



Health Coaching: The Role of the Nurse



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Case Study - Jane D.

PT ID: 42 year old female
CC: Initial Cardiovascular Evaluation
PMH: **Elevated blood pressure**
Lifestyle Hx: **Smokes ½ pack of cigarettes daily**
"I want to improve my health. I plan stop smoking by June 1, 2026."
FHx: **Mother and father have HTN**
Current Medications: None

Physical Examination Height: 5'4" Wt: 130 BMI: 24 BP: 123/72, HR: 71	Laboratory Results CMP: WNL Lipids: WNL CBC: WNL Lp(a): WNL TSH: WNL
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What is Health Coaching?

- "Evidence-based skillful conversation, clinical strategies and interventions to actively and safely engage clients in health behavior change to better self-manage their health, health risk, and acute or chronic health conditions resulting in optimal wellness, improved health outcomes, lowered health risk and decreased healthcare costs." - National Society of Health Coaches

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Characteristics of Effective Health Coaching 


- Patient-centered
- Collaborative
- Autonomy
- Empowerment
- Accountability
- Behavior change

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Health Coaching in Healthcare 

- Heart failure
- Stroke
- Type 2 diabetes mellitus
- Tobacco cessation
- Amyotrophic lateral sclerosis
- Pain management
- Weight management

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Who Can Be a Health Coach? 



- Laypersons
- Pharmacists
- Physical Therapists
- Physicians
- Registered Dietitians
- Nurses

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Benefits of Nurse-led Health Coaching 

- Improvement in self-care and quality of life in heart failure
- Improvement in health habits in older adults
- Improvement in diabetes-related outcomes


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 **Patient Education and Counseling** 
Volume 105, Issue 4, April 2022, Pages 917-925

Nurse-led health coaching programme to improve hospital-to-home transitional care for stroke survivors: A randomised controlled trial


Shuanglan Lin^a, Lily Dongxia Xiao^a, Diane Chamberlain^a, Shahid Ullah^b, Yanjiang Wang^c, Yingying Shen^c, Zhenfang Chen^d, Min Wu^d

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 **Study Design**

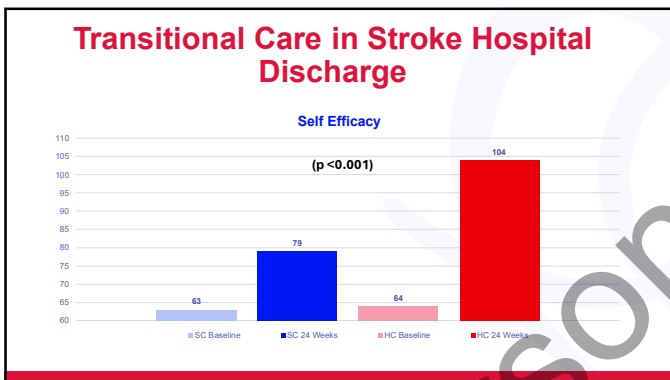
- n=140 dyads: stroke survivors and caregivers
- Standard Care (SC): Usual discharge education, two follow up calls
- Intervention (HC): 24 weeks, nurse-led health coaching post discharge
 - Weekly phone calls
 - Biweekly in-person sessions
 - Goal setting
 - Self-care skills
 - Home environment modification
 - Enhanced physical function
 - Medication management
 - Prevention and management of stroke adverse events

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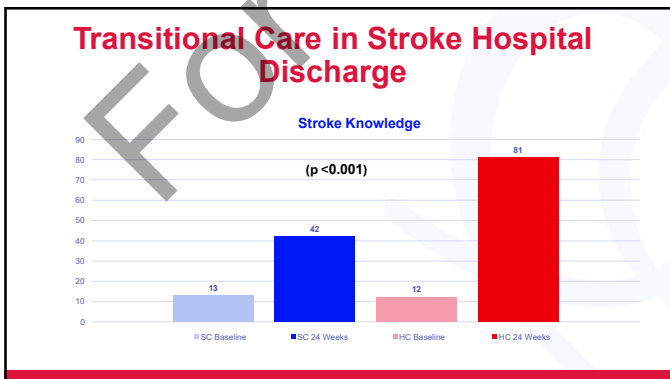
 **Study Outcomes**

- Primary outcome
 - Self efficacy
- Secondary outcomes
 - Stroke knowledge
 - Quality of life
 - Care giver burden
- Data collection tools: questionnaires

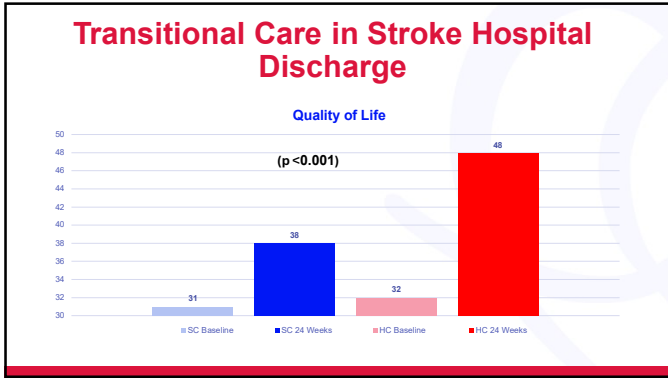
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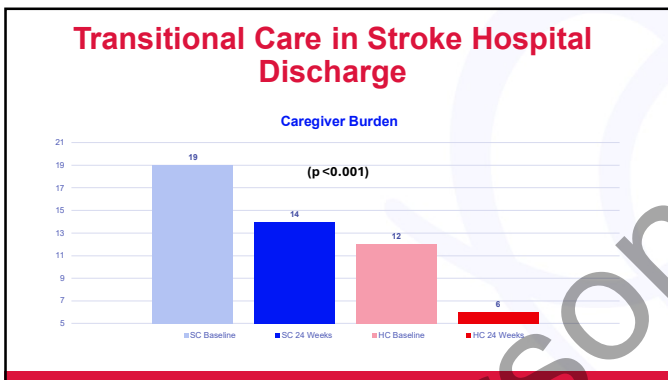
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Nurses as Health Coaches




- Wholistic approach to patient care
- Patient-centered approach to care
- Build rapport and trust
- Evidence-based knowledge
- Ethical and legal principles

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Health Coaching Qualities 


- **Patient-centered**
 - What would you like to be able to do?
 - Describe things that limit you from doing these things.
 - What can you do to make this happen?
 - What concerns you the most?
- **Active listening**
 - Don't interrupt
 - Make eye contact
 - Be empathetic
 - Be patient...Silence is ok

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Health Coaching Qualities 


- **Non-judgmental**
 - Acknowledge personal biases, views
 - Focus on facts
 - Be mindful of body language
- **Knowledgeable**
 - Study
 - Guidelines/research
 - Continuing education
- **Empower Patients**
 - Ask permission

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Stages of Change 


- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse

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Stages of Change 


- **Pre-contemplation:** Does not acknowledge a problem. "I don't need to quit smoking."
- **Contemplation:** Recognizes there is a problem, isn't ready to make a change. "I might be able to start decreasing the number of cigarettes I smoke in a day."
- **Preparation:** Getting ready to change; states intention to change. "I plan to quit smoking."

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Stages of Change 


- **Action:** Performs change up to 6 months. "I've decreased smoking from a pack a day to ½ pack for the past 2 months."
- **Maintenance:** Sustains the change beyond 6 months. "I've been down to 3 cigarettes/day for a year."
- **Relapse:** Abandons new habits; reverts to old ones. "I just don't know if I'll be able to get back on track."

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Change Language 

- I will...
- I can...
- I want to...
- I promise...
- I believe I can...
- I am ready to...

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Case Study - Jane D. 

"I want to improve my health. I plan stop smoking by June 1, 2026."

What stage of change is Jane currently in?

- A. Pre-contemplation
- B. Contemplation
- C. Preparation
- D. Action
- E. Maintenance
- F. Relapse

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Motivational Interviewing 

Collaborative, patient-centered approach to achieve sustained behavior change.

- Personal motivation for change
- Supporting self-efficacy and goal setting
- Addressing resistance and ambivalence

Miller, W.R., & Rollnick, S. (2023). Motivational Interviewing (4th ed). The Guilford Press.

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Phases of Motivational Interviewing 


- Engaging**
 - Patient decides to move forward, establish a collaborative, trusting, affirming relationship
- Focusing**
 - Patient establishes specific goals
- Evoking**
 - Core of motivational interviewing
 - Uncovers the patient's motivation for change
- Planning**
 - Patient develops steps to achieve goals

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Motivational Interviewing: OARS 


- Open-ended questions/statements
- Affirmation
- Reflection
- Summary

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Open-ended Questions/ Statements 

- Requires longer, more complex responses
- Reveals thoughts and feelings
- Encourages self-discovery
- Stimulate deeper thought


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**Open-ended Questions/
Statements** 

Examples:


- What concerns you about taking a statin?
- Tell me about your greatest challenges to losing weight.
- How do you feel about the progress you've made?
- Talk about the types of support systems you have.

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Closed-ended Questions 

- Yes or no response
- Obtain facts and commitment
- Directs the conversation to a desired topic or concern


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Closed-ended Questions 

Examples:


- Did you do well giving yourself the injection?
- Do you think you can stop smoking?
- Do you have any questions?

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Affirmation 

- Validates what the patient has done to achieve their goals.
- Supports the patient's confidence in their ability achieve goals.
- Builds the patient's self-esteem
- Decreases resistance


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Affirmation 

Examples:


- **You've** have tried your best to not smoke after you eat dinner.
- It has been difficult for **you** to only smoke 3 cigarettes a day.
- **You've** worked very hard to stop smoking.

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Reflection 

- Restates what the patient says
- Helps the patient look in the mirror
- Uses empathy


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Reflection 

Examples:


- You feel if you smoke less, your health will improve.
- You're feeling down today.
- You're tired of craving a cigarette.
- This is not typical behavior for you.

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Summary 


- Synopsis of the encounter
- Restates the main points, content, and feelings
- Validates the health coach's interest in the patient

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Summary 

Example:
 Today we talked about your desire to quit smoking. You are concerned about symptoms of withdrawal and would like to think more about ways to quit.

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SMART Goal Setting 


- **Specific:** Patient clearly states what they want to achieve
- **Measurable:** Objective terms that can be tracked
- **Attainable:** Realistic, given the patient's situation
- **Relevant:** Aligns with patient's conditions and desires
- **Time:** Has a reasonable timeframe or end date

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Goal Setting 

Goals	vs	SMART Goals
• I will lose weight.		• I will lose four pounds by walking 30 minutes every day over the next month.
• I'm going eat less sugar.		• I will eat less sugar by reading labels and limiting added sugar to 25 grams per day for the next two weeks.

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Case Study - Jane D. 

"I want to improve my health. I plan stop smoking by June 1, 2026."

Is Jane's goal SMART?

A. Yes
B. No

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Case Study - Jane D. 

"I want to improve my health. I plan stop smoking by June 1, 2026."

↓

"I will decrease the number of cigarettes I smoke daily by one each week for the next 2 weeks."

Is Jane's goal SMART?

A. Yes
B. No

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Case Study - Jane D. 

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"I will decrease the number of cigarettes I smoke daily by one each week for the next 2 weeks."

Is Jane's goal SMART?

A. Yes
B. No

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Health Coaching Challenges



- Ambivalence
- Resistance

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Ambivalence



- Patient has mixed feelings
- The "BUT" in the middle
- "I know I should quit smoking, **but** it helps me to relax."
- Not resistance
- Ambivalence is natural


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Working Through Ambivalence




<p>Pros of Smoking</p> <ul style="list-style-type: none">• Makes me feel good• Keeps my weight down	<p>Cons of Smoking</p> <ul style="list-style-type: none">• Coughing• I can't be around my granddaughter who has asthma.
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Resistance 

- Patient refuses the behavior change
- Patient does not feel in control of the process

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Resistance...Roll With It 


Health coach should:

- Avoid telling the patient what they should do
- Avoid trying to persuade the patient that they have a problem
- Avoid telling the patient how to change

Health coach might ask:

- Do you feel in control of this process?
- You did not meet your goal. Would you like to share your thoughts about this?

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Techniques for Nurse Health Coaches 

Shift from giving instructions to partnering with patients to support behavior change

Guide patient to discover their own motivation to change


Identify benefits and barriers to making the change

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Takeaways 

- Health coaching is a collaborative, patient-centered interaction that increases the patient's motivation to sustain behavior change.
- Identify the patient's stage of change to guide behavior change.
- OARS of motivational interviewing is foundational to health coaching.

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Takeaways 

- SMART goals facilitate behavior change through developing a clear path and fostering accountability.
- Nurses are uniquely positioned to be effective health coaches and support behavior change.

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 **Thank You**

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