
SELF-COACHING STRATEGIES TO PROMOTE HEALTH PROFESSIONALS' INDIVIDUAL WELLNESS

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ABSTRACT

There is a growing demand and a global shift towards universal holistic healthcare. The work context of health professionals is often marked with numerous stressors and demands affecting the outcomes of clients. Current individual wellness interventions often lack a holistic and self-regulation approach needed to ensure optimal individual wellness. An Appreciative Inquiry (AI)-based strategy was utilised. In-depth, one-on-one semi-structured interviews were conducted with somatology health professionals in order to determine their peak experience of holistic individual wellness and to question their ideal wellness dream. Field notes and reflective notes allowed for triangulation. The findings of this study indicated that participants utilise various personal, interpersonal and financial wellness options to facilitate their individual holistic wellness. The research team, therefore, suggests seven self-coaching strategies to address the findings of this study. These strategies aim to facilitate behavioural change in a flexible and interconnected process in order to promote holistic individual wellness.

Keywords: individual wellness, wellness, health professional, higher education, self-coaching, Appreciative Inquiry

INTRODUCTION

The demand for universal healthcare is growing (Deloitte, 2016). The goal of universal healthcare is to ensure that all people acquire the social and health services they need without enduring financial hardship. To achieve this outcome an adequate number of well-trained, motivated health professionals (HPs) are needed to provide the services to meet clients' needs, based on the best available evidence. It also requires recognition of the critical role played by all sectors in assuring human health (World Health Organization (WHO), 2016).

Health Professionals face a unique array of challenges with regard to their own health and wellness. Their work context has multiple social, emotional, physical and organisational demands (Mijakoski, Karadzinska-Bislimovska, Basarovska, Stoleski and Minov, 2015). Health Professionals are often exposed to chronic emotional and interpersonal workplace stressors that may lead to overwhelming fatigue, feelings of frustration, cynicism and irritation as well as a sense of ineffectiveness and disillusionment (Mijakoski et al., 2015). The wellbeing of the HP could have direct bearing on the quality of care provided to the client. Recently there has been a shift towards a more holistic approach to care, starting with the individual wellness of the HP. When HPs take care of themselves first, they bring affirmative energy and vitality that positively affect others and influence all aspects of individual wellness (Richards, 2013).

A global quest for wellness

Wellness can be defined as a holistic, multi-dimensional, active way of life where people become conscious about and make various choices towards optimal health and wellbeing (Henrico, 2015).

Currently there seems to be a global quest for wellness. Wellness strategies are continuously evolving and new ideas are explored (Wolf, Thompson and Smith-Adcock, 2012). When the term 'wellness' is searched in scholarly data bases, a multitude of articles are retrieved (216 574 articles found on Ebsco Host from 2005 – March 2016).

The benefits of wellness contribute to the popularity of wellness. These benefits include proven sustainable results in both physical and psychosocial functioning, counteracting unconstructive thinking and a sense of hopelessness, increasing one's adaptive coping (Dorough, Winett, Anderson, Davy, Martin and Hedrick, 2012), increasing productivity and personal image, reducing turnover and absenteeism, and encouraging overall stress reduction (Horton and Snyder, 2009). Wellness interventions and programmes have been perceived as helpful by staff in certain health-related domains (Conner, 2013). Empirically tested wellness interventions and programmes include stress-management, nutrition, exercise, cancer and cardiovascular disease prevention programmes, substance abuse prevention, safety, physical healthcare initiatives, mindfulness-based stress reduction, guided imagery, deep breathing, survival thinking, progressive relaxation, mindfulness meditation, coping, nutrition, managing fatigue and anxiety, balancing one's personal and professional life, behavioural activation and self-regulation strategies based on social-cognitive theory (Conner, 2013; Horton and Snyder 2009; Zadeh, Gamba, Hudson and Wiener, 2012).

However, most programmes aimed at improving individual wellness, lack one or more of the holistic aspects associated with holistic wellness. Holistic wellness includes the body mind and soul of the individual and views the individual as a whole (Henrico, 2015). Effective implementation of these programmes might not always be possible, due to the lack of continued support given during these short-lived research studies (Henrico, 2014). Wellness is much more than a programme implemented by an employer or wellness strategy suggested during formal training; “wellness is influenced by various stressors acting together” that places substantial demands on individuals (Janse van Rensburg, Surujlal and Dhurup, 2011:248). Wellness is concerned with the physical, social, intellectual and emotional well-being of the individual (Henrico, 2015). Therefore, any suggested holistic wellness improvement strategy should include all of these aspects, since wellness is an issue that involves interconnected harmony of the body, mind and soul, and it should be adapted to serve the individual person it is aimed at (Henrico, 2015).

Self-management through self-coaching

Self-management is a professional developmental process through which one will develop a profound awareness of unique cognitive, perceptual, behavioural and emotional systems, while increasing self-insight and adaptive competence that is needed to successfully manage both the “influence and impact of the individual’s unique psychological systems” (Kemp, 2008:33).

In a study conducted by Gerhardt (2007), students and instructors discussed what made self-management truly effective. They indicated that knowing the skills, actively practising the skills, trusting that self-management leads to success and aspiring to put forth the effort and practice to become a “skilled self-manager” were keys to self-management success (Gerhardt, 2007:14). Self-management has been found to increase job performance and reduce counterproductive work performance, such as absenteeism (Gerhardt, 2007). Self-management further fosters an understanding of one’s being, life purpose and position in life (Omisakin and Ncama, 2011) and has been described as the “missing link” in individual effectiveness (Gerhardt, 2007).

Coaching has the ability to make a difference in the development of individuals because it facilitates the internal and external change needed when considering issues, such as wellness (Bachkirova, 2011). Coaching can, however, be costly for individuals, especially in resource poor settings, for busy professionals or for small-business owners. Guttman (2012) pointed out that professional external coaching is generally conducted over a period of 7 to 12 months and carries a price tag of about \$7500 (for a 10 week package); it is understandable that coaching is often reserved for a select few.

Self-coaching, as a form of self-management, may provide a new way to address the cost factor related to formal external coaching. The goal of self-coaching is to facilitate planned, goal-orientated and effective behaviour (Ylvisaker, 2006). Self-coaching is built on the foundation of life coaching (Grant and Greene, 2004) and shifts the focus towards “life as a whole” (Sparrow, 2007:278). The value thereof can be traced back to Aronson’s (1999) self-persuasion theory. This theory states that self-persuasion strategies produce more powerful and long-lasting effects than alternative sources (Erricson, Prietula and Cokely, 2007). When attitude and behavioural change are encouraged by other theories, the change

is fairly short-term, especially when there is an emotional factor (Sue-Chan and Latham, 2004), such as in the case of wellness.

Incorporating self-coaching strategies to improve the individual wellness of HPs is a novel approach to incorporating the much-needed flexibility currently lacking in many holistic wellness initiatives.

Aim of the study

The aim of the study was to develop strategies to promote individual wellness for HPs through self-coaching principles.

Theoretical perspective

The theoretical perspective of Appreciative Inquiry (AI) was used in this study. Appreciative Inquiry is based on valuing and identifying the best in the world around us; it involves finding what gives 'life' to a living system when it is most vibrant [and] alive (Moore, 2008). Appreciative Inquiry is viewed as a positive, strengths-based operational approach to change, learning and development (Moore, 2008) and was used to discover HPs' realities regarding two key aspects of their existing wellness culture: (1) 'what worked' could be used as a basis to institute changes, and (2) what are the aspects hindering the facilitation of wellness for the HP.

Research design

In this study an explorative qualitative design was used (Creswell, 2013). Explorative research is aimed at investigating the full nature of individual wellness strategies for HPs. In order to achieve this, the research team used the first two phases of the four D-Cycle of AI, namely Discovery and Dream (Gordon, 2008).

Methodology

The accessible population for this study was defined as somatology HPs within two metropolitan cities in South Africa. Somatology is a multi-disciplinary profession in which a somatologist (a person qualified to do a massage under the Allied Health Professions Act, 63 of 1982) treats a variety of skin and body conditions in a holistic manner. Purposive sampling allowed the research team to select information-rich participants (Burns, Grove and Gray, 2013). This form of sampling is sufficient as proportionality was not the primary concern of this study. The sampling criteria included therapists who:

- have been practising for 3 years or longer;
- hold at least a National Diploma in Somatology, or equivalent qualification, and
- are proficient in English.

The interviews were conducted at the various somatology clinics where each participant is employed. The participant could choose an area they felt most comfortable to share their experiences with the researcher, most interviews were conducted in the participants treatment room.

Data collection

In-depth, one-on-one semi-structured interviews were conducted, with the addition of field notes and reflective notes (Taylor, Bogdan and DeVault, 2015). Participants were guided through the first two phases of the 4-D AI cycle (Cooperrider and Whitney, 2012), namely Discovery and Dreaming. The discovery phase is concerned with activating the individual as a whole by proclaiming the strengths and numerous best practices. Here the focus is on identifying the best of their current wellness practises (Cooperrider and Whitney, 2012). During the dream phase one aims to generate a vibrant results-orientated image as one discovers potential. The participant is given the opportunity to dream for a peak wellness scenario.

The interview questions were:

- What has been your best experience of holistic wellness during your daily activities in your profession?
- What will holistic wellness look like in a utopian dream?

Field notes and reflective notes allowed for triangulation as a form of transparency and rigour (Taylor, et al., 2015). Field notes included written observations during the data collection phase and reflective notes were jotted down in the form of a reflective diary. Reflective notes investigated the experiences of the research team and the meaning of how the data represented itself (Tufford and Newman, 2012).

A pilot interview (Taylor, et al., 2015) was done with two individuals who met the criteria of inclusion. The data were included in the analysis. The questions provided the data that relates to the aim of the study and, therefore, the questions stayed unchanged for all interviews.

Twenty-three participants took part in the study. The in-depth, one-on-one semi-structured interviews lasted between 30-45 minutes. The researcher jotted down the field notes during the interviews. The reflective notes were written as soon as the researcher got to the car, before leaving the somatology clinic.

Data analysis

The data were analysed through open coding (Creswell, 2013) and employed the seven steps of Tesch's data analysis process to identify themes and categories from data collected. Additionally, a set of unmarked transcriptions were given to an independent coder who followed the same data analysis methods. After completion of the data analysis, the independent coder and the researcher team met for a consensus discussion on the findings.

Ethical considerations

Participants could choose to participate in this study or not, or withdraw from the study at any point without coercion should they feel uncomfortable and without negative consequences. Informed consent was obtained, and participants indicated the place and time most suitable for the interview to be conducted. The identity of all participants was safeguarded and all data collected would be kept under lock and key for up to two years after this study, and would then be destroyed appropriately. Findings are described in such a way that participants cannot be identified due to the use of identity codes (HP1 to HP23).

Each participant was treated fairly. Ethical approval was received from the Ethics Committee of the University of Free State (45/2013) and the University of Johannesburg (AEC42/09).

Measures of trustworthiness

Trustworthiness was maintained by using the Lincoln and Guba model (Creswell, 2013), that consists of credibility, transferability, dependability and confirmability, with the inclusion of authenticity (Cope, 2014). To ensure *credibility* data was collected over a period of three months allowing the researcher to collect data meticulously, triangulation of data collection methods took place, peer debriefing and member checking were done and reflective practices, such as keeping a diary, ensured reflexivity. *Transferability* was ensured through a thorough discussion of the research processes and by using purposive sampling. *Dependability* is ensured by fully describing and recording all aspects of the research, describing the methodology of this study in-depth, and by using a code-recode process. *Confirmability* is ensured by using an independent coder, having an audit trail and a chain of evidence. Finally, *authenticity* is promoted by enlarging the personal constructs of the research team, appreciating the viewpoints of the participants, stimulating wellness through processes, and empowering the participants.

RESULTS

Twenty-three female participants participated in this study, 12 were Caucasian, 3 Indian and 8 were African. Only 4 of the participants spoke English as a first language. The results indicated that the HP considered various personal, interpersonal and financial options to facilitate their individual holistic wellness, and to overcome some of the obstacles related to their health, as experienced within their profession.

Table 1 contains a summary of the main themes to situate the self-coaching strategies in the empirical data collected.

Table 1: Overview of themes and categories

Overview of main themes	Categories
<i>Personal wellness</i> as self-care is a balancing act	Physical self-care Emotional self-care Cognitive self-care
<i>Interpersonal wellness</i> as interactive support	People skills Team work
<i>Financial wellness</i> as contextual reality	Financial planning

Personal wellness as self-care is a balancing act

Personal wellness options included *physical, emotional and cognitive self-care*. A participant mentioned that individual wellness is concerned with balancing life expectations.

“...overall just the way I manage everything in my life, how I balance it all together.” (HP3)

Physical self-care discussions highlighted the importance of healthy eating, taking breaks, scheduling time for relaxation and physical exercise.

“Healthy eating and getting lunch breaks.” (HP16)

“If I could have more time to do like my exercises, like I’m supposed to, and eat the right diet...” (HP1)

“... just schedule regular appointments and to just get myself to relax .” (HP8)

A participant warned that relaxation might not always be possible due to time constraints.

“... when I’m off I try to get as much rest as possible and I try to eat right, but it’s not easy due to the hours that we work.” (HP23)

Personal wellness options will also include *emotional self-care* as one’s self-awareness and emotions go hand-in-hand.

“Basically ... hmm ... my self-appearance but also my mental health – how I feel about things, my stress levels and emotions...” (HP19)

The third aspect discussed by HPs in their individual holistic wellness pursuit, is *cognitive self-care*. Cognitive self-care included topics such as goal-setting, healthy boundaries, self-development and self-reflection. One participant reflected on goal-setting and her inability to reach a peak of holistic wellness. When goals are not met, self-reflection is seen by the participant as important in order to understand why the goal was not met. Reflection is also important in the process to reach pre-set goals. It was noted in the field notes, that HP17 one of the younger participant.

“Set goals and try to reach them and if you do not ... look at what is in your way, why is it not working; those things lead to wellness to improve your situation of where you are in life.” (HP17)

The last concept was discussed in terms of their cognitive self-care related to self-reflection. Self-reflection could be used in terms of reviewing the day and asking the question of ‘how’ could aspects have been done differently.

“I think self-reflection is an important thing.” (HP4)

“To see what happened there and how you could have handled things differently.” (HP3)

Interpersonal wellness as interactive support

The second aspect participants reflected on related to interpersonal wellness. This included *people skills* and the *ability to work in a team*.

People skills were discussed primarily in terms of the client and colleagues. When looking at the relational skills needed to facilitate a positive HP-client relationship, one has to become acquainted with the client and get to know them:

“And I think to get to know your clients.” (HP20)

“It is important to have people skills.” (HP18)

Almost all participants indicated the importance of establishing critical relationships with colleagues. One important facet is the ability to trust each other.

“Important things for me: somebody I can rely on, you know, somebody that I can ... especially your team, you are working together with, that you can rely on your team.” (HP2)

Emotional support from colleagues is deemed as important.

“To be there for each other. If someone walks in and you see they are a bit sad, ask what’s going on and give them a hug.” (HP5)

In some instances more care should be taken when choosing a manager or team leader. It is important to manage the team and ensure that each member is moving towards the same goal.

“You can have one person that wants to lead the pack and the other person that has a completely different idea of what is happening.” (HP7)

The HP should strive to be a team member others can rely on. This can be achieved through listening closely to other team members and understanding each team member’s opinions and interests.

“Then also listen, listen, listen and react ... hmm ... when ... hmm ... specifically at work so now when staff talk to you ... hmm ... many times especially if you want to get here [wellness] it is important to know everyone’s opinion, what are their interests and so...” (HP10)

In the absence of such support, the HP’s attitude might become destructive.

“I think the people you work with ... if you do not have that support system at work, you will not be positive.” (HP22)

Financial wellness a contextual reality

Finally, financial wellness options and strategies were mentioned in the daily lives of HPs when aiming for ideal individual wellness. The sole financial option HPs discussed was *financial planning*.

Financial planning seems to be currently lacking in the contextual reality of many HPs. It was very interesting to note that participants would first have to discover the self and dream in order to clarify what is needed to reach their ideal of individual wellness. As the following participant indicated, financial planning starts with the self. Knowing what needs to be done in order to budget and plan financial issues is vital.

“I suppose [wellness] starts with you, so you have to be, I try to be better planned [financially], so I try to have little processes in place for the things that may be could go wrong where you have Plan B.” (HP12)

The individual needs to establish what they deem as important and then budget accordingly. Their dream might call for different budget strategies:

“Ja to budget better to include beauty treatments that I feel I need to do...” (HP15)

“In that way I’m able to save up for this and put the money [away] I am getting here at work, it would help [to open my own practice].” (HP6)

In the reflective diary of the researcher it became clear that achieving a peak of individual wellness in all the areas discussed above, takes time. It seems that it should be practised continuously in order to internalise a wellness strategy.

“It seems as if the older more mature participants have a better understanding of themselves and their individual wellness, it is as if they do not waste time on things that do not mean something to them. Younger participants seem less comfortable talking about what they need for, and how they achieve wellness.” (HP3)

DISCUSSION

Health Professionals elaborated on personal, interpersonal and financial wellness. Personal wellness options consisted of physical, emotional and cognitive self-care. Merluzzi, Phillip, Vachon and Heitzmann (2011) found that improved self-care behaviours lead to a reduction in individual distress and prevented burnout.

Physical self-care practices need to uphold one’s health and well-being, actively pursue support and maintain leisure activity (Merluzzi et al., 2011). When health professionals deem their self care as important, they bring positive energy and vitality that positively affects others and influences all aspects of individual wellness (Richards, 2013). A powerful aspect of self-care is being conscious of one’s purpose, which in turn adds meaning to one’s life (Drick, 2014). On the other hand, *emotion* is of a complex nature and is a phenomenon steered by thought (Van der Cingel, 2009). Self-awareness and emotions go hand-in-hand. Richards (2013) indicated that self-care is concerned with learning to calm emotional distress and deepen self-awareness (Drick, 2014). Langhoff, Baer, Zubraegel and Linden (2008) suggested that it is vital for the HP’s well-being to receive high levels of emotional support, demonstrating the importance of including emotional strategies and/or self-care in a balanced holistic wellness programme.

Cognitive self-care develops through goal-setting. Moore, Prebble, Robertson, Waetford and Anderson (2001) concluded that goal-setting improves task performance as it focuses and directs the HP through regulating their efforts, improving their wellness perseverance, and by promoting new strategies for improving the HP’s individual wellness.

Additionally cognitive self-care also included self-reflection that is enhanced by coaching (Bresser and Wilson, 2010). Self-reflection, self-care and ongoing self-reflection are critical for taking care of the self and others, for being personally well and for appreciating one’s individual journey (Drick, 2014). Self-reflection should not be used to only see how things could have been done differently, but rather used as a motivational tool: “What was done well during the day?” At this point in time, it is clear that self-knowledge and asking critical questions is a pivotal part of the suggested self-coaching strategy.

Relational strategies will improve the ability of the HP to gain a sense of control, leading to improved wellness capabilities (Richter, 2010). Social support through connection with others is valuable in pursuing wellness (Myers and Sweeney, 2008). Such a relationship can be with family and friends, colleagues and even clients. Social relationships need to “involve a connection with others individually or in a community, but does not have to be

marital, sexual or family-related” (Myers and Sweeney, 2008:485). Having a trustworthy team that provides emotional, material and/or informational care is important for holistic individual wellness.

Financial wellness, specifically pertaining to the lack of financial planning, was mentioned. Financial constraints have been identified as a job stressor by HPs and put them at high risk for burnout (Mijakoski et al., 2015). Even though financial issues are not well documented within wellness literature, it is vital for optimal wellness.

Participants omitted any reference to spiritual and environmental health. Zadeh et al. (2012) expressed that wellness programmes should also encompass spiritual, environmental dimensions. Spirituality could refer to a close relationship, or extraordinary and self-affirming moments in life, such as achieving a goal, or securing a personal best. Many authors acknowledge that spirituality involves an individual’s search for meaning in life, wholeness, peace, individuality and harmony (Leary and Tangney, 2003), and is viewed as an integral component of being human.

Self-coaching strategies to promote individual wellness

In order to augment the personal wellness aspects discussed by HPs, the following self-coaching strategies in Table 2 are suggested:

Table 2: Self-coaching strategy for wellness

Personalise the overall thinking framework that will drive the self-coaching process.
 Make a deliberate, conscious choice in the form of a commitment.
 Identify a ‘coaching buddy’ – circle of support.
 Receive extrinsic feedback.
 Internalise feedback.
 Develop a personal action plan.
 Regularly assess your coaching plan and re-evaluate progress.

Personalise the overall thinking framework that will drive the coaching process

Clutterbuck and Megginson (2005) suggested that a self-coaching candidate needs to focus on five key concepts namely their ability, willingness, readiness, permanency and behaviour. Grant and Greene (2004) suggested that practitioners should clarify their purpose and values in order to rediscover themselves.

Make a deliberate, conscious choice in the form of a wellness commitment

The HP will have to start living the wellness intention they commit to at the start of the self-coaching journey (Guttman, 2012). Replacing the negative narratives with positive thought will facilitate, not delay, goal achievement. One needs to also ensure that the intent addresses real wellness problems for the individual (Ylvisaker, 2006). This will be facilitated by developing and carrying out wellness action plans, both short and long term (Grant and Greene, 2004).

Identify a 'coaching buddy' – circle of support

Coaching is concerned with behavioural change and the process never includes only one person. Peers, mentors and/or other stakeholders will assist in providing a behavioural point of departure in order to judge progress. The criteria for support members are similar: they need to have a positive outlook, observe progress, be objective, ask critical questions, offer recommendations and not directions, have no conflict of interest and be totally honest (Guttman, 2012).

Receive extrinsic feedback

Qualitative and quantitative tools can be used to gather data at the onset of the coaching process (Guttman, 2012). These are easily adapted to HPs in order to request feedback. Where possible, one should move the coaching process and dialogue towards a greater reliance on intrinsic feedback (Clutterbuck and Megginson, 2005). This will also assist the less experienced and younger HP.

Internalise feedback

Feedback needs to be viewed as a gift and not a treat. It is one of the greatest insights for one's future success (Guttman, 2012). One needs to depersonalise feedback and not treat feedback as a personal attack. Dropping defences, depersonalising and remembering that the members of the circle are not the enemy, and are vital to success. Grant and Greene (2004) indicated that one should ask the right questions. Critical questions will allow the answers to come.

Develop a personal action plan

Once the individual has analysed the feedback, self-reflected on their wellness and identified the concerns, they create an individual wellness plan (Guttman, 2012). This plan moves the individual to the chosen intention by breaking goals down into a series of practical steps (Clutterbuck and Megginson, 2005). A specific timeline, a potential-problem list and action list need to be included. The HP needs to be intention-focused, realistic and ready to be flexible and resilient, willing to avoid complexity, write everything down and test their own thinking capabilities.

Regularly assess your coaching plan and reevaluate the progress

Regular assessments assist with early cautioning and avoid drifting too far from the goal (Guttman, 2012). The HP should foster a culture where there is no failure: if the plan does not work, view the setback as a learning curve and then re-evaluate the approach (Ylvisaker, 2006). It is vital that small successes are celebrated during the self-coaching process to assist with motivation.

Practice implications

Due to the uneven application of wellness practices and strategies within the health professional domain, the health professional would have to make a conscious choice to include their personal wellness plan into all aspects of their personal and professional life.

Allowing 15 minutes before the start of each day to self-reflect will assist the individual to work through the seven self-coaching strategies suggested above (one day per strategy). Once the personal wellness plan has been formulated, the health professional would have to ensure that the working team, support system and employer are aware of their individual wellness needs. The personal wellness plan should become the individual's main focus, until it has changed into a wellness habit. Continuous self-reflection is needed to track progress and avoiding obstacles. It is recommended that daily debriefing sessions are scheduled. These can be in the form of either alone time, or working as a wellness team to discuss wellness related topics of the day.

CONCLUSION

Wellness is important to all HP groups. Utilising self-coaching strategies is the first step to creating a holistic model of individual wellness that fits within the HP context and meets the needs of the HP by addressing the behavioural change and flexibility components currently lacking within wellness initiatives. Self-coaching individual wellness will allow the HP to self-monitor their stress levels and develop their own individualised wellness programme. This is possible due to the self-reflective and interconnected nature of the self-coaching journey. The responsibility and accountability to create a culture that promotes health and wellness will make a significant contribution to the HP's wellness.

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