



Review article

Long-term effectiveness of health coaching in rehabilitation and prevention: A systematic review



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ABSTRACT

Objective: This systematic review aims to evaluate the long-term effectiveness of health coaching interventions in rehabilitation and prevention.

Methods: Databases and a manual search were used to identify randomized controlled trials (RCTs) in English through to June 2015. Studies were included if: (1) the target population were people of employment age, (2) the intervention addressed either people suffering from a diagnosed disease or healthy people, (3) the intervention included health coaching to influence health-related outcomes and/or processes and (4) the study had a follow-up of at least 24 weeks after the end of the intervention period.

Results: Out of 90 RCTs, 14 studies were selected using the inclusion criteria: seven were designed for the rehabilitative setting and seven for the preventive setting. Three studies of each setting found statistically significant long-term effectiveness.

Conclusions: The high number of studies evaluating health coaching underlines the relevance of this approach. Despite the increasing popularity of health coaching, a research gap exists in regard to its long-term effectiveness.

Practice implications: It is of utmost importance to consider the sustainability already during planning of health coaching interventions. The involvement of the target group and the setting seems to be a promising strategy.

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Abbreviations: BMI, body mass index; CBT, cognitive behavioral therapy; CCM, collaborative care model; CG, control group; d, day; DPP, diabetes prevention program; DS, Delphi score; h, hour; HbA1c, glycated hemoglobin; HC, health coaching; HDL, high-density lipoprotein; HE, health education; ICD, international classification of diseases; IG, intervention group; LDL, low-density lipoprotein; MDD, major depression disorder; MI, motivational interviewing; min, minute; mo, month; n.s., not significant; PMT, protection motivation theory; PICO, population, intervention, comparator, outcome; PRISMA, preferred reporting items for systematic reviews and meta-analyses; PST, problem solving technique; RA, rheumatoid arthritis; RCT, randomized controlled trials; SCT, social cognitive theory; T2DM, type II diabetes; we/wk, week.

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1. Introduction

Chronic diseases constitute the main cause of mortality and morbidity in the European Union and are therefore of high individual and socioeconomic importance [1–3]. Since chronic diseases are, to a large extent, preventable [4,5], the significance of lifestyle interventions in rehabilitation and prevention is beyond controversy [6,7].

In recent years, health coaching has emerged as a promising intervention to initiate behavioral changes and improve health [8]. As a consequence, several health coaching interventions have been developed and the number of studies on this topic has increased enormously [9]. However, the research field of health coaching is widely heterogeneous. This might be ascribed to different terms that are used in this context and to different definitions that are applied [9–12]. In frequently-used definitions, health coaching is associated with a patient-centered education method which aims to motivate individuals to improve their health and promote self-management [9,13,14].

Independent of the variety in this research field, health coaching interventions for patients with diabetes, cardiovascular disease or cancer show positive effects on health outcomes [15–17]. Up until now, most interventions address people having chronic diseases [9,11,18]. Furthermore, it is striking that, at the end of the intervention period, many health coaching interventions have proved to be effective in the short-term. The long-term effectiveness seems to be unclear [10,18]. Since the success of a lifestyle intervention is, among other things, assessed by its sustainability, long-term behavior modification is a prior intervention aim [19–21].

The objective of the present systematic review is to summarize the long-term effectiveness of health coaching in rehabilitation and prevention on health-related outcomes and/or processes.

Therefore, this systematic review is conducted by posing the following questions: (a) what is the long-term effectiveness of health coaching in rehabilitation and (b) what is the long-term effectiveness of health coaching in prevention?

2. Methods

This systematic review was conducted following the international guidelines established by PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) [22].

2.1. Data search

This systematic review focused on the current literature published in English through to June 2015. The relevant publications were identified by means of a structured search of the databases PubMed and PubPsych.

Different search terms (including Medical Subject Headings), which describe a health coach, lifestyle factors and the setting, were combined to search through the titles and abstracts. Truncations (“*”) were used. Inadequate topics and settings were excluded by the logical connective “NOT” or with a filter in the databases (Table 1). Moreover, a manual search of studies was performed.

2.2. Study selection

Studies were included if they met the following inclusion criteria, inspired by PICO (population, intervention, comparator, outcome) [23]: The target populations were people of employment age. The intervention addressed sick people according to the ICD-10-catalog (International Classification of Diseases) [24] (rehabilitative setting) as well as healthy people (preventive setting). The intervention included health coaching with the aim of influencing health-related outcomes and/or processes. The outcomes were behavioral, physiological, psychological and/or social. Only randomized controlled trials (RCTs) were included. The control group were non-intervention controls (usual care) as well as an intervention controls. Since the maintenance of a behavior change occurs after at least six month according to the transtheoretical model [25], RCTs with a follow-up of at least 24 weeks after the end of the intervention period were included.

Table 1
Search terms used for electronic databases.

Topic	Search Terms
Health coach	health coach, wellness coach, nurse manage, case manage, manager health, prevention manage, prevention coach
Lifestyle factors	physical activity, exercise, stress, resilience, diet, addiction, life style, behavioral change
Setting	rehabilitation, prevention
“NOT”	school, old, dement, gerontol, child, athlete
Filter in databases	humans (Pubmed), journal article (PubPsych)

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