but also affords the development of a credible, reliable and valid guidance protocol for use by experienced executive coaching practitioners.

The findings from this study not only provide a platform to synchronise the process through which executive coaches support employees with low self-confidence, but also offers a framework against which programme content and syllabi for the training of executive coaches can be developed. The findings highlight the confusion that currently exists amongst experts with regards to low self-confidence, principally caused in this case, by the disparity of personal opinion and experience. Opportunities therefore exist to untangle this area and definitively identify the factors which affect low self-confidence. In particular, in-depth exploration aimed at clarifying the purpose, antecedents and experiences of low self-confidence, could prove beneficial to resolving this integral piece of the self-confidence puzzle. The developed framework also provides a guiding heuristic for future outcome related research, in order to definitively establish if the variable of an executive coaching intervention can change employee self-confidence. Such validation would prove particularly relevant if the intention is to use coaching to improve and maintain employee psychological wellbeing. In the future, it would therefore be prudent to use this framework as a platform against which to base the systematic exploration of practical and research based executive coaching interventions, in order to build the evidence base to better identify which most enhance self-confidence, for whom and in which circumstances.

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## Part 4:

### Supporting employees with low self-confidence: guidelines and protocol for use by an executive coach

#### Introduction

This practical framework and protocol have been developed by an “expert team” (comprised of 38 executive coaches, academic researchers and coaching clients’). The specific intention of this document is that it acts as a practical guide for executive coaches supporting employees with low self-confidence.

The foundations of the framework were developed from the results of the Stage 1 content and thematic analysis process. For transparency purposes, the results of all 4 stages of the Delphi collaboration process are included.

#### Structure of this document

The framework is presented within the following sections:

- Section 1:** An offered contextual definition of self-confidence
- Section 2:** An exploration of the associated cognitive, behavioural and emotional components of low and enhanced self-confidence
- Section 3:** Contextual elements to consider prior to the implementation of this targeted Programme
- Section 4:** Targeted executive coaching programme protocol

## Section 1: Exploration of a contextual definition of self-confidence

### Offered contextual definition

Whilst numerous definitions of self-confidence have been proposed by academic scholars over the years, to this day, no agreed definition yet exists. Whilst the intention of this study was not to define self-confidence, the following working definition of self-confidence was to the expert panel participants for their consideration and to place the study in context:

Self-confidence is:

“the socially contextualised interrelationship of authenticity, competence and connectedness, influenced by mindset and experienced in the mind, body and emotions. A confident performance is in response to all three components (authenticity, competence and connectedness) occurring, interacting and being positively influenced by an enhancing mindset. Loss of confidence is a reaction to one or more components missing and being negatively influenced by a depreciating mindset.”

Kane, A. (2019). Self-confidence at work; the development of a dynamic conceptual model.

PhD. Kingston University, London.

(Please ensure you use this reference when using this definition).

### Results

Participants were asked in to respond to the question: “To what extent do you believe this definition captures self-confidence?” using a 5-point Likert Scale (where: “1= not at all; 2=slightly; 3= moderately; 4= very close; and 5= completely”). Their responses indicated a strong consensus on agreement (Med=4; IQR=0) with the statement.

However, a number of participants challenged the practicality of the definition, as reflected by the comments such as “I think this definition may be a little too academic and cumbersome for a coaching client - I would potentially break it down and present it in more “accessible language”, and “it’s too long and complicated. It needs to be shorter so that someone can quickly associate with it.”

## Section 2: An exploration of self-confidence

Self-confidence is a peculiar quality, in that we are able to recognise it in ourselves and others, but often struggle to articulate how it is experienced. Hence, the purpose of this section of the guidelines, is to provide an insight into the experience of self-confidence. In addition, it is also anticipated that the content will serve as an exploratory framework against which the executive coach practitioner could gain a shared insight into the client's individual and unique experience of self-confidence.

These results indicated that within the context of executive coaching, self-confidence is often *triggered* and has *cognitive, behavioural and emotional* components. During Stage 2 of the Delphi process, Panel 2 members were invited to rate a number of aligned items, as well as offer additional insight through open field options. On analysis, items which achieved the highest consensus ( $\text{Med} \geq 4$ ;  $\text{IQD} \leq 2$ ) were identified and retained. During Stage 3, those items which scored outside the range boundaries, as well as the newly suggested items, were presented for consideration.

The results of all 4 stages of the process are summarised within the following tables. The Median (Mdn) and Interquartile range (IQR) scores from Stages 2 and 3 are presented in the 4 columns on the right. It was proposed that items with a moderate or strong consensus on agreement (i.e. with a  $\text{Median} \geq 4$  and an  $\text{IQD} \leq 2$  score) be retained, and those with a moderate or strong divergence score (i.e. with a  $\text{Median} \leq 3$  or an  $\text{IQR} \leq 3$ ) be removed from these guidelines.

The items which shaded in "blue", are those which were contested at Stage 3, but their removal was disputed at Stage 4. The removal of the remaining contested items (shaded in "grey") has been agreed by all 38 panel members.

Firstly, in relation to the experience of **low** self-confidence:

	Stage Two N=24		Stage Three N=24	
	Mdn	IQR	Mdn	IQR
2.1 In my experience, <b>low</b> self-confidence is commonly <b>triggered</b> in myself or others by:				
resource constraints (personal) (e.g. self-belief, self-awareness, self- management, self-acceptance, physical/ mental illness, connection, energy, stress, burnout)			4	0
fear (e.g. of failure, others, environment, outcome)			4	0
uncertainty (e.g. of new or complex environments, situations or relationships)	4	1		
a situation similar to one where individual previously felt vulnerable	4	1		
exposure to people of higher status or perceived power	4	1		
threat (e.g. verbal, physical or psychological)	4	1		
needing to perform (e.g. a presentation, within a team meeting, in an assessment process)	4	1		
feeling observed or judged	4	1		
inadequacy (e.g. “imposter syndrome”, underperformance, failure, challenging feedback)	4	1		
past or current relationship issues (e.g. workplace bullying, upbringing, domestic violence)			4	1
past or current performance issues (e.g. series of failures, poor results, negative feedback)			4	1
isolation (e.g. sense of being different to others, excluded)			4	1
lack of autonomy (e.g. told what to do, limited/ no choice)			4	1
life changes (e.g. redundancy, divorce, workplace failure, carer responsibilities, return from maternity, menopause, illness)			4	1
resource constraints (e.g. time, knowledge, preparation, capability, capacity, energy)	3	1	3	1
wanting to impress (e.g. boss, peers, subordinates, assessment panel, clients)	3	2	3	1
the unexpected (e.g. situation, behaviour, outcome)			3	0.5
the personal reputation of another			3	1.5
being around the opposite sex	2	1.25	2	1

2.2 In my experience, the **cognitive** components of **low** self-confidence, commonly presents in myself or others as:

playing out of cognitive distortions (e.g. catastrophising, ruminating, self-comparisons)	4	0		
Indecision (e.g. doubt, uncertainty)			4	0
solution focused thoughts (e.g. to achieve/impress/compensate/ avoid)			4	1
a sense of being more inside my head than in my body	3.5	1	4	1
focused but frantic, blurred thinking	3	1	4	1
questioning of my own resources (e.g. knowledge, capacity, capability, identity, energy, time)	4	1.25		
increased number and loudness of critical/unhelpful thoughts	4	2		
lack of cognitive boundaries			3	0.5
state of cognitive alert			3	1
confusion (e.g. chaotic thoughts, muddled)			3	1
diminished cognitive bandwidth	3	1	3	1
authoritative, demanding voice in my head	3	2	3	1
calculating (e.g. manipulative, devious, deceptive)			2	1

2.3 In my experience, the **behavioural** components of **low** self-confidence, commonly presents in myself or others as:

avoidance of (e.g. places, people, eye contact, contributing, decision-making, performance, meetings/work, speaking, responsibility)	4	1		
vocal (e.g. become quiet, breaking/wobbly voice, over-talk, stutter)	4	1		
hesitant (e.g. become still, procrastinate)	4	1		
become guarded (e.g. protective, self-manage, put a mask on to hide vulnerability from others)	4	1		
seeking (e.g. air, escape, knowledge, guidance, information, reassurance, support, perfection)	4	1		
submissive			4	1
disengaged (e.g. retreat, withdraw mentally, physically and emotionally)	3.5	1	4	1
lethargy (e.g. tiredness, exhaustion, feeling heavy, deflated)			4	1.25
apologising (e.g. say sorry repeatedly)	4	2		
fidgiting (e.g. hands, hair, object)	3	0.25	3	0.25
habitual responses (e.g. played out learning from childhood, social groups, stereotypes, culture)			3	1
tendency to joke			3	1
tendency not to joke			3	1
crying			3	1
illness (e.g. physical/mental)			3	1
exaggeration of own abilities to compensate for insecurity			3	1
bullying of other lower status individual/group			3	1.25
freezing (e.g. rabbit in the headlights', immobile)			3	2
physically shrinking (e.g. slump, droop)	3	1.25	3	1
shut down (e.g. focus inwards, stop hearing)	3	2	3	1
defensiveness (e.g. lash out verbally or physically, deflect, project)	3	2	3	1
dissociated (e.g. from the present, the outside world, others, own body)	3	2	3	1
movement (e.g. become clumsy, pace, move aimlessly about, stumble)	2.5	1	2.5	1



2.4 In my experience, the **emotional** components of **low** self-confidence, commonly presents in myself or others as:

nervousness (e.g. tense, uneasy, unsure, unstable)	4	0.2!		
doubt (e.g. hesitant, uncertain)	4	1		
inadequacy (e.g. incapable, unworthy)	4	1		
low mood (e.g. depressed, pessimistic, sad)	4	1		
irritability (e.g. reactive, defensive)			4	1
embarrassment (e.g. humiliation, shame)			4	1
doubt (e.g. insecure, uncertain)			4	1
vulnerability (e.g. awkward, uncomfortable, insecure)	4	1.2!		
helplessness (e.g. stuck, restricted, powerless)	4	1.2!		
isolation (e.g. alone, lonely, solitary)	3	1	4	1
depletion (e.g. diminished, debilitated, limited)	3	2	4	1
fear (e.g. frantic, overwhelmed, terror)	3.5	1	3	1
panic (e.g. anxiety, confusion)	3	1	3	1
aggression (e.g. defensiveness, anger)			3	0.25
judgemental (e.g. critical, blame)			3	1
hate			3	1

2.5 In my experience, the **bodily sensations** associated with **low** self-confidence, commonly presents in myself or others as:

knots in stomach	4	0		
tension (e.g. neck, shoulders, jaw)	4	0		
heart beating fast			4	1
blushing (e.g. flushed, blotchy face/neck)			3	0
a plummeting sensation	3	1	3	1
shaking (e.g. hands, legs, head)	3	1	3	1
heart beating loudly in head	3	1.25	3	1
breath restricted, short, quick, high in chest	3	2	3	1
flaccidity in musculature, including a slumped spine			3	1
tension/ aching in body			3	1
dry mouth/ difficulty swallowing			3	1
sweating			3	1.25
niggling sensation in chest	2.5	2.25	3	1.25
shallow breathing			3	2
nausea			2	1
dizziness (e.g. head spinning, blood rush to head)			2	1
feeling cold			2	1

2.6 In my experience, the **purpose** of **low** self-confidence is to enable myself or others to:

self-protect (e.g. safety, prioritise self, dissociate from others, seek reassurance/ guidance from others)	4	1		
avoid becoming egotistical			3	1
avoid harm (e.g. physical, emotional or reputational) to self or other	3.5	1	3	2
evaluate (e.g. enquire, seek alternatives, assess, consider, determine)	3	1.25	3	1
acquire flexibility (e.g. in thinking and behaviour)	2	1	3	1
perfect (e.g. practice, learn, adapt, grow)	3	2	3	2
avoid negative feelings (e.g. embarrassment, humiliation, rejection, shame)	3	2	2	1
retain self-respect (e.g. dignity, self-belief)	3	1.25	2	1
focus (e.g. in thinking and behaviour)	2.5	2	3	1.25

Now considering **enhanced** self-confidence...

	Stage Two		Stage Three	
	N=24		N=24	
	Mdn	IQR	Mdn	IQR
2.7 In my experience, <b>enhanced</b> self-confidence, is commonly triggered in myself or others by:				
belief in one's-self (e.g. congruence between self-belief and the demands of the challenge)	5	1		
certainty, safety, familiarity (e.g. in environments, situations or relationships)	4	0.25		
positive feedback (e.g. from others, self-evaluations, perceived success)	4	0.5		
assuredness (e.g. of own competence and resources, of prediction of success)	4	1		
desire (choice or determination) to attain an outcome	4	1		
commitment to stretch self to acquire new learning	4	1		
supportive self-narrative (e.g. "voice in your head being on your side"; internal dialogue says "I can do this")	4	1		
alignment between thoughts, feelings and behaviour (e.g. quite thoughts, absence of fear, no debilitating doubt)	4	1		
reaffirming (e.g. recalling, reviewing, feedback)			4	1
compassion (from self and others)			4	1
extroverted personality and externalised thinking style			3	0

2.8 In my experience, the **cognitive** components of **enhanced** self-confidence, commonly presents in myself or others as:

belief and assuredness in own capabilities			4	0.25
attentiveness (e.g. moment to moment awareness, focus, clarity)			4	0.25
recognition that small behavioural steps can move us towards who we want to be			4	0.25
open minded (to options, choice, possibilities, perspectives)	4	0.5		
limited mind chatter, commentary, noise in my head	4	1		
consideration (e.g. assess, deliberate, decide)	4	1		
a mind that is curious, creative, inquisitive, interested	4	1		
curiosity (i.e. willingness to experience unhelpful mental content without judgement)			4	1
compelling visualisations of potential outcomes			4	1
a voice in my head which is on my side	4	2		
absence of cognitive distortions (i.e. no worries, no overthinking, no catastrophising)	4	2		

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2.9 In my experience, the **behavioural** components of **enhanced** self-confidence, commonly present in myself or others as:

being “at one” (e.g. embodied, strong sense of self, authentic)	5	1		
self-reliant (e.g. solid, trusting of self)	5	1		
construct (e.g. create, develop)	4	0		
movement (e.g. towards what's important, despite unhelpful thoughts)			4	0.25
performance (e.g. do, act)	4	1		
adventurous (e.g. take risks, explore)	4	1		
persistent (e.g. tenacious, pursue)	4	1		
protective (e.g. avoid, boundaried)	4	1		
flexible (e.g. agile, adaptable)	4	1		
purposeful (e.g. focused, determined, progressive)	4	1		
connected (e.g. to self and others, belong)	4	1		
challenging (e.g. intervene, speak up)	4	1		
growth (e.g. develop, knowledge)	4	1		
lead (e.g. aspirational, impactful, empower)	4	1		
communicative (e.g. explain, express, strong voice)			4	1
energised (e.g. excited, enthusiastic, willing)			4	1
verbalising (e.g. strong voice, express)	4	1.25		
observant (e.g. attentive, listen, aware)	4	1.25		
trusting (e.g. of others, resource, outcomes)			4	1.25
courageous (e.g. daring, brave)	4	2		
physically expand (e.g. become taller, strong posture)	4	2		
playful (e.g. humorous, make jokes)	3	1	3	1

2.10 In my experience, the **emotional** components of **enhanced** self-confidence, commonly present in myself or others as:

authentic (e.g. aligned, assured)	4	1		
accepted (e.g. welcomed, included)	4	1		
heightened mood (e.g. alive, positive)	4	1.25		
at ease (e.g. relaxed, calm)	4	0.5		
unrestricted (e.g. fluid, expansive)	4	1		
tenacious (e.g. determined, compelled)	4	0.5		
assertive (e.g. firm, assured)	4	1.25		
non-judgemental (e.g. trusting, open)	3.5	2	4	1.25
creative (e.g. expressive, imaginative)	4	1		
passionate (e.g. desire, excitement)	4	1		
expert (e.g. knowledgeable, competent)	4	1.25		
calm (e.g. comfortable with ambiguity, open to possibility)			4	1
compassionate (e.g. empathetic, inclusive, supportive)			4	2
empowered (e.g. capable, fearless)			4	0.25
strength (e.g. robust, grounded)			4	1

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2.11 In my experience, the bodily **sensations** associated with **enhanced** self-confidence, commonly presents in myself or others as:

strong sense of self	4.5	1		
embodied	4	1		
stability and calmness	4	1		
bigger	4	1		
eye contact (i.e. intentional and increased)			4	1
deep relaxed breathing			4	1
connected to strong core / grounded feel to the lower body and pelvis			4	1
excited (e.g. buzzing, increased positive energy)			4	1.25
walk taller with straight back			4	2
"tingling of excitement"	3.5	1	3	1
"giddiness of possibility"	3	2	3	1

2.12 In terms of its **purpose, enhanced** self-confidence enables me or others to:

connect (e.g. to self and others, belong, contribute)	4	1		
act (e.g. take risks, step forward, step up)	5	1		
lead (e.g. influence, motivate)	4.5	1.25		
engage (e.g. with what is, stay in the stretched zone)	4	1		
overcome (e.g. failure, stressors, pressures)			4	1
develop (e.g. resilience, learning, managed vulnerability)			4	1
attain (e.g. purpose, potential, outcomes)			4	1
attempt (e.g. participate, try, endeavour)			4	1



### Section 3. Contextual elements to consider prior to the implementation of this targeted programme

A number of contextual factors (relating to the programme aims, differentiating aspects, coach qualities and environmental conditions) were identified for consideration by the practitioner, prior to the implementation of this targeted executive coaching programme. These items, with their related scores, are presented in the following tables.

	Stage Two		Stage Three	
	N=24		N=24	
	Mdn	IQR	Mdn	IQR
3.1 Given that the overall purpose of this executive coaching programme is <i>“to support an employee to enhance his/her self-confidence”</i> , the associated <b>aims</b> should be to develop the client’s...				
understanding of how own internal state is impacted by different contexts			5	0
permission to self to embrace and practice new thinking and behaviours	5	0.25		
awareness, acceptance and compassion for self and others			5	0.25
understanding of the concept of self-confidence	5	1		
ability to conceptualise, develop and take ownership of own self-confidence development	5	1		
psychological and behavioural flexibility	5	1		
competence in applying multidisciplinary approaches to address current and future self-confidence issues	5	1		
ability to apply programme content to support self-development in other priority areas of life (e.g. work/ career, relationships, health/wellbeing)	5	1		
ability to experiment with self-identified behavioural changes			5	1
ability to evaluate relational dynamics			4	1

3.2 As an enhanced executive coaching experience, the following differentiating aspects of this programme should be **emphasised**:

personalised content and home-practice, targeted to address the particular needs of each individual client	5	0		
personal empowerment (e.g. reinforced through the learning and skills acquired from the repetition of guided elements within the coaching session; as well as ownership of self-learning and home-practice)	5	1		
ethos of an “adult to adult” relationship (e.g. based on mutual expectations of commitment, support, trust, safety and challenge)	5	1		
deliberate application of related multidisciplinary approaches (e.g. ACT, self-compassion, meditation and mindfulness)	5	1		
purposeful orientation towards behavioural outcomes	4.5	1		
emphasis on personal profiling, assessment and evaluation	4	1		
responsive, flexible ethos of the programme driven by the client’s position in the coaching relationship as “expert of self and context”			4	1
robust design methodology based on empirical research	4	2		

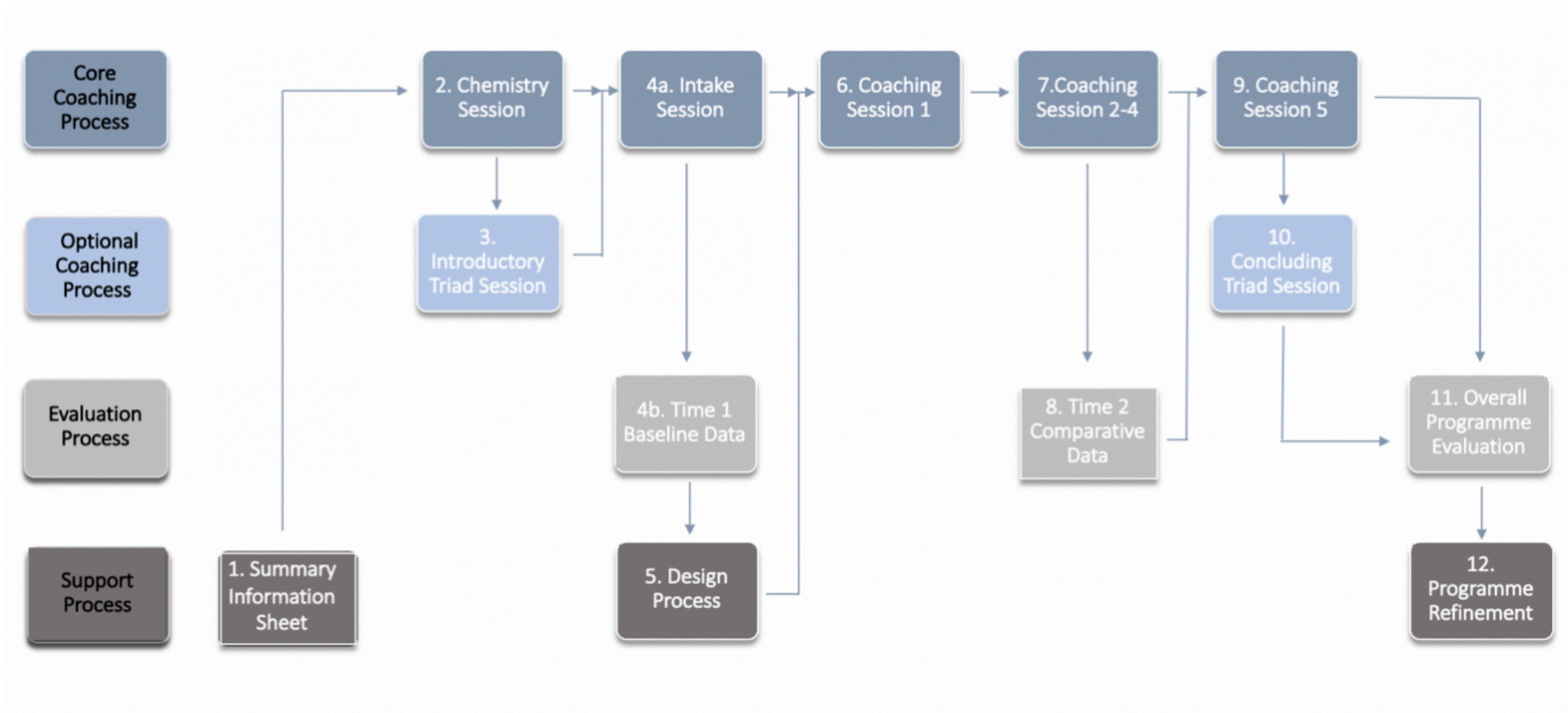
3.3 To deliver this enhanced executive coaching programme effectively, <b>the Coach</b> should be:				
authentic (e.g. vulnerable, transparent, genuine, human, honest)	5	0		
skilled (listens deeply, instinctive, resourceful, challenging, agile, learning-orientated)	5	0		
observant (e.g. perceptive, aware, attentive, curious)	5	0		
professional (e.g. prepared, conscientious, committed, punctual, boundaried, ethical, supervised)	5	0		
flexible (e.g. agile, responsive)			5	0
trustworthy (e.g. builds rapport, considerate, collaborative)			5	0
present (e.g. alert, in-the-moment)			5	0
balanced (e.g. calm, centered, solid)	5	0.25		
compliant (e.g. adhere to legislative and insurance and policy (e.g. safety; lone working) requirements)			5	0.25
confident (e.g. assured, purposeful, strong sense of self, wholesome, genuine)	5	1		
expert (e.g. experienced, knowledgeable, equipped, communicative, accredited)	5	1		
robust (e.g. strong, resilient, mature)	5	1		
challenging (e.g. courageous, objective, independent)	5	1		
nurturing (e.g. kind, generous, respectful, inviting, compassionate, empathetic, guiding, demonstrates unconditional positive regard)	5	1		
compelling (e.g. inspirational, inspiring, empowering, positive)	4	1		
3.4 If the executive coaching sessions are to be held <b>face-to-face</b> , the <b>physical environment</b> should:				
be private (e.g. solid rather than glass walls (so not overlooked), protected from disturbance (e.g. noise, intrusion, interruption), sound-proofed)	5	1		
be resourced (e.g. comfortable seats, spare chair, stationary, water, table, clock)	5	1		
be appropriate (e.g. accessible, clean, free of imposing obstacles (e.g. boardroom table), space for exercises)	4.5	1		
replicate that essence of making the client feel held (e.g. warm, safe, neutral, inviting, natural light)	4	1		
accommodate the location/medium requests of the client (e.g. café, hotel lobby, open air, office, telephone)			4	1

3.5 If the executive coaching sessions are to be held **remotely** (e.g. phone/skype), the **physical** environment should:

include a reliable phone line/ Wi-Fi connection	5	0		
be private (e.g. solid rather than glass walls (so not overlooked), protected from distractions (e.g. noise, intrusion, interruption), sound-proof)	5	0.25		
if held by video link, have an appropriate background which is free from distractions	5	1		
adhere to legislative and insurance and policy (e.g. safety; lone working) requirements			5	1
have a pre-agreed back-up communication channel available, in event primary connection method proves unreliable			5	1
be resourced (e.g. comfortable seats, spare chair, stationary, water, table, clock)	4	1		
replicate that essence of making the client feel held (e.g. warm, safe, neutral, inviting, natural light)	4	1		
be appropriate (e.g. accessible, clean, free of imposing obstacles (e.g. boardroom table), space for exercises))	4	2		

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Figure 1: Summary process map of targeted executive coaching programme protocol



#### Section 4: Targeted executive coaching programme protocol

(i) **Overview**

This proposed targeted executive coaching protocol, designed to support employees with low self-confidence, is comprised of four fundamental processes containing 12 interrelated programme elements. These are summarised in Table 1 below and presented as a flow chart in Diagram 1.

**Table 1: Summary of component processes and related protocol element**

Process	Protocol element
Core Coaching Process	Coaching elements (x5)
(Optional Coaching Process)	Introductory and Concluding Triad Session with internal Organisational Sponsor (x2)
Evaluation Process	Identification and evaluation of T1 Baseline and T2 Comparative Evaluation Data (x3)
Support Process	Supporting Administrative Processes (x3)

(ii) Purpose of each protocol element

Each of the 12 interrelated elements serves a unique purpose within the programme, as summarised below:

4.1	Summary information sheet	to clarify the differentiating factors associated with this executive coaching programme,
4.2	Chemistry session	to establish if the coach and client can and should work together
4.3	Introductory triad session	to reach agreement with the organisational sponsor on the overall process goal and to identify internal mechanisms to support the client's self-confidence development
4.4a	Intake session (including	to confirm "coaching agreement" details as well as...
4.4b	T1 baseline evaluation)	undertake the baseline "Time 1" personal evaluation process
4.5	Design process	to produce an individually tailored "personalised self-confidence coaching programme pack" and a "coaching agreement"
4.6	Coaching session 1	to commence the tailored coaching process
4.7	Coaching session 2-4	to continue the tailored coaching process
4.8	T2 comparative evaluation	to complete "Time 2" of the personal evaluation process
4.9	Coaching session 5	to conclude the tailored coaching process and review client's overall progress within the programme, orientate the client towards additional learning resource and support
4.10	Concluding triad session	to review the client's progress with the organisational sponsor against programme goals and explore ongoing developmental opportunities
4.11	Overall programme evaluation	to evaluate the impact of the programme on both the client as well as the organisation
4.12	Programme refinement	to continuously improve the programme offering by amending and developing the material and process in response to evaluation results and feedback provided

(iii) The 12 elements and related items

	Stage Two N=24		Stage Three N=24	
	Mdn	IQR	Mdn	IQR
<b>4.1 Summary information sheet:</b> Given that the purpose of the “summary information sheet” is to “clarify the key elements and differentiating factors associated with this executive coaching programme”, the following elements should be explained:				
origins, purpose and aims	5	0		
key elements of the “coaching agreement” (e.g. confidentiality; mutual expectations; payment structure; Code of Ethics followed etc)	5	0		
time commitment and personal capacity required to maximise gain	5	0.25		
static (structure, duration) and tailored (content and personal practice) elements of the programme	5	1		
evidence of the effectiveness and impact of the programme (individual and organisational level)	5	1		
competence and expertise of the coach	5	1		
contact details for further information			5	1
processes (to engage; access additional therapeutic support; suspend; or withdraw from the programme)			5	1
typical outcomes (individual and organisational) to expect	4.5	1		
the experience of executive coaching (e.g. difference between coaching, mentoring and therapy; coaching mediums; premise; rhythm; conditions; typical outcomes)	4	1		
difference between a typical coaching experience and this targeted programme	4	1		
suitability (who it is for/ who it is NOT for)	4	1		
introductory reference material on workplace coaching/ self-confidence	4	1		
purpose and examples of the multidisciplinary home-practice methods	4	2		
typical challenges to expect as a programme participant and approaches to overcome	4	2		
additional support available (e.g. resource library; therapeutic support links; multidisciplinary training programmes)	4	2		



	Stage Two		Stage Three	
	N=24		N=24	
	Mdn	IQR	Mdn	IQR
<b>4.2a. Chemistry session:</b> With the purpose of the “chemistry session” being “to establish if the coach and client can and should work together" the associated <b>aims</b> should be to develop the client’s awareness of the...				
conditions of confidentiality	5	0		
programme overview (e.g. origins, purpose, structure, content (static and tailored elements) potential timelines; fees; etc)	5	1		
experience of working together in this coaching relationship			5	1
their position in the relationship as “expert of self and context”			5	1
of their right to not progress with the programme, without explanation			5	1
responsive and flexible nature of the coach, programme content and home practice			5	1
coaching experience and the associated rhythm	4.5	1		
typical challenges experienced	4	1		
typical outputs experienced	4	1		
overview of the concept of self-confidence	4	1		
outcomes achievable			4	1
gifts, skills, style and approach brought by the coach			4	1
assessment/evaluation methods and processes used	4	1.25		

	Stage Two		Stage Three	
	N=24		N=24	
	Mdn	IQR	Mdn	IQR
<b>4.2b. 'Chemistry session outputs'</b> could be an understanding of the client's preferences (e.g. for delivery medium (e.g. face-to-face or remote), timing, methods for home-practice)	5	0.25		
ability/inability to undertake the programme	5	1		
confirmation of participation (or not)	5	1		
physical/ mental health challenges that need to be accommodated within the design of their programme			5	1
goal for the whole process (and if possible primary topic or area of interest)	4.5	1		
personalised key drivers to behavioural change	4.5	1.25		
organisational context and related systemic challenges	4	0.25		
current career status and aspirations	4	1		
experience of self-confidence (e.g. areas where it is enough and those where it needs to develop)	4	1		
need for further reflection (e.g. of the programme, connection with the coach)			4	1
relational/attachment style (e.g. ego state/characterological operation)			4	1
previous experience of coaching, mentoring and therapy	4	1.25		
desire to attain something different	4	2		

	Stage Two		Stage Three	
	N=24		N=24	
	Mdn	IQR	Mdn	IQR
<b>4.3. Introductory triad session:</b> With the purpose of the “introductory triad session” being “to reach agreement with the organisational sponsor on the overall coaching goal, as well as identify internal mechanisms to support the client’s self-confidence development”, the associated outputs should be that the coach also has...				
explored the conditions of confidentiality and obtained agreement with the client on the appropriate level of feedback to be offered to the organisation’s sponsor	5	0		
confirmed the existence of a supportive and transparent relationship between the client and organisation’s sponsor	5	1		
confirmed the timing, duration and location of programme coaching sessions	5	1		
confirmed potential internal support mechanisms (e.g. protected time, reduced workload, practice opportunities, additional internal training, peer mentor, sponsorship)	5	1		
confirmed the process associated with securing proposed internal support and associated timelines	5	1		
accessed/obtained supporting documentation (e.g. 360 feedback, PDP objectives)	4	1		
advised the organisation’s sponsor of the possibility that the client may leave the organisation			3	2

	Stage Two		Stage Three	
	N=24		N=24	
	Mdn	IQR	Mdn	IQR
<b>4.4(a &amp; b). Intake session and T1 baseline evaluation:</b> With the purpose of the “intake session” being to “to confirm details which will inform both the “coaching agreement” as well as undertake the baseline “Time 1 personal evaluation process” the associated <b>outputs</b> should be that the coach also has...				
established a partnership relationship with the client	5	0.25		
clarified specific elements of the “coaching agreement” (e.g. dates and times for each coaching session, rhythm, medium, location, fees, payment process)	5	0.25		
clarified the primary coaching topic/area of interest associated with client’s low self-confidence	5	1		
resolved any outstanding queries relating to the programme (e.g. format, content, support, timing, fees)	5	1		
identified factors which may enhance the client’s ability to practice new learnings	5	1		
completed the “Time 1 personal assessment process”	5	1		
assessed the client’s ability to access additional resource and support (e.g. both within the workplace and external)	5	1		
identified the key drivers to enable personalised behavioural change	5	2		
identified factors which may hinder the client’s ability to practice new learnings	4	1		
signposted how an in-depth exploration of the client’s experiences of low self-confidence will occur within the programme			4	1
provided an in-depth explanation of the static and tailored programme components	4	2		

	Stage Two		Stage Three	
	N=24		N=24	
	Mdn	IQR	Mdn	IQR
<b>4.5a. Design process:</b> In addition to the standard elements included in an executive coaching contract, the “coaching agreement” should also include information on the:				
personal commitment and capacity required from the client to maximise their gain from the programme	5	0		
origins, purpose, aims of this tailored executive coaching programme	5	1		
additional support available from within the organisation	5	1		
flexible and responsive nature of the programme elements (e.g. material, packs, sessions and framework) to align with the needs of the individual client			5	1
additional support included external to the programme	4	1		
personalised outcomes to be expected	4	1		
<b>4.5b. Personalised self-confidence coaching programme pack:</b> should include detailed information on the...				
origins, purpose, aims of this targeted self-confidence enhancing programme	5	1		
time and personal commitment required from the client to successfully complete the programme	5	1		
confirmation of the primary topic/area of interest concerning client’s own low self-confidence	5	1		
static, tailored and flexible programme elements	4.5	1		
difference between a typical workplace coaching experience and this targeted self-confidence enhancing programme	4	1		
effectiveness and impact of the programme at an individual and organisational level	4	2		
multidisciplinary nature of the methods/frameworks and interventions used within the coaching and home-practice elements	4	1		
outputs of the “intake assessment processes”	4	1		
key drivers to the achievement of desired mindset and behavioural change	4	1		
purpose of the “reflection” and “noticing “elements which underpin the framework of the client’s reflective journal			4	1
typical challenges to expect during the duration of the programme and methods to overcome them	4	1.25		

	Stage Two		Stage Three	
	N=24		N=24	
	Mdn	IQR	Mdn	IQR
<b>4.6 Coaching session 1:</b> With the purpose of “coaching session 1” being “to commence the tailored coaching process”, the associated outputs should be...				
session 1 coaching objectives set (and achieved, if appropriate)	5	0		
“coaching agreement” discussed and signed by both parties	5	1		
client’s own lack of self-confidence explored and key drivers for behavioural change identified	5	1		
progress/achievements from coaching session noted	5	1		
key themes associated with low self-confidence explained (e.g. experienced by most people; often triggered; an interplay between our cognitive behavioural and emotional experiences; associated with sensations in our bodies; purposeful)	5	1		
outputs of the “personal assessment processes” (including e.g. 360/PDP/T1 baseline data) discussed	5	2		
context of the programme reinforced by deliberately exploring the concept of lack of self-confidence	4	1		
detailed career journey (i.e. to date and future aspirations) completed	4	1		
home-practice element discussed, barriers to success explored and associated deliverables confirmed	4	1		
reflective journal practice method introduced	4	1		
contents of the “personalised self-confidence coaching programme pack” reviewed	4	1.5		

	Stage Two		Stage Three	
	N=24		N=24	
	Mdn	IQR	Mdn	IQR
<b>4.7. Coaching sessions 2-4:</b> With the purpose of “coaching sessions 2-4” being “to continue the tailored coaching process” the associated <b>outputs</b> should be...				
appropriate adjustments to the programme content made in light of the feedback provided	5	0		
challenges/achievements from preceding coaching session and associated home-practice (as noted in client’s reflective journal) discussed	5	0.5		
objectives for current coaching session set (and achieved, if appropriate)	5	1		
in balanced alignment with client’s personal resources, the content and related practice elements deliberately “scaled up” into stretched zone	5	1		
<b>4.8. “Time 2” comparative evaluation data:</b> With the purpose of the “Time 2 evaluation” being “to complete “Time 2 of the personal evaluation process” the associated outputs should include...				
completion of reflective review summary (by coach and client) of triumphs and challenges experienced throughout the programme journey	5	0.5		
completion of “Time 2 personal assessment process” measures	5	1		
<b>4.9. Coaching session 5:</b> With the purpose of “Coaching session 5” being “to conclude the tailored coaching process, review client’s overall progress within the programme and orientate the client towards additional learning resource and support”, the additional <b>outputs</b> for this particular session should be...				
next steps (personal and workplace) discussed and required support identified			5	0
coach and client’s reflective review summaries discussed	5	0.5		
outcomes of the “Time 2 personal assessment” reviewed and identified changes explored	5	1		
guidance provided to support the client to develop their summary presentation at the concluding triad session (to include e.g. summary of reflective review, “Time 2” assessment outcomes, highlights/challenges, experience in developing and embedding their self-confidence)	5	1		
overall effectiveness of the programme confirmed			5	1
client’s experience of the internal workplace support provided (e.g. protected time, reduced workload, practice opportunities, additional internal training, peer mentor, sponsorship) explored			4	1

	Stage Two		Stage Three	
	N=24		N=24	
	Mdn	IQR	Mdn	IQR
<b>4.10. Concluding triad session:</b> With the purpose of the concluding triad session being “to review the client’s progress with the organisational sponsor against the original programme goal and explore ongoing developmental opportunities”, the additional outputs for this particular session should be...				
review of client’s summary presentation detailing their experience of the programme	5	0		
recognition and celebration of the accomplishments achieved	5	0		
client’s reflections on concluding triad session explored	5	0		
challenges explored and discussed	5	0.5		
confirmation of ongoing internal support mechanisms to be provided	5	1		
personalised priority next steps and supporting action plan completed	5	1		
collective agreement on next steps (personal and workplace, as appropriate) reached	5	1		



#### 4.11: Overall programme evaluation

In order to assess the return on investment and the impact of the programme a number of tools and approaches were suggested by participants for use within this programme for such evaluative purposes. Please bear in mind that these have **not** been evaluated by the researchers as appropriate for use.

- A. To evaluate the impact and effectiveness of the programme on the **client**, the following measures/ tests/ psychometrics could be considered to establish Time 1 and Time 2 comparative evaluative data.

personal life and career journey	timeline, mind-maps
personality	MBTI, Hogan, DISC, WAVE
strengths and weaknesses	Wave, 360 process, SCARF Model
wellbeing	GHQ 12, WEMWBS, FFMQ, SMBQ
confidence	PEI
resilience	MTQ48
appetite for risk	Risk Type Compass
emotional intelligence	Emotional Intelligence Traits Questionnaire, Roche Martin Emotional Capital Reports

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- B. To evaluate the impact and effectiveness of the programme on the **organisation**, the following measures/tests/psychometrics could be considered to establish Time 1 and Time 2 comparative evaluative data.

evaluation framework	Kirkpatrick Four-Level Training Evaluation Model
performance data	PDP, 360, KPI's, Balanced Score Card, line manager review
impact on business	Sherpa Method
personal network	mapping of connections developed both within and external to organisation
internal measures	well-being data, engagement data, personal impact/career progression evidence

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#### 4.12 Programme refinement

In order to continuously improve this programme offering, it is suggested that executive coaches who apply this framework continuously collate and respond to the evaluation results and feedback they obtain, in order to proactively improve the material and associated process.

## Part 5:

### Reflective review: Personal experience of undertaking the professional doctorate in occupational and business psychology

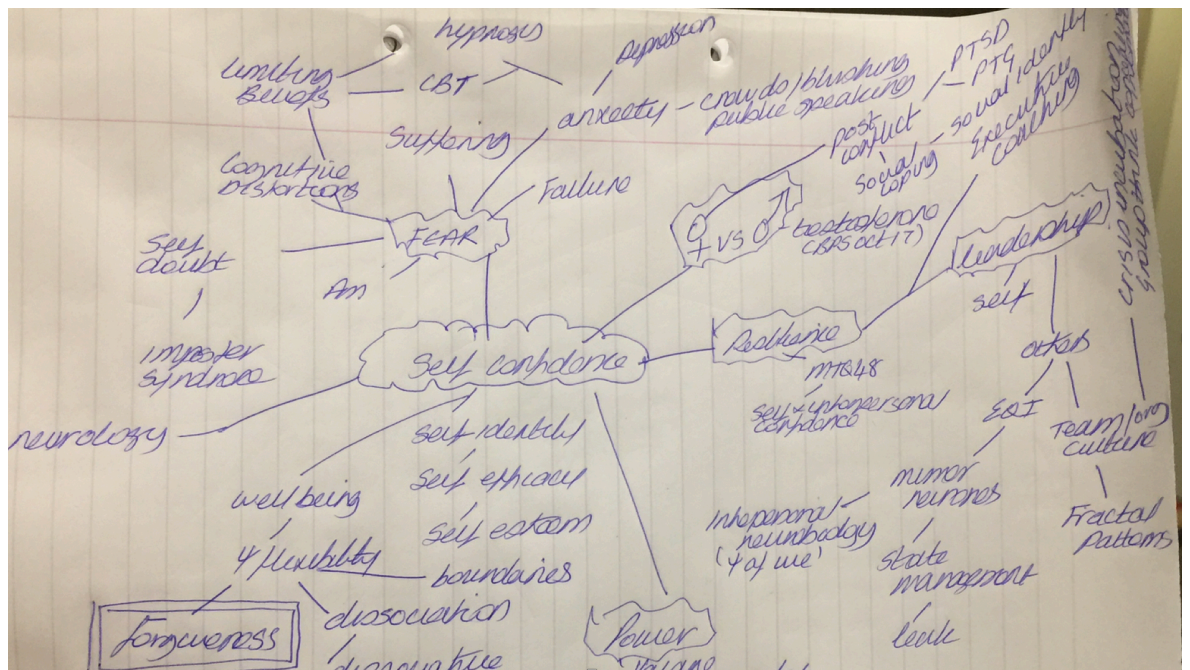
#### Stage 1: Scoping of research ideas

**Related questions:** Background. How did your ideas change during this stage? What challenges did you face and how did you overcome them? What would you do differently?

I was motivated to apply for a position on this Professional Doctorate in Occupational and Business Psychology because both personal and professional interests had aligned to make me particularly curious about the area of self-confidence and extremely motivated to understand the construct more. During the accreditation process for both my first coaching and NLP qualifications, over 15 years ago, I was first introduced to the concept of limiting beliefs. From then, through my practice as an executive coach working with senior global leaders from a diverse range of industry sectors, I became increasingly aware of how an individual's self-narrative and belief system impacted the attainment of their desired behavioural outcomes. Three years ago, I began to exclusively coach and train business leaders in Northern Ireland. During this time, I found myself repeatedly struck by the generality of a conforming and self-depreciating self-narrative (e.g. "you need to be a good girl"; "don't you be getting too cocky young lad"; "who do you think you are"; "you'll never amount to more than cleaning the streets") that I was hearing in this particular population, compared to those individuals I coached on a global basis. When I received confirmation that I been accepted onto the Professional Doctorate Course, I was hopeful that I might have the opportunity to research an area that I believed could perhaps help enhance the personal potential of individuals, particularly those in Northern Ireland.

I came away from the first day of the course (21/9/19) feeling both excited and fearful in equal measures. Having been asked to explore our research topic ideas with a colleague, I struggled to articulate which aspect of self-confidence I really wanted to explore further. On

the flight home, I found myself creating a mind map, following a suggestion made by Jo and Rachel. As the map evolved over the following few days, I was able to capture and connect the interrelated areas that I associated with self-confidence, in a way which started to bring clarity to my disordered thinking.



As I began to read academic papers, research ideas started to evolve more. One of the first papers I came across was by Cummings et al., (2013) which explored the impact of political violence and sectarianism in N. Ireland on emotional insecurity in children. I found absolutely fascinating. Many of the outcomes noted (e.g. “I am nervous in new situations. I easily lose confidence”) were reflective of my own personal experience as well as my recent observations of leadership populations.

At that time, I was also interested in the concept of hardiness, as I was personally involved in a project exploring how to build a more resilient society in Northern Ireland. My exploratory reading then took me down the avenue of exploring the relationship between self-confidence, mental toughness and resilience. On reading the paper by Lin, Lin, Mutz, Clough and Papageorgiou (2017) I was particularly drawn to their assertions that the difference between mental toughness and hardiness was, quite simply, “confidence in own abilities”, as well as their assertions that mentally tough individuals have “problem orientated coping skills.” At that point I then considered undertaking, as my research study, an exploration into the relationship between confidence in own abilities (CiOA) and mental

toughness. In tandem, I read the paper by Grant, Curtayne and Burton, exploring the relationship between executive coaching and resilience and was excited by their conclusions that executive coaching “helped increase self-confidence” and “increased resilience and workplace well-being”. I immediately felt that I could perhaps link self-confidence, mental toughness and executive coaching in some way, as my research study. This article also reintroduced quantitative analysis to me, and I noted at the time that it made “a really interesting research tool – for me?”

Around the same time, I attended a lecture by Prof. Les Greenberg on Emotion Focused Therapy and was blown over by the empirical research substantiating the effectiveness of the approach on victims of trauma. I also realised that the “mental act” of forgiveness somehow linked to limiting beliefs and being stuck in an unhelpful self-narrative. I then got excited as to how I could use “forgiveness” within a coaching context, to help individuals who grew up in “The Troubles”, change their limiting self-narratives and become more resilient. After reading The Road to Forgiveness paper by Fehr, Gelfand and Nag (2010), I quickly came to the realisation that I was more drawn to exploring the impact of an intervention at the level of the individual, rather than at an organisational level.

Whilst doing this reading, I was working full time as a Programme Director at the William J Clinton Leadership Institute at The Queen’s University, Belfast. Within this role, I was responsible for the design and delivery of a range of leadership development programmes, including a modular women’s leadership programme (“Grit and Grace”). As the most common outcome identified in the qualitative intermediate and post-programmes evaluations was “increased self-confidence”, I also wondered if I could use this programme as an opportunity to run a randomised wait-listed control trial to establish the efficacy of the programme and perhaps the mediators and moderators of self-confidence. However, despite the favourable feedback the programme enjoyed, I was aware that I was becoming increasingly uncomfortable at running a “women only” programme, that in its own way, contributed to the continuance of segregation in Northern Irish society. Hence, at almost eight months into this Professional Doctorate course, I decided to stop delivering the programme and so could no longer pursue this avenue for research purposes.

On reading the Grant (2017) paper on solution-focused cognitive behavioural coaching, I notice how excited I felt upon reading the article. When I subsequently started applying their proposed quadrant model in my own coaching practice, the outcomes that my clients subsequently gained were so positive, that I concluded that I did want to undertake research that somehow connected the area of self-confidence and the medium of executive coaching as my research study. I felt really content and reassured, that I had reached the right decision.

Whilst in effect I had come right back to my original idea, (of somehow combining executive coaching and self-confidence,) I was really appreciative of the opportunity we had been given to explore and test out alternative ideas. Such an opportunity enabled me to conclude with conviction, that I wanted my research study to, in some way, combine these two areas. Despite the delight of having now come full circle in my thinking, I did also feel unsure, as I had no idea as to the form the study would take. Whilst undertaking my SLR, I became more aware of the misunderstanding and confusion that sits around the construct of self-confidence and such confusion made it more difficult for me to identify an approach that I could effectively use to undertake my research that aligned with my perspective of reality. In September 2018, Jo and Rachel suggested I consider using a Delphi study methodology. Having never heard of the approach before, I read a number of Delphi based academic papers as well as published guidelines to the approach. On finding, that as a methodology, it is “particularly suited for areas where controversy, debate or a lack of clarity exist” (Hasson et al., 2000), I immediately felt relieved that I now had an approach which I felt was appropriate for use with the “muddied” construct of self-confidence.

Overall, I found the exploratory phase of the Prof Doc process extremely helpful and confirmatory. Having limited previous experience of undertaking research studies, I particularly enjoyed the opportunity to read a diverse range of papers and start to familiarise myself with the structure of the papers, particularly the research methodology and statistical methods used. I was surprised to find how indulgent and delightful I found the opportunity to acquire such knowledge through reading.

However, in terms of challenges, I did also feel quite vulnerable during this phase. I think mainly because, over the years, I had learnt to be very procedural and time-bound in my approach to my working life. And so, the freedom offered to us at this exploratory phase felt very unfamiliar. I did feel a constant vulnerability, as I continuously questioned myself as to whether I was on the right track with the material I was reading, or indeed if I was adhering to appropriate milestones and timescales. If I were to go through this process again, I would worry less about being on track and relieve myself of that pressure and stress. Instead, I would just enjoy the autonomy, adventure, freedom and delight of this phase of the process.

A significant challenge during this phase concerned my ability to deliver on existing established commitments. With working full time in a very pressured role, combined to my responsibilities as a family member, meant that I struggled to protect time to study. I constantly felt that I was compromising everyone I was responsible for. In the end, the only space I could find where I didn't feel guilty was either very early in the morning, very late at night, or weekends. The reality of the enormity of what I had taken on hit me hard and I did consider walking away from the process. As our cohort was newly formed, I felt uncomfortable asking others in my group if they were also having the same experience, and so just got on with it. In hindsight, I wished I had reached out to the group earlier and sought their support. I also wish I had continued to prioritise the check-in calls we had begun to set-up as a group, but for whatever reason, never really got established. With the next cohort of the course, I would suggest that if the first introductory session could begin with an afternoon "meet and greet" followed by an evening dinner, before the first structured group session day, it might afford the opportunity for participants to connect in with each other informally. In doing so, it may accelerate the "forming and norming" elements of the group formation process, and further maximise the opportunity afforded by the peer support element of the programme.

Almost a year into the programme, in August 2018, after consultation with my family, I came to the decision that in order to commit to the hours I needed to spend in order to complete the course within the two-year time period, would I could no longer work full time. I subsequently set up my own business to enable me to be more in control of my time. From June 2019 to mid-August 2019, I stepped away from paid consulting work entirely, and

instead spent 12 hours each day on a full-time basis, completing my research study and write-up. I am particularly fortunate that all my immediate and extended family members have been extremely supportive and have readily taken on the many additional responsibilities and compromises they have, in turn, had to make in order to make this time and space available to me. I am genuinely extremely appreciative of the support each person has given me.

### **Stage 2: The systematic review: Developing a protocol**

**Related questions:** Process. What challenges did you face and how did you overcome them? What would you do differently?

In terms of timespan, it took me from mid-December '17 to mid-March '18 to complete this phase. Overall, for me, this whole search process was an absolute nightmare! Not only did I find learning how to navigate the various academic databases, and identify the peculiarities of the search functions associated with each search engine, extremely frustrating and time-consuming, but I hit a major challenge in that I was getting "100,000's rather than 10'000's of returned references". It turned out that this was caused by my original search terms being too broad. Following a number of refinements and trials with various search options, our Librarian, Robert Elves, suggested I amended the criteria to "(job or work\* or employ\* or organi\*)" as just changing this bit of the search takes out 100,000 results." So, I gratefully accepted the advice and did just that!

However, the biggest issue for me was to do with RefWorks. Kingston University had just moved from an older version of RefWorks to the new version. Unbeknownst to me, I was the first person at the University to use the new RefWorks as a support tool in the holding, merging and deduplication of research titles for an SLR. Therefore, throughout the process, I hit a number of major glitches with the functionality of the new RefWorks system. The most significant issues were associated with the merging of files and deduplication of titles.

The deduplication issues came to light when I merged the data from the three files associated with each source database (EBSCO Business Source Premier + CINAHL, ProQuest



ABI/INFORM Global and PsycINFO). In an email to Robert in March 2018, I noted “Having combined my three source files, I have over 12,000, references in total. However, when I run a duplicate search, either “strict” or “fuzzy”, surprisingly, not one duplicate is found. But, when I print a section of the 1,000 page document, I can physically see duplicates. Can you advise me what to do differently?”. As this was my first time using RefWorks, I wasn’t sure if I was going something wrong, so I combined the results to a RIS file and sent them to Robert and Chris Manning. At this point in the process, they both thought the glitch was associated with the vast number of files. I subsequently amended the access controls to all my files, to enable Robert and Chris use the data more freely. However, they too failed to enable the deduplication process to run effectively. Unable to resolve the issue, Robert contacted the host provider ProQuest who then explained that the deduplication function had not yet been developed. He then explained to me “I understand deduplicating is something ProQuest are working on fixing, but they haven't given any indication when this might happen”. In a subsequent email, Robert confirmed the major issues I was having: “we have uncovered a few unexpected problems with RefWorks. Firstly, the de-duplication seems to not work... Secondly, it seems very slow to sort and to select, it was taking over a minute for 500 references and I gave up with trying to sort yours as it ground to a halt. Finally, as you have discovered the export doesn’t work.”

At 4 weeks into this whole journey, Robert suggested I began the search process again, from inception, using the old version of RefWorks. My response to the suggestion was the following: “I am really, really reluctant to start doing the searches again. It took me 6 full days, (spending 10 hours per day) to just complete the searches, because of the constant freezing of system and loss of all the data. I have cried twice with desperation and frustration!! I just can’t afford to spend the same amount of time doing this all again. Is there any other way around this? Could we just print the document and do a physical deduplication?”

At that point I fed back to Jo and Rachel that, I was shocked and surprised that, as fee-paying clients of Kingston University, we were expected to use IT systems which were not fit for purpose. I explained that I was disappointed at that level of service, because in the world of business, it would just not be acceptable for us to use our clients’ time and resources to

resolve issues with our offerings. If such a thing were to ever to happen, we would expect our client to walk away from the relationship, or at least to financially compensate them for their loss of time and the distress experienced. They reassured me they would raise my concerns to the relevant parties in Kingston University.

In the end, Robert and Chris wrote a separate set of instructions that enabled me to capture the files, upload them into the older version of RefWorks, then merge and deduplicate the files, before exporting them, to then import them into the new version of RefWorks. Whilst this process was not without its own issues, after a number of days of refining and amending the procedure, we were eventually able to retrieve a final dataset of 9, 731 deduplicated titles.

Both the title and abstract reduction phases went more smoothly in comparison. Data extraction was undertaken for 12 full papers plus an additional paper identified at this hand sift stage. Full data extraction was then undertaken for all 13 papers, which was an involved and time-consuming process. In consultation with Jo and Rachel, five borderline papers were subsequently eliminated at this point in the process. By mid- March 2018, eight papers had been confirmed for inclusion in the SLR.

In terms of my learning from this stage, I now know what an SLR is! And I now have the greatest respect and admiration for anyone who has ever completed the process. In retrospect, I was surprised by the subjectivity involved in the various stages of the process, particularly with regards to the title sift. I therefore found the independent title, abstract and paper review processes conducted in tandem by Jo and Rachel, extremely reassuring. If I were to undertake a subsequent systematic search, I would ensure I had good understanding of the nuances of each source database. I would also identify a functioning data extraction tool, simplify my search terms and set aside a long period of protected time to complete the search process.

### Stage 3: The systematic review: Assimilation and write up

**Related questions:** How did you come to a decision on the way to cluster the data and tell the story? What challenges did you face and how did you overcome them? What would you do differently?

I spent a significant amount of time, reading and rereading my eight papers, trying to come to terms, not only with the differences in structure of the papers, but also with the particularities and disparities between the content associated with the abstract, introduction, method and recommendations sections. Simultaneously, I found myself highlighting common themes between each of the papers. I subsequently used these themes to inform the draft headings for a data extraction excel data base. As I began to populate this database, I continuously merged, revised and created additional data headings against which to collate and record the relevant information. This process allowed me to ensure it was in a form which would ultimately allow me to make appropriate conclusions, which in turn, would serve as effective output to inform my SLR. I found that the process became very iterative, in that I had to continuously go back to previous papers to extract particular pieces of information I had not captured initially. Whilst the main bulk of this part of the process took over a month, I found I was still identifying, collating and refining comparative information right up until the SLR was finally completed.

The thought of writing a whole SLR was extremely daunting to me. I just didn't know where to even begin. Rachel and Jo recommended that we completed one section at a time, before merging all the sections to create the final document. I found this suggestion of a staged process extremely helpful. We were encouraged to begin this process by completing the method section, which I found particularly helpful as it is the most standardised element of an SLR and easiest to first get to grips with. I struggled more with writing the introduction. I felt constantly confused by the random use of the terms self-confidence, self-esteem and self-efficacy in the papers I was reading and really struggled to understand the differences between each, noting at the time, "Are SC, SE and SE the same or different? Some literature suggests that all 3 concepts are related. Some studies say they are the same thing. Some say

not. Because they are interconnected, they are included in this study. I get that. Although I have to remember that in terms of this SLR, I'm not trying to prove they are different, I do know I do need to understand their differences for myself." In the end, I made the decision to invest a significant amount of time exploring each construct in significant detail, in order to try and better understand the differences between them.

Rachel's suggestion that I used the systematic review completed by Robertson et al., (2015) as a reference guide, particularly in terms of its structure and content, proved extremely beneficial. As I submitted each of the draft sections for review, Rachel would respond with extremely helpful guidance and challenge which ultimately shaped the final content for each section and the cohesiveness of the final document. Each time I completed a section of the write-up to the required standard, I felt a small twinge of accomplishment.

The particular elements I had most difficulty with were the effect size as well as the quality assessment processes. For one whole weekend in November, I struggled to get to grips with effect size. With some of my papers, despite reading and rereading them, I could not find the appropriate statistical information (mean and SD) to calculate the effect size. With others, when I calculated the effect size, I got a different result to that quoted in the published paper. I just felt continuously confused.

Whilst I began the quality assessment process feeling excited because I really liked the idea of standardising the varied results in some manner, I found I became really frustrated with the process. For me, I found it hard to get my head around the disparity between the first and second phase of the process. In terms of the first phase, I struggled with the subjective nature of the criteria used in the Snape Grade approach, noting in an email to my supervisors "how do you define "appropriate" (e.g. appropriate sample size; appropriate method of analysis; are the findings explicit etc)?" Secondly, in order to apply this criteria to each paper, myself and another reviewer spent a significant amount of effort and time independently reading through all the papers again, to identify each particular piece of information from each paper which could be used to justify a "one mark" tick in the assessment criteria. There then followed a telephone comparison process, where the other researcher and I went back and forth between the papers to justify why we had or hadn't

awarded a point. Three hours later, we eventually came to a consensus on our scores. What then shocked me was that the second phase of the process seemed to nullify the pedantic nature of this first phase. Within the second phase, the numerical range assigned to each quality statement was so vast, that the final allocation of a quality statement to each paper seemed to me to be very generalised. Somehow the final stage seemed to negate the substantial effort both the other researcher and I had invested in the first part of the process.

In retrospect, what surprised me most was the fact that the whole process, from the initial searches to the submission of the final SLR, took over a year and a half to complete. If I were to complete this process again, I would not have been so stressed about delivery timelines, as I was during each phase of the process. I would also ensure I had a really succinct data capture framework from the beginning, to prevent having to go over the source papers again and again to retrieve the appropriate data. In terms of the write-up, I would identify the journal(s) I would hope to submit to up front and become familiar with the preferred structure of the content and tables included in their papers. This would prevent me wasting time trying to combine unique elements identified in different papers which were of no subsequent relevance. I would also hope that I could allow myself not to know what I was writing about in any great depth, and instead just to collate the information as required by the process. However, I found that just writing that last point challenged me, because for me the opportunity to learn more about the construct of self-confidence and to really immerse myself in the related literature was the real gift of this process. I found that as my own knowledge of the topic developed, the more motivated and compelled I became to really use the opportunity of being able to undertake a research study, to create something that would bring benefit to others.

#### **Stage 4: How did you make the choice of target journal?**

With regards to identifying the journal in which I would like to publish my research, I began this process by first making a note the journals that had published SLR papers. I then searched each journal to see if SLR's had already been published. If they hadn't, I read through the submission criteria to establish if SLR's were excluded. Alongside this, I identified those journals which had an established history of publishing SLR's. I then

forwarded the summary list to my supervisors, recommending Personnel Review. However, I subsequently sent the following email Jo and Rachel questioning the fit: “following further exploration and reflection, I am really questioning whether Personnel Review is the right journal to align with after all? Overall, the papers just seem very “personnel/ HR” orientated, compared to say, the Journal of Occ and Org Psychology which published the Robertson and Cooper paper... Would love your opinion on this...” In the end, we collectively concluded that the European Journal of Work and Organisational Psychology could be a better journal to align with.

### **Stage 5: Research study: Design**

**Related questions:** How did you come to a decision on the study/studies you were going to undertake? Why did you decide to use the particular methodology/analytical process? What challenges did you face in the design process and how did you overcome them?

Right from the application stage of this Prof Doc process, I was compelled to find a way to use executive coaching to somehow enhance an individual’s self-confidence. The decision to undertake the study in the form I did, really came as the result of a number of independent sources of information interconnecting at the same time. In truth, the outcomes from my SLR left me feeling very confused as to how to progress. The SLR identified that, to date, no research study had yet been undertaken which applied a pure self-confidence intervention in the workplace. That really shocked me, particularly when placed in context of the 10,000 odd papers originally identified through the database searches which connected self-confidence interventions to the workplace. The SLR also identified that the interplay between the three constructs of self-confidence, self-esteem and self-efficacy was confused and muddled. Overall, it had left me feeling that way too.

However, almost in parallel, I came across my first source of enlightenment, in the form of the paper by Athanasopoulou and Dopson (2018), which I noted at the time to be “my delightful find”. Not only did these authors conduct an extremely thorough in-depth comparative review of existing executive coaching papers, but they also challenged future researchers in the field to consider particular alternative approaches. They proposed that

future research needed to consider the “nature and social contextual influences of executive coaching interventions”; focus on developing “more context-sensitive and informed interventions”; draw on “organisational change literature and process research strategies”; utilise the “inter and multi-disciplinarity” of audiences such as “coaches, academics, sponsoring organisations and other stakeholders interested” in order to develop “best practice guidelines”; and deliver “customised training that facilitates reflection and personal development and is more context relevant.”

Around the same time, Jo and Rachel suggested I consider using a Delphi Study methodology for my research study. Having never heard of the approach before, I immediately read a number of Delphi study papers which Jo forwarded to me. I quickly grasped that as a technique, it was “particularly suited for areas where controversy, debate or a lack of clarity exist” (Hasson et al., 2000) and also proved useful in obtaining a convergence of expert opinion around a central specified topic, in order to create core elements of a method or programme (Beehler et al., 2013; Morrison and Barrat 2010); or practical guidelines (Maaden et al., 2014; Whiting and Cole, 2016). So, in effect, this methodology would ensure I could integrate the two areas of executive coaching and self-confidence, by enabling me to not only undertake research in the misunderstood area of self-confidence, but in a manner which also addressed the challenges raised by Athanasopoulou and Dopson (2018) with regards to executive coaching research.

I personally found the Upgrade Presentation (Oct’18) which followed an invaluable process. It allowed me to explore my proposed Delphi study approach in-depth, collate my disparate thoughts, and gain assurance that the topic and methodology were both relevant and of interest to me. The feedback and challenges I gained (from my course tutors, colleagues, as well as the members of the previous Prof Doc cohort) immediately following my presentation, were extremely insightful and purposeful. The most helpful challenge was related to my proposal that the guidelines I developed as a result of the Delphi process would be appropriate for use by executive coaches. When asked why I had stipulated the level of “executive coach”, I realised I didn’t really know. It had just felt to me that this was the appropriate level. Hence after the presentation, I spent quite some time researching the areas of coaching, executive coaching, coaching psychology, mental health coaching and

positive psychology coaching in order to get a better understanding as to which audience the guidelines should be targeted towards. Once I satisfactorily addressed this main issue and a number or more minor points, I felt assured to begin the study.

The biggest challenge of this phase then hit, in the form of the ethics approval process. Despite submitting all the required papers on time and completing the minor suggested amends the same day as they were requested from me, the approval process took an exasperating 10 weeks. As I couldn't begin the study until the approval was granted, the delay severely impacted the research timelines and subsequently put me under extreme pressure in order to complete the course within the 2-year timeline. As a direct consequence of time it took to get ethical approval, I subsequently ended up having to take 5 weeks of unpaid leave to catch up on the lost time.

My key learnings from this phase would be to trust that the research study will find its form – and to build in a significant amount of time for the ethics approval process.

### **Stage 6: Research study: Development**

**Related questions:** How did you go about accessing participants and gathering data? What challenges did you face when gathering data/accessing participants and how did you overcome them? What were your key learnings from this stage? What would you do differently if you were going to begin this stage again, and why?

To avoid groupthink, I wanted to access as diverse a range of perspectives and opinions as I possibly could in order to better understand how executive coaching and self-confidence connected. Within the context of the Delphi study approach, whilst the recruitment of 'experts' is essential to reliability of the approach, there is no clear consensus as to the definition of an 'expert'. I was therefore delighted when I came across the paper by Baker, Lovell and Harris, (2006) which proposed that "experts" are individuals who have the requisite knowledge and experience to respond appropriately and who may have the ability to influence standards. Hence, I decided to secure the participation of three key expert groups, namely practicing executive coaches who provide coaching services to



employed adults, employees who developed enhanced self-confidence as a consequence of an executive coaching experience and researchers who were active in related academic fields.

As a coaching psychologist, I'd found that the outcomes of my executive coaching sessions were enhanced through the introduction of elements of my learning from other disciplines (e.g. from NLP, ACT, Hypnosis, Mindfulness). Upon joining the Special Group of Coaching Psychologists and reading related articles in *The Coaching Psychologist* journal, I felt assured that I could deliberately target executive coaches who incorporated learning from other disciplines into their coaching practice. I therefore began the recruitment of participants to the expert panels, by asking old and new work colleagues whom I knew personally, if they would be interested in joining the study. I then progressed to contacting others identified by searching accredited executive coach organisation websites, academic journals and LinkedIn. For those individuals whom I didn't personally know, I used a "3 staged" communication approach. In the first email or LinkedIn message, I provided a high-level outline of the study and asked them to contact me if they were interested in knowing more about the research. To those who responded, I then send a summary document specifying the time commitment required and the process that would be undertaken. Within the third communication the relevant detailed participant information was attached.

Through my research on the Delphi study process, I was aware that no ideal panel composition nor panel size had ever been stipulated. Originally, I was hoping to use 10-18 experts for each of the 2 panels (as suggested in Delbecq et al 1975, Paliwoda (1983) and Okoli and Pawlowski (2004)), but then I came across the article by Powell (2002) which stated "it is clear that there is wide variation in numbers of participants. Reid (1988), for example, noted panel sizes ranging from 10 to 1685. Guidance suggests that numbers of participants will vary according to the scope of the problem and resources available (Delbecq et al. 1975, Fink et al. 1991, Hasson et al. 2000). Resources in terms of time and money are important and influential, yet an assessment of the magnitude of the problem and acceptability of answers are open to interpretation by researcher and commentator alike. Murphy et al. (1998) believed that the more participants there are the better, suggesting that as the number of judges increases, the reliability of a composite judgement increases.

However, they also commented that “There is very little actual empirical evidence on the effect of the number of participants.” In the end, I secured the participation of 38 expert participants.

In order to ensure the composition of both Panel 1 or Panel 2 was representative of the participant group as a whole, I aligned my allocation approach to that used by the Whiting and Cole (2016). Hence, I used a non-probability purposive sampling strategy, to purposefully assign participants to a particular expert panel. As a consequence, 14 experts were subsequently assigned to Panel 1, with the remaining 24 were allocated to Panel 2.

In terms of challenges, I was really disappointed that I was unable to secure the participation of researchers in the field of self-confidence, but due to the time constraints imposed by the delayed ethical approval process, I could not afford to spend any more time trying to secure their participation and had to just accept this as a limitation in the study. I also found the process of securing participation extremely involved and very time consuming. To keep track of progress, I set up an excel spreadsheet with the various column headings reflecting the key recruitment process elements and milestones. This proved invaluable in keeping track of the number of communications which had been sent to each individual, as well as the tasks outstanding. If I were to repeat this process, I would set the spreadsheet up from the beginning of the process, as I found that managing the recruitment of the expert participant groups proved very confusing without it. On reflection, the “snowballing” approach worked best in securing participation, and so I would use this approach more readily if I were to repeat this process.

In February 2019, I began the Panel 1 interviews. I found Zoom worked really well as a medium through which to undertake and record the Panel 1 interviews. Each interview lasted between 50 and 70 minutes. What I hadn’t really expected was that it would take me a solid 4-5 hours to transcribe each individual call verbatim. Having completed eight, I then identified a transcription service, Trint, which proved really helpful. Although I did still have to review and amend each transcript, the time to complete each was reduced to 2-3 hours. As it took me three weeks to transcribe verbatim all 14 calls, in retrospect, I wish I had used a transcription service from the beginning of the process.

Once I had transcribed all my Panel 1 interviews, I spent time reading and rereading each transcript, to get an overall sense of the material within. I also found myself regularly referring to the original corresponding video, just to get a reminder of the context in which a particular response was provided. At the same time, I read many research papers trying to get to grips with the differences between thematic and content analysis and the processes associated with each. I subsequently decided to use Braun and Clarke's (2006) six-phase thematic analysis approach as the framework for my approach. If I were to do the process again, I would have spent much more time up front really getting to understand these two processes, in order to feel less vulnerable when applying them in practice.

As I had already briefed Panel 2 participants to expect to receive their questionnaire on the 11<sup>th</sup> March, I was feeling very pressured for time. Having initially tried to map the themes and content out on paper, Jo recommended that I use package NVivo to speed up the process. As I use a Mac, the only way I could access the package was to continuously go through the login process associated with My Desktop Anywhere, which proved very slow to load and respond. It also meant that I had to repeatedly download my results to the H drive and then email them to myself, then detach them from emails in order to work on them on my own computer, which proved to be a really slow, complicated and laborious process. Having never used the package before, I was also teaching myself the functionality using YouTube videos and on-line forums. I spent 5 solid days emailing through the transcripts, uploading them into NVivo, creating folders and nodes, then downloading and emailing myself back the results.

The output from the Panel 1 transcripts evolved into a 32-page word document of statements and words relating to an executive coaching intervention focused on enhancing self-confidence. As this in turn began to take on the form of a more structured framework, it became apparent to me that I would not, as I had originally hoped, be able to develop the actual content of an executive coaching intervention. Once I realised this, I felt so very disappointed. To only be able to create just guidelines as an output seemed such a poor return on the effort and time invested by everyone involved in this process. However, Jo and

Rachel were very reassuring and reminded me that as an exploratory research study, guidelines alone were an acceptable output.

When it came to create the structure and presentation of Questionnaire 1, Jo suggested I use Qualtrics. As I had never even heard of the product before, I wondered how I could muster up the capacity to learn yet another IT package within such a tight timeline. Hence, my advice to anyone undertaking a Delphi study would be identify and familiarise yourself in advance with any analytical, data capture, or presentation tools well in advance, so that you don't have the stress of trying to learn such packages with pressurised timescales.

Again, as I was using a MAC, I had to access the application through the My Desktop Anywhere route, with its associated challenges. My questionnaire was big. It was comprised of 232 items within 30 factor areas. I spent many hours watching YouTube tutorials to get to grips with learning the nuances of the various options (such as skip logic, display logic, piped text, loops, make exclusive, set up email). Little tricks I picked up along the way, such as removing formatting, and establish a question number at inception, later helped me significantly at the data analysis phase.

I am so thankful that I decided to undertake a test/piloting phase of the questionnaire. My 12 volunteers not only identified ambiguous, repetitive and inaccurate items, but they also found numerous glitches in the skip logic, randomisation and exclusivity functions associated with a number of the questions. However, for some reason, when I made the suggested amendments in Qualtrics in each of the relevant sections of the questionnaire, they didn't shadow through to the overall composite Questionnaire 1. I noted at the time, "it's now 2am. Third day in a row I have worked from 7am until 2am. Just spent hours on the phone to the helpdesk and eventually we worked out that I could upload the sections into the library and from there the alterations would replicate into the overall questionnaire 1. Really stressing as the questionnaire needs to go to Panel 1 tomorrow."

In addition, suggestions from the pilot group that a reference definition would be helpful, led me to feeling increasingly concerned. Whilst I knew from my SLR that a universally accepted definition for self-confidence did not exist, and I was also mindful of the confusion

caused amongst academics by the lack of an accepted definition. Whilst the purpose of my study was not to define self-confidence, I did feel the need to offer a reference definition to focus the thinking of the panel participants. Having raised my concerns to Jo, she suggested I contact Anna Kane, who as a member of the Prof Doc cohort (1), had just submitted her research study, the output of which was a comprehensive definition of self-confidence. Thankfully, Anna agreed that I could include her definition in my Delphi study process.

What were my key learnings from this part of the process? Lots!!! I loved undertaking each of the interviews and I was genuinely delighted by all the information I obtained. However, I was very disappointed when I came to the realisation that the only possible outcome of this study was a set of guidelines, rather than the content of an intervention. That reality took me a long time to come to grips with. I was also surprised by how attached I became to all the “wholeness” of each of the transcribed narratives and found breaking up their completeness through the content and thematic analysis process, really challenging. In fact, I noted at the time that I was “torn as to the words I am having to leave behind”. If I were to complete the process again, I would also give myself more time between each of the four phases of the study. I felt like I was on a constant hamster wheel from the first interview to the final data analysis stage, with no space to step back, to breathe, to wonder and to delight in the evolving process.

### **Stage 7: Research Study: Analysing data**

**Related questions:** How did you go about analysing your data? Why did you choose this route? What challenges did you face when analysing your data and how did you overcome them? What were your key learnings from this stage? What would you do differently if you were going to begin this stage again, and why?

The output of each of the four phases of the Delphi study process was in the form of a completely new dataset. Hence, at the end of each phase, I downloaded the relevant CIS files from Qualtrics and used excel to capture, interrogate and analyse the data. With Questionnaire 1, I used both qualitative and quantitative analysis. With regards to the quantitative analysis process, in line with a number of papers I had read, I originally

calculated the mean and standard deviation for each of the 232 items. However, when I transcribed the scores to the tracker word document, I realised that these criteria didn't really help clarify the differences between the items which achieved consensus or disagreement. I subsequently went back to explore the method sections of a number of Delphi studies and concluded that the median and inter quartile range would prove more appropriate for my study. During this exploration phase, I also happened to find the consensus criteria used in the van der Maaden et al., (2015) which I then decided to use in my study.

As a consequence of the decision to calculate the median and inter quartile range, I then had to calculate these scores for each of the 232 items and transfer them over to the reference word document tables, which proved time-consuming. Of these items, only 29 items were contested. This meant that the remaining 203 items were perceived by the evaluating expert panel as being reliable and valid, which was delightful to know. With regards to the qualitative element of this phase of the analysis, I used the same content and thematic processes as I had used previously, to generate new items from the suggestions offered by Panel 2 participants which had been captured in the open text field boxes in Q1. These additional 126 items were then combined with the 29 contested items and presented as Q2. Using the same qualitative process as before, the results were calculated and Q3 was formed. Comprising of 329 items, this document was reviewed by Panel 1 expert participants at Stage 4 of the process. Their qualitative responses were analysed, again, using the same process as before.

Of all the component phases associated with both my SLR and this research study, I found the data analysis phase the easiest. Although extremely involved and time-consuming, I didn't have to learn anything within a tight timescale and so I felt less pressured during this phase in comparison to any other. If I were to do anything differently, I would spend time in advance identifying the different assessment methods used in different studies and note the advantages and disadvantages of each, in order to confirm well in advance, the most appropriate for use.

With regards to the output of Stage 4, I was particularly surprised at the level of passionate and conviction Panel 1 members responded with in contesting the proposed deletion of certain disputed items. So, I went back to each of the original transcribed narratives, identified the particular contested items within, and checked to see if the contesting individuals were in fact, holding onto their own original own words. But as there was no correlation, so I was able to see that their choices were independent of bias.

If I were to repeat this phase, I would continue the Delphi study process until full agreement was reached, either by adding additional stages or using a facilitated arbitration workshop process to gain consensus.

### **Stage 8: Research Study: Writing up**

**Related questions:** What challenges did you face when writing up your study and how did you overcome them? How did this process differ from your expectations/plan? What were your key learnings from this stage? What would you do differently if you were going to begin this stage again, and why?

The major challenge for me at this point was time. Hence, in order to be able to complete the process within the 2-year time scale, I knew I had to take unpaid leave and set aside July and August to write up the study. In a way, because it was over the summer months, clients were more understanding, with many taking extended periods of holiday leave for themselves. Hence, it didn't prove as disruptive to those important working relationships as I had feared it might. I also contracted with my husband and kids that I would work every morning from 7am to 10pm for seven days of every week for both months, and in return, I would be available again from September.

Knowing I had this protected the time and space was mentally liberating, as I felt I could let go of the guilt I had experienced at every other stage of the process, caused by feeling that I was continuously letting others down. Within this new space, I found I could actually enjoy the experience of the write-up, rather than feel burdened by it. In actual fact, I found the

method section relatively straightforward to write - I think because I had personally experienced the process and so could speak to it with certainty.

However, I did find the introduction more of a challenge. Although through the research process associated with my SLR, I had explored particular elements of the construct at self-confidence, I found that I had to conduct a whole new swath of research to get to grips with the areas of low self-confidence, overconfidence, and the workplace outcomes associated with each. I also had to begin right at the start and conduct a literature search on the area of coaching. Whilst this process proved time-consuming, I found that I really delighted in the opportunity to learn more about the two very different fields of research that had intrigued me for so long. Weaving together the related elements in a form which told a coherent story took time. During this phase, I found the feedback from Rachel really helpful in that she identified large chunks of superfluous information that I had included because they interested me, but in reality, were irrelevant to story I was trying to tell.

Again, I was surprised to find that I enjoyed writing up the discussion section and found that because I identified the points raised, I felt I could present the substantiating arguments with more conviction than when writing the same section for my SLR. I then realised, while I was writing up the SLR, I was working full time, which had meant that I had to squeeze the write up of the SLR into early mornings, late evenings and weekends. I found the disjointed rhythm caused by the constant stopping and starting, extremely disruptive and, in retrospect, very unproductive and very stressful. Hence, if I were to repeat this process, I would definitely find a way to protect my time to enable me to focus solely on just this one thing. In addition, I would perhaps begin the literature search earlier, so that I had a more established level of knowledge of the topic areas I was exploring.

### **Stage 9: Overall Doctoral process**

**Related questions:** Reflecting on your doctorate, how do you feel you have developed (e.g. technical expertise, theoretical knowledge)? What has been the most useful element of the process for you? What would you do differently if you were going to begin this stage again, and why?



For me personally, this course has given me the greatest gift – increased self-confidence. Prior to joining this programme, I constantly experienced low self-confidence. So, for me, coming across the Cummings et al., (2013) paper, right at the very beginning of the course, was a true delight, as it enabled me to see that my constant feelings of nervousness and lack of self-confidence were predictable consequences of my experiences as a “Child of The Troubles”. The journey of self-insight continued through every subsequent phase of the Prof Doc process.

The cumulative effect of all the learning I have acquired from reading all the academic papers over this last two years, as well as the insight and guidance offered by my classmates as well as my very experienced supervisors, Jo and Rachel, has helped me begin to understand and experience self-confidence in a totally different way. For example, whilst during the Delphi study, the purpose of low self-confidence was identified by the expert panel members as the most contentious of all of the included factors, that one element of the research study proved to be the most pivotal in disrupting my own thinking about low self-confidence. In fact, the insight I gained from recording, collating and presenting the responses to this question alone, allowed me to personally gain a totally new perspective on low self-confidence. As a direct consequence of this learning, I have noticed that I have now begun to reframe how I experience low self-confidence, purposefully trying to change my opinion of it as limiting and burdensome, to one where I am now learning to perceive it as a self-protective gift.

With regards to technical expertise, I now not only know how to use a range of research packages I didn't even know existed two years ago (e.g. RefWorks, NVivo and Qualtrics), but I can now also navigate a number of research databases and retrieve journal articles effortlessly. In addition, I have gained an even deeper respect for those involved in empirical based research studies and the contribution and value they bring in enabling the development and deepening of our knowledge base.

I am also greatly indebted to each of my both Rachel and Jo as well as my colleagues on the course, for the wisdom and guidance they offered me at numerous stages throughout the process.

### **Stage 10: Development**

**Related questions:** Can you see any changes in your practices and/or professional plan as a result of undertaking this doctorate and associated learnings?

In my professional roles as both an occupational psychologist working with industry leaders and a practising coaching psychologist, I have already noticed that my learning from the course has positively impacted my practice.

Overall, I feel I have a better (although by no means complete) understanding of the areas of self-confidence, self-esteem, self-efficacy, coaching, and their related workplace and personal outcomes. In the past, I always felt nervous when exploring the topic of self-confidence with a client in a coaching session, as I personally felt so ill-equipped in that area. Not only do I now feel more assured in my knowledge of the construct, but I find that I am more engaged when exploring low self-confidence with clients. In addition, I have already begun to use the output of the Delphi study relating to the experience of self-confidence, as a frame of reference against which clients can better articulate their experience of low and enhanced self-confidence. I also find that when I invite coaching clients to consider, for themselves, the purpose of low self-confidence, their articulated response seems often to afford them a new freedom in their subsequent thinking and behaviour.

Whilst, in the past, I have actively used models from different disciplines within my coaching practice, I often felt unsure if it was appropriate to do so. However, as a direct consequence of reading various articles in *The Coaching Psychologist* journal which support such practice, I now feel much more assured to do so.

In addition, before undertaking this Prof Doc, I was also wary of the boundary between “coach” and “mentor” and found myself rigidly refusing to in any way help shape the client’s

session goal(s), despite their requests for me to do so. However, after reading so much empirical research on the benefits of goal-orientated behaviour, and combining that with the conclusions reached in the recent academic paper by Grant and O'Connor (2019) which provides the coach with a greater permission to be actively engaged in goal-setting, I have found that I am more attuned to and more flexible to this aspect of my practice.

Whilst I'm not quite sure yet as to what career opportunities will come my way as a result of completing the Prof. Doc, I am, however, excited about taking the next logical step with this research and develop the content of an executive coaching programme to support employees with low self-confidence.

### **Stage 11: Reflections**

**Related questions:** What has been the most rewarding element of the process for you? What has been the most challenging element of the process for you? What has been the most frustrating element of the process for you?

For me, the most rewarding aspect of the programme is the fact that the initial idea of combining the fields of self-confidence and executive coaching was actually realised in the end. The fact that the output of that process are tangible tailored guidelines which can be utilised with immediacy by executive coaches working in the field, feels particularly rewarding.

The most challenging element concerned time and the capacity. I was in a very pressured work role when I began the programme and really struggled to carve out time to focus on getting to grips with all the new learning, and in particular, starting to write the SLR. Whilst making the decision to leave full time employment and become self-employed was extremely daunting, I am now in a better place career wise than I was before.

The most frustrating elements have to be RefWorks – and the ethical approval process!!!! The speed at which I had to get to grips with the technological applications was also challenging.

## Stage 12: Advice to others

**Related questions:** What would you tell someone beginning this process? What are the key things they should know/avoid/prepare for?

A few things come to mind. Firstly, make sure both you, as well as the individuals you care about and are responsible for, have the combined tenacity, capacity and commitment to enable you to do this. It requires a massive investment for all. Secondly, be aware that you need to be a self-motivated, independent learner, who is resourceful enough to work for long periods of time in isolation and “just get on with it”. You will also become so grateful for YouTube tutorials! Thirdly, it is so very important to be fully conscious of the enormous time commitment required to undertake this process, particularly if you are aiming to complete it in the two-year time frame.

However, with that all said, the amount of learning and self-development that you will get out of the process, is really quite phenomenal... And with regards to both Jo and Rachel, as well as your course colleagues, you will also have the unique privilege of getting to connect in with and work alongside a group of the most generous, supportive, patient, knowledgeable and fun-loving people you could ever hope to meet.

## Annex 1: Stage 1 Panel 1 Information sheet

Research Information Sheet: **Panel 1 Participant**

### Supporting employees who lack “self-confidence”: A Delphi study to determine the content of a targeted Executive Coaching intervention.

#### The background to this study

Over my years of practice as an Executive Coach, it has come to my awareness that a common theme which provides the link between the majority of my clients, is their lack of self-confidence. Whether experienced in relation to a specific incident or more generally, the debilitating self-doubt, fear and inner conflict felt by each client is, nonetheless, similar. Self-confidence is a peculiar quality, in that although hard to define, it is easy to recognise. Without it, we feel stuck at the start of the journey of our potential. With it, we feel we can take on the world. Cognisant of how much turmoil comes as a consequence of lacking in self-confidence, and how much human potential could be unleashed if we could only believe in ourselves more, creates the motivation that underpins this research study.

The belief that we, together, could create a practical framework of guidelines and methodologies for application by an Executive Coach, which would make a real difference to the lives of employees who suffer from a lack of self-confidence, was compelling... Now with your participation, it is possible.

I would therefore like to take this opportunity to extend to you, a sincere “thank you”, for your willingness to take part in this research process. I, and everyone else involved in the study, are fully aware that it is only through your personal generosity and commitment, that our desired outcome will be achievable. We are therefore not only extremely grateful to you, but also excited to have the opportunity to work alongside you.

As a valuable **Panel 1 Participant**, please have a read through this Research Information Sheet, designed to provide you with an overview of:

- i) the Delphi study research process;
- ii) the key elements of our process;
- iii) your role within this study; and
- iv) the next steps.

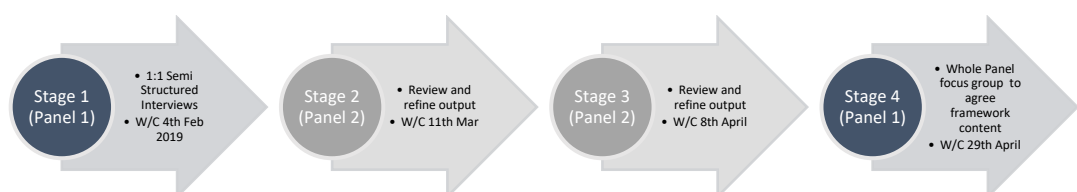
#### i) The Delphi study as a research process

Developed in the 1950’s, the Delphi study is a well-established, validated, hybrid research method, which combines both qualitative and quantitative research approaches (Vernon, 2009). Based on the central premise that collective opinion is more valid than personal opinion alone (Hasson et al., 2000), this technique is typically employed by researchers as a “tool for expert problem solving”.

Designed to engage a wide group of experts and stakeholders, capture a wide variety of views and opinions, and create a consensus approach on the outcomes and findings, the Delphi study is typically comprised of a number of elements which focus on (i) brainstorming the important facts; (ii) narrowing and ranking the original list to identify the most important factors; and (iii) agreeing on the most important factors.

#### ii) The key elements of our process

Our Delphi Study is comprised of the following 4 key stages:



**Panel 1** expert participants will be involved in **Stages 1 and 4** of the Delphi Study. **Panel 2** expert participants will be responsible for **Stages 2 and 3**.

In summary:

**Stage 1 (week commencing 4th February 2019).** Approximately 10-18 expert participants (Panel 1) will partake in an individual, 1hr semi-structured interview (with me as the researcher). They will be encouraged to generate ideas on potential qualitative topics and factors for inclusion in the final guidelines and curriculum document. Each participant interview will take place using Zoom, the content will be recorded through video and the narrative subsequently transcribed. A content analysis will then be undertaken to identify common topics and related key factors. The analysis process will take approximately 4 weeks.

**Stage 2 (week commencing 11th March 2019).** A Qualtrics electronic questionnaire will be used to present the identified topics and factors to an additional panel of approximately 10-18 experts (Panel 2). These experts will be asked to rank the importance of each topic and factor, using a Likert scale. Their responses will be analysed and those with a high degree of consensus retained.

**Stage 3 (week commencing 8th April 2019).** The remaining items will be presented back to the Panel 2 members, for an additional ranking and prioritisation exercise, using the same electronic questionnaire process. The top scoring topics and factors will be identified.

**Stage 4 (week commencing 29th April 2019).** Those factors with the highest importance and consensus ratings will be presented back to the original Stage 1 panel for final discussion and ranking. Those factors with the highest consensus against agreed cut-off criteria, will subsequently be included in the guidelines and content of our Executive Coaching Intervention Framework.

iii) **Your role within this study**

As a **Panel 1 Participant**, you will be required to complete both **Stage 1** and **Stage 4** of the above process. Your associated key tasks as following:

1. **Prepare for your 1-hour one-to-one semi-structured interview (STAGE 1)**
  - Confirm, with the lead researcher, a 1-hour timeslot in your diary for the w/c 4<sup>th</sup> February 2019.
  - Complete and submit your Consent to Participate Ethics Form (*attached in Appendix A of this document*).
  - Set yourself up with a Zoom account prior to your interview.
  - Review the semi-structured interview briefing notes (*attached in Appendix B of this document*).
  - Prior to your confirmed session, complete any research or thinking you require to support your opinion on the: environmental conditions; the knowledge, skills, experience, attitudes and state of the practitioner; as well as the practices, methodologies, interventions, and strategies which you know enhance employee self-confidence within an Executive Coaching intervention.
2. **Complete your 1-hour one-to-one semi-structured interview (STAGE 1)**
  - In response to the interviewer's questions, share your beliefs and ideas on the potential topics for inclusion in the final guidelines.
3. **Prepare for your 2-hour group interview (STAGE 4)**
  - Provide the lead researcher, your availability options for a 2-hour Zoom group consensus refinement session within the w/c 29th April 2019.
  - Confirm with the lead researcher, your attendance at the consensually agreed group refinement Zoom session.
  - Review and rank the output of Stage 3 in accordance with the guidelines and in advance of the group consensus refinement session.
  - Review the group consensus refinement session briefing notes.
  - Complete any necessary thinking or research prior to your confirmed consensus group refinement session
4. **Complete of your 2-hour group refinement interview (STAGE 4)**
  - Participate in the group consensus refinement session.
  - Agree the final factors for inclusion in the Executive Coaching guidelines and framework document.

iv) **The output of this study**

In addition to informing the framework of Executive Coaching guidelines and methodologies to enhance the employee self-confidence in the workplace, the output of this research may also be used to support the creation of academic, media, promotional, consultancy, conference and educational documentation.

v) **Your right to withdraw**

Your participation in this study is entirely voluntary. If at any point in the process, you wish to withdraw, please email the lead researcher on [K1735812@Kingston.ac.uk](mailto:K1735812@Kingston.ac.uk). Your details and any data obtained from you will be removed from the study. You are free to withdraw from the process at any time, without having to provide an explanation and without prejudice.

vi) **Use of data during research, dissemination and storage**

Throughout the duration of this research process, all paper and electronic research data will be securely stored. A paper filing system secured by in a combination locked filing cabinet has been set up in the lead researchers office and is accessible only by that individual. In addition, a number of password secure folders, in which to store all relevant electronic information related to this project, will be set up on a password protected external removable hard-drive. This drive will be securely stored in the locked filing cabinet when not in use. A shared cloud bases facility will also be set up on "Dropbox", to ensure all three researchers have immediate access to key project documents for review and comment. All files in this drive will be password protected. Only the lead researcher and supervisors will have access to this data.

All data will be stored in password protected files on the password protected removable storage drive. Unique identifiers will be used to ensure all questionnaire responses will be anonymised and not identifiable to an individual participant. Any open/ qualitative questions recorded in the questionnaire will be checked for identifiable information (e.g. names and job titles), which will be subsequently be removed from the all data files. Immediately at the end of the study, all files which in any way identify or relate to an individual research study participant will be deleted.

vii) **General Data Protection Regulation (2018)**

All personal data, including your Informed Consent Form (Appendix A) will be stored in accordance with GDPR (2018) regulations and guidelines. As a participant in this study, you have the right to request access to your personal data as well as the correction (rectification) and removal (erasure) of such personal data. You also have the right to lodge a complaint with the Information Commissioner's Office (ICO).

viii) **Ethical approval**

The research has received a favourable ethical opinion from the Research Ethics Committee of the Faculty of Business and Social Sciences at Kingston University London. If you wish to complain about any aspect of how you have been treated in this research, please contact Professor Jill Schofield who is the Dean of the Faculty of Business and Social Sciences at Kingston University London. Professor Schofield's contact details are as follows:

Professor Jill Schofield, Dean's Office, Faculty of Business and Social Sciences, Kingston University London, Penrhyn Road, Kingston upon Thames KT1 2EE. Email: [j.schofield@kingston.ac.uk](mailto:j.schofield@kingston.ac.uk) Tel: 020 8417 9000 ext. 65229

ix) **Next steps**

I will be in touch with you by email, within the next week, to confirm the date and time of our January one-to-one semi-structured interview. If, at any time, you have questions or queries about the process, or your role within it, please do not hesitate to get in touch with me using the following contact details (email [K1735812@Kingston.ac.uk](mailto:K1735812@Kingston.ac.uk); telephone: 07412581232; postal address: 108A Malone Road, Belfast, Co. Antrim. N. Ireland. BT9 5HP).

## Appendix A: One-to-One Semi-Structured Interview Briefing Notes

The overall purpose of your one-to-one interview is to generate ideas on the potential topics for inclusion in our practical framework of self-confidence enhancing guidelines and methodologies, for application by an Executive Coach.

To achieve this outcome, the lead researcher will connect with you by Zoom, on your confirmed date and time. During this session, you will be asked to respond to the questions listed below. The questions are designed to explore the following areas:

- environmental conditions;
- the knowledge, skills, experience, attitudes and state of the practitioner;
- as well as the practices, methodologies, interventions, and strategies which you know enhance employee self-confidence within an Executive Coaching intervention.

We would therefore suggest that prior to your session, you might spend some time considering your thoughts and experiences in the area. You may also want to complete any research you may require to support your opinion.

Your Zoom call will be recorded, and the content transcribed, before being amalgamated with the information obtained from interviews with the rest of your colleagues from Panel 1. The researcher will then complete a content analysis on the combined Panel 1 data.

### One-to-one semi-structured interview questions

#### Understanding the concept of “self-confidence”

- As a researcher/coach/or coaching client (coachee), how would you define “self-confidence”?
- As a researcher/coach/or coachee, how do you experience “self-confidence”?
- When your “self-confidence” is diminished, what do you notice in terms of your (i) behaviour (ii) emotions (iii) thinking?
- When your “self-confidence” is heightened, what do you notice in terms of your (i) behaviour (ii) emotions (iii) thinking?
- What would having more “self-confidence” feel like to you?
- What would having more “self-confidence” enable you to do/ feel /believe that you don’t now?

#### Understanding the conditions of a successful “self-confidence” executive coaching intervention

- What are the essential attributes of an Executive Coach who can support a coachee to develop their “self-confidence”?
- What would attract a coachee to partake in a “self-confidence” enhancing coaching process?
- What would enable a coachee to partake in a “self-confidence” enhancing coaching process?
- In order to create the necessary levels of rapport, trust and safety, conducive to the development of coachee’s “self-confidence”, what are the (i) contractual, (ii) environmental and (iii) practical conditions that need to be met?
- What are the presenting indicators which suggest and/or confirm to you that a coachee has low “self-confidence”?
- What are the presenting indicators that confirm to you that a particular individual (i) should (ii) should not partake in a process designed to enhance coachee “self-confidence”?
- What are the challenges faced by a researcher/coach/or coachee when exploring the (a) experience and (b) impact of low “self-confidence”?

#### Understanding the mechanisms that underpin a successful “self-confidence” executive coaching intervention

- What methods, approaches, frameworks and practices are beneficial to the development of enhanced “self-confidence” behaviours, thinking and emotional states?
- What methods, approaches, frameworks and practices are beneficial in embedding enhanced “self-confidence” behaviours, thinking and emotional states?
- What questions should have been asked, that weren’t asked?
- How would you answer those questions?

Please do not hesitate to get in touch with me by email [K1735812@Kingston.ac.uk](mailto:K1735812@Kingston.ac.uk); or phone 0044 7412 581232 with any queries you may have about the process, or your role within it.



## Annex 2: Stage 2 Questionnaire 1

### Section 1&2: Intro/Consent/Definition

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# Kingston Business School

**"Supporting employees who lack self-confidence: A Delphi study to determine the content of a targeted Executive Coaching intervention"**

### **Panel 2 Participants - Questionnaire (1)**

The content of this questionnaire is based solely on the output of the Panel 1 participant interviews. Your views as a Panel 2 participant are essential in enabling us to further develop and refine our collective thinking.

Your questionnaire is divided into the following areas:

**Section 1:** Informed Consent

**Section 2:** Self Confidence – definition

**Section 3:** Self Confidence – the experience of

**Section 4:** Exploration of the content of our targeted Executive Coaching Programme

**Section 5:** Demographics

The questionnaire will take **at least 60 mins** to complete. A progress bar will be displayed at the top of your questionnaire.

The “next steps” are explained in detail at the end of the questionnaire.

The content of our targeted Executive Coaching intervention can only be developed with your input, so I just want to say “thank you”, for your generosity and commitment to this study.

With sincere appreciation,

Michelle

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## Section 1: Informed Consent Form

*This study has received a favourable ethical opinion from the Research Ethics Committee at Kingston University London. If you wish to complain about any aspect of your treatment within this research, please contact the Dean of the Faculty of Business and Social Sciences at Kingston University London, Professor Jill Schofield. Her contact details are as follows: Professor Jill Schofield, Deans Office, Faculty of Business and Social Sciences, Kingston University London, Penrhyn Road, Kingston Upon Thames, KT1 2EE. Email: j.schofield@kingston.ac.uk. Tel: 0044 208 417 9000 (Ext. 65229).*

### **“Supporting employees who lack self-confidence: A Delphi study to determine the content of a targeted Executive Coaching intervention”.**

As a Professional Doctorate student at the Faculty of Business and Social Sciences at Kingston University, London, I am currently undertaking research aimed at developing the content of an Executive Coaching Programme to support employees who lack self-confidence. Having expressed a willingness to take part in the research process, please provide your consent to act as a participant in this study.

- I confirm that I have read (or been read) the contents of the Panel 2 Participant Pack
- I confirm that I have had the opportunity to ask questions and have my queries clarified to my satisfaction
- I confirm that I understand what has been asked of me as a participant in this research project, as outlined in Section iii) Your role within this study of the Panel 2 Participant Pack
- I confirm that I understand the aim of the research, the process and the expected outcomes
- I confirm that I understand that the intended output of this study is to create an executive coaching framework of guidelines and methods
- I confirm that I am aware that information may be used in the creation of academic, media, promotional, consultancy, conference and educational documentation
- I understand that I am free to withdraw from the research process at any time, without having to provide an explanation and without prejudice
- I understand that any personal information collected about me that can identify me, such as my name or email address, will not be shared beyond the study team
- I understand that all the information obtained will be confidential
- I agree that research data gathered may be published provided that I cannot be identified as a subject
- I agree to the use of anonymised quotes in academic, media, promotional, consultancy, conference and educational documentation
- I agree to my interview being audio and video recorded

- I understand that once the data gathered during this research process has been anonymised, it will be safely stored in a password protected file on a secure database in accordance with the law and BPS research ethics guidelines and accessed only by members of the research team. The raw data will be deleted one year after doctoral completion.
- Contact information has been provided should I wish to (a) seek further information from the researcher (b) make a complaint
- I agree to take part in the research process
- I consent voluntarily to be a participant in this study

I confirm that I agree to all of the above statements and wish to participate in this study

I do not wish to participate in this study

All questionnaires will be anonymised on data entry. Could you therefore please create a **unique 6 digit identifier number** (which you will also use to respond to questionnaire 2) using the following format:

- first 2 numbers of the day of your date of birth (e.g. 02)
- first 2 numbers of your home address (e.g. 07)
- the last 2 numbers of the year in which you were born (e.g. 68)

(Therefore the unique identifier number in this example is: 020768)

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Are you

- an Executive Coach
  - a Researcher/Academic
  - both an Executive Coach and Researcher/Academic
  - a Coachee who had experienced Executive Coaching
-

## Section 2: Self-Confidence Definition

Whilst numerous definitions of self-confidence have been proposed by academic scholars over the years, to this day, no agreed definition exists. Whilst the intention of this study is not to create a definition self-confidence, following working definition of self-confidence is offered for your consideration.

Self-confidence is ***“the socially contextualised interrelationship of authenticity, competence and connectedness, influenced by mindset and experienced in the mind, body and emotions. A confident performance is in response to all three components (authenticity, competence and connectedness) occurring, interacting and being positively influenced by an enhancing mindset. Loss of confidence is a reaction to one or more components missing and being negatively influenced by a depreciating mindset.”*** Kane, A. (2019). Self-confidence at work; the development of a dynamic conceptual model. PhD. Kingston University, London. Please ensure you use this reference when using this definition.

To what extent do you believe this definition captures self- confidence?

Not at all      Slightly      Moderately      Very close      Completely

---

You answered "Not at all". Please explain your selection.

---

You answered "Slightly". Please explain your selection.

---

You answered "Moderately". Please explain your selection.

---

You answered "Very Close". Please explain your selection.

---

You answered "Completely". Please explain your selection.

---

Would you use this definition in your work with coaching clients who want to develop their own confidence?

No

Maybe

Yes

---

You answered "Yes". Could you please explain why you would use this definition?

---

You answered "No". Could you please explain why you would not use this definition?

---

You answered "Maybe". Could you please explain your thinking?

# Kingston Business School

## Section 3: Self Confidence – the experience of

In this section, we are interested in gaining a better understanding of your personal experiences of self-confidence - as well as how you notice it in others.

Within the context of Executive Coaching, Panel 1 participants suggested that self-confidence is often *triggered*. They also suggested that self-confidence has *cognitive, behavioural and emotional* components. With these elements in mind, you are now invited to respond to a number of questions to firstly explore "**low** self-confidence", then "**enhanced** self-confidence".

### Considering low self-confidence...

In my experience, **low** self-confidence is commonly **triggered** by:

	Never	Seldom	Sometimes	Often	Almc alwa
uncertainty of new or complex environments, situations or relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a situation similar to one where you previously felt vulnerable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
experience of people of higher status or perceived power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
threat (e.g. verbal, physical or psychological)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
being around the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
inadequacy (e.g. "imposter syndrome", underperformance, failure, challenging feedback)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
resource pressures (e.g. time, knowledge, capability or capacity, energy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wanting to impress (e.g. boss, peers, subordinates, assessment panel, clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
needing to perform (e.g. a presentation, within a team meeting, in an assessment process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feeling observed or judged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What else should be included?

In my experience, the **cognitive** components of **low** self-confidence, commonly present as:

	Never	Seldom	Sometimes	Often	A a
a sense of being more inside my head than in my body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
diminished cognitive bandwidth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
authoritative, demanding voice in my head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
focused but frantic, blurred thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
increased number and loudness of critical thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
questioning of my own resources (e.g. knowledge, capacity, capability, energy, time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
playing out of cognitive distortions (e.g. catastrophising, ruminating, self-comparisons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

What else should be included?

In my experience, the **behavioural** components of **low** self-confidence, commonly present as:

	Never	Seldom	Sometimes	Often	Alm alwa
disengaged (e.g. retreat, withdraw mentally, physically and emotionally)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
avoidance of (e.g. others, eye contact, contributing, making a decision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hesitant (e.g. become still, procrastinate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dissociated (e.g. from the present, the outside world, others and own body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
physically shrinking (e.g. slump, droop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
seeking (e.g. air, escape, knowledge, guidance, information, reassurance, support, perfection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fidgeting (e.g. hands, hair, object)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
movement (e.g. become clumsy, pace, move aimlessly about, stumble)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vocal (e.g. become quiet, wobbly voice, over-talk, stutter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shut down (e.g. focus inwards, stop hearing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
apologising (e.g. say sorry repeatedly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
defensiveness (e.g. lash out verbally or physically)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
become guarded (e.g. protective, self-manage, put a mask on to hide vulnerability from others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What else should be included?



In my experience, the **emotional** components of **low** self-confidence, commonly present as:

	Never	Seldom	Sometimes	Often	Almost always
doubt (e.g. hesitant, uncertain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fear (e.g. frantic, overwhelmed, terror)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
panic (e.g. anxiety, confusion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vulnerability (e.g. awkward, uncomfortable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nervousness (e.g. tense, uneasy, unsure, unstable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depletion (e.g. diminished, debilitated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
inadequacy (e.g. incapable, unworthy, limited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helplessness (e.g. stuck, restricted powerless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
isolation (e.g. alone, lonely, solitary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
low mood (e.g. depressed, pessimistic, sad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What else should be included?

In my experience, the **bodily sensations** associated with **low** self-confidence, commonly present as:

	Never	Seldom	Sometimes	Often	Allr alw
a plummeting sensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heart beating loudly in head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
breath restricted, short, quick, high in chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knots in stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
niggling sensation in chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tension (e.g. neck, shoulders, jaw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shaking (e.g hands, legs, head)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

What else should be included?

In terms of its **purpose**, **low** self-confidence enables us to:

	Never	Seldom	Sometimes	Often	Always
self-protect (e.g. prioritise self, dissociate from others, seek guidance from others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
improve (e.g. practice, learn, adapt, grow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
avoid harm (e.g. physical, emotional or reputational) to self or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
avoid negative feelings (e.g. embarrassment, humiliation, rejection, shame)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
maintain self-respect (e.g. dignity, belonging, self-belief)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
evaluate (e.g. enquire, seek alternatives, assess, consider)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
acquire flexibility (e.g. in thinking and behaviour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
focus (e.g. in thinking and behaviour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What else should be included?

**Now considering enhanced self-confidence...**

In my experience, **enhanced** self-confidence is commonly **triggered** by:

	Never	Seldom	Sometimes	Often	Alm alw.
certainty, safety, familiarity (e.g. in environments, situations or relationships)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
assuredness (e.g. of own competence and resources, of prediction of success)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
belief in one's-self (e.g. congruence between self-belief and the demands of the challenge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
desire (choice or determination) to attain an outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
commitment to stretch self to acquire new learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
positive feedback (e.g. from others, self-evaluations, perceived success)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
supportive self-narrative (e.g. "voice in your head being on your side"; internal dialogue says "I can do this")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
alignment between thoughts, feelings and behaviour (e.g. quiet thoughts, absence of fear, no debilitating doubt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What else should be included?

In my experience, the **cognitive** components of **enhanced** self-confidence, commonly present as:

	Never	Seldom	Sometimes	Often	Always
limited mind chatter, commentary, noise in my head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[
absence of cognitive distortions (i.e. no worries, no overthinking, no catastrophising)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[
a mind that is curious, creative, inquisitive, interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[
a voice in my head which is on my side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[
narrations of options, choice, possibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[

---

What else should be included?

In my experience, the **behavioural** components of **enhanced** self-confidence, commonly present as:

	Never	Seldom	Sometimes	Often	Almost always
performance (e.g. do, act)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
adventurous (e.g. take risks, explore)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
courageous (e.g. daring, brave)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
challenging (e.g. intervene, speak up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
verbalising (e.g. strong voice, express)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
connected (e.g. to self and others, belong)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
observant (e.g. attentive, listen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
playful (e.g. humorous, make jokes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
physically expand (e.g. become taller, strong posture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
persistent (e.g. tenacious, pursue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
consider (e.g. assess, deliberate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
protective (e.g. avoid, boundaried)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
flexible (e.g. agile, adaptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
purposeful (e.g. focused, determined)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
construct (e.g. create, develop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
being "at one" (e.g. embodied, strong sense of self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
self-reliant (e.g. solid, trusting of self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
growth (e.g. develop, knowledge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lead (e.g. aspirational, impactful, powerful)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What else should be included?

In my experience, the **emotional** components of **enhanced** self-confidence, commonly present as:

	Never	Seldom	Sometimes	Often	Almc alwa
authentic (e.g. aligned, assured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
accepted (e.g. welcomed, included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heightened mood (e.g. alive, positive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at ease (e.g. relaxed, calm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
unrestricted (e.g. fluid, expansive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tenacious (e.g. determined, compelled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
assertive (e.g. firm, assured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
non-judgemental (e.g. empathetic, open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
creative (e.g. expressive, imaginative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
passionate (e.g. desire, excitement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
expert (e.g. knowledgeable, competent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What else should be included?

In my experience, the bodily **sensations** associated with **enhanced** self-confidence, commonly present as:

	Never	Seldom	Sometimes	Often	Alm alwa
"tingling of excitement"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"giddiness of possibility"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stability and calmness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strong sense of self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
embodied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bigger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What else should be included?

In terms of its **purpose**, **enhanced** self-confidence enables us to:

	Never	Seldom	Sometimes	Often	Alr alv
connect (e.g. to self and others, belong, contribute)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
act (e.g. take risks, step forward, step up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lead (e.g. self and others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
engage (e.g. with what is, stay in the stretched zone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What else should be included?



## Section 4: Exploration of the content of our targeted Executive Coaching intervention

Panel 1 participants suggested the following 12 key elements be considered for inclusion in this targeted Executive Coaching Programme.

1. Overview of key elements
2. Information sheet
3. Chemistry session
4. Introductory Triad session
5. Intake session (including Time 1 evaluation)
6. Design process
7. Coaching session 1
8. Coaching session 2-4
9. Time 2 evaluation
10. Coaching Session 5
11. Concluding Triad session
12. Programme evaluation

Within this section, you will have the opportunity to consider each of these elements in more detail and to provide your opinion to further refine our collective thinking.

### 4.1 Overview of key elements:

Given that the overall purpose of this Executive Coaching Programme is *“to support an employee to enhance his/her self-confidence”*, the associated **aims** should be to develop the Coachee’s...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
understanding of the concept of self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
psychological and behavioural flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
competence in applying the multidisciplinary approaches to address current and future self-confidence issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ability to conceptualise, develop and take ownership of their own self-confidence development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ability to apply programme content to support self-development in other priority areas of life (e.g. work/ career, relationships, health/wellbeing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
permission to self to embrace and practice new thinking and behaviours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

As an enhanced Executive Coaching experience, the following aspects of this programme should be **emphasised**:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
emphasis on personal empowerment (e.g. reinforced through the learning and skills acquired from the repetition of guided elements within the coaching session; as well as ownership of self-learning and home-practice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
deliberate application of related multidisciplinary approaches (e.g. Self-compassion, mediation and mindfulness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
emphasis on personal profiling, assessment and evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ethos of an adult: adult relationship (e.g. based on mutual expectations of commitment, support, trust safety and challenge)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tailored, personalised content and home-practice elements targeted to address the particular needs of each Coachee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
purposeful orientation towards behavioural outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
robust design methodology based on empirical research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

To deliver this enhanced Executive Coaching programme effectively, **the Coach** should be:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
compelling (e.g. inspirational, inspiring, empowering, positive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
authentic (e.g. vulnerable, transparent, genuine, human)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
professional (e.g. prepared, conscientious, committed, punctual, boundaried, supervised)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
robust (e.g. strong, resilient, mature)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
observant (e.g. perceptive, aware, curious)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
expert (e.g. experienced, knowledgeable, communicative, accredited, supervised)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
balanced (e.g. calm, centred, solid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
confident (e.g. assured, purposeful, strong sense of self, wholesome, genuine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
challenging (e.g. courageous, objective, independent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
skilled (listens deeply, instinctive, resourceful, challenging, agile, learning-orientated)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
nurturing (e.g. kind, generous, respectful, inviting, compassionate, empathetic, guiding, demonstrates unconditional positive regard)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

If the Executive Coaching sessions are to be held **face-to-face**, the **physical environment** should:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
be resourced (e.g. comfortable seats, spare chair, stationary, water, table, clock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be appropriate (e.g. accessible, clean, free of imposing obstacles (e.g. boardroom table), space for exercises)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
replicate that essence of making the Coachee feel held (e.g. warm, safe, neutral, inviting, natural light)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be private (e.g. solid rather than glass walls (so not overlooked), protected from disturbance (e.g. noise, intrusion, interruption), sound-proof)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

If the Executive Coaching sessions are to be held **remotely** (e.g. phone/skype), the **physical environment** should:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
include a reliable phone line/ WiFi connection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be resourced (e.g. comfortable seats, spare chair, stationary, water, table, clock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be appropriate (e.g. accessible, clean, free of imposing obstacles (e.g. boardroom table), space for exercises)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be private (e.g. solid rather than glass walls (so not overlooked), protected from disturbance (e.g. noise, intrusion, interruption), sound-proof)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
if held by video link: the background behind the Coach needs to be appropriate and free from distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
replicate that essence of making the Coachee feel held (e.g. warm, safe, neutral, inviting, natural light)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

#### 4.2. Information Sheet:

Given that the purpose of the **Information Sheet** is to “clarify the key elements and differentiating factors associated with this Executive Coaching programme”, the following elements should be explained:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
purpose and examples of the multidisciplinary home-practice methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the experience of Executive Coaching (e.g. difference between coaching, mentoring and therapy; coaching mediums; premise; rhythm; conditions; typical outcomes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
key elements of the Coaching Agreement (e.g. confidentiality; mutual expectations; payment structure; Code of Ethics followed etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
typical outcomes (individual and organisational) to expect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
typical challenges to expect as a programme participant and approaches to overcome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
difference between a typical coaching experience and this targeted programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
evidence of the effectiveness and impact of the programme (individual and organisational level)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
static (structure, duration) and tailored (content and personal practice) elements of the programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
introductory reference material on workplace coaching/ self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
suitability (who it <b>IS</b> for/ who it is <b>NOT</b> for)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

origins, purpose and aims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
time commitment and personal capacity required to maximise gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
additional support available (e.g. resource library; therapeutic support links; multidisciplinary training programmes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
competence and expertise of the Coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

### 4.3. Chemistry Session

With the purpose of the **Chemistry Session** being “to establish if the Coach and Coachee can and should work together” the associated **aims** should be to develop the Coachees’ awareness of the...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
typical outputs experienced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
overview of the concept of self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
conditions of confidentiality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
overall programme (e.g. origins, purpose, structure, content (static and tailored elements) potential timelines; fees etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
typical challenges experienced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
coaching experience and the associated rhythm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
assessment/evaluation methods and processes used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

The associated **outputs** from the **Chemistry Session** should be an understanding of the Coachees'...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
ability/inability to undertake the programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
desire to attain something different	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
preferences (e.g. for delivery medium (e.g. face-to-face or remote), timing, methods for home-practice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
personalised key drivers to behavioural change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
confirmation of participation (or not)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
previous experience of coaching, mentoring and therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
current career status and aspirations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
goal for the whole process (and if possible primary topic or area of interest)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
experience of self-confidence (e.g. areas where it is enough and those where it needs to develop)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
organisational context and related systemic challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

A **Chemistry Session** could be undertaken in the following places...

(please drag and drop **Items** into the relevant **boxes**)

<b>Items</b>	<b>Ideal</b>
the home office of the Coach	
face-to-face	
a primed coaching space	
a public space (e.g hotel lobby/café)	<b>Could work, but not ideal</b>
a space which is personal to the Coachee (e.g. own home)	
remotely (e.g. Skype/Zoom, Telephone)	
the employee's workplace	<b>Would not work</b>

---

Ideally, a **Chemistry Session** should last:  
(in minutes)

---

What else should be included?



#### 4.4. Introductory Triad Session:

With the purpose of **Introductory Triad Session** being “to reach agreement on the overall coaching goal as well as identify internal mechanisms to support the Coachee’s self-confidence development”, the associated **outputs** should be that the Coach also has...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
confirmed the existence of a supportive and transparent relationship between the Coachee and Organisation’s Sponsor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
confirmed the timing, duration and location of programme coaching sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
confirmed the process associated with securing proposed internal support and associated timelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
accessed/obtained supporting documentation (e.g. 360 feedback, PDP objectives)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
explored the conditions of confidentiality and obtained agreement with the Coachee on the appropriate level of feedback to be offered to the Organisation’s Sponsor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
confirmed potential internal support mechanisms (e.g. protected time, reduced workload, practice opportunities, additional internal training, peer mentor, sponsorship)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

Ideally, a **Triad Session** should last:  
(in minutes)

#### 4.5. Intake Session: (including Time 1 evaluation)

With the purpose of the **Intake Session** being to “to confirm details which will inform both the Coaching Agreement and the Time 1 Personal Assessment Process” the associated **outputs** should be that the Coach also has...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
resolved any outstanding queries relating to the programme (e.g. format, content, support, timing, fees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provided an in-depth explanation of the static and tailored programme components	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
assessed the Coachee’s ability to access additional resource and support (e.g. both within the workplace and external)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identified factors which may hinder the Coachee’s ability to practice new learnings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
completed the Time 1 Personal Assessment Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identified factors which may enhance the Coachee’s ability to practice new learnings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clarified the primary coaching topic/area of interest associated with Coachee’s low self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clarified specific elements of the Coaching Agreement (e.g. dates and times for each coaching session, medium, location, fees, payment process)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
established a partnership relationship with the Coachee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identified the key drivers to enable personalised behavioural change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

An **Intake Session** could be undertaken in the following places...

(please drag and drop **Items** into the relevant **boxes**)

<b>Items</b>	<b>Ideal</b>
a public space (e.g hotel lobby/café)	
remotely (e.g. Skype/Zoom, Telephone)	
a space which is personal to the Coachee (e.g. own home)	
face-to-face	
the employee's workplace	
a primed coaching space	

What else should be included?

To enable the Coachee to **gain insight** into his/her self-confidence, what supporting learning materials (e.g. measures/frameworks/methods/ reading/podcasts/seminars) do you recommend for use in the following areas:

Please complete by including relevant learning material that may be of interest in the corresponding text boxes

personal life/career journey (e.g. timeline, mind-maps)

personality (e.g. MBTI, Hogan, DISC)

strengths and weaknesses (e.g. Wave, 360)

distress/mental state (e.g. GHQ 12)

confidence (e.g. PEI)

psychological flexibility

resilience (e.g. MTQ48)

risk (e.g. Risk Type Compass)

understanding the mind (e.g. Frantic Mind)

What else should be included?

To assess the **impact and effectiveness** of the programme on the **Coachee**, which measures/tests/ psychometrics could be considered to establish **Time 1 and Time 2 comparative data?**

---

---

To assess the **impact and effectiveness** of the programme on the **Organisation**, which measures/tests/ psychometrics could be considered to establish **Time 1 and Time 2 comparative data?**

---

Ideally, an **Intake Session** should last:

(in minutes)

#### 4.6. Design Process

In addition to the standard elements included in an Executive Coaching contract, the **“Coaching Agreement”** should also include:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
additional support available from within the organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
origins, purpose, aims of this tailored Executive Coaching programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
personal commitment and capacity required from the Coachee to maximise their gain from the programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
additional support included external to the programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
personalised outcomes to be expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

The “**Personalised Self-Confidence Coaching Programme Pack**” should include detailed information on the:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
difference between a typical workplace coaching experience and this targeted programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
key drivers to the achievement of desired mindset and behavioural change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
static and tailored programme elements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
outputs of the Intake Assessment Processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
confirmation of the primary topic/area of interest concerning Coachee’s own lack of self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
typical challenges to expect and methods to overcome them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
origins, purpose, aims of this tailored Executive Coaching programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
multidisciplinary nature of the methods/frameworks and interventions used within the coaching and home-practice elements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
effectiveness and impact of the programme at an individual and organisational level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
time and personal commitment required from the Coachee to successfully complete the programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

What learning material (e.g. reading/ links podcasts/webinars) would you recommend the Coachee consider in **preparation for Coaching Session 1** (e.g. Amygdala Hijack; Cognitive Distortions)

#### 4.7. Coaching Session 1

With the purpose of Coaching Session 1 being “to commence the tailored coaching process”, the associated **outputs** should be...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
“Coaching Agreement” discussed and signed by both parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coachee’s own lack of self-confidence discussed and key drivers for behavioural change identified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
detailed career journey (i.e. to date and future aspirations) completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
reflective journal practice method introduced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
outputs of the Personal Assessment Processes (including e.g. 360/PDP/T1 baseline data) discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
key themes associated with low self-confidence explained (e.g experienced by most people; often triggered; an interplay between our cognitive behavioural and emotional experiences; associated with sensations in our bodies; purposeful)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
session 1 coaching objectives set (and achieved if appropriate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
home-practice element discussed, barriers to success explored and associated deliverables confirmed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
progress/achievements from coaching session noted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
contents of the “Personalised Self-Confidence Coaching Programme Pack” reviewed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



context of the programme reinforced by deliberately exploring the concept of lack of self-confidence

What else should be included?

Ideally, Coaching Session 1 should last:  
(in minutes)

#### 4.8. Coaching Session 2-4

With the purpose of **Coaching Sessions 2-4** being “to continue the tailored coaching process” the associated **outputs** should be...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
in balanced alignment with Coachee’s personal resources, the content and related practice elements deliberately “scaled up” into stretched zone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
objectives for current coaching session set (and achieved if appropriate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
appropriate adjustments to the programme content made in light of the feedback provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
challenges/achievements from preceding coaching session and associated home-practice (as noted in Coachee’s reflective journal) discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

Ideally, Coaching Sessions (2-4) should each last:  
(in minutes)

---

#### 4.9. Time 2 Evaluation

With the purpose of the **Time 2 Evaluation** being “to complete Time 2 of the Personal Assessment Process” the associated **outputs** should be...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
completion of Time 2 Personal Assessment Process measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
completion of Reflective Review Summary (of the Coachee’s triumphs and challenges throughout their programme journey)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

What else should be included?

#### 4.10. Coaching Session 5

With the purpose of **Coaching Session 5** being “to continue the tailored coaching process and complete Time 2 evaluation process”, the additional **outputs** for this particular session should be...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
guidance provided to support the Coachee to develop their Summary Presentation at the Concluding Triad Session (to include e.g. summary of reflective review, T2 assessment outcomes, highlights/challenges, experience in developing and embedding their self-confidence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coachee's Reflective Review Summary discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
outcomes of the Time 2 Personal Assessment Process reviewed and identified changes explored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

Ideally, Coaching Session (5) should last:  
(in minutes)

#### 4.11. Concluding Triad Session

With the purpose of the **Concluding Triad Session** being “to review the Coachee’s progress against original process goal”, the additional **outputs** for this particular session should be...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
collective agreement reached as to personal and workplace next steps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
challenges explored and discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
review of Coachee’s Summary Presentation detailing their experience of the programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
confirmation of ongoing internal support mechanisms to be provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
recognition and celebration of the accomplishments achieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coachee’s reflections on Concluding Triad Session explored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
personalised priority next steps and supporting action plan completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What else should be included?

Ideally, the Concluding Triad Session should last:  
(in minutes)

#### 4.12. Programme Evaluation

##### Individual

With the purpose of the **Programme Evaluation** being “to evaluate the impact of the programme on both the individual as well as the organisation”, what methods/tests/measures could be used to demonstrate the **impact/return on investment on the individual?**

---

##### Organisation

With the purpose of the **Programme Evaluation** being “to evaluate the impact of the programme on both the individual as well as the organisation”, what methods/tests/measures could be used to demonstrate the **impact/ return on investment to the organisation?**

Thank you for completing the questionnaire.

Please click the forward arrow to progress to the **Demographics Section**.

Section 5: Demographics

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# Kingston Business School

**Section 5: Demographics**

How old are you in years?

---

Which option best describes your gender?

- Male
  - Female
  - Prefer not to say
  - Prefer to self-describe (please state below)
- 

How would you describe your ethnic origin?

- Asian or Asian British
  - Black or Black British
  - Mixed or Multiple Ethnic Groups
  - White
  - Other Ethnic Group
-

- Asian or Asian British
  - Black or Black British
  - Mixed or Multiple Ethnic Groups
  - White
  - Other Ethnic Group
- 

In which country are you based for work?

- England
  - N. Ireland
  - Scotland
  - Wales
  - Other (please state)
- 

What is your highest level of finished education?

---

What is your equivalent organisational seniority level?

Are you a qualified Executive Coach?

Yes

No

---

With which of the following bodies are you accredited?

Association for Professional Executive Coaching and Supervision (APECS)

Association of Coaching (AC)

Academy of Executive Coaches (AoEC)

European Mentoring and Coaching Council (EMCC)

International Coach Federation (ICF)

Other (please state)

---

What level of ICF accreditation do you hold?

What level of EMCC accreditation do you hold?

What level of AC accreditation do you hold?



What level of AoEC accreditation do you hold?

What level of APECS accreditation do you hold?

You answered "Other". What type and level of accreditation do you hold with this body?

For how many years in total have you been coaching individuals?

For how many years have you been coaching as an Executive Coach?

Do you coach employees?

- Yes  
 No

For how many years in total have you been coaching employees?

---

Which of the following disciplines inform your coaching practice? (Please select all relevant options).

- ACT
- Bioenergetics
- CBT
- Double Loop Learning
- NLP
- Self-Compassion
- Mindfulness
- Somatic practices
- Systemic
- Transactional Analysis
- Other

---

Are you an ACT practitioner?

Yes

No

---

Are you a qualified CBT practitioner?

Yes

No

---

Are you a qualified NLP practitioner?

Yes

No

---

Are you a qualified Mindfulness practitioner?

Yes

No

---

How many years in total have you been practicing ACT?

---

How many years in total have you been practicing CBT?

---

How many years in total have you been practicing NLP?

---

How many years in total have you been practicing Mindfulness?

---

Are you a...

- Employee who has experienced Executive Coaching?
  - Researcher/academic?
- 

What is your area of research and how is it relevant to this study?

In which of the following areas have you published material?

- ACT
  - Bioenergetics
  - CBT
  - Coaching
  - Double Loop Learning
  - NLP
  - Self-Compassion
  - Mindfulness
  - Somatic practices
  - Systemic
  - Transactional Analysis
  - Other (please state below)
-

With your research in  $\{q://QID123025221/ChoiceGroup/SelectedChoices\}$  in how many of the following have you been a...

	(please enter number)	
	Contributor	Full Author
Published Articles	<input type="text"/>	<input type="text"/>
Books	<input type="text"/>	<input type="text"/>
Academic Papers	<input type="text"/>	<input type="text"/>

Are you a Psychologist?

- No
- Yes
- Yes and I am also a Chartered Occupational Psychologist
- Yes and I am also a Chartered Clinical Psychologist
- Other

I am qualified by the BPS to administer psychometrics at:

- Level A (Aptitude)
- Level B (Personality)
- Both (Level A and Level B)
- Not qualified

Which particular psychometrics are you qualified to administer? (Please list below)

Did your experience of workplace coaching enable you to enhance your self-confidence?

- Yes
  - Maybe
  - No
- 

You answered "Yes". What was in place within the coaching experience that made that outcome possible?

---

You answered "No". What was missing within the coaching experience that contributed to that outcome?

---

You answered "Maybe". What was in place or missing within the coaching experience that contributed to that outcome?

---

On a scale of low self-confidence to high self-confidence, where I sit most of the time is...



---

**Section 6: Next Steps**

In terms of next steps, the analysis of the data will begin as soon as the Panel 2 returns have been received. I am hoping that your final (much smaller!) questionnaire will be with you in about 4 weeks. I'll keep you updated with progress between now and then.

In the meantime, please do not hesitate to get in touch with me with any queries you may have on either [michelle@claveyconsulting.com](mailto:michelle@claveyconsulting.com) or +44(0)7412581232.

Again, **THANK YOU** so, so much for completing the questionnaire.

Michelle

**Please click the arrow below to submit your responses.**

