

# A Qualitative Description of the Role of a Whole Health Coach

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## Abstract

The objective of this study was to explore the experiences and roles of ‘whole health coaches’. This qualitative, descriptive study used semi-structured interviews with seven informants. Transcriptions were coded with words, phrases, and themes identified. The overarching theme was a “balancing board,” with the client as the board and the whole health coach as the fulcrum. The “job” of being a whole health coach grounds the experience. The coach serves as the fulcrum, capitalizing on seven skills and a core of personal beliefs. The client engages in a “balancing act” as they move forward connecting with the whole health coach. The whole health coach experience is personal and professional. Coaches use the foundation of the job and skills to assist clients in moving forward on a path of balance with the client as the driver/pilot.

**Keywords:** health, coach, research, qualitative

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## **Introduction**

The concept of whole health in the Veterans Health Administration (VHA) began in 2011 with the creation of the Office of Patient Centered Care & Cultural Transformation (OPCC&CT) with the primary goal of transforming the healthcare system from the traditional model of health care to a personalized, proactive, patient-driven model that focuses on developing and advancing whole health for veterans and employees (VA, 2021).

Whole health in the Veteran's Administration (VA) is a holistic approach to health and well-being. It aligns with a commitment to evidence-based disease management with the engagement of physical, emotional, mental, and spiritual aspects of care (Kligler, 2022). The focus is on the person and "what matters" to them (VA, 2022). The process of whole health starts with a personal health inventory self-assessment and the creation of a personal health plan.

Whole health programs can consist of wellness groups with a peer facilitator, one-on-one personal coaching, health education opportunities, and complementary and alternative medicine modalities. Regarding groups with facilitators, 15 veterans participating in a peer-led, group-based, whole health program, Taking Charge of My Life and Health (TCMLH), were interviewed, and the findings indicated positive experiences of internalizing the value of health engagement, making healthy lifestyle changes, forging social connections, and taking on an active role in health care (Anderson et al., 2022). Additionally, Abadi et al. (2022) found positive gains after a nine-week, 90-minute, TCMLH program in self-care attitudes and behaviors, motivation, meaning and purpose, mental health, stress, progress towards goals, and goal-specific hope using program evaluation surveys in 77 veterans. Research on VA Whole Health, which included personal one-on-one coaching in 65 veterans, demonstrated significant

improvements in mental health and perceived health competence from baseline to three months (Purcell et al., 2021).

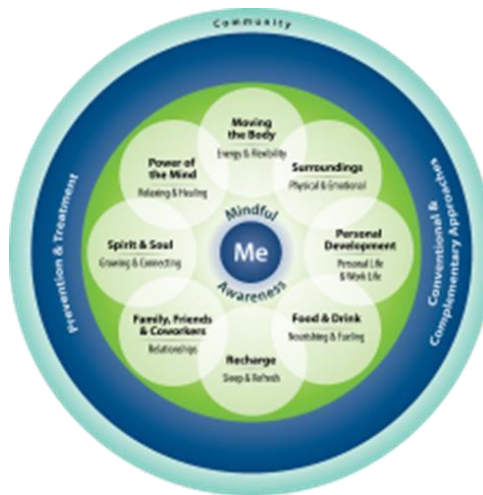
According to the VA (2019), there are nearly 2,300 VA-trained whole health coaches working in VA medical centres and clinics. Licensed practical nurses (LPNs) were the first whole health coaches at the VA where this study was conducted. The functional statement, or job description, of the whole health coach stresses facilitation and empowerment of clients in achieving self-determined health and wellness goals. Whole health coaches in the VA complete an approved whole health coaching program and subsequent certification. Health coaches have identified increased preparedness, self-efficacy, and use of health coaching skills following course completion (Collins et al., 2015). Additionally, whole health coaches must be certified in mind-body skills. The whole health coach performance plan focuses on clinical visits, documentation, customer service, professional development, and confidentiality. Whole health coaches are extended members of primary care Patient Aligned Care Teams (PACT).

Research on the personal and professional experience of the role of a whole health coach is limited. Whole health coaches working with veterans in rural settings during the COVID-19 pandemic ( $N=14$ ) were interviewed and identified themes centered around leveraging technology, addressing social factors, redirecting self-care modes, and being flexible (Hale-Gallardo et al., 2022). Three health coaches were interviewed regarding their experiences in a novel, 12-week, whole person care intervention and validated participants' perception of the value of the program, including increased health awareness and motivation, goal setting and accountability, self-efficacy, individualized support, and coaching (Nelson et al., 2020).

A whole health program is not only available for veterans but for clinicians as well, applicable to both their personal and professional lives. The “me” in the center of the Circle of Health can apply to the veteran or the clinician (see Figure 1).

**Figure 1.**

*Circle of Health (VA 2022).*



The purpose of this study was to explore the role of being a whole health coach in the Veteran’s Administration healthcare system. The research question that guided this investigation was “What is the experience of being in the role of a whole health coach?”

**Theoretical Framework**

Whole health and its processes align with Pender’s Health Promotion Model. The model is based on two theories—Bandura’s social learning theory and Fishbein’s theory of expectancy-value. The model focuses on helping people achieve higher levels of well-being and identifies background factors that influence health behaviours (Khoshnood et al., 2018). The model was

proposed as a framework for integrating nursing and behavioral science perspectives on factors that influence health behaviors.

The three main concepts or domains of the theory include 1) individual characteristics—prior related behavior and personal factors; 2) behavior-specific cognitions and affect—perceived benefits of action, perceived barriers to action, perceived self-efficacy, activity-related affect, interpersonal influences, and situational influences; and 3) behavioral outcomes—commitment to a plan of action, immediate competing demands and influences, and health-promoting behaviours (Aqtam & Darawwad, 2018; Khoshnood et al., 2018; McEwin & Wills, 2019). It is assumed that individuals take an active role in shaping themselves and their environment to achieve health.

Healthcare professionals, including nurses, can explore patient/client factors that positively and negatively affect health behaviors such as past health-related experiences, barriers to engaging in health promotion, interpersonal resources, and competing demands. These experiences help shape behavior. Nurses can collaborate with other healthcare professionals such as dietitians and physical therapists in creating and implementing interventions that influence health-promoting behaviors through patient/client empowerment for self-care. Empowerment includes self-efficacy, as noted in behavior-specific cognitions, and the capability to regulate behaviors and surroundings to achieve a healthy lifestyle (Aqtam & Darawwad, 2018).

### **Methods**

The study used a qualitative descriptive design. A qualitative descriptive approach results in a comprehensive, straightforward description of the data reflective of experiences and perceptions (Sandelowski, 2010, as cited in Doyle et al., 2020). This design is used when seeking

an uncomplicated description focusing on details of the ‘what, where, when, and why’ of an experience or event. A qualitative descriptive design aligns with the research question “What is the experience of being in the role of a whole health coach?” It is one of five other qualitative designs, including historical study, phenomenology, grounded theory, ethnography, and case study (Gray & Grove, 2021). The study was approved by the Institutional Review Board as exempt. An information sheet was used to explain the study and read to the participant before the interview began. Subjects’ willingness to proceed with the interview served as their consent to participate.

### **Participants**

Purposeful sampling was used to recruit subjects. Veteran Affairs Medical Center employees at a facility in the Southeast who identified themselves as whole health coaches were extended an invitation through email by their department manager. Sample size was not determined a priori. Data was saturated after seven whole health coaches were interviewed, including five females and two males. They included six licensed practice nurses and one registered nurse; six subjects indicated their age as being between 50 and 59 years, and one was between 60 and 69 years of age. Five coaches had three and one-half years’ experience as a whole health coach.

### **Data Collection Procedures**

Semi-structured interviews, lasting 35 to 45 minutes, took place on Microsoft Teams and were audiotaped using a tape recorder and transcribed verbatim. Subjects were asked five demographic questions and eight targeted questions about their experience as a whole health

coach, coaching effectiveness, the impact of coaching, whole health in their personal life, and challenges.

### **Data Analysis**

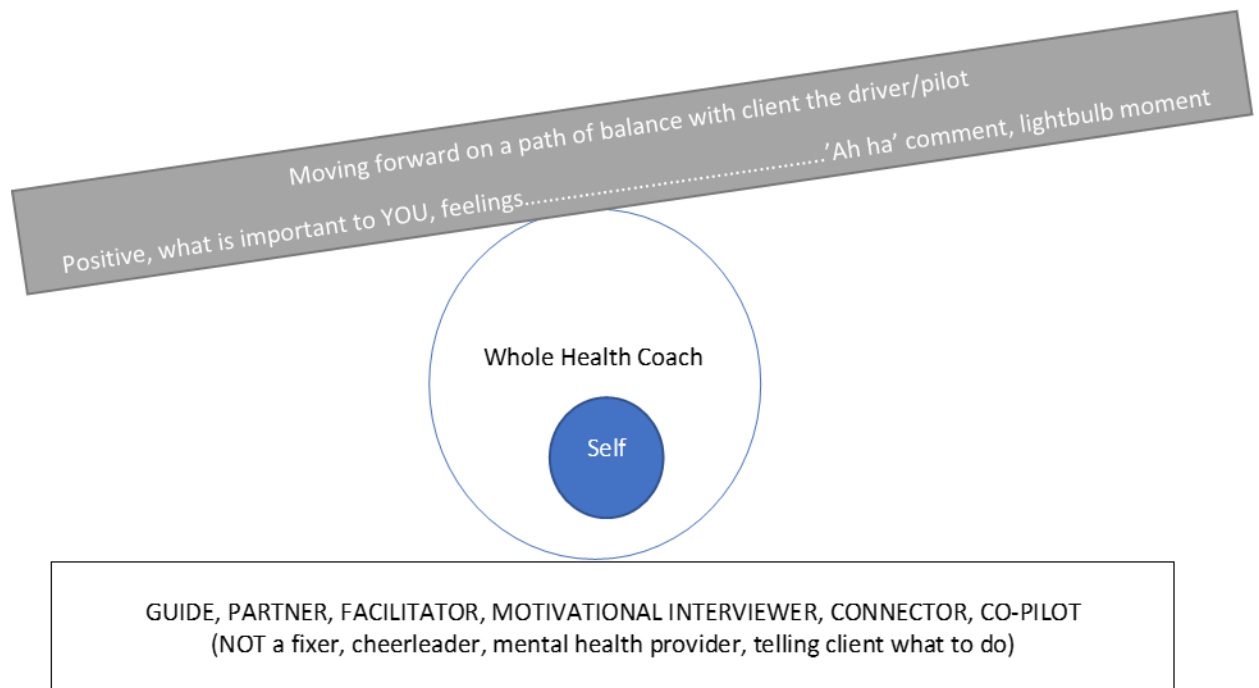
A summative content analysis was conducted in which words and phrases were summarized and a descriptive, interpretive summary generated based on the frequency and interrelatedness of the words and phrases (Hsieh & Shannon, 2005). To ensure the scientific integrity of the project, the researcher sought trustworthiness. Credibility was demonstrated by prolonged engagement with the subjects, comprehensive field notes, saturation of data, and member checking (Polit & Tatano Beck, 2018). Dependability ensures stability of data over time and conditions and was achieved by careful documentation and member checking (Polit & Tatano Beck, 2018). Findings were sent to three subjects, who acknowledged agreement with the investigator for validation of themes. Transferability or applicability in other settings was ensured by keeping comprehensive field notes, saturation of data, and detailed, vivid descriptions (Polit & Tatano Beck, 2018). Finally, the researcher sought to achieve authenticity by portraying the experiences and context of the participants (Polit & Tatano Beck, 2018). These strategies ensured that decision making and interpretation were grounded in data and not a priori thoughts or biases.

### **Findings**

Findings are depicted as a balancing board with a board (the client) and fulcrum (the whole health coach) positioned on the ground (the job as a whole health coach) (see Figure 2). To protect their identities, participants in this study were numbered S1-S7.

**Figure 2.**

*Pictorial Depiction of Findings*



**Theme 1: Ground – Foundation of the “Job” as a Whole Health Coach**

Whole health coaches were clear about what the role or job is and what it is not. Words to describe the role include *guide, partner, facilitator, motivational interviewer, connector, and co-pilot.*

“We help them with accountability. We help with brainstorming” [S4].

When describing the role, subjects were clear that they do not correct client behaviors, function as a cheerleader, provide services such as mental health, which they are not licensed to provide, or tell or direct the client what to do.



“It is important to set boundaries” [S1, S2, S7].

“Providers will fix things for the veteran, telling them what to do. They come to whole health coaching expecting us to do the same. We don’t” [S5].

“Don’t call out the results; let them see it” [S3].

“We do not set the goals. We encourage them to set their own. Then they are vested’ [S7].

## **Theme 2: Fulcrum – Being a Whole Health Coach Professionally and Personally**

The whole health coach is the contact for the client from the beginning to the end of whole health services. Subjects identified the critical skills of a whole health coach. A whole health coach needs to be an active communicator, true to themselves, an active listener finding the meaning behind a client’s words, empathetic, patient, and open-minded.

“You take time to listen. We have the time to listen. Providers do not” [S5].

“You need to hear the words and the meaning behind the words—what this means to that individual” [S6].

“You need a human factor. Be empathetic. Put yourself in their shoes” [S5].

The whole health coach is an individual, a person who seeks, on a personal level, to be human, mirroring the challenges clients face, practicing what they preach, and setting an example.

“I try to show that I have a real-life person image” [S3].

“We are not always great, but we make changes. We are human too” [S6].

“You have to walk and walk. You can’t just talk” [S4].

“You can’t help people if you don’t set an example” [S5].

The role can transform whole health coach themselves: “The job affects my life in a positive way” [S3]. They may even “put pressure” on themselves. Just like guiding the client in SMART goals, they set personal goals. “I want to be healthy” [S7] noted one whole health coach. Either overtly or covertly, clients seem to expect a whole health coach to practice whole health modalities.

### **Theme 3: The Board – A Balancing Act: The Client Moving Forward Connecting with the Whole Health Coach**

The path of engaging in whole health for the client starts with planting a seed that sprouts or grows as they progress. A whole health coaching session begins with positive reflections and seeking a response to “What is important to you?” Underlying feelings are explored. When exploring feelings, whole health coaches are cautious and remark that “You can’t push it.”

“We follow their leads” [S6].

“We assess where the patient is at. Then we plant a seed” [S6].

“We get them to see themselves for who they are” [S5].

Along this path of balance for the client, the whole health coach taps the client’s strengths, which can result in the client building accountability for themselves and their health. “We give them the tools. They need to take the tools and hold themselves accountable” [S3].

Whole health coaches stressed that clients need to find it within themselves in identifying and making changes that are self-initiated, often trying new modalities for health. The client is the driver or pilot on this path, with the whole health coach as the co-pilot.

When clients begin to discover themselves and engage in new processes of self-care, they see their progress as a result of changes in themselves. Whole health coaches stressed the need for early client successes in this journey, with small increments.

“Small changes can have a big impact” [S3, S4].

“Seeing results is a motivating factor” [S3].

“They see that work does work” [S3].

“If they undertake too much, they feel defeated” [S4].

Success in integrating whole health practices often comes at “ah-ha!” moments in clients. This might be called a “lightbulb moment.” These moments reflect some kind of growth in the seed that the whole health coach planted at the beginning of whole health services.

“These ‘ah-ha!’ moments are when the veteran’s self-discovery hits home” [S2, S3, S5, S6].

#### **Theme 4: Challenges to Whole Health Coaching**

Whole health coaches identified client-related challenges to whole health coaching. Clients often have chronic health conditions, both physical and psychological. This challenge impacts the power of the mind, another challenge. People outside whole health coaching can bring negative opinions or lack of support to the role of the whole health coach.

#### **Discussion**

This study sought to answer the question “What is the experience of being in the role of a whole health coach?” The whole health coach experience is a job or position focused on connecting with clients as they move forward in holistic self-care. Whole health coaches connect

with themselves as they, too, find holistic balance “practicing what they preach.” Whole health coaches encourage clients to set their own goals and make changes that are self-initiated, demonstrating accountability. Goal setting and accountability are values of whole health as noted by coaches interviewed in this study and by Nelson et al. (2020).

Whole health coaches engage in exploring clients’ feelings in an effort to identify factors, including social aspects (Hale-Gallardo et al., 2022), that might influence health behaviors, a key aspect of Pender’s Health Promotion Model. When whole health coaches identify clients’ strengths, they support the clients’ self-efficacy, or can-do attitude, supported by previous research (Purcell et al., 2021; Nelson et al., 2020). When clients begin to see results from their whole health efforts, their motivation increases, which may confirm their commitment to their health plan, another element of Pender’s Health Promotion Model.

Whole health coaching is both a professional job and a personal experience. In some ways, whole health coaches also coach themselves into creating their own health plan according to the Circle of Health. Living the personal experience of whole health positively impacts the whole health coach’s skill and knowledge as well as clients’ perception of the coach.

Barriers to acting is a component of a health promotion model (Aqtam & Darawwad, 2018; McEwin & Wills, 2019). When applied to the actions of whole health coaches, study participants acknowledged that clients’ chronic health conditions, including mental health issues, can be challenging for both the coach and the clients, themselves, in health promotion behaviours. Barriers or challenges come from outside the whole health coach–client partnership, with colleagues, spouses, and others expressing negative opinions of whole health and its coaches. Study participants did not identify reasons for this negativism.

### **Strengths and Limitations**

A strength of this research is the focus on whole health coaches themselves, both professionally and personally. There was a gap in the literature on the personal aspects of being a whole health coach. There is always the possibility of the researcher introducing bias during the interviews or interpretation of the interview data despite the use of bracketing. It is recognized that different interview questions may have resulted in different findings although the first global question asking participants to “tell me about your experience of being a whole health coach” provided an opportunity for open, unlimited sharing. The study was conducted at a specific government healthcare facility with continuity of the role throughout the Veterans Affairs Medical Centers. The whole health coach role may be articulated differently outside government healthcare facilities. All whole health coaches interviewed were nurses and the majority were LPNs who may have a different perspective of the role compared to other disciplines in the same role.

### **Implications for Practice**

A holistic approach to health is referred to as whole health in Veterans Affairs in the United States but may be called by different names in other countries. Study findings added to the understanding and appreciation of the role of the whole health coach in Veterans Affairs (VA) but may be applicable to similar roles in other countries, including Canada. Study findings highlighted the “job” or role of the whole health coach, professional and personal aspects of the role, and client support, which align with the role of the LPN in Canada in promoting health and preventing illness (CIHI, 2023). Standard 3 of the *2020 Standards of Practice for Licensed Practical Nurses in Canada* (CCPNR, 2021) speaks to the therapeutic relationship LPNs establish with their patients and families. Study findings support this relationship, which focuses

on patient or client accountability, setting boundaries, listening, and tapping the strengths of patients or clients.

The results of this study support previous research on whole health and whole health coaches in the VA. Existing whole health or holistic health programs in and outside the United States and those in development may use study findings to recruit and “grow” whole health coaches, especially LPNs and other disciplines.

### **Conclusion**

This study sought to explore the experience of being in the role of a whole health coach in the VA. Data was saturated after seven subjects, who provided rich descriptions of their professional and personal experiences as a whole health coach, and resulted in four major themes. The overarching pictorial is a balancing board consisting of the job, the professional and personal aspects of being a whole health coach, the client, and challenges. The findings add to the body of knowledge of whole health coaching in the VA.

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