

# Chapter 6

## Embedding health coaching in service provision

This chapter is written for health and care leaders and clinicians who want to champion health coaching in their organisation, team, service or across a care pathway. It is based on the literature and experience of East of England health coach trainers. The chapter presents:

- **A model of embedding change with a step by step commentary on applying the model**
- **Practical advice and tips from early adopters of health coaching on what helps and hinders, how to gain support from key stakeholders**

## How can we start to embed health coaching?

Health coaching is still an innovation in the NHS, and as a relatively new concept it is important to create a plan to gain support, accelerate and sustain further roll out locally across whole or parts of organisations. The aim is to enable health coaching to become an established part of every professional's work and/or to establish a health coaching service targeting specific groups of patients.

The seashell model at Figure 11 below shows how health coaching journeys might unfold, to help advocates of health coaching facilitate change. It is adapted from an evidence-based model already used in the NHS<sup>1</sup>. The term 'organisation' is used as a catch all to include a new approach, service or pathway across a range of agencies.

Early adopters of health coaching perceived barriers and enablers in spreading and embedding health coaching<sup>2</sup> (Figure 10).

- **Barriers included:** organisational and professional culture; time pressure of fixed appointment slots; difficulty releasing staff in small teams for training; lack of privacy for coaching conversations in busy ward environments; and training single clinicians who then struggled to share the approach with their colleagues.
- **Enablers:** which increased the impact of health coaching included: commitment of the most influential staff within the practice/organisation; connecting with and building on existing service improvement initiatives or organisation goals; targeting whole teams or services; data on numbers of patients coached; recording of activity and outcome data; and a supportive infrastructure and organisational culture.

### At a glance

- Less than 30% (estimated) of sustained change in organisations is successful<sup>3</sup>. Leadership at all levels is key to success<sup>6</sup>
- Large changes in organisations need a vision that's better than the status quo<sup>4</sup>
- Board level support is vital to the spread and effectiveness of health coaching<sup>5</sup>

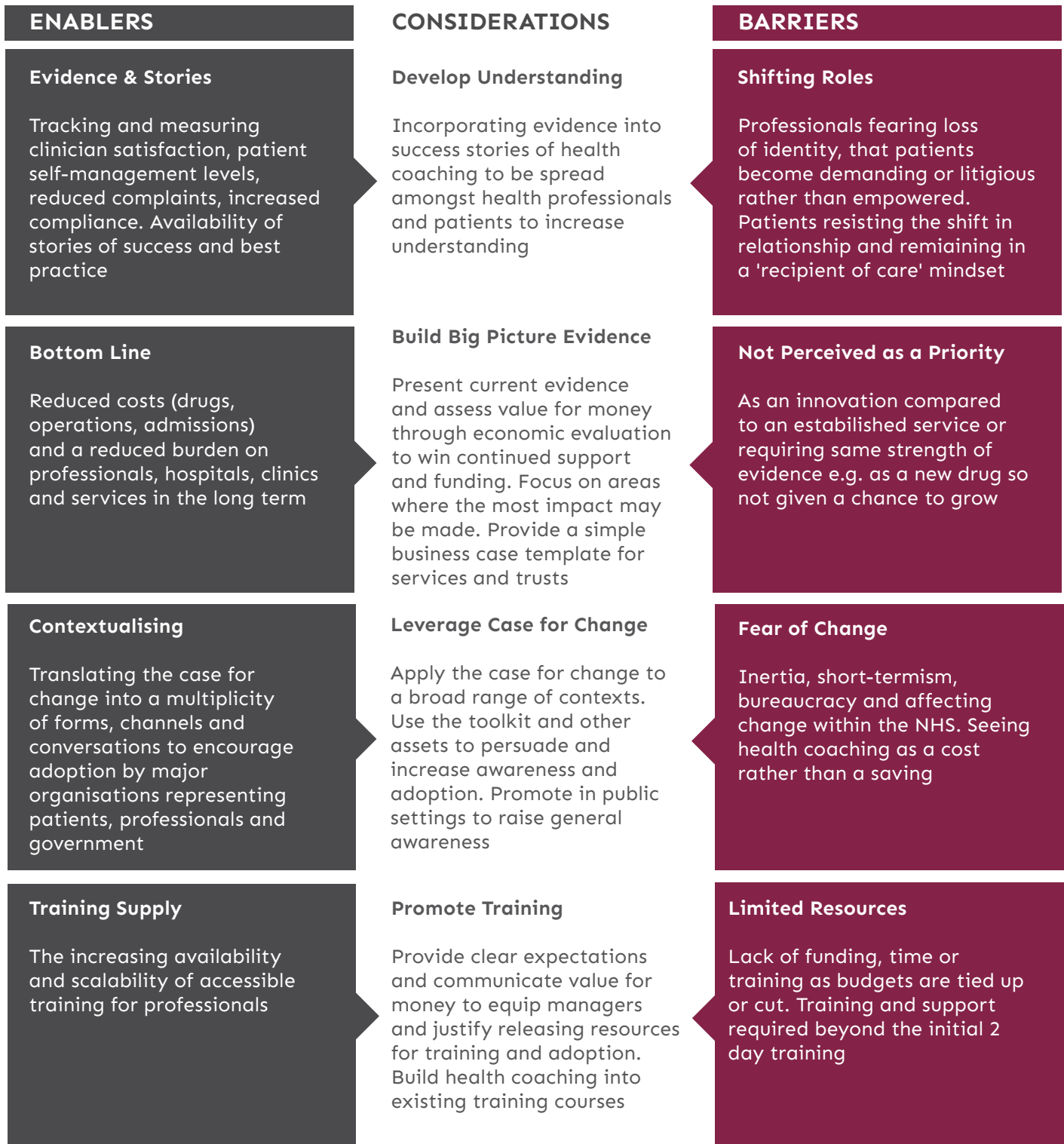
**"You need management buy-in to spread health coaching. We highlighted our work on health coaching to our Chief Executive in the context of his vision for self-management and patient empowerment. This led to a big push within the organisation to build on health coaching. The key was to align with national and local agendas and keep linking back to these."**

Advanced Physio Practitioner

#### Useful resources

A communications toolkit

Figure 10. Enablers, considerations and barriers to health coaching



## How can we use the “seashell model” to embed health coaching?

There are eight prompts to consider when embedding health coaching in services:

### 1. Create a vision of success

Large scale change begins by identifying a need for change. Have a clear and understandable vision for stakeholders interested in adopting a health coaching approach, and be flexible on specifics. Link to values and national strategies of LTCs, self-management, patient participation, recovery etc.

### 2. Describe health coaching

Use a patient or clinician “story” to connect emotionally with people. Talk to the CEO, executive team and clinical leads about health coaching. Be clear about organisational gains, what success looks like and how it is judged. Build evaluation in from the start. Create urgency. Recognise that people are different and tailor the message to the audience. State clearly the support, resources, access or actions needed for health coaching.

### 3. Target and train clinicians

Find a way to convince professionals to take part, if appropriate, or to provide support. Involve the most influential clinicians locally. Decide where to start: target one service/ward/team and one patient group or have a clear rationale for casting the net more widely. Get the training/education team involved to organize and provide venues. Train targeted personnel as quickly as possible. If possible train whole teams as they will support each other in using their new skills with patients.

Figure 11. ‘Seashell’ model of embedding health coaching in organisations  
Source: Carter, 2016 (adapted from Bevan et al, 2011)



#### **4. Deliver health coaching to patients**

Greatest impact will accrue with a critical mass of trained clinicians and targeted service/ward/team to create a common language and culture and so any team member can then follow through with patients. Help clinicians overcome perceived barriers to health coaching in their daily roles if skills are not being used as part of a specific targeted service. Local champions, line managers or mentors can all be tasked to offer support.

#### **5. Review – Identify results, celebrate success and make progress visible**

The appearance of success matters so use collected evidence. Spread the word about health coaching achievements. See the evaluation chapter for ideas. Connect to national/local strategies. Share new clinician and patient stories to keep health coaching in everyone's mind. But be reflective and look for problems. Where is the health coaching not working? What's getting in the way? What could be done differently? What help is needed?

#### **6. Re-describe the "story" for different audiences**

If more support is needed, perhaps from commissioners or funders, cast the net wider. Build on what has already been accomplished. Present at their meetings and use clinical examples of achievements and give a demonstration. If one particular story isn't engaging, find another description for what health coaching can do.

#### **7. Target and train more clinicians**

Keep momentum. Use resources to support those already trained or to train more clinicians. Target other areas which may benefit.

#### **8. Attract more supporters and resources**

Continually attracting new supporters is key in spreading health coaching, shifting mind-sets and changing practice. Without them health coaching may well fizzle out or only the few champions who have "got it" will keep using it. Convince previously neutral people to help.

#### **9. Build capacity**

If you are pursuing a whole organisation model of health coaching, build capacity and capability to make health coaching sustainable (chapter 2). Get health coaching integrated into management systems. Ask team leaders to put training into performance reviews. Ask HR to timetable introductory slots on induction days. Ask the training/education team to get health coaching integrated into relevant professional requirements.

#### **10. Spread delivery wider**

Keep going until health coaching becomes embedded in teams, services and across local health systems.

**For health coaching to become an established and valued tool keep repeating this pattern of re-describing, attracting new supporters and integrating health coaching into corporate systems.**

# Case study 8

## Health and Wellness Coaching Intervention for Fibromyalgia

Wellcoaches Corporation, in strategic partnership with the American College of Sports Medicine, has trained 10,000 health professionals in 45 countries in health and wellness coaching. The Wellcoaches protocol is now published in 12 peer-review papers. This study was submitted for peer review in August 2016.

### What is Fibromyalgia?

Fibromyalgia (FM) is a member of a class of disorders called "medically unexplained symptoms" which present significant diagnostic and therapeutic challenges in healthcare<sup>7</sup>. The economic impact of FM is enormous; current estimates suggest that as many as 25% of FM patients in the US receive some form of disability or injury compensation<sup>8,9</sup>. Various reports suggest that overall healthcare costs of FM are more than double that for people without FM<sup>10,11</sup>. Two factors that determine FM patients' health and quality of life are a positive diagnosis and effective treatment<sup>12</sup>.

### What is Health and Wellness Coaching (HWC)?

The purpose of this study was to test the hypothesis that a Health and Wellness Coaching-based (HWC) intervention for FM would result in sustained improvements in health, quality of life, and reductions in healthcare-related costs as documented by subjective global improvement and health care utilisation. The HWC approach employs health professionals who have completed the Wellcoaches professional health and wellness coach training and certification (125 live hours training over 18 months). The training curriculum integrates evidence-based theories in behaviour change, self-determination, self-efficacy, self-regulation, motivational interviewing, positive psychology, and communication techniques into a standardised patient-centred protocol. HWC helps patients identify a personal vision of thriving, mentally and physically. Coaches assist patients in developing autonomous motivation, new resources, improved self-efficacy, and sustainable changes in mindset and behaviour that deliver more thriving through improved health and well-being.

### At a glance

With medical support four Wellcoaches-certified coaches worked with 9 FM patients for 12-months leading to:

- Increase in self-compassion and self-kindness
- Pain scores decreased 30% and fibromyalgia impact scores improved 35%
- 86% decrease in health care utilization during and 6 months post-intervention

**"I am more comfortable with having fibromyalgia and being able to get through it; I know I am going to be okay; I started going to the gym twice/week; I still have a lot of fatigue but the pain has subsided"**

**"I've always been a goal setter and do things no matter how much I hurt; my coach and I have worked on taking time for myself and sleeping more; getting more restful sleep; I am seeing a difference in pain levels – decreased soreness to the touch and less trouble with my legs"**

**"I would have had a different life if I'd had this 10 years ago"**

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### The 12 Month HWC Protocol

The HWC protocol combined 60-minute, phone-based group coaching sessions (twice per month for 6 months) with 45-minute, private phone-based coaching sessions (up to 20 sessions over 12 months). Web-based educational webinars were provided, prior to each group coaching session, drawing upon the latest neuroscience discoveries to encourage patients to work on "rewiring their brains" – thinking and feeling patterns, and personal wellness habits.

- **Group coaching sessions addressed webinar self-coaching topics including taming emotional frenzy, deep focus and flow, mindfulness, self-compassion, positive emotions, leveraging one's strengths**
- **Individual coaching sessions were customized while encouraging patients to discuss their learning and application of the content in the webinars and the group coaching sessions**

Following the HWC intervention, patients expressed an appreciation for feeling increased calm, more in control of health issues, greater self-compassion, and decreased stress leading to healthier choices.