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Coaching as a method of support for informal and formal caregivers in palliative care

Abstract

Literature suggests that palliative care professionals and informal caregivers could be at risk of side effects of active participation in care. Therefore, different methods of support that can be offered to carers should be sought. Coaching is an intervention that facilitates another person to learn, grow and take responsibility for the level to which results are achieved. There are arguments which indicate the possibility and need to use coaching interventions to support nurses in their development and daily practice. Moreover, coaching can be used to implement interventions to improve informal caregivers' knowledge and skills, as well as to increase their sense of self-efficacy and psychological resilience. Consequently, this paper is aimed at introducing coaching as a method for enhancing work and well-being among formal and informal carers, especially in palliative care. Coaching might be an appropriate approach in the context of palliative care. Regarding end-of-life care and its complexity, it is worth considering implementing it as a part of an interdisciplinary program. Consequently, it would be tailored to caregivers' needs.

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Introduction

Palliative care aims to enhance the quality of life of patients and their families who are facing problems associated with life-threatening illness. Each year, an es-

timated 56.8 million people, including 25.7 million in the last year of life, need palliative care [1]. However, the global need for palliative care will continue to grow as a result of the ageing of populations and the rising burden of chronic diseases [1, 2]. Although Poland

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is one of the leading European countries in terms of the number of specialist palliative care services [3], access to palliative care services varies territorially and is limited in some regions [4].

One of the most important tasks of palliative care is to prevent and relieve suffering through the early identification, correct assessment and treatment of pain and other problems, such as physical, psychosocial or spiritual [1]. Palliative care providers must be prepared for the next challenges related to providing patients with individualized care adapted to the stage of the disease and reported symptoms and social, cultural and religious conditions [2]. Active participation in providing care to patients with chronic conditions is considered stressful and burdensome and could result in the incidence of symptoms of burden in caregivers' functioning [5]. The risk of emotional burden and physical exhaustion may apply to both formal and informal carers [5–8].

From the moment of diagnosis of advanced metastatic cancer to the end of their lives, patients need to make decisions, which are related to treatment, compliance with therapeutic recommendations, or place of care [9]. Patients often involve caregivers in the process of making these decisions. For this reason, attention is drawn to the need to prepare caregivers for this role so that the support they offer is effective. The research conducted so far has used various interventions for this purpose, including training on communication in the field of decision support, providing effective social support, and psychoeducation in the field of effective decision support [9]. Moreover, about half of patients diagnosed with cancer experience symptoms that may adversely affect the quality of life [10]. By creating a safe environment, the coach allows them to not only express their feelings but also preferences, wishes, goals and dreams for the future [10]. The literature on the subject points to various ways and tools to support carers, including for example meditation [11], psychoeducational training [12], cognitive behavioural therapy [13], videoconference technology and coaching [11].

Coaching has received much attention over the last two decades. According to Anthony Grant: "professional coaching can be considered an emerging cross-disciplinary occupation, its primary purpose being to enhance well-being, improve performance and facilitate individual and organizational change" [14]. Grant also pointed out that an evidence-based approach is essential [14, 15]. Consequently, the term "evidence-based coaching" was introduced in 2003 by Coaching Psychology Unit at the University of Sydney [14].

According to the International Coaching Federation (ICF) coaching is defined as "partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential" [16]. The process is facilitated by developing a professional relationship between the person conducting the process (coach) and the person participating in it (coachee). International Coaching Federation members adhere to its Code of Ethics which includes the ICF core values, ethical principles and ethical standards of behaviour. Consequently, it is crucial to clarify what coaching is and what are the guidelines. The coaching industry is not regulated although in the United Kingdom, the British Psychological Society now has a Chartered Coaching Psychologist status for qualified psychologists. Aspiring coaches usually choose a coaching certificate, diploma or master's program which are approved, accredited or recognized by one of the leading professional bodies including the International Coach Federation, Association for Coaching, European Mentoring and Coaching Council, International Society for Coaching Psychology or the British Psychological Society. The supervision process for coaches and coaching psychologists plays an important role in ensuring the highest standards are met. Each professional coaching body has its own pathway for its members to work towards accreditation or certification as a coach. Once coaches are accredited, similar to established professions, they are expected to undertake ongoing continuing education and professional development [16].

Palmer et al. [17] also highlight the potential role of coaching in health-related contexts. They defined health coaching as the "practice of health education and health promotion within a coaching context, to enhance the well-being of individuals and to facilitate the achievement of their health-related goals" [17]. In line with the report about health coaching effectiveness, which was conducted based on research by the Evidence Centre for Health Education East of England, the role of the coach can be taken by: peers, health specialists like nurses, doctors, pharmacists, healthcare assistant or other persons [18]. According to the report this intervention could be addressed to patients with chronic disease or someone who wants to enhance or change healthy behaviours [18]. Coaching can be delivered in several ways including face-to-face meetings, cloud-based video conferencing platforms (e.g. Skype, VSee or Zoom), mobile phone applications, email, telephone or a combination of these methods. The coaching process can consist of one to eight sessions although this does depend upon the needs of the coachee or patient and can include an extended coaching contract.

Coaching is an intervention that facilitates another person to learn, grow and take responsibility for the level to which results are achieved. Applied to a nursing student's curriculum, coaching has great potential for teaching leadership within interdisciplinary teams, as well as within one's own professional group and the nursing profession. This is because the coaching approach focuses on fostering in students an attitude of responsibility for identifying their educational goals, and this in turn ensures that they acquire the knowledge and skills and display the behaviours required to make sound clinical and non-clinical decisions at work. Consequently, it will contribute to the empowerment of nurses and nursing in the future. A not inconsiderable benefit is also the provision of optimal conditions for the delivery of a high standard of patient care by role-conscious and competent professionals [19].

In addition, coaching can be used to improve the communication skills of both nursing students and practising nurses. This is all the more important because proper communication is crucial to ensuring quality nursing services and optimal patient outcomes. Of the 18 articles reviewed 12 showed a positive beneficial effect of coaching on nurses' communication skills [20]. Anderson et al. [21] found that communication training combined with coaching helped nurses feel more skilled in using palliative communication strategies, which is extremely difficult due to their special nature. In addition to health care professionals, informal caregivers of chronically ill people also have a significant role in helping their relatives, but they often receive insufficient support in developing the skills necessary for caregiving. Findings from several studies indicate that coaching can be used to implement interventions to improve students' knowledge and skills, as well as to increase their sense of self-efficacy and psychological resilience [22, 23]. Consequently, there is a vital need for an appropriate way of supporting formal as well as informal caregivers. This paper is aimed at introducing coaching as a method of enhancing work and well-being among carers in palliative care.

Main text

In an educational context coaching provides some benefits not only for students but also for teachers/educators [24]. Devine and associates, who conducted a systematic review, highlight the fact that there is much research which confirms the coaching effectiveness in education. In reference to research among high school students which was carried out by Dulagil, Green and Ahern [25], participation in evidence-based coaching (as a part of the broader program) could result in improved: well-being, cognitive resilience

and trait hope level. Moreover, the analysis which was performed to assess this approach indicated that there was a significant decline in stress, anxiety as well as depression [25]. Coaching could also enhance the adaptive competency of teachers (associated with method and management which are used during the teaching process), which was demonstrated in the study (a quasi-experimental approach) carried out, in the secondary school in Switzerland, by Vogt and Rogalla [26]. Students, whose teachers took part in a seminar about 'Adaptive teaching competency', which lasted 2 days, and content-focused coaching, which consisted of nine sessions, achieved better outcomes in learning than a control group [26]. Coaching appears also in the context of health and medical personnel's as well as patients' education [17, 27].

Jacobsen and associates [28] introduced an innovative approach which was peer coaching as a method of teaching palliative care skills among hospitalists and residents. Collected measures were as follows: coaching encounters number, usefulness assessment which was perceived by a participant, proportion of billable encounters and time which was required to complete and document the meeting, information regarding coachee's training level, coaching question type and results which were described by coaches. Most popular learning goals were connected to pain and symptoms handling and communication. Participants assessed coaching as a useful method due to: "tailored teaching", "easy access to expertise" and "being in partnership" [28]. The authors stated that peer coaching could be useful in the context of teaching palliative care skills, and it could be supportive for caregivers [28]. Dionne-Odom et al. [29] conducted research to determine the efficacy of early versus delayed palliative care intervention which consists of three telephone coaching sessions targeted at caregivers of patients with an advanced stage of cancer. According to these results, earlier intervention provides better outcomes regarding depression score and stress burden among caregivers. However, there was no difference in quality of life as well as objective and demand burden [29].

The alarming statistics on burnout among health-care workers clearly indicate their health and well-being needs should be addressed, so understandably there is growing interest in new methods of supporting them in their daily work, such as coaching [30]. Coaching as a new professional skill is a particularly recommended form of support for palliative care nurses suffering from severe stress and other negative emotions, especially those in leadership roles, to empower them and for them to gain competence in supporting their staff. Research authors have shown

how coaching positively affects both the individual and the entire healthcare environment, including the field of palliative care [31]. Coaching can facilitate professionals' understanding of themselves and function as part of an interdisciplinary team [31, 32].

Hackett et al. [33] introduced coaching in the context of the needs of hospice service workers as well as the stress which they experience every day. They presented this approach as a potential method for enhancing the well-being of the hospice staff and improving patient care [33]. In phase 1, Hackett et al. [34] conducted a cross-sectional study to assess the level of stress and main stressors among hospice staff. Three measures were used: Depression, Anxiety and Stress Scale (DASS-21), the Health and Safety Executive Management Standards Indicator Tool as well as a demographic questionnaire. One hundred and thirty-two workers from two hospices in the United Kingdom were invited to take part in the research and ninety-one of them filled in all of the questionnaires. However, there were no significant differences in stress, anxiety and depression levels between hospice staff and the general population, results of the Health and Safety Executive Management Standards identified a few areas which need improvement [34]. These stressor areas included demands, relationships, managers' support, change and role [34]. In phase 2, to gain the knowledge which was necessary to develop a brief coaching intervention tailored to the hospice workers' needs, they held two focus groups [35]. The main aim of the research was to gain a better understanding of the stressors which were identified in phase one [35]. These groups were recruited from two hospices in the United Kingdom. The study group included: nine nurses, one doctor, one occupational therapist and one occupational technical support worker — all of them were female. The results highlight that coaching might be a useful intervention for hospice workers [35].

During the coronavirus disease 2019 (COVID-19) pandemic the support of caregivers was even more needed. Rosa and associates [36] described a virtual group coaching session for nurses in the palliative care team. This program included obtaining information regarding nurses' fears, challenges, and reflection on purpose and meaning. Moreover, working on an action plan to achieve their personal goals as well as assessing their current state of health. After the intervention, participants pointed out a stronger connection with their team, decreased feelings of emotional isolation and gratitude for working on their health-related goals [36]. Pollak et al. [37] indicated that clinicians working in palliative care frequently conduct conversations around ambivalence

with patients and their families. They implemented a communication coaching intervention and a wait-and-see list. These two methods were compared. Both were effective, however, coaching brought better motivational interview and communication skills and better scores regarding burnout. However, there were no significant differences in satisfaction ratings by patients, clinicians and caregivers [37].

Summarizing the results of the application of coaching by the various authors, Costeira et al. [32] list the following coaching benefits for nurses: development of emotional intelligence, minimizing the risk of occurrence and mitigation of professional burnout, better communication within the team and with clients, increased ability to adapt to changing conditions, increased sense of having social support, team cohesion and improved staff well-being, as well as support for goal achievement, enhancement of personal agency through better self-understanding and problem-focused thinking [32]. Another important benefit is the opportunity to increase nurses' soft skills in one of the most difficult and critical areas, which is spiritual care for terminally ill patients. The effectiveness of coaching in this area has been demonstrated by the research of Modderkolk et al. [38]. Moreover, many authors note that coaching should and can be applied not only to nurses, but also to nursing leaders, or other healthcare professionals [32]. The method can and should also be used by nurses themselves as part of their delivery of holistic, palliative nursing care for patients and informal caregivers providing care of them [health coaching, positive psychological coaching (PPC)] [39–41]. Being a caregiver, especially in palliative care, is associated with difficult emotions and stressful situations. This applies to both formal and informal caregivers [6, 42]. Consequently, it is important to offer them coaching as a method which can give them emotional and/or practical support [32, 36, 37].

According to the authors, one of the significant limitations in the use of coaching in palliative care is time. As the disease progresses, some patients lose the chance to achieve measurable effects of the coaching interventions used. Therefore, it is suggested to plan the implementation of coaching at the early stages of the disease before the patient's health condition significantly deteriorates and he loses the ability to actively participate in therapy. Another limitation is the insufficient number of medical staff trained to provide services in this area, supervisors and limited access to training/courses preparing future coaches to work with patients and formal and informal caregivers in palliative care. Moreover, incurring

costs related to training employees, developing an intervention program, and preparing a platform for working with patients and caregivers (e.g. costs of videoconferencing and telehealth coaching), despite the proven benefits of coaching, may discourage healthcare providers from including it in the structure of the services provided.

Conclusions

- Coaching is worth considering in the context of palliative care.
- There is a possibility and need to use coaching interventions to support nurses in their development and daily professional practice especially when providing palliative care.
- Coaching could be used to improve informal caregivers' knowledge and skills, as well as to increase their sense of self-efficacy and psychological resilience.

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Author contributions

All co-authors contributed equally to the final version of the manuscript.

Conflict of interest

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Supplementary material

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