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Best Practices for Implementing Health Coaching into an Employee Health and Wellness

Program

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Abstract

Background: Many employers, from all different types of industries, offer wellness programs for their employees. The goal of these “worksite” wellness programs is to give their employees access to health programs to help them improve their health status. Through these worksite health initiatives the employers have been able to realize an increase in productivity through decrease in both absenteeism and presenteeism. The employers offer a diverse array of programs to reduce health risks or support healthy choices. Health coaching is often included in these worksite offerings. Health coaching is a partnership between the employee and the health coach to work collaboratively to achieve their health goals. The purpose of this study is to determine best practices for implementing health coaching into a worksite wellness program. **Methods:** A thorough Internet search of award winning hospitals was conducted; ten hospitals throughout the United States were selected. Each hospital participated in a telephonic interview and answered eleven preselected standard questions developed from a comprehensive review of literature. A qualitative analysis was used to evaluate the data. **Results:** The following four best practices emerged from interviewing award-winning hospitals. 1. Allow an employee to choose what health area to work on, 2. Sessions should be over the telephone or face to face, 3. The same health coach should be used each session, and 4. The number of session should be twelve or more. **Discussion:** The results provided evidence that correspond with previous literature. **Conclusion:** Implementing the four best practices would conceivably increase employee engagement in health coaching.

Key words: Worksite wellness, health coaching

Introduction

Health

Health can be described in a number of different ways. In 1946 the World Health Organization (WHO) defines health in a broader sense as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” (WHO, n.d. Para.1). Whereas, a Medical dictionary defines “health as more than the absence of disease in realizing that humans are dynamic beings and their state of health can change from day to day or hour to hour thus looking at health on more of a continuum ranging from dire illness through the absence of discernible disease to a state of optimal functioning in every aspect of one’s life. High level wellness is described as a dynamic process in which the individual is actively engaged in moving toward fulfillment of his or her potential.” In the United States, chronic diseases are the fundamental source of poor health, disability, and death, and account for most of health-care expenditures. (Bauer, 2014)

Wellness

Wellness is the process of being attentive to making observant decisions regarding one’s health; and not just an individual’s physical health; but rather is a combination of physical, mental, and spiritual well-being. This includes seven dimensions: social, emotional, spiritual, environmental, occupational, intellectual, and physical. “Wellness requires a disciplined practice to become holistic through moving toward balance in all dimensions of wellness.” (Abbott, 2015).

Although, health is looked upon differently among the population, there is one unifying thought: an individual’s responsibility to maintain one’s health. Although the individual is the responsible party, the health industry is comprised of people wanting to help these individuals in

their journey to maintain and/or improve their health. There is a multitude of different types of professionals that have dedicated their lives to helping individuals stay or become healthy. The healthcare and health related industry is a multi-billion dollar industry with a myriad of different programs, processes, and professionals vying for business. This can make it difficult for someone to know who to choose when looking for help. To support the following statement regarding health choices, (Judith Hibbard, 2016) explains; “Efforts to support informed consumer choices, have largely been a ‘one size fits all’ approach. Understanding consumers, and trying to meet them where they are, is likely to be the focus of the ‘next generation’ of interventions to support informed consumer choices. Research that informs how best to do customize information, for different settings, will be needed to guide these efforts.” It is challenging for employers to consider all research when cultivating a well-rounded presentation for their consumers.

Worksite Wellness

The definition of worksite wellness according to the Wellness Council of America is “An organized program in the worksite that is intended to assist employee and their family members in making voluntary behavior changes which reduce their health and injury risks, improve their health consumer skills and enhance their individual productivity and wellbeing” (WELCOA, 2017).

According to Pescud et al., (2015) “Unhealthy lifestyles in the workplace has shown to reduce productivity and increase absenteeism and presenteeism. The workplace covers a considerable proportion of the adult population and is an optimal setting for health promotion initiatives. Improving the health of a workforce is done by the following: health risk assessments, vaccinations, wellness activities to improve healthy eating, physical activity, tobacco use, alcohol consumption, and mental health outcomes.” Worksites offer ideal settings for reaching

adults, including those at higher risk for chronic diseases” Polacsek et al., (2006). Another very important point for an effective health and wellness program is the atmosphere or culture in which individuals work. “A culture of health supports and encourages healthy lifestyles by providing all employees with ongoing opportunities to maintain or improve their health status across a variety of interventions” Grossmeier et al (2010). When the executives promote health and wellness they provide a higher level of motivation for their employees to engage in the program. Churchill et al., (2014).

One way to accomplish a successful health and wellness program according to (Putnam, 2017) is to:

1. Design and implement a health strengths assessment - Help people to identify and celebrate what they are doing right.
2. Launch “start with what’s right” campaigns - Create excitement using positivity to build a more resilient mindset.
3. Rename the program using uplifting themes such as “Winning Teams” - this will generate good feelings that can motivate employees.
4. Make it fun - will help employees feel good which is a powerful motivator.
5. Build a culture of health and learning - build an environment that helps to support health and learning.

Applying this process will help to empower your employees and help them to believe in themselves to make a change in their health.

Health Coaching as Part of a Comprehensive Worksite Wellness Program

Employers are recognizing the value of offering worksite health and wellness programs. These programs are aimed at developing a health conscious work environment. They take on different forms but as a rule a comprehensive worksite program involves risk stratification, using a self-reporting of health issues and concerns, a health risk assessment (HRA), behavior modification programs, and health education for the employees. The organization benefits from these programs by not only having a healthy workforce which decreases financial losses associated with absenteeism and presenteeism. Their action shows the employees that the organization values them and cares about their health and wellbeing. When the employer commits to the development of a comprehensive worksite program they are showing that they value and promote an environment of health in the organization. With the development of a health and wellness committee the leadership provides a vehicle for the employee to make a difference in the organization. This commitment serves to increase employee engagement in the organization. The employee sees that the employer has aligned with them on health. This occurs through these programs and incentives to encourage enrollment in the programs. The employee then is more open to and can appreciate the mutual benefit of aligning with the employer on other organizational goals. Therefore, these programs have a multifaceted value to the organization and the employee. Health Research & Educational trust, (2016).

In looking at boosting employee empowerment, many worksite wellness programs include the ability for employees to use the guidance of a health coach. Health coaches partner with employees to move them forward toward living a healthier lifestyle. The National Society of Health Coaching (NSHC) definition states that “health coaching is a framework of scientific concepts that engage and guide individuals as they tap into their own inner motivation to better

manage their own health conditions” (Huffman, 2011). Thus, this field came out of motivational interviewing from the 1990’s and has continued to grow into a certified employable position. Health coaches are used in many different settings including, but not limited, to communities, primary care, worksites, and individual populations Butterworth et al., (2007). “Primary objectives of health coaching are to educate the patient regarding self-management and to encourage patients in taking a more proactive role in staying healthy” (Buckley, 2010). Health coaching provides an approach that can meet the unique needs of an individual. This type of program can therefore meet the specific needs of employees.

Impact of Coaching

A health coach can work with individuals on a variety of different health related lifestyle issues including: self-managing chronic conditions, starting an exercise program, smoking cessation, increasing energy, managing stress, sleeping better, incorporating a better diet and nutrition, and pain management. In working with a health coach, individuals have shown improvements in their health behaviors, self-efficacy, and goal setting skills. Participants implemented positive lifestyle changes and learned skills to maintain these positive changes Clark et al., (2016). In a study that followed patients for twenty-four months looking for the lasting effects of health coaching, documenting results at twelve months and twenty-four months, they found that their results at the end of the study had been maintained which predicted lasting effects from health coaching. Sharma et al., (2016). In looking for the lasting at the effectiveness of a health coaching intervention, there are four things to look at: health related behaviors, health status, productivity, and healthcare utilization Butterworth et al., (2007). The value for the employer is also obvious, as described by (Ashworth, 2017) in five top reasons why a company would want to hire a health coach:

1. Health coaches can work with individuals to improve overall company health.
2. The personal one-on-one interaction can allow employees to feel engaged in the wellness program.
3. The health and wellness coaches can serve as independent spokespeople.
4. The employees can demonstrate the benefits they receive from coaching.
5. Health coaches can collect feedback from employees.

In a study conducted at Mercy Clinics on the value of health coaching results showed that “overall the health coach activities improve compliance and documentation for chronic patients, enable higher level billing, and increase clinician productivity.” Lanese et al., (2011).

Engagement

Employee engagement refers to the emotional connection that an individual feel toward his or her employment organization. Communication between management and employees is the basis for creating employee engagement. There are many benefits that occur when engagement is high, companies will see lower turnover, higher productivity, a better atmosphere will develop, and the company will see greater profitability. Motivating employees can come with its challenges, for example, employers sometimes focus on the bottom line and not their employees or the leaders are not inspiring to their employees. In building employee engagement there are several ways this can be done. First, trust must be developed among management and employees, then, management must establish clear expectations, and finally, management needs to show appreciation.

One must consider the following when choosing a health coach:

they need to have trust and the right contact information must be provided, they must be able to leverage the teachable moment, be timely and effective in responding to employees, use personalized messaging, and when necessary, relevant incentives can be utilized.

Incentives

An incentive can be defined as a thing that motivates or encourages an individual to do something. In a worksite wellness program different forms of incentives are used to increase program participation and encourage positive employee health behavior. There are different strategies for incentives, which are either participation-based, outcome-based, or progress-based. Wellness Connector, (2017) An example of an incentive would be receiving fifty dollars for completing a biometric screening.

Financial incentives are used in a worksite wellness program to motivate participation. Does this work for health coaching? One study found that offering financial incentives for health coaching did show a higher completion rate, but improved health does not necessarily follow (Gingerich, 2012). Another study suggests that financial incentives need to be clarified to see if they are effective in driving deeper engagement in coaching programs, besides just the enrollment (Grossmeier, 2013). Yet another study states that financial incentives are effective for short-term behavior such as completing an HRA rather than a more complex outcome such as weight loss Churchill et al., (2014).

Choice Architecture

In thinking of engagement, one theory looks at an individual's ability to choose or make decisions. "Choice architecture can be used to help nudge people to a make better choice (as judged by themselves) without forcing certain outcomes upon anyone." Thaler et al., (2008). In one study "authors examined the use of coaching for participants with diabetes, asthma or cardiovascular disease. Given the choice, 80 percent of these consumers with chronic conditions

selected a lifestyle topic as their coaching focus. The net impact of providing choice was delivery of three times as much condition-relevant coaching than they would have received in a traditional disease management model.” Barleen et al., (2015). A traditional disease management model focuses solely on the health risk of an employee and not providing them with the opportunity to make choices.

Coaching Design

Health Coaching Models

There are several different coaching models, similar in structure, which follow these steps.

1. Pre-coaching phase includes reviewing an assessment and building relationships.
2. Active Coaching phase where the purpose and goals are clarified, and a plan is developed with a commitment to act.
3. Follow-up phase the plan or new behaviors are enacted and coaching feedback is provided. Dyess et al., (2017).

In coaching building a trusting relationship is the foundation that provides the basis for success. Thom et al., (2016).

Delivery of Coaching

The process of health coaching can be delivered in a couple of different models including the transtheoretical model and collaborative care model. . The Transtheoretical Model of Behavior Change assesses an individual's readiness to act on a new healthier behavior, and provides strategies, or processes of change to guide the individual through the stages of change to Action and Maintenance. (“Transtheoretical Model,” n.d.). One of the strengths of this model is that it is a comprehensive theory of change that can be applied to a variety of behaviors. A

limitation of this model is that this theory ignores the social context in which change occurs, such as income. The next model the collaborative care model is one that is team driven, population focused, measurement-guided, and evidence based. A strength of this model is that it is a multidisciplinary group of healthcare delivery professionals providing care in a coordinated fashion and empowered to work at the top of their professional training. A limitation of this model is management turnover can impede the process of the collaboration of healthcare teams. American Psychiatric Association, (2017).

The components of a successful coaching model blend the following self-efficacy and risk participation, values, experiences, barriers, and resources. (Reed, 2009).

Traits of Coaching

A health coach should possess the following qualities first he or she must be empathetic, a good listener, be trustworthy, non-judgmental, honest, and can motivate another individual. Health coaches do not diagnose, interpret behavior or beliefs, or clinically advise patients on what to do Wolever et al., (2016).

Empathy is especially important when working as a health coach this quality is the one that can allow you to be present in the moment and truly listen to your client.

The process of health coaching can be conducted in several different forms; face to face, telephonically, e-mail, or internet (Skype would be an example). “Generally, the in-person or telephonic formats are favored because they are more compatible with the interactive, non-scripted motivational interviewing-based approach” Butterworth et al., (2007). Another article quoted, “When I would get a call it would be a different coach each time who didn’t know me. That was very frustrating.” Hill-Mey et al., (2013). A coaching program should provide the participant with access to the same coach for the duration of their participation. A relationship

should be built with the coach and participant. Unfortunately, this cannot be done if each coaching session you have a different coach.

Training

The journey to become a health coach begins with enrolling in a training program that can last up to several years. The growth process of becoming a health coach is continually evolving. “A joint volunteer effort is underway to develop a national standard for training and certification of health and wellness coaches in the United States.” Smith et al., (2013).

When an employer is looking to add health coaching to their health and wellness program, they need to select coaches who are certified. One must have one of the following in order to sit for the certification exam: Clinical license, bachelor’s degree or higher in a health related domain, bachelor’s degree or higher in a non-health related domain plus 2000 hours work experience in health, allied health, and wellness, those who have accredited fitness certification, ministers, hospice workers, pastoral counselors, teachers, healthy food chef, whole foods advocates, and coaches credentialed by the International Coaching Federation. Training programs should assess practical skills, performance, and require the demonstration of safe, basic competency before individuals may graduate from their program. Jordan et al., (2015).

Health coaches are required to submit thirty-eight hours of continuing education credits within a three year period. This can be completed by taking online webinars, readings, quizzes, and seminars.

Barriers to Participation

The following are some barriers that employees cited as reasons for not participating

- Time restrictions
- Feeling the program was a low priority

- Distance problems
- Professional and personal responsibilities getting in the way
- Confidentiality concerns or worries about strange people calling and asking questions about that individual's health.
- Keeping one's own health records
- Already knowing they are healthy
- The incentives not being enough
- Feeling the program was irrelevant because they were on their spouse's insurance program. Hill-Mey et al., (2013).

Summary

Health coaching within a worksite wellness program can add another option for guiding their employees toward living a healthier lifestyle. Employers are showing their employees the level of commitment they have in facilitating behavior change. Worksite wellness programs have the ability to allow coaches to work with their employees in an effort to create productive and effective staff members.

What Is Benchmarking

Primarily to identify the best practices adopted in world-class companies which leverage them to high-level performance and leading position, and implement such practices in one's own company. This is a continuous learning process that will bring about a pragmatic search of new ideas. This process takes time and the work requires discipline. Once completed this is a powerful tool that delivers useful information for a sustainable improvement of the maintenance organization. Business dictionary, (2017).

Benchmarking provides a information that can identify where a company is doing well and where they need to make changes. The process of benchmarking is a more efficient way to make improvements.

This project will contact ten to fifteen hospitals in an effort to hear what is working or not in reference to health coaching.

Methodology

Participants:

Ten to fifteen hospitals that offer health coaching as an option in their health and wellness program. The hospitals have been contacted from all over the United States and were willing to participate in a phone interview.

The inclusion criteria is:

1. The facility must be a hospital.
2. They must have a health and wellness program.
3. They must offer health coaching as part of the health and wellness program.

The exclusion criteria is:

1. The facility is not a hospital.
2. The hospital does not offer a health and wellness program.
3. The hospital does not offer health coaching.
4. An employee from the hospital's Human Resources or employee wellness department has been contacted and he or she must be familiar with their health coaching program.

Procedure:

A thorough internet search was completed and twenty-five hospitals from around the United States were identified and each one has a health and wellness program. Healthcare

Business & Technology, (2012). The next step was calling these hospitals and creating a list of the hospitals that has health coaching as an option.

The list of hospitals that have a health coaching option was documented and from this list ten to fifteen hospitals was chosen based off of the willingness to participate in a phone interview. The finalized list of hospitals that agreed to participate was recruited by January 2018. There will not be an incentive provided for participating in this study.

A phone call was placed to ten to fifteen hospitals that have agreed to participate in a thirty minute interview. Prior to the interview verbal consent was given by each hospital participant.

Measures:

An interview was developed for this study to document information from hospitals about their health coaching and wellness program. These questions include:

1. Does their wellness program include participation in a health assessment and/or biometric screening?
2. Do you have a health coaching program?
3. Is the coaching program integrated with the health assessment and/or screenings? (same vendor, data shared).
4. If so, what is the model telephone, face to face, or virtual?
5. Who is eligible to participate in this program? (All employees, only high risk employees)
6. Are participants allowed to select what health risk/area they would like to work on?
7. How many calls are they allowed?
8. Are they assigned a dedicated coach or does the coach vary session to session?
9. Do they provide incentives for participation in health coaching?

10. What percentage of employees participate?
11. Do you have the ability to measure the success of health coaching? If so, what is the measurement?

Data Analysis:

The qualitative interview data was analyzed to identify themes related to the role of health coaching in a health and wellness program. The information was read and assigned coding categories. The information was analyzed that the following information was found.

Results:

In order to determine the best practices for health coaching within a hospital employee health and wellness program other hospitals were interviewed on the details of their program. The hospitals were determined using the following protocol.

Each year the Wellness Counsel of America (WELCOA) produces a list of their employee health and wellness award winning hospitals. The participants for this interview were chosen from this list. There were twelve hospitals contacted all agreed to participate in the interview. Two interviews were with the health and wellness director, three were with the health and wellness coordinator, and seven hospitals I interviewed the health and wellness manager. These hospitals were located throughout the United States including California, Ohio, Oregon, Wisconsin, Massachusetts, New Jersey, Missouri, Colorado, and Florida. The demographics of the hospitals interviewed include; five hospitals with less than 2,500 employees, five that has between 2,500 and 5,000, and two with more than 5,000. The number of beds in each hospital ranged from 25 – 1440.

Demographics:

Table 1 Demographic Information for Participants

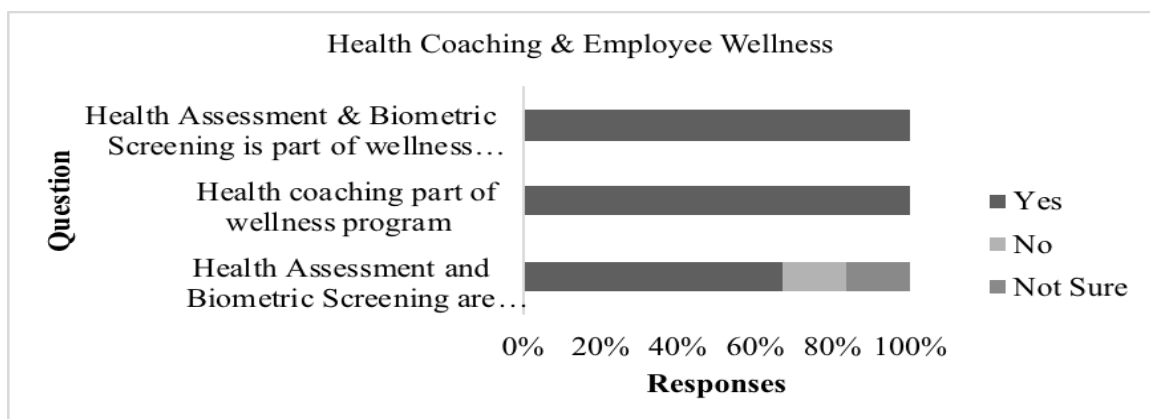
Hospital	Number of Beds	Number of Employees
1	78	814
2	253	4600
3	259	3080
4	493	3850
5	1440	40000
6	293	7400
7	353	2053
8	100	1108
9	67	1076
10	139	980
11	25	450
12	284	2600

Table 1 above shows the number of beds and employees for each hospital that was interviewed

Health Coaching

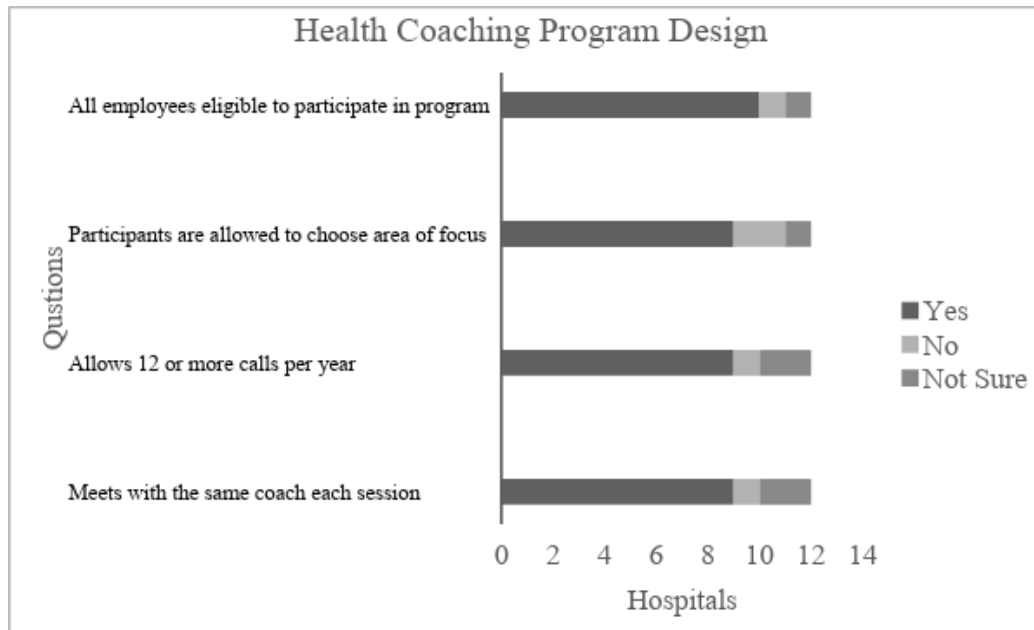
Figures 1-3 represents a sampling of questions from the interview of hospitals throughout the United States.

Figure 1 provides information on participation and health coaching in United States Hospitals



In evaluating the data, it was revealed that all twelve hospitals participated in a health assessment and biometric screenings. Health coaching was offered in all of the hospitals but only eight hospitals integrated with the health assessment and screenings.

Figure 2 represents the design of health coaching



This study provided information on the design of coaching 90% of hospitals responding stated they offered health coaching to all employees' not just employees with a high-risk illness. When asked if employees were allowed to focus on the health area of their choice 80% of the respondents stated yes. Sixty-four percent (64%) of the hospitals allowed an unlimited number of calls or sessions with the coach. Eight-two percent (82%) of the participants had the opportunity to meet with the same coach each session.

Another important area that was looked at is the modality of health coaching.

The model of health coaching offered within the employee health and wellness programs are telephonic, face-to-face or online. Telephonic includes coaching over the telephone, face to face

is when coaching is conducted in person, and online uses a program where you can see each other over the computer. The percentages for each type of coaching if represented below.

Figure 3 highlights the different models of coaching from eleven of the twelve hospitals.

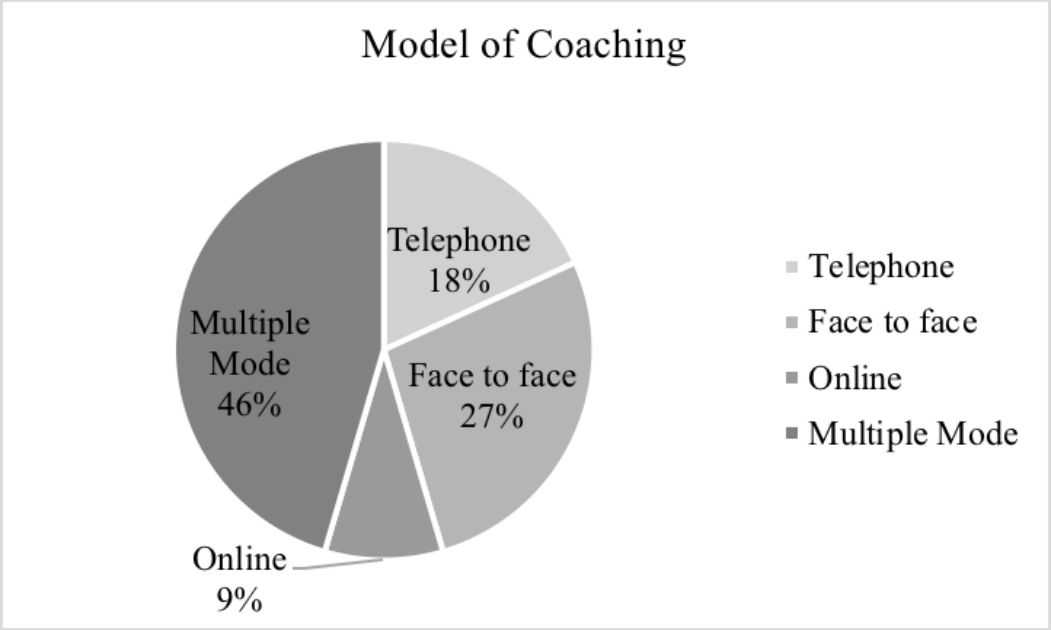


Figure 4 represents health coaching engagement

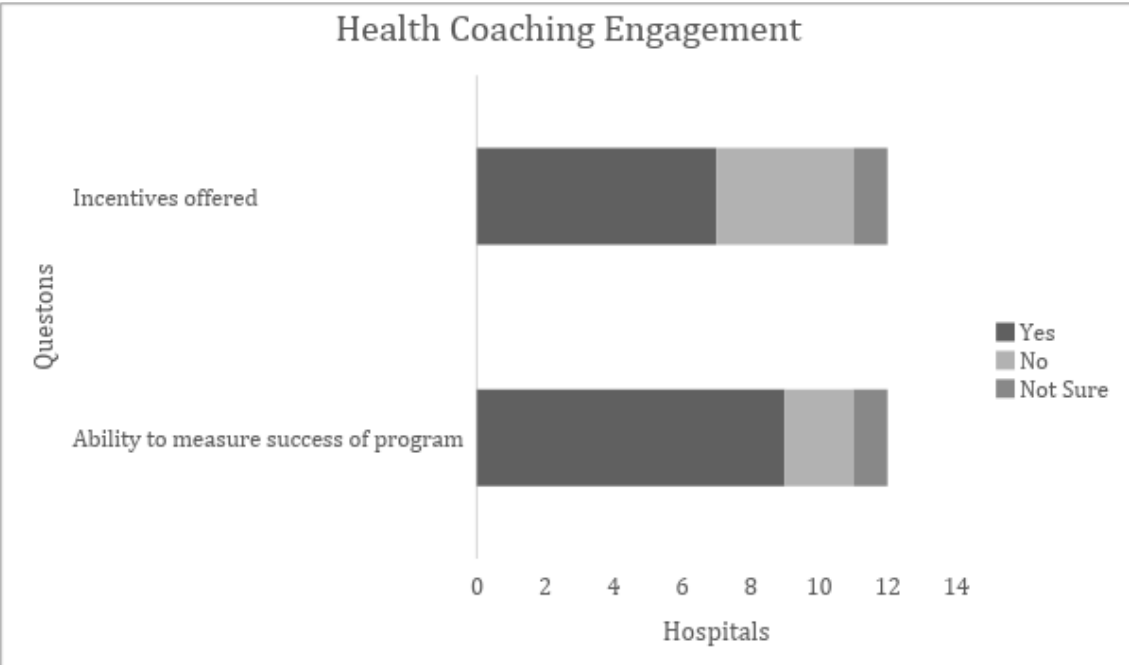
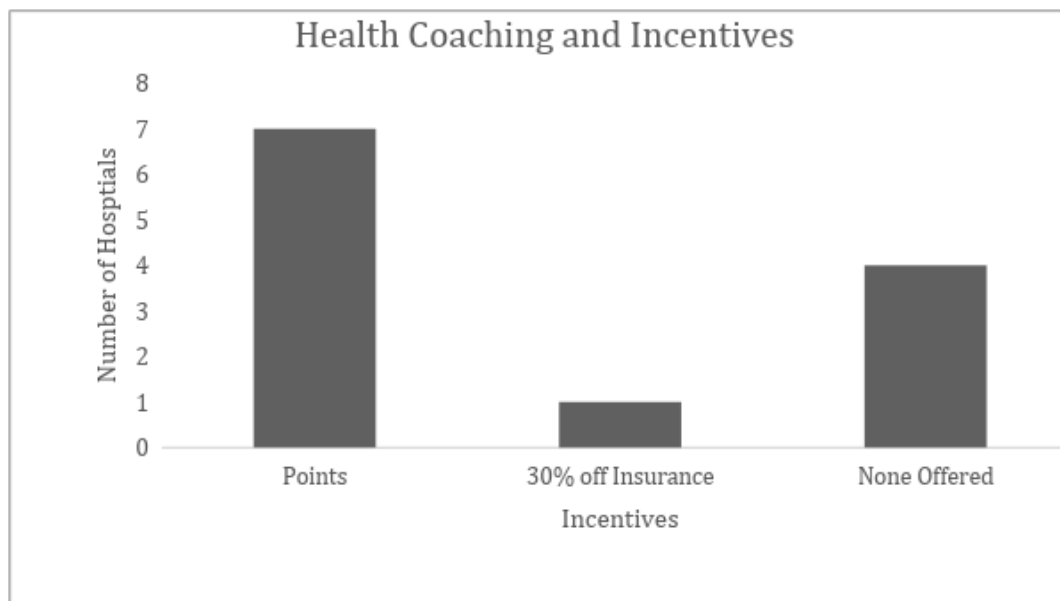


Figure 4 represents whether the hospital offers incentives for employees who participate in the health coaching program and Figure 5 goes into more detail about what types of incentives were offered across respondents. The following metrics are used health screening and biometrics, claims data, the health coach's data or health plan data to assess if the hospital's health coaching program is successful

Figure 5 Incentives offered for health coaching



Incentives within an employee health and wellness program include earning points that can be utilized for prizes, cash, or a discount toward health insurance.

There were eight hospitals that provided points that could be used toward cost savings, four hospitals did not offer any incentives, and one hospital took thirty percent (30%) off of the employee's insurance premium.

Finally, when asked about the percent of employee's who participant in health coaching the response from many of the hospitals was that it is low or unknown. The few hospitals that did track this data expressed that there was 2-3% participation in their health coaching program. The

highest involvement for health coaching within an employee health and wellness program was 10%. I did have two hospitals state that this was an area they wanted to start tracking this data.

Discussion

The current study was to 1.) Assess current practices of health coaching in award winning hospital employee health and wellness programs. 2.) A telephonic interview was used to acquire the information using specific questions on how the hospitals incorporate health coaching into their program. 3.) The hospitals that participated were selected using the criteria that they were located in the United States and must offer health coaching to their employees. The major finding to foster employee engagement in health coaching are as follows: That choice is an important factor, the mode of coaching does make a difference, using the same coach each session has a significant impact on an individual's progress, and the number of sessions allowed with the coach should not be limited. Employee Benefit News, (2017) states that "by offering health and wellness coaching services, it shows that the company is invested in the health of its employees." underscores the importance of implementing health coaching into an employee health and wellness program.

The results from the benchmarking process with hospitals across the United States has provided information to develop four best practices for implementing health coaching into an employee health and wellness program, that are well supported by previous literature.

Allowing an employee to make a choice and recognizing humans as individuals and providing dignity will allow an individual to achieve their full potential. As human beings we have a superior capacity for making decisions, they can be emotional or rational. Choice is extremely important when developing an employee health and wellness program. As stated "Choice is a key engagement element for consumers with a health condition." Barleen et.al.,

(2015) Individuals feel better off when they are allowed to make a choice, and research supports equal or greater outcomes when choices is allowed.

When working with a coach their needs to be trust and a relationship built. According to Thom et al., (2016) in coaching building a trusting relationship is the foundation that provides the basis for success. Building this relationship takes time and effort. The coach also needs to show empathy and hold the individual accountable for their goals. The employee needs to become comfortable with his or her coach. This is why the employee should meet with the same coach each session. Seeing the same coach will allow the employee to build trust and rapport. If the employee is not allowed to meet with the same coach, then his or her progress will not continue to move forward. Eighty-two percent of the hospitals interviewed had provided that their coaching participants meet with the same coach throughout the program.

Coaching takes time, availability, and accessibility. The mode in which someone participates in health coaching is also very important. This study found that health coaching should be offered either face to face or telephonically. It was found that individuals do their best work with a coach when they can sit across from them and have a conversation. If they are coached over the phone the process does work just as well and can be easier to schedule, and less expensive to implement.

The number of sessions the coach and employee meet should not be pre-determined because each individual is unique. The number of sessions varies for each person it is not a one size fits all type of process. Therefore, in a health and wellness program the number of health coaching sessions should be as many as the employee needs to make progress. They should work with the coach enough to assist them in managing their health until they can do it on their own.

The United States Preventative Task Force states that intensive intervention to drive behavior change is twelve or more sessions. (United States Preventative Task Force, 2017).

Employers offer incentives that help to motivate employees to participate in the health and wellness program. Incentives work to bring someone into the program, but they are not able to change the behavior of an employee. Behavior change requires effort and time to build the new way of doing something. There are a number of theories that a coach can use when working with someone to change their behavior. (Gingrich, 2012) stated that financial incentives for health coaching did show higher completion rate but improved health did not follow.

Application and Implications

According to the current study, the information provided did correlate with prior literature. The data from interviewing hospitals throughout the United States provided enough information to determine four best practices for implementing health coaching. These best practices are allowing choice, offering coaching telephonically or face to face, having the same coach each session, and providing twelve or more sessions. Implementing these practices should produce a greater increase of engagement in health coaching.

Limitations

A limitation of the present study is the insufficient data on the percentage of participation in health coaching among hospital employee health and wellness programs that were interviewed. Another limitation is the data on the overall effectiveness of coaching was too varied to develop a comprehensive picture on the impact of coaching from this benchmarking. One final limit is that this study was limited to hospitals. The results of this study could potentially be implemented into other settings such as corporations.

Future Directions

It would be interesting to further explore the role of health coaching in an employee health and wellness program other than hospitals. In looking at other worksite wellness settings a study could be conducted to compare the different settings and look for the differences and similarities between them. Also, in looking at the mode of coaching with the further development of technology, virtual physicians, and apps for phones this advancement could help to add another option for health coaching.

Conclusions

In summary the most important finding in this study is that there are specific practices that will allow health coaching to be used as a valuable resource for behavior change within an employee health and wellness program. Implementing and following the best practices can potentially increase participation. Hospital employers can use this information to implement health coaching into their employee health and wellness program. Thus, their employees can use health coaching to make the changes they need to lead a healthy lifestyle and perform their duties at work to their fullest potential.

References

- Abbott, R. A., & Baun, W. B. (2015). The multi-dimensions of wellness: The vital role of terms and meanings. *American Journal Of Health Promotion*, 29(5), 8-10. APA-APM-Dissemination-Integrated-Care-Report%20(2).pdf
www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-trained/about-collaborative-care
- American Journal of Health Promotion July 2017, Vol. 31 Issue 4, p361 4p.
- Ashworth, D. (2017). Can health coaching increase employee engagement? Employee Benefit News (Online), Retrieved from <http://proxy3.noblenet.org/login?url=https://search-proquest-com.proxy3.noblenet.org/docview/1918885318?accountid=40663>
- Barleen, N., Ph.D., Higgins, A., Dr.P.H., Dobro, J., M.D., & Zimmerman, E., M.P.H., M.B.A. (2015). Impact of Choice-Based Design on Population Health. *RedBrick Health*, 1-28. Retrieved October 10, 2017, from <http://home.redbrickhealth.com/results/white-papers>
- Bauer, U. E., Briss, P. A., Goodman, R. A., & Bowman, B. A. (2014). Prevention of chronic disease in the 21st century: elimination of the leading preventable causes of premature death and disability in the USA. *Lancet (London, England)*, 384(9937), 45-52. doi:10.1016/S0140-6736(14)60648-6
- Bauer, Ursula E et al. benchmarking. BusinessDictionary.com. Retrieved November 20, 2017, from BusinessDictionary.com website:
<http://www.businessdictionary.com/definition/benchmarking.html>
- Buckley, Patrick T, M.P.A., I.H.C. (2010). Health coaching good for your patients and your practice. *Medical Economics*, 87(22), 60-70. Retrieved from

<http://proxy3.noblenet.org/login?url=https://search-proquest-com.proxy3.noblenet.org/docview/818553352?accountid=40663>

Butterworth, S., Moore, M., Stolfus, J., & Walkup, R. B. (2014). Coaching Experts Discuss the Relationships Between Coaching, Culture, and Health Outcomes and for What Coaches Should Be Held Accountable. *American Journal Of Health Promotion*, 28(6), TAHP-3-TAHP-7. Hibbard, J. H. (2017). Patient activation and the use of information to support informed health decisions. *Patient Education And Counseling*, (1), 5. doi:10.1016/j.pec.2016.07.006

Can health coaching increase employee engagement? (2017, July 14). *Business Insights: Essentials*.

Clark, M. M., Bradley, K. L., Jenkins, S. M., Mettler, E. A., Larson, B. G., Preston, H. R., . . .

Douglas, K. S. (2015). Improvements in Health Behaviors, Eating Self-Efficacy, and Goal-Setting Skills Following Participation in Wellness Coaching. *American Journal of Health Promotion*, 30(6), 458-464. doi:10.4278/ajhp.140627-qual-304

Churchill, S. A., Gillespie, H., & Herbold, N. H., EdD. (2014). The desirability of wellness program and incentive offerings for employees. *Benefits Quarterly*, 30(1), 48-57.

Retrieved from <http://proxy3.noblenet.org/login?url=https://search-proquest-com.proxy3.noblenet.org/docview/1512705068?accountid=40663>

Crabb, S. (2011). The use of coaching principles to foster employee engagement. *Coaching Psychologist*, 7(1), 27-34.

Dyess, S. M., Sherman, R., Opalinski, A., & Eggenberger, T. (2017). Structured coaching programs to develop staff. *The Journal of Continuing Education in Nursing*, 48(8), 373-378. doi:<http://dx.doi.org.proxy3.noblenet.org/10.3928/00220124-20170712-10>

Gingerich, S. B., Anderson, D. R., & Koland, H. (2012). Impact of Financial Incentives on

Behavior Change Program Participation and Risk Reduction in Worksite Health

Promotion. *American Journal of Health Promotion*, 27(2), 119-122.

doi:10.4278/ajhp.110726-arb-295

Grossmeier, J., Terry, P. E., Cipriotti, A., & Burtaine, J. E. (2010). Best Practices in Evaluating

Worksite Health Promotion Programs. *American Journal of Health Promotion*, 24(3).

doi:10.4278/ajhp.24.3.tahp

Grossmeier, J. (2013). The Influence of Worksite and Employee Variables on Employee

Engagement in Telephonic Health Coaching Programs: A Retrospective Multivariate

Analysis. *American Journal Of Health Promotion*, 27(3), e69.

<https://medical-dictionary.thefreedictionary.com/health>

Health Research & Educational Trust. (2016, October). Health and wellness programs for

hospital employees: Results from 2015 American Hospital Association survey. Chicago,

IL: Health Research & Educational Trust. Accessed at www.hpoe.org

Hibbard, J. H. (2017). Patient activation and the use of information to support informed health

decisions. *Patient Education and Counseling*, 100(1), 5-7.

doi:10.1016/j.pec.2016.07.006

<http://hin.com/blog/2009/10/1/3-health-coaching-models-for-behavior-change>

Hill-Mey, P. E., Merrill, R. M., Kumpfer, K. L., Reel, J., & Hyatt-Neville, B. (2013). A Focus

Group Assessment to Determine Motivations, Barriers and Effectiveness of a University-

Based Worksite Wellness Program.

Home - US Preventive Services Task Force. (n.d.). Retrieved from

<https://www.uspreventiveservicestaskforce.org/>

- Huffman, Melinda H., BSN, MSN, C.C.N.S., C.H.C. (2010). Health coaching. *AAOHN Journal*, 58(6), 245-50; quiz 251-2. doi:<http://dx.doi.org.proxy3.noblenet.org/10.3928/08910162-20100526-02>
- Jordan, M., Wolever, R. Q., Lawson, K., & Moore, M. (2015). National training and education standards for health and wellness coaching: the path to national certification. *Global Advances In Health And Medicine*, 4(3), 46-56. doi:10.7453/gahmj.2015.039
- Lanese, B. S., Dey, A., Srivastava, P., & Figler, R. (2011). Introducing the health coach at a primary care practice: impact on quality and cost (Part 1). *Hospital Topics*, 89(1), 16-22. doi:10.1080/00185868.2011.550207
- Matthews, M. (2009). 3 Health Coaching Models for Behavior Change.<http://hin.com/blog/2009/10/01/3-health-coaching-models-for-behavior-change/> [Accessed 16 Nov. 2017].
- Patricia E., H., Ray M., M., Karol L., K., Justine, R., & Beverly, H. (2013). A Focus Group Assessment to Determine Motivations, Barriers and Effectiveness of a University-Based Worksite Wellness Program. *Health Promotion Perspectives*, Vol 3, Iss 2, Pp 154-164 (2013), (2), 154. doi:10.5681/hpp.2013.019
- Pescud, M., Teal, R., Shilton, T., Slevin, T., Ledger, M., Waterworth, P., & Rosenberg, M. (2015). Employers' views on the promotion of workplace health and wellbeing: a qualitative study. *BMC Public Health*, 15(1), 1-10. doi:10.1186/s12889-015-2029-2
- Prevention of chronic disease in the 21st century: elimination of the leading preventable causes of premature death and disability in the USA
- Polacsek, M., PhD, MHS, O'Brien, L. M., PhD, Lagasse, W., MSB, CHES, & Hammar, N. (2006). Move & Improve: A Worksite Wellness Program in Maine. *Preventing Chronic Disease Public Health Research, Practice, and Policy*, 3(3), 1-8.

- Putnam,, L., MA. (2017). Positive Thoughts, Positive Results: Jumpstart Your Worksite Wellness Initiative by Starting With What's Right. *American Journal of Health Promotion*,31(4), 361-364.
- Reh, F. J. (2017). Benchmarking Overview, Practices and Approaches in Business. *Management & Leadership*. Retrieved from <http://www.thebalancecareers.com/overview-and-examples-of-benchmarking-in-business>
- Richard H., T., Cass R., S., & John P., B. (2010). CHOICE ARCHITECTURE 0.Gingerich, S. B., Anderson, D. R., & Koland, H. (2012). Impact of financial incentives on behavior change program participation and risk reduction in worksite health promotion. *American Journal Of Health Promotion*, 27(2), 119-122. doi:10.4278/ajhp.110726-ARB-295
- Sharma, A. E., Willard-Grace, R., Hessler, D., Bodenheimer, T., & Thom, D. H. (2016). What Happens After Health Coaching? Observational Study 1 Year Following a Randomized Controlled Trial. *Annals Of Family Medicine*, 14(3), 200-207. doi:10.1370/afm.1924
- Smith, L. L., Lake, N. H., Simmons, L. A., Perlman, A., Wroth, S., & Wolever, R. Q. (2013). Integrative Health Coach Training: A Model for Shifting the Paradigm toward Patient-centricity and Meeting New National Prevention Goals. *Global Advances in Health and Medicine*,2(3), 66-74. doi:10.7453/gahmj.2013.034
- Susan W., B., Ariel, L., & Wende, M. (2007). Health Coaching as an Intervention in Health Management Programs. *Disease Management And Health Outcomes*, (5), 299.
- T.M. (n.d.). In *Wikipedia*. Retrieved December 7, 2017, from http://en.wikipedia.org/wiki/transtheoretical_model.
- Thaler, R. H., & Sunstein, C. (n.d.). Choice Architecture. *PsycEXTRA Dataset*. doi:10.1037/e722852011-067

The Lancet , Volume 384 , Issue 9937 , 45 - 52

Thom, D. H., Wolf, J., Gardner, H., DeVore, D., Lin, M., Ma, A., & ... Saba, G. (2016). A Qualitative Study of How Health Coaches Support Patients in Making Health-Related Decisions and Behavioral Changes. *Annals Of Family Medicine*, 14(6), 509-516.
doi:10.1370/afm.1988

What is benchmarking? (2014, December). *Fleet Maintenance*. Retrieved from
<http://go.galegroup.com.proxy3.noblenet.org/ps/i.do?p=ITOF&sw=w&u=9211haea&v=2.1&it=r&id=GALE%7CA407184799&sid=ebsco&asid=6fbe3f525498bf290b2d9cde3eabcd5e>

Where Are America's Best Hospitals? (n.d.). Retrieved from <http://health.usnews.com/best-hospitals>

Wolever, R. Q., Jordan, M., Lawson, K., & Moore, M. (2016). Advancing a new evidence-based professional in health care: job task analysis for health and wellness coaches. *BMC Health Services Research*, (1), doi:10.1186/s12913-016-1465-8

<http://www.wellnessconnector.com/overview>

World Health Organization. (n.d.). *Frequently asked questions*. Retrieved from <http://www.who.int/suggestions/faq/en/>