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An exploration of personal benefits reported by students of a health and wellness coach training programme

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ABSTRACT

This study explores the 'personal benefits' of training reported by graduates of a health and wellness coach training programme. In particular, we investigated reported benefits, areas of life affected by the training, and whether changes occurred in health and wellness or more broadly. Using a semi-structured interview design, we incorporated an atheoretical qualitative approach to data collection and analysis. Thematic analysis was used at a semantic level to identify the major themes. The findings indicate a blend of personal and professional benefits for the graduate. As a result of participation in the programme, graduates gained greater self-knowledge, and better connection with others. They also improved their professional optimism and noted positive changes in personal health and wellbeing. Further research is needed to see if trainees from other health and wellness coach training programmes report similar personal benefits, and to identify key training elements instrumental to generating these benefits.

ARTICLE HISTORY

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KEYWORDS

Health and wellness; coaching; learner experience; self-understanding; health behaviour change



Practice points

- To which field of practice area(s) in coaching is your contribution directly relevant?

This study is relevant to health and wellness coaches and those delivering training programmes. It may also add value to the field of coach training in any context where a collaborative approach is needed, such as coaching in leadership.

- What do you see as the primary contribution your submission makes to coaching practice?

The study suggests that this field of coaching can not only benefit the coachee as the end user, but the health and wellness coach who delivers the service and who may experience positive change during the course of their training in ways similar to those described

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by the coachee. Personal experiences during health and wellness coach training may have significance in other coach training programmes such as coaching for collaborative leadership and training generally for healthcare workers who function in a collaborative and patient-centred way.

- What are its tangible implications for practitioners?

The results of the study may assist programme developers to improve training to increase potential personal benefits to trainees. The findings may have wider implications to reinforce the value of coaching being used as a vehicle to support collaborative healthcare. Finally, with the current pandemic leaving healthcare workers under extreme pressure and at risk of burnout, support of the healthcare workforce would benefit from the incorporation of training elements that promote greater resilience, health and wellbeing.

Introduction

The growth of an industry

Health and wellness coaching (HWC) is a relatively new profession (Wolever et al., 2016). It has emerged from the need to create more effective interventions for enabling lifestyle change to combat the rapidly growing prevalence of chronic illness, premature death from lifestyle related factors and recurring reports of stress-related conditions, leading to lowered life satisfaction. Deaths from lifestyle related disease are on the increase (World Health Organisation, 2018), suggesting that conventional, medically-oriented approaches to supporting lifestyle change through administering professional advice are limited in their effectiveness (Kelly & Barker, 2016). In contrast, HWC is a whole-person approach to supporting the wellbeing of individuals (Yocum & Lawson, 2019) that seeks to restore autonomy and encourages coachee self-responsibility (Frates & Moore, 2013). The most disseminated definition of HWC by the National Board for Health and Wellness Coaching (NBHWC) 2019 states:

Health and wellness coaches work with individuals and groups in a coachee-centered process to facilitate and empower the coachee to develop and achieve self-determined goals related to health and wellness. Coaches support coachees in mobilizing internal strengths and external resources and in developing self-management strategies for making sustainable, healthy lifestyle, behavior changes.

With a growing awareness of the need for more health and wellness (HW) coaches to support often-overburdened health professionals, health and wellness coach training (HWCT) programmes are expanding in number. Enrolment in programmes has grown with the number of graduating coaches increasing rapidly. Internet searches for HWCT programmes today result in numerous listings, whereas ten years ago, only a handful of programmes existed (Wolever et al., 2016).

HWC aims to improve the health and wellness of coachees through enabling change that improves quality of life (Huffman, 2010; Mettler et al., 2014; Moore et al., 2016; Wolever et al., 2013). Change requires growth and an openness to new ideas, as reflected by HW coaches who have also reported their own shifts in motivation and a realignment of priorities (Mettler et al., 2014). Assuming that positive change is the desired

outcome of HWC, most research to date focuses on coachee outcomes. Yet the question remains – how does the HW coach trainee experience the journey while learning how to coach others to improve health and wellness?

Observations from a team of trainers at Wellness Coaching Australia (WCA) suggest that graduating coaches often report having experienced personal benefits as a result of the training. Anecdotally, this assertion has been supported by others in the industry delivering similar training programmes (R. Wolever and M. Moore, personal communication, March, 2017). These observations have provided the impetus for the current study.

Does HWCT differ from other coach training modalities?

Firstly, it should be noted that HWC is becoming a useful adjunct to more traditional healthcare interventions. As a person-centred, collaborative approach, it sits well with public health policy that promotes patient engagement, shared decision making and the coachee being seen as the expert in their own life (Boehmer et al., 2019; May, 2013).

Secondly, HWC has a double focus and skill set which may set it apart from other forms of coaching (Wolever et al., 2016). Trainees need to learn how to coach in the first instance which necessitates becoming proficient in the important relational aspects of this method of communication. Additionally, HW coaches need to have a good working knowledge of principles of holistic health and wellbeing. To achieve this, it is recommended that training programmes incorporate healthy lifestyle recommendations, alongside the teaching of coaching skills to support behaviour change [National Board for Health and Wellness Coaching (NBHWC), 2019]. The curriculum of study ideally will include learning activities to help trainees understand how a coachee may struggle with specific health conditions, and the adoption of lifestyle habits to reduce risk factors for chronic illness. Peer to peer coaching and self-reflective exercises around trainees' own health and wellbeing support this learning.

An exploration of personal benefits has the potential to create a better understanding of the trainees' experience and how these compare to parallel findings in other fields. If we can understand what the experiences are and how they occur, it is possible that future training programmes could be developed to enhance this effect.

Existing literature

The need for research evaluating the effectiveness of HWC as a means of enabling lifestyle behaviour change has been widely recognised. For example, in 2017, Sforzo and colleagues reviewed and organised the available literature into a compendium which was updated in 2019 (Sforzo et al., 2018, 2019). The summary of results indicated that HWC could be beneficial in many circumstances. Positive results were shown in the areas of specific chronic lifestyle-related illnesses including reducing risk factors for heart disease and diabetes, lowering body mass index and blood pressure and increasing exercise and positive nutrition behaviours.

Despite an emerging literature on the effectiveness of HWC, studies examining the personal experiences and impact of HWCT on the trainees themselves are yet to emerge. A search of PsycINFO and Google Scholar, using terms that included 'health and wellness coach trainee', 'student or learner experience', 'personal change' and combinations of all

the above produced no results. When ‘health and wellness’ was removed, 19 studies were identified, five of which had relevance to the personal impact of coach training. One study of career coach trainees demonstrated an improvement in occupational self-efficacy, goal orientation and career adaptability as a result of the training (Jordan et al., 2017). Another study examined leadership coach trainees and found that by using self-reflective experiences, trainees grew in confidence in their own leadership roles (Leggett & James, 2016). Additionally, research on life coach trainees found that when the trainees coached each other, they increased goal attainment, experienced reduced anxiety, increased their cognitive hardiness and gained enhanced personal insight (Grant, 2008). A study of cognitive behavioural coaching trainees at the post graduate level revealed a lowered score for depressive mood and an improvement in work performance, which was attributed to enhanced emotion regulation skills (David & Cobeanu, 2016).

Most recently, Atad and Grant (2020) reported the experience of 149 coaches who were trained using a solution-focused, cognitive-behavioural framework and found that the coaches experienced positive personal change which led to an improved quality of life. The changes included increased empathy, mindfulness, life satisfaction and self-insight. Anecdotal evidence from the current authors suggests that the findings of this particular study appear to echo what is being reported by HW trainees more broadly. It also adds to the limited but growing evidence that trainees can experience positive change themselves and invites the question of how HW coach trainees describe any personal changes they may have experienced. Thus, if career coaches experience improvements in occupation-related variables similar to those of their coachees (Jordan et al., 2017), could HW coaches experience improved health and wellbeing? In summary, the existing literature suggests that non-health and wellness coaches may experience some of the benefits that their coachees are aiming to achieve. Given that, to the best of the authors’ knowledge, there is as yet no literature that directly examines the experience of HW coach trainees, this study seeks to advance understanding of an important aspect of the experience of training.

Aims of the study

The aims of this project were:

- To investigate how a sample of recent coach graduates who reported a positive experience of training in a specific HWCT programme, described their experiences.
- To determine whether they believed that their positive experiences related to their own health and wellbeing or to some other area of their life.
- To explore their perception of the factors associated with the training that led them to a positive experience in health and wellbeing.

Study context

With the growing number of HW coaches working alongside other health professionals, the need for standards to ensure consistency, quality and safety for the public has become apparent (Wolever et al., 2016). In the United States, in 2016, the partnership of the

Table 1. Key elements of the Level 3 health and wellness coaching programme.

- Skills and principles of health and wellness coaching
- A model for change that forms the framework for their practical experience and coaching work
- Understanding and use of principles of positive psychology, appreciative enquiry and strengths-based coaching
- Assessing readiness to change
- Motivational Interviewing and how to work with ambivalence
- Theory of goal setting and human drive
- Successful completion of a practical coaching session with an assessor who looks for demonstration of competencies as set out by the NBHWC.

Table 2. Participants' characteristics – age, gender, occupation, past training, reason for doing training.

Part No	Age	Gender	Professional background	Reason for doing training	Date training completed
1	58	F	Health Science	Developing a coaching strand to their business	May 2015
2	46	F	Nursing	Start a business	Oct 2017
3	36	F	Nursing	Left nursing to pursue lifestyle medicine	Feb 2019
4	58	M	Business Management	Career development	2017
5	50	F	Physiotherapy	Coaching in research	2017
6	47	M	Fitness Training	Upgrade qualifications	2015
7	53	F	Nursing	Employment	2019
8	38	F	Massage therapy	Natural adaptation to current work, wanting to extend repertoire	Nov 2018

NBHWC and the National Board of Medical Examiners (NBME) led to the creation of National Board Certification. The first cohort of Nationally Board-Certified Health and Wellness Coaches (NBC-HWCs) completed their certification in the American health care system in 2017 (Kreisberg & Marra, 2017). In 2018, WCA Level 3 training was approved as part of a Professional Certificate that allows graduates to apply to sit for National (U.S.) Board certification.

Trainees in Level 3 have 4–6 months to complete 80 h of HW coach training including at least 20 h of HWC practice. They also must have successfully completed Levels 1 and 2 at an earlier date. As Level 3 is currently the highest level of training offered by WCA, we have drawn from this cohort for the purposes of this initial exploratory study. The key modules in the training are shown in Table 1. Trainees come from varying backgrounds and experience, with many over 30 years of age and having had a previous career in a related or non-related field. The details of the participants are shown later in Table 2.

Method

Given the lack of literature on the personal benefits attained through participating in HWCT programmes, we identified and reported on themes that arose across all of the interviews. The aim was to provide an understanding of the graduate coaches' personal experiences during and after HWCT. Therefore a qualitative methodology was appropriate. Thematic analysis was chosen for several reasons. As opposed to grounded theory and interpretative phenomenological analysis which are both theoretically bound, thematic analysis best suited the under-researched area due to its flexibility. In addition, the exploration did not require theory development at this early stage. As we did not know what would come out of the interviews, analysis of the entire data set was

appropriate at a semantic level which assumed a relationship between the language used and the meaning ascribed to it (Braun & Clark, 2006). It also has the advantage of being easily understood by the educated public who may not be familiar with technical research terminology and may have interest in the findings. The framework offered by Braun and Clark (2006) involved six steps – familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and preparing the report.

Participants

The study involved interviews with eight graduate coaches of WCA's Level 3 training programme (hereinafter referred to as 'participants') who had indicated a personal positive benefit as a result of the training and volunteered to be part of the study. The sample size was determined by considering the homogenous nature of the group. Eight people were expected to provide sufficient meaningful information from which to draw themes, with findings potentially being a starting point for further study.

An invitation was posted on a closed Facebook group for coaches who had graduated from WCA Level 3 programme. The Facebook group comprised 210 members and the invitation to participate was viewed by 140 members. The post asked for coaches who had experienced a personal positive benefit from undertaking and successfully completing the HWCT, to volunteer to be interviewed by telephone about their experiences. A total of 22 (15% response rate) respondents were then asked to rate the magnitude of the benefit from 0 to 5 with 0 being not at all, 2 somewhat beneficial and 5 being significant.

Participants were selected from those who indicated a 4 or 5 on this scale to ensure that their experience had been significant. Trainees who had not yet completed their training were excluded. This reduced the 22 respondents to eight individuals who met the criteria. [Table 2](#) lists the characteristics of the participants. All were over the age of 30 and came from varying backgrounds.

Data collection

Interviews were conducted over the phone by the lead author, using a recording software and lasted between 45 and 60 min. The questions were formulated with the aim of capturing relevant information while also minimising leading or suggestive influences. They were designed to be a starting point for further conversation about participants' experiences. If participants veered too far from the topic, they were prompted to further explore their experience in relation to the training. The use of open-ended and broad questions ensured that the themes were data-driven, apart from the question about improvements in personal wellbeing. The questions were focused on a specific area, which made the interviews semi-structured, but were open-ended and designed to encourage the participants to broadly explore their positive experience. The interviews could be classified as action research (Riley & Reason, 2015) with an appreciative inquiry approach (Michael, 2005).

One volunteer was interviewed in a pilot process to determine whether the questions posed would yield helpful information and adequate engagement in the interview process. As the pilot interview was productive in the amount and relevance of information

obtained, suggesting themes concerned with improved self-knowledge, personal health and wellness and greater connection with others, the format was maintained and the transcription of that interview was included in the data analysis. The following questions acted as a guide for the interviews, with the interviewer using probes or follow-up questions to gain greater clarity on the response:

1. Tell me about your experience of doing this training.
2. You indicated that you have experienced personal benefits from the training – in what ways?
3. What aspect of the programme do you feel contributed to that effect?
4. How do you feel (if at all) that the training has influenced your own health and wellbeing?
5. What were your reasons for doing the training?
6. Is there anything else that you think would be helpful for me to know or that you would like to tell me?

The main interview questions elicited information from which the themes were culled, by interpreting and making sense of what was said.

Ethics

Participants were fully aware of the purpose of the interviews and consented to the fact that they were recorded for further analysis. An ethics release form was signed to ensure the anonymity of the participants, safekeeping of the data and the opportunity to debrief or withdraw at any stage.

Data analysis

The interviews were transcribed verbatim and sent to the participants with the request to review and confirm that they were an accurate representation of their views on the topic and inviting any further information or edits as appropriate. The data were analysed following the recommendations for thematic analysis offered by Braun and Clark (2006) by reading each of the transcripts several times and replaying the recordings to gain greater understanding of the significance of what was said. Each incidence of dialogue that could be a potential code was highlighted and copied, with not only prevalence carrying weight, but also importance in what was said, as demonstrated by the tone of voice and emotional expression of the participant.

A list was created of benefits or important points raised by each participant and repeated by others, resulting in 32 possible benefit codes. Relationships between codes were identified and analysed to see if they fit any particular theme or sub theme, or if in fact the codes were themes themselves. Following the recommendations of Clark and Braun (2013), no additional coders were used as it was anticipated that this could potentially undermine the reliability or validity of the findings.

Although at the outset the intention was to focus only on *personal* positive effects, it became apparent that certain personal benefits crossed over into the professional realm. Rather than steering the conversation away from professional benefits and back to

Table 3. Final themes and codes.**1. Self-knowledge**

Greater self-acceptance
 Values identification
 Awareness of strengths
 Ability to use the tools and model for the purpose of becoming more self-aware
 Ability to self-reflect
 Acknowledgement of their courage
 Less defensive (dropped barriers)
 Greater clarity and focus in life

2. Relationships and connection with other people.

Greater connection, deeper relationships
 Inspired by others, peers and coaches
 Increased empathy, acceptance, understanding
 More considerate, mindful in actions
 Awareness and acceptance of uniqueness of people
 Vulnerability and trust
 Improved communication with others

3. Professional optimism

Sense of fulfilment and purpose from profession
 More confidence in (coaching) work (Building on existing skill set/using strengths)
 Recognition of missing piece 'preventative' way of working with people
 Thirst for more knowledge
 Understanding of breadth and depth of application
 Sense of excitement at new direction and possibilities of using the model
 Joy (pride) of helping effectivity

4. Personal Health and Wellness

More balance in (personal health) programme
 Emotional wellbeing, hope and positivity
 Improved emotional regulation
 Better nutrition and/or weight loss
 More meditation, time in nature
 Practicing more mindfulness
 Uses coaching skills and tools in personal life
 Broadened understanding of holistic wellness

personal benefits, expansion of conversation around professional benefits was encouraged on the understanding that the two might have been intertwined. For example, if a participant reported that using the model in their work gave them a greater sense of fulfilment, self-efficacy or growth overall, these would be deemed worthy of inclusion as potential themes given the professional and personal benefit. On the other hand, the fact that a participant was able to command a higher income was considered a case of professional benefit and not relevant to the focus of the current study. The final themes and codes are shown in [Table 3](#).

Upon reviewing the themes, several were broken down into separate themes and some were combined to create a more cohesive picture of the data. Other codes were discarded or refined if it appeared that they were not representative of the group or could be described more accurately after re-listening to the recorded interviews and the language used by participants.

Results

As stated above, participants reported benefits in both personal and professional aspects of their lives. The data included participant reports of improvements in health and well-being as well as the consequences of these changes.

Four major themes were identified:

1. Self-knowledge
2. Relationships and connection with others
3. Professional optimism
4. Personal health and wellness

Each of these themes are discussed in turn with illustrative quotations provided.

(1) Self-knowledge

The theme of *self-knowledge* reflected participants' increased understanding of themselves and what was important to them. They reported gaining the ability to self-reflect and in doing so, becoming more self-aware of their habitual patterns of behaviour:

... the coaching model gave us more of a framework to understand the things that I've done, the habits I've developed over a lifetime of my responses to stress. So, when you can develop that level of self-awareness then it's much easier to manage. (Participant 4)

In every case but one, participants reported that they had a greater sense of what was important to them and what their values were, which seemed to generally give them greater clarity and focus in life:

... from actually doing (the training), I really got a lot more connected with my values and what was important, where I was going to spend my time, also to a certain degree, some acceptance ... not being too caught up in a particular outcome (Participant 6)

One of the recurring responses was participants' recognition that if they wanted to work in the field of HWC, they needed to 'walk the talk' and live in a certain way. This was identified as something that would be incorporated in their value system if they were to coach in the health and wellness field:

... we are encouraged in the course to recognise that to be a really good coach, you have to be on the journey yourself. And I think that's really wise advice. (Participant 3)

(2) Relationships and connection with other people

A benefit of the training that was reported unanimously was an improvement in communication skills that led to a deeper connection with others, in both professional and personal life:

So, I think the connections that I've got with people through utilising this coaching model have been really deep, and it's given me a broader understanding of how to communicate and how to relate to people on a different level. (Participant 2)

... greater appreciation of just listening and not having to fix or change things too, so being okay with just being an open ear and asking questions, and not feeling like you had to necessarily add things all the time. I think that's pretty powerful in terms of how that's impacted my relationships. (Participant 6)

Some of the benefits under this theme appeared to come from participants' interactions with others, both peers and coachees, that led to greater empathy, acceptance and understanding of others:

I think with the training, I've got a better understanding of where people could be in their lives ... just giving someone else in my life or someone else in the conversation the room to have their own opinion and their own perspective of what they're going through in this and I found a very different way of being to respect that and I think developing a lot more empathy as well And an acceptance of where they are and knowing that my perception of what they're going through might be completely different to their perception of what they're going through and that's okay. (Participant 7)

The participants seemed to be acknowledging that by learning to listen deeply to other people they were understanding, relating and improving connections on a much deeper level than before. Several people reported improvement in specific relationships.

(3) Professional optimism

There was a strong sense of anticipation and hope for the future which went further than professional development or the acquisition of skills. Reports of benefits in this area revolved around greater awareness, a sense of excitement, and a deep appreciation of the value of the work they were being trained to do:

I can't remember other courses that I've done where ... it pushed all my buttons. It really resonated and I'm really excited about what I've learnt. ... about the possibilities and about what this might lead to. (Participant 4)

I can help **them**, but I can actually get joy from it **myself**. (Participant 7)

Several times participants mentioned that they felt they were building on strengths that they already had:

I felt a little bit like a duck to water really, in terms of how I could then use this in my work. It ... kind of came quite naturally to me. (Participant 5)

Another unanimous benefit was that the training had ignited a desire to learn more:

And I'm sure everyone who does wellness coaching or health coaching, even if they didn't feel it before, comes out of having explored themselves a little bit through the process, come out a bit hungry for more knowledge. (Participant 1)

(4) Personal health and wellness

Participants reported specific health and wellness benefits which included not only changes in lifestyle habits but also improved emotional wellbeing. Participants described having a greater balance in the activities they pursued for their personal health, spending more time in meditation, mindfulness and nature as well as focusing on the more physical elements of health such as better nutrition and in a few cases, weight loss. The use of coaching skills and tools for their personal wellbeing seemed to fit better in this theme than any other:

I'm sleeping a lot more now than I have ten years ago, that sort of thing. I'm trying to schedule with my wife that I get away and do some of the stuff that helps reenergise me, be it to go climbing or bushwalking once in four weeks. (Participant 6)

Since doing .. the training I've lost 10 kg. I eat better than I've ever eaten. I exercise. I set goals and track. (Participant 1)

It was after the training that I realised I needed to listen to myself more to know what I really needed, wanted and how to achieve that. So, I got into the practice of meditation, which is – that's been really powerful in my life. (Participant 2)

These improvements might have been influenced by the individual's circumstances at the time of undertaking the training and the gaps that might have existed in their personal health and wellness, but all participants reported improvements in emotional wellbeing and regulation, hope and positivity:

I love it. I'm so happy. (Participant 8)

I'm just finding that my life has changed in a way where I'm not just working it, I'm also living it, and it makes for a much more calmer and – a lot of people around me seem to be always running from chaos to chaos and I don't feel like I am, which is lovely. (Participant 7)

(The training) ... really changed my view on my own life and what was possible ... gave me a confidence I think that I could work towards things being better. (Participant 5)

Although an attempt was made to separate the many 'benefits' into categories and themes, it should be noted that the crossover between them was inevitable as is summed up by one comment below:

You can't separate professional from personal, and I think in that, then for me, if my job has gone well, I'm enjoying the people I work with, I'm feeling that sense of self-efficacy in my work and really feeling good about it – well, that just knocks over into life, doesn't it? (Participant 5)

One of the minor aims of the study was to discover what participants felt contributed to the positive effects and this question produced varied results. Reference was made to specific tools and exercises, the structure of the model and the influence of peers and presenters. Several participants indicated that applying the model to themselves was the key factor. [Table 4](#) provides a summary of the responses given. Although not the main focus of the study, it was of interest to discover why these participants had enrolled in HWCT. Participants were asked to give their reason for doing the training. Participants ranged in age from 36 to 58 and their responses indicated that they were looking to add to their skill set or make a change in their career (see [Table 2](#)).

Discussion

The main aim of the study was to determine how graduate coaches described the positive experiences that came out of the training and whether these related to their own health and wellness or some other area of their lives. Results show a variety of responses that evidently had positive effects on not only their personal health and wellness, but also their self-knowledge and relationships, suggesting a much broader influence. In addition, many responses referred to participants' future work as coaches in the health and wellness field. The training reportedly had a great impact on their attitude to this dimension

Table 4. Elements of the training that participants felt contributed to the personal positive effect.

-
- *Gratitude exercises*
 - *Positive Psychology exercises*
 - *Coaching circles*
 - *Tracking small goals*
 - *Support of peers*
 - *Using tools such as Decisional Balance, Wheel of Wellness*
 - *Strengths survey*
 - *Structure and planning*
 - *Passion of presenters*
 - *The entire model*
 - *Having to define values*
 - *Introspection required by the course*
 - *Learning about science of habits*
-

of their lives. A sense of ‘professional optimism’ suggested that they had found a new and more effective way of working with people, which then led them to feel positive about their future careers. This seemed to be integrated into their personal experience.

Our findings concur with and expand the existing literature in other fields of coaching that shows that coaches may experience some of the benefits that their coachees are aiming to achieve (Atad & Grant, 2020; Grant, 2008; Jordan et al., 2017; Laske, 2006).

HWC focuses on helping coachees achieve optimal mental and physical health. The physical dimension of wellbeing has been given little attention in previous studies relating to non-HW coach experience, with more emphasis being placed on mental and emotional aspects such as life satisfaction, goal achievement, positive affect, realisation of potential and self-acceptance (Atad & Grant, 2020; Grant, 2008). Coachees come to HWC with goals around physical health or chronic illness, which sets this field apart from other coaching or counselling services. In addition, managing stress and mild anxiety are challenges frequently brought to the attention of the HW coach that often prevent coachees from achieving their physical goals (Jordan & Livingstone, 2013). Therefore, a HW coach may need to work with a wide array of desired outcomes and the barriers their coachees face, both mental and physical.

If coachees come to HWC with a wide range of desired outcomes and challenges, perhaps the experiences reported by the participants in this study are simply echoing what happens on the coachees’ journey to improved mental and physical health. In support of this idea, it became apparent that as the interviews progressed, and responses were given to the very broad question ‘What personal benefits did you experience?’ the factors described encompassed more life areas than had previously been anticipated. They went beyond factors related to health and wellbeing, with personal health and wellness being only one of the four themes identified.

This raises the question of what HWC actually aims to achieve. Coaches tend to assume that coachees seek HWC for support in adopting new health behaviours to achieve improved wellbeing. Although this will continue to play a large part in the justification for the profession, we might widen our view of the potential outcomes that can be achieved by people when they begin to explore their values, their purpose in life and identify their unique strengths. What the trainees are reporting in these interviews may well act as a lens through which we can view much broader potential in terms of positive outcomes for our

coachees. Further exploration may support these findings or shed light on more wide-ranging effects of the training on the people who choose to work in this field.

The question of whether HW coaches need to 'walk the talk' was considered by Moore et al. (2016) who suggested that in order to help coachees use HWC optimally, coaches need to continue to learn, grow and thrive in their own lives, modelling a healthy way of living. These comments may have relevance to trainees of HWC and point towards the desirability of their embarking upon their own journey of change, in personal as well as professional development. Perhaps their personal experience during HWCT might also play a part in their ability to coach coachees effectively following completion of their training.

Limitations

While appropriate for an exploratory qualitative study, the sample size was small and intentionally purposive. A different group of participants may have led to a different set of findings. In addition, demand characteristics are inherent in the study which called for graduates who had experienced a 'personal positive effect', something which they would have understood was desirable for the researcher who was also the principal of the training organisation. The enthusiasm with which graduating coaches often emerge from a programme of study could have contributed to a placebo effect resulting from their belief in the programme rather than the programme itself.

It is possible that graduates volunteered to be part of this study due to the relationship with the interviewer. However, this could be considered an advantage in readily accessing participants. Any previous relationship that had been formed may have influenced how the benefits of the training were described, resulting from a need to comply with what they may have perceived to be the desired findings. Nonetheless, it would be impossible to control the influence of any 'desire to please' entirely.

Implications for further research

The extent to which the results reported in the current study might prove relevant to graduates of other HWCT programmes is as yet unknown and further exploration of the experience of HW coaches graduating from alternative programmes would be of interest. The additional question of what contributed to these personal positive experiences produced varied responses. Although not the main focus of the project, this information may be a starting point for further research and assist in future programme design.

A further question could be to explore how age, background, and situation of the graduate interacted with their experience. Although this study did not set out to make connections between any personal positive benefits and participant characteristics, level of maturity and life experience may well have played a part in the benefits found by trainees. Further research should explore the potential relationships of participant characteristics and reported benefits.

Conclusion

This exploratory study suggests that graduate coaches from HWCT report positive changes as a result of the training programme, including but not limited to, improvements in their own health and wellness. Although this was anticipated, it was interesting

to acknowledge the possibility that HWCT could provide much broader benefits than simply a new skill set for trainees and the acquisition of better lifestyle habits. This study revealed reported improvements in:

- Self-knowledge
- Relationships and connection with others
- Professional optimism, and
- Personal health and wellness

More extensive research using a larger sample of programmes may reveal greater information on the personal benefits of HWCT and provide insight into whether this phenomenon is experienced more broadly in the HWCT field. A greater understanding of the influencing factors of the training may assist training providers to design programmes that not only produce competent HW coaches, but also enhance the lives of trainees. In the current climate of COVID-19, any contribution to the health and wellbeing of healthcare workers is important. Finally, it will be useful to learn how to better design programmes to enhance health and well-being across the broader healthcare industry.

Disclosure statement

No potential conflict of interest was reported by the author(s). Dr. Wolever is on the Board of Directors for the National Board for Health and Wellness Coaching in the United States.

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Sarah Corrie is a Chartered Psychologist, Registered Coaching Psychologist and Consultant Clinical Psychologist. She has authored over 80 articles for academic journals, professional journals and trade magazines, and nine books including, *The Art of Inspired Living: Coach Yourself with Positive Psychology*. She has extensive experience in both the public and private sector, delivering coaching and therapy as well as working as a freelance supervisor and trainer. Sarah is a Founder Member and former Chair of the British

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References

- Atad, O., & Grant, A. M. (2020). How does coach training change coaches-in-training? Differential effects for novice vs. Experienced 'skilled helpers'. *Coaching: An International Journal of Theory, Research and Practice*, <https://doi.org/10.1080/17521882.2019.1707246>
- Boehmer, K., Guerton, N., Soyering, J., Hargraves, I., Dick, S., & Montori, V. (2019). Capacity coaching: A new strategy for coaching patients living with multimorbidity and organizing their care. *Mayo Clinic Proceedings*, 94(2), 278–286. <https://doi.org/10.1016/j.mayocp.2018.08.021>
- Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Clark, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120–123.

- David, O. A., & Cobeau, O. (2016). Evidence-based training in cognitive-behavioural coaching: Can personal development bring less distress and better performance? *British Journal of Guidance and Counselling*, 44(1), 12–25. <https://doi.org/10.1080/03069885.2014.1002384>
- Frates, B., & Moore, M. (2013). Health and wellness coaching skills for lasting change. In J. M. Rippe (Ed.), *Lifestyle medicine* (2nd ed., pp. 343–360). CRC Press.
- Grant, A. M. (2008). Personal life coaching for coaches-in-training enhances goal attainment, insight and learning. *Coaching: An International Journal of Theory, Research and Practice*, 1(1), 54–70. <https://doi.org/10.1080/17521880701878141>
- Huffman, M. H. (2010). Health coaching: A fresh approach for improving health outcomes and reducing costs. *AAOHN Journal*, 58(6), 245–249. <https://doi.org/10.1177/216507991005800604>
- Jordan, M., & Livingstone, J. (2013). Coaching vs psychotherapy in health and wellness: Overlap, dissimilarities and the potential for collaboration. *Global Advances in Health and Medicine*, 2(4), 20–27. <https://doi.org/10.7453/gahmj.2013.036>
- Jordan, S., Gessnitzer, S., & Kauffeld, S. (2017). Develop yourself, develop others? How coaches and coachees benefit from train-the-coach courses. *Coaching: An International Journal of Theory, Research and Practice*, 10(2), 125–139. <https://doi.org/10.1080/17521882.2017.1330353>
- Kelly, M. P., & Barker, M. (2016). Why is changing health-related behaviour so difficult? *Public Health*, 136, 109–116. <https://doi.org/10.1016/j.puhe.2016.03.030>
- Kreisberg, J., & Marra, R. (2017). Board-certified health coaches? What integrative physicians need to know. *Integrative Medicine*, 16(6), 22–24.
- Laske, O. E. (2006). From coach training to coach education: Teaching coaching within a comprehensively evidence based framework. *International Journal of Evidence Based Coaching and Mentoring*, 4(1), 45–56.
- Leggett, R., & James, J. (2016). Exploring the benefits of a coach development process ... on the coach. *International Journal of Human Resource Development Practice, Policy and Research*, 1(2), 55–65. <https://doi.org/10.22324/ijhrdppr.1.116>
- May, C. (2013). Health coaching: Adding value in healthcare reform. *Global Advances in Health and Medicine*, 2(3), 92–93. <https://doi.org/10.7453/gahmj.2013.032>
- Mettler, E. A., Preston, H. R., Jenkins, S. M., Lackore, K. A., Werneburg, B. L., Larson, B. G., Bradley, K. L., Warran, B. A., Olsen, K. D., Hagen, P. T., Vickers, K. S., & Clark, M. M. (2014). Motivational improvements for health behavior change from wellness coaching. *American Journal Health Behavior*, 38(1), 83–91. <https://doi.org/10.5993/AJHB.38.1.9>
- Michael, S. (2005). The promise of appreciative inquiry as an interview tool for field research. *Development in Practice*, 15(2), 222–230. <https://doi.org/10.1080/09614520500042094>
- Moore, M., Jackson, E., & Tschannen-Moran, B. (2016). *Coaching Psychology manual* (2nd ed). Wolters Kluwer.
- National Board for Health and Wellness Coaching. (2019). *Program approval*. Retrieved April 3rd, 2020, from <https://nbhwc.org/approved-programs>
- Riley, S., & Reason, P. (2015). Cooperative inquiry: An action research practice. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (3rd ed., pp. 168–197). Sage Publications Ltd.
- Sforzo, G. A., Kaye, M. P., Harenberg, S., Costello, K., Cobus-Kuo, L., Rauff, E., Edman, J. S., Frates, E., & Moore, M. (2019). Compendium of health and wellness coaching: 2019 addendum. *American Journal of Lifestyle Medicine*, 14(2), 155–168. <https://doi.org/10.1177/1559827619850489>
- Sforzo, G. A., Kaye, M. P., Todorova, I., Harenberg, S., Costello, K., Cobus-Kuo, L., Faber, A., Frates, E., & Moore, M. (2018). Compendium of the health and wellness coaching literature. *American Journal of Lifestyle Medicine*, 12(6), 436–447. <https://doi.org/10.1177/1559827617708562>
- Wolever, R. Q., Moore, M. A., & Jordan, M. (2016). Chapter 32: Coaching in healthcare. In T. Bachkirova, D. Drake, & G. Spence (Eds.), *The SAGE handbook of coaching* (pp. 521–543). Sage.
- Wolever, R. Q., Simmons, L. A., Sforzo, G. A., Dill, D., Kaye, M., Bechard, E. M., Southard, E., Kennedy, M., Vosloo, J., & Yang, N. (2013). A systematic review of the literature on health and wellness coaching: Defining a key behavioral intervention in healthcare. *Global Advances in Health and Medicine*, 2(4), 38–57. <https://doi.org/10.7453/gahmj.2013.042>

- World Health Organisation. (2018). Non Communicable Diseases. <http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>
- Yocum, S., & Lawson, K. (2019). Health coaching case report: Optimising employee health and well-being in organisations. *The Journal of Values-Based Leadership*, 12(2), Article 8. <https://doi.org/10.225433/0733122.1266>