

Nursing students' perspectives on the effectiveness and applicability of health coaching

Perspektywy studentów pielęgniarstwa dotyczące skuteczności i zastosowania coachingu zdrowotnego

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STRESZCZENIE

PERSPEKTYWY STUDENTÓW PIELĘGNIARSTWA DOTYCZĄCE SKUTECZNOŚCI I ZASTOSOWANIA COACHINGU ZDROWOTNEGO

Wprowadzenie. Coaching zdrowotny jest ważnym podejściem do wzmacniania pozycji pacjentów w celu lepszej samoopieki. Celem badania było zbadanie doświadczeń studentów pielęgniarstwa w prowadzeniu coachingu zdrowotnego pod kątem jego skuteczności i przydatności.

Metody. Dane zebrano z 47 formularzy refleksji wypełnionych przez studentów trzeciego roku pielęgniarstwa po praktyce coachingu zdrowotnego.

Wyniki. Studenci zaobserwowali poprawę stanu zdrowia, zachowania, dobrostanu emocjonalnego i psychospołecznego oraz organizacji życia codziennego osób korzystających z coachingu. Coaching zdrowotny był postrzegany jako użyteczne podejście o szerokim zastosowaniu, mające pozytywny wpływ na proaktywną rolę coachees.

Dyskusja. Studenci uznali coaching zdrowotny za skuteczne podejście do poprawy jakości opieki i zmniejszenia obciążeń związanych z opieką zdrowotną. Uznali również skuteczność kliniczną tego podejścia. Wyniki są spójne z innymi badaniami dotyczącymi skuteczności coachingu zdrowotnego.

Wnioski. Włączenie coachingu zdrowotnego do programów nauczania pielęgniarstwa może potencjalnie zwiększyć rozwój zawodowy i poprawić jakość praktyki pielęgniarstwa. Potrzebne są dalsze badania w celu oceny skuteczności integracji coachingu zdrowotnego z edukacją pielęgniarstwa.

Słowa kluczowe: pielęgniarstwo, studenci, mentoring, udział pacjenta, zdrowy styl życia

ABSTRACT

NURSING STUDENTS' PERSPECTIVES ON THE EFFECTIVENESS AND APPLICABILITY OF HEALTH COACHING

Introduction. Health coaching is an important approach to empowering patients for better self-care. The aim of the study was to investigate the experiences of nursing students with providing health coaching in terms of its effectiveness and usefulness.

Methods. Data were collected from 47 reflection forms completed by 3rd-year nursing students after health coaching practice.

Results. Students observed improvements in coachees' health, behaviour, emotional and psychosocial wellbeing, and organization of daily life. Health coaching was seen as useful, broadly applicable approach with a positive impact on coachees' proactive role.

Discussion. Students considered health coaching as an effective approach to improve quality of care and to reduce healthcare burden. They also recognized the clinical effectiveness of the approach. The findings are consistent with other studies on the effectiveness of health coaching.

Conclusions. Integrating of health coaching into nursing curricula have potential to enhance professional development and improve the quality of nursing practice. Further research is needed to evaluate effectiveness of integration health coaching into nursing education.

Key words: nursing, students, mentoring, patient participation, healthy lifestyle

INTRODUCTION

Nursing students learn various methods and approaches to empower patients to achieve optimal health and well-being. Health coaching is recognized as an effective approach in certain environments and is part of the education of nursing students in several study programmes [1-3]. The term „health coaching” is defined as a collaborative process between a coach and an individual, focused on health and well-being goals. This process enables the individual to gain insight into their own behaviour, develop the ability to set their own health goals, make health-related decisions and change their lifestyle [4]. Health coaching can promote self-care practices, alleviate mental distress, and improve physical health outcomes in various patient groups [5]. The approach is centred on the patient and employs techniques such as active listening, motivational interviewing and personalised guidance. It has been found to be effective in the prevention and treatment of non-communicable diseases, where sustainable lifestyle changes are a crucial aspect of improving health status [6,7]. In health coaching the focus shifts from providing solutions for patients in order to empower them to think independently [8]. Nurses, with their expertise in health promotion and patient or health education, are well qualified for health coaching. Their skills enable them to support patients in preventing and managing noncommunicable diseases, motivating for behavior change, setting goals, and self-care progress monitoring [5]. The existing literature highlights the potential of health coaching [9,10], however the integration of this approach into nursing education remains slow and unexplored. The aim of this study was to investigate the experiences of nursing students with health coaching. The research question was: How did nursing students assess the implementation of health coaching in terms of effectiveness and applicability?

METHODS

The study employed a qualitative research methodology to gain a deeper understanding of the experiences and subjective perceptions of participants. A phenomenological approach was selected, which focuses on the experiences and interpretations of individuals, in order to gain insight into nursing students' experiences with health coaching. Data collection was conducted in the form of a structured reflection form designed by the research team. The form included open-ended questions covering key areas such as descriptions of coachee's health or well-being issues, the coaching goals, self-assessment of performance, students' perceptions of both their own role as a coach and also coachee, as well as their reflections on the perceived usefulness of health coaching.

The study population consisted of third-year nursing students ($n = 116$) from selected educational institution in academic year 2019/20. Following a comprehensive 2-hour theoretical and 5-hour practical classroom training in health coaching, conducted through an active learning approach in the classroom (interactive lecture, small group work, role-playing), students were invited to take

on the role of a coach and provide coaching to one adult (coachee) in their social environment (e.g. neighbour, friend), excluding individuals who live in the same household. Coaching was conducted either in person or using digital tools, but it was suggested to deliver it in combination of these two methods. Coachees voluntarily participated in the coaching process for three weeks aiming to facilitate lifestyle changes. Due to COVID-19 epidemic in March 2020, some groups of students were taught and delivered coaching exclusively online.

After completing the coaching process, the group of students reported written reflections on their experiences and submitted them via Moodle. A total of 47 students provided consent to the inclusion of their reflections in research.

For data analysis a six-phase thematic analysis framework and a reflective approach were applied [11]. The analysis was conducted using NVivo (version 1.7.2). Codes were developed on the basis of students' reflections, with two researchers independently coded five reflections, followed by a comparative analysis and discussion. The remaining reflections were analysed separately, and codes were unified. Themes were generated. The analysis was done in Slovenian language.

Participation in the study was voluntary, and all participants gave their informed consent. The data collection was part of a broader research for which ethical approval from The Faculty of Arts at the University of Ljubljana's Ethics Committee was received. The presentation of the study results complies with the Standards for reporting Qualitative Research [12].

RESULTS

Results of the study are presented in two thematic categories: Perceived changes and Clinical applicability. Within thematic category **Perceived changes**, four themes were identified from the data analysis, which refer to the changes reported by students (S) in adults (coachees) (Tab. 1).

Tab. 1. Themes and codes of the thematic category Perceived changes

Health and quality of life	Behaviour and responsibility	Emotions and psychosocial changes	Everyday life
Better health and well-being	Active role	Positive feelings	Better organisation of the day
Better condition	Making decisions about health	Feeling heard	Productivity
Higher quality of life	Awareness of the need for change	Motivation	Support from loved ones
Better knowledge, experience	Commitment to change	Awareness of abilities	Influence on others
Achieving the goal	Behavioural change	Change of thinking	
	Intention to continue	Pride in success	

The students observed several positive changes in the participants which reflect as effectiveness of coaching. Participants reported enhanced health and well-being, accompanied by a reduction in stress and an increase in restfulness („*She also said she felt better, less stressed and more rested*.” S4) and improved condition („*...she says that she is no longer immediately tired and so breathless when she walks*” S2). Coaching techniques improved quality of life by addressing underlying issues („*In the end, he came to the conclusion that his problem was not really smoking addiction, but boredom*.” S35) and helped to develop key skills and experience for future progress („*...but he has acquired certain skills and experience*.” S10). Participants achieved important goals, which represented great progress and motivation to continue („*he is on the way to his goal. He hasn't lost 35 kg yet, but he is 9.3 kg lighter, which is a big improvement*.” S11). Students observed that patients took an active role and made responsible decisions in creating their own lifestyle change plans („*The patient came up with her own plan for lifestyle changes*.” S5), made decisions to improve their health („*...[coaching] was even more instrumental in her decision to to give up sugar gradually*” S43), and began to realise the necessity for change („*She started to realise that she had to change something*.” S22). Despite the challenges, they were committed to achieve their goals („*The lady said that at times she had to force herself to persevere, to stick to the agreement, in order to reach the goal she had set earlier*.” S36). Additionally, concrete behavioural changes have often become part of daily life („*He says he didn't think it would relax him so much and that walking is now a daily must do for him*.” S11). Several participants expressed a desire to make changes a permanent part of their lives („*She has the will and desire to continue what we started. Her desire is for it to become a consistent feature in her life*.” S30).

Participants often expressed positive feelings such as gratitude („*She says she was happy to participate and that she is grateful to have done something good for her health*.” S14), happiness and satisfaction („*The person was very happy and satisfied that we did coaching*.” S27) and feeling heard („*...it made him feel that I was really listening to him*.” S35). An increase in motivation was also noted („*...I was positively surprised when his motivation started to increase*.” S19) and gained insights into their own abilities („*The main thing the lady discovered about herself is that if she really wants something, she will achieve it*.” S22). A change of thinking was often reported („*The patient changed his thinking*...” S46) and pride in success („*The man was very happy, proud of himself, because he was doing very well at the beginning*.” S23).

Participants reported better organisation of their day („*...that she made a schedule of commitments for each day and planned outdoor physical activity into it*.” S4) and increased productivity („*...as the gentleman got much more work done in the same amount of time than usual, as he did not need to pause to light a cigarette*.” S15). The importance of support from close family members was also emphasized („*He says that he did not expect such a positive response and support from his wife*...” S8) and the impact on others („*...as a result, his wife has changed and now bakes healthy sweets*...” S16).

We identified three themes in area of **Clinical applicability** (Tab. 2).

■ Tab. 2. Themes and codes of the thematic category of Clinical applicability

Impact on healthcare	Areas of application	Changed in the role of the individual
Quality of healthcare system	General application	Active role
Less strain on the health service	Prevention	Setting goals independently
Efficient approach	Non-communicable diseases	Taking responsibility
Convenience	Primary health care	Reflection and motivation
Resistance to change	Combination with other approaches	Person-centred approach
Time consuming		Better relationships
Additional training		

Students found that the introduction of coaching could improve nursing care quality („*I think it is very useful and that it would improve the quality of nursing care a lot*.” S17) and reduce the strain on the healthcare system by empowering patients, who will need less health care services („*...as a consequence, it reduces the cost of care, we can attend to only 1 person comprehensively and qualitatively*...”). Coaching was identified as an effective and convenient approach to patient care („*...much more convenient because you always have everything at hand, you don't have to worry if you forgot to take something with you when you meet the patient*.” S8). Potential barriers to implementation were noted, such as resistance to change among nurses, the time complexity and the need for additional training for practitioners.

Students observed a change, active role of participants in coaching („*...what I find essential is that the patient is put in the role of leader*” S6) and a key advantage of coaching - that individuals can set their own goals autonomously („*...patients set their own goals, they are in charge of whether or not they achieve their goals, we just guide them*.” S7). Coaching encourages participants to take responsibility for their health: („*...it is an approach that encourages the patient to take the initiative and responsibility for their own health*.” S5), to start thinking about it („*...because [the coach] has to guide his patient with the right questions to start thinking about the problems*...” S14) and are more motivated to take care of themselves („*Because he makes his own choices, he is consequently more motivated to do so than if we had chosen a goal for him*.” S26). Coaching supports person/patient-centred care („*...you focus on just one patient and you really pay attention to them, listen to them and stimulate them to think for themselves about what is wrong, to recognise their own mistakes*” S17). It also improves the relationship between the patient and the nurse („*It also makes the relationship more intimate, which makes the patient trust the nurse more*...” S12).

Students recognised the wide range of applications for coaching, both in the clinical setting and at home („*I find coaching in general to be a nice experience and definitely a useful thing in the clinical setting as well as at home*.” S14). Its role in preventing and supporting patients with noncommunicable diseases at the primary care level was emphasized („*I see the usefulness of coaching mainly as prevention*.” and „*...for patients with chronic diseases, to help monitor progress*.” S26). It was also suggested that it could be used in specific

areas in combination with other approaches („...especially for those with depression, anxiety and anxiety problems, to combine coaching with medication as ordered by a doctor.” S17).

DISCUSSION

Health coaching is an effective approach to empowering individuals to take care of their own health which was also noted by our students, who identified the positive impact on health behaviour and personal responsibility for health [13]. According to previous research the motivation of coachees and the psychosocial change are key factors for successful outcomes [14,15]. The active involvement of coachees had a significant impact on both the individuals themselves and their relatives, thereby underscoring the considerable potential of health coaching. In addition, coaching has the potential to reduce the strain on the Healthcare system by reducing the need for Healthcare services, and it improves patient self-care, which is cost-effective [16-18]. Students believe that these techniques can be implemented without additional equipment or resources. They identified potential challenges in implementing coaching in nursing practice, such as the time-consuming aspect of coaching and the need for training. Other researchers also identified the issues associated with limited resources, time constraints, and the need for training [19].



Students considered the clinical usefulness of health coaching in the prevention and management of people with non-communicable diseases, which is consistent with the findings of other researchers [6,10], who state that the approach is particularly useful in primary health care and all other areas of health and well-being. According to students, health coaching supports the implementation of more integrated, patient-centred approach to care, in which the patient takes an active role and collaborates with the larger team. This findings confirm other studies [9,20]. Nurses play a pivotal role in facilitating self-care through health coaching, in both disease prevention or the management of non-communicable diseases, therefore more attention should be paid to this issue [5]. To ensure the successful implementation of health coaching in a practical setting, it is essential to provide support at the individual, organisational, and work level [21].

The research limitations include the use of a random sample, limiting generalisability of the results, and reduced control over variables, which may affect data reliability. Further research with different approaches, including the integration of digital technologies, is needed to explore students' experiences and the effectiveness of health coaching in the nursing practice.

CONCLUSIONS

The integration of health coaching into nursing education can make an important contribution to the professional development of students, and ultimately improve the quality and efficiency of health care. Students recognise the benefits of a patient-centred approach, which supports the integration of health coaching into curricula and clinical practice. Digital technology offers opportunities to further enhance this approach.

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