

HEALTH COACHING SUCCESS TIPS: A LITERATURE REVIEW

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Abstract

Health coaching is a way of expanding the scope of health services through health promotion and disease prevention efforts by giving information in order to improve preventive behaviour in the community. The success of health coaching is determined by health workers' understanding of the influencing factors. However, not many researches have been done in this area. Outlining evidence-based information within nursing field in regard to factors that determine the success of health coaching. This study is a non-systematic literature review analysing 10 related journals. The success of health coaching is determined by several factors including, agreement between both parties, good trainer (confidence, responsible, thorough, and appreciative), supportive trainer, motivated patients, collaboration between trainer and patients, good communication skills, frequency and duration of interaction between them. Several studies conducting telephone-based health coaching showed a significant success in converting patients' behaviour into preventive behaviour.

Keywords: Health Coaching; Health Promotion; Disease Prevention; Literature Review.

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1. Introduction

Productive individual needs to optimize their physical, social and mental potential (Stara et al., 2020). This is important to improve their health status as 42% of global crude mortality is related to risk factors of chronic diseases which can be prevented such as heart disease, diabetes, and cancer (Hill et al., 2015). Therefore, the Ministry of Health Indonesia strives to create a healthy society that is independent and just through improving public health because health is a crucial role in productivity (Kemenkes RI, 2009).

According to (Radandima et al., 2020), health coaching affects health behaviour. Coaching not only improve behaviour, it also increases the quality of life (Sari., Yuni., Wiarsi, 2016). Health coaching provide education and health promotion to motivate and promote behavioural change by means of supporting relations between trainer and participants (Huffman, 2016). According to Härter et al (2016) that health coaching is an intervention that supports patients to take precautions and self-care by providing information so that patients get a better understanding. In addition, health coaching according to (Willard-Grace et al., 2015) is a suitable model to support patient self-management in primary care. Health coaching efforts focused on the patients and how they determine the goal of their activity thus improving their motivation (Rochman et al., 2013).

Telephone-based health coaching to each patient demands the trainer to have good interview

skills in order to motivate behavioural change and improve the patients' self-management skill, independency, health status and medication compliance (Benzo et al., 2016). Nowadays, health coaching is aided by digital technology, hence, the coverage of health services can be expanded with an eye to provide health promotion and preventive intervention as a way to improve preventive behaviour in the community (Aschbrenner et al., 2019).

In line with a report by Sitanggang et al (2017), health coaching prioritizes willingness or motivation of the patients, solving health problems by improving quality of life, encourage the patients to open up, and set realistic solutions. The implementation of these things will help the patient to take steps such as reflection, self-support, build confidence and self-assurance (self-acceptance, self-efficacy) in order to achieve a better health.

This literature review aimed to outline evidence-based information in nursing in regards to influencing factors to the success of health coaching due to the minimum number of researches published in this area.

2. Method

The method used in this study was a non-systematic literature study. The research papers reviewed by the researchers came from seven international journals and three Indonesian journals published in the last five years. All journals selected were research topics related to the previous literature studies so they can be analysed and synthesised. The

key words used to search the related papers were "Health Coaching" and "Telephone-based Health Coaching". The filter applied for inclusion criteria were journals that had experimental research designs,

quasi-experimental, and case studies. The databases used were Google Scholar, SAGE, and Sinta. All studies and papers used in this study can be seen in Table 1

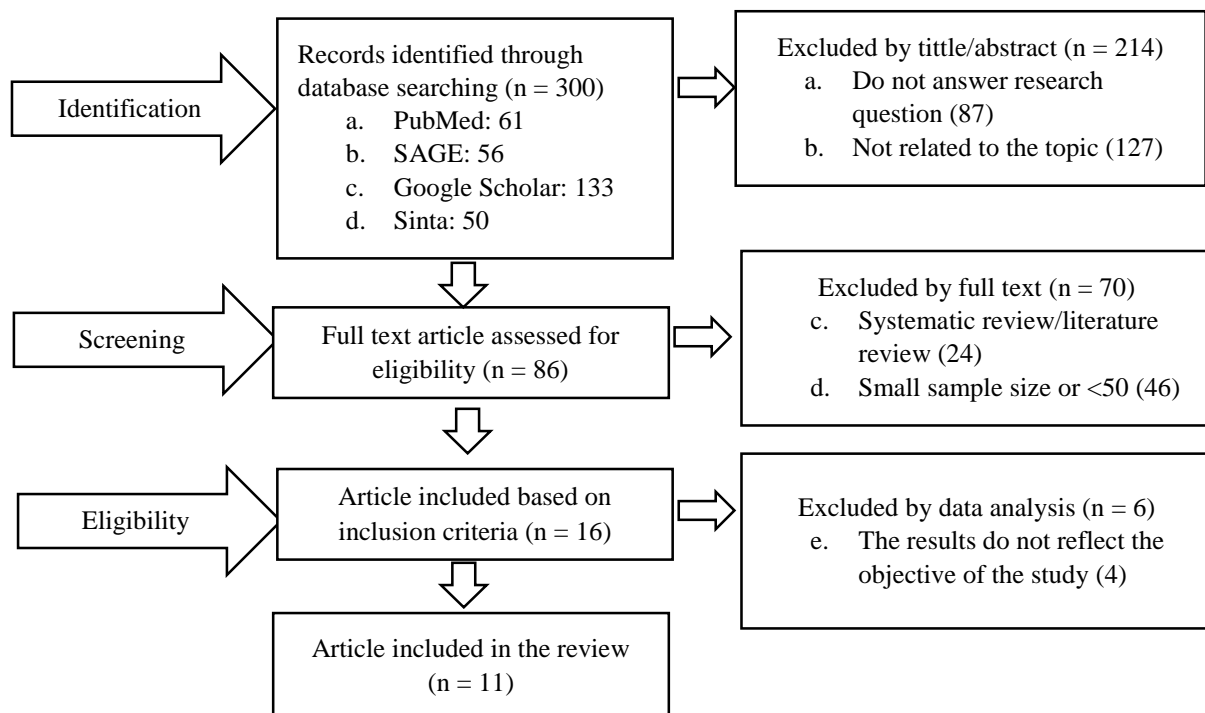


Figure 1. Study Selection Flowchart

3. Results and Discussion

In a literature study related to successful health coaching tips, the researchers found eight international journals and three Indonesian journals (details are in the attachment). The main thing in conducting health coaching is ethical approval or consent between patients and health workers so that the intervention runs smoothly (Pludwinski et al., 2016). Researchers who have succeeded in conducting health coaching through the use of smartphones are determined by the quality of trainers who are confident, responsible, strong, conscientious, respectful and always appreciative of patients (Pludwinski et al., 2016). Another factor is being supportive to strengthen trust between the trainers and the patients. In addition, cooperation between the two parties will determine the success of health coaching.

In line with a study by Oddone et al (2018), the success factor when conducting health coaching by telephone is the ability of the trainers to emphasise the difference between patients' current health condition and their ideal health condition. After that, they should relate the concept with the patient's values and expectations for the future to raise their motivation. In health coaching, the success can also be determined by the patients. They have to be more enthusiastic in achieving goals to improve their quality of life,

especially those with poor health conditions (Willard-Grace et al., 2015). Also, performing a three-monthly evaluation to the trainers is crucial to improve and maintain the quality of trainers that will determine the success of the health coaching (Härter et al., 2016).

In another study, Härter et al (2016) found that other factors that determine the success of health coaching, including the use of good communication techniques such as motivational interviews, individual and collaborative goal setting, and joint decision making. Health coaching by telephone contains three phases. The first phase is the "welcome call" where the trainer and the respondent get to know each other and collect information related to health conditions, health behaviours, and medication. The second phase of the "orientation phase" is the phase of agreement between the two parties to take actions to solve the health problems. The third phase is the "maintenance phase" where the trainer reminds the respondent about the commitment that was made in the last call, then the trainer develops motivation in making changes by providing necessary talking topics and useful health checks, information on prevention, nutrition and diet, exercises, and stress management. According to research conducted by Härter et al (2016) health coaching conducted by telephone can reduce patient mortality due to a disease suffered by the patient.

Table 1. Article summary

No	Author/Year	Title	Journal	Aim	Methods	Results
1.	Pludwinski et al., (2016)	Participant experiences in a smartphonebased health coaching intervention for type 2 diabetes: A qualitative inquiry	Journal of Telemedicine and Telecare	1) Testing the effectiveness of self-monitoring in type 2 diabetes patients using smartphone-based health coaching 2) Identifying health behavioural change among type 2 diabetes patients	<i>Qualitative study</i>	Collected data reflected that participants recorded an improve in their behaviour thus concluding that smartphone-based health coaching plays a role in improving health.
2.	Oddone et al., (2018)	A Coaching by Telephone Intervention on Engaging Patients to Address Modifiable Cardiovascular Risk Factors: a Randomized Controlled Trial	Journal of General Internal Medicine	Testing the effectiveness in increasing patients' awareness in preventing health risk or HRA (Health Risk Assessment) after participating in Coaching by Telephone	<i>Experimental study</i>	This study reported significant improvement in knowledge, skills and confidence in managing their health in patients who participated in coaching by telephone intervention.
3.	Willard-Grace et al., (2015)	<i>Health Coaching by Medical Assistants to Improve Control of Diabetes, Hypertension, and Hyperlipidemia in Low-Income Patients: A Randomized Controlled Trial</i>	Annals of Family Medicine	Proving the effectivity of health coaching in improving control to risk factor of cardiovascular and metabolic disease compared to standard treatment	<i>Quasi experimental study</i>	Participants who were given health coaching were twice more likely to improve in controlling their glycaemic and cholesterol compared to participants who were given standard treatment. However, this is not the case in controlling their blood pressure.
4.	Karhula et al., (2015)	<i>Telemonitoring and Mobile Phone-Based Health Coaching Among</i>	Journal of Medical Internet Research	Identifying the effectivity of mobile phone-based health coaching in improving the quality of life in regard to health among type 2 diabetes	<i>Quasi experimental study</i>	This study reported that the participants who went through mobile phone-based health coaching intervention recorded change in behaviour only among

		<i>Finnish Diabetic and Heart Disease Patients: Randomized Controlled Trial</i>		and cardiovascular disease patients which is supported by remote monitoring system		type 2 diabetes patients and not among cardiovascular disease patients
5.	Härter et al., (2016)	<i>Effectiveness of Telephone-Based Health Coaching for Patients with Chronic Conditions: A Randomised Controlled Trial</i>	Journal of PLOS ONE	Evaluating the effectiveness of telephone-based health coaching for patients with chronic diseases	<i>Quasi experimental study</i>	The final data in the study stated that patients who were given the Chronic Campaign intervention by means of Telephone-Based Health Coaching were less likely to die within 2 years of follow-up compared to the patients in the control group.
6.	Wayne et al., (2015)	<i>Health Coaching Reduces HbA1c in Type 2 Diabetic Patients From a Lower-Socioeconomic Status Community: A Randomized Controlled Trial</i>	Journal of Medical Internet Research	Evaluating Health Coaching interventions with or without mobile phones to support changes in health behaviours in type 2 diabetes patients	<i>Quasi experimental study</i>	The final data in the study stated that patients who were given the Chronic Campaign intervention by means of Telephone-Based Health Coaching were less likely to die within 2 years of follow-up compared to the patients in the control group.
7.	Ramchandani, (2019)	<i>Virtual Coaching to Enhance Diabetes Care</i>	Diabetes Technology & Therapeutics	Understanding the effectiveness of Virtual Coaching for diabetes patients	<i>Case Study</i>	<i>Virtual Coaching shows significant benefits according to the results of this study, especially for glycaemic control, behaviour change, and psychosocial support, due to the provided individual data-based support.</i>
8.	Radandima et al., (2020)	<i>The Effect of Health Coaching on Behavior Changed to Prevent Hypertension among Adolescents in High School of Wangiapu City, East Sumba</i>	International Journal of Nursing and Health Services (IJNHS)	Identifying the influence of Health Coaching on self-efficacy, health behaviours, knowledge, and prevention of hypertension in adolescents in school	<i>Quasi experimental study</i>	Adolescent's understanding of hypertension prevention has increased in the intervention group (Health Coaching), leading to better health behaviours..

9.	Zharfan Hanif et al., (2020)	<i>The Effect of Health Coaching-based Health Belief Model on Preventing the Pulmonary Tuberculosis Transmission at Puskesmas Karang Taliwang and Ampenan West Nusa Tenggara</i>	International Journal of Nursing and Health Services (IJNHS)	Understanding the effect of Health Coaching based on the Health Belief Model in preventing the infection transmission of pulmonary tuberculosis patients	<i>Quasi experimental study</i>	The study shows that the intervention group had 0.44 times higher adherence to infection prevention than the control group. It means that Health Coaching based on Health Belief were effective in preventing the infection transmission of pulmonary tuberculosis patients.
10	Sitanggang et al., (2017)	<i>Health Coaching Berbasis Health Promotion Model Terhadap Peningkatan Efikasi Diri Dan Perilaku Pencegahan Penularan Pada Pasien TB Paru</i>	Jurnal Penelitian Kesehatan Suara Forikes	Identifying self-efficacy behaviours and attitudes in preventing transmission in pulmonary tuberculosis patients after Health Promotion-based Health Coaching was performed.	<i>Quasi experimental study</i>	The study shows an influence in providing health promotion-based health coaching to increase self-efficacy, knowledge, attitudes and behaviours to prevent transmission of pulmonary TB patients.
11	Sari, Yuni & Wiarsih, (2016)	<i>Coaching as Nursing Intervention for Improved Quality of Life among Pulmonary Tuberculosis Clients</i>	The 1st International Conference on Global Health	To determine the effect of coaching on the quality of life of clients with pulmonary tuberculosis	<i>Quasi experimental study</i>	The study results showed that coaching had a significant effect on improving the quality of life in pulmonary tuberculosis clients ($p = 0,000$).

The key factors of health coaching are the frequency and duration of interactions between respondents and trainers. With fewer interactions, no significant increase in achieving the goal of better health quality will be observed (Wayne et al., 2015). Assessment or measurement of the results of health coaching requires several behavioural observations because behaviours cannot be assessed from just one aspect in a short time (Radandima et al., 2020). This condition is in accordance with research conducted by Zharfan Hanif et al (2020) which proves that the provision of health education interventions is four home visits with a frequency of once every two weeks for 20 minutes per visit.

Other research also explains that the intervention in the form of reaction with respondents for 4 weeks and every 30-60 minute meeting can affect the ability and behavior of respondents in preventing disease transmission (Sitanggang et al., 2017). In addition to the key factors, it is also necessary to consider the obstacles in the implementation of health coaching, such as the lack of motivation in people who have low socioeconomic status and low education so that they ignore their health status. These obstacles need to be emphasised to the trainers to provide motivation with more frequent interactions (Ramchandani, 2019). In addition, the trainers must conduct multiple tests or evaluations on the respondents who have been intervened to ensure that the understanding and the health behaviours of the respondents have been improved (Karhula et al., 2015). According to Sitanggang et al (2017) an insignificant increase in knowledge can be influenced by a person's memory. Someone can remember something has to do several things, namely getting some information, then storing the information and finally releasing it. It is important for health coaches to pay attention to this aspect.

1. Conclusions and suggestions

Health coaching in several studies that used telephone-based method showed significant results in changing patients' behaviour into preventive behaviour.

Trainers or health workers who are involved in the health coaching may perform health promotion with TBHC (Telephone-Based Health Coaching) method for the community combined with sufficient knowledge and implementing good communication skills to improve the quality of life of the patients.

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