Nurses are health experts. We provide education to show patients with chronic illnesses and conditions—using written, verbal, and multimedia presentations—how to improve their health with dietary modifications, exercise, smoking cessation, and medication adherence. Afterward, many patients can recite what’s necessary to stay healthy, but they lack the skills and motivation to follow through. They become easily overwhelmed, which can lead to failure to adopt suggested changes. They also struggle with pain, anxiety, and grief. The result can be hospitalizations for exacerbated symptoms and other sequelae.

Nurse health coaches (NHCs) may be one way we can help patients adopt lifestyle changes and prevent revolving-door admissions.

What is an NHC?
NHCs are taught to keep an open mind, focus on what patients perceive to be barriers to a desired goal, and help them recognize their strengths. NHCs are RNs who incorporate coaching competencies in professional practice to contribute to patients’ or a community’s ability to grow and make changes to achieve goals. They collaborate with patients holistically, incorporating their individual physical, psychological, emotional, spiritual, and environmental well-being. (See NHC theory.)

What are the benefits of coaching?
The NHC role can benefit both patients and nurses. As healthcare costs rise and the population ages, NHCs can help patients negotiate life with chronic illnesses and conditions by teaching them how to...
manage pain, improve mood, decrease anxiety, and increase activity. These improvements can increase their independence and reduce hospital admissions. A recent study of NHCs showed that they improved their own health behaviors by 84%. Nurses who are NHCs have reported better job satisfaction by 70.7% after becoming an NHC. They report less burnout, improved personal and professional relationships, and reduced workplace stress, according to studies by Frey and Ross. NHCs also support other nurses by facilitating the resolution of difficult situations and helping them build resilience. Nurses report being better able to self-reflect and self-evaluate when they use an NHC’s services.

**How do NHCs practice?**

NHCs approach care and education holistically, which is especially important in specialist settings where the whole person typically isn’t addressed. They help patients achieve health and wellness as far as they’re capable and motivated, rather than focusing on disease management. NHCs must be self-reflective, self-caring, and pay attention to individual patients’ personal beliefs in addition to organizational missions, goals, and philosophies. This approach helps NHCs promote shared decision-making. In addition, NHCs are role models, so they must model the behaviors they promote in patients’ lifestyle changes.

For traditional nurses, patient education focuses on specific disease processes, so the patient primarily is the receiver of information. The nurse’s task is to share his or her expertise with willing patients to help them learn more about their disease or condition. NHCs, however, don’t advise or instruct; instead, they guide patients as partners in the process. Patients develop their own goals and process information at their own pace. Ideally, they learn to self-monitor actions and lifestyle choices. NHCs use their expertise to educate, but they may take steps beyond “return demonstrations” or measuring knowledge in the usual ways. They create long-term relationships that focus on behavioral changes and communication that motivates patients to self-direct their health. Successful NHCs adopt specific skills, such as problem solving, enhanced communication, and goal setting. (See NHC tools.)

One of any nurse’s primary goals is to ensure that patients know how to manage their pain. Usual instructions might include medication education and adjunctive therapy suggestions. NHCs guide patients to a position of self-awareness using active listening, reflection, cognitive reframing, bearing witness, healing intention, observation, and powerful or probing questions. They use the information they’ve gathered to impart confidence and motivation so patients can develop strategies unique to their situations and preferences. NHCs and patients can identify problems early and take action to improve outcomes. Coaching doesn’t stop there. The relationship continues and NHCs support patients as they discover solutions to managing lifestyle changes.

NHCs’ skills and long-term partnerships with patients have proven effective in diverse situations including in end-of-life and palliative care. NHCs also work within occupational areas to help individuals or groups deal with tragedy experienced at work. For example, NHCs were instrumental in helping companies and individuals process the loss experienced after the 9/11 terrorist attacks.

People who are living with or who are newly diagnosed with a chronic illness or condition—such as diabetes, chronic obstructive pulmonary disease, arthritis, obesity, and cardiovascular disease—have benefitted from NHCs’ skills. In particular, the patients learn to accept their disease and consider, process, and decide which lifestyle measures they can address at their own pace and in their preferred order with NHC guidance.

NHCs also can be beneficial to patients when they’re:
- experiencing any major life change (birth, death, tragedy)
- making important health decisions
- asking about how to improve their health and well-being.

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**NHC theory**

Two nursing theorists, Dorothea Orem and Betty Neuman, incorporated many aspects of the nurse health coach (NHC) role into their work. Orem looked at patients as a whole and discussed how nursing care is necessary when a patient can’t fulfill physiological, spiritual, or developmental needs. Neuman viewed each patient as a system in which every change affects the whole, requiring purposeful interventions. Barbara Montgomery Dossey, codirector of the International Nurse Coach Association and coauthor of *The Art and Science of Nurse Coaching*, focuses on the theory of integral nursing. This theory incorporates nurses (and all healthcare providers, receivers, the public, and the health system in general) as health coaches who guide patients using possibilities and cognitive and behavioral approaches. Using the nursing process, NHCs expand communication to empower patients to achieve individual health goals while serving as bridges between patients and primary care providers.
NHC tools

Nurse health coaches (NHCs) incorporate these tools into their relationships with patients to help them achieve their health and wellness goals.

- Affirmation
- American Heart Association’s and American Diabetes Association’s guidelines
- Appreciative inquiry (focusing on what’s working well)
- Attention/active deep listening
- Bearing witness
- Body mass index assessment, counseling, and education
- Chronic and acute care education
- Cognitive reframing
- Dietary supplements
- Encouragement
- Essential oils
- Exercise
- Genetic counseling (where and when it may apply, if the patient is interested)
- Healing interventions (mindful meditation, hands on healing, etc.)
- Healthcare team approach
- Imagery
- Intuitive knowing (noticing early changes in patients)
- Meditation
- Mindfulness
- Motivational assessment
- Nutrition education
- Pause or silence
- Presence
- Preventive care education
- Probing or powerful questions (What are your specific, measurable, realistic timed goals? When do you see yourself reaching your goals? How do you think you’ll feel when you reach your goals?)
- Reflection
- Storytelling

How do you become an NHC?

RNs have two paths to becoming certified NHCs: the American Holistic Nurses Credentialing Corporation (AHNCC) or the International Nurse Coach Association (INCA).

AHNCC requires 60 credit hours of classes that cover the core essentials for nurse coaching (ahncc.org). The AHNCC offers two certifications: nurse coach and health and wellness nurse coach. Look for NHC school programs endorsed by AHNCC (ahncc.org/school-endorsement-program/what-is-an-endorsed-school).

The INCA program, offered for both RNs and advanced practice RNs, is 6 months and includes 120 credit hours of classes. INCA has worked with The Institute for Functional Medicine (functionalmedicine.org) since 2016 to develop evidence-based prevention, health, and wellness continuing education. This gives NHCs a well-defined evidence-based role in the healthcare system.

Some health coaches aren’t RNs. The only prerequisite for some non-nursing health coach programs is a 4-year college degree; others require only that candidates be at least 18 years old with a high school diploma. Non-nursing health coach certification exams may be offered via the International Coach Federation (ICF) to individuals who complete the ICF health coach programs.

Where do NHCs work?

NHCs need to be experts at coaching (collaborating with patients through illness stages and guiding them to achieve optimal health and wellness), not in a specific specialty. This means many opportunities are open to them. NHCs may choose to practice in their current position or to seek positions specific to the NHC role. NHCs work in schools, fitness centers, business offices, insurance companies, dialysis centers, correctional facilities, patients’ homes, and hospitals. In other words, they can work practically anywhere they’re needed.

Looking to the future

Traditionally, healthcare starts with where we think patients should be and try to get them there, without really involving the individual patient. NHCs focus on what the individual wants and needs to achieve his or her health goals.

More research is needed to demonstrate the value of NHCs to the healthcare system. The Integrative Health and Wellness Assessment™, developed by INCA, measures health and wellness before and after working with an NHC.

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