

Health Coaching: A New and Exciting Technique to Enhance Patient Self-Management and Improve Outcomes

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Abstract

Health coaching is quickly emerging as a new approach of partnering with patients to enhance self-management strategies for the purpose of preventing exacerbations of chronic illness and supporting lifestyle change. Medicare is now pilot testing this approach for patients with congestive heart failure and diabetes. With acute care hospitalization an outcome of great interest to us all, health coaching is an exciting technique worthy of consideration by home health providers.

Patient education has been a cornerstone of home healthcare since the industry's early beginnings. Nurses and therapists have been viewed by patients and families as the experts with the answers. We provide information that we believe will help the patient and his or her caregiver manage the patient's condition, with the expectation that the patient and caregiver will comply with our recommendations if the patient desires to return to optimal recovery and function.

We are direct in our approach and typically provide patient education materials that explain the pathophysiology of the condition, medications that alleviate the symptoms, exercises that improve function, diets that support wellness, and immediate actions that prevent the use of urgent or emergent care.

Although our educational material is appropriate for use, do we find ourselves deciding what the overall goals for the patient should be on the basis of his or her condition rather than what the patient actually states his goals to be? Do we actively engage and guide the patient through the process of changing his or her behavior? Do we see ourselves as facilitators who help the patient and caregiver to achieve their health-related goals?

Do We Know How?

Veenu Aulakh, MPH, Senior Program Officer for Chronic Disease Care for the California HealthCare Foundation says:

In order for chronic care management to really be successful, behavior change on the part of the patients is really critical, and the traditional model of a physician or provider telling the patient what to do hasn't been working. It goes beyond just telling people what to do, but rather working in a collaborative manner with patients to both educate on what changes need to happen, but also giving them the skills and confidence to be able to make those changes. (Disease Management Advisor, 2005, p.75)

Many who practice health coaching applaud this method as a great way to help individuals achieve optimal wellness, to facilitate the learning process, and to engage them in health-seeking behaviors. Does health coaching have implications for home health clinicians who manage patients with chronic and comorbid conditions? Yes!

What Is Health Coaching?

Health coaching is the practice of health education and health promotion within a coaching context to enhance the well-being of individuals and to facilitate the achievement of their health-related goals ([Palmer, Tubbs, & Whybrow, 2003](#)). Health coaching effectively motivates behavior change through a structured, supportive partnership between the participant and the coach ([Duke University Center for Integrative Medicine, 2006](#)). The coach helps the participant to clarify goals and provides insight into goal achievement through inquiry, collaboration, and personal discovery. Health coaching also is sometimes referred to as "motivational interviewing" ([Bennett, Perrin, & Hansen, 2005](#)).

How Did Health Coaching Begin?

The roots of health coaching or motivational interviewing began with psychologists treating addicted persons ([Ossman, 2004](#)). Psychologists who developed the process described it as a directive, client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence ([Rollnick, Mason, & Butler, 1999](#)).

In the early 1990s, the National Institute on Alcohol Abuse and Alcoholism conducted the research project, MATCH, which compared 3 treatments for alcoholism: (1) cognitive behavioral therapy, (2) a 12-step approach such as that used by Alcoholics Anonymous, and (3) motivational enhancement therapy, a technique aimed at improving readiness and willingness to change drinking habits (["Motivational Interviewing," 2005](#)). The results of the MATCH project showed that all 3 treatments were equally effective, but that motivational enhancement took less time and cost less. This finding prompted an increased interest in this method.

Since then, other research has focused on health coaching and motivational interviewing as methods that have helped patients achieve health behavior change in other populations, especially those with chronic conditions such as diabetes, obesity, renal failure, and heart disease.

The Difference Between a Traditional Approach and Health Coaching

Our traditional approach is primarily centered on the provision of education directed "at" the patient and family or caregiver. It resembles a teacher giving facts and expecting the learner to respond accordingly. We essentially tell the patient to "do these things" In contrast, health coaching has a focus of special issues and concerns unique to the individual patient that fit into the context of the patient's life (Disease Management Advisor, 2005). Health coaching gives healthcare providers a framework that shows how to reach out to patients by determining what their issues,

beliefs, and concerns are that may hinder or support the lifestyle change or responsibility for health that lies ahead. [Figure 1](#) illustrates how our traditional approach to patient education differs from health coaching.

Patient	Health Professional's Response
<i>"There's no way I can give myself a shot."</i>	No problem, we'll take care of this for you. What causes you to feel this way? Tell me if you've had a bad experience before. Please explain.
<i>"I just can't dress this wound 2 times a day."</i>	It's tough at first, but you'll do just fine in time. What's hindering you? What support do you think will help you most?

Figure 1. Traditional approach vs health coaching.

The Patient as the Center

Effective chronic illness care requires 2 things:

1. Active involved patient and caregiver
2. Healthcare team that centers on the patient and caregiver.

It is estimated that 95% to 99% of chronic illness care is provided by the person who has the illness ([Funnell, 2000](#)). This makes sense. After all, it is the patient and many times his or her caregiver who make the decisions about the patient's health on a day-to-day basis. It is the patient or caregiver who most often decides to make an appointment with the physician, to go to the emergency room in the middle of the night, or to wait several hours or a few days before accessing healthcare at all. Bringing this statistic to our attention should enlighten us that indeed we must connect with the patient and caregiver on the basis of patient goals, not our own, because he or she is the ultimate decision maker.

Providing care in the patient's place of residence affords the home health provider opportunities that other providers do not have. Patients typically feel safer and more secure in their own homes. This provides an environment with an excellent opportunity for developing trusting and caring relationships with patients and caregivers. This also sets the stage for determining what is important to the patient, what the patient wants to accomplish the most relative to the disease or condition he

or she has, and how active the patient is in caring for self. Making the patient the center of our efforts puts the patient's needs, concerns, and goals at the center of how we address them, how we respond to them, and how we focus our efforts.

Helping Patients and Caregivers Set Goals

[Mary Funnell \(2000\)](#), a certified diabetic educator for the University of Michigan Health System at Ann Arbor, explains that the process of setting "self-management" goals with the patient involves essentially 2 steps, as follows.

Start at the Problem

Funnell recommends that healthcare professionals start with a comment such as "Tell me what bothers you most." "Tell me what is hardest for you." "Tell me what you're most distressed about." "Tell me what you most want to change." This helps the clinician get to the core of what is most important to the patient or caregiver, and provides the best place to start making inroads to behavior change. The conversation about lab values and other issues that we as healthcare professionals want to discuss can come sometime thereafter.

Diagnostic values can be used to pinpoint areas of concern. This can help validate the need for behavior change. For example, for hypertension, taking blood pressure readings and documenting them in a diary or on a calendar is an important self-management task. However, discovering why the patient is noncompliant with making entries in the diary is basically more important. If the patient has problems with this task for any reason and does not take the blood pressure, the reading will be unknown, and therefore cannot guide decision making.

Develop a Collaborative Goal

Funnell advises that we not try and solve the problem or issue for the patient, and that we not say "It will be okay." Rather, we should validate the patient's feelings and his or her capacity to deal with the problem. We should continue asking questions that help lead the patient to his or her own solution. She suggests that the patient be asked, "What do you think would work?" "What have you tried in the past?" "What would you like to try?"

It is always better to help the patient arrive at his or her own solution. This keeps the conversation centered on the patient and what is most helpful to him or her. Only then can patients and caregivers feel empowered with support and guidance as needed to make progress toward the goals most important to them.

Strategies and Techniques

Health teaching has been the cornerstone of home healthcare since its early beginnings. However, our approach has been a traditional one of "do these things"—teach, review, review again if needed, and confirm understanding of the facts. We have not typically first asked the patient to share what he or she most wants to achieve related to his or her illness or condition, or sought to uncover the issues that are of most concern to the patient.

[Miller and Rollnick \(1990\)](#) suggest a strategy they call the OARS technique, a technique that keeps the patient moving forward by facilitating discussions about change.

The acronym stands for:

- * O pen-ended questions
- * A ffirmation of the person's strengths
- * R efective listening
- * S ummary

Open-ended questions allow the patient to focus on his or her concerns at the time. Although the home health nurse has expert advice and information to give, the patient may not be ready to receive or to implement.

Affirming the patient's strengths validates the internal and external resources upon which the patient can draw going forward. This helps the patient feel a confidence that goals can indeed be met.

Reflective listening demonstrates that your purpose is to be "interested," not "interesting." Carefully listen for underlying concerns that may come from the patient or the caregiver. Delve deeper as the patient allows or is ready.

Summary allows the clinician to reiterate the main points shared by the patient and to verbalize an interest in the patient's concerns.

Ossman (2004) suggests that a more productive interaction with the patient than simply giving healthcare facts would be to

- * elicit what the patient identifies as the problem
- * provide appropriate information
- * elicit the patient's reaction to the information

This technique is very similar to OARS in that the patient's identification of the problem comes first, followed by the giving of health information relative to his or her concerns. Finally, the healthcare professional listens to the patient and observes his or her response. The focus, like OARS, is "all about the patient."

How to Become a Health Coach

If you have an interest in becoming more familiar with this approach or becoming a health coach, the following resource may be helpful to you:

- * Health and Fitness Coach Certification for Wellcoaches, Health Coach Certification (1-830-377-4925, <http://www.fitcare.net/>)
Summary

Health coaching is a new approach for the home health industry that holds great promise. Because health teaching is a cornerstone of the care we provide, patient self-management could be enhanced through the use of health coaching. Using this approach in the patient's place of residence may be the key to enhancing outcomes such as reduced exacerbations, emergent care use, and acute care hospitalization, all of which will improve our care quality while reducing the overall cost of healthcare.

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