**Facilitating Mental Health, Physical Wellness, and Spiritual Well-being**

**Through Nurse Coaching**



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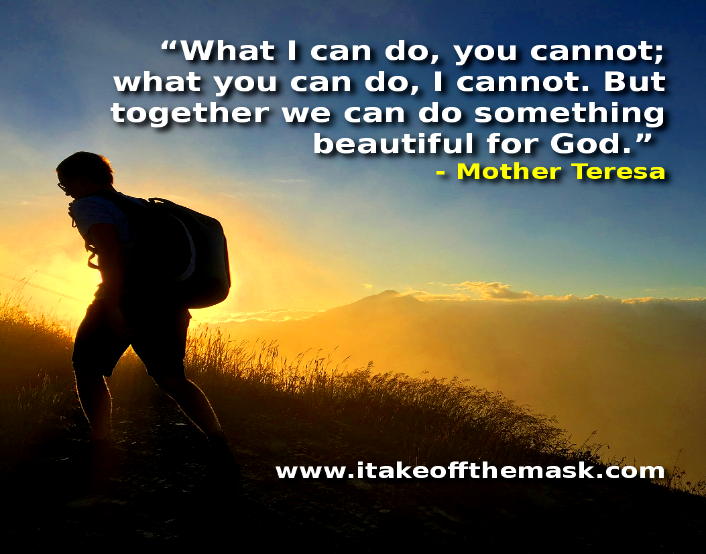
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1. Our Philosophy
   1. We all have a philosophy and worldview that guides our life choices
      1. It affects/impacts our perceptions about God, people, health, the environment, nursing.
      2. It also impacts our values, attitudes, beliefs, how we see life, and actions we take.
      3. Perceptions Differ According to our Worldview
   2. It also affects how we see others and our nursing practice.

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| --- | --- |
| Taking Charge | Aggressive |
| Facilitating | Directing |
| Patient-Centered | Patient Focused |
| Emotionally Present | Physically Present |
| In Control | Manipulative |
| Client | Patient |
| Engagement and Adherence | Compliance |
| Unmet Needs | Needy |
| Connected | Dependent |
| Limitations | Disabilities |

1. Two different philosophical paradigms to consider include Wholism vs. Holism.
2. Wholism
   1. Most nursing programs approach and teach nursing curriculum from a “*wholistic”* perspective.
   2. People are composed of multiple subsystems: physical, emotional, psychosocial, spiritual, etc.
   3. Sum of the parts equals the whole.
   4. People have subsystems and the subsystems can be cared for independently of the other parts of the person. *Case example: The Heart Attack in Room 228.*
   5. Nursing Care is fragmented and is based on the subsystem being cared for.
   6. Focus tends to be mechanistic, people are reduced to their parts.
   7. Care focuses on tasks and curing.
3. Holism
   1. Holistic Nursing programs focus on a way of being, the interface and integration of the art and science and are grounded in a holistic paradigm.
   2. People are believed to be composed of subsystems, that are constantly interacting, creating a synergy that always affects the whole being.
   3. Parts are intimately interconnected and explicable only by reference to the whole.
   4. The whole is greater than the sum of the parts.
   5. People cannot be reduced to a part, disease, system, etc. *Case example: The man with the broken heart.*
   6. Focus is on a way of being and facilitating healing. Curing may occur but it is not the focus of care.
   7. People are believed to be spiritual beings with a spiritual core and spiritual energy.
4. Our philosophy also impacts how we define *Health.*
5. J. Smith’s Models of Health (1981)
   1. Clinical- health is determined by the absence of illness and or disease. Relates to physical status.
   2. Role-Performance- A person is healthy if they are able to perform the roles they assume in their life.
   3. Adaptive- focus is on person’s ability to adapt to health conditions. I.e. A person who is living with chronic health problems.
   4. Eudaemonistic- a holistic perspective. Considers all subsystems and how they impact on one another. Focus is on wellbeing and quality of life as defined by the person. *Case examples: Broken Hearted, Ernie-bilateral amputee.*
6. Future Trends in Nursing and Healthcare
   1. Focus is on health promotion, wellness, well-being, and quality of life.
   2. Relationship-based, Patient-centered care.
   3. Client driven.
   4. Open dialogue between person and healthcare providers.
   5. Empowerment of the client.
   6. Community based care when possible.
   7. Shift from *volume to a value-based* system
   8. Higher quality at a lower cost.
   9. Requires collaboration among consumers, physicians, health care systems.
   10. Patient-Centric World
       1. Patient’s time is as valuable as a doctor’s time. Convenience new competitive currency.
       2. Patients expect and demand a retail-consumer experience.
       3. Beginning shift in decision making moving from Drs. to consumers and payers.
   11. Consumers Are Becoming Avid Researchers
       1. 1/3 American adults have gone online to figure out a medical condition.
       2. 72% of Internet users looked online for health information in past year.
       3. 47% of Internet users search for information about doctors or other health professionals.
       4. 38% of Internet users search for information about hospitals and other medical facilities.
   12. Digital Content Key to the Decision Process. According to Think with Google’s [*The Digital Journey to Wellness: Hospital Selection*](http://www.thinkwithgoogle.com/research-studies/the-digital-journey-to-wellness-hospital-selection.html)*:*
       1. 84% of patients use both online & offline sources for hospital research.
       2. Search drives nearly 3x as many visitors to hospital sites compared to non-search visitors.
       3. Patients primarily search on SX and condition terms
       4. 44% of patients who research hospitals on a mobile device scheduled an appointment.
7. Challenges
   1. Healthcare system is broken.
   2. Pharmaceutical and Big Business driven.
   3. Consumer experience and satisfaction poor-now driving reimbursement.
   4. Powerbase in medicine vs. consumers and stakeholders.
   5. Shortage of nurses
   6. Nurse attrition problematic.
   7. High acuity with low staffing.
   8. High repeat admissions.
   9. Opioid crisis.
8. Opportunities Ahead
   1. Facilitating Transformation of the Healthcare System
   2. In this Process How Do We Predict and Achieve the Desired Outcomes?
9. Nurse Coaching- A new role in Nursing- based on holistic nursing
   1. Based on a foundation of Holism
   2. Goal is healing the whole.
   3. Draws on nursing knowledge, theories, expertise, skills, and the nursing arts.
   4. Creates therapeutic partners with people in their care.
   5. Recognizes totality of the human being - the interconnectedness of spirit, body, mind, emotion, social/cultural, relationship, context, and environment.
10. Competencies Essential to Role of Nurse Coaching
    1. Building a therapeutic relationship through the Nurse Coach process.
       1. Creating a sacred, safe environment free of distractions.
       2. Care provided is developmentally appropriate and sensitive to culture and ethnicity.
       3. Engagement vs. Directing or Giving Advice- *Case Example-Elderly native American*
       4. Facilitating sense of control vs. controlling person-*Who is driving the sled/holding the reins?*
       5. Healing therapies- i.e. Journaling, expressive arts, meditation, mindfulness, etc.
       6. Support and facilitate self-care for client and nurse.
    2. Expert Communication skills
       1. Clear, Conscious, intentional, purposeful, and compassionate.
       2. What are our words conveying?

|  |  |
| --- | --- |
| Childish | Young |
| Disabled | Crippled |
| Handicapped | Retarded |
| Easy-Going | Couch Potato |
| Slender | Skinny |
| Cheap | Frugal |
| Young | Immature |
| Interested | Nosy |
| Conversational | Chatter Box |

* + 1. Active and Deep Listening-use of silence and pauses.
    2. Deep questioning
    3. Direct communication
    4. Use of integrated and holistic communication skills such as Motivational Interviewing and multiple ways of knowing to facilitate clarification, validations, self- discovery and identification of needs and concerns.
  1. Clarification and specification of client-centered goals.
  2. Outcomes
     1. Everyone on the same page for communication
     2. Connections are made
     3. Clients are engaged
     4. Collaboration occurs
     5. Goals are achieved

1. The Future
   1. Implications and Relevance:
   2. Education
   3. Practice
   4. Leadership
   5. Research
2. Nurse Coach Competencies- <http://www.ahncc.org/wp-content/uploads/2017/12/FINAL-REVISED-NC-Core-Essentials-DOC-4-12-2017.pdf>.
3. Questions and answers.