Exploring the coaching relationship in health coaching and employment service with long-term unemployed using Repertory Grid Technique

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Abstract

Coaching in general and health coaching are increasingly used to change (health-related) behaviour. However, little research exists on the specific impact factors of coaching and especially on what constitutes effective (health) coaching relationships.

This research explores in a jobcenter in Germany what contributes to effective (health) coaching relationships in health coaching and employment service coaching. It assesses both the perspectives of the (health) coaches and the (health) coaching clients, who are long-term unemployed people with health restrictions. Specifically, this research investigates how the participants construe effective (health) coaching relationships. Furthermore, it addresses the commonalities and differences in the construction of effective (health) coaching relationships within/between coaches and clients and within/between coaching domains. In addition, it is explored how consistently participants in the different groups evaluate effective (health) coaching relationships.

Based on a phenomenological constructivist epistemology, the Repertory Grid Technique is used within a Personal Construct Psychology framework for data collection to elicit latent constructs signifying effective coaching relationships from coaches and coaching clients, as this technique is especially useful for exploring individual and interpersonal aspects of human relationships.

Results indicate the effectiveness of Personal Construct Psychology and Repertory Grid Technique for Coaching Psychology research on the coaching relationship. The content analysis identified 27 themes of which 12 were relevant to the development of effective (health) relationships for the total sample. Differential analysis identified themes of particular importance for the different subgroups. Conclusions after structural analysis suggest that these categories represent a 'pool' of important factors for effective (health) coaching relationships, from which quite individual constellations of these factors make the (health) coaching relationship effective. The findings theoretically and methodologically contribute to Coaching Psychology. Furthermore, the findings are of utility for coaching practise and can help to create ethical, more effective (health) coaching relationships. The limitations of this study, its implications for further research, and coaching practise are discussed.

Dedication

To my good fairy

Acknowledgements

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Glossary of Terms

Bootstrapping – Generic term for any approach in which a system of categories is developed in the course of categorising the objects to be studied (Jankowicz, 2004, p. 148).

Coaching – '[A] developmental process of support offered to an individual which results in action' (Law, 2013, p. 53).

Coaching Psychology – '[…] the scientific study of behaviour, cognition and emotion with the aim of enhancing well-being and performance in people's personal lives and work. Coaching practice grounds on coaching models based on established psychological approaches' (Grajfoner, 2020, p.12).

Commonality Corollary – 'To the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person' (Kelly 1991b, p. 5).

Concordance – Level of agreement between several semi-quantitative or quantitative variables, in the human sciences usually people evaluating a set of objects (Legendre, 2005).

Construct – 'Man looks at his world through transparent patterns or templets which he creates and then attempts to fit over the realities of which the world is composed […]. They [constructs] are ways of construing the world' (Kelly, 1991a, p. 7).

Construct System – Construct systems consist of a finite number of dichotomous, hierarchically organised constructs for a given range of convenience (Kelly, 1991a; 1991b).

Constructivism – Epistemology based on Piaget's theory of cognitive and affective development. Generation of knowledge and meaning stems from the interaction of people's experiences and ideas (Good, 1993).

Constructive Alternativism – Philosophical position, which assumes that the real existing world can only be approximately known through interpretation (Kelly, 1991a).

Construing – 'To make sense of something; to have a personal understanding of it; to find meaning in it' (Jankowicz, 2004, p. 10).

Contrast – 'The relationship between the two poles of a construct is one of contrast' (Kelly, 1991, p. 5).

Core Construct – '[…] those [constructs] which govern a person's maintenance processes – that is, those by which he maintains his identity and existence' (Kelly, 1991a, p. 356).

Credulous Listening – Credulous listening is founded on the belief that the client's views and feelings are meaningful to the client and should therefore be respected regardless of whether the counsellor/coach shares them themselves (Fransella and Dalton, 2000, p. 20).

Element – 'The things or events which are abstracted by a person's use of a construct are called elements' (Kelly, 1991b, p. 5).

Fundamental Postulate – 'A person's processes are psychologically channelized by the ways in which he anticipates events' (Kelly, 1991b, p. 4).

Health Coaching – A concept for working with people in challenging life and health situations. It contains methods and techniques with which it is possible to succeed in expanding health-related opportunities for participation through structural interventions and to enable people to make use of these opportunities through individual empowerment (HSNR, 2020).

Honey's Content Analysis – A type of content analysis developed for the analysis of Repertory Grids that considers both qualitative information and quantitative information in the form of ratings and includes a technique for identifying personal salience of constructs by considering the match between elicited constructs and a supplied 'overall' construct (Jankowicz, 2004).

Multidimensional Scaling – Analytical technique which graphically represents similarities and differences in the rating of several objects in a multidimensional space (Curtis *et al.*, 2008).

Personal Construct Psychology – Theory developed by G. A. Kelly and defined in 'The Psychology of Personal Constructs' (Kelly 1991a/b).

Range of Convenience – 'A constructs range of convenience comprises all those things to which the user would find its application useful' (Kelly, 1991b, p. 5).

Repertory Grid – A matrix of ratings of elements and constructs that together describe a person's perception of the world or specific aspects of the world (Fransella *et al.*, 2003).

Sociality Corollary – 'To the extent that one person construes the construction processes of another he may play a role in a social process involving the other person' (Kelly, 1991b, p. 5).

Triadic Elicitation – 'This is the [..] technique in which three elements are offered and a contrast is sought between two and one' (Jankowicz, 2004, p. 53).

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1. Introduction

This chapter first explains the context and background of the study, as well as the rationale for undertaking it. After that, it defines the research field and provides details on the aims and objectives of this research and its specific contributions. The research questions for this study are outlined and an overview of the structure of the thesis is provided.

1.1 Context and Background of the Study

This section describes the broader context and background of the study.

The context of the study is long-term unemployment and the promotion of work and health in jobcenters in Germany. This is a relevant area of research, as the negative effects of unemployment on health are well known and empirically supported (Herbig *et al.*, 2013). The duration of unemployment also has negative effects on health (Classen and Dunn, 2012) and a longer duration is associated with lower chances of reemployment (McGregor, 1978). To be able to describe the connection between health and unemployment more closely, it is first necessary to define these terms.

1.1.1 Health

In 1978 the WHO defined health as 'a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity' (WHO and United Nations Children Fund, 1978).

1.1.2 Unemployment and Long-Term Unemployment

Unemployment in Germany is defined according to § 138 of the Third Book of the Social Code SGB III: An unemployed person is one who is an employee, who is not in an employment relationship (unemployment), is making efforts to end his or her own unemployment (self-effort) and is available for the placement efforts of the Employment Agency (availability).

Within the framework of his or her own efforts, the unemployed person shall make use of all possibilities for occupational integration. This includes the fulfilment of the obligations arising from the integration agreement, cooperation in placement by third parties, and the use of the self-information facilities of the Employment Agency.

The placement efforts of the Employment Agency are available to anyone who (a) is able and permitted to work in a reasonable job subject to compulsory insurance and lasting at least 15 hours a week under the usual conditions of the labour market which comes into

consideration for him or her, (b) can comply with proposals of the Employment Agency for occupational integration in a timely and local manner, (c) is willing to accept and pursue any employment within the meaning of number 1, and (d) is willing to participate in measures for vocational integration into working life.

The unemployment rate in Germany is currently 5.5 percent (Statista, 2023b). The unemployment rate indicates the proportion of unemployed persons in relation to all potential employees available for the labour market. The formula for calculating this is: (number of unemployed/(number of unemployed + number of employed)) x 100 = unemployment rate (in percent) (Statista, 2023b).

Long-term unemployment is defined according to § 18 SGB III as follows: The long-term unemployed are unemployed people who have been unemployed for one year or more. Participation in a measure and periods of illness or other non-employment of up to six weeks do not interrupt the duration of unemployment. The proportion of long-term unemployed among all unemployed is 34.1 percent (Statista, 2023a).

In Germany there are two important institutions in this context. The Employment Agency is responsible for employment promotion services, especially for the unemployed who receive unemployment benefit I under Social Code III. Services provided by the Employment Agencies include preparation for career choice, counselling on career development opportunities, placement offers for training or employment, and other employment promotion services. People with disabilities can receive benefits for participation in work life (vocational rehabilitation) (Hollederer, 2020).

On the other hand, jobcenters are the authorities for the benefits of state basic security for job seekers according to Section 4 of the Second Book of the Social Code (SGB II). The benefits of basic security for job seekers are provided in the form of services (coaching and placement), cash benefits (such as benefits to secure subsistence) and benefits in kind. The Federal Government is to agree framework objectives with the Federal Employment Agency in accordance with § 1 SGB III for the implementation of employment promotion. The BMAS is responsible for the legal supervision of the Federal Employment Agency.

According to § 137 SGB III, a person is entitled to unemployment benefit if he or she is unemployed, has registered as unemployed with the Employment Agency and has completed the qualifying period. Unemployed persons must seek employment subject to

compulsory insurance and be available for the placement efforts of the Employment Agency (Hollederer, 2020).

The explanations on the differences between Employment Agencies and jobcenters are relevant for this study because the two institutions have different target groups; clients of the Employment Agencies are on average closer to the labour market than jobcenter clients. All coaches and clients participating in this study belong to the SGB III jobcenter context.

Based on the above definitions, the next Subsection considers the relationship between unemployment and health.

1.1.3 The Relationship Between (Long-Term) Unemployment and Health

'Health is the daughter of work'. (German proverb)

An important question in public health policy is the extent to which unemployment causally affects health (Cygam-Rehn *et al.*, 2017). There are several meta-analyses on the relationship between unemployment and health (Hollederer, 2018). The results show that the risks of impaired mental and physical health (McKee-Ryan *et al.*, 2005), chronic diseases (Dean and Wilson, 2009) as well as the risks of premature mortality (Milner *et al.*, 2014) are higher for unemployed than for working people. In addition to impaired physical health, unemployment has a detrimental effect on mental health (Cygam-Rehn *et al.*, 2017), including depression, anxiety, and stress (Monsef and Mehrjardi, 2018). Employment appears to be an important indicator of physical and mental health status (Monsef and Mehrjardi, 2018).

There are different ways in which employment promotes mental health (Doyle *et al.*, 2005). These include a structured daily routine, social contacts, and satisfaction resulting from participation in society. Therefore, being unemployed is detrimental to mental health (Wilkinson and Marmot, 2003). The duration of unemployment is also related to the impact on health (Classen and Dunn, 2012), health behaviour, and a (subjectively) low health status (Colman and Dave, 2014).

Belonging to a low socioeconomic status (SES) group as well as having health problems are barriers to engaging in physical activity (S. Kelly *et al.*, 2016). On the other hand, the experience of previous health problems and support can facilitate participation in health behaviour behaviour (physical activity, diet, and general health promoting behaviours) as well as support (physical activity and diet) (S. Kelly *et al.*, 2016).

This subsection has shown the high relevance of linking health promotion and work promotion. The measures that the German Federal Government is taking in this regard are explained below.

1.1.4 Linking Work Promotion and Health Promotion

In 2015, the German Federal Government enacted the Prevention Act, which strengthens the intersectional cooperation between work promotion and health promotion. In 2016, during the National Prevention Conference, framework recommendations for life-world-orientated prevention and health promotion were adopted for the first time (Hollederer, 2020).

§ 1 SGB III states the objectives of employment promotion: employment promotion should 'counteract the emergence of unemployment, shorten the duration of unemployment and support the balancing of supply and demand on the training and labour market. In particular, long-term unemployment should be avoided by improving individual employability' (translation by the author of this study).

Health promotion for the unemployed is part of conventional employment services and aims to improve both their health and their chances of reintegration into the labour market (Hollederer, 2020). One problem here is that conventional offers and measures in this area have difficulty reaching their target group (Hollederer, 2009) although there is a variety of different measures in practise with different durations and depth of intervention (Hollederer, 2018). The dropout rates for participants in measures from the SGB II legal group are still significantly higher than those of all other participants (Bösel *et al.*, 2017).

In the past, dropouts from coaching and other measures were often sanctioned, which could mean a reduction in benefits of up to 100% (Bundesagentur für Arbeit, 2022a). In recent years, however, it has been recognised that sanctions due to violations of obligations can threaten the success of integration services. The mere agreement to take part in initial counselling/coaching in the integration agreement therefore seems justifiable, provided that the beneficiary has decided to include this obligation in the integration agreement. Sanctioning discontinuations or dropouts is generally not a suitable instrument to safeguard the counselling/coaching process (DV., 2014). Research on this topic has found that decision-making capacity is negatively affected by poor employment opportunities combined with restrictions and sanctions (Beck, 2018). In response to this condition, people may develop protective resistance that adversely affects their job search activities. Even when counteracted by support to improve skills to

overcome this protective resistance, jobseekers' practical choices are severely limited by the constraint-driven regulations of employment offices (Beck, 2018). The jobcenters have responded to these findings accordingly and their behaviour has changed significantly. In 2009, 2.5 times more jobcenters sanctioned the dropout of counselling/coaching than in 2016, in which almost all jobcenters (91%) reacted constructively to dropouts from counselling by motivating the beneficiaries to take up counselling/coaching again (91 %). (Wagner *et al.*, 2017).

Despite all efforts, however, dropout rates in work and health promotion measures are still high. The most frequent reasons for dropping out are conflicts with different actors, health or family changes, a wrong choice of profession, or too high theoretical requirements (Bösel *et al*., 2017). A further relevant factor in this context is the coaching relationship or the working relationship between the coach and the client. The establishment of a supportive working relationship is one of the 'nonspecific factors' that, in combination with professional strategies, determine the successful course of coaching and job placement. This appears to be all the more important the more the issues or problems to be dealt with trigger a personal involvement (Bamberger, 2005; Rübner and Sprengard, 2010). This is particularly important in relation to unemployed people with addictions, because openly dealing with an illness that is partly taboo requires high levels of trust (Wagner *et al.*, 2017). Even in contexts where a certain behaviour is expected from the client due to legal requirements, a working relationship designed according to these principles of action is an important prerequisite for the acceptance and implementation of these requirements on the part of the client. The working relationship has also been identified as a crucial success factor in the therapeutic literature and coaching research; see Sections 2.1.1 and 2.2 for more details. The principles of action lie at the interface of basic coaching attitudes, coaching methods, and interview techniques (Rübner and Sprengard, 2010). On the one hand, professionals entrusted with coaching tasks should have developed certain basic attitudes and competencies conducive to relationships in order to be able and willing to help their clients effectively in dealing with problems. On the other hand, the interaction process at the relationship level can be consciously and thus more or less competently shaped through targeted interventions (Rübener and Sprengard, 2010). This research aims to contribute to a deeper understanding of effective coaching relationships in the SGB II context, which could help to reduce dropout rates, increase coaching success, and participation in the labour market.

To promote participation in the labour market and promote the development of innovative approaches to health promotion for the unemployed, the federal government has adopted the 'reha**pro**' funding line within the framework of the Federal Participation Act. The purpose of this federal programme is to further improve cooperation between stakeholders in the field of medical and vocational rehabilitation and to find new ways to better maintain or restore the employability of people with health impairments by testing innovative services and innovative organisational measures. Model projects are designed to test new approaches to early intervention, in the sense of 'prevention before rehabilitation' and 'rehabilitation before retirement', and to support people with mental disabilities and complex health care needs. Currently, 101 model projects are being funded at different jobcenters across Germany, including the RPV model project (BMAS, 2019), which is described in more detail below.

1.1.5 *The Model Project 'Regional Prevention Centre District Viersen'*

The model project 'Regional Prevention Centre District Viersen (RPV)' is part of the federal funding line 'reha**pro**' of the German Federal Ministry of Labour and Social Affairs (BMAS, 2019; HSNR, 2020). The model project runs from 01/2020 to 11/2024 and is funded with 2.4 Mio. €. The Viersen jobcenter is the main project implementation partner. RPV deploys health promotion for long-term unemployed people with health restrictions based on the Capability Approach (Sen, 1980; Nussbaum and Sen, 1993) and on the Salutogenesis model (Antonovsky, 1996). The SO.CON Institute, part of Niederrhein University of Applied Sciences, scientifically evaluates the model project (HSNR, 2020). The background and content of the project are described in the following.

The jobcenter in the district of Viersen regularly arranges medical reports on the health of jobcenter clients with the district health office. About 50% of these reports identify not only temporary health restrictions with an impact on the client's employability, which could be reversed by timely preventive measures. So far, the medical results of the assessments have been forwarded by the public health officers to the placement officers at the jobcenter without taking further health-related actions. The placement officers have only adjusted the service profile of the clients with respect to their labour market perspectives. There has been no examination of the contents of the reports. In addition to the medical report, the medical officers recommend how clients could improve their state of health through nutritional/sports or other psycho-/physiotherapeutic measures. Until the start of the RPV project, no job roles have existed to put these recommendations into practise, and further support has not been provided to clients. The result is a steady decline

in labour market chances combined with the risk of a further worsening of the situation, especially due to psychological stress factors. In the worst case, clients enter a negative cycle that affects their general employability (BMAS, 2019).

As part of the project, a regional prevention centre has been established. A new 'Health Care Coach' job position (HCC) has been created, and four HCC have been employed, who received initial training in Motivational Interviewing (MI) (Miller and Rollnick, 1991). The HCC evaluates the medical reports and the recommendations therein and guides the clients to health promotion offers within the framework of health coaching and active accompaniment. Health coaching consists of *case-specific work, non-case-specific work*, and *cross-case work* segments. Individual support is expected to increase the chances that clients improve their health status and thus their long-term employment participation chances. The HCC initiate further activities aimed at the supply infrastructure and the cooperation of different actors. For example, a network map of the district of Viersen is created as a permanent source of information, which includes an overview of all offers in the field of prevention and medical care. This initiates an active health network including other service providers, such as the German Pension Insurance (DRV), health insurance companies, hospitals, etc. For the district of Viersen and the jobcenter, this establishment of an additional support structure closes a gap in the care system, which should accompany people more permanently into the primary labour market and relieve social systems in the long term (BMAS, 2019).

According to the funding guidelines, the overall objective of RPV follows the principle of strengthening the central theme of 'prevention before rehabilitation and rehabilitation before retirement'. In this sense, the project intends to stabilise the ability of the participants to work and to reduce the access to pension for reduced earning capacity pension, integration assistance or social assistance. Furthermore, RPV aims to improve the labour market integration of people entitled to social benefits with medically certified, not only temporary health restrictions.

1.1.6 Relevance for this Study

Half of the participants in the present research belong to conventional employment service whose primary focus is coaching clients for replacement in work using problem-solving approaches. Non-cooperation can result in sanctions in the form of pay cuts.

The other half of the sample belong to the RPV project, which aims to stabilise the life situation of participants related to living and health conditions to encourage their

employability. This means that the primary focus is to promote the health of their clients, with the secondary goal of reintegration into the labour market. Project participation is on a voluntary basis, nonparticipation or dropout will not be sanctioned.

After the previous subsections have made clear the background of the study and the fundamental relevance of research in the field of health promotion in work promotion, the following section summarises the rationale for conducting the present study.

1.2 Rationale

This section sets out the rationale for undertaking this research.

The topic of this study is relevant due to the intention of the German Federal Government to interlink the intersectional cooperation between health promotion and work promotion stronger and in an innovative way, combining behaviour-orientated and structural-orientated measures. To this end, the Prevention Act was enacted in 2015 and related funding lines were launched, including 'reha**pro**' (BMAS, 2019) and the model project 'Regional Prevention Center District Viersen' (RPV) (HSNR, 2020), in which the present research is partly anchored. The background to the development of innovative approaches in employment services is that conventional approaches often reach their target group only with great difficulty. Since the coaching relationship is considered an important success factor for coaching, knowing more about what makes effective coaching relationships is important, among other things, to reduce dropout rates from coaching interventions for the long-term unemployed.

Furthermore, the topic is relevant because health coaching has been increasingly implemented as an approach to changing health-related behaviour in work promotion programmes over the past ten years, in Germany especially since the enactment of the Prevention Act. However, the specific mechanisms of (health) coaching effects have been little researched, especially on the question of what contributes to effective coaching relationships in general and in health coaching.

The topic is specifically relevant for the evaluation of the funding line 'reha**pro**' (BMAS, 2019), the RPV project (HSNR, 2020), and the jobcenter in the district of Viersen. If the project is successful, the innovative health coaching component should be sustainably implemented in regular business, and a permanent 'Health Care Coach' (HCC) position should be created (HSNR, 2020). The results of the present research can contribute to the success of the project in that the knowledge gained can be helpful to coaches and clients

in developing more effective coaching relationships. Additionally, the results of the study are relevant for other model projects in the 'reha**pro**' funding line (BMAS, 2019), which also test innovative health coaching approaches.

After this section has illustrated the relevance of this research, the next section defines the research field of this study.

1.3 Research Field

This section situates the present research within a research field.

The research is set in Coaching Psychology, whose development in theory and practise is a global movement (Whybrow and Palmer, 2019). In 1995 the International Coach Federation (ICF), a non-profit organisation, was founded (ICF, 2021b). In July 2020, the organisation had 41,537 members in 147 countries and territories (ICF, 2020). Both the United Kingdom and Germany are affiliates; see ICF (2021a); (2021c). Whybrow and Palmer (2019, p. 7) report at least 21 coaching interest groups worldwide that developed between 2002 and 2018.

Health coaching has emerged relatively recently; however, it has steadily gained importance since 2000, and many papers on this concept have been published, especially since 2010 (Olsen, 2014). It is a promising intervention to address the problem of negative health behaviours associated with preventable chronic conditions (Sforzo *et al.*, 2018). Health care programmes and interventions are using health coaching with increasing frequency (Olsen and Nesbitt, 2010; Olsen, 2014; Williams *et al.*, 2019). However, the specific mechanisms of health coaching effects have been little researched, especially on the question of what contributes to effective coaching relationships in general and in health coaching.

Therefore, this research explores how (health) coaches and clients construe effective coaching relationships in health coaching and employment service coaching for long-term unemployed people with health restrictions. The synthesis of the Systematic Literature Review presented in Section 2.4 shows that these represent previously unexplored coaching domains in this regard. To clarify terms, the concepts of coaching, Coaching Psychology, and health coaching are defined briefly in the next section. The concept of the coaching relationship is discussed in depth in Section 2.2.

1.4 Conceptualisation and Definitions

This section includes a description of relevant concepts and definitions for this research.

As an introduction into the topic framing the object of this research – the (health) coaching relationship – the different concepts of coaching and Coaching Psychology are briefly explained. There is an important debate around this issue (Grajfoner, 2020).

1.4.1 Coaching and Coaching Psychology

Coaching has been defined by Bachkirova *et al.* (2010, p. 1) 'as a human development process that involves structured, focused interaction and the use of appropriate strategies, tools and techniques to promote desirable and sustainable change for the benefit of the coachee and potentially for other stakeholders.' A similar definition reads: Coaching is 'a developmental process of support offered to an individual which results in action' (Law, 2013, p. 53).

Coaching Psychology in contrast is defined by Grajfoner (2020, p. 12), following Grant (2007), (2010), and Palmer and Whybrow (2019), 'as the scientific study of behaviour, cognition, and emotion with the aim of enhancing well-being and performance in people's personal lives and work. Coaching practise within Coaching Psychology grounds on coaching models based on established psychological approaches.'

For the purpose of this research, the framework of Coaching Psychology according to Grajfoner (2020) is adopted.

1.4.2 (Health) Coaching

The health coaching in which this study is conducted is a component of the model project 'Regional Prevention Centre District Viersen' (RPV). The project is part of the reha**pro** funding line of the German Federal Ministry of Labour and Social Affairs (BMAS), which aims to strengthen the vocational rehabilitation of long-term unemployed people with health restrictions (BMAS, 2019; HSNR, 2020). The aim of health coaching in RPV is to stabilise the life and health situation of clients to increase their chances of reintegration into the primary labour market.

Health coaching is defined in this research according to the definition adopted in the model project 'Regional Prevention Centre District Viersen' (RPV): a concept to work with people in challenging life and health situations. It contains methods and techniques with which it is possible to succeed in expanding health-related opportunities for

participation through structural interventions and to enable people to make use of these opportunities through individual empowerment.

The context of the coaching relationship studied in comparison is employment service coaching in the jobcenter in the district of Viersen, which aims predominantly at reintegrating long-term unemployed people into the labour market. The research design to explore what makes effective (health) coaching relationships is outlined in the next section.

1.5   Research Design

This section gives an overview of the design of this research.

Grounded in a phenomenological constructivist epistemology, the theoretical framework for this research is Personal Construct Psychology (PCP) (Kelly, 1991a; 1991b), which is considered a robust theoretical framework for coaching psychologists (Stojnov and Pavlović, 2010; Pavlović and Stojnov, 2016; Duignan, 2019; Pavlović, 2019; Pavlović, 2021). It is especially suitable for exploring individual and interpersonal aspects of relationships (Hogan and Smithers, 2001). The key concepts of PCP for this research are sociality, which is central to understanding relationships (Kelly, 1991a), commonality, which represents the extent to which people's construction processes are similar (Jankowicz, 2004), and relationality, which addresses the construing of relationships (Procter, 2014; Procter, 2016a). The suitability of PCP for this research is discussed in Section 3.2.

For data collection, this study uses an open-ended question and the Repertory Grid Technique (Kelly, 1991a). The collected data are analysed both qualitatively and quantitatively. Specifically, the bootstrapping method and Honey's (1979) content analysis are used to categorise qualitative data. Structural analysis methods and measures of agreement are used to analyse quantitative data. The methods used for data collection and analysis, the rationale for their use, and the details of their application are described in Chapter 3. The research design frames the specific aims and objectives of this research, which are explained in the next section.

1.6   Aim and Objectives

This section gives an overview of the aims and objectives of this research.

The purpose of this research is to explore a deeper understanding of what constitutes effective coaching relationships in health coaching and employment service that foster

coaching success. In this research, the term 'effective' is defined as fostering active and constructive participation in health coaching/ employment services, while 'health coaching success' is defined as improving client life situations related to life and health conditions and increasing their employability. 'Success of employment service coaching' is defined as reintegration in the labour market.

Although there has been progress in understanding the coaching relationship, the state of related research is still in its infancy, and much more research is needed to understand the coaching relationship deeply in different contexts (Whybrow and Palmer, 2019). Furthermore, Gyllensten and Palmer (2007), Stern and Stout-Rostron (2013), and de Haan and Gannon (2017) point out that the coaching relationship is under-researched compared to other developmental relationships and that our understanding of what makes effective (health) coaching relationships is still deficient.

This research aims to contribute to closing this gap in the specific contexts of health coaching and employment service coaching for long-term unemployed people experiencing health restrictions.

The specific objectives of this research are:
- To explore how health coaches/placement officers and coaching clients construe characteristics of effective (health) coaching relationships.
- To investigate the commonalities and differences in the constructions of effective coaching relationships between (health) coaches and (health) coaching clients.
- To investigate the commonalities and differences in the constructions of effective coaching relationships in health coaching and in employment service coaching.
- To examine the extent of agreement (consistency) in evaluating what makes effective (health) coaching relationships for the different participant groups.

These objectives give the study high relevance. The specific contributions it makes to the theory and practise of Coaching Psychology are described below.

1.7 Research Contribution

This section details the specific theoretical, methodological, and practical contributions of this research.

This research makes a theoretical contribution, where theory is defined as '[…] a statement of concepts and their interrelationships that shows how and/or why a phenomenon occurs' (Corley and Gioia, 2011, p. 12). A theoretical contribution advances

our understanding of such concepts and relationships. For significance, a theoretical contribution must bring originality, but also utility for practise (Corley and Gioia, 2011). There is no universal and interdisciplinary definition of originality (Baptista *et al.*, 2015). Although originality is defined in the natural sciences as the production of new knowledge and theories, its definition in the social sciences and humanities is broader: the use of a new approach, method, theory, or data, the study of a new topic, research in an understudied area, or the generation of new knowledge can signify originality (Guetzkow *et al.*, 2004, p. 190).

The theoretical contribution of this research is original because it extends our understanding of what makes effective coaching relationships in two previously unexplored coaching contexts: innovative health coaching as part of a model project fostering employability and employment service coaching. The results of the Systematic Literature Review (SLR) conducted for this research lead to reasonable doubt that the characteristics that have been associated with effective coaching relationships in other coaching fields can be applied to the (health) coaching relationship in the context of long-term unemployment. Therefore, this research shows originality in testing previous assumptions about what contributes to effective coaching relationships in new fields of research.

Furthermore, the SLR shows that previous studies predominantly investigated what the coach can contribute to the coaching relationship, although therapeutic research points to the importance of relational aspects. Therefore, this study is original in focussing on both parties in the coaching relationship. As no specific theory of the coaching relationship exists to date (Henderson and Palmer, 2021), the findings of this study provide a valuable building block for the development of any such theory, which means that they are of scientific utility.

Additionally, the SLR finds that Personal Construct Psychology has not been used much in the exploration of the coaching relationship. Therefore, this research makes a methodological contribution to Coaching Psychology in evaluating its utility as a framework for research of the coaching relationship.

The practical contribution of this research is that the development of effective coaching relationships ensures that coaching clients do not experience negative coaching effects or suffer harm. The coaching relationship is a central factor that influences positive and negative coaching effects (Schermuly and Graßmann, 2018), the latter of which have

hardly been researched to date. Additionally, establishing effective coaching relationships is relevant for changing health behaviour and thus coaching success. The findings of this study can inform coaching practise and thus help create more effective (health) coaching relationships.

Completing the Introduction chapter, the next section gives a short overview of the thesis structure.

1.8 Thesis Structure

This section outlines the structure of the thesis.

Chapter two presents an overview of related concepts to the coaching relationship and their generalisability, as well as a systematic integrative literature review of the coaching relationship literature, followed by a critical synthesis leading to the formulation of research questions.

Chapter three discusses the adopted methodology, including the philosophical position and theoretical framework that inform the design of the main study, as well as the design and results of the pilot study. The ethical aspects of this research are considered.

Chapter four presents the results of the main study, which are discussed in Chapter five.

2. Literature Review

This chapter summarises the development of coaching relationship research and provides a systematic review of the relevant literature.

A first systematic literature search for research on the (health) coaching relationship in the context of employment promotion revealed that this topic has not been investigated so far. Therefore, for the Systematic Literature Review SLR presented in Section 2.3 an evidence-based approach is chosen, which means drawing on knowledge from related research fields (Stober and Grant, 2006). In addition to research on the coaching relationship, the (SLR) also includes research on the therapeutic working alliance and other helping relationships. Since both health coaching and job placement coaching in the present study are individual coaching, the focus in the following is on dyadic relationships.

The next section includes a rationale and a discussion of possibilities and limitations of the generalisability of research findings on the therapeutic working alliance to coaching relationship research and their relevance to this research. This is followed by a section on the coaching relationship and a section that includes the documentation and presentation of the SLR.

2.1 Therapeutic Alliance and its Generalisability to the Coaching Relationship

This section discusses the therapeutic alliance and its generalisability to the coaching relationship.

Coaching research draws on insights about other helping relationships, particularly the therapeutic alliance (de Haan, 2008c; de Haan and Sills, 2012; de Haan and Gannon, 2017) since established literature in related research areas often provides the most current and best knowledge for evidence-based coaching (Stober and Grant, 2006). 'This means coaches and coaching psychologists drawing upon multiple sources of knowledge bases including coaching-specific research, the coach's own expertise, client preferences and, often, the theories and techniques adapted and contextualized from allied domains in the whole spectrum of the psychological endeavour' (O'Broin and Palmer, 2019, p. 473).

The coaching relationship (van Woerkom, 2010; O'Broin and Palmer, 2012; Passmore and Sinclair, 2020), as the therapeutic relationship (Rogers, 1958), belongs to the helping relationships. The helping relationship in therapeutic and other helping contexts can be defined 'as one in which one of the participants intends that there should come about, in

one or both parties, more appreciation of, more expression of, and more functional use of the latent inner resources of the individual' (Rogers, 1958, p. 6). A common feature of all helping relationships is that a working alliance is formed, which consists of a bond between the helping person and the client, and a mutual agreement on goals to be achieved; see, e. g., Bordin (1979) and Gessnitzer and Kauffeld (2015). However, the nature of the working alliance differs between different types of helping relationships due to specific processes and roles associated with each helping relationship (Bordin, 1979). A developmental alliance in terms of Personal Construct Psychology (PCP) can be defined as a relationship 'between equals in which one or more of those involved is enabled to: increase awareness, identify alternatives and initiate action (and) to develop themselves' (Hay, 1995, p. 3).

The origins of the exploration of the therapeutic alliance lie in the early work of Sigmund Freud. Advancing from previously dominant passively experienced cathartic therapy (Kanzer, 1981), Freud states that 'we make the patient into a collaborator' (Breuer and Freud, 1893-1895, p. 282), and that 'the analytic situation consists in our allying ourselves with the ego of the person under treatment' (Freud, 1937, p. 235). He develops the concept of the analytic pact (Freud, 1937; 1940), which represents the therapeutic alliance that comes about in the course of the mutual tasks imposed by the standard conditions (Kanzer, 1981, p. 74).

2.1.1 The Therapeutic Working Alliance

Drawing on Greenson (1967), Bordin (1979) proposes that the therapeutic working alliance constitutes the key element in any kind of helping relationship, as well as the universal applicability of the concept. Thus, Bordin (1979); (1994) creates a cross-theoretical framework that can be used to assess the type of cooperation and goal orientation of coaching that is optimal for the respective client, regardless of the coach's conceptual approach (O'Broin and Palmer, 2019). The strength of the alliance, which depends on the compatibility of the therapist and the patient, is seen as more important than the kind of alliance (Bordin, 1979). The theory of the working alliance contains two basic assumptions. Firstly, it assumes that the working alliance is an exchange-based and reciprocal relationship, and secondly, that the working relationship measures the degree to which coach and client work purposefully and cooperatively (Bordin, 1979; 1994).

Bordin (1979) identified three characteristics of collaborative goal-directed work that can be applied in the coaching context (O'Broin and Palmer, 2019): agreement on coaching

goals with an appropriate commitment to achieving these goals, cognitive and behavioural aspects referring to coaching-related tasks, and bonds in the sense of the connection between coach and client, including respect, trust, and liking (O'Broin and Palmer, 2019).

More recent definitions describe the alliance as 'the collaborative and affective bond between therapist and patient' (Martin *et al*., 2000, p. 438) or 'the degree to which the patient experiences the relationship with the therapist as helpful or potentially helpful in achieving the patient's goals in psychotherapy' (Luborsky and Luborsky, 2006, p. 63). There is a general consensus that the alliance consists of cooperative, interactive relational elements, including the therapist-client ability to engage with the goals of therapy and its tasks within a positive affective connection framework (Wenzel, 2021).

In the process of socialisation to a therapeutic model, the therapist and patient negotiate a shared understanding or formulation of a problem and the reasons for therapy (Daniels and Wearden, 2011). Parallels become apparent with Bordin's (1979) active elements and the first two themes of Martin et al. (2000), as well as Kelly's (1991a) Sociality and Commonality Corollary, which form the basis for the development of shared understanding.

The value of the working alliance and its influencing factors have been investigated in the psychotherapeutic context for decades (Luborsky and Luborsky, 2006). Therefore, it is the most extensively researched construct of the therapeutic relationship in the context of helping relationships (Flückiger et al., 2018; Wenzel, 2021). Because of its generalisability, it is suitable as a reference framework for research on the coaching relationship.

2.1.2 *Client-Therapist Relationship in Personal Construct Psychology*

The assumptions of PCP, which is the theoretical framework for this study (see Section 3.2 for a detailed explanation), on the therapeutic relationship are transferable to the coaching relationship. PCP can be regarded as a 'robust theoretical framework for coaching psychologists' (Pavlović, 2021, p. 24). Indeed, Stojnov and Pavlović (2010) and Pavlović (2021) see the transfer from Personal Construct Therapy to Personal Construct Coaching as a kind of backward turn, since coaching principles have been the basis for Personal Construct Therapy even before the term coaching became more widely known.

In PCP, the therapist-client relationship is conceptualised as a role relationship, which, according to the Sociality Corollary, begins to emerge as the therapist establishes a role for himself/herself in relation to the client (G. A. Kelly, 1991a) and when therapist and client try to interpret the construction processes of the other person (Fransella and Dalton, 2000). The success of role relationships depends on the extent to which the participants are aware of and understand mutual significant events (Jankowicz, 2004). An important point here is that people do not need to employ the same constructs but they need to interpret the construing of the other effectively regardless of whether they construe events the same way themselves or indeed whether they personally agree with or reject the constructs of the other person (Kelly, 1991a; Jankowicz, 2004). This implies that sociality also includes an element of distancing (Jankowicz, 2004), in the case of this research, professional distancing as the coaching relationship is a professional relationship. As listening means commitment, therapists should only allow patients to confide in them to the extent that they are willing to take responsibility for ensuring that the person confiding in them does not come to harm (Fransella and Dalton, 2000).

In line with the assumption of 'man as scientist', G. A. Kelly (1969b) understands the counselling relationship as a scientific activity and the counselling setting as an experimental situation. The notion of man-the-scientist is a particular abstraction of humanity as a whole, rather than a concrete classification of particular people, as Kelly (1991, p. 4/5) refers to aspects of humanity rather than groups of people. Kelly proposes to replace the concrete idea that scientists are distinguished from nonscientists and that each person is a scientist in their own way. He introduces the assumption that the aim of man the scientist is to predict and control the course of events with which he is concerned and that the differences between the personal views of different people correspond to the differences between the theoretical views of different scientists (Kelly 1991a, p. 5).

Consequently, the counselling relationship in PCP consists of equals working on the same problem. The client has the answers, not the counsellor, who merely tries to help the client work constructively with his answers and potentially make them reality in his life. The degree of equality in the relationship is determined by influences of power and control (Fransella and Dalton, 2000).

PCP views the role of the therapist in the therapeutic relationship as follows: 'The role of the psychotherapist involves keen alertness to what the client expects from psychotherapy and the initial acceptance of a wide variety of client misperceptions of what psychotherapy is. It involves subsuming the client's personal constructs and at the same

time accepting them. It involves a set of professional values that make the life of the clinician worth living for its own sake. Finally, it involves certain ethical obligations that transcend mere legal status' (G. A. Kelly, 1991b, p. 44). This means that for therapists to assume a role in relation to the client, it is necessary to try to understand (subsume) the client's psychotherapy construction to use it, respectively, which requires them to reproduce it with a certain stability (G. A. Kelly, 1991b). The therapist also constantly reflects on how client's constructions of his own and the therapist's role change in order to establish and maintain a therapeutic relationship in which the client can feel safe to experiment with alternative constructions (G. A. Kelly, 1991b).

Fixed-role therapy is a sophisticated therapeutic technique developed by Kelly (1991a; 1991b) that mirrors the principles of the client-therapist relationship in PCP and can be seen as a way of encouraging the client to experiment with possible new ways of construing through modified behaviour. In its traditional form, it involves the client embodying a new role that is represented in a character sketch written by the therapist, usually informed not only by previous conversations with the client, but also by a self-characterisation written by the client (Procter and Winter, 2020, p. 168). Kelly delineated six considerations that the therapist should be mindful of when writing the sketch (Procter and Winter, 2020, p. 172): (1) Acceptance of the client and development of a major theme rather than correcting faults. (2) Use of contrasts expressed in constructs orthogonal to client's main construct dimensions to introduce new constructs relatively independent of the initial area of concern. (3) Setting ongoing processes in motion by use of more permeable constructs, including the indication that the new constructs introduced could be applied in a range of situations. (4) Presentation of hypotheses, which are testable in the normal social environment of the client. (5) Provision of constructs enabling the construing of others' construction processes. (6) Protection of 'make-believe' in giving the character a playful name and avoiding explicit comparisons with the client.

2.1.3 *Commonalities and Differences in Therapeutic and Coaching Relationships*

The great psychotherapy debate by (2001) has confirmed that therapeutic interventions have a comparable effectiveness with psychiatric medicine and that different psychotherapeutic approaches do not differ in terms of their effectiveness (de Haan, 2008c; de Haan and Sills, 2012). Based on this finding, it has been argued that the relationship is a central feature in terms of a 'common factor' of all personal and professional help approaches and that coaches can benefit from addressing the relationship perspective (de Haan and Gannon, 2017). 'Common factors have to do with

the setting […], with a client's desire to be helped […], with the coach […] and finally with the relationship […]' (de Haan and Sills, 2012, p. 5). In psychotherapy research, the relationship dimension is usually measured using variants of the working alliance inventory by Horvath and Greenberg (1989) (O'Broin and Palmer, 2010a; Kemp, 2011; Gessnitzer and Kauffeld, 2015; de Haan and Gannon, 2017). Coaching research to date has focused more intensely on the coach, although research findings from therapy and counselling emphasise the relational dynamics in the dyad (de Haan and Gannon, 2017).

Similarities between the therapeutic and coaching relationship are related to the importance of the relationship, the role of the helper in the helping process, and the importance of the client's commitment (Machin, 2010). The differences between coaching and therapy lie in different emphases, are rather small in practise, and there may be more differences between the variety of theoretical therapy approaches than between coaching and therapy (de Haan, 2008c; Machin, 2010). Similarities between the most common working methods and approaches are so close that functional similarity can be assumed and the most important research findings from the therapeutic field can be transferred to coaching (de Haan, 2008c; Machin, 2010).

Despite this functional similarity, the coaching relationship has some specific characteristics compared to the therapeutic relationship. The working alliance functions differently depending on the respective helping relationship (Bordin, 1979). The coaching relationship is perceived as more collegial (Levinson, 1996; Tobias, 1996), more equal and collaborative (Grant and Cavanagh, 2004), and there is less need for the client to disclose very personal details about themselves (Saporito, 1996; O'Broin, 2016). In addition, power dynamics differ between the therapeutic and coaching relationship (O'Broin and Palmer, 2009), and differences in the areas of end purpose, client expectation, initial motivation, possible outcome, context, and theoretical basis are highlighted (Machin, 2010). The coaching context is not about pathological problems of the client (Kets de Vries, 2005). Coaches and therapists have different training and professional experience, and coaching and therapy take place in different places, with different duration and frequency (Machin, 2010). While therapy focusses more on healing or recovery, coaching is more work-centred and targeted at personal or professional development (Jowett *et al.*, 2012; Grant and Green, 2018). It is assumed that the therapeutic context forges stronger bonds, trust, and emotional attachment (Bordin, 1979; Ackerman and Hilsenroth, 2003), while goal- and task-related relationship aspects seem to be more significant in coaching (de Haan et al., 2016; Grant and Green, 2018;

Whybrow and Palmer, 2019). This is an interesting aspect for this research, as many of the client participants do have pathological problems that affect coaching, which aims to foster positive health-related behaviour or reintegration into the labour market.

The therapeutic working alliance has been established by de Haan (2008c) as a theoretical framework for research on the coaching relationship (Baron *et al.*, 2011; Gessnitzer and Kauffeld, 2015). Generalisations from psychotherapy to coaching can be justified on the assumption of sufficient functional similarity to each other, as both interventions are based on a very similar process of building and maintaining interpersonal interactions between the therapist/coach and the client, and they both aim to facilitate behaviour change (Smither, 2011; Graßmann *et al.*, 2020). Although there are warnings against mixing the concepts of the coaching alliance and the coaching relationship, many studies use the coaching alliance as a proxy for the coaching relationship, as evidenced by the frequent use of the working alliance inventory (de Haan and Gannon, 2017, p. 212).

For a more detailed discussion of the similarities and differences between the therapeutic relationship and the coaching relationship, see, e. g., Bluckert (2005b), (Kemp, 2008b), McKenna and Davis (2009), and Gessnitzer and Kauffeld (2015). An introduction to the concept of the coaching relationship is provided below.

2.2 The Coaching Relationship

This section includes conceptual definitions of the coaching relationship and addresses challenges related to the relevant terminology. This is followed by an overview of the phases of the coaching relationship and a placement of the coaching relationship within the impact factors for coaching success. This section serves as an introduction to the topic of the coaching relationship for the SLR presented in Section 2.3.

Just as there is no homogeneous definition of coaching (Grant, 2012; 2021), there is no unanimous definition of the coaching relationship (O'Broin and Palmer, 2019). What helps is that for about 15 years there has been a consensus in general relationship research about the definition of the term 'relationship'. The nature of a close relationship is defined by the interactions between the relationship partners, which are characterised by mutual influence (Reis, 2007). Parallels to established coaching relationship definitions emerge; however, different definitions emphasise different aspects of the coaching relationship.

The interpersonal chemistry and characteristics of the coaching dyad are emphasised in executive coaching research: 'The coaching relationship was defined as the chemistry and

characteristics that exist between an executive and the external professional coach who has been engaged to work with the executive for the purpose of leadership development' (Alvey and Barclay, 2007, p. 19).

Kemp (2008b, p. 32) highlights the mutual influence of coach and client and defines the coaching relationship as 'directionally influential helping dynamic that is established between two unique psychological entities; the coach and the client'.

Another definition emphasises challenges and support in the coaching relationship (Hawkins and Schwenk, 2010). It has been defined as a 'complex and adaptive system' (Cavanagh and Grant, 2006, p. 155), which is 'associated with specific features like the use of the self of the coach and the commitment of the coachee' (de Haan and Gannon, 2017, p. 196).

With an emphasis on the quality of the relationship, O'Broin and Palmer (2008, p. 305) postulate that 'the coaching alliance reflects the quality of the [coachee's] and coach's engagement in collaborative, purposive work within the coaching relationship, and is jointly negotiated and renegotiated throughout the coaching process over time.' Another definition of O'Broin and Palmer (2008, p. 295) highlights contributions of coach and client and describes the coach-client relationship as 'a unique, co-created, evolving relationship comprising the coaching alliance plus additional client and coach contributions.'

In Personal Construct Coaching, the coaching relationship has been defined as a 'collaborative research project with the aim to create new hypotheses and personal theories' (Stojnov and Pavlović, 2010, p. 132). Following the metaphor of 'man as scientist', the metaphor 'credulous conversations' is used for the coaching relationship (Stojnov and Pavlović, 2010, p. 133).

2.2.1 Terminology

The fact that there is no homogeneous definition of the coaching relationship is aggravated by the fact that various general to specific meanings for the term coaching relationship are used in parallel with different definitions. Thus, the term can be representative of the entire coaching process, mean a general or 'common' factor of coaching or even a component of the coaching relationship, for example, the working alliance. Other examples include its use as a descriptor of rapport, other interpersonal

features of the coaching relationship, or as a combination of one or more of the meanings just listed (O'Broin and Palmer, 2019).

Therefore, the terms therapeutic relationship, counselling alliance, and therapeutic (working) alliance, as well as coaching relationship and coaching (working) alliance, are used synonymously to reflect the mixed terminology of the studies that have investigated the broad concept of helping relationships.

2.2.2 *Phases in the Relationship*

Although the coaching relationship spans different phases, there is a general consensus in the Coaching Psychology literature about the importance of an early focus on the coaching relationship (de Haan and Gannon, 2017).

There are certain issues that need special attention at the beginning and end of the relationship, and others that are relevant throughout the coaching relationship (Cox, 2010; Ianiro et al., 2013). Issues at the beginning include, e. g., potential concerns of the client about questioning their person and motives (de Haan and Gannon, 2017), as well as fear that they and their problems will be taken seriously (Bluckert, 2005a; Ianiro *et al.*, 2013). To address these concerns, it is important that coaches are aware of their verbal and non-verbal behaviour and demonstrate credibility (de Haan and Gannon, 2017) at the beginning and each session throughout the coaching relationship (Cox, 2010; Gessnitzer and Kauffeld, 2015).

The termination of coaching relationships has received little attention in research so far (de Haan and Gannon, 2017). The coach and client may experience intense feelings despite knowing that the coaching relationship is ending (Cox, 2010). 'If the ending is not discussed, planned and celebrated and the relationship is left to fade or to end abruptly without closure, then the potential for marking achievement and fully integrating changes may be lost' (Cox, 2010, p. 179). These effects can influence the subsequent developmental activities of the coach and the client (de Haan and Gannon, 2017).

Stojnov et al. (2011, p. 5) have postulated five phases of the *Personal Construct Coaching process*, which are often overlapping and circular rather than linear, including (1) negotiating goals; (2) exploring personal and organisational theories; (3) facilitating elaborative conversations; (4) experimentation; and (5) evaluation.

2.2.3   The Coaching Relationship as Active Ingredient in Coaching

There is now a large body of research on the effectiveness of coaching, which is reflected in the change in research focus in the Coaching Psychology literature away from the question 'Does coaching work?' towards 'How does coaching work?' (O'Broin and Palmer, 2019).

Drawing on findings from research on the effectiveness of therapy and counselling (McKenna and Davis, 2009; Horvath *et al.*, 2011), the importance of further research to identify 'active ingredients' of coaching has been emphasised and suggested (Smither, 2011). The coaching relationship can be understood as an active agent of coaching (de Haan et al., 2013; 2016). While different conceptual approaches to coaching interpret the nature and role of the coaching relationship differently, there is a basic consensus that an effective and positive working relationship is a prerequisite for successful coaching (O'Broin and Palmer, 2019).

In a study by McGovern et al. (2001) 84 percent of client participants describe the coaching relationship as fundamental to coaching success. Evidence indicates that the quality of the coaching relationship is more important than any explicit coaching technique or intervention type (Gyllensten and Palmer, 2007). A study by de Haan (2008c) supports this assumption by finding no significant differences in the effectiveness of coaching techniques. Significant associations have been found in coaching relationship research between the perceived quality of the working alliance by clients and coaching success (Baron and Morin, 2009; de Haan *et al.*, 2013; 2016) as well as the quality of the alliance perceived by coaches and coaching outcomes (Gessnitzer and Kauffeld, 2015; de Haan et al., 2016). A large-scale study in executive coaching finds correlations between the quality of the working relationship perceived by the coach and the client, as well as between the self-efficacy of the client and the perceived effectiveness of the coaching (de Haan *et al.*, 2016). The ability to build and maintain working relationships is emphasised as essential for coaching success (Ellam-Dyson *et al.*, 2019).

Certain relationship processes and aspects can predict the degree of coaching success (O'Broin and Palmer, 2019). An investigation of the four relationship aspects 'autonomy support', closeness to an 'effective relationship', 'goal-oriented relationship' and 'relationship satisfaction' as predictors of goal achievement in terms of coaching success finds that the first three predict coaching outcomes, whereas 'relationship satisfaction' does not (Grant, 2014). Client perceptions of rapport, trust, and commitment have been

reported to predict coaching outcomes such as satisfaction with the coaching programme (Boyce *et al.*, 2010). Furthermore, research of different coaching relationship styles shows that a goal-orientated coaching relationship style is significantly more effective in terms of coaching success than an autonomy-supportive style (Grant, 2014). In terms of coach-client agreement on the tasks and goals of the coaching relationship, only client agreement is found to have a positive association with coaching success, while coach agreement is negatively associated (Gessnitzer and Kauffeld, 2015).

However, there is little research on potential moderators or mediators on the therapeutic relationship (Flückiger et al., 2012). Exceptions are the studies by Baron and Morin (2009), who find a mediating role between the number of coaching sessions and client self-efficacy (as a success criterion), and Boyce et al. (2010), who report that relationship processes moderate both the relationship between coach-client compatibility and coaching success, and between credibility and coaching outcome. Further research is needed to develop a better understanding of the direct role of the coaching relationship and the complexities of the mediating effects of the coaching relationship in coaching (O'Broin and Palmer, 2019).

There are also contradictory findings on the importance of a high-quality coaching relationship. For example, results of a study by Behnke et al. (2010b) show that the short- and medium-term reemployment chances of unemployed clients are higher when their case managers (job coaches) put less focus on a cooperative and harmonious working relationship. Positive effects on reemployment from less accommodating case managers are mediated more by power-associated aspects of coaching, such as sanctions and reemployment than by particularly effective components of labour market programmes (Huber et al., 2017). This finding is relevant for this research, as the health coaches and placement officers, just like the caseworkers in the Huber et al. (2017) study, have a dual role of coaching their clients and placing them in employment. These roles can often conflict with each other, leading to very different attitudes among caseworkers, some seeing the focus of their role as supporting their clients and others would take action against the person's will (Behnke et al., 2010b).

Furthermore, a recent study reports no connection between the coaching relationship and coaching effectiveness (de Haan et al., 2020), indicating that the link between the coaching relationship and coaching success needs to be further explored.

2.3 Systematic Literature Review

This section presents the documentation and results of a systematic review of the literature related to the coaching relationship and other helping relationships.

An initial systematic search of the literature on health coaching relationships in relation to employment support revealed that this field has not been investigated to date. Therefore, the Systematic Literature Review (SLR) includes research on the therapeutic relationship, the helping relationship in health social work, and research on the relationship in job placement in addition to coaching relationship research in the sense of an evidence-based approach as reasoned in Section 2.1. This also includes the assumption of functional similarity of these helping relationships.

Although the research philosophy chosen for this study is constructive alternativism (see Section 3.1), the SLR considers studies with different philosophical approaches ranging from positivism to phenomenology. The following subsection reports the SLR documentation before the results are presented in Subsections 2.3.2 and 2.3.3.

2.3.1 Systematic Literature Review Documentation

A SLR serves to situate a proposed study within the current state of research (Shaffril et al., 2021). Applying transparent and replicable processes, the aim of the SLR is to extensively identify, critically appraise, and synthesise related literature (Higgins *et al.*, 2011). There are two general forms of SLR (Xiao and Watson, 2019):

a) Stand-alone reviews aiming to understand existing literature through aggregation, explanation, interpretation, and/or integration (Rousseau *et al.*, 2008), and

b) reviews as background for empirical studies serving as justification for research design decisions, providing theoretical background and/or serving to identify research gaps (Templier and Paré, 2015).

In this research, the SLR serves as outlined in b). More specifically, an integrated review (Sobrido Prieto and Rumbo-Prieto, 2018, p. 391) is carried out, which combines the results from different sources of quantitative and qualitative information and includes the results in a new mixed-method review. In a second step, an interpretative synthesis is conducted to critically review the results of the integrated SLR. This is suitable for the present research due to the epistemological fit and the underlying assumption of interpretive synthesis that 'there is no shared reality independent of multiple alternative human constructions' (Barnett-Page and Thomas, 2009, p. 5).

2.3.1.1 Review Guideline

The SLR was conducted following seven steps proposed by Shaffril *et al.* (2021, p. 3), which are displayed in Table 2.1.

Table 2.1 Steps of the SLR (Shaffril et al. 2020, p. 3).

Steps of SLR	
1)	Development of the Review Protocol
2)	Formulation of research questions guiding the SLR
3)	Systematic search strategies
4)	Quality Appraisal
5)	Data Extraction
6)	Data Synthesis
7)	Data Demonstration

Other guidelines exist for the preparation of an SLR; see, e. g., Xiao and Watson (2019) and Cajal *et al.* (2020). The Shaffril *et al.* (2021) were chosen because they begin by developing a review protocol with reference to available guidelines, rather than formulating research questions as a first step. This approach can help plan and include key aspects of the research in the SLR and enables the production of a transparent, transferable, and replicable review (Mengist *et al.*, 2020). Furthermore, this approach can help develop effective and comprehensive research questions, conduct search efforts systematically and strategically, establish appropriate inclusion and exclusion criteria, conduct rigorous quality assessment, approach data extraction processes and data synthesis strategically, and present appropriate review data (del Amo *et al.*, 2018).

The development of the review protocol includes the scope and selection of databases for the search. It was based on Gusenbauer and Haddaway (2020), who recommend the use of 14 databases (ACM Digital Library, BASE, ClinicalTrials.gov, Cochrane Library, EbscoHost, OVID, ProQuest, PubMed, ScienceDirect, Scopus, TRID, Virtual Health Library, Web of Science and Wiley Online Library). Google Scholar, Google Engine search, and Microsoft academics were used as supporting databases; They are not suitable as leading databases (Shaffril *et al.*, 2021) because there are problems related to lack of quality control and advanced search features, among others (Houshyar and Sotudeh, 2018). In addition to the database search, a manual search was performed using hand-picking, reference searching, and citation searching as recommended by Shaffril *et al.* (2018).

The selection of the search functions was based on Shaffril *et al.* (2021), who recommend phrase searching and field code functions in addition to the Boolean operator search.

The timeline of the SLR includes articles published between 1850 and 2021. This interval considers that the exploration of the (health) coaching relationship is a relatively young field, and consequently not many studies on the coaching relationship exist. Therefore, it considers earlier research on helping relationships and the therapeutic relationship.

Inclusion and exclusion criteria for the SLR are determined, which are summarised in Table 2.2.

Table 2.2 Inclusion and Exclusion Criteria for the SLR.

Inclusion Criteria	Exclusion Criteria
Publications between 1850 and 2021	Publications before 1850
Research articles, books, book chapters, conference papers	Grey literature (e.g., unpublished work)
Work with medium- and high quality	Very-poor quality work
Publications with adult or youth target groups	Publications with children as a sample/target group
Publications related to the coaching relationship in general, in organisational coaching, leadership coaching, executive coaching, job coaching, workplace coaching, health coaching, and other health settings.	Publications related to other research fields; Publications related to sport coaching
Publications related to the relationship in physician-patient dyads, in counselling in general, therapy-counselling, psychiatry, and career counselling	Publications related to training, relationships in child therapy, family therapy, group and couple therapy, and mentoring relationships
Publications related to the helping relationship in social work in health contexts	Publications related to the relationship in social work with homeless persons or offenders
Publications in English	Publications in any other language than English

2.3.1.2 Research Questions Guiding the SLR

As an evidence-based approach was adopted for the SLR, see Section 2.1, the research questions developed to guide the SLR were formulated rather broadly to consider research with different research positions and theoretical backgrounds. As these research questions form the basis for the conduction of the SLR, they also lay the foundation for the subsequent formulation of more specific research questions for the empirical part of this research, which were developed based on the findings of the SLR (see Section 2.4).

- What is the current state of knowledge on the factors that contribute to effective coaching relationships in general and in specific domains (leadership coaching, organisational coaching, executive coaching, job coaching, workplace coaching and health coaching)?

- What is the current state of knowledge on the factors that contribute to effective relationships in therapy/coaching in general and in specific domains?

- What is the current state of knowledge regarding the factors that contribute to effective helping relationships in social work and in employment service?

2.3.1.3 Systematic Search Strategies

The SLR was conducted using the search terms displayed in Table 2.3 (synonyms found with thesaurus.com).

Table 2.3 Search Terms Used in Data Base Search in the SLR.

Search Terms Used in Data Base Search	
Coaching	Job coaching
Coaching psychology	Workplace coaching
Counselling/Counseling	Organisational/Organizational Coaching
Job placement	Leadership coaching
Therapy	Executive coaching
Employment service	Employability coaching
Jobcenter case management	Constructivist coaching
Health coaching	Personal construct coaching
Health support	Coaching relationship
Health promotion	Working relationship
Health counselling/counseling	Working alliance
Health aid	Helping relationship
Health assistance	Helping alliance
Employment coaching	

A general search string was developed and slightly adapted for each data base:
(coaching OR 'coaching psychology' OR counselling OR therapy OR job placement OR employment service OR 'jobcenter case management' OR 'health coaching' OR 'health support' OR 'health promotion' OR 'health counselling' OR 'health counseling' OR 'health aid' OR 'health assistance' OR 'employment coaching' OR 'employability coaching' OR 'job coaching' OR 'workplace coaching' OR 'organisational coaching' OR 'organizational coaching' OR 'leadership coaching' OR 'executive coaching' OR 'constructivist coaching' OR 'personal construct coaching' OR 'PCP coaching' OR 'employment officer' OR 'labour broker') AND (relationship OR 'coaching relationship' OR 'working relationship' OR 'working alliance' OR 'therapeutic relationship' OR 'therapeutic alliance' OR 'training alliance' OR 'counselling alliance' OR 'counselling relationship' OR helping relationship OR helping alliance).

Google Scholar, Google Engine Search, and Microsoft Academics were used for manual forward and backward search. Table 2.4 displays the search terms (used in various combinations).

Table 2.4 Search Terms Used in Manual Search in the SLR.

Search Terms Used in Manual Search	
Health*	'Working alliance'
Coaching	'Helping relationship'
'Health coaching'	'Employment officer'
'Health support'	'Job coach'
'Health promotion'	'Placement officer'
'Working relationship'	'Labour broker'
'Coaching relationship'	'Constructivist coaching'

2.3.1.4 Quality Appraisal

Traditionally, the quality of studies is assessed within the framework of a SLR. Various approaches exist for this, such as the 'hierarchy approach', in which some designs are considered more robust or higher quality than others (e. g., randomised controlled trials versus case-control studies). Specific quality inclusion criteria or quality checklists are also often used to identify and exclude studies that do not meet these (Dixon-Woods *et al.*, 2006).

However, for several reasons these approaches are only suitable to a limited extent for reviews of complex literature; for example, there is no hierarchy in relation to the quality of qualitative study designs, and there is no consensus on the question of whether the quality of studies to be included in an interpretive review should be assessed (Dixon-Woods, 2004). Out of these reasons, this review includes studies that seem relevant rather than research with specific designs or meeting special methodological standards. To identify and exclude only very poor-quality work, the following appraisal prompts by Dixon-Woods *et al.* (2006, p. 4) are used.

- Are the aims and objectives of the research clearly stated?
- Is the research design clearly specified and appropriate for the aims and objectives of the research?
- Do the researchers provide a clear account of the process by which their findings we reproduced?

- Do the researchers display enough data to support their interpretations and conclusions?

- Is the method of analysis appropriate and adequately explained?

This step was carried out by the author of this study without the use of automation tools.

2.3.1.5 Data extraction

An adapted version of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) (Page *et al.*, 2021) flow diagram is used for data extraction. This step was carried out by the author of this study without the use of automation tools. Figure 2.1 shows the data extraction process.
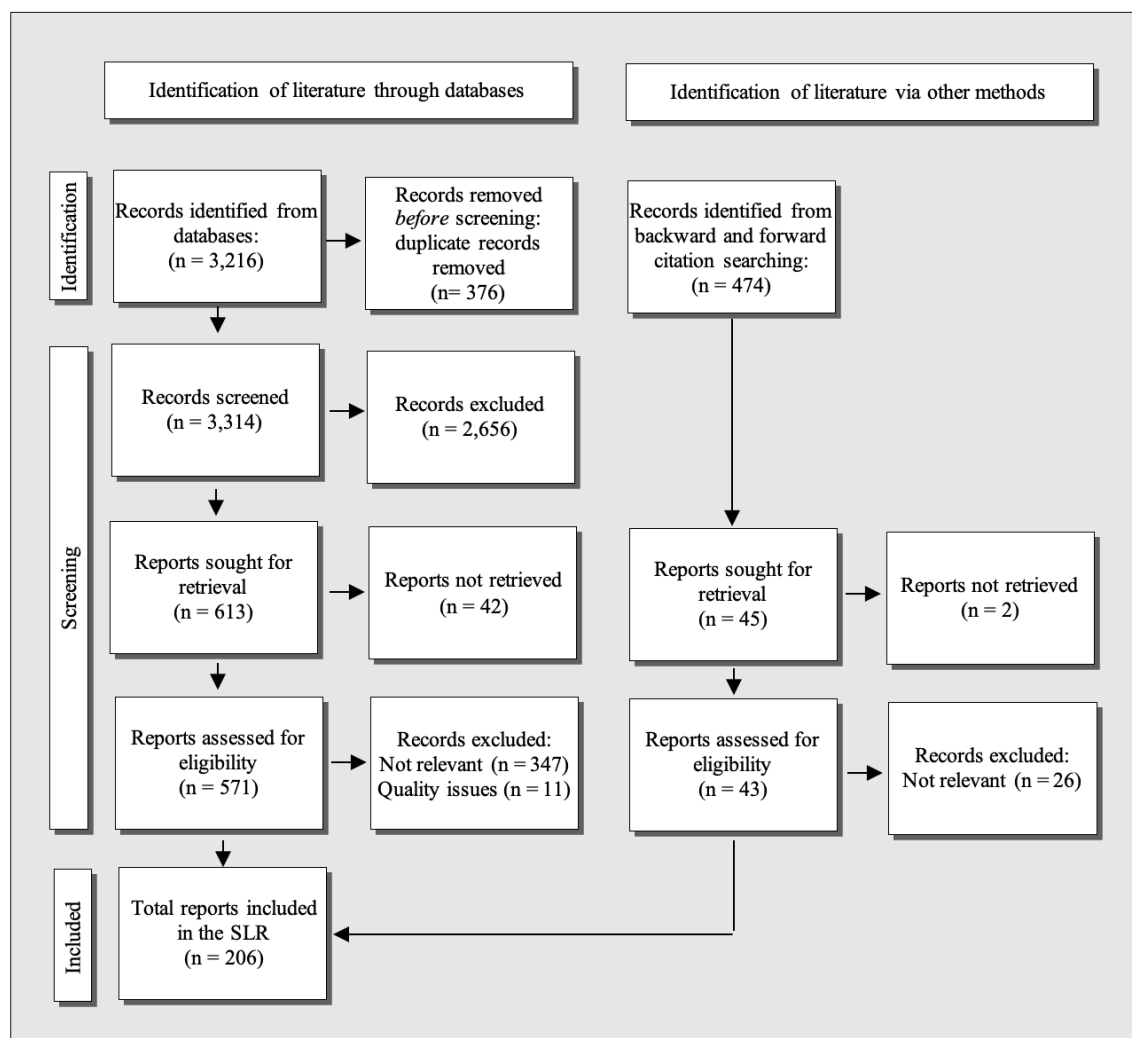
Figure 2.1 Flow Diagram Showing SLR Results (adapted from Page *et al.*, 2021).

2.3.1.6 Data Synthesis and Critical Review

For critically reviewing the SLR results (Sobrido Prieto and Rumbo-Prieto, 2018) a critical interpretive synthesis is conducted (Dixon-Woods *et al.*, 2006).

2.3.1.7 Data demonstration

The results of the SLR are divided into four main areas of influence on the coaching relationship: internal and external factors, as well as individual contributions of coach and client. Figure 2.2 gives an overview of the main areas that influence the coaching relationship.
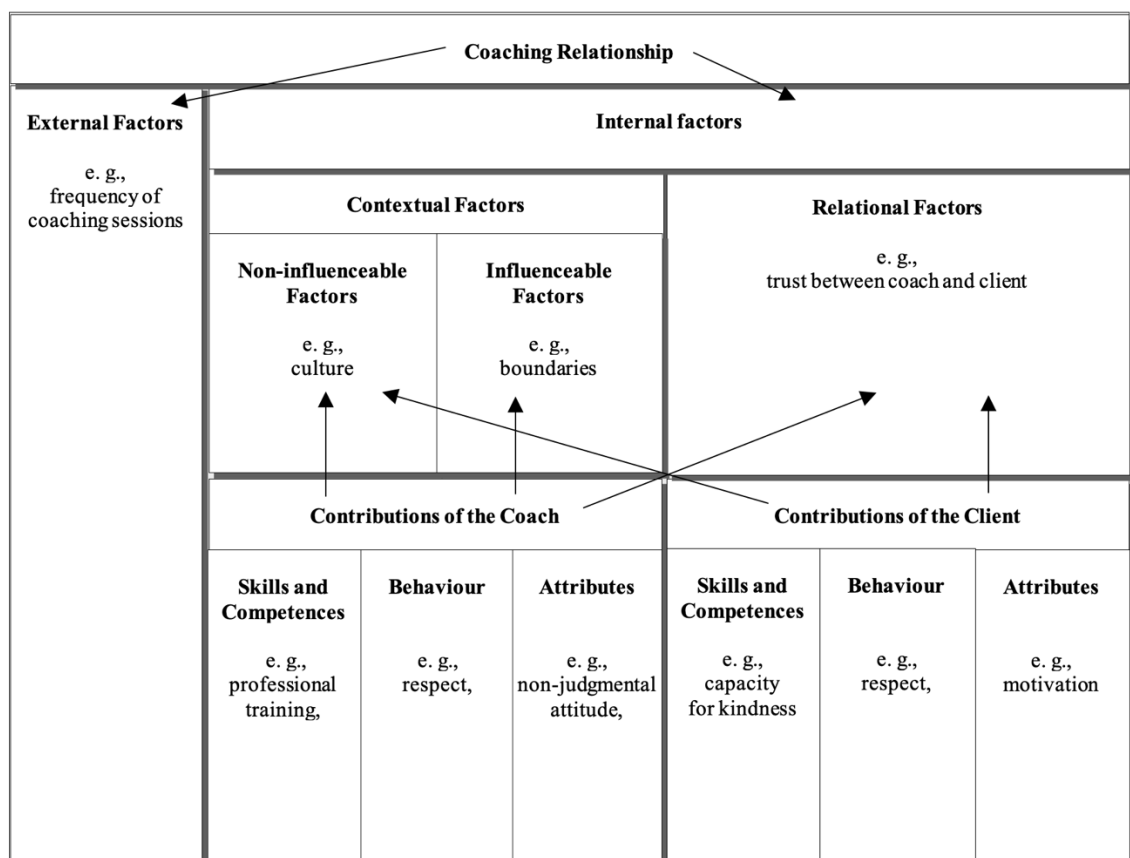
Figure 2.2 Main Domains of Influence on the Coaching Relationship Identified by the SLR.

External factors are not considered in this research and, therefore, are not reported in the SLR. The results of the SLR are divided into contextual and relational factors and in contributions from the coach and client. The results are presented below and related to the theoretical framework of this study (Personal Construct Psychology, see Section 3.2).

2.3.2   Contextual and Relational Factors

There are common findings on contextual and relational factors that impact the working relationship in coaching and therapy. Contextual factors refer to individual factors that

cannot be influenced and are related to the backgrounds of participants, for example, cultural background or gender, but also to influenceable, situational factors of the coaching relationship, such as boundaries. Relational factors, on the other hand, refer to interpersonal aspects, such as trust or the chemistry between the coach and the client. They are reported in this order below.

2.3.2.1 Contextual factors

Individual contextual factors are first reported, followed by situational contextual factors.

Gender is one of the individual contextual factors identified by the SLR. These factors cannot be influenced, but they have an impact on the coaching relationship and should be considered in coaching. Gender is an important factor in human relationships, as it 'is a central aspect of our identity' (Peltier, 2010, p. 278/279). Constructive alternativism assumes that people construe their world, which also applies to their gender. The Individuality Corollary implies that people's construct systems differ from each other (G. A. Kelly, 1991a).

When looking at the gender effects related to helping relationships, inconsistent results are found in the areas of coaching and therapy. There are different views on the effects of same-gender versus opposite-gender coaching dyads (Sparrow, 2006), and the findings on coach-client matching based on gender are still mixed (O'Broin and Palmer, 2019).

This parallels findings in the therapeutic literature (Fernandez-Alvarez *et al.*, 2006; O'Broin and Palmer, 2008). Although therapist gender is an important factor in studies on client preference of therapist gender (Kirshner, 1978; E. E. Jones and Zoppel, 1982; Krieg and Terence, 2016), the results are inconsistent. There are studies that find a preference for same-gender counsellors (Kirshner, 1978). Other studies find a preference for male (Boulware and Holmes, 1970) or female counsellors (Simons and Helms, 1976; E. E. Jones and Zoppel, 1982). Client perceptions of therapist-specific variables such as experience, trustworthiness, flexibility, attention, and warmth can be influenced by the gender of the therapist (Ackerman and Hilsenroth, 2003). A study by Krieg and Terence (2016) finds a significant interaction between dominance, counsellor gender, and working alliance; clients with more dominance-related interpersonal problems show higher working alliance scores with male counsellors. On the contrary, clients with more assertiveness-related problems have higher working alliance scores with female counsellors. Positive associations of the therapeutic relationship are found with same-gender matching of patient and therapist and with female clients (Calsyn et al., 2006;

Urbanoski et al., 2012; Cheng and Lo, 2018). In same-gender therapeutic relationships, higher levels of esteem and congruence suggest that gender-matching facilitates mutual awareness and consistent communication, and that clients' gender-related expectations of therapy should be considered (Cheng and Lo, 2018).

A second individual contextual factor that the SLR finds is the respective *cultural background* of the coach and client. Groups of all kinds (e. g., gender, profession, religion, nationality) have cultures, which means that people's individual identities are a mixture of the group cultures to which they belong. Consequently, culture is an important aspect in the coaching relationship, as cultural differences result in different views of the world (Rosinski and Abbott, 2006). Coaching from a cultural perspective 'can raise awareness of identity and mobilize culture as a positive force in change processes' (Rosinski and Abbott, 2006, p. 257).

In his elaboration of PCP, G. A. Kelly (1991a, p. 125) points out differences in problems of clients from different cultures and commonalities of problems with similar cultural backgrounds. To build and maintain effective therapeutic relationships, the therapist must discover and consider cultural control mechanisms. This is especially important at the beginning of the therapeutic process (G. A. Kelly, 1991a).

Although there is extensive literature on the impact of national cultural affiliation on business (Rosinski and Abbott, 2006), cross-cultural coaching has received little research attention (Rosinski and Abbott, 2006; Law, 2008; O'Broin and Palmer, 2008). Therefore, there is a danger of stereotypical generalisations about culture (Law, 2008; Nakash *et al.*, 2020) and making assumptions about client preferences based on ethnicity/race, nationality, and culture (Nakash et al., 2020).

Executive coaching research finds a pervasive influence of national cultural affiliation, which leads to different values, circumstances, and expectations of the coaching relationship and affects how challenges are handled (Dodds and Grajfoner, 2018). The cultural background could influence the perception of the coach as a highly respected person with whom clients would seek and perceive more or less similarities depending on the culture (Gan and Chong, 2015).

A study by Allen et al. (2016) identifies the culturally dependent characteristics of coaches and clients from different cultures that contribute to successful coaching relationships. Rankings of the most important characteristics differ for coaches and clients, as well as for clients from different cultures (Allen et al., 2016). Taking a cultural

perspective therefore makes it easier for both clients and coaches to be authentic and not act from an expected or desired perspective (Rosinski and Abbott, 2006).

The therapeutic literature points to another important aspect: the structure of power or hierarchy in the therapeutic relationship (Nakash et al., 2020). In the therapeutic setting, there is a risk of hierarchical interactions (Goffman, 1963). In culturally different therapy dyads, power may be added due to a social group affiliation (Nakash et al., 2020). This leads to therapists from a socially privileged group having more power in culturally different therapeutic relationships than in relationships where both partners have the same cultural background (Nakash et al., 2012).

One approach that attempts to counteract these unequal power relations is cultural humility, which is defined as 'a lifelong commitment to self-evaluation and critique, to redressing the balance of power in the therapist-client dynamic, and to developing mutually beneficial and nonpaternalistic partnerships with communities on behalf of individuals and defined populations' (Tervalon and Murray-García, 1996, p. 123). Respect in communication with the client and the lack of superiority of the therapist are paramount in the cultural humility approach (Hook et al., 2013). For the adoption of an attitude of cultural humility, a certain openness to others is required (Nakash et al., 2020).

However, cultural matching is rarely implemented in mental health care, which can be justified by the fact that implementation is often not possible for all clients because the ethnic and cultural diversity is too great (Nakash et al., 2020). Therefore, it is important for therapists to acquire intercultural communication skills that enable them to communicate appropriately with their clients regardless of their own cultural background (Saha et al., 2008; Cooper et al., 2012), leading to higher client satisfaction and longer commitment to treatment (Beach et al., 2005; Saha et al., 2008; Cooper et al., 2012).

A fundamental challenge for psychotherapy with clients from other cultural backgrounds is to balance cultural relevance, clinical expertise, and scientifically based treatment methods (Comas-Díaz, 2006), but there is limited research on psychotherapy with ethnic minorities (Rosselló and Bernal, 1999). Most clients prefer a therapist with similar characteristics, such as gender, race, ethnicity, or cultural affiliation, as clients assume that therapists with similar backgrounds will have more implicit understanding of their difficulties and therefore be more effective as a therapist (Chang and Yoon, 2011; Noyce and Simpson, 2018).

Situational Contextual Factors

The SLR has identified situational contextual factors in addition to individual contextual factors. These can be influenced by the coach and/or client and affect the coaching relationship.

Setting and maintaining *boundaries* is the responsibility of the coach/therapist. The boundaries between the therapist and the client are significant for the therapeutic process and the relationship (Speight, 2012). There are recognised professional standards for ensuring a 'therapeutic frame which defines a set of roles for the participants in the therapeutic process' (Smith and Fitzpatrick, 1995, p. 499). Therapeutic boundaries include the rule of abstinence, which restricts the therapist from receiving personal benefits from the client (Simon, 1992). Furthermore, there is a commitment to neutrality (Simon, 1992), and an expectation for the therapist to 'maintain an objective, professional distance while developing an effective working relationship with the clients' (Speight, 2012, p. 136).

There is a general recommendation for therapists not to overstep therapeutic boundaries in order not to endanger the client's well-being (Borys, 1994; Speight, 2012). However, the therapeutic relationship and its boundaries can only be meaningfully considered in a cultural context as a basis for culturally congruent therapeutic boundaries (Speight, 2012). Although in general crossing the boundaries of the therapeutic relationship is considered unethical (O'Broin and Palmer, 2008), there is evidence that certain boundaries and ethical principles can have a detrimental effect on the re-appraisal of therapeutic effectiveness (Lazarus and Zur, 2002).

Boundaries are also relevant in the coaching relationship, but these are not as narrowly defined as in the therapeutic context, because in coaching, basically the type of working relationship that is optimal for the individual client is sought (O'Broin and Palmer, 2019). It is the coach's responsibility to establish effective working relationships with clients while maintaining the depth and intimacy boundaries in a professionally appropriate way (O'Broin and Palmer, 2019). The ethical practise of PCP coaching is based on the principles of harm prevention, openness, respect, equality, and consent (Bradley-Cole and Denicolo, 2021, p. 70).

Although there are general guidelines in terms of a code of ethics and conduct for professional coaches, it is necessary to further explore the ethical, risk and decision-making factors in the coaching relationship (O'Broin and Palmer, 2019). There is a

connection between boundaries and trust, which helps set and maintain boundaries while promoting open and honest dialogue (O'Broin and Palmer, 2010a; de Haan and Gannon, 2017).

Another situational contextual factor that is the responsibility of the coach/therapist is the creation of an *environment or atmosphere in which the client feels s*afe as an important prerequisite for a successful working relationship. Even in early publications, a tolerant atmosphere is described as characteristic of an effective therapeutic relationship (Fiedler, 1950). Only a context that allows the patient's own alternative views can lead to meaningful human engagement (in the sense of commitment) (Cutcliffe and Happell, 2009).

For the development of effective coaching relationships, it is important that clients perceive the coaching environment as safe and inviolable. For this to happen, the coach needs to be aware that there are many factors influencing the client's perceived sense of safety, such as the coaching content and the quality of the relationship (Lawson, 2013). In social work helping relationships feeling safe is also regarded as an essential factor (Sinai-Glazer, 2020). In employee coaching, creating a positive feedback environment is identified as conducive to coaching relationship quality (Gregory and Levy, 2011).

From the therapist's perspective, creating a safe and psychologically comfortable environment is important, so that the client can relax and open up to the therapeutic relationship (Pearson and Bulsara, 2016). From the client's point of view, a safe and supportive environment where clients can feel comfortable and build trust is important to reflect on their thoughts, feelings and behaviours (Letourneau and Goudreau, 2017). Therapists can promote the creation of a comfortable environment through non-verbal communication, such as sympathetic facial expression, eye contact, pleasant tone of voice, and smiling (Nakash *et al.*, 2020).

From a PCP perspective, for clients to be able to explore their construing and try alternative ways of interpretation, they need a trusting environment, in which they can feel psychologically safe for experimenting with alternative constructions (Fransella and Dalton, 2000; Bradley-Cole and Denicolo, 2021).

2.3.2.2. Relational factors

The SLR identified relational factors that are mutually influenced by the coach and the client and impact the coaching relationship. These are reported below.

There is a consensus that *power* has a fundamental impact on relationships; however, this topic has received little attention in research so far (Cutcliffe and Happell, 2009; Welman and Bachkirova, 2010). Power is defined 'as the possession of control or command over others; authority; and ascendancy' (Cutcliffe and Happell, 2009, p. 117).

Traditional views give coaches the opportunity to exercise power over clients in the coaching relationship (Welman and Bachkirova, 2010; Reissner et al., 2011; Gan and Chong, 2015; de Haan and Gannon, 2017). In the psychotherapeutic field, there is the assumption that interactions in a therapy dyad are, by definition, hierarchical because knowledge and experience lie on the therapist's side (Goffman, 1963; Nakash et al., 2020). Additionally, there are a multitude of unwritten rules that give the therapist (often subtle) power over the patient (Cutcliffe and Happell, 2009).

This assumption contrasts with the understanding of the therapist and client as a collaborative scientific team in PCP, where the answers are on the client's side and the therapist plays more of a constructive and supportive role in experimenting with alternative constructs (Fransella and Dalton, 2000). It is recommended that coaches reflect on their individual power tendencies and develop skills to deal appropriately with power in the coaching relationship (Welman and Bachkirova, 2010). The distinction between power (as imposition) and influence is relevant here. It is important that power is not exercised over the client in coaching. Influence as a form of social exchange does not involve imposition (Welman and Bachkirova, 2010).

Dominance in the coaching relationship can have different effects: exercised by the coach, it has negative effects on goal achievement, exercised by the client, positive effects are found (Gessnitzer and Kauffeld, 2015). However, clients can also exert so much power in the coaching relationship that the desired work becomes impossible (de Haan and Gannon, 2017). Especially in the context of activating social work in institutions characterised by asymmetry and power, a balance between power and the coconstruction of solutions is important for the development of a purposeful working relationship (Vogrincic, 2005; Hansen and Natland, 2016).

There is empirical support that sharing power and control is a key component of effective coaching relationships (Northouse, 1997; van Ryn and Heaney, 1997; Borg and Kristiansen, 2009) and other helping relationships (Northouse, 1997). Although viewed as an important factor, it is difficult to describe in detail how control and power can be shared in the helping relationship, and further research is needed (Northouse, 1997).

Furthermore, *bonding and rapport* are important aspects of the coaching relationship between coach and client (de Haan and Gannon, 2017). Rapport is 'about reducing the differences between the coach and client and building on similarities' (Boyce *et al.*, 2010, p. 917), or 'mutual understanding, liking and agreement between coach and coachee that tend to reduce the differences between them and allow them to recognize, appreciate and respect each other' (Gan and Chong, 2015, p. 479). From a PCP perspective, the Sociality Corollary, which translates to willingness and ability to see the world through another's eyes (Fransella, 2005), and the Commonality Corollary, which represents the degree of 'similarity between the construction processes of two independent individuals' (Cipolletta *et al.*, 2020, p. 21) constitute the base for developing bond and rapport.

Parallels to the therapeutic relationship emerge. Early studies in the therapy context have already described excellent rapport as a universal element of therapy (Black, 1952) and as a characteristic of an effective therapeutic relationship (Fiedler, 1950). Typical conducive rapport characteristics in therapy and coaching are positivity, warmth, genuine interest, mutual attention, and being comfortable in each other's presence (Black, 1952; de Haan and Gannon, 2017).

Rapport is considered a prerequisite for building effective working relationships (O'Broin and Palmer, 2019) and without a strong bond, therapists/coaches will have clients they cannot work with (Bluckert, 2005a). Improved rapport can positively impact many aspects within the coaching relationship, such as compliance, greater willingness to self-disclose, outcome satisfaction with coaching, and depth of commitment (Gyllensten and Palmer, 2007; Boyce *et al.*, 2010; de Haan and Gannon, 2017). Studies in mental health care for young people show that supportive rapport is conducive to high engagement and maintenance of participation (Lynch *et al.*, 2020) and improves the therapeutic alliance (Brown *et al.*, 2014).

However, there are a variety of different approaches to influence the quality, type, and depth of rapport (O'Broin and Palmer, 2010b). For example, the health of the relationship can influence the building of rapport and a high level of rapport characterises a healthy coaching relationship (McComb, 2012). Different types and objectives of coaching require different depths and qualities of relationships (Ives, 2008; O'Broin and Palmer, 2010b; Sun *et al.*, 2013). It is emphasised that each client creates an individual bond in their coaching relationship (de Haan and Gannon, 2017). To build a strong connection, it is important that coaches know how to reduce differences in the coaching dyad while maintaining their own authenticity and credibility (Ianiro *et al.*, 2013). In the PCP

literature, the importance of the client's counselling expectations and, consequently, the counsellor's need to find out these expectations to establish a good working relationship is highlighted. This does not require the counsellor to share the client's expectations, but to find out and subsume them in the sense of the Sociality Corollary (Fransella and Dalton, 2000). It is the responsibility of the Personal Construct coach to create an environment that the client perceives as psychologically safe (Bradley-Cole and Denicolo, 2021).

Another aspect of rapport is that relationships change and deepen or flatten over time (de Haan and Gannon, 2017). Maintaining rapport requires ongoing investment and reflection from both individuals involved (Ianiro *et al.*, 2013; Sun *et al.*, 2013), implying an interdependence that involves collaboration, reciprocity, and mutual processes of respect and support (de Haan and Gannon, 2017). The emergence of rapport occurs at emotional as well as at cognitive and behavioural levels and represents a need for further research (O'Broin and Palmer, 2010b; Dattilio and Hanna, 2012; Jowett *et al.*, 2012). For example, therapists and clients view the quality of the coaching relationship differently (Gyllensten and Palmer, 2007; de Haan *et al.*, 2011). Clients generally rate the relationship and process of therapy more positively than their therapists (Tryon *et al.*, 2007; Machin, 2010). This is a finding that is not fully reflected in the coaching relationship literature and points to the differences between coaching and counselling, namely a higher likelihood of coaches and clients viewing themselves as equals in the relationship than counsellors and clients, and the client sharing responsibility for the coaching process, resulting in different alliance ratings (Machin, 2010, p. 46).

Specific behaviours associated with creating bond and rapport include trust, listening, openness, and dealing with disruption (Gyllensten and Palmer, 2007; O'Broin and Palmer, 2010b; de Haan and Gannon, 2017). Coach and client characteristics can affect bonding and rapport processes (de Haan and Gannon, 2017), as well as coach and client skills, like the ability to form a connection (O'Broin and Palmer, 2010b). The skills, attributes and behaviours of the coach and client are discussed in more detail in the next subsection.

There are several studies that report strong rapport as the basis for developing a foundation of trust that makes coaching work possible (O'Broin and Palmer, 2009; Lai and McDowall, 2014) or as a prerequisite for collaboration (Dattilio and Hanna, 2012).

Trust is the factor most often cited by coaches and clients as essential to effective coaching relationships (Gyllensten and Palmer, 2007; O'Broin and Palmer, 2009; O'Broin and Palmer, 2010b; Passmore, 2010; Gregory and Levy, 2011; de Haan, 2019; O'Broin and Palmer, 2019; Gyllensten and Spaten, 2020). Also, in the therapeutic relationship (Fiedler, 1950; Watts et al., 2018; Coelho et al., 2021), the helping relationship in social work (Sinai-Glazer, 2020), and the patient-physician relationship (Fuertes et al., 2017; Hoff and Collinson, 2017) trust is seen as a crucial factor for effective relationships. In light of PCP, '[t]he foundation of a constructivist coaching relationship is interpersonal trust and respect' (Bradley-Cole and Denicolo, 2021, p. 71). There is broad empirical support that trust has a critical impact on the quality of coaching relationship (de Haan, 2008a; Cox, 2012; Du Toit, 2014; de Haan and Gannon, 2017).

In coaching trust is defined as 'the mutual confidence that supports the client's willingness to be open, honest, and vulnerable, and allows the coach to be supportive, non-judgmental, and challenging' (Boyce et al., 2010, p. 918). Trust, along with rapport, is considered to be the most important predictor of coaching relationship satisfaction, as trust promotes the exchange of personal information and leads to the coach and client being more willing to engage in behaviours to produce desired change (Boyce et al., 2010).

Trust has been identified as an important factor for the coaching relationship in different coaching contexts, e. g., in constructivist coaching (Bradley-Cole and Denicolo, 2021), executive and workplace coaching (Bluckert, 2005a; Alvey and Barclay, 2007; Gyllensten and Palmer, 2007; Boyce *et al.*, 2010; Gregory and Levy, 2011; Gan and Chong, 2015; de Haan, 2019), and in coaching in health related settings (Kirsh and Tate, 2006; Eklund et al., 2015; Fuertes et al., 2017; Lynch et al., 2020; Nakash et al., 2020).

The origins of the exploration of trust in the coaching relationship lie in the person-centred approach of Carl Rogers (1967), who argued that the basis for trust in the therapeutic relationship is empathetic understanding (Rogers, 1967; Du Toit, 2014; de Haan and Gannon, 2017). Trust allows psychological depth in the relationship and acceptance of challenges on the part of the client Machin (2010). Furthermore, trust creates feelings of safety and security as a basis for open and honest dialogue and helps the coach set and manage boundaries (O'Broin and Palmer, 2010a; de Haan and Gannon, 2017). Trust can be understood as an essential component of the relationship, implying confidentiality, which allows the client to engage intensively in the developmental experience (Gyllensten and Palmer, 2007). This means that trust is important for creating

a necessary level of openness and transparency (de Haan and Gannon, 2017), e. g., to deal with critical situations in coaching (de Haan, 2008c; de Haan and Nieß, 2015; de Haan and Gannon, 2017). However, O'Broin and Palmer (2010b) argue that openness leads to trust, which means that causal directions between trust and openness have not been sufficiently explored yet.

In addition to trust, *transparency* plays an important role in the coaching relationship; it depends on trust (Gyllensten and Palmer, 2007; Gyllensten and Spaten, 2020). Transparency helps reduce uncertainty and helps clients settle into the relationship and cooperate in a result-orientated way (Gyllensten and Palmer, 2007; Gan and Chong, 2015). If trust and transparency are violated, this can lead to negative effects, such as resistance to change or lower satisfaction with the coaching relationship (Gan and Chong, 2015).

Most studies find positive effects of transparency and trust on the quality of the coaching relationship. However, a study by Gan and Chong (2015) in an Asian context has not found a correlation between trust and coaching outcomes. This could be culturally based, emphasising that the coaching relationship needs to be individualised to each client (de Haan and Gannon, 2017), and the role of trust in the coaching relationship needs further research in different contexts.

For the development of trust, the characteristics of the coaching relationship and the coaching setting, but also the characteristics and behaviours of the coach, and the temporal sequence of these factors are relevant (Alvey and Barclay, 2007; O'Broin and Palmer, 2019). However, so far it is unclear whether mutual trust is necessary for coaching success or only client trust in the coach is crucial (O'Broin and Palmer, 2019).

There are studies that have looked more closely at the formation of trust in the coaching relationship. While trust seems necessary for coaching success, its role has not been explored, but rather implicitly understood (Markovic *et al.*, 2014). A study exploring how more or less experienced coaches establish trust through trustworthiness finds ability, integrity, and especially communicating benevolence in connection with the fulfilment of clients' autonomy needs as relevant components in this regard (Schiemann *et al.*, 2019).

A study on client characteristics as predictors of client trust behaviour in the coaching relationship finds no influence of clients characteristics like personality traits or propensity to trust; only the perceived trustworthiness of the coach influences trust (Terblanche and Heyns, 2020). Contributions of coach and client to the development of

trust in the coaching relationship are therefore not yet sufficiently explored. Previous research has focused primarily on the contribution on the coach's side; that of the client has received little attention.

Another relational factor that the SLR finds is *commitment* on both sides of the dyad, which is considered crucial for effective coaching relationships (King, 1973; Boyce *et al.*, 2010; O'Broin and Palmer, 2010b; O'Broin and Palmer, 2010a; Jowett *et al.*, 2012; O'Broin, 2016; de Haan and Gannon, 2017; Watts *et al.*, 2018).

The term commitment is defined as 'mutual assurance to fulfill responsibilities in the relationship, which includes both task […] and social-emotional behaviors […]' (Boyce et al., 2010, p. 918; Gan and Chong, 2015, p. 480).

Commitment represents a common factor of the *psychological contract* within the coaching contract by which the coach and the client both implicitly and explicitly make a mutual commitment to a relationship that is intended to facilitate the growth and development of the client (Sills, 2012). Regardless on agreement of a written coaching contract, a psychological contract emerges, which refers to mutual obligations in coaching (O'Broin and Palmer, 2019). 'A major feature of psychological contracts is the individual's belief that the agreement is mutual, that is, a common understanding exists that binds the parties involved to a particular course of action' (Rousseau, 2001, p. 512). In the light of PCP, for reaching common understanding and mutual agreement, the Sociality Corollary is relevant because for shared meaning the individual construction system of the one person needs to be understood – not replicated – by the other person (G. A. Kelly, 1963). Additionally, in search of agreement, both coaching partners need to reach some understanding of the other person in terms of the Commonality Corollary (G. A. Kelly, 1991a).

The psychological contract evolves intrapersonally, develops continuously, and changes based on experience (Boddy and Jankowicz, 2020). In order to build and maintain trust, confidentiality is a key part of the psychological contract (Alvey and Barclay, 2007). A clear contract and transparent behaviour by the coach are necessary for the client to understand the coaching process and to be able to negotiate both confidentiality and boundaries of aspects discussed in coaching sessions in an informed way (O'Broin and Palmer, 2019). The coaching contract is seen as an important element of effective working relationships because entering a contract recognises that the coaching dyad is made up of two separate and distinct individuals who can connect and make a shared commitment

(Sills, 2012). High commitment requires that particular the client respects the coaching contract (Alvey and Barclay, 2007; Audet et al., 2012; de Haan, 2019).

Two components of *commitment* have been described (de Haan and Gannon, 2017). Task elements of commitment relate to time keeping, attendance, and preparation, while social-emotional elements include energy expression, perseverance, recognition of weaknesses and limitations, identification, and commitment to goal achievement (Boyce et al., 2010; Gan and Chong, 2015). Empirical links have been found between commitment and the coaching relationship; the decisive factor is the client's commitment and willingness to work toward change (Gan and Chong, 2015).

However, these findings are not consistent. Some studies find that client commitment is most important for the coaching relationship (Gan and Chong, 2015) and results from the executive coaching literature suggest that the ties of clients to the organisation influence their willingness to invest and commit to the coaching process (McCarthy and Milner, 2013; Gan and Chong, 2015; de Haan and Gannon, 2017). On the contrary, Johnson *et al.* (2009) and Lai and McDowall (2014) identify the commitment of coaches to the welfare of clients as an important aspect to facilitate relationships with their clients. Trust has been identified as essential for the emergence of commitment (O'Broin and Palmer, 2010b). Personal Construct Theory (G. A. Kelly, 1991a) points out that the therapist's commitment to the therapeutic relationship goes along with the creation of a professional obligation and the responsibility to ensure that the client is not harmed. Therefore, the therapist should only allow clients to confide to the extent that the therapist is willing to take on this responsibility, which goes far beyond mere acceptance (G. A. Kelly, 1991a; Fransella and Dalton, 2000).

For the exercise of responsibilities associated with the coaching relationship, the *collaboration* of the coach and the client is necessary (Boyce et al., 2010; Ianiro et al., 2013; Gessnitzer and Kauffeld, 2015). Through reciprocal collaboration, the coach helps the client to bring in their individual strengths and achieve desired outcomes (O'Broin and Palmer, 2010b). This aspect of the coaching relationship parallels the working relationship in therapy (Castonguay *et al.*, 2006; O'Broin and Palmer, 2010c; O'Broin and Palmer, 2010b; Sun *et al.*, 2013; de Haan and Gannon, 2017; Henderson and Palmer, 2021a). PCP involves the assumption of 'man as a scientist', whose goal is to control and predict the course of events (G. A. Kelly, 1991a). It describes the counselling relationship as a mutual scientific activity and the counselling setting as a collegial experimental situation (G. A. Kelly, 1969b).

One aspect of collaboration is client support, with support described differently by clients and coaches (O'Broin and Palmer, 2010b; Sinai-Glazer, 2020). Some persons interpret support more as guidance, others see it more as helping to motivate the client (O'Broin and Palmer, 2010b, p. 133). Facilitative responsibility of the therapist seems to be a beneficial aspect for the success of the therapeutic relationship (Pierce and Schauble, 1970).

Another aspect of collaboration with mixed results is the impact of mutually agreed tasks and goals on the relationship and success of coaching. Although some studies report positive effects of goal setting and high degrees of agreement between coach and client on tasks and goals to be achieved (de Haan, 2019; van Veen et al., 2019), there are also contrasting findings on goal agreement, showing that only a client-initiated match results in positive effects on success; initiated by the coach resulting in opposite effects (Gessnitzer and Kauffeld, 2015). The therapeutic research literature shows that higher agreement on therapy goals leads to less resistance from clients (Daniels and Wearden, 2011).

Collaboration, a collaborative approach, and cooperation have been identified as important factors in various coaching areas, e. g., in cognitive behavioural coaching (O'Broin and Palmer, 2009), coaching in health settings (Lynch et al., 2020; Nakash et al., 2020), executive and workplace coaching (Boyce *et al.*, 2010; Passmore, 2010), and the social work relationship with unemployed people (Hansen and Natland, 2016).

However, empirical findings on collaborative approaches are not consistent (Hansen and Natland, 2016). Some studies report positive effects (Malmberg-Heimonen, 2015; Malmberg-Heimonen et al., 2016), while other studies show that a less collaborative approach increases clients' chances of reemployment (Behnke et al., 2007; 2010b). Further research is needed on the importance of collaborative approaches for the coaching relationship.

Although collaboration is described differently by coaches and clients, it can be achieved when both parties value the opportunity, value each other's individual contributions, and there is shared responsibility for achieving goals (O'Broin and Palmer, 2010b). This requires the skills and abilities of the coach to manage the complex interactions and interpersonal and intrapersonal processes involved in co-creating the coaching relationship (O'Broin and Palmer, 2010b).

Similarity, compatibility, and match between coach and client represent additional relevant aspects of coaching relationship research with ambiguous findings (de Haan and Gannon, 2017; O'Broin and Palmer, 2019).

Similarity is defined as positive social interactions where 'actors have similar needs on […] interpersonal dimensions […] and thus show similar interpersonal behaviour' (Ianiro et al., 2013, p. 30). From a PCP perspective, the similarity is related to the degree of sociality reached between the coach and the client.

Interpersonal similarity and complementarity have been investigated in terms of dominance and affiliation (Ianiro et al., 2013). Affiliation is related to the healthy emergence and maintenance of interpersonal relationships, while dominance is understood as self-confident behaviour (Ianiro et al., 2013). Research results on the impact of similarity and complementarity between coaches and clients show that from the client's perspective, similarity in dominance and affiliation behaviour positively affects the quality of the coaching relationship (Ianiro et al., 2013). Clients with higher self-efficacy are more likely to reflect on personal strengths and weaknesses if they perceive their coach to be similar (Bozer and Joo, 2015). Perceived similarities in the coaching dyad in terms of personality or demography contribute positively to the coaching relationship (Behnke et al., 2010a). In executive coaching, complementary styles of managing and learning foster the coaching relationship (Boyce et al., 2010).

Also, in the therapeutic context, therapist-patient similarity is found as a correlate of effective therapeutic relationships (Gardner, 1964). There is evidence that interpersonal complementarity fosters verbal interaction, reduces physical distance, and improves cooperation in therapeutic relationships (de Haan and Gannon, 2017).

The health of the coaching relationship is another important factor, which can be partly explained by the fit between their partners (McComb, 2012). The mismatch between the coach and the client is a risk factor for undesirable coaching outcomes (O'Broin and Palmer, 2019). Furthermore, the fit between the coach and the client can influence the willingness to participate actively and constructively in the coaching relationship. For example, a woman may not feel comfortable discussing certain health issues with a man. A healthy coaching relationship is characterised by mutual respect, high levels of trust, goodwill, and cooperation (McComb, 2012).

The good fit and matching of the coach and the client have been investigated in relation to several constructs. Matching is the process of trying to find a coach who can meet the

needs of the coach (Wycherley and Cox, 2008). The personal relationship based on gender, socioeconomic background, and life experience is essential for effective coaching (Hodgetts, 2002).

However, while findings indicate that the coaching relationship significantly contributes to coaching success, there is no evidence for demographic, professional, or personal match aspects (Boyce et al., 2010). Mixed results are found in personality (O'Broin and Palmer, 2019). There is empirical support that coaching outcomes are significantly better when coach and client have different temperaments (Scoular and Linley, 2006), while other authors report no support for the relationship between coach-client dissimilarities and coaching outcomes (Wycherley and Cox, 2008; de Haan et al., 2013; 2016). No significant relationship is found for gender and perceived similarity between coach and client to coaching outcomes; however, gender is identified as a moderator for increasing self-awareness and perceived similarity in the coaching dyad leading to an improvement in coach-client fit (Bozer et al., 2015).

Research on compatibility in the coaching dyad has produced ambivalent findings, indicating, on the one hand, that 'commonality in personal characteristics or experiences, compatibility in behavioral preferences, and credibility with coaching abilities meeting client needs' are relevant to coach-client matching (Boyce et al., 2010, p. 915). On the other hand, no differences or even a negative effect are found for systematically assigned versus randomly assigned coaching dyads on coaching outcomes (Boyce et al., 2010; de Haan et al., 2013; Gan and Chong, 2015), which means that there can be too much fit in the sense of too much compatibility. In this case, there is a risk that the coach and the client become too comfortable with each other, which can hinder the achievement of coaching goals (McComb, 2012).

In addition to internal factors influencing the coaching relationship, the SLR identified specific coach and client contributions, which are reported below.

2.3.3 Contributions of Coach and Client

During the literature search for the present review, it has been noted that terms such as empathy are described as skills in some studies, characteristics in others, and behaviour in still other studies. Therefore, a clear distinction between these categories and classification is not always possible. This applies to research on both the client and the coach/therapist perspective. Therefore, the present SLR uses a broad understanding of

'skills', 'characteristics' and 'behaviours', allowing consideration of a wide range of factors associated with the coaching relationship.

2.3.3.1. Coach Skills and Competencies

Empirical results indicate that *professional psychological training* or a professional coaching background are essential prerequisites for a professional coach (Gyllensten and Palmer, 2007; Lai and McDowall, 2014; Lai and McDowall, 2016a) because it enables the coach to provide professional assistance and an extensive professional network (Topor and Ljungberg, 2016).

Coaches need competencies and skills to manage 'the complex interaction of coachee and coach interpersonal and intrapersonal processes at work in co-creating the coaching relationship' (O'Broin and Palmer, 2010b, p. 140). Coaches without basic psychological training may lack relevant psychological knowledge and may not be competent to identify the psychological problems of their clients, which could potentially harm clients (Berglas, 2002; Naughton, 2002; Kauffman and Scoular, 2004; Lai and McDowall, 2014; 2016a).

Indicators of professional training for the coach/therapist are the use of tools and strategies (Kirsh and Tate, 2006), such as behavioural strategies (Dattilio and Hanna, 2012), recovery strategies (Moran et al., 2014), and the use of tools and techniques to focus (Passmore, 2010). Knowledge about oneself (Coelho et al., 2021) and the client (Sharp and Hodge, 2013; Coelho et al., 2021) are also mentioned as important competence factors, as well as experience in interpersonal relationships (van Veen et al., 2019).

Early studies of the therapeutic relationship report that individuals without professional experience can describe the therapeutic relationship as well as trained therapists, engagement in the helping relationship is more relevant than experience per se, and professional training is not rated as particularly relevant (Fiedler, 1950; Gardner, 1964). In contrast, later publications exploring the therapeutic relationship point to the need for the therapist to be appropriately trained (Bedi et al., 2005a) to avoid causing harm to the client because of poor therapist interpersonal skills (Carkhuff and Berenson, 1977). The strength of the therapeutic relationship is related to how competent the coach appears to the client (Evans-Jones et al., 2009). A study by Kaczmarek and Jankowicz (1991) finds that higher degrees of professional socialisation and experience of the helper are associated with higher perceptions of coach approachability by the persons seeking help.

The SLR finds that *empathy* plays an important role in both the therapeutic and coaching literature. 'Empathy involves an ability to communicate an understanding of a client's world' (Reynolds and Scott, 1999, p. 393). Several reviews in executive coaching (Lai and McDowall, 2014), coaching in health settings (Reynolds and Scott, 1999; Fuertes et al., 2017), and therapy (Ellis et al., 2020) identify empathy as a key factor in helping relationships. The high importance of genuine empathy expressed by the therapist is stressed in coaching in health care (Cassattly and Bergquist, 2012; Hoff and Collinson, 2017), executive coaching (Kilburg, 1997; Dagley, 2010), employee coaching (Machin, 2010; Gregory and Levy, 2011), and cognitive-behavioural coaching (O'Broin and Palmer, 2009). In the social work helping relationship the term 'compassion' is found in the context of empathy, which can be understood as '"humanness" that comes about in simple acts of kindness' (Sinai-Glazer, 2020, p. 250).

Parallels to therapeutic research become apparent. Early work on the therapeutic alliance already indicates that empathy is important for the conception of the ideal therapeutic relationship (Fiedler, 1950). Therapists should have accurate empathy (Truax et al., 1966). Accurate empathy is an important component identified in a structural analysis of the helping relationship (Mills and Zytowski, 1967). More recent studies also support the importance of therapist's expression of genuine empathy as a key factor in the therapeutic relationship (Evans-Jones et al., 2009; Carey et al., 2012; Dattilio and Hanna, 2012; Brown et al., 2014; Greenberg, 2014; Nakash et al., 2020; Coelho et al., 2021).

PCP goes a step further and emphasises that the therapist 'must be able to 'subsume' a client's construing system' (Fransella and Dalton, 2000, p. 19), which goes beyond the understanding of empathy, and involves trying to put yourself in the client's position and see the world through their eyes; it translates to the Sociality Corollary. To maintain a professional attitude at the same time, the therapist subsumes the client's constructs into his system of professional constructs, not into his own idiosyncratic ones. (Fransella, 2005). The likelihood that a construction system can be subsumed as part of another depends on the extent of commonality (G. A. Kelly, 1991a).

Although empathy has a high relevance for both the therapeutic relationship and the coaching relationship, it has not yet been researched how exactly the therapist expresses empathy for the client and what leads the client to perceive the therapist as empathic. Moreover, the question of whether empathy is an experienced emotion, a personality dimension, or an observable ability remains unresolved (Reynolds and Scott, 1999). It is important for future research to explore these aspects.

The coach's expression of *unconditional, non-possessive, positive regard* for the client is another skill that positively impacts the coaching relationship (Kilburg, 1997; van Ryn and Heaney, 1997) as well as showing unconditional acceptance (Northouse, 1997; van Ryn and Heaney, 1997), and an accepting approach (Gyllensten et al., 2010).

This evidence is also reflected in the literature exploring the therapeutic relationship. Earlier work, e. g., Rogers (1957) and Mills and Zytowski (1967) as well as more recent publications (Cheng and Lo, 2018; Ellis *et al.*, 2020) confirm the importance of unconditional, nonpossessive, positive regard for the therapeutic relationship. As in the coaching relationship, showing acceptance of the client (Black, 1952; Gardner, 1964; Dattilio and Hanna, 2012; Greenberg, 2014; Coelho et al., 2021) and their feelings (Fiedler, 1950) is an important factor in an effective therapy relationship.

In the literature on therapy and coaching relationship research, the importance of coach *communication skills* is emphasised*,* specifically verbal skills (Bedi et al., 2005b) is emphasised. This applies to executive coaching (Passmore, 2010; Lai and McDowall, 2014) and health care coaching (Cassattly and Bergquist, 2012; Lawson, 2013; Hoff and Collinson, 2017). It is important that communication is authentic (Lawson, 2013), effective (Passmore, 2010; Cassattly and Bergquist, 2012), and equitable (Cassattly and Bergquist, 2012).

From a PCP perspective, language is a universal human system that serves, inter alia, to represent experience (Fransella, 2005). Therefore, it is a key aspect of sociality, and it is concluded that understanding can be promoted through discourse between the therapist and the client. Effective questioning skills help coaches to support clients in exploring and making sense of their inner world, and to explore and understand their own construction system (Bradley-Cole and Denicolo, 2021).

Within communication skills, *the listening/active listening skills* of the coach are considered especially important (Machin, 2010; O'Broin and Palmer, 2010b; Hoff and Collinson, 2017). This also applies to the therapeutic relationship (Bedi et al., 2005b; Coelho et al., 2021), which emphasises the importance of non-verbal (Bedi et al., 2005b; Nakash et al., 2020), and paraverbal (Bedi et al., 2005b) communication skills of the therapist.

PCP describes the therapist's ability to *credulous listening* as crucial to setting aside their idiosyncratic construct system in the therapy session and subsuming the client's construct system into their professional construct system (Fransella and Dalton, 2000; Fransella,

2005). The role of the coach as listening rather than speaking also highlights the importance of listening skills (Bradley-Cole and Denicolo, 2021). Credulous listening involves the belief that the client's views and feelings are meaningful to the client and should therefore be respected regardless of whether the counsellor or coach shares them themselves. It also involves the attitude that the therapist must not impose interpretations, values, or their own constructs on the client. This attitude is important for the starting point of the relationship because it is respectful to the client and allows the therapist to gain 'invaluable insights into the client's experience of the world […]' (Fransella and Dalton, 2000, p. 20).

Closely related to empathy and communication skills of the coach is the ability to show *consideration* and *genuine understanding* for the client and the complexity of their life/inner world (Kilburg, 1997; O'Broin and Palmer, 2010b). For the development of effective coaching relationships, it is important that the coach conveys that s/he understands the client's problem and its severity (Eklund et al., 2015). The importance of therapist's expression of understanding is also pointed out in early research on the therapeutic relationship (Fiedler, 1950; Gardner, 1964). More recent publications confirm the importance of understanding for the therapeutic relationship (Dattilio and Hanna, 2012; Coelho et al., 2021). 'Recognizing and understanding the belief system of the patient' facilitates the therapeutic relationship' (Dattilio and Hanna, 2012, p. 148), which is very close to the understanding of sociality according to PCP. Therapists can foster clients' sense of feeling understood through 'asking the right questions, knowing how to direct the session, offering appropriate advice, and, primarily, listening in a way that encouraged a sense of safety and openness' (Nakash et al., 2020, p. 1012).

Self-awareness (O'Broin and Palmer, 2010b; Lawson, 2013) and *awareness of the client* are identified as additional facilitating factors for effective coaching relationships and self-management (Kemp, 2008a; O'Broin and Palmer, 2010b). However, while some studies emphasise the importance of coach self-awareness for introspection, self-development (Kemp, 2008a), and working with emotion, other empirical results suggest that helpful coaching skills relate to other-awareness rather than self-awareness (Cox and Bachkirova, 2007; de Haan, 2008b; Cremona, 2010). Empathy and sensitive feedback from the coach are emphasised as important other-awareness aspects (O'Broin and Palmer, 2010b). Therapist *self-awareness* is considered important in the therapeutic relationship (Cutcliffe and Happell, 2009), as therapists need to be aware of their own

beliefs and value system in order to recognise and reflect on their personal responses to client behaviour (Kazantzis et al., 2018).

The coach's *ability to regulate client emotions* is related to critical moments in the coaching relationship, which are often unpredictable and accompanied by intense emotions and anxiety (Day et al., 2008). In a PCP frame, anxiety is defined as 'the awareness that the events with which one is confronted lie mostly outside the range of convenience of one's construct system' (G. A. Kelly, 1991a, p. 365). Anxiety inevitably accompanies change and is experienced when people are faced with new events that they find difficult to interpret, which refers both to the results of one's own actions and those of others (Fransella and Dalton, 2000). However, 'from the standpoint of the Psychology of Personal Constructs, anxiety per se, is not to be classified as either good or bad. It represents the awareness that one's construction system does not apply to the events at hand. It is, therefore, a precondition for making revisions' (G. A. Kelly, 1991a, p. 367). On the one hand, critical moments can lead to insight for the client (Day et al., 2008), which is seen as a success factor for coaching (de Haan, 2019), on the other hand, they can also lead to a breakdown in the coaching relationship (Day et al., 2008).

Client emotion regulation is a relevant skill both for therapists (Coelho et al., 2021) and coaches, as negative client emotions like shame 'impact the coaching relationship as an unproductive pattern of relating' in a negative way (Cavicchia, 2010, p. 13). Emotional disengagement, anger, frustration, hostility, and disappointment of the patient are detrimental to the therapeutic relationship (Nakash et al., 2020).

In addition to anxiety, the feelings of threat, guilt, hostility, aggressiveness, and fear have been defined into professional constructs within a PCP frame (G. A. Kelly, 1991a, p. 391): 'Threat is the awareness of an imminent comprehensive change in one's core structures.' A core structure represents a basic life reference point (G. A. Kelly, 2017). Thus, a change in the core structures of a person means a change in the way this person construes themselves (Fransella and Dalton, 2000). Threat is stronger than fear or anxiety (Bradley-Cole and Denicolo, 2021). To prevent the client from developing resistance to change for reasons of self-protection, it is important that any helping role recognises situations in which the client (potentially) feels threatened (Bradley-Cole and Denicolo, 2021). 'Fear is the awareness of an imminent incidental change in one's core structures' (G. A. Kelly, 1991a, p. 391). Situations in which a person feels that some constructs are no longer valid can result in feelings of uncertainty and fear of change (Bradley-Cole and Denicolo, 2021). 'Guilt is the awareness of dislodgment of the self from one's core role

structure' (G. A. Kelly, 1991a, p. 391). Guilt arises from the feeling that one loses the perspective of fellow human beings and follows invalid rules (G. A. Kelly, 2017). This means that if a person behaves in a way that does not correspond to their self, feelings of guilt arise (Fransella and Dalton, 2000; Bradley-Cole and Denicolo, 2021). 'Aggressiveness is the active elaboration of one's perceptual field.' (G. A. Kelly, 1991a, p. 391). This definition is very different from the popularly used meaning and does not mean anger or confrontational behaviour but refers to the client's active inner reconstruction process (Bradley-Cole and Denicolo, 2021). Aggressiveness is the opposite of hostility in most cases, but can also be linked to it; it is outward and forward rather than inward and backward (Fransella and Dalton, 2000). 'Hostility is the continued effort to extort validational evidence in favour of a type of social prediction which has already been recognized as a failure' (G. A. Kelly, 1991a, p. 391). Hostility arises when a person perceives that they are in an impossible situation (Fransella and Dalton, 2000), because they are not capable of handling the results of their construction process (Bradley-Cole and Denicolo, 2021).

Unconscious processes such as transference, countertransference, and projection as conceptualised by Freud (1910) also affect the coaching relationship (Kilburg, 2004) and contribute to the complexity of self-management (Kemp, 2008b). Transference and countertransference are also addressed in PCP (G. A. Kelly, 1991a, p. 230) which assumes that any kind of interpersonal relationship is mainly based on transference relationships and that the management of transference and countertransference represents the development of the roles of therapist and client. Furthermore, PCP criticises that it is difficult to examine Freud's animalistic interpretations of the observations of his patients, for example, transference, in a scientific way and proposes to investigate transference empirically by assuming that subsumption creates an intersection of construction dimensions (G. A. Kelly, 1991a). The coach's ability to discover and manage unconscious processes of their clients is important, because the projections of subjective or unconscious perceptions, characteristics, and beliefs of clients onto the coach can negatively impact the coaching relationship if not managed (Kemp, 2008b). Transference is the tendency of the client to respond to the coach with similar patterns as to others with similar characteristics and relationship dynamics. This transference or countertransference (from coach to client) can be unconscious and reciprocal and presents challenges for the coach in terms of developing a client-centred coaching relationship (Kemp, 2008b). Managing the psychodynamics in the coaching relationship is necessary for the coach to act ethically and not harm the client (Kemp, 2008b). The willingness of

coach and client to actively engage in continuous self-reflexion, introspection, and personal growth enables them to recognise their own psychodynamic patterns and to manage dysfunctional behaviour patterns in the coaching relationship (Kilburg, 2004; Kemp, 2008b).

Furthermore, the SLR identifies *flexibility* and *individual adaptation* of the coach/therapist to the client as contributing factors to effective relationships. Flexibility is described as openness to the diversity of what helps, a willingness to push the boundaries of the professional role (Borg and Kristiansen, 2009), and 'going the extra distance' (Ribner and Knei-Paz, 2002, p. 379).

Research in the therapeutic field suggests that therapist flexibility is positively linked to relationship quality (Ackerman and Hilsenroth, 2003; Castonguay et al., 2006). This parallels findings of coaching research, which also emphasises the importance of individual (O'Broin and Palmer, 2010b), and flexible adaptation 'by tailoring the coaching alliance, including the degree, level and kind of goals, tasks, bond and views' (O'Broin and Palmer, 2009, p. 190) and 'willingness and ability to shape services to the needs and preferences of each individual service user' (Borg and Kristiansen, 2009, p. 493). One way of customising coaching to the client is motivational attunement (O'Broin and Palmer, 2008), which is defined as a 'meta-technique designed to individualize therapeutic interventions to foster and work with the therapeutic relationship' (Holtforth and Castonguay, 2005, p. 444). In several coaching domains, e. g., executive coaching (Gregory and Levi, 2011), coaching in health care (Borg and Kristiansen, 2015), and in the social work helping relationship (Ribner and Knei-Paz, 2002) the importance of flexibility of the coach is identified.

In the therapeutic literature, the concept of *appropriate responsivity* (Newman et al., 2006) has been established, which means doing what supports positive change depending on the client's goals and the treatment approach (O'Broin and Palmer, 2008).

Furthermore, this SLR has identified some skills for coaches that receive less attention in the literature than those previously mentioned. These include facilitation and support of client development (Lai and McDowall, 2014), awareness (Day et al., 2008), and containment of their own and their clients' emotions (Day et al., 2008; Passmore, 2010), and the ability to make the client feel that the coach is on the client's side (Kirsh and Tate, 2006). Other helpful skills for the coach are using themselves as a tool, staying focused (Passmore, 2010), and the ability to work effectively under pressure (Dagley, 2010). In

the therapeutic context, the ability to sequencing has been named as important, which is defined as the therapist 'staying in the here-and-now or being with their client on future goals, rather than directing […] into past history' (Brown et al., 2014, p. 197).

When considering helpful professional skills for effective working relationships, it is important to note that helping relationships are more than the sum of the competencies and resources of professionals (Topor and Ljungberg, 2016).

In PCP literature, besides listening and questioning skills, the skills of *suspension, observation, and creativity* are considered necessary for personal construct therapists (G. A. Kelly, 1991a; Fransella and Dalton, 2000; Fransella, 2005). Suspension is the therapist's ability to 'set aside' their own construct system in order to subsume that of the client, meaning they must ignore their own values and way of seeing the world in the therapy session (Fransella and Dalton, 2000; Fransella, 2005). For the ability to observe, therapists must be able to make sense of what they observe; this requires having a differentiated personal construct system themselves, and they should have experience with different problem situations of people (Fransella and Dalton, 2000; Fransella, 2005). Therapists also need the ability to be creative in order to develop new techniques and support the client's reconstruction process with the formulation of new constructs, as every client confronts the therapist with something they have not experienced before (Fransella and Dalton, 2000; Fransella, 2005).

To define requirements for professional coaches, many professional associations, such as the International Coach Federation (ICF), the Association for Coaching (AC), the British Psychological Society (BPS), the European Mentoring and Coaching Council (EMCC), and the German Coaching Association (DCV) have developed *professional competence frameworks* (Lai and McDowall, 2016b). Although some relevant competency frameworks now exist to guide coaches, they are rather general guidelines due to their broad scope; specific coach skills to strengthen the coaching relationship have not yet been sufficiently researched and need further exploration (Lai and McDowall, 2016b).

2.3.3.2. Client Skills

As mentioned earlier, client-focused research studies are rarer than those focused on the coach (Dagley, 2010; de Haan and Gannon, 2017; O'Broin and Palmer, 2019).

In terms of client skills that are conducive to the therapeutic relationship, the SLR has found that the patient *must be able to recognise the qualities of the therapist* and have the

capacity to be kind (Gardner, 1964). In the literature on coaching relationships, the ability to *perceive the coach as competent* and *understanding* is necessary for the client to develop *trust*, which promotes the quality of the relationship (Eklund et al., 2015).

2.3.3.3. Coach Behaviour

Exploration of coach behaviours in the coaching relationship identifies *respect* as a core dimension in helping relationships (Carkhuff and Berenson, 1977; Lloyd and Maas, 1993). The helper can convey respect to the client by showing commitment and understanding (Lloyd and Maas, 1993). To be able to respect another person's feelings and experiences, one must respect oneself (Lloyd and Maas, 1993).

Recent research on the coaching relationship confirms the importance of respect (O'Broin, 2016; O'Broin and Palmer, 2019). Several executive coaching studies find respect for the client as a person as a contributing factor to the coaching relationship (Kilburg, 1997; Alvey and Barclay, 2007; Dagley, 2010; O'Broin and Palmer, 2010b). 'A healthy relationship is one in which there is a suitable level of respect' (McComb, 2012, p. 234). Although these studies primarily refer to the respect of the coach for the client, respect is understood as a mutual aspect in other studies (O'Broin and Palmer, 2010b; O'Broin, 2016).

Also in research on the therapeutic relationship, respect is one of the behaviours most frequently mentioned as desirable in both earlier (Gardner, 1964) and more recent research (Coelho et al., 2021). In PCP, respect and trust are the basis for a constructivist coaching relationship. The role of the therapist is that of a co-explorer; the client should always feel that they are the expert of their life and not the therapist (Bradley-Cole and Denicolo, 2021).

The coach's display of *dominant-friendly interpersonal behaviour toward* the client also contributes positively to the coaching relationship (Ianiro *et al.*, 2013; Ianiro and Kauffeld, 2014; Ianiro *et al.*, 2015). The dominance component is characterised as assertive, self-assured, direct, and proud, the friendly component as empathetic, affectionate, considerate, generous, and intent on harmony (Ianiro and Kauffeld, 2014, p. 140). The coach's pleasant mood is a predictor of the extent of his dominant-friendly interpersonal behaviour (Ianiro and Kauffeld, 2014).

In his work on coaching and executive character, Kilburg (1997, p. 293) lists some behaviours that the coach should consistently demonstrate to the client. These include the following:

- Courtesy in managing the various technical and interpersonal issues that arise.
- Consistently and at times, playfully challenging the client to change, grow, explore, reflect, be curious, and ultimately be responsible for fully participating in the coaching process.
- Engaging in tactful exchanges with the client.
- Providing assistance for the regulation and direction of attention.
- Interacting with the client in a nonphony, nondefensive, authentic, and genuine fashion.
- Providing knowledge, skills, and technical assistance on the client's organisational systems, behavioural interfaces, working relationships, and psychological components of institutional, managerial, and, at times, personal lives.
- Using coaching interventions in an appropriate, timely, and effective way.
- Emotions such as shame, anxiety, sadness, anger, and sexual arousal are monitored, identified appropriately, and regulated in such a way that the client can use them productively in the work of personal and professional growth.
- The client and consultant constantly and consistently reflect on and explore issues and methods that either impede or improve the executive's or the organisation's performance, especially the manifestations of defensive operations, resistance, and conflict (Kilburg, 1997, p. 293).

In the therapeutic literature, facilitative coach behaviours include *physical attending behaviour* (smiling, leaning forward, and making eye contact), sharing personal experiences, and responsive prompts (Bedi *et al.*, 2005a).

Adopting a constructivist philosophy as a coach means suspending their personal perspective, behaving as equal, working with the whole person, working with a point in time, and encouraging reflexivity (Bradley-Cole and Denicolo, 2021, pp. 67–69).

Negative therapist behaviours, which are detrimental to the therapeutic relationship, include putting the patient 'in his place', courting the favour of the patient, trying to impress the patient with his skill or knowledge, and treating the patient like a child (Fiedler, 1950, p. 241).

2.3.3.4. Client Behaviour

Consistent with the findings on coaches, *respect* is also identified for clients as a beneficial behaviour for the coaching relationship (O'Broin and Palmer, 2010b; McComb, 2012; O'Broin, 2016). Research on the therapeutic relationship (Gardner, 1964) also emphasises that client respect for the therapist is an important contributing factor.

Research of the helping relationship in social work points to the negative impact of client *manipulative behaviours* on the relationship and the need for helpers to be competent in recognising and managing these (Hepworth, 1993).

2.3.3.5. Coach Attributes and Personality

Regarding desirable coach attributes, the therapeutic literature emphasises *genuiness* (Truax et al., 1966; Ellis et al., 2020; Coelho et al., 2021) or *authenticity* (Coelho et al., 2021) of the therapist as an important factor in the therapeutic relationship. '[B]eing real' is reported to be an important characteristic of therapists, marked by authenticity, congruence, and self-disclosure (Pearson and Bulsara, 2016). Other authors in coaching (Machin, 2010) and therapy research (Mills and Zytowski, 1967; Greenberg, 2014; Cheng and Lo, 2018) have linked congruence with the genuineness of the coach. Genuineness is also one of the four core dimensions of the helping relationship in the Carkhuff and Berenson (1977) model and forms the basis for the whole helping process (Carkhuff and Berenson, 1977; Lloyd and Maas, 1993).

Another prevalent term in the literature on coaching relationships is *confidentiality*, which is closely related to the development of trust (Lynch et al., 2020). Several literature reviews in executive coaching (Passmore, 2010; Lai and McDowall, 2014), the doctor-patient relationship in the medical field (Hoff and Collinson, 2017), and the helping relationship in mental health care (Lynch et al., 2020) have pointed to the importance of confidentiality for the relationship.

Enthusiasm and motivation to help are other factors that positively affect the coaching relationship (Lai and McDowall, 2014). These are described as caring about the client (Johnson *et al.*, 2009), making an effort to help (Sinai-Glazer, 2020), showing interest in the client and his/her troubles (Eklund et al., 2015), showing attention, viewing the patient as a whole human being (Cassattly and Bergquist, 2012), and possessing a warm and friendly attitude (O'Broin and Palmer, 2010b). In the therapeutic literature, the latter

description is most frequently found. Many authors designate conveying nonpossessive warmth as positive therapist characteristic (Gardner, 1964; Truax et al., 1966; Heglend et al., 2001; Castonguay et al., 2006; Carey et al., 2012; Dattilio and Hanna, 2012). In this context, the expression of positive affect and sentiment is highlighted (Bedi *et al.*, 2005a).

The SLR shows that for the relationship in coaching (O'Broin and Palmer, 2010b; Passmore, 2010; Lai and McDowall, 2014) and therapy (Pearson and Bulsara, 2016; Coelho *et al.*, 2021) a *non-judgemental attitude* is important. A non-judgemental attitude is viewed as essential for the creation of trust (Machin, 2010), while other authors understand a non-judgemental attitude as the basis for a sense of equality in the coaching relationship (Ribner and Knei-Paz, 2002).

The coach's *credibility* is another characteristic that contributes positively to the relationship (G. Jones and Spooner, 2006; Alvey and Barclay, 2007; Boyce et al., 2010; Dagley, 2010; Bozer and Joo, 2015). To be credible and build trust, coaches must be able to challenge the client's way of thinking and living and offer support in processing current experiences (Ellam-Dyson et al., 2019). This is a finding that comes primarily from executive coaching research and is not reflecting in therapy research. The trustworthiness of the coach (Terblanche and Heyns, 2020) or therapist (Evans-Jones et al., 2009) is another aspect worth mentioning. Trustworthiness is closely related to credibility and is enhanced by the demonstration of ability, competence, and integrity (Terblanche and Heyns, 2020).

This SLR has identified another theme around the *availability* of the coach or therapist. In helping relationship research, continuity and being there when needed are mentioned together with availability (Sinai-Glazer, 2020). In the therapeutic literature, 'being highly present' is highlighted (Greenberg, 2014, p. 350). The coaching relationship literature identifies 'mindful presence' (Lawson, 2013, p. 7), and 'available when needed' (Borg and Kristiansen, 2009, p. 493).

Desirable characteristics of a personal construct coach include adopting an emic point of view, recognising knowledge as relative, focussing on identity rather than personality, acknowledging people as active sense makers, appreciating change as a process of choice, accepting that people may be resisting to change, and adopting a credulous attitude (Bradley-Cole and Denicolo, 2021, pp. 67–69).

Personality research related to the coaching relationship shows mixed results (O'Broin and Palmer, 2019). Personality can affect the coaching relationship (Lai and McDowall,

2014). For example, a connection has been found between *dysfunctional personality traits* of executives, such as deficient interpersonal strategies, and leadership quality (Nelson and Hogan, 2009). To develop coaching that fits the client's personality, it is important that coaches can assess the personality traits of their clients. Several studies find that coach *openness* is positively related to relationship quality (Morgan *et al.*, 2006; O'Broin and Palmer, 2010b; Lai and McDowall, 2014; Schiemann *et al.*, 2019). Openness is a person's willingness to engage with new ideas and unconventional values, as well as their curiosity about their internal and external world and their intensity of feeling (Costa and McCrae, 2006). This also applies to the openness of the therapist and the therapeutic relationship (Nakash et al., 2020). Openness is found to be related to honesty, transparency, and other engagement factors (O'Broin and Palmer, 2010b).

However, whether and which combinations of specific coach personality traits impact the coaching relationship and to what degree needs to be researched more deeply (de Haan, 2008c; Passmore and Fillery-Travis, 2011; Lai and McDowall, 2014). There is evidence that coaching outcomes are significantly better when coach and client have different temperaments (Scoular and Linley, 2006), while other authors find no support for the relationship between coach-client dissimilarities and coaching success (de Haan et al., 2013; de Haan et al., 2016). '[V]ery little attention has been given to the links between personality and coaching' (Nelson and Hogan, 2009, p. 14). This finding is also reflected in the therapeutic literature.

The SLR identifies several other characteristics of the coach that positively influence the working relationship, including (developmental) self-efficacy (de Haan and Page, 2013; Bozer and Joo, 2015), goodwill (McComb, 2012), conveying hope (Borg and Kristiansen, 2009), having authority (Topor and Ljungberg, 2016), goal orientation (Bozer and Joo, 2015), recovery orientation (Borg and Kristiansen, 2009), providing clear facts and explanations, not getting overly emotional (Eklund et al., 2015), being concrete (Carkhuff and Berenson, 1977), using stimulating problem solving, helping developing alternative perspectives, and balancing challenge and support (Passmore, 2010).

Honesty is a desirable characteristic found in the therapeutic literature (Coelho et al., 2021) as well as attractiveness (Bedi *et al.*, 2005a; Evans-Jones *et al.*, 2009). Attachment characteristics are reported to influence the doctor-patient relationship (Henny *et al.*, 2021).

Desirable characteristics, especially for therapists, are permissiveness, liking for the patient, as well as assumed similarity to and familiarity with the patient (Gardner, 1964), being of similar age (Bedi et al., 2005a), and altruism (Flasch et al., 2019).

However, *characteristics with negative influences* on the coaching relationship have also been identified, such as overconfidence bias (Golovic et al., 2002). This is the tendency to overestimate the correctness of one's own beliefs and opinions and to give them more credence than warranted, which impairs the coach's ability to support the client's development process in the coaching relationship (Kemp, 2008b). In addition, in the therapeutic literature, negative characteristics have been found for therapists, including rigidity, criticalness, and inappropriate self-disclosure (Castonguay et al., 2006).

2.3.3.6. Client Attributes and Personality

Considering what the client can add positively to the coaching process, it has been shown that client *motivation* is associated with the coaching relationship (Bluckert, 2005a; Joo, 2005; Kappenberg, 2008; Gan and Chong, 2015; O'Broin and Palmer, 2019). Client motivational processes have been linked to self-determination theory (SDT) (Ryan and Deci, 2000). Client self-determination positively influences the therapeutic relationship (van Veen *et al.*, 2019). Client intrinsic and extrinsic motivation can be influenced by the coach, for example, through motivational attunement, which in turn has an impact on the coaching relationship and coaching success (O'Broin and Palmer, 2008). Therapy research has shown that client motivation is related to therapy outcome (Castonguay and Beutler, 2006). Closely related to self-determination theory (Ryan and Deci, 2000) is client self-efficacy, which has been found to influence coaching outcome (de Haan and Page, 2013; de Haan et al., 2019).

Other beneficial client characteristics are *commitment* (Bluckert, 2005a; Joo, 2005; Bouwer and van Egmond, 2012; Gan and Chong, 2015) and *readiness for change* (Machin, 2010; Gan and Chong, 2015; O'Broin and Palmer, 2019). The Transtheoretical Model of Change (Prochaska and DiClemente, 1984) has been developed to assess clients' readiness for change. The model conceptualises six phases of change, each of which requires different change processes and to which the coaching relationship and coaching strategies used must be aligned (O'Broin and Palmer, 2019).

In the executive coaching literature, client *activeness* in the determination of coaching tasks and goals is emphasised as important (Grant, 2014; Gessnitzer and Kauffeld, 2015; de Haan et al., 2016), while in employee coaching, client feedback orientations (Gregory

and Levy, 2011) and feedback receptivity (Bozer and Joo, 2015) have been found to affect the coaching relationship.

Regarding personality, therapy research has shown that clients with a *personality disorder* benefit less from therapy than clients who have not been diagnosed with a personality disorder (Castonguay and Beutler, 2006). The coaching research literature identifies that *the 'bright side' personality factors* of the Hogan Personality Inventory (HPI) (Hogan and Hogan, 1995), as well as resilience, self-efficacy, perceived social support, and mental well-being positively impact the coaching relationship (de Haan et al., 2019). Another personality factor positively associated with the coaching relationship is *openness* of the client (Morgan *et al.*, 2006; Stewart, 2008; O'Broin and Palmer, 2010b; R. J. Jones *et al.*, 2014; Allen *et al.*, 2016; Bucher *et al.*, 2019; R. J. Jones *et al.*, 2019). On the other hand, there is research that finds no influence of client personality traits on the quality of the coaching relationship (Terblanche and Heyns, 2020).

Acceptance and trust in coaching (de Haan, 2019) and trustworthiness of the patient in the therapeutic setting (Nakash et al., 2020) also promote the coaching relationship. In the therapeutic research literature, patient *feelings of being supported* (Black, 1952) and *helped* (Bedi and Hayes, 2019) are linked to strong relationships.

Other client characteristics that positively influence the therapeutic relationship are ethical values, social class, assumed similarity to the therapist (Gardner, 1964), feeling understood by the therapist (Fiedler, 1950) or social worker (Sinai-Glazer, 2020), client insight, psychological mindedness, expectation for change and quality of object relations, (Castonguay et al., 2006), and the patient feeling free to make own choices (Fiedler, 1950; Bedi et al., 2005b).

Furthermore, familiar patterns of relating to the therapist are conducive (Arnd-Caddigan, 2012), and the patient must like the therapist (Gardner, 1964). Other client characteristics that impact the coaching relationship are age and perceived stigma (Kondrat and Early, 2010), ethnicity (Klinkenberg et al., 1998), client autonomy (Hoff and Collinson, 2017), flexibility (Sharp and Hodge, 2013), goodwill (McComb, 2012), and resilience (de Haan et al., 2019).

Characteristics with negative influence on the working relationship have also been found. In research exploring the therapeutic relationship, self-criticism is associated with lower relationship ratings (Whelton et al., 2007), as are client social adjustment difficulties (Cheng and Lo, 2018). Vindictive or egocentric interpersonal problems are also

associated with lower working alliance scores, regardless of counsellor gender (Krieg and Terence, 2016, p. 191). In addition, avoidance behaviour, interpersonal difficulties, depressive cognitions (Castonguay et al., 2006), dependency (Gardner, 1964), and alcohol use (Chen and Lo, 2018) negatively affect relationship quality in therapy.

In the coaching relationship literature, behavioural confirmation according to Snyder (1984), belief perseverance according to Myers (1996), and the halo effect (Thorndike, 1920) negatively impact the coaching relationship (Kemp, 2008b), as well as concerns, 'including apprehension, scepticism and fear of their issues being taken seriously' (de Haan and Gannon, 2017, p. 196). Client attribution patterns can also negatively affect the coaching relationship (Kemp, 2008b), for example, due to fundamental attribution error (Ross, 1977).

2.3.3.7. Characteristics of an Effective Relationship in Coaching and Therapy

To understand the role of the coaching relationship for coaching success, studies have been conducted on specific characteristics of effective coaching relationships; see, e. g., Grant (2014). Several studies identify *trust* as a key factor, see, e. g., Machin (2010), Gyllensten and Palmer (2007), O'Broin and Palmer (2010b), and O'Broin and Palmer (2019). This finding is supported by other authors; see, for example, Gregory and Levy (2011), and Passmore (2010).

Furthermore, an effective coaching relationship is characterised by a clear contract (Lai and McDowall, 2014) and transparent process (Gyllensten and Palmer, 2007; Lai and McDowall, 2014), which is predictable and reliable (Kilburg, 1997). The contract contains 'issues of time, fees, places of meetings, confidentiality, requirements for self-report, participation, practice, follow-through and homework, cancellation policies, information exchange, and goals' (Kilburg, 1997, p. 293). Other desirable characteristics for the coaching relationship include health in the sense of compatibility, mutual respect, high level of rapport (McComb, 2012), being empathetic, respectful, considerate, genuine, authentic, and non-possessive appreciative (Kilburg, 1997).

An effective therapeutic relationship is characterised by trust, confidence, rapport, an active patient, acceptance, tolerance, understanding (Fiedler, 1950), empathy (Fiedler, 1950; Gelo et al., 2016), consistency, absence of ambiguity (clarity), security (Estes, 1948), respect, care, and sharing (Gelo et al., 2016).

On the contrary, a poor therapeutic relationship is described as punitive, rejecting, disrespectful, impersonal, and cold (Fiedler, 1950).

The themes identified by the SLR that influence the coaching relationship are summarised below.

2.3.3.8. Summary of Themes in the Systematic Literature Review

The SLR discussed several themes that have been categorised into contextual and relational factors and the contributions of the coach and client. Figure 2.3 shows the themes and their structure.
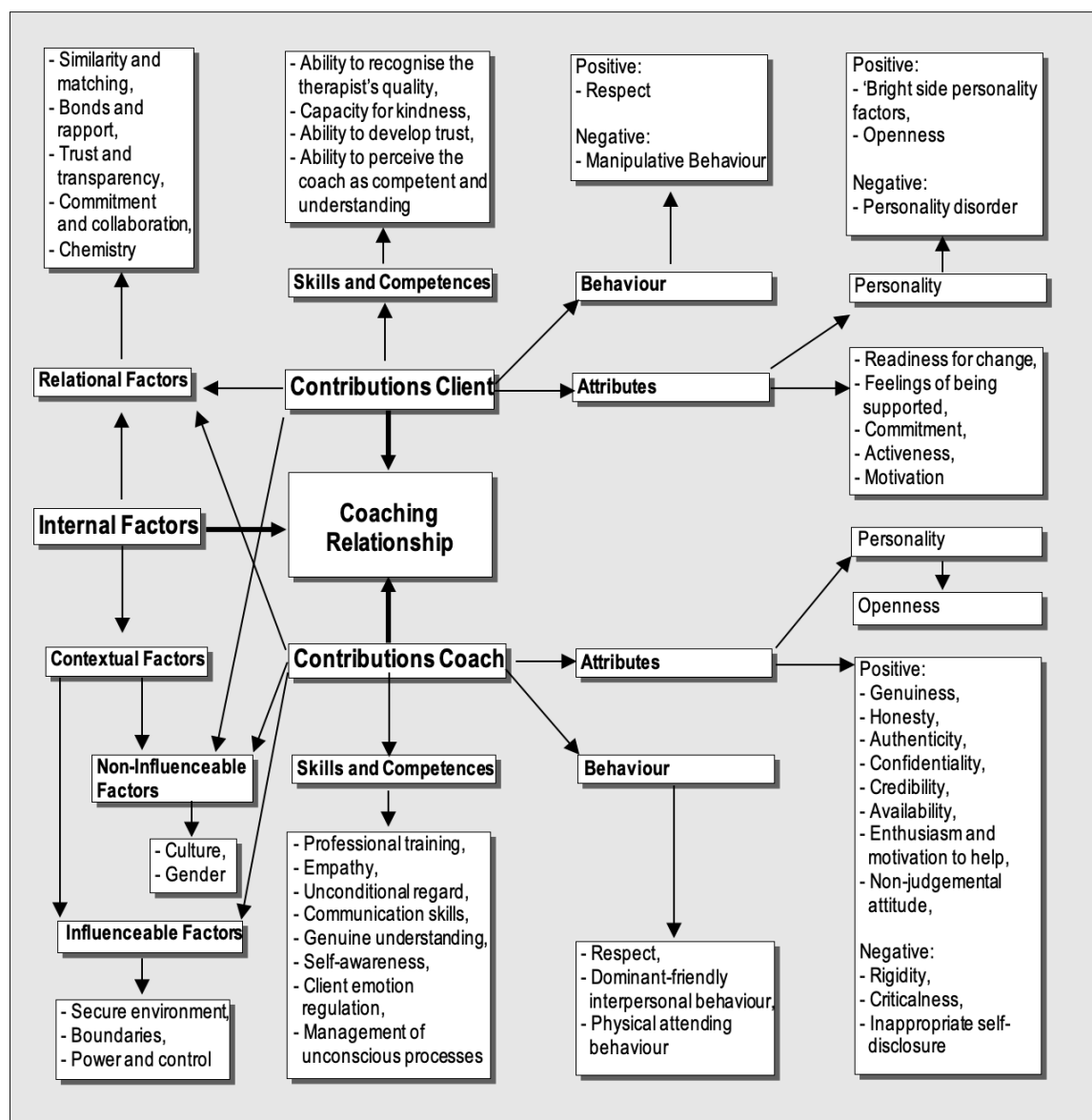
Figure 2.3 Main Themes Identified by the SLR.

The results of the SLR are synthesised and critically reviewed in the following section.

2.4 Synthesis and Research Questions.

This section synthesises the main results of the SLR, leading to decisions regarding the study focus and the formulation of research questions.

Figure 2.4 summarises the key findings of the SLR, their implications for this research, and the research questions derived from the SLR.
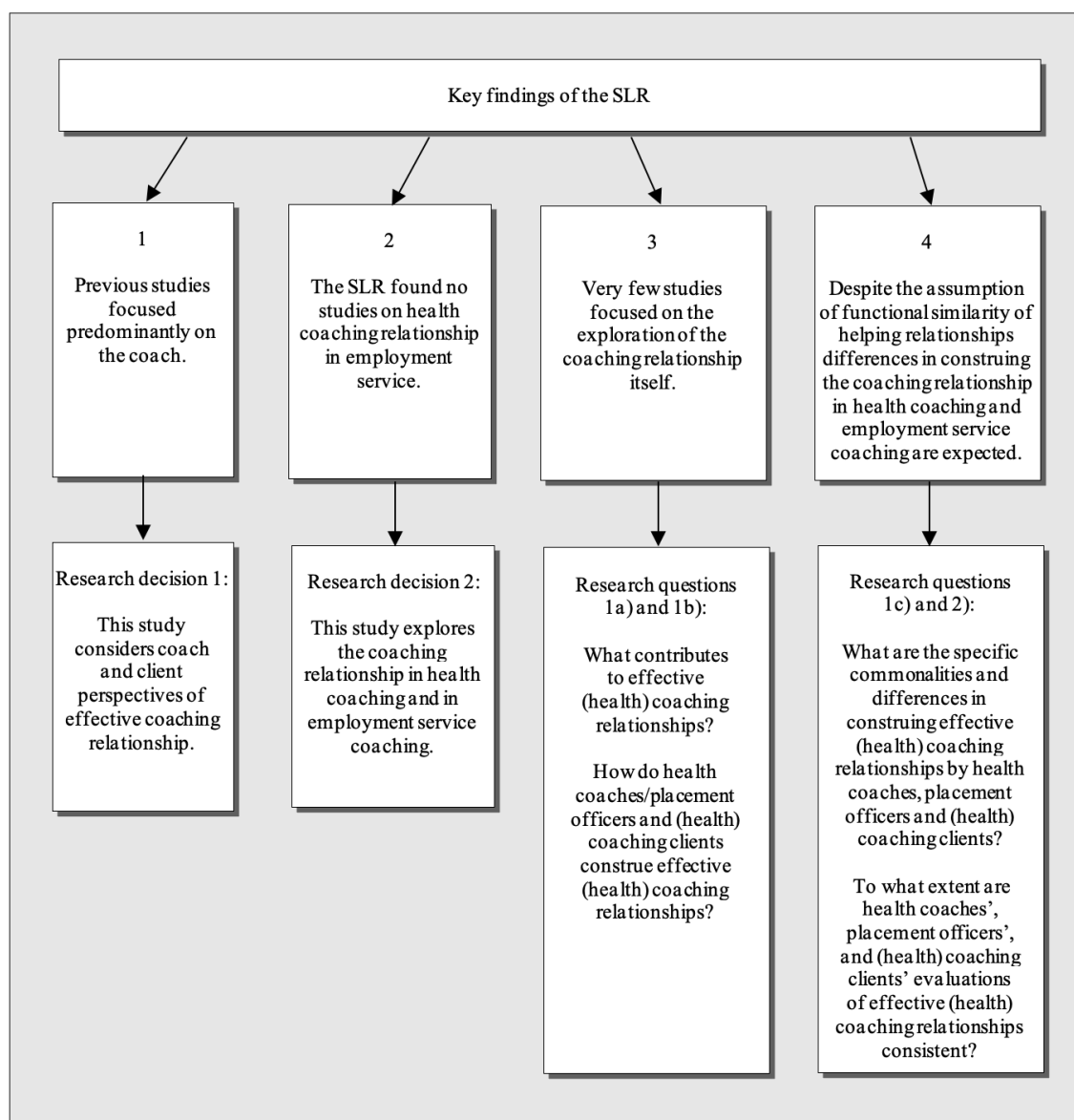
Figure 2.4 Key Findings of the SLR.

The first result of the SLR is that previous research on the coaching relationship has predominantly focused on the coach and their role in the coaching relationship and process (Dagley, 2010; de Haan and Gannon, 2017; O'Broin and Palmer, 2019) although the literature on therapy research emphasises relational dynamics in the dyad (de Haan and Gannon, 2017). Since a relationship is defined by the interactions between the relationship partners, which is characterised by mutual influence (Reis, 2007), and

considering the assumptions of PCP about the coaching relationship, the role of the client is also essential for the development of an effective coaching relationship. Therefore, the coaching relationship in this research is explored from both perspectives of the dyad.

Second, the SLR finds that in comparison to workplace-related coaching, such as executive, leadership, or workplace coaching, there are very few studies exploring the health coaching relationship or working relationship in job placement. Table 2.5 summarises the number of documents included per research domain.

Table 2.5 Number of Documents Included in the SLR by Research Domain.

Number of Documents Included	Domain
92	**Coaching Relationship**
41	Executive/leadership/workplace coaching relationship
29	Coaching relationship in general
17	Coaching relationship in specific health areas (e. g., psychiatry)
4	Personal construct coaching relationship
1	Health coaching relationship
98	**Therapeutic Alliance/Relationship**
8	Personal construct therapeutic relationship
6	**Helping Relationship in Job Placement**
3	**Helping Relationship in General**
7	**Other Theoretical Frameworks/Theories**
Total = 206	

Only one paper is assigned to research of the health coaching relationship, however, it relates to the conception and development of a health coaching model rather than the exploration of health coaching relationship itself. The SLR does not identify research on the health coaching relationship in a job promotion setting with (long-term) unemployed people who receive social benefits and suffer from health problems.

Third, the SLR shows that our understanding of the coaching relationship lacks depth and differentiation. This is because most of the included studies examine the link between the coaching/therapeutic relationship and the success of the coaching/therapy and identify desirable characteristics of the therapist/coach and the client or the coaching relationship in this course. Furthermore, many studies investigate the relationship as one of several factors that affect coaching/therapy outcomes or other dependent variables, e. g., satisfaction with coaching/therapy. Another focus of research has been the initial formation of a working relationship. Few studies have thoroughly examined the coaching/therapeutic relationship itself and what contributes to effective relationships in (health) coaching. Even fewer have investigated how it is construed by both the coach and the client from a phenomenological, constructive perspective, which considers the

richness and differentiation of human meaning-making in interpersonal relationships. An exception is the study by O'Broin and Palmer (2010b), who investigate how executive coaches and clients construe the coaching relationship by means of Repertory Grid interviews. Table 2.6 shows the composition of the types of document included in the SLR.

Table 2.6 Composition of Documents Included in the SLR.

Number of Documents Included	Types of Documents
96	**Non-Empirical Documents**
42	Books/book chapters
34	Conceptual articles
20	Reviews/meta-analyses
110	**Empirical Documents**
66	Positivist research approaches
41	Qualitative research approaches (including 8 studies using a constructivist approach)
3	Mixed-methods approaches
Total = 206	

Therefore, the following research questions are formulated for the empirical part of this research:

1a): What contributes to effective (health) coaching relationships?

1b): How do health coaches/placement officers and (health) coaching clients construe effective (health) coaching relationships?

Fourth, as explained in Section 2.1, a functional similarity is assumed between the therapeutic relationship and the coaching relationship. However, research shows that the findings on how differently therapists and clients perceive the working relationship and the therapy process cannot be applied in the same way to the coaching relationship (Machin, 2010).

Additionally, the nature and depth of the relationship depend on the nature of the helping relationship based on different processes and roles associated with each helping relationship type (Bordin, 1979). Relating this finding to coaching in the context of employment service for long-term unemployed people is relevant to the exploration of the coaching relationship, as coaches who participate in this study have a dual role of coaching their clients and placing them in employment.

With its assignment to social legislation, counselling and coaching in the Federal Employment Agency has to contribute to the realisation of social justice and social security (§ 1 SGB I). At the same time, it also has to pursue labour market policy goals

due to its anchoring in SGB III: Prevention, activation, and market equalisation. As a service of active labour promotion, counselling and coaching should contribute, among other things, to increasing transparency on the training and labour market, enabling vacancies to be filled quickly, promoting individual employability, counteracting substandard employment, and helping to improve the professional situation of women. In many cases these roles and objectives can be combined without contradiction, in other cases they have to be weighed against each other.

Furthermore, some placement officers personally tend to give more weight to their role as coach, strive for a trusting relationship and see the focus of their role as supporting their clients, while other placement officers see their policing role as more important, are more dominant and demanding toward the unemployed, and would take action against the client's will (Behnke et al., 2010b). This is related to the issues of power and hierarchy dynamics in the relationship, which has been identified as a relevant and influencing factor in the coaching relationship by the SLR. The distinction between power and influence is recalled here. Although it is important not to exercise power as an imposition over the client in coaching, influence as a form of social exchange does not involve imposition (Welman and Bachkirova, 2010).

In any case, however, the dual role with its different objectives has an impact on placement officers and coaches, on the demands faced by the persons acting in the coaching situation, and on the working relationship that develops between them. Professional action by placement officers and coaches is characterised by how they deal with this potential field of tension (Rübner and Sprengard, 2010). Individual differences in the weighting of the two roles of coaches shape their personal construct system and thus impact how they construe effective coaching relationships.

Therefore, it is assumed that the issues associated with effective coaching relationships in health coaching and employment services have commonalities, but differ in some respects. The same is assumed for different members of the coach groups and the client groups. This aspect is addressed by the following research question:

> *1c) What are the specific commonalities and differences in construing effective (health) coaching relationships by health coaches, placement officers, and (health) coaching clients?*

Kelly's Commonality Corollary is of special relevance to this research as people and interpersonal interactions are regarded as key components in the coaching process

(Palmer and McDowall, 2010; O'Broin and Palmer, 2012; Lai and McDowall, 2014). The Commonality Corollary describes human interactions and interpersonal relationships (see also Subsection 3.2.2) and represents the extent to which people's construction processes are similar (Jankowicz, 2004).

Despite the assumption of functional similarity between the coaching relationship and other helping relationships, differences in the psychological processes of participants' construing effective (health) coaching relationships can be expected between the different groups of participants. This aspect is addressed as follows.

2) To what extent are health coaches', placement officers', and (health) coaching clients' evaluations of effective (health) coaching relationships consistent?

The methodology used to answer the research questions is explained and discussed in the following chapter.

3. Methodology

This chapter explains the methodology for this research. After a critical discussion of the adopted research philosophy and the theoretical framework for this study, the methods and techniques used for data collection and analysis are presented and discussed. The ethical aspects are then considered before the procedure and the results of the pilot study are addressed.

3.1 Research Philosophy

This section discusses the research philosophy adopted for the study.

Research philosophy refers to the nature of knowledge. It relates to the development of the research background (Saunders *et al.*, 2019) and the research paradigm, which includes the theoretical position, understanding, and beliefs adopted for conducting specific research (L. Cohen *et al.*, 2000). There is a continuum of research philosophies. Positivism forms one end pole with the assumption of an objective reality and research uninfluenced by the researcher. At the other end of the continuum is phenomenology, which assumes that reality is subjective and that no mind-independent reality exists (Carson *et al.*, 2001). The continuum includes multiple other philosophical positions, e.g., critical realism, each with its own epistemological and ontological perspectives. It should be noted that the classification of research philosophies is imprecise, as philosophical concepts are themselves based on social constructs.

Traditionally, positivist philosophical approaches and the assumption of measurable variables that exist independently of human perception and the attempt to discover truths (Jankowicz, 2019) have predominated in psychological research. Positivist techniques have provided substantial insight into individual perceptions of many kinds of processes and different kinds of social relationships, as shown in the Systematic Literature Review (SLR) presented in Section 2.3. However, the coaching relationship is a nuanced and complex social pattern about which data can be collected and systematised; however, the assumptions of objective knowledge, reality and truth (Symon and Cassell, 1998) were not viewed as appropriate for the investigation of the present research questions as these concerned how individuals create meaning in terms of effective coaching relationships, which includes shared understanding and sense making, which means positivist research techniques would not provide sufficiently deep and differentiated insights.

The synthesis of the SLR results presented in Section 2.4 identified that our understanding of the coaching relationship lacks depth and differentiation in several ways. First, most of the studies included in the SLR examine the relationship between the coaching/therapy relationship and the coaching/therapy outcomes and identify desirable characteristics of the therapist/coach/client or the coaching relationship as a side outcome. Other studies examine the coaching relationship as one of several factors that influence coaching/therapy outcomes or other dependent variables. There are hardly any studies that deeply examine the coaching relationship itself and in relation to what contributes to effective coaching relationships. Second, the vast majority of studies focused on the coach, and thus neglected both the client perspective and the relational aspects of the coaching relationship. Third, Table 2.6 shows that only 8 out of 110 empirical studies included in the SLR used a constructivist approach, which allows for deep insights into the richness and differentiation of human meaning-making in interpersonal relationships.

As the aim of this study was to explore a deeper and more differentiated understanding of how individuals create meaning in terms of effective coaching relationships, which involves shared understanding and sense making, phenomenology, more specifically constructive alternativism, was chosen as the philosophical stance.

Phenomenology is a form of qualitative research that focuses on the study of an individual's lived experiences within the world (Neubauer *et al.*, 2019, p. 90). A fundamental premise of research is that scholars learn from the experiences of others to gain new insights into a particular phenomenon (Neubauer *et al.*, 2019). To comprehend phenomenology, one must develop an understanding of the philosophies that underlie it (Neubauer *et al.*, 2019). There is no unified theory that phenomenology posits about social reality (Salice and Schmid, 2016, p. 1) because different kinds of phenomenology conceive the what and how of human experience differently, however, a commonality of these philosophies is that they theorise the meaning of human experience (Neubauer *et al.*, 2019). This means that they seek 'to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it […] (Teherani *et al.*, 2015, p. 670). Although Kelly (1969a) stated that the Psychology of Personal Constructs was not a variety of phenomenology, this was probably due to a misrepresented image he had of it, acquired through reading of secondary sources (Armezzani and Chiari, 2014) and by 'knowledge of those American personality theories that imported a particular version of phenomenology' (Butt, 2003, p. 381), PCP can be seen as an existential

phenomenological approach in that it has this real-world, individual focus (Butt and Warren, 2016).

Constructive alternativism is one of the many forms of constructivism within phenomenology, which have in common the assumption that individuals do not acquire meaning but construe it (Raskin, 2002; Raskin, 2008). Constructive alternativism assumes that the real existing world can only be approximately known through interpretation (G. A. Kelly, 1991a). It includes the notion of 'man-the-scientist' and that '[h]umanistic science is science in the grasp of men, not men in the grasp of science' (G. A. Kelly, 1969a, p. 64). This idea is an abstraction of humanity, it does not refer to concrete classifications or groups of people. That is, Kelly (1991a, p. 4/5) replaces the distinction between scientists and nonscientists with the assumption that each person is, in their own way, a scientist whose goal is to predict and control the course of events that concern them. Personal views thus correspond to the differences between the theoretical approaches of different scientists (Kelly, 1991a, p. 5).

The key reason for choosing a phenomenological approach and constructive alternativism as a research position is Kelly's (1991a) proposition of 'man as scientist' – that there is no difference between the studier and the studied, rather that they explore together as research partners. It deals with subjective, personal perceptions and can therefore provide sufficiently rich and deep insights into what constitutes effective coaching relationships. Constructive alternativism focusses on issues as understood by the researcher and the researched person for the development of shared understanding (Jankowicz, 2017), which can be viewed as negotiating meaning as an interactive process involving both scientific partners. This means that the understanding of phenomena is not regarded as observational or measurable, but as interactionist (Chiari and Nuzzo, 2003). It seeks to capture how the research participants construe their world and consequently aims to understand them in their own terms, ensuring accuracy of meaning and understanding what contributes to effective coaching relationships. Therefore, a phenomenological approach is particularly suitable for acknowledging the richness and complexity of human meaning making in interpersonal situations and thus increases the differentiation of our understanding of effective coaching relationships.

Constructive alternativism has received its criticism, e. g., in terms of epistemological relativism (Fox, 2001; Liu and Matthews, 2005) and quasi-religious or ideological aspects (Liu and Matthews, 2005). However, it allows the exploration of effective coaching relationships using sociality and the development of a shared understanding between the

researcher and the participant about the meaning of what contributes to effective coaching relationships. After weighing the advantages and disadvantages of constructive alternativism in relation to this research, it was considered the most appropriate philosophical position.

Central assumptions of constructive alternativism about the world and life include (G. A. Kelly, 1991a; 2017):

1. The world and people's constructions of the world are real (people with their perceptions are part of the world). The world is not a fragment of perceptions. What someone perceives may not exist, but the perception on its part exists.
2. The world is constantly changing; it is dynamic. The world exists by changing. The change never stops as long as the world exists.
3. Life is a process that must be considered in the course of time because the punctual consideration of life does not make sense.
4. People are characterised by the fact that they construe or represent their environment and do not merely react to the environment. People understand the world gradually.

Based on constructive alternativism, the Psychology of Personal Constructs (Kelly, 1991a; 1991b) was developed, which forms the theoretical framework for this research and is explained in the following section.

3.2 Theoretical Framework – Personal Construct Psychology

In this section, the theoretical framework for this research is explained and critically discussed in terms of its suitability for this research.

The coaching literature contains several theoretical frameworks that have been used to explore and explain the coaching relationship. These include the Rogerian theory of helping relationships (Rogers, 1958), the therapeutic working alliance (Bordin, 1975), motivational theories such as SDT (Ryan and Deci, 2000), and goal theory (Locke and Latham, 1990), just to name a few. However, there is no specific theory of the coaching relationship or frame of reference that could be applied to different coaching fields and media (Henderson and Palmer, 2021b).

The Psychology of Personal Constructs (PCP) (G. A. Kelly, 1991a; 1991b) was best suited and chosen as the theoretical framework for this study because it specifically concerns the construction of human relationships. Being rooted in constructive

alternativism, it provides a highly validating framework for accepting that individuals are unique. 'No other personality psychologist has provided a better theory of how people interact' (Hogan and Smithers, 2001, p. 194). Although PCP was developed in the clinical context, it can be used as a general psychological framework with strong potential in different contexts due to its theoretical foundation (Stojnov and Pavlović, 2010). It is acknowledged as a robust theoretical framework for coaching psychologists (Stojnov and Pavlović, 2010; Pavlović and Stojnov, 2016; Duignan, 2019; Pavlović, 2019; Pavlović, 2021). This means that PCP and its principles can be basically applied to any field due to its epistemological completeness (Boddy and Jankowicz, 2020). In line with its basic metaphor of 'man as scientist', PCP conceptualises a process in which the individual develops, validates, and continually readjusts a 'self-theory' for their social behaviour through engagement in interpersonal relationships (Neimeyer and Neimeyer, 1985). The important implication of this metaphor is, as already pointed out in Section 3.1, that Kelly (1991a, p. 4/5) thus replaces the distinction between scientists and nonscientists with the assumption that each person is, in his or her own way, a scientist whose aim is to predict and control the course of events that affect him or her. This assertion is rather important and relates to the roles of counsellor and client, who start to engage in sociality through their interactions, seeking to understand each other. Another consequence of this assertion is that the counselling situation in PCP consists of two equals who experiment together on the same problem. The client is the expert, the counsellor merely helps the client to work constructively with the results of their experiments (Kelly, 1991a).

PCP has been used in a variety of settings, e. g., in health research including the construction of illness experience (Cipolletta, 2020), in paediatric health care (Green, 2016), and in transforming the identity construction of alcoholics (Young, 2010). There are also PCP studies in the field of constructivist coaching (Bradley-Cole and Denicolo, 2021), and postgraduate supervision (Zuber-Skerritt and Roche, 2004).

However, the link between PCP and Coaching Psychology is not new. PCP was based on coaching principles even before this term became generally known (Stojnov and Pavlović, 2010; Stojnov *et al.*, 2011; Pavlović, 2021). According to Duignan (2019), Kelly's PCP already contained foreshadowing of Coaching Psychology and its theoretical concepts can be linked to coaching. Research connecting PCP and Coaching Psychology started with Bannister (1982), and can even be related to recent guidelines for Olympic sports coaching (Duignan, 2019). Recent publications in Coaching Psychology, e. g.

Pavlović (2021) and Bradley-Cole and Denicolo (2021) further linked constructivist approaches to the theory and practise of Coaching Psychology.

Although PCP is considered a robust theory, it has not been uncriticised. Criticisms relate to a too strong focus on the individual construer (Procter, 2016b), thereby giving them too much agency. However, Kelly understood well the socially constructed nature of the person because he argues that what other psychologists think of as self emerges from interaction (Butt and Warren, 2016, p. 21). A too strong focus on cognitions and thus a neglect of emotions was also criticised (Fransella, 1995). However, construing 'is about experiencing our private worlds' (Fransella, 1995, p. 117), which includes emotion as well as cognition. Further criticisms relate to Kelly's ideas on language (Butt and Warren, 2016) and the argument that PCP represents a weak 'epistemological' constructivism that is based on and favours the knowledge of the knower (Chiari and Nuzzo, 2010; Butt and Warren, 2016). To address this criticism, an elaboration of PCP in the sense of reading it more from a narrative-hermeneutic perspective has been proposed to overcome the criticised separation between knowledge and reality and envisaging a complementary relationship between subject and object of knowledge (Chiari and Nuzzo, 2006; Chiari, 2016). Other authors have critiqued the limited scope for Western individualism (Gergen, 1994; Stam, 1998; Procter, 2016b), which is hardly relevant to this research as Germany is a western country.

After considering its advantages and disadvantages in relation to this investigation, PCP was considered the most suitable. It provides researchers and practitioners with several useful methods to elicit the personal constructs of individuals (Gucciardi and Gordon, 2008); it was therefore a suitable framework for investigating the explorative research questions of this study. PCP is not only suitable for exploring individual constructs and construct systems, but also for exploring relational constructs and aspects of the coaching relationship, which are highlighted as important in the therapeutic literature (de Haan and Gannon, 2017). PCP considers that knowledge is based on personal and subjective perceptions of individuals and is therefore influenced by various contextual factors. Thus, PCP links people's personal construing with interpersonal relationships: '[T]he way in which we elaborate the construing of self must be essentially those ways in which we elaborate our construing of others, for we have not a concept of self, but a bipolar construct of self – not self' (Bannister and Agnew, 1977, p. 99). This means that PCP considers that individuals act in social situations, which means that some but not all meanings are

shared, leading to a negotiation of meaning to reach a shared understanding of an effective coaching relationship.

PCP understands the personal sensemaking of meaning and its context as complementary, which underlines the flexibility of PCP in examining the complex field of helping relationships in a psychological context. This is related to the basic postulate of PCP, which states that a person's processes (individual meaning) are psychologically channelled by the way the person anticipates events (context) (G. A. Kelly, 1991a, p. 32). Thus, PCP can reveal the links between individual constructions and the lived social context (coaching), as well as the complexity of dynamics in coaching relationships. Additionally, the PCP framework allowed the participants in the study to develop their own descriptors that allowed them to integrate the fullness of their experiences of helping relationships into relationship constructs that are meaningful to them.

In summary, PCP was the best suited theoretical framework for this study because it allows 'examining more closely the relationship between personal and interpersonal processes' (Neimeyer and Neimeyer, 1985, p. 326). PCP is rooted in both clinical and social psychology, allowing it to address both dysfunctional and functional forms of relationships. The rationale for using this theoretical framework based on constructive alternativism was that it enables gaining deep insights into how effective coaching relationships are construed. In addition, PCP has produced a sophisticated and highly adaptable method, the Repertory Grid Technique, which was used for data collection in this study (see Section 3.3). A brief introduction to PCP and its main components is given below.

The Psychology of Personal Constructs was developed in the 1950s by George A. Kelly with the aim of gaining a deeper understanding about how his clients see their world (Jankowicz, 2004). PCP includes 12 formal statements (G. A. Kelly, 1991a, p. 72/73), which are summarised in Table 3.1.

Table 3.1 Formal Statements in Personal Construct Psychology (Kelly, 1991a, p. 72/73).

Fundamental Postulate and Corollaries	
Fundamental Postulate	**A person's processes are psychologically channelised by the ways in which he anticipates events.**
Construction Corollary	A person anticipates events by construing their replications.
Dichotomy Corollary	A person's construct system is composed of a finite number of dichotomous constructs.
Range Corollary	A construct is convenient for the anticipation of a finite range of events only.
Modulation Corollary	A person may successively employ a variety of construction systems which are inferentially incompatible with each other.
Organisation Corollary	Each person characteristically evolves for his convenience in anticipating events, a construction system embracing ordinal relationships between constructs.
Fragmentation Corollary	A person may successively employ a variety of construction systems which are inferentially incompatible with each other.
Experience Corollary	A person's construction system varies as he successively construes the replications of events.
Choice Corollary	A person chooses for himself that alternative in a dichotomised construct through which he anticipates the greatest possibility for the elaboration of his system.
Individuality Corollary	People differ from each other in their construction of events.
Sociality Corollary	To the extent that one person construes the construction process of another, he may play a role in a social process involving the other person.
Commonality Corollary	To the extent that one person employs a construction of experience which is similar to that employed by another, his processes are psychologically similar to those of the other person.

Two of the Corollaries were particularly relevant to the present research: the Sociality Corollary and the Commonality Corollary.

3.2.1   *The Sociality Corollary*

The Sociality Corollary is: 'To the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person' (G. A. Kelly, 1991a, p. 66).

Sociality is the basis for describing any meaningful human interaction (Duck, 1983; Loos and Epstein, 1989) and for understanding how people form, maintain, and shape relationships (Mascolo *et al.*, 2020). PCP postulates that the basis for all social interaction is the construing efforts of others (G. A. Kelly, 1991a). Depending on the degree to which we are aware of and can understand some of the constructs of the other person, we enter role relationships of varying effectiveness (Jankowicz, 2004). The term 'role' is defined in PCP as 'a psychological process based upon the role player's construction of aspects of the construction systems of those with whom he attempts to join in a social enterprise' (G. A. Kelly, 1991a, p. 68). Put more simply, a role can be described as a consistent pattern of behaviour, which arises from a person's understanding of how others with whom they are about to form a social relationship construe their world. This definition of a role involves the assumption that it, like other patterns of behaviour, is linked to a

person's personal construction system (G. A. Kelly, 1991a). However, people do not have to see the world or the meaning of events in the same way. That is, people do not need to have the same constructs for an effective interpersonal relationship, but they do have to interpret the other person's view effectively regardless of whether they construe events the same way themselves (G. A. Kelly, 1991a; Jankowicz, 2004), or indeed whether they personally agree with or reject the constructs of the other person (Jankowicz, 2004). What is required is that we learn about each other's constructs and become aware that our constructs differ, which eventually leads us to see the same events differently (Jankowicz, 2004). The Sociality Corollary describes how we try to understand others and is thus central to PCP and to the present research. To try to understand others means that we cannot simply adopt or imitate the constructions of another person but must construe them. It is important to bear in mind that we usually do not do this consciously, but rather intuitively, on a non-verbal level. (Fransella *et al.*, 2003). Therefore, understanding how others see their world must involve interpersonal understandings and not just common understandings (Kelly, 1991).

However, the term role could lead to the erroneous assumption that sociality fundamentally promotes caring and compassionate relationships. High capacity for sociality is also important for someone who wants to establish a relationship with harm intent (Winter, 2020). The importance of sociality is also evident in failed social relationships. Often this is due to a failure to understand the needs, interests, or beliefs of the other person (Cipolletta *et al.*, 2020). There may also be circumstances in which efforts at sociality are deliberately terminated (Sims, 2016). Sociality also has implications for ethical behaviour; it is imperative but not sufficient. Ethical behaviour requires above all an awareness that there are certain commonalities with the constructions of the other and that the other is a coconstruing individual (Winter, 2020).

Kelly's Sociality Corollary is the basis for many similar concepts in use today, such as the Theory of Mind (Baron-Cohen, 1997) or mentalisation (Bateman and Fonagy, 2012), which unfortunately do not relate to Kelly or the PCP literature (Procter, 2014).

The Sociality Corollary is not without its critics, e. g., Procter (1978), referenced in Procter (2014), emphasises the need for another corollary that extends the Sociality Corollary to include the complexities of multipersonal interactions that are not contained in Kelly's original conception and introduces the Relationality Principle (Procter, 2014; Procter, 2016a). However, the role of sociality in the dyadic development of meaning has been empirically supported in several areas (Loos and Epstein, 1989), including effective

therapy (Landfield, 1971), relationship formation (Duck, 1983; Neimeyer and Neimeyer, 1985), in family communication patterns (Procter, 1981; 1985a; 1985b), and couple interaction (Ryle and Lipshitz, 1981; Neimeyer and Hudson, 1985).

3.2.2 The Commonality Corollary

The second corollary with particular relevance to the present research was the Commonality Corollary, which reads: 'To the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person' (G. A. Kelly, 1991a, p. 63). Put more simply, commonality can be described as 'the similarity between the construction processes of two independent individuals' (Cipolletta *et al.*, 2020, p. 21). This means that the basis for people developing similar constructs is not that they behave in the same way or experience similar events, but that they interpret events similarly (Buckenham, 1998; Jankowicz, 2004).

On the one hand, commonality can facilitate sociality because the similarity between the constructions of two individuals makes it easier to understand the construction processes of the other and to play a role in a social process. On the other hand, the degree of commonality may limit the extent to which one can construe the construction processes of another person, just as the willingness of the other to take on a role in relation to the first person (Anderson, 1990). Changes in role relations are likely to be accompanied by changes in commonality (Anderson, 1990). Duck (1982) postulates that there can be different levels of sociality as well as different levels of commonality and that increasing sociality correlates with increasing commonality (Anderson, 1990). However, G. A. Kelly (1991a, p. 69) points to the problem that 'commonality can exist between two people who are in contact with each other without either of them being able to understand the other well enough to engage in a social process with him.' This means that sociality and commonality in the thinking of two people are not sufficient; essential is developing some understanding of the other person, which does not imply understanding things in the same way as the other person (G. A. Kelly, 1991a).

The Sociality and the Commonality Corollary were of special importance to the present research, as they both relate to the description of human interactions as well as the formation of interpersonal relationships, while people and interpersonal interactions are viewed as key components in the coaching process (Palmer and McDowall, 2010; O'Broin and Palmer, 2012; Lai and McDowall, 2014).

Implications of PCP for this research: A person's construct system is an influencing factor of the coaching relationship from a PCP perspective, because, like everything else, the coaching relationship is construed and linked to specific associated constructs. On the one hand, individual constructs were relevant for the exploration of the coaching relationship since meaning arises from experiences in relation to existing constructs (Experience Corollary and Individuality Corollary). On the other hand, relational constructs were relevant because PCP assumes that people mentally relate to themselves and to other people (Sociality Corollary and Commonality Corollary).

The operationalisation of the theoretical framework for data collection in this research is explained below.

3.3 Data Collection

This section discusses the kinds of data collected for research and the techniques used for data collection.

3.3.1 Sampling

The sampling frame was long-term unemployed people in the Viersen district, health care coaches (HCCs) participating in the RPV project, and placement officers (POs) of the Viersen jobcenter in Germany. From this sampling frame, five HCCs and seven POs were sampled through personal contacts within the RPV project. Only four HCCs were active in the RPV project. However, there was a change in staff that allowed a fifth HCC to be interviewed. Consequently, the number of HCCs in the sample was predetermined. Additionally, 30 long-term unemployed people (50 percent participating in health coaching and 50 percent participating in employment service coaching) were sampled with the help of the HCCs and POs, who functioned as 'gatekeepers'.

The term 'gatekeeper' describes people who provide access to the field under study (Aaltonen and Kivijärvi, 2018). The use of gatekeepers to access people and data has been critically discussed in the literature (Wanat, 2008), as gatekeepers can have a non-negligible influence on both the composition of the sample and thus the research findings (Groger *et al.*, 1999). However, due to the EU Data Protection Regulation, to which the German Data Protection Act is subject, the only possible way to approach long-term unemployed persons registered at the Jobcenter Viersen for acquisition as study participants was by gatekeepers, following a purposive sampling strategy. Purposive selection of participants is very common in qualitative research, as it allows the researcher to gain in-depth insights as this sampling strategy focusses on participants with a certain

background and expertise for the phenomenon of interest (Palinkas *et al.*, 2015). As the research approach was constructivist and exploratory, it was crucial that the study participants had experience with the topic under investigation, which was secured using gatekeepers. Therefore, the sampling method was suitable for the present research.

The total sample for this research included 42 participants. This number of participants was considered appropriate, since as a rule of thumb, 15 to 25 persons from a population are seen as sufficient to achieve saturation regarding content-analytically formed categories (Tan and Hunter, 2002; Olsson, 2015). Additionally, the sample size was guided by recommendations for the number of participants required to reveal cognitive constructions (Guest *et al.*, 2006; Kwong *et al.*, 2012; Malmström *et al.*, 2015).

3.3.2   *Biographic and Demographic Variables*

Before entering the overall topic of the interview, the following bio- and demographical variables were collected from the participants: Pseudonym, gender, age, nationality, highest level of education (clients), professional qualification, coaching qualification (coaches), type of coaching, number of years unemployed (clients)/number of years working in health coaching/employment service (coaches), number of coaching sessions received (clients)/provided (coaches) and an assessment of the severity of health problems on a 10-point scale for all participants.

These were needed as background information about the participants, as they provided information about how 'experienced' the participants were in coaching. This information was used to make systematic comparisons between different subgroups of the sample addressing research questions 1. b and 1. c.

3.3.3   *Introductory Open-Ended Question*

As an introduction to the overall topic of the interview, an open-ended question was asked: 'Can you describe what you think contributes to an effective (health) coaching relationship?' On the one hand, this procedure had the purpose of mentally attuning the participants to the topic of the grid. On the other hand, it served for a comparison with the results obtained by the Repertory Grid Technique (RGT), which was the main data collection technique and is explained below. Answers to the open-ended question represent explicitly accessible cognitions, whereas the constructs elicited by means of RGT also represent implicit, latent cognitions. When comparing the categories resulting from the respective content analysis, topics that were explicitly and implicitly of high importance for effective (health) coaching relationships.

3.3.4 Repertory Grid Technique

There are a variety of established techniques for data collection, e. g., different forms of interviews, surveys, questionnaires, or psychometric tests. In this context, it is important that the terms techniques and methods should not be confused and be used distinctively (Jankowicz, 2019). Exploring the coaching relationship required an instrument that is, on the one hand, sensitive to the specificity and dimensions of the research topic, and the individuality of the research participants. It should capture the complex aspects of the coaching relationship objectively, but flexibly and ideographically. Furthermore, it is important that the theoretical framework and the research approach fit together (Denicolo *et al.*, 2016). For data collection in this research, the Repertory Grid Technique (RGT) (Kelly, 1991a) was chosen, which satisfies these requirements and was particularly well suited to this research study because it is anchored in Personal Construct Psychology and constructive alternativism. '[I]t reflects the essential underlying process of construing' (Bell, 1988, p. 104), and according to Fransella *et al.* (2003, p. XII) grids are best used within the theoretical system from which they came. The information obtained using a Repertory Grid is highly individualised. For this reason, the technique is also referred to as 'idiographic' (Fransella *et al.*, 2003). RGT (G. A. Kelly, 1991a), had so far not been much used in the exploration of the construction of the (health) coaching relationship. Exceptions were the publications by Stojnov and Pavlović (2010) and O'Broin and Palmer (2010b).

RGT, like any technique, has its advantages and disadvantages. General advantages include its highly personalised focus, relative ease of administration, the collected data are highly structured (Curtis *et al.*, 2008), and the possibility to analyse data collected with RGT both qualitatively and quantitatively (Jankowicz, 2004). The procedure of RGT is partially standardised, which is an important quality characteristic of psychological testing procedures (Fransella *et al.*, 2003). Disadvantages include a focus on differentiation in personal construct systems, the risk of creating monotony, they can be cognitively challenging, are limited to a particular scope (Curtis *et al.*, 2008), and time consuming (Jankowicz, 2004).

Considering these characteristics of RGT in relation to this research, the general advantages clearly outweighed the disadvantages. It was specifically suitable for this research because it is recommended as a useful technique for investigating relationships: '[G]rid methods could prove extremely valuable to investigators wishing to study the stabilities underlying impression formation and their impact on the development of

relationships' (Neimeyer and Neimeyer, 1985, p. 331). RGT permits going beyond the verbal level and can be understood as PCP in action (Fransella *et al.*, 2003), which allows the precise formulation of personal constructs in a cognitive structure – the construct system, which can be compared between different individuals (Jankowicz and Hisrich, 1987). This means that RGT enables the researcher to explore and understand the construction systems (Malmström *et al.*, 2015) regarding effective (health) coaching relationships through revealing comprehensive constructions (G. A. Kelly, 1991a). This cognitive structure and the representation of how participants construe effective (health) coaching relationships are of high importance, as cognitive constructions can signify behavioural implications (Levin, 1975).

Moreover, RGT helps to counteract the influence of the researcher's frame of reference in the research, by asking the participants for the constructs and negotiating the meaning in terms of developing a shared understanding. The resulting constructs represent the values and ways of thinking of the participants, as in this way it is not the researcher's frame of reference that is applied, but that of the participants (Jankowicz, 2000). RGT is able to 'gain[ing] understanding about people from their own perspective' (Denicolo *et al.*, 2016, p. 99). Therefore, it is also more precise than 'usual' guided, structured or in-depth interviews, as these are based on the researcher's construct system. 'Repertory grid technique […] is an attempt to stand in others' shoes, to see their world as they see it' (Fransella *et al.*, 2003, p. 6).

Further advantages of RGT over other research techniques for this study were that it is suitable to capture implicit ways of thinking that participants possess but cannot articulate because they are not explicitly accessible to them (Catania and Kissaun, 2016). RGT also has the potential to visualise the subconscious thought structures of individuals (Malmström *et al.*, 2015). 'Through inviting interviewees to draw comparisons between different people, events or things, they may be enabled to reach for meaning that is not immediately apparent to them' (Burr *et al.*, 2014, p. 6/7). This means that RGT was designed to explore how participants experience the topic under study, to capture their views and attitudes toward it, and to elicit their personal construct systems (Rozenszajn *et al.*, 2021). It can be used to capture both the content and structural features of construct systems (Jankowicz, 2004), so that the complexity of construct systems can be discovered (Fransella *et al.*, 2003). For example, the technique revealed how many and in what ways coaches and clients used different constructs in construing effective (health) coaching relationships.

RGT contrasts with direct questions, which can make it difficult for participants to express their views on complex issues, resulting in direct questions rarely generating the quantity of constructs and in-depth explanations that are normal for a Repertory Grid interview (Goffin, 2002). Previous research concluded that RGT allows for a deeper understanding of the views of participants on complex issues than asking direct questions (Lemke *et al.*, 2003; Goffin *et al.*, 2006; Wöhler and Reinhardt, 2021). At this point, it is recalled that RGT is based on Personal Construct Psychology, which emphasises that rather than proving that a construct is correct, the important point is understanding the usefulness of a construct (Butt and Burr, 2004). Therefore, RGT was particularly suitable for addressing the research questions and the explorative nature of this research.

The planning and execution of RGT took place in several steps. First, the subject area of the research was determined by selecting the elements – '[t]he things or events which are abstracted by a person's use of a construct […]' (Kelly, 1991b, p. 5). In this step, it is decided whether the elements are specified by the researcher or determined by the research participant (Fransella *et al.*, 2003). In this research, elements related to helping relationships were specified beforehand. The choice of elements used in this study is presented and reasoned below.

RGT is based on comparative questions about the elements. The original form is the Role Construct Repertory Test (Rep Test) (G. A. Kelly, 1991a). It uses different role descriptions (e. g., mother, father, best friend, etc.) from clients' lives as elements and assigns concrete persons to these roles (e. g., client's mother, client's best friend, etc.). To gain insight into the relationships with these individuals and how they are perceived by the client, he/she is asked about similarities and differences between these individuals (Jankowicz, 2004)**.** The similarities named by the client are the constructs. Differences between persons named by the client are called contrasts. A construct is always assigned a contrast. Using an adapted form of the Rep Test was particularly appropriate for the investigation of the research questions, as the object of the study was also a relationship.

3.3.2.1 Elements

When selecting the elements, it must be considered that they should be representative, familiar to the respondent, homogeneous, and discrete (Fransella *et al.*, 2003). The elements for this research were homogeneous in the sense of the selected roles that could be assigned to the helping context and social relationships similar to the coaching relationship, representing different facets of the (health) coaching relationship from the

perspectives of coach and client. Furthermore, the elements were orientated towards the contexts of unemployment, health and coaching, which were relevant for the research.

The choice of elements for this study was generally based on the elements of Kelly's Role Repertory Test, most of which are paired and have a positive/negative meaning, see e. g. Kelly (1991b, p. 151/152) for the full list of elements of the original test. The present study used 10 elements each for coaches and clients, which lies within the range of common numbers of elements in one Repertory Grid, although as with all aspects of the Repertory Grid, there is no particular rule in this regard (Fransella *et al.*, 2003).

The selection of the elements and the respective rationale are described below first for the coaches and then for the clients. Table 3.2 displays the elements used in this research for HCCs and POs.

Table 3.2 Elements Used for HCCs and POs in Main Study.

Elements for HCCs/POs
1.   Effective health coaching client/employment service client (developed for research).
2.   A current health coaching client/employment service client (developed for research).
3.   An effective person to be taught something (Kelly, 1991a).
4.   A poor person to be taught something (Kelly, 1991a).
5.   An effective person to help with a health issue (developed for research).
6.   A poor person to help with a health issue (developed for research).
7.   A younger brother (or the person who has played the part of a younger brother in your life (adapted from Kelly, 1991a).
8.   A younger sister (or the person who has played the part of a younger sister in your life (adapted from Kelly, 1991a).
9.   A person you have given personal advice you like (developed for research).
10. A person you have given personal advice you dislike (developed for research).

The first pair of elements was 'effective/current client'. It was developed specifically for this research, as it addressed the concrete research context in which participants have had individual experiences of the coaching relationship. These experiences have formed the participants' construct system. This pair of elements was not formulated with positive/negative meaning, but deliberately with the effective/current juxtaposition client, to establish a higher comparability with the results of the client interviews because in the selection of elements for the clients, the effective/current comparison was important. The reason for this is explained in more detail in the presentation of the elements for the client grids. The constructs generated with the use of these elements provided highly relevant information on how the participants construed effective (health) coaching relationships in health coaching of long-term unemployed people with health limitations, respectively, the coaching relationship in employment service coaching.

The second pair of elements – 'effective/poor person to teach something' – was an adaptation of the first two elements from Kelly's Role Rep Test. It reflected the conveying

information and 'teach self-help' facets of the coaching in question as coaching in the present research had, inter alia, a 'teaching' component, e. g., providing health knowledge and information or application training. A functional similarity was assumed between the teaching relationship and the coaching relationship.

The third pair of elements was 'effective/poor person to help with a health issue'. It addressed the 'health' component of coaching and was developed for this study. In the health coaching of the present study, this was the main aspect, but health-related topics were also part of the coaching in employment services, as both groups of clients had health restrictions (see Section 4.1). Part of the (health) coaching was providing health knowledge and coaching in relation to health problems restricting clients' employability; a functional similarity was assumed between the helping relationship and the coaching relationship.

The fourth pair of elements – 'a younger brother/sister (or the person who has played the part of a younger brother/sister in your life)' – was adapted from Kelly's Role Rep Test. It was used because older siblings can be a source of support, orientation and guidance in personal and health-related topics, as well as regarding professional orientation, which were also facets of (health) coaching. The functional similarity of the older-sibling relationship and the coaching relationship was assumed.

The last pair of elements was 'a person you have given personal advice you like/dislike'. These elements were developed for the present research. As the (health) coaching took place in a professional context, the constructs generated using these elements provided valuable insights into the meaning of professionalism and chemistry on both sides of the coaching relationship.

At this point it is emphasised that the elements used for the client grids differed in their formulation from those for the coach grids; however, they each represented the same coaching facet, differing only in their respective perspectives on the same element.

The choice of elements for (health) coaching clients is presented in Table 3.3.

Table 3.3 Elements Used for (Health) Coaching Clients in Main Study.

Elements for HCC/PO Clients
1. Effective HCC/PO (developed for research).   2. Current HCC/PO (developed for research).
3. An effective teacher (adapted from Kelly, 1991).   4. A poor teacher (adapted from Kelly, 1991).
5. An effective doctor (developed for research).   6. A poor doctor (developed for research).
7. Your mother (or the person who has played the part of a mother in your life, Kelly, 1991).   8. Your father (or the person who has played the part of a father in your life (Kelly, 1991.
9. A person you feel comfortable asking for personal or health advice (developed for research).   10. A person you feel uncomfortable asking for personal or health advice (developed for research).

The first element pair was 'effective/current HCC/PO'. As for the coaches, the use of these elements considered the specific experiences that the participants have had with the coaching relationship in the jobcenter study setting. They were developed for this study. The wording of these elements was not of positive/negative meaning, as the wording 'effective/current' made it possible to explore how 'close' the coaches working in the jobcenter were to effective coaches and how 'close' they construed current clients to effective (health) coaching clients, which was valuable information for the practical work of the coaches. The constructs generated using these elements provided valuable information on how participants in this study construed effective coaching relationships in jobcenter health coaching and employment service coaching.

The second pair of elements was analogous to the coaches: 'effective/poor teacher'. It was an adaptation of the first element pair of Kelly's Role Rep Test. As (health) coaching clients received health or job information, these elements reflected the 'teaching' component, e. g., receiving health knowledge and information or application training. A functional similarity was assumed between the teaching relationship and the coaching relationship.

The third element pair was 'effective/poor doctor', which represented the 'health' component of the coaching. As the criterion for study participation was long-term unemployment and health restrictions, health coaching and employment service coaching addressed health topics, which was a parallel to the medical profession. A functional similarity was assumed between the medical relationship and the coaching relationship.

The fourth pair of elements for the client grids was 'your mother/father (or the person who has played the part of a mother/father in your life) (Kelly, 1991a). These elements were taken from Kelly's Role Rep Test. They were used in this study because part of parental tasks is the transmission of life knowledge, as well as coaching, guidance and accompaniment during the personal and professional development of the

child/adolescents/adults, which was also a facet of the types of coaching in this study. A functional similarity of the parental and the coaching relationship was assumed.

'A person you feel comfortable/uncomfortable asking for personal or health advice' was the last pair of elements. It was developed for this study and addresses the personal/professional component of (health) coaching.

3.3.2.2 Construct Elicitation Method

The next step was to determine the method for construct elicitation. The type of elicitation influences the nature of the resulting constructs; for example, the triad method generates constructs with greater cognitive complexity than the dyad method (Caputi and Reddy, 1999). In this research, triad elicitation was used to achieve high complexity with the aim of gaining as much information as possible about how participants construe effective coaching relationships. Furthermore, its use is recommended when possible (Jankowicz, 2004) and it is most appropriate for the theoretical approach of RGT (Rosenberger and Freitag, 2009).

As a general principle, the number of triads assigned should not exceed the total number of determined elements (Catina and Schmitt, 1993; Schmitt and Altstötter-Gleich, 2010). Therefore, eight triad groups with as many combinations of elements as possible were formed and presented for the elicitation of the constructs. The 10 elements were presented to the participants in combinations of three in the following order: 123, 234, 345, 456, 567, 678, 789, 8910. If participants used constructs that were too simple or unclear, the 'laddering down' technique was used as recommended in RGT, where the researcher asks, 'How do you mean; in what way?' to specify the construct (Jankowicz, 2004, p. 34). Participants were not allowed to use constructs more than once. The aim was rather to encourage them to think even more deeply about effective relationships in order to generate a new construct with each triad (Goffin *et al.*, 2006).

Two forms of questioning technique are distinguished: the differentiation method and the opposition method. While the differentiation method asks about the commonality between two elements and the difference to the third element, the opposition method asks about a commonality between two elements and the contrast to this commonality. In the present research, the opposition method was preferred over the differentiation method because constructs obtained by the differentiation method give rise to differences but are not necessarily mutually exclusive, whereas the opposition method is most likely to lead to bipolar construct dimensions (Fromm, 1995). For triadic construct elicitation with the

opposition method, the following qualifying phrase was used: 'Please think which two of these three people are similar to each other in terms of the relationship you have with them and based on which important characteristic. Afterwards, please name the opposite term of this characteristic.'

<u>3.3.2.3 Construct Ratings</u>

Each construct elicitation was followed by element assessment via the construct in the form of ratings on a five-point scale, which is appropriate for most research situations (Goffin, 2002, p. 9). As research question 1c addressed the similarity and differences in construing effective coaching relationships between the types of coaching, which relates to the perception of the respective context as self-determined versus heteronomous, a supplied construct 'self-determined, voluntary' vs. 'heteronomous, coercive' (supplied construct 1) was added. Furthermore, an overall construct 'overall more effective relationship' vs. 'overall less effective relationship' (supplied construct 2) was supplied. This was needed for qualitative data analysis according to Honey (1979), see Subsection 3.4.4.

At the end of the elicitation process, respondents were asked to rank the importance of the constructs for effective (health) coaching relationships. This step served to identify the 'top' (most important) and 'tail' (least important) constructs. With reference to research question 2, the extent to which participants rated constructs that they considered important more consistently than constructs that they considered unimportant was examined, see Subsection 3.4.6 for an explanation of the procedure.

Based on the resulting grid, data analysis was carried out (Fransella *et al.*, 2003), which is presented in Section 3.4.

3.3.5   Interview Protocol and Conduct

For most of the participants, the signed consent forms were already received before the interview date. Otherwise, the participant's information and consent sheet were handed out at the beginning of the interview. Each participant was given the opportunity to ask any remaining questions about data protection and the purpose of the study. It was made clear to the participant that the author of this study was not a jobcenter employee, that participation was completely voluntary, and that they could end the interview at any time without the threat of any negative consequences. This was particularly important in the context of this study because unemployed people are often required to cooperate in

jobcenter measures. It was also stressed that there can be no right or wrong in the answers of the participants in the interview, but it is more about the individual and subjective view of the participants of what makes an effective coaching relationship. The coaches in particular were also reminded of this point during the interview, as the interview topic concerned their work context and the coaches therefore wanted to 'get it right'. After consent was given, audio recording of the interview started. The interview was structured as follows.

Section A collected the biographic and demographic variables outlined in Subsection 3.3.2. These were collected at the beginning of the interview to create an initial basis for the conversation and to allow the participant to enter the interview with ease.

Section B contained the assessment of the coaching relationship. Before working on the Repertory Grid, an open-ended question was asked to introduce the topic of the interview and help the participants to engage with it mentally and consciously. Apart from the reasons related to the research design (see Section 3.3.3) this step was considered important because the coaching relationship is a topic that the participants have rarely (the coaches more than the clients) actively engaged with before.

The second part of Section B included the Repertory Grid process. For this purpose, 10 elements were determined together with each participant, which represented people from the participant's life and stood for certain aspects of the coaching. The grid was then worked on by presenting the participant each time with three of the ten elements in as different combinations as possible, with the request to name a commonality between two of the three elements. The participant was then asked to name the opposite of the construct elicited. The constructs elicited were discussed to reach a common understanding and to ensure that their meaning truly represented the constructs of the participants and not the constructs of the author of this study. At the end of the Repertory Grid process, the participant was asked to rank the constructs they had generated to describe effective coaching relationships in order of importance.

Section C concluded the interview. The purpose of this part was to give participants the opportunity to express anything relevant to the topic that had not been considered so far and to ask questions that were still open. After the participant had voiced all potential additions, the audio recording was ended.

The data analysis procedure is explained in the following section.

3.4 Data Analysis

This section presents the sampling method and the procedures for qualitative and quantitative data analysis. The research philosophy that guided data analysis was constructive alternativism in a theoretical framework of Personal Construct Psychology (Kelly, 1991a; 1991b), as outlined in Sections 3.1 and 3.2.

3.4.1 Translation

As this research was conducted in Germany, the interview language was German. The collected data was translated into English before analysis, as recommended for qualitative research by Santos *et al.* (2015). To ensure the quality of the translation, the translation was an iterative process in cooperation with a second translator. Data were translated forward and backward to identify mistranslations.

3.4.2 Descriptive Analysis of Individual Grids

Biographic variables of the participants were descriptively analysed in terms of frequencies and mean calculations. An initial descriptive analysis of individual Repertory Grids was carried out as recommended by Jankowicz (2004), by means of process analysis, eyeball analysis and construct characterisation.

Process analysis refers mainly to the participant's and the interviewer's own reactions during the interview, e. g., reactions to the topic, the elements, the qualifying phrase for construct elicitation, the process of construct ratings, emotional involvement, and deviations from the standard interview process. This step was important because understanding the specifics of the interview process is insightful and provides important background information for subsequent analyses (Jankowicz, 2004).

Eyeball analysis represents a description of what a grid contains and serves as an overview over the grid. It includes the following six steps (Jankowicz, 2004): (1) Noting the topic and used qualifying phrases. (2) Noting the elements. (3) Noting the number of constructs elicited in relation to the duration of the interview. (4) Noting the scaling interval for the ratings, including obvious patterns, extreme ratings, and missing values. (5) Looking at supplied elements, constructs, and ratings. (6) Summarising the most important findings into a conclusion.

Construct characterisation refers to different types of constructs, such as core vs. peripheral, propositional versus constellatory, preemptive, and other constructs (affective, behavioural, evaluative, attributional, and unremarkable). The respective proportions of

the types of constructs and their relevance to the aims and topic of the grid were considered (Jankowicz, 2004).

3.4.3 Quantitative Analysis of Individual Grids

Principal Component Analysis (PCA) was used for the quantitative analysis of individual grids. PCA is a type of exploratory factor analysis that represents a data reduction procedure to examine the dimensionality of complex structures. In relation to Repertory Grids, the aim using PCA is to reduce the number of constructs in a single grid to as few independent components as possible and at the same time to maximise variance explanation (Rosenberger and Freitag, 2009). For this purpose, the Varimax rotation (Kaiser, 1958) was used, which is recommended as the standard rotation method (Shariat *et al.*, 2017). It simplifies the factor structure and thus makes its interpretation both simpler and more reliable (Abdi, 2003). The Guttman-Kaiser criterion (Guttman, 1954; Kaiser, 1960) was employed for factor extraction. PCA provided information about the structure of participants' construct systems, e. g., whether they construed the topic more narrowly or broadly. GridSuite Basic software (Fromm, 2014) was used for PCA.

3.4.4 Bootstrapping and Honey's (1979) Content Analysis

Two different types of content analysis were performed with the data obtained through the interviews. Participants' answers to the open-ended question 'Can you describe what you think contributes to an effective (health) coaching relationship?' were analysed using the 'Bootstrapping' method (Jankowicz, 2004). Content analysis according to Honey (1979) was carried out with the constructs elicited through the processing of the Repertory Grids.

Below, the open-ended question analysis is first addressed, followed by Honey's (1979) content analysis of the Repertory Grids.

3.4.4.1 Open-Ended Question Content Analysis

Using the 'Bootstrapping' technique, the total responses of all participants were categorised according to their meanings. The answers were systematically considered and assigned to different themes (= categories), which emerged inductively during the categorisation process (Jankowicz, 2004, p. 148). A word was defined as the content unit, representing the smallest text part for which a code is assigned. The context unit, which is the largest part of the text for which a code is assigned, was defined as a sentence. The analysis was suitable for the present study because it provided relevant additional

information and a basis for comparing the resulting themes with those identified by Honey's (1979) content analysis of the constructs. For this purpose, a differential analysis of the categories was carried out at a general level between the participant groups.

3.4.4.2 Honey's Content Analysis

In the following, the reasoning for using Honey's (1979) content analysis is first presented and then the details about the individual steps of the process are explained. Honey's (1979) content analysis of the whole sample was used to directly address research question 1a:

1a) What contributes to effective (health) coaching relationships?

For this kind of data, Honey's technique had the advantage over other types of content analysis, such as the frequently used qualitative content analysis according to Mayring (2014), that it was developed specifically for the analysis of Repertory Grids. Honey's technique allows for the analysis of multiple grids while being consistent with the epistemological standpoint on which RGT is based (Jankowicz, 2004; Rojon *et al.*, 2019). The analysis is completely inductive, which best reflects the theoretical approach.

The 'Bootstrapping' content analysis of all constructs identifies categories of constructs that are more or less important to the sample as a whole/different subsamples by combining different constructs in one sample and thus allows general statements about the entire sample and subsamples. Furthermore, Honey's technique reflects the particular personal and idiosyncratic meanings expressed by individual participants (Jankowicz, 2004) and includes the H-I-L technique (see below, step 4) that identifies the constructs that are particularly salient to persons. Considering the similarity metrics of people allows weighting the categories resulting from the bootstrapping content analysis by their salience for effective (health) coaching relationships. This includes the assumption that different individuals have different personal similarity metrics.

The aim of this analysis was content structuring, which means filtering out and summarising certain content dimensions from the material by categorising the different meanings in the participants' grids, considering similarities and differences within each category (Jankowicz, 2004). Figure 3.1 shows the Honey's (1979) content analysis procedure.

```
┌─────────────────────────────────────────────────────┐
│                      Step 1                          │
│     Obtaining ratings on a supplied 'overall' construct. │
└─────────────────────────────────────────────────────┘
                          ↓
┌─────────────────────────────────────────────────────┐
│                      Step 2                          │
│ Computing sums of differences for each construct against the 'overall' construct. │
└─────────────────────────────────────────────────────┘
                          ↓
┌─────────────────────────────────────────────────────┐
│                      Step 3                          │
│          Ensuring comparability with other grids.     │
└─────────────────────────────────────────────────────┘
                          ↓
┌─────────────────────────────────────────────────────┐
│                      Step 4                          │
│         Considering the individual's personal metric. │
└─────────────────────────────────────────────────────┘
                          ↓
┌─────────────────────────────────────────────────────┐
│                      Step 5                          │
│          Labelling each construct with both indices   │
└─────────────────────────────────────────────────────┘
                          ↓
┌─────────────────────────────────────────────────────┐
│                      Step 6                          │
│             Identifying the categories.               │
└─────────────────────────────────────────────────────┘
                          ↓
┌─────────────────────────────────────────────────────┐
│                      Step 7                          │
│        Allocating the constructs to the categories    │
└─────────────────────────────────────────────────────┘
                          ↓
┌─────────────────────────────────────────────────────┐
│                      Step 8                          │
│                 Tabulating the result.                │
└─────────────────────────────────────────────────────┘
                          ↓
┌─────────────────────────────────────────────────────┐
│                      Step 9                          │
│      Establishing reliability of the category system. │
└─────────────────────────────────────────────────────┘
```

Figure 3.1 Steps of Honey's Content Analysis (Based on Jankowicz, 2004).

The first step refers to the end of the Repertory Grid procedure, when the participants were asked to give ratings on the supplied 'overall' construct, which summarised the general attitude of the individual participant to the research topic.

The second step was to calculate the sum of differences between the scores of the elements on the 'overall' construct and the scores of the elements on the respective constructs to determine the absolute value of each difference. Since a construct can also be formulated as its opposite, which may be closer to the 'overall' construct, the sum of differences was also calculated for a reversal. A comparison of the reversed and nonreversed scores was made to select the lowest values (if the reversed score resulted in lower scores, the reversal was recorded).

To ensure comparability with other grids, in the third step, % similarity scores between the 'overall' construct and each construct were calculated based on the sums of differences calculated in the previous step. The following equation was used:

% similarity = 100 – ({SD/[(LR – 1) × E]} × 200)

Equation (3.1) Equation for Calculating % Similarity Scores (Jankowicz, 2004, p. 283/284).

'*SD* is the lowest sum of differences from Stage 1, *LR* is the largest possible difference between scores for an individual element, and *E* is the number of elements in the grid' (Jankowicz, 2004, p. 283/284). These similarity scores give the degree to which the 'ratings of the individual constructs are identical to the ratings of the overall construct' (Jankowicz, 2004, p. 171). They indicate how well each construct reflects the overall construct. However, % similarity scores are relative personal metrics that are subject to individual differences.

To take the individual differences of % similarity scores into account, all constructs were divided into high, medium, and low value constructs in the fourth step. This served to determine to what extent each construct was of high (H), intermediate (I), or low (L) salience for the participant in relation to the 'overall' construct. As far as the numbers of constructs in each grid allowed, the constructs were divided into three equally sized groups. The resulting scores were used to assess the salience of the subcategories to which the constructs were assigned in the subsequent content analysis (see Steps 6 and 7) for the different individuals and for different groups of participants.

In the fifth step, each construct was assigned a unique identification label, which ensured that for each construct it could be traced back from which person, which participant group, and at which point in the interview it was elicited (construct HCC_CL_04_008, for example, would be the eighth construct of HCC client interview partner number four). Additionally, the H-I-L value and the percentage agreement value were noted for each construct.

In the sixth and seventh steps, the constructs generated in the 42 interviews were categorised in terms of content analysis. In the context of RGT, each construct is both the content unit and the context unit of analysis, thus constituting a single unit of meaning and the basic unit of analysis at the same time (Jankowicz, 2004, p. 149). The constructs were compared with each other and semantically categorised. This type of inductive categorisation is also called 'Bootstrapping'. The proportions of the constructs in the

categories of the respective participant groups provided information on how these groups construed effective (health) coaching relationships (see differential analysis in Subsections 4.6.1 and 4.6.3). The eighth step was the tabular presentation of the results.

To ensure the reliability of the categories formed, the categorisation was repeated independently by a second qualified researcher (PhD student with experience in content analysis procedures) in step nine. The results of the two categorisation processes were compared using a reliability table. To measure the level of agreement between the two raters, Cohen's Kappa (J. Cohen, 1968) and the Perreault-Leigh test (Perreault and Leigh, 1989) were used. A test statistic of $\geq .90$ was determined as the criterion for acceptable agreement (Lombard *et al.*, 2002; Jankowicz, 2004). The procedure of Honey's (1979) content analysis is also described in high detail in Jankowicz (2004, pp. 169–180).

The inductively formed categories were then allocated to four superordinate categories (skills and competencies, behaviours, attributes, and relational), which were derived deductively from the Systematic Literature Review presented in Section 2.3. Therefore, in the following, the allocated ones are referred to as subcategories, and the superordinate ones as categories.

The results of construct content analysis generated data to answer research question 1a:

1a) What contributes to effective (health) coaching relationships?

After content analysis, a differential analysis (Jankowicz, 2004) was carried out for individual participant groups with the SPSS 27 statistical programme (IBM, 2020). The results of the differential analysis were relevant to answer research questions 1b and 1c:

1b) How do health coaches/placement officers, and (health) coaching clients construe effective (health) coaching relationships?

1c) What are the specific commonalities and differences in construing effective (health) coaching relationships by health coaches, placement officers, and (health) coaching clients?

The results of Honey's content analysis were subjected to a structural analysis, which is explained below.

3.4.5 Multidimensional Scaling and Multiple Linear Regression

To present a spatial configuration of the subcategories resulting from Honey's (1979) content analysis and to test if there was any underlying hidden structure (Kruskal and Wish, 1978), which could represent the main dimensions of effective (health) coaching relationships, Multidimensional Scaling (MDS) was performed. MDS is an analytical technique for graphically representing similarities and differences in the ratings of different objects that can be used to represent the distance level between the ratings of constructs and elements in a multidimensional space (Curtis *et al.*, 2008). The Euclidean distance was used for MDS calculations, as it is the most intuitive and reflects the everyday perceptions of distances (Ultsch and Lotsch, 2022). 'It is derived from the Pythagorean Theorem, and is defined as the length of the hypotenuse linking two points in a hypothetical right triangle' (Giguère, 2006, p. 30).

As the interest of this study lay in the distance of objects (content analytically formed categories, see Subsection 3.4.4), mean subcategory and mean element values were used to calculate MDS for the different group of participants. In terms of data preparation for the MDS and for consistency of results, for all constructs the undesired construct pole was assigned to 1 and the preferred pole to 5. Euclidean distances were computed between these objects using the variables as dimensions. The resulting Euclidean distances were used as dissimilarities in MDS to ,reconstruct these distances in a low dimensional space (Groenen and van de Velden, 2005, p. 3). MDS was calculated for different data sets with the ALSCAL function of the SPSS 27 statistical programme (IBM Corp., 2020).

The MDS dimensions can be identified in different ways in terms of meaning. For the present research, linear regression, which is often used for this purpose (Kruskal and Wish, 1978), was employed to condense the themes (subcategories) resulting from Honey's (1979) content analysis to the main characteristics contributing to effective (health) coaching relationships. For linear regressions, the mean of each subcategory was used as a dependent variable with the dimensions of MDS as predictors (independent variables) in SPSS 27 (IBM Corp., 2020). The results of MDS and linear regressions were used to answer research questions 1a and 1b:

1a) What contributes to effective (health) coaching relationships?

1b) How do health coaches/placement officers, and (health) coaching clients construe effective (health) coaching relationships?

3.4.6 Agreement – Kendall's Test of Concordance

To test the extent to which participants in general and from different groups used essentially the same standards when evaluating what contributes to effective (health) coaching relationships, Kendall's concordance coefficient W was calculated for different data sets. There are other measures of agreement, such as the Kappa statistics, which are suitable for nominal scaled data, or rank correlation coefficients (e. g., Spearman's p or Kendall's τ), which are mainly intended for two raters (Sheskin, 2011). Therefore, Kendall's W, which is suitable for measuring agreement between several raters (Sheskin, 2011) was used in this study.

Kendall's W is a measure of agreement between several semi-quantitative or quantitative variables, usually people in the human sciences, who evaluate a set of objects (Legendre, 2010). This research was interested in the measure of agreement in the rating of the constructs across elements. The test statistic can assume values between 0 (no agreement) and 1 (perfect agreement) (Tomczak and Tomczak, 2014). There are no universal guidelines for the interpretation of W; it depends on the respective field of research. In this study, the guidelines of Cafiso *et al.* (2013) were used for the interpretation of Kendall's test statistic, which are similar to the interpretation of Cohen's Kappa (Tomczak and Tomczak, 2014).

The level of agreement was calculated for the total sample and separately for coaches and clients, health coaching and employment service coaching, as well as for the four individual participant groups and the 'top' and 'tail' constructs resulting from participants' subjective importance rankings of constructs at the end of the interview process. The results of the analysis of agreement in rating constructs across elements were used to address research question 2:

> *2) To what extent are health coaches', placement officers', and (health) coaching clients' evaluations of effective (health) coaching relationships consistent?*

To ensure that the research was in accordance with ethical principles, ethical considerations have been made which are discussed in the following section.

3.5 Research Ethics and Reflexivity

This section describes the ethical aspects that were considered in this research.

To begin with, long-term unemployed persons belong to a disadvantaged group in society due to both their social and health status. Furthermore, PO clients are in a dependency

relationship with the PO. As participation in the RPV project is voluntary, formally there was no dependency relationship from client to HCC, but since in many cases they were long-time jobcenter clients, there could nevertheless be a subjective perception of a power imbalance. This was relevant as the HCCs and POs acted as gatekeepers to the clients and acquired them as participants in the study. To address this, it was emphasised at the beginning of the interview that the author was not an employee of the jobcenter, the participation in the interview was voluntary and could be terminated at any time. None of the participants had a dependency relationship with the author of this study.

For conducting research in accordance with ethical principles, it is important to demonstrate reflexivity. Personal Construct Psychology represents a useful framework to counteract inequalities during research. It is reflexive in its core in assuming that client and therapist – in this case – researcher and participant - are doing the same thing, they both try to make sense of aspects of life in order to understand them (Winter and Viney, 2005). This aspect of reflexivity addresses the theoretical framework of the study.

Furthermore, it is important that the researcher acts in a reflective way, because the collected data do not have a particular meaning by themselves (Davis, 2020), but rather are given meaning through interpretation within the researcher's construct system. To counteract this problem, each elicited construct was discussed together to establish a common understanding and to ensure that its meaning actually reflected the participant's construct(s) and not that of the researcher.

It is also crucial that the researcher develops a strong sense of self-awareness (Davis, 2020). An example is that the researcher is aware to what extent the participants in the study might perceive the researcher as an outsider or insider. In simple terms, insiders are per members of groups with certain characteristics, while outsiders are considered nonmembers (Merton, 1972; Chhabra, 2020). Group characteristics relevant to this study include social status, education level, employment status, and health status. If the researcher is perceived more as an insider, this may allow him or her to gain deeper insights than from an outsider position. Especially when conducting research with marginalised and vulnerable groups, such as long-term unemployed people with health limitations, a critical awareness of the insider-outsider perspective is most important (Chhabra, 2020).

Self-awareness is also important for researchers in another respect. 'As Bourdieu's (2017) notion of 'habitus' dictates, some of my ideas, expressions and actions may be partly

shaped by my exposure to a western frame of reference, schooled in western theory and research methods; others from my South Indian middle-class upbringing, parental values, peer influences and life experiences […]. (Davis 2020, p. 4). The author of this study is a middle-aged white woman who was raised in a working-class environment in Germany and was educated in western theory and research methods. Critical awareness of the things one 'brings' into research as a researcher is crucial to demonstrate personal reflexivity.

Another important aspect of reflexivity applies to the choices made in the research process. Reflexivity in relation to the research process can be achieved through critical discussion of data collection and data analysis techniques (Brunero *et al.*, 2015; Davis, 2020), which equally increases transparency and rigour (Palagenas *et al.*, 2017; Davis, 2020).

Further ethical considerations were summarised in the participant information and consent sheet, which had been provided to participants before the interview date. It included information on the purpose and content of the study and the assurance that participation in the study was exclusively voluntary. Furthermore, the consent declaration included the assurance of confidentiality, as well as the explanation that participation could be terminated at any time without giving any reasons and without any negative consequences.

To test the suitability of the chosen research design, a pilot study was conducted, which is presented in the next section.

3.6 Pilot Study

This section includes the details of the pilot study which was conducted with two POs and two clients in a jobcenter in the neighbouring city Krefeld.

3.6.1 *Introduction*

A pilot study is used to try out a particular research instrument in advance (Baker, 1994). The results of a pilot study can give advance indications of possible obstacles or reasons for failure of the main study, as well as whether the planned methods or instruments are too complicated or possibly unsuitable (van Teijlingen and Hundley, 2002).

3.6.2 Design

The present pilot study was predominantly designed to test the suitability of Repertory Grid Technique (RGT), the selection of elements and the elicitation technique for this research. It also served to assess the duration of the interview and to gain feedback and experience in the use of RTG. The aim was to identify any weaknesses in data collection and analysis processes to optimise the main study processes.

3.6.3 Sampling and Conduct

Contact with the POs and their clients in Krefeld was realised through internal contacts ('gatekeepers') of the RPV project for the data security reasons outlined in Subsection 3.3.1. Several POs were personally contacted by email, in which they were informed of the research content and objectives and asked for their cooperation, including the recruitment of one of their clients. Four interviews were arranged. The process was intended to be as close as possible to the planned interview situation, while participants were made aware of the importance of their open feedback as part of a pilot study. It was planned to conduct face-to-face interviews. However, contact restrictions during the COVID-19 pandemic prevented this and interviews were conducted by telephone, which was a viable alternative.

3.6.4 Results and Implications of the Pilot Study for the Main Study

The pilot study was primarily designed to test the suitability of the chosen interview technique and its components, since the present research was qualitative, in a constructivist phenomenological framework. Therefore, for research economic reasons, the focus was more on documenting 'lessons learnt' about the focus of the Repertory Grid interview, the selection of elements and the details of the interview technique than on presenting results that address the research questions.

Sample description: Two POs and one of their clients each participated in the pilot study. The gender ratio was equal. The participants were between 29 and 51 years old. Both clients had been receiving state support under SGB II for more than a year, which means that they were long-term unemployed. Both POs had been working in this position for more than four years at the time of the interview. The duration of the interview varied between one and one and a half hours.

The results of the pilot study had implications for the main study, which are summarised below.

Procedure: There were no changes in the general interview procedure. Feedback from the pilot study participants did not point to any necessary adaptions.

Research Technique: The pilot study showed that RGT and the selected element context were highly suitable for investigating the research questions posed, as the eliminated constructs addressed aspects of the coaching relationship identified by the Systematic Literature Review, and were relevant to the research questions.

Based on feedback and discussion with the pilot study participants after completing the interview, some adaptations of the selection and formulation of elements were made. Table 3.4 presents the elements used in the pilot study interviews for clients and POs.

Table 3.4 Elements Used in Pilot Study.

Elements for POs Used in Pilot Study
• Ideal relationship with a coaching client
• Relationship with a current client
• Relationship with a typical client
• Valuable relationship with a former client
• Valuable relationship with a person you tried to help
• Valuable relationship with a person you tried to teach something
• Valuable relationship with a person you gave some health advice
Elements for Clients Used in Pilot Study
• Ideal relationship with a PO
• Relationship with your current PO
• Relationship with a typical PO
• Valuable relationship with a former PO
• Valuable relationship with a person who tried to help you
• Valuable relationship with a person who tried to teach you something
• Valuable relationship with a person who gave you some health advice

After analysing the feedback of the PO and the clients on the construct elicitation process through the grid, the 'ideal client'/'ideal PO' wording was changed to 'effective'. The meaning of effective was defined in the research context; see Section 1.6. The wording 'valuable' was also changed to 'effective'. The choice of elements was more closely aligned with the Role Rep Test (G. A. Kelly, 1991a) to ground it more firmly in Personal Construct Psychology (PCP), meaning that elements representing both positive and negative relationships were included. The element 'former client'/'former PO' was

removed as the elements for HCCs, POs, and clients should be as similar as possible to increase comparability of the Repertory Grids, but the pilot study showed that not all clients had previously had a former PO (parallel element to 'former client'). The elements 'younger brother', 'younger sister', 'person you have given personal advice you like', and 'person you have given personal advice you dislike' were added to allow greater depth of exploration of the coaching relationship. Table 3.2 and Table 3.3 in Subsection 3.3.4 show the complete selection of the final elements for the main study for clients and HCCs/POs.

Data Analysis: There were no changes in data analysis. Process analysis, eyeball analysis, and construct characterisation (Jankowicz, 2004) proved to be very useful for getting started with analysis and the first exploration of the data material. The qualitative coding of the constructs according to Honey (1979) worked. An initial analysis has found several useful results, e. g., an effective coaching relationship being construed in a self-determined and free coaching context as opposed to a heteronomous, coercive one. Principal Component Analysis was shown to be suitable for the analysis of individual grids. Applying the Guttman-Kaiser criterion (Guttman, 1954; Kaiser, 1960) for factor extraction, the first two extracted factors explained between 76.50 and 89.89 percent of the total variance. An exemplary result reflected in the Systematic Literature Review presented in Section 2.3 was that POs and clients valued the relationship differently. For clients, the helping aspect in coaching was important, while the POs rather valued commitment.

Conclusions: The results of the pilot study showed that the research design and research techniques chosen were suitable to investigate the research questions posed. Necessary adjustments based on the pilot study included a stronger focus of the Repertory Grid interview and a partial reformulation and addition of elements for the Repertory Grids.

After the implementation of the adjustments, the main study was conducted, the results of which are reported in the next chapter.

4. Results

This chapter presents the analysis and results of the main study of the present research and thus forms the basis for the discussion in Chapter 5. The presentation of results follows the units of the research sequence detailed in Subsections 3.3.1 to 3.4.6, which addressed the research questions of this research:

1a) What contributes to effective (health) coaching relationships?

1b) How do health coaches/placement officers, and (health) coaching clients construe effective (health) coaching relationships?

1c) What are the specific commonalities and differences in construing effective (health) coaching relationships by health coaches, placement officers, and (health) coaching clients?

2) To what extent are health coaches', placement officers', and (health) coaching clients' evaluations of effective (health) coaching relationships consistent?

4.1 Sample

This section gives details about the sampling strategy for this research, as well as about the sample composition.

The HCCs were sampled through personal contacts within the RPV project. HCC clients and POs were approached by HCCs, PO clients by POs. Thus, HCCs and POs had a 'gatekeeper' function in the sampling procedure. This was due to data protection regulations, which hindered other methods of approaching long-term unemployed people for this study (see also Subsection 3.3.1).

The total sample of 42 participants divided into 5 HCCs, 15 HCC clients, 7 POs, and 15 PO clients. Table 4.1 shows the bio- and demographic characteristics of the participant groups.

Table 4.1 Bio- and Demographic Characteristics of Participants.

Coaches	Age	Gender	Nationality	No. of Years working as HCC/PO	Severeness of Own Health Problems 10-Point Scale
HCC (*n* = 5)	Mean = 45 Range: 26 – 60	4 Females 1 Male	5 German	Mean = 1.6 Range: 0.5 – 2	Mean = 3 Range: 1 – 7
PO (*n* = 7)	Mean = 50 Range: 33 – 59	5 Females 2 Males	7 German	Mean = 12.1 Range: 1.5 – 24	Mean = 4.4 Range: 1 – 8
Clients	**Age**	**Gender**	**Nationality**	**No. of Years JC Client**	**Severeness of Own Health Problems 10-Point Scale**
HCC Clients (*n* = 15)	Mean = 41.3 Range: 26 – 56	6 Females 9 Males	13 German 1 Italian 1 Romanian	Mean = 9.4 Range: 4 – 23	Mean = 7.1 Range: 5 – 10
PO Clients (*n* =15)	Mean = 48.8 Range: 29 – 60	4 Females 11 Males	15 German	Mean = 7.3 Range: 1 – 25	Mean = 5.3 Range: 2 – 8

The table shows that the four groups did not differ substantially in terms of age. HCCs and HCC clients were slightly younger than POs and PO clients. The clients were slightly younger than the coaches. All groups included a wide and similar age range. Unfortunately, no statistics existed from the Federal Employment Agency on the demographic characteristics of their employees that could have represented the population of POs or HCCs working in other reha**pro** model projects to compare with the demographic characteristics of the sample. The research design of this study did not aim at representativeness or generalisability of the results; however, such statistics existed for the long-term unemployed and were considered for the client subsample because showing general comparability of the demographics in the sample and the respective population increased the validity of the study findings.

The age distributions in the (health) coaching client subsample and in the population of the long-term unemployed were very similar. While no client in the subsample was in the 15 – 24 age group, 3.4% of the population of the long-term unemployed were in this category (Bundesagentur für Arbeit, 2022b). In the 25 – 54 age group were 70% of the client subsample and 68.6% of the population. Those over 55 years accounted for 30% of the subsample and 28% of the population (Bundesagentur für Arbeit, 2022b).

The gender distribution in the sample was heterogeneous. Among the coaches, 66.67% were female, while among the clients the gender ratio was reversed on the one hand and more segregated in the subsample than among the population on the other; male participants in the subsample accounted for 66.67% versus 55.8% in the population (Bundesagentur für Arbeit, 2022b). No participant in the sample identified as diverse. The population ratios existed only in the binary gender system.

The client subsample was predominantly composed of German nationals (93.33%), so it could be assumed that influences of the coaching relationship that could be attributed to national culture were also German. This proportion deviated from the corresponding composition of nationalities in the population, in which 71.2% were German nationals. (Bundesagentur für Arbeit, 2022b). This was probably because the coaches, who acted as 'gatekeepers' (see Section 3.3.1), had received information for the acquisition of client participants that relatively differentiated knowledge of the German language was required for the interviews with the Repertory Grid Technique. This might have led them to preferentially approach clients with German as their mother language. That coaches and clients were predominantly from the same cultural background was relevant considering that the Systematic Literature Review presented in Section 2.3 found that the cultural background of coach and client is an important contextual factor in the coaching relationship and that a similar background is associated by clients with, among other things, more implicit understanding, and effectiveness (Chang and Yoon, 2011; Noyce and Simpson, 2018).

As the HCC job position was newly created when the RPV project started in December 2019, the maximum duration of working as HCC was about two years at the time of data collection, which took place from December 2021 to May 2022. Therefore, the average number of years working as HCC was substantially lower than the average number of working as PO. Two HCCs had previously worked as POs at the Viersen jobcenter for more than 10 years, the other three HCCs have had no previous jobcenter work experience. Consequently, there were differences in the coaching experience of coaches and coach groups that could have affected their constructions of effective (health) coaching relationships.

All clients had been unemployed for more than one year (mean = 8.33 years; range = 1 – 25), which fulfilled the criterion of long-term unemployment. HCC clients had been participating in health coaching for 3 months to 2 years (mean = 1.08 years). However, they had been jobcenter clients in employment service before project participation and their mean duration of unemployment was 2.1 years longer than that of PO clients. The wide range in the number of years as a jobcenter client suggested that clients had different amounts and intensities of experience with coaching relationships at the jobcenter, which could have shaped their construct systems regarding effective (health) coaching relationships.

In terms of professional education, all HCCs had degrees in the health sector. Two HCCs also held the jobcenter case manager certification as a coaching qualification. Other HCC coaching qualifications included person-centred interviewing and moderation. Four of the five HCCs had been trained in Motivational Interviewing (Miller and Rollnick, 2013). The professional qualifications of POs included degrees in social work, education, psychology, civil service, political science, administration, and marketing. Five POs had the jobcenter's case manager certification, two POs did not have any specific coaching qualification. Obviously, coaching skill levels differed between coach groups, which could have influenced their constructions of effective (health) coaching relationships.

There were expected differences in the subjective severity rating of own health problems. On a 10-point scale, both client groups had substantially higher scores than the coach groups. Among the clients, the HCC clients were considerably more limited in their health than the PO clients, which could be expected, as limited physical and/or mental health status was one admission criterion for project participation. The HCCs rated their health problems slightly lower than the POs. Subjective health status could have influenced constructions of effective (health) coaching relationships.

4.2   Analytical Framework

This section explains the analytical framework of this research. It consisted of different kinds of data, including participants' responses to the introductory open-ended question about what they believed constitutes effective (health) coaching relationships, the constructs elicited from participants during the Repertory Grid process, and their respective importance ranking. The results of the procedure of processing and analysing the data are described in the following sections.

4.3   Content Analysis Results of the Open-Ended Question

This section contains the results of the content analysis of the codes assigned to the responses of the participants to the open-ended question at the beginning of the interview.

The responses of the participants to the open-ended question 'Can you describe what you think contributes to an effective (health) coaching relationship?' were categorised using the 'Bootstrapping' method (Jankowicz, 2004, p. 148). An item within a category is referred to as a code in this research, representing its meaning. The content unit, which is the smallest text part for which a code was assigned, was defined as a word. A sentence was defined as the context unit, representing the largest text part for which a code was assigned. To ensure reliability, categorisation was independently repeated by a

collaborator (PhD student experienced in qualitative categorisation techniques). The reliability tables of the initial and final agreement are displayed in Appendix A. The test statistics of the J. Cohen (1968) and Perreault and Leigh (1989) tests exceeded with 0.92 and 0.97 the 0.90 criterion for acceptable agreement (Lombard *et al.*, 2002; Jankowicz, 2004).

A total of 218 codes were assigned to the open-ended questions of the participants and categorised. A list of all codes is provided in Appendix B. Table 4.2 shows the number of codes per participant group.

Table 4.2 Number of Codes by Participant Group.

HCC No. %	PO No. %	HCC Clients No. %	PO Clients No. %	All Coaches No. %	All Clients No. %	Total No. %
36 16.51%	39 17.89%	73 33.49%	70 32.11%	75 34.40%	143 65.60%	**218 100%**

Categorisation resulted in 27 categories which were allocated to four superordinate categories. Therefore, in the following the superordinate categories are referred to as categories, and the inductive categories are referred to as subcategories. The allocation was discussed with the collaborator. The categories were deductively derived from the Systematic Literature Review presented in Section 2.3 and were also used for Honey's (1979) content analysis of the constructs elicited in the Repertory Grid procedure.

4.3.1 Code Distributions in Categories and Subcategories

The distribution of subcategories and codes per category, as well as their respective percentages, are shown in Table 4.3.

Table 4.3 Open-Ended Question – Distribution of Subcategories and Codes in Categories.

Category	No. of Subcategories	No. of Codes in Category % of All Codes
Skills and Competencies	3	31 14.22%
Behaviour	8	71 32.57%
Attributes	8	57 25.69%
Relational	6	45 20.64%
Other	2	14 6.42%
Total	**27**	**218 100.0%**

The table shows that the categories 'behaviour' and 'attributes' contained the same number of categories, and 'behaviour' included the highest number of codes. The smallest category was 'other'. The subcategories with their content are presented in Table 4.4.

Table 4.4 Open-Ended Question – Agreed Subcategories for All Categories.

No.	Subcategory	Category
		'Skills and Competencies'
1	Communication Skills	Communication skills, ability, and willingness to listen
2	Empathy	Ability of empathy
3	(Professional) Competence	Professional competence, experience, professional network
		'Behaviour'
4	Effective Behaviours (Coach)	Pursuing the same goals together, acceptance, patience, solution-orientated, coach role
5	Effective Behaviours (Client)	Pursuing the same goals together, acceptance
6	Appreciation	Appreciating behaviour
7	Respect	Respectful behaviour
8	Eye-level	Treating the other person at eye-level, taking the other person seriously, value the other person's opinion
9	Support	Being there for the client, helpfulness and willingness to help, supporting behaviour
10	Kindness	Affectionate, cordial, friendly, polite, warm
11	Individual Consideration	Individual consideration
		'Attributes'
12	Effective Personal Attributes (Coach)	Availability, resource orientation, approaching the client, unconditional, view of people, caring, integrity, personal experience of unemployment, justice, be taken seriously, humour, willingness to compromise
13	Effective Personal Attributes (Client)	Change readiness, willingness to compromise, courage, frustration tolerance, self-criticism, commitment punctuality, reliability, relationship building, honesty, humour
14	Value-free	Value-free
15	Unprejudiced	Unprejudiced
16	Openness	Openness, being open
17	Motivation	Motivation
18	Understanding	Understanding
19	Humanity	Humanity
		'Relational'
20	Trust and Transparency	Trusting relationship, transparency in the relationship
21	Cooperation	Cooperation
22	Self-determination	Feeling self-determined in the relationship, sanctions
23	Responsiveness	Responsiveness
24	Feeling Comfortable/Secure	Feeling in good hands, sharing fun and enjoyment, being happy to see the other person, feeling secure and protected
25	Depth of Relationship	Closeness, dedication, relationship intensity, being important to the other person
		'Other'
26	Jobcenter	Comments with regard to the jobcenter district Viersen
27	Miscellaneous	

The number of codes per category and subcategory provided a general indicator of the relevance of the subcategory for effective (health) coaching relationships for the participants in this study. The category 'other' was excluded from further analysis, as its subcategories consisted of either codes that were not relevant to the topic ('miscellaneous') or codes that were directly related to organisation processes of the jobcenter district Viersen ('jobcenter'). 204 codes remained and were included in further analysis. Figure 4.1 presents the code distributions for the remaining 25 subcategories.
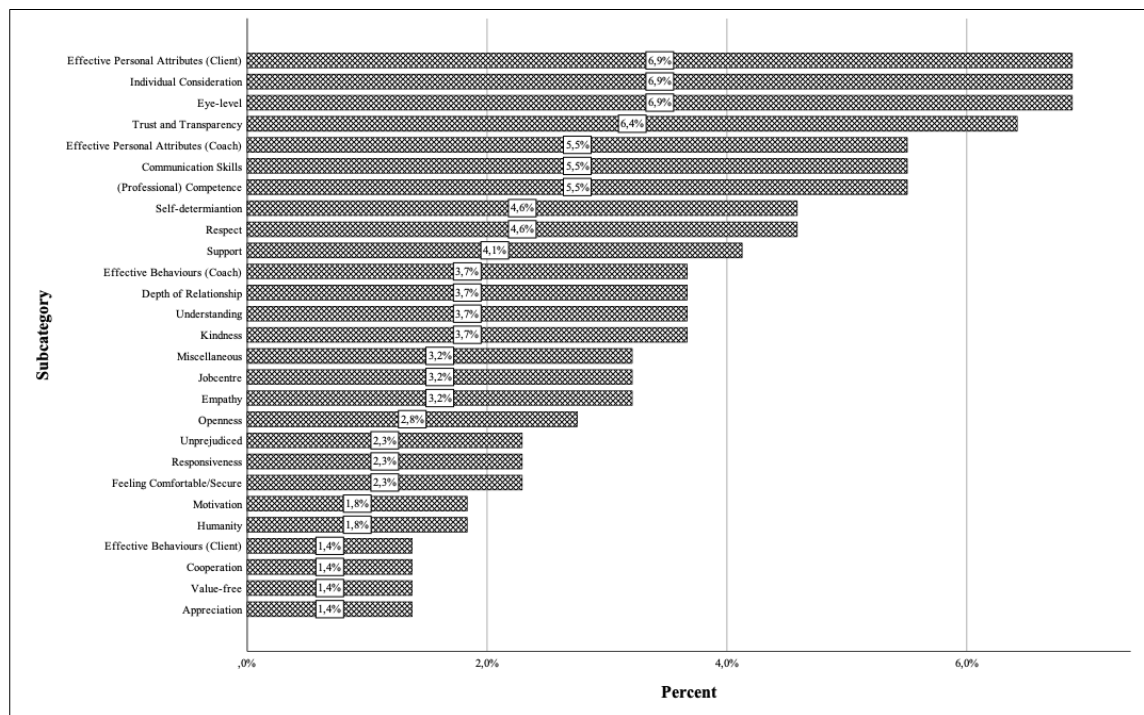
Figure 4.1 Distribution of Codes in Subcategories.

Considerably more codes (27.06%) were assigned to the four largest subcategories 'effective client attributes (change readiness)', 'eye-level', 'individual consideration', and 'trust/transparency' than to the four smallest subcategories 'appreciation', 'cooperation', 'value freedom', and 'effective client behaviours', which together accounted for 5.52% of all codes. This indicated that the research participants associated client change readiness and trusting individual treatment at eye-level with effective (health) coaching relationships.

4.3.2 Differential Analysis Results – All Codes

In the next step, a difference analysis of code distribution within categories and subcategories was performed between participant groups to determine to what extent the four participant groups perceived similar or different aspects as important for effective (health) coaching relationships. This analysis served as a basis for a comparison with the results of Honey's (1979) content analysis, which was used to categorise the constructs of the participants collected using the Repertory Grid procedure (see Section 4.6). The results of the differential analysis are reported below per category. Appendix C lists all codes by category and subcategory.

4.3.2.1 Skills and Competencies

Figure 4.2 displays the code distribution in category 'skills and competencies', by subcategory and participant group.
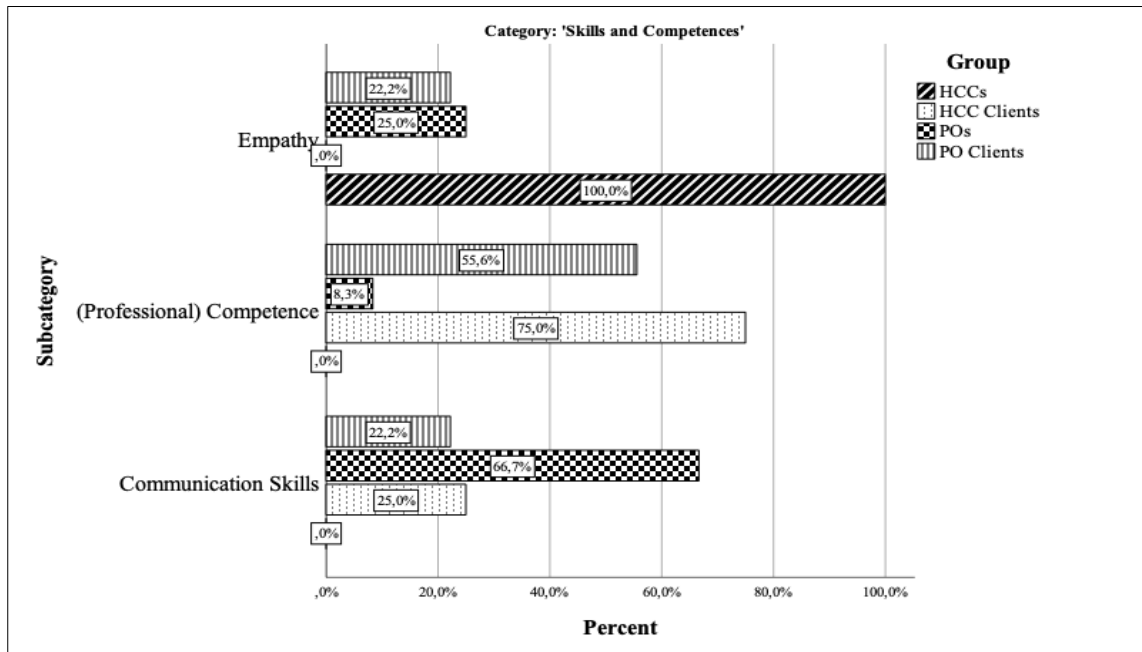
Figure 4.2 'Skills and Competencies': Distribution of Codes by Subcategory and Participant group.

The figure reveals that there were predominantly differences, but also one parallel in code distributions within subcategories between participant groups. The *Health Care Coaches* (HCCs) in the sample were characterised by the fact that they strongly associated the competence of empathy with effective health coaching relationships, while they did not attach high value to professional and communication skills. *Health coaching clients*, on the other hand, placed a high value on professional competencies, less value on communication skills, and hardly any value on empathy. This suggested that HCCs and HCC clients had different perspectives on skills and competencies that contribute to effective coaching relationships. *Placement officers* (PO) characterised themselves by attaching high importance to communication skills for effective coaching relationships and placing some emphasis on empathy, while professional competencies were less important to them. *PO clients*, like HCC clients, attributed the greatest importance to professional competencies for effective coaching relationships. Communication skills and empathy were given less importance. This result was an indicator that both coaching client groups associated the professional competencies of the coach with effective (health) coaching relationships.

For category 'skills and competencies' it was summarised that the views of HCCs and HCC clients as well as the views of the two coach groups on which skills and competencies contributed to successful (health) coaching relationships were rather different. A parallel between the client groups was the emphasis on the professional competencies of the coach as an important factor.

4.3.2.2 Behaviour

The distribution of codes by subcategory and participant group in the category 'behaviour' is shown in Figure 4.3.
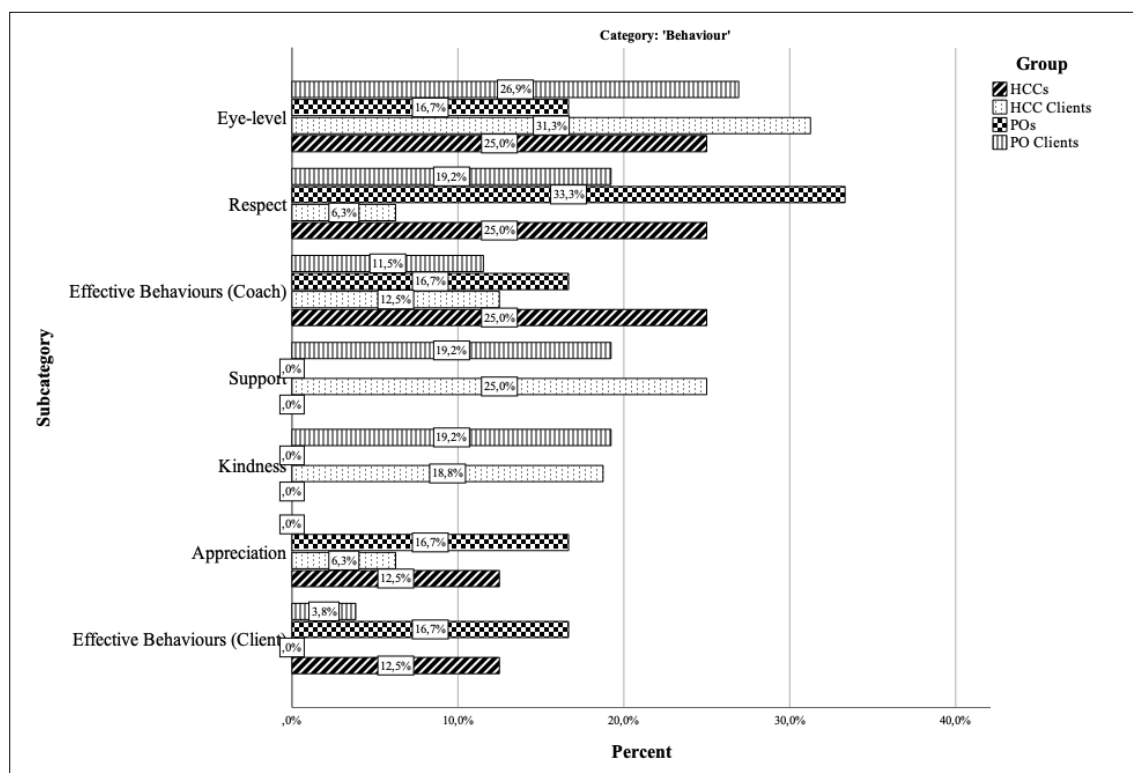
Figure 4.3 'Behaviour': Distribution of Codes by Subcategory and Participant Group.

In the category 'behaviour', the *HCCs* particularly emphasised effective behaviour of the coach (acceptance) and respectful interactions, while they did not attach any importance to kindness and support. Somewhat important for them were the appreciation and effective behaviours of the client (acceptance). For the group of *HCC clients*, encounters at eye-level, support, and kindness were particularly important for effective health coaching relationships. Less important in their view were effective coach behaviours and appreciation. Not very important at all for them were effective client behaviours. This suggests that HCCs and HCC clients had different perceptions of what behaviours contribute to effective coaching relationships. The *POs* in the sample were characterised by giving a lot of importance to respectful interactions, while giving substantially less but

some importance to appreciation, effective behaviour of coach and client, and eye-level. They did not attach importance to kindness and support. *PO clients*, on the other hand, named eye-level interactions, support, respect, and kindness as important contributions to effective coaching relationships, while attaching little or no importance to effective behaviours of coach and client, and appreciation.

In summary, it was stated for the category 'behaviour' that coaches and clients in both coaching types had rather different perceptions of which behaviours contributed to effective (health) coaching relationships, while there were parallels between the two coach groups and the two client groups. For coaches, respect was a key factor, while clients placed a high value on kind interactions at eye-level and support.

4.3.2.3 Attributes

Figure 4.4 shows the code distribution for category 'attributes' by subcategory and group.
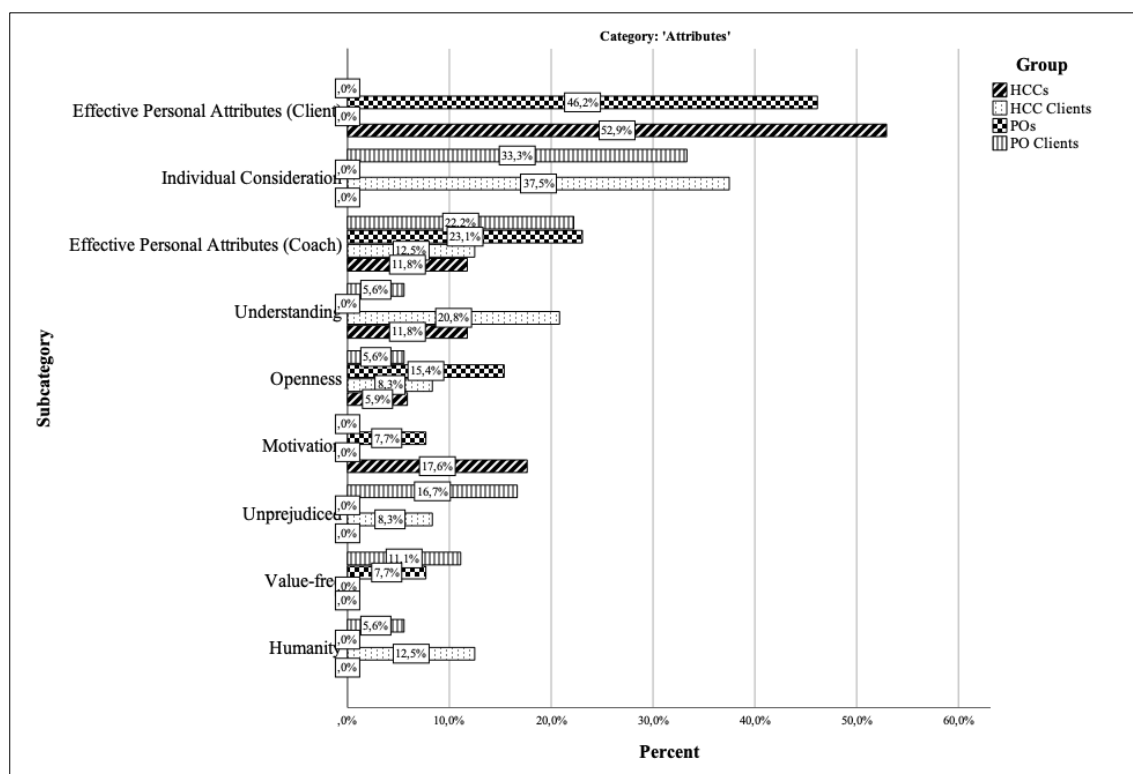
Figure 4.4 'Attributes': Distribution of Codes by Subcategory and Participant Group.

For the group of *HCCs*, effective client attributes were by far the most important for effective health coaching relationships. Less important were motivation, effective coach attributes, openness and understanding. Humanity, individual consideration, being unprejudiced, and value-free were not important to them. Individual consideration contributed the most to effective coaching relationships for *HCC clients*, followed by understanding. Effective coach attributes, humanity, openness, and being unprejudiced

were less important. They did not value effective client attributes, motivation, and being value-free. *PO coaches*, like HCC coaches, gave a lot of importance to effective client attributes. They also listed effective coach attributes and openness, but with less importance. Of little or no importance to them were motivation, being value-free, humanity, individual consideration, and being unprejudiced. For *PO clients*, individual consideration was most important for effective coaching relationships, followed by effective coach attributes. They placed some value on being unprejudiced and value-free, while placing little or no importance on humanity, openness, understanding, effective client attributes, and motivation.

For the category 'attributes', it was summarised that the HCCs and the POs agreed that certain client attributes were of high importance (e. g., readiness for change), while the views on which attributes lead to effective (health) relationships differed between the HCCs and the clients of the HCCs. The same was true for POs and PO clients. Another parallel emerged between the two client groups, who considered individual consideration important in this regard.

4.3.2.4 Relational

Figure 4.5 presents the code distribution by subcategory and participant group in the category 'relational'.
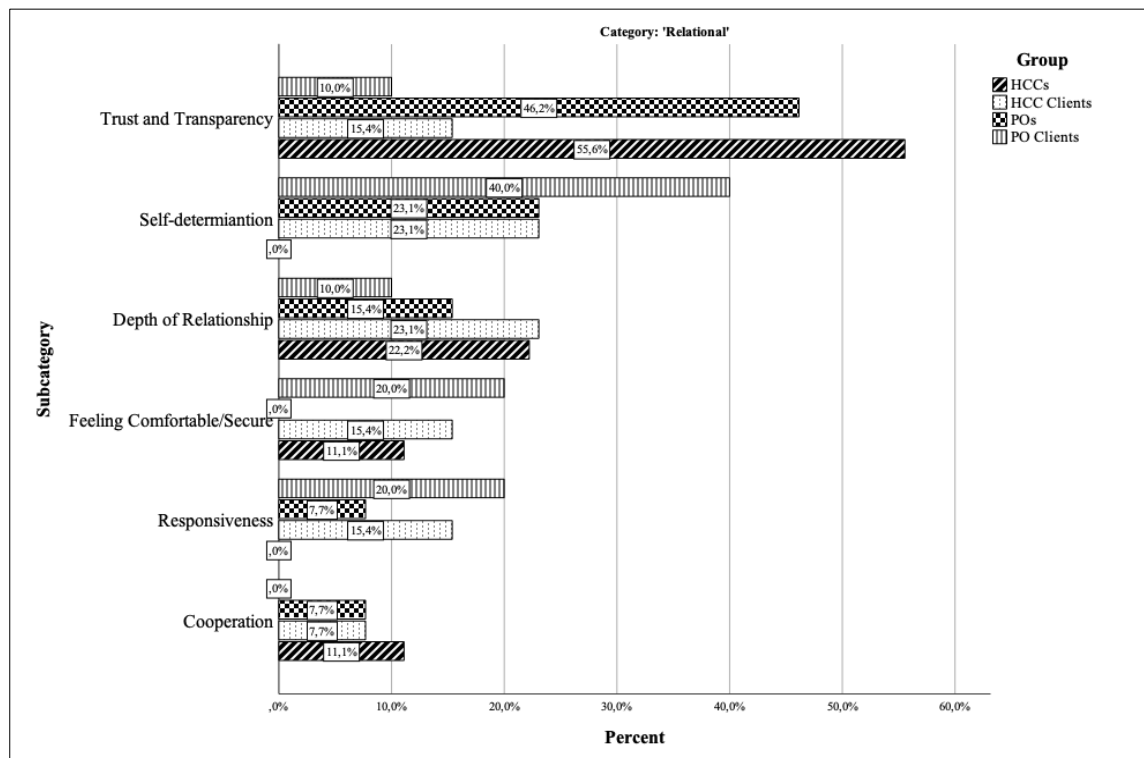
Figure 4.5 'Relational': Distribution of Codes by Subcategory and Participant Group.

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For *HCCs*, trust/transparency were by far the most essential contributors to effective (health) relationships, but the depth of the relationship also seemed to be important. Less important were feeling comfortable/secure and cooperation. Responsiveness and self-determination were not important for the HCCs. For *HCC clients*, no clear picture emerged as to which relational aspects were particularly important for effective health coaching relationships from their point of view, as their codes were distributed with similar percentages across all subcategories. The highest code percentages of HCC clients were found in the subcategories 'self-determination' and 'relationship depth'. Like HCCs, *POs* in the sample placed the highest emphasis on trust and transparency. They also saw self-determination as important for effective coaching relationships. Less important but somewhat important was the depth of the relationship. They attributed little to no importance to cooperation, responsiveness, and cooperation. *PO clients* clearly saw self-determination as the strongest contribution to effective coaching relationships. Feeling comfortable/secure in the relationship, as well as responsiveness, were also important to them. They placed little value on trust/transparency and the depth of the relationship and did not attach any importance to cooperation.

For the category 'relational' it was concluded that the participant groups considered rather different relational aspects important for effective (health) coaching relationships. There was a parallel between the coach groups who agreed that trust/transparency were the most important aspects.

4.3.3   Summary of Open Question Analysis Results – All Codes

Taking into account the full sample, the numbers of codes per subcategory indicated that client readiness for change and trusting individual treatment at eye-level-contributed the most to effective (health) coaching relationships.

The above analysis revealed some similarities and differences in the code distribution within subcategories between the group of participants. 7 out of 25 (28%) subcategories consisted of codes from all participant groups and represented the aspects of effective (health) coaching relationships with high agreement that they were important contributors to effective (health) coaching relationships. Further 11 (44%) subcategories contained codes from three participant groups. 7 (28%) subcategories contained codes from two groups.

The category 'skills and competencies' did not contain any subcategory with codes from all participant groups; the agreement on important aspects of the coaching relationship in

general was low. The code distribution showed a parallel between the two groups of clients, who assigned high importance to the professional competencies of the coach.

In the category 'behaviour', 3 subcategories (42.86%) consisted of codes from all groups. While there were differences between coaches and clients in code distributions in both types of coaching, there were similarities between the coach groups, who gave a lot of importance to respect and between the client groups, who emphasised kind, supporting interactions at eye-level.

In category 'attributes' there were 2 subcategories that contained codes of all participant groups (22.22%). Code distribution revealed that both coach groups saw client change readiness as a key contribution. Between clients, there was the common high importance they gave to individual consideration.

Category 'relational' contained 3 subcategories (50%) with shares from all groups. Both coach groups paralleled in agreeing that trust/transparency were of high importance for effective (health) coaching relationships.

The results of the open-ended question analysis were used for a comparison with the results of Honey's content analysis of the Repertory Grids, which are presented in Section 4.6. The comparison addressed research question 1a:

1a) What contributes to effective (health) coaching relationships?

The answers to the open-ended question represented explicitly accessible cognitions, while the constructs elicited by means of RGT also represented implicit, latent cognitions. By comparing the subcategories resulting from the respective content analysis, themes were identified that were explicitly and implicitly of high importance for effective (health) coaching relationships. Results of the comparison are presented in Section 4.9 rather than directly below; the analysis of the Repertory Grids is presented first in the next sections for better understanding.

4.4 Descriptive Repertory Grid Analysis Results

This section includes the results of descriptive Repertory Grid analysis in terms of the number of elicited constructs across participant groups as well as results of process analysis, eyeball analysis, and construct characterisation.

Data collection resulted in 42 completed grids. Appendix D shows an example grid. The interview participants generated a total of 382 constructs. In addition, for every

participant two constructs were supplied; see Section 3.3. This means that a total of 466 constructs were included in the data analysis. Data saturation, which addresses the reliability of the study (Fransella *et al.*, 2003) was achieved because the last two interviews were conducted with one coach and one client each and did not generate any more 'new' constructs. A list of all constructs can be found in Appendix E. Table 4.5 shows the distribution of elicited and supplied constructs across the different participant groups.

Table 4.5 Number of Elicited Constructs by Participant Group.

	HCC	PO	HCC Clients	PO Clients	All Coaches	All Clients	Total
Elicited constructs	53	77	129	123	129	253	382
Supplied constructs	10	14	30	30	24	60	84
Total constructs	**63**	**91**	**159**	**153**	**153**	**313**	**466**

In preparation for further data processing, each grid was analysed individually using process analysis, eyeball analysis, and construct characterisation as detailed in Subsection 3.4.2.

4.4.1   Process Analysis Results

Process analysis was employed to gain insight into the specifics of the interview process (Jankowicz, 2004), and to identify possible deviations from the standard process that might have impacted subsequent analysis. The results showed that in 29 of 42 interviews (69.05%) there were no deviations from the standard process at all. 11 (26.19%) participants found it difficult to rank the elicited constructs in terms of importance at the end of the interview because they perceived certain constructs as being similar important for effective (health) coaching relationships and therefore assigned double numbers, which affected the analysis of construct importance. See Section 4.8 for results and how double numbering was handled. 2 participants (4.76%) had slight difficulties in defining the elements ad hoc. In 6 interviews (16,67%) there was one triad from which no construct could be generated. Given that the desired number of at least eight constructs was achieved in these interviews, this should not have had a negative impact on the objectives of this study.

4.4.2   Eyeball Analysis Results

Eyeball analysis of individual grids was carried out to get an overview of the data (Jankowicz, 2004) and included a summary of the most important points. It revealed that participants generated 11.1 constructs (*SD* = 1.75) on average. However, there were

differences between the groups of participants. The coaches generated significantly more constructs than the clients per interview (coaches: 12.83; clients: 10.4; χ^2 = 19.462, p = 0.006). There were no significant differences in the number of constructs generated between the HCCs and POs or between the two client groups. The significant difference between coaches and clients indicated that coaches might have had a more differentiated cognitive representation of effective coaching relationships than clients. The complexity of participants' construct systems was examined in the following Principal Component Analysis of individual grids. The average duration of the interview was 57 minutes (*SD* = 11.78) with no significant differences between the groups of participants. There were no missing values in any of the grids.

4.4.3   *Construct Characterisation Results*

Construct characterisation was used on individual grids to explore the proportions of the types of constructs and their relevance to the aims and topic of the research (Jankowicz, 2004). It revealed that the elicited constructs were sufficiently relevant and appropriate for addressing the research questions of this study in finding high proportions of core and constellatory constructs, which were affective, behavioural, and evaluative, and described effective (health) coaching relationships.

The descriptive Repertory Grid analysis above provided valuable background information for further grid analysis in the following sections.

4.5 Principal Component Analysis Results of Individual Repertory Grids

This section includes the results of Principal Component Analysis (PCA) of individual Repertory Grids, which generated valuable information for addressing research questions 1a and 1b:

1a) What contributes to effective (health) coaching relationships?

1b) How do health coaches/placement officers, and (health) coaching clients construe effective (health) coaching relationships?

PCA was conducted to analyse the complexity of participants' construction systems with respect to effective (health) coaching relationships. PCA is a dimension-reducing procedure that explains the variance of the scores of all constructs in a grid by *n* underlying factors, each of which represents a different 'principal component'. Thus, PCA was suitable as a measure of cognitive complexity and provided information on the

complexity or simplicity of constructing effective (health) coaching relationships for the different groups of participants. The knowledge gained by using PCA provided important information to address the research questions in this study.

Varimax rotation (Kaiser, 1958), which is recommended as the standard rotation method (Shariat *et al.*, 2017) was used since it simplifies the factor structure and thus makes its interpretation both simpler and more reliable (Abdi, 2003). The Guttman-Kaiser-criterion (Guttman, 1954; Kaiser, 1960) was applied for factor extraction. The GridSuite Basic software programme (Fromm, 2014) was used for the PCA. Table 4.6 shows the number of factors extracted per participant group.

Table 4.6 Principal Component Analysis – Number of Factors Extracted by Participant Group.

Number of Factors Extracted	HCCs	POs	HCC Clients	PO Clients	All Coaches	All Clients
1	1	1	11	10	2	21
2	1	4	4	5	5	9
3	3	2	0	0	5	0

The table shows that PCA extracted one factor in 70% of client interviews and two factors in 30%. For no client interview, three factors were extracted. In contrast, in only 16.67% of the coach interviews one factor was extracted, while two or three factors were extracted for each 41.67%. This result indicated that the coaches' construct systems regarding effective health coaching relationships were slightly more complex than those of the clients. Cognitive complexity refers to 'the capacity to construe social behaviour in a multidimensional way. A more cognitively complex person has available a more differentiated system of dimensions for perceiving others' behaviour than does a less cognitively complex individual' (Bieri *et al.*, 1966, p. 185). Social perception results from the employment of interpersonal constructs, which implies that individuals with more complex construct systems are more likely to have developed social perceptual skills (Kline *et al.*, 1991) that contribute to effective (health) coaching relationships. Table 4.7 shows the range of variance explanation achieved and the mean variance explanation for each group of participants.

Table 4.7 Principal Component Analysis – Percentages of Variance Explanation by Participant Group.

	HCCs	POs	HCC Clients	PO Clients	All Coaches	All Clients
Range of Variance Explanation in %	80.35% – 90.01%	82.48% – 89.93%	82.65% – 95.47%	83.15 – 92.24%	80.35% – 90.01%	82.65% – 95.47%
Mean Variance Explanation in %	86.03%	87.28%	89.59%	87.88%	86.75%	88.74%

The total variance explanation resulting from PCA was slightly higher for clients than for coaches. The top 1 – 3 scores for coaches and 1 – 2 for clients, respectively, explained 89.93 – 95.47% of variance between constructs. The similar values of the total variance explanation by the principal components extracted for the different group of participants indicated that the apparently more complex construing of the coaches might be due rather to the fact that they have had more conscious experience with the topic, understood the elicitation process faster, and thus managed to generate more constructs in the interview time than to the fact that their construct systems of effective (health) coaching relationships were actually more complex than those of the clients. This suggests that effective (health) coaching relationships were construed relatively narrow for all participants.

The present Repertory Grid analyses showed that the factors that play a role in effective coaching relationships vary from person to person and between the participant groups. At this point, it is important to note that for most participants a relatively small number of factors had a high personal importance for effective (health) coaching relationships.

The data was further processed using Honey's (1979) content analysis to identify relevant themes for effective (health) coaching relationships across grids. Resulting categories and results of a differential analysis for the participant groups are reported in the following section.

4.6 Honey's Content Analysis Results of Repertory Grids

This section contains the results of categorising and analysing the constructs that were elicited from participants during the Repertory Grid process. Honey's (1979) content analysis was used to answer research question 1a, specifically:

1a) What contributes to effective (health) coaching relationships?

The construct categories resulting from the content analysis were aggregated overarching themes that encompass the constructs of the participants within the sample. The analysis of categories provided a more comprehensive and understandable insight into the

components of effective (health) coaching relationships than the isolated analysis of individual constructs.

Construct categorisation followed Honey's (1979) content analysis procedure described in Subsection 3.4.4. To ensure reliability of category definitions and assignment of constructs to categories, the 382 elicited constructs plus the 42 supplied constructs (self-determined – heteronomous) were categorised independently by the researcher and her collaborator. The 42 'overall' constructs were not part of the categorisation process as they represented the reference category. Any differences were discussed and resolved, where possible, until an acceptable agreement was reached between the researcher and the collaborator. Appendix F presents the reliability tables of initial and final agreement. An agreement of ≥ 0.90 was considered respectable (Lombard *et al.*, 2002; Jankowicz, 2004). The test statistics of the J. Cohen (1968) and Perreault and Leigh (1989) tests were above this criterion at 0.93 and 0.97 respectively.

As a next step, four superordinate categories 'skills and competencies', 'behaviour', 'attributes', and 'relational' were determined deductively based on the results of the Systematic Literature Review presented in Section 2.3, representing separate content areas of the coaching relationship. Honey's (1979) content analysis procedure resulted in 26 categories, which were assigned to the four superordinate categories. The assignment of the inductively formed categories to the superordinate categories was discussed with the collaborator.

The supplied constructs were processed differently: The subcategory 'self-determination' (supplied construct 1) was assigned to the superordinate category 'relational'. Since the category 'overall more effective relationship' (supplied construct 2) was the 'overall' or 'reference category', it was not assigned to one of the superordinate categories, but stood on its own and therefore represented an additional superordinate category.

Due to the assignment of content-analytically formed categories to superordinate categories, the former ones are referred to as subcategories in the following. The number of subcategories within categories, as well as the number and percentages of constructs within subcategories, can be seen in Table 4.8.

Table 4.8 Repertory Grids – Distribution of Agreed Subcategories and Constructs in Categories.

Superordinate Category	No. of Subcategories	No. of Constructs in Category	% of All Constructs
Skills and Competencies	4	67	15.80%
Behaviour	9	91	21.46%
Attributes	6	122	28.77%
Relational Constructs (Including 42 Supplied Constructs 1 'Self-determined – Heteronomous')	8	144	33.96%
'Overall' Category (Supplied Constructs 2)	0	42	9.01%
Total	**28**	**466**	**100.0%**

The table reveals that the largest number of constructs and subcategories was assigned to the category 'relational', closely followed by the category 'attributes'. However, since the 'relational' category included 42 supplied constructs, the ranking was actually headed by 'attributes'. Disregarding the 'overall' category, whose number of constructs was predetermined, the smallest category was 'skills and competencies'. This distribution indicated that participants particularly used particularly many attributional and relational constructs to describe effective (health) coaching relationships.

Table 4.9 presents the deductive categories as well as the final inductive subcategories agreed upon by the researcher and collaborator, including the subcategory content.

Table 4.9 Repertory Grids – Agreed Subcategories for All Categories.

No.	Subcategory	Category
	'Skills and Competencies'	
1	Communication Skills	Communication skills, constructive discussion ability, knowledge transfer ability, ability, and willingness to listen
2	Empathy	Ability of empathy, sensitivity
3	(Professional) Competence	Professional competence, general and health knowledge, solution-orientated, ability to guide and steer
4	Cognitive Skills	Ability to think differentially, intelligence and comprehension, ability to reflect oneself
	'Behaviour'	
5	Support	Being there for the client, helpfulness and willingness to help, supporting behaviour
6	Kindness	Affectionate, cordial, friendly, polite, warm
7	Interest	Showing attention, being interested in the other person,
8	Respect	Respectful behaviour
9	Patient	Showing patience
10	Honesty	Being honest, authentic behaviour
11	Eye-level	Treating the other person at eye-level, taking the other person seriously, value the other person's opinion
12	Appreciation	Appreciating behaviour
13	Miscellaneous	
	'Attributes'	
14	Openness	Acknowledging other opinions, openness
15	Effective Personal Attributes (Coach) →Helpful	Accessibility, approachability, benevolence, calmness, caring, entertaining, enthusiastic, faithful, flexibility, being a good person, humanity, individual consideration, justice, mood, not being manipulative, role model, solidarity, strong-willed, understanding, unprejudiced
16	Effective Personal Attributes (Client) →Readiness to Change	Accepting support, activity, assertiveness, desire, determination, being emotionally mature, generosity, positive health status, jumpiness, positive life situation, loyalty, being motivated, aiming at professional development, high resilience, self-confidence, realistic self-perception, standing behind what one does, positive view of people, willingness to change
17	Reliability	Constancy, punctuality, reliability
18	Not Egoistic	Not being or behaving egoistically
19	Humour	Humour and self-irony
	'Relational'	
20	Self-determination (Supplied constructs)	Feeling self-determined in the relationship
21	Sympathy/Affection	Feeling sympathy and affection for the other person
22	Cooperation	Mutual acceptance, agreement, commitment, compliance, exploring boundaries together, mutual goal tracking, responsiveness
23	Depth of Relationship	Closeness, dedication, intensity of the relationship, being important to the other person
24	Trust and Transparency	Trusting relationship, familiarity, transparency in the relationship
25	Feeling Comfortable/Secure	Feeling in good hands, sharing fun and enjoyment, being happy to see the other person, feeling secure and protected
26	Knowing Each Other well	Knowing each other for a long time, knowing each other well, sharing a common history
27	Relationship Type	Friendship, private versus professional relationship, type of motivation in the relationship, self-chosen versus non-self-chosen relationship
28	**'Overall More Effective Relationship'** (Supplied 'Overall' Construct Used for All Participants)	

The number of constructs per subcategory was a general indicator of the degree of importance that each group of participants assigned to the subcategory in terms of effective (health) coaching relationships. The subcategory 'self-determination' and the

category 'overall more effective relationship' could not be interpreted in this sense, as it consisted of the supplied constructs and their numbers were therefore predetermined. They were included in Figure 4.6, which displays the distribution of constructs per subcategory, for the purpose of completeness.
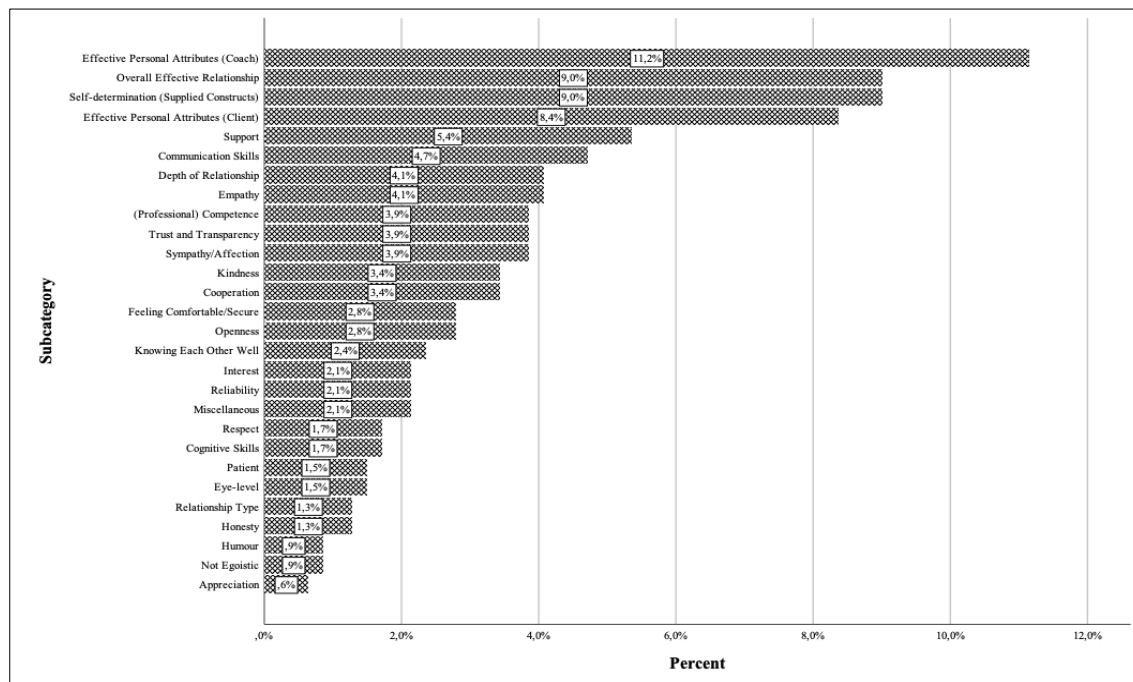
Figure 4.6 Distribution of Constructs in Subcategories.

The figure shows that in construing effective (health) coaching relationships, participants used substantially more constructs in terms of specific effective personal characteristics of the coach (helpful) and the client (willingness to change) as well as 'support' than constructs related to 'appreciation', 'humour', and 'not egoistic'.

This indicates that participants considered the aspects of being ready for coaching on both sides of the dyad (helpfulness and readiness to change) and the clients' feelings of being supported as important for effective coaching relationships, as related constructs accounted for 29.2% of all constructs.

A differential analysis of the distribution of the constructs by category and participant group was performed, which is presented below.

4.6.1 Differential Analysis Results – All Constructs

Differential analysis (Jankowicz, 2004) of the distribution of all 466 constructs within categories and subcategories, as well as across the participant groups in this study, identified similarities in the construction of effective coaching relationships between the participant groups and between the two different types of coaching. The differential analysis addressed research questions 1b and 1c:

1b) How do health coaches/placement officers, and (health) coaching clients construe effective health coaching relationships/coaching relationships in employment service?

1c) What are the specific commonalities and differences in construing effective (health) coaching relationships by health coaches, placement officers, and (health) coaching clients?

This part of Honey's (1979) content analysis did not consider the relative salience (H-I-L values) of the respective constructs; this was part of the following analysis in Subsection 4.6.3. However, the more general content analysis of all constructs provided relevant information that formed the basis for comparisons to the more in-depth analysis of high salience constructs presented in Subsection 4.6.5.

Appendix G displays the construct distribution in frequencies and percentages by subcategory and participant groups for all categories. The results of differential analysis are reported below per category.

4.6.1.1 Skills and Competencies

Figure 4.7 shows the proportion of constructs elicited from different groups of participants in the category 'skills and competencies'.
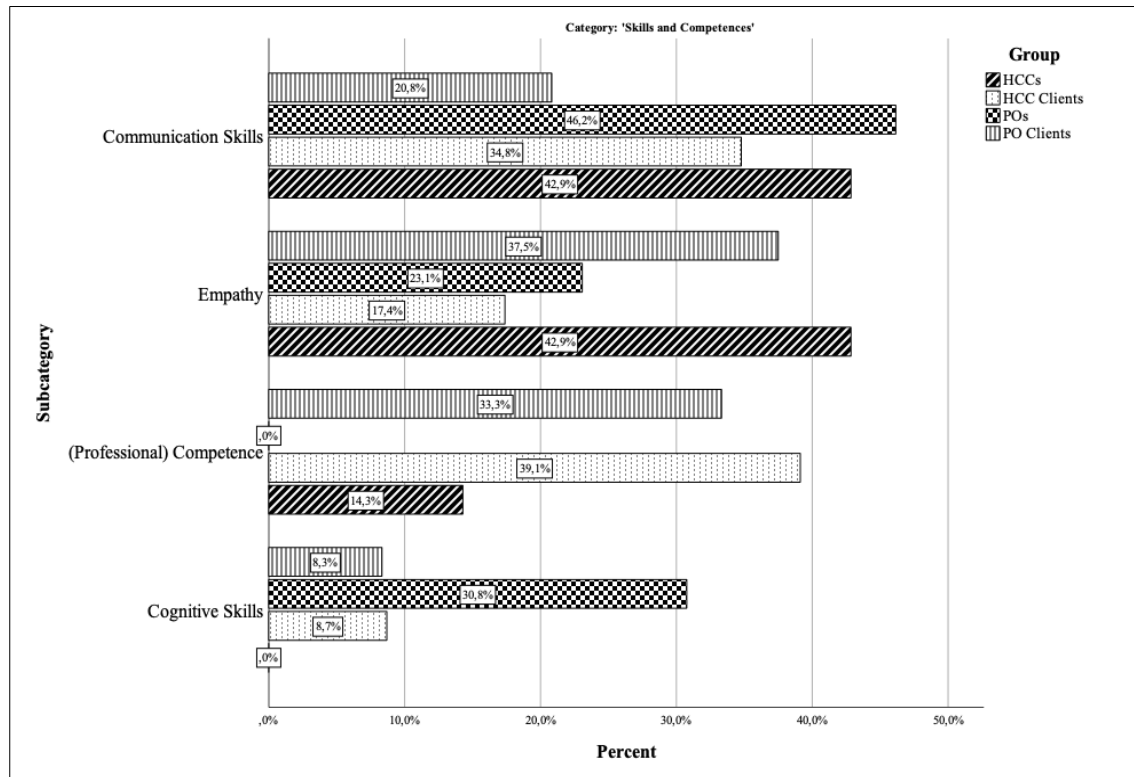
Figure 4.7 'Skills and Competencies': Distribution of Constructs by Subcategory and Participant Group.

The *HCCs* distinguished themselves from the other groups by giving client cognitive skills no relevance as contributors to effective health coaching relationships. Communication skills and empathy were the priorities for this group, as 85,8% of all HCC constructs in the category 'skills and competencies' were found in these two subcategories. Communication skills were slightly less important for HCCs than for POs (-3.3% constructs compared to all PO constructs in the category 'skills and competencies'), while empathy was substantially more important for HCCs (+19.8%) than for POs. HCCs gave little importance to general and health knowledge of the client.

The HCCs seemed to strongly associate human and communicative skills of the client with effective health coaching relationships. Table 4.10 contains the constructs elicited from HCCs in category 'skills and competencies'.

Table 4.10 HCC Constructs in 'Skills and Competencies'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_05_001	Communication Skills	Willingness to listen	Superficial listening, defensiveness
HCC_02_009	Communication Skills	Strong willingness to communicate openly	Caginess
HCC_03_008	Communication Skills	Communication exists	Communication is non-existent
HCC_02_010	Empathy	Empathetic, related to openness and honesty	Not empathetic
HCC_04_009	Empathy	Empathetic	Not being able and willing to deal with other people
HCC_01_004	Empathy	Empathetic, own appropriate emotional response	Little empathy
HCC_05_005	(Professional) Competencies	General and health knowledge	Lack of general and health knowledge

HCC clients gave the greatest importance to (professional) competencies of the coach, and they also saw communication skills as important contributors to effective health coaching relationships. For them, professional coach competencies were even more important than for PO clients (+5.77% constructs compared to all HCC client constructs in category 'skills and competencies'), also communication skills were also considerably more important for them (+14,0%) than for PO clients. Particularly important to HCC clients was the 'listening' aspect of communication skills.

Empathy was substantially less important for HCC clients than for PO clients (-20.1%), and gave little value to the cognitive competencies of the coach. It seemed that construing the coach as competent was the key for the HCC clients. The constructs obtained from HCC clients are shown in Table 4.11.

Table 4.11 HCC Client Constructs in 'Skills and Competencies'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_CL_15_004	(Professional) Competence	Solution-oriented	Stagnation
HCC_CL_11_003	(Professional) Competence	Competence	Incompetence
HCC_CL_13_001	(Professional) Competence	Good guide	Poor guide
HCC_CL_14_003	(Professional) Competence	Competence	Incompetence
HCC_CL_15_005	(Professional) Competence	Competence, professionally broadly positioned	Incompetence
HCC_CL_11_007	(Professional) Competence	Act positively on me, steering	Indifferent
HCC_CL_04_002	(Professional) Competence	Competent	Not competent
HCC_CL_10_005	(Professional) Competence	Does his/her job well	Does not do his/her job well
HCC_CL_02_003	Communication Skills	Good information transfer	Poor information transfer
HCC_CL_06_006	Communication Skills	Being able to listen	Not being able to listen
HCC_CL_12_001	Communication Skills	Listening, ability and willingness	False/fake interest
HCC_CL_13_005	Communication Skills	Willing to listen	Not willing to listen
HCC_CL_05_008	Communication Skills	Being able to listen	Not being able to listen
HCC_CL_08_004	Communication Skills	Listening	Does not listen
HCC_CL_09_009	Communication Skills	Being able and willing to listen	Ignoring
HCC_CL_14_007	Communication Skills	Listening	Ignoring
HCC_CL_15_003	Empathy	Can empathise with others	Cannot empathise with others
HCC_CL_06_002	Empathy	Empathy, sensitive, warm	Not empathetic, cold, indifferent
HCC_CL_10_004	Empathy	Empathy	Disinterest
HCC_CL_12_003	Empathy	Sensitive, empathy	Not empathetic
HCC_CL_15_001	Cognitive Skills	Intelligent, knowledgeable	Dumbing down
HCC_CL_01_004	Cognitive Skills	Can differentiate work and sympathy	Cannot differentiate

POs in the sample were characterised by giving client communication skills a very high importance for effective coaching relationships. Almost half of all PO constructs in the category 'skills and competencies' were assigned to this subcategory. Unlike HCCs, POs also saw client cognitive skills as a substantial contribution to effective coaching relationships.

The client's ability to empathise was notable less important for POs than for HCCs, but still somewhat important, in contrast to (professional) competencies of the coach, to which they attributed no importance for effective coaching relationships.

In conclusion, the willingness of the clients to communicate and cognitive skills such as reflectivity and problem awareness were the PO's priorities for effective coaching

relationships. The PO constructs in the category 'skills and competencies' are summarised in Table 4.12.

Table 4.12 PO Constructs in 'Skills and Competencies'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_03_003	Communication Skills	Communication skills	One-way communication
PO_06_008	Communication Skills	High communicative competence	Lack of communicative competence
PO_02_002	Communication Skills	Good communication skills	No communication skills
PO_04_009	Communication Skills	Communicative	Non-communicative
PO_05_006	Communication Skills	Active requests help	Expects that help is offered
PO_02_012	Communication Skills	Willingness to communicate	Speechlessness, no willingness to communicate
PO_02_011	Cognitive Skills	Quick and good comprehension	Slow and bad comprehension
PO_07_003	Cognitive Skills	Ability to question oneself, intelligence	Aggressiveness
PO_02_004	Cognitive Skills	Problem awareness	Not being able to recognise problems
PO_03_002	Cognitive Skills	Reflectivity	Advice resistant
PO_06_005	Empathy	Mutual empathy	Not being able or willing to respond to someone
PO_02_010	Empathy	Empathy	No ability to empathise
PO_07_009	Empathy	Sensitivity/empathy	Emotional blindness

For *PO clients*, the empathy of the coach was the most important contributor to effective coaching relationships; the ability to empathise was substantially more important to them than to the HCC clients (+20.1%). They saw the professional competencies of the coach as similarly important, which the HCC clients rated even slightly more important (+5.77%) than the PO clients. PO clients gave some importance to the contribution of coach communication skills to effective coaching relationships, but substantially less than HCC clients (-14.0%). PO clients, like HCC clients, attributed little relevance to the cognitive skills of the coach.

For PO clients, the empathic and professional competencies of the coach were paramount to effective coaching relationships. Table 4.13 shows all the constructs elicited from PO clients in the category 'skills and competencies'.

Table 4.13 PO Client Constructs in 'Skills and Competencies'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_CL_08_001	Empathy	Sensitive	Indifferent
PO_CL_03_005	Empathy	Empathetic	Reckless
PO_CL_03_006	Empathy	Sensitive	Insensitive
PO_CL_01_003	Empathy	Empathy	Callous
PO_CL_04_006	Empathy	Empathy	Cold-hearted, rational
PO_CL_06_002	Empathy	Empathy	No empathy
PO_CL_15_001	Empathy	Empathy	Rejection
PO_CL_11_006	Empathy	Empathetic	Not empathetic
PO_CL_12_004	Empathy	Empathy	Interpersonally too static
PO_CL_14_003	(Professional) Competence	Competence	Incompetence
PO_CL_05_003	(Professional) Competence	Competence	Ignorance
PO_CL_08_003	(Professional) Competence	Competence	Stupidity
PO_CL_11_004	(Professional) Competence	Competence	Incompetence
PO_CL_13_001	(Professional) Competence	Professional competence	Incompetence
PO_CL_07_003	(Professional) Competence	Competence	Incompetence
PO_CL_12_002	(Professional) Competence	Competence	Amateurism
PO_CL_13_005	(Professional) Competence	Does his/her job well	Does not do his/her job well
PO_CL_04_003	Communication Skills	Successful knowledge transfer	Cannot transfer knowledge very well
PO_CL_02_005	Communication Skills	Consideration, listening	No consideration, not listening
PO_CL_04_004	Communication Skills	Communicative competence	Communication deficit
PO_CL_10_004	Communication Skills	Can listen	Cannot listen
PO_CL_15_007	Communication Skills	Constructive discussion	Destructive discussion
PO_CL_07_002	Cognitive Skills	Thinking outside the box	Does not question/reflect on own ideologies
PO_CL_09_005	Cognitive Skills	Farsightedness, looking beyond one's own nose	Scheme F, blinkered thinking

<u>Summary and group comparison:</u> In the category 'skills and competencies', the subcategories 'communication skills' and 'empathy' included constructs from all groups of participants. These were the subcategories that were relevant to effective (health) coaching relationships for the total sample.

When comparing the priorities assigned to effective coaching relationships across the different group of participants, it was noted that HCCs and PO clients construed effective coaching relationships in a similar way by prioritising empathy. There was also a commonality between HCCs and HCC clients in that they considered communication skills to be an important contribution. Another commonality was between the two groups

of coaches, who agreed that high communication skills were important. There was a parallel between the client groups regarding the high importance they saw in the professional competence of the coach.

4.6.1.2 Behaviour

Figure 4.8 presents the distribution of the constructs within subcategories in the category 'behaviour' between the participant groups.
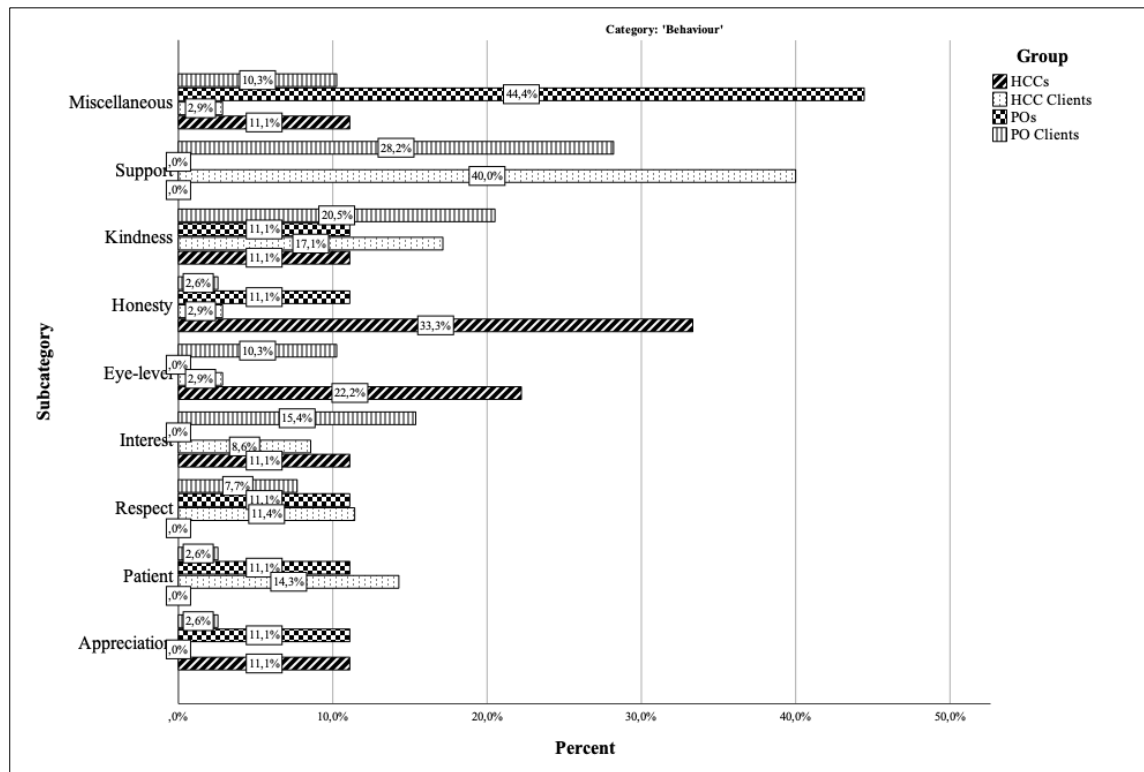
Figure 4.8 'Behaviour': Distribution of Constructs by Subcategory and Participant Group.

The 'miscellaneous' subcategory was not analysed in more depth as it consisted of constructs that were not relevant to the topic of the research. The category was included in the figure above for the sake of completeness.

In terms of specific behaviours that contribute to effective coaching relationships, the *HCCs* in this study focused on client honesty, which they valued substantially higher than the POs (+22.2%). Eye-level interactions were also somewhat important for them, unlike for POs. Kindness, interest, and appreciation seemed to be of little importance for effective coaching relationships for them, as they were for POs. Table 4.14 shows the HCC constructs in the 'behaviour' category.

Table 4.14 HCC Constructs in 'Behaviour'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_04_004	Honesty	Honest	Dishonest
HCC_02_005	Honesty	Authentic, honest, open	Inauthentic, restrained
HCC_01_001	Honesty	Honest, sincere, no manipulative intent	Dishonest, manipulative
HCC_01_006	Eye-level	Values my opinion	Indifferent to my opinion
HCC_05_006	Eye-level	Eye-level	Power play, hierarchy
HCC_04_010	Kindness	Cordial and authentic positive interactions	Cold, detached
HCC_05_003	Interest	Interest	Disinterest
HCC_03_007	Appreciation	Mutual appreciation	No mutual appreciation

HCC clients saw the support of the coach as by far the most substantial contribution to effective health coaching relationships. They valued support even more than PO clients (+11.8%). HCC clients gave some meaning, but less so, to kindness, patience, respect, and interest. They gave very little importance to honesty and eye-level for effective health coaching relationships.

Construing the coach as supporting seemed to be the key contribution to effective health coaching relationships for HCC clients. Their constructs are shown in Table 4.15.

Table 4.15 HCC Client Constructs in 'Behaviour'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_CL_12_005	Support	Willing and able to help	Does not want to help me
HCC_CL_14_005	Support	Is there for me	Concerned with own advantage
HCC_CL_04_004	Support	Is there for me	Rejecting
HCC_CL_01_003	Support	Gives assistance, is helpful	Does not give assistance
HCC_CL_06_008	Support	Always there for me	Disinterest, rejection
HCC_CL_15_010	Support	Helpfulness (trying to find a solution, being there for me)	Egoism
HCC_CL_05_003	Support	High willingness to help	No willingness to help
HCC_CL_02_010	Support	Is always there for me	Ignoring
HCC_CL_04_001	Support	Wanting and being able to help	Ignorance
HCC_CL_05_006	Support	Personal support, is always there for me	Stands neutral to me
HCC_CL_09_002	Support	Helping	Restricts my freedoms and makes my inner work more difficult
HCC_CL_10_008	Support	Helpful	Interested their own advantage
HCC_CL_09_008	Support	Always there for me	Abandoned, disinterest
HCC_CL_06_001	Kindness	Friendly, humanness	Unfriendly, inhumane
HCC_CL_07_004	Kindness	Polite	Unfriendly
HCC_CL_10_002	Kindness	Friendliness	Unfriendliness
HCC_CL_05_002	Kindness	Friendly	Unfriendly
HCC_CL_07_008	Kindness	Exaggerated cordiality	Stuffiness, grouchy, grumpy, rude, but not unfriendly
HCC_CL_14_002	Kindness	Friendly	Unfriendly
HCC_CL_14_001	Patience	Patience	Impatience, unrealistic expectations
HCC_CL_08_002	Patience	Patient with me	Impatient, demanding results quickly
HCC_CL_13_004	Patience	Patience	Impatience
HCC_CL_11_004	Patience	Patient with behaviour change	Spreading hustle and bustle, wanting everything immediately
HCC_CL_06_009	Patience	Patient with me	Not patient with me
HCC_CL_03_002	Respect	Respectful	Not respectful
HCC_CL_07_001	Respect	Respectful	Disrespectful, no decency, no politeness
HCC_CL_10_009	Respect	Respect	Disrespectful
HCC_CL_08_008	Respect	Respectful, appreciation	Indifference
HCC_CL_06_005	Interest	Attention	Inattention
HCC_CL_08_006	Interest	Interest in me	Disinterest
HCC_CL_05_005	Interest	Interest in my person	Disinterest towards my personality
HCC_CL_02_009	Honesty	Honesty	Lying
HCC_CL_01_005	Eye-level	Takes me seriously	Does not take me seriously

For the *POs* in the sample, there was no clear picture of the behaviours they associated with effective coaching relationships. The largest percentage of PO constructs in the category 'behaviour' was in the subcategory 'miscellaneous' (44.0%). They assigned some importance to kindness, respect, patience, appreciation, and honesty.

Honesty was substantially less important to them than to HCCs (-22.0%). They did not see value in support, interest and, unlike the HCCs, eye-level. All PO constructs in the category 'behaviour' are displayed in Table 4.16.

Table 4.16 PO Constructs in 'Behaviour'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_03_006	Kindness	Cordial	Cold
PO_05_011	Respect	Mutual respect	Disrespect
PO_06_007	Patience	Having patience	Being impatient
PO_05_002	Appreciation	Appreciation	Rejection
PO_03_004	Honesty	Honesty	Dishonesty

The support provided by the coach was the greatest contributor to effective coaching relationships for *PO clients*, as it was for HCC clients. Kindness was slightly more important for PO clients than for HCC clients (+3.4%). Interest and eye-level were considerably more important to PO clients than to HCC clients (+6.8% and +7.4%). PO clients saw less contribution to effective coaching relationships in respect and hardly any contribution in patience, honesty, and appreciation.

PO clients construed effective coaching relationships particularly in terms of a supportive coach. Constructs of this participant group are summarised in Table 4.17.

Table 4.17 PO Client Constructs in 'Behaviour'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_CL_02_002	Support	Helpful, finding a solution together	Doing only what is necessary for someone else
PO_CL_09_007	Support	Encouraging, supporting	Disinterest
PO_CL_11_003	Support	Willing to help	Not willing to help
PO_CL_06_009	Support	Is there for me	Is not there for me
PO_CL_10_001	Support	Encourages, supports	Keeps me low
PO_CL_09_004	Support	Takes time for me	Has no time for me
PO_CL_02_007	Support	Is there for me	Is not there for me
PO_CL_03_007	Support	Is always there for me	Disinterest
PO_CL_08_007	Support	Is always there for me	Turns away
PO_CL_01_008	Support	Support, offers help	Disinterest
PO_CL_06_001	Kindness	Friendly manner	Unfriendly
PO_CL_11_008	Kindness	Affectionate	Indifferent
PO_CL_12_001	Kindness	Politeness, decency	Impoliteness
PO_CL_03_001	Kindness	Friendly	Unfriendly
PO_CL_06_006	Kindness	Motherly, security, protection	Herrish
PO_CL_11_001	Kindness	Friendly	Unfriendly
PO_CL_14_002	Kindness	Friendly	Unfriendly
PO_CL_12_008	Kindness	Human warmth	Coldness
PO_CL_02_001	Interest	Gets involved with other people	Does not get involved with other people
PO_CL_06_005	Interest	Attentive	Rejecting
PO_CL_14_006	Interest	Interest in me	Disinterest, indifference
PO_CL_15_003	Interest	Having interest in another person	Total ignorance
PO_CL_05_002	Interest	Curiosity, interest in my person	Disinterest
PO_CL_10_005	Interest	Interested in me	Not interested in me
PO_CL_05_001	Eye-level	Eye-level	Not being treated at eye-level
PO_CL_13_002	Eye-level	Takes me seriously	Does not take me seriously
PO_CL_04_002	Eye-level	Eye-level	Cynicism (treating people from above)
PO_CL_03_004	Eye-level	Eye-level	Treating someone down
PO_CL_15_008	Respect	Respect	Disrespectful
PO_CL_03_003	Respect	Respectful	Disrespectful
PO_CL_11_002	Respect	Respectful	Disrespectful
PO_CL_10_003	Patience	Patient	Not patient
PO_CL_07_001	Honesty	Authentic	Played, adjusted
PO_CL_03_002	Appreciation	Appreciation	Condescending, derogatory

Summary and comparison of groups: In the category 'behaviour', the subcategories 'kindness' and 'honesty' consisted of constructs of all groups of participants and were therefore relevant to the entire sample in construing effective (health) coaching relationships. However, while kindness appeared to be much more important to clients than to coaches, honesty was especially important to coaches.

Comparison of the participant groups showed hardly any similarities between the two coach groups. There were also hardly any parallels between HCCs and HCC clients in the construction of effective (health) coaching relationships. The same was true for POs and PO clients. However, a strong parallel emerged between the two client groups, for whom the support of the coach was by far the most important.

4.6.1.3 Attributes

Figure 4.9 displays construct distribution for each subcategory and participant group in category 'attributes'.
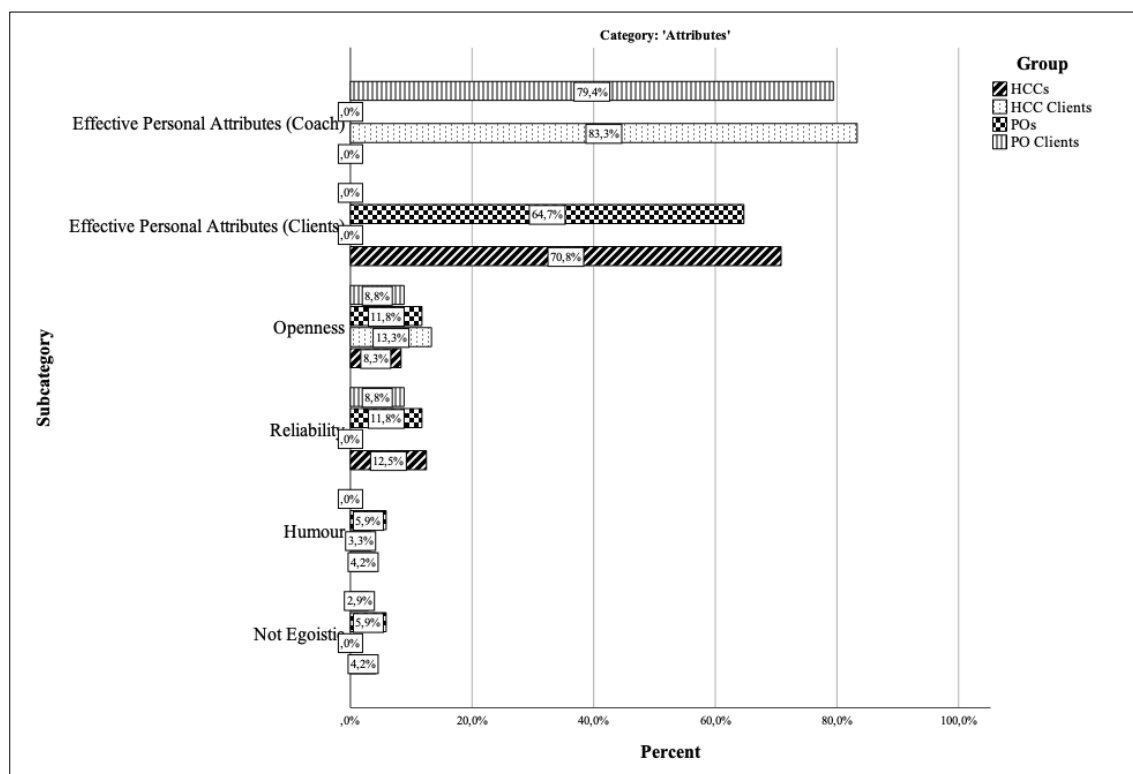
Figure 4.9 'Attributes': Distribution of Constructs by Subcategory and Participant Group.

In the category 'attributes', between 64.7% and 83.3% of the constructs of the different groups of participants fell into one of the two subcategories 'effective personal attributes (coach)' or 'effective personal attributes (client)'. This indicated the high importance of specific personal characteristics for the coach and the client, which were examined in more detail for individual groups.

From the perspective of *HCCs*, effective personal attributes of the client that contribute to effective (health) coaching relationships included above all the will and readiness to change, and the willingness to accept help, as well as emotional stability. 70.8% of the HCC constructs in 'attributes' were assigned to this subcategory, which had a slightly higher importance for HCCs than for POs (+6.1%), but less than for HCC clients (-12.5%). Reliability and openness were also somewhat important for effective (health) coaching relationships to the HCCs. They saw little contribution in this regard in humour and not being egoistic.

The key to effective health coaching relationships from the HCCs' perspective was client readiness to change. Table 4.18 lists all HCC constructs in category 'attributes'.

Table 4.18 HCC Constructs in 'Attributes'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_03_002	Effective Personal Attributes (Client)	Strong willingness to accept help	No willingness to accept help
HCC_03_001	Effective Personal Attributes (Client)	Willingness to change	No will to change, blocking attitude
HCC_04_005	Effective Personal Attributes (Client)	Stands behind what one does	Does not stand behind what one does
HCC_02_003	Effective Personal Attributes (Client)	Very willing to change	Little willingness to change
HCC_02_006	Effective Personal Attributes (Client)	Willing to accept support	Not willing to accept support
HCC_05_007	Effective Personal Attributes (Client)	Motivation, change readiness	Passivity
HCC_04_002	Effective Personal Attributes (Client)	Loyalty	Indifference
HCC_01_005	Effective Personal Attributes (Client)	Difficult to influence, stubborn	Jumpy, easily irritated
HCC_04_007	Effective Personal Attributes (Client)	Determined, having a clear plan	Trusting in fate
HCC_01_009	Effective Personal Attributes (Client)	Emotionally mature	Emotionally infantile
HCC_02_002	Effective Personal Attributes (Client)	Good mental health	Poor mental health
HCC_03_009	Effective Personal Attributes (Client)	Positive view of people	Negative view of people
HCC_01_002	Effective Personal Attributes (Client)	Assertive	Weak in assertion, vulnerable
HCC_05_009	Effective Personal Attributes (Client)	Emotional stability	Lability, highly subjective perception
HCC_02_001	Effective Personal Attributes (Client)	Lives with partner/children/other persons	Lives alone
HCC_04_011	Effective Personal Attributes (Client)	Realistic self-perception	Arrogance
HCC_04_008	Effective Personal Attributes (Client)	Self-confident appearance	Insecure appearance
HCC_02_004	Reliability	Reliable, sticks to agreements	Unreliable
HCC_03_005	Reliability	Reliable, sticks to appointments and deadlines	Unreliable
HCC_03_006	Reliability	Punctuality	Unpunctuality
HCC_05_008	Openness	Openness	Caginess
HCC_02_007	Openness	Willing to acknowledge other opinions, try out advice	Very stubborn
HCC_04_006	Humour	Humour	Take everything very seriously, feeling quickly attacked
HCC_04_003	Not Egoistic	Self-sacrificing	Selfish/egoistic

HCC clients had by far the highest percentage of constructs in the subcategory 'effective personal attributes (coach)'. In this respect, they also had the highest percentage share of all participant groups, indicating the high contribution of specific personal attributes of the coach to effective health coaching relationships.

For HCC clients, the coach being caring, and understanding were the top priorities in this respect. Furthermore, HCC clients saw some contribution to effective health coaching relationships in openness, which was also slightly more important to them (+4.5%) than to PO clients. They gave hardly any importance to humour and saw no importance at all

in effective personal attributes of the client, reliability, and not being egoistic. Table 4.19 shows the constructs of HCC clients in the category 'attributes'.

Table 4.19 HCC Client Constructs in 'Attributes'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_CL_06_003	Effective Personal Attributes (Coach)	Positive charisma, cheerful, good mood	Grumpy, moody
HCC_CL_08_001	Effective Personal Attributes (Coach)	Understanding	Lack of understanding
HCC_CL_11_008	Effective Personal Attributes (Coach)	Good soul/person	total human failure, egoistic
HCC_CL_12_002	Effective Personal Attributes (Coach)	Understanding, ability and willingness	No understanding
HCC_CL_13_003	Effective Personal Attributes (Coach)	Understanding	No understanding
HCC_CL_05_001	Effective Personal Attributes (Coach)	Personal access to the person	Impersonal
HCC_CL_09_001	Effective Personal Attributes (Coach)	Humanity	Rejecting treatment
HCC_CL_15_007	Effective Personal Attributes (Coach)	Caring, looking after my well-being	Disinterest, indifference
HCC_CL_01_001	Effective Personal Attributes (Coach)	Future-oriented, wants good things for me	Quota-oriented
HCC_CL_01_002	Effective Personal Attributes (Coach)	Good mood/temper	Bad mood/temper
HCC_CL_07_007	Effective Personal Attributes (Coach)	Humanity	Disinterest
HCC_CL_09_006	Effective Personal Attributes (Coach)	Unprejudiced, unbiased	Pigeonholing, strong prejudices
HCC_CL_10_001	Effective Personal Attributes (Coach)	Humanity	Inhumanity
HCC_CL_03_004	Effective Personal Attributes (Coach)	Fair, just	Unfair, unjust
HCC_CL_04_005	Effective Personal Attributes (Coach)	Caring	Disinterest
HCC_CL_07_002	Effective Personal Attributes (Coach)	Approachable	Not approachable
HCC_CL_09_005	Effective Personal Attributes (Coach)	Understanding	No understanding
HCC_CL_02_002	Effective Personal Attributes (Coach)	Fairness	Unfair, unjust
HCC_CL_15_006	Effective Personal Attributes (Coach)	Individual consideration	08/15 treatment
HCC_CL_01_008	Effective Personal Attributes (Coach)	Idol	Not being an idol for me
HCC_CL_03_005	Effective Personal Attributes (Coach)	Caring	Disinterest
HCC_CL_07_006	Effective Personal Attributes (Coach)	Enthusiasm, passion	Someone you can't do anything with
HCC_CL_10_006	Effective Personal Attributes (Coach)	Caring	Neglecting
HCC_CL_02_005	Effective Personal Attributes (Coach)	Caring	Not caring
HCC_CL_11_005	Effective Personal Attributes (Coach)	Caring, concerned about my welfare	Disinterest
HCC_CL_15_002	Openness	Open-minded	Rigid, not thinking outside the box
HCC_CL_03_001	Openness	Open-minded	Caginess
HCC_CL_08_003	Openness	Openness towards me, self-disclosure	Closure
HCC_CL_14_004	Openness	Openness	Very convinced of one's own opinion
HCC_CL_07_003	Humour	Humour	No common wavelength

The *POs* in the sample had a high but slightly lower percentage of constructs in the subcategory 'effective personal attributes (client)' than the HCCs. Of all the groups, their percentage in this regard was the lowest. For them, a somewhat less clear picture emerged of which personal attributes were associated with effective coaching relationships than for the other groups as their constructs were distributed across five subcategories, which at the same time pointed to the relative complex construing of this group. The willingness of the clients to change and their health status seemed to be the most relevant in this regard, which was interesting, as the health status of the client appeared to be less important for the HCCs, although this was the focus of the health coaching.

POs also saw client openness as contributing to effective coaching relationships. This was true for POs to a slightly higher degree (+3.5%) than for HCCs. The reliability of the client was just as important for POs and similarly important for HCCs, here the difference in percentage between the coach groups was only 0.7%. Like HCCs, POs gave little importance to humour and not being egoistic. They did not see any relevance in effective personal attributes of the coach. The PO constructs in the category 'behaviour' are presented in Table 4.20.

Table 4.20 PO Constructs in 'Attributes'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_01_003	Effective Personal Attributes (Client)	Is healthy	Severe health restrictions
PO_01_016	Effective Personal Attributes (Client)	Is not in a life crisis	Is in a life crisis
PO_05_008	Effective Personal Attributes (Client)	Willingness to change	Rigidly sticking to the current situation
PO_07_004	Effective Personal Attributes (Client)	Mental stability	Severe mental health problems
PO_07_010	Effective Personal Attributes (Client)	Courage, not letting oneself be defeated	Weakness
PO_01_002	Effective Personal Attributes (Client)	Has both feet on the ground professionally	Needs support with professional development
PO_01_013	Effective Personal Attributes (Client)	Can be guided, accepts support	Does not steer easily, does not accept support
PO_05_003	Effective Personal Attributes (Client)	Resistance	Being able to talk spontaneously and openly
PO_07_006	Effective Personal Attributes (Client)	Activity	Passivity
PO_07_008	Effective Personal Attributes (Client)	Stress tolerance	Lability
PO_01_012	Effective Personal Attributes (Client)	Easy to motivate	Difficult to motivate
PO_06_004	Effective Personal Attributes (Client)	Feeling healthy	Health problems (mental, physical)
PO_06_003	Effective Personal Attributes (Client)	Dissatisfaction with situation	Satisfaction/acceptance of situation
PO_03_008	Effective Personal Attributes (Client)	Generous	Being mindful of one's own advantage
PO_06_002	Effective Personal Attributes (Client)	Self-criticism, objectivity	Lack of flexibility, unwillingness to change
PO_07_001	Effective Personal Attributes (Client)	Resilience	Resignation to fate
PO_01_006	Effective Personal Attributes (Client)	Aims for professional development	Does not aspire professional development
PO_02_003	Effective Personal Attributes (Client)	Willingness to change	Stagnation
PO_03_009	Effective Personal Attributes (Client)	Spontaneity	Conservative, little willingness to change
PO_07_005	Effective Personal Attributes (Client)	Desire to deal with difficult and complex situations	Excessive demands
PO_02_005	Effective Personal Attributes (Client)	No health problems	Severe health problems
PO_02_006	Effective Personal Attributes (Client)	No social problems	Social problems
PO_04_004	Openness	Openness	Caginess
PO_07_002	Openness	Openness	Ignorance, negation
PO_04_005	Openness	Open book	Difficult to access
PO_02_001	Openness	Openness	Closed mindedness
PO_03_005	Reliability	Reliable	Unreliable
PO_03_010	Reliability	Constancy, permanent relationship	Inconstant
PO_02_009	Reliability	Reliable	Unreliable
PO_04_008	Reliability	Reliable	Unreliable
PO_03_007	Humour	Self-irony	Taking yourself too seriously
PO_03_001	Humour	Humour	No ability for humour
PO_06_006	Not Egoistic	Being interested in other people and opinions	Self-centred
PO_01_015	Not Egoistic	Not selfish/self-centred	Selfish/self-centred

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PO clients had the second highest percentage in the subcategory 'effective personal attributes (coach)'. Their percentage in this subcategory was higher than for both groups of coaches, but slightly lower (-3.9%) than the percentages of the HCC clients. The openness of the coach was given some importance by the PO clients, but less than by the HCC clients (-4.5%). Equally important to them was the reliability of the coach. They saw very little importance for effective coaching relationships in not being egoistic and no importance at all in humour.

For them, above all, the understanding of the coach and fair treatment were key contributions to effective coaching relationships. Table 4.21 shows the constructs of the PO clients in the category 'attributes'.

Table 4.21 PO Client Constructs in 'Attributes'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_CL_01_002	Effective Personal Attributes (Coach)	Understanding	Lack of understanding
PO_CL_09_003	Effective Personal Attributes (Coach)	Radiates calm and balance	Very stressful and under pressure
PO_CL_04_001	Effective Personal Attributes (Coach)	Individual consideration	Pigeonholing
PO_CL_09_006	Effective Personal Attributes (Coach)	Not manipulative	Manipulative
PO_CL_13_004	Effective Personal Attributes (Coach)	Understanding	Ignorance
PO_CL_15_005	Effective Personal Attributes (Coach)	Work according to the situation	Work to rule
PO_CL_06_004	Effective Personal Attributes (Coach)	Caring	Indifferent
PO_CL_11_005	Effective Personal Attributes (Coach)	Just	Unjust
PO_CL_13_003	Effective Personal Attributes (Coach)	Equal treatment	Unequal treatment
PO_CL_15_002	Effective Personal Attributes (Coach)	Higher ability of observation	Superficiality
PO_CL_04_005	Effective Personal Attributes (Coach)	Caring	Concerned with own advantage
PO_CL_06_007	Effective Personal Attributes (Coach)	Exemplary, role model	Not a role model
PO_CL_07_005	Effective Personal Attributes (Coach)	Caring	Not caring
PO_CL_10_007	Effective Personal Attributes (Coach)	Unprejudiced	Imposes own will on you
PO_CL_13_006	Effective Personal Attributes (Coach)	Humanity	Sadistic
PO_CL_05_004	Effective Personal Attributes (Coach)	Entertainer qualities	Solitary, introverted
PO_CL_08_005	Effective Personal Attributes (Coach)	Understanding	Ignorance
PO_CL_10_002	Effective Personal Attributes (Coach)	Understanding	No understanding
PO_CL_13_007	Effective Personal Attributes (Coach)	Solidarity with me	Intolerance
PO_CL_10_009	Effective Personal Attributes (Coach)	Flexibility	Stubbornness
PO_CL_01_001	Effective Personal Attributes (Coach)	Good treatment, justice	Bad treatment, injustice
PO_CL_05_006	Effective Personal Attributes (Coach)	Flexibility	Conservative attitudes
PO_CL_06_003	Effective Personal Attributes (Coach)	Fair, just	Unfair, unjust
PO_CL_10_008	Effective Personal Attributes (Coach)	Strong-willed	Weak willed
PO_CL_12_003	Effective Personal Attributes (Coach)	Humanity, humane	Inhumane
PO_CL_07_006	Effective Personal Attributes (Coach)	Faithful	Unfaithful
PO_CL_12_005	Effective Personal Attributes (Coach)	Understanding	Indifference
PO_CL_05_009	Openness	Openness	Narrow moral concepts, double standards
PO_CL_01_004	Openness	Open person, openness	Stereotyped thinking
PO_CL_09_002	Openness	Open character	Fixed expectations, stuck
PO_CL_11_010	Reliability	Reliable	Unreliable
PO_CL_02_008	Reliability	Reliable	Unreliable
PO_CL_01_005	Reliability	Reliable, open ear	Unreliable, no open ear
PO_CL_15_004	Not Egoistic	Selflessness	Being full of oneself, self-centred

Summary and group comparison: For the category 'attributes' it is noted that subcategory 'openness' included constructs from all participant groups, which means that the openness of both coach and client contributed to (health) coaching relationships for all participant groups in this study. Furthermore, all participant groups strongly associated specific personal attributes of the coach (e. g., understanding) or the client (e. g., change readiness) with effective (health) coaching relationships. Comparing participant groups, on the one hand, there was a commonality between the coach groups who construed effective (health) coaching relationships primarily in terms of the client's readiness and willingness to change. However, there was a parallel between the client groups for whom the understanding of the coach was the priority. Interestingly, coaches and clients agreed in assigning high importance to effective personal attributes of the other part, but not to their own personal attributes. All participant groups saw the openness of the coaching counterpart as a not very high, but nonetheless relevant contribution to effective (health) coaching relationships.

4.6.1.4. Relational

Figure 4.10 presents the distribution of the constructs per subcategory between the groups of participants in the category 'relational'.
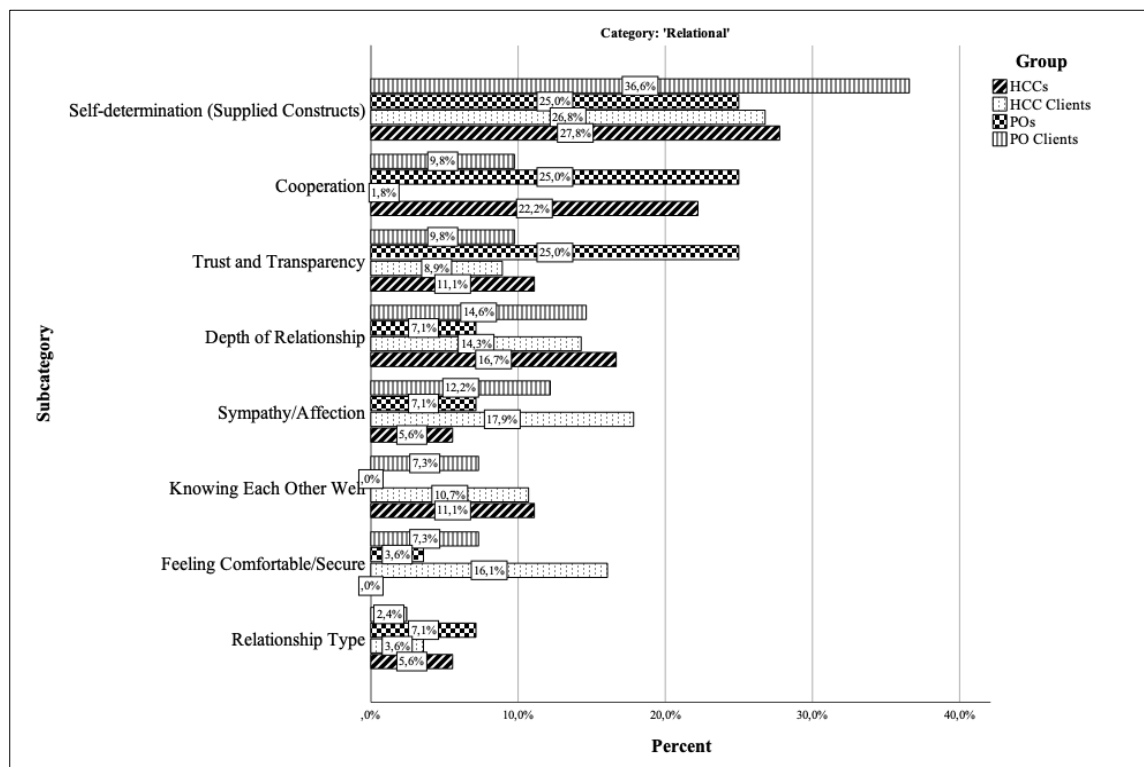
Figure 4.10 'Relational': Distribution of Constructs by Subcategory and Participant Group.

At this point, it is remembered that the subcategory 'self-determination' consisted of supplied constructs and therefore the number of constructs in this subcategory was predetermined. However, the interpretation of the relative distribution of constructs per participant group in the 'relational' category benefited from consideration of the subcategory 'self-determination'; therefore, it was included in the analysis. Its thematic relevance for effective (health) coaching relationships was explored in the difference analysis of high salience constructs (their number was not predetermined), which is presented in Subsection 4.6.5. Thus, it was neglected here.

The *HCCs* in the sample assigned some but slightly lower importance (-2.8%) to client cooperation for effective health coaching relationships than the POs. The depth of the relationship also seemed to be relevant for HCCs; substantially more than for POs (+9.6%). The client's willingness to cooperate with the coach was the priority of HCCs for effective health coaching relationships.

The HCCs gave some importance to trust/transparency and knowing each other well. They valued knowing each other well more than the POs, who did not assign any relevance in this respect. Sympathy/affection and type of relationship were only marginally relevant to HCCs. In feeling comfortable/secure, HCCs saw no importance for effective (health) coaching relationships. All HCC constructs in category 'relational' are shown in Table 4.22.

Table 4.22 HCC Constructs in 'Relational'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_05_002	Cooperation	Cooperation, joint pursuit of goals	Playing off, not pulling together
HCC_02_008	Cooperation	Strong mutual acceptance	Low mutual acceptance
HCC_04_001	Cooperation	Personal commitment	Lethargy
HCC_03_004	Cooperation	Committed, adherence to joint agreements	Not committed
HCC_01_008	Depth of Relationship	Intense relationship	Loose, fleeting relationship
HCC_01_007	Depth of Relationship	Emotional closeness	Maximum emotional distance
HCC_03_010	Depth of Relationship	I am important to the other person	I am not important to the other person
HCC_05_004	Trust and Transparency	Trust	Mistrust
HCC_03_003	Trust and Transparency	Strong trust	Mistrust
HCC_03_011	Knowing Each Other Well	Knowing each other for a long time	Not knowing each other for a long time
HCC_03_013	Knowing Each Other Well	Having a common history	Not having a common history
HCC_01_003	Sympathy/Affection	Sympathetic	Unsympathetic
HCC_03_012	Relationship Type	Friendship	Acquaintanceship

For *HCC clients*, several relational aspects appeared to be important for effective health coaching relationships, as their constructs were distributed with relatively high percentages in the subcategories 'sympathy/affection', 'feeling comfortable/secure', 'relationship depth' and 'knowing each other well'. Sympathy/affection and feeling comfortable/secure were even more important to HCC clients than to the PO clients (+5.6% and +8.8%) and seemed to be the most important contributors to effective health coaching relationships for them.

Trust/transparency appeared to be less, but still relevant, in contrast to relationship type and cooperation, to which HCC clients assigned very little importance for effective health coaching relationships. Their constructs are displayed in Table 4.23.

Table 4.23 HCC Client Constructs in 'Relational'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_CL_02_006	Sympathy/Affection	Sympathy	Antipathy
HCC_CL_03_009	Sympathy/Affection	Sympathetic	Unsympathetic
HCC_CL_09_007	Sympathy/Affection	Sympathetic	Authoritarian, bossy
HCC_CL_12_004	Sympathy/Affection	Sympathetic	Unsympathetic
HCC_CL_07_005	Sympathy/Affection	Sympathy	Antipathy, unsympathetic
HCC_CL_10_003	Sympathy/Affection	Sympathy	Unsympathetic
HCC_CL_15_009	Sympathy/Affection	Sympathy, liking each other	Antipathy
HCC_CL_04_003	Sympathy/Affection	Sympathy	Antipathy
HCC_CL_06_004	Sympathy/Affection	Sympathy	Antipathy
HCC_CL_02_001	Sympathy/Affection	Sympathy	Antipathy
HCC_CL_08_007	Feeling Comfortable/ Secure	Can have fun together	Taking everything strictly and seriously
HCC_CL_11_001	Feeling Comfortable/ Secure	Feeling in good hands	Strong prejudices, resentment
HCC_CL_13_009	Feeling Comfortable/ Secure	Gives protection	Does not give protection
HCC_CL_08_005	Feeling Comfortable/ Secure	Feeling comfortable, in good hands	Feeling unwelcome, not in good hands
HCC_CL_11_002	Feeling Comfortable/ Secure	Security, feel comfortable	Unpredictability
HCC_CL_03_007	Feeling Comfortable/ Secure	Can have fun/enjoyment together	Relationship is exhausting
HCC_CL_02_007	Feeling Comfortable/ Secure	Feeling at home/secure	Feeling unsafe/insecure
HCC_CL_03_008	Feeling Comfortable/ Secure	I am happy to see the person	I am not happy to see the person
HCC_CL_02_004	Feeling Comfortable/ Secure	Feeling in good hands	Not feeling in good hands
HCC_CL_04_007	Depth of Relationship	Intensive, emotional relationship	Distant relationship
HCC_CL_15_008	Depth of Relationship	Bonding	Distance
HCC_CL_01_007	Depth of Relationship	Person is important for me	Person is not important for me
HCC_CL_03_006	Depth of Relationship	Person is close to me	I do not care about the person
HCC_CL_12_006	Depth of Relationship	Close relationship	Superficial relationship
HCC_CL_05_007	Depth of Relationship	Total dedication for me	Rejection
HCC_CL_14_006	Depth of Relationship	Closeness	Distance
HCC_CL_10_007	Depth of Relationship	Close relationship	Superficial relationship
HCC_CL_04_006	Knowing Each Other Well	Knowing each other well	Not knowing each other well
HCC_CL_13_008	Knowing Each Other Well	Knowing each other well	Not knowing each other well
HCC_CL_12_007	Knowing Each Other Well	Knowing each other well	Not knowing each other well
HCC_CL_06_007	Knowing Each Other Well	Knowing each other well	Not knowing each other well
HCC_CL_01_006	Knowing Each Other Well	Having a long common history	Not having a long common history
HCC_CL_09_010	Knowing Each Other Well	Knowing each other well	Not knowing much about each other

Table 4.23 Continued

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_CL_09_003	Trust and Transparency	Trust, being able to speak freely	Mistrust, distant behaviour towards the person
HCC_CL_13_002	Trust and Transparency	Trust, I can be myself without hiding anything	Mistrust, bad feeling
HCC_CL_11_006	Trust and Transparency	Trust, able to talk about everything	Mistrust
HCC_CL_05_009	Trust and Transparency	Mutual trust	Mistrust
HCC_CL_03_003	Trust and Transparency	Familiar, intimate	Rejection
HCC_CL_02_011	Relationship Type	Friendship	Enmity
HCC_CL_13_007	Relationship Type	Mothering	Professional motive
HCC_CL_05_004	Cooperation	Exploring boundaries together	Neglect

The *POs* in the sample construed effective coaching relationships primarily in terms of cooperation and trust/transparency. Trust/transparency was substantially more important for them (+13.89%) than for HCCs. Additionally, sympathy/affection, depth of relationship, and type of relationship contributed with less importance. The POs saw very little relevance in feeling comfortable/secure, and they did not give any relevance to knowing each other well.

For POs, the key contributions to effective coaching relationships were cooperation and trust/transparency. Table 4.24 shows all PO constructs in category 'relational'.

Table 4.24 PO Constructs in 'Relational'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_04_002	Cooperation	Cooperation, consent	Refusal attitude
PO_04_001	Cooperation	Open working relationship	Non existing relationship
PO_04_003	Cooperation	Willingness to accept advice	Rejection of advice
PO_01_007	Cooperation	Being of one mind	No common denominator
PO_01_011	Cooperation	Not being stubborn	Stubbornness
PO_01_008	Cooperation	Pursuing the same path to the goal	Not pursuing the same path to the goal
PO_01_014	Cooperation	Committed (being helpful)	Not committed
PO_06_001	Trust and Transparency	Trust	Mistrust, caginess
PO_07_007	Trust and Transparency	Trust, no fear/caution	Mistrust, fear/caution
PO_02_008	Trust and Transparency	Trusting	Distant
PO_05_001	Trust and Transparency	Trusting relationship	No trusting relationship
PO_01_005	Trust and Transparency	Relationship is familiar	Closure, caginess
PO_04_006	Trust and Transparency	Strong mutual basis of trust	Distrusts the other person
PO_01_004	Trust and Transparency	Relationship is transparent	Relationship is not transparent
PO_06_009	Sympathy/Affection	Sympathy	Antipathy, mistrust
PO_05_005	Sympathy/Affection	Sympathy	Caution
PO_05_007	Depth of Relationship	Person is close to me, emotional closeness	Person is not close to me
PO_01_009	Depth of Relationship	Person is close to me	Person is not close to me
PO_05_009	Relationship Type	Private relationship	Professional relationship
PO_04_007	Relationship Type	Private relationship	Professional relationship
PO_05_010	Feeling Comfortable/ Secure	I feel comfortable in the relationship	I feel uncomfortable in the relationship

The *PO clients* showed a similar picture as the HCC clients. For them, several aspects seemed to contribute to effective coaching relationships. In first place was the depth of the relationship, which was comparably important to them as it was to HCC clients (-0.3%), followed by sympathy/affection. Trust/transparency and cooperation were slightly less important than feeling comfortable/secure. PO clients saw very little relevance for effective coach relationships in knowing each other well and in the relationship type.

For PO clients, the depth of the relationship and sympathy/affection were the priorities for effective coaching relationships. Constructs from this group are listed in Table 4.25.

Table 4.25 PO Client Constructs in 'Relational'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_CL_06_008	Depth of Relationship	Is an important person for me	I do not care about the person
PO_CL_02_006	Depth of Relationship	Person is close to me	Person is not interested in me
PO_CL_08_002	Depth of Relationship	Closeness	Distance
PO_CL_07_008	Depth of Relationship	Intensive relationship	Superficial relationship
PO_CL_01_006	Depth of Relationship	Person is close to me	Detached person
PO_CL_07_007	Depth of Relationship	Closeness	Distance
PO_CL_02_003	Sympathy/Affection	Sympathy	Antipathy
PO_CL_03_008	Sympathy/Affection	Sympathy	Making a fuss
PO_CL_10_006	Sympathy/Affection	Affection	Rejection
PO_CL_12_006	Sympathy/Affection	Affection	Hate
PO_CL_07_004	Sympathy/Affection	Sympathetic	Unsympathetic
PO_CL_04_008	Trust and Transparency	Trust	Mistrust
PO_CL_11_009	Trust and Transparency	Good relationship of trust	Mistrust
PO_CL_05_007	Trust and Transparency	Trust	Mistrust
PO_CL_12_007	Trust and Transparency	Familiarity	Mistrust
PO_CL_02_004	Feeling Comfortable/ Secure	Feeling comfortable with the other person	Feeling uncomfortable with the other person
PO_CL_14_005	Feeling Comfortable/ Secure	Feeling in good hands	Not feeling well, uncomfortable
PO_CL_05_008	Feeling Comfortable/ Secure	Can have fun/enjoyment together	Discomfort with the other person
PO_CL_14_007	Feeling Comfortable/ Secure	Familial relationship	Non-familial relationship
PO_CL_15_006	Knowing Each Other Well	Long common history	No long common history
PO_CL_11_007	Knowing Each Other Well	Knowing each other well	Not knowing each other well
PO_CL_04_007	Relationship Type	Self-chosen relationship	Non-self-chosen relationship

<u>Summary and group comparison:</u> The 'relational' category had by far the most subcategories consisting of constructs from all groups of participants, including 'self-determination' (predetermined), 'sympathy/affection', 'depth of relationship', 'trust/transparency' and 'type of relationship'. Although the percentage distribution of constructs across these subcategories differed between participant groups, they had at least some relevance in terms of effective (health) coaching relationships for the entire sample. For all groups of participants, the constructs were distributed over several subcategories and there was no 'by far' most important subcategory.

The group comparison of construct distribution in the subcategories revealed parallels between the coach groups that construed effective (health) coaching relationships in connection with cooperation. There were similarities between HCCs and HCC clients in

the high importance they attributed to the depth of the relationship and knowing each other well. A commonality between the coaches was the relatively low relevance they attributed to sympathy/affection and relationship type. Among the client groups, parallels were the relatively high ratings of relationship depth and the low importance they gave to relationship type. There was little agreement between POs and PO clients on the relational aspects that contribute to effective coaching relationships. Trust/transparency appeared to be slightly more important for POs and PO clients than for HCCs and HCC clients.

The main findings of the differential analysis and group comparisons of all constructs presented in this subsection are summarised below.

4.6.2   Summary of Differential Analysis Results – All Constructs

The analysis of all constructs across subcategories and participant groups identified 11 themes that were of high importance for effective (health) coaching relationships for the whole sample, as these consisted of constructs from all groups. These included:

- Communication skills,
- Empathy,
- Kindness,
- Honesty,
- Openness,
- Specific personal attributes of coach (e. g., understanding) and client (e. g., readiness for change),
- Sympathy/affection,
- Depth of relationship,
- Trust/transparency, and
- Relationship type.

The most important aspects for effective (health) coaching relationships are reported below for the individual groups of participants, thus differentiating the groups from each other.

HCCs:

- Empathy, communication skills,
- Client honesty, eye-level,
- Specific personal attributes of the client (readiness to change), and
- Client willingness to cooperate.

HCCs distinguished themselves from the other groups by placing high importance on the honesty of the client, which seemed plausible since coaching with a focus on health issues requires the client to be honest about their health limitations and their health-related behaviours.

HCC Clients:
- Communication skills, (professional) competencies,
- Support,
- Caring, understanding,
- Sympathy/affection, and feeling comfortable/secure.

Of all groups, feeling comfortable/secure in the (health) coaching relationship was most important to the HCC clients. This could be because health coaching requires discussing particularly personal things, such as one's own health behaviour, and therefore HCC clients could have had a greater need to feel safe and comfortable with the coach than PO clients.

POs:
- Clients' willingness to communicate, cognitive skills,
- No clear picture emerged of which behaviours POs associated with effective coaching relationships,
- Clients' willingness to change, clients' health status,
- Cooperation, and trust/transparency.

POs were characterised by the fact that, unlike the other groups, they associated client cognitive skills such as reflexivity and problem awareness with effective coaching relationships. In addition, there was no clear pattern in this group as to the specific behaviours they attach importance. Interestingly, unlike HCCs, the health status of the client was relevant to them.

PO Clients:
- Empathy, professional competencies of the coach,
- Support,
- The coach's understanding, fair treatment,
- Relationship depth, and sympathy/affection.

The depth of the relationship was more important to this group than to the others, which could be because many interview participants described having experienced frequent coach changes, which had a detrimental effect on the depth of the coaching relationship.

The construct analysis was expanded in the following subsection by analysing the degree of salience of the constructs, which considered the personal metrics of the study participants.

4.6.3   Analysis Results – H-I-L Values

All the constructs elicited were characterised in high, intermediate, and low salient constructs, based on their respective percentages of similarity scores, as explained in Section 3.4.4. This step assessed the degree to which a construct had high personal importance to the respondent, as well as the degree to which the ratings of the elements of a construct corresponded to the ratings of the supplied 'overall' construct, which represented the overarching topic of the grid. Then an analysis of the distribution of H-I-L values was conducted across categories and subcategories.

The H-I-L value analysis served to identify subcategories containing high proportions of high salience constructs for further analysis (see Subsection 4.6.5) because these had particularly high personal relevance in relation to effective coaching relationships. An overview of the H-I-L values for all constructs is included in Appendix E.

The H-I-L value analysis addressed research question 1a:

1a) What contributes to effective (health) coaching relationships?

The proportions of H-I-L values were calculated with $n = 424$ constructs. This resulted from the fact that the 42 constructs in the category 'overall more effective relationship' were not labelled with H-I-L values, as they represented the overall research topic. The percentages of H-I-L values across constructs are displayed in Figure 4.11.
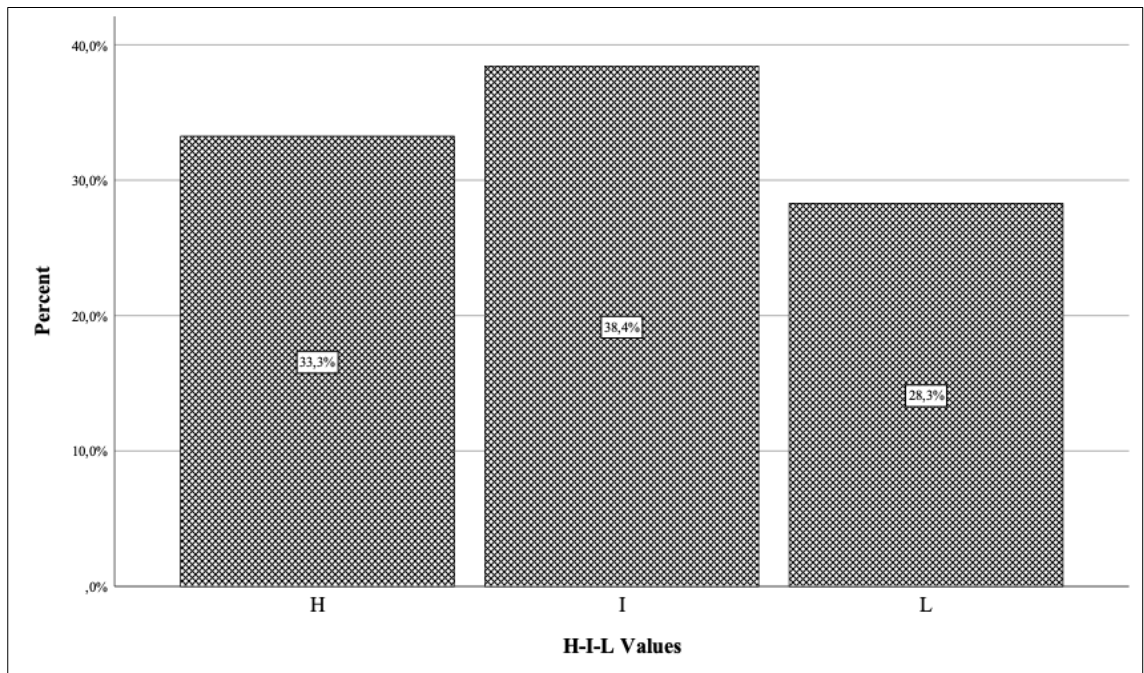
Figure 4.11 Percentages of H-I-L Values – All Constructs.

The proportions did not correspond exactly to one third in each case because the number of constructs in the individual grids could not always be divided exactly into thirds. However, the distribution was precise enough to be able to consider the individual metrics of the participants in the following differential analysis.

4.6.3.1 Skills and Competencies

Figure 4.12 displays the distribution of H-I-L values per subcategory in 'skills and competencies'.
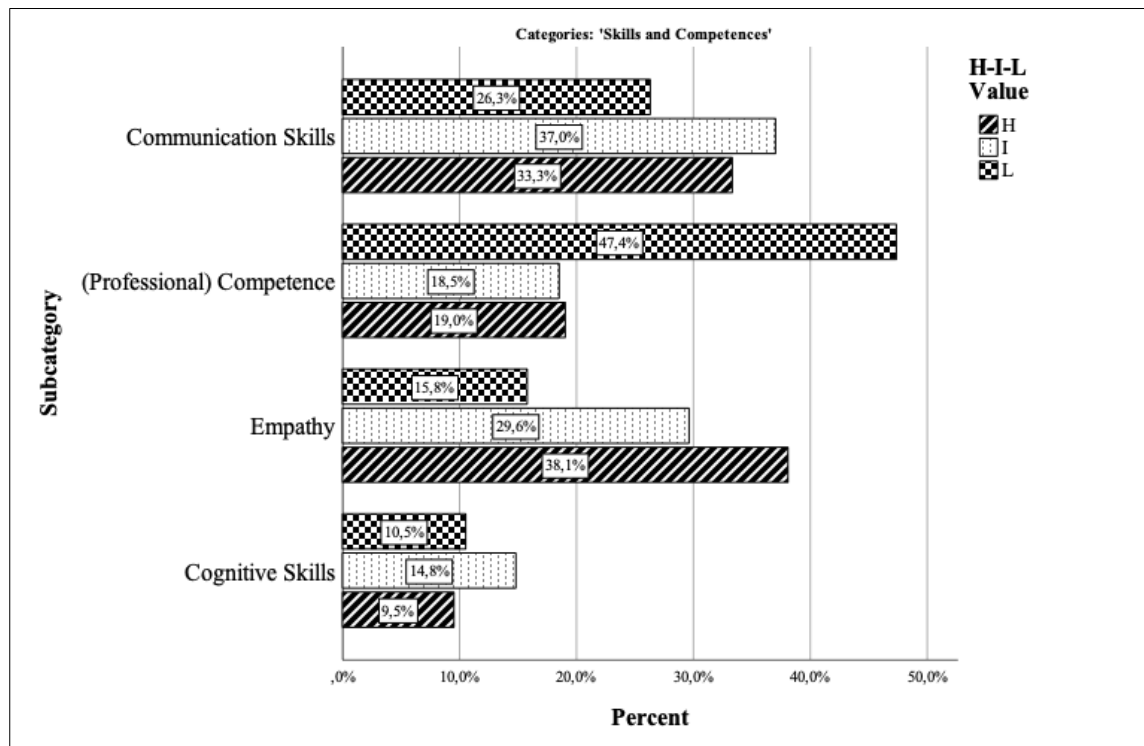
Figure 4.12 'Skills and Competencies': Distribution of H-I-L Values by Subcategory.

The results of the general H-I-L value analysis supported those of the previous analysis of all constructs. 'Empathy' was the subcategory with the highest salience for the participants. 'Communication skills' also had a high percentage of high salience constructs, but a slightly higher percentage of medium salience constructs. The subcategories '(professional) competencies' and 'cognitive skills' seemed to reflect the overall theme only slightly.

4.6.3.2 Behaviour

The distribution of the H-I-L values per subcategory in 'behaviour' is displayed in Figure 4.13.
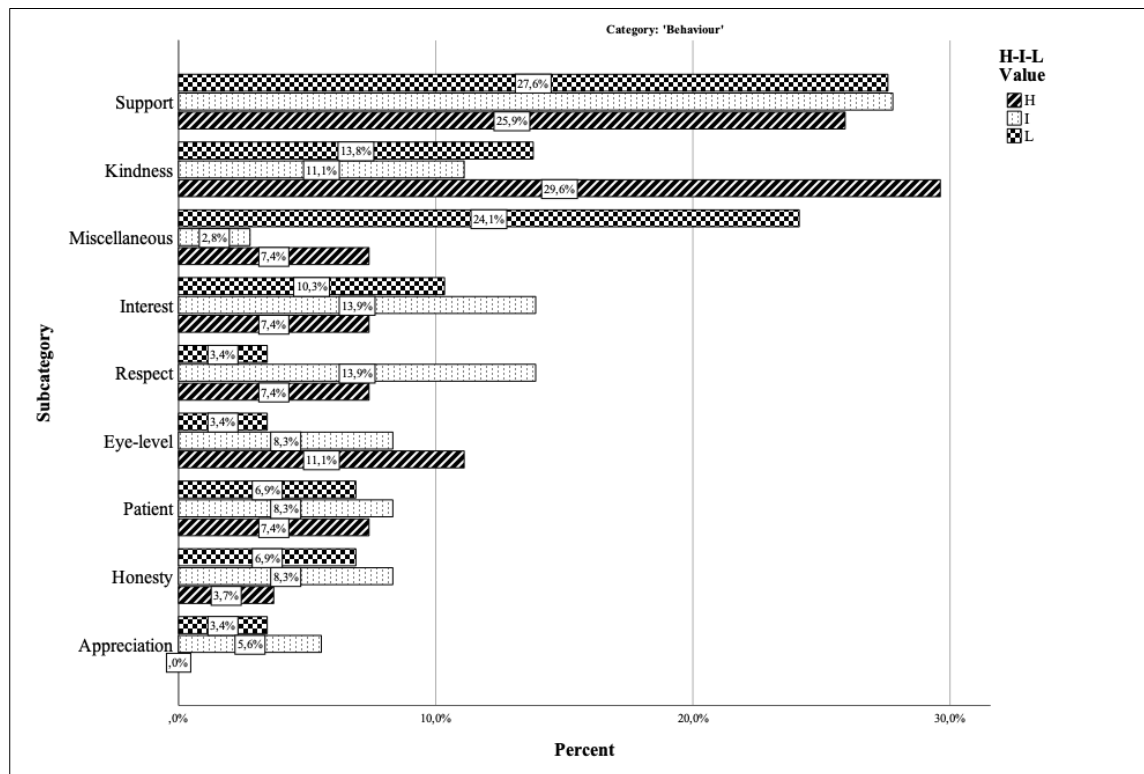
Figure 4.13 'Behaviour': Distribution of H-I-L Values by Subcategory.

The subcategory 'kindness' contained the highest percentage of high salience constructs in the category 'behaviour'. The results of the general analysis of the constructs presented in Section 4.6.1 showed that the subcategories 'kindness' and especially 'support' consisted mainly of constructs generated by the client groups. A smaller subcategory with a high salience percentage within was 'eye-level'.

The H-I-L analysis showed that friendly, supportive behaviours of the coach were of high salience for the clients. All other subcategories showed rather low absolute and relative percentages of high salience constructs.

4.6.3.3 Attributes

Figure 4.14 presents the distribution of H-I-L values per subcategory in 'attributes'.
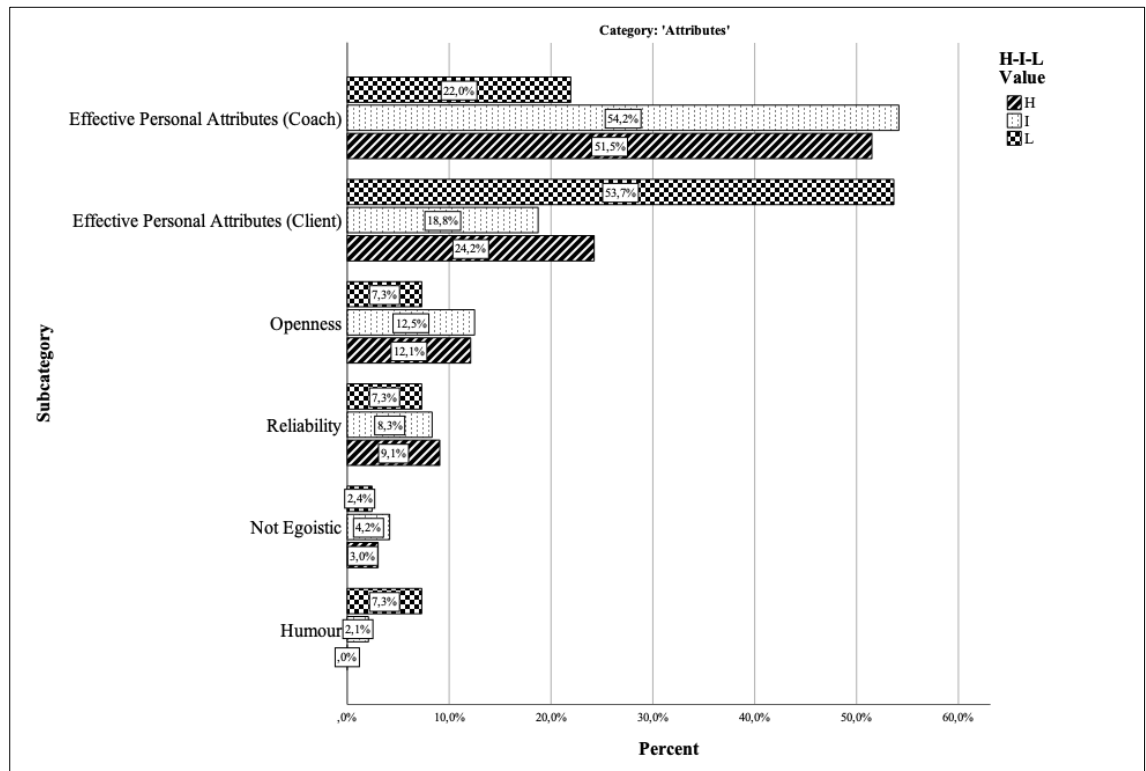
Figure 4.14 'Attributes': Distribution of H-I-L Values by Subcategory.

In category 'attributes', more than 50% of high salience constructs were in subcategory 'effective personal attributes (coach)', which thus supported the results of the previous analysis of all constructs and was seen as a strong contribution to effective (health) coaching relationships.

Smaller subcategories with high salience proportions within were 'openness' and 'reliability'. 'Not egoistic' and 'humour' seemed to contribute little to the theme of the study.

4.6.3.4 Relational

Figure 4.15 shows the distribution of H-I-L values by subcategory in category 'relational'.
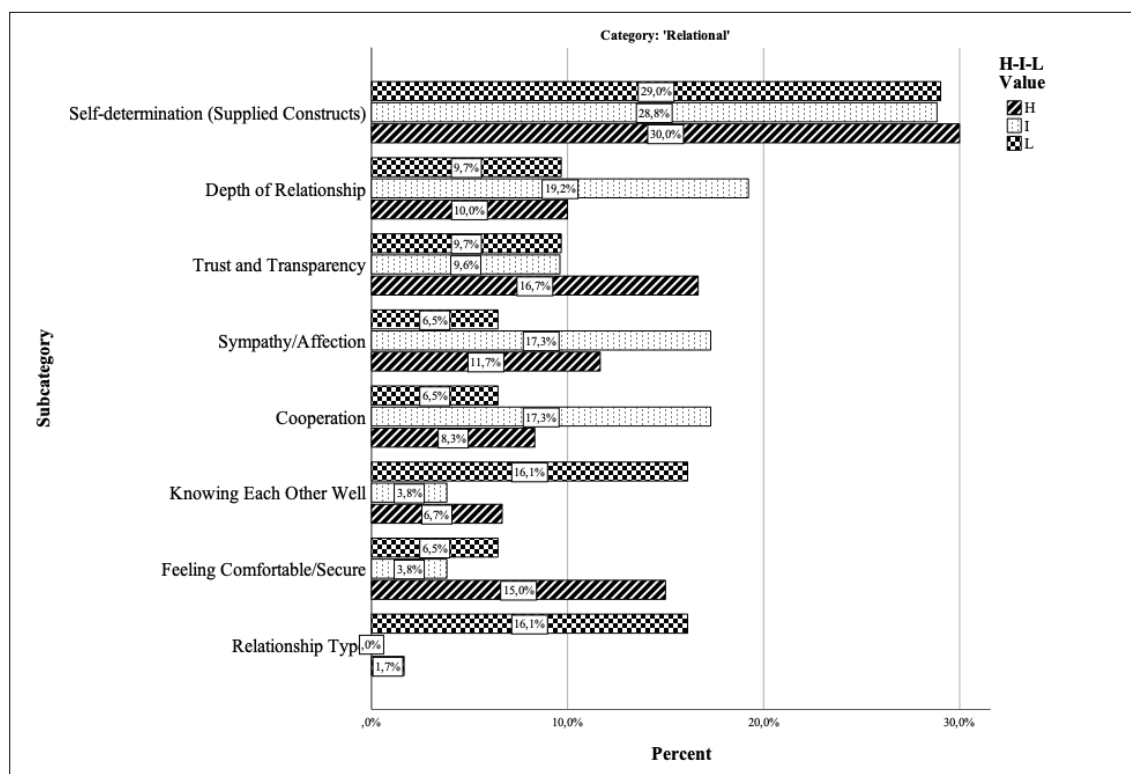
Figure 4.15 'Relational': Distribution of H-I-L Values by Subcategory.

In the 'relational' category, 'self-determination', 'trust/transparency', and 'feeling comfortable/secure' each had high percentages of high salience constructs. Taken together, they contained 61.70% of all high salience constructs in the category 'relational'. 'Knowing each other well' and 'relationship type' consisted predominantly of low salience constructs, and seemed to reflect the research topic only slightly.

4.6.4 Summary of Analysis Results – H I-L Values

The subcategories with the highest proportions of high salience values were 'empathy' and 'communication skills' (category 'skills and competencies'), 'kindness', 'support', and 'eye-level' (category 'behaviour'), 'effective personal attributes (coach)', 'openness' and 'reliability' (category 'attributes'), and 'self-determination', 'trust/transparency', and 'feeling comfortable/secure' (category 'relational'). These subcategories appeared to contribute strongly to effective (health) coaching relationships, as they strongly reflected the research topic, the 'overall construct'.

Distribution analysis of H-I-L values identified 141 high salience constructs, which represented those constructs that were particularly important for the participants'

understanding of what constitutes effective (health) coaching relationships. They were analysed in depth below.

The rather surface distribution analysis of the H-I-L values served to gain a better understanding of the data and themes that were highly salient for the whole sample. It was the basis for the subsequent differential analysis of high salience constructs.

4.6.5   Differential Analysis of Categories – High Salience Constructs

As an extension of the more general differential analysis of all constructs presented in Section 4.6.1 and the analysis of H-I-L value distributions in the Section 4.6.3, a differential analysis of the constructs with high salience across subcategories was conducted. Comparisons were made to the results of the differential analysis of all constructs. The ifferential analysis of high salience constructs served to answer research question 1b:

> *1b) How do health coaches/placement officers, and (health) coaching clients construe effective (health) coaching relationships?*

This was followed by a differential analysis of high salience constructs across participant groups. The results were compared to the results of the analysis of all constructs. The group comparisons directly addressed research question 1c:

> *1c) What are the specific commonalities and differences in construing effective (health) coaching relationships by health coaches, placement officers, and (health) coaching clients?*

The subcategories 'appreciation' and 'humour' did not contain any high salience constructs and were therefore not included in Figure 4.16, which shows the distribution of high salience constructs between the subcategories.
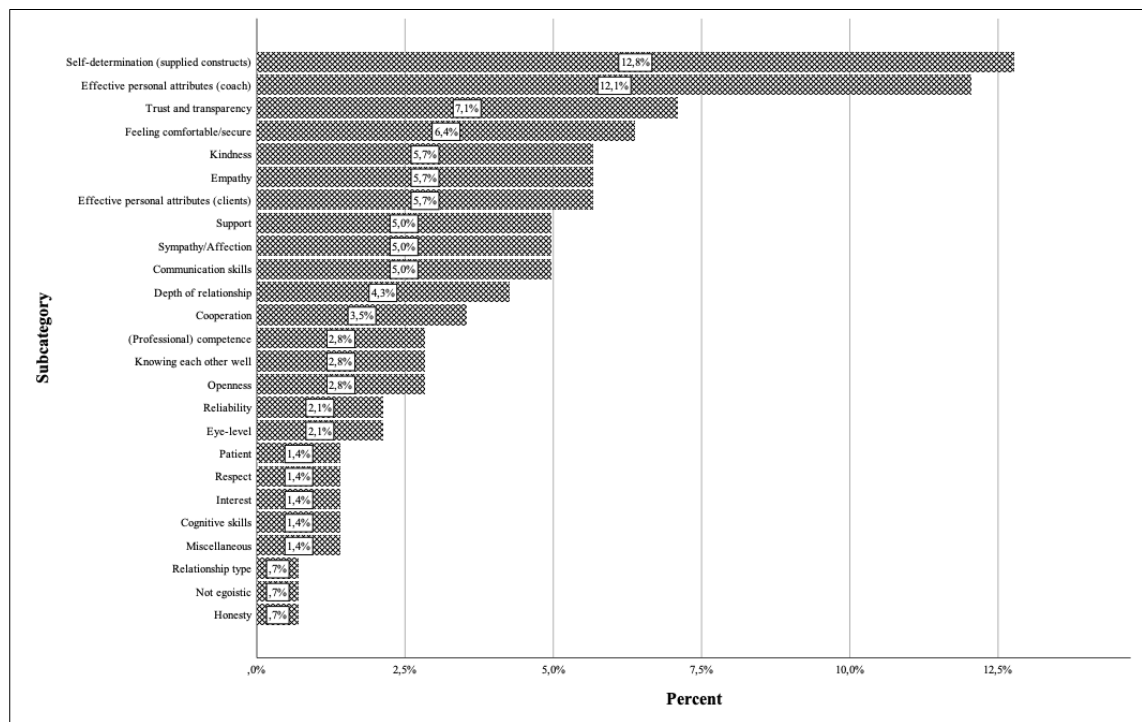
Figure 4.16 Distribution of High Salience Constructs by Subcategory.

The distribution of high salience constructs across subcategories was basically similar to the distribution of all constructs in Figure 4.6.

The differences were rather small and ranged from +3.8% constructs per subcategory to -2.7%. Positive differences occurred mainly for those subcategories associated with factors that contribute to a person feeling comfortable and in good hands in the relationship, for example 'self-determination' (+3.8%), 'feeling comfortable/secure' (+3.6%), and 'trust/transparency' (+3.2%), while negative differences were more likely to be found for subcategories related to specific behaviours, skills and attributes of coach and client, e. g. 'interest' (-0.7%), '(professional) competence' (-1.1%), and 'effective personal attributes (client)' (-2.7%). While the results of the differential analysis of all constructs pointed to specific skills and characteristics of coach and client as important aspects, the results for the constructs with high salience rather underlined the importance of the relational aspects of the coaching relationship.

This suggested that relational (interpersonal) constructs could be more important to understand effective (health) coaching relationships than constructs that refer to specific behaviours, skills, and attributes of just one part of the coaching relationship.

4.6.5.1 Skills and Competencies

Figure 4.17 displays the distribution of high salience constructs by subcategory and participant group in category 'skills and competencies'.
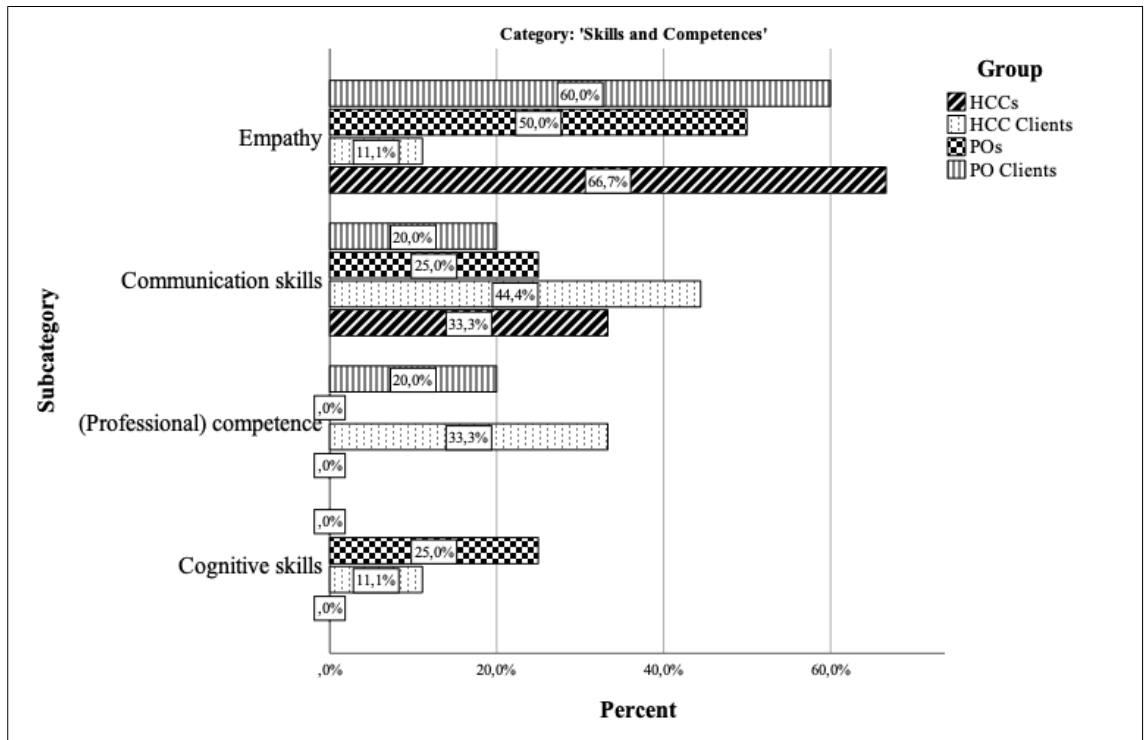
Figure 4.17 'Skills and Competencies': Distribution of High Salience Constructs by Subcategory and Participant Group.

The subcategories 'empathy' and 'skills and competencies' included constructs of all the groups of participants.

The *HCCs* in the sample construed effective (health) coaching relationships primarily and more than any other group as empathic. Two-thirds of their high salience constructs were in the 'empathy' subcategory. Interestingly, empathy was much more important for HCCs than for their clients (+55.6%). The remaining third was found in 'communication skills', which supported the results of the general analysis. Not less important, HCCs saw (professional) competencies and cognitive skills as unimportant for effective health coaching relationships.

For HCCs, empathy was the key to effective health coaching relationships. High salience constructs from this group are shown in Table 4.26.

Table 4.26 HCC High Salience Constructs in 'Skills and Competencies'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_02_010	Empathy	Empathetic, related to openness and honesty	Not empathetic
HCC_04_009	Empathy	Empathetic	Not being able and willing to deal with other people
HCC_03_008	Communication Skills	Communication exists	Communication is non-existent

For *HCC clients*, communication skills were essential on the one hand and professional competencies of the coach on the other. Taken together, these two subcategories comprised 77.7% of high salience constructs by HCC clients in 'skills and competencies'. Empathy and cognitive skills were given little importance for effective health coaching relationships. In principle, these results confirmed those of the analysis of all constructs, but the ranking in terms of importance between communication skills and professional competencies was reversed in favour of the former.

HCC clients construed effective health coaching relationships predominantly in relation to a competent coach. All high salience constructs by HCC clients are presented in Table 4.27.

Table 4.27 HCC Client High Salience Constructs in 'Skills and Competencies'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_CL_06_006	Communication Skills	Being able to listen	Not being able to listen
HCC_CL_12_001	Communication Skills	Listening, ability and willingness	False/fake interest
HCC_CL_08_004	Communication Skills	Listening	Does not listen
HCC_CL_14_007	Communication Skills	Listening	Ignoring
HCC_CL_15_004	(Professional) Competence	Solution-oriented	Stagnation
HCC_CL_13_001	(Professional) Competence	Good guide	Poor guide
HCC_CL_10_005	(Professional) Competence	Does his/her job well	Does not do his/her job well
HCC_CL_10_004	Empathy -	Empathy	Disinterest
HCC_CL_01_004	Cognitive Skills	Can differentiate work and sympathy	Cannot differentiate

POs, like HCCs, associated effective coaching relationships primarily with empathy, although not quite as strongly (-16.7%). Half of the high salience constructs of POs related to empathy, the other half was divided between communication skills and cognitive skills. They did not ascribe any importance to (professional) competencies at all. Thus, the analysis of high salience constructs for POs showed a somewhat different picture than the analysis of all constructs, in which mainly client communication skills

stood out. POs construed effective coaching relationships predominantly in relation to empathy. Table 4.28 shows the PO high salience constructs in 'skills and competencies'.

Table 4.28 PO High Salience Constructs in 'Skills and Competencies'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_06_005	Empathy	Mutual empathy	Not being able or willing to respond to someone
PO_07_009	Empathy	Sensitivity/empathy	Emotional blindness
PO_02_012	Communication Skills	Willingness to communicate	Speechlessness, no willingness to communicate
PO_07_003	Cognitive Skills	Ability to question oneself, intelligence	Aggressiveness

PO clients saw the empathy of the coach in the first place in constructing effective coaching relationships. Empathy was much more important to them than to HCC clients (+48.9%). Of secondary salience to them were the coach's communication and professional skills. They did not give importance to cognitive skills. Overall, the results of the analysis of the high salience constructs confirmed those of the analysis of all constructs, but it crystallised the importance of empathy more strongly for PO clients.

PO clients construed effective coaching relationships as empathic in the first place. Their high salience constructs are shown in Table 4.29.

Table 4.29 PO Client High Salience Constructs in 'Skills and Competencies'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_CL_03_006	Empathy	Sensitive	Insensitive
PO_CL_06_002	Empathy	Empathy	No empathy
PO_CL_15_001	Empathy	Empathy	Rejection
PO_CL_05_003	(Professional) Competence	Competence	Ignorance
PO_CL_02_005	Communication Skills	Consideration, listening	No consideration, not listening

<u>Summary and group comparison:</u> high salience construct analysis in category 'skills and competencies' confirmed the results of the analysis of all constructs. It was remarkable that both coach groups had no high salience construct shares in subcategory 'professional competencies' and that these were not important to them for effective (health) coaching relationships.

A comparison of the groups revealed similarities between the coach groups and the PO clients, for whom empathy was core to effective coaching relationships, as at least 50% of the high salience constructs in each of these groups were related to empathy. Another parallel between all groups was the high salience of communication skills, which

represented at least 20% of high salience constructs per group. The subcategories 'empathy' and 'communication skills' both consisted of constructs from all participant groups, indicating that these themes contributed strongly to effective (health) coaching relationships for the entire sample.

4.6.5.2 Behaviour

The distribution of high salience constructs across subcategories and participant groups is presented in Figure 4.18.
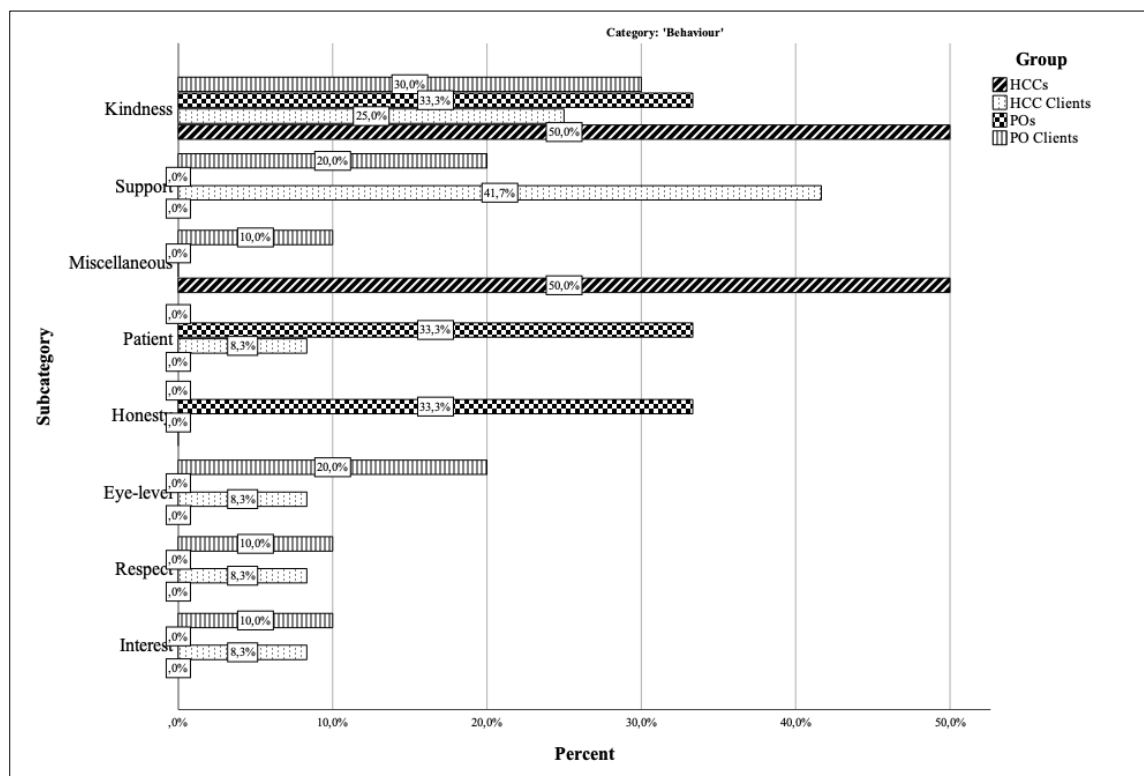
Figure 4.18 'Behaviour': Distribution of High Salience Constructs by Subcategory and Participant Group.

The results of high salience construct analysis shaded a somewhat different light on the results of the analysis of all constructs and showed that in terms of effective behaviour, the subcategory 'kindness' stood out for the *HCCs*, which contained the only high salience construct which was considered ('miscellaneous' was only shown for completeness) from this group. However, kindness was more important to them than to POs (+16.7%) and HCC clients (+25.0%). The fact that no other subcategory was of high salience to them points to narrow construing. For HCCs, it is summarised that kindness was salient in the construing of effective health coaching relationships but overall, specific behaviours were not the main contributors for this participant group. Table 4.30 shows the HCC high salience constructs in 'behaviour'.

Table 4.30 HCC High Salience Construct in 'Behaviour'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_04_010	Kindness	Cordial, authentic positive interactions	Cold, detached

For *HCC clients*, the support of the coach had particularly high salience for effective health coaching relationships. Experiencing support through (health) coaching was even more important to them than for PO clients (+22.7%). Kindness was also important for HCC clients, which supported the results of the analysis of all constructs. In contrast, interest, respect, patience, and eye-level were substantially less salient for effective relationships, patience and honesty received no significance. It was concluded that kind supportive behaviour of the coach strongly contributed to effective health coaching relationships for HCC clients. Their high salience constructs in category 'behaviour' are summarised in Table 4.31.

Table 4.31 HCC Client High Salience Constructs in 'Behaviour'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_CL_12_005	Support	Willing and able to help	Does not want to help me
HCC_CL_14_005	Support	Is there for me	Concerned with own advantage
HCC_CL_04_004	Support	Is there for me	Rejecting
HCC_CL_01_003	Support	Gives assistance, is helpful	Does not give assistance
HCC_CL_06_008	Support	Always there for me	Disinterest, rejection
HCC_CL_07_004	Kindness	Polite	Unfriendly
HCC_CL_10_002	Kindness	Friendliness	Unfriendliness
HCC_CL_05_002	Kindness	Friendly	Unfriendly
HCC_CL_06_005	Interest	Attention	Inattention
HCC_CL_08_008	Respect	Respectful, appreciation	Indifference
HCC_CL_13_004	Patience	Patience	Impatience
HCC_CL_01_005	Eye-level	Takes me seriously	Does not take me seriously

The somewhat unclear picture from the analysis of all constructs for the *POs* in the sample was sharpened by the analysis of high salience constructs. It revealed that POs associated effective coaching relationships equally with kindness, honesty, and patience.

The POs distinguished themselves from the other groups in that for them, in addition to kindness, honesty, and patience were also salient. Table 4.32 shows the high salience constructs of the POs in category 'behaviour'.

Table 4.32 PO High Salience Constructs in 'Behaviour'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_03_006	Kindness	Cordial	Cold
PO_05_011	Respect	Mutual respect	Disrespect
PO_03_004	Honesty	Honesty	Dishonesty

The analysis of high salience constructs basically confirmed the results of the analysis of all constructs for PO clients, to which kindness had the highest salience. Together with 'support' and 'eye-level', these subcategories contained 70% of the high salience constructs of PO clients. Eye-level interactions had even higher salience for them than for HCC clients (+11.7%). Interest and respect were less salient, patience and honesty were not salient at all to them. Their high salience constructs were wider dispersed (across six subcategories) than those of the other groups, which indicated more complex construing.

PO clients construed effective coaching relationships primarily as friendly, supportive eye-level interactions. The high salience constructs of PO clients in category 'behaviour' are displayed in Table 4.33.

Table 4.33 PO Client High Salience Constructs in 'Behaviour'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_CL_06_001	Kindness	Friendly manner	Unfriendly
PO_CL_12_001	Kindness	Politeness, decency	Impoliteness
PO_CL_03_001	Kindness	Friendly	Unfriendly
PO_CL_11_003	Support	Willing to help	Not willing to help
PO_CL_06_009	Support	Is there for me	Is not there for me
PO_CL_05_001	Eye-level	Eye-level	Not being treated at eye-level
PO_CL_03_004	Eye-level	Eye-level	Treating someone down
PO_CL_15_003	Interest	Having interest in another person	Total ignorance
PO_CL_11_002	Respect	Respectful	Disrespectful

Summary and group comparison: In general, the results from the analysis of all constructs were confirmed by high salience construct analysis. In the category 'behaviour', the subcategory 'kindness' was (the only one) containing high salience constructs from all participant groups. Kind behaviours therefore contributed strongly to effective (health) coaching relationships in the total sample.

There were also commonalities between the client groups for whom support was highly salient. Furthermore, there was little commonality in terms of which behaviours were of high salience for the different groups of participants in the construing of effective (health) coaching relationships.

4.6.5.3 Attributes

Figure 4.19 displays the distribution of high salience constructs across subcategories and participant groups.
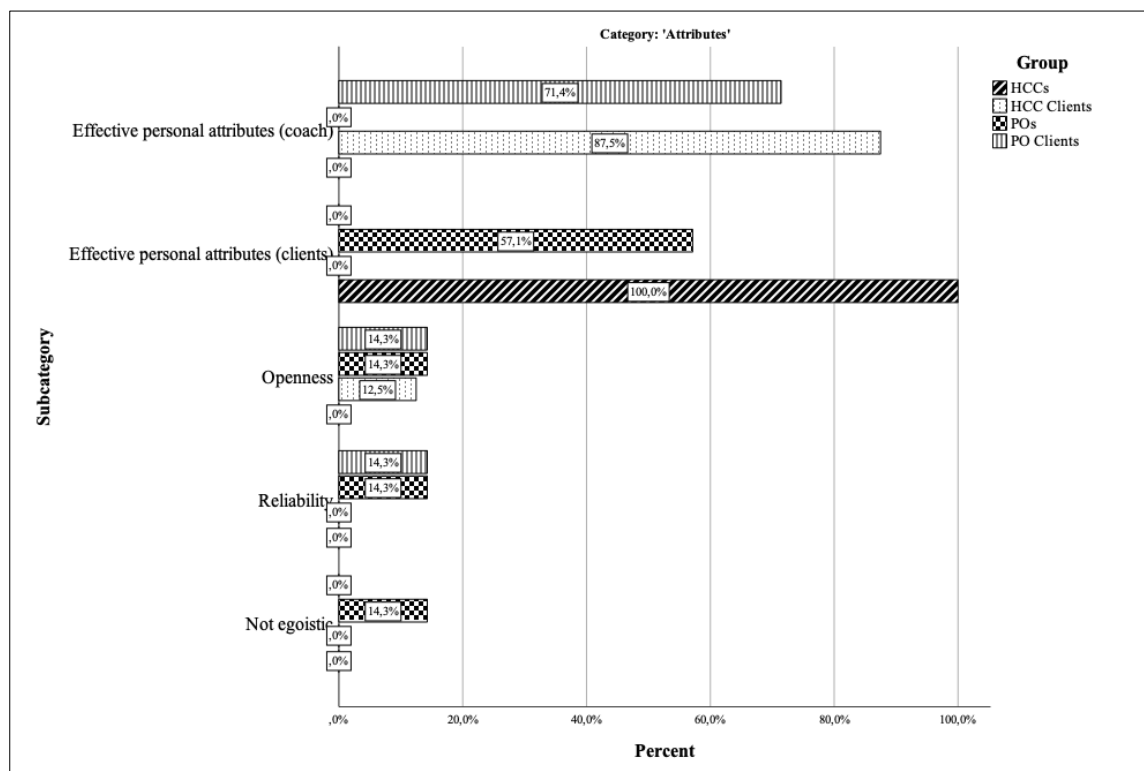
Figure 4.19 'Attributes': Distribution of High Salience Constructs by Subcategory and Participant Group.

In the category 'attributes' the results of the analysis of high salience constructs supported those of the analysis of all constructs, in that between 57.1% and 100% of all high salience constructs from the different participant groups were accounted for by effective personal attributes of the coach and the client. For *HCCs,* effective attributes of the client were substantially more important than for POs (+42.9%). All high salience constructs of the HCCs were in this subcategory, which pointed to narrow construing of effective health coaching relationships. Change readiness and loyalty were important client attributes for HCCs in the construction of effective health coaching relationships. High salience constructs from HCCs are listed in Table 4.34.

Table 4.34 HCC High Salience Constructs in 'Attributes'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_04_005	Effective Personal Attributes (Client)	Stands behind what one does	Does not stand behind what one does
HCC_05_007	Effective Personal Attributes (Client)	Motivation, change readiness	Passivity
HCC_04_002	Effective Personal Attributes (Client)	Loyalty	Indifference
HCC_01_005	Effective Personal Attributes (Client)	Difficult to influence, stubborn	Jumpy, easily irritated

High salience constructs of *HCC clients* were distributed similarly to all constructs from this group. By far the largest part related to effective personal attributes of the coach (e. g., understanding). While openness was less, but still salient for effective health coaching relationships for the HCC clients, this did not apply to effective attributes of the client, reliability, and not being egoistic, which broadly confirmed the result of the analysis of all constructs.

For HCC clients, the coach's understanding and their focus on the client's welfare had the highest salience for effective coaching relationships. Table 4.35 shows the high salience constructs of HCC clients.

Table 4.35 HCC Client High Salience Constructs in 'Attributes'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_CL_08_001	Effective Personal Attributes (Coach)	Understanding	Lack of understanding
HCC_CL_09_001	Effective Personal Attributes (Coach)	Humanity	Rejecting treatment
HCC_CL_01_001	Effective Personal Attributes (Coach)	Future-oriented, wants good things for me	Quota-oriented
HCC_CL_09_005	Effective Personal Attributes (Coach)	Understanding	No understanding
HCC_CL_02_002	Effective Personal Attributes (Coach)	Fairness	Unfair, unjust
HCC_CL_15_006	Effective Personal Attributes (Coach)	Individual consideration	08/15 treatment
HCC_CL_11_005	Effective Personal Attributes (Coach)	Caring, concerned about my welfare	Disinterest
HCC_CL_14_004	Openness	Openness	Very convinced of one's own opinion

The *POs* high salience constructs were more widely distributed (across four subcategories) than those of the other participant groups. This indicated a relatively complex construing of effective coaching relationships and supported the results of the analysis of all constructs. To them, effective personal attributes of the client (e. g. willingness to change) were considerably less important than for HCCs, whereas openness, reliability, and not being egoistic were less but still salient for effective coaching relationships to POs.

The active will for change of the client had the highest salience for POs in construing effective coaching relationships. Their high salience constructs in category 'attributes' are shown in Table 4.36.

Table 4.36 PO High Salience Constructs in 'Attributes'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_05_008	Effective Personal Attributes (Client)	Willingness to change	Rigidly sticking to the current situation
PO_05_003	Effective Personal Attributes (Client)	Resistance	Being able to talk spontaneously and openly
PO_07_006	Effective Personal Attributes (Client)	Activity	Passivity
PO_03_009	Effective Personal Attributes (Client)	Spontaneity	Conservative, little willingness to change
PO_07_002	Openness	Openness	Ignorance, negation
PO_02_009	Reliability	Reliable	Unreliable
PO_01_015	Not Egoistic	Not selfish/self-centred	Selfish/self-centred

As in the analysis of all constructs, specific personal attributes of the coach had the highest salience for *PO clients*, although less than for HCC clients (-16.1%). It was noticeable that several different attributes of the coach were salient to them, indicating that PO clients construed effective coaching relationships quite complexly. Openness was a little more important to them than to the HCC clients (+1.8%). Reliability was also somewhat salient.

For PO clients, personal attributes of the coach in connection with justice and caring had priority in construing effective coaching relationships, openness, and reliability also contributed. The high salience constructs of PO clients are summarised in Table 4.37.

Table 4.37 PO Client High Salience Constructs in 'Attributes'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_CL_09_003	Effective Personal Attributes (Coach)	Radiates calm and balance	Very stressful and under pressure
PO_CL_04_001	Effective Personal Attributes (Coach)	Individual consideration	Pigeonholing
PO_CL_06_004	Effective Personal Attributes (Coach)	Caring	Indifferent
PO_CL_11_005	Effective Personal Attributes (Coach)	Just	Unjust
PO_CL_13_003	Effective Personal Attributes (Coach)	Equal treatment	Unequal treatment
PO_CL_15_002	Effective Personal Attributes (Coach)	Higher ability of observation	Superficiality
PO_CL_07_005	Effective Personal Attributes (Coach)	Caring	Not caring
PO_CL_10_007	Effective Personal Attributes (Coach)	Unprejudiced	Imposes own will on you
PO_CL_13_006	Effective Personal Attributes (Coach)	Humanity	Sadistic
PO_CL_08_005	Effective Personal Attributes (Coach)	Understanding	Ignorance
PO_CL_10_009	Effective Personal Attributes (Coach)	Flexibility	Stubbornness
PO_CL_01_004	Openness	Open person, openness	Stereotyped thinking
PO_CL_09_002	Openness	Open character	Fixed expectations, stuck
PO_CL_02_008	Reliability	Reliable	Unreliable
PO_CL_01_005	Reliability	Reliable, open ear	Unreliable, no open ear

<u>Summary and group comparison:</u> the category 'attributes' did not contain any subcategory with high salience constructs from all participant groups, suggesting that there was little agreement in the overall sample on which attributes of coach and client strongly contributed to effective (health) coaching relationships.

Commonalities between the coach groups related to the high salience of specific client personal attributes (e. g., change readiness). The same applied to specific personal attributes of the coach (e. g., caring), which were highly salient for both client groups. Furthermore, there was a commonality between POs, PO clients, and HCC clients for whom openness, although substantially lower, was still salient.

Figure 4.20 shows the distribution of high salience constructs by subcategory and participant group.
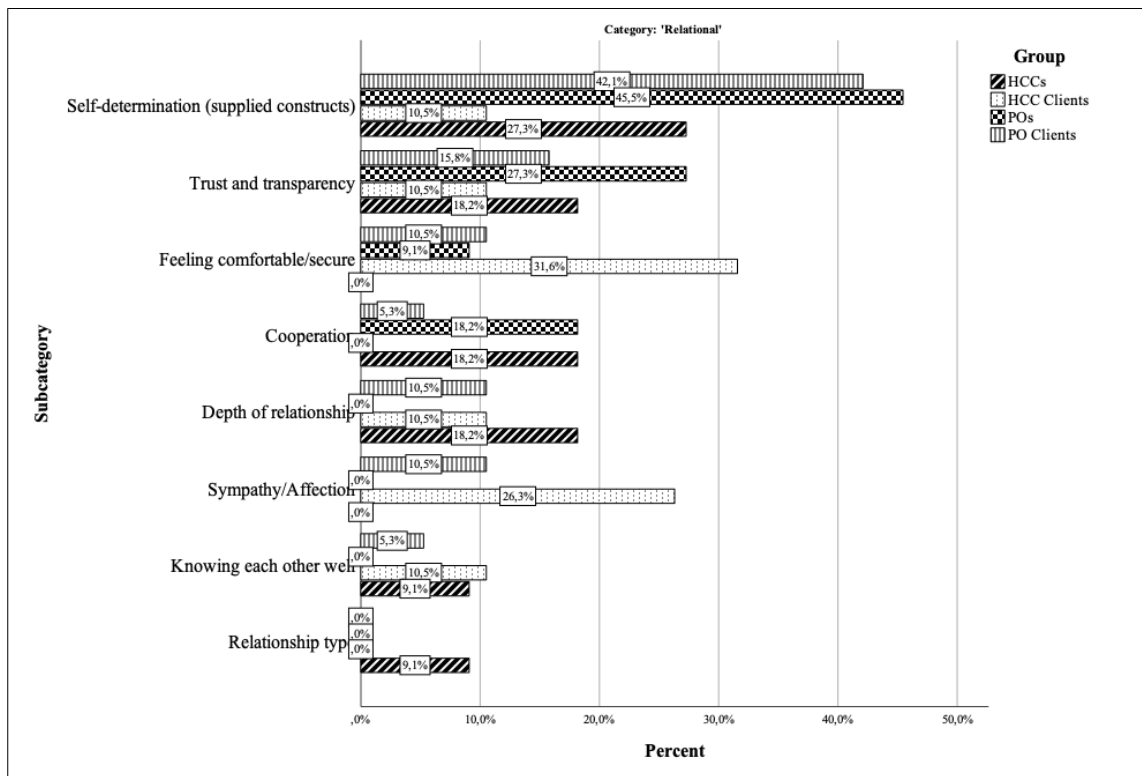
Figure 4.20 'Relational': Distribution of High Salience Constructs by Subcategory and Participant Group.

For *HCCs* in the sample, self-determination had the highest salience for effective health coaching relationships. Cooperation and trust/transparency were also salient for them. In contrast to the POs, depth of relationship, and, to a lesser extent, relationship type and knowing each other well also contributed to them. In general, the high salience constructs of the HCCs were quite broadly distributed across subcategories in category 'relational', which was also true for the other group of participants. It is noteworthy that sympathy/affection and feeling comfortable/secure had no salience for HCCs.

Overall, the analysis of high salience constructs confirmed the results of the analysis of all constructs and pointed to the high salience of relational constructs (especially self-determination) for effective health coaching relationships. The high salience constructs of the HCCs are presented in Table 4.38.

Table 4.38 HCC High Salience Constructs in 'Relational'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_03_014	Self-determination	Self-determined, voluntary	Heteronomous, coercive
HCC_05_010	Self-determination	Self-determined, voluntary	Heteronomous, coercive
HCC_02_011	Self-determination	Self-determined, voluntary	Heteronomous, coercive
HCC_02_008	Cooperation	Strong mutual acceptance	Low mutual acceptance
HCC_03_004	Cooperation	Committed, adherence to joint agreements	Not committed
HCC_01_008	Depth of Relationship	Intense relationship	Loose, fleeting relationship
HCC_01_007	Depth of Relationship	Emotional closeness	Maximum emotional distance
HCC_05_004	Trust and Transparency	Trust	Mistrust
HCC_03_003	Trust and Transparency	Strong trust	Mistrust
HCC_03_011	Knowing Each Other well	Knowing each other for a long time	Not knowing each other for a long time
HCC_03_012	Relationship Type	Friendship	Acquaintanceship

Feeling comfortable/secure and sympathy/affection had the highest salience for *HCC clients* in construing effective health coaching relationships, together containing 57.9% of all high salience constructs of this group. For them, the 'feel good' aspects of the relationship were key.

In addition, self-determination, depth of relationship, trust/transparency, and knowing each other well were substantially less but equally salient for the coaching relationship from the HCC clients' perspective, which paralleled findings from the analysis of all constructs. Table 4.39 shows all high salience constructs of HCC clients in 'relational'.

Table 4.39 HCC Client High Salience Constructs in 'Relational'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
HCC_CL_01_009	Self-determination	Self-determined, voluntary	Heteronomous, coercive
HCC_CL_09_011	Self-determination	Self-determined, voluntary	Heteronomous, coercive
HCC_CL_11_001	Feeling Comfortable/Secure	Feeling in good hands	Strong prejudices, resentment
HCC_CL_11_002	Feeling Comfortable/Secure	Security, feel comfortable	Unpredictability
HCC_CL_03_007	Feeling Comfortable/Secure	Can have fun/enjoyment together	Relationship is exhausting
HCC_CL_02_007	Feeling Comfortable/Secure	Feeling at home/secure	Feeling unsafe/insecure
HCC_CL_03_008	Feeling Comfortable/Secure	I am happy to see the person	I am not happy to see the person
HCC_CL_02_004	Feeling Comfortable/Secure	Feeling in good hands	Not feeling in good hands
HCC_CL_03_009	Sympathy/Affection	Sympathetic	Unsympathetic
HCC_CL_12_004	Sympathy/Affection	Sympathetic	Unsympathetic
HCC_CL_07_005	Sympathy/Affection	Sympathy	Antipathy, unsympathetic
HCC_CL_06_004	Sympathy/Affection	Sympathy	Antipathy
HCC_CL_02_001	Sympathy/Affection	Sympathy	Antipathy
HCC_CL_04_007	Depth of Relationship	Intensive, emotional relationship	Distant relationship
HCC_CL_05_007	Depth of Relationship	Total dedication for me	Rejection
HCC_CL_11_006	Trust and Transparency	Trust, able to talk about everything	Mistrust
HCC_CL_05_009	Trust and Transparency	Mutual trust	Mistrust
HCC_CL_13_008	Knowing Each Other Well	Knowing each other well	Not knowing each other well
HCC_CL_12_007	Knowing Each Other Well	Knowing each other well	Not knowing each other well

For *POs*, self-determination had by far the highest salience for effective coaching relationships; it was higher for POs than for any other group. Furthermore, trust/transparency was substantially more important to them than to HCCs (+9.1%). In contrast to the HCCs, feeling comfortable/secure was substantially less but also salient for the POs. Sympathy/affection, depth of relationship, knowing each other well, and relationship type were not important at all for POs. The high salience constructs from this group were more clustered compared to the other groups and were only distributed across three subcategories, indicating a rather narrow construing of effective coaching relationships.

POs construed effective coaching relationships predominantly as trusting and self-determined. Their high salience constructs in category 'relational' are listed in Table 4.40.

Table 4.40 PO High Salience Constructs in 'Relational'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_06_010	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_05_012	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_04_010	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_02_013	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_01_017	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_02_008	Trust and Transparency	Trusting	Distant
PO_01_005	Trust and Transparency	Relationship is familiar	Closure, caginess
PO_01_004	Trust and Transparency	Relationship is transparent	Relationship is not transparent
PO_04_002	Cooperation	Cooperation, consent	Refusal attitude
PO_01_007	Cooperation	Being of one mind	No common denominator

High salience constructs of *PO clients* were the most broadly distributed across the subcategories compared to the other groups, indicating a higher complexity in constructing effective coaching relationships. This basically supported the results of the analysis of all constructs. Like POs, PO clients saw the highest salience in self-determination, which was much more important to them than to HCC clients (+31.6%). Furthermore, trust/transparency was an important component of effective coaching relationships.

Somewhat less salient were sympathy/affection, depth of relationship, and feeling comfortable/secure. Cooperation and knowing each other reflected the overall theme only weakly for the PO clients, relationship type not at all.

Effective coaching relationships for PO clients were predominantly characterised by self-determination and trust. All PO client high salience constructs in category 'relational' are summarised in Table 4.41.

Table 4.41 PO Client High Salience Constructs in 'Relational'.

Construct ID	Subcategory	Emergent Pole	Contrast Pole
PO_CL_13_008	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_CL_14_008	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_CL_04_009	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_CL_07_009	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_CL_01_009	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_CL_08_009	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_CL_03_009	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_CL_05_010	Self-determination	Self-determined, voluntary	Heteronomous, coercive
PO_CL_04_008	Trust and Transparency	Trust	Mistrust
PO_CL_11_009	Trust and Transparency	Good relationship of trust	Mistrust
PO_CL_12_007	Trust and Transparency	Familiarity	Mistrust
PO_CL_02_006	Trust and Transparency	Person is close to me	Person is not interested in me
PO_CL_07_007	Depth of Relationship	Closeness	Distance
PO_CL_02_003	Sympathy/Affection	Sympathy	Antipathy
PO_CL_03_008	Sympathy/Affection	Sympathy	Making a fuss
PO_CL_02_004	Feeling Comfortable/Secure	Feeling comfortable with the other person	Feeling uncomfortable with the other person
PO_CL_14_005	Feeling Comfortable/Secure	Feeling in good hands	Not feeling well, uncomfortable
PO_CL_08_008	Cooperation	Concord - agreement	Split
PO_CL_14_007	Relationship Type	Familial relationship	Non-familial relationship

<u>Summary and group comparison:</u> In the category 'relational', the subcategories 'self-determination' and 'trust/transparency' included high salience constructs of all participant groups and therefore represented the aspects that were of high salience for effective (health) coaching relationships for the total sample.

Group comparison showed that sympathy/affection and feeling comfortable/secure were highly salient for coaching clients, while they were not important to coaches. There were similarities between HCCs and HCC clients in the importance they gave to the depth of the relationship and to knowing each other well. For both groups of coaches, the client's cooperation was unanimously salient. For POs and PO clients, apart from the similarities that applied to the entire group, there was agreement on the salience of feeling comfortable/secure for effective coaching relationships.

4.6.6 Summary of Differential Analysis Results – High Salience Constructs

The results of the analysis of high salience constructs strengthened the findings of the analysis of all constructs and highlighted aspects that had particularly high salience for the overall sample in terms of effective (health) coaching relationships, including:

- Empathy,
- Communication skills,
- Kindness,
- Self-determination, and
- Trust/transparency.

Below, the subcategories with the highest salience for the individual participant groups are listed and a differentiation of the respective groups is made regarding the themes with high salience based on the differential analysis results of high salience constructs presented in the previous subsection.

HCCs:

- Empathy,
- Kindness,
- Client change readiness, and
- Self-determination.

The HCCs were characterised by giving high salience to empathy, kindness, and change readiness of the client. Self-determination was the strongest contributor to effective health coaching relationships in this group. Compared to the other groups, substantially less themes were of high salience for them.

HCC Clients:

- Professional and communicative coach competencies,
- Kind, supportive behaviours of the coach,
- Understanding and focus on the client's welfare, and
- 'Feel good' relational aspects (feeling comfortable/secure; sympathy/affection).

The results for high salience constructs of HCC clients pointed in the same direction as those for all their constructs. The 'feel good' aspect was more salient to this group than to the others, which could have been due to the need to discuss very personal issues with the HCC.

POs:

- Empathy,

- kindness, honesty, patience,

- Client active will for change,

- Self-determination, and trust.

The POs distinguished themselves from the other groups in that for them, in addition to kindness, also honesty and patience were highly salient behaviours for effective coaching relationships.

PO Clients:

- Empathy,

- Kindness, support, eye-level,

- Justice, caring (effective personal attributes (coach)),

- Self-determination, and trust.

Compared to the other groups, for PO clients, fair treatment by the coach had a higher salience for effective coaching relationships.

4.6.7 Comparison of Differential Analysis Results for All and High Salience Constructs

The results of the differential analysis results of all constructs and high salience constructs were compared. Findings are reported below first across subcategories and then across participant groups. The comparison served to find out to what extent and with respect to which themes the results of the in-depth analysis of the high salience constructs corresponded to the results obtained for all constructs.

4.6.7.1 (High Salience) Construct Distributions Across Subcategories

The distribution of constructs of high salience among the subcategories was generally similar to the distribution of all constructs; differences were rather small and ranged from +3.8% constructs per subcategory to -2.7%. However, a closer look revealed that the distribution of all constructs pointed to the importance of being ready for coaching on both sides (attributes) of the relationship as well as an emphatic conversational basis (skills), while the distribution of high salience constructs indicated that relational aspects of the coaching relationship were even more important than specific individual competencies, behaviours, or attributes of coach and client.

<u>4.6.7.2 (High Salience) Construct Distributions Across Participant Groups</u>

Differential analysis of constructs with high salience in category '*skills and competencies*' confirmed the results of the analysis of all constructs for the subcategories 'communication skills' and 'empathy', which consisted of constructs from all groups and were thus relevant for building effective (health) coaching relationships for the total sample. Constructs related to the coach's professional competencies were mainly used by the client groups, which was also consistent with the results for all constructs. Both construct distributions indicated relatively low contributions of 'cognitive skills' to effective (health) coaching relationships for all groups.

Differential analysis of high salience constructs for category '*behaviour*' confirmed the results of the differentiated analysis of all constructs by showing that 'kindness' had high salience for all groups, and 'support' for the client groups. Furthermore, it confirmed the finding that, apart from the aspects just mentioned, there was little commonality in terms of which behaviours contributed to effective (health) coaching relationships.

For the '*attributes*' category comparing the results of the differential analysis of all constructs and high salience constructs confirmed the contribution of specific personal attributes of the client (readiness to change) for the coach groups and specific personal attributes of the coach for the client groups. While the results for all constructs pointed more to the importance of an understanding coach, the results for high salience constructs put more weight on the contribution of a caring coach. Furthermore, there was a commonality regarding openness, which was a relevant theme for all groups in the results for all constructs and was still relevant for three out of the four participant groups in the results for high salience constructs.

In the category '*relational*', the results for high salience constructs confirmed the findings for all constructs. The subcategories 'self-determination' and 'trust/transparency' consisted of high salience constructs of all participant groups and thus represented the aspects that were of high salience for effective (health) coaching relationships for the total sample. The results were also confirmed for 'sympathy/affection', which was salient for clients but not for coaches. The analysis of high salience constructs results furthermore affirmed the relevance of the depth of the relationship for health coaching, and the relevance of the client's cooperation for coaches. While the importance of the aspect of feeling comfortable/secure was not reflected in the results for all constructs, it was evident in the results for the constructs of high salience.

It was concluded that the results analysis of the high salience constructs essentially confirmed the results obtained for all constructs.

The results of the analysis of high salience constructs were used to answer research question 1a, 1b, and 1c:

1a) What contributes to effective (health) coaching relationships?

1b) How do health coaches/placement officers, and (health) coaching clients construe effective (health) coaching relationships?

1c) What are the specific commonalities and differences in construing effective (health) coaching relationships by health coaches, placement officers, and (health) coaching clients?

To further analyse the subcategories resulting from Honey's content analysis, these were subjected to a structural analysis. The procedure and results are described in the following section.

4.7 Multidimensional Scaling and Linear Regression Results

This section presents the results of Multidimensional Scaling (MDS) and linear regression, which were performed on different datasets to address research questions 1a and 1b:

1a) What contributes to effective (health coaching) relationships?

1b) How do health coaches/placement officers, and (health) coaching clients construe effective (health) coaching relationships?

This structural analysis showed the visual representation of the subcategory and the 'overall more effective relationship' category distances to determine their closeness to each other and the 'overall' category. The distances reflected the degree to which the ratings of elements in subcategories as well as the 'overall' category were correlated. The more the ratings were similar, the smaller the distance. Furthermore, it served to identify any underlying dimensions of the 27 themes (subcategories) that contribute to effective (health) coaching relationships identified by Honey's (1979) content analysis. For consistency of results, the undesired construct pole was assigned to 1 and the preferred pole to 5. The mean values of the 27 subcategories and elements were used to calculate the MDS using the ALSCAL function in SPSS 27 (IBM Corp., 2020). Euclidean distances

were used as a distance measure. The MDS was conducted in two, three, four, five, and six dimensions for the total sample and subsamples.

Linear regression was used to indicate the main characteristics of the resulting MDS dimensions in the sense of condensing the 27 themes (subcategories) identified by Honey's (1979) content analysis to 2 – 6 main characteristics that contribute to effective (health) coaching relationships. In linear regressions, the dimensions were used as predictors for the dependent variable, which were the subcategory mean scores of the ratings of elements on subcategories.

4.7.1 Results for All Participants

MDS for all subcategories and the total sample identified a 3-dimensional model as the best fit (stress = 0.04703; RSQ = 0.99621). A stress value less than 0.1 is generally accepted as a good fit (Clopper, 2008). The stress value decreases as the number of dimensions increases. When choosing the number of dimensions to interpret, a balance must be found between minimising the stress of the model and maximising interpretability (Clopper, 2008). To find this balance, scree plots were used that showed the stress values resulting for each of the MDS solutions. The number of dimensions beyond which stress did not improve substantially was chosen as the best solution.

Figure 4.21 displays a visual representation of subcategory distances for all participants.
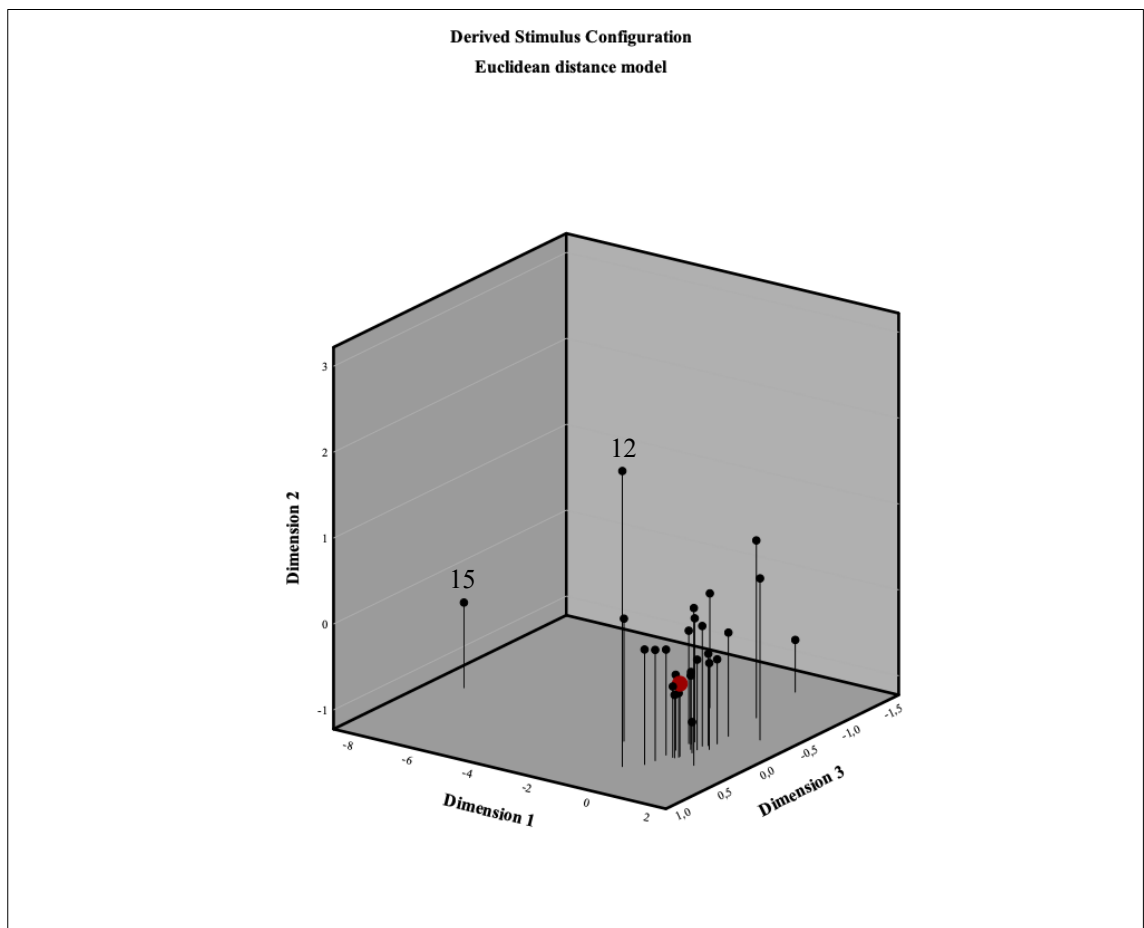
Figure 4.21 Derived Stimulus Configuration – All Participants.

The figure shows that for the total sample the distances between the individual subcategories (shown as black dots) were very small; nearly all subcategories were closely positioned to the 'overall more effective relationship' category, which, for the sake of illustration, was coloured in red. The subcategories 'appreciation' (12) and 'effective personal attributes (coach)' (15) deviated the most from this close formation, which means that these subcategories contributed less to an 'overall more effective coaching relationship' than the others.

The results of the linear regression of the dimensions of MDS in subcategories are presented in Table 4.42. The table shows that most subcategories were (highly) significantly associated with the first dimension, while there were only a few significant associations with the second and third dimensions. An interpretation of the dimensions was not meaningful after a detailed study of the data. This indicates that the subcategories did not reflect a small number of underlying key dimensions, but rather that all but 'appreciation' and 'effective personal attributes coach', which appeared to contribute less to effective coaching relationships, were potentially important themes in this regard.

Table 4.42 Linear Regression Results – All Participants.

Subcategory	*t*			Significance		
	Dim 1	Dim 2	Dim 3	Dim 1	Dim 2	Dim 3
Communication Skills	13.756***	0.042	-0.576	<0.001	0.968	0.586
Empathy	24.766***	-1.002	-1.238	<0.001	0.355	0.262
(Professional) Competence	6.834***	0.461	-2.168	<0.001	0.661	0.073
Cognitive Skills	14.840***	2.908*	-0.580	<0.001	0.027	0.583
Support	34.050***	11.420***	1.282	<0.001	<0.001	0.247
Kindness	11.482***	-0.728	-1.478	<0.001	0.494	0.190
Interest	13.192***	-2.572*	-0.192	<0.001	0.042	0.854
Respect	12.486***	1.968	-0.483	<0.001	0.097	0.646
Patient	11.136***	-0.330	-3.224*	<0.001	0.753	0.018
Honesty	10.978***	-1.810	-1.179	<0.001	0.120	0.283
Eye-level	8.174***	0.066	-1.054	<0.001	0.949	0.332
Appreciation	11.216***	-1.694	-2.005	<0.001	0.141	0.092
Miscellaneous	29.969***	3.383*	-1.355	<0.001	0.015	0.224
Openness	23.848***	-4.785**	-0.646	<0.001	0.003	0.542
Effective Personal Attributes (Coach)	28.234***	12.182***	-2.201	<0.001	0.001	0.070
Effective Personal Attributes (Client)	14.987***	-3.222*	0.446	<0.001	0.018	0.671
Reliability	8.899***	-2.145	0.642	<0.001	0.076	0.545
Not Egoistic	9.449***	0.895	0.547	<0.001	0.895	0.547
Humour	50.181***	-1.934	2.577*	<0.001	0.101	0.042
Self-determined (Supplied Constructs)	17.133***	-2.187	0.536	<0.001	0.071	0.612
Sympathy/Affection	22.242***	-1.198	-0.403	<0.001	0.276	0.701
Cooperation	13.559***	-2.148	1.158	<0.001	0.075	0.291
Depth of Relationship	23.466***	0.485	1.597	<0.001	0.645	0.161
Trust and transparency	32.225***	-1.029	0.445	<0.001	0.343	0.672
Feeling Comfortable/Secure	11.312***	-0.391	3.872**	<0.001	0.710	0.008
Knowing each other well	8.626***	-1.807	3.781**	<0.001	0.121	0.009
Relationship type	22.536***	-0.383	-0.889	<0.001	0.715	0.408
Overall More Effective Relationship	13.756***	0.042	-0.576	<0.001	0.968	0.586

* *p*<0.05; ** *p*<0.01; *** *p*<0.001.

4.7.2 Results for All Coaches and All Clients

MDS calculated using all subcategories for *all coaches* identified 4 dimensions (stress = 0.05542; RSQ = 0.98547). The number of dimensions was chosen based on a balance between the best fit of the model and the interpretability (Clopper, 2008). Figure 4.22 presents the subcategory distances.
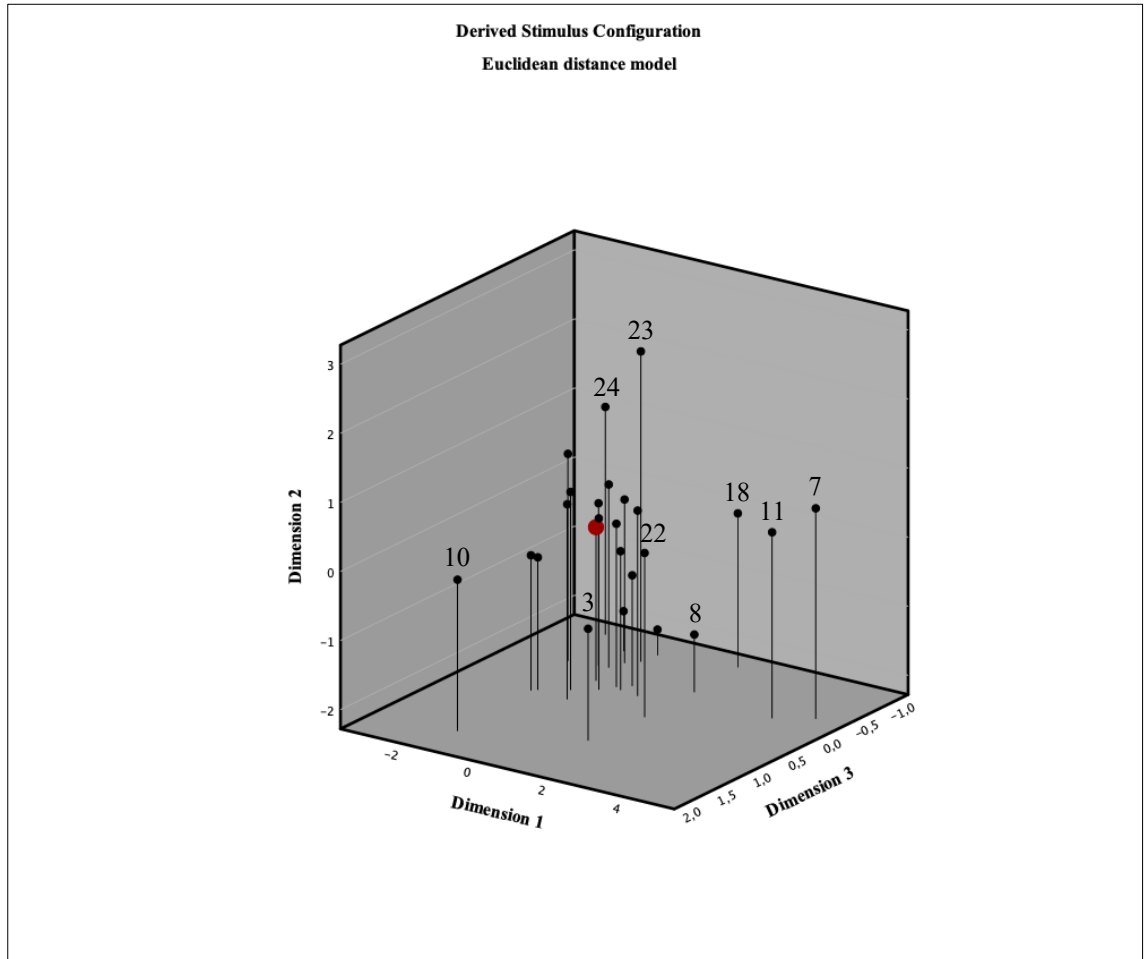
Figure 4.22 Derived Stimulus Configuration – All Coaches.

Except for the subcategories '(professional) competencies' (3), 'patience' (8), 'eye-level' (10), 'appreciation' (11), 'Humour' (18), 'feeling comfortable/secure' (22), 'knowing each other well' (23), and 'relationship type' (24), all subcategories were very close together and grouped closely around the 'overall more effective relationship' category (shown in red colour). Since the spatial proximity of the subcategories to the 'overall' category reflects their individual contribution, the subcategories with the greater distance from the 'overall' category contributed less than the other subcategories. Table 4.43 presents the linear regression results for *all coaches*.

Table 4.43 Linear Regression Results – All Coaches.

Subcategory	*t*				Significance			
	Dim 1	Dim 2	Dim 3	Dim 4	Dim 1	Dim 2	Dim 3	Dim 4
Communication Skills	-2.112	1.506	-0.416	1.536	0.088	0.193	0.695	0.185
Empathy	-2.621*	2.666*	-0.788	1.534	0.047	0.045	0.466	0.186
(Professional) Competence	-2.023	-0.274	-0.313	0.408	0.099	0.795	0.767	0.700
Cognitive Skills	-3.041*	2.234	-0.273	2.620*	0.029	0.076	0.796	0.047
Support	-2.939*	2.513	-2.544	0.983	0.032	0.054	0.052	0.371
Kindness	-1.730	1.159	-0.815	0.582	0.144	0.299	0.452	0.586
Interest	-0.894	1.059	-0.871	0.933	0.412	0.338	0.424	0.394
Respect	-1.560	0.662	-0.478	0.904	0.179	0.537	0.652	0.407
Patient	-2.105	0.676	-1.115	1.197	0.089	0.529	0.313	0.285
Honesty	-2.057	1.326	-0.284	1.532	0.095	0.242	0.788	0.186
Eye-level	-1.095	0.790	-0.429	1.105	0.324	0.495	0.685	0.320
Appreciation	-3.302*	2.254	-1.366	2.953*	0.021	0.074	0.230	0.032
Miscellaneous	-2.118	1.670	-0.858	2.938*	0.088	0.156	0.430	0.032
Openness	-2.112	1.506	-0.416	1.536	0.088	0.193	0.695	0.185
Effective Personal Attributes (Client)	-2.621*	2.666*	-0.788	1.534	0.047	0.045	0.466	0.186
Reliability	-2.179	1.358	-1.096	1.614	0.081	0.233	0.323	0.167
Not Egoistic	-1.737	1.208	-0.280	1.805	0.143	0.281	0.791	0.131
Humour	-2.122	1.450	-1.486	1.113	0.087	0.207	0.198	0.316
Self-determined (Supplied Constructs)	-2.591*	1.829	-0.696	2.487	0.049	0.127	0.518	0.055
Sympathy/Affection	-1.046	1.724	-0.723	0.877	0.343	0.145	0.502	0.421
Cooperation	-3.675*	1.488	-1.118	2.505	0.014	0.197	0.315	0.054
Depth of Relationship	-1.496	1.761	-0.374	2.312	0.195	0.139	0.724	0.069
Trust and Transparency	-2.351	1.418	-0.210	2.404	0.065	0.215	0.842	0.061
Feeling Comfortable/Secure	-2.382	1.235	-0.693	1.945	0.063	0.272	0.519	0.109
Knowing Each Other Well	-0.774	2.657*	0.612	1.454	0.471	0.045	0.567	0.206
Relationship Type	-0.672	1.951	-0.372	2.635*	0.532	0.108	0.725	0.046
Overall More Effective Relationship	-2.367	1.984	-0.741	0.134	0.064	0.104	0.492	0.134

* *p*<0.05; ** *p*<0.01; *** *p*<0.001.

An interpretation of the meaning of the dimensions was not meaningful after a detailed study of the data. This led to the same conclusion as was drawn for the entire sample based on the results of the linear regression. Instead of a small number of dimensions underlying the subcategories, there appeared to be many potentially important themes for effective coaching relationships.

MDS performed using all subcategories for *all clients* resulted in the best fit for 3 dimensions (stress = 0.08500; RSQ = 0.97639) considering stress and interpretability (Clopper, 2008). Subcategory distances for all clients are visualised in Figure 4.23.
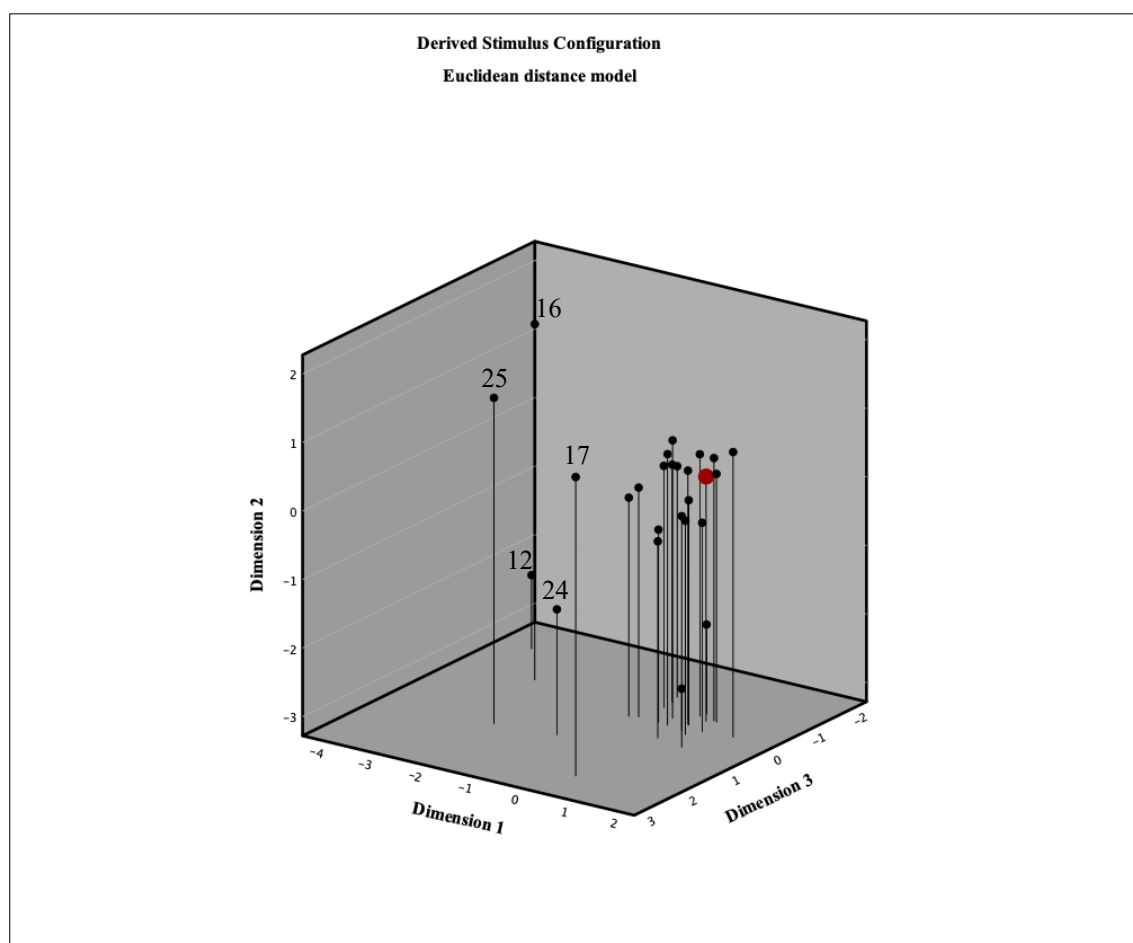
Figure 4.23 Derived Stimulus Configuration – All Clients.

Visualisation of subcategory distances showed a similar picture for the clients as for coaches and the total sample. Apart from the subcategories 'appreciation' (12), 'not egoistic' (16), 'humour' (17), 'knowing each other well' (24) and 'relationship type' (25), all subcategories are very close to each other and to the 'overall' category (highlighted in red), which indicates their high contributions to the 'overall' category.

Table 4.44 contains the results of the linear regression of the MDS dimensions in the subcategories. There were (highly) significant associations of subcategories predominantly with dimensions 1 and 3. A content-based interpretation of the MDS dimensions was not meaningful for all clients after a thorough examination of the data, which paralleled the findings for the total sample and coaches and pointed to many important themes rather than a few underlying most salient dimensions.

Table 4.44 Linear Regression Results – All Clients.

Subcategory	t			Significance		
	Dim 1	Dim 2	Dim 3	Dim 1	Dim 2	Dim 3
Communication Skills	-3.978**	1.510	3.561*	0.007	0.182	0.012
Empathy	-4.132**	0.508	4.166**	0.006	0.629	0.006
(Professional) Competence	-3.238*	1.141	2.812*	0.018	0.297	0.031
Cognitive Skills	-4.321**	1.117	3.431*	0.005	0.307	0.014
Support	-3.653*	0.686	4.142**	0.011	0.518	0.006
Kindness	-2.108	0.576	3.206*	0.080	0.586	0.018
Interest	-3.249*	0.493	3.657*	0.017	0.639	0.011
Respect	-3.056*	0.496	3.711**	0.022	0.637	0.010
Patient	-2.796*	1.002	2.875*	0.031	0.355	0.028
Honesty	-1.989	-0.400	2.524*	0.094	0.703	0.045
Eye-level	-3.863**	1.507	3.785**	0.008	0.182	0.009
Appreciation	-0.978	-0.322	2.480*	0.366	0.758	0.048
Miscellaneous	-3.325*	0.537	3.753**	0.016	0.611	0.009
Openness	-3.508*	1.161	3.380*	0.013	0.290	0.015
Effective Personal Attributes (Coach)	-3.978**	1.510	3.561*	0.007	0.182	0.012
Reliability	-2.622*	0.562	3.575*	0.039	0.594	0.012
Not Egoistic	-4.209**	-0.344	3.247*	0.006	0.742	0.018
Humour	-2.315	0.428	2.251	0.060	0.684	0.065
Self-determined (Supplied Constructs)	-3.913**	0.928	4.545**	0.008	0.389	0.004
Sympathy/Affection	-3.338*	0.960	3.725**	0.016	0.374	0.010
Cooperation	-3.337*	0.103	4.435**	0.016	0.921	0.004
Depth of Relationship	-4.147**	-0.026	5.094**	0.006	0.980	0.002
Trust and Transparency	-3.967**	1.043	3.958**	0.007	0.337	0.007
Feeling Comfortable/Secure	-3.157*	1.032	3.899**	0.020	0.342	0.008
Knowing Each Other Well	-1.890	0.498	2.187	0.108	0.636	0.071
Relationship Type	-2.214	-0.032	2.493*	0.069	0.975	0.047
Overall More Effective Relationship	-3.478*	1.493	3.712**	0.013	0.186	0.010

* $p<0.05$; ** $p<0.01$; *** $p<0.001$.

4.7.3   Results for the Different Participant Groups

MDS using all subcategories for *HCCs* identified 4 dimensions (stress = 0.05629; RSQ = 0.98565) considering stress and interpretability (Clopper, 2008). Figure 4.24 shows the subcategory distances for HCCs.
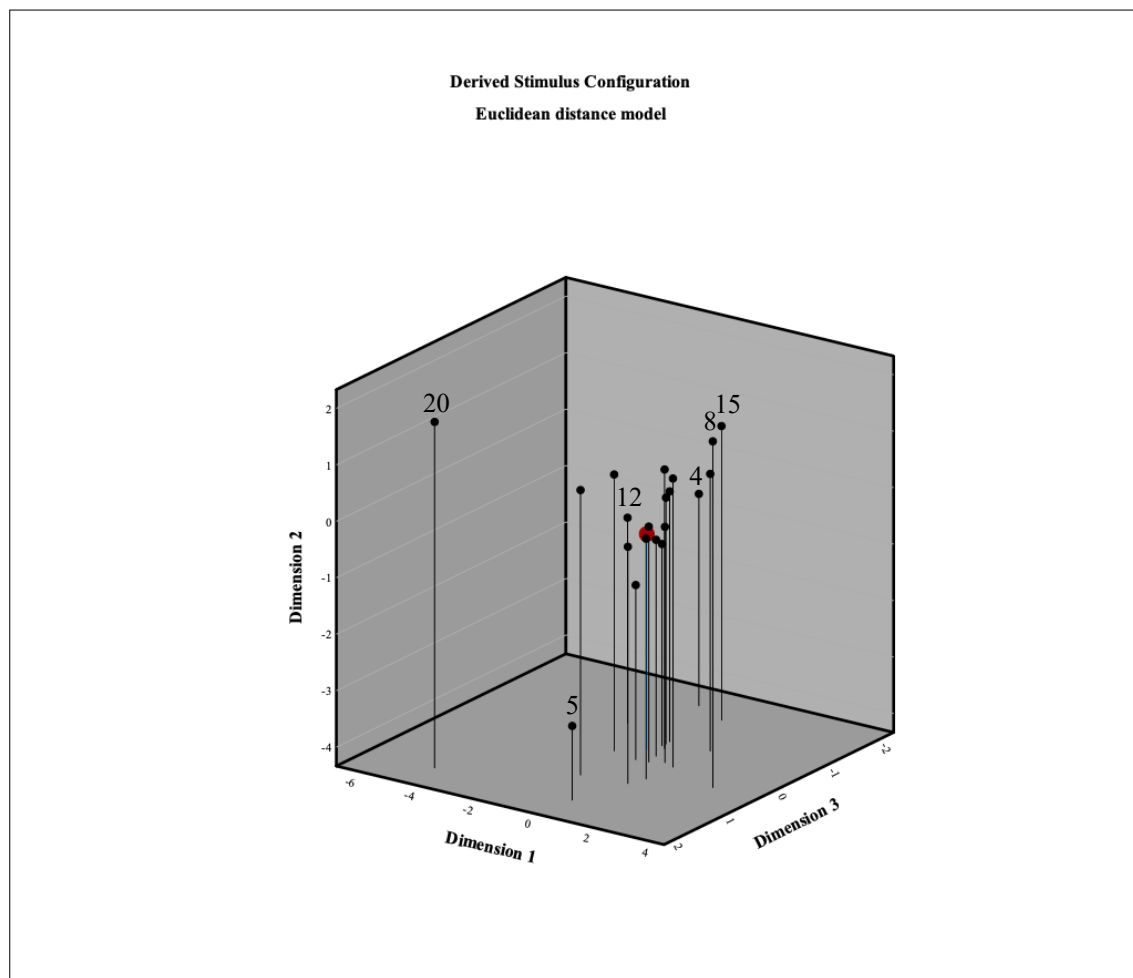
Figure 4.24 Derived Stimulus Configuration – HCCs.

The results for HCCs are similar to those previously reported for the other subsamples. Apart from the subcategories 'kindness' (4), 'interest' (5), 'appreciation' (8), 'not egoistic' (12), 'sympathy/affection' (15), and 'relationship type' (20), all subcategories were very close to each other and also closely grouped around the ‚overall more effective relationship' category (displayed in red colour).

Linear regression results are shown in Table 4.45. After thorough exploration of the significant associations between subcategories and the MDS dimensions, their interpretation in terms of content was not meaningful, which was interpreted as reasoned for the total sample, all coaches, and all clients.

Table 4.45 Linear Regression Results – HCCs.

Subcategory	*t*				Significance			
	Dim 1	Dim 2	Dim 3	Dim 4	Dim 1	Dim 2	Dim 3	Dim 4
Communication Skills	-2.274	-1.861	0.851	0.585	0.072	0.122	0.433	0.584
Empathy	-3.017*	-2.840*	2.646*	1.228	0.030	0.036	0.046	0.274
Cognitive Skills	-1.675	-1.493	0.698	1.748	0.155	0.196	0.516	0.141
Kindness	-3.499*	-2.188	2.877*	1.695	0.017	0.080	0.035	0.151
Interest	-0.974	-0.724	0.388	0.485	0.375	0.501	0.714	0.648
Honesty	-2.782*	-2.932*	0.672	0.066	0.039	0.033	0.531	0.950
Eye-level	-1.477	-8.35	0.719	0.155	0.200	0.442	0.504	0.883
Appreciation	-0.887	-1.655	0.949	-0.779	0.416	0.159	0.386	0.473
Openness	-1.821	-2.372	0.856	0.057	0.128	0.064	0.431	0.957
Effective Personal Attributes (client)	-3.049*	-4.678**	1.093	1.199	0.028	0.005	0.324	0.284
Reliability	-1.629	-2.343	0.925	-0.837	0.164	0.066	0.398	0.441
Not Egoistic	-3.783*	-3.608*	1.810	2.611*	0.013	0.015	0.130	0.048
Humour	-2.088	-1.701	-0.439	-0.138	0.091	0.150	0.679	0.896
Self-determined (Supplied Constructs)	-2.003	-1.547	0.985	0.917	0.102	0.182	0.370	0.401
Sympathy/Affection	-3.383*	-5.590**	3.523*	-1.622	0.020	0.03	0.017	0.166
Cooperation	-3.097*	-2.537	1.136	0.550	0.027	0.052	0.307	0.606
Depth of Relationship	-0.604	-1.403	1.291	0.455	0.572	0.220	0.253	0.668
Trust and Transparency	-1.693	-1.341	0.563	0.544	0.151	0.237	0.598	0.610
Knowing Each Other well	-0.395	-1.493	1.245	1.116	0.709	0.196	0.268	0.315
Relationship Type	1.276	-2.241	0.350	1.848	0.258	0.079	0.741	0.124
Overall More Effective Relationship	-2.261	-1.907	1.357	1.122	0.073	0.115	0.233	0.313

* *p*<0.05; ** *p*<0.01; *** *p*<0.001.

MDS using all subcategories for *HCC clients* resulted in 3 dimensions (stress = 0.09301; RSQ = 0.97530) after considering stress and interpretability (Clopper, 2008). Figure 4.25 presents the stimulus configuration for HCC clients.
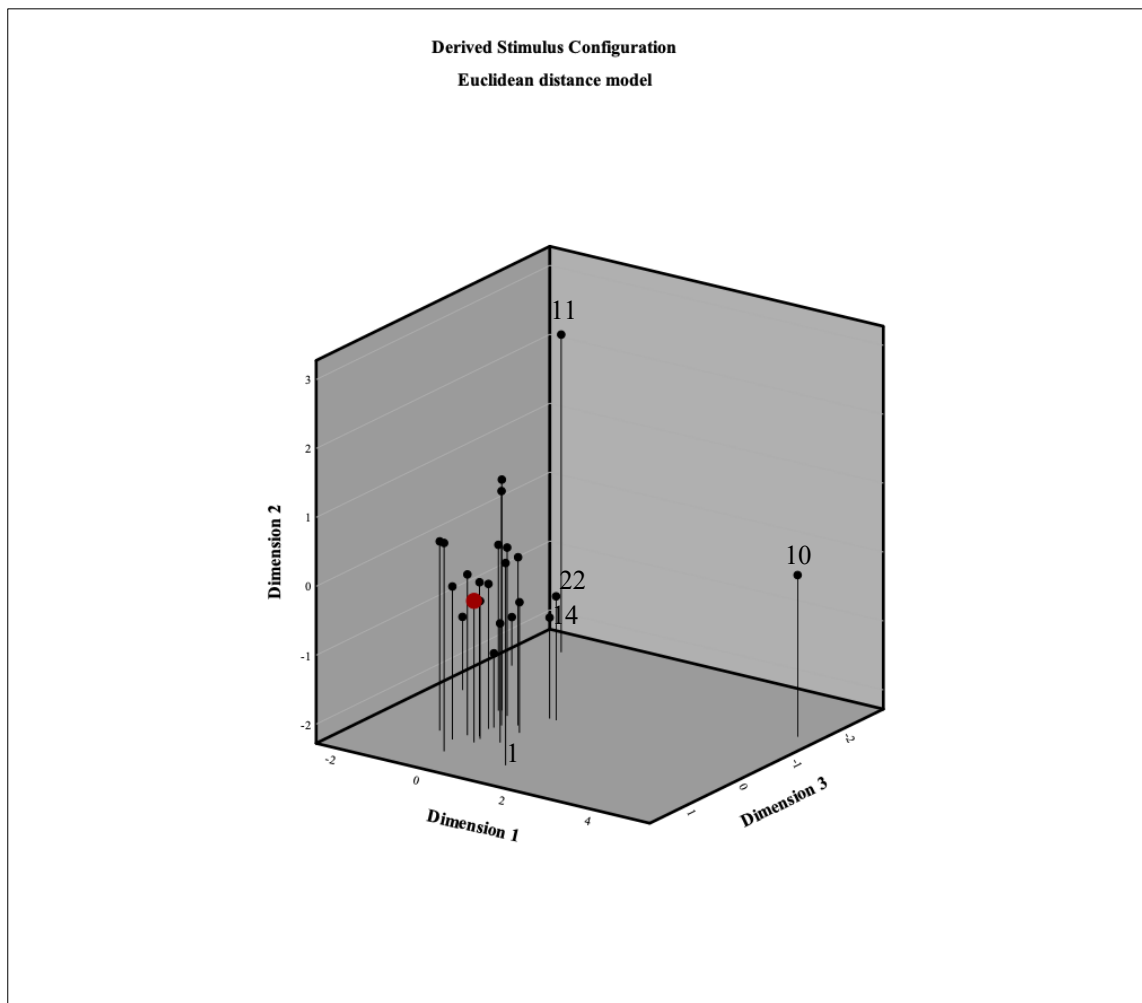
Figure 4.25 Derived Stimulus Configuration – HCC Clients.

The results parallel those reported for other constellations of participants. Except for the subcategories 'communication skills' (1), 'honesty' (10), 'eye-level' (11), 'humour' (14), and 'relationship type' (22), all others were both very close to each other and very close to the 'overall more effective relationship' category (shown in red colour). 'Honesty' had the greatest distance to all other subcategories, which means that it contributed least to the 'overall' category.

The results of the linear regression are shown in Table 4.46. After a detailed exploration of the data, a substantive interpretation of the significant associations of subcategories and the MDS dimensions was not considered meaningful and was interpreted as previously described for other constellations of participants.

Table 4.46 Linear Regression Results – HCC Clients.

Subcategory	*t*			Significance		
	Dim 1	Dim 2	Dim 3	Dim 1	Dim 2	Dim 3
Communication Skills	-2.961*	-0.405	3.788**	0.025	0.700	0.009
Empathy	-2.341	-0.150	2.121	0.058	0.886	0.078
(Professional) Competence	-2.993*	0.023	2.590*	0.024	0.983	0.041
Cognitive Skills	-2.282	0.210	1.285	0.063	0.840	0.246
Support	-2.125	-0.630	2.167	0.078	0.552	0.073
Kindness	-1.418	-0.683	1.096	0.206	0.520	0.315
Interest	-1.499	-1.040	1.678	0.184	0.338	0.144
Respect	-1.995	-0.845	1.762	0.093	0.431	0.129
Patient	-1.923	-0.866	1.876	0.103	0.420	0.110
Honesty	-1.112	-0.650	1.490	0.309	0.540	0.187
Eye-level	-2.566*	-0.018	1.403	0.043	0.986	0.210
Openness	-2.496*	-0.576	2.501*	0.047	0.585	0.046
Effective Personal Attributes (Coach)	-2.226	-0.197	1.707	0.068	0.850	0.139
Humour	-1.840	-0.668	0.437	0.115	0.529	0.677
Self-determined (Supplied Constructs)	-2.021	-0.473	2.048	0.090	0.653	0.086
Sympathy/Affection	-1.858	-0.535	1.598	0.112	0.612	0.161
Cooperation	-1.812	-1.349	2.174	0.120	0.226	0.073
Depth of Relationship	-2.814*	-1.042	2.136	0.031	0.337	0.077
Trust and Transparency	-2.562*	-0.471	2.076	0.043	0.654	0.083
Feeling Comfortable/Secure	-1.911	-0.412	1.798	0.105	0.695	0.122
Knowing Each Other Well	-2.631*	0.298	2.092	0.039	0.788	0.081
Relationship Type	-1.004	-1.512	1.249	0.354	0.181	0.258
Overall More Effective Relationship	-1.734	-0.419	1.769	0.134	0.690	0.127

* *p*<0.05; ** *p*<0.01; *** *p*<0.001.

The MDS using all subcategories for *POs* showed the best fit of the model for 4 dimensions (stress = 0.06369; RSQ = 0.97651) considering stress and interpretability (Clopper, 2008). A visual representation of the distances between subcategories for POs is shown in Figure 4.26.
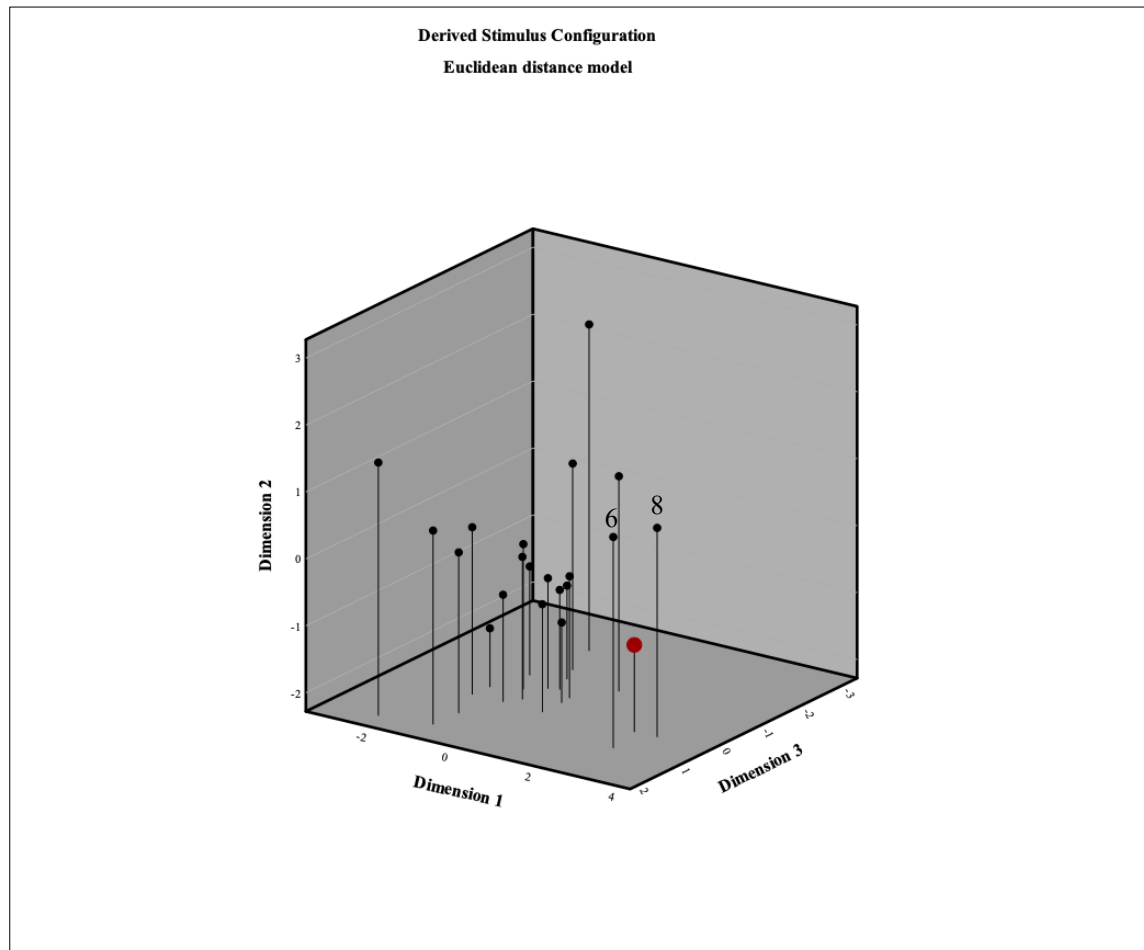
Figure 4.26 Derived Stimulus Configuration – POs.

The figure shows that the subcategories were a little further apart from each other and from the category 'overall more effective relationship' (red coloured dot) compared to the other participant groups, except 'patience' (6), and 'appreciation' (8), which thus contributed more to effective coaching relationships than the other subcategories. This supported the findings of the content analysis that for POs the picture of what contributes to effective coaching relationships was less clear.

Table 4.47 presents the linear regression results for POs. After careful exploration of the data, an interpretation of the significant associations of subcategories and MDS dimensions in terms of meaning was not reasonable, which parallels the findings for the other subsamples.

Table 4.47 Linear Regression Results – POs.

Subcategory	t				Significance			
	Dim 1	Dim 2	Dim 3	Dim 4	Dim 1	Dim 2	Dim 3	Dim 4
Communication Skills	-1.713	0.006	0.159	2.045	0.147	0.0996	0.880	0.096
Empathy	-2.265	-0.617	1.288	2.625*	0.073	0.564	0.254	0.047
Cognitive Skills	-2.873*	-1.046	0.468	2.654*	0.035	0.344	0.660	0.045
Kindness	-0.805	-0.036	-0.125	1.435	0.457	0.972	0.905	0.211
Respect	-1.662	-0.622	0.400	2.011	0.157	0.561	0.705	0.100
Patience	-1.328	-0.556	0.427	1.386	0.242	0.602	0.687	0.224
Honesty	-0.443	-1.286	0.364	2.649*	0.676	0.255	0.731	0.046
Appreciation	-1.016	-0.217	-0.046	1.367	0.356	0.837	0.965	0.230
Openness	-2.926*	-0.633	0.129	2.664*	0.033	0.554	0.902	0.045
Effective Personal Attributes (Client)	-1.399	-1.130	0.085	1.898	0.221	0.310	0.935	0.116
Reliability	-1.949	-0.208	-0.013	1.714	0.109	0.843	0.990	0.142
Not Egoistic	-1.249	-0.644	0.069	1.061	0.267	0.548	0.851	0.337
Humour	-5.747**	-1.393	-2.786*	7.856***	0.002	0.222	0.039	<0.001
Self-determined (Supplied Constructs)	-2.451	-0.867	-0.168	2.729*	0.058	0.426	0.873	0.041
Sympathy/Affection	-0.415	0.229	0.009	1.978	0.695	0.828	0.993	0.105
Cooperation	-3.258*	-0.579	-0.230	2.088	0.023	0.588	0.827	0.091
Depth of Relationship	-1.809	-0.737	-0.518	2.093	0.130	0.494	0.627	0.091
Trust and Transparency	-2.003	-0.444	0.056	1.772	0.102	0.675	0.957	0.137
Feeling Comfortable/Secure	-2.336	-0.137	-0.312	2.262	0.067	0.896	0.768	0.073
Relationship Type	-1.505	-0.823	-0.230	2.209	0.193	0.448	0.827	0.078
Overall More Effective Relationship	-2.911*	-0.236	0.364	0.908	0.033	0.823	0.730	0.406

* $p<0.05$; ** $p<0.01$; *** $p<0.001$.

MDS using all subcategories for *PO clients* resulted in a 4-dimensional model (stress = 0.03864; RSQ = 0.99569) after considering stress and interpretability (Clopper, 2008). Figure 4.27 visualises the distances of the subcategories for PO clients.
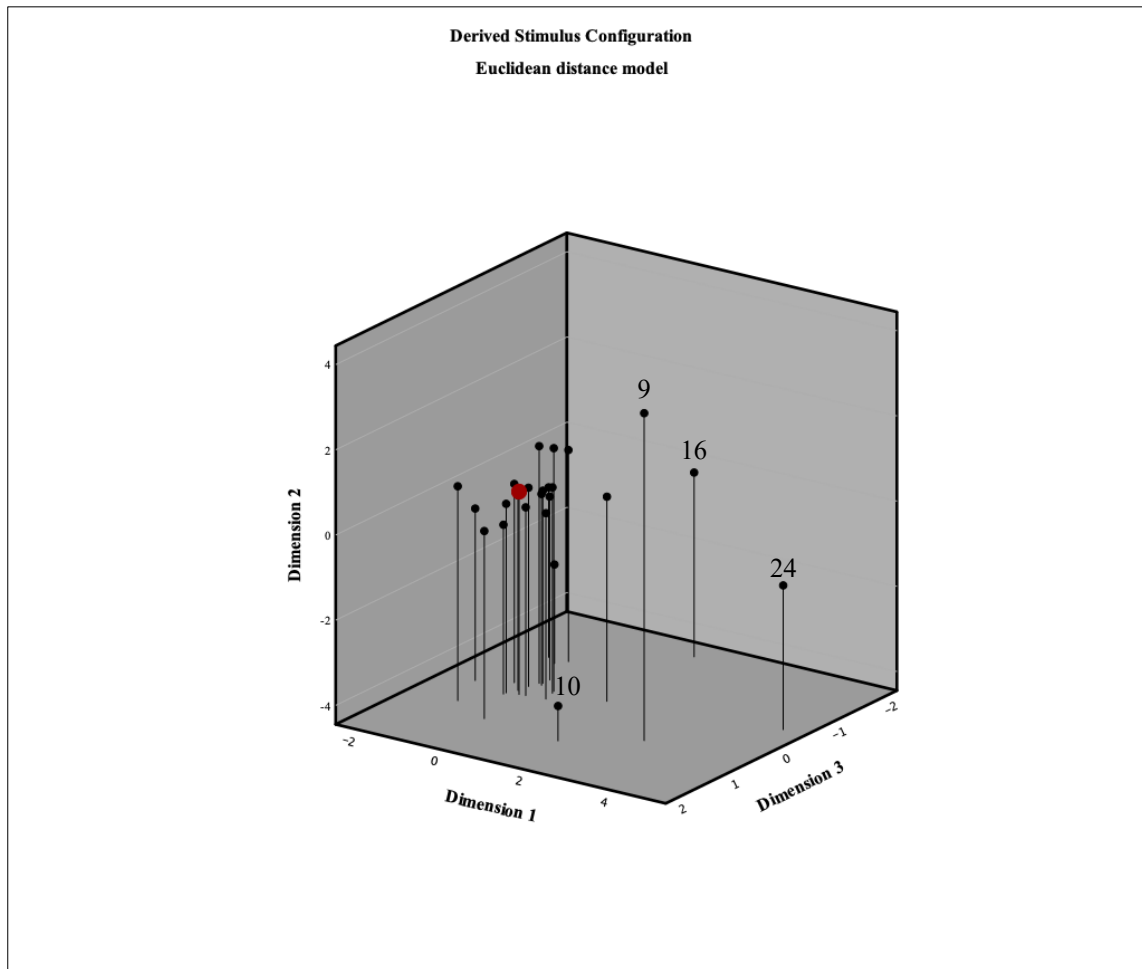
Figure 4.27 Derived Stimulus Configuration – PO Clients.

For PO clients, the subcategories were very close to each other, apart from 'patience' (9), 'honesty' (10), 'not egoistic' (16), and 'relationship type' (24), and they were also very close to the 'overall more effective relationship' category (displayed in red colour), which pointed to their high individual contribution.

Table 4.48 summarises the results of the linear regression of the dimensions on subcategories. Most subcategories associated highly significant with dimension 1. However, after careful exploration of the data, as for the other subsamples, a conceptual interpretation of the dimensions of MDS was not meaningful and resulted in the conclusion that a variety of themes were relevant for effective coaching relationships that could not be narrowed down to a few 'key dimensions'.

Table 4.48 Linear Regression Results – PO Clients.

Subcategory	t				Significance			
	Dim 1	Dim 2	Dim 3	Dim 4	Dim 1	Dim 2	Dim 3	Dim 4
Communication Skills	21.649***	6.854**	-7.247***	0.450	<0.001	0.001	<0.001	0.672
Empathy	15.324***	-0.730	-0.272	0.014	<0.001	0.498	0.797	0.989
(Professional) Competencies	10.634***	0.883	1.116	1.900	<0.001	0.418	0.315	0.116
Cognitive Skills	17.834***	4.155**	2.202	-0.783	<0.001	0.009	0.079	0.469
Support	23.433***	-0.339	1.626	-0.834	<0.001	0.749	0.169	0.442
Kindness	8.103***	-0.738	1.204	-0.132	<0.001	0.494	0.282	0.900
Interest	13.679***	-0.046	-0.961	1.093	<0.001	0.965	0.380	0.324
Respect	15.477***	-1.079	0.244	1.043	<0.001	0.330	0.817	0.345
Patience	13.189***	15.867***	1.005	1.757	<0.001	<0.001	0.361	0.139
Honesty	2.296	-3.079*	-10.718***	3.067*	0.070	0.027	<0.001	0.028
Eye-level	13.007***	0.435	-2.005	1.497	<0.001	0.682	0.101	0.195
Appreciation	8.679***	-0.061	1.152	0.276	<0.001	0.954	0.302	0.794
Openness	11.345***	0.857	2,461	0.140	<0.001	0.431	0.057	0.894
Effective Personal Attributes (Coach)	22.572***	2.624*	1.220	0.296	<0.001	0.047	0.277	0.779
Reliability	17.533***	-2.645*	-2.127	1.519	<0.001	0.046	0.087	0.189
Not Egoistic	6.549**	-0.051	-1.587	-0.584	0.001	0.961	0.173	0.584
Self-determined (Supplied Constructs)	35.618***	-4.351**	-2.174	-0.561	<0.001	0.007	0.082	0.600
Sympathy/Affection	13.365***	-0.616	-0.871	-0.429	<0.001	0.565	0.424	0.686
Cooperation	12.395***	-1.247	1.856	-1.196	<0.001	0.268	0.123	0.285
Depth of Relationship	19.777***	-6.554**	0.018	-2.052	<0.001	0.001	0.987	0.095
Trust and Transparency	23.781***	-1.023	-1.519	0.794	<0.001	0.353	0.189	0.463
Feeling Comfortable/Secure	10.880***	-2.655*	-0.311	-0.173	<0.001	0.045	0.768	0.870
Knowing Each Other Well	9.175***	-6.733**	-0.613	-4.867**	<0.001	0.001	0.567	0.005
Relationship Type	-1.071	15.873***	-9.489***	-10.811***	0.356	<0.001	<0.001	<0.001
Overall More Effective Relationship	21.969***	0.410	-1.096	1.289	<0.001	0.699	0.323	0.254

* $p<0.05$; ** $p<0.01$; *** $p<0.001$.

4.7.4 *Summary of Multidimensional Scaling and Linear Regression Results*

The MDS results showed for the total sample and for all subgroups (for POs to a lesser degree) that most of the subcategories were very close to each other and to the 'overall' category. Although linear regression resulted in (highly) significant associations between the dimensions and some subcategories, these could not be meaningfully interpreted for any group constellations.

This finding suggested that the 2 subcategories represented a kind of 'pool' of important factors for effective (health) coaching relationships, from which very individual constellations of these factors made the (health) coaching relationship effective, rather than a few most salient dimensions that were important to all participants. This conclusion was supported by the fact that each group had shares in 21 – 25 of the 27 subcategories.

The results of the MDS of Repertory Grid data were used to answer research questions 1a and 1b.

> *1a) What contributes to effective (health) coaching relationships?*

> *1b) How do health coaches/placement officers, and (health) coaching clients construe effective (health) coaching relationships?*

The data from the Repertory Grids were further analysed in terms of consistency (agreement) in the construct ratings, which represents the extent to which participants used the same standards in construing effective (health) coaching relationships. The process and results are reported in the section below.

4.8 Agreement – Results of Kendall's Test of Concordance

This section reports the results of the analysis of agreement in rating constructs across elements between the participants. To test the extent to which participants in general and from different groups used essentially the same standards when evaluating what contributes to effective (health) coaching relationships, Kendall's concordance coefficient *W* was calculated for the two coach groups and both client groups, as well as for the two types of coaching, and the 'top' and 'tail' constructs resulting from subjective importance ranking of constructs.

The test statistic for Kendall's *W* assumes values between 0, indicating no agreement and 1, indicating perfect agreement (Tomczak and Tomczak, 2014). Since there are no universal guidelines for the interpretation of Kendall's *W*, the Cafiso *et al.* (2013) were

used in this study, which are close to the interpretation of Cohen's Kappa (Tomczak and Tomczak, 2014):

- $W \leq 0.3$ weak agreement
- $0.3 < W \leq 0.5$ moderate agreement
- $0.5 < W \leq 0.7$ good agreement
- $W > 0.7$ strong agreement

The results of Kendall's test of concordance addressed research question 2, specifically:

2) To what extent are health coaches', placement officers', and (health) coaching clients' evaluations of effective (health) coaching relationships consistent?

4.8.1 Agreement of All Participants Scoring Elements on All Constructs

Kendall's *W* was conducted for all participants and all constructs. Table 4.49 shows the test statistics for all participants.

Table 4.49 Kendall's Concordance for All Subcategories – All Participants.

Category	Subcategory	W	χ^2	p
Skills and competencies	Communication Skills	0.529***	104.734	<0.001
	Empathy	0.615***	105.213	<0.001
	(Professional) Competence	0.688***	111.415	<0.001
	Cognitive Skills	0.646***	46.544	<0.001
Behaviour	Support	0.636***	143.120	<0.001
	Kindness	0.491***	70.700	<0.001
	Interest	0.665***	59.862	<0.001
	Respect	0.646***	46.545	<0.001
	Patient	0.664***	41.826	<0.001
	Honesty	0.565***	30.531	<0.001
	Eye-level	0.622***	39.184	<0.001
	Appreciation	0.743**	20.067	0.018
	Miscellaneous	0.070	6.345	0.705
Attributes	Openness	0.678***	79.382	<0.001
	Effective Personal Attributes (Coach)	0.641***	300.096	<0.001
	Effective Personal Attributes (Client)	0.276***	96.956	<0.001
	Reliability	0.665***	59.853	<0.001
	Not egoistic	0.661**	23.813	0.005
	Humour	0.641**	23.080	0.006
Relational	Self-determined (Supplied Constructs)	0.605***	228.767	<0.001
	Sympathy/Affection	0.604***	97.881	<0.001
	Cooperation	0.685***	98.571	<0.001
	Depth of Relationship	0.642***	109.762	<0.001
	Trust and Transparency	0.642***	103.988	<0.001
	Feeling Comfortable/Secure	0.742***	86.841	<0.001
	Knowing Each Other Well	0.502***	49.697	<0.001
	Relationship Type	0.414**	22.372	0.008
Overall	Overall More Effective Relationship	0.692***	261.598	<0.001

* $p<0.05$; ** $p<0.01$; *** $p<0.001$; Degree of freedom: 9.

The table shows that there was a highly significant agreement except for the 'miscellaneous' subcategory. The W values of most of the subcategories ranged between 0.5 and 0.7, which indicated good agreement. Regarding the subcategories 'appreciation' and 'feeling comfortable/secure', the agreement was highest and was above 0.7 (strong agreement). Values below 0.5 and thus merely moderate agreement were found in the subcategories 'kindness', 'relationship type', and 'effective personal attributes client'.

4.8.2 Agreement of Coaches and Clients Groups Scoring Elements on All Constructs

To explore to what extent all coaches and all clients agreed on the evaluation of the constructs within the subcategories, Kendall's *W* was calculated for this constellation. Agreement between at least two participants in each subcategory was calculated; therefore, no test statistics were given for participant groups from which only one construct was assigned to a particular subcategory.

The test statistics showed, on the one hand, that within the coach groups, apart from five subcategories ('kindness', 'eye-level', 'appreciation', 'miscellaneous', and 'knowing each other well') highly significant agreement. The agreement was strongest for 'humour', 'trust/transparency', 'openness', 'self-determination', and 'cooperation', all of which had values above 0.7. Merely moderate agreement and *W* below 0.5 was found in the subcategory 'effective personal attributes (client)'.

Among the clients, there was also highly significant agreement except in the subcategories 'honesty', 'miscellaneous', and 'relationship type'. Although most of the values indicated good agreement, the five subcategories with the strongest agreement (> 0.7) were 'cooperation', 'reliability', 'cognitive skills', 'openness' and 'sympathy/affection'. The lowest level of agreement (moderate, < 0.5) was found in the subcategory 'knowing each other well'.

The differences in *W* between the groups were rather small and ranged from 0.05 (communication skills) to 0.412 (knowing each other well). Table 4.50 displays the test statistics for coaches and clients.

Table 4.50 Kendall's Concordance for All Subcategories – Coaches and Clients.

Category	Subcategory	Coaches Total			Clients Total		
		W	χ^2	p	W	χ^2	p
Skills and competencies	Communication Skills	0.627***	50.822	<0.001	0.629***	73.641	<0.001
	Empathy	0.671***	36.246	<0.001	0.678***	79.287	<0.001
	(Professional) Competence	-	-	-	0.711***	108.815	<0.001
	Cognitive Skills	0.657**	23.645	0.005	0.768**	27.661	0.001
Behaviour	Support	-	-	-	0.636***	143.120	<0.001
	Kindness	0.670	12.068	0.210	0.543***	68.364	<0.001
	Interest	-	-	-	0.681***	55.196	<0.001
	Respect	-	-	-	0.736***	46.397	<0.001
	Patient	-	-	-	0.757***	40.856	<0.001
	Honesty	0.618**	22.243	0.008	0.803	14.455	0.107
	Eye-level	0.838	15.088	0.089	0.608**	27.339	0.001
	Appreciation	0.876	15.774	0.072	-	-	-
	Miscellaneous	0.226	10.174	0.337	0.079	3.549	0.939
Attributes	Openness	0.737***	39.798	<0.001	0.762***	47.988	<0.001
	Effective Personal Attributes (Coach)	-	-	-	0.641***	300.096	<0.001
	Effective Personal Attributes (Client)	0.276***	96.956	<0.001	-	-	-
	Reliability	0.688***	43.318	<0.001	0.834**	22.512	0.007
	Not Egoistic	0.656*	17.725	0.039	-	-	-
	Humour	0.865**	23.345	0.005	-	-	-
Relational	Self-determined (Supplied Constructs)	0.710***	76.666	<0.001	0.630***	169.972	<0.001
	Sympathy/Affection	0.661*	17.848	0.037	0.740***	99.878	<0.001
	Cooperation	0.706***	69.880	<0.001	0.859***	38.666	<0.001
	Depth of Relationship	0.675***	30.393	<0.001	0.725***	91.399	<0.001
	Trust and Transparency	0.744***	60.261	<0.001	0.670***	54.292	<0.001
	Feeling Comfortable/Secure	-	-	-	0.759***	81.991	<0.001
	Knowing Each Other Well	0.895	16.117	0.064	0.483***	39.111	<0.001
	Relationship Type	0.663*	17.895	0.036	0.392	10.573	0.306
Overall	Overall More Effective Relationship	0.622***	67.166	<0.001	0.734***	198.280	<0.001

* $p<0.05$; ** $p<0.01$; *** $p<0.001$; Degree of freedom: 9.

4.8.3 Agreement within Coaching Types Scoring Elements on All Constructs

To determine the extent to which coaches and clients of the two different types of coaching agreed on the ratings of the constructs across elements within the subcategories, Kendall's *W* was calculated for this constellation. The concordance between at least two participants in each subcategory was calculated. Table 4.51 contains the results of the concordance test for the type of coaching.

Table 4.51 Kendall's Concordance for All Subcategories – Coaching Type.

Category	Subcategory	HCC Coaching Total			PO Coaching Total		
		W	χ^2	*p*	*W*	χ^2	*p*
Skills and competencies	Communication skills	0.622***	61.589	<0.001	0.524***	51.859	<0.001
	Empathy	0.507***	31.923	<0.001	0.705***	76.144	<0.001
	(Professional) competence	0.733***	65.941	<0.001	0.717***	51.625	<0.001
	Cognitive skills	0.778	13.997	0.122	0.653***	35.268	<0.001
Behaviour	Support	0.680***	85.620	<0.001	0.642***	63.529	<0.001
	Kindness	0.392**	24.727	0.003	0.645***	52.238	<0.001
	Interest	0.677**	24.374	0.004	0.716***	38.689	<0.001
	Respect	0.784***	28.225	<0.001	0.652**	23.470	0.005
	Patient	0.794***	35.740	<0.001	0.622	11.203	0.262
	Honesty	0.495*	17.822	0.037	0.924	16.629	0.055
	Eye-level	0.755*	20.378	0.016	0.647**	23.292	0.006
	Appreciation	-	-	-	0.785	14.133	0.118
	Miscellaneous	0.263	4.737	0.857	0.088	6.337	0.706
Attributes	Openness	0.659***	35.610	<0.001	0.738***	46.486	<0.001
	Effective personal attributes (coach)	0.695***	156.387	<0.001	0.622***	151.225	<0.001
	Effective personal attributes (client)	0.216***	32.976	<0.001	0.373***	73.798	<0.001
	Reliability	0.681*	18.375	0.031	0.758***	47.751	<0.001
	Not egoistic	-	-	-	0.622	16.807	0.052
	Humour	0.616	11.084	0.270	0.894	16.093	0.065
Relational	Self-determined (supplied)	0.594***	107.010	<0.001	0.679***	134.395	<0.001
	Sympathy/Affection	0.716***	70.917	<0.001	0.581***	36.577	<0.001
	Cooperation	0.645***	29.040	<0.001	0.738***	73.027	<0.001
	Depth of relationship	0.581***	57.522	<0.001	0.779***	56.110	<0.001
	Trust and transparency	0.681***	42.921	<0.001	0.671***	66.472	<0.001
	Feeling comfortable/secure	0.778***	63.030	<0.001	0.898***	32.327	<0.001
	Knowing each other well	0.443***	31.905	<0.001	0.716*	20.716	0.014
	Relationship type	0.782*	21.124	0.012	0.358	9.666	0.378
Overall	Overall more effective relationship	0.686***	123.565	<0.001	0.714***	141.297	<0.001

* *p*<0.05; ** *p*<0.01; *** *p*<0.001; Degree of freedom: 9.

The table reveals that within the health coaching group, there was a predominantly significant and highly significant agreement, except in the subcategories 'cognitive skills', 'miscellaneous', and 'humour'. Most of the subcategories had W values between 0.5 and 0.7, which meaned good agreement. The subcategories 'patience', 'respect', 'feeling comfortable/secure', 'eye-level', and '(professional) competence' showed the strongest agreement (> 0.7). In the subcategories 'kindness', 'honesty', 'effective personal attributes (client)', and 'knowing each other well', the agreement was moderate, as the W values were below 0.5.

In the employment service coaching group, the agreement was (highly) significant in 21 of 28 subcategories. While most W values ranged between 0.5 and 0.7, strongest agreement was found in the subcategories 'feeling comfortable/secure', 'relationship depth', 'reliability', 'openness', and 'cooperation'. Only moderate agreement was found in the subcategory 'effective personal attributes (client)'.

The differences in W between the health coaching and the employment service coaching group were even smaller than within the coaches and client groups. They ranged from 0.098 for 'communication skills' and 0.278 for 'humour'.

4.8.4 Agreement in Construct Importance Rankings

To investigate whether participants rated constructs that they subjectively found important more consistently than constructs that were not important to them, Kendall's W was calculated for the 'top' and 'tail' constructs for the total sample. However, as explained in Section 3.4.2, the phenomenon of some participants assigning duplicate numbers occurred. Figure 4.28 shows the distribution of the resulting importance scores.
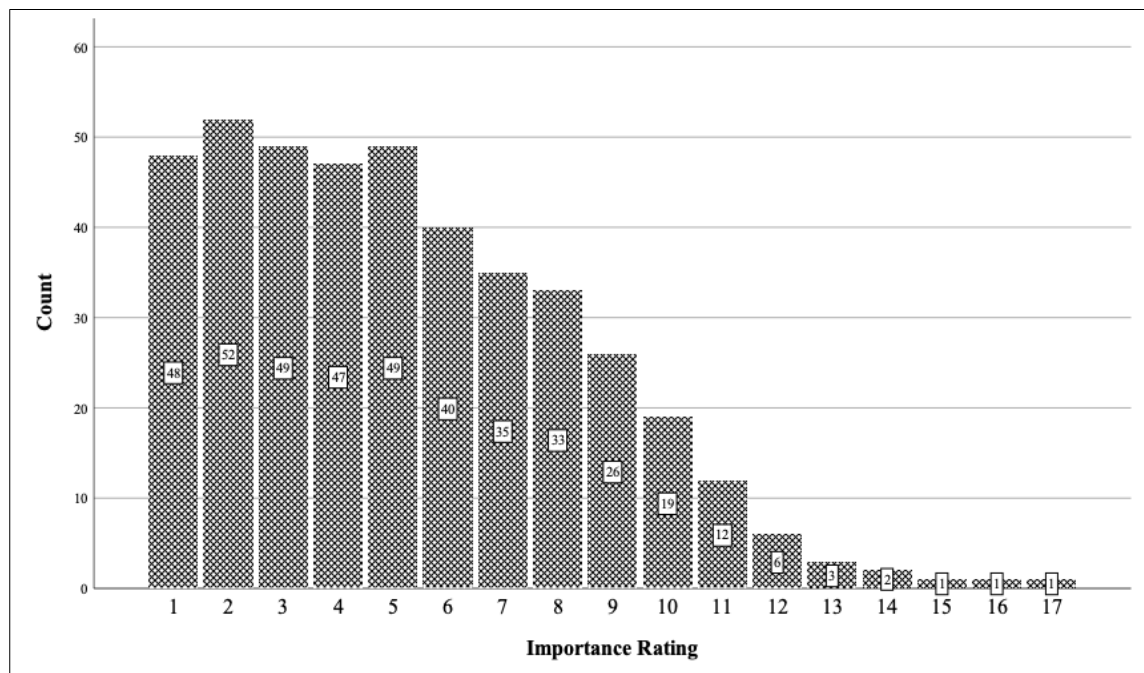
Figure 4.28 Distribution of Importance Ratings – All Participants.

To address this, the decision was made to define as 'top' the constructs that were rated 1 (= most important, *n* = 48), and the same number of constructs with the highest scores as the 'tail'. Appendix H lists all 'top' and 'tail' constructs.

Table 4.52 shows the test statistics for Kendall's concordance test for the 'top' and 'tail' constructs for the entire sample. Although agreement was significant in both cases, participants rated constructs with high personal importance more consistently than those they considered unimportant. Agreement regarding 'top' constructs could be considered good, while there was only moderate agreement within the 'tail' constructs (Cafiso *et al.*, 2013).

Table 4.52 Kendall's Concordance for 'Top' and 'Tail' Constructs – All Participants.

	W	χ^2	*p*
Top (n = 48)	0.574***	248,071	<0.001
Tail (n = 48)	0.389***	168,096	<0.001

 * *p*<0.05; ** *p*<0.01; *** *p*<0.001; Degree of freedom: 9.

4.8.5   Summary of Kendall's Test of Concordance Results

Within the entire sample, there was highly significant agreement for all subcategories except for the 'miscellaneous' subcategory. Clients and coaches showed (high) agreement within and between groups. For the coaching type, there was even higher agreement between the groups as the range of difference in *W* was smaller. The agreement was higher for health coaching than for employment service coaching, which was indicated

by the higher number of subcategories with significant agreement for health coaching (25) than for employment service coaching (21).

The overall high concordance scores indicated that coaches and clients, as well as participants in health coaching and employment service coaching, applied essentially the same standards in scoring constructs within different subcategories across elements. The results of the concordance test for the 'top' and 'tail' constructs showed higher agreement for the constructs that were important to participants in the construction of effective (health) coaching relationships than to those that were not.

Kendall's test of concordance was used to answer research question 2:

2) To what extent are health coaches', placement officers', and (health) coaching clients' evaluations of effective (health) coaching relationships consistent?

The results of the different data analyses in this study are summarised in the following section.

4.9 Summary of Results and Analysis

This study has revealed several findings, which are summarised in this section and discussed in the following chapter.

4.9.1 *Common Themes Identified by Open-Ended Question and Repertory Grids*

The comparison of findings from the analysis of answers to the open-ended question and Honey's (1979) content analysis of constructs elicited by use of Repertory Grids identified 16 (62,96%) matching themes. The commonality of these themes pointed to their general importance for effective (health) coaching relationships, as they represented both explicit and tacit cognitions of the participants. These include (asterisks indicate themes with particularly high salience identified in Repertory Grids):

- Communication skills*,
- Empathy*,
- (Professional) competence,
- Support*,
- Kindness*,
- Respect,
- Eye-level*,
- Appreciation,

- Openness*,
- Effective personal attributes of the coach (helpful)*,
- Effective personal attributes of the client (change readiness),
- Self-determination*,
- Cooperation,
- Depth of relationship,
- Feeling comfortable/secure*, and
- Trust and transparency*.

4.9.2 The Most Important Themes Identified for the Entire Sample

The following 12 themes generated from Repertory Grid analysis included constructs from all participant groups and were thus relevant for the entire sample (asterisks indicate themes with particularly high salience, markings in bold indicate that these themes were also relevant for the entire sample in the open-ended question analysis):

- Communication skills*,
- Empathy*,
- Kindness*,
- Honesty,
- **Openness**,
- Specific personal attributes of coach (e. g., understanding) and client (e. g., readiness for change),
- Sympathy/affection,
- **Depth of relationship**,
- Self-determination*
- **Trust/transparency***, and
- Relationship type.

It was concluded that 'trust and transparency' contributed the most to effective (health) coaching relationships for the entire sample as it contained high salience constructs as well as codes from all groups.

4.9.3 The Most Important Themes Identified for the Different Participant Groups

Differential analysis of subcategories identified the most important themes for each group (themes with particularly high salience are marked with asterisks):

HCCs:

- Empathy* and communication skills,

- Kindness*, Self-determination*,

- Client honesty, eye-level,

- Change readiness* (effective personal attributes (client)), and

- Client willingness to cooperate.

HCC Clients:

- Communication skills*, (professional) competence*,

- Kindness*, support*,

- Caring*, understanding*,

- Sympathy affection*, and feeling comfortable/secure*.

POs:

- Clients' willingness to communicate, cognitive skills,

- Empathy*,

- Kindness*, honesty*, patience*,

- Clients' willingness to change*, clients' health status,

- Self-determination*,

- Cooperation and trust/transparency*.

PO Clients:

- Empathy*, professional competencies of the coach,

- Support*, kindness*, eye-level*,

- The coach's understanding, fair treatment*,

- Self-determination*, trust/transparency*,

- Relationship depth, and sympathy/affection.

4.9.4 Multidimensional Scaling

MDS found no hidden structure underlying the subcategories for any of the group constellations, which was supported by the PCA results of individual grids, which found that most participants construed effective (health) coaching relationships rather narrowly, and PCA extracted only one or two underlying factors (1 factor in 70% of client interviews, 1 or 2 factors in 58.34% of coach interviews).

In this regard, the differential analysis for the groups showed that a relatively small number of factors had particularly high personal significance (salience) for effective (health) coaching relationships (4 – 8 for the respective participant groups).

The fact that for all subgroups, MDS showed that most of the subcategories were very close to each other and simultaneously very close to the category 'overall more effective relationship' suggested that the 27 subcategories constituted a kind of 'pool' of potentially important factors for effective (health) coaching relationships, from which quite individual constellations of these factors made the (health) coaching relationship effective. This conclusion was also supported by the observation that each group had shares in 21 to 25 of the 27 subcategories, of which 4 – 8 factors were of high salience.

4.9.5   Agreement

The results of Kendall's test of concordance showed that participants generally used the same standards when rating constructs within subcategories across elements as there was highly significant agreement within the entire sample except for the subcategory 'miscellaneous'. There was also (highly) significant agreement within and between the coaches and client groups, and agreement was even higher for coaching type. The agreement was substantially higher for the constructs that participants considered important for effective (health) coaching relationships than for the constructs they considered unimportant.

The results summarised in this section are discussed in the next chapter in relation to the research questions and the research context.

5. Discussion and Conclusions

This chapter first discusses the conclusions drawn from the study and explains their significance and contributions to the theory and practise of Coaching psychology. Then it addresses the limitations of the study and includes recommendations for future research that end in an overall conclusion.

5.1 Research Summary

This section discusses the findings in relation to the research questions of this study, which were intended to explore the coaching relationship.

Research question 1a): What contributes to effective (health) coaching relationships?

This research revealed a set of 27 factors that generally contributed to effective (health) coaching relationships. For the total sample, the relationship depth, trust and transparency, and openness contributed strongest. Also highly salient were empathy, kindness, and communication skills. Self-determination was another important factor. Its role should be further investigated in coaching in state support contexts. The identified factors are a mixture of relational constructs and constructs referring to personal skills, behaviour, and attributes of the coach and client. Especially the relationship depth and trust and transparency relate to relational (interpersonal) aspects of the coaching relationship and underline their importance as well as the importance of the Relationality Principle (Procter, 2014; 2016a) for coaching relationship research. Identifying a 'pool' of many potentially important themes with highly individual constellations rather than a smaller number of underlying factors or dimensions shows the high appropriateness of constructive alternativism and PCP as a philosophical position and theoretical framework for coaching relationship research as this finding reflects their central theoretical assumptions. Other researchers might find this approach useful for further research in this area.

Placing the findings of this study in the context of previous research presented in the Systematic Review of the Literature (SLR) in Section 2.3, shows that 23 of the 27 themes identified in this study were also found in previous research, which supports these findings. Figure 5.1 integrates the SLR findings and the findings of this study and provides a visual representation of the original contribution of this study. The default indicates that these themes were only present in the SLR but not identified in this study. The bold indicates that these themes were not present in the SLR but were identified in

this study. The asterisks indicate the themes with the highest salience identified in this study. Italics indicate that these topics were present in the SLR and in this study.
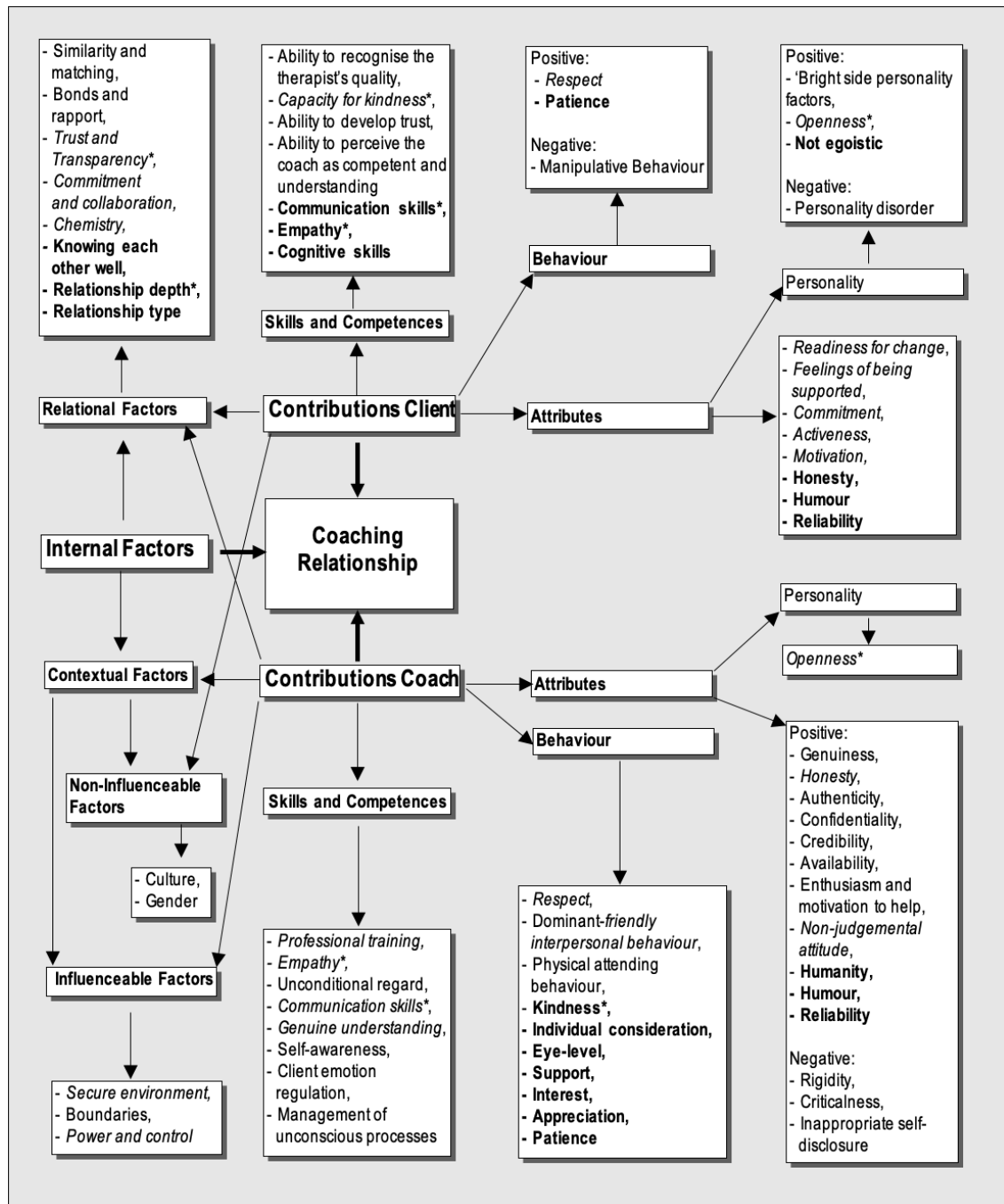
Figure 5.1 Integration of the Results of the SLR and this Study.

This study revealed new themes which are not mapped in the SLR in different areas of influence on the coaching relationship. Among the relational factors, this study identified new themes including the relationship type, knowing each other well, and the relationship depth, which had a particularly high salience for effective (health) coaching relationships. For the participants in this study, the depth of the relationship was closely related to trust

and transparency, which also stood out in the SLR as very important contributors to effective coaching relationships.

In terms of skills and competencies of the coach, this study especially confirmed empathy, communication skills, and professional competencies as important contributors. Relevant skills and competencies of the client identified in this study and not mapped in the SLR were communication skills, empathy, and cognitive skills. These themes, especially cognitive skills such as reflectivity, could have specific relevance for coaching with long-term unemployed people with physical and mental health restrictions.

Patience was newly identified as an important theme in relation to conducive behaviour of coaches and clients. Specifically, for coaching unemployed people with health limitations who are quite distant from the labour market, patience could be an important issue that should be explored in more detail through further research. Other newly identified effective behaviours for coaches were kindness, individual consideration, eye-level, support, interest, and appreciation.

Effective attributes for coaches that were newly revealed by this study were humanity, humour, and reliability. For the clients, respective attributes were humour, not being egoistic, reliability, and honesty. Honesty is of particular importance in health coaching, as honesty about personal health behaviour and about the existence of certain health problems, such as addictions, is necessary for its success. Furthermore, this study confirmed the importance of openness as a personality trait for coaches and clients. Among the clients, openness was closely related to aspects of readiness for change, which the coaches considered an important prerequisite for the readiness of the clients for coaching.

After the results for the total sample were discussed in this paragraph, they are considered below in a differentiated form for the different groups of participants.

> *Research question 1b): How do health coaches/placement officers, and (health) coaching clients construe effective (health) coaching relationships?*

HCCs construed effective health coaching relationships predominantly as empathetic, kind, and self-determined, involving a client who is ready for change. The clients' communication skills, honesty, and willingness to cooperate also contributed, as well as interactions at eye-level.

HCC clients particularly used constructs related to kindness, sympathy/affection, and feeling comfortable and secure. They construed a supportive, understanding, and caring coach with professional competencies and communication skills that contribute to effective health coaching relationships.

In the PO group, the picture of how they construed effective coaching relationships was less clear. The constructions of effective coaching relationships included the willingness of the clients to communicate, cognitive skills, empathy, kindness, honesty, patience, self-determination, trust/transparency, the willingness of the clients to change, cooperation, and the health status of the clients.

PO clients construed effective coaching relationships in relation to an empathic, understanding, supportive and kind coach who treats them fair and at eye-level. They used constructs related to self-determination, trust and transparency, the depth of the relationship, sympathy and affection, and professional competencies of the coach.

After the differentiated review in this paragraph of what constitutes effective coaching relationships for the different groups of participants, the commonalities and differences between the groups are discussed below.

> *Research question 1c): What are the specific commonalities and differences in interpreting effective (health) coaching relationships by health coaches, placement officers, and (health) coaching clients?*

As explained in Section 2.4, it was assumed that the issues associated with effective coaching relationships in health coaching and employment services have commonalities but differ in some respects. This expectation was formed based on previous research findings and the dual role of coaches in coaching their clients and placing them in employment, as well as personal weightings in the dual role.

The commonalities between *HCCs and HCC clients* in construing effective health coaching relationships in health coaching were rather small and included kindness and communication skills. While the *HCCs* otherwise construed effective health coaching relationships rather in relation to change readiness aspects of the client, *HCC clients* rather used constructs related to 'feeling good' aspects of the relationship. *POs and PO clients* showed slightly more commonalities in construing effective coaching relationships as self-determined, empathic, and kind, based on trust/transparency. The differences went in the same direction as for HCCs and HCC clients. While POs used

more constructs related to client change readiness, PO clients construed effective relationships more in terms of 'feeling good' aspects. The differences in the perception of effective (health) coaching relationships by coaches and clients were surprisingly large. This is a very interesting finding with high relevance to coaching practise and potential coaching success and could be one possible explanation for the high dropout rates in conventional job and health promotion programmes for the (long-term) unemployed. The coaches and clients who participated in this study appeared to have very different perceptions of what constitutes effective coaching relationships. On the one hand, this is a challenge for coaches to address in order to increase common ground and develop more effective relationships. For this, it is necessary that coaches are aware of these differences, which could be achieved, for example, by having a concrete conversation with the client in this regard. On the other hand, such a conversation could also increase the client's readiness for coaching in the sense of 'train the client'. The degree to which coaches weight the role of job placement over the coaching role could be related to the extent of differences between coaches and clients in the perception of effective coaching relationships. This aspect should be explored more deeply in connection with self-determination in the context of coaching provided for unemployed people receiving state support. On the one hand, further research is needed to investigate the role of the extent of commonalities in the perception of effective (health) coaching relationships on the effectiveness of the coaching relationship. On the other hand, it would be worth investigating how these commonalities between coaches and clients could be increased.

On the contrary, commonalities in the construction of effective (health) coaching relationships for the two *coach groups* were large and included empathy, self-determination, kindness, honesty, cooperation, clients' willingness to communicate, and change readiness. Differences referred to trust/transparency, patience, client cognitive skills, and health status, which were relevant themes for *POs*, and eye-level, which was rather relevant for *HCCs*. The commonalities for two *groups of clients* were slightly less than for coaches, including constructions of effective (health) coaching relationships in relation to kindness, support, sympathy/affection, and an understanding and competent coach. The professional and communicative competencies of the coach appeared to be more relevant in health coaching, while *PO clients* used constructs related to deep relationships, including eye-level interactions.

Considering the commonalities and differences in construing effective coaching relationships for the *different types of coaching* revealed that no specifics were identified

for health coaching and employment service coaching. This finding challenges Bordin's (1979) assumption that the nature and depth of the relationship depend on the nature of the helping relationship based on different processes and roles associated with each type of helping relationship. Consequently, the role of job placement should be more weighted in POs than in HCCs. This is the case because the primary goal of employment service coaching is the reintegration of clients into the labour market, whereas in health coaching the focus is on improving the health status of clients and reintegration into the labour market is the secondary goal. One possible explanation for this unexpected finding could be that two of the five HCCs had previously worked as POs for more than 15 years and during this time had developed a notion of effective coaching relationships that was so strongly internalised that they did not modify it with the change of position from PO to HCC. Another explanation could be that they have had little active engagement with this notion and are therefore not aware of it. For the clients, this explanation can also be applied. All participants in the RPV project (of the health coaching) had been clients of the jobcenter and the Employment Service Coaching for several years before. For them, it could be the case that they are not aware of the differences in the objectives of the two different types of coaching and that their idea of an effective coaching relationship was formed in the context of the Employment Service Coaching and did not differentiate after entering the project. Another explanation could be that the common job centre context in both coaching types influences the perceptions of effective coaching relationships more than the differences in coaching type.

Following this consideration of the similarities and differences in the themes that were important to the different groups of participants for effective coaching relationships, the findings of research question 2, which explored the extent of congruence in terms of the construction of each theme, are discussed below.

> *Research question 2): To what extent are health coaches', placement officers', and (health) coaching clients' evaluations of effective (health) coaching relationships consistent?*

Participants generally used the same standards when rating constructs across elements. In most subcategories, agreement was good or strong; only in few subcategories, the agreement was moderate. This means that participants rated constructs rather consistently. The agreement was also high within and between the participant groups, it was especially high within health coaching and employment service coaching. For constructs that the participants considered important for effective (health) coaching

relationships, agreement was shown to be substantially higher than for constructs that they rated as unimportant.

Linking these findings to the Commonality Corollary, which represents the extent to which people's construction processes are similar (Jankowicz, 2004), implies a rather high similarity in the psychological processes of the participants' construing of effective (health) coaching relationships. In terms of commonalities and differences in subjective perceptions of effective coaching relationships, this means that different themes were important to the groups, but the construction of each theme was very similar. Simply put, they understood empathy in a similar way, for example. This finding contributes to a more nuanced understanding of the coaching relationship.

The findings of this research are discussed below in relation to their academic contribution.

5.2 Academic Contribution

In this section, the theoretical and methodological contributions of this research are discussed.

First, this study makes a *methodological contribution* to Coaching Psychology. Personal Construct Psychology and Repertory Grids Technique have hardly been used in the study of the coaching relationship before. Therefore, this research contributes to the evaluation of PCP as a theoretical framework for research on the coaching relationship. It makes a methodological contribution by showing that PCP and Repertory Grids were effective in identifying 27 categories of constructs that are important for effective relationships in health coaching and employment service coaching. The structural analysis did not find any underlying main dimensions to the 27 categories. This means that they represented a 'pool' of many potentially important themes with highly individual constellations rather than a few main themes of high importance for all or most participants, reflecting the core principles of the methodological approach. This approach could be useful for other researchers and further research that aims to explore the coaching relationship in different coaching domains.

Second, this study makes an *original theoretical contribution* to Coaching Psychology in supporting previous findings of coaching relationship research in the contexts of health coaching, employment service, and long-term unemployment, which have hardly been researched in this respect before. Furthermore, the findings of this research contribute to

our theoretical understanding of the coaching relationship because the answers to the research questions of this study provide original theoretical insights into identifying important contributors to effective coaching relationships in two previously unexplored coaching contexts. The research questions explored the construction of effective coaching relationships at a more general level for the overall sample, at a specific level for the combined coach groups and client groups, for health coaching and Employment Service Coaching, and even more specifically for the individual participant groups. The findings suggest that highly individual constellations of a small subset of generally relevant factors form effective coaching relationships. Because these findings represent one of the first building blocks for the development of a theory of the coaching relationship, they are of scientific utility. This study further theoretically contributes to Coaching Psychology in supporting the findings of previous research presented in the Systematic Literature Review (Section 2.3), as 23 of the 27 themes (subcategories) identified in this study are also represented there.

Finally, this study contributes to the *Coaching Psychology literature* because it is one of the few studies that focusses on the coaching relationship itself. Furthermore, it is one of the few that considers the subjective perception of effective relationships from both the client's and the coach's perspectives; thus it provides important new and original insights. The results of this research suggest that the relational (in terms of interpersonal) aspects of the relationship may be even more important to its effectiveness than individual skills, behaviours, and attributes, which underlines the importance of the Relationality Principle (Procter, 2014; 2016a).

Apart from academic contributions, this research also makes practical contributions, which are presented in the next section.

5.3 Practical Contribution

This section discusses the practical contributions of this study.

The theoretical findings of this study are of utility to coaching practise because they help to counteract possible negative coaching effects that might arise from the coaching relationship by extending our knowledge about what contributes to effective (health) coaching relationships. Long-term unemployed people with health limitations are per se a vulnerable group in society, characterised by fewer resources than other groups. For ethical reasons, it is crucial that coaching and the coaching relationship represent a resource for these people and do not place an additional burden on them. Extended

knowledge about the coaching relationship also helps to establish more effective coaching relationships, which facilitates changing (health-related) behaviour, may reduce dropout rates, and thus enhances coaching success.

This study has identified relevant themes for effective coaching relationships. On the one hand, these are fundamentally important themes such as trust and empathy, which had a high importance for the overall sample and are therefore considered the basis of the relationship. On the other hand, group comparisons identified themes that were specifically of high importance for coaching relationships in health coaching ('feel good aspects'), employment service and for coaches (client readiness for change) and clients (support). Another finding of this study is that the subjective perception of effective coaching relationships is highly individual, and the respective commonalities between coaches and clients were small. By using the theoretical contributions of this study for coaching practise, more effective coaching relationships can be developed.

Based on the theoretical findings of this study and the Sociality Corollary, a recommendation for coaching practise is made, which includes the implementation of a conversation during one of the first coaching sessions about the 'requirements' of the coaching relationship in the specific coaching context and dyad, as well as about the goals of coaching, to develop shared meaning and understanding in this regard. Such a conversation enables the coaches to specifically manage the development of the coaching relationship through the knowledge gained about the client's idea of what constitutes the coaching relationship. Furthermore, such a conversation could be conducted in the spirit of 'train the client' and thus increase the client's readiness for coaching. This in turn may reduce the dropout rates of coaching and increase the chances of individual participation in the labour market, linking the findings back to the larger context of this study.

Despite the substantial contributions this research makes to the theory and practise of Coaching Psychology, it has some limitations, which are described below.

5.4 Limitations

This section reports on the limitations of this research.

As the interviews in this study were conducted in German, there might have been language and translation-related limitations. Although the translations of the interviews were checked for ambiguities and misunderstandings by double forward and backward translation with the help of a second independent translator, the translations might not

have transferred the meanings accurately enough in some cases. This relates to the difference between the transfer of language and the transfer of meaning, which can be problematic, for example, when meanings in different languages do not translate easily into each other (Jankowicz, 2003).

Another potential limitation of this study might be due to the limited experience of the researcher in the application of PCP and RGT. Although careful preparation and in-depth exercises were undertaken, especially the use of RGT requires expertise and experience to ensure the development of shared meanings regarding the elicited constructs.

There may have been limitations in this study due to the limited openness of the participants to the topic. Although the impression was that all participants were interested in the topic and were basically open to it, the openness of the coaches could have been limited by the fact that the interviews were conducted mainly at the respective personal workplace, which could have led the coaches to want to do everything 'right' in the interviews and inevitably limits openness. The client's openness to the topic could have been limited by the context of the jobcenter, which many clients subjectively still perceived as limiting and heteronomous.

The findings and limitations of this research point to important aspects that further research should address. These are presented in the following section.

5.5 Further Research

This section includes recommendations for further research on the coaching relationship.

Research following these recommendations could help to gain a more comprehensive understanding of the coaching relationship and contribute to Coaching Psychology. Specific recommendations include:

- Applying Personal Construct Psychology and Repertory Grid Technique in the exploration of effective coaching relationship across different coaching domains: The context of this study was very specific; therefore, future research should investigate the coaching relationship in different (health) coaching settings.
- Investigating the coaching relationship with coaches and clients from the respective counter perspectives: this could provide valuable information about how coaching clients construe the construction processes regarding effective coaching relationships of coaches and vice versa.

- Investigating the possible negative effects of coaching which can arise through the coaching relationship to prevent coaching clients from possible harm and develop more ethical coaching relationships.

- Exploring the meaning of different levels of agreement between coaches and clients constructions regarding what makes effective coaching relationships: As Neimeyer and Neimeyer (1986) assume that higher agreement in the construction of social reality (Commonality Corollary) goes along with more effective relationships, a high degree of congruence in the construction of effective coaching relationships between coach and client could be a coaching success factor that has not yet been researched.

- Further investigation of the role of self-determination for coaching relationships in the context of unemployment benefits and its role for dropouts from work and health promotion measures.

The discussion of the results and the conclusions drawn are summarised below into an overall conclusion.

5.6 Overall Conclusion

This section summarises the key findings of this research into an overall conclusion.

- The findings of this research support the results of previous research on the coaching relationship in identifying themes that were also predominantly present in the Systematic Literature Review.

- 27 themes are identified that potentially contribute to effective (health) coaching relationships. The importance of relational aspects in the relationship is underlined. Trust and transparency are the strongest contributors to effective (health) coaching relationships for the entire sample. Subsets of the 27 themes are identified for coaches and clients in health coaching and employment service coaching.

- Commonalities in construing effective coaching relationships within the groups of coaches and clients are high, whereas those between coaches and clients are rather low. While coaches tend to focus on the client's willingness and readiness to change, the 'feel good' and support aspects of the relationship are more important to clients. This is even more true for HCCs and HCC clients than for POs and PO clients.

- Effective coaching relationships are construed rather similarly in health coaching and employment service coaching. The differences are rather small and refer to the 'feeling secure' aspect of the relationship, which seems to be more important in health coaching than in employment service coaching.

- Participants in this study generally apply the same standards in construing effective (health) coaching relationships, agreement is higher for meaningful constructs than for construct rates as unimportant for effective (health) coaching relationships.

- Personal Construct Psychology and the Repertory Grid Technique are effective as a theoretical framework and methodology for Coaching Psychology research and the investigation of the coaching relationship. Their use is recommended for further research on coaching relationships across different coaching domains.

- Recommendations for further research on coaching relationships include investigating the possible negative effects of coaching that could arise from the coaching relationship, exploring the meaning of different levels of agreement between coaches' and clients' constructions on what makes effective coaching relationships, and further investigating the role of self-determination in coaching relationships with recipients of state support in connection with its role for dropout rates from work and health measures.

6. References

Aaltonen, S. and Kivijärvi, A. (2018) 'Disrupting professional practices with research-driven intervention. Researcher–gatekeeper negotiations in the context of targeted youth services', *Qualitative Social Work*, 18(4), pp. 621–637.

Abdi, H. (2003) 'Factor rotations in factor analysis', in *Encyclopedia for Research Methods for the Social Sciences*. Thousand Oaks, CA: Sage, pp. 792–795.

Ackerman, S. J. and Hilsenroth, M. J. (2003) 'A review of therapist characteristics and techniques positively impacting the therapeutic alliance', *Clinical Psychology Review*, 23(1), pp. 1–33.

Allen, L. W., Manning, L., Francis, T. E. and Gentry, W. A. (2016) 'The coach's view: coach and coachee characteristics add up to successful coaching engagements', *White paper*.

Alvey, S. and Barclay, K. (2007) 'The characteristics of dyadic trust in executive coaching', *Journal of Leadership Studies*, 1(1), pp. 18–27.

Anderson, R. (1990) 'Role relationships and personality development', *Early Child Development and Care*, 55(1), pp. 81–88.

Antonovsky, A. (1996) 'The salutogenic model as a theory to guide health promotion', *Health Promotion International*, 11(1), pp. 11–18.

Armezzani, M. and Chiari, G. (2014) 'Ideas for a phenomenological interpretation and elaboration of personal construct theory', *Costruttivismi*, 1, pp. 136–149.

Arnd-Caddigan, M. (2012) 'The therapeutic alliance: implications for therapeutic process and therapeutic goals', *Journal of Contemporary Psychotherapy*, 42(2), pp. 77–85.

Audet, J., Matlay, H. and Couteret, P. (2012) 'Coaching the entrepreneur: features and success factors', *Journal of Small Business and Enterprise Development*, 19(3), pp. 515–531.

Bachkirova, T., Cox, E. and Clutterbuck, D. (2010) 'Introduction', in Cox, E., Bachkirova, T. and Clutterbuck, D. (eds.) *The complete handbook of coaching*. 2 edn. London: Sage, pp. 1–20.

Baker, T. L. (1994) *Doing social research*. 2 edn. New York: McGraw-Hill Inc.

Bamberger, G. G. (2005) *Lösungsorientierte Beratung. Praxishandbuch*. 3 edn. Weinheim: Beltz.

Bannister, D. and Agnew, J. (1977) 'The child's construing of self.', in Landfield, A. W. (ed.) *The Nebraska Symposium on Motivation (1976)*. Lincoln: Nebraska Press, pp. 99–125.

Baptista, A., Frick, L., Holley, K., Remmik, M., Tesch, J. and Âkerlind, G. (2015) 'The doctorate as an original contribution to knowledge: considering relationships between originaliy, creativity, and innovation', *Frontline Learning Research*, 3(3), pp. 51–63.

Barnett-Page, E. and Thomas, J. (2009) 'Methods for the synthesis of qualitative research: a critical review', *BMC Medical Research Methodology*, 9, pp. 1–11.

Baron, L. and Morin, L. (2009) 'The coach-coachee relationship in executive coaching: a field study', *Human Resource Development Quarterly*, 20(1), pp. 85–106.

Baron, L., Morin, L. and Morin, D. (2011) 'Executive coaching', *Journal of Management Development*, 30(9), pp. 847–864.

Baron-Cohen, S. (1997) *Mindblindness: an essay on autism and theory of mind*. London: MIT Press.

Bateman, A. W. and Fonagy, P. (2012) *Handbook of mentalizing in mental health practice*. Washington, DC: American Psychiatric Publishing.

Beach, M. C., Price, E. G., Gary, T. L., Robinson, A., Gozu, A., Palacio, A., Smarth, C., Jenckes, M. W., Feuerstein, C., Bass, E. B., Powe, N. R. and Cooper, L. A. (2005) 'A systematic review of health care provider educational interventions', *Medical Care*, 43(3), pp. 356–373.

Bedi, R. P., Davis, M. D. and Arvay, M. J. (2005a) 'The client's perspective on forming a counselling alliance and implications for research on counsellor training', *Canadian Journal of Counselling*, 39(2), pp. 71–85.

Bedi, R. P., Davis, M. D. and Williams, M. (2005b) 'Critical incidents in the formation of the therapeutic alliance from the client's perspective', *Psychotherapy*, 42(3), pp. 311–323.

Bedi, R. P. and Hayes, S. (2019) 'Clients' perspectives on, experiences of, and contributions to the working alliance', in Fuertes, J. N. (ed.) *Working Alliance Skills for Mental Health Professionals*. New York, NY, US: Oxford University Press, pp. 111–136.

Behnke, S., Frölich, M. and Lechner, M. (2007) *Unemployed and their caseworkers: should they be friends or foes?* Leibnitz.

Behnke, S., Frölich, M. and Lechner, M. (2010a) 'A caseworker like me – does the similarity beween the unemployed and their caseworkers incrase job placements?', *The Economic Journal*, 120(549), pp. 1430–1459.

Behnke, S., Frölich, M. and Lechner, M. (2010b) 'Unemployed and their caseworkers: should they be friends or foes?', *Journal of the Royal Statistic Society A*, 173(1), pp. 67–92.

Bell, R. C. (1988) 'Theory-appropriate analysis of repertory grid data', *International Journal of Personal Construct Psychology*, 1(1), pp. 101–118.

Berglas, S. (2002) 'The very real dangers of executive coaching', *Harvard Business Review*, 80(6), pp. 86–92.

Bieri, J., Atkins, A. L., Briar, S., Leaman, R. L., Miller, H. and Tripodi, T. (1966) *Clinical and social judgement*. New York: John Wiley & Sons.

Black, J. D. (1952) 'Common factors of the patient-therapist relationship in diverse psychotherapies', *Journal of Clinical Psychology*, 8, pp. 302–306.

Bluckert, P. (2005a) 'Critical factors in executive coaching – the coaching relationship', *Industrial and Commercial Training*, 37(7), pp. 336–340.

Bluckert, P. (2005b) 'The similarities and differences between coaching and therapy', *Industrial and Commercial Training*, 37(2), pp. 91–96.

BMAS (2019) *Bundesprogramm rehapro – Förderprogramm*. Available at: https://www.modellvorhaben-rehapro.de/DE/Foerderprogramm/ProjektSuche/Projektsuche_Formular.html?nn=852348 (Accessed: 15.09.2020).

Boddy, R. and Jankowicz, A. D. (2020) 'Sociality and the psychological contract of work', *Journal of Constructivist Psychology*, pp. 1–21.

Bordin, E. S. (1975) *The working alliance: basis for a general theory of psychotherapy*. Washington, DC.: Society for Psychotherapy Research.

Bordin, E. S. (1979) 'The generalizability of the psychoanalytical concept of the working alliance', *Psychotherapy: Theory, research & practice*, 16(3), pp. 252–260.

Bordin, E. S. (1994) 'Theory and research on the therapeutic working alliance: new directions', in Horvath, A. O. and Greenberg, L. S. (eds.) *The working alliance: theory, research and practice*. New York: Wiley, pp. 13–37.

Borg, M. and Kristiansen, K. (2009) 'Recovery-oriented professionals: helping relationships in mental health services', *Journal of Mental Health*, 13(5), pp. 493–505.

Borys, D. S. (1994) 'Maintaining therapeutic boundaries: the motive is therapeutic effectiveness, not defensive practice', *Ethics and Behavior*, 4(3), pp. 267–273.

Bösel, J., Degener, K., Häusgen, M., Höfer, R., Hüsing, M., Klöpper, H., Kulozik, S., Langer, J., Schweer, O., Westerholt, H., Wille, P. and Wittstein, S. (2017) *Bildung für Langzeitarbeitslose und Langzeitleistungsbeziehende im SGB II: Ergebnisbericht der Arbeitsgruppe 1 – Qualitätsarbeit im SGB II in NRW*. Bottrop.

Boulware, D. W. and Holmes, D. S. (1970) 'Preferences for therapists and related expectancies', *Journal of Consulting and Clinical Psychology*, 35(2), pp. 269–277.

Bourdieu, P. (2017) *Habitus*. Routledge.

Bouwer, J. and van Egmond, J. (2012) 'Moderating factors of the van Egmond coaching model (VCEM)', *International Coaching Psychology Review*, 7(1), pp. 55–63.

Boyce, L. A., Jeffrey J., R. and Neal, L. J. (2010) 'Building successful leadership coaching relationships: examining impact of matching criteria in a leadership coaching program', *Journal of Management Development*, 29(10), pp. 914–931.

Bozer, G. and Joo, B.-K. (2015) 'The effects of coachee characteristics and coaching relationships on feedback receptivity and self-awareness in executive coaching', *International Leadership Journal*, 7(3), pp. 36–57.

Bozer, G., Joo, B.-K. and Santora, J. C. (2015) 'Executive coaching: does coach-coachee matching based on similarity really matter?', *Consulting Psychology Journal: Practice and Research*, 67(3), pp. 218–233.

Bradley-Cole, K. and Denicolo, P. (2021) *Constructivist coaching: a practical guide to unlocking potential alternative futures*. Edited by Palmer, S. London and New York: Routledge.

Breuer, J. and Freud, S. (1893-1895) 'Studies on hysteria', *Special Edition, 2*.

Brown, J. R., Holloway, E. D., Akakpo, T. F. and Aalsma, M. C. (2014) '"straight up": enhancing rapport and therapeutic alliance with previously-detained youth in the delivery of mental health services', *Community Mental Health Journal*, 50(2), pp. 193–203.

Brunero, S. J., Jeon, Y. H. and Foster, K. (2015) 'The journey of positioning self as both mental health nurse and qualitative researcher: a critical reflection', *Journal of Psychiatric and Mental Health Nursing*, 22(7), pp. 543–548.

Bucher, M. A., Suzuki, T. and Samuel, D. B. (2019) 'A meta-analytic review of personality traits and their associations with mental health treatment outcomes', *Clinical Psychology Review*, 70, pp. 51–63.

Buckenham, M. A. (1998) 'Socialization and personal change: a personal construct psychology approach', *Journal of Advanced Nursing*, 28(4), pp. 874–881.

Bundesagentur für Arbeit (2022a) *Sanktionen (Zeitreihe Monats- und Jahreszahlen seit 2007)*.

Bundesagentur für Arbeit (2022b) *Statistik/Arbeitsmarktberichterstattung*. Nürnberg.

Burr, V., King, N. and Butt, T. (2014) 'Personal construct psychology methods for qualitative research', *International Journal of Social Research Methodology*, 17(4), pp. 341–355.

Butt, T. (2003) 'The phenomenological context of personal construct psychology', in Fransella, F. (ed.) *International handbook of personal construct psychology*. New York: Wiley, pp. 379–386.

Butt, T. and Burr, V. (2004) *Invitation to personal construct psychology*. 2 edn. London: Wiley.

Butt, T. and Warren, B. (2016) 'Personal construct theory and philosophy', in Winter, D. and Reed, N. (eds.) *The wiley handbook of Personal Construct Psychology*. Chichester: John Wiley and Sons, Ltd., pp. 11–24.

Cafiso, S., Di Graziano, A. and Pappalardo, G. (2013) 'Road safety issues for bus transport management', *Accident Analysis and Prevention*, 60, pp. 324–333.

Cajal, B., Jiménez, R., Gervilla, E. and Montaño, J. J. (2020) 'Doing a Systematic Review in Health Sciences', *Clínica y Salud*, 31(2), pp. 77–83.

Calsyn, R. J., Klinkenberg, W. D., Morse, G. A. and Lemming, M. R. (2006) 'Predictors of the working alliance in assertive community treatment', *Community Mental Health Journal*, 42(2), pp. 161–175.

Caputi, P. and Reddy, P. (1999) 'A comparison of triadic and dyadic Methods of personal construct elicitation', *Journal of Constructivist Psychology*, 12(3), pp. 253–264.

Carey, T. A., Kelly, R. E., Mansell, W. and Tai, S. J. (2012) 'What's therapeutic about the therapeutic relationship? A hypothesis for practice informed by Perceptual Control Theory', *Cognitive Behaviour Therapist*, 5(2-3), pp. 47–59.

Carkhuff, R. and Berenson, B. (1977) *Beyond counseling and therapy*. 2 edn. New York: Holt, Rinehart and Winston, Inc.

Carson, D., Gilmore, A., Paerry, C. and Gronhaug, K. (2001) *Qualitative marketing research*. London: Sage.

Cassattly, M. G. and Bergquist, W. (2012) *Coaching in health care: the patient-physician relationship and the role of the physician leader*. Library of Professional Coaching. Available at: http://libraryofprofessionalcoaching.com/case-studies/health-care-sector/coaching-in-health-care-the-patient-physician-relationship-and-the-role-of-the-physician-leader/ (Downloaded: 16.09.2021).

Castonguay, L. G. and Beutler, L. E. (2006) 'Common and unique principles of therapeutic change: what do we know and what do we need to know?', in Castonguay, L. G. and Beutler, L. E. (eds.) *Prociples of therapeutic change that work*. Oxford: Oxford University Press, pp. 353–369.

Castonguay, L. G., Constantino, M. J. and Holtforth, M. G. (2006) 'The working alliance: where are we and where should we go?', *Psychotherapy (Chic)*, 43(3), pp. 271–279.

Catania, G. and Kissaun, G. (2016) 'The Repertory Grid Technique - an idiographic technique used to elicit tacit knowledge in Subject Matter Experts', in Sammut, G., Foster, J. L., Salvatore, S. and Ruggieri, R. (eds.) *The yearbook of idiographic science: methods of psychological intervention*. Charlotte, NC: Information Age Publishing, p. 3/4.

Catina, A. and Schmitt, G. M. (1993) 'Die Theorie der persönlichen Konstrukte', in Scheer, J. and Catina, A. (eds.) *Einführung in die Repertory Grid-Technik, Bd. 1: Grundlagen und Methoden*. Bern; Göttingen; Toronto; Seattle: Huber, pp. 11–23.

Cavanagh, M. J. and Grant, A. M. (2006) 'Coaching psychology and the scientist–practitioner model', in Lane, D. A. and Corrie, S. (eds.) *The modern scientist-practitioner: a guide to practice in psychology*. London, New York: Routledge. 146–157.

Cavicchia, S. (2010) 'Shame in the coaching relationship: reflections on organisational vulnerability', *Journal of Management Development*, 29(10), pp. 877–890.

Chang, D. F. and Yoon, P. (2011) 'Ethnic minority clients' perceptions of the significance of race in cross-racial therapy relationships', *Psychotherapy Research*, 21(5), pp. 567–582.

Cheng, T. C. and Lo, C. C. (2018) 'A longitudinal analysis of factors associated with therapeutic alliances', *Community Mental Health Journal*, 54(6), pp. 782–792.

Chhabra, G. (2020) 'Insider, outsider or an in-betweener? Epistemological reflections of a legally blind researcher on conducting Ccoss-national disability research', *Scandinavian Journal of Disability Research*, 22(1), pp. 307–317.

Chiari, G. (2016) 'Hermeneutic constructivist psychotherapy: a narrative elaboration of George A. Kelly's ideas', *Costruttivismi*, 3, pp. 148–172.

Chiari, G. and Nuzzo, M. L. (2003) 'Kelly's philosophy of constructive alternativism', in Fransella, F. (ed.) *International handbook of personal construct psychology*. Chichester: Wiley, pp. 41–50.

Chiari, G. and Nuzzo, M. L. (2006) 'Exploring the sphere of between: the adoption of a framework of complementarity and its implications for a constructivist psychotherapy', *Theory & Psychology*, 16(2), pp. 257–275.

Chiari, G. and Nuzzo, M. L. (2010) *Constructivist psychotherapy: a narrative hermeneutic approach*. London: Routledge.

Cipolletta, S. (2020) 'Understanding illness experience from the perspective and practice of personal construct psychology', *Journal of Constructivist Psychology*, pp. 1–14.

Cipolletta, S., Mascolo, M. F. and Procter, H. G. (2020) 'Intersubjectivity, joint action and sociality', *Journal of Constructivist Psychology*, pp. 1–26.

Classen, T. J. and Dunn, R. A. (2012) 'The effect of job loss and unemployment duration on suicide risk in the United States: a new look using mass-layoffs and unemployment duration', *Health Economics*, 21(3), pp. 338–350.

Clopper, C. G. (2008) 'Auditory free classification: methods and analysis', *Behavior Research Methods*, 40(2), pp. 575–581.

Coelho, J., Sampaio, F., Sequeira, C., Lleixa Fortuno, M. and Roldan Merino, J. (2021) 'The structure and contents of the helping relationship as a nursing psychotherapeutic intervention: A modified e-Delphi study', *Perspectives in Psychiatric Care*, 57(1), pp. 148–156.

Cohen, J. (1968) 'Weighted kappa: nominal scale agreement with provision for scaled disagreement or partial credit', *Psychological Bulletin*, 70(4), pp. 213 – 220.

Cohen, L., Manion, L. and Morrison, K. (2000) *Research methods in education*. London: Routledge.

Colman, G. and Dave, D. (2014) *Unemployment and health behaviour over the business cycle: a longitudinal view* (w20748). [Online]. Available at: http://www.nber.org/papers/w20748 (Accessed: 15 October 2020).

Comas-Díaz, L. (2006) 'Cultural variation in the therapeutic relationship', in Goodheart, C. D., Kazdin, A. E. and Sternberg, R. J. (eds.) *Evidence-based psychotherapy: where practice and research meet*. American Psychological Association, pp. 81–105.

Cooper, L. A., Roter, D. L., Carson, K. A., Beach, M. C., Sabin, J. A., Greenwald, A. G. and Inui, T. S. (2012) 'The associations of clinicians' implicit attitudes about race with medical visit communication and patient ratings of interpersonal care', *American Journal of Public Health*, 102(5), pp. 979–987.

Corley, K. G. and Gioia, D. A. (2011) 'Building theory about theory building: what constitutes a theoretical contribution?', *Academy of Management Review*, 36(1), pp. 12–32.

Costa, P. T. and McCrae, R. R. (2006) *Revised NOE Personality inventory (NEO-PI_R) and NEO five-factor inventory (NEO-FFI): professional manual (UK edition)*. Oxford: Hogrefe.

Cox, E. (2010) 'Last things first: ending well in the coaching relationship', in Palmer, S. and McDowall, A. (eds.) *The coaching relationship: putting people first: the interactional aspects of coaching*. London: Routledge, pp. 159–181.

Cox, E. (2012) 'Individual and organizational trust in a reciprocal peer coaching context', *Mentoring & Tutoring: Partnership in Learning*, 20(3), pp. 427–443.

Cox, E. and Bachkirova, T. (2007) 'Coaching with emotion: how coaches deal with difficult emotional situations', *International Coaching Psychology Review*, 2(2), pp. 178–189.

Cremona, K. (2010) 'Coaching and emotions: an exploration of how coaches engage and think about emotion', *Coaching: An International Journal of Theory, Research and Practice*, 3(1), pp. 46–59.

Curtis, A. M., Wells, T. M., Lowry, P. B. and Higbee, T. (2008) 'An overview and tutorial of the Repertory Grid Technique in Information Systems Research', *Communications of the Association for Information Systems*, 23(3), pp. 37–62.

Cutcliffe, J. and Happell, B. (2009) 'Psychiatry, mental health nurses, and invisible power: exploring a perturbed relationship within contemporary mental health care: feature article', *International Journal of Mental Health Nursing*, 18(2), pp. 116–125.

Cygam-Rehn, K., Kuehnle, D. and Oberfichtner, M. (2017) 'Bounding the causal effect of unemployment on mental health: nonparametric evidence from four countries', *Health Economics*, 26(12), pp. 1844–1861.

Dagley, G. R. (2010) 'Exceptional executive coaches: practices and attributes', *International Coaching Psychology Review*, 5(1), pp. 63–80.

Daniels, J. and Wearden, A. J. (2011) 'Socialization to the model: the active component in the therapeutic alliance? A preliminary study', *Behavioural and Cognitive Psychotherapy*, 39(2), pp. 221–227.

Dattilio, F. M. and Hanna, M. A. (2012) 'Collaboration in cognitive-behavioral therapy', *Journal of Clinical Psychology*, 68(2), pp. 146–158.

Davis, D. (2020) 'Presenting research reflexivity in your PhD thesis', *Nurse Researcher*, 28(3), pp. 37–43.

Day, A., de Haan, E., Sills, C., Bertie, C. and Blass, E. (2008) 'Coaches' experience of critical moments in the coaching', *International Coaching Psychology Review*, 3(3), pp. 207–218.

de Haan, E. (2008a) 'Becoming simultaneously thicker and thinner skinned: the inherent conficts arising in the professional development of coaches', *Personnel Review*, 37(5), pp. 526–542.

de Haan, E. (2008b) 'Coachees have their say', in de Haan, E. (ed.) *Relational coaching: Journeys toward mastering one-to-one learning*. Chichester: Wiley, pp. 69–92.

de Haan, E. (2008c) *Relational coaching: journeys towards mastering one-to-one learning*. Chichester: John Wiley & Sons.

de Haan, E. (2019) 'A systematic review of qualitative studies in workplace and executive coaching: the emergence of a body of research', *Consulting Psychology Journal: Practice and Research*, 71(4), pp. 227–248.

de Haan, E., Culpin, V. and Curd, J. (2011) 'Executive coaching in practice: what determines helpfulness for clients of coaching?', *Personnel Review*, 40(1), pp. 24–44.

de Haan, E., Duckworth, A., Birch, D. and Jones, C. W. (2013) 'Executive coaching outcome research: the contribution of common factors such as relationship, personality match, and self-efficacy', *Consulting Psychology Journal: Practice and Research*, 65(1), pp. 40–57.

de Haan, E. and Gannon, J. M. (2017) 'The coaching relationship', in Bachkirova, T., Spence, G. and Drake, D. (eds.) *The Sage handbook of coaching*. Los Angeles, London, New Delhi, Singapore, Washington DC, Melbourne: Sage, pp. 195–217.

de Haan, E., Grant, A. M., Burger, Y. and Eriksson, P.-O. (2016) 'A large-scale study of executive and workplace coaching: the relative contributions of relationship, personality

match, and self-efficacy', *Consulting Psychology Journal: Practice and Research*, 68(3), pp. 189–207.

de Haan, E., Gray, D. E. and Bonneywell, S. (2019) 'Executive coaching outcome research in a field setting: a near-randomized controlled trial study in a global healthcare corporation', *Academy of Management Learning & Education*, 18(4), pp. 581–605.

de Haan, E., Molyn, J. and Nilsson, V. O. (2020) 'New findings on the effectiveness of the coaching relationship: time to think differently about active ingredients?', *Consulting Psychology Journal: Practice and Research*, 72(3), pp. 155–167.

de Haan, E. and Nieß, C. (2015) 'Differences between critical moments for clients, coaches, and sponsors of coaching', *International Coaching Psychology Review*, 10(1), pp. 38–61.

de Haan, E. and Page, N. (2013) 'Outcome report: conversations are key to results', *Coaching at Work*, 8(5), pp. 10–13.

de Haan, E. and Sills, C. (2012) 'Introduction in coaching relationships', in *Coaching relationships: The relational coaching field book*. Faringdon: Libri Publishing, pp. 1–20.

Dean, J. A. and Wilson, K. (2009) ''Education? It is irrelevant to my job now. It makes me very depressed . . .': exploring the health impacts of under/unemployment among highly skilled recent immigrants in Canada', *Ethnicity & Health*, 14(2), pp. 185–204.

del Amo, I. F., Erkoyuncu, J. A. and Roy, R. (2018) 'A systematic review of Augmented Reality content-related techniques for knowledge transfer in maintenance applications', *Computers in Industry*, 103, pp. 47–71.

Denicolo, P., Long, T. and Bradley-Cole, K. (2016) 'An evaluation of a range of potential research techniques', in Denicolo, P., Long, T. and Bradley-Cole, K. (eds.) *Constructivist approaches and research methods: a practical guide to exploring personal meanings*. London, Thousand Oaks, New Delhi, Singapore: Sage, pp. 79–102.

Dixon-Woods, M. (2004) 'The problem of appraising qualitative research', *Quality and Safety in Health Care*, 13(3), pp. 223–225.

Dixon-Woods, M., Cavers, D., Agarwal, S., Annandale, E., Arthur, A., Harvey, J., Hsu, R., Katbamna, S., Olsen, R., Smith, L., Riley, R. and Sutton, A. J. (2006) 'Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups', *BMC Medical Research Methodology*, 6, p. 35.

Dodds, G. and Grajfoner, D. (2018) 'Executive coaching and national culture in the United Arab Emirates: an interpretative phenomenological analysis', *International Coaching Psychology Review*, 13(1), pp. 89–105.

Doyle, C., Kavanagh, P., Metcalfe, O. and Lavin, T. (2005) *Health impacts of employment: a review*. The Institute of Public Health in Ireland.

Du Toit, A. (2014) *Making sense of coaching*. London: Sage.

Duck, S. (1982) 'Two individuals in search of agreement: the commonality corollary', in Mancuso, J. C. and Adams-Webber, J. R. (eds.) *The construing person*. pp. 222–234.

Duck, S. (1983) 'Sociality and cognition in personal construct theory', in Adams-Webber, J. R. and Mancuso, J. C. (eds.) *Applications of personal construct theory*. New York: Academic Press, pp. 37–54.

Duignan, K. (2019) 'Coaching with personal construct psychology', in Palmer, S. and Whybrow, A. (eds.) *Handbook of coaching psychology: a guide for practitioners*. 2 edn. London: Routledge, pp. 243–254.

DV. (2014) *Empfehlungen des Deutschen Vereins zu den kommunalen Eingliederungsleistungen nach § 16a SGB II*. Berlin: e.V., D. V. f. ö. u. p. F.

Eklund, M., Erlandsson, L. K. and Wastberg, B. A. (2015) 'A longitudinal study of the working relationship and return to work: perceptions by clients and occupational therapists in primary health care', *BMC Family Practice*, 16, pp. 46–54.

Ellam-Dyson, V., Grajfoner, D., Whybrow, A. and Palmer, S. (2019) 'Leadership and executive coaching', in Palmer, S. and Whybrow, A. (eds.) *Handbook of coaching psychology: a guide for practitioners*. 2 edn. London and New York: Routledge, pp. 439–452.

Ellis, A. E., Meade, N. G. and Brown, L. S. (2020) 'Evidence-based relationship variables when working with affectional and gender minority clients: a systematic review', *Practice Innovations*, 5(3), pp. 202–217.

Estes, S. G. (1948) 'Concerning the therapeutic relationship in the dynamics of cure', *Journal of Consulting Psychology*, 12(2), pp. 76–81.

Evans-Jones, C., Peters, E. and Barker, C. (2009) 'The therapeutic relationship in CBT for psychosis: client, therapist and therapy factors', *Behavioural and Cognitive Psychotherapy*, 37(5), pp. 527–540.

Fernandez-Alvarez, H., Clarikin, J. F., del Salgueiro, M. and Critchfield, K. L. (2006) 'Participant factors in treating personality disorders', in Castonguay, L. G. and Beutler, L. E. (eds.) *Principles of therapeutic change that work*. Oxford: Oxford University Press, pp. 203–218.

Fiedler, F. E. (1950) 'The concept of an ideal therapeutic relationship', *Journal of Consulting Psychology*, 14(4), pp. 239–245.

Flasch, P., Limberg-Ohrt, D., Fox, J., Ohrt, J. H., Crunk, E. and Robinson, E. (2019) 'Experiences of altruism in the therapeutic relationship: perspectives of counselors-in-training and their clients', *Counseling and Values*, 64(2), pp. 168–185.

Flückiger, C., Del Re, A. C., Wampold, B. E. and Horvath, A. O. (2018) 'The alliance in adult psychotherapy: a meta-analytic synthesis', *Psychotherapy: Theory, Research, Practice, Training*, 55(4), pp. 316–340.

Flückiger, C., Del Re, A. C., Wampold, B. E., Symonds, D. and Horvath, A. O. (2012) 'How central is the alliance in psychotherapy? A multilevel longitudinal meta-analysis', *Journal of Counseling Psychology*, 59(1), pp. 10–17.

Fox, R. (2001) 'Constructivism examined', *Oxford Review of Education*, 27(1), pp. 23–35.

Fransella, F. (1995) *George Kelly*. London: Sage.

Fransella, F. (2005) *The essential practitioners handbook of personal construct psychology*. Chichester: John Wiley & Sons Ltd.

Fransella, F., Bell, R. and Bannister, D. (2003) *A manual for repertory grid technique*. 2 edn. The Atrium, Southern Gate, Chichester: John Wiley & Sons Lt.

Fransella, F. and Dalton, P. (2000) *Personal construct counselling in action*. 2 edn. London, Thousand Oaks, New Delhi: Sage Publications.

Freud, S. (1910) 'The origin and development of psychoanalysis', *The American Journal of Psychology*, 21(2), pp. 181–218.

Freud, S. (1937) 'Analysis terminable and interminable', *International Journal of Psychoanalysis*, XVIII, p. 373.

Freud, S. (1940) 'An outline of psycho-analysis', *Special Edition*, 23.

Fromm, M. (1995) *Repertory Grid Methodik: Ein Lehrbuch*. Weinheim: Deutscher Studienverlag.

Fromm, M. (2014) *GridSuite* [Computer program]. Available at: http://www.gridsuite.de/39994.html (Accessed: 15.11.2021).

Fuertes, J. N., Toporovsky, A., Reyes, M. and Osborne, J. B. (2017) 'The physician-patient working alliance: theory, research, and future possibilities', *Patient Education Counseling*, 100(4), pp. 610–615.

Gan, G. C. and Chong, C. W. (2015) 'Coaching relationship in executive coaching: a Malaysian study', *Journal of Management Development*, 34(4), pp. 476–493.

Gardner, G. G. (1964) 'The psychotherapeutic relationship', *Psychological Bulletin*, 61(6), pp. 426–437.

Gelo, O. C. G., Ziglio, R., Armenio, S., Fattori, F. and Pozzi, M. (2016) 'Social representation of therapeutic relationship among cognitive-behavioral psychotherapists', *Journal of Counseling Psychology*, 63(1), pp. 42–56.

Gergen, K. (1994) *Realities and relationships: soundings in social construction*. Cambridge, MA: Harvard University Press.

Gessnitzer, S. and Kauffeld, S. (2015) 'The working alliance in coaching', *The Journal of Applied Behavioral Science*, 51(2), pp. 177–197.

Giguère, G. (2006) 'Collecting and analyzing data in multidimensional scaling experiments: a guide for psychologists using SPSS', *Tutorials in Quantitative Methods for Psychology*, 2(1), pp. 26–37.

Goffin, K. (2002) 'Repertory grid technique', in Partington, D. (ed.) *Essential Skills for Management Research*. London, Thousand Oaks, New Delhi: Sage.

Goffin, K., Lemke, F. and Szwejczewski, M. (2006) 'An exploratory study of 'close' supplier–manufacturer relationships', *Journal of Operations Management*, 24(2), pp. 189–209.

Goffman, E. (1963) *Stigma: notes on the management of spoiled identity*. Englewood Cliff: Prentice Hall.

Golovic, T., Griffin, D. and Kahneman, D. (2002) *Heuristics and biases: the psychology of intuitive judgement*. Cambridge, UK: Cambridge University Press.

Good, J. (1993) 'The many forms of constructivism', *Journal of Research in Science Teaching*, 30(9), p. 1015.

Grajfoner, D. (2020) 'Coaching and coaching psychology in the workplace: analytical perspectives and development in theory and practice', *KAIROS–Slovenian Journal of Psychotherapy*, 14, pp. 11–27.

Grant, A. M. (2007) 'Past, present and future: the evolution of professional coaching and coaching psychology', in Palmer, S. and Whybrow, A. (eds.) *Handbook of coaching psychology: a guide for practitioners*. London and New York: Routledge, pp. 23–39.

Grant, A. M. (2012) 'An integrated model of goal-focused coaching: an evidence-based framework for teaching and practice', *International Coaching Psychology Review*, 7(2), pp. 146–165.

Grant, A. M. (2014) 'Autonomy support, relationship satisfaction and goal focus in the coach–coachee relationship: which best predicts coaching success?', *Coaching: An International Journal of Theory, Research and Practice*, 7(1), pp. 18–38.

Grant, A. M. (2021) 'An integrated model of goal-focused coaching: an evidence-based framework for teaching and practice', in Passmore, J. and Tee, D. (eds.) *Coaching researched: a coaching psychology reader*. Hoboken,: Wiley.

Grant, A. M. and Cavanagh, M. J. (2004) 'Toward a profession of coaching: sixty-five years of progress and challenges for the future', *International Journal of Evidence Based Coaching and Mentoring*, 2(1), pp. 1–16.

Grant, A. M. and Green, R. M. (2018) 'Developing clarity on the coaching-counselling conundrum: Implications for counsellors and psychotherapists', *Counselling and Psychotherapy Research*, 18(4), pp. 347–355.

Grant, A. M., Passmore, J., Cavanagh, M. J. and Parker, H. (2010) 'The state of play in coaching today: a comprehensive review of the field', in Hodgkinson, G. P. and Ford, J. K. (eds.) *Annual Review of Industrial and Organizational Psychology 2010*. Chichester: Wiley Blackwell, pp. 125–168.

Graßmann, C., Schölmerich, F. and Schermuly, C. C. (2020) 'The relationship beween working alliance and client outcomes in coaching: a meta-analysis', *Human Relations*, 73(1), pp. 35–58.

Green, D. (2016) 'Personal construct theory and paediatric health care', *Clinical Child Psychology and Psychiatry*, 10(1), pp. 33–41.

Greenberg, L. (2014) 'The therapeutic relationship in emotion-focused therapy', *Psychotherapy*, 51(3), pp. 350–357.

Greenson, R. R. (1967) *The technique and practice of psychoanalysis*. New York: Basic Books.

Gregory, J. B. and Levy, P. E. (2011) 'It's not me, it's you: a multilevel examination of variables that impact employee coaching relationships', *Consulting Psychology Journal: Practice and Research*, 63(2), pp. 67–88.

Groenen, P. J. F. and van de Velden, M. (2005) 'Multidimensional scaling', in Everitt, B. S. and Howell, D. C. (eds.) *Encyclopedia of Statistics in Behavioral Science*. Chichester: Wiley, pp. 1280–1289.

Groger, L., Mayberry, P. S. and Straker, J. K. (1999) 'What we didn't learn because of who would not talk to us', *Qualitative Health Research*, 9(6), pp. 829–835.

Gucciardi, D. F. and Gordon, S. (2008) 'Personal construct psychology and the research interview: the example of mental toughness in sport', *Personal Construct Theory & Practice*, 5, pp. 119–130.

Guest, G., Bunce, A. and Johnson, L. (2006) 'How many interviews are enough?', *Field Methods*, 18(1), pp. 59–82.

Guetzkow, J., Lamont, M. and Mallard, G. (2004) 'What is originaliy in the humanities and the social sciences?', *American Sociological Review*, 69(April), pp. 190–212.

Gusenbauer, M. and Haddaway, N. R. (2020) 'Which academic search systems are suitable for systematic reviews or meta-analyses? Evaluating retrieval qualities of Google Scholar, PubMed, and 26 other resources', *Research Synthesis Methods*, 11(2), pp. 181–217.

Guttman, L. (1954) 'Some necesary conditions for common-factor analysis', *Psychometrica*, 19(2), pp. 149–161.

Gyllensten, K. and Palmer, S. (2007) 'The coaching relationship: an interpretative phenomenological analysis', *International Coaching Psychology Review*, 2(2), pp. 168–177.

Gyllensten, K., Palmer, S., Nilsson, E., Regnér, A. M. and Frodi, A. (2010) 'Experiences of cognitive coaching: a qualitative study', *International Coaching Psychology Review*, 5(2), pp. 98–107.

Gyllensten, K. and Spaten, O. M. (2020) 'The role of the coaching relationship in the coaching process', *The Danish Journal of Coaching Psychology*, 9(1), pp. 83–85.

Hansen, H. C. and Natland, S. (2016) 'The working relationship between social worker and service user in an activation policy context', *Nordic Social Work Research*, 7(2), pp. 101–114.

Hawkins, P. and Schwenk, G. (2010) 'The interpersonal relationship in the training and supervision of coaches', in Palmer, S. and McDowall, A. (eds.) *The coaching relationship: putting people first*. London: Routledge, pp. 221–239.

Hay, J. (1995) *Transformational mentoring*. Maidenhead: McGraw-Hill.

Heglend, P., Monsen, J. T. and Havik, O. E. (2001) 'Quality of working alliance in psychotherapy: therapist variables and patient/therapist similarity as predictors', *The Journal of Psychotherapy Practice and Research*, 10(4), pp. 205–216.

Henderson, A. and Palmer, S. (2021a) 'The coaching alliance in cognitive behavioural coaching', in Neenan, M. and Palmer, S. (eds.) *Cognitive behavioural coaching in practice: an evidence based approach*. 2 edn. London and New York: Routledge, pp. 51–74.

Henderson, A. and Palmer, S. (2021b) 'Desperately seeking… a theory of the coaching relationship', *International Journal of Coaching Psychology*, 2(Article 2), pp. 1–5.

Henny, A., Sivan, L., Gil, G. and Michal, B. (2021) 'Working alliance and attachment orientations in the patient-oncologist relationship', *Psychooncology*, 30(8), pp. 1375–1382.

Hepworth, D. H. (1993) 'Managing manipulative behavior in the helping relationship', *Social Work*, 38(6), pp. 674–682.

Herbig, B., Dragano, N. and Angerer, P. (2013) 'Health in the long-term unemployed', *Deutsches Ärzteblatt International*, 110(23–24), pp. 413–419.

Higgins, J. P., Altman, D. G., Gotzsche, P. C., Juni, P., Moher, D., Oxman, A. D., Savovic, J., Schulz, K. F., Weeks, L., Sterne, J. A., Cochrane Bias Methods, G. and Cochrane Statistical Methods, G. (2011) 'The Cochrane Collaboration's tool for assessing risk of bias in randomised trials', *British Medical Journal*, 343, p. d5928.

Hodgetts, W. H. (2002) 'Using executive coaching in organizations: what can go wrong (and how to prevent it)', in Fitzgerald, C. and Berger, J. G. (eds.) *Executive coaching: practices & perspectives*. Palo Alto, CA: Davies-Black, pp. 203–223.

Hoff, T. and Collinson, G. E. (2017) 'How do we talk about the physician-patient relationship? What the nonempirical literature tells us', *Medical Care Research and Review*, 74(3), pp. 251–285.

Hogan, R. and Hogan, R. (1995) *The Hogan personality inventory manual*. 2 edn. Tulsa, OK: Hogan Assessment.

Hogan, R. and Smithers, R. (2001) *Personality: theories and applications*. Boulder: Westview Press.

Hollederer, A. (2009) *Gesundheit von Arbeitslosen fördern!* Frankfurt a. M.: Fachhochschulverlag/Verlag für angewandte Wissenschaften.

Hollederer, A. (2018) 'Health promotion and prevention among the unemployed: a systematic review', *Health Promotion International*, 34(6), pp. 1–19.

Hollederer, A. (2020) 'Arbeitsmarkt', in Böhm, K., Bräunling, S., Geene, R. and Köckler, H. (eds.)*Gesundheit als gesamtgesellschaftliche Aufgabe: Das Konzept Health in All Policies und seine Umsetzung in Deutschland*. Springer VS, pp. 109–120.

Honey, P. (1979) 'The repertory grid in action – how to use it to conduct an attitude survey', *Industrial and Commercial Training*, 11, pp. 452–459

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L. and Utsey, S. O. (2013) 'Cultural humility: measuring openness to culturally diverse clients', *Journal of Counseling Psychology*, 60(3), pp. 353–366.

Horvath, A. O., Del Re, A. C., Fluckiger, C. and Symonds, D. (2011) 'Alliance in individual psychotherapy', *Psychotherapy (Chic)*, 48(1), pp. 9–16.

Horvath, A. O. and Greenberg, L. S. (1989) 'Development and validation of the working alliance inventory', *Journal of Counseling Psychology*, 36(2), pp. 223–233.

Houshyar, M. and Sotudeh, H. (2018) 'A reflection on the applicability of Google Scholar as a tool for comprehensive retrieval in bibliometric research and systematic reviews', *International Journal of Information Science and Management*, 16(2), pp. 1–17.

HSNR (2020) *Regional prevention centre in the district of Viersen" – (RPV)*. Available at: https://www.hs-niederrhein.de/fileadmin/dateien/Institute_und_Kompetenzzentren/SO.CON/Projekt_PDFs/210401_ProjektPDF_RPV_englisch.pdf (Accessed: 13 April 2021).

Huber, M., Lechner, M. and Mellace, G. (2017) 'Why do tougher caseworkers increase employments? The role of program assigment as a causal mechanism', *Review of Economics and Statistics*, 99(1), pp. 180–183.

Ianiro, P. M. and Kauffeld, S. (2014) 'Take care what you bring with you: how coaches' mood and interpersonal behavior affect coaching success', *Consulting Psychology Journal: Practice and Research*, 66(3), pp. 231–257.

Ianiro, P. M., Lehmann-Willenbrock, N. and Kauffeld, S. (2015) 'Coaches and clients in action: a sequential analysis of interpersonal coach and client behavior', *Journal of Business and Psychology*, 30(3), pp. 435–456.

Ianiro, P. M., Schermuly, C. C. and Kauffeld, S. (2013) 'Why interpersonal dominance and affiliation matter: an interaction analysis of the coach-client relationship', *Coaching: An International Journal of Theory, Research and Practice*, 6(1), pp. 25–46.

IBM Corp. (2020) *Released 2020. IBM SPSS Statistics for Macintosh, Version 27.0* [Computer program]. Available at: https://www.ibm.com/products/spss-statistics (Accessed: 5 March 2021).

ICF (2020) *Factsheet July 2020*. Available at: https://coachfederation.org/app/uploads/2020/07/July2020_FactSheet.pdf (Accessed: 27.02.2021).

ICF (2021a) *Germany*. Available at: https://www.coachfederation.de (Accessed: 27.02.2021).

ICF (2021b) *History*. Available at: https://coachingfederation.org/about/ (Accessed: 27.02.2021).

ICF (2021c) *United Kingdom*. Available at: https://www.coachingfederation.org.uk (Accessed: 27.02.2021).

Ives, Y. (2008) 'What is ‚coaching'? An exploration of conflicting paradigms', *International Journal of Evidence Based Coaching and Mentoring*, 6(2), pp. 100–113.

Jankowicz, A. D. (2000) *Business research projects*. 3 edn. London: Thomson.

Jankowicz, A. D. (2003) 'How can we understand one another if we don't speak the same language?', in Fransella, F. (ed.) *International handbook of personal construct psychology*. Chichester: John Wiley & Son, pp. 359–366.

Jankowicz, A. D. (2004) *The easy guide to repertory grids*. The Atrium, Southern Gate, Chichester: John Wiley & Sons Ltd.

Jankowicz, A. D. (2017) 'Construing the doctoral examiner: what the doctoral student should know', *Personal Construct Theory & Practice*, 14, pp. 99–105.

Jankowicz, A. D. (2019) 'Sociality and negotiation in the research grid interview', *Personal Construct Theory & Practice*, 16, pp. 94–99.

Jankowicz, A. D. and Hisrich, R. D. (1987) 'Intuition in small business lending decisions', *Journal of Small Business Management*, 25(3), pp. 45–52.

Johnson, R. L., Floyd, M., Pilling, D., Boyce, M. J., Grove, B., Secker, J., Schneider, J. and Slade, J. (2009) 'Service users' perceptions of the effective ingredients in supported employment', *Journal of Mental Health*, 18(2), pp. 121–128.

Jones, E. E. and Zoppel, C. L. (1982) 'Impact of client and therapist gender on psychotherapy process and outcome', *Journal of Consulting and Clinical Psychology*, 50(2), pp. 259–272.

Jones, G. and Spooner, K. (2006) 'Coaching high achievers', *Consulting Psychology Journal: Practice and Research*, 58(1), pp. 40–50.

Jones, R. J., Woods, S. A. and Hutchinson, E. (2014) 'The influence of the Five Factor Model of personality on the perceived effectiveness of executive coaching', *International Journal of Evidence Based Coaching and Mentoring*, 12(2), pp. 109–118

Jones, R. J., Woods, S. A. and Zhou, Y. (2019) 'The effects of coachee personality and goal orientation on performance improvement following coaching: a controlled field experiment', *Applied Psychology*, 70(2), pp. 420–458.

Joo, B.-K. (2005) 'Executive coaching: a conceptual framework from an integrative review of practice and research', *Human Resource Development Review*, 4(4), pp. 462–488.

Jowett, S., Kanakoglou, K. and Passmore, J. (2012) 'The application of the 3+1Cs relationship model in executive coaching', *Consulting Psychology Journal: Practice and Research*, 64(3), pp. 183–197.

Kaczmarek, P. and Jankowicz, A. D. (1991) 'American college students' perceptions of counsellor approachablity: professional implications', *International Journal for the Advancement of Counselling*, 14, pp. 313–324.

Kaiser, H. F. (1958) 'The varimax criterion for analytic rotation in factor analysis', *Psychometrica*, 23(3), pp. 187–200.

Kaiser, H. F. (1960) 'The application of electronic computers to factor analysis', *Educational and Psychological Measurement*, 20, pp. 141–151.

Kanzer, M. (1981) 'Freuds „analytic pact": the standard therapeutic alliance', *Journal of the American Psychoanalytic Association*, 29(1), pp. 69–87.

Kappenberg, E. S. (2008) *A model of executive coaching: key factors in coaching success*. Doctor of Philosophy in Psychology thesis.

Kauffman, C. and Scoular, A. (2004) 'Toward a positive psychology of executive coaching', in Linley, P. A. and Joseph, S. (eds.) *Positive psychology in practice*. Hoboeken, NJ: John Wiley and Sons, Inc., pp. 287–302.

Kazantzis, N., Dattilio, F. M., McGinn, L. K., Newman, C. F., Persons, J. B. and Radomsky, A. S. (2018) 'Defining the role and function of the therapeutic relationship in cognitive behavioral therapy: a modified delphi panel', *International Journal of Cognitive Therapy*, 11(2), pp. 158–183.

Kelly, G. A. (1963) *A theory of personality: the psychology of personal constructs*. New York: W. W. Norton.

Kelly, G. A. (1969a) 'Humanistic methodology in psychological research', *Journal of Humanistic Psychology*, 9(1), pp. 53–65.

Kelly, G. A. (1969b) 'The strategy of psychological research', in Maher, B. (ed.) *Clinical psychology and personality: the selected papers of George Kelly*. New York: John Wiley & Sons.

Kelly, G. A. (1991a) *The psychology of personal constructs: volume one: theory and personality. Reprint Kelly (1955)*. London and New York: Routledge.

Kelly, G. A. (1991b) *The psychology of personal constructs: volume two: clinical diagnosis and psychotherapy. Reprint Kelly (1955)*. London: Routledge.

Kelly, G. A. (2017) 'A brief introduction to personal construct theory', *Costruttivismi*, 4, pp. 3–25.

Kelly, S., Martin, S., Kuhn, I., Cowan, A., Brayne, C. and Lafortune, L. (2016) 'Barriers and facilitators to the uptake and maintenance of healthy behaviours by people at mid-life: a rapid systematic review', *PLoS One*, 11(1), p. e0145074.

Kemp, T. (2008a) 'Coach self-management: the foundation of coaching effectiveness', in Drake, D. B., Brennan, D. and Gortz, K. (eds.) *The philosophy and practice of coaching: insights and issues for a new age*. San Francisco: Jossey-Bass, pp. 27–50.

Kemp, T. (2008b) 'Self-management and the coaching relationship: exploring coaching impact beyond models and methods', *International Coaching Psychology*, 3(1), pp. 32–42.

Kemp, T. (2011) 'Building the coaching alliance: illuminating the phenomenon of relationship in coaching', in Hernez-Broome, G. and Boyce, L. A. (eds.) *Advancing executive coaching*. San Francisco: Wiley.

Kets de Vries, M. F. R. (2005) 'Leadership coaching in action: the zen of creating high performance teams', *Academy of Management Executive*, 19(1), pp. 61–76.

Kilburg, R. R. (1997) 'Coaching and executive character: core problems and basic approaches', *Consulting Psychology Journal: Practice and Research*, 53(4), pp. 251–267.

Kilburg, R. R. (2004) 'When shadows fall: using psychodynamic approaches in executive coaching', *Consulting Psychology Journal: Practice and Research*, 56(4), pp. 246–268.

King, P. (1973) 'The therapist-patient relationship', *Journal of Analytical Psychology*, 18(1), pp. 1–8.

Kirsh, B. and Tate, E. (2006) 'Developing a comprehensive understanding of the working alliance in community mental health', *Qualitative Health Research*, 16(8), pp. 1054–1074.

Kirshner, L. (1978) 'Effects of gender on psychotherapy', *Comprehensive Psychiatry*, 19(1), pp. 79–82.

Kline, S. L., Pelias, R. J. and Delia, J. G. (1991) 'The predictive validity of cognitive complexity measures on social perspective-taking and counseling communication', *International Journal of Personal Construct Psychology*, 4(4), pp. 347–357.

Klinkenberg, W. D., Calsyn, R. J. and Morse, G. A. (1998) 'The helping alliance in case management for homeless persons with severe mental illness', *Community Mental Health Journal*, 34(6), pp. 569–578.

Kondrat, D. C. and Early, T. J. (2010) 'An exploration of the working alliance in mental health case management', *Social Work Research*, 34(4), pp. 201–211.

Krieg, C. H. and Terence, J. T. (2016) 'Client interpersonal problems and the initial working alliance', *The European Journal of Counselling Psychology*, 4(2), pp. 191–204.

Kruskal, J. B. and Wish, M. (1978) *Multidimensional scaling. Quantitative Applications in the Social Sciences.* SAGE Publications, Inc. Available at: https://dx.doi.org/10.4135/9781412985130 (Downloaded: 16.08.2022).

Kwong, C. C. Y., Thompson, P. and Cheung, C. W. M. (2012) 'The effectiveness of social business plan competitions in developing social and civic awareness and participation', *Academy of Management Learning & Education*, 11(3), pp. 324–348.

Lai, Y. L. and McDowall, A. (2014) 'A systematic review of coaching psychology with focus on the coaching relationship', *International Coaching Psychology Review*, 9(2), pp. 118–134.

Lai, Y. L. and McDowall, A. (2016a) 'Coachee satisfaction and beyond: a systematic review of the coaching relationship', *The Danish Journal of Coaching Psychology*, (Special issue), pp. 47–56.

Lai, Y. L. and McDowall, A. (2016b) 'Enhancing evidence-based coaching practice by developing a coaching relationship competency framework', in Van Zyl, L., Odendaal, A. and Stander, M. (eds.) *Coaching psychology: meta-theoretical perspectives and applications in multi-cultural contexts*. Springer, pp. 393–416.

Landfield, A. W. (1971) *Personal construct systems in psychotherapy*. Chicago: Rand NcNally.

Law, H. L. (2008) 'Diversity coaching', *People and organisations @ work*, 6–7.

Law, H. L. (2013) *The psychology of coaching, mentoring and learning*. 2 edn. Chichester: John Wiley & Sons.

Lawson, K. (2013) 'The four pillars of health coaching: preserving the heart of a movement', *Global Advances in Health and Medicine*, 2(3), pp. 6–8.

Lazarus, A. A. and Zur, O. (2002) *Dual relationships and psychotherapy*. New York: Springer.

Legendre, P. (2010) 'Coefficient of concordance', in Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Los Angeles: Sage Publications, Inc., pp. 164–169.

Lemke, F., Goffin, K. and Szwejczewski, M. (2003) 'Investigating the meaning of supplier–manufacturer partnerships: an exploratory study', *International Journal of Physical Distribution & Logistics Management*, 33(1), pp. 12–35.

Letourneau, D. C. C. and Goudreau, J. (2017) 'Humanizing nursing care: an analysis of caring theories through the lens of humanism', *International Journal of Human Caring*, 21, pp. 32–40.

Levin, I. P. (1975) 'Information integration in numerical judgements and decision process', *Journal of Experimental Psychology: General*, 104(1), pp. 39–53.

Levinson, H. (1996) 'Executive coaching', *Consulting Psychology Journal: Practice and Research*, 48(2), pp. 115–123.

Liu, C. H. and Matthews, R. (2005) 'Vygotsky's philosophy and its criticisms examined', *International Education Journal*, 6(3), pp. 386–399.

Lloyd, C. and Maas, F. (1993) 'The helping relationship: the application of Carkhuff's model', *Canadian Journal of Occupational Ergotherapy*, 60(2), pp. 83–89.

Locke, E. A. and Latham, G. P. (1990) *A theory of goal setting & task performance.* Englewood Cliffs, N.J.: Prentice Hall.

Lombard, M., Snyder-Duch, J. and Bracken, C. C. (2002) 'Content Analysis in Mass Communication: Assessment and Reporting of Intercoder Reliability', *Human Communication Research*, 28(4), pp. 587–604.

Loos, V. E. and Epstein, E. S. (1989) 'Conversational construction of meaning in family therapy: some evolving thoughts on Kelly's sociality corollary', *International Journal of Personal Construct Psychology*, 2(2), pp. 149–167.

Luborsky, L. and Luborsky, E. (2006) *Research and psychotherapy. The vital link.* Oxford: Rowman and Littlefield.

Lynch, L., Moorhead, A., Long, M. and Hawthorne-Steele, I. (2020) 'What type of helping relationship do young people need? Engaging and maintaining young people in mental health care – a narrative review', *Youth & Society*, 00, pp. 1–24.

Machin, S. (2010) 'The nature of the internal coaching relationship', *Journal of Evidence Based Coaching and Mentoring*, 4, pp. 37–52.

Malmberg-Heimonen, I. E. (2015) 'Social workers' training evaluated by a cluster-randomized study', *Research on Social Work Practice*, 25(6), pp. 643–653.

Malmberg-Heimonen, I. E., Natland, S., Toge, A. G. and Hansen, H. C. (2016) 'The effects of skill training on social workers' professional competences in Norway: results of a cluster-randomised study', *British Journal of Social Work*, 46(5), pp. 1354–1371.

Malmström, M., Johansson, J. and Wincent, J. (2015) 'Cognitive constructions of low–profit and high–profit business models: a repertory Grid study of serial entrepreneurs', *Entrepreneurship Theory and Practice*, 39(5), pp. 1083–1109.

Markovic, J., McAtavey, J. M. and Fischweicher, P. (2014) 'An integrative trust model in the coaching context', *American Journal of Management*, 14(1-2), pp. 102–110.

Martin, D. J., Garske, J. P. and Davis, M. K. (2000) 'Relation of the therapeutic alliance with outcome and other variables: a meta-analytic review', *Journal of Consulting and Clinical Psychology*, 68(3), pp. 438–450.

Mascolo, M. F., Winter, D. A. and Bourne, D. (2020) 'Bridging divides in the 21st century: theoretical rationale for the special issue on "sociality, intersubjectivity and social conflict"', *Journal of Constructivist Psychology*, pp. 1–8.

Mayring, P. (2014) *Qualitative content analysis: theoretical foundation, basic procedures and software solution.* Available at: https://nbn-resolving.org/urn:nbn:de:0168-ssoar-395173 (Downloaded: 18 November 2020).

McCarthy, G. and Milner, J. (2013) 'Managerial coaching: challenges, opportunities and training', *Journal of Management Development*, 32(7), pp. 768–779.

McComb, C. (2012) 'Developing coaching culture: are your coaching relationships healthy?', *Industrial and Commercial Training*, 44(4), pp. 232–235.

McGovern, J., Lindemann, M., Vergara, M., Murphy, S., Barker, L. and Warrenfeltz, R. (2001) 'Maximizing the impact of executive coaching: behavioral change, organizational outcomes, and return on investment', *The Manchester Review*, 6(1), pp. 1–9.

McGregor, A. (1978) 'Unemployment duration and re-employment probability', *The Economic Journal*, 88(December 1978), pp. 693–706.

McKee-Ryan, F., Song, Z., Wanberg, C. R. and Kinicki, A. J. (2005) 'Psychological and physical well-being during unemployment: a meta-analytic study', *Journal of Applied Psychologyl*, 90(1), pp. 53–76.

McKenna, D. D. and Davis, S. L. (2009) 'Hidden in plain sight: the active ingredients of executive coaching', *Industrial and Organizational Psychology*, 2(3), pp. 244–260.

Mengist, W., Soromessa, T. and Legese, G. (2020) 'Method for conducting systematic literature review and meta-analysis for environmental science research', *MethodsX*, 7, p. 100777.

Merton, R. K. (1972) 'Insiders and outsiders: a chapter in the sociology of knowledge', *American Journal of Sociology*, 78(1), pp. 9–47.

Miller, W. R. and Rollnick, S. (1991) *Motivational interviewing: preparing people to change addictive behavior*. New York: Guilford Press.

Miller, W. R. and Rollnick, S. (2013) *Motivational interviewing: helping people change*. 3 edn. London and New York: Guilford press.

Mills, D. H. and Zytowski, D. G. (1967) 'Helping relationship: a structural analysis', *Journal of Counseling Psychology*, 14(3), pp. 193–197.

Milner, A., Page, A. and LaMontagne, A. D. (2014) 'Cause and effect in studies on unemployment, mental health and suicide: a meta-analytic and conceptual review', *Psychological Medicine*, 44(5), pp. 909–917.

Monsef, A. and Mehrjardi, A. S. (2018) 'Effect of unemployment on health capital', *Iranian Economic Review*, 22(4), pp. 1016–1033.

Moran, G., Mashiach-Eizenberg, M., Roe, D., Berman, Y., Shalev, A., Kaplan, Z. and Garber Epstein, P. (2014) 'Investigating the anatomy of the helping relationship in the context of psychiatric rehabilitation: the relation between working alliance, providers' recovery competencies and personal recovery', *Psychiatry Research*, 220(1-2), pp. 592–597.

Morgan, H., Harkins, P. and Goldsmith, M. (2006) 'The right coach', in Gallos, J. V. (ed.) *Organization Development*. San Francisco: Jossey-Bass, pp. 433–444.

Myers, D. G. (1996) *Social psychology*. 5 edn. New York: McGraw-Hill.

Nakash, O., Cohen, M., Aharoni, L., Zur, S. and Nagar, M. (2020) 'A qualitative study examining the quality of working alliance as a function of the social identifies of clients and therapists during the mental health intake', *Qualitative Social Work*, 20(4), pp. 1006–1024.

Nakash, O., Saguy, T. and Levav, I. (2012) 'The effect of social identities of service-users and clinicans on mental health disparities: a review of theory and facts', *Israel Journal of Psychiatry*, 49, pp. 202–212.

Naughton, J. (2002) 'The coaching boom', *Psychotherapy Networker*, 26(4), pp. 24–29.

Neimeyer, G. J. and Hudson, J. E. (1985) 'Couples' constructs: personal systems in marital satisfaction', in Bannister, D. (ed.) *Issues and approaches in personal construct therapy*. London: Wiley, pp. 127–141.

Neimeyer, G. J. and Neimeyer, R. A. (1985) 'Relational trajectories: a personal construct contribution', *Journal of Social and Personal Relationships*, 2, pp. 325–349.

Neimeyer, G. J. and Neimeyer, R. A. (1986) 'Personal constructs in relationship deterioration: a longitudinal study', *Social Behavior and Personality*, 14(2), pp. 253–257.

Nelson, E. and Hogan, R. (2009) 'Coaching on the dark side', *International Coaching Psychology Review*, 4(1), pp. 9–21.

Neubauer, B. E., Witkop, C. T. and Varpio, L. (2019) 'How phenomenology can help us learn from the experiences of others', *Perspectives on Medical Education*, 8(2), pp. 90-97.

Newman, M. G., Stiles, W. B., Janeck, A. and Woody, S. R. (2006) 'Generalizable findings and idiographic problems: struggles and successes for educational psychologists as scientist-practitioners', in Lane, D. A. and Corrie, S. (eds.) *The modern scientist-practitioner: a guide to practice in psychology*. Hove: Routledge, pp. 103–118.

Northouse, P. G. (1997) 'Effective helping relationships: the role of power and control', *Health Education & Behavior*, 24(6), pp. 703–707.

Noyce, R. and Simpson, J. (2018) 'The experience of forming a therapeutic relationship from the client's perspective: a metasynthesis', *Psychotherapy Research*, 28(2), pp. 281–296.

Nussbaum, M. C. and Sen, A. (1993) *The quality of life*. U.S.A.: Oxford University Press.

O'Broin, A. (2016) 'Where we have been, where we are now, and where we might be heading: Where next for the coaching relationship?', *Coaching Psykologi-The Danish Journal of Coaching Psychology*, 5(1), pp. 57–74.

O'Broin, A. and Palmer, S. (2008) 'Reappraising the coach-client relationship: the unassuming change agent in coaching', in Palmer, S. and Whybrow, A. (eds.)*Handbook of coaching psychology: a guide for practitioners*. Routledge, pp. 295–324.

O'Broin, A. and Palmer, S. (2009) 'Co-creating an optimal coaching alliance: a cognitive behavioral coaching perspective', *International Coaching Review*, 4(2), pp. 184–194.

O'Broin, A. and Palmer, S. (2010a) 'Building on an interpersonal perspective on the coaching relationship', in Palmer, S. and McDowall, A. (eds.) *The coaching relationship: putting people first*. London: Routledge, pp. 52–72.

O'Broin, A. and Palmer, S. (2010b) 'Exploring key aspects in the formation of coaching relationships: initial indicators from the perspective of the coachee and the coach', *Coaching: An International Journal of Theory, Research and Practice*, 3(2), pp. 124–143.

O'Broin, A. and Palmer, S. (2010c) 'Introducing an interpersonal perspective on the coaching relationship', in Palmer, S. and McDowall, A. (eds.) *The coaching relationship: putting people first*. London: Routledge, pp. 27–51.

O'Broin, A. and Palmer, S. (2012) 'Enhancing the coaching alliance and relationship', in Neenan, M. and Palmer, S. (eds.) *Cognitive behavioural coaching in practice: an evidence based approach*. Hove: Routledge, pp. 53–79.

O'Broin, A. and Palmer, S. (2019) 'The coaching relationship. A key role in coaching processes and outcomes', in Palmer, S. and Whybrow, A. (eds.) *Handbook of coaching psychology: a guide for practitioners*. 2 edn. London and New York: Routledge, pp. 471–486.

Olsen, J. M. (2014) 'Health coaching: a concept analysis', *Nursing Forum*, 49(1), pp. 18–29.

Olsen, J. M. and Nesbitt, B. J. (2010) 'Health coaching to improve healthy lifestyle behaviors: an integrative review', *American Journal of Health Promotion*, 25(1), pp. e1–e12.

Olsson, M. C. (2015) 'Systematic interviews and analysis: using the repertory grid technique', in *Game research methods*. ETC Press, pp. 291–307.

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hrobjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., McGuinness, L. A., Stewart, L. A., Thomas, J., Tricco, A. C., Welch, V. A., Whiting, P. and Moher, D. (2021) 'The PRISMA 2020 statement: an updated guideline for reporting systematic reviews', *Systematic Reviews*, 10(1), p. 89.

Palagenas, E. C., Sanchez, M. C., Molintas, M. V. and Caricativo, R. D. (2017) 'Reflexivity in qualitative research: a journey of learning', *The Qualitative Report*, 22(2), pp. 426–438.

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N. and Hoagwood, K. (2015) 'Purposeful sampling for qualitative data collection and analysis in mixed Method implementation research', *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), pp. 533–544.

Palmer, S. and McDowall, A. (2010) 'An introduction', in Palmer, S. and McDowall, A. (eds.) *The coaching relationship: putting people first*. London: Routledge, pp. 1–8.

Palmer, S. and Whybrow, A. (2019) *Handbook of coaching psychology: a guide for practitioners*. 2 edn. London: Routledge.

Passmore, J. (2010) 'A grounded theory study of the coachee experience: the implications for training and practice in coaching psychology', *International Coaching Psychology Review*, 5(1), pp. 48–62.

Passmore, J. and Fillery-Travis, A. (2011) 'A critical review of executive coaching research: a decade of progress and what's to come', *Coaching: An International Journal of Theory, Research and Practice*, 4(2), pp. 70–88.

Passmore, J. and Sinclair, T. (2020) 'What is coaching?', in Passmore, J. and Sinclair, T. (eds.)*Becoming a coach: the essential ICF guide*. Springer Nature Switzerland AG, pp. 7–13.

Pavlović, J. (2019) 'Team Coaching Psychology: Toward an Integration of Constructivist Approaches', *Journal of Constructivist Psychology*, pp. 1–13.

Pavlović, J. (2021) *Coaching psychology: constructivist approaches*. Edited by Palmer, S. London and New York: Routledge.

Pavlović, J. and Stojnov, D. (2016) 'Personal construct coaching', in Winter, D. and Reed, N. (eds.) *The wiley handbook of personal construct psychology*. Chichester: John Wiley & Sons, pp. 320–330.

Pearson, M. R. and Bulsara, C. (2016) 'Therapists' experiences of alliance formation in short-term counselling', *European Journal of Psychotherapy and Counselling*, 18(1), pp. 75–92.

Peltier, B. (2010) 'Coaching women', in Peltier, B. (ed.) *The psychology of executive coaching: theory and applicaition*. New York, London: Routledge.

Perreault, W. D. J. and Leigh, L. E. (1989) 'Reliability of nominal data based on qualitative judgments', *Journal of Marketing Research*, 26(2), pp. 135–148.

Pierce, R. M. and Schauble, P. G. (1970) 'A note on the role of facilitative responsibility in the therapeutic relationship', *Journal of Clinical Psychology*, 26(2), pp. 250–252.

Prochaska, J. O. and DiClemente, C. C. (1984) 'Toward a comprehensive model of change', in Prochaska, J. O. and DiClemente, C. C. (eds.) *The transtheoretical approach: crossing the traditional boundaries of therapy*. Homewood, IL: Dow-Jones, pp. 3–27.

Procter, H. G. (1981) 'Family construct psychology: an approach to understanding and treating families', in Walrond-Skinner, S. (ed.) *Developments in family therapy*. London: Routledge and Kegan Paul, pp. 350–366.

Procter, H. G. (1985a) 'A construct approach to family therapy and systems intervention', in Button, E. (ed.) *Personal construct theory and mental health*. Cambridge, MA: Brookline, pp. 327–350.

Procter, H. G. (1985b) 'Family therapy and research', in Beail, N. (ed.) *Repertory grid technique and personal constructs*. London: Croom Helm, pp. 218–239.

Procter, H. G. (2014) 'Qualitative grids, the relationality corollary and the levels of interpersonal construing', *Journal of Constructivist Psychology*, 27(4), pp. 243–262.

Procter, H. G. (2016a) 'Personal construct psychology, society and culture: a review', in Winter, D. and Reed, N. (eds.) *The wiley handbook of personal construct psychology*. Chichester: John Wiley & Sons, pp. 139–153.

Procter, H. G. (2016b) 'Relational Construct Psychology', in Winter, D. and Reed, N. (eds.) *The wiley handbook of Personal Construct Psychology*. Chichester: John Wiley & Sons Ltd., pp. 167–177.

Procter, H. G. and Winter, D. A. (2020) *Personal and relational construct psychotherapy*. London: Palgrave Macmillan.

Raskin, J. D. (2002) 'Constructivism in psychology: personal construct psychology, radical constructivism, and social constructivism', *American Communication Journal*, 5(3), pp. 1–25.

Raskin, J. D. (2008) 'The evolution of constructivism', *Journal of Constructivist Psychology*, 21(1), pp. 1–24.

Reis, T. R. (2007) 'Steps toward the ripening of relationship science', *Personal Relationships,*, 14, pp. 1–23.

Reissner, S. C., Carr, A. N. and Du Toit, A. (2011) 'Power and the tale: coaching as storyselling', *Journal of Management Development*, 30(3), pp. 247–259.

Reynolds, W. F. and Scott, B. (1999) 'Empathy: a crucial component of the helping relationship', *Journal of Psychiatric and Mental Health Nursing*, 6(5), pp. 363–370.

Ribner, D. S. and Knei-Paz, C. (2002) 'Client's view of a successful helping relationship', *Social Work*, 47(4), pp. 379–387.

Rogers, C. R. (1957) 'The neccessary and sufficient conditions of therapeutic personality change', *Journal of Consulting Psychology*, 21(2), pp. 95–103.

Rogers, C. R. (1958) 'The characeristics of the helping relationship', *The Personnel and Guidance Journal*, 37(1), pp. 6–16.

Rogers, C. R. (1967) *The therapeutic relationship and its impact: a study of psychotherapy with schizophrenics*. University of Wisconsin Press.

Rojon, C., McDowall, A. and Saunders, M. N. K. (2019) 'A novel use of honey's aggregation approach to the analysis of repertory grids.', *Field Methods*, 31(2), pp. 150–166.

Rosenberger, M. and Freitag, M. (2009) 'Repertory Grid', in Kühl, S., Strodtholz, P. and Taffertshofer, A. (eds.) *Handbuch Organisationsforschung*. Wiesbaden: VS Verlag für Sozialwissenschaften, pp. 477–493.

Rosinski, P. and Abbott, G. N. (2006) 'Coaching from a cultural perspective', in Stober, D. R. and Grant, A. M. (eds.) *Evidence based coaching handbook: putting best practices to work for your clients*. Hoboken, NJ: Wiley, pp. 255–275.

Ross, L. (1977) 'The intuitive psychologist and his shortcomings: distortions in the attribution process', in Berkowitz, L. (ed.) *Advances in experimental social psychology (Volume 10, pp.173–240)*. Orlando, FL: Academics Press.

Rosselló, J. and Bernal, G. (1999) 'The efficacy of cognitiive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents', *Journal of Consulting and Clinical Psychology*, 67(5), pp. 734–745.

Rousseau, D. M. (2001) 'Schema, promise and mutuality: the building blocks of the psychological contract', *Journal of Occupational and Organizational Psychology*, 74, pp. 511–541.

Rousseau, D. M., Manning, J. and Denyer, D. (2008) 'Evidence in management and organizational science: assembling the field's full weight of scientific knowledge through syntheses', *Academy of Management Annals*, 2(1), pp. 475–515.

Rozenszajn, R., Kavod, G. Z. and Machluf, Y. (2021) 'What do they really think? the repertory grid technique as an educational research tool for revealing tacit cognitive structures', *International Journal of Science Education*, 43(6), pp. 906–927.

Rübner, M. and Sprengard, B. (2010) *Handbuch für Berufsberaterinnen und Berufsberater* (IV vols). Edited by Arbeit, B. f. Nürnberg: CPI books GmbH.

Ryan, M. R. and Deci, E. L. (2000) 'Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being', *American Psychologist*, 55(1), pp. 68–78.

Ryle, A. and Lipshitz, S. (1981) 'Recording change in marital therapy with the reconstruction grid', in Walrond-Skinner, S. (ed.) *Developments in family therapy*. London: Routledge and Kegan Paul, pp. 246–257.

Saha, S., Beach, M. C. and Cooper, L. A. (2008) 'Patient centeredness, cultural competence and healthcare quality', *Journal of the National Medical Association*, 100(11), pp. 1275–1285.

Salice, A. and Schmid, H. B. (2016) *The phenomenological approach to social reality: history, concepts, problems*. Dordrecht: Springer.

Santos, H. P., Jr., Black, A. M. and Sandelowski, M. (2015) 'Timing of translation in cross-language qualitative research', *Qualitative Health Research*, 25(1), pp. 134–144.

Saporito, T. J. (1996) 'Business-linked executive development: coaching senior executives', *Consulting Psychology Journal: Practice and Research*, 48(2), pp. 96–103.

Saunders, M. N. K., Lewis, P. and Thornhill, A. (2019) *Research methods for business students*. 8 edn. London: Pearson.

Schermuly, C. C. and Graßmann, C. (2018) 'A literature review on negative effects of coaching – what we know and what we need to know', *Coaching: An International Journal of Theory, Research and Practice*, 12(1), pp. 39–66.

Schiemann, S. J., Mühlberger, C., Schoorman, F. D. and Jonas, E. (2019) 'Trust me, I am a caring coach: The benefits of establishing trustworthiness during coaching by communicating benevolence', *Journal of Trust Research*, 9(2), pp. 164–184.

Schmitt, M. and Altstötter-Gleich, C. (2010) 'Die Repertory Grid Technik', in Schmitt, M. and Altstötter-Gleich, C. (eds.) *Differentielle Psychologie und Persönlichkeitspsychologie kompakt*. Weinheim: Beltz.

Scoular, A. and Linley, P. A. (2006) 'Coaching, goal-setting and personality type: what matters?', *The Coaching Psychologist*, 2(1), pp. 9–11.

Sen, A. (1980) 'Equality of what?', *The Tanner lecture on human values*, 1, pp. 197–220.

Sforzo, G. A., Kaye, M. P., Todorova, I., Harenberg, S., Costello, K., Cobus-Kuo, L., Faber, A., Frates, E. and Moore, M. (2018) 'Compendium of the health and wellness coaching literature', *American Journal of Lifestyle Medicine*, 12(6), pp. 436–447.

Shaffril, H. A. M., Krauss, S. E. and Samsuddin, S. F. (2018) 'A systematic review on Asian's farmers' adaptation practices towards climate change', *Science of the Total Environment*, 644, pp. 683–695.

Shaffril, H. A. M., Samsuddin, S. F. and Samah, A. A. (2021) 'The ABC of systematic literature review: the basic methodological guidance for beginners', *Quality & Quantity*, 55(11), pp. 1319–1346.

Shariat, M. A., Iranzadeh, S. and Zendeh, A. B. (2017) 'Identification and classification of effective operational plans on sustainable production using repertory grid and principal component analysis: a case study on industrial production companies in Semnan Province, Iran', *International Journal of Economics and Financial Issues*, 7(6), pp. 82–96.

Sharp, L. A. and Hodge, K. (2013) 'Effective sport psychology consulting relationships: two coach case studies', *Sport Psychologist*, 27(4), pp. 313–324.

Sheskin, D. J. (2011) *Handbook of parametric and nonparametric statistical procedures*. 5 edn. New York: Chapman & Hall/CRC.

Sills, C. (2012) 'The coaching contract: a mutual commitment', in de Haan, E. and Sills, C. (eds.) *Coaching relationships: the relational coaching field book*. Faringdon, Oxfordshire: Libri Publishing.

Simon, R. S. (1992) 'Treatment boundary violations: clinical, ethical, and legal considerations', *Journal of the American Academy of Psychiatry and the Law Online*, 20(3), pp. 269–288.

Simons, J. A. and Helms, J. E. (1976) 'Influence of counselors' marital status, sex, and age on college and noncollege women's counselor preferences', *Journal of Counseling Psychology*, 23(4), pp. 380–386.

Sims, D. (2016) 'You Bastard: A narrative exploration of the experience of indignation within organizations', *Organization Studies*, 26(11), pp. 1625–1640.

Sinai-Glazer, H. (2020) 'The essentials of the helping relationship between social workers and clients', *Social Work*, 65(3), pp. 245–256.

Smith, D. and Fitzpatrick, M. (1995) 'Patient-therapist boundary issues: an integrative review of theory and research', *Professional Psychology: Research and Practice*, 26(5), pp. 499–506.

Smither, J. W. (2011) 'Can psychotherapy research serve as a guide for research about executive coaching? An agenda for the next decade', *Journal of Business and Psychology*, 26(2), pp. 135–145.

Snyder, M. (1984) 'When belief creates reality', in Berkowitz, L. (ed.) *Advances in experimental social psychology*. New York.

Sobrido Prieto, M. and Rumbo-Prieto, J. M. (2018) 'The systematic review: plurality of approaches and methodologies', *Enfermería Clínica (English Edition)*, 28(6), pp. 387–393.

Sparrow, S. (2006) 'The gender gap', *Training and Coaching Today*, April, pp. 22–23.

Speight, S. L. (2012) 'An exploration of boundaries and solidarity in counseling relationships', *Counseling Psychologist*, 40(1), pp. 133–157.

Stam, H. J. (1998) 'Personal construct theory and social constructionism: difference and dialogue', *Journal of Constructivist Psychology*, 11(3), pp. 187–203.

Statista (2023a) *Anteil der Langzeitarbeitslosen in Deutschland von 1993 bis 2023 (Proportion of long-term unemployed in Germany from 1993 to 2023)*. Available at: https://de.statista.com/statistik/daten/studie/17425/umfrage/anteil-der-langzeitarbeitslosen-in-deutschland/ (Accessed: 31.05.2023).

Statista (2023b) *Arbeitslosenquote in Deutschland Mai 2022 bis Mai 2023 (Unemployment ratio in Germany from May 2022 to May 2023)*. Available at: https://de.statista.com/statistik/daten/studie/1239/umfrage/aktuelle-arbeitslosenquote-in-deutschland-monatsdurchschnittswerte/ (Accessed: 31.05.2023).

Stern, L. and Stout-Rostron, S. (2013) 'What progress has been made in coaching research in relation to 16 ICRF focus areas from 2008 to 2012?', *Coaching: An International Journal of Theory, Research and Practice*, 6(1), pp. 72–96.

Stewart, L. J. P., S.; Wilkin, H. & Kerrin, M. (2008) 'The influence of character: does personality impact coaching success', *International Journal of Evidence Based Coaching and Mentoring*, 6(1), pp. 32–42.

Stober, D. R. and Grant, A. M. (2006) 'Toward a conceptual approach to coaching models', in Stober, D. R. and Grant, A. M. (eds.) *Evidence based coaching handbook: putting best practices to work for your clients*. Hobokan, NJ: Wiley, pp. 355–365.

Stojnov, D., Džinović, V., Pavlović, J. and Frances, M. (2011) 'Personal construct coaching: „new/old" tool for personal and professional development', in Stojnov, D. and

Daban, F. (eds.) *Personal construct coaching in an accelerating world*. Belgrade: EPCA Publishing, pp. 137–146.

Stojnov, D. and Pavlović, J. (2010) 'An invitation to personal construct coaching: from personal construct therapy to personal construct coaching', *International Coaching Psychology Review*, 5(2), pp. 129–139.

Sun, B. J., Deane, F., Crowe, T., Andresen, R. and Oades, L. G. (2013) *A preliminary exploration of the working alliance and ‚real relationship' in two coaching approaches with mental care workers*.

Symon, G. and Cassell, C. (1998) *Qualitative methods and analysis in organzational research: a practical guide*. Sage Publications Ltd.

Tan, F. B. and Hunter, G. M. (2002) 'The repertory grid technique: a method for the study of cognition in information systems', *MIS Quarterly*, 26(1), pp. 39–57.

Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A. and Varpio, L. (2015) 'Choosing a qualitative research approach', *Journal of Graduate Medical Education*, 7(4), pp. 669–670.

Templier, M. and Paré, G. (2015) 'A Framework for Guiding and Evaluating Literature Reviews', *Communications of the Association for Information Systems*, 37(Article 6), pp. 112–137.

Terblanche, N. H. D. and Heyns, M. (2020) 'The impact of coachee personality traits, propensity to trust and perceived trustworthiness of a coach, on a coachee's trust behaviour in a coaching relationship', *SA Journal of Industrial Psychology*, 46(0), pp. e1–e11.

Tervalon, M. and Murray-García, J. (1996) 'Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education', *Journal of Health Care for the Poor and Underserved*, 9(2), pp. 117–125.

Thorndike, E. L. (1920) 'A constant error in psychological ratings', *Journal of Applied Psychology*, 4(1), pp. 25–29.

Tobias, L. L. (1996) 'Coaching executives', *Consulting Psychology Journal: Practice and Research*, 48(2), pp. 87–95.

Tomczak, M. and Tomczak, E. (2014) 'The need to report effect sizes estimates revisited: an overview of some recommended measures of effect size', *Trends in Sport Sciences*, 1(21), pp. 19–25.

Topor, A. and Ljungberg, A. (2016) '"Everything is so relaxed and personal" – the construction of helpful relationships in individual placement and support', *American Journal of Psychiatric Rehabilitation*, 19(4), pp. 275–293.

Truax, C. B., Wargo, D. G., Frank, J. D., Imber, S. D., Battle, C. C., Hoehn-Saric, R., Nash, E. H. and Stone, A. R. (1966) 'The therapist's contribution to accurate empathy, non-possessive warmth, and genuineness in psychotherapy', *Journal of Clinical Psychology*, 22(3), pp. 331–334.

Tryon, G. S., Blackwell, S. C. and Felleman, E. (2007) 'A meta-analytic examination of client–therapist perspectives of the working alliance', *Psychotherapy Research*, 17(6), pp. 629–642.

Ultsch, A. and Lotsch, J. (2022) 'Euclidean distance-optimized data transformation for cluster analysis in biomedical data (EDOtrans)', *BMC Bioinformatics*, 23(1), pp. 233–251.

Urbanoski, K. A., Kelly, J. F., Hoeppner, B. B. and Slaymaker, V. (2012) 'The role of therapeutic alliance in substance use disorder treatment for young adults', *Journal of Substance Abuse Treatment*, 43(3), pp. 344–351.

van Ryn, M. and Heaney, C. A. (1997) 'Developing effective helping relationships in health education practice', *Health Education & Behavior*, 24(6), pp. 683–702.

van Teijlingen, E. R. and Hundley, V. (2002) 'The importance of pilot studies', *Nursing Standard*, 16(40), pp. 33–36.

van Veen, M., Peters, A., Mulder, N., van Meijel, B. and Koekkoek, B. (2019) 'A qualitative study of the working alliance between patient and community mental health

nurse during interpersonal community psychiatric treatment', *Issues in Mental Health Nursing*, 41(3), pp. 211–220.

van Woerkom, M. (2010) 'The relationship between coach and coachee: a crucial factor for coaching effectiveness', in Billett, S. (ed.) *Learning through practice: models, traditions, orientations and approaches*. Dordrecht, Heidelberg, London, New York: Springer, pp. 256–267.

Vogrincic, G. (2005) 'Teaching concepts of help in social work: the working relationship', *European Journal of Social Work*, 8(3), pp. 335–341.

Wagner, A., Henke, J., Henkel, D., Gabler, A., Nägele, B. and Pagels, N. (2017) *Erhebung von Ansätzen guter Praxis zur Integration und Aktivierung suchtkranker Leistungsberechtigter nach dem SGB II - Endbericht* Berlin, Frankfurt am Main, Göttingen.

Wanat, C. L. (2008) 'Getting Past the Gatekeepers: Differences Between Access and Cooperation in Public School Research', *Field Methods*, 20(2), pp. 191–208.

Watts, J. R., O'Sullivan, D. and Chatters, S. J. (2018) 'Strengthening the working alliance for clients with substance use disorders and child maltreatment histories', *Journal of Mental Health Counseling*, 40(1), pp. 38–74.

Welman, P. and Bachkirova, T. (2010) 'The issue of power in the coaching relationship', in Palmer, S. and McDowall, A. (eds.) *The coaching relationship: putting people first*. London: Routledge, pp. 139–158.

Wenzel, A. (2021) 'The therapeutic relationship', in Wenzel, A. (ed.) *Handbook of cognitive behavioral therapy: Overview and approaches*. American Psychological Association, pp. 175–203.

Whelton, W. J., Paulson, B. and Marusiak, C. W. (2007) 'Self-criticism and the therapeutic relationship', *Counselling Psychology Quarterly*, 20(2), pp. 135–148.

WHO and United Nations Children Fund (1978) 'Declaration of Alma-Ata', *Report of the International Conference on Primary Health Care Alma Ata USSR 6–12 September, 1978.* Geneva. World Health Organization.

Whybrow, A. and Palmer, S. (2019) 'Past, present and future', in Palmer, S. and Whybrow, A. (eds.) *Handbook of coaching psychology: a guide for practitioners*. 2 edn. London: Routledge, pp. 5–13.

Wilkinson, R. and Marmot, M. (2003) *Social determinants of health*. 2 edn. Denmark: World Health Organization.

Williams, H., Palmer, S. and Gyllensten, K. (2019) 'Stress, resilience, health and wellbeing coaching', in Palmer, S. and Whybrow, A. (eds.) *Handbook of coaching psychology: a guide for practitioners*. London: Routledge, pp. 295–409.

Winter, D. A. (2020) 'Sociality and hostility: a pernicious mix', *Journal of Constructivist Psychology*, pp. 1–10.

Winter, D. A. and Viney, L. L. (2005) *Personal construct psychotherapy: advances in theory, practice and research*. London and Philadelphia: Whurr Publishers.

Wöhler, J. and Reinhardt, R. (2021) 'The users' perspective on how creativity techniques help in the idea generation process – a repertory grid study', *Creativity and Innovation Management*, 30(1), pp. 144–163.

Wycherley, I. M. and Cox, E. (2008) 'Factors in the selection and matching of executive coaches in organisations', *Coaching: An International Journal of Theory, Research and Practice*, 1(1), pp. 39–53.

Xiao, Y. and Watson, M. (2019) 'Guidance on conducting a systematic literature review', *Planning Research*, 39(1), pp. 93–112.

Young, L. B. (2010) 'Personal construct theory and the transformation of identity in alcoholics anonymous', *International Journal of Mental Health and Addiction*, 9(6), pp. 709–722.

Zuber-Skerritt, O. and Roche, V. (2004) 'A constructivist model for evaluating postgraduate supervision: a case study', *Quality Assurance in Education*, 12(2), pp. 82–93.

Appendix (A): Reliability Test Results for Open Question Categorisation

Initial Version

Collaborator (columns) × Researcher (rows)

Researcher \ Collaborator	Communication Skills	Empathy	(Professional) Competence	Effective Behaviours (Coach)	Effective Behaviours (Client)	Appreciation	Respect	Eye-level	Support	Kindness	Eff. Personal Attributes (Coach)	Eff. Personal Attributes Client	Value-free	Unprejudiced	Openness	Motivation	Understanding	Humanity	Individual Consideration	Trust and Transparency	Cooperation	Self-determination	Responsiveness	Feeling Comfortable/Secure	Depth of Relationship	Jobcenter	Miscellaneous	Total
Communication Skills	11																								1			12
Empathy		6		1																								7
(Professional) Competence			11																									11
Effective Behaviours		1		0							5																2	8
Effective Behaviours (Client)					1					1													1				1	4
Appreciation						3																						3
Respect							10																					10
Eye-level								14																		1		15
Support				1					6		1												1					9
Kindness										7																	1	8
Eff. Personal Attributes (Coach)				3							8													1				12
Eff. Personal Attributes (Client)					4							8												2			1	15
Value-free													3															3
Unprejudiced														5														5
Openness				1											5													6
Motivation																4												4
Understanding																	8											8
Humanity																		4										4
Individual Consideration				1															14									15
Trust and Transparency																				14								14
Cooperation																					3							3
Self-determination				3																		7						10
Responsiveness																							5					5
Feeling Comfortable/ S.																								2	3			5
Depth of Relationship				3	1						1														3			8
Jobcenter																										7		7
Miscellaneous				1	3	1					1																1	7
Total	11	6	16	14	6	3	10	14	6	8	15	8	4	5	5	4	8	4	14	14	3	7	6	6	7	8	6	218
Actual agreement (Pa)	11	6	11	0	1	3	10	14	6	7	8	8	3	5	5	4	8	4	14	14	3	7	5	2	3	7	1	169
Chance agreement (Pc)	0.9	0.9	0.7	0.0	0.1	1.0	1.0	0.9	0.7	0.6	0.4	0.5	1.0	1.0	0.8	1.0	1.0	1.0	0.9	1.0	1.0	0.7	0.8	0.1	0.2	0.9	0.1	20.1%

Categories: 27

Reliability: Agreement: 77.52%

Cohen test: = 0.72

Perrault-Leigh test: I_r = 0.86

Final Version

Collaborator	Communication Skills	Empathy	(Professional) Competence	Effective Behaviours (Coach)	Effective behaviours (Client)	Appreciation	Respect	Eye-level	Support	Kindness	Eff. Personal Attributes (Coach)	Eff. Personal Attributes (Client)	Value-free	Unprejudiced	Openness	Motivation	Understanding	Humanity	Individual Consideration	Trust and Transparency	Cooperation	Self-determination	Responsiveness	Feeling Comfortable/Secure	Depth of relationship	Jobcenter	Miscellaneous	Total
Communication Skills	12										1														1			**14**
Empathy		7																										**7**
(Professional) Competence			12																									**12**
Effective Behaviours			1	5								1											1					**8**
Effective Behaviours (Client)				2																				1				**3**
Appreciation						3																						**3**
Respect							10																					**10**
Eye-level				1				14																				**15**
Support				1					7																	1		**9**
Kindness										8																		**8**
Eff. personal Attributes (Coach)											11																	**11**
Eff. Personal Attributes (Client)				1								12															2	**15**
Value-free													3															**3**
Unprejudiced														5														**5**
Openness															5									1				**6**
Motivation																4												**4**
Understanding																	8											**8**
Humanity																		4										**4**
Individual Consideration																			15									**15**
Trust and transparency																				14								**14**
Cooperation																					3							**3**
Self-determination																						10						**10**
Responsiveness																							5					**5**
Feeling Comfortable/ S.																								5				**5**
Depth of Relationship																									7			**7**
Jobcenter																										7		**7**
Miscellaneous																											7	**7**
Total	12	7	13	7	3	3	10	14	7	8	12	12	4	5	5	4	8	4	15	14	3	10	6	7	8	8	9	**218**
Actual agreement (Pa)	12	7	12	5	2	3	10	14	7	8	11	12	3	5	5	4	8	4	15	14	3	10	5	5	7	7	7	**205**
Chance agreement (Pc)	0.9	1.0	0.9	0.4	0.4	1.0	1.0	0.9	0.8	1.0	0.9	0.8	0.8	1.0	0.8	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.7	0.9	0.9	0.8	**23.9%**

(Rows on left side labelled **Researcher**; Categories: 27)

Categories: 27

Reliability: Agreement: 94.04%

Cohen test: $= 0.92$

Perrault-Leigh test: I_r $= 0.97$

Appendix (B): Open Question – List of All Codes

No.	Participant Group	Codes
1	PO	The conversation should take place alternately
2	PO	Communicative competence (a minimum is essential)
3	PO_CL	It is important in communication to get to the point.
4	HCC_CL	Discussing ideas (private and professional)
5	HCC_CL	You must be able to have good conversations with each other.
6	HCC_CL	That you can talk to each other.
7	HCC_CL	You must be able to talk to each other well, also about personal things
8	HCC_CL	Communication about goals must be right, pointing out possible ways,
9	HCC_CL	For non-native German speakers, it needs some consideration, you should speak a bit slower and not use so many foreign words, coach must not exploit own linguistic advantage
10	PO_CL	Listening
11	HCC_CL	Listening
12	HCC_CL	Listening
13	PO	It is important to be able to put yourself in the other person's shoes.
14	PO	Empathy for the client
15	PO	Empathetic
16	HCC	Empathy
17	HCC	Empathy
18	PO_CL	Empathy, that one can put oneself in each other's life worlds
19	PO_CL	Insight is needed
20	PO	The PO must have knowledge and experience.
21	PO_CL	Coaches must have an overview of different professions (competence)
22	PO_CL	Expertise (professional competence)
23	PO_CL	Coaches should have worked somewhere outside the JC themselves
24	PO_CL	People management, you have to be able to deal with people
25	PO_CL	Competence
26	HCC_CL	Good contact person
27	HCC_CL	Should have specialist connections
28	HCC_CL	Coaches must be well trained (qualification)
29	HCC_CL	Professional competence is important. Professional network
30	HCC_CL	Providing a good professional network
31	HCC_CL	Giving good tips, competence, broad knowledge
32	PO	One should pursue the same goals together
33	PO_CL	Objectives of coach and client should overlap as much as possible so that an added value for both is created
34	HCC	The coach's role is more one of listening than speaking.
35	HCC	Mutual acceptance
36	HCC_CL	Solution-oriented
37	PO_CL	Enough time to achieve goals
38	PO_CL	Not dogged
39	HCC_CL	Patience
40	PO	One should pursue the same goals together
41	PO_CL	Objectives of coach and client should overlap as much as possible so that an added value for both is created
42	HCC	Mutual acceptance
43	PO	Appreciative
44	HCC	Mutual appreciation
45	HCC_CL	Mutual value, I am good enough for them
46	PO	Client must feel that he is respected as a human being, respect
47	HCC	It is important to convey that the other person's opinion is respected
48	HCC	Mutual respect
49	PO	Respect
50	PO_CL	Respectful
51	PO_CL	Respectful interaction with each other
52	PO_CL	Mutual respect
53	PO_CL	Respect, the coach should not see you as antisocial, stupid, lazy, but as a human being

No.	Participant Group	Codes
54	PO_CL	Respectful behaviour
55	HCC_CL	Respect
56	PO	Eye-level
57	HCC	Eye-level
58	HCC	Eye-level
59	PO_CL	Not from above (eye-level)
60	PO_CL	Not being treated down
61	PO_CL	Coach should not treat me as stupid, eye-level, not from above
62	PO_CL	Effective coaching relationship is always based on eye-level
63	PO_CL	Not be portrayed as lazy
64	PO_CL	Eye-level
65	PO_CL	Not being treated from the top down
66	HCC_CL	Look me in the eye (eye-level)
67	HCC_CL	Eye-level
68	HCC_CL	Eye-level
69	HCC_CL	That you are not treated from above
70	HCC_CL	You shouldn't be treated from the top down
71	PO_CL	Would like more support, I was told to be not suitable for many things
72	PO_CL	Coach must have the desire and commitment to really help, no quota orientation
73	PO_CL	Supporting and challenging at the same time
74	PO_CL	Getting help
75	HCC_CL	Shows me the way to the goal
76	HCC_CL	Being there for me
77	HCC_CL	Able and willing to help
78	HCC_CL	Help to set up outpatient care service, support in health care
79	HCC_CL	Medical connection, professional advice, health advice
80	PO_CL	Mutual friendliness
81	PO_CL	Friendliness
82	PO_CL	Friendly
83	HCC_CL	Not being mean to me, me being enough, not being degraded
84	HCC_CL	Not being annoyed, relaxed
85	HCC_CL	Politeness, decency
86	HCC_CL	The coach should be a nice person.
87	HCC_CL	Coaches are only human too.
88	PO_CL	Availability
89	PO	Resource-oriented
90	HCC_CL	Coach approaches me, not blocking everything out
91	PO	Unconditional
92	HCC	Positive image of humanity (coach)
93	PO_CL	Cares about me
94	HCC	Coach must have integrity
95	PO_CL	Personal experiences of unemployment (coach) contribute
96	PO_CL	Justice is important. Foreigners have better cards in the JC
97	HCC_CL	Be taken seriously
98	HCC_CL	Humour, someone who is up for any kind of fun
99	PO	Willingness of coach and client to compromise
100	PO	Client must be able to be guided and accept support
101	HCC	Will to change
102	HCC	Willingness to change, potential for change
103	PO	Willingness of coach and client to compromise
104	HCC	Courage to get involved with someone you don't know
105	PO	Frustration tolerance
106	PO	Self-criticism

No.	Participant Group	Codes
107	HCC	Commitment
108	HCC	Punctuality
109	HCC	Reliability (coach and client)
110	HCC	Relationship building
111	PO	Honesty
112	HCC	Honest
113	HCC	Honesty
114	PO	Humour is important
115	PO	Value-free
116	PO_CL	Coach should not devalue
117	PO_CL	The coach should not advocate any ideologies
118	PO_CL	That one is not confronted with prejudices
119	PO_CL	The coach should not have any prejudices or biases and should not pigeonhole you
120	PO_CL	The coach should be unbiased
121	HCC_CL	You encounter so much prejudice, you shouldn't be pigeonholed,
122	HCC_CL	Not labelling me
123	PO	Openness, client openness and willingness to give information about oneself
124	PO	Open
125	HCC	Open
126	PO_CL	Openness
127	HCC_CL	Open
128	HCC_CL	Open
129	PO	Client motivation
130	HCC	People have to be 'on the ball'
131	HCC	Motivation
132	HCC	The client must bring motivation
133	HCC	It is important to try to understand the other person, to understand what the client is saying.
134	HCC	Mutual understanding
135	PO_CL	Understanding
136	HCC_CL	Basic understanding
137	HCC_CL	The coach must be a person who understands you.
138	HCC_CL	That I am understood that I my situation is understood
139	HCC_CL	Understanding
140	HCC_CL	Understanding my needs
141	PO_CL	Humanity
142	HCC_CL	Humanity
143	HCC_CL	Humanity
144	HCC_CL	Humanity
145	PO_CL	Coach should respond to the individual situation of the client, coach should not act according to standards, coach should respond to each client individually
146	PO_CL	You should not have to feel like a number, work proposals should fit the person and take health restrictions into account, it should not be standard treatment, no unrealistic demands should be made on you
147	PO_CL	Focus on people, not just on numbers, look behind the scenes, why isn't the person in work, what motivation does the client have, the person must be important
148	PO_CL	One should not only be managed but seen as a human being.
149	PO_CL	Coaches should treat each person individually (desired/not desired areas of work).
150	PO_CL	Individual consideration
151	HCC_CL	I am not a number, sees me as a human being
152	HCC_CL	Individual approach
153	HCC_CL	Individual consideration, flexibility in career choices (retraining, further education)
154	HCC_CL	You shouldn't have to feel like a number or a file
155	HCC_CL	The human aspect is important, that you are not just a number
156	HCC_CL	You have to respond to the person individually, it must not only be about getting back to work as quickly as possible.
157	HCC_CL	Flexibility
158	HCC_CL	Taking my experiences into account, thinking outside the box
159	HCC_CL	Flexibility

No.	Participant Group	Codes
160	PO	Trusting
161	PO	Basis of trust for intensive work with people with multiple problems
162	PO	Trust must develop, be able to trust statements and promises of the coach
163	PO	Mutual trust
164	PO	Transparency (coach)
165	PO	Trusting
166	HCC	As with other therapeutic relationships: the initial phase and relationship building is very important, building trust
167	HCC	Trusting
168	HCC	Trust, transparency
169	HCC	Basis of trust as a prerequisite
170	HCC	Trust
171	PO_CL	A good relationship of trust is important
172	HCC_CL	A basis of trust is needed
173	HCC_CL	Trust
174	PO	I can only provide coaching if I know what it is about, i. e. the client must open and cooperate
175	HCC	Cooperation
176	HCC_CL	You must be able to work together, professional level
177	PO	Voluntariness, there is coercion by the context, but everyone must remain master of their own actions
178	PO	Self-determination
179	PO_CL	Self-determination
180	PO_CL	Too many demands are made on you. You are determined by others. If you don't perform as expected, there are sanctions, it is too quota oriented.
181	HCC_CL	Not forcing anything, the path is shown but not prescribed, no pressure
182	HCC_CL	Self-determination
183	HCC_CL	Not being put under pressure, not being stressed, patience is important, good balance between pushing and letting things run again
184	PO	The relationship must include some form of sanctioning (in the sense of parenting/education)
185	PO_CL	No pressure (sanctions, negative consequences)
186	PO_CL	You should not be constantly afraid of sanctions
187	PO	Coach responsiveness to the client
188	PO_CL	Coach must be responsive to wants and needs
189	PO_CL	respond to my professional wishes
190	HCC_CL	Responding to people
191	HCC_CL	Responding to me
192	HCC	Feeling comfortable
193	PO_CL	Feeling comfortable with the other person, having fun
194	PO_CL	Being able to laugh together, being able to tackle serious issues together
195	HCC_CL	Chemistry must match
196	HCC_CL	The chemistry has to be right
197	PO	Professional distance
198	PO	Mixture of closeness and professional distance. Professional distance, one must not 'take the work home'
199	PO_CL	Personal relationship (you need a lot of information to be able to assess the person, very personal things are addressed)
200	HCC_CL	It must not be superficial
201	HCC	Even if you don't like each other, ability to work together
202	HCC	The coaching situation should be neither official nor casual, but professional. Professionalism must be maintained under all circumstances
203	HCC_CL	Heart and soul, it is not just a job for the coach
204	HCC_CL	Clear relationship, that you can speak plainly, direct progression
205	PO_CL	Communication between the JC departments should be better
206	PO_CL	Meaningful qualification measures
207	PO_CL	You must be able to make contact yourself as a client (you can't reach anyone), the organisation in the JC (correspondence has to be better as it doesn't work well)
208	PO_CL	Further training and retraining should be made possible, requests for further training should not be refused. At the JC Kreis Viersen, the right does not know what the left is doing
209	PO_CL	JC for 8 years, 5-6 coaches during this time, 2 of whom were good to work with.
210	PO_CL	One should have only one contact person. Better organisation
211	HCC_CL	Not changing coaches so often
212	PO_CL	Depends on the personality of the coach

No.	Participant Group	Codes
213	PO_CL	Expectations of PO and client often do not fit well together
214	HCC_CL	Involving the participant's environment
215	PO_CL	Much more regular contact
216	PO_CL	Regular contact
217	PO	It is the healthy mix and the interplay of the individual points that makes it
218	HCC_CL	It must be a good fit

Appendix (C): Open Question Categorisation – Codes by Category

Category	Subcategory	Consecutive Code Number	Sum % of Subcategory	HCC Sum % of Subcategory	PO Sum % of Subcategory	HCC Clients Sum % of Subcategory	PO Clients Sum % of Subcategory
Skills and Competencies	Communication Skills	001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012	12 38.71%	0 0.00%	2 16.67%	8 66.67%	2 16.67%
	Empathy	013, 014, 015, 016, 017, 018, 019	7 222.58%	2 28.57%	3 42.86%	0 0.00%	2 28.57%
	(Professional) Competence	020, 021, 022, 023, 024, 025, 026, 027, 028, 029, 030, 031	12 38.71%	0 0.00%	1 8.33%	6 50.00%	5 41.67%
Behaviour	Effective Behaviours (Coach)	032, 033, 034, 035, 036, 037, 038, 039	8 14.29%	2 25.00%	1 12.50%	2 25.00%	3 37.50%
	Effective Behaviours (Client)	040, 041, 042	3 5.36%	1 33.33%	1 33.33%	0 0.00%	1 33.33%
	Appreciation	043, 044, 045	3 5.36%	1 33.33%	1 33.33%	1 33.33%	0 0.00%
	Respect	046, 047, 048, 049, 050, 051, 052, 053, 054, 055	10 17.86%	2 20.00%	2 20.00%	1 10.00%	5 50.00%
	Eye-level	056, 057, 058, 059, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 070	15 26.79%	2 13.33%	1 6.67%	5 33.33%	7 46.67%
	Support	071, 072, 073, 074, 075, 076, 077, 078, 079	9 16.07%	0 0.00%	0 0.00%	4 44.44%	5 55.56%
	Kindness	080, 081, 082, 083, 084, 085, 086, 087	8 14.29%	0 0.00%	0 0.00%	3 37.50%	5 52.50%
Attributes	Effective Personal Attributes (Coach)	088, 089, 090, 091, 092, 093, 094, 095, 096, 097, 098, 099	12 16.67%	2 16.67%%	3 25.00%	3 25.00%	4 33.33%
	Effective Personal Attributes (Client)	100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114	15 20.83%	9 60.00%	6 40.00%	0 0.00%	0 0.00%

Category	Subcategory	Consecutive Code Number	Sum % of Subcategory	HCC Sum % of Subcategory	PO Sum % of Subcategory	HCC Clients Sum % of Subcategory	PO Clients Sum % of Subcategory
Attributes	Value-free	115, 116, 117	3 4.17%	0 0.00%	1 33.33%	0 0.00%	2 66.67%
	Unprejudiced	118, 119, 120, 121, 122	5 6.94%	0 0.00%	0 0.00%	2 40.00%	3 60.00%
	Openness	123, 124, 125, 126, 127, 128	6 8.33%	1 16.67%	2 33.33%	2 33.33%	1 16.67%
	Motivation	129, 130, 131, 132	4 5.56%	3 75.00%	1 25.00%	0 0.00%	0 0.00%
	Understanding	133, 134, 135, 136, 137, 138, 139, 140	8 11.11%	2 25.00%	0 0.00%	5 62.50%	1 12.50%
	Humanity	141, 142, 143, 144	4 5.56%	0 0.00%	0 0.00%	3 75.00%	1 25.00%
	Individual Consideration	145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 156, 157, 158, 159	15 20.83%	0 0.00%	0 0.00%	9 60.00%	6 40.00%
Relational	Trust and Transparency	160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 173	14 31.11%	5 35.71%	6 42.86%	2 14.29%	1 7.14%
	Cooperation	174, 175, 176	3 6.67%	1 33.33%	1 33.33%	1 33.33%	0 0.00%
	Self-determination	177, 178, 179, 180, 181, 182, 183, 184, 185, 186	10 22.22%	0 0.00%	3 30.00%	3 30.00%	4 40.00%
	Responsiveness	187, 188, 189, 190, 191	5 11.11%	0 0.00%	1 20.00%	2 40.00%	2 40.00%
	Feeling Comfortable/Secure	192, 193, 194, 195, 196	5 11.11%	1 20.00%	0 0.00%	2 40.00%	2 40.00%
	Depth of Relationship	197, 198, 199, 200, 201, 202, 203, 204	8 17.78%	2 25.00%	2 25.00%	3 37.50%	1 12.50%
Other	Jobcenter	205, 206, 207, 208, 209, 210, 211	7 50.00%	0 0.00%	0 0.00%	1 14.29%	6 85.71%
	Miscellaneous	212, 213, 214, 215, 216, 217, 218	7 50.00%	0 0.00%	1 14.29%	2 28.57%	4 57.14%

Appendix (D): Repertory Grid Example

Instructions (top boxes):

1. The purpose of this grid is to explore your thinking about an effective coaching relationship.

Effective coaching relationship – 'fostering active and constructive participation in the health coaching/coaching in employment service.'

In terms of your coachs' actions and characteristics in that situation that contribute to an effective relationship.

2. Our focus is on:
HELPING RELATIONSHIPS IN YOUR LIFE WHICH ARE OR HAVE BEEN EFFECTIVE FOR THE PURPOSE OF HELP

3. Agree on 10 elements and ask the participants to write them on blank cards.

4. Procedural notes
Triadic elicitation (123, 234, 345, 456, 567, 678, 789, 8910). Then repeat as required aiming at 10 or more constructs, using a second sheet as necessary.

Record the specific wording as the elicited construct.
Rate the elements on each construct before going on to elicit the next.

At the end, use the bottom row to record the final construct whose wording has been supplied.

Ask the participant to order the constructs in terms of importance

Participant Name and Signature:

6. ELICIT CONSTRUCTS	Effective HCC/PO E1	Current HCC/PO E2	Effective teacher E3	Poor teacher E4	Effective doctor E5	Poor doctor E6	Your mother/person who has played role of mother E7	Your father/Person who has played role of father E8	Person you feel comfortable asking for health/personal advice E9	Person you feel uncomfortable asking for health/personal advice E10	RATE CONSTRUCT BY CONSTRUCT	IMPORT
Triad (123) — Humanity (that you see the person, not just the unemployed). =5	4	5	5	1	5	1	3	3	5	2	Inhumanity (regarding someone as a number)	4
Triad (123) — Friendliness =5	4	5	4	1	4	1	4	4	5	1	Unfriendliness	3
Triad (234) — Sympathy =5	5	5	5	1	5	1	5	5	5	2	Unsympathetic	5
Triad (345) — Empathy (can empathise with me, knows how to deal with me, responds to me). =5	5	5	4	1	5	1	3	4	4	1	Disinterest	6
Triad (456) — Does not do his/her job well	5	5	5	1	5	1	3	3	5	1	Does his/her job well =5	7
Triad (567) — Caring =5	3	4	5	1	5	2	4	3	4	2	Neglecting	8
Triad (678) — Close relationship =5	4	4	4	1	4	1	5	5	5	1	Superficial relationship	10
Triad (789) — Helpful =5	5	5	4	2	5	2	5	4	5	1	Interested in their own advantage	9
Triad (8910) — Respect =5	4	5	5	1	5	2	3	2	5	1	Disrespectful	2
Supplied construct — Self-determined, voluntary =5	5	5	4	1	4	1	5	5	5	1	Heteronomous, coercive	1
Supplied construct — Overall more effective relationship	5	5	4	1	4	1	3	3	4	1	Overall less effective relationship	
Reversed												

Appendix (E): Elicited Constructs

The *H-I-L* value indicates the extent to which the respective construct is of high, medium, or low salience for the respective individual. The *Rev.* label indicates whether the poles of the respective construct were reversed during the content analysis process according to Honey (1979).

No.	Identification No.	Emergent Pole	Contrast Pole	Rev.	H-I-L
1	HCC_01_001	Honest, sincere, no manipulative intent	Dishonest, manipulative	No	L
2	HCC_01_002	Assertive	Weak in assertion, vulnerable	Yes	L
3	HCC_01_003	Sympathetic	Unsympathetic	No	I
4	HCC_01_004	Empathetic, own appropriate emotional response	Little empathy	No	I
5	HCC_01_005	Difficult to influence, stubborn	Jumpy, easily irritated	Yes	H
6	HCC_01_006	Values my opinion	Indifferent to my opinion	No	I
7	HCC_01_007	Emotional closeness	Maximum emotional distance	No	H
8	HCC_01_008	Intense relationship	Loose, fleeting relationship	No	H
9	HCC_01_009	Emotionally mature	Emotionally infantile	Yes	L
10	HCC_01_010	Does not trigger	Triggers, hits a nerve	No	H
11	HCC_01_011	Self-determined, voluntary	Heteronomous, coercive	No	L
12	HCC_02_001	Lives with partner/children/other persons	Lives alone	Yes	L
13	HCC_02_002	Good mental health	Poor mental health	Yes	L
14	HCC_02_003	Very willing to change	Little willingness to change	No	L
15	HCC_02_004	Reliable, sticks to agreements	Unreliable	No	I
16	HCC_02_005	Authentic, honest, open	Inauthentic, restrained	No	I
17	HCC_02_006	Willing to accept support	Not willing to accept support	No	I
18	HCC_02_007	Willing to acknowledge other opinions, try out advice	Very stubborn	No	I
19	HCC_02_008	Strong mutual acceptance	Low mutual acceptance	No	H
20	HCC_02_009	Strong willingness to communicate openly	Caginess	No	I
21	HCC_02_010	Empathetic, related to openness and honesty	Not empathetic	No	H
22	HCC_02_011	Self-determined, voluntary	Heteronomous, coercive	No	H
23	HCC_03_001	Willingness to change	No will to change, blocking attitude	No	I
24	HCC_03_002	Strong willingness to accept help	No willingness to accept help	No	I
25	HCC_03_003	Strong trust	Mistrust	No	H
26	HCC_03_004	Committed, adherence to joint agreements	Not committed	No	H
27	HCC_03_005	Reliable, sticks to appointments and deadlines	Unreliable	No	I
28	HCC_03_006	Punctuality	Unpunctuality	No	L
29	HCC_03_007	Mutual appreciation, respect	No mutual appreciation	No	I
30	HCC_03_008	Communication exists	Communication is non-existent	No	H
31	HCC_03_009	Positive view of people	Negative view of people	No	L
32	HCC_03_010	I am important to the other person	I am not important to the other person	No	I
33	HCC_03_011	Knowing each other for a long time	Not knowing each other for a long time	No	H
34	HCC_03_012	Friendship	Acquaintanceship	No	H
35	HCC_03_013	Having a common history	Not having a common history	No	L
36	HCC_03_014	Self-determined, voluntary	Heteronomous, coercive	No	H
37	HCC_04_001	Personal commitment	Lethargy	No	I
38	HCC_04_002	Loyalty	Indifference	No	H
39	HCC_04_003	Self-sacrificing	Selfish/egoistic	No	I
40	HCC_04_004	Honest	Dishonest	No	I
41	HCC_04_005	Stands behind what one does	Does not stand behind what one does	No	H
42	HCC_04_006	Humour	Takes everything very seriously, feeling quickly attacked	No	I

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43	HCC_04_007	Determined, having a clear plan	Trusting in fate	No	L
44	HCC_04_008	Self-confident appearance	Insecure appearance	No	L
45	HCC_04_009	Empathetic	Not being able and willing to deal with other people	No	H
46	HCC_04_010	Cordial, authentic positive interactions	Cold, detached	No	H
47	HCC_04_011	Realistic self-perception	Arrogance	No	I
48	HCC_04_012	Self-determined, voluntary	Heteronomous, coercive	No	I
49	HCC_05_001	Willingness to listen	Superficial listening, defensiveness	No	L
50	HCC_05_002	Cooperation, joint pursuit of goals	Playing off, not pulling together	No	I
51	HCC_05_003	Interest	Disinterest	No	I
52	HCC_05_004	Trust	Mistrust	No	H
53	HCC_05_005	General and health knowledge	Lack of general and health knowledge	No	I
54	HCC_05_006	Eye-level	Power play, hierarchy	No	H
55	HCC_05_007	Motivation, change readiness	Passivity	No	L
56	HCC_05_008	Openness	Caginess	No	I
57	HCC_05_009	Emotional stability	Lability, highly subjective perception	No	H
58	HCC_05_010	Self-determined, voluntary	Heteronomous, coercive	No	L
59	HCC_CL_01_001	Future-oriented, wants good things for me	Quota-oriented	No	H
60	HCC_CL_01_002	Good mood/temper	Bad mood/temper	No	I
61	HCC_CL_01_003	Gives assistance, is helpful	Does not give assistance	No	H
62	HCC_CL_01_004	Can differentiate work and sympathy	Cannot differentiate	No	H
63	HCC_CL_01_005	Takes me seriously	Does not take me seriously	No	H
64	HCC_CL_01_006	Having a long common history	Not having a long common history	Yes	I
65	HCC_CL_01_007	Person is important for me	Person is not important for me	No	I
66	HCC_CL_01_008	Idol	Not being an idol for me	No	I
67	HCC_CL_01_009	Self-determined, voluntary	Heteronomous, coercive	No	H
68	HCC_CL_02_001	Sympathy	Antipathy	No	H
69	HCC_CL_02_002	Fairness	Unfair, unjust	No	H
70	HCC_CL_02_003	Good information transfer	Poor information transfer	No	L
71	HCC_CL_02_004	Feeling in good hands	Not feeling in good hands	No	H
72	HCC_CL_02_005	Caring -	Not caring	No	I
73	HCC_CL_02_006	Sympathy	Antipathy	No	I
74	HCC_CL_02_007	Feeling at home/secure	Feeling unsafe/insecure	No	H
75	HCC_CL_02_008	Female, empathetic	Male, rough	Yes	I
76	HCC_CL_02_009	Honesty	Lying	No	L
77	HCC_CL_02_010	Is always there for me	Ignoring	No	I
78	HCC_CL_02_011	Friendship	Enmity	No	L
79	HCC_CL_02_012	Self-determined, voluntary	Heteronomous, coercive	No	I
80	HCC_CL_03_001	Open-minded	Caginess	No	L
81	HCC_CL_03_002	Respectful -	Not respectful	No	L
82	HCC_CL_03_003	Familiar, intimate	Rejection	No	I
83	HCC_CL_03_004	Fair, just	Unfair, unjust	No	I
84	HCC_CL_03_005	Caring	Disinterest	No	L
85	HCC_CL_03_006	Person is close to me	I do not care about the person	No	L
86	HCC_CL_03_007	Can have fun/enjoyment together	Relationship is exhausting	No	H
87	HCC_CL_03_008	I am happy to see the person	I am not happy to see the person	No	H
88	HCC_CL_03_009	Sympathetic	Unsympathetic	No	H
89	HCC_CL_03_010	Self-determined, voluntary	Heteronomous, coercive	No	I
90	HCC_CL_04_001	Wanting and being able to help	Ignorance	No	L
91	HCC_CL_04_002	Competent	Not competent	No	L
92	HCC_CL_04_003	Sympathy	Antipathy	No	I
93	HCC_CL_04_004	Is there for me	Rejecting	No	H
94	HCC_CL_04_005	Caring	Disinterest	No	I
95	HCC_CL_04_006	Knowing each other well	Not knowing each other well	No	I
96	HCC_CL_04_007	Intensive, emotional relationship	Distant relationship	No	H
97	HCC_CL_04_008	Self-determined, voluntary	Heteronomous, coercive	No	I
98	HCC_CL_05_001	Personal access to the person	Impersonal	No	I
99	HCC_CL_05_002	Friendly	Unfriendly	No	H
100	HCC_CL_05_003	High willingness to help	No willingness to help	No	L
101	HCC_CL_05_004	Exploring boundaries together	Neglect	No	L
102	HCC_CL_05_005	Interest in my person	Disinterest towards my personality	No	L
103	HCC_CL_05_006	Personal support, is always there for me	Stands neutral to me	No	I
104	HCC_CL_05_007	Total dedication for me	Rejection	No	H
105	HCC_CL_05_008	Being able to listen	Not being able to listen	No	I
106	HCC_CL_05_009	Mutual trust	Mistrust	No	H

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107	HCC_CL_05_010	Self-determined, voluntary	Heteronomous, coercive	No	L
108	HCC_CL_06_001	Friendly, humanness	Unfriendly, inhumane	No	I
109	HCC_CL_06_002	Empathy, sensitive, warm	Not empathetic, cold, indifferent	No	I
110	HCC_CL_06_003	Positive charisma, cheerful, good mood	Grumpy, moody	No	I
111	HCC_CL_06_004	Sympathy	Antipathy	No	H
112	HCC_CL_06_005	Attention	Inattention	No	H
113	HCC_CL_06_006	Being able to listen	Not being able to listen	No	H
114	HCC_CL_06_007	Knowing each other well	Not knowing each other well	No	L
115	HCC_CL_06_008	Always there for me	Disinterest, rejection	No	H
116	HCC_CL_06_009	Patient with me	Not patient with me	No	I
117	HCC_CL_06_010	Self-determined, voluntary	Heteronomous, coercive	No	L
118	HCC_CL_07_001	Respectful	Disrespectful, no decency, no politeness	No	I
119	HCC_CL_07_002	Approachable	Not approachable	No	I
120	HCC_CL_07_003	Humour	No common wavelength	No	L
121	HCC_CL_07_004	Polite	Unfriendly	No	H
122	HCC_CL_07_005	Sympathy	Antipathy, unsympathetic	No	H
123	HCC_CL_07_006	Enthusiasm, passion	Someone you can't do anything with	No	I
124	HCC_CL_07_007	Humanity	Disinterest	No	I
125	HCC_CL_07_008	Exaggerated cordiality	Stuffiness, grouchy, grumpy, rude, but not unfriendly	No	L
126	HCC_CL_07_009	Self-determined, voluntary	Heteronomous, coercive	No	L
127	HCC_CL_08_001	Understanding	Lack of understanding	No	H
128	HCC_CL_08_002	Patient with me	Impatient, demanding results quickly	No	L
129	HCC_CL_08_003	Openness towards me, self-disclosure	Closure	No	L
130	HCC_CL_08_004	Listening	Does not listen	No	H
131	HCC_CL_08_005	Feeling comfortable, in good hands	Feeling unwelcome, not in good hands	No	I
132	HCC_CL_08_006	Interest in me	Disinterest	No	I
133	HCC_CL_08_007	Can have fun together	Taking everything strictly and seriously	No	I
134	HCC_CL_08_008	Respectful, appreciation	Indifference	No	H
135	HCC_CL_08_009	Self-determined, voluntary	Heteronomous, coercive	No	L
136	HCC_CL_09_001	Humanity	Rejecting treatment	No	H
137	HCC_CL_09_002	Helping	Restricts my freedoms and makes my inner work more difficult	No	L
138	HCC_CL_09_003	Trust, being able to speak freely	Mistrust, distant behaviour towards the person	No	L
139	HCC_CL_09_004	Competent	Does not do his/her job well	No	I
140	HCC_CL_09_005	Understanding	No understanding	No	H
141	HCC_CL_09_006	Unprejudiced, unbiased	Pigeonholing, strong prejudices	No	L
142	HCC_CL_09_007	Sympathetic	Authoritarian, bossy	No	I
143	HCC_CL_09_008	Always there for me	Abandoned, disinterest	Rev	I
144	HCC_CL_09_009	Being able and willing to listen	Ignoring	No	I
145	HCC_CL_09_010	Knowing each other well	Not knowing much about each other	No	L
146	HCC_CL_09_011	Self-determined, voluntary	Heteronomous, coercive	No	H
147	HCC_CL_10_001	Humanity	Inhumanity	No	I
148	HCC_CL_10_002	Friendliness	Unfriendliness	No	H
149	HCC_CL_10_003	Sympathy	Unsympathetic	No	L
150	HCC_CL_10_004	Empathy	Disinterest	No	H
151	HCC_CL_10_005	Does his/her job well	Does not do his/her job well	No	H
152	HCC_CL_10_006	Caring	Neglecting	No	L
153	HCC_CL_10_007	Close relationship	Superficial relationship	No	L
154	HCC_CL_10_008	Helpful	Interested their own advantage	No	L
155	HCC_CL_10_009	Respect	Disrespectful	No	I
156	HCC_CL_10_010	Self-determined, voluntary	Heteronomous, coercive	No	I
157	HCC_CL_11_001	Feeling in good hands	Strong prejudices, resentment	No	H
158	HCC_CL_11_002	Security, feel comfortable	Unpredictability	No	H
159	HCC_CL_11_003	Competence	Incompetence	No	I
160	HCC_CL_11_004	Patient with behaviour change	Spreading hustle and bustle, wanting everything immediately	No	I
161	HCC_CL_11_005	Caring, concerned about my welfare	Disinterest	No	H
162	HCC_CL_11_006	Trust, able to talk about everything	Mistrust	No	H
163	HCC_CL_11_007	Act positively on me, steer	Indifferent	No	L
164	HCC_CL_11_008	Good soul/person	Total human failure, egoistic	No	I
165	HCC_CL_11_009	Self-determined, voluntary	Heteronomous, coercive	No	L
166	HCC_CL_12_001	Listening, ability and willingness	False/fake interest	No	H

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167	HCC_CL_12_002	Understanding, ability, and willingness	No understanding	No	L
168	HCC_CL_12_003	Sensitive, empathy	Not empathetic	No	L
169	HCC_CL_12_004	Sympathetic	Unsympathetic	No	H
170	HCC_CL_12_005	Willing and able to help	Does not want to help me	No	H
171	HCC_CL_12_006	Close relationship	Superficial relationship	No	I
172	HCC_CL_12_007	Knowing each other well	Not knowing each other well	No	H
173	HCC_CL_12_008	Self-determined, voluntary	Heteronomous, coercive	No	I
174	HCC_CL_13_001	Good guide	Poor guide	No	H
175	HCC_CL_13_002	Trust, I can be myself without hiding anything	Mistrust, bad feeling	No	I
176	HCC_CL_13_003	Understanding	No understanding	No	L
177	HCC_CL_13_004	Patience	Impatience	No	H
178	HCC_CL_13_005	Willing to listen	Not willing to listen	No	I
179	HCC_CL_13_006	Wants to help	Does not want to help	No	I
180	HCC_CL_13_007	Mothering	Professional motive	No	L
181	HCC_CL_13_008	Knowing each other well	Not knowing each other well	No	H
182	HCC_CL_13_009	Gives protection	Does not give protection	No	L
183	HCC_CL_13_010	Self-determined, voluntary	Heteronomous, coercive	No	I
184	HCC_CL_14_001	Patience	Impatience, unrealistic expectations	No	L
185	HCC_CL_14_002	Friendly	Unfriendly	No	L
186	HCC_CL_14_003	Competence	Incompetence	No	I
187	HCC_CL_14_004	Openness	Very convinced of one's own opinion	No	H
188	HCC_CL_14_005	Is there for me	Concerned with own advantage	No	H
189	HCC_CL_14_006	Closeness	Distance	No	I
190	HCC_CL_14_007	Listening	Ignoring	No	H
191	HCC_CL_14_008	Self-determined, voluntary	Heteronomous, coercive	No	I
192	HCC_CL_15_001	Intelligent, knowledgeable	Dumbing down	No	L
193	HCC_CL_15_002	Open-minded	Rigid, not thinking outside the box	No	I
194	HCC_CL_15_003	Can empathise with others	Cannot empathise with others	No	L
195	HCC_CL_15_004	Solution-oriented	Stagnation	No	H
196	HCC_CL_15_005	Competence, professionally broadly positioned	Incompetence	No	L
197	HCC_CL_15_006	Individual consideration	08/15 treatment	No	H
198	HCC_CL_15_007	Caring, looking after my well-being	Disinterest, indifference	No	I
199	HCC_CL_15_008	Bonding	Distance	No	I
200	HCC_CL_15_009	Sympathy, liking each other	Antipathy	No	I
201	HCC_CL_15_010	Helpfulness (trying to find a solution, being there for me)	Egoism	No	I
202	HCC_CL_15_011	Self-determined, voluntary	Heteronomous, coercive	No	I
203	PO_01_001	Unencumbered regarding violence	Physical and mental experience of violence	No	L
204	PO_01_002	Has both feet on the ground professionally	Needs support with professional development	No	L
205	PO_01_003	Is healthy	Severe health restrictions	No	L
206	PO_01_004	Relationship is transparent	Relationship is not transparent	No	H
207	PO_01_005	Relationship is familiar	Closure, caginess	No	H
208	PO_01_006	Aims for professional development	Does not aspire professional development	No	I
209	PO_01_007	Being of one mind	No common denominator	No	H
210	PO_01_008	Pursuing the same path to the goal	Not pursuing the same path to the goal	No	I
211	PO_01_009	Person is close to me	Person is not close to me	No	I
212	PO_01_010	Health is an issue in the relationship	Health is not talked about	Yes	L
213	PO_01_011	Not being stubborn	Stubbornness	No	I
214	PO_01_012	Easy to motivate	Difficult to motivate	No	L
215	PO_01_013	Can be guided, accepts support	Does not steer easily, does not accept support	No	L
216	PO_01_014	Committed, being helpful	Not committed	No	I
217	PO_01_015	Not selfish/self-centred	Selfish/self-centred	No	H
218	PO_01_016	Is not in a life crisis	Is in a life crisis	No	L
219	PO_01_017	Self-determined, voluntary	Heteronomous, coercive	No	H
220	PO_02_001	Openness	Closed mindedness	No	I
221	PO_02_002	Good communication skills	No communication skills	No	I
222	PO_02_003	Willingness to change	Stagnation	No	L
223	PO_02_004	Problem awareness	Not being able to recognise problems	No	I
224	PO_02_005	No health problems	Severe health problems	No	L
225	PO_02_006	No social problems	Social problems	No	L
226	PO_02_007	Male, not wanting to express feelings, dominance behaviour	Female, wanting to express feelings, no dominance behaviour	No	L
227	PO_02_008	Trusting	Distant	No	H

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228	PO_02_009	Reliable	Unreliable	No	H
229	PO_02_010	Empathy	No ability to empathise	No	I
230	PO_02_011	Quick and good comprehension	Slow and bad comprehension	No	I
231	PO_02_012	Willingness to communicate	Speechlessness, no willingness to communicate	No	H
232	PO_02_013	Self-determined, voluntary	Heteronomous, coercive	No	H
233	PO_03_001	Humour	No ability for humour	No	L
234	PO_03_002	Reflectivity	Advice resistant	Yes	L
235	PO_03_003	Communication skills	One-way communication	No	I
236	PO_03_004	Honesty	Dishonesty	No	H
237	PO_03_005	Reliable	Unreliable	No	I
238	PO_03_006	Cordial	Cold	No	H
239	PO_03_007	Self-irony	Taking yourself too seriously	No	L
240	PO_03_008	Generous	Being mindful of one's own advantage	Yes	L
241	PO_03_009	Spontaneity	Conservative, little willingness to change	Yes	H
242	PO_03_010	Constancy, permanent relationship	Inconstant	No	I
243	PO_03_011	Self-determined, voluntary	Heteronomous, coercive	No	I
244	PO_04_001	Open working relationship	Non existing relationship	No	I
245	PO_04_002	Cooperation, consent	Refusal attitude	No	H
246	PO_04_003	Willingness to accept advice	Rejection of advice	No	I
247	PO_04_004	Openness	Caginess	No	I
248	PO_04_005	Open book	Difficult to access	No	I
249	PO_04_006	Strong mutual basis of trust	Distrusts the other person	No	L
250	PO_04_007	Private relationship	Professional relationship	No	L
251	PO_04_008	Reliable	Unreliable	No	L
252	PO_04_009	Communicative	Non-communicative	No	L
253	PO_04_010	Self-determined, voluntary	Heteronomous, coercive	No	H
254	PO_05_001	Trusting relationship	No trusting relationship	No	L
255	PO_05_002	Appreciation	Rejection	No	I
256	PO_05_003	Resistance	Being able to talk spontaneously and openly	No	H
257	PO_05_004	Conversation gives back energy	Conversation costs energy	No	L
258	PO_05_005	Sympathy	Caution	No	I
259	PO_05_006	Active requests help	Expects that help is offered	No	I
260	PO_05_007	Person is close to me, emotional closeness	Person is not close to me	No	I
261	PO_05_008	Willingness to change	Rigidly sticking to the current situation	No	H
262	PO_05_009	Private relationship	Professional relationship	No	L
263	PO_05_010	I feel comfortable in the relationship	I feel uncomfortable in the relationship	No	H
264	PO_05_011	Mutual respect	Disrespect	No	I
265	PO_05_012	Self-determined, voluntary	Heteronomous, coercive	No	H
266	PO_06_001	Trust	Mistrust, caginess	No	I
267	PO_06_002	Self-criticism, objectivity	Lack of flexibility, unwillingness to change	No	I
268	PO_06_003	Dissatisfaction with situation	Satisfaction/acceptance of situation	Yes	L
269	PO_06_004	Feeling healthy	Health problems (mental, physical)	Yes	L
270	PO_06_005	Mutual empathy	Not being able or willing to respond to someone	No	H
271	PO_06_006	Being interested in other people and opinions	Self-centred	No	I
272	PO_06_007	Having patience	Being impatient	No	H
273	PO_06_008	High communicative competence	Lack of communicative competence	No	I
274	PO_06_009	Sympathy	Antipathy, mistrust	No	I
275	PO_06_010	Self-determined, voluntary	Heteronomous, coercive	No	H
276	PO_07_001	Resilience	Resignation to fate	No	L
277	PO_07_002	Openness	Ignorance, negation	No	H
278	PO_07_003	Ability to question oneself, intelligence	Aggressiveness	No	H
279	PO_07_004	Mental stability	Severe mental health problems	No	I
280	PO_07_005	Desire to deal with difficult and complex situation	Excessive demands	No	I
281	PO_07_006	Activity	Passivity	No	H
282	PO_07_007	Trust, no fear/caution	Mistrust, fear/caution	No	I
283	PO_07_008	Stress tolerance	Lability	No	L
284	PO_07_009	Sensitivity/empathy	Emotional blindness	No	H

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285	PO_07_010	Courage, not letting oneself be defeated	Weakness	No	I
286	PO_07_011	Self-determined, voluntary	Heteronomous, coercive	No	L
287	PO_CL_01_001	Good treatment, justice	Bad treatment, injustice	No	I
288	PO_CL_01_002	Understanding	Lack of understanding	No	I
289	PO_CL_01_003	Empathy	Callous	No	L
290	PO_CL_01_004	Open person, openness	Stereotyped thinking	No	H
291	PO_CL_01_005	Reliable, open ear	Unreliable, no open ear	No	H
292	PO_CL_01_006	Person is close to me	Detached person	No	I
293	PO_CL_01_007	Responsiveness	Absent	No	I
294	PO_CL_01_008	Support, offers help	Disinterest	No	I
295	PO_CL_01_009	Self-determined, voluntary	Heteronomous, coercive	No	H
296	PO_CL_02_001	Gets involved with other people	Does not get involved with other people	No	I
297	PO_CL_02_002	Helpful, finding a solution together	Doing only what is necessary for someone else	No	I
298	PO_CL_02_003	Sympathy	Antipathy	No	H
299	PO_CL_02_004	Feeling comfortable with the other person	Feeling uncomfortable with the other person	No	H
300	PO_CL_02_005	Consideration, listening	No consideration, not listening	No	H
301	PO_CL_02_006	Person is close to me	Person is not interested in me	No	H
302	PO_CL_02_007	Is there for me	Is not there for me	No	L
303	PO_CL_02_008	Reliable	Unreliable	No	H
304	PO_CL_02_009	Self-determined, voluntary	Heteronomous, coercive	No	L
305	PO_CL_03_001	Friendly	Unfriendly	No	H
306	PO_CL_03_002	Appreciation	Condescending, derogatory	No	L
307	PO_CL_03_003	Respectful	Disrespectful	No	I
308	PO_CL_03_004	Eye-level	Treating someone down	No	H
309	PO_CL_03_005	Empathetic	Reckless	No	I
310	PO_CL_03_006	Sensitive	Insensitive	No	H
311	PO_CL_03_007	Is always there for me	Disinterest	No	L
312	PO_CL_03_008	Sympathy	Making a fuss	No	H
313	PO_CL_03_009	Self-determined, voluntary	Heteronomous, coercive	No	H
314	PO_CL_04_001	Individual consideration	Pigeonholing	No	H
315	PO_CL_04_002	Eye-level	Cynicism, treating people from above	No	L
316	PO_CL_04_003	Successful knowledge transfer	Cannot transfer knowledge very well	No	I
317	PO_CL_04_004	Communicative competence	Communication deficit	No	L
318	PO_CL_04_005	Caring	Concerned with own advantage	No	I
319	PO_CL_04_006	Empathy	Cold-hearted, rational	No	I
320	PO_CL_04_007	Self-chosen relationship	Non-self-chosen relationship	No	L
321	PO_CL_04_008	Trust	Mistrust	No	H
322	PO_CL_04_009	Self-determined, voluntary	Heteronomous, coercive	No	H
323	PO_CL_05_001	Eye-level	Not being treated at eye-level	No	H
324	PO_CL_05_002	Curiosity, interest in my person	Disinterest	No	I
325	PO_CL_05_003	Competence	Ignorance	No	H
326	PO_CL_05_004	Entertainer qualities	Solitary, introverted	No	I
327	PO_CL_05_005	Rigour, high requirements	Laissez-faire	Yes	L
328	PO_CL_05_006	Flexibility	Conservative attitudes	No	L
329	PO_CL_05_007	Trust	Mistrust	No	I
330	PO_CL_05_008	Can have fun/enjoyment together	Discomfort with the other person	No	L
331	PO_CL_05_009	Openness	Narrow moral concepts, double standards	No	I
332	PO_CL_05_010	Self-determined, voluntary	Heteronomous, coercive	No	H
333	PO_CL_06_001	Friendly manner	Unfriendly	No	H
334	PO_CL_06_002	Empathy	No empathy	No	H
335	PO_CL_06_003	Fair, just	Unfair, unjust	No	I
336	PO_CL_06_004	Caring	Indifferent	No	H
337	PO_CL_06_005	Attentive	Rejecting	No	L
338	PO_CL_06_006	Motherly, security, protection	Herrish	No	L
339	PO_CL_06_007	Exemplary, role model	Not a role model	No	I
340	PO_CL_06_008	Is an important person for me	I do not care about the person	No	I
341	PO_CL_06_009	Is there for me	Is not there for me	No	H
342	PO_CL_06_010	Self-determined, voluntary	Heteronomous, coercive	No	I
343	PO_CL_07_001	Authentic	Played, adjusted	No	I
344	PO_CL_07_002	Thinking outside the box	Does not question/reflect own ideologies	No	I
345	PO_CL_07_003	Competence	Incompetence	No	L
346	PO_CL_07_004	Sympathetic	Unsympathetic	No	I
347	PO_CL_07_005	Caring	Not caring	No	H

No.	Identification No.	Emergent Pole	Contrast Pole	Rev.	H-I-L
348	PO_CL_07_006	Faithful	Unfaithful	No	L
349	PO_CL_07_007	Closeness	Distance	No	H
350	PO_CL_07_008	Intensive relationship	Superficial relationship	No	L
351	PO_CL_07_009	Self-determined, voluntary	Heteronomous, coercive	No	H
352	PO_CL_08_001	Sensitive	Indifferent	No	I
353	PO_CL_08_002	Closeness	Distance	No	I
354	PO_CL_08_003	Competence	Stupidity	No	L
355	PO_CL_08_004	Responds to me	Lack of insight	No	L
356	PO_CL_08_005	Understanding	Ignorance	No	H
357	PO_CL_08_006	Cohesion	Loner	No	I
358	PO_CL_08_007	Is always there for me	Turns away	No	L
359	PO_CL_08_008	Concord, agreement	Split	No	H
360	PO_CL_08_009	Self-determined, voluntary	Heteronomous, coercive	No	H
361	PO_CL_09_001	Non-judgemental	Pigeonholing	No	H
362	PO_CL_09_002	Open character	Fixed expectations, stuck	No	H
363	PO_CL_09_003	Radiates calm and balance	Very stressful and under pressure	No	H
364	PO_CL_09_004	Takes time for me	Has no time for me	No	L
365	PO_CL_09_005	Farsightedness, looking beyond one's own nose	Scheme F, blinkered thinking	No	I
366	PO_CL_09_006	Not manipulative	Manipulative	No	L
367	PO_CL_09_007	Encouraging, supporting	Disinterest	No	I
368	PO_CL_09_008	Scientific, unemotional thinking	Emotional thinking	No	I
369	PO_CL_09_009	Self-determined, voluntary	Heteronomous, coercive	No	I
370	PO_CL_10_001	Encourages, supports	Keeps me low	No	I
371	PO_CL_10_002	Understanding	No understanding	No	I
372	PO_CL_10_003	Patient	Not patient	No	I
373	PO_CL_10_004	Can listen	Cannot listen	No	I
374	PO_CL_10_005	Interested in me	Not interested in me	No	L
375	PO_CL_10_006	Affection	Rejection	No	I
376	PO_CL_10_007	Unprejudiced	Imposes own will on you	No	H
377	PO_CL_10_008	Strong-willed	Weak willed	No	L
378	PO_CL_10_009	Flexibility	Stubbornness	No	H
379	PO_CL_10_010	Self-determined, voluntary	Heteronomous, coercive	No	L
380	PO_CL_11_001	Friendly	Unfriendly	No	I
381	PO_CL_11_002	Respectful	Disrespectful	No	H
382	PO_CL_11_003	Willing to help	Not willing to help	No	H
383	PO_CL_11_004	Competence	Incompetence	No	L
384	PO_CL_11_005	Just	Unjust	No	H
385	PO_CL_11_006	Empathetic	Not empathetic	No	I
386	PO_CL_11_007	Knowing each other well	Not knowing each other well	No	L
387	PO_CL_11_008	Affectionate	Indifferent	No	I
388	PO_CL_11_009	Good relationship of trust	Mistrust	No	H
389	PO_CL_11_010	Reliable	Unreliable	No	L
390	PO_CL_11_011	Self-determined, voluntary	Heteronomous, coercive	No	I
391	PO_CL_12_001	Politeness, decency	Impoliteness	No	H
392	PO_CL_12_002	Competence	Amateurism	No	L
393	PO_CL_12_003	Humanity, humane	Inhumane	No	I
394	PO_CL_12_004	Empathy	Interpersonally too static	No	I
395	PO_CL_12_005	Understanding	Indifference	No	I
396	PO_CL_12_006	Affection	Hate	No	L
397	PO_CL_12_007	Familiarity	Mistrust	No	H
398	PO_CL_12_008	Human warmth	Coldness	No	L
399	PO_CL_12_009	Self-determined, voluntary	Heteronomous, coercive	No	I
400	PO_CL_13_001	Professional competence	Incompetence	No	I
401	PO_CL_13_002	Takes me seriously	Does not take me seriously	No	I
402	PO_CL_13_003	Equal treatment	Unequal treatment	No	I
403	PO_CL_13_004	Understanding	Ignorance	No	I
404	PO_CL_13_005	Does his/her job well	Does not do his/her job well	No	L
405	PO_CL_13_006	Humanity	Sadistic	No	H
406	PO_CL_13_007	Solidarity with me	Intolerance	No	I
407	PO_CL_13_008	Self-determined, voluntary	Heteronomous, coercive	No	H
408	PO_CL_14_001	Female	Male	No	L
409	PO_CL_14_002	Friendly	Unfriendly	No	I
410	PO_CL_14_003	Competence	Incompetence	No	I
411	PO_CL_14_004	Older	Younger	No	L
412	PO_CL_14_005	Feeling in good hands	Not feeling well, uncomfortable	No	H
413	PO_CL_14_006	Interest in me	Disinterest, indifference	No	I
414	PO_CL_14_007	Familial relationship	Non-familial relationship	No	H

No.	Identification No.	Emergent Pole	Contrast Pole	Rev.	H-I-L
415	PO_CL_14_008	Self-determined, voluntary	Heteronomous, coercive	No	H
416	PO_CL_15_001	Empathy	Rejection	No	H
417	PO_CL_15_002	Higher ability of observation	Superficiality	No	H
418	PO_CL_15_003	Having interest in another person	Total ignorance	No	H
419	PO_CL_15_004	Selflessness	Being full of oneself, self-centred	No	L
420	PO_CL_15_005	Work according to the situation	Work to rule	No	I
421	PO_CL_15_006	Long common history	No long common history	No	L
422	PO_CL_15_007	Constructive discussion	Destructive discussion	No	L
423	PO_CL_15_008	Respect	Disrespect	No	I
424	PO_CL_15_009	Self-determined, voluntary	Heteronomous, coercive	No	I

Appendix (F): Reliability Test Results for Constructs Content Analysis

Initial Version

Column axis: Collaborator — Row axis: Researcher

Researcher \ Collaborator	Communication Skills	Empathy	(Professional) Competence	Cognitive Skills	Support	Kindness	Interest	Respect	Eye-level	Patience	Honesty	Appreciation	Eff. Personal Attributes (Coach)	Eff. Personal Attributes (Client)	Openness	Reliability	Not Egoistic	Humour	Self-determination	Depth of Relationship	Trust and Transparency	Sympathy/Affection	Cooperation	Feeling Comfortable/Secure	Knowing Each other well	Relationship Type	Miscellaneous	Total
Communication Skills	21		1																								1	23
Empathy		16											3															19
(Professional) Competence			15	1																1								17
Cognitive Skills				6											1												1	8
Support					23								1															24
Kindness		1		1		11					1		2											1				17
Interest							9						1															10
Respect								8																				8
Eye-level									4				1	1														6
Patience										7																		7
Honesty											5		1															6
Appreciation												3																3
Eff. Personal Attributes (Coach)		9	17	3	7	5	1	1		1	1		3	1				1	1							1		52
Eff. Personal Attributes (Client)			7	3									4	2	1	1			4				14				8	44
Openness													1		11													12
Reliability													2			8												10
Not egoistic							1						1				2											4
Humour																		4										4
Self-determination																			42									42
Depth of Relationship				1																15						1		17
Trust and Transparency																				1	14	1				2		18
Sympathy/Affection																						17						17
Cooperation			3										2	2									8					15
Feeling Comfortable/ S.																	1	2					1	7				11
Knowing Each Other Well																				2					1	8		11
Relationship Type													1						1							4	1	7
Miscellaneous		1											7	2					1	1							0	12
Total	21	26	44	12	33	16	11	9	4	8	7	3	22	14	14	9	3	7	49	20	14	19	23	8	1	16	11	424
Actual agreement (Pa)	21	16	15	6	23	11	9	8	4	7	5	3	3	4	11	8	2	4	42	15	14	17	8	7	1	4	0	268
Chance agreement (Pc)	0.9	0.4	0.3	0.4	0.7	0.4	0.7	0.9	0.7	0.9	0.6	1.0	0.1	0.1	0.7	0.7	0.3	0.6	0.9	0.7	0.8	0.9	0.2	0.5	0.1	0.1	0.1	14.7%

Categories: 27

Reliability: Agreement: 63.21%

Cohen test: $= 0.56$

Perrault-Leigh test: $I_r = 0.78$

Final Version

	Collaborator																											
Researcher	Communication Skills	Empathy	(Professional) Competence	Cognitive Skills	Support	Kindness	Interest	Respect	Eye-level	Patience	Honesty	Appreciation	Eff. Personal Attributes (Coach)	Eff. Personal Attributes (Client)	Openness	Reliability	Not Egoistic	Humour	Self-determination	Depth of Relationship	Trust and Transparency	Sympathy/Affection	Cooperation	Feeling Comfortable/Secure	Knowing Each Other Well	Relationship Type	Miscellaneous	Total
Communication Skills	22																											22
Empathy		19																										19
(Professional) competence			18	1																								19
Cognitive Skills				8																								8
Support					25																							25
Kindness						16																						16
Interest							10																					10
Respect								8																				8
Eye-level									7																			7
Patience										7																		7
Honesty											6																	6
Appreciation												3																3
Eff. Personal Attributes (Coach)		2	2			1							47															52
Eff. Personal Attributes (Client)														37		1						1						39
Openness															13													13
Reliability																10												10
Not egoistic							1							1			2											4
Humour																		4										4
Self-determination																			42									42
Depth of Relationship																				19								19
Trust and Transparency																					18							18
Sympathy/ Affection																						18						18
Cooperation																							16					16
Feeling Comfortable/ S.																		1						13				13
Knowing Each Other Well																		1							9	1		10
Relationship Type																										6		6
Miscellaneous	1												2	1													5	10
Total	**23**	**21**	**20**	**8**	**27**	**16**	**11**	**8**	**7**	**7**	**6**	**3**	**49**	**39**	**13**	**11**	**2**	**4**	**43**	**20**	**18**	**18**	**17**	**13**	**9**	**6**	**5**	**424**
Actual agreement (Pa)	22	19	17	8	25	16	10	8	7	7	6	3	47	37	13	10	2	4	42	19	18	18	12	9	10	8	5	**402**
Chance agreement (Pc)	0.9	0.9	0.8	1.0	0.9	1.0	0.9	1.0	1.0	1.0	1.0	1.0	.08	0.9	1.0	1.0	0.5	1.0	0.9	0.9	1.0	1.0	0.7	0.7	0.9	0.8	0.5	**24.0%**
Categories: 27																												
Reliability: Agreement: 94,81%																												

Cohen test: = 0.93

Perrault-Leigh test: I_r = 0.97

Appendix (G): Constructs Content Analysis – Constructs by Category

Category	Subcategory	All Constructs Consecutive Construct No.	All Constructs Sum % of Category	High Salience Constructs Consecutive Construct No.	High Salience Constructs Sum % of Subcategory	HCC Sum % of Subcategory	PO Sum % of Subcategory	HCC Clients Sum % of Subcategory	PO Clients Sum % of Subcategory
Skills and Competencies	Communication Skills	020, 030, 049, 070, 105, 113, 130, 144, 166, 178, 190, 221, 231, 235, 252, 259, 273, 300, 316, 317, 373, 422	22 32.84%	030, 113, 130, 166, 190, 231, 300	7 31.82%	3 13.64%	6 27.27%	8 36.36%	5 22,73%
	Empathy	004, 021, 045, 109, 150, 168, 194, 229, 270, 284, 289, 309, 310, 319, 334, 352, 385, 394, 416	19 28.36%	021, 045, 150, 270, 284, 310, 334, 416	8, 42.11%	3 15.79%	3 15.79%	4 21.05%	9 47.37%
	(Professional) Competence	053, 091, 139, 151, 159, 163, 174, 186, 195, 196, 325, 345, 354, 383, 392, 400, 404, 410	18 26.87%	151, 174, 195, 325	4 22.22%	1 5.56%	0 0.00%	9 50.00%	8 44.44%
	Cognitive Skills	062, 192, 223, 230, 234, 278, 344, 365	8 11.94%	062, 278	2 25.00%	0 0.00%	4 50.00%	2 25.00%	2 25.00%
Behaviour	Support	061, 077, 090, 093, 100, 103, 115, 137, 143, 154, 170, 179, 188, 201, 294, 297, 302, 311, 341, 358, 364, 367, 368, 370, 382	25 27.47%	061, 093, 115, 170, 188, 341, 382	7 28.00%	0 0.00%	0 0.00%	14 58.33%	10 41.67%
	Kindness	046, 099, 108, 121, 125, 148, 185, 238, 305, 333, 338, 380, 387, 391, 398, 409	16 17.58%	046, 099, 121, 148, 238, 305, 333, 391	8 50.00%	1 6.25%	1 6.25%	6 37.50%	8 50.00%
	Interest	051, 102, 112, 132, 296, 324, 337, 374, 413, 418	10 10.99%	112, 418	2 20.00%	1 10.00%	0 0.00%	3 30.00%	6 60.00%
	Respect	081, 118, 134, 155, 264, 307, 381, 423	8 8.79%	134, 381	2 25.00%	0 0.00%	1 12.50%	4 50.00%	3 37.50%
	Patient	116, 128, 160, 177, 184, 272, 372	7 7.69%	177, 272	2 28.57%	0 0.00%	1 14.29%	5 71.43%	1 14.29%
	Honesty	001, 016, 040, 076, 236, 343	6 6.59%	236	1 16.67%	3 50.00%	1 16.67%	1 16.67%	1 16.67%
	Eye-level	071, 074, 086, 087, 131, 133, 157, 158, 182, 163, 299, 330, 412	7 7.69	063, 308, 323	3 42.86%	2 28.57%	0 0.00%	1 14.29%	4 57.14%
	Appreciation	029, 255, 306	3 3.30%		0 0.00%	1 33.33%	1 33.33%	0 0.00%	1 33.33%
	Miscellaneous	010, 075, 203, 212, 226, 257, 327, 361, 408, 411	10 10.99%	010, 361	2 20.00%	1 10.00%	4 40.00%	1 10.00%	4 40.00%

(Percentages were calculated with n = 424 elicited constructs, excluding the 'overall construct').

Category	Subcategory	All Constructs		High Salience Constructs		HCC Sum % of Subcategory	PO Sum % of Subcategory	HCC Clients Sum % of Subcategory	PO Clients Sum % of Subcategory
		Consecutive Construct No.	Sum % of Category	Consecutive Construct No.	Sum % of Subcategory				
Attributes	Openness	018, 056, 080, 129, 187, 193, 220, 247, 248, 277, 290, 331, 362	13 10.66%	187, 277, 290, 362	4 30.77%	2 15.38%	4 30.77%	4 30.77%	3 23.08%
	Effective Personal Attributes (Coach)	059, 060, 066, 069, 072, 083, 084, 094, 098, 110, 119, 123, 124, 127, 136, 140, 141, 147, 152, 161, 164, 167, 176, 197, 198, 287, 288, 314, 318, 326, 328, 335, 336, 339, 347, 348, 356, 363, 366, 371, 376, 377, 378, 384, 393, 395, 402, 403, 405, 406, 417, 420	52 42.62%	059, 069, 127, 136, 140, 161, 197, 314, 336, 347, 356, 363, 376, 378, 384, 405, 417	17 32.69%	0 0.00%	0 0.00%	26 50.00%	26 50.00%
	Effective Personal Attributes (Client)	002, 005, 009, 012, 013, 014, 017, 023, 024, 031, 038, 041, 043, 044, 047, 055, 057, 204, 205, 208, 204, 205, 208, 214, 215, 218, 222, 224, 225, 240, 241, 256, 261, 267, 268, 269, 276, 279, 280, 281, 283, 285	39 31.97%	005, 038, 041, 055, 241, 256, 261, 281	8 20.51%	17 43.59%	22 56.41%	0 0.00%	0 0.00%
	Reliability	015, 027, 028, 228, 237, 242, 251, 291, 303, 389	8 8.79%	134, 381	2 25.00%	3 30.00%	4 40.00%	0 0.00%	3 30.00%
	Not Egoistic	039, 217, 271, 419	4 3.28%	217	1 25.00%	1 25.00%	2 50.00%	0 0.00%	1 25.00%
	Humour	042, 120, 233, 239	4 3.28%		0 0.00%	1 25.00%	2 50.00%	1 25.00%	0 0.00%
Relational	Self-determination (Supplied Construct)	011, 022, 036, 048, 058, 067, 079, 089, 097, 107, 117, 126, 135, 146, 156, 165, 173, 183, 191, 202, 219, 232, 243, 253, 265, 275, 286, 295, 304, 313, 322, 332, 342, 351, 360, 369, 399, 407, 415, 424	42 29.17%	022, 036, 058, 067, 146, 219, 232, 253, 265, 275, 295, 313, 322, 351, 360, 407, 415	18 42.86%	5 11.90%	7 16.67%	15 35.71%	15 35.71%
	Sympathy/ Affection	003, 068, 073, 088, 092, 111, 122, 142, 149, 169, 200, 258, 274, 298, 312, 346, 375, 396	18 12.50%	068, 088, 111, 122, 169, 298, 312,	7 38.89%	1 5.56%	2 10.53%	10 55.56%	5 26.32%
	Cooperation	019, 026, 037, 050, 101, 209, 210, 213, 216, 244, 245, 246, 293, 355, 357, 359	16 11.11%	019, 026, 209, 245, 359	5 31.25%	4 25.00%	7 43.75%	1 6.25%	4 26.67%

(Percentages were calculated with n = 424 elicited constructs, excluding the 'overall construct).

| Category | Subcategory | All Constructs | | High Salience Constructs | | HCC | PO | HCC Clients | PO Clients |
		Consecutive Construct No.	Sum % of Category	Consecutive Construct No.	Sum % of Subcategory	Sum % of Subcategory	Sum % of Subcategory	Sum % of Subcategory	Sum % of Subcategory
Relational	Depth of Relationship	007, 008, 032, 065, 085, 096, 104, 153, 171, 189, 199, 211, 260, 292, 301, 340, 349, 350, 353	19 13.19%	007, 008, 096, 104, 301, 349	6 31.58%	3 15.79%	2 10.53%	8 42.11%	6 31.58%
	Trust and Transparency	025, 052, 082, 106, 138, 162, 175, 206, 207, 227, 249, 254, 266, 282, 321, 329, 388, 397	18 12.50%	025, 052, 106, 162, 206, 207, 227, 321, 388, 397,	10 55.56%	2 11.11%	7 38.89%	5 27.78%	4 22.22%
	Feeling Comfortable/ Secure	071, 074, 086, 087, 131, 133, 157, 158, 182, 263, 299, 330, 412	13 9.03%	071, 074, 086, 087, 157, 158, 263, 299, 412	9 69.23%	0 0.00%	1 7.69%	9 69.23%	3 23.08%
	Knowing Each Other Well	033, 035, 064, 095, 114, 145, 172, 181, 386, 414, 421	11 7.64	033, 172, 181, 414	4 36.36%	2 18.18%	0 0.00%	6 54.55%	3 27.27%
	Relationship Type	034, 078, 180, 250, 262, 320	6 4.17%	034	1 16.67%	1 16.67%	2 33.33%	2 33.33%	1 16.67%

(Percentages were calculated with n = 424 elicited constructs, excluding the 'overall construct).

Appendix (H): Importance Ranking – List of Top and Tail Constructs

Top constructs (*n* = 48)

Category	Subcategory	Consecutive No.	Constructs
Skills and Competencies	Communication Skills	235	Communication skills – One-way communication
Skills and Competencies	Communication Skills	273	High communicative competence – Lack of communicative competence
Skills and Competencies	Communication Skills	316	Successful knowledge transfer – Cannot transfer knowledge very well
Skills and Competencies	Empathy	21	Empathetic, related to openness and honesty – Not empathetic
Skills and Competencies	Empathy	194	Can empathise with others – Cannot empathise with others
Skills and Competencies	(Professional) Competence	195	Solution-oriented – Stagnation
Behaviour	Support	297	Helpful, finding a solution together – Doing only what is necessary for someone else
Behaviour	Support	367	Encouraging, supporting – Disinterest
Behaviour	Support	382	Willing to help – Not willing to help
Behaviour	Kindness	333	Friendly manner – Unfriendly
Behaviour	Interest	51	Interest – Disinterest
Behaviour	Respect	81	Respectful – Not respectful
Behaviour	Respect	118	Respectful – Disrespectful, no decency, no politeness
Behaviour	Respect	423	Respect – Disrespectful
Behaviour	Patience	184	Patience – Impatience, unrealistic expectations
Behaviour	Patience	272	Having patience – Being impatient
Behaviour	Honesty	40	Honest, Dishonest
Behaviour	Eye-level	63	Takes me seriously – Does not take me seriously
Behaviour	Eye-level	323	Eye-level – Not being treated at eye-level
Behaviour	Eye-level	401	Takes me seriously – Does not take me seriously
Behaviour	Appreciation	255	Appreciation – Rejection
Attributes	Effective Personal Attributes (Coach)	110	Positive charisma, cheerful, good mood – Grumpy, moody
Attributes	Effective Personal Attributes (Coach)	127	Understanding – Lack of understanding
Attributes	Effective Personal Attributes (Coach)	164	Good soul/person – Total human failure, egoistic
Attributes	Effective Personal Attributes (Coach)	167	Understanding, ability, and willingness – No understanding
Attributes	Effective Personal Attributes (Coach)	176	Understanding – No understanding
Attributes	Effective Personal Attributes (Coach)	288	Understanding - Lack of understanding
Attributes	Effective Personal Attributes (Coach)	363	Radiates calm and balance – Very stressful and under pressure
Attributes	Effective Personal Attributes (Client)	24	Strong willingness to accept help – No willingness to accept help
Attributes	Effective Personal Attributes (Client)	205	Is healthy – Severe health restrictions
Attributes	Effective Personal Attributes (Client)	218	Is not in a life crisis – Is in a life crisis
Attributes	Reliability	389	Reliable – Unreliable
Relational	Self-determination (supplied construct)	107	Self-determined, voluntary – Heteronomous, coercive
Relational	Self-determination (supplied construct)	156	Self-determined, voluntary – Heteronomous, coercive
Relational	Self-determination (supplied construct)	342	Self-determined, voluntary – Heteronomous, coercive

Category	Subcategory	Consecutive No.	Constructs
Relational	Self-determination (supplied construct)	369	Self-determined, voluntary – Heteronomous, coercive
Relational	Self-determination (supplied construct)	407	Self-determined, voluntary – Heteronomous, coercive
Relational	Self-determination (supplied construct)	415	Self-determined, voluntary – Heteronomous, coercive
Relational	Sympathy/Affection	73	Sympathy – Antipathy
Relational	Sympathy/Affection	274	Sympathy – Antipathy, mistrust
Relational	Cooperation	244	Open working relationship – Non existing relationship
Relational	Cooperation	359	Concord, agreement – Split
Relational	Depth of Relationship	8	Intense relationship – Loose, fleeting relationship
Relational	Depth of Relationship	96	Intensive, emotional relationship – Distant relationship
Relational	Depth of Relationship	340	Is an important person for me – I do not care about the person
Relational	Trust and Transparency	138	Trust, being able to speak freely – Mistrust, distant behaviour towards the person
Relational	Trust and Transparency	321	Trust – Mistrust

Tail constructs (*n* = 48)

Category	Subcategory	Consecutive No.	Constructs
Relational	Knowing Each Other Well	64	Having a long common history – Not having a long common history
Relational	Knowing Each Other Well	386	Knowing each other well – Not knowing each other well
Relational	Relationship Type	250	Private relationship – Professional relationship
Skills and Competencies	Communication Skills	231	Willingness to communicate – Speechlessness, no willingness to communicate
Skills and Competencies	Empathy	385	Empathetic – Not empathetic
Skills and Competencies	Empathy	394	Empathy – Interpersonally too static
Behaviour	Support	143	Always there for me – Abandoned, disinterest
Behaviour	Kindness	46	Cordial, authentic positive interactions – Cold, detached
Behaviour	Interest	102	Interest in my person – Disinterest towards my personality
Behaviour	Miscellaneous	212	Health is an issue in the relationship – Health is not talked about
Attributes	Openness	187	Openness – Very convinced of one's own opinion
Attributes	Effective Personal Attributes (Coach)	348	Faithful – Unfaithful
Attributes	Effective Personal Attributes (Client)	2	Assertive – Weak in assertion, vulnerable
Attributes	Effective Personal Attributes (Client)	57	Emotional stability – Lability, highly subjective perception
Attributes	Reliability	28	Punctuality – Unpunctuality
Attributes	Reliability	291	Reliable, open ear – Unreliable, no open ear
Relational	Self-determination (Supplied Construct)	22	Self-determined, voluntary – Heteronomous, coercive
Relational	Cooperation	210	Pursuing the same path to the goal – Not pursuing the same path to the goal
Relational	Depth of Relationship	153	Close relationship – Superficial relationship
Relational	Trust and Transparency	249	Strong mutual basis of trust – Distrusts the other person
Relational	Feeling Comfortable/Secure	74	Feeling at home/secure – Feeling unsafe/insecure
Relational	Feeling Comfortable/Secure	87	I am happy to see the person – I am not happy to see the person
Behaviour	Support	294	Support, offers help – Disinterest
Attributes	Openness	248	Open book – Difficult to access
Attributes	Effective Personal Attributes (Coach)	395	Understanding – Indifference
Attributes	Effective Personal Attributes (Client)	12	Lives with partner/children/other persons – Lives alone
Attributes	Effective Personal Attributes (Client)	47	Realistic self-perception – Arrogance

Category	Subcategory	Consecutive No.	Constructs
Attributes	Humour	233	Humour – No ability for humour
Relational	Cooperation	216	Committed (being helpful) – Not committed
Relational	Depth of Relationship	7	Emotional closeness – Maximum emotional distance
Relational	Trust and Transparency	206	Relationship is transparent – Relationship is not transparent
Relational	Feeling Comfortable/Secure	71	Feeling in good hands – Not feeling in good hands
Relational	Knowing Each Other Well	33	Knowing each other for a long time – Not knowing each other for a long time
Relational	Knowing Each Other Well	145	Knowing each other well – Not knowing much about each other
Behaviour	Miscellaneous	75	Female, empathetic – Male, rough
Attributes	Effective Personal Attributes (Client)	44	Self-confident appearance – Insecure appearance
Attributes	Effective Personal Attributes (Client)	224	No health problems – Severe health problems
Relational	Self-determination (Supplied Construct)	146	Self-determined, voluntary – Heteronomous, coercive
Relational	Self-determination (Supplied Construct)	232	Self-determined, voluntary – Heteronomous, coercive
Relational	Knowing Each Other Well	35	Having a common history – Not having a common history
Skills and Competencies	Cognitive Skills	234	Reflectivity – Advice resistant
Behaviour	Miscellaneous	226	male (not wanting to express feelings, dominance behaviour) – Female (wanting to express feelings, no dominance behaviour)
Relational	Relationship Type	34	Friendship – Acquaintanceship
Attributes	Effective Personal Attributes (Client)	225	No social problems – Social problems
Relational	Depth of Relationship	32	I am important to the other person – I am not important to the other person
Attributes	Openness	220	Openness – Closed mindedness
Relational	Self-determination (Supplied Construct)	219	Self-determined, voluntary – Heteronomous, coercive
Relational	Depth of Relationship	211	Person is close to me – Person is not close to me
Relational	Relationship Type	78	Friendship – Enmity
Relational	Relationship Type	180	Mothering – Professional motive
Relational	Relationship Type	320	Self-chosen relationship – Non-self-chosen relationship