

Health Coaching – a powerful approach to support Self-Care

Catherine Macadam, Coach/Mentor and Consultant

Health services in the UK are under increasing strain. Evidence shows that self care can play an important part in reducing calls on GPs, the use of prescriptions and referrals to secondary care. But people lack skills and confidence to self-care. By adopting a coaching approach doctors and other healthcare workers can help restore confidence, reduce dependency and free up more time to care for those with serious and complex conditions. At the same time they will learn different ways of communicating which will pay dividends in many other aspects of their work.

Definitions:

- **Self Care** is about helping people to take care of themselves by taking an active interest in their own health.
- **Coaching** is a development technique based on the use of one to one discussions to enhance an individual's skills, knowledge or performance.
- **Health coaching** secures lifestyle change by empowering the client, enhancing their wellbeing and facilitating the achievement of their health-related goals¹.

The case for self-care includes making better use of finance and resources. Evidence from doctors using a self care approach shows significant reductions in the calls on GPs, the use of prescriptions and referrals to secondary care. Self-care has also been shown to deliver more far-reaching benefits such as:

- helping carers and family members to care more effectively
- supporting more shared and informed decision-making, patient participation and empowerment
- patients who take responsibility for their health are more likely to take responsibility for other areas of their lives and more likely to support each other and build a sense of community.²

By empowering people to take responsibility for their own health and make lasting, positive lifestyle changes, health coaching can have a real impact on spiralling health care costs and the nation's wellbeing, according to Coaching at Work Magazine³. Dr Mark Atkinson, founder and director of the Integral Health Institute and former health coach trainer, comments "the vast majority of illness is preventable. Most people know what they need to do, however, few do it because of engagement and motivation, but that's what coaching specialises in"⁴.

What stops people self-caring?	Health Coaching can help by focusing on:
- Lack of motivation/urgency: <i>I can't be bothered</i>	- motivational factors
- Lack of confidence: <i>I can't manage it</i>	- overcoming barriers, including "thinking traps"
- Feeling overwhelmed: <i>it's too much/too hard for me</i>	- challenging self-limiting beliefs
- Confusion, lack of clarity about what to do: <i>I don't know where to start</i>	- generating solutions (own/realistic)
- Self-limiting beliefs: <i>I can't do it</i>	- taking action – small steps
- Negativity: <i>it won't work</i>	- review, reflection, support
- Procrastination: <i>I'll start tomorrow/next week etc</i>	- building confidence and self-belief (self-acceptance, self-efficacy)
	- how to become more engaged and take control

Professor Stephen Palmer, a leading exponent of health coaching, suggests that a supportive and facilitative health coach can make all the difference when challenging health behaviours, moving

away from the traditional medical model where the practitioner instructs the “patient” and provides them with their targets, to one where the coach actively encourages the “client” to develop their own goals⁵ .

Coaching is about helping people to learn rather than simply telling them what to do. So health coaching adopts a different approach to conversations about health:

- a coaching conversation is discursive, supportive and facilitative, with its main focus on the client’s perspective
- the coach uses open questions, summarising, reflecting, giving feedback
- the coach and client are equals/partners in the relationship and are both involved in the learning experience.

What’s the theory behind Health Coaching?

Health coaching is based on a range of theoretical models and approaches which have been shown to be particularly effective in addressing the sorts of issues raised by clients coming for help with their health goals.

- The **Transtheoretical Model of Change**⁶, used with the Readiness for Change Scale helps the coach to become more aware of where their client is in the process of change, and assess ambivalence
- **Motivational interviewing**⁷ is an evidence-based approach that is a collaborative person-centred form of guiding to elicit and strengthen motivation for change; enhancing self-efficacy and helping clients deal with ambivalence about making health-related choices by facilitating the client to persuade themselves into change.
- **Cognitive Behavioural Coaching**⁸: Cognitive Behavioural approaches can be used to address psychological blocks to change and a tendency to procrastination and avoidance. By developing Cognitive Thinking Skills clients can overcome resistance to change, reduce stress and recognise reciprocal interactions between thinking,, behaviour, environmental influences and goal-blocking emotions
- **Multi-modal coaching**⁹: can be used to help clients who relapse⁹, particularly when they become stressed. The approach assesses the different factors, or modalities, involved to develop a profile that includes relevant items or problems and possible solutions or interventions for each aspect.

What Evidence/experience is there of using Health Coaching to support Self Care? Case studies:

The **London Deanery**¹⁰ has been running a Coaching and Mentoring service since 2008 and report the use of coaching with patients has helped to:

- emphasise that they are resourceful people and that they are experts in their own lives
- guide them through the process of making changes they want to make and feel more in control of their lives.
- make major and rapid changes, building confidence that they can manage their problems by themselves.
- switch from telling (...) to asking questions and transferring the responsibility to the patient, who can identify and use their own strategies to prevent relapse.

Birmingham OwnHealth telephone coaching trial¹¹ used health coaching to help manage long term health conditions, by providing support and encouragement to the patient and promoting healthy behaviours and good mental health. They suggest that by helping the patient maintain their own health more independently, they are more likely to identify problems before they become critical, possibly preventing admissions to hospital.

Healthy Change¹² (Nottingham Public Health team): Patients receive short programmes of personalised coaching support from specialist Healthy Change staff with maintenance checks at 6 and 12 months to check progress and are referred to a range of services depending on their goals e.g. smoking cessation, weight loss and exercise programmes. An independent evaluation showed that, of over 5,000 referrals in the first year, the service:

- successfully refers over 80% of clients to lifestyle change services
- enables over 75% of members to achieve one or more additional goals at end of the coaching period
- is rated as good or better by over 85% of members
- reduces "Did Not Attend" rates for specialist lifestyle services

As well as supporting lifestyle change and improving self-care, they found that coaching addresses lifestyle factors that are key determinants of health inequalities.

Who can become a Health Coach?

There is currently no recognised accreditation for health coaching in UK and there are differences of opinion about whether you need to be a health professional to be able to offer health coaching.

In the US, where health coaching is more advanced, Margaret Moore, of Wellcoaches, and the Institute of Coaching at McLean Hospital/Harvard Medical School thinks a background in health sciences is essential, but should not be an obstacle¹³. In the UK, Professor Stephen Palmer says that studies have shown that the layperson can be successfully trained to become an effective health coach to work in primary care settings but, in health coaching it is strongly desirable that the coach has an understanding of the health and wellbeing topics that most clients want to tackle¹⁴.

Courses in health coaching are run in the UK both for health professionals, who can then work with people with serious health problems or long-term conditions, and for coaches with a general interest in health, who can work with people who are healthy, but want to take health to the next level, or prevent illness/manage risk. Palmer says that some people make a distinction between health and wellbeing coaching. The former may deal with specific disease management or better health outcomes e.g. reducing blood pressure, lowering cholesterol, controlling diabetes, managing pain, while the latter generally focuses on education about health-related issues such as weight, exercise, smoking, alcohol, nutrition.¹⁵

What does this mean for doctors?

Lis Paice, doctor, coach and author of a book about coaching says: "I had spent my whole career as a doctor listening, asking questions and sorting out what I needed to do for my patients ... It was tough to understand why none of (what doctors normally do) is helpful in coaching...". Evidence that taking a coaching approach had transformed consultations with patients, especially those whose lifestyle was aggravating their condition, persuaded her that "taking a coaching approach – listening rather than telling, and then harnessing the resourcefulness of patients – must be the way forward in involving patients in improving care"¹⁶.

There are both challenges and opportunities for doctors in adopting a coaching + self-care approach. For a patient to be able to take more responsibility for their health condition, doctors have to be prepared to shift their approach: not provide all the answers and acknowledge the patient's own expertise; learn to communicate differently: more listening, less telling. This can take more time at first, but should free up time by reducing dependence on doctors later. It's not free: there are initial costs (time and money) to train and develop a coaching approach and skills. But other staff (e.g. reception staff, nurses) can also be trained to offer health coaching to certain groups of patients, freeing up doctors' time.

It will be hard for doctors to adopt a coaching approach with patients if they haven't experienced being coached themselves. However, offering doctors the chance to experience coaching can have additional benefits, for patients, for themselves and for those they supervise.

For example, Mid-Cheshire Hospitals NHS Foundation Trust use coaching as part of their leadership development and found that coached staff are generally more motivated, confident and ready to embrace challenges, receive fewer complaints and more positive patient feedback. Other benefits they reported have included improved performance and delegation, a greater understanding of the impact of their behaviours leading to improved working relationships, increased staff retention and reduced absenteeism from stress together with improved patient outcomes.¹⁷

Sue Mortlock and Alison Carter, from the NHS national coaching initiative at the NHS Institute for Innovation and Improvement, undertook an external evaluation of the impact of coaching on patient care and service improvements. Key findings showed benefits to the NHS and patients as well as noticeable behavioural change in individual leaders. It led to increased levels of self-awareness, self-confidence and resilience and improved ability to manage politically complex situations and organisational change¹⁸.

Health services in the UK are under increasing strain. A patient commenting on current pressures on general practice observed: "However many appointment slots are made available it will never be enough - people attend for things that, when I was a child, my mother used to wait a few days to see if the condition resolved itself. People need to understand that their first point of call is their own common sense". But people have lost the confidence in their ability to trust their common sense. By adopting a coaching approach doctors and other healthcare workers can help restore that trust and confidence, reduce dependency and free up more time to care for those with serious and complex conditions. At the same time they will learn different ways of communicating which will pay dividends in many other aspects of their work and even personal lives.

Catherine Macadam is a Coach/Mentor and Consultant in organisational and personal development. She is currently Chair of the Patient Liaison Group for the British Medical Association. She can be contacted at: coaching@cmacadam.co.uk, www.cmacadam.co.uk, 07796 171739.

¹ S Palmer, I Tubbs and A Whybrow, 'Health coaching to facilitate the promotion of healthy behaviour and achievement of health-related goals', in *International Journal of Health Promotion and Education*, 41(3), pp91-3, 2003

² Self Care Guide for Patient Participation Groups, Self Care Forum, 2013

³ V Shaw, 'Handle with Care', in *Coaching at Work Magazine*, 7 (2), pp27-30, 2012

⁴ Quoted in V Shaw, 'Handle with Care', in *Coaching at Work Magazine*, 7 (2), pp27-30, 2012

⁵ S Palmer, 'The Health Coaching Toolkit Part 1', *Coaching at Work Magazine*, 7(3), 2012

⁶ J.O. Prochaska and C.C. DiClemente (eds), 'The Transtheoretical Approach: Crossing the traditional boundaries of therapy', Dow Jones, 1984

⁷ W. R. Miller and S Rollnick, *Motivational Interviewing: Preparing people for change*, Guilford Press, 2002

⁸ S. Palmer and K Szymanska, 'Cognitive Behavioural Coaching. An integrative approach', in *Handbook of Coaching Psychology*, Palmer and Whybrow (Eds), Routledge, 2008

⁹ S Palmer, 'Multimodal Coaching and its application to workplace life and health coaching', in *The Coaching Psychologist*, 4(1), pp21-29, 2008

¹⁰ R.Viney and E. Paice, REACHING OUT, A Report on London Deanery's Coaching and Mentoring Service 2010-2012, <http://mentoring.londondeanery.ac.uk/downloads/files/FIRST%201000%20low%20res.pdf>

¹¹ A Steventon et al 'Effect of telephone health coaching (Birmingham OwnHealth) on hospital use and associated costs: cohort study with matched controls', *BMJ* 2013;347:f4585

¹² J Wilcox, *Healthy Change Evaluation Report 2011/2012*, 2012,

<http://www.nottinghaminsight.org.uk/f/63588/Library/Health-and-Social-Care/Healthier-Communities/>

¹³ Quoted in V Shaw, 'Handle with Care', in *Coaching at Work Magazine*, 7 (2), pp27-30, 2012

-
- ¹⁴ S Palmer, 'The Health Coaching Toolkit Part 1', *Coaching at Work Magazine*, 7(3), 2012
- ¹⁵ S Palmer, 'The Health Coaching Toolkit Part 1', *Coaching at Work Magazine*, 7(3), 2012
- ¹⁶ L Paice, 'Patients are a virtue', in *Coaching at Work Magazine*, 8(5), p24, 2013
- ¹⁷ L Gresty, 'In NHS we Trust', in *Coaching at Work Magazine*, 8(1), 2013
- ¹⁸ S Mortlock, A Carter, 'Quality Assured', in *Coaching at Work Magazine*, 7(6), 2012