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Exploring the Benefits of Wellness Coaching in a Community Health Setting

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## Abstract

Thomas Jefferson, the author of the Declaration of Independence, also wrote a book on health self-reliance. He and Benjamin Rush (another co-signer of that famous declaration and personal physician to George Washington) wrote: “The Constitution of this new republic must make special privilege for medical freedom as well as religious freedom.” (Svas, 2005) Both of these great thinkers believed, as do holistic healthcare providers today, that both patients and healthcare providers have the right to protect and enhance their own health. Coaching, when used as an adjunct intervention to traditional care, allows the person’s own intuitive wisdom to be accessed in the healing process. The major distinction between the idea of the healthcare “expert” dispensing advice and the wellness coach guiding the client through the journey is that the coach is only a catalyst; the change occurs through the client’s understanding and ownership of his or her health. This research explores wellness coaching in an outpatient community health education setting and its value to the participants, as well as the institution.

## Table of Contents

Chapter I	Introduction	1
Chapter II	Review of Literature	4
Chapter III	Methodology	10
Chapter IV	Research Data	17
Chapter V	Strategic Plan	22
Chapter VI	Summary	27
Annotated Bibliography		28

## Chapter I

## Introduction

One of the most currently utilized modalities for behavior change in both the corporate and nonprofit arena is coaching. Our traditional understanding of the word “coach” has been the likes of football coach of the New England Patriots, Bill Belichick. Baseball legend Casey Stengel is a household word, even if you know nothing of the game. However, while very successful at their type of coaching, there is an additional derivative these days. While these coaches have the same outcomes in mind -- the encouragement of their players -- the means to the end is very different.

For this Capstone, the writer has explored this new intervention called coaching, and has evaluated its value to women over 50 years old who continue to struggle with issues around physical activity, nutrition, and stress management. As institutions move more and more into outpatient care, this model can provide a valuable tool as a community health education offering.

The point of this research was to explore the value of coaching as a therapeutic intervention, especially to chronically ill patients who have explored a number of other avenues. Group wellness coaching can provide an accountability component, as well as group support, that health counseling alone cannot (Lavin, 2006).

Health and wellness coaching, which constitutes the majority of the writer’s research, has been used in business, healthcare, academics, and even religious institutions. It has been a positive tool in assisting participants with chronic and acute illness issues, stress relief, and personal and professional goal-setting (Mclean, 2006).

The study was conducted at the St. Joseph Hospital Parish Nurse Center for Wellness, a community-based outreach program sponsored by the hospital.

Since parish nurses see their clients on an outpatient basis, and provide health counseling as part of their practice, they often find themselves discussing diet, exercise, and stress reduction as part of a plan of care. As important is the holistic spiritual focus that is the key difference between a parish nurse and other specialty practices. It is for this reason that coaching, specifically the Circle of Life (COL) coaching model was chosen. COL empowers the patient to work on his or her goals within a spiritual, nonjudgmental framework, while providing support and accountability through peers within the group. The outcomes of the research will provide the basis for a proposal to SJH leadership to provide coaching as a new program offered at the center, through the Community Health Education department.

Finally, reimbursement was explored. Some insurers cover health and wellness coaching, so as to reduce their hospital readmission costs for chronic illness, and, in some cases, physicians have been able to bill for these services, acting as co-facilitators of the groups.

One of the key components to wellness coaching is "self talk," a new term for an ancient tool that evolved from the Eastern tradition of meditation, as well as Judeo Christian scripture. We are all familiar with the phrases, "Ask and it shall be given unto you," or "Knock and the door will be opened" (Lucado, 2003). Those who practice meditation will tell you that, when practiced well, it brings them to a place where they can connect deeply with an inner voice. Whether this voice is one's own intuition or represents biblical support for Christianity, it is the underpinning of a valued component to current teachings in coaching.

It has become integrated into our psyches that what we tell ourselves becomes our reality, and we intuit the need to care for and love ourselves. Why, then, don't we? Somewhere between birth and adulthood, we lose those joy-filled, wonderfully self-centered creatures.

We forget what we have always known -- that we have worth. As we grow older, we learn about fear and scarcity.

The Law of Attraction is based on manifesting your reality through abundance, rather than scarcity. For example, if a coaching patient has weight loss as a goal, and tells herself that she will accomplish her goal, along with having a structured action plan to accomplish it, then she is working out of a place of abundance. Conversely, if her self talk reinforces the facts that she has tried all kinds of interventions and none have worked, she is working out of a place of scarcity. She is emitting negative energy, which returns negative energy to her. Therefore, she manifests a negative outcome (Byrne, 2005). This is a simplistic overview of a more complex theory that has newly researched science that supports it.

The specific wellness coaching model that was utilized in this research is The Circle of Life (COL). COL is a personal health action, self-empowerment system that can be adapted to meet the needs of individuals and groups to honor their unique situations (Mclean, 2006).

## Chapter 2

## Review of Literature

In 1997, Candace Pert authored a book that reflected her life's work as a research scientist at the National Institute of Health and the Johns Hopkins Medical School. It takes self talk and the Law of Attraction to a whole new level.

In Molecules of Emotion, Dr. Pert posits a theory that the chemicals inside our bodies form an information network that link mind and body. The cells of the body have memory and the capacity to learn. An example of this cell memory is the organ donor whose personality traits, or likes and dislikes, have been seen to be transferred to the recipient of the organ.

Dr. Pert's research in psychoneuroimmunology shows intelligence not only in the brain, but in cells distributed throughout the body. Thus, the traditional separation of mind and body, which include emotions, is no longer valid (Pert, 2003).

If we take this theory a step further, from inside the cell to outside of our bodies, we can begin to see how self talk in our personal and professional lives fits into this scientific and physical, yet spiritual and ethereal, universe. Quantum physicists have discovered that physical atoms are made up of vortices of energy that are constantly spinning and vibrating, which radiates energy. Each atom has its own specific energy signature, and assemblies of atoms or molecules radiate their own energy patterns. Every material structure in the universe, humans included, radiates its own energy.

The Law of Attraction, then, says that thoughts have energy and send out a magnetic signal that is drawing that signal back to you. We attract to us the predominant thoughts that we are holding in our awareness, whether they are conscious or unconscious.

Every time we have a thought, we are in the creation process, and something manifests out of those thoughts. (Orloff, 2004). The down side of this magnificent law is that most of us focus on what we don't want, and then wonder why those things keep returning in our lives.

In this context, self talk is a tool used to present ourselves to the world. Its intent is to enhance our intuition and knowledge of ourselves. It reflects and creates an individual's emotional state, so that, when it is positive, it affects confidence, creativity, poise, and articulation. Conversely, negative self talk can cause stress, thoughts of failure, and concern with the opinion of others, and lead to awfulizing, catastrophizing, and polarized thinking. (Byrne, 2006).

As we have seen, communication is integral to relationships, and in wellness group work, it plays a significant role. A review of research in The Journal of Small Business and Entrepreneurship revealed seven key communication principles that reflect The Law of Attraction (Darling, 2007).

1. Paradoxical Thinking that nurtures understanding using both hemispheres of the brain.
2. Controlled Reflecting that fosters reactions based on self-talk rather than external events.
3. Intentional Focusing that facilitates the ability to be centered on expected outcomes.
4. Instinctive Responding that cultivates the ability to recognize and use intuitive impulses.
5. Inclusive Behaving that nurtures actions based upon a concern for the whole.



6. Purposeful Trusting that places confidence in events and processes that accompany change.
7. Relational Being that fosters strength by maintaining positive interactions.

These new principles defy traditional research that has been Newtonian and mechanistic in the belief that our cells are part of a body, separate from our minds and emotions. We couldn't see gravity, but we came to trust it; even though we still don't understand how it works, we know that it does. So it is with quarks and vortices of energy that emanate from within us. We have all seen the positive results of the new paradigm: energy medicine, acupuncture, reiki, and medical miracles that we cannot explain with traditional medicine.

So too, we have seen those who have set goals, visualized them, and knew where they were going, get there, time after time. We have learned from childhood that what we put out to the universe comes back to us. Now we have the science to prove it. Positive thoughts are now a biological mandate for a happy, healthy life. "Your beliefs become your thoughts. Your thoughts become your words. Your words become your actions. Your actions become your habits. Your habits become your values. Your values become your destiny" - Mahatma Gandhi (Lipton, 2005).

In terms of literature related to the effectiveness of coaching, rather than looking for objective evidence, much of the research is based on the process of coaching and how it relates to more traditional disciplines such as psychology, quality management, and adult learning concepts. In his work, *Executive Coaching Systems*, Bruning looks at both types of research and states that they lead to a combination quantitative-qualitative method that ground this "profession in the making." If we compare coaching to counseling, there are some similarities, but the differences are what make the practice a valued intervention.

Counseling looks at our history and how we became who we are, and coaching looks ahead at how we can take responsibility for ourselves and our future. (Bruning, 2006). This thesis looks at the benefits to patients in a community health setting.

In the studies that evaluate coaching effectiveness, a common theme was the use of the client's positive perception of the process, and the qualitative evidence obtained through the process, because the goal of the coaching process receives much of its value through the eyes of the client. Wellness coaches help clients choose behavioral goals that resonate with an intuition they have about their need for change.

This vision may be different than health behavior guidelines; yet, the success is validated by the client when he or she has succeeded in making lasting change in self concept.

The healthcare "expert" role of asking people to meet guidelines beyond their reach can actually harm the client's commitment to improve health and wellness. (Lavin, 2004).

This idea of a new paradigm, where the client's own intuition dictates his or her healthcare needs, is reinforced by Jon Robison and Karen Carrier, as they examine traditional healthcare science and its objectivity in The Spirit and Science of Holistic Health. Robison asserts that health promotion is all-too-often practiced as a paternalistic effort to control behavior and avoid disease. The holistic approach supports the existence of an organic, spiritual universe, rather than a mechanical reductionist model. Research in psycho-neuroimmunology, quantum physics, and chaos theory is the foundation for holistic science. In this model, the coach is an ally, whose job is to facilitate a client's reconnection with his or her own internal wisdom. The emphasis is on supportive factors and is reinforced by the belief that meaning in life is derived through relationships and the quality of human systems, rather than poor lifestyle choices.

Robison and Carrier see the value in the traditional model, but believe that unhealthy behaviors are only the “tip of the iceberg.” If we are to be of value to clients, we must address the iceberg.

While the academic approach to coaching may seem to negate Robison’s view, that is not the case. As previously discussed, many institutions of higher learning are offering coaching certificates. If we are to be taken seriously as a discipline, we need to embrace both ideas. It is in our best interest, as researchers and providers of healthcare, to mature from a cottage industry into a true, respected treatment modality. In order to do that, we need to anchor coaching in a foundation of academic strength, which must include empirical data.

In an interview with white paper author Kerul Kassel, (“Seeking Commonalities Among Evidence-Based Coaching Research: Observations of a Coach-Practitioner”), L.J. Page discusses this issue and cites some ideas to increase our credibility. Page encourages the theoretical base for specific coaching methodologies by utilizing research consultants or coaching doctoral students to complete evidence-based studies. He suggests the incorporation of courses and other curricula to train coaches in conducting research, and then publishing the results. Most importantly, Page suggests that we need to develop a cooperative approach rather than a competitive one, embracing and supporting all types of coaching. In doing so, we “recognize the importance of developing an academic field that can be the center and shepherd of the ongoing community conversation.” Toward that end, Stober (2004) wrote a paper for the International Coaching Federation’s Research Symposium that encouraged moving beyond the divisions of practice and research, and adopting a scientist-practitioner model. He suggests that researchers keep the non-academic practitioner in mind when publishing papers, and even goes as far as suggesting composing secondary versions with less scientific language, so as to make their findings and discussions more accessible to all interested in the practice of coaching.

Rather than diluting the practice, he believes that the impact of our research will increase as we learn to speak plainly.

The evaluation of literature written specifically about coaching has been eye-opening for this writer. There are a number of schools of thought around what constitutes evidence-based practice, and what is considered novice work in the field. Since coaching is a relatively new treatment modality in healthcare, the oversight and credentialing process can be confusing. The most recognized credentialing body is the International Coach Federation that works with accredited colleges and universities to provide credits toward ICF certification. However, there are as many types of certification as there are coaches. This body of work focuses specifically on the Circle of Life Wellness Coaching model.

This project is a very disciplined, yet exciting, one for this writer. Having just become certified as a wellness coach, there is the tendency to use only one's own anecdotal data and personal enthusiasm to "prove" the value of coaching to even the most skeptical of readers. The process of this capstone thesis project has provided the structure necessary to actually transfer that enthusiasm into credible data.

## Chapter III

## Methodology

The methodology used to support the thesis was accomplished using pre- and post-session standardized surveys. Circle of Life Pie Charts measure the participant's perception of all aspects of their wellness, The Perceived Stress Scale, or PSS, is a two-page self evaluation of the patient's ability to manage their stress levels. The research was conducted with a group of women, age 50 and older that were pre-screened for motivation to change their behaviors. They had "graduated" from an educational program on diet and exercise, entitled Eat Better, Move More.

A letter of interest was sent to these graduates through the hospital's Community Health Education department, with the instructions to call this writer if they were interested in being part of a research study. The completion of a telephone interview to determine eligibility was required. Before the letters of interest were sent, an application to the Institutional Review Board had to be approved

At the beginning of the first two-hour session, the Circle of Life process was explained to the participants, and baseline tools were administered, as well as the informed consent document being signed.

The process involves the participant's self-perception of their current abilities around the issues of physical activity, stress mastery, and nutrition. The COL has twelve components of the Wellness Wheel that represent a balanced lifestyle. These include: Nutrition, Exercise, Stress Mastery, Relationships, Finances, Work, Play, Healthcare, Environment, Life Purpose, Self Esteem, and Spirituality. The purpose of this study was to explore the benefits of only the first

three. If the results were positive, then future groups could move to other aspects of the full circle.

After determining the work that needed to be accomplished, each participant developed a plan of action with concrete steps to be taken before the next session. The main difference between COL and a support group is that each participant is accountable to the coach **and the group** for completing the action plan each week. This kept each participant working toward success, as well as examining the true motives for wanting to change his or her lifestyle.

Each week, there was a self-care exercise taught (breathing, meditation, massage, etc.), as self-care was at the center of the circle, as well as the process.

Also each week, participants discussed issues they dealt with, and how they were able to accomplish their written action plans. As the eight weeks progressed, the group became more cohesive, began to trust one another's ideas, and began to see ways in which they could succeed in accomplishing their goals, whereas, before this, they may not have had that same perspective. The group members then "coached" each other around one another's issues. As new habits developed, the COL process was shown to be one that could be continued after the eight weeks ended. This is not uncommon. Often, groups have decided to continue to meet to support one another long after their formal coaching ended. Some also continue to be coached privately.

### Survey Tools

The following survey tools were used as pre and post as baseline and outcome measures.

- A. Circle of Life Wellness Coaching Tool was used to measure the participant's perception of where they were in terms of diet, exercise, and stress reduction capabilities.

Circle of Life Wellness Coaching Tool



- B. The Perceived Stress Scale (PSS) is a pre- and post-session standardized research tool to measure a patient's self perception of their stress.

## Perceived Stress Scale- 10 Item

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

1. In the last month, how often have you been upset because of something that happened unexpectedly?  
 0=never       1=almost never     2=sometimes       3=fairly often     4=very often
2. In the last month, how often have you felt that you were unable to control the important things in your life?  
 0=never       1=almost never     2=sometimes       3=fairly often     4=very often
3. In the last month, how often have you felt nervous and "stressed"?  
 0=never       1=almost never     2=sometimes       3=fairly often     4=very often
4. In the last month, how often have you felt confident about your ability to handle your personal problems?  
 0=never       1=almost never     2=sometimes       3=fairly often     4=very often
5. In the last month, how often have you felt that things were going your way?  
 0=never       1=almost never     2=sometimes       3=fairly often     4=very often
6. In the last month, how often have you found that you could not cope with all the things that you had to do?  
 0=never       1=almost never     2=sometimes       3=fairly often     4=very often
7. In the last month, how often have you been able to control irritations in your life?  
 0=never       1=almost never     2=sometimes       3=fairly often     4=very often
8. In the last month, how often have you felt that you were on top of things?  
 0=never       1=almost never     2=sometimes       3=fairly often     4=very often
9. In the last month, how often have you been angered because of things that were outside of your control?  
 0=never       1=almost never     2=sometimes       3=fairly often     4=very often
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?  
 0=never       1=almost never     2=sometimes       3=fairly often     4=very often

This scale can be found in Cohen, S., Kamarck, T., Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396. [Link to full-text \(pdf\)](#)



Cohen, S., & Williamson, G. (1994). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), The social psychology of health: Claremont Symposium on applied social psychology. Newbury Park, CA: Sage. [Link to full-text \(pdf\)](#)

- C. The Informed Consent document is a requirement of the Institutional Review Board to ensure the participant's understanding of the research and the study implications:

I understand that I will take part in a study that includes the following components:

The Circle of Life coaching research study is being conducted by Starr Shallow, BSN, RN, HNC, and the Manager of the Parish Nurse Center for Wellness for St. Joseph Hospital. It is part of a master's thesis project in Healthcare Management for New England College.

Ms Shallow is a certified Circle of Life Coach, and is facilitating the study in order to show the benefits of wellness coaching in a community health setting.

The study will begin on September 20<sup>th</sup> from 1-3 pm, and continue once a week for eight weeks, and include eight women who have met motivation for change criteria. These criteria include:

- Graduation from an Eat Better Move More community health program
- The desire and motivation to change lifestyle habits around the issues of stress, exercise and nutrition.
- A commitment to the entire 8 week program.
- Complete a telephone interview and assessment to determine my stage of change

Participation in the study involves the following:

- Week One - Each participant will complete a Perceived Stress Scale and a Circle of Life Wellness Wheel, to determine baseline data for each of three areas: stress mastery, exercise, and nutrition.

Week one will also go over the basis for and benefits of the Circle of Life process, which includes life assessment, summary and reflections, readiness for change and blueprint for change assessments.

- Subsequent weeks will focus on each participant's blueprint for change and a new action plan and accountability will be discussed with coach and other group members. A new self care skill will be introduced each week as well, and worked into the blueprint for change.
- By Week Eight, participants will have learned techniques for self empowerment, self care and tools for lifestyle change. They will also be able to utilize the Circle of Life process in other areas of their lives as needed.

There is no monetary compensation for participating in the study, but participants will be given their workbooks for future reference.

Participation in this study is voluntary and you have the right to withdraw from the study at any time. All information about participants will be kept strictly confidential and available only to research investigators.

There is no known physical risk associated with participation in this study.

Participants may refuse to answer any questions that may make them feel uncomfortable while completing survey documents.

I understand that this research study has been reviewed and approved by the Institutional Review Board of St. Joseph Hospital. For research related problems or questions regarding subject's rights, I can contact the Institutional Review board through Lorie Lusignan, IRB Secretary, Organizational Integrity Office, at (603) 595-3000 x 63106 or by e-mail at [llusignan@sjh-nh.org](mailto:llusignan@sjh-nh.org)

By signing this consent, I do not waive or release the institution, its agents or sponsors from liability for the negligence of its agents or employees.

I have read and understand the information provided to me. I have all my questions answered to my satisfaction, and I voluntary agree to participate in this study.

I have been given a copy of this consent form.

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**SIGNATURE**

**DATE**

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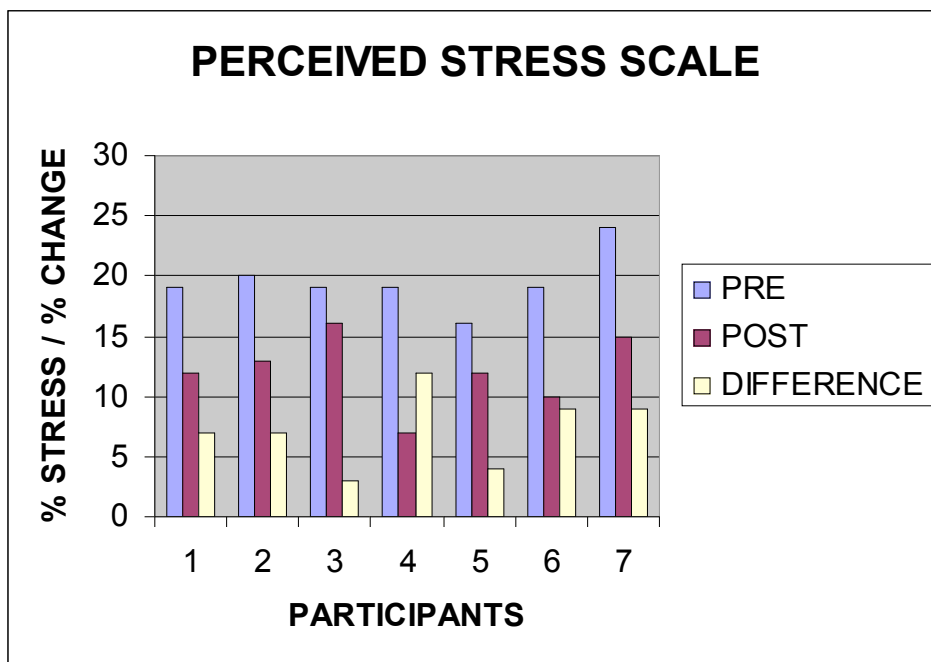
**INVESTIGATOR**

**DATE**

Seven of eight participants screened through the Parish Nurse Center for Wellness participated in an eight-week Circle of Life Wellness Coaching program. The eighth participant attended the first two sessions, but only completed the pre-session survey. The group was offered during the day, once weekly, for two hours. The group consisted of women who were motivated to change their lifestyles around the issues of nutrition, exercise, and stress management. The women completed the 10-question Perceived Stress Scale (PSS) published by Sheldon Cohen, 1994, as a pre- and post-session measurement. It is a Likert scoring model. On average, participants perceived stress levels decreased by 37% by the end of the eight weeks.

#### Perceived Stress Scale

	Pre	Post	Difference	Percent Change
1.	19	12	7	37%
2.	20	13	7	35%
3.	19	16	3	16%
4.	19	7	12	63%
5.	16	12	4	25%
6.	19	10	9	47%
7.	24	15	9	37.5%

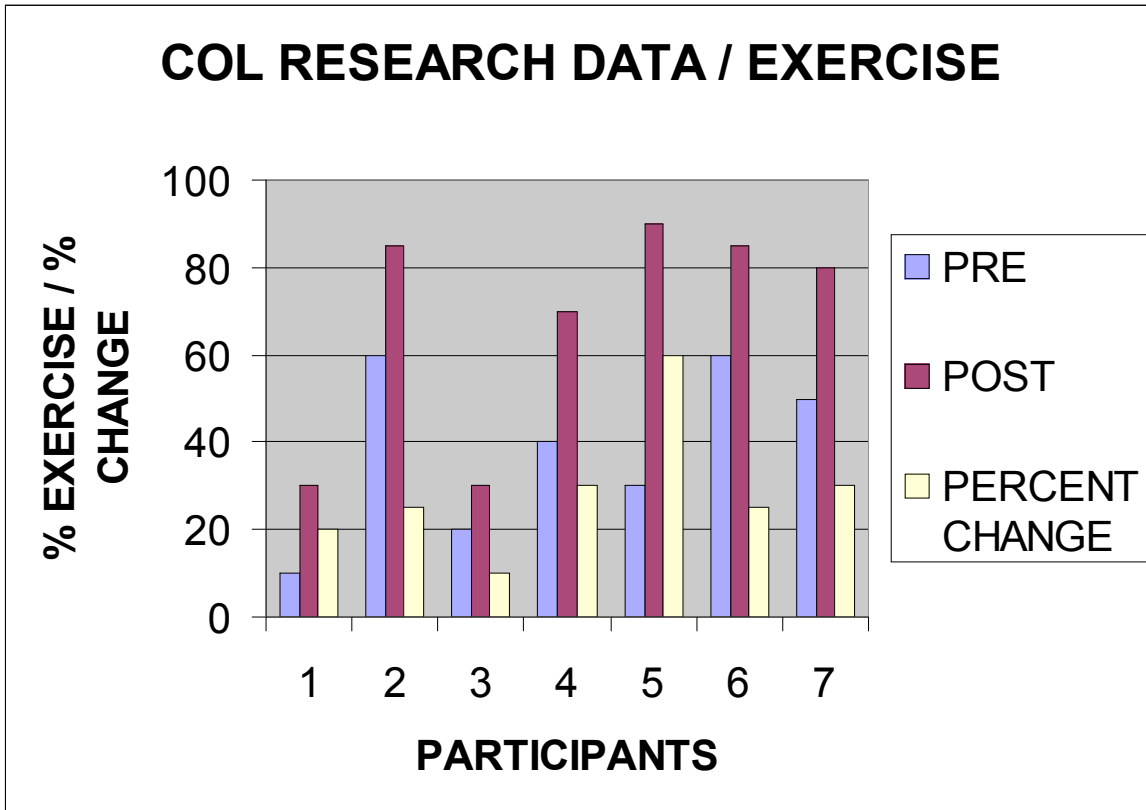


The surveys were scored by number, and the pre-session surveys were collected and held by a third party. There may have been a Hawthorne effect (Harvard Business School, 1924-1933), given the social nature of the Circle of Life model.

The Hawthorne Effect states that, by merely participating in a test, trial or study, the participants have a better experience because of the focusing of interest toward the subject, which is gratifying and thus rewarding for its own sake. The original studies were conducted in a Western Electric plant in Hawthorne, Illinois, and looked at the response of factory workers to increased lighting in the plant. Repeats of the study with decreased lighting had the same results, leading to the understanding of the Hawthorne Effect. In providing healthcare, it has been found that the application of the Hawthorne Effect has been able to add to the patient's good results. Most research studies, therefore, factor in this effect, especially those like COL that have significant social interaction.

Research Data from SJH Circle of Life Program – Exercise

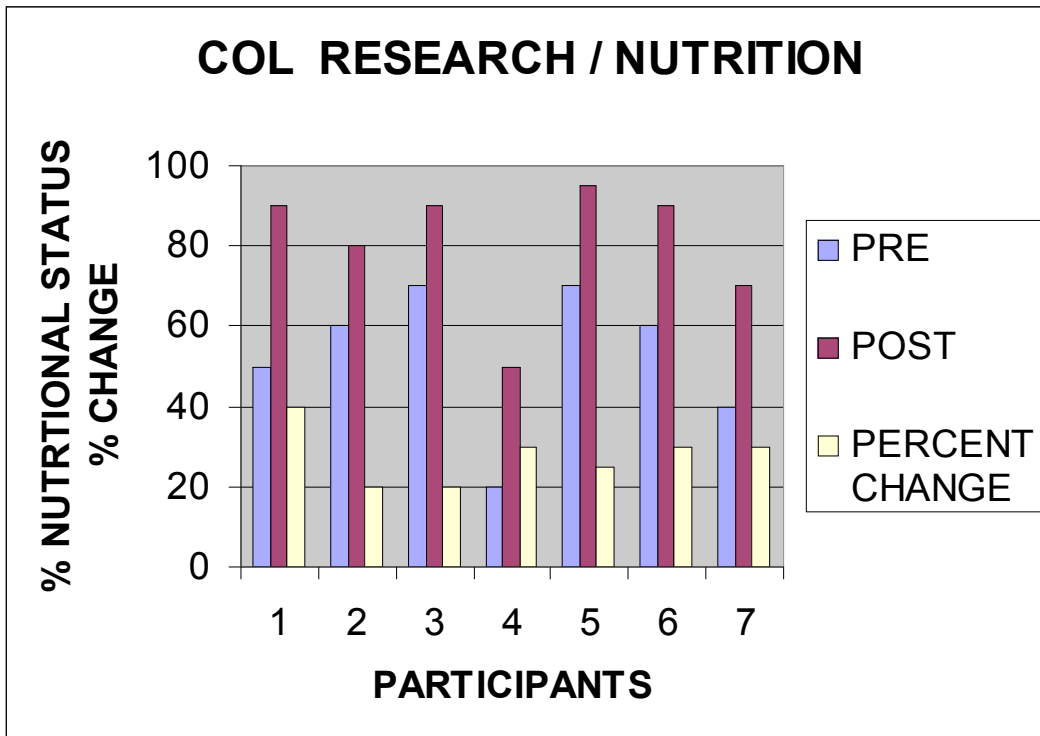
	Pre	Post	Percent Change
1.	10%	30%	20%
2.	60%	85%	25%
3.	20%	30%	10%
4.	40%	70%	30%
5.	30%	90%	60%
6.	60%	85%	25%
7.	50%	80%	30%



For purposes of this Circle of Life, exercise is considered any type of increased activity. (Some participants were motivated to change their lifestyle even in the face of limited mobility challenges). The overall percentage of increased activity is 29%.

Research Data from SJH Circle of Life Program – Nutrition

	Pre	Post	Percent Change
1.	50%	90%	40%
2.	60%	80%	20%
3.	70%	90%	20%
4.	20%	50%	30%
5.	70%	95%	25%
6.	60%	90%	30%
7.	40%	70%	30%



The overall average increase in participants' perception of their nutritional status was 28%.

The anecdotal data was the same for both the original group run by the investigator to become certified, and the research group. There seemed to be “spill over” to the other components of the circle, especially in the area of self-esteem. As we began to explore why some of the interventions had not worked previously, many issues evolved.

In terms of weight gain, most of the women did not like their bodies. Each woman disliked different parts of her body, and, upon exploration of where those beliefs came from, they almost always went back to someone or something validating those negative thoughts at some time in their lives. As we peeled away the layers of excuses, so too we peeled away layers of insulation of those feelings low self-worth.

Each time a participant would “hit a wall” with her progress, she had to look at the reasons that the intervention was not now working, or had failed each time she had tried it in the past. As the group discussed the issues, and became close to one another and invested in their accountability, the reasons for past failures became more apparent. They became mirrors for one another to look at their real issues around weight.

In terms of exercise, some of the women had limited mobility, while others had regimes that were working for them. A nurse practitioner from the SJH Cardiac Rehabilitation program came as a guest speaker, to discuss ways in which to increase activity without having to compromise their mobility issues, such as chair exercises, or hydrotherapy. Those who exercised helped those who did not. Each week, exercise tip sheets were shared to encourage new ways to look at movement (Kostas, 2007).

Nutrition was probably the most fun for the group. Each week, they would take turns bringing in healthy snacks to share. Again, those who ate well would support those who had challenges, and nutrition tip sheets (Ferguson, 2003) and personal recipes were shared.



The original thesis statement for this research project was: The evaluation and implementation of wellness coaching as a community health education program will provide value to both patients and the institution.

The value to the patient is inherent in the value to the institution; yet, not everything of value is cost-effective. It is in the planning and implementation of wellness coaching offered through community health education that this value would be established.

Typically, community health education programs in nonprofit hospitals provide outreach and marketing. They work with schools and agencies to provide the latest in health promotion and disease prevention, while highlighting their newest departments and providers. For example, a woman's wellness initiative may offer free screenings or a breast cancer prevention program in their newest facility. The Parish Nurse Center for Wellness often hosts these workshops, which promote wellness, provide service to seniors, and highlight new physicians, etc.

One such program was Eat Better Move More, an eight-week interactive education effort that provided the base of motivated participants for this research. The participants paid a minimal fee, and the educator was a hospital employee, so the overhead is low and the provision of disease prevention education is accomplished. In an interview, twenty-year veteran director Amy Guthrie states, "The department is a community benefit that needs to stay in the black, but doesn't need to be profitable. If we can utilize our own providers and offer quality initiatives, we have met an important goal." The ability to offer wellness coaching through community health education then provides a built-in framework, including a budget from which to work.

The goals of implementation are threefold, and integrated, so each goal intersects the others, and is necessary for long-term success.

## Goals

1. Wellness Coaching will provide a cost effective opportunity for SJH to provide cutting edge disease prevention education and health promotion.
2. The provision of coaching in specific areas such as physical activity, stress management and nutrition will meet key needs, especially for those who deal with chronic illness.
3. COL, being non-invasive, interactive and inclusive can be modified to include guest physicians, making them potentially reimbursable.

## Timeline

A timeline will include recruitment of certified wellness coach employees, which provides for a lower bottom line. There are currently four providers who qualify to teach COL, and are available. These providers could alternate offering two eight-week sessions. The first will be offered in the fall of 2008, and the second in the spring of 2009. Neither winter nor summer multi-session programs are well attended, since the Center is only open in the daytime, and serves mostly seniors. An offering for other age groups would have to be offered onsite at the hospital, which is also a possibility. A modified five-year timeline is realistic with SJH leadership buy-in.

## Evaluation

There are built in measurable evaluation tools, both anecdotal and empirical. Since the IRB has approved the research project and will require follow-up outcomes, hospital leadership has taken initial ownership of the program. It would be easy enough to use the same tools to continue to evaluate future programs, thereby making it a long-term research project.

SJH has been involved in a similar research program with Tufts University Center on Aging, looking at the benefits of strength training to seniors. Research is an important commitment to the nursing department and SJH has proven that commitment by hiring a nurse research specialist.

### Budget

<b>CIRCLE OF LIFE</b>									
POTENTIAL INCOME					POTENTIAL EXPENSE				
10 PARTICIPANTS X	\$149.00	\$1,490.00	PER SITE	10	WORKBOOKS	X	\$35.00	\$350	
					INSTRUCTOR	X	\$50.00	\$500.00	
					INSTRUCTOR	IN KIND		-\$500.00	
					MARKETING			\$100.00	
					MARKETING	IN KIND		-\$100.00	
TOTAL INCOME PER SITE		\$1,490.00			INSTRUCTOR	CERTIFICATION		\$500.00	
TOTAL EXPENSE PER SITE		\$850.00			TOTAL EXPENSE PER SITE			\$850.00	
		\$640.00							
Initial costs of \$500.00 per certification will be offset after a group of employees are certified and income will become \$ 1140.00 per site.									
This is in keeping with community health education's goal of staying in the black, and the parish nurse center's goal of offering a cost effective and cutting edge wellness intervention									

### Five Year Long Term Plan

- I. Year One – Utilizing the four currently certified coaches, two groups may be added, one in fall 2008 and one in spring 2009. Since it is Year One, and some of the newer coaches haven't yet facilitated a group, it is advisable that they co-facilitate the two new groups. The Parish Nurse Center for Wellness has offered space through 2012, to be re-evaluated annually.
  - a. A meeting with the IRB is suggested in order to review the NEC Capstone research and determine whether or not to continue the research.
  - b. Follow-up with the current participants at six month intervals is recommended to help determine the need.

- c. Grant funding research may reveal resources to continue the work, especially around the issues of diet, exercise, and stress, three of the major issues that healthcare providers continue to study and for which they revise interventions.
- II. Year Two – If the 2008 and 2009 programs go well, it may behoove SJH to bring the COL trainers in to offer certification for all interested providers. As previously stated, if physicians run groups, or sit in on COL sessions, some insurers will reimburse for group work. ARNP's are also eligible for reimbursement. Previously, COL decreased the cost of certification from \$1500.00 per person, to \$500.00 per person, with four or more providers being certified. An even larger group, offering a research project that could become publishable on the COL website and resource texts, may decrease the costs even further.
- III. Year Three – A new site to be added at the Dionne Senior Center of Excellence. This Center offers a multi-disciplinary approach to caring for Greater Nashua's seniors.
  - a. This site will enable Dr's Ward and Zau, the current geriatricians, and either of their two ARNP's or social workers to sit in on sessions.
  - b. The Center of Excellence also has partnership agreements with a geriatric psychiatrist and psychiatric neurologists that assess and treat Impaired Cognitive Ability and Alzheimer's. COL looks at all of the areas of a person's life. Seniors especially may benefit from case management assistance with financial issues (especially around the cost of medication), depression, and relationship issues, bereavement, life purpose, and self-esteem.
  - c. Since COL coaches can offer individual, telephone, or group support, there are a number of reimbursable possibilities at this site.

- IV. Years Four and Five – There are currently eight sites offering our strength training research program through Tufts University Center on Aging. As we finish our last research, we have been able to recruit and train instructors to continue this work. It is very conceivable that we could continue this model with the COL. There are physician practices, offsite senior housing, rehab facilities, and a new satellite wellness center being built in Hudson. That site is shared with five other agencies, including Southern New Hampshire Medical Center and Home Health and Hospice. A community collaborative is very appealing to funders, which could conceivably cover the COL costs.
- V. SJH has already invested in their employees by certifying their education officer as an executive coach. COL could be offered to staff as well, either in groups or individually.

#### Implications

It is the intention of this investigator to present this research to the Leadership at St. Joseph Healthcare, in order to be able to offer Circle of Life first, as a Parish Nurse Community Health Education effort. In keeping with their mission of providing wellness and disease prevention education, COL will provide a new and cutting edge tool to the Greater Nashua community. It may also capture the chronically ill repeat encounters at the wellness center and offer an additional support to them. There is also potential for more than break-even profitability as insurers begin to comprehend the value. What is evident is that those suffering from chronic illnesses need an intervention that has the potential to keep them engaged and responsible for their own health and wellness.

## Limitations

Since facilitators need to be certified to coach participants, there is a need to certify employees that have the time to coach as an additional part of their work day. As resources become more and more scarce, there is always a limit to that number. It would be essential to work with the COL leadership to be able to certify a number of providers at the same time.

## Chapter VIII

### Summary

While the five-year plan may be expansive and optimistic, it may also be an opportunity for reimbursement, and to highlight a new way to intervene and work with those with chronic illness and life changing events, as well as the challenges of aging.

Nothing has been mentioned about the many ways in which COL can be used with all age groups, since the focus of this capstone has been specifically on seniors. COL offers opportunities for groups and individual coaching for pre-natal and postpartum clients, all types of cancer support, as well as pediatric acute illnesses. In a healthcare institution, the possibilities can be extensive. There are a lot of questions that may need to be answered. There are some insurers reimbursing subscribers for attending COL groups as part of their prevention initiative, just as they might cover a gym membership. One of the questions that we need to answer as providers at SJH is: Do our providers cover our employees? Do New England insurers generally reimburse for a physician or ARNP to sit in on a COL group? The answers to these questions will determine, going forward, if COL continues to be a community benefit program or a profitable effort. In either case, the research is now available this innovative offering.

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## Exploring the Benefits of Wellness Coaching in a Community Health Education Setting

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## What is your soul's intention?

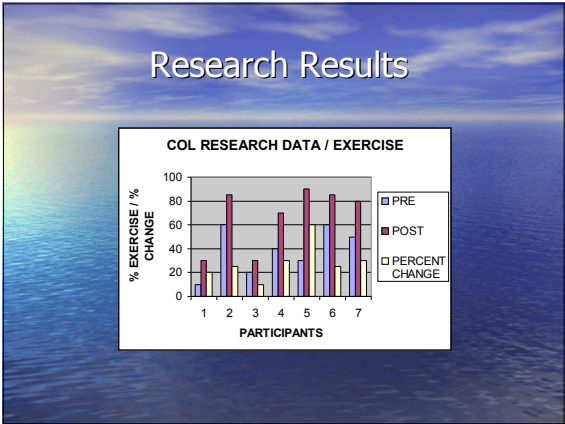
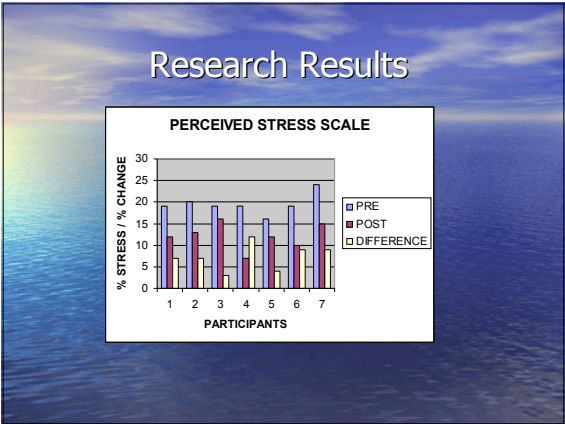
"To feel the warm breezes, as soft as the breath of God, from the porch of my oceanfront home, as I hear the laughter of my grandchildren in the background".



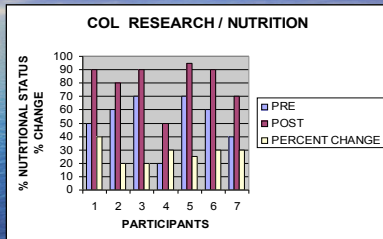
## Action Plan

- Health/ Balance
- School
- Career
- Finances
- Relationships
- Self Esteem
- Play





## Research Results



## Circle of life... 1 year later

" COL has been life changing for me. It helped me through a transition time in my life, and left me stronger, healthier and more connected to those around me. I have made lifelong friends and learned lifelong lessons."

" I have more self esteem. I look at myself in the mirror every day, and say my affirmations. No one ever said I was smart, or attractive before. I exercise now, and eat better and meet with my friends every Wednesday to work on my action plan."

"When I get sad, I just SHAKE IT OUT!"

## Future Opportunities

- Oncology Center
- Milette Manor / Woman's Wellness
- Breast Cancer
- Pediatric Obesity
- Dionne Center / Gerontologists
- Chronic Illnesses / Fibromyalgia/ Diabetes
- Cardiovascular Center