



Primary Care Health Coaching Project

Evaluation Report Executive Summary

University Campus Suffolk 2011

Executive Summary

This evaluation of The Primary Care Health Coaching (PCHC) project sought to investigate whether nurses in general practice could achieve health benefits by employing health coaching techniques.

13 nurses from 7 practices took part in a 4 day training programme provided by the Performance Coach and were asked to recruit up to 22 patients to participate in the project. The main focus of the PCHC project was in the application of health coaching techniques to patients with Long Term Conditions (LTCs) - however patients without an LTC diagnosis were also eligible to participate in the project. Approximately 199 patients were recruited to the project and in excess of 360 coaching appointments were completed. 68 personal health plans were completed by practice nurses and patients.

The evaluation of the Primary Care Health Coaching Project was designed to provide a rich picture of the project's impact. In order to achieve this, a range of measures were used, each one targeting a different aspect of the project's work. These included:

- A pre- and post-coaching measure of self-efficacy to measure patient perceptions of self-efficacy.
- The annual GP Patient Survey, which patients were asked to complete following the end of the three longer coaching appointments
- Patient Case Studies
- Nurse Interviews

Overall findings of the evaluation

The analysis of all data sets indicates that the project has had considerable success in some areas which have been shown by other studies to influence the capacity of patients to take greater responsibility for the management of their conditions and to influence the health outcomes for patients.

On average patients participating in the Primary Care Health Coaching project report an increased level of self-efficacy following the longer coaching appointments (Mean = 8.3) than before the coaching appointments (Mean = 6.6) ($t(82) = -11.037, p < .05, r = .77$). The improvements in self-efficacy scores reported by patients are mirrored in the comments from the interviews of both patients and nurses about positive changes in behaviour that have resulted from the coaching appointments.

In a small number of cases, however, increases in self-efficacy scores were not evidenced. This finding is mirrored in a small number of patient interviews and in comments from the nurse interviews. These suggest that the coaching approach is not suitable for all patients.

Both patients and nurses express appreciation of the additional time to discuss issues, areas of concern, goals and to provide a deeper understanding of the patient's experiences of their condition. It is not clear from this study to what extent the benefits of the appointments have been due to their duration and to what extent they are due to the coaching techniques.

Levels of overall satisfaction with the coaching programme are high, with 98% of those completing satisfaction surveys expressing very high or high levels of satisfaction. In addition, 86% would recommend a similar series of appointments to patients with a similar condition.

Summary of Key Themes

The evaluation strategy was designed to give a rounded view of the effectiveness of the coaching approach as delivered in the project. A number of key themes or conclusions were identified.

Self-efficacy - Most patients participating in the Primary Care Health Coaching project report an higher level of self-efficacy following the longer coaching appointments than they had prior to the start of the programme.

Patient Satisfaction - The analysis of patient satisfaction data shows that the vast majority of respondents were satisfied with their experience of the coaching appointments. They also indicated that they felt better informed about their condition, treatment and issues concerning self-management and support.

Sustaining change - The improvements in self-efficacy scores reported by patients are mirrored in the comments from the interviews of both patients and nurses about positive changes in behaviour that have resulted from the coaching appointments. It is less clear at this stage whether these positive changes can be sustained after the end of the project.

Patient selection - In a small number of cases we have not seen increases in patients' self-efficacy scores; a finding which is mirrored in a small number of patient interviews and in comments from the nurse interviews. These suggest that the coaching approach is not suitable for all patients.

Duration of appointments - Both patients and nurses express appreciation of the additional time to discuss issues, areas of concern, goals and to provide a deeper understanding of the patient's experiences of their condition.

Coaching Techniques – There is strong evidence that coaching techniques have been used effectively by nurses and that these have contributed to an improved support for patients seeking to increase their levels of self-care.