

## Article

# A Proactive Innovation for Health Care Transformation

## Health and Wellness Nurse Coaching

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jhn

Journal of Holistic Nursing  
 American Holistic Nurses Association  
 Volume 34 Number 1  
 March 2016 44–55  
 © The Author(s) 2015  
 10.1177/0898010115579770  
<http://jhn.sagepub.com>



A cohort of holistic nurses, recognizing opportunities inherent in health care transformation, organized and worked together from 2009 to 2012. The goal was to hold space for holistic nursing by developing a health and wellness coaching role and certification program for holistic nurses. The intent was to ensure that holistic nurses could work to the fullest of their ability within the evolving health care system, and others could discover the merit of holistic nursing as they explored the possibilities of nurse coaching. Challenges emerged that required the cohort plan strategies that would hold the space for nursing while also moving toward the intended goal. As they worked, this cohort demonstrated leadership skills, knowledge, values, and attitudes of holistic nursing that provide an example for others who follow in the wake of health care transformation. The American Holistic Credentialing Corporation's perspective of the events that unfolded and of the related decisions made by the coalition provides a record of the evolution of holistic nursing.

**Keywords:** *health and wellness coaching; health care reform; philosophy; history; methodological innovations/instrument development; change strategies*

## Overview

Generally change occurs gradually, one event at a time, linked by serendipity or necessity, difficult to observe on the daily basis, but obvious over time. It is often difficult to know when this kind of change started or what precipitated it. Occasionally, however, something happens that results in a cascade of events, with a clear trajectory and a predictable outcome. The latter type of change creates opportunities for visionary people to proactively shape the outcome.

The purposeful development of a sanctioned and validated holistic framework for a nurse coach role embedded in holistic precepts, and a certification program for health and wellness nurse coaches constitute examples of the later.

A shift in the national health care paradigm, initiated with the advent of the Patient Protection

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and Affordable Care Act (ACA; U.S. Department of Health & Human Services, 2014), provided the stimulus. A group of visionary, holistic nurses recognized the opportunity and associated risks, recognized and accepted the challenge (Hess, Bark, & Southard, 2010), recruited the necessary support, built the network, and proactively effected change (Hess et al., 2013). Today the Health and Wellness Nurse Coach (HWNC) role is sanctioned by the American Nurses Association (ANA) and other major nursing organizations (Hess et al., 2013), including the American Holistic Nurses Association (AHNA), and validated by a nationally accredited certification program offered by the American Holistic Nurses Credentialing Corporation (AHNCC; 2012).

Although nurses have practiced as coaches for at least 20 years (Linda Bark, personal communication, June 5, 2010; Bark, 2014; Professional Testing Corporation [PTC], 2012) and have earned certificates for coaching continuing education programs for almost that long (International Coach Federation, 2014), these programs were neither standardized nor designed within the unique parameters of nursing or holistic nursing. While Sigma Theta Tau International and the International Council of Nursing cosponsored a publication, *Coaching in Nursing: An Introduction* (Donner & Wheeler, 2009), the role of health and wellness coaching had not been defined.

This state of affairs left a void for others who recognized the importance of health coaching that emerged with the health care paradigm shift of 2008. Without the intense commitment of a group of holistic nurse leaders, the formalized role of the HWNC, based in holistic nursing values and defined by holistic nursing competencies, and associated opportunities for holistic nursing might have been lost to other health care providers.

The purpose of this article is to provide a record of AHNCC's perspective of the events surrounding the development of the HWNC and related HWNC Certification Program. Several groups were involved in the processes, and Table 1 provides a list of the groups, their acronym, and their purpose as it relates to this article. We hope that this work will encourage other nurses to grasp opportunities as they emerge, take risks when needed, and assume leadership roles necessary to achieve the desired outcomes. In doing so, holistic nurses will become recognized as leaders, and holistic nursing will be the norm rather than the exception.

## Background

### The Stimulus

The Institute of Medicine (IOM), an independent, nonprofit organization, was established in 1970 as the health arm of the National Academy of Sciences. Their purpose is to provide evidence-based advice regarding Americans' health and health care system. By the turn of the 21st century, the cost and effect of the American health care system emerged as one of their major concerns. Six studies (IOM, 2001, 2002a, 2002b, 2003a, 2003b, 2004) described the problem of the uninsured and effects on society. The last in the series recommended that health care should be universal; coverage should be continuous, available, and affordable for individuals and families; the health care strategy should be affordable and sustainable for society; and high-quality health care should be accessible, enhance health and well-being, and be patient-centered. Nevertheless, little legislative action occurred.

An IOM report published 5 years later described the crisis and consequence that evolved from lack of action. The committee recommended that "the President work with Congress and other public and private sector leaders on an urgent basis to achieve health insurance coverage for everyone" (IOM, 2009, p. 9). Committed to change, The ACA, HR Bill 3950, was proposed and approved by Congress and then signed into law on March 23, 2010 (U.S. Department of Health & Human Services, 2014). Section 4001 of the ACA called for a National Council charged with implementing the law, and a National Advisory Group charged to serve as consultant to the Council on *prevention, health promotion, and integrative and public health*. Representatives from seven relevant health care groups were identified; one of them was health coaching.

### A Group of Coaches Respond

Recognizing the implications for practice, leaders from Harvard University and the University of Minnesota created a national coalition of health care providers ultimately known as the National Consortium for Credentialing Health and Wellness Coaches (NCCHWC); Linda Bark, PhD, RN, MCC, was one of the early members. The NCCHWC goal was to standardize the health and wellness coaching

**Table 1.** Groups Influencing the Development of a Health and Wellness Nurse Coach Role and Certification Program<sup>a</sup>

Name	Acronym	Purpose	Influence/Date
Patient Protection and Affordable Care Act (U.S. Department of Health & Human Services, 2014)	ACA	Provide affordable health insurance that promotes health and wellness	Effected paradigm shift (2008)
American Nurses Association	ANA	Represent the nation's entire nurse population on matters that affect nursing	Supported development of HWNC role; invited affiliates to endorse <i>The Art and Science of Nurse Coaching</i> (Hess et al., 2013)
American Holistic Nurses Association	AHNA	Membership organization for holistic nurses; represent holistic nurses on national issues	Supported coalition among PNCW, AHNA, and AHNCC to develop the role of the health and wellness nurse coach; joined the Holistic Task Force
American Holistic Nurses Credentialing Corporation	AHNCC	Provide valid and reliable certification programs for nurses who practice roles embedded in holistic nursing precepts	Provided support for PNCW development of the HWNC; participated in interactions with NCCHWC members 2009-2012; oversaw development of HWNC Certification Program
Health and Wellness Nurse Coach	HWNC	Provide directed health and wellness coaching within the context of holistic nursing core values and standards of care	Focus of the work described in this article
International Coach Federation	ICF	Advance the art, science, and practice of coaching and provide a network for the global community of professional coaches	Provided early structure for coaching across disciplines, offers continuing education and certification program; seen as international leader in coaching
Sigma Theta Tau International	STTI	Provide global leadership in nursing	Cosponsored the manuscript <i>Coaching in Nursing: An Introduction</i> (Donner & Wheeler, 2009)
Institute of Medicine	IOM	Provide the nation with evidence-based evaluations, reports, and advice regarding health and the health care system	Presented reports (2001-2009) leading to national debate on health and health care; debate led to proposal/passage of ACA
National Consortium for Credentialing Health and Wellness Coaches	NCCHWC	Standardize health and wellness role across disciplines; possibly start a new profession, i.e., health and wellness coach	Organized to plan for shift in paradigm opportunities emerging from paradigm shift; planned for future of health coaching; planned and implemented invitation-only summit in 2010 <sup>b</sup>
Professional Nurse Coach Workgroup (originally called the Nurse Coach 6)	PNCW	Develop a coaching role embedded in holistic nursing precepts	Published <i>White Paper: Holistic Nurse Coaching</i> in 2010 and drafted <i>The Art and Science of Nurse Coaching</i> in 2012 <sup>c</sup>
Holistic Nurse Task Force	HN Task Force	Serve as a coalition to propose, develop, and advance the holistic nursing health and wellness coach	Constituted of PNCW members, AHNA, and AHNCC Executive Committees; organized June 15, 2010; AHNA withdrew in August 31, 2011; PNCW and AHNCC dissolved on offering of first HWNC examination January 2013

<sup>a</sup>Presented in the order in which they appear in the text. <sup>b</sup>The Institute of Coaching at McLean Hospital, an affiliate of Harvard, emerged from this group. Today, the Institute describes their intent as "advancing coaching research, education, and practice, the Institute supports professional coaches and others who use coaching skills in their personal and professional lives" (<http://www.instituteofcoaching.org/>). <sup>c</sup>The final draft of this document was published by ANA in 2013. Authors include Darlene Hess, Barbara Dossey, Mary Elaine Southard, Susan Luck, Bonnie Schaub, and Linda Bark.

role across the disciplines. They also considered creating a new health and wellness coaching profession. They planned a national, invitation-only summit for September 2010 to plan the future of health and wellness coaching in America.

### Holistic Nurses Respond, Too

Earlier, a cohort of holistic nurse coaches, also aware of national issues raised by the IOM reports, had met to discuss how health and wellness coaching was inherently practiced from the perspective of holistic nursing values and competencies (ANA/AHNA, 2007). With the legalization of the ACA in 2009, they recognized the need to organize. Formalizing their relationship, they identified themselves as the *Nurse Coach 6*. In 2010, they changed their name to the Professional Nurse Coach Workgroup (PNCW).

Concerned that the emerging role proposed by the NCCHWC was based in values and competencies similar to those published in holistic nursing documents, members of the PNCW published *White Paper: Holistic Nurse Coaching* in February 2010. They defined the *coaching role based in holistic nursing precepts* and stated their intent to identify necessary standards and the scope and competencies for practice and to initiate processes needed to launch a national/international certification program.

The PNCW contacted AHNA and AHNCC, described their concerns, and invited them to form a coalition of holistic nurses. They stated that they planned to expand their White Paper so that it could serve as a guide for health and wellness nurse coaches. They envisioned AHNA as the leadership organization to inform holistic nurses and publish the document, and AHNCC as the certifying body. After several discussions, the three groups agreed to meet at the June 2010 AHNA Conference and further discuss their options.

AHNCC agreed with the PNCW position that health and wellness was the focus of holistic nurses and that coaching was inherent in holistic nursing and concluded that it was essential that we work together to save the space for holistic nurse coaching. Otherwise, the nurse coach role could easily be developed within the more traditional paradigm of nursing, leaving others to develop coaching as viewed by holistic nursing. With that in mind, we posted the White Paper on the AHNCC website and announced

the intent of the PNCW and that AHNCC was exploring options for a certification examination.

## The Holistic Nurse Task Force Organizes

### AHNA and AHNCC Organize

Immediately following the AHNA 2010 conference, AHNA's Board Chair sent an e-mail recapping their discussions and proposing that they form a task force, made up of members from AHNA and AHNCC, and the PNCW. Her proposed goal was to develop a holistic nursing health and wellness coach program that would advance the leadership role of holistic nursing. The three groups organized as the Holistic Nurse Task Force (HN Task Force). Their first task was to strategize for participation in the NCCHWC Summit in September 2010. Linda Bark, nurse representative to NCCHWC and a member of the PNCW, negotiated invitations for several holistic nurses, including members of the HN Task Force to attend the NCCHWC summit.

### The NCCHWC Summit

Approximately 80 stakeholders attended the summit, representing various national and international academic and private entities. Issues related to standardizing coaching and the proposed *new profession of health coaching* were debated. Several members of the HN Coach Task Force came prepared to hold space for the role of the health and wellness nurse coach. Using the PNCW White Document and several other published nursing documents (ANA, 2001, 2008, 2010; ANA/AHNA, 2007) they argued three points: (1) Health and wellness coaching was embedded in the precepts of nursing and therefore could not be viewed as a new profession; (2) Individual professional groups should define the health coach role for their members based on the purpose and standards of their own profession; and (3) Attendees of the NCCHWC Summit should organize as a coalition of health care professionals with the goal of standardizing health coaching in general.

Following the summit, the HN Task Force met to debrief. They summarized the issues that warranted their attention: (1) Many professional groups attending the NCCHWC Summit had supported movement toward a new profession of *health and wellness coaching* even though the standards and practice

acts of their own profession addressed diseases or conditions; (2) Most attendees agreed that health coaching is *person-centered* and has a focus on *client empowerment*; and (3) *Partnering with clients* is essential for successful outcomes of health coaching. Since these values are foundational to nursing practice (ANA, 2001, 2008, 2010) and specific to holistic nursing (ANA/AHNA, 2007), the group agreed that it was important for them to provide the leadership necessary to advance the HWNC role.

Over the next year, the HN Task Force met monthly, engaging in reflective dialogues (AHNCC, 2014). The PNCW continued to work on defining the role of the HWNC and creating a supportive network. AHNCC, in the middle of writing an accreditation proposal, served as a support for the PNCW work, but it had not yet committed to sponsor the development of a nurse coach certification program. On August 31, 2011, AHNA concluded that their work had been completed and withdrew from the Task Force.

## **AHNCC Deliberates Developing a Certification Program**

### **Recommitting to the HWNC Role**

Since AHNA had withdrawn from the conversations and had indicated that the organization was unable to assume responsibility for printing of the proposed document, the PNCW contacted ANA to explore their interest in publishing the document that would clarify the scope and standards of coaching for nurses. ANA responded positively, and questions emerged regarding the best way to proceed.

The PNCW and AHNCC met and, after considerable deliberation, agreed that it was important for us to continue to hold space for holistic nurses who wished to practice as health and wellness nurse coaches, the coaching role is most appropriately defined in holistic nursing precepts as proposed by the PNCW, accomplishments of these goals were best achieved by unity, and AHNCC was the most appropriate organization to sponsor a certification examination for the HWNC.

AHNCC recommitted to each of the agreements with the intent of continuing support of the PNCW activities but reserved the right to do a thorough cost–benefit analysis before determining sponsorship of the certification examination. Concerned

about allocating resources needed to develop a new certification program in the midst of applying for accreditation, we wanted to ensure that the potential benefit of implementing a health and wellness nurse coach certification program outweighed the cost of human and fiscal resources. We also wondered if AHNCC was the appropriate organization to offer a certification program for health and wellness nurse coaches. The pros and cons of requesting that ANCC offer the examination rather than AHNCC were debated. Table 2 shows the issues discussed during this time. Finally, we decided to talk with ANCC to explore their interest in a health and wellness nurse coach examination. The question was settled during the conference call when ANCC stated that they were not interested in pursuing a nurse coach certification examination and could not imagine being interested in the next few years.

AHNCC had to revisit the issues. Our intent was to help the PNCW hold the space for a coaching role for holistic nurses. We knew that a defined role was not sufficient without a rigorous, reliable certification examination to accompany it. After several discussions, we decided that we must keep our options open, to initiate a cost–benefit study to determine if it was possible to do both—write an accreditation report and develop a new certification program at the same time. Convinced about the window of opportunity for holistic nursing to claim their space as health and wellness nurse coaches, we decided to be more systematic as we further explored the cost–benefit of launching a new certification program.

### **Exploring the Cost–Benefit of Developing a New Certification Program**

We reconfirmed that our first priority was to complete work necessary to become nationally accredited. Therefore, we committed that when considering the cost of a new program, no human or fiscal resources allocated to achieve accreditation could be diverted to the development of a new certification program. We started at the beginning; talked with our vendor, the PTC, to ensure that they could accommodate another certification program; and systematically worked through a cost–benefit analysis. Table 3 includes key questions we asked ourselves as we proceeded. Each is addressed below.

**Table 2.** Pros and Cons Comparing Two Certifying Organizations

ANCC	AHNCC
<p>Brings the concept of “coaching” certification into mainstream nursing, further legitimizing the role</p> <p>Has ready resources needed to start the examination development process immediately</p> <p>ANCC is accredited by ABSNC. This might increase public confidence in the examination, decrease resistance in validation of certificants’ credentials</p> <p>May increase the visibility of holistic nursing and interest people in seeking HN certification if NC exam is based in HN precepts</p>	<p><b>Pros</b></p> <p>Certification would always be based in AHNA core values and standards of practice</p> <p>AHNCC knows how to develop exams based in HN precepts</p> <p>All HN certification examinations will be offered by AHNCC (certifying body for AHNA), and there will be no confusion regarding two separate organizations offering HN-based exams.</p> <p>New exams offered for NC certification would strengthen AHNCC as an organization</p> <p>There would be no conflict of interest in seeking/recertifying their HN certification versus their HWNC certification, and therefore, no possibility of the new examinations undermining AHNCC</p> <p>There would be increased awareness and visibility of AHNA, AHNCC, and HN in general</p> <p>Maintains clean lines of mission/purpose of ANCC and AHNCC</p>
<p>If the exams are titled or marketed as containing HN precepts:</p> <ol style="list-style-type: none"> <li>Confusion would occur regarding which HN exams are important/valid</li> <li>Because of ANCC’s stature in health care, many nurses seek ANCC certification rather than AHNCC, even though they value HN precepts</li> </ol> <p>ANCC maps competencies by standards rather than core values and standards. This could dilute underpinnings of HN precepts</p>	<p><b>Cons</b></p> <p>Mandates mobilization of resources (human and fiscal) necessary to launch processes needed to develop a certification program, e.g.:</p> <ol style="list-style-type: none"> <li>Competency clarification</li> <li>Survey development</li> <li>Respondent participation</li> <li>Survey analysis</li> <li>Item writers</li> <li>Item reviewers</li> <li>Exam development committee</li> <li>Handbook/application development</li> </ol> <p>Would require that AHNCC</p> <ol style="list-style-type: none"> <li>Revise bylaws, PP manual, and website to accommodate NC examination, i.e., exam based in HN precepts with additional core knowledge.</li> <li>Consider level of certification exam (i.e., basic vs. advanced).</li> <li>Specify criteria for eligibility and justify criteria different from HN exams.</li> </ol>
<p>The summative value of Nos. 1 and 2 is an undermining of AHNCC</p> <p>Could lead to public confusion about the role of AHNA and AHNCC versus ANA and ANCC as they relate to content, values, etc., of HN.</p> <p>Telephone conference between AHNCC and ANCC indicated that ANCC has no current interest in assuming NC Certification Examination.</p>	<p>Possibly deflect resources needed to continue work on accreditation proposal</p>

Note: ANCC = American Nurses Credentialing Center; AHNCC = American Holistic Nurses Credentialing Corporation; HN = holistic nursing; NC = nurse coach; AHNA = American Holistic Nurses Association; ABSNC = Accreditation Board for Specialty Nursing Certification; HWNC = health and wellness nurse coach; ANA = American Nurses Association.

**Table 3.** Questions Explored as Part of Cost–Benefit Analysis

Clarify vendors ability to accommodate AHNCC needs associated with a new certification program	Can PTC accommodate the additional work associated with program development (i.e., RDS, exam development, administration, application acceptance/review/entry) in a cost-effective, rigorous manner? Will it compromise work related to accreditation proposal PTC is doing for AHNCC?
Clarify the demand for an HWNC certification program	Is there a demand for the certification program for holistic nurses? Is there a sufficient population of interested nurses who are eligible for certification to warrant proceeding with cost–benefit analysis?
Build a contextual infrastructure	Do we have sufficient resources needed to develop/implement marketing procedures; preplan with vendors for development/management of new applications, test administration, and data analysis; review the policy and procedure manual and revise if needed; post and distribute support documents at appropriate times; incorporate new program into quality assurance plans and procedures; negotiate with AHNA for dissemination of information through <i>eNews</i> and <i>Beginnings</i> ; and communicate with other nursing organizations to inform nursing about the certification program? Will we have sufficient human and fiscal resources needed without compromising resources needed for accreditation proposal preparation?
Develop a valid and reliable certification examination	Can AHNCC, with the assistance of PNCW, specify eligibility criteria essential for the HWNC? Are there sufficient resources to validate criteria decisions? Are there sufficient numbers of experienced HWNC to write valid, rigorous items for an examination, do item review for content validity, develop and validate an examination, and test the examination for reliability?
Develop support documents	Can AHNCC develop application handbook, item writers' handbook, and information brochures; create website polls and announcements; and identify core essentials for uploading to website without straining both human and fiscal resources?
Analysis	Given all of the above, do the costs outweigh the benefits of pursuing a new certification program for HWNCs?

Note: AHNCC = American Holistic Nurses Credentialing Corporation; PTC = Professional Testing Corporation; RDS = role delineation study; HWNC = health and wellness nurse coaches; AHNA = American Holistic Nurses Association; PNCW = professional nurse coach workgroup.

*Is There Social Relevancy?* We revisited the IOM reports of 2009-2010, the ACA, and considered the significance of the appointed Advisory Board related to Section 4001; read minutes from the Advisory Board and blogs prepared by the NCCHWC and from the national summit September 26-27, 2010; listened to stories provided by nurses; and considered support that the PNCW was garnering from nursing organizations (Hess et al., 2015, p. ix). In total, analysis of the contextual factors indicated that health and wellness coaching was emerging as an important, transformational role in health care. The IOM studies followed by legislation of the ACA provided evidence of relevancy for coaching in society. We concluded that it was urgent that nursing hold the space for practice as certified health and wellness coaches. However, it was not clear if there was sufficient support for distinguishing the difference between health and wellness *coaching* open to all professional groups, and health and wellness *nurse coaching* specifically.

*Is the HWNC Role Unique?* We had established that coaching was a role common to nursing (Donner & Wheeler, 2009) and was specified in Holistic Nursing Standard 1.1.3 (ANA/AHNA, 2007, p. 86). However, it was not clear that the nurse coach role embedded in holistic nursing warranted separate role delineation. We asked the questions: Does inclusion in our Standards of Practice imply that holistic nurses who are HWNCs are uniquely different from the health and wellness coaches springing up around the country? If yes, are HWNCs different from practicing holistic nurses?

Based on evidence drawn from their review of the literature (Dossey & Hess, 2013) and nurse coach interviews, the PNCW contended that there were differences. First, they argued, holistic nursing has a unique set of values and standards, and thus nurses define health and wellness differently from other professional groups. As a result, HWNCs were different from other professional health and wellness coaches.

They argued that most coaching practitioners used knowledge and applied skills based on *their own perspective of the definition of health and beliefs* about their role. Some coaches approached health and wellness coaching as an opportunity to teach healthy behaviors, and others were less specific. Many lacked an understanding of *person-centered care* as defined by holistic nursing and applied by holistic nursing precepts.

They also argued that the HWNC required a unique base of knowledge and set of skills that extend beyond holistic nursing knowledge and skills, currently validated through AHNCC certification examinations. They described and specified these differences in an early draft of *The Art and Science of Nurse Coaching* (Hess et al., 2013).

The early draft of their work was validated by a cohort of nurse leaders representing the wide range of nursing. Later drafts were further validated through endorsement by several national organizations (Hess et al., 2013, p. ix) and by the ANA's agreement to publish it. AHNCC agreed with the PNCW position that *the role of the HWNC was unique*.

*Is There a Demand for the HWNC?* AHNCC turned to the next question: Is there sufficient demand for an HWNC certification program? To answer this question, AHNCC launched a survey designed to assess the demand in November 2010. The first wave of the survey was administered from the AHNCC website. The invitation for participation stated,

“Are you interested in becoming a Certified Nurse Coach? Consistent with health care trends, AHNCC is exploring the need for a Certification Program in Holistic Nurse Coaching. We would like to know what you think. Please click on our poll to register your interest.”

The survey was designed so that respondents could only respond to one option.

The second wave of the survey was administered as a paper-pencil form, distributed at the AHNA Conference in June 2011. Potential participants were told that it was identical to the online survey and asked to limit their responses to either the online or the paper survey. Table 4 provides the optional responses and the percentage of respondents according to each option.

**Table 4.** Survey Administered on AHNCC Website and at AHNA Conference

Survey Question	Online Poll, N = 953, %	AHNA Conference, N = 177, %
1. Yes, as soon as it is ready I will apply	44	43
2. Yes, but I'm not sure when I will pursue it	28	29
3. Maybe, but not now	03	12
4. I need more information	21	16
5. I'm not sure	01	
6. Not really, maybe later		
7. No, I'm not interested	03	

Note: AHNCC = American Holistic Nurses Credentialing Corporation; AHNA = American Holistic Nurses Association.

Independent of AHNCC, AHNA also distributed a survey to explore their membership's interest in nurse coaching and a certification program. The AHNA survey was included with their members' renewal notices sent November 2010-2011 (see Table 5).

A total of 1,130 individuals responded to the AHNCC survey; 953 responded online and 177 responded by paper survey. Of the total, 72% indicated that they *planned to become certified* as a nurse coach; 24% of the online respondents and 28% of the paper survey respondents indicated that *maybe they would* or *they needed more information*. In comparison, of the 492 respondents to the AHNA survey, only 29% indicated *interest in nurse coach certification*, although 38% indicated interest in a *certificate course on nurse coaching* (see Table 5).

Interestingly, only 65% of the AHNA cohort of holistic nurses had heard of nurse coaching, although 80% thought that it was already incorporated into their practice. AHNCC discussed these differences and noted that the majority of those who responded to the AHNCC survey had to go to the website where the PNCW White Paper was available, or they visited the AHNCC booth at the conference where AHNCC staff answered questions and described the HWNC role. We concluded that the AHNCC respondents were probably self-selected, that is, they were already interested in health and wellness nurse coaching, and so they sought ways to participate in the survey.



**Table 5.** Survey Administered by AHNA

Survey Question	% Yes	% No	% Not Sure
1. Have you ever heard of nurse coaching?	65	35	
2. Do you think holistic nurses are trained to provide holistic nurse coaching to their clients?	32	54	14
3. Are you interested in additional training in coaching?	56	39	5
4. Do you feel that coaching is already incorporated into your practice?	60	35	6
5. Do you feel that coaching should be included in health care practice?	82	13	5
6. Are you interested in a certificate course in holistic nurse coaching?	38	NA	NA
7. Are you interested in an actual certification process in holistic nurse coaching?	29	NA	NA

N = 492

Note: AHNA = American Holistic Nurses Association.

In comparison, the AHNA survey was primarily designed to explore if the respondents knew about nurse coaching and if they wanted continuing education about nurse coaching; the secondary issue was to explore interest in a formal certification program. Since 80% stated that they believed that nurse coaching was already embedded in their practice, we think that many of them assumed that a more appropriate certification for them would be that of holistic nursing, not certification as a nurse coach. Unfortunately, we do not know what percentage of this cohort of nurses hold AHNCC certification as a holistic nurse. Since the two surveys addressed different questions, we focused on the data from the AHNCC survey. We concluded that the data supported continuing the cost–benefit study. The data seemed to indicate that holistic nurses were interested in health and wellness nurse coaching. We needed to consider the cost of adding a new certification program.

### Cost of Adding the HWNC Certification Program

Since AHNCC had already invested both human and fiscal resources assessing the relevancy, uniqueness, and need of the HWNC certification

program, we focused on estimating the resources needed for future activities. As stated earlier, AHNCC was in the midst of the accreditation process, thus allocation of resources for the purpose of creating another certification program had to be carefully considered (see Table 6). Clearly the greatest demand would be on the Executive Director and the Board of Directors. We asked ourselves if we could handle the additional workload.

*AHNCC Board Commits.* After careful deliberation, the Board and Executive Director concluded that the work involved would be intense but time limited, the role was very important for society, the current Board was strongly committed to do the work, and the member to be added to represent the nurse coach would be an asset and could help with the work. Therefore, the volunteer Board members agreed to assume additional responsibilities, and the AHNCC Executive Director agreed to assume an overload position with no increase in salary for the following 2 years.

*PTC Commits.* AHNCC also talked with the PTC. The addition of another certification program would increase their staff workload. While they would ultimately be compensated by income from additional candidate applications, their staff would need to agree to the work of the nurse coach role delineation study (RDS) and other related activities before we reached that point. PTC assured AHNCC that their staff could assimilate the additional work and agreed to loan AHNCC the cost of the RDS, with a negotiated payback plan.

*Other Resources Commit.* Next, AHNCC requested a commitment from PNCW to complete and share an analysis with AHNCC. Since initial competencies needed for examination development are drawn from the literature, this was a crucial step; PNCW agreed. Finally, a potential AHNCC Board member who practices as an HWNC was contacted; she agreed to join the Board and participate fully in the work of developing the HWNC certification program. AHNCC concluded that human resources were adequate but would need to be reevaluated in 2014.

*Fiscal Cost and Income.* Several expenses shown in Table 6 were considered; each was addressed to the satisfaction of AHNCC. Our expert consultant agreed to help us incorporate the HWNC in the accreditation proposal and estimated the cost. PTC

**Table 6.** Cost Study of Nurse Coach Certification Program

Requirements	Human (Responsible Party)	Fiscal	Comments
Consultant		Cost for consultant regarding HWNC addition to accreditation proposal	AHNCC is in the midst of preparing accreditation proposal and will need to add consultant fee regarding pros/cons of adding a new program at this time
Development of practice scope, standards, and competencies	PNCW and AHNCC	NAFCR	AHNCC review of documents will require considerable time
Literature review, competency specification for role delineation study	AHNCC RDS committee, ED, PTC	NAFCR	AHNCC committees are volunteering; expense is solely human utilization; AHNCC Board will be expanded to include HWNC representative, adding a human resource; AHNCC ED has agreed to extra workload without additional pay; HWNC potential representative agreed to provide expertise, time
Competency panel reviews	RDS, HWNC	NAFCR	RDS leadership available within Board and PTC; sufficient HWNC's volunteers available to review competencies, plus item writing and review, exam development committee
RDS survey development	PTC, Chair of RDS committee	Additional cost of HWNC RDS that includes all RDS activities after competency development/review	PTC agrees to assume work and delay charge until after first exam; Chair of RDS is volunteering, has agreed to assume responsibility
RDS respondents	PTC, ED, AHNA, webmaster	NAFCR	Requires that invitations and follow-up requests for participation are distributed from various source; requires time spent to identify possible respondents
RDS analysis, blueprint preparation	PTC, RDS committee, AHNCC Board	NAFCR	Provided by PTC, evaluation of RDS, reviewed by RDS committee, approved by AHNCC Board
Exam development	EDC, ED, PTC	Cost of lodging, travel, food for EDC, members, and AHNCC ED	PTC will incur own expenses for HWNC exam development meeting
Document development, revision	AHNCC Board, PTC, PNCW, AHNA, and AHNA chapter leaders	Document printing, document distribution	Documents related to review processes, website, item-writing; announcements, handbook/application to be developed by AHNCC with assistance of PTC and PNCW; document distribution digitally, e-mail, snail mail
Item writers	HWNCs, PTC, ED	NAFCR	Requires sufficient item writers to create exam with content/construct validity
Item-reviewer panels	HWNCs, PTC, ED	NAFCR	Review of the "demand" surveys indicate sufficient HWNCs existed to provide expertise needed for competency and item reviewers
Policy/procedure manual and bylaws review/revision	Documents committee, RDS committee, accreditation committee, AHNCC Board	NAFCR	Requires document committee work with RDS committee and accreditation committee; final approval by AHNCC Board
Service mark application	AHNCC Board, ED	Cost of applying for service mark	New certification program requires application for service mark
Maintenance of program	AHNCC Board, ED, PTC	NAFCR other than cost of exam development committee meetings on routine schedule (i.e., every 3-5 years)	Continuation of the program, related evaluations, etc., will require the same resources as other AHNCC programs and must be considered as part of both human and fiscal cost

Note: HWNC = health and wellness nurse coaches; AHNCC = American Holistic Nurses Credentialing Corporation; NAFCR = no additional financial cost required; PNCW = professional nurse coach workgroup; RDS = role delineation study; ED = executive director; PTC = Professional Testing Corporation; EDC = exam development committee; AHNA = American Holistic Nurses Association.

had already agreed to help AHNCC with the RDS with the understanding that AHNCC would repay the agreed upon fees as soon as possible, but not

before the examination was offered. Major expenses remaining were those related to the application for the service mark and the projected expenses related

to the Exam Development Committee. Projected income, based on data derived from the demand assessment, nurse coach input, and a projected growth in demand, was determined. Relations between the costs and benefits were evaluated.

### Final Analysis

Since AHNCC was currently involved in activities related to accreditation, there are both positive and negative consequences to adding another certification program. While the current social trends provided a window of opportunity supporting development of the HWNC certification program, moving forward would stretch human resources. It was clear that considerable time and energy would be required to complete tasks required for development of the Nurse Coach Certification Program. Analysis to date had indicated that the potential cost was primarily human resources. To fully evaluate the issues, work tables were created with tasks, activities, responsible parties, and time lines. AHNCC Board members, staff from the PTC, and members of the PNCW all agreed to participate fully and meet the time line.

The financial cost was also reconsidered. The primary fiscal expense was the cost of the RDS and Examination Development Committee meeting. A financial contract had been negotiated with the PTC to assume the responsibility for completion of the RDS after competency development and to provide financial support for PTC staff to participate in examination development at PTC's expense. The Examination Development Committee expenses and other minimal expenses shown in Table 6 were noted. Finally, income based on potential candidate pool derived from survey data and discussions with PNCW was assessed.

### The Outcome

After lengthy deliberations, the AHNCC Board concluded that the social and professional benefits of developing an HWNC certification program offset the cost, warranting AHNCC investment in moving forward. A contractual agreement with the PNCW was finalized on April 12, 2011, and was renewed on September 5, 2011 (Hess et al., 2013, p. xv). We agreed that since those currently certified as holistic nurses had already documented their expertise in health and wellness, they simply needed to

demonstrate expertise in the additional knowledge and skills required of a nurse coach. This group of nurses would be certified as Health and Wellness Nurse Coaches, Board Certified (i.e., HWNC-BC) on completion of the Nurse Coach examination. Nurses without AHNCC certification but interested in the nurse coach certification designed in basic precepts of holistic nursing would be awarded Nurse Coach, Board Certified.

PNCW and AHNCC worked through the next year to clarify the specifics of the certification program (AHNCC, 2012), develop the required documents, create and implement an RDS, develop an examination, and offer it. The first examination was offered January 2013; by November 2014, a total of 172 nurse coaches were certified. In all, 142 held the registered credential of Nurse Coach, Board Certified; 47 held the registered credential of HWNC-BC. Several have expressed interest in learning more about holistic nursing and advancing their certification to the HWNC-BC status. The HWNC Certification Program was accredited October 2014 by the American Board for Specialty Nursing Certification.

### Summary

A health care paradigm shift stimulated a number of social changes. One of them was the role of health care providers; health coaching as an option stirred the imagination of members from many of the health care professions. Recognizing the opportunity for nursing and the social need, a group of nurse leaders launched a process to formalize a new HWNC role. AHNCC worked with AHNA and the PNCW over a period of 3 years, 2009 to 2012, to determine the need for and the essence of the nurse coach role and certification program. Multiple social factors were considered; a cost–benefit study supported AHNCC's decision to sponsor this certification program.

### References

- American Holistic Nurses' Certification Corporation. (2012). *Nurse coach board certification examination handbook for candidates and application* (p. 2). Retrieved from <http://ahncc.org/certification/nursecoachnchwnc.html>
- American Holistic Nurses' Certification Corporation. (2014). *Timeline illustrating forces involved in decision to develop*

- nurse coach certification program. Retrieved from <http://ahncc.org/aboutahncc/ahncchistoryrds.html>
- American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: NurseBooks.org.
- American Nurses Association. (2008). *Guide to the code of ethics for nurses*. Silver Spring, MD: NurseBooks.org.
- American Nurses Association. (2010). *Nursing: Scope and standards of practice*. Silver Spring, MD: NurseBooks.org.
- American Nurses Association/American Holistic Nurses Association. (2007). *Holistic nursing practice: Scope and standards*. Silver Spring, MD: NurseBooks.org.
- Bark, L. (2014). *Resume*. Retrieved from <http://www.bark-coaching.com/team>
- Donner, G., & Wheeler, M. (2009). *Coaching in nursing: An introduction*. Indianapolis, IN: International Council of Nursing & Sigma Theta Tau.
- Dossey, B., & Hess, D. (2013). Professional nurse coaching: Advances in national and global healthcare transformation. *Global Advances in Health and Medicine*, 2(4), 10-16.
- Hess, D., Bark, L., & Southard, M. (2010). *White paper: Holistic nurse coaching*. Retrieved from <http://ahncc.org/aboutahncc/ahnccpositionstatements.html>
- Hess, D., Dossey, B., Southard, M., Luck, S., Schaub, B., & Bark, L. (2013). *The art and science of nurse coaching: The providers' guide to coaching scope and competencies*. Silver Spring, MD: Nursebooks.org.
- Institute of Medicine. (2001). *Coverage matters: Insurance and health care*. Washington, DC: National Academies Press.
- Institute of Medicine. (2002a). *Care without coverage: Too little, too late*. Washington, DC: National Academies Press.
- Institute of Medicine. (2002b). *Health insurance is a family matter*. Washington, DC: National Academies Press.
- Institute of Medicine. (2003a). *A shared destiny: Community effects of uninsurance*. Washington, DC: National Academies Press.
- Institute of Medicine. (2003b). *Hidden costs, value lost: Uninsurance in America*. Washington, DC: National Academies Press.
- Institute of Medicine. (2004). *Insuring America's health: Principles and recommendations*. Washington, DC: National Academies Press.
- Institute of Medicine. (2009). *America's uninsured crisis: Consequences for health and health care*. Washington, DC: National Academies Press.
- International Coach Federation. (2014). *History*. Retrieved from <http://coachfederation.org/about/landing.cfm?ItemNumber=741&navItemNumber=615>
- Professional Testing Corporation. (2012). *Report to the American Holistic Nurses Credentialing Corporation on its 2012 role delineation study: Nurse coaches* (Nurse Coach RDS and Appendices, p. 39). Retrieved from <http://ahncc.org/aboutahncc/ahncchistoryrds.html>
- U.S. Department of Health & Human Services. (2014). *Patient Protection and Affordable Care Act*. Retrieved from <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html>
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- Margaret Elizabeth Erickson**, PhD, RN, APRN, APHN-BC, has been AHNCC Executive Director since May 2000. She has worked in holistic nursing for 35 years in various healthcare settings, including, but not limited to Adult Health, ICU, Labor and Delivery, Mental Health, and Case Management. She uses Modeling and Role-Modeling theory-based nursing practice to facilitate holistic health and well-being from a mind-body-spirit perspective. She has consulted with hospitals interested in implementing Holistic Nursing theory-based practice and taught undergraduate and graduate nursing courses at the University of Texas at Austin.
- Mary Elaine Southard**, DNP, RN, HWNC, APHN-BC, is currently on the Board of Directors of the AHNCC and chair of its Advisory Committee. She has extensive experience in a varied health care settings; acute care, primary care, academia, population health management, insurance and private practice. She is co-author of *The Art and Practice of Nurse Coaching: A Provider's Guide to Scope and Competencies* and maintains a private practice in Scranton, PA.
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