

EDITORIAL

Professional Nurse Coaching: Advances in National and Global Healthcare Transformation

专业护士辅导：全国和全球医疗护理改革的进展

Formación profesional de enfermería: avances en la transformación nacional y mundial de la atención sanitaria

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INTRODUCTION: PROFESSIONAL NURSE COACH, NURSE COACHING PRACTICE, AND COMPETENCIES

Nurse coaches are responding to the mandate of Florence Nightingale (1820-1910)—the foundational philosopher of modern nursing—to advocate, identify, and focus on factors that promote health, healthy people, and healthy communities that are recognized today as environmental and social determinants of health.^{1,2}

The Institute of Medicine report³ and other health initiatives suggest the need for increased education and leadership from nurses to address the healthcare needs of our nation and world. Nurse coaches are strategically positioned and equipped to implement health-promoting and evidence-based strategies with clients and support behavioral and lifestyle changes to enhance growth, overall health, and well-being. With possibilities not yet imagined, employment opportunities for nurses who incorporate coaching into professional practice are developing across the entire spectrum of health, wellness, and healing.

Nurse coaches will play an essential role in efforts to assist people toward sustained health as the healthcare system shifts from a disease-focused and reactive system to one proactively focused on culturally sensitive wellness, health promotion, and disease prevention.⁴ Nurse coaches are aware of the guidelines of The Patient Protection and Affordable Care Act,⁵ the Healthy People 2020 initiative,⁶ and the National Prevention and Health Promotion Strategy⁷ for improving the health of the nation.

Nurse coaches are in interprofessional collaboration and conversations with the National Summit on Standards and Credentialing of Professional Coaches in Healthcare and Wellness (NCCHWC) leaders to explore the future of health and wellness coaches.⁸⁻¹⁰

Professional Nurse Coach Coaching

The professional nurse coach is a registered nurse who integrates coaching competencies into any setting or specialty area of practice to facilitate a process of change or development that helps individuals or groups realize their potential.¹¹ The change process is grounded in an awareness that effective change must evolve from within before it can be manifested and maintained exter-

nally. The professional nurse coach works with the whole person using principles and modalities that integrate body, mind, emotion, spirit, and environment.

Professional nurse coaching is a skilled, purposeful, results-oriented, and structured relationship-centered interaction with clients provided by registered nurses for the purpose of promoting achievement of client goals, first establishing a co-creative partnership with the client where the client is the expert and then by identifying the client's priorities and areas for change to accomplish achievement of client goals. Goals originate from clarifying and identifying the client's agenda.

Nurse coaches are addressing the bio-psycho-social-spiritual-cultural-environmental dimensions of health.¹²⁻¹⁴ Effective nurse coaching interactions involve the ability to develop a coaching partnership, to create a safe space, and to be sensitive to client issues of trust and vulnerability¹⁵ as a basis for further exploration, self-discovery, and action planning related to desired outcomes. It builds on the client's strengths rather than attempting to "fix" weaknesses. Nurse coaching interactions are based on research findings related to positive psychology and flow theory^{16,17} and learned optimism¹⁷ as it relates to transformational change).¹⁸⁻²¹ The Table provides an overview of the nurse coaching literature supporting the role of nurses in health coaching.

Professional Nurse Coaches' Role and Global Transformation

Professional nurse coaches are part of the 3.1 million nurses in the United States²² and of the 19.6 million nurses and midwives of the world.²³ They are aware of the need for an increased awareness of the United Nations Millennium Development Goals (MDGs) for the 21st century to progress toward a sustainable quality of life for all of humanity.²⁴ "Health" is the common thread that runs through all eight MDGs that are as follows:

- MDG #1 Eradicate Extreme Poverty and Hunger
- MDG #2 Achieve Universal Primary Education
- MDG #3 Promote Gender Equality and Empower Women

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Key Words

Nurse coaching, health coaching, competencies, global transformation

Disclosures

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Table Overview of the Nurse Coaching Literature Supporting the Role of Nurses in Health Coaching

Allison MJ, Keller C. Self-efficacy intervention effect on physical activity in older adults. <i>West J Nurs Res.</i> 2004;26(1):31-46; discussion 47-58.	Nurse coaches used verbal persuasion, monitored achievements, and awareness of physiological arousal to help increase physical activity self-efficacy of older adults (n=83). It appears that participants received telephone coaching every 2 weeks for 12 weeks.
Ammertorp J, Kofoed PE. Coach training can improve the self-efficacy of neonatal nurses. A pilot study. <i>Patient Educ Couns.</i> 2010;79(2):258-61	Neonatal nurses were offered a 3-day coaching training to assess their ability to meet the needs of mothers and fathers. Coach training improved nurses' self-efficacy scores by 14.8% in relation to meeting the needs of mothers and fathers.
Beliveau L. Comfort coaching. <i>CANNT J.</i> 2004;14(2):35-6.	Coaching was used to encourage, counsel, educate, and support patients. This is a self-reflective narrative of the (nurse) author's experience serving as coach to two women receiving dialysis while also dealing with cancer.
Berg J, Tichacek MJ, Theodorakis R. Evaluation of an educational program for adolescents with asthma. <i>J Sch Nurs.</i> 2004;20(1):29-35.	Three weeks of individual nurse coaching took place after participating in a Power Breathing program, a 3-week educational program about asthma. Each student met with a nurse coach three times each week for fifteen minutes to help tailor the education program to his/her needs. Coaching was seen as a separate intervention from the educational program.
Bennett JA, Perrin NA, Hanson G, et al. Healthy aging demonstration project: nurse coaching for behavior change in older adults. <i>Res Nurs Health.</i> 2005;28(3):187-97.	Two registered nurses provided coaching after receiving 24 hours of motivational interviewing training that consisted of didactic instruction and role playing. Motivational interviewing consisted of (a) expressing empathy; (b) supporting self-efficacy; (c) working with resistance; and (d) acknowledging and working with discrepancy between behavior and goals.
Bloom SL, Casey BM, Schaffer JJ, McIntire DD, Leveno KJ. A randomized trial of coached versus uncoached maternal pushing during the second stage of labor. <i>Am J Obstet Gynecol.</i> 2006;194(1):10-3.	Coaches were certified nurse midwives who attended training sessions to ensure compliance with the training protocol. The coaching protocol consisted of positioning the head of the bed, positioning the patient, coaching the patient to pull back on both knees and tuck in the chin while the partner supports the legs, and coaching the patient on breathing techniques during contractions.
Bos A, Remmen JJ, Aengevaeren WR, Verheugt FW, Hoefnagels WH, Jansen RW. Recruitment and coaching of healthy elderly subjects for invasive cardiovascular research with right-sided catheterisation. <i>Eur J Cardiovasc Nurs.</i> 2002;1(4):289-98.	A research nurse with extensive experience in geriatric nursing provided the coaching. Coaching consisted of providing the participants with extensive information about the procedure. There was no set protocol for coaching, and the research nurse did not receive any training.
Bridges RA, Holden-Huchton P, Armstrong ML. Accelerated second degree baccalaureate student transition to nursing practice using clinical coaches. <i>J Contin Educ Nurs.</i> 2013;44(5):225-9.	The clinical coach model involves placing a student nurse with an experienced, baccalaureate-prepared staff nurse for 12 months of clinical experience during a second-degree accelerated baccalaureate program. The student works the same schedule as the coach rather than with a series of preceptors on different units. Coaches attend training conducted by school of nursing faculty, using high-fidelity simulation with clinical scenarios. Coaches and students are supported through weekly visits by clinical faculty.
Brinkert R. Conflict coaching training for nurse managers: a case study of a two-hospital health system. <i>J Nurs Manag.</i> 2011;19(1):80-91.	Twenty nurse managers were trained over an 8-month period as conflict coaches, and each coached a supervisee. Conflict coaching was a practical and effective means of developing conflict communication competencies of nurse managers and supervisees. This type of program works best when support by a positive conflict culture and integrated with other conflict-intervention processes.
Broschious SK, Saunders DJ. Peer coaching. <i>Nurse Educ.</i> 2001;26(5):212-4.	Coaching took place for 2 days during the first 4 hours of junior nursing students' clinical shift to support and assist junior students during clinical rounds to reduce stress. Five senior students were responsible for coaching three junior students. Coach training consisted of watching a video entitled "The Helping Hand" produced in 1990.
Butterworth S, Linden A, McClay W. Health coaching as an intervention in health management programs. <i>Dis Manag Health Outcome</i> 2007;15(5):299-307.	Article provides evidence-based support for the potential role of coaches in general in tobacco-cessation programs. Motivational interviewing methods were used as part of the coaching technique. Coaching was identified as cost effective strategy compared to counseling.
Carrieri-Kohlman V, Gormley JM, Douglas MK, Paul SM, Stulberg MS. Exercise training decreases dyspnea and the distress and anxiety associated with it: monitoring alone may be as effective as coaching. <i>Chest.</i> 1996;110(6):1526-35.	A master's-prepared nurse coach provided the coaching. At the beginning of each coaching session, the nurse coach helped participants (n=51) set goals related to their clinical status. Coaching was based on guided mastery techniques that included vicarious experiences, verbal persuasion, and physiological feedback.
Carrieri-Kohlman V, Gormley JM, Eiser S, et al. Dyspnea and the affective response during exercise training in obstructive pulmonary disease. <i>Nurs Res.</i> 2001;50(3):136-46.	A master's-prepared nurse coach provided the coaching. At the beginning of each coaching session, the nurse coach helped participants (n=45) set goals related to their clinical status. Coaching was based on guided mastery techniques that included vicarious experiences, verbal persuasion, and physiological feedback.
Cohen LL, Blount RL, Panopoulos G. Nurse coaching and cartoon distraction: An effective and practical intervention to reduce child, parent, and nurse distress during immunizations. <i>J Pediatr Psychol.</i> 1997;22(3):355-70.	Two nurses provided coaching to 92 children aged 4-6 years and their parents. Both nurses received approximately 15 minutes of intervention training prior to the study. Coaching consisted of making sure children watched a movie while being immunized and attending to the children's distress.

DeCampi P, Kirby KK, Baldwin C. Beyond the classroom to coaching: Preparing new nurse managers. <i>Crit Care Nurs Q</i> . 2010;33(2):132-7.	A suburban Philadelphia Magnet–designated hospital engaged an experience nurse executive to coach new nurse managers for 4 months onsite. This article is about the health coaching performance of nurses.
Dodd MJ, Miaskowski C. The PRO-SELF program: a self-care intervention program for patients receiving cancer treatment. <i>Semin Oncol Nurs</i> . 2000;16(4):300-8.	An intervention nurse provided the coaching. No formal training was discussed. Coaching consisted of instructing patients how to use the PRO-SELF program, providing support and encouragement to expand self-care abilities, and positively reinforcing behavior change. No other coaching details were provided.
Donner G, Wheeler MM. Coaching in nursing: an introduction. Geneva, Switzerland: International Council of Nursing and Indianapolis, IN: The Honor Society of Nursing, Sigma Theta Tau International, 2009.	This document provides an overview of nurse coaching. Nurse coaching is based upon International Coach Federation (ICF) core competencies.
Dossey BM, Luck S, Schaub BG, Hess DR. Nurse coaching. In: Montgomery BM, Keegan L. <i>Holistic nursing: a handbook for practice</i> Burlington, MA: Jones & Bartlett Learning; 2013:189-204.	The evolution of health coaching and nurse coaching introduces the topic of nurse coaching. The professional nurse coach scope of practice and competencies is described, including nurse coaching core values. Application of the Theory of Integral Nursing and the Integrative Nurse Coach Method and Process is applied to a discussion of nurse coaching and change. The nurse coaching process is compared to the nursing process.
Dowd T, Kolcaba K, Steiner R. The addition of coaching to cognitive strategies: interventions for persons with compromised urinary bladder syndrome. <i>J Wound Ostomy Continence Nurs</i> . 2003 Mar;30(2):90-9.	Coaching was used to provide support to patients. Participants (n=35) received weekly coaching calls for 12 weeks. Coaching enhanced selected outcomes. Information regarding the length of the coaching and the training received was not provided. A nursing role (as coaching) to augment other interventions (education) is supported.
Driscoll J, Cooper R. Coaching for clinicians. <i>Nurs Manag (Harrow)</i> . 2005 Apr;12(1):18-23.	Coaching is a holistic term for the support of continuing personal and professional development. The clients' experiences and needs determine the degree to which coaching is directive or non-directive and may involve skills coaching, performance coaching, or development coaching. The ICF core competencies underpin the work of professional coaches. Professional coaching is an eclectic discipline based on knowledge from counseling, social sciences, neurolinguistics, management and business consulting, philosophy, and motivational psychology. It adopts an appreciative approach with clients. Key differences between coaching and clinical supervision are presented.
Fahey KF, Rao SM, Douglas MK, Thomas ML, Elliott JE, Miaskowski C. Nurse coaching to explore and modify patient attitudinal barriers interfering with effective cancer pain management. <i>Oncol Nurs Forum</i> . 2008;35(2):233-40.	Nurse coaching was used with patients with cancer pain to explore beliefs and attitudinal barriers interfering with pain management that included communication about pain management and the use of analgesics and non-pharmacologic interventions. Nurse coaching reduced ineffective behaviors and improved pain treatment.
Fielden SL, Davidson MJ, Sutherland VJ. Innovations in coaching and mentoring: implications for nurse leadership development. <i>Health Serv Manage Res</i> . 2009;22(2):92-9.	Coaching and mentoring are compared. Transformational coaching is a coaching process that involves development of rapport, relationship building, information gathering through assessment and review, negotiation of carefully defined goals, development of an action plan and implementation of problem solving. Coaching is not telling people what to do or how to do it. There are differences and similarities in coaching and mentoring. While mentoring was perceived to be 'support' and coaching was described as 'action,' the actual process and content were quite similar. Mentoring may include aspects of coaching more than coaching incorporates aspects of mentoring.
Gortner SR, Gilliss CL, Shinn JA, et al. Improving recovery following cardiac surgery: a randomized clinical trial. <i>J Adv Nurs</i> . 1988;13(5):649-61.	Nurses who provided a telephone monitoring intervention on post hospital cardiac surgery recovery and rehabilitation at home taught and coached on a variety of emotional and physical issues and assisted with problem solving. Master's and doctoral level nurses provided coaching. No set coaching protocol or training was discussed. No operational definition of coaching was provided
Hayes E, Kalmakis KA. From the sidelines: coaching as a nurse practitioner strategy for improving health outcomes. <i>J Am Acad Nurse Pract</i> . 2007;19(11):555-62.	The coaching process for nurse practitioners (NPs) is described as method of developing "interpersonal communication skills" that promote the client's engagement in the health and wellness process. The client's needs, life experiences, and goals are the center of the relationship. The NP must be a good listener and assist the client in decision-making. Client characteristics are the driving force of the coaching interaction. Concepts can be applied to nurses in a variety of roles other than NP. This approach also supports the transtheoretical stages of change model and motivational interviewing techniques.
Heath J, Kelley FJ, Andrews J, Crowell N, Corelli RL, Hudmon KS. Evaluation of a tobacco cessation curricular intervention among acute care nurse practitioner faculty members. <i>Am J Crit Care</i> . 2007;16(3):284-9.	Nurse coaching is expanding, and NPs need to have tools that can assist tobacco users in deciding to stop. There is an opportunity to add nurse coaching to educational nursing programs.
Heckerson EW. Nurse leader as coach. <i>Nurse Leader</i> . 2006 Feb;29-31.	Nurses are natural coaches, and coaching is an inherent responsibility of nurse leaders. High-performing leaders focus on coaching. Essential attributes of a coach are passion, integrity, energy, creativity, and excellent communication. Coaching strategies include asking questions, listening carefully without judgment, considering all options, offering specific constructive, direct, and supportive feedback, and building on strengths. Open dialogue and a relationship of mutual trust are essential. Nurse coaching is an exciting new role for the 21st century.

<p>Hennessey B, Suter P. The Community-based Transitions Model: one agency's experience. <i>Home Healthc Nurse</i>. 2011;29(4):218-30</p>	<p>Transitional care is a central part of the Patient Protection and Affordable Care Act (PPACA) of 2010. The Centers for Medicare & Medicaid Services is working with states to design, implement, and evaluate care transition improvement programs. One model involves the use of a health coach—one who abandons the traditional role of “doing” for the patient in favor of role modeling self-care. Another model uses advanced practice nurses as transition coaches. Common characteristics necessary for health coaches are presented. <i>Health coach</i> is a term that is not uniformly defined but may include home health nurses as coaches—a role that is compatible with professional nursing practice and requires minimal retooling.</p>
<p>Hess D. Defining holistic nurse coaching. <i>Beginnings</i>. 2011;31(1):16, 18-9.</p>	<p>The article is excerpted from a white paper presented at the 2010 Summit on Standards and Credentialing of Professional Coaches in Healthcare and Wellness. Nurse coaching is grounded on the foundation of the <i>Scope and Standards of Holistic Nursing Practice</i>. Coaching as it relates to holistic nursing is defined. An overview of holistic nurse coaching is presented, and the evolution of holistic nurse coaching is described. Four behavioral change models for nurse coaching interventions are briefly described: transtheoretical stages of change model, health belief model, motivational interviewing, and unitary appreciative inquiry.</p>
<p>Huffman M. (2007). Health coaching: a new and exciting technique to enhance patient self-management and improve outcomes. <i>Home Healthc Nurse</i>. 2007;25(4):271-4.</p>	<p>Health coaching is described as a partnering with clients to enhance self-management. Medicare is pilot testing this approach for patients with congestive heart failure and diabetes mellitus.</p>
<p>Johnson VD. Promoting behavior change: making healthy choices in wellness and healing choices in illness—use of self-determination theory in nursing practice. <i>Nurs Clin North Am</i>. 2007;42(2):229-41</p>	<p>Holistic nurses can use Self-Determination Theory (SDT) to promote healthy behavior change. As nurses act in ways to support clients' innate needs for autonomy, competence, and relatedness, clients may be more successful at internalizing self-regulation and more inclined to adopt and maintain lifelong behavioral changes.</p>
<p>Jones D, Duffy ME, Flanagan J. Randomized clinical trial testing efficacy of a nurse-coached intervention in arthroscopy patients. <i>Nurs Res</i>. 2011;60(2):92-9.</p>	<p>The nurse-coached intervention “focused on giving information, interpreting the experience, and validating and clarifying responses and actions related to the surgical experience directed toward making a difference in recovery outcomes” (p 93). Nurse coaches received three 2-hour classes related to the study. The coaching intervention was delivered by telephone. Nurse coaches were provided with clinical guidelines and a set of questions to guide the discussion with the patient.</p>
<p>Kelly M, Starr T. From hospital to home: An innovative program eases discharged patients back into the community. <i>Advance for Nurses</i>. 2008;5(18):12.</p>	<p>Senior-level Bachelor of Science in Nursing students provided coaching based on the Coleman Transition Intervention, a method designed to promote client empowerment and self-advocacy skills through a coaching intervention model. “As today's healthcare paradigm shifts patients toward shared decision making with their providers, the next generation of nurses will need specific competencies that facilitate their clients' empowerment of their personal healthcare management” (p 1).</p>
<p>Kelly J, Crowe P, Shearer M. The Good Life Club Project. Telephone coaching for chronic disease self management. <i>Aust Fam Physician</i>. 2005;34(1-2):31-4.</p>	<p>Coaching was provided monthly over 12 months by student nurses to promote client empowerment and self-advocacy skills through the use of a coaching intervention model. Coaches received 2 days of motivational interviewing training that also included identifying depression, anxiety, and levels of social support in participants. Patients were specifically encouraged to adhere to recommended treatment.</p>
<p>Leveille SG, Huang A, Tsai SB, Allen M, Weingart SN, Iezzoni LI. Health coaching via an Internet portal for primary care patients with chronic conditions: A randomized control trial. <i>Med Care</i>. 2009;47(1):41-7.</p>	<p>This randomized study tested the effectiveness of an Internet portal-based nurse coaching intervention to enhance patient–primary care physician visits to discuss three chronic conditions (depression, chronic pain, mobility difficulty). Internet portal-based coaching produced some possible benefits in care for chronic conditions but did not significantly change patient outcomes.</p>
<p>Luck S. Changing the health of our nation – the role of nurse coaches. <i>Altern Ther Health Med</i>. 2010;16(5):78-80.</p>	<p>Nurses possess tools to create health coaching programs that embrace national renewed focus on wellness- and patient-centered care. Coaching skills include creating a safe space, caring patient-centered relationship, deep listening, authentic communication skills to promote self-awareness, perceptive reflections, and self-efficacy to facilitate the health and healing journey. Integration of mentoring and counseling skills adds to the nurse coaching model. Nurse coaches partner with clients to help clients establish goals and promote self-efficacy. Coaching language is in the standards of nursing practice in most states. Coaching is a natural evolution of where nurses want to go. The educator role is woven into coaching but is distinct from coaching. Nurse self-care is a necessary component of effective coaching. Coaching skills enhance professional practice in numerous ways and in the future may become an essential competency. Coaching and consulting can be an effective mix for clients. Coaching is a new way of being with people. An emphasis on health and wellness will change nursing practice and may be the greatest gift to future generations and nursing's most enduring legacy.</p>
<p>Manne SL, Bakeman R, Jacobsen PB, Gorfinkle K, Redd WH. An analysis of a behavioral intervention for children undergoing venipuncture. <i>Health Psychol</i>. 1994;13(6):556-66.</p>	<p>Nurse coaches received 1 hour of training on how to properly coach parents while their child (aged 36-107 mo) experienced venipuncture. The nurse coached parents to encourage the child to use a party blower and to verbally help them through the procedure.</p>
<p>Medland J, Stern M. Coaching as a successful strategy for advancing new manager competency and performance. <i>J Nurses Staff Dev</i>. 2009;25(3):141-7.</p>	<p>Employing the expertise of a dedicated coach is a unique approach to advance competency of new nurse managers in the formative stages of development. This article describes how coaching is emerging as an essential tool for new manager development.</p>

<p>Miaskowski C, Dodd M, West C, et al. Randomized clinical trial of the effectiveness of a self-care intervention to improve cancer pain management. <i>J Clin Oncol</i>. 2004;22(9):1713-20.</p>	<p>A specially trained oncology nurse provided the coaching. The nurse coached patients in the following areas: improving pain relief by altering the times and frequency of analgesic intake, how to assess pain and the need for analgesics, strategies to prevent side effects, and how to speak to their healthcare provider about the need for a change in their analgesic prescription. The coaching method used was not specified.</p>
<p>Miller C. An integrated approach to worker self-management and health outcomes: Chronic conditions, evidence-based practice, and health coaching. <i>AAOHN J</i>. 2011;59(11):491-501.</p>	<p>Occupational health nursing practice will be impacted by the new trends in health coaching, evidence-based practice, and standards of care. Occupational health nurses possess the scientific knowledge related to acute and chronic disease and symptoms, stress-management, and relationships. By incorporating new health coaching skills, they can help employees to learn self-discovery and self-management skills that have the potential to produce optimal health outcomes.</p>
<p>Mott MC. Cognitive coaching for nurse educators. <i>J Nurs Educ</i>. 1992 Apr;31(4):188-90.</p>	<p>Coaching model is described as peer cognitive coaching to enhance faculty development and thus student achievement. Coaching involves positive feedback to enhance and reinforce desired behavior. The model allows for personal and professional growth through trust, openness, and curiosity. Discussion and critique of others' views are promoted as is the evaluation of coaching performance.</p>
<p>Naylor M, Keating SA. Transitional care. <i>Am J Nurs</i>. 2008;108(9 Suppl):58-63.</p>	<p>Nurse-led multidisciplinary transition care models that engage the patient and caregivers in discharge planning have consistently improved quality and cost savings. One intervention model described as care transition coaching encourages older patients and family caregivers to assume more active roles during care transitions. An advanced practice nurse serves as a "transitions coach" to engage, teach, and promote cross-site continuity of care. Coaching begins in the hospital and continues for 30 days after discharge. Available studies indicate that a focus on patient and caregiver needs, preferences, and goals is one of four key elements of improving care transition.</p>
<p>Old N. Positive health coaching: the way forward in nursing? <i>Aust Nurs J</i>. 2012;20(2):32.</p>	<p>Nursing is moving into a new phase of health delivery that involves assisting clients to increase healthy behaviors. A nurse coach model of care is described. A nurse coach supports people to develop the skills of self-awareness to achieve their health goals. Self-empowerment is encouraged. Nurse coaches focus on client perspectives, expectations, and specific concerns. The Transtheoretical Model, positive psychology, and a focus on client motivation and on what is working rather than what is not provide frameworks for successful nurse coaching.</p>
<p>Ponte PR, Gross AH, Galante A, Glazer G. Using an executive coach to increase leadership effectiveness. <i>J Nurs Adm</i>. 2006;36(6):319-24.</p>	<p>Engaging a leadership coach is a trend being used as innovative nursing leadership self-development programs and practices. Reporting on four coaches and four nurse leaders, this article reports on the effectiveness of coaching as a leadership development tool and makes recommendations for leaders interested in engaging a coach.</p>
<p>Potempa KM, Butterworth SW, Flaherty-Robb MK, Gaynor WL. The Healthy Ageing Model: health behaviour change for older adults. <i>Collegian</i>. 2010;17(2):51-5.</p>	<p>The Healthy Ageing Model focuses on aging adults and has four elements—client-centered, goal-driven approach, individualized coaching strategy of behavioral change, and personal health system. Care is delivered by a nurse practitioner or a primary care physician via in-person clinic visits or home visits, telephone, or e-mail. Behavioral coaching is the core strategy with the ongoing shift to a client-centered relationship of health promotion with the coach as the client's support partner.</p>
<p>Rivers R, Pesata V, Beasley M, Dietrich M. Transformational leadership: creating a prosperity-planning coaching model for RN retention. <i>Nurse Leader</i>. 2011;9(5):48-51.</p>	<p>To help nurses to develop resilience to the effects of compassion stress, 30 nurse managers and staff nurses enrolled in a 20-week program with a life coach. All who completed the program viewed it as a positive experience and indicated that the most helpful aspect was having a consistent, nonjudgmental person to provide feedback and suggestions. An overall theme of self-awareness was noted by participants. Improved resilience and retention indicators were evident.</p>
<p>Samarel N, Fawcett J, Tulman L. Effect of support groups with coaching on adaptation to early stage breast cancer. <i>Res Nurs Health</i>. 1997;20(1):15-26.</p>	<p>A nurse/social worker team referred to as "expert clinicians" led coaching support groups. The coaches were significant others of participants. No formal definition of coaching was provided. Clinician team training consisted of a 4-hour training session with a manual for them to follow.</p>
<p>Schaub BG, Luck S, Dossey B. Integrative nurse coaching for health and wellness. <i>Altern Complement Ther</i>. 2012;18(1):14-20. doi: 10.1089/act.2012.18110</p>	<p>The Samuels Institute in its Wellness Initiative for the Nation recommended the education of health and wellness coaches to improve the nation's healthcare system by changing to a wellness model. This recommendation was written into the PPACA law. This article addresses the implementation of this transition through the development of the nurse coach role. Professional nurse coaches are in every healthcare setting and are ideally positioned to take leading roles in implementing new models of care that emphasize health and wellness. Integrative nursing principles and the Integrative Nurse Coach Model are described. The Theory of Integral Nursing is presented as a framework for integrative nurse coaching.</p>
<p>Schenk S, Hartley K. Nurse coaching: healthcare resource for this millennium. <i>Nurs Forum</i>. 2002;37(3):14-20.</p>	<p>Nurse coaching is described as a new role for nurses. It is client-directed as opposed to illness-directed. The nurse coach can provide a structure and an approach with the patient/client to custom fit toward attainable behavioral change. Specific aspects of the nurse coach role include integration of self-efficacy, promoting lifestyle changes, readiness for change, and motivation.</p>
<p>Schumacher KL, Koresawa S, West C. Putting cancer pain management regimens into practice at home. <i>Oncol Nurs Forum</i>. 2002 Oct;29(9):1304-13.</p>	<p>A specially trained oncology nurse provided the coaching. The nurse coached patients in the following areas: improving pain relief by altering the times and frequency of analgesic intake, how to assess pain and the need for analgesics, strategies to prevent side-effects, and how to speak to their healthcare provider about the need for a change in their analgesic prescription. No other coaching details were provided.</p>

Sethares KA. Supporting the self-care behaviors of women with heart failure through an individualized nursing intervention (Doctoral dissertation, Boston College, Boston, MA, 2003). Available from Dissertation Abstracts Online (363).

Coaching was provided by an advanced practice nurse and followed the Individualized Nursing Care Model of Self-care for Women with heart failure. Coaching was used to educate and support. The nurse coach visited each participant (n=7) for 1 hour once per week for 4 weeks. Each session was audiotaped.

Southard ME, Hess DR, Bark L. Facilitating change: motivational interviewing and appreciative inquiry. In Montgomery BM, Keegan L. *Holistic nursing: a handbook for practice* Burlington, MA: Jones & Bartlett Learning; 2013:205-19

This book chapter focuses on two strategies used by nurse coaches—Motivational Interviewing (MI) and Appreciative Inquiry (AI). MI is a skillful interaction for eliciting motivation for change. Guiding principles of motivational interviewing, partnering with clients and communication skills, needed for successfully negotiating behavior change are discussed. AI originated from organizational systems development. It is a way of asking questions that is based on the basic goodness of people, situations, and organizations. The main precept of AI is that it is a method of co-creating a future that inspires new possibilities. Foundational assumptions of AI, the 4-D Cycle of AI, are presented. Several case studies that illustrate the application of MI and AI to professional nursing practice are provided.

Stefanczyk A, Hancock B, Meadows MT. The nurse manager: Change agent, change coach? *Nurs Adm Q.* 2013;37(1):13-7.

A change coach, building upon the nurse manager's foundations skill of coaching, uses coaching skills to inspire others toward change. Being a change coach reflects the art of change that includes mobilizing the resources toward innovation and improvement. Three categories of coaching behavior are discussed: guidance, facilitation, and inspiration. Change coaching is viewed as a leadership imperative and a skill needed by successful nurse managers. A greater emphasis on coaching to influence change requires further development to expand the skills and behaviors of all nurse leaders.

Stulbarg MS, Carrieri-Kohlman V, Gormley JM, Tsang A, Paul S. Accuracy of recall of dyspnea after exercise training sessions. *J Cardiopulm Rehabil.* 1999;19(4):242-8.

A master's-prepared nurse coach provided the coaching. At the beginning of each coaching session, the nurse coach helped participants (n=44) set goals related to their clinical status. Coaching was based on guided mastery techniques that included vicarious experiences, verbal persuasion, and physiological feedback.

Sutters KA, Miasowski C, Holdridge-Zeuner D, et al. A randomized clinical trial of the effectiveness of a scheduled oral analgesic dosing regimen for the management of post-operative pain in children following tonsillectomy. *Pain.* 2004;110(1-2):49-55.

A research nurse provided nurse coaching via telephone calls to parents on days 1 and 2 post surgery that consisted of an evaluation of the child's condition, review of pain intensity, verification that the child was taking the medication, re-education of the rationale for the dosing, review of strategies to give the medication to the child, and repeat education concerning potential side effects of the medication. One nurse coach delivered the same information during all the coaching calls to maintain consistency.

Sutters KA, Miasowski C, Holdridge-Zeuner D, et al. Time-contingent dosing of an opioid analgesic after tonsillectomy does not increase moderate-to-severe side effects in children. *Pain Manag Nurs.* 2005;6(2):49-57.

A research nurse provided nursing coaching via telephone calls to parents on days 1 and 2 post surgery that consisted of a discussion of postoperative pain experiences, an explanation of the administration of a non-opioid with an opioid analgesic, a review of the ordered dosing regimen, strategies for improving adherence, teaching regarding possible side effects, and a discussion about myths about psychological addiction. The nurse also evaluated the child's condition, reviewed pain levels, and verified that the child was taking the medication. One nurse coach delivered the same information during all the coaching calls to maintain consistency.

Tidwell L, Holland SK, Greenberg J, Malone J, Mullan J, Newcomer R. Community-based nurse health coaching and its effect on fitness participation. *Lippincotts Case Manag.* 2004;9(6):267-79.

Coaching was part of a program provided by a nurse coach, a social worker, and a geriatrician that included using a client-developed health action plan, patient education instruction and classes, and a fitness program to increase physical activity. A focus was to improve chronic disease self-management and self-confidence in communicating with a primary care provider. Nurse coaching was used to empower participants (504 members of the California Public Employees Retirement system) through encouragement to make healthy choices toward a healthier way of living as outlined by the Case Management Society of America. The nurse coach provided health education, counseling, and medication management coaching. The article did not report how each participant was coached.

Tripp SB, Perry JT, Romney S, Blood-Siegfried J. Providers as weight coaches: Using practice guides and motivational interview to treat obesity in the pediatric office. *J Pediatr Nurs.* 2011;26(5):474-9.

Motivational interviewing (MI) techniques (following, directing, guiding) a perceived efficacy scale, and lab results were used by healthcare providers (95% of care was provided by family nurse practitioners) to develop a self-directed provider-assisted plan to remove barriers and move forward to achieve weight loss. Clients were assessed for depression and a 3-generation family history was obtained. Support systems were identified by the patient. Clients were seen monthly for 6 months. With consistent use of MI and diet and exercise counseling, a trend toward decreased body mass index and waist measurement was noted.

Vale MJ, Jelinek MV, Best JD, et al. Coaching patients on achieving cardiovascular health (COACH). *Arch Intern Med.* 2003;163(22):2775-83.

The coaches for this program were four nurses and two dieticians that were hospital-based. The coaches used telephone calls and mailings to coach patients. Coaches underwent 2 weeks of part-time coaching training using the COACH model developed by the authors.

Vojta D, De Sa J, Prospect T, Stevens S. Effective interventions for stemming the growing crisis of diabetes and prediabetes: A national payer's perspective. *Health Aff (Millwood).* 2012;31(1):20-6.

New evidence-based consumer care models that support and encourage lifestyle changes for those with diabetic conditions include partnerships with pharmacists, nurses, and health coaches. Health plans are participating in projects designed to dramatically impact diabetes risk through carefully tailored lifestyle interventions led by lifestyle coaches.

Whittemore R. A coaching intervention to integrate lifestyle change in adults with non-insulin dependent diabetes mellitus (Doctoral dissertation, Boston College, 2000). Dissertation Abstracts Online, 285.

Participants (n=9) received 8 weeks of nurse coaching aimed at facilitating diabetes self-care patients' existing lifestyle. Four coaching sessions were completed throughout the eight-week period and each session was in-person for approximately 60 minutes. Coaching was used to educate, support, and provide guidance to participants. How the coaching was implemented was not described.

Whittemore R, Chase SK, Mandl CL, Roy C. Lifestyle change in type 2 diabetes. *Nursing Res.* 2002;51(1):18-25.

The nurse coaching model used for this study was a modified version of the Adaptation of Chronic Illness Model. Nurse coaching consisted of providing diabetes information, identifying barriers and facilitators to lifestyle change, providing motivational support, giving feedback and positive encouragement, and goal setting. Nurse coaching was delivered by an advanced practice nurse and consisted of four individual 45-minute sessions every 2 weeks.

Whittemore R, D'Eramo Melkus G, Sullivan A, Grey M. A nurse-coaching intervention for women with type 2 diabetes. *Diabetes Educ.* 2004;30(5):795-804.

A nurse coach provided coaching to educate, assist, and provide support to increase maintenance of patient self-management. Participants (n=49) received six personal coaching sessions, using a coaching model developed by the primary author (and others), over a 6-month period. It was not clear how the coaching was done.

Wilkie DJ, Williams AR, Grevstad P, Mekwa J. Coaching persons with lung cancer to report sensory pain: literature review and pilot study findings. *Cancer Nurs.* 1995;18(1):7-15.

Coaching was defined as a method for patients to become more educated and active in their own pain management. Coaching was an interactive process that assumed patients are active processors of information; can elicit beliefs and attitudes to promote change; can learn more adoptive ways of thinking, feeling, and behaving; and be active in their own behavior change. Patients in the coached group were instructed how to self-monitor pain, how to qualify the pattern and intensity of their pain, and how to best report the pain to a clinician. This information was reinforced 1 week later during a telephone call.

MDG #4 Reduce Child Mortality
MDG #5 Improve Maternal Health
MDG #6 Combat HIV/AIDS
MDG #7 Ensure Environmental Sustainability
MDG #8 Develop Global Partnerships

The growth of coaching can be seen in multiple fields across healthcare, and in particular nursing, carrying forth Florence Nightingale's legacy into the 21st century and beyond. Professional nurse coaches can initiate new approaches to improved national and global health by empowering individuals and groups to make and sustain the changes that lead to healthy lifestyles and healthy communities. Nurse coaches are addressing the bio-psycho-social-spiritual-cultural-environmental dimensions of health. Collaboratively, they are creating and implementing strategies to achieve a healthy and fit world.

Additional Resources

1. *The Art and Science of Nurse Coaching: The Provider's Guide to Coaching Scope and Competencies* (pp 27-47) contains information on Nurse Coach competencies. The Professional Nurse Coach Practice Competencies include the International Coaching Federation (ICF) competencies.
2. The Professional Nurse Coach Certification process is available on the American Holistic Nurses Credentialing Corporation (AHNCC) website at www.ahncc.org or <http://www.ahncc.org/certification/nursecoachnchwnc.html>.

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