

Group coaching as support for changing lifestyle for those diagnosed with a long-term condition

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Abstract

It is estimated that the treatment and care of those with a long term condition (LTC) accounts for 69% of the primary and acute healthcare budget in England (Department of Health 2008). This research took an action research approach to explore how group coaching can be a support mechanism for people with LTC to make changes to their lifestyle. Data was collected through five group-coaching sessions with six participants. Three themes emerged: practice; participants' change and growth; self, emotions and awareness. Drawing on the findings a 'group coaching health and wellbeing framework' has been developed. The findings indicate that group coaching can be a support mechanism to support people with a LTC to make lifestyle changes.

Key words: Group coaching, long-term conditions, health and wellbeing, action research

Introduction

There are 15.4 million people in England with at least one LTC or chronic disease, and it is thought many more are not yet diagnosed (Kings Fund 2011). Chronic diseases are diseases of long duration and generally slow progression. Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world, representing 63% of all deaths (WHO retrieved 2012). Due to the ageing population, the number of people in England with a LTC is set to rise by 23% over the next 25 years (Department of Health 2008). People with a LTC represent 55% of GP appointments; 68% of outpatient, accident and emergency (A&E) attendances and 77% of inpatient bed days; accounting for around 70% of NHS spending (EPP retrieved 2012). It is estimated that the treatment and care of those with long-term conditions accounts for 69% of the primary and acute care budget in England (Department of Health 2008).

Health and social care policy has increasingly focused on supporting and encouraging people to take control of their own health and wellbeing, with the aim of both improving the quality of their lives and providing more cost effective care (EPP 2012). Self-management has been available in England since the 1990s through the Expert Patients Programme (EPP), (EPP, retrieved 2012). The Expert Patients Programme provides lay-led generic courses to improve patients' self care skills (Kennedy et al. 2005). In 2006 the Department of Health implemented Improving Access to Psychological Therapies (IAPT) that provides mainly cognitive behavioral therapy (CBT) for people suffering from depression and anxiety disorders. Though these are very important interventions there is a gap in services for those patients who need more support to make a lifestyle change to enable them to have an improved control of their health and wellbeing. This study aims to explore if and how group coaching can support people who are not suffering from anxiety and depression but need to change their lifestyle, to enable them to prevent deterioration and manage their LTC.

I have a particular interest in this topic due to my work in the NHS, my nursing background and a belief that coaching could have an important role in healthcare. My coaching approach follows a positive, client centred and goal focused approach. This approach influenced the design of the study. This article will explore the literature and methodological process that was followed during this study and the development of a health and wellbeing group coaching framework.

Literature review

The literature falls into three main areas; current health policy, coaching in healthcare environments and group coaching. The initial intention was to focus on empirical literature to learn from research that has already been carried out. However, it quickly became apparent that there was limited literature that related directly to group coaching people with LTCs. Therefore the search was expanded to explore and learn from the related area of group counselling. Articles were identified that used health coaching techniques and also coaching that focused on employment. Most of the literature found referred to American healthcare and healthcare insurers. Health practitioners in the UK are starting to offer health education, by incorporating coaching skills within their practice to support patients to self manage their medical conditions.

There is a growing view that LTCs are contributing to increasing health costs and there is a need for accountability and self-management of people's health. Several researchers contribute to this view including Orbach and Vazquez (2009) by saying that LTC threatens to bankrupt the NHS, as lifelong drug packages allow us to live longer but less healthy lives. Schneider et al (2010) goes further to say that many working adults with diabetes face barriers to effective disease self-management and consequently are at risk of deteriorating health, job loss and dependence on public assistance. Snowden (2010) suggests that the healthcare industry experts agree patients will play a key role in driving down healthcare costs with the advent of new models of accountable care. Orbach and Vazquez (2009) says that if our overfed, stressed, under-exercised lifestyle is at the root of the problem, then millions of us will need help to make big changes. Snowden (2010, p16) recommends that while patients need to become actively involved in their own health and care, they "can't - and shouldn't - do it alone". In contrast to this view of people taking more responsibility for their own health, Coulter and Ellins (2007) point out that critics have dismissed talk about patient engagement and patient centred care as political correctness - a misplaced concern with the "touchy feely" aspects of health care, with no scientific basis.

While carrying out the literature review it became apparent that the term 'health coaching' is also applied to health education or to developing health professionals to use coaching skills, which was not the aim of this study. However, some literature did emerge: Buckley (2010) describes the primary objectives of health coaching as to educate the patient regarding self-health management and to encourage patients in taking a more proactive role in staying healthy. Similarly, Palmer et al (2003) describe health coaching as the practice of health education and health promotion within a coaching context, to enhance the wellbeing of individuals and facilitate the achievement of individuals' health-related goals.

The literature search also concentrated on health-focused goals, since this study aimed to give flexibility for the participants to choose goals that are important to them. A greater understanding needs to be developed on the impact of giving flexibility in choosing goals for those with a LTC and assess if there is still an improvement in their health and wellbeing (see Figure 1).

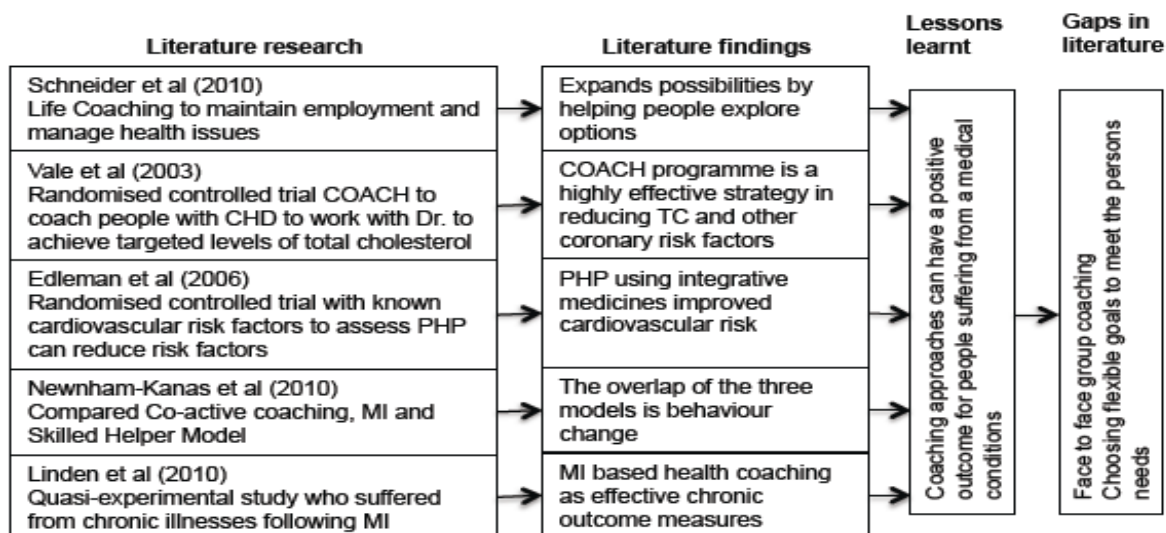


Figure 1 - Comparison of coaching in healthcare, lessons learnt and gaps in knowledge in relation to this study

Studies of group coaching further demonstrated that there were positive experiences and outcomes for the participants. However, the research is unclear about the specific interventions that could have been used to influence this study. Further research is needed to understand the influence of group coaching for people with a LTC (See Figure 2).

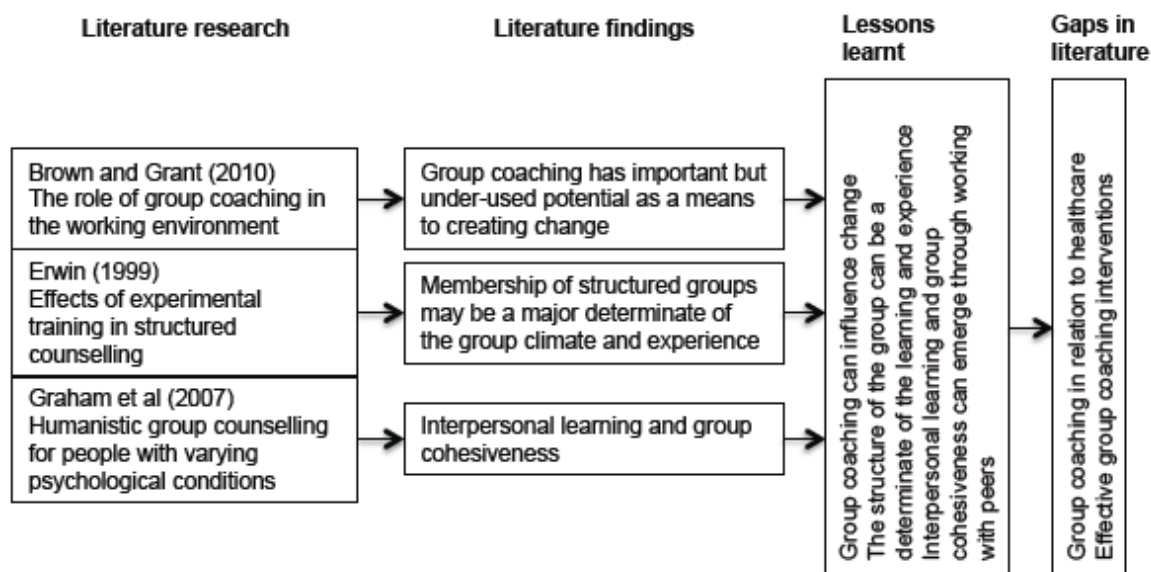


Figure 2 - Comparison of group coaching, lessons learnt and gaps in knowledge

The research papers identified here suggest that coaching *can* support people with medical conditions and that group coaching *can* influence change. However, they do not examine *how* group coaching should be structured, which interventions are most effective in a healthcare setting or the impact of using flexible goal setting. This is a gap in the literature that became a focus in this research.

Methodology

The aim of the research was to understand if and how group coaching can be used as a support mechanism for changing lifestyle for people diagnosed with LTCs. The objectives of the research were to:

- Understand if coaching can support patients to change their lifestyle and to have an improved control of their health and wellbeing.
- Identify useful coaching interventions to follow to assist in health and wellbeing.
- Follow an action research methodology in support of evidence-based practice for this use of coaching.

The research approach chosen was action research. One of the reasons for choosing this methodology was that it reflects my coaching approach, which Clutterbuck (2010) refers to as 'managed eclecticism'. Denscombe (2003) says that there are four defining characteristics of action research; practical, change, cyclical process and participation. Following this model the practical nature of action research allowed time to reflect on my practice, evaluate the experience and appropriately change the next session as depicted in Figure 3. Saunders et al. (2003) suggests that action research should have implications beyond the immediate project; in other words it must be clear that the results could inform other contexts. The wider aim of this research is to inform the professional coaching context and also to assess if it has a role in healthcare in the UK in supporting people with a LTC.

It needs to be acknowledged that action research has not always been a supported methodology. McKay and Marshall (2001) report that some critics consider it lacks some of the key qualities that are normally associated with rigorous research. These criticisms were acknowledged when designing this study. The full implications of action research were considered, ensuring that cycles included reflexivity, multiple methods of data collection and data analysis (also shown in Figure 3).

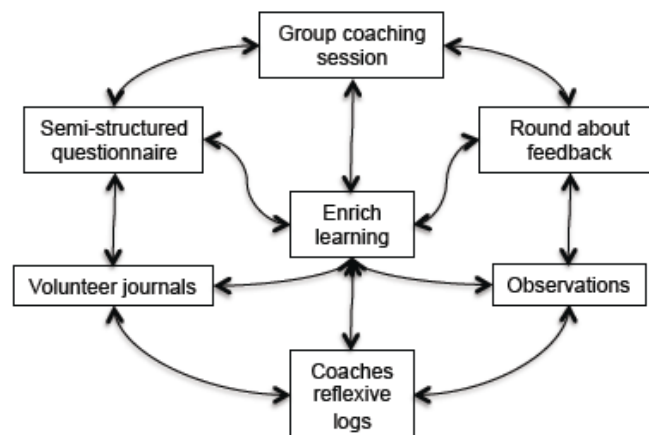


Figure 3 – The action research cycle

Selection of volunteers and data collection

All the volunteers were identified through the NHS Swindon psychological fibromyalgia psychosocial course. Fibromyalgia also called fibromyalgia syndrome, is a long term condition that results in widespread pain and extreme tiredness along with other symptoms (NHS Choices, accessed 05 May 12). It was unplanned that all the participants were female: wider recruitment was attempted

through a poster invitation in the reception and attending and inflammatory bowel psychosocial course. Information about the participants can be found in Table 1.

Volunteer name	Age	Gender	Number of years diagnosed with fibromyalgia	Receiving treatment for fibromyalgia
Rachel	45 years	Female	12 years	Analgesics when required and magnesium and calcium supplements
Esther	44 years	Female	Feels she has had fibromyalgia since late teens/early twenties, it increased in severity and was diagnosed 2 years ago	Over the counter analgesics when required and complementary therapy
Kasia	41 years	Female	Eight years	Analgesics when required
Michelle	35 years	Female	Two years	No treatment
Deborah	43 years	Female	One year	No treatment
Mandy	Unknown	Female	Unknown	Unknown

Table 1 - Participant Details

The method of data collection was also reviewed to reflect the group coaching approach and assist in answering the research question and observations, as shown in Table 2. Cormack (1996 p.160) states that “a vital aspect of action research is its use of a variety of methods which give more valid data than a single method”. Several different methods of data collection enrich the picture and help to understand the findings from a variety of angles to assist in answering the research question and objectives, as shown in Figure 4. Five group coaching sessions were held with a continual learning cycle.

Data Collection methods	Research question and objectives
Coaches reflexive log Observations Volunteers journal Round about feedback Questionnaire Group feedback throughout the session	How group coaching can be used as a support mechanism for changing lifestyle when diagnosed with a long-term condition
	Understand if coaching can support patients to change their lifestyle to have an improved control of their health and well being
	Identify useful coaching interventions to follow to assist in health promotion and prevention
	Follow an action research methodology in support of evidence-based practice for this use of coaching

Table 2 - Data collection methods

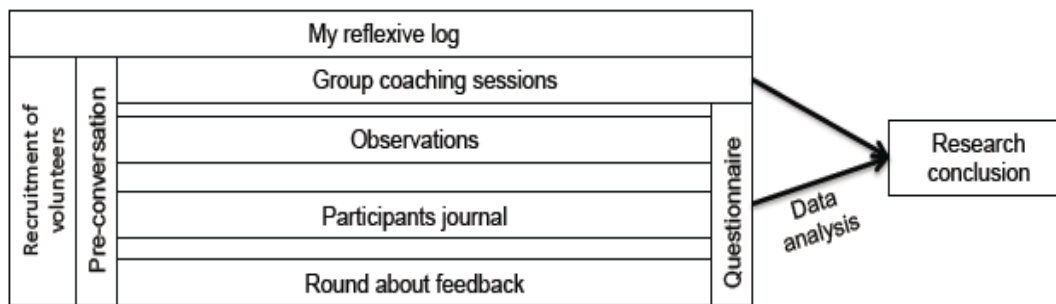


Figure 4 - Data collection process

Data analysis

A thematic narrative analysis was chosen as this approach best supported answering the study question. Thematic approaches are useful for theorising across a number of cases finding common thematic elements across research participants and the events they report (Reissman 2008). The data collected was scrutinised and placed into categories for analysis. With further scrutinising of the data patterns were identified, resulting in the categories being divided into subcategories. The themes that emerged were compared and contrasted with the findings from the literature review to identify if new knowledge had emerged (See Figure 5). Six categories were identified and these were broken down further into ten subcategories. From the categories three themes emerged. How the data analysis was mapped as shown in Figure 6.

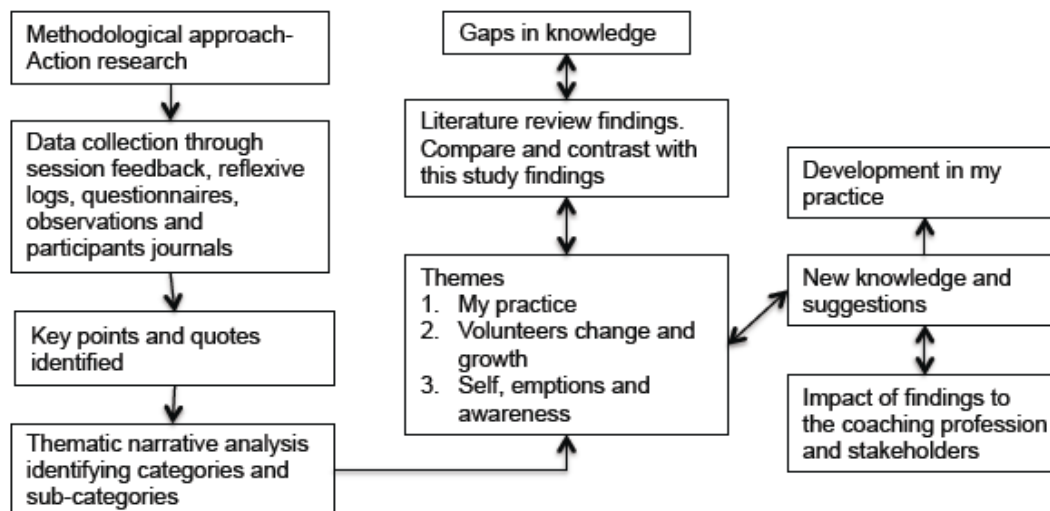


Figure 5 - Data analysis framework

Findings

The findings are presented in three main themes that emerged from the data; my practice; participants change and growth; self, emotions and awareness. Identifying new knowledge assisted in answering the research question and provided evidenced based practice to other interested people in this topic including the coaching profession and the healthcare community.

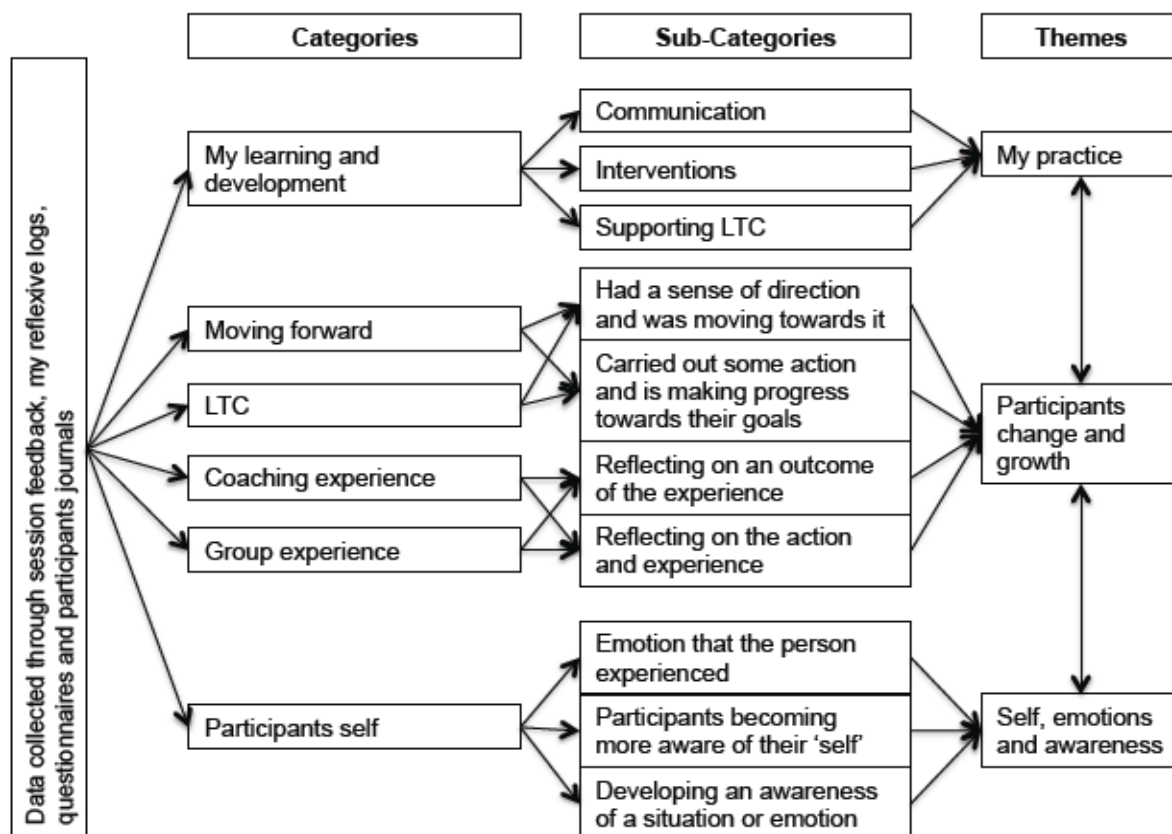


Figure 6 Categorisation of data and themes

My practice

Communication

Communication started at the time of making first contact at the fibromyalgia psychoeducational course. Pre-conversations were undertaken with the aim of answering any questions or concerns the participants’ might have and discuss in more detail the purpose of the study. Meadow’s (1988) empirical research found that clients who participated in pregroup interviews had more realistic expectations and perceptions of group membership and had a clearer understanding of the group’s purpose.

Action research is about involving the participants in developing the sessions and making them central to the development of the sessions. Figure 7 shows the lessons that were learnt at each session from the participants’ feedback, which influenced the following sessions. Communication was key to enabling the participants to influence the sessions and develop them how they felt best met their needs and for them to feel that they were central to the coaching experience. This in turn influenced my coaching practice.

Originally I planned for four sessions. The first session was two hours long, then subsequent sessions an hour long. During the second session it quickly became clear that one hour was not enough time. Corey (2004, p4) suggests that basically the role of the group counsellor is to facilitate inter-action among the members, help them learn from one another, assist them in establishing personal goals, and encourage them to translate their insights into concrete plans that involve taking action outside of the group. In session two it did not feel there was enough time to allow the participants to explore their experiences. In the round about feedback it was agreed that the sessions

would be extended to two hours long. This allowed more time for the participants to interact with each other, offering peer support to explore in depth the interventions and skills being learnt and to reflect on the experiences. The group often referred to their 'fibro fog', where they can't remember information or they find it hard to concentrate on things. Due to this a break was important to enable the participants to gain the most from the sessions.

The second main area of learning was relating to the frequency of the sessions. It was originally planned for the first two sessions to be two weeks apart and sessions three and four, three weeks apart. The purpose of this was to allow the participants time to reflect and practice the skills they were learning in between the group sessions. At the third session Rachel requested to meet fortnightly, she felt that this would reinforce their learning, which the group agreed with. This also enabled a fifth session to be included in the timeframe. Reflecting and learning from this study, the evidence indicates that two hour sessions, held fortnightly best meets the participants needs. In the future six to eight sessions would be held, which would allow for reflection on the experiences and for one intervention to be explored in each session.

Interventions

A group coaching approach was followed as I wanted to understand and observe the interaction between the participants. My role as facilitator is to ensure group cohesion that enables everyone to participate in the group in a trusting environment. By doing this participants are able to openly discuss and explore their feeling, emotions and experiences with their peers to gain support and suggestions. Schneider et al.'s (2010) study found that participants were able to confront challenges and fear and take responsibility for themselves and put their health before other people or things. This is demonstrated in Kasia's journal as she reflected on her fears by saying;

One overriding aspect about this course is that it is teaching me so many things about myself. I am becoming more confident in the things that I can do and this is helping to override the fear of what I can't do. It's all about seeing the benefits of 'feeling' the fear and doing it anyway.
(Kasia's journal)

Enabling the participants to work, in pairs and in the group with the different interventions helped them to learn from each other and gain peer support. In the session roundabout feedback the group observed that reflecting in pairs and as a group was more important than doing it on their own. The participants fed back that they felt the group gave different ideas, different perspectives and that *"talking it through with others was brilliant, a fresh pair of eyes"*. Brown and Grant (2010) supports the participants feedback by recommending that group coaching may be more appropriate wherever the goal is at the group level or where individuals would benefit from broader perspectives, support and accountability and where participants agree to take part in a group process. Deborah observed that *"the group experienced very similar past experiences; it was helpful to hear how they have overcome their experiences and from this shared ideas openly and honestly"*.

Homework was set after each session, to start integrating learnt skills into the participant's everyday and to encourage the participants to reflect on their experience and development. Through the feedback it became apparent that the homework needed to include preparing for the interventions that will be used in the next session. This enabled them to start thinking and exploring their feelings and allowed more time in the sessions as they had already had the initial thoughts. In the last session the participants said that they were *"glad there was homework as it reinforced the skills being learnt and put it into practice"*. In session four the participants requested that I sent them a group email to reinforce and remind them of the homework, including the details of the next session.

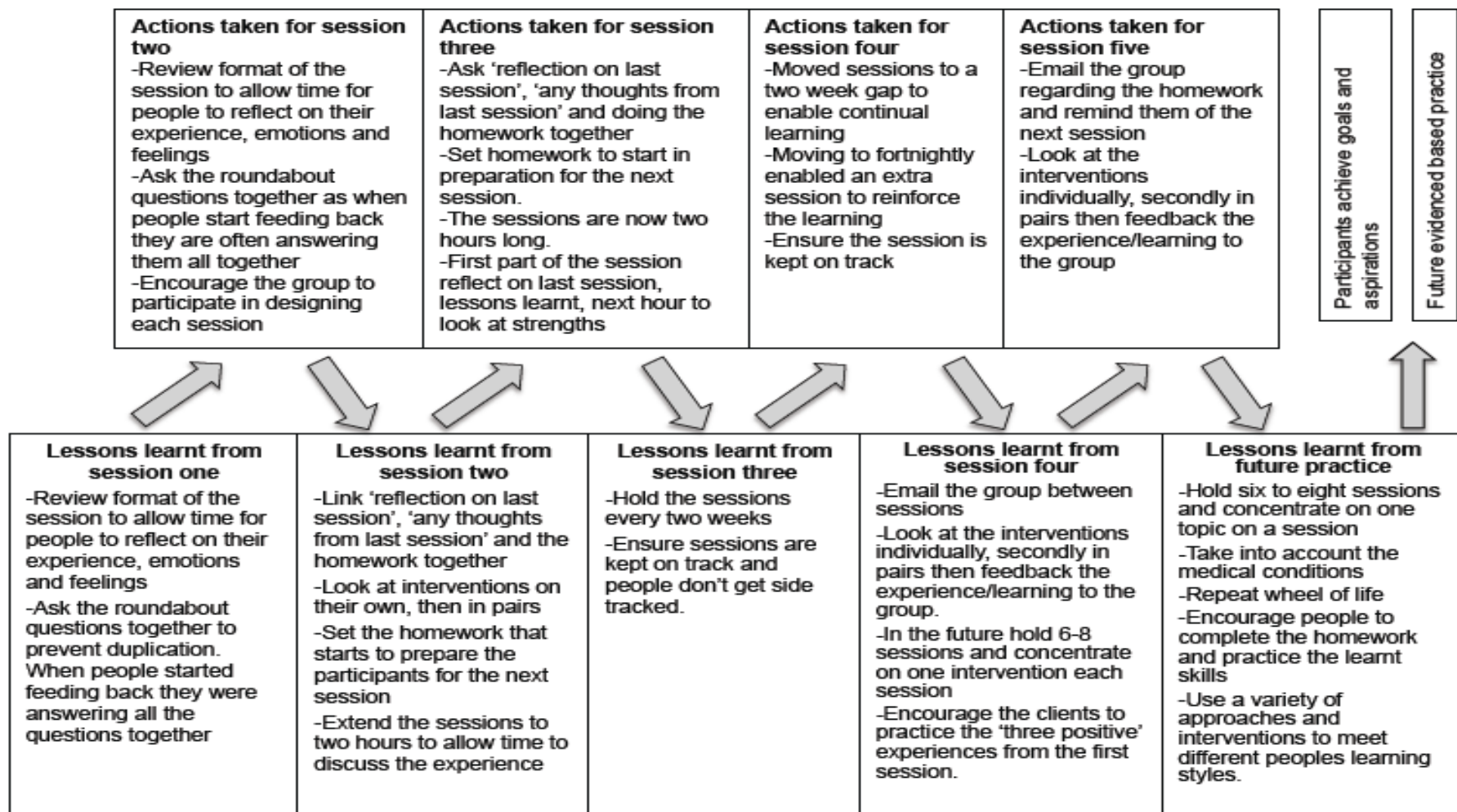


Figure 7 - Lessons learnt from each session and action taken

A positive psychology approach was followed to focus on what people can do and achieve, using different approaches such as values, motivations, SMART goals, stepping stones, dealing with blocks, disappointments and moving forward. This approach is supported by Schneider et al. (2010) study who found that the coaches strategies such as goal setting, feedback, powerful questions, encouragement, motivation and accountability to participant success. Each session was interactive to enable the participants to explore the interventions, gaining the most from the experience. I wanted to ensure that the different approaches were able to meet the various learning styles of the group members and that the skills learnt could be used in different life situations. The group reflected in feedback that, “*being creative stops and makes you think about what you are doing in a different context*”. Esther reflected in her questionnaire that the different approaches gave “*creative ways of presenting and involving various approaches to dealing with our varied conditions*”.

Reflecting back through my logs there are some aspects of the sessions that I would change in the future. I would hold six to eight sessions to enable one intervention to be explored in a session. By holding more sessions it would allow time for newly formed groups to develop trust between each other and explore in depth their feelings and experiences. In the future the sessions would also be two hours long, with two follow up sessions a month and three months apart to support the group to continue working towards achieving their goals, reinforce their learning, skills and dealing with any blocks or disappointments.

Supporting People with Long-term Conditions

Understanding the participant’s medical conditions was important to ensure that I offered appropriate support for them to develop and to achieve SMART goals and aspirations. During the pre-conversation some participants said they had other medical conditions. Throughout the study the medical condition was taken into account when developing the session. For example, participants might have limited movement, so might not be able to move around the room into different groups. Also when planning sessions I needed to consider that participants might become unwell and not be able to attend every session. Deborah missed two sessions due to starting a phased return to work following long term sick leave. Mandy did not attend two of the sessions as she was unwell and had a hospital appointment.

I had been concerned that identifying the participants through the psychoeducational course would mean that they would not gain from the coaching experience as it might duplicate their learning. The participants said that experiencing the psychoeducational course and coaching had continually reinforced skills to develop into their lives. The group fed back that coaching should be a follow up to the psychoeducational course and the coaching answered the question ‘*and what now?*’

The participants’ journey

Participants’ change and growth

In the last session the participants completed a questionnaire reflecting on their coaching experience – See Table 3.

Moving forward through the interventions

At the beginning of each task the group explored the purpose of the intervention and potential development of skills and learning. By following this approach the participants were able to understand the importance of why the intervention is being explored in that sequence. For example, goals usually reflect our values and things that are important to us, which relates to our motivation to achieve something. This is why the participant’s values and motivations were explored and understood before setting goals. In the feedback after exploring motivation the group said that they “*understood the psychological thinking behind it*”.

	Don't know	No	Partly	Yes	Definitely
I have enjoyed the coaching experience?				1	4
The coaching experience has changed my life?			1	2	2
The coaching experience has developed my life?			1	2	2
The coaching experience has supported me with my long term condition			1	2	2
I have learnt useful skills through the coaching experience?				2	3

Table 3 - Questionnaire results

Participants identified and discussed their goals using SMART. Schneider et al. (2010, p131) suggests that numerous studies show that goal setting is an effective way to improve performance in the workplace and its translation to the field of health behaviour change shows similar promise. I had anticipated that participants would set goals that related to their health with the aim of making a change in their lifestyle to have an improved control of their health and wellbeing. Though at the first session it became clear that the participants wanted to take back control of their lives and not have the medical conditions control them. I would suggest that by giving the participants the freedom to choose goals that were important to them they were more likely to achieve them.

In the last session the participants repeated their wheel of life and compared it to the one they completed at the beginning. The participants said that they read the wheel of life differently the second time. Esther said in her journal *"I was surprised when I looked at my freshly completed 'wheel of life' at the last session, compared it to the one from the first session and realised how differently and more positive I felt"*. Repeating the wheel of life at the end of the coaching experience was a powerful tool for the participants to see the progress they had made.

Actions taken

Gray (2004) suggests that in action research the researcher is a catalyst for achieving change. Throughout the coaching experience the participants reflected on actions that they had taken and changes they had made. Deborah has returned back to work and said *"she has handled things differently such as communication and is interacting with people differently, in a positive way. As a result I am being treated differently by others"*. Michelle had started going to the gym. Both Rachel and Kasia started to explore different career options. Rachel started a SAGE course. Kasia began to look at other jobs, she said that *"I realised I could do something else than teaching, I can use my transferable skills"*. Esther contacted her friends to tell them that she was suffering from hoarding and what it is like living with it. She asked for their help to start sorting out her garage and discussed how they could best support her. Rachel said that she is cooking more and enjoying it. These are all really positive actions that the participants said had occurred due to the coaching experience. Observing the participants discussing their accomplishments to the group, there was real support and pleasure between each other and encouragement to keep on achieving.

Outcome of the coaching experience

Brown and Grant (2010) say that without a doubt, many participants find group coaching highly challenging and often personally difficult, yet paradoxically it is often this discomfort that fosters real change. The feedback through the questionnaires and journals collected in the quotes below demonstrate the skills and wellbeing that supported the participants to make changes.

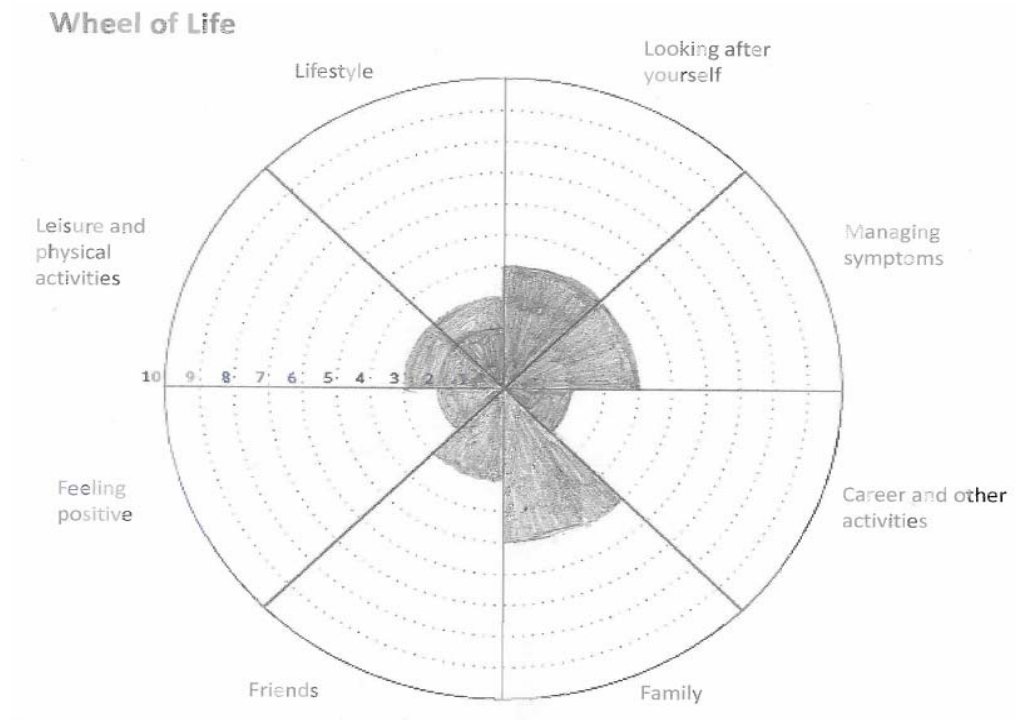


Figure 8a - Esther's wheel of life in the first session

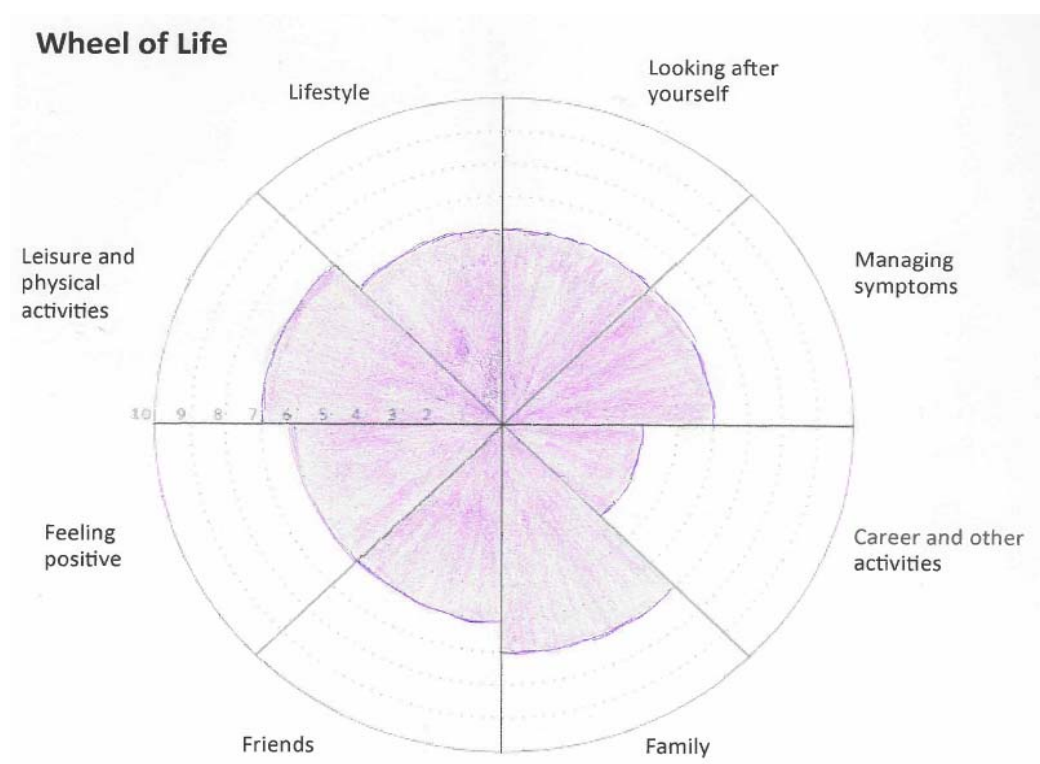


Figure 8b - Esther's wheel of life in the last session

This has been a fantastically enlightening experience. It has been like looking at myself for the first time and smiling (Kasia's questionnaire).

Coaching has made me realise that I can achieve more and by making small adjustments I can make a big difference in my life. Making me look at how far I have already come. At one point I could barely walk, couldn't cut the food on my plate, couldn't hold a pen long enough to sign to the end of my name. To see how far I have come has given me the encouragement to try to improve more and put into practice some of the techniques I have learnt (Rachel's questionnaire)

Very useful strategies; setting goals, looking at how they can be transferred to other contexts, looking forwards instead of backwards, focussing on everything positive and managing the more tricky aspects i.e. Pain or emotional upset and finding ways of managing these differently or even incorporating them into every day life (Kasia's questionnaire).

I am so chuffed, my friend commented to me today at work saying that I always manage to find a few positives from a bad situation. OMG – how shocked was I that she said that. I asked her if it was recent or if she had always noticed it and she said over the last 2 months. That made my day as it proved I have obviously been doing this without realising, which means that I have been taking things away from the coaching and implementing them but also in the bigger picture and I didn't even know (Michele's journal).

The effect of coaching on the participants' long-term condition

An important outcome of this study was to understand if the group coaching experience has supported the participants who have a diagnosed LTC to make lifestyle changes. The participants' feedback demonstrates that group coaching and the interventions used had supported the participants to make changes and have a positive effect to their lives, which they might not have achieved on their own.

Often with a long term health condition where you experience pain and fatigue on a daily basis it is difficult enough just to get through the day. Coaching makes you focus on how to make things better-this is not possible on your own. It gets you out of the house I have suffered from isolation with the long-term condition. I have been more accepting about the long-term condition and learnt to deal with it (Rachel's questionnaire).

I have found this course the best one I have ever done. The things learnt are life skills that can be adapted to any situation so is really worthwhile. My physical pain elevated significantly as a result of it. It really helps you prioritise and achieve. I have reduced the low mood symptoms of my condition by feeling I have realistically achieved things, which lessened my physical pain too (Michelle's questionnaire).

In the last sessions Kasia said that she was “*thinking of speaking to the GP and asking to reduce or stop my anti-depressants, I don't feel I need them anymore*”.

I feel like I should be focussing on my pain and illnesses and sometimes I do, purely because I feel so poorly. HOWEVER, I think that when I feel more positive I feel less pain. Probably because I am more focussed. When I am in pain I deal with it (Kasia's questionnaire).

Michelle's reflection in her journal supports the proactive approach that coaching offers people.

With my illnesses so much has always been focused on by health professionals and myself in terms of what I CANNOT do. I suppose it becomes the culture during the health assessments

inadvertently, but it becomes a habit to say 'I am not able to do that anymore because of the pain and the loss of mobility etc. I have only realised that this attitude or rather negative perspective has always been so, upon embarking on these sessions with Sally. It has been so therapeutic for once to focus on what I can do and not only that but how I can do it realistically and achieve it. From this, I have found this has really boosted my self-esteem and motivation and has improved the low mood levels that I get associated with my illness (Michelle's journal).

The feedback in the last session was that the participants felt better physically and that they had changed their focus on their pain to doing and achieving things. This study indicates that allowing participants to choose goals that were important to them the outcome still had a positive impact on their health conditions.

Self, emotions and awareness

As the sessions progressed the participants became more aware of their 'self'. In Rachel's questionnaire she reflected that,

I have really looked at my lifestyle and how I perceive things to be. It has made me realise that I need to prioritise things differently and put myself and my health at the top of the list and to focus on making my quality of life better to enable me to enjoy life more (Rachel's questionnaire).

By extending the sessions to two hours, this gave the participants more time to reflect on their learning and experience. Through the sessions the group identified and expressed their emotions, such as feeling good, feeling empowered, really enjoying the experience and being excited. The group said they appreciated and benefitted from being able to talk through issues and experiences why they felt like this and share solutions. In the last session the group noticed that each of them appeared brighter, happier and more confident saying that "*we have grown as people*".

The group process was designed to explore participants' motivations and values enabling them to become more aware of themselves. Stober and Grant (2006. P19) suggest that the purpose of gaining clarity and fuller awareness is an initial step toward the desired result of action. Esther said that she has "*recognised that I can always get help from someone/where. I see value in what I am doing, appreciating things I manage to do (exercise/ home).*"

Conclusion

The findings from this study indicate that group coaching can be a support mechanism to make lifestyle changes to people diagnosed with a LTC. The analysis of the data identified areas that worked well or not so well in the study. Throughout the feedback, in the questionnaires and journals the participants reported a high level of satisfaction from the coaching experience. Participants were able to develop and practice skills to achieve or work towards achieving their goals, then reflect back to the group how they were progressing. The participants reported that they enjoyed the group coaching experience and that it supported them to make changes in their lives and with their health and wellbeing, to cope and manage with their conditions and symptoms. By working in a group coaching approach enabled the participants to develop peer support through learning from experiences, provide encouragement, support and advice to each other. This study is useful as it highlights how using group coaching can be effective in healthcare environments. More research is needed, but the findings indicate some encouraging results and offers potential opportunities for the coaching profession.

Developing sessions that are interactive and using different approaches gave effective outcomes and met the participants' different learning styles. The participants fed back that they enjoyed the

sessions being interactive, using different techniques to explore an intervention, allowing them the flexibility to gain the maximum from the coaching experience. Enabling the participants to choose their goals that are important to them, even if they are not health related, can still have a positive effect on their LTC. The participants reported that coaching answered the ‘what now?’ for them to be able to manage their condition.

Figure 9 proposes a group coaching health and wellbeing framework that has been developed from the findings of this study and the literature review providing evidenced based practice. It is set out in three phases: group coaching, group coaching sessions and group coaching interventions and will guide my practice in the future. The framework also provides an opportunity for the development of group coaching in healthcare environments using evidenced based practice.

Action research allowed experiences from both my perspective as the facilitator and the participants’ perspective to influence and develop the sessions. It allowed time to plan, implement the action, observe and gain feedback from the participants then to reflect and continually learn. Action research provided opportunities to put the learning into practice and continually develop an understanding and knowledge of which interventions worked or not. Using the different forms of data collection methods enabled me to triangulate the continual learning and develop evidenced based practice while developing my practice. One of the disadvantages of following the action research methodology was the length of time the process took.

Implications for practice

My aspiration is to implement the group coaching health and wellbeing framework into the healthcare environment. The government’s healthcare policy is increasingly focused on supporting and encouraging people to take control of their own health and wellbeing, increase self-management and accountability of people’s health. The research findings and literature review has demonstrated with the correct support people with LTC can make lifestyle changes that will improve their health and wellbeing.

The study has provided some encouraging findings, but there are gaps in the current evidence. Further research needs to be conducted to understand in more depth the impact of health and wellbeing group coaching for those with LTCs. The recommendations would be to:

- Carry out a longitudinal study with eight coaching sessions, with people who are suffering from LTCs and other medical conditions. The sessions would be based on the group coaching health and wellbeing model. This will refine the model and build on the knowledge that has been gained through this study, as well as test the suggested interventions in different context and with other medical conditions. A longitudinal study will develop knowledge and understanding of the longer-term effect of health and wellbeing group coaching. It will also develop an understanding of how the skills developed in the coaching experience have been used in everyday life.
- Provide evidence to the health environment of the economic impact of health and wellbeing group coaching. This would be demonstrated by understanding outcomes such as, reduction in medication and reduction in GP appointments, engagement in meaningful activities such as, employment and further education. Also, building awareness, confidence and skills to manage change as recommended in the literature review.

The study demonstrated that group coaching can be a support mechanism for supporting people with a LTC to make lifestyle changes. The findings highlight the opportunities that health and wellbeing group coaching offers to the coaching profession and to other stakeholders such as healthcare.

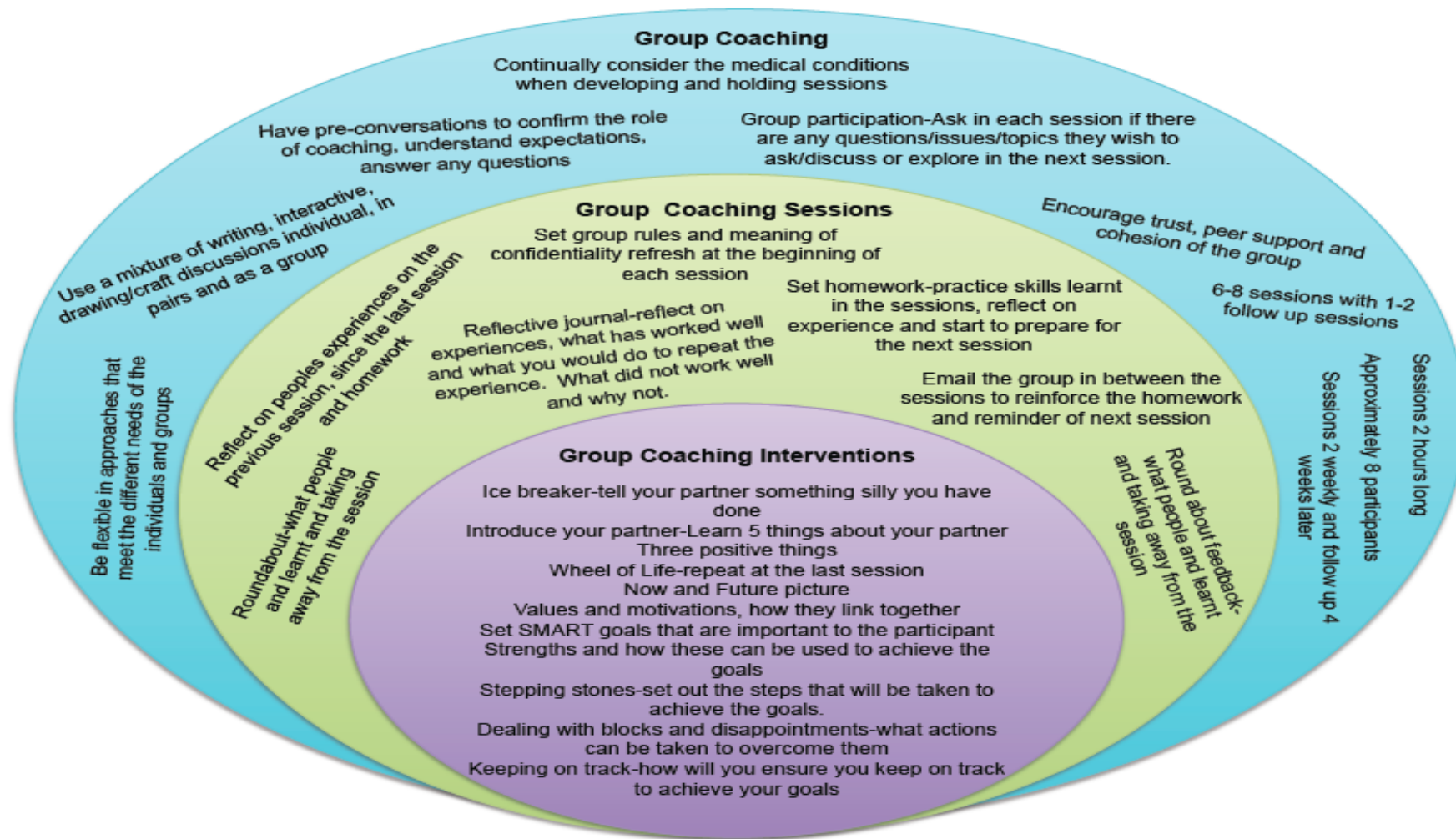


Figure 9 - Health and wellbeing group coaching framework

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