Readers of *Beginnings* generally understand that holistic nursing addresses healing of the whole person. Committed to the promotion of health and wellness in individuals, communities and the environment, holistic nursing is a person-centered approach that includes holism, healing and transpersonal caring as its core concepts. Holistic nursing practice emphasizes self-care, intentionality, presence, mindfulness and therapeutic use of self (American Holistic Nurses Association/American Nurses Association, 2007) as foundational practices for professional nursing practice. Holistic nurses attend to their own well-being in a manner that replenishes, supports and energizes. Holistic nurses are committed to lifelong learning, and personal and professional development is a continuous process for the holistic nurse. Holistic nurses who add coaching skills to their practice are guided by the principles and values of holistic nursing as defined in the AHNA and ANA *Scope and Standards of Holistic Nursing Practice* (2007).

Over the last 25-30 years, many forms of coaching have emerged on the health and wellness scene. Coaching as it relates to holistic nursing needs to be defined as its own entity, one that is grounded on the foundation of the *Scope and Standards of Holistic Nursing Practice*. Below, is a preliminary draft to define Holistic Nurse Coaching and the role that holistic nurses can play as coaches.

**Author’s Note:** What follows is excerpted from a white paper that was presented at the *Summit on Standards and Credentialing of Professional Coaches in Healthcare and Wellness* in Boston, Mass., in September 2010 (Hess, Bark, & Southard, 2010).

**Definition of Holistic Nurse Coaching**
Holistic Nurse Coaching is defined as skilled, purposeful, results-oriented, and structured relationship-centered interactions with clients provided by registered nurses for the purpose of promoting the health and well-being of the whole person. Holistic Nurse Coaching is grounded in the principles and core values of holistic nursing. Holistic nursing philosophy, as applied to both self and client in a coaching interaction, emerges from an awareness that effective change evolves from within before it can be manifested externally.

*continued on page 18*
Behavioral Change Models for Nurse Coaching Interventions

Transtheoretical Stages of Change Model
The Transtheoretical Stages of Change Model is a model of behavioral change developed by Prochaska and DiClemente in 1984 (Leddy, 2006). The five stages of the model are:

- **Precontemplation**
- **Contemplation**
- **Preparation**
- **Action**
- **Maintenance**

Nurse coaching interventions designed to promote behavioral change are tailored to the individual's readiness for change. Relapses and recycling through the stages frequently occur. Relapse provides valuable information to assist in further change and is not viewed as a failure.


Health Belief Model
The Health Belief Model (HBM) was developed in the 1950s and is a widely used conceptual framework in health education and health promotion. The basic concept of the HBM is that beliefs affect outcomes. Perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and self-efficacy are key concepts in the HBM (Young & Hayes, 2002). The HBM has been used to design community-wide intervention programs, but can also be used as a general framework for nurse coaches. Exploration of the client's perceptions regarding a particular health action allows the nurse coach to intervene in a more effective way to guide the client towards behavior change.


Motivational Interviewing
Motivational interviewing is a skillful interaction for eliciting motivation for change. Motivational interviewing involves a collaborative partnership and an honoring of client autonomy. It seeks to evoke client strengths and to activate client motivation and resources for change. It is a refined form of guiding and includes skillful informing. Motivational interviewing is based on four guiding principles known by the acronym RULE (Rollnick, Miller, & Butler, 2008).

- **Resist the Righting Reflex**: The nurse coach must set aside any desire to correct the course and direction of the client. If the nurse is pushing for change, and the client is resisting, the nurse is in the wrong role; it is the client who should be voicing the arguments for change. The nurse coach must suppress what may seem like the “right” thing to do and instead allow the client to determine what to do.

- **Understand and explore the client's motivation**: It is the client's reasons for change, and not the nurse's, that are likely to trigger change. The nurse coach explores the client's concerns, perceptions and motivations.

- **Listen with empathy**: Answers lie within the client and finding them requires listening. Good listening is a complex skill; it is more than asking questions and keeping quiet long enough to hear the reply. Empathy is the ability to identify with the client's difficulties or feelings.

- **Empower and encourage hope and optimism**: The nurse coach helps the client discover how change can happen. The nurse coach views the client as the expert consultant as ideas and resources for change are explored.


Unitary Appreciative Inquiry
Unitary Appreciative Inquiry is a method for approaching clients that is based upon the science of unitary human beings developed by Martha Rogers. Its major focus is seeking to know the wholeness, uniqueness and essence of human life as a context for understanding nursing practice, while simultaneously knowing that human life is a miracle that can never be fully comprehended (Cowling, 2001). This broader approach allows the nurse coach to extend the vision of possibilities beyond those normally considered when diagnosing or labeling conditions. The goal is to appreciate all that is manifested – to “see you” as a total and perfect expression of a singular pattern. An inclusive view that involves multiple modes of awareness is required.

Defining Holistic Nurse Coaching continued from page 16

Effective Holistic Nurse Coaching interactions involve the ability to create a coaching partnership, build a safe space, and be sensitive to client issues of trust and vulnerability (Schaub & Schaub, 2009) as a basic foundation to:

• structure a coaching session,
• explore client readiness for coaching,
• facilitate achievement of the client’s desired goals, and
• co-create a means of determining and evaluating desired outcomes and goals.

Overview of Holistic Nurse Coaching
Licensed professional registered nurses who are Holistic Nurse Coaches work from an established foundation of professional standards and practice (AHNA /ANA, 2007). Holistic Nurse Coaches utilize a variety of evidence-informed coaching skills and interventions that are learned and practiced in approved Holistic Nurse Coach training programs and elsewhere. They have a deep understanding of the nature of a professional relationship and a broad range of healthcare knowledge, experience and skill that is brought into their work as health and wellness coaches.

Holistic Nurse Coaches bring an integrative perspective to coaching. A holistic framework created and developed by numerous nurse scholars provides a model for working for the whole person. The inclusive perspective of Holistic Nurse Coaches recognizes the biological, psychological, social/cultural, transpersonal and energetic components of individuals. This perspective leaves space for openness and “not knowing” (Dossey, 2008) — the gateway to where new knowledge resides. Erickson (2010) views this broad outlook as integrative knowing: “a bringing together of multiple ways-of-knowing, integrating and creating new knowledge” (p. 65). Many nurse coaches utilize a holistic, integral model of coaching that includes structures of consciousness as a way to frame coaching interactions (Bark, 2010).

Behavioral change theories, including the Transtheoretical Stages of Change Model, the Health Belief Model, and Motivational Interviewing have been adopted by many nurse coaches. Concepts and strategies within these theoretical approaches are applied to evidence-informed coaching to promote self-efficacy and to uncover resistance and identify barriers to change. Appreciative Inquiry is a model of change that focuses on client strengths to create a more positive future. Unitary Appreciative Inquiry is a related approach utilized by nurses to know the wholeness and uniqueness of each person as a context for change. (See page 17 for a brief description of each of these behavioral change models).

Holistic Nurse Coaches work with individuals and with groups. Holistic Nurse Coaches are staff nurses, case managers, advanced practice nurses, nurse faculty, nurse researchers and educators, and nurse managers and administrators who have added Holistic Nurse Coaching skills to their work. For some, coaching is their primary role. Holistic Nurse Coaches include nurse entrepreneurs who have developed successful and thriving businesses.

Evolution of Holistic Nurse Coaching
Coaching has developed within the context of significant...
cultural changes emphasizing diversity and inclusion, personal growth and self-exploration, and new approaches to conducting business that value people. Those who have studied the development of coaching acknowledge the emergence of coaching from several independent sources at the same time. In many ways, coaching is an interactive social phenomenon that involves a process and style of communication that is based on enhancing the best in others.

Coaching has been influenced by humanistic psychology whereby clients are viewed as having an inherent goodness and ability to know what is best for them. Another strong influence on coaching has been the business world where an emphasis on leadership and organizational development has led to a focus on outcomes, collaboration and accountability. A proliferation of coaching models and programs to prepare coaches has developed in the 25 to 30-year history of coaching.

Nursing has always utilized knowledge from a wide variety of sources to achieve the best possible outcomes for clients. Coaching has emerged within nursing as one way to structure client interactions in a manner that enhances client-nurse partnerships. Based on the awareness that coaching is a separate and distinct competency, coaching is not to be confused with teaching, consulting or directing others towards predetermined goals established by the nurse or others; thus, an innovative and creative Holistic Nurse Coach model of care has evolved. Nursing has taken the lead in establishing a holistic model of coaching – one designed to fully engage clients in self-care and the management of healthcare practices and outcomes.

References

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