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Merging human becoming theory and health coaching principles into the role of the family nurse practitioner

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Running head: MERGING HUMAN BECOMING AND HEALTH COACHING

Merging Human Becoming Theory and Health Coaching Principles into the Role of the
Family Nurse Practitioner

Tammy Lee Olney, RN, BSN

Submitted in partial fulfillment of
the requirement for the degree of
Doctor of Nursing Practice

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

April 12, 2017

**Augsburg College
Department of Nursing
Doctor of Nursing Practice Program
Final Scholarly Project Approval Form**

The Scholarly Project Committee and Graduate Nursing Faculty at Augsburg College Doctor of Nursing Practice-Family Nurse Practitioner Program, approve the following Scholarly Project entitled "Merging Human Becoming Theory and Health Coaching Principles into the Role of the Family Nurse Practitioner" for Tammy Olney, a DNP-FNP candidate in the Graduate Program at Augsburg College. This project has met the requirements necessary to complete the Scholarly Project: Written Defense and Oral Presentation.

Final Scholarly Project Approved Date: 12 April 2017

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ABSTRACT

Family Nurse Practitioners have limited time with patients to address their health care concerns. Practitioners need to make the most of this limited time in order to promote positive patient outcomes. *Health coaching* is a proven method to assist others in identifying obstacles, prioritize what is important to them, leverage strengths, and in making healthy behavior changes. Drawing on evidenced-based practice in *health coaching* assists the Family Nurse Practitioner with making deeper connections with patients and guides in *co-creating* a plan that is truly patient-centered. The *health coaching* process is in parallel with the *Human Becoming Theory* by the use of *presence*, *suspending judgement*, *bearing witness* to patients' stories, and originating results. *Health coaching* and *Human Becoming Theory* lift up the *lived experience* of the patient, placing them in control, elevating their sense of *agency*. Blending *Human Becoming Theory* with *health coaching* principles serves as a foundation to create a new model of practice and a paradigm shift with how Family Nurse Practitioners interact with patients to achieve optimal patient outcomes.

Keywords: health coaching, co-creating, Human Becoming Theory, presence, suspending judgement, bearing witness, lived experience, agency

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DEDICATION

This project is dedicated to my family. My parents Jim and Janet and my children Ryan and Jake. I would not be the person I am today without being blessed by their undying love, support, and encouragement. My father passed away before I started the program but he has been with me every step of the way. I know he especially enjoyed the travel to Oaxaca and the special offrenda I built in his honor. I feel his presence and strength always. My very wise mother, who always asked me how school was going and reminded me to breathe, just breathe Tammy! I draw my courage and perseverance from her. She is an inspiration and truly a shining example of selflessness.

My precious two boys Ryan and Jake who never passed by an opportunity to tell me how proud they are of me and to remind me “You can do it Mom!” What a wonderful gift to have your children share that they believe in you and are also proud of the path you have chosen. I laugh every time I remember them asking if they would have to call me Dr. Mom after I graduated, to which I replied, “Yes, you do!”

I would not be here today if it were not for God and the infinite wisdom to put people into my life when I needed them and present opportunities to me that I never knew I wanted. I am truly humbled for all the privileges set before me.

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Merging Human Becoming theory and coaching principles into the role of the family nurse practitioner

Chapter One: Introduction

Partnering with patients to identify their health goals is a crucial part of the Family Nurse Practitioner (FNP) role. Time is often limited in the clinical setting so it is vital to be efficient and focus on the patients' main concern. The use of coaching principles can assist the FNP in co-creating a meaningful plan with the patient in order for them to achieve their self-identified health goals.

Problem statement

FNP's have limited time in the clinical setting to partner with patients to identify and co-create a plan of care from the patients' perspective.

Purpose

The purpose of this scholarly project is to merge Rosemary Rizzo Parse's Human Becoming theory (HBT) and coaching principles in the role of the family nurse practitioner.

Coaching principles assist the FNP in listening to their patients at a deeper level and leverages the use of powerful questions in which the patient taps into their own wisdom for healing. HBT compliments the principles of coaching and sets forth a way of being in true presence with the patient.

Merging HBT and coaching principles into the role of the family nurse practitioner assists in promoting agency of the patient, calling upon their inner strength and wisdom to create their healing process. Drawing upon the American Association of College of Nursing's Essentials of Doctoral Education for Advanced Nursing Practice

("AACN," 2006), this project addresses Essential I: the scientific underpinning for practice by developing and evaluating a new practice approach based on HBT and the theories of coaching from other disciplines. In addition, Essential VIII: advanced nursing practice is lifted up through this project evidenced by designing, implementing and evaluating the therapeutic intervention of using HC principles in the clinical setting. The use of HC skills aid in developing and sustaining therapeutic relationships and partnerships with patients to facilitate optimal care and patient outcomes.

Clinical question

Can the merging of HBT and coaching principles serve as a framework for the FNP in partnering with the patient to efficiently identify the patients' self-identified health goals?

Objectives

1. Propose a theoretical health coaching model for the FNP.
2. Identify how the FNP can integrate health coaching principles into practice in the clinical setting.

Population and healthcare setting

This project is aimed at the FNP in the clinical setting and will be implemented in two rural southeastern Minnesota primary care clinics.

This scholarly project will combine nursing theory with evidence based health coaching principles for the FNP to use in the clinical setting. A new model of practice will enhance the FNP-patient interaction in order to achieve the self-defined goals of the patient. The next chapter will present a review of the literature, offer definitions of HC, and highlight the effectiveness of HC.

Chapter Two: Literature Review

Defining Health Coaching and Key Concepts

Review of the literature revealed the lack of a consistent definition of health coaching (HC). Terms of nurse coaching, health coaching, wellness coaching, integrative wellness coaching, and holistic nurse coaching were all described in the literature. For the purpose of this literature review, the author will use HC as the term to reflect all references to coaching.

HC has been used broadly to encompass the use of such communication techniques as motivational interviewing and in the use of stages of change with patients in order to achieve health behavior change (Kreitzer, Sierpina, & Lawson, 2008; Laudon Thomas et al., 2012)). In *White Paper: Holistic Nurse Coaching*, Hess, Bark, and Southard (2012) describe HC as “skilled, purposeful, results-oriented, and structural relationships-centered interactions with clients provided by Registered Nurses for the purpose of promoting the health and well-being of the whole person.” (pg. 4).

Olsen (Olsen, 2014) posits that HC lacks conceptual clarity in literature. The most commonly cited definition came from Palmer, Tibbs & Whybrow (2003) and explains health coaching as: the practice of health education and health promotion within a coaching context, to enhance the well-being of individuals and to facilitate the achievement of their health-related goals” (p. 92). The author proposes an operational definition of HC as “a goal-oriented; client-centered partnership that is health-focused and occurs through a process of client enlightenment and empowerment” (Olsen, 2014, p. 18). The author identified consequences of HC to include attaining health goals, behavioral health changes, and improvement in physical and mental health. Key

concepts that emerged were health-focused, partnership, client-centered, goal-oriented, process, enlightenment, and empowerment.

A systematic review of literature focusing on HC (Wolever et al., 2013) revealed 184 full-text articles, in which 86% identified HC to include patient-centered goals, 71% identified processes of active listening and self-discovery, 86% encouraged accountability for behaviors, and 86% included education along with the coaching process. The authors conclude that health coaching is a “patient-centered process that encompasses behavior change theory and is utilized by health care professionals with diverse backgrounds” (p. 38). Recommendations include the need to identify the education required to obtain coaching skills as well as identifying interventions utilized that promote positive changes in health behavior.

In a qualitative study at a major medical center (Wolever et al., 2011), researchers identified HC as a distinct process different from the traditional medical model, psychotherapy, health education and executive coaching. HC concepts embody a process of self-discovery, shape motivation, and illuminate the connection of the client’s goals, values, and purpose.

Hoffman (2009) identified key concepts of HC as including active listening, working from the patients agenda, identifying patient beliefs and values, eliciting change talk, and recognizing the patient’s readiness for change. HC engages the patient to move from ambivalence and take action in order to adopt healthy behavior. The HC uses knowledge of the stages of change and also helps keep the patient accountable in achieving their self-identified goals.

Effectiveness of Health Coaching

HC strategies in the literature include assisting patients in identifying risk factors and adopting healthy lifestyle changes. Literature supports that the use of HC promotes positive patient outcomes and also aids in decreasing healthcare costs. A search for peer-reviewed research articles focusing on the evidence of effectiveness of HC revealed a total of fifteen articles (Olsen & Nesbitt, 2010). Findings demonstrated that HC had a positive impact on physical activity, nutrition, medication adherence, and weight management in six of the studies. Common features of effective programs were goal setting (73%), motivational interviewing (27%), and collaboration with health care providers (20%) (p. 1).

Two San Francisco primary care clinics used peer HC with diabetic patients to provide self-management support (Thom et al., 2013). Patients that received HC had significant improvement in diabetic control with a 1.07% decrease in HbA1c levels at the six-month mark.

HC interventions have shown to reduce costs and healthcare resource utilization as patients take ownership of their health.

In a quasi-experimental pre-post design study (Junk et al., 2015); health care claims of high-risk HC participants were followed for two years. The aim of the study was to evaluate the effect of HC on inpatient, outpatient, emergency room, and prescription medication costs. High-risk HC participants had estimated cost savings between \$286 and \$412 per month. Medica, a Minneapolis-based health insurance company, studied 1,051 participants enrolled in a HC program. 96% of the participants reported overall satisfaction with the program and 90% shared they felt more confident in

taking control of their health ("Coaches improve health," 2012). Participants experienced an average 6% weight reduction, 7% improvement in body mass index, and diabetic participants had a reduction of 35% in their glycosylated hemoglobin levels.

Health Coaching and Chronic Disease Management

As of 2012, about half of all adults in the United States had one or more chronic health conditions (Centers for Disease Control and Prevention, n.d.). Healthcare providers are faced with the challenge of managing chronic conditions and balancing the personal goals of the patients while also assessing their readiness for change. HC can be an effective intervention to assist patients with taking charge of their health and in adapting healthy behavioral changes.

Diabetes management and the use of HC were prevalent in the literature. A randomized control study of type 2 diabetic patients with glycosylated hemoglobin (A1C) levels greater than 7.3% was studied over a six-month period (Wayne, Perez, Kaplan, & Ritvo, 2015). Patients randomized to receive HC demonstrated a significant decrease in A1C levels at three months, weight and waist circumference. A cross-sectional study of primary care physicians who utilized coaching interventions with type 2 diabetic patients demonstrated a significant difference in decreased fasting glucose levels (Gonzalez-Guajardo, Salinas-Martinez, Bortello-Garcia, & Mathiew-Quiros, 2015).

A participatory research approach was used to evaluate the effectiveness of using HC to improve A1C levels in type 2 diabetic Chinese-American patients (Ivey et al., 2012). The HC's for this study were medical assistants who received five 1-hour HC training sessions. Although not significantly significant, the intervention group did have

a decrease in A1C levels at the 6 month follow –up compared to a slight increase in A1C in the control group.

Medical assistants were also utilized in a HC role as part of a randomized control study of diabetes self-care in underserved patient populations (Ruggiero et al., 2010). The aim of the study was to evaluate the impact medical assistant coaching intervention has on A1C levels compared to a control group. The intervention group did experience improvements in their A1C but the improvement was not statistically significant. There was a significantly greater increase in perceived empowerment by participants in the coaching group.

The National Institutes of Health provided funding for a Heart-Healthy Lenoir project in Lenoir County, North Carolina. One of the independent studies from this project highlights a case study of a participant (Tillman, 2013). Monthly coaching phone calls targeted hypertension and also allowed for the patient to identify goals as well as participate in issue of non-adherence. A six-month follow up evaluation demonstrated a reduction in blood pressure from 208/110 to 112/71 and an eleven-pound decrease in weight. Total cholesterol increased from 176 to 205 and HDL decreased from 80 to 57. The participant believes the cholesterol results were due to her challenges with maintaining a healthy diet.

The effectiveness of telephone-based coaching for the management of patient with chronic diseases was explored in a rapid-review of thirty articles (Dennis et al., 2012). The majority of the articles reported significant improvement in health behavior, self-efficacy, health status and satisfaction with coaching services. Twelve articles focused on vulnerable populations, with results demonstrating significant improvements

in physiological measures of disease, health behavior, adherence, quality of life and use of health services.

A multicenter randomized control trial including 792 patients from 6 university teaching hospitals looked at the impact coaching had on patients with coronary heart disease (Vale et al., 2003). The intervention group demonstrated a mean reduction in total cholesterol from baseline to six months of 21 mg/dL. Secondary outcomes of the intervention group in the trial included a significant reduction in body weight, body mass index, intake of dietary saturated fat, and reported anxiety. The intervention group also reported more patients taking up regular walking compared to the control group.

A nurse coaching telephone intervention was studied to assess the impact on asthma self-management. Pediatric nurses at a Midwest hospital underwent two 90-minute coach training sessions in order to provide twelve months of telephone coaching to parents of asthmatic children (Swerczek et al., 2013). Seventy-seven of the participants reported a positive experience with the telephone health coaching. Seventy-one respondents had positive comments on how the coach helped them with their knowledge of asthma, making them more confident in managing their child's asthma.

Coaching has also been evaluated as a tool to improve cancer pain management. A convenience sample of 289 participants studied the effectiveness of coaching in decreasing attitudinal barriers to cancer pain management (Thomas et al., 2012). Participants randomized to the intervention group received four telephone-coaching sessions by advance practice nurses. Data was collected on pain intensity, interference and relief as well as completion of a short-form health survey. Statistical significance was found in mean pain interference scores with the intervention group reporting lower

scores. No statistical significance was found in overall pain relief. Significant differences were found in the interventional group in higher mental health scores than the control group.

In an effort to try an alternative approach to managing depression, Pomerantz, Toney & Hill (2010) investigated the use of care coaches. Participants were followed over a twelve-month period and established one-on-one relationship with a care coach. Goals of the study were to improve clinical outcomes and decrease overall healthcare utilization. Average admissions were reduced from 44.91 to 23.66, average length of stay reduced from 276.15 to 146.59 and emergency room visits decreased from 71.90 to 53.05 (p. 140).

Health Coaching in the Primary Care Setting

Primary care providers interact with patients experiencing a multitude of health issues. HC has been successfully implemented in the primary care setting. Three primary care settings in Ontario, Canada (Liddy, Johnston, Nash, Ward, & Irving, 2014) offered HC to diabetic patients over the course of six months. Selected participants included registered nurses and diabetes educators employed at the three settings who underwent eleven hours of HC training. Patients participating in the program received six months of support from a HC that included face-to-face meetings, telephone and/or e-mail follow up. A mixed-method evaluation was used that included focus groups. Results demonstrated the feasibility to implement HC into the primary care setting without the need to hire additional staff. A key factor to success was the HC's autonomy over their schedule.

Eileen O'Grady shared her perspectives of the use of coaching and her Nurse Practitioner (NP) role as a primary care provider in an interview conducted in 2014 (Gardiner, 2014). She shared her two decades of experience taught her that patients' chronic conditions and health behaviors were mostly influenced by the environment they interacted with outside of office visits. She set out to become trained as both a wellness coach and a life coach. When she found there were no positions that would support her working as an NP utilizing wellness coaching in a traditional health care model, she became an entrepreneur. O'Grady calls for developing a new model of care that centers on patient engagement, where nurses are leaders and recognized experts in assisting people to change health behavior.

The literature review yielded only one article where the HC was a primary care practitioner. Neuner-Jehle, Schmid and Gruninger (2013) studied general practitioners (GP) in primary care practice that utilized a four-step HC process. The four-step process included assessing for interest in personal health behavior, assessing personal health behavior patterns and beliefs, agreeing on a target for personal health, and accompanying the patient throughout the process to achieve their identified target. GP's reported patient interactions were more relaxed as a result of the shared responsibility. The average time spent for HC was dependent on which step the visit focused on. Step 1 averaged 7.7 minutes, step 2 averaged 21.9 minutes, step 3 average 21.3 minutes and step 4 averaged 18.2 minutes. A total of 303 patients participated in the program. Thirty-nine percent of patients reported that their health behavior was more favorable upon completion of the program compared to nine percent prior to enrolling in the program.

Miller (2011) looked at the role the occupational health nurse can play in assisting workers achieve self-management and promote healthy outcomes through the use of HC. The author describes that incorporating evidence-based health coaching in patient educational sessions promotes employee's openness and willingness to take ownership of their health. A key in using coaching skills is taking into account the patients beliefs, values, and concerns.

A primary care physician practice in the Midwest (Lanese, Dey, Srivasava, & Figler, 2011) conducted a pilot study to explore the addition of a health coach and the impact on cost reduction and improving health care outcomes. A full-time registered nurse was hired to implement and oversee a health coach program. Diabetic patients were recruited to the pilot study and followed over a fourteen month time period.

Results showed that the initial return on investment in HC was negative during the first year but the second year a profit of \$36,905 was achieved. Reasoning for the difference in costs from the first to second year were the changes in frequency of visits by patients. In the initial year, patient visits increased as patients were gaining more education on how to manage their diabetes. By year two, patients were more accountable to their health behaviors, thus resulting in less frequent visits. The authors identified that nurse practitioners (NP) are a logical choice as health coaches but point out that this may provide challenging due to a perceived shortage of NP's in the primary care setting.

HC has been well documented in the literature to improve patient care outcomes, enhance quality of life, decrease health care costs, and assist patients in changing health behaviors. Chronic conditions represented the majority of literature reflecting the positive outcomes of HC. Various roles of health care professionals have been described

in providing HC. There is a lack of literature describing the FNP in providing HC or in utilizing HC principles in the primary health care setting. Chapter three will describe the use of Human Becoming theory (HBT) as the theoretical framework for the project. HBT will be compared to health coaching principles, generating a new practice model for the FNP to operationalize with patients in the clinical setting.

Chapter Three: Conceptual and Theoretical Framework

Nursing Theoretical Foundation

Patients look to Family Nurse Practitioners (FNP) to help in transitioning into healthy lifestyles. They seek ways to make meaning and redefine what quality of life is to them as they experience changes in their health. Rosemary Rizzo Parse's theory of Human Becoming blends philosophical assumptions, processes, concepts, and rhythms that can guide the FNP in promoting positive patient outcomes.

Assumptions of Human Becoming

The first assumption of the theory is freely choosing personal meaning with situation, living values, and priorities (Parse, 2008, p. 370). The person is free to define their world in their own words, creating meaning for what is real for them. Values are prioritized and lived out according to self-expression and languaging. Parse describes languaging as the way human beings represent personal structures of reality (Parse, 1992, p. 37). Within the concept of languaging is speaking-being silent and moving-being still. The FNP practicing from this framework is truly present with the patient; allowing the patient to define what is and what will be, moving at their own pace. It is important for the patient to find their own way of assigning meaning to their new reality. Human Becoming allows for the patient to ascertain what is important for them in the present as well as in the future.

The second assumption of Human Becoming Theory describes rhythmical patterns in mutual process with the universe (Parse, 2008, p. 370). There are three synchronizing rhythms within this assumption: revealing-concealing, enabling-limiting, connecting-separating. Revealing-concealing is the flow between what is shared and kept

hidden; either by choice or not knowing. In choosing within the enabling-limiting rhythm, there are inherent opportunities and limitations all at once. Connecting-separating relates to choosing meanings that may result in disconnecting one pattern and connecting with another, a sense of moving together as well as apart. Living these rhythms in practice, the FNP bears witness as the patient describes the struggles of day-to-day living while not trying to solve their problems for them but rather going with the rhythm set by the person (Parse, 1998). This thought is also carried out in the holistic nurse coaching practice, where the coach goes where the person leads and at the pace that they set.

Cotranscending multidimensionally is the third assumption in Human Becoming theory. Each person's experience unfolds from choices and interactions with the environment (Parse, 1992, p. 38). Cotranscendence with possibles is the powering and originating of transforming (Parse, 2008, p. 370). Powering is the pushing-resisting rhythm in all human-human and human-universe interrelationships (Parse, 1992, p. 38). Originating is creating new ways of living and/or coming to terms with another way of being. Cotranscending multidimensionally can be viewed through the lens of the patient as they are seeking ways to define and live with a new chapter in their lives.

Assumptions	Processes	Concepts and Rhythms
Freely choosing personal meanings	Illuminating meaning	Imaging, valuing, languaging
Rhythmical patterns in mutual process with the universe	Synchronizing rhythms	Revealing-concealing, enabling-limiting, connecting-separating
Cotranscending multidimensionally	Mobilizing transcendence	Powering, originating, transforming

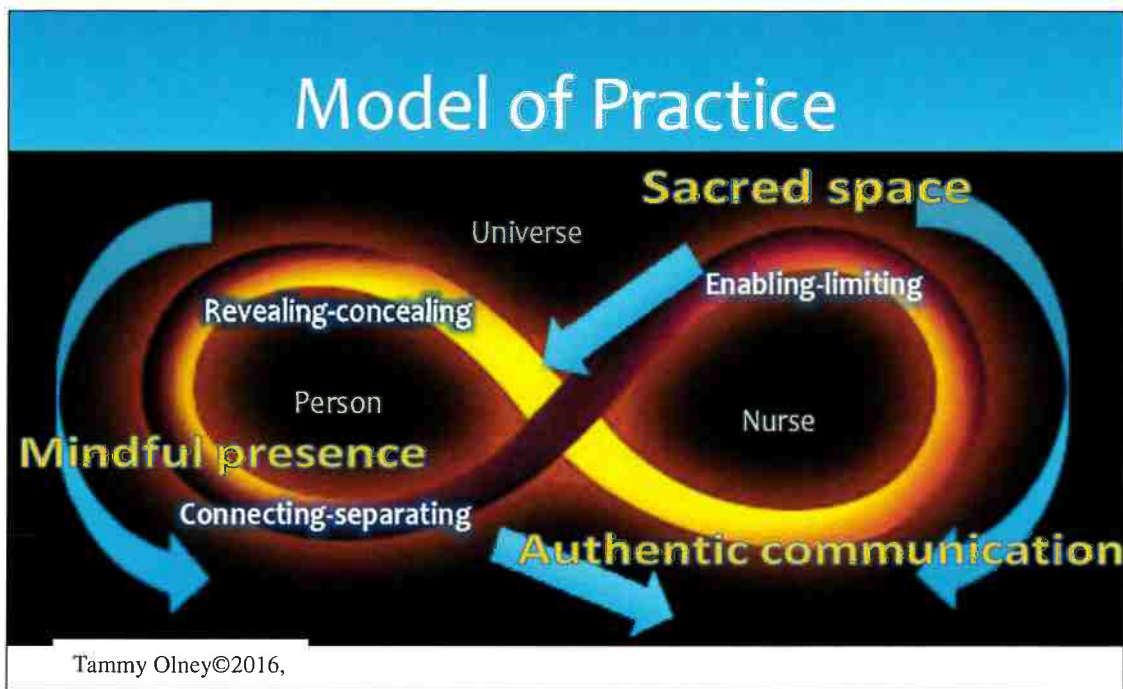
Hansen-Ketchum, P. (2004) Parse's Theory in Practice; *Journal of Holistic Nursing*, 22(1) p. 59

FNP's who practice from this framework use true presence as the patient redefines themselves in the context of new lived experiences. Holistic nurse coaching incorporates this assumption by being with the person, witnessing as they come to a definition of lived meaning and next steps to create a new way of being. Witnessing is living true presence. Patients face many new avenues in their journey of life. Parse's Human Becoming Theory and holistic nurse coaching give FNP's a way of being with the patient during this journey.

Parse's Human Becoming Theory has been used in numerous research to describe quality of life and the lived experience (Parse, 2001); from the experience of laughter, the lived experience of women with breast cancer, to life patterns of patients with coronary heart disease. The findings from studies have contributed to knowledge about lived experiences, health, quality of life, and quality of nursing practice. The concepts generated from Parse guided research illuminates ways that humans diversely incarnate

meaning, rhythmicity, and transcendence (Doucet & Bournes, 2007, p. 29). Parse and Cody have developed the Human Becoming hermeneutic method (Parse, 1998). This method is to aid the researcher in discovering emerging meanings of the lived, human experience. Utilizing this method can further advance the ontology of nursing with lived experiences of the populations studied.

Model of Practice



The illustration above is created by the author and represents a four-dimensional model of Human Becoming Theory to be used in practice by the FNP, adding to the framework for holistic nurse coaching. The infinity symbol exists in a four-dimensional time space with the nurse, person, and universe coexisting together in a constant state of energy in motion. Rhythm patterns exist together, defined by the lived experience and

relationships between person, nurse, and universe. It represents unity where no one part can exist without the others. In this model, health is a process of becoming and is in a constant state of redefinition and movement. It is defined by the patterns and rhythms that interact within the whole.

Human Becoming Theory serves as a solid foundation in which to guide the FNP by blending holistic nurse coaching into practice. It allows the FNP to be truly present and bear witness to their patients’ story. The FNP is able to be in the same space and moment with the patient as defined by the patient as they create a new way of being. Using a model of Human Becoming as a foundation for holistic nurse coaching can aid the FNP in exploring the lived experience their patients.

Humanbecoming theory	Holistic Nurse Coaching	Patients
<p>Freely choosing personal meanings: illuminating meaning by imaging, valuing, languaging</p>	<p>The coach bears witness in which person defines their priorities in their own words; respecting cultural values. Utilizes powerful questions in order for person to identify for themselves what is important, has meaning to them.</p>	<p>Patient tells their story and assign meaning to what is important to them. Seek ways to put in their own words their lived experience.</p>
<p>Rhythmical patterns in mutual process with the universe: synchronizing rhythms of revealing-concealing, enabling-limiting, connecting-separating</p>	<p>The coach utilizes skills/tools that assist the person in identifying where they are and where they want to be. The coach is truly present as person describes/ moves through patterns of their lives</p>	<p>Patient reveals only what they choose; may even be unaware of their own power and options</p>
<p>Cotranscending multidimensionally: mobilizing transcendence through powering, originating, transforming</p>	<p>The coach utilizes skills/tools that assists the person in coming to their own realization, in their own time and in their own words. Person identifies action steps to move towards a new way of being.</p>	<p>Patient makes choices on new ways of being</p>

Merging Human Becoming Theory and Holistic Nurse Coaching with the patient

experience. Tammy Olney© 2017

The table above created by the author illustrates the main assumptions of the Human Becoming theory and how the principles of holistic health coaching relate and blend with the patient interaction. The Human Becoming Theory guides the FNP in utilizing holistic health coach principles in co-creating new ways of being alongside of the patient. Being in true presence and using authentic listening, the FNP helps to uncover patterns that allow the patient to move forward in a path of their own choice.

In this chapter, the theoretical framework of the Human Becoming Theory was merged with the principles of health coaching to create a new model of practice. This model allows the FNP to create a new way of being with patients, leveraging the patients' own expertise in what is meaningful and practical for their health care. Chapter four will present evaluation of the implementation of the new practice model and illuminate emerging themes.

Chapter Four: Evaluation and Reflection

The Human Becoming Health Coaching model of practice created by the author was implemented in 2 rural southeastern Minnesota family practice clinics over the course of 8 months. The author utilized the developed model of practice, integrating HBT and coaching principles with over 200 patients.

Qualitative Results

Evaluation was completed using a qualitative approach to identify emerging patterns from the patient narrative. Developmental evaluation (Patton, 2011) assisted the author to sift through recurrent patterns in real time interactions with patients through attentiveness and observation.

Emerging Themes and Patterns

Awareness

During implementation, a main theme of awareness was identified. Patients would make comments of “I really didn’t think of that” and “I hadn’t realized that this was so important to me.” By developing awareness, patients were able to identify goals of their healthcare and prioritize what was manageable in their life.

Through the use of health coaching principles, patients identified patterns of past and current behavior. Once patterns were identified, patients then developed new ways of being to achieve what was important in their healthcare.

Revealing

Health coaching provides a safe space for patients to explore deeper meaning. A recurrent theme of revealing was identified as patients shared

concerns that they did not plan on sharing prior to their appointment. Patients would make comments of “I hadn’t planned on sharing that” and “I haven’t told anyone about this.” By utilizing the principles of health coaching, the author was able to be in true presence, drawing on authentic listening, in order to allow patients to reveal what was comfortable to them.

Agency

Patients demonstrated eagerness in taking control of their healthcare decisions and were appreciative of exploring options. By exercising agency, patients became accountable for self-identified goals and setting realistic expectations of themselves. Having a sense of agency allowed for clarification of meaning and purpose in order for patients to create their desired outcome.

Significant Findings

The model of practice was successfully implemented in the clinical setting. The author noted the use of health coaching principles enhanced patient interactions but did not lengthen appointment time. The principles became a fluid part of each clinic visit and patient interaction. Patients shared an appreciation of being listened to in a way that was different from other providers. Suspending judgment and not rushing to conclusion allowed patients to explore what was most important to them as well as defining a treatment plan that would work with their lifestyle and beliefs.

The use of the new practice model allowed for the recognition of emerging patterns and patients expressing their own agency. Implementation of the project did not result in additional time with patients; rather it deepened the connection between provider

and patient. Chapter five will discuss the significance of this scholarly project in relation to advanced nursing practice and highlight the pertinent Nursing Essentials of Doctoral Education for Advanced Nursing Practice.

Chapter Five: Significance and Implications

The purpose of this scholarly project was to merge Human Becoming Theory (HBT) and health coaching principles into the role of the FNP and propose a new model of practice. A comparison between the principles, concepts, and assumptions of HBT with the core competencies of the International Coaching Federation was undertaken to form a theoretical framework for the FNP to use in practice. A conceptual model of practice was developed to further guide the use of the merged principles.

Review of literature demonstrated the efficacy of using health coaching to promote positive patient outcomes. During implementation, the author was able to achieve this goal in over 200 patient care interactions. Using qualitative evaluation, three main themes of awareness, revealing, and agency were lifted from the patient narratives.

Patient Narrative and Health Coaching

The following case studies exemplify how HBT and health coaching principles were utilized in the clinical setting. Fictitious initials were assigned to protect the anonymity of the patients. The table below created by the author illustrates the merging of HBT theory with health coaching principles as they are actualized with the patient.

Merging Theory and Practice		
Human Becoming theory	Health Coach Principles	Patient
<p>Freely choosing personal meanings: illuminating meaning by imaging, valuing, <u>languageing</u></p>	<p>Setting the foundation Co-creating the relationship Bears witness Respecting cultural values Utilizes powerful questions</p>	<p>Tells their story Assigns meaning to what is important to them Seeks ways to put in their own words their lived experience</p>
<p>Rhythmical patterns in mutual process with the universe: synchronizing rhythms of revealing-concealing, enabling-limiting, connecting-separating</p>	<p>Communicating effectively Utilizes skills/tools that assist the person in identifying where they are and where they want to be Truly present Assist in identifying patterns</p>	<p>Reveals only what they choose May even be unaware of their own power and options</p>
<p>Cotranscending multidimensionally: mobilizing transcendence through powering, originating, transforming</p>	<p>Facilitating learning and results Utilizes skills/tools that assists the person in coming to their own realization, in their own time and in their own words</p>	<p>Makes choices on new ways of being</p>

Hansen-Ketchum, P. (2004)

Core Competencies. (n.d.). Retrieved March 11, 2017, from <http://coachfederation.org/credentialing/anding.cfm?ItemNumber=2206&navItemNumber=576>

Case Study #1

M.T. is a 12-year-old female who presented to the ambulatory clinic with her mother to be seen for complaints of anxiety. Her mother shared what her thoughts were regarding M.T.'s anxiety and wanted to have her started on medication, similar to what her eldest daughter was prescribed. The author focused attention to M.T. and asked if she could describe what it was like when feeling anxious. M.T. shared descriptions of "jittery like a cat" and a "fish out of water, hard to breath." By utilizing the principles of setting the foundation and co-creating the relationship, the author was able to listen to M.T. tell the story of her lived experience with feeling anxious, using her own words. The health-coaching tool of visual imagery was utilized to guide M.T. to find an image and feeling of calmness she has enjoyed in the past. M.T. shared she likes to take

bubble baths as the water has a calming effect on her. M.T. decided that she liked the idea of imaging she was taking a bubble bath when she felt the beginnings of feeling anxious. Using health-coaching principles of active listening as well as coaching tools of imagery, M.T became aware of her ability to control these feelings without the use of medication.

Case Study #2

J.C is a 26-year-old female who presented to the clinic with sinus congestion. When going over the review of systems, the author noted J.C. had a slight change in her posture and vocal intonation when asked about her sexual activity. J.C.'s tone was softer and quieter, with her head starting to hang down. The author paused questioning, allowing for a moment of silence, and placed her hand on J.C.'s forearm. After the pause, the author asked if there was anything that she would like to talk about as she sensed a feeling of concern. J.C. shared she was recently married and her husband had suggested bringing other partners into their relations. J.C. did not want this type of relationship but was afraid if she shared this with her husband, he would be mad at her. Through open dialogue, the author used the health-coaching tool of exploring and choosing options. J.C. was able to identify options through visualizing in her mind three different scenarios of how she could approach this issue.

J.C. stated she was not aware that this was bothering her so much until she was posed the question about her sexual history. The moment of silence allowed J.C. time to process if this was something she wanted to further explore and reveal during this clinic visit. Using the health coaching principles of communicating effectively, suspending judgment, and being present; the author was able to provide a safe space for J.C. to reveal

her concerns. J.C. became aware that she had choices and that continuing to remain silent was actually a choice. J.C. also stated that she was starting to see a pattern where she would agree to things that she did not necessarily want to do in order for people to like her. She was surprised that she had revealed this intimate part of her life during what was to be a routine visit for sinus congestion.

Case Study #3

D.F. was a divorced, 49 year old trucker with a 3-week history of a cough. During the review of his medical history, he shared he was diagnosed with hypertension and type 2 diabetes about 3 months ago. He was provided a script for two medications but did not fill either one, as he did not want to take any pills. The author asked D.F. about his job as a truck driver and if he saw any impact that his hypertension and diabetes may have in the future. D.F. took in a big breath and stated that he hadn't thought about it. After discussing the complications of untreated hypertension and diabetes, D.F. stated that he was not as concerned about his health as he was about the possibility of losing his job. Being a truck driver was his life and all he knew how to do. He needed to pass his DOT exam this year and wanted to take steps to be sure he kept his job. Facilitating learning and guiding results were key principles utilized in this case study. Through the use of powerful questioning, the author opened a window to the future for D.T. to look at his future if he did not take control of his hypertension and diabetes. D.T. was able to call upon his sense of agency, making a choice on a new way of being, transcending his previous view of health and replacing it with a new one. It was vital for D.T. to choose what was important in his life and how he would achieve the best outcome for him.

Case Study #4

H.W. is a 37-year-old married mother of two very busy children. She presented to the ambulatory clinic to discuss bariatric surgical options. She had tried lifestyle changes and numerous diets in the past with minimal success. During the history of presenting illness, she shared that she was not looking forward to having any type of surgery but her husband felt she needed to try it. The author asked what she wanted for her future and how having bariatric surgery would fit in. H.W. shared that she felt like it was giving up. Living with the potential side effects was not something she wanted. The author then asked what a healthy future looked like for her. H.W. was able to visualize being active with her children; going on bike rides and walks. She saw herself smiling and enjoying being physically active. The author asked if there was anything she thought she could do now that would start her on the goal she had for her future. H.W. reflected on past experience when she was able to lose weight. She identified that partnering with one of her closest friends to exercise had been a motivational factor for her but this friend had moved out of state two years ago. H.W. came to the realization that she missed this camaraderie and needed to find a way to connect with her current friends in the same way. She decided that she would reach out to two of her friends to see if they would be interested in walking 10 minutes every day. Through authentic listening, the author was able to bear witness to H.W.'s story and her fear of having bariatric surgery. H.W. was able to engage in visualizing what her ideal future looked like and to identify a manageable way to obtain her goal. H.W. discovered that she was grieving for the loss of one of her closest friends and wanted to connect with her current friends at that level.

The preceding four case studies highlight how the use of health coaching principles can be weaved into clinical appointments with patients. The use of health coaching did not add extra time to the appointments. The author found that the use of health coaching principles assisted patients in defining what was important to them as well as setting meaningful goals for their health. Following where the patient wants to go and accompanying them as they share their lived experience is an honor as a practitioner.

Dialect between Wisdom and Evidence

Knowledge is acquired through formal and informal ways of being. The author has gained internal wisdom, also known as metis, through numerous interactions with patients over a 26-year nursing career. A theme of agency was lifted up while working with heart and lung transplant patients as a cardiothoracic transplant coordinator. Patients who exhibited a sense of agency seemed to preserve while those who did not, suffered. Despite having very similar clinical setbacks, patients who took active control of their lives started to see improvements. This background helped to shape this scholarly project by sparking an interest in health coaching.

The educational journey of the author also shaped the context of this project. One project assisting in metis for this scholarly project was the development of Rules of Thumb. Rules of Thumb emerge from practical experience and are described in common language to serve as a guide for practice (Scott, 1998, p. 345). The Rules of Thumb of the author were drawn upon over twenty years of experience in working with cardiothoracic transplant patients throughout their continuum of care and are summarized below.

Listen with your heart. The first step in working with others is to listen to their story. Allowing yourself to be open and truly listen to what they are telling you in a non-judgmental way. This is the aesthetic way of knowing as it relates to listening. In working with transplant patients, the author was able to appreciate the uniqueness in everyone's story.

Bring your whole self to the table. We are not able to be of service to others if we ourselves are not whole. This means that we care for ourselves and have done inner work in order to know ourselves. By being our whole self, we are able to be in the present moment with others.

Honor the wisdom and knowledge of others. We are not experts in what the lived experience is from the patient's perspective. Honoring the wisdom of others not only serves to validate the individual, it allows for personal growth as a practitioner and human being.

Welcome the co-creation of health. It is in true partnership between patient and practitioner that authentic healing can take place. Lifting up the voice of the patient so they can be heard and take ownership of their life's journey is an honor.

Allow room for creativity and intuition. Health coaching calls upon many tools that can assist patients as they explore what is most meaningful to them. Through creativity and intuition, possibilities may emerge that would have been excluded if a routine method of problem solving were utilized.

Think into the future. Do not be afraid to explore potential obstacles in the way of the path chosen. Visualizing into the future provides insight and serves as a way to see

beyond the current situation. True transformation materializes as patient shifts from the known into the unknown.

Three practica immersions shaped the author's metis of ways of knowing and being. The first immersion was to Sylvan Lake, South Dakota. During the time at Sylvan Lake, the author became aware of the powerful use of ritual in defining and celebrating life. This immersion also lifted up the importance of storytelling and languaging. It is through the beauty of storytelling that our cosmology is shared. We celebrate who we are, where we come from, and our beliefs and values.

The second immersion took the author to the small Mexican village of Teotitlan. The women in the weaving cooperative of la Vida Nueva expressed a passion and pride in community. The author was overwhelmed with a sense of love and connections. Upon returning to the States, the author was struck by the sharp contrast between the two cultures. In Teotitlan, there was a feeling of living in the present moment. Where you were and whom you were with was the focus; not where you needed to be or whom you were going to see next. The feeling of being in the present moment became the focus of the author as the scholarly project took shape.

The third immersion took place in the countryside of England. The author was able to feel and understand the earth's energy and sacred spaces. By looking through the lens of a pilgrim as opposed to a tourist in these sacred spaces, the author connected with the magical leylines along sites such as Stonehenge, Avebury stone circles, the Tor, and the Chalice Well. This experience brought things full circle, illuminating how we are all one, with each other, the earth, and the universe.

The author attended The Wisdom of the Whole holistic coaching class. This was a 60-hour health-coaching course that took the author into the models of archaic, mythical, intuitive, mental, and integral consciousness. Each model was explored; outlining how each could be used in a coaching session. Coaching tools were identified to assist discovery and meaning. The use of powerful questions allowed for deep reflection, surfacing new meanings, and identifying goals.

Attending The Wisdom of the Whole became the turning point in identifying the scholarly project. It was not possible to walk away from this new way of interacting with others and not share it in some meaningful way. The scholarly project would utilize the health coaching principles set forth from this experience.

Health coaching as evidence-based practice is evolving. Studies reveal the positive patient outcomes that health coaching has on hypertension, diabetes, weight management, and lifestyle changes (Olsen & Nesbitt, 2010), (Thom et al., 2013), (Gonzalez-Guajardo, Salinas-Martinez, Bortello-Garcia, & Mathiew-Quiros, 2015). Numerous studies, both qualitative and quantitative, demonstrate the benefit patients receive from health coaching. However, the lack of evidence regarding the FNP utilizing health coaching skills support the importance of this scholarly project.

Nursing Essentials of Doctoral Education for Advanced Nursing Practice

Essential I – Scientific Underpinnings for Practice

This scholarly project presents a practice model that includes health-coaching principles to assist in the life-processes and overall wellness for human beings. It presents a way of being with patients that brings about positive outcomes, takes into account the holistic nature of human beings, and recognizes the dynamic interaction of

person, nurse, and universe. Combining nursing theory, research, evidence-based practice, and inner wisdom, the author developed a new practice approach for the family nurse practitioner.

Essential VIII – Advanced Nursing Practice

The author designed, implemented, and evaluated the therapeutic intervention of health coaching principles into practice as a family nurse practitioner. The use of health coaching principles aided in developing and sustaining therapeutic relationships with patients in order to facilitate positive patient outcomes. The use of the practice model guided patients through the complexities of their health, allowing them to recognize patterns, explore options, and set goals that were meaningful to them.

Significance to Advanced Practice Nursing

This scholarly project adds to the epistemology of advanced nursing practice by suggesting a paradigm shift of how family nurse practitioners may interact with patients. It offers a holistic way to enhance the relationship, being authentically present, and accompanying the patient as they define their health journey. The use of HBT merged with health coaching principles is not only transformative for the patient, but also elevates the practitioner to a new way of being. Implementation of this project has transformed the author into a more authentic practitioner. The principles of health coaching, as practiced through the HBT, have become a fluid part of the author's art of nursing.

Focusing on a new way of being, the FNP will be a positive role model for others in the health care setting. Interprofessional collaboration will be enhanced as the family nurse practitioner lives out the principles of health coaching.

This project can also impact the overall healthcare experience of the patient. Utilizing health-coaching principles honors patients for who they are, how they define their lived experience, and ignites agency within the patient. By partnering in the health coaching process, patients become aware of health choices and embark on a journey to health care on their own terms and as they define it. The expansion of this project to other practitioners can affect a larger population of patients, promoting healthy living for a broader community.

Next Steps

The author was able to successfully implement a new practice model into the clinical setting in the role as a student FNP. Moving forward, the author will continue to utilize this model with patients as well as role model the principles of health coaching for colleagues. The author will pursue presenting at regional and national nursing conferences in order to share knowledge gained from the implementation of a new practice model. Additionally, the author would like to partner with academia in order to develop curriculum to incorporate this practice model into health promotion content offered in family nurse practitioner programs.

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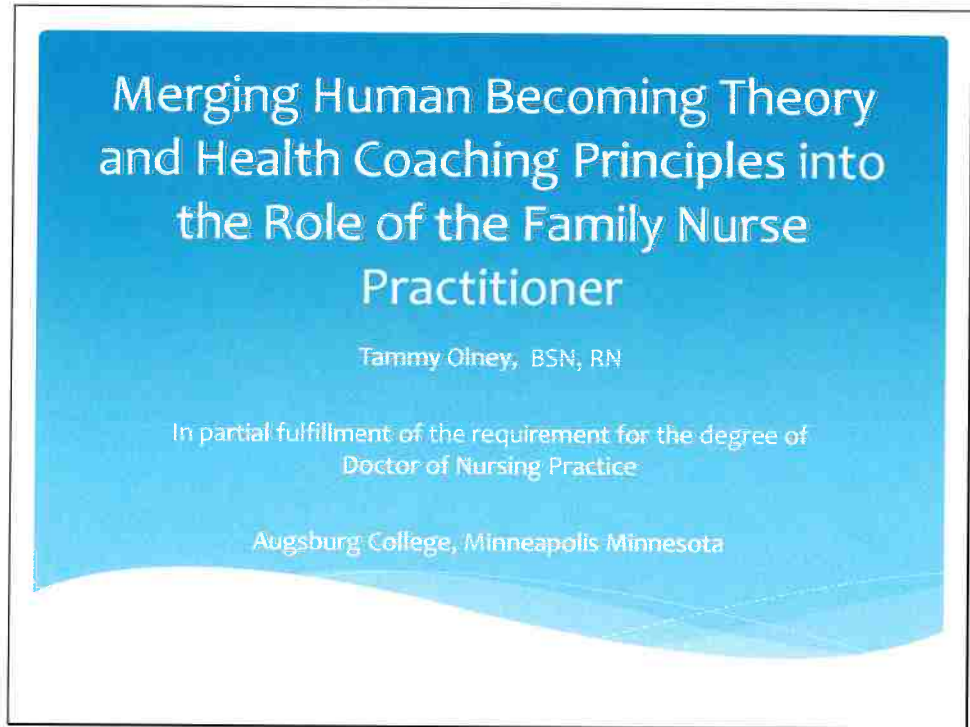
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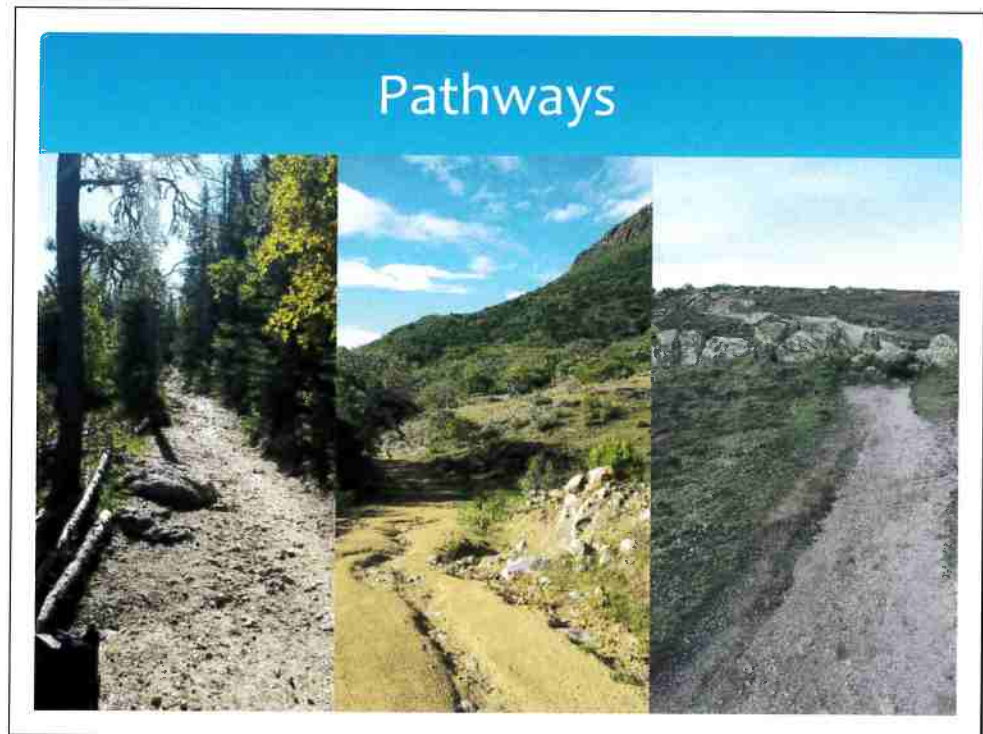
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APPENDICIES

Slide 1

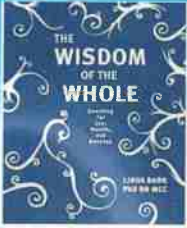


Slide 2



Slide 3

Wisdom of the Whole



- * 60 hour Core Competency Course
 - * Holistic and integrative perspective
 - * Leaves space for openness and not knowing
- * Utilizes Jean Gebser's Structures of Consciousness
 - * Archiac
 - * Magical
 - * Mythical
 - * Mental
 - * Integral

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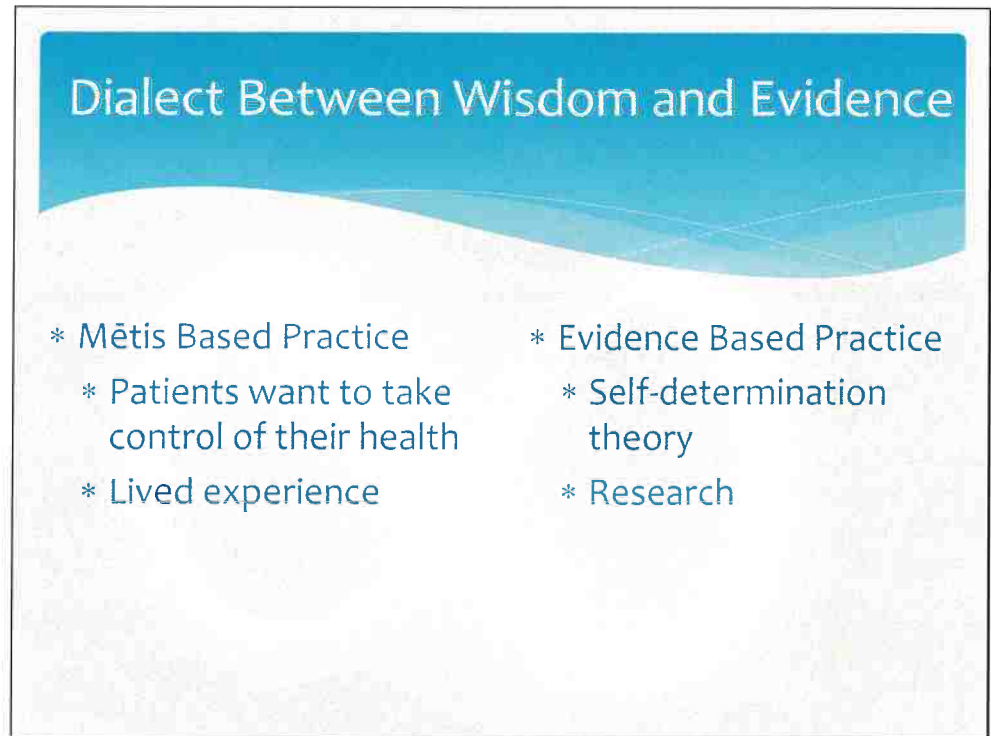
Slide 4

Health Coaching - A Holistic View



- * Mindful presence
- * Sacred Space
- * Authentic communication

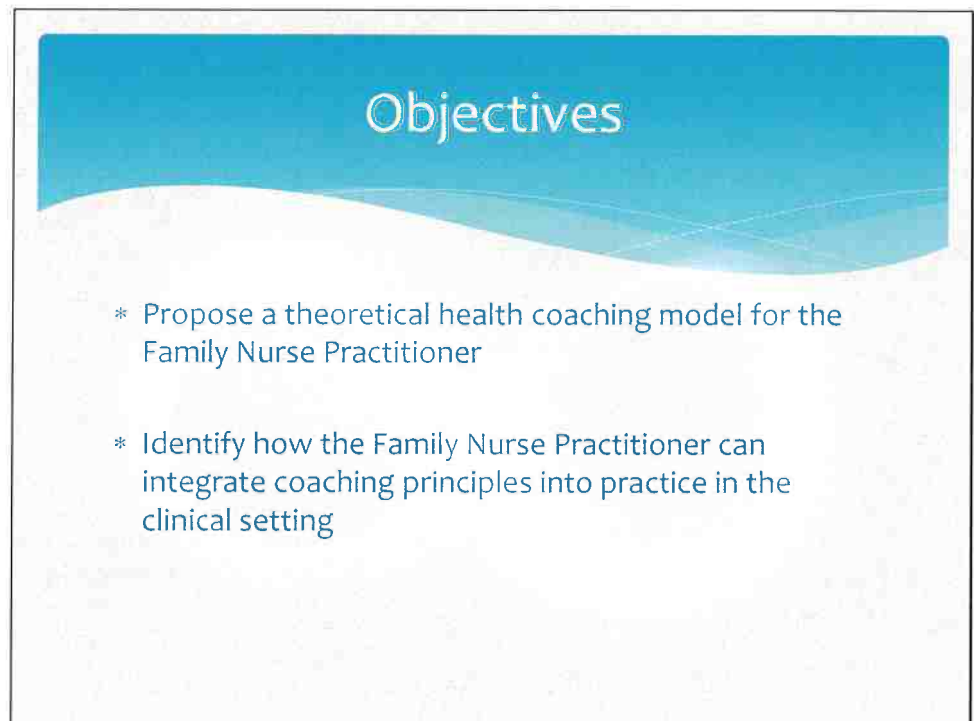
Slide 5



Dialect Between Wisdom and Evidence

- * Mētis Based Practice
 - * Patients want to take control of their health
 - * Lived experience
- * Evidence Based Practice
 - * Self-determination theory
 - * Research

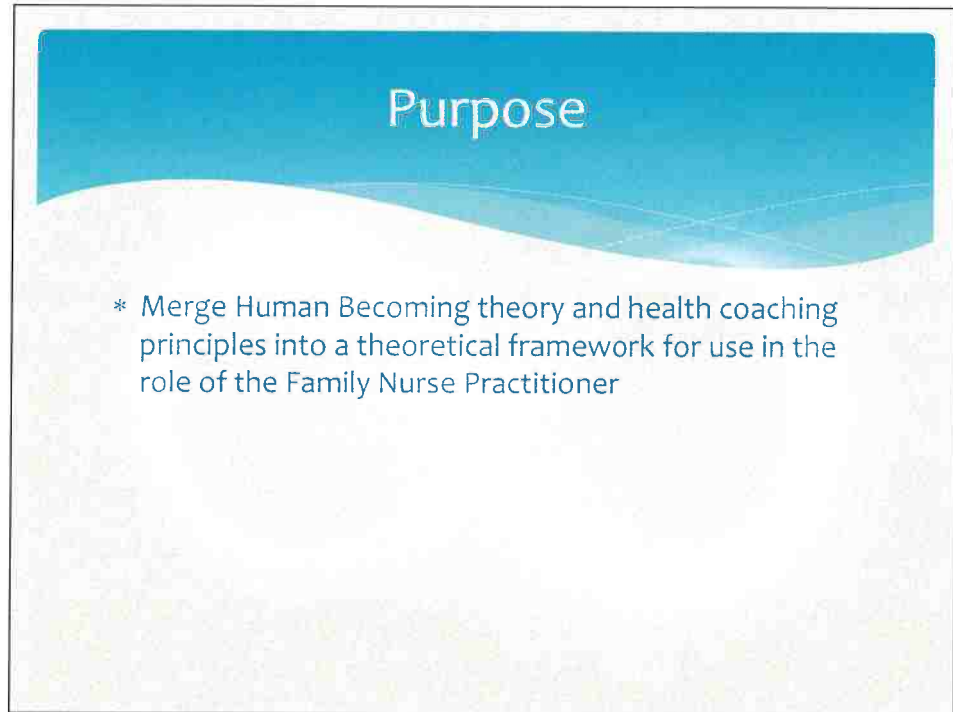
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Objectives

- * Propose a theoretical health coaching model for the Family Nurse Practitioner
- * Identify how the Family Nurse Practitioner can integrate coaching principles into practice in the clinical setting

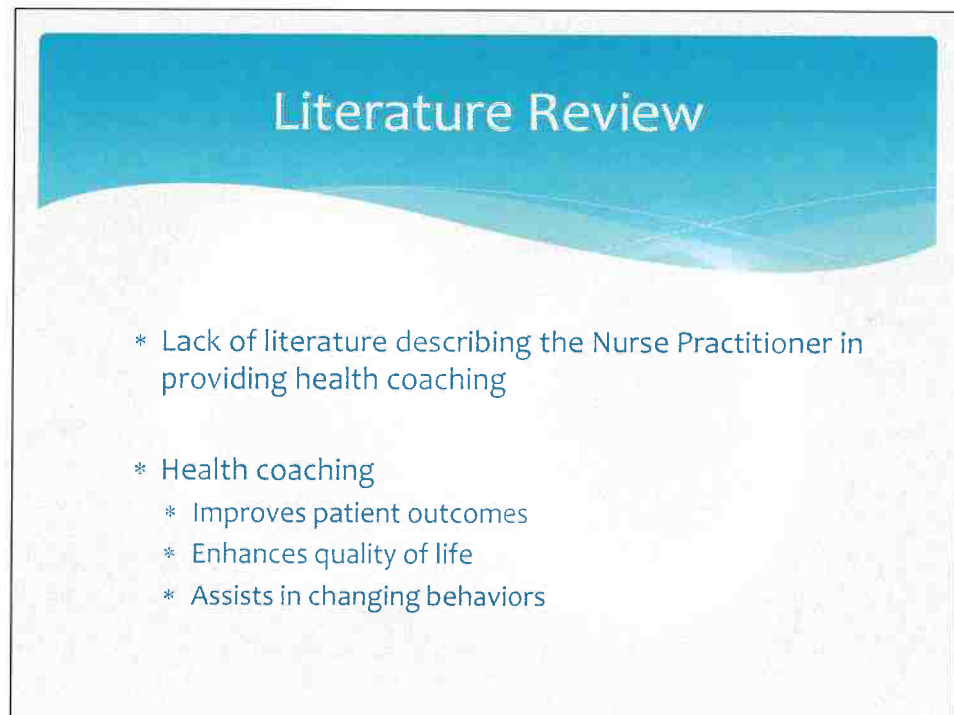
Slide 7



Purpose

- * Merge Human Becoming theory and health coaching principles into a theoretical framework for use in the role of the Family Nurse Practitioner

Slide 8



Literature Review

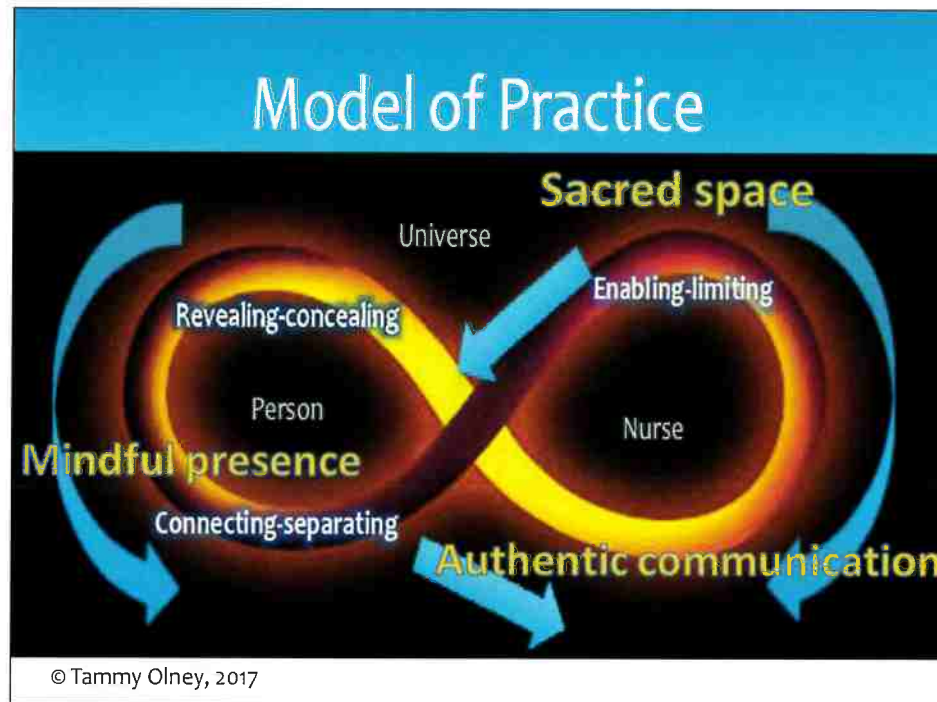
- * Lack of literature describing the Nurse Practitioner in providing health coaching
- * Health coaching
 - * Improves patient outcomes
 - * Enhances quality of life
 - * Assists in changing behaviors

Slide 9

Human Becoming Theory Rosemary Rizzo Parse		
Assumptions	Processes	Concepts and Rhythms
Freely choosing personal meanings	Illuminating meaning	Imaging, valuing, languaging
Rhythmical patterns in mutual process with the universe	Synchronizing rhythms	Revealing-concealing, enabling-limiting, connecting-separating
Cotranscending multidimensionally	Mobilizing transcendence	Powering, originating, transforming

Hansen-Ketchum, P. (2004)


Slide 10



Slide 11

Implementation and Integration of Developmental Evaluation

- * 2 Rural Southeastern Family Practice Clinics
- * Main themes
 - * Awareness
 - * Revealing
 - * Agency



Slide 12

Merging Theory and Practice

Human Becoming theory	Health Coach Principles	Patient
<p>Freely choosing personal meanings: illuminating meaning by imaging, valuing, languaging</p>	<p>Setting the foundation Co-creating the relationship Bears witness Respecting cultural values Utilizes powerful questions</p>	<p>Tells their story Assigns meaning to what is important to them Seeks ways to put in their own words their lived experience</p>
<p>Rhythmical patterns in mutual process with the universe: synchronizing rhythms of revealing-concealing, enabling-limiting, connecting-separating</p>	<p>Communicating effectively Utilizes skills/tools that assist the person in identifying where they are and where they want to be Truly present Assist in identifying patterns</p>	<p>Reveals only what they choose May even be unaware of their own power and options</p>
<p>Cotranscending multidimensionally: mobilizing transcendence through powering, originating, transforming</p>	<p>Facilitating learning and results Utilizes skills/tools that assists the person in coming to their own realization, in their own time and in their own words</p>	<p>Makes choices on new ways of being</p>

Hansen-Ketchum, P. (2004)

Core Competencies. (n.d.). Retrieved March 11, 2017, from <http://coachfederation.org/credential/anding.cfm?itemNumber=2206&navItemNumber=576>

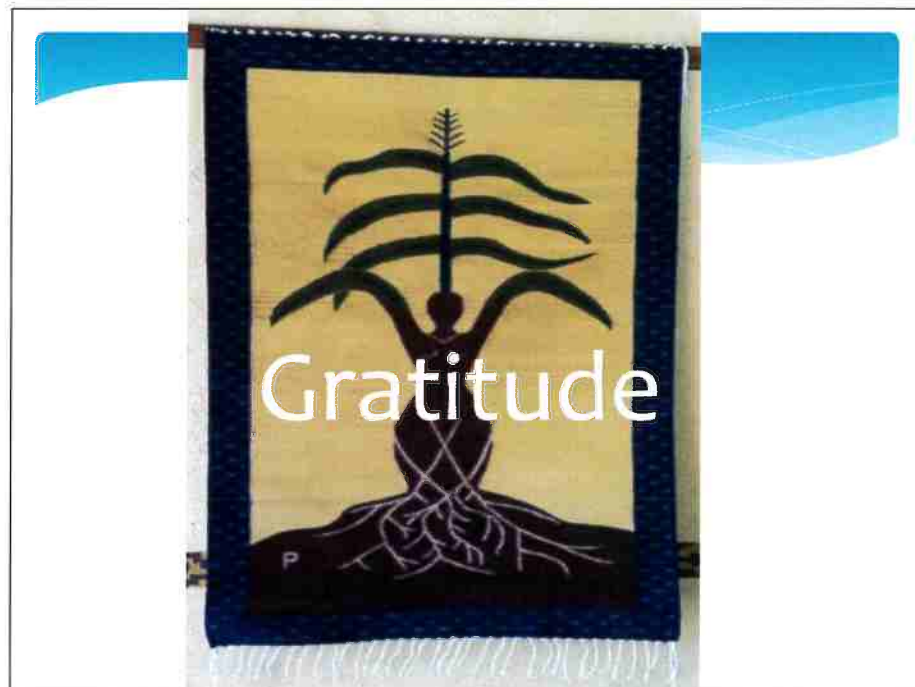
Slide 13

Nursing Essentials of Doctoral Education for Advanced Nursing Practice

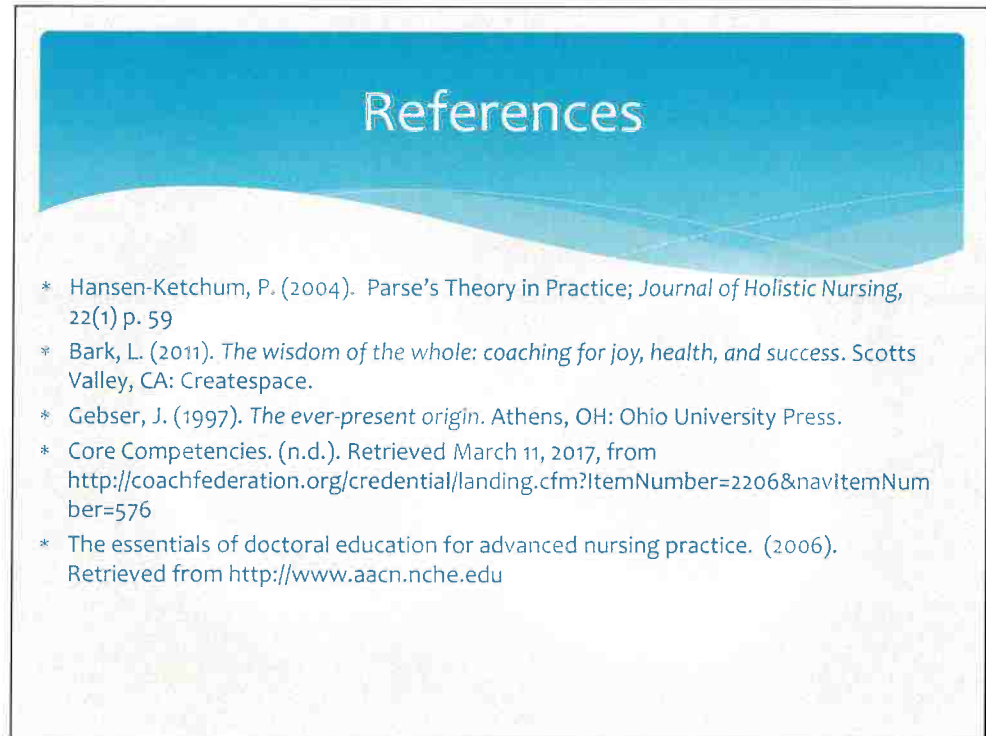
- * Essential I
 - * Scientific underpinnings for practice
- * Essential VIII
 - * Advanced nursing practice

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Slide 15



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