



## Editorial

# Health coaching and the biopsychosocial model of illness

Erika Melonashi *Barleti University, Faculty of Social Sciences, Tourism and Sports, Tirana, Albania*

The biopsychosocial model of health and illness will soon be half a century old. Since Engel's original proposal in 1977 (discussed in Bolton and Gillett, 2019), the model has been extensively applied and tested across cultures, producing considerable discourse among researchers and health professionals. The focus on psychosocial aspects of coping with illness might certainly be considered as one of the main contributions of the model, which succeeded in shifting perspectives from the traditional medical approach in terms of both theoretical and empirical considerations. Considerable evidence has been collected and analyzed in detail by Michael Marmot (2010), especially in relation to the role that social and family factors play in health and illness. Evidence on social determinants of health, including poverty, social exclusion, abuse, discrimination etc., has been accumulating over time, and includes both cross-sectional and prospective epidemiological studies. Moreover, the role of psychological factors – in terms of both the development and management of chronic illness – has been extensively investigated, especially within the field of Health Psychology (Ogden, 2019).

Nevertheless, the biopsychosocial model has also been met with considerable criticism. Probably one of the leading critics is the psychiatrist Nassir Ghaemi, who provides a thorough analysis in his book 'The Rise and Fall of the Biopsychosocial Model', published in 2010. One of the main criticisms Ghaemi focuses on, is the practical inefficiency of the model in the context of application by professionals. He claims that the lack of specificity of the model does not provide professionals with the necessary tools to practically apply it, and hence questions its actual usefulness in terms of practitioners working with patients. Nevertheless, recent developments regarding health coaching seem to address Ghaemi's concerns, as this profession is becoming more and more popular across different countries, with growing evidence supporting its positive outcomes.

Health coaching is a patient centered approach that helps patients to not only manage their illness and adhere to treatment, but also improves their self-efficacy, increases motivation, and promotes self-care and positive behavioral change (Hayes and Kalmakis, 2007; Hayes et al., 2008). The identification of environmental stressors and coping strategies is another very important part of the coaching process, aiming to improve the patient's overall quality of life. Hence a health coach focuses on psychological, social, and behavioral aspects related

to illness, successfully managing to integrate medical and psychosocial aspects in patient treatment (Huffman, 2009).

Research on the effectiveness of health coaching has provided considerable support related to its positive effects on the physiological, psychological, and social aspects of the lives of chronic patients. A systematic review by Kivelä et al. (2014) supports the above conclusion. The review analyzed data from 13 original studies, using randomized controlled trials or quasi experiments, published between 2009 and 2013. The authors concluded that health coaching is indeed an effective patient education method; it not only leads to better disease management but also improves general well-being across psychological and social dimensions.

Studies have shown effectiveness for chronic patients with a variety of illnesses, including type 2 diabetes, rheumatoid arthritis, heart disease, etc. (e.g., Edman et al., 2019; Sullivan et al., 2019). The positive outcomes of health coaching have also been replicated for caregivers of chronic patients, to reduce stress and improve self-care (e.g., Riegel et al., 2019). Another important aspect of health coaching is the facilitation of positive lifestyle changes (Palmer et al., 2003). For instance, in a review of 15 studies, Olsen and Nesbitt (2010) reported evidence of positive behavioral change among participants of health coaching programs – regarding nutrition, physical activity, and weight management.

Despite considerable evidence on the effectiveness of health coaching in promoting positive patient outcomes, several authors have cautioned on the reliability and validity of research studies. For instance, several methodological limitations – such as the use of non-probability sampling or the reliability of assessment instruments – are present in most studies (e.g., Olsen and Nesbitt, 2010). Another aspect which requires further research concerns the durability of positive outcomes over time, a pressing issue in most studies evaluating intervention effectiveness (Dejonghe et al., 2017). Finally, the professional profile of the health coach has also presented an issue in several studies; there has been a lack of participants with a health professional background (Boehmer et al., 2016). Hence, no strong conclusions can be made on the effectiveness of health coaching across the biopsychosocial dimensions of illness, and further research with more sound methodology is required.

\* **Corresponding author:** Erika Melonashi, Universiteti Barleti, Rruga Frang Bardhi, Selitë, Tirana, Albania;

e-mail: [emelonashi80@gmail.com](mailto:emelonashi80@gmail.com)

<http://doi.org/10.32725/kont.2023.007>

Submitted: 2023-02-20 • Accepted: 2023-02-24 • Prepublished online: 2023-03-02

KONTAKT 25/1: 1–2 • EISSN 1804-7122 • ISSN 1212-4117

© 2023 The Authors. Published by University of South Bohemia in České Budějovice, Faculty of Health and Social Sciences.

This is an open access article under the CC BY-NC-ND license.

Despite the limitations of the research studies on the effectiveness of health coaching, it is quite clear that these professionals incorporate and apply (at least partially) biopsychosocial principles in their work. In this context, health coaching might be regarded as an example of the practical application of theoretical principles deriving from the biopsychosocial model. However, further research is required to understand exactly how theoretical principles are practically mapped into the health coaching protocol, as well as the assessment of specific patient outcomes. Considering the growing popularity of the health coaching profession across different countries, there is clearly a need for sound research in order to inform and improve practice. This will ultimately be of benefit to holistic patient treatment and care.

## References

- Boehmer KR, Barakat S, Ahn S, Prokop LJ, Erwin PJ, Murad MH (2016). Health coaching interventions for persons with chronic conditions: a systematic review and meta-analysis protocol. *Syst Rev* 5(1): 146. DOI: 10.1186/s13643-016-0316-3.
- Bolton D, Gillett G (2019). The biopsychosocial model of health and disease: New Philosophical and scientific developments. Online book: Springer Nature Switzerland AG. [online] [cit. 2023-01-18]. Available from: <https://link.springer.com/book/10.1007/978-3-030-11899-0>
- Dejonghe LAL, Becker J, Froboese I, Schaller A (2017). Long-term effectiveness of health coaching in rehabilitation and prevention: A systematic review. *Patient Educ Couns* 100(9): 1643–1653. DOI: 10.1016/j.pec.2017.04.012.
- Edman JS, Galantino ML, Hutchinson J, Greeson JM (2019). Health Coaching for Healthcare Employees with Chronic Disease: A Pilot Study. *Work* 63(1): 49–56. DOI: 10.3233/WOR-192907.
- Ghaemi SN (2010). The rise and fall of the biopsychosocial model: Reconciling art and science in psychiatry. Johns Hopkins University Press, 272 p.
- Hayes E, Kalmakis KA (2007). From the sidelines: coaching as a nurse practitioner strategy for improving health outcomes. *J Am Acad Nurse Pract* 19(11): 555–562. DOI: 10.1111/j.1745-7599.2007.00264.x.
- Hayes E, McCahon C, Panahi MR, Hamre T, Pohlman K (2008). Alliance not compliance: coaching strategies to improve type 2 diabetes outcomes. *J Am Acad Nurse Pract* 20(3): 155–162. DOI: 10.1111/j.1745-7599.2007.00297.x.
- Huffman MH (2009). Health coaching: a fresh, new approach to improve quality outcomes and compliance for patients with chronic conditions. *Home Healthc Nurse* 27(8): 490–496. DOI: 10.1097/01.nhh.0000360924.64474.04.
- Kivelä K, Elo S, Kyngäs H, Kääriäinen M (2014). The effects of health coaching on adult patients with chronic diseases: A systematic review. *Patient Educ Couns* 97(2): 147–157. DOI: 10.1016/j.pec.2014.07.026.
- Marmot M (2010). Fair society, healthy lives: Strategic review of health inequalities in England post-2010. London, UK: Department of Health, 238 p.
- Ogden J (2019). Health Psychology. London: McGraw Hill, 6th ed.
- Olsen JM, Nesbitt BJ (2010). Health coaching to improve healthy lifestyle behaviors: an integrative review. *Am J Health Promot* 25(1): e1–e2. DOI: 10.4278/ajhp.090313-LIT-101.
- Palmer S, Tubbs I, Whybrow A (2003). Health coaching to facilitate the promotion of health behavior and achievement of health-related goals. *Int J Health Promot Educ* 41(3): 91–93. DOI: 10.1080/14635240.2003.10806231.
- Riegel B, Hanlon AL, Coe NB, Hirschman KB, Thomas G, Stawnychy M, et al. (2019). Health coaching to improve self-care of informal caregivers of adults with chronic heart failure – iCare4Me: Study protocol for a randomized controlled trial. *Contemp Clin Trials* 85: 105845. DOI: 10.1016/j.cct.2019.105845.
- Sullivan VH, Hays MM, Alexander S (2019). Health coaching for patients with Type 2 Diabetes Mellitus to decrease 30-day hospital readmissions. *Prof Case Manag* 24(2): 76–82. DOI: 10.1097/NCM.0000000000000304.