



Review

The effects of health coaching on adult patients with chronic diseases: A systematic review



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ABSTRACT

Objective: The aim of this systematic review was to describe the effects of health coaching on adult patients with chronic diseases.

Methods: The reviewers searched electronic databases and performed a manual search for studies published from 2009 to 2013. The inclusion criteria covered health coaching for adults with chronic diseases by health care professionals. The studies were original, randomized controlled trials or quasi-experimental designs.

Results: Thirteen studies were selected using the inclusion criteria. The results indicate that health coaching produces positive effects on patients' physiological, behavioral and psychological conditions and on their social life. In particular, statistically significant results revealed better weight management, increased physical activity and improved physical and mental health status.

Conclusion: Health coaching improves the management of chronic diseases. Further research into the cost-effectiveness of health coaching and its long-term effectiveness for chronic diseases is needed.

Practice implications Health care professionals play key roles in promoting healthy behavior and motivating good care for adults with chronic diseases. Health coaching is an effective patient education method that can be used to motivate and take advantage of a patient's willingness to change their life style and to support the patient's home-based self-care.

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1. Introduction

Chronic diseases, such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, have a slow progression and last a long time. They account for more than 60% of all deaths in the world, and a large proportion of these deaths are for people under 60 years of age. Moreover, at least 2.8 million people die every year as a result of being overweight or obese. Economic transition, rapid urbanization and poor lifestyle choices such as tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol are among the risk factors contributing to the burden of chronic diseases [1].

Individual health care interventions have been demonstrated to have a positive effect and are usually cost-effective or low in cost. When individual interventions are combined population-wide they may save millions of lives and reduce human suffering from chronic diseases [1]. Health coaching is a single patient education method that can sometimes improve the quality, effectiveness and cost-effectiveness of chronic disease management [2,4]. It is a fresh, new approach that is not well defined [3,4]. According to Palmer et al. [5], “health coaching is the practice of health education and health promotion within a coaching context, to enhance the wellbeing of individuals and to facilitate the achievement of their health-related goals.” It emerged from the motivational interviewing concept originated by Miller and Rollnick [6].

Health coaching is patient-oriented and motivates them to change their behavior. The purpose of health coaching is to motivate patients to achieve goals that enhance the quality of their lives and improve their health. A coach’s role is to help patients weigh options, make choices and plan and identify challenges to help them change for the better. The role involves listening, understanding, facilitating, applauding, supporting, motivating and providing feedback to the patients [4].

The aim of this review was to describe the effects of health coaching on adult patients with chronic diseases. The research question was “What are the types of effects of health coaching interventions by health care professionals on adult patients with chronic diseases?”

2. Methods

2.1. Searching

This systematic review was conducted following the guidance for systematic reviews in health care [7,8]. The study protocol was written before starting the selection of the studies and was approved by a review group (M.K., H.K.). Studies published between January 2009 and September 2013 were systematically searched for in the CINAHL, MEDLINE, PsycINFO and Scopus

databases. Medical subject headings (MeSH) and other search terms were used to search through the titles, abstracts and the full text of the studies (Table 1). This process created a combination of coaching terms and other search terms that describe health coaching. Search terms were selected with the help of an information specialist [9]. Moreover, manual search of studies was performed to ensure that the search was comprehensive [10]. This manual search focused on the reference lists in the studies selected and journals relevant to the review topic.

2.2. Inclusion criteria and study selection

The studies were included in this review if they met the inclusion criteria (Table 2), based on the research question and PICO (the population (adults with chronic disease excluding the mentally ill and disabled people), intervention (health coaching by health care professionals), comparison of types of outcomes (physiological, behavioral, psychological and social outcomes) and the study design (randomized controlled trials or quasi-experimental studies published during 2009–2013 in English)). Studies were limited to those published from 2009 to 2013, as there had already been an integrative review of health coaching of patients with chronic disease by Olsen and Nesbitt [2] conducted before 2009.

The initial search process found a total of 1696 studies. The systematic selection process (Fig. 1) was conducted in three phases to minimize the risk of errors and bias and to ensure that all relevant studies were included. At first, duplicate publications ($n = 391$) within the four different databases were excluded from the review to reduce publication bias [7]. In addition, studies not published in English ($n = 29$) were excluded because of a lack of translation. Then, potentially relevant studies ($n = 1276$) were independently assessed by two reviewers (K.K. and M.K.) by comparing the titles ($n = 1276$) and abstracts ($n = 150$) against the predetermined inclusion criteria [7]. Finally, the full texts ($n = 58$) were read and screened to check if they met the inclusion criteria. In all cases, consensus between reviewers was reached by discussion. Twenty studies were included in the review before they were quality assessed.

2.3. Quality assessment criteria

After the study selection process, two reviewers (K.K. and M.K.) independently assessed the quality of 20 studies using the Joanna Briggs Institutes Critical Appraisal Checklist for randomized and pseudo-randomized studies. The Critical Appraisal Checklist contained 10 quality assessment criteria: randomization to groups, blinding of participants to allocation, concealment of the allocation from allocator, whether the outcomes of subjects who withdrew were used, blinding of assessors, comparableness of the control

Table 1
 Search terms used for electronic databases.

Terms that describe the health coaching	Search terms
Coaching	Wellness coach* or health coach* or coaching AND
Other search terms that describe the health coaching process	Wellness (MH “Wellness”) or coping (MH “Coping”) or “health education” (MH “Health Education”) or “health promotion” (MH “Health Promotion”) or Motivation (MH “Motivation”) or “motivational interviewing” (MH “Motivational Interviewing”) or “health beliefs” (MH “Health Beliefs”) or “health behavior” (MH “Health Behavior”) or “life style” (MH “Life Style”) or “support and psychological” (MH “Support, Psychosocial”) or “attitude to health”, “client attitudes” (MH “Patient attitudes”)

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