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Review Article: Scoping Review

HEALTH COACHING AS A DIABETES MANAGEMENT INTERVENTION: A SCOPING REVIEW

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Abstract

Background: Health coaching is considered an effective multidisciplinary intervention for managing chronic diseases, such as diabetes mellitus. There is extensive research on the health coaching topic in diabetes management. However, its implementation varies given the lack of standardized regulation as a guiding principle.
Objective: This study aims to explore health coaching concepts in diabetes management.
Design: This was a scoping review.
Data Sources: We searched relevant studies published from 2018 to 2022 using three journal databases, including PubMed, CINAHL, and Google Scholar.
Review Methods: The selection is determined using PRISMA Flow Diagram Scoping Review with inclusion criteria and analyzed on the basis of data extraction and the TIDieR checklist.
Results: Nine articles were included in this study. Most of the articles revealed that health coaching was delivered by healthcare professionals to help patients living with diabetes cope with their problems. Long-term (>6 months) application of health coaching effectively reduces the HbA1c level which indicates a positive effect on self-management. Face-to-face interactions, telephone conversations, virtual meetings, and home visits are the most common strategies applied in health coaching sessions.
Conclusion: Tailored health coaching is proven as an alternative intervention to support patients with diabetes in achieving their desired goals. Thus, effective health coaching must be implemented based on individual preference.

Keywords: *Diabetes Management, Diabetes Mellitus, Health Coaching, Intervention*

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INTRODUCTION

The International Diabetes Federation estimates that 537 million people worldwide or approximately 10.5% of adults aged 20–79 years suffer from diabetes in 2021; among them, 1 in 2 people are not aware that they suffer from diabetes (International Diabetes Federation, 2021). Similarly, 58% of patients with diabetes have a reduced risk in individuals with onset after being given interventions for weight loss, dietary

changes, and increased physical activity (DeJesus, Clark, Rutten, Hathaway, et al., 2018). The treatment of diabetes requires continuous medical care and self-management to avoid the risk of acute or chronic complications.

Health coaching is carried out as an intervention that focuses on cooperation between healthcare providers and clients to influence the thoughts and creative processes that inspire individuals to maximize their potential professionally to adapt to a healthier lifestyle by building awareness and empowerment (Cinar et al., 2018). This activity supports individuals in determining their destinies such that they can maintain the desired behaviour (Conn & Curtain, 2019). Another benefit of health coaching can also be seen in diet patterns that can significantly reduce patients' daily calories and food intake as dietary guidelines for individuals with diabetes (Lin et al., 2021b). In addition, health coaching has shown its effectiveness in controlling HbA1c levels, achieved by performing good habits during drug therapy and reducing fasting blood glucose levels (–4.0 mg/dl) (Pirbaglou et al., 2018; H. K. Singh et al., 2019).

Health coaching—also known as Lifestyle Health Coaching, Personal Health Coaching, Pharmacy Health Coaching, and Diabetes Coaching, facilitates behavioural changes (Gordon et al., 2017; Pirbaglou et al., 2018; Sherifali, 2017; H. K. Singh et al., 2019). In practice, health coaching strategies and methods vary (Markert et al., 2021). Telephone conversation, face-to-face interaction, and a combination of both techniques are explained as the most effective strategies they are often experienced in practice (H. Singh et al., 2020). However, variations in the implementation of health coaching for diabetes management lead to different guidelines and results. Therefore, this study aims to explore health coaching concepts in the management of diabetes.

METHODS

Design

This was a scoping review of databases. This method was chosen since it can provide important insights into the characteristics of a body of evidence, the ways, concepts or terms have been used, and how a topic has been reported (Peters et al., 2021).

Search Methods

Three electronic databases including PubMed, CINAHL, and Google Scholar were used in this study. with the keywords 'health' AND 'coaching' AND 'diabetes'. The inclusion criteria used for the literature search were in English and/or Indonesian, the year of publication as 2018–2022, in full text, health coaching as the only intervention used, and adult individual respondents with diabetes.

Search Outcome

All of the literature obtained from the database was selected according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Diagram Scoping Review (Djasri et al., 2019). Keywords and queries of article search are presented in Table 1.

Data Analysis/ Synthesis

The synthesis and summary of the articles were carried out with data extraction and the Template for Intervention Description and Replication (TIDieR) Checklist (Hoffmann et al., 2014). Screening and data extraction were conducted by researchers and continued with summarising the information. Characteristics of health coaching are reported based on the TIDieR checklist in Table 2.

Table 1. Keywords and Queries of Article Search

PubMed	*Keywords*: 'health' AND 'coaching' AND 'diabetes *Query*: (("health"[MeSH Terms] OR "health"[All Fields] OR "health s"[All Fields] OR "healthful"[All Fields] OR "healthfulness"[All Fields] OR "healths"[All Fields]) AND ("coach"[All Fields] OR "coach s"[All Fields] OR "coached"[All Fields] OR "coaches"[All Fields] OR "mentoring"[MeSH Terms] OR "mentoring"[All Fields] OR "coaching"[All Fields]) AND ("diabete"[All Fields] OR "diabetes mellitus"[MeSH Terms] OR ("diabetes"[All Fields] AND "mellitus"[All Fields]) OR "diabetes mellitus"[All Fields] OR "diabetes"[All Fields] OR "diabetes insipidus"[MeSH Terms] OR ("diabetes"[All Fields] AND "insipidus"[All Fields]) OR "diabetes insipidus"[All Fields] OR "diabetic"[All Fields] OR "diabetics"[All Fields] OR "diabets"[All Fields])) AND (2018:2022[pdat])
CINAHL	*Keywords*: 'health' AND 'coaching' AND 'diabetes *Query*: health AND coaching and diabetes
Google Scholar	*Keywords: health AND coaching AND diabetes -review -book -proceeding*

Figure 1 shows the literature selection using the (PRISMA) Flow Diagram Scoping Review.

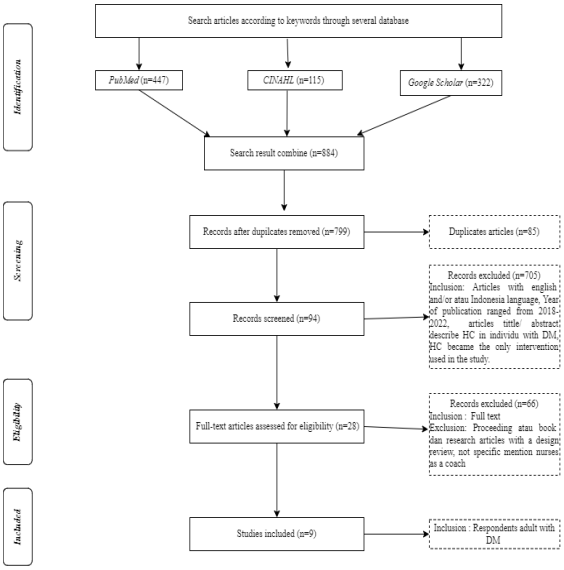

Figure 1. PRISMA Flow Diagram for Scoping Review

RESULTS

A total of 884 articles were found based on the results of a literature search. After the selection, nine articles that examined the implementation of health coaching in individuals with diabetes and included nurses as coaches were analyzed.

Health coaching for patients with diabetes has various names, such as health coaching intervention, nurse health coaching, digital therapeutic, nurse coaching intervention, coaching program, digital health coaching, diabetes health coaching, and diabetes health coaching (Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021). Each article has stated the rationale, theory, or purpose of the intervention. Many theories were used as the framework for carrying out health coaching, including patient- or person-centred theory, a combined theory of chronic care model with person-centred, theory of planned behaviour social cognitive theory, and behavioural economics (Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021).

Table 2. TIDieR with the Nine Analyzed Articles

Indicator	References that meet the indicators	Article Scheme (%) n = 9
Name of the intervention (Brief Name –Details)	(Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018, 2019; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021)	100%
Explains the rationale, theory, or purpose of the intervention	(Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018, 2019; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021)	100%
What is the form of providing the intervention and implementation procedure;	(Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018, 2019; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021) (Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018, 2019; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021)	100%
Who provides the intervention	(Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018, 2019; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021) (Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018, 2019; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021)	100%
Where is the implementation of the intervention;	(Chapman et al., 2018; Miyamoto et al., 2018; Pamungkas and Chamroonsawasdi, 2020)	30%
When and how many times was the intervention applied	(Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018, 2019; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021)	100%

Those theories can be used as recommendations for research related to the implementation of health coaching, both quantitatively and qualitatively. One article stated that health coaching was carried out because the T2DM management approach was generally not patient-centred, but rather only focused on medication management and education or even ignoring the facilitation of behaviour change (Berman et al., 2018; Chapman et al., 2018; Miyamoto et al., 2018; Pamungkas & Chamroonsawasdi, 2020). Additionally, the articles also stated that the purpose of health coaching is to support individuals in achieving specific management goals (Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Miyamoto et al., 2018; Sarver et al., 2021). Multidisciplinary teams—such as nurses, doctors, psychologists, internal medicine specialists, psychiatrists, nutritionists, and pharmacists—are allowed to provide health coaching interventions (Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Miyamoto et al., 2018; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021). However, the duties and roles of each profession are not thoroughly described.

In its implementation, health coaching varies in the delivery mode, time, and the tools as well as the strategy. Health coaching is also applied face-to-face at the beginning of the meeting then followed by periodic 15–30 calls. Many studies have reported that health coaching for patients with diabetes might be applied in 12 weeks to 18 months (Berman et al., 2018; Chapman et al., 2018; DeJesus, Clark, Rutten, Jacobson, et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021). Short-term health coaching can be completed in less than 6 months. Phone coaching is available every two weeks for three months with a duration of approximately 30–45 minutes on each initial call (Berman et al., 2018; Martin et al., 2021; Miyamoto et al., 2018). Furthermore, a study of health coaching in Indonesia reported that this program can be carried out at 6, 8, and 10 weeks, followed by four sessions by telephone (Pamungkas & Chamroonsawasdi, 2020).

The long-term health coaching, with a nine-month duration, was carried out by bi-weekly calls in six sessions (Fazio et al., 2019). Other than that, the 12-month health coaching involves weekly phone sessions for the first six months with a maximum of 24 calls followed by monthly calls for the next six months (O'Reilly et al., 2022). Moreover, the 18-month health coaching is carried out with two follow-ups each month (Chapman et al., 2018).

In all the articles, the direct interaction between the coach and coachee might be done in an offline mode (face-to-face meeting) or online (virtual meeting) held two times per month (Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018, 2019; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021). Indirectly, individuals involved in health coaching implementation receive 3 to 5 text messages or emails as reminders (Martin et al., 2021).

Technology, such as smartwatches and nutrition apps, is used as a tool to indirectly support health coaching implementation (Berman et al., 2018; Fazio et al., 2019; Miyamoto et al., 2018, 2019). In addition, health coaching has also been integrated with individual primary care (Chapman et al., 2018; Miyamoto et al., 2018; Pamungkas & Chamroonsawasdi, 2020). Electronic health coaching documentation, which is connected to the primary care system, has also been successfully developed in research on individuals with type 2 diabetes in California (Miyamoto et al., 2018).

DISCUSSION

Health coaching can be described as a partnership activity between the coach and the client or coachee to achieve self-management goals (Huang et al., 2017). This review finds that health coaching depends on the name used and is adjusted to the technical strategy applied. As the name suggests, digital therapeutic

intervention is a continuous and digital treatment for managing disease (Berman et al., 2018). Additionally, if the implementation is given by a nurse, the name of the intervention from the health coaching can be adjusted to nurse health coaching (Fazio et al., 2019; Miyamoto et al., 2018, 2019). However, the term "health coaching" in nursing or non-nursing health disciplines refers more to the context of disease management and prevention for individuals who want to change their health behavior. Consequently, as long as the context is in accordance with health coaching, the name or intervention term used requires no debate (Olsen, 2014).

As one of the chronic diseases, type 2 diabetes mellitus requires effective long-term medical management to prevent or delay chronic complications. In addition, diabetes requires a multi-factor strategy to support ongoing individualized care (Huang et al., 2017). Health coaching is defined as a process that supports and contributes to the achievement of specific management targets (managing HbA1c < 7%) for diabetes based on guidelines (Chapman et al., 2018; Magalhaes et al., 2020). This concept is committed to guiding and leading people, especially those who are living with diabetes, to change their behavior, so they can reach their healthy condition and wellbeing goals. Health coaching has become a practice of health education and promotion to improve individual well-being and facilitate the achievement of health goals (Magalhaes et al., 2020). It is also in line with the result of a previous meta-analysis of the effectiveness of the Behavior Change Technique (BCT) underpinning psychological intervention to improve glycemic levels for adults with type 2 diabetes that mentioned the most commonly applied was goal-setting (Upsher et al., 2021). Therefore, nurses—as the healthcare providers in health coaching—must focus and help set the foundation of this concept to set goals and change client health behavior (Olsen, 2014).

Coach or individuals who facilitate health coaching can come from various disciplines (Berman et al., 2018; Chapman et al., 2018; Martin et al., 2021; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021). Many coaches are also non-clinical professionals from various backgrounds and education who can work with individuals or groups (M. Jordan et al., 2015; M. A. Jordan, 2021). Therefore, coaching by an appropriate coach can be provided to assist the behavior change process (Barr & Tsai, 2021; DeJesus, Clark, Rutten, Hathaway, et al., 2018; Kusumaningrum et al., 2022; Sherman & Ganguli, 2018; H. Singh et al., 2020). Coaching from accreditation agencies often involves variations in brief training programs (H. Singh et al., 2020). Regarding the classification of coaches from the health sector, the National Consortium for Credentialing Health and Wellness Coaches (*NCCHWC*) has determined the strata and related provisions to become a health coach (M. Jordan et al., 2015). NCCHWC was incorporated to bring integrity and professionalism that support the important new field of health and wellness coaches as well as catalyze the transformation of personal well-being and the healthcare system.

The training and certification to become a coach or health coach from accrediting agencies or institutions has not been widely reported in research (H. Singh et al., 2020; H. K. Singh et al., 2022). A reference that describes the roles and duties of each profession involved in the implementation of health coaching has also never been identified or created. In this review, the duties and roles of health coaches are still described in general without stating the main tasks of each profession (Berman et al., 2018; Chapman et al., 2018; Fazio et al., 2019; Martin et al., 2021; Miyamoto et al., 2018, 2019; Pamungkas & Chamroonsawasdi, 2020). In general, health coaches facilitate and empower clients based on client-centered processes to achieve self-determined goals related to health status (M. Jordan et al., 2015).

As one of the health coaches, a nurse is involved in this process as a facilitator who uses his or her knowledge to facilitate individuals in

setting goals and changing behavior, as well as motivating them to achieve these targets (Fazio et al., 2019). Nurses discuss certain health topics through group activities, such as case studies or role-playing (Miyamoto et al., 2019; Pamungkas & Chamroonsawasdi, 2020). An intervention through coaching views individuals as worthy of respect and have the right to choose their health goals, strategies and targets. offers information based on what individuals need, provides affirmation and identifies their readiness to make changes (Conn & Curtain, 2019). During health coaching, interactions between nurses and individuals create accountability, focus, and awareness of how behavior affects health (Miyamoto et al., 2019).

Health coaching is provided in line with the needs of each individual's care and education through personalized and ongoing support (Martin et al., 2021). Integrating health coaching with primary care can be carried out through a home visit in one of the sessions, which specifically provides an overview of where face-to-face health coaching is implemented (Chapman et al., 2018; Fazio et al., 2019; Pamungkas & Chamroonsawasdi, 2020). However, face-to-face coaching is not always performed at the beginning of the meeting. The integration of technology in health coaching can be observed by using tracking applications for food and beverage consumption, activity in one day, or self-monitoring daily weight (Berman et al., 2018; Miyamoto et al., 2018, 2019). Moreover, health coaching sessions using a telephone are mainly carried out as an initial meeting to review behavior change goals and follow-up strategies, providing topics or agendas according to an approved schedule (Berman et al., 2018; Chapman et al., 2018; Martin et al., 2021; Miyamoto et al., 2018; O'Reilly et al., 2022; Pamungkas & Chamroonsawasdi, 2020). Health coaching not only prioritizes the active participation of the coach but rather activates the individual for the entire process. In this case, the concept of partnership is very closely used to realize the goals that have been determined (Olsen, 2014). Therefore, the principle of health coaching focuses on helping people gain and use their knowledge, skills, and confidence to actively participate in their care.

The implementation of health coaching tends to involve a short period of time (Berman et al., 2018; Martin et al., 2021; Miyamoto et al., 2018; Pamungkas & Chamroonsawasdi, 2020; Sarver et al., 2021). However, other implementations of long-term health coaching (>6 months) show a decrease in HbA1c of approximately 0.57% (95% CI, -0.76 to 0.38) (Sherifali et al., 2016). The results or outcomes depend on time; that is, the longer the health coaching duration, the better the response obtained (Magalhaes et al., 2020). A meta-analysis reported that the significant decrease in HbA1c is greater after six months of health coaching than after a shorter implementation (Sherifali et al., 2016). However, another study on a 16-week telephone coaching intervention among people with type 2 diabetes showed that decision confidence to achieve diet-related goals significantly improved from baseline to week 8 but then declined at the study's end (Swoboda et al., 2017).

Health coaching is one of the interventions that help individuals with diabetes achieve controlled glycemic levels and weight gain in addition to positive changes in physical and mental health status (Martin et al., 2021). The impact of health coaching can be observed from several indicators, including HbA1c, self-care, and quality of life. Health coaching interventions can improve clinical and psychosocial outcomes (Miyamoto et al., 2018). In Brazil, the United States, and Canada, health coaching of 253 participants in the Mastering Diabetes program showed a significant decrease in HbA1c up to the first three months of intervention (Berman et al., 2018; Magalhaes et al., 2020; O'Reilly et al., 2022; Sarver et al., 2021). The success of health coaching—in an effort to realize the achievement of health goals, such as HbA1c level—is in line with the theory of health coaching by Olsen in which the achievement of goals is presented

specifically for the health problems and preferences of each individual involved in such activities (Olsen, 2014). Health coaching is given according to the preferences of individuals with diabetes to increase self-efficacy related to the achievement of goals set by the patients themselves. In a study of 118 individuals with type 2 diabetes, as much as 92% of participants reported greater confidence in their ability to manage their diabetes and 91% reported greater confidence in maintaining a healthy diet (Berman et al., 2018). People with diabetes need support in managing their own conditions to reduce or prevent adverse outcomes related to their disease state (Miyamoto et al., 2019). Health coaching is an effective service to maintain or improve physical activity and habits (Lin et al., 2021a). These positive changes also occur in terms of mindset or awareness, engagement with health resources, physical or emotional health, and health indicators, leading to significant overall improvement (Berman et al., 2018; Fazio et al., 2019; Martin et al., 2021).

In addition, health coaching that focuses on achieving health changes according to individual preferences can improve both well-being and quality of life (DeJesus, Clark, Rutten, Hathaway, et al., 2018; Miyamoto et al., 2018; Sherifali et al., 2021). Another impact of such implementation is observed from an economic perspective, that is different healthcare costs. Hospitalization costs were higher in control groups compared with intervention groups (O'Reilly et al., 2022). The impact of health coaching illustrates changes in health behavior or health improvement, which includes physical and mental states (Olsen, 2014).

CONCLUSION

This review of health coaching in the treatment of diabetes concludes that health coaching is a method that helps individuals with diabetes to achieve specific goals according to their individual preferences by partnering within a certain period of time. Coaching is applied by a multidisciplinary team or single coach and effectively lowers HbA1c through implementation (>6 months). Health coaching can be carried out through face-to-face, telephone, virtual meetings, and home visits according to the clients' conditions and preferences. In addition, the impacts such as decreased HbA1c, self-care management, and improved quality of life occur as a consequence of health coaching on changes in health behavior or improvements in physical and mental states. People with diabetes are expected to know about health coaching as an alternative to diabetes management, in relation to education and health promotion that focuses on individuals according to their health preferences.

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DECLARATION OF CONFLICTING INTEREST

The authors declare no potential conflict of interest.

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AUTHOR CONTRIBUTION

Monica Adelia Puspitasari: study design, data collection, analysis, manuscript preparation.

Niken Safitri Dyan Kusumaningrum: study design, screening and review, manuscript preparation.

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