EDITORIAL

Professional Nurse Coaching: Advances in National and Global Healthcare Transformation

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INTRODUCTION: PROFESSIONAL NURSE COACH, NURSE COACHING PRACTICE, AND COMPETENCIES

Nurse coaches are responding to the mandate of Florence Nightingale (1820-1910)—the foundational philosopher of modern nursing—to advocate, identify, and focus on factors that promote health, healthy people, and healthy communities that are recognized today as environmental and social determinants of health.1,2

The Institute of Medicine report3 and other health initiatives suggest the need for increased education and leadership from nurses to address the healthcare needs of our nation and world. Nurse coaches are strategically positioned and equipped to implement health-promoting and evidence-based strategies with clients and support behavioral and lifestyle changes to enhance growth, overall health, and well-being. With possibilities not yet imagined, employment opportunities for nurses who incorporate coaching into professional practice are developing across the entire spectrum of health, wellness, and healing.

Nurse coaches will play an essential role in efforts to assist people toward sustained health as the healthcare system shifts from a disease-focused and reactive system to one proactively focused on culturally sensitive wellness, health promotion, and disease prevention.4 Nurse coaches are aware of the guidelines of The Patient Protection and Affordable Care Act,5 the Healthy People 2020 Initiative,6 and the National Prevention and Health Promotion Strategy7 for improving the health of the nation.

Nurse coaches are in interprofessional collaboration and conversations with the National Summit on Standards and Credentialing of Professional Coaches in Healthcare and Wellness (NCCHWC) leaders to explore the future of health and wellness coaches.8,10

Professional Nurse Coach Coaching

The professional nurse coach is a registered nurse who integrates coaching competencies into any setting or specialty area of practice to facilitate a process of change or development that helps individuals or groups realize their potential.11 The change process is grounded in an awareness that effective change must evolve from within before it can be manifested and maintained externally. The professional nurse coach works with the whole person using principles and modalities that integrate body, mind, emotion, spirit, and environment.

Professional nurse coaching is a skilled, purposeful, results-oriented, and structured relationship-centered interaction with clients provided by registered nurses for the purpose of promoting achievement of client goals, first establishing a co-creative partnership with the client where the client is the expert and then by identifying the client’s priorities and areas for change to accomplish achievement of client goals. Goals originate from clarifying and identifying the client’s agenda.

Nurse coaches are addressing the bio-psycho-social-spiritual-cultural-environmental dimensions of health.1,2,4 Effective nurse coaching interactions involve the ability to develop a coaching partnership, to create a safe space, and to be sensitive to client issues of trust and vulnerability15 as a basis for further exploration, self-discovery, and action planning related to desired outcomes. It builds on the client’s strengths rather than attempting to “fix” weaknesses. Nurse coaching interactions are based on research findings related to positive psychology and flow theory16,17 and learned optimism18 as it relates to transformational change).18,21 The Table provides an overview of the nurse coaching literature supporting the role of nurses in health coaching.

Professional Nurse Coaches’ Role and Global Transformation

Professional nurse coaches are part of the 3.1 million nurses in the United States22 and of the 19.6 million nurses and midwives of the world.23 They are aware of the need for an increased awareness of the United Nations Millennium Development Goals (MDGs) for the 21st century to progress toward a sustainable quality of life for all of humanity.24 “Health” is the common thread that runs through all eight MDGs that are as follows:

- MDG #1 Eradicate Extreme Poverty and Hunger
- MDG #2 Achieve Universal Primary Education
- MDG #3 Promote Gender Equality and Empower Women
Overview of the Nurse Coaching Literature Supporting the Role of Nurses in Health Coaching

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A suburban Philadelphia Magnet-designated hospital engaged an experience nurse executive to coach new nurse managers for 4 months onsite. This article is about the health coaching performance of nurses.


An intervention nurse provided the coaching. No formal training was discussed. Coaching consisted of instructing patients how to use the PRO-SELF program, providing support and encouragement to expand self-care abilities, and positively reinforcing behavior change. No other coaching details were provided.


This document provides an overview of nurse coaching. Nurse coaching is based upon International Coach Federation (ICF) core competencies.


The evolution of health coaching and nurse coaching introduces the topic of nurse coaching. The professional nurse coach scope of practice and competencies is described, including nurse coaching core values. Application of the Theory of Integral Nursing and the Integrative Nurse Coach Method and Process is applied to a discussion of nurse coaching and change. The nurse coaching process is compared to the nursing process.


Coaching was used to provide support to patients. Participants (n=35) received weekly coaching calls for 12 weeks. Coaching enhanced selected outcomes. Information regarding the length of the coaching and the training received was not provided. A nursing role (as coaching) to augment other interventions (education) is supported.


Coaching is a holistic term for the support of continuing personal and professional development. The clients' experiences and needs determine the degree to which coaching is directive or non-directive and may involve skills coaching, performance coaching, or development coaching. The ICF core competencies underpin the work of professional coaches. Professional coaching is an eclectic discipline based on knowledge from counseling, social sciences, neurolinguistics, management and business consulting, philosophy, and motivational psychology. It adopts an appreciative approach with clients. Key differences between coaching and clinical supervision are presented.


Nurse coaching was used with patients with cancer pain to explore beliefs and attitudinal barriers interfering with pain management that included communication about pain management and the use of analgesics and non-pharmacologic interventions. Nurse coaching reduced ineffective behaviors and improved pain treatment.


Coaching and mentoring are compared. Transformational coaching is a coaching process that involves development of rapport, relationship building, information gathering through assessment and review, negotiation of carefully defined goals, development of an action plan and implementation of problem solving. Coaching is not telling people what to do or how to do it. There are differences and similarities in coaching and mentoring. While mentoring was perceived to be ‘support’ and coaching was described as ‘action,’ the actual process and content were quite similar. Mentoring may include aspects of coaching more than coaching incorporates aspects of mentoring.


Nurses who provided a telephone monitoring intervention on post hospital cardiac surgery recovery and rehabilitation at home taught and coached on a variety of emotional and physical issues and assisted with problem solving. Master’s and doctoral level nurses provided coaching. No set coaching protocol or training was discussed. No operational definition of coaching was provided.


The coaching process for nurse practitioners (NPs) is described as method of developing “interpersonal communication skills” that promote the client’s engagement in the health and wellness process. The client’s needs, life experiences, and goals are the center of the relationship. The NP must be a good listener and assist the client in decision-making. Client characteristics are the driving force of the coaching interaction. Concepts can be applied to nurses in a variety of roles other than NP. This approach also supports the transteoretical stages of change model and motivational interviewing techniques.


Nurse coaching is expanding, and NPs need to have tools that can assist tobacco users in deciding to stop. There is an opportunity to add nurse coaching to educational nursing programs.


Nurses are natural coaches, and coaching is an inherent responsibility of nurse leaders. High-performing leaders focus on coaching. Essential attributes of a coach are passion, integrity, energy, creativity, and excellent communication. Coaching strategies include asking questions, listening carefully without judgment, considering all options, offering specific constructive, direct, and supportive feedback, and building on strengths. Open dialogue and a relationship of mutual trust are essential. Nurse coaching is an exciting new role for the 21st century.
Health coaching as a new and exciting technique to enhance patient self-management and improve outcomes.


Health coaching is described as a partnering with clients to enhance self-management. Medicare is pilot testing this approach for patients with congestive heart failure and diabetes mellitus.


Holistic nurses can use Self-Determination Theory (SDT) to promote healthy behavior change. As nurses act in ways to support clients' innate needs for autonomy, competence, and relatedness, clients may be more successful at internalizing self-regulation and more inclined to adopt and maintain lifelong behavioral changes.


The nurse-coached intervention “focused on giving information, interpreting the experience, and validating and clarifying responses and actions related to the surgical experience directed toward making a difference in recovery outcomes” (p 93). Nurse coaches received three 2-hour classes related to the study. The coaching intervention was delivered by telephone. Nurse coaches were provided with clinical guidelines and a set of questions to guide the discussion with the patient.


Senior-level Bachelor of Science in Nursing students provided coaching based on the Coleman Transition Intervention, a method designed to promote client empowerment and self-advocacy skills through a coaching intervention model. “As today’s healthcare paradigm shifts patients toward shared decision making with their providers, the next generation of nurses will need specific competencies that facilitate their clients’ empowerment of their personal healthcare management” (p 1).


Coaching was provided monthly over 12 months by student nurses to promote client empowerment and self-advocacy skills through the use of a coaching intervention model. Coaches received 2 days of motivational interviewing training that also included identifying depression, anxiety, and levels of social support in participants. Patients were specifically encouraged to adhere to recommended treatment.


This randomized study tested the effectiveness of an Internet portal-based nurse coaching intervention to enhance patient-primary care physician visits to discuss three chronic conditions (depression, chronic pain, mobility difficulty). Internet portal-based coaching produced some possible benefits in care for chronic conditions but did not significantly change patient outcomes.


Nurses possess tools to create health coaching programs that embrace national renewed focus on wellness- and patient-centered care. Coaching skills include creating a safe space, caring patient-centered relationship, deep listening, authentic communication skills to promote self-awareness, perceptive reflections, and self-efficacy to facilitate the health and healing journey. Integration of mentoring and counseling skills adds to the nurse coaching model. Nurse coaches partner with clients to help clients establish goals and promote self-efficacy. Coaching language is in the standards of nursing practice in most states. Coaching is a natural evolution of where nurses want to go. The educator role is woven into coaching but is distinct from coaching. Nurse self-care is a necessary component of effective coaching. Coaching skills enhance professional practice in numerous ways and in the future may become an essential competency. Coaching and consulting can be an effective mix for clients. Coaching is a new way of being with people. An emphasis on health and wellness will change nursing practice and may be the greatest gift to future generations and nursing’s most enduring legacy.


Nurse coaches received 1 hour of training on how to properly coach parents while their child (aged 36-107 mo) experienced venipuncture. The nurse coached parents to encourage the child to use a party blower and to verbally help them through the procedure.


Employing the expertise of a dedicated coach is a unique approach to advance competency of new nurse managers in the formative stages of development. This article describes how coaching is emerging as an essential tool for new manager development.
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A specially trained oncology nurse provided the coaching. The nurse coached patients in the following areas: improving pain relief by altering the times and frequency of analgesic intake, how to assess pain and the need for analgesics, strategies to prevent side effects, and how to speak to their healthcare provider about the need for a change in their analgesic prescription. The coaching method used was not specified.

A nursing model described as peer cognitive coaching to enhance faculty development and thus student achievement. Coaching involves positive feedback to enhance and reinforce desired behavior. The model allows for personal and professional growth through trust, openness, and curiosity. Discussion and critique of others’ views are promoted as is the evaluation of coaching performance.

Nursing is moving into a new phase of health delivery that involves assisting clients to increase healthy behaviors. A nurse coach model of care is described. A nurse coach supports people to develop the skills of self-awareness to achieve their health goals. Self-empowerment is encouraged. Nurse coaches focus on client perspectives, expectations, and specific concerns. The Transtheoretical Model, positive psychology, and a focus on client motivation and on what is working rather than what is not provide frameworks for successful nurse coaching.

Engaging a leadership coach is a trend being used as innovative nursing leadership self-development programs and practices. Reporting on four coaches and four nurse leaders, this article reports on the effectiveness of coaching as a leadership development tool and makes recommendations for leaders interested in engaging a coach.

The Healthy Ageing Model focuses on aging adults and has four elements—client-centered, goal-driven approach, individualized coaching strategy of behavioral change, and personal health system. Care is delivered by a nurse practitioner or a primary care physician via in-person clinic visits or home visits, telephone, or e-mail. Behavioral coaching is the core strategy with the ongoing shift to a client-centered relationship of health promotion with the coach as the client’s support partner.

A nurse/social worker team referred to as “expert clinicians” led coaching support groups. The coaches were significant others of participating patients. No formal definition of coaching was provided. Clinician team training consisted of a 4-hour training session with a manual for them to follow.

The Samuei Institute in its Wellness Initiative for the Nation recommended the education of health and wellness coaches to improve the nation’s healthcare system by changing to a wellness model. This recommendation was written into the PPACA law. This article addresses the implementation of this transition through the development of the nurse coach role. Professional nurse coaches are in every healthcare setting and are ideally positioned to take leading roles in implementing new models of care that emphasize health and wellness. Integrative nursing principles and the Integrative Nurse Coach Model are described. The Theory of Integral Nursing is presented as a framework for integrative nurse coaching.

Nurse coaching is described as a new role for nurses. It is client-directed as opposed to illness-directed. The nurse coach can provide a structure and an approach with the patient/client to custom fit toward attainable behavioral change. Specific aspects of the nurse coach role include integration of self-efficacy, promoting lifestyle changes, readiness for change, and motivation.

This book chapter focuses on two strategies used by nurse coaches—Motivational Interviewing (MI) and Appreciative Inquiry (AI). MI is a skillful interaction for eliciting motivation for change. Guiding principles of motivational interviewing, partnering with clients and communication skills, needed for successfully negotiating behavior change are discussed. AI originated from organizational systems development. It is a way of asking questions that is based on the basic goodness of people, situations, and organizations. The main precept of AI is that it is a method of co-creating a future that inspires new possibilities. Foundational assumptions of AI, the 4-D Cycle of AI, are presented. Several case studies that illustrate the application of MI and AI to professional nursing practice are provided.


A research nurse provided nurse coaching via telephone calls to parents on days 1 and 2 post surgery that consisted of an evaluation of the child’s condition, review of pain intensity, verification that the child was taking the medication, re-education of the rationale for the dosing, review of strategies to give the medication to the child, and repeat education concerning potential side effects of the medication. One nurse coach delivered the same information during all the coaching calls to maintain consistency.

Coaching was provided by an advanced practice nurse and followed the Individualized Nursing Care Model of Self-care for Women with heart failure. Coaching was used to educate and support. The nurse coach visited each participant (n = 7) for 1 hour once per week for 4 weeks. Each session was audiotaped.

A national payer’s perspective. Health Aff 2003;163(22):2775-83.

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A master’s-prepared nurse coach provided the coaching. At the beginning of each coaching session, the nurse coach helped participants (n = 44) set goals related to their clinical status. Coaching was based on guided mastery techniques that included vicarious experiences, verbal persuasion, and physiological feedback.

A research nurse provided nursing coaching via telephone calls to parents on days 1 and 2 post surgery that consisted of a discussion of postoperative pain experiences, an explanation of the administration of a non-opioid with an opioid analgesic, a review of the ordered dosing regimen, strategies for improving adherence, teaching regarding possible side effects, and a discussion about myths about psychological addiction. The nurse also evaluated the child’s condition, reviewed pain levels, and verified that the child was taking the medication. One nurse coach delivered the same information during all the coaching calls to maintain consistency.

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Coaching was part of a program provided by a nurse coach, a social worker, and a geriatrician that included using a client-developed health action plan, patient education instruction and classes, and a fitness program to increase physical activity. A focus was to improve chronic disease self-management and self-confidence in communicating with a primary care provider. Nurse coaching was used to empower participants (504 members of the California Public Employees Retirement system) through encouragement to make healthy choices toward a healthier way of living as outlined by the Case Management Society of America. The nurse coach provided health education, counseling, and medication management coaching. The article did not report how each participant was coached.

Motivational interviewing (MI) techniques (following, directing, guiding) a perceived efficacy scale, and lab results were used by healthcare providers (95% of care was provided by family nurse practitioners) to develop a self-directed provider-assisted plan to remove barriers and move forward to achieve weight loss. Clients were assessed for depression and a 3-generation family history was obtained. Support systems were identified by the patient. Clients were seen monthly for 6 months. With consistent use of MI and diet and exercise counseling, a trend toward decreased body mass index and waist measurement was noted.

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Participants (n=9) received 8 weeks of nurse coaching aimed at facilitating diabetes self-care patients’ existing lifestyle. Four coaching sessions were completed throughout the eight-week period and each session was in-person for approximately 60 minutes. Coaching was used to educate, support, and provide guidance to participants. How the coaching was implemented was not described.

A nurse coach provided coaching to educate, assist, and provide support to increase maintenance of patient self-management. Participants (n=49) received six personal coaching sessions, using a coaching model developed by the primary author (and others), over a 6-month period. It was not clear how the coaching was done.

Coaching was defined as a method for patients to become more educated and active in their own pain management. Coaching was an interactive process that assumed patients are active processors of information; can elicit beliefs and attitudes to promote change; can learn more adaptive ways of thinking, feeling, and behaving; and be active in their own behavior change. Patients in the coached group were instructed how to self-monitor pain, how to qualify the pattern and intensity of their pain, and how to best report the pain to a clinician. This information was reinforced 1 week later during a telephone call.

MDG #4 Reduce Child Mortality
MDG #5 Improve Maternal Health
MDG #6 Combat HIV/AIDS
MDG #7 Ensure Environmental Sustainability
MDG #8 Develop Global Partnerships

The growth of coaching can be seen in multiple fields across healthcare, and in particular nursing, carrying forth Florence Nightingale’s legacy into the 21st century and beyond. Professional nurse coaches can initiate new approaches to improved national and global health by empowering individuals and groups to make and sustain the changes that lead to healthy lifestyles and healthy communities. Nurse coaches are addressing the bio-psycho-social-spiritual-cultural-environmental dimensions of health. Collaboratively, they are creating and implementing strategies to achieve a healthy and fit world.

Additional Resources


2. The Professional Nurse Coach Certification process is available on the American Holistic Nurses Credentialing Corporation (AHNCC) website at www.ahncc.org or http://www.ahncc.org/certification/nursecoachnchwnc.html.

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