From business to caring: the conceptualisation of holistic coaching in cancer care

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Abstract

Coaching in healthcare is a growing topic within research and practise. However, there has been little exploration into the theoretical underpinnings of coaching within healthcare settings and especially for cancer patients. The scoping review presented in this paper seeks to outline the research concerning coaching in healthcare settings and provides a new conceptualisation for coaches working holistically with cancer patients as coaching clients. The review covers current health coaching research, illness identity, and communication process. The aim is to highlight how coaching holistically (e.g., values, narrative over behavioural models) is especially suited to supporting cancer patients facing uncertainty and change in their life. A conceptual framework for holistic coaching in cancer and a set of values is provided as a theoretical underpinning for coaching in cancer. Future research directions are also discussed.

Keywords: coaching, cancer care, illness identity, scoping review, healthcare, psychological well-being

1. Introduction

Coaching is a one-on-one learning or change process between a hired coach and an individual through systematic interpersonal interactions and behavioural techniques (Grant, 2014; Sperry, 2008). It has been predominantly applied in organisational and management settings. Due to their broad application, the research and practice of coaching is mainly influenced by theoretical domains, such as adult learning (Cox, 2015), managerial studies (Lawrence, 2017), and psychology (Grant, 2017). This paper primarily focuses on healthcare coaching, given gaps concerning the theoretical underpinnings for coaching as a therapeutic support for individuals facing and managing cancer. The scoping review highlights how coaching can support cancer patients as they manage the unique challenges and transitions arising from this illness. The review conceptualises how coaching can provide a new space for supporting cancer patients by integrating existing literature about current health coaching, coaching and identity transitions, and the transitional impact of cancer.

Health coaching has been defined in multiple ways. An early definition by Palmer, Tibbs, and Whybrow (2003) suggested that health coaching is "the practice of health education and health promotion within a coaching context, to enhance the wellbeing of individuals and to facilitate the achievement of their health-related goals" (p. 92). Olsen's conceptual analysis (2014) emphasised a client-centred partnership, which seeks to empower and enlighten the client on a behavioural change journey to achieve health and wellness goals (Appendix 1). Furthermore, Wolever and colleagues (2015) conducted a job analysis on health coaches in the United States. Building on previous definitions of health coaching, Wolever et al. (2015) wanted to explore the key skills and attributes of coaches working in health coaching domains. In doing so, the research identified core aspects of the skills and attributes of health coaches to provide more

depth into how coaching operates within American healthcare settings. In partnership with the National Consortium for Credentialing Health and Wellness Coaches, they concluded:

"*Health and Wellness Coaches partner with clients seeking self-directed, lasting changes, aligned with their values, which promote health and wellness and, thereby, enhance well-being. In the course of their work health and wellness coaches display unconditional positive regard for their clients and a belief in their capacity for change and honoring that each client is an expert on his or her life, while ensuring that all interactions are respectful and non-judgmental"*. (Wolever et al., 2016)

The multiple definitions for health coaching are a by-product of various underpinning theories and concepts used to inform coaching interventions (Wolever et al., 2013). However, this diversity has resulted in a lack of clarity in the knowledge and skills required when working with clinical populations (Kivelä et al., 2014). With the considerable expansion of coaching in the healthcare setting, contemporary research evidence (e.g., Singh et al., 2022) has found that coaching approaches improve chronic illness patients' behaviours, including Chronic Heart Disease (Kivelä et al., 2014), Chronic Obstructive Pulmonary disease (Long et al., 2019), and Diabetes (Lin et al., 2021). However, the application of coaching to support cancer patients is less explored and underrepresented in health coaching research (Sforzo et al., 2019).

Cancer has a substantial impact on modern populations with an estimated 4 million people expected to be living with or beyond cancer by 2030 (Maddams et al., 2012) in the UK. Supporting these patients is a critical objective of health organisations such as the National Health Service (NHS) in the United Kingdom. The NHS has detailed the person-centred care priority (NHS Long Term Plan, 2019) and interventions for supporting cancer patients regarding their self-management, health improvements and learning priorities for recovery, coping, and

skills development (NHS Cancer Forward View, 2014). Chronic illnesses such as cancer, can have a profound impact on an individual's life. This can include a loss of sense of self and meaning (Martin, 2016; Murray, 2000), heightened anxiety and psychological distress (Montgomery & McCrone, 2010), and work and employment issues (Paul et al., 2016).

Coaching can be viewed as a holistic care approach that explores an individual's underpinning values, motivations and strengths to facilitate positive behavioural and attitude changes (Lai & Palmer, 2019; Passmore and Fillery-Travis, 2011; Whitmore, 1992). In line with this, within cancer care, coaching could be used to support cancer patients' emotional responses, understanding and awareness when living with and beyond cancer.

This paper, therefore, proposes the concept and value of health coaching within cancer care settings. To achieve this, existing literature regarding health coaching and support for cancer patients is scrutinised to explain how coaching can work holistically and facilitate patients' illness identity transition and forward-looking future. A summary of the scoping literature process is first presented. This is followed by three literature analyses that articulates the relevant theoretical interactions within health coaching, psychological support for cancer patients, and illness identity. Finally, a conceptual framework is outlined as a preliminary guideline for the future of coaching research and practice within this particular healthcare context.

2. Scoping review process

A scoping review process was undertaken to capture and integrate relevant literature for a better understanding of health coaching and cancer support. Only research and papers published since 2010 were included. This is because of a rapid rise in publications, which saw 150-200 publications between 2003-2010 and a similar amount within the next two years, between 2010-2012 (Wolever et al., 2013). After the initial review, a set of iterative searches then took place to

expand the collected knowledge on illness identity, communication interaction with identity, and living with cancer. This review explored gaps in current health coaching knowledge and sought to find central theories which defined coaching in healthcare settings. It was primarily constructed through examining 16 meta-analyses or systematic reviews. A primary gap was identified that highlighted a lack of clarity around the role, approach, and theoretical underpinning of coaches working within healthcare settings (Hill, Richardson, & Skouteris, 2015). Elsewhere, health coaching research seemed to negate the lived experiences of patients. The focus of interventions was primarily on the achievement of a health or wellness goal, rather than supporting patients through the transitional period of living with or beyond a chronic illness (Burt & Talati, 2017). Finally, cancer patients were an underrepresented coachee group. The majority of health coaching research has explored illnesses that traditionally engage with more overtly defined goals, such as heart disease and diabetes. With these gaps identified, the review moved on to exploring the lived experiences of cancer patients and the transitional period they face at this time.

Coaching as a discipline can provide a space to explore self and values (Stelter, 2014), and has been suggested as an important topic for future direction within coaching research and practice (Diller, 2021a: 2021b). As such, the transitions through cancer were explored to see how coaching might support cancer patients as they renegotiate self, identity, and life. Additionally, cancer has a profound impact on an individual sense of ‘who am I', and there can often be a need for a renegotiation of self and values (Leventhal et al., 1999). Questions can be raised about current and future desires, as well as how to manage life while going through treatment, treatment effects, and impacts on relationships (Currin-McCulloch, et al., 2021; Park et al., 2009). Thus, the impact of cancer on people's lives was explored in conjunction with, how illness

and identity are linked. When connected together, these factors highlight the potential of coaching as a holistic support intervention. Key factors facing cancer patients were identified as well as ways in which coaching could support cancer patients as they live with or beyond cancer. For example, the two-way communicative process in coaching (e.g., coach and client relationship) allows space for the renegotiation of self by allowing for client self-discovery, un-picking of meaning and understanding, and implementation of new skills to create change. All of which are central to the client's new sense of self.

3. Research evidence in health coaching

Coaching has been developed to support clients who are patients with health and wellness-related goals or growth transitions. Examples include increasing exercise or feeling more confident with medical appointments (Wolever et al., 2013). At its foundation, health coaching follows some of the core themes of executive or business coaching. In this respect, coaching relationships are characterised by a one-to-one relationship, seeking to raise awareness, improve performance, and enact client behavioural change (Passmore & Fillery-Travis, 2011). Scholars have suggested four core pillars defining health coaching (Lawson, 2013): 1) a person-centred relationship that fosters trust between coach and client; 2) helps raise awareness; and increases client accountability; 3) links behaviour and purpose (e.g., values); and 4) works toward a meaningful goal.

Sforzo et al. (2019) set out a compendium for health coaching, detailing the implementation of coaching to support health performance as a core outcome when researching health coaching interventions. This is a mirror for Grant's (2017) conceptualisation of coaching shifts within managerial coaching; where for example, coaching starts with a directed goal for the client, moves to self-discovery and a client-directed goal, and then to more narrative and exploratory

coaching. This focus on health coaching research has identified improvements in health performance (Ammentorp et al., 2013; Singh et al., 2019), such as showing coaching effectiveness on patient medication adherence, illness perceptions, and psychosocial measures (Hill et al., 2015). Multiple meta-analyses of health coaching interventions also demonstrate a positive influence of coaching on patient outcomes (Dejonghea et al., 2017: Kivelä et al., 2014: Pirbaglou et al., 2018). Beyond health performance, coaching has been found to increase quality of life, self-control and self-efficacy, and reduce stress (Carmona-Terés et al., 2017). Sullivan et al., (2019) found coaching to decrease anxiety levels and foster self-management among patients with Type-2 Diabetes. Wang et al. (2018) explored the experiential learning of patients with Chronic Obstructive Pulmonary Disease. Patients noted they gained insights about themselves and their illnesses, which allowed them to take action and enact positive changes in their lives. Thus, the evidence for coaching in healthcare settings has identified how coaching can be utilised as a support intervention for patient health and wellness.

However, the picture is not so clear-cut, as the evidence for the effect of coaching within healthcare is mixed (Wolever et al., 2013; Oliveira et al., 2017). This reflects methodological issues, evaluation strategies, and lack of clarity of coaching approaches utilised. For example, BlackBerry et al. (2013) disclosed that health outcomes of the coaching group were similar to those of the non-coached group, when compared with regular care for patients with type 2 diabetes. They found that coaching was no more effective than usual primary care. Long et al. (2019) also highlighted little long-term effect of coaching for patients with chronic obstructive pulmonary disease. A potential factor in these mixed findings is the lack of clarity concerning the coach's role, behaviours, and theoretical underpinnings (Holden et al., 2014). Dejonghea et al. (2017) indicated that there are varied theoretical concepts underpinning health coaching

interventions, whereby each study's intervention is governed by a different theory/approach, or none at all. This lack of clarity creates confusion in what knowledge is informing the coaching intervention, and how it is being evaluated. There is also ambiguity regarding the processes, strategies, and behaviours of coaches in health coaching, as well as the role of the coach as a guide, and/or facilitator, and/or educator (Butterworth et al., 2007; Wolever & Eisenberg, 2011). As such, there is a need to explore the fundamental underpinning of coaching within healthcare settings, and in terms of cancer care, provide a framework for coaches to work safely and effectively with these patients.

To address these gaps, a comprehensive framework that brings together and addresses the specific challenges of living with an illness and coaching in these healthcare settings, is needed.

Given that one in two of us will have a diagnosis of cancer within our lifetime (Cancer Research UK, 2023), it is not surprising that many charities offer psychological support services to their patients. Some charities like the Fountain Centre (FC) based in the Royal Surrey Cancer Centre in Guildford, Surrey, offer a coaching service as part of their psychological support. In 2016, two FC volunteer coaches defined the type of coaching they offer as ‘therapeutic’. In this respect, the coaching they deliver offers certain elementary scope and features for individuals who experience transition due to cancer, to cope with anxieties, uncertainties, and emotions:

> *"Therapeutic coaching is a non-directive process, which provides an environment of safety, trust and empathy. This enables the client to express and accept uncertainties, anxieties and vulnerabilities and explore their own reality. The aim of therapeutic coaching is for the client to develop pertinent techniques for challenge, management, and recovery. Therapeutic coaching enables the client to become more aware of their emotions and resources and cultivate options and techniques for self-management,*

> *communication and resourcefulness. Therapeutic coaching builds resilience and promotes well-being and capability in the midst of the challenges of disease, pathology, transition, stress and/or anxiety"* (Jackson & Parsons 2016)

Whilst practitioners' expertise has set up a tone for coaching cancer patients', there is still a need to conduct a critical and rigorous empirical study for the development of evidence-based coaching practice in this setting (Briner, et al., 2009). As noted by Jackson and Parsons (2016), there is an expectation of stress, anxiety and uncertainty and a transition while facing cancer, but how coaching may help support patients has been under explored in research. To address this and establish a theoretical underpinning for this type of holistic coaching, an exploration of how coaching interacts with identity, communication, and cancer is needed. This can then be utilised as grounding for future empirical study.

Coaching has been viewed as a way to support transitions. In line with this, the coaching profession has moved toward a more narrative and explorative process to help clients explore what is important to them, why this is important, and how clients align their values with actions and goals (Grant, 2017; Stelter, 2014). Coaching in a narrative (e.g., non-directive, values and learning focussed manner), is critical to those facing transitional periods such as new managers learning to move into a new work role and identity (Yip et al., 2020). During the transition, new leaders are attempting to renegotiate their identity at work and can face increased levels of uncertainty and anxiety (Nicholson & Carrol, 2013). For new leaders, coaching provides an explorative space to examine identity anxieties and uncertainties (e.g., loss of old and fear of new identities). In such situations, the coach creates a space for the emotions, values, and meaning in the client's narrative to be explored and discovered (Sbarra & Hazan, 2008; Stelter, 2014). Interventions which explore narrative and communication, like coaching, allow for the

discoveries, re-negotiation, and re-ordering (Townsend, et al., 2006) of identities through narrative exploration of language, values, and norms. This in turn informs the client's behavioural responses. Similarly, following diagnosis of an illness (such as cancer), patients often experienced an identity transition as they comprehend the personal (e.g., personal knowledge or experiences) and social meanings (e.g., cultural understandings) of the illness, its impact on present life and lifestyle, and its impact on future desires and aspirations (Asbring, 2001). Cancer is often a life-shattering event in a person's life, that brings personal changes in identity due to loss of the previous self (Hannum et al., 2016; Hannum & Rubinstein, 2016). For example, a person who strongly identifies with their work for their value will struggle if they have to take time off for cancer treatment. As such, there can be a need for re-negotiation of existing identities and the new illness identity (Leventhal et al., 1999). The explorative space provided by coaching can enable cancer patients to examine their values, meaning, and identities while moving through cancer. Thus, coaching in a healthcare setting needs to consider the broader influence of illness on the individual, as identity and illness directly impact the psychological and physical functioning of patients (Oris et al., 2016; 2018).

The next section reviews the connection between illness and identity to highlight the influence of identity on patient functioning and provide a context for coaches entering the coaching arena with cancer patients.

4. Illness and Identity

Fundamentally, identities are the norms, values, meanings, and attitudes which make up a person's sense of themselves, their perceptions of others, and the world around them (Erikson,1968; Tajfel & Turner, 1979, 2004; Ybema, 2020). Identities help people understand what to do, what they value, and how to behave in situations which are not static, but are fluid

self-perceptions rooted in the past (what was once true of oneself), the present (what is true of oneself now) or the future (desire to become, obliged to become, or fear to become) (Ybema, 2020). Commonly, the flexibility and malleability of identity is shaped by a person exerting effort into constructing their own identities This is referred to as "identity work" (Sveningsson & Alvesson, 2003) whereby individuals seek out, engage with, and perform activities which form, repair, and strengthen the norms and values associated with their identity, to create a coherent sense of self. For example, an employee wanting to become a leader may engage in activities to understand the identity and role e.g., shadowing senior leadership. However, not all identities are driven by personal values or future desires. Identities may be ascribed or collide with existing ones (Leventhal et al., 1999), such as a new leader being promoted in quick succession. In this way, the individual personal experiences of interacting with other people with that identity and the social/cultural understanding are used as a reference for this new situation (Ybema, 2020). In line with this, cancer patients encounter an illness identity incorporation which is filled with cultural knowledge (Haslam et al., 2009), with the dominant understanding being grief, bereavement and loss (Madsen et al., 2023), for the patient and their family/caregivers.

The incorporation of chronic illness into an individual's life, of which cancer often is, can be expressed in an adaptive or maladaptive manner (Oris et al., 2016; 2018) Maladaptive incorporations of illness are those which are done detrimentally, whereby the patient is engulfed by or rejects the illness. For instance, a patient who has rejected their illness excludes the illness from their sense of self, as it is seen as a threat or unacceptable part of themselves (Luyckx et al., 2015). A patient may ignore, divert thinking about, and/or conceal their illness (Tilden et al., 2005). Illness concealment is a cognitively tasking operation requiring significant effort to hide symptoms, treatment sessions, and maintain a non-illness self-image (Sedlovskaya et al., 2013).

Furthermore, the effort to conceal illness-related identities erodes one's sense of belonging and social engagement (Lattanner & Richman, 2017). Alternatively, a patient with an engulfment illness identity is overwhelmed by the illness as it encroaches on all aspects of life, creating a negation of other aspects of the self (Morea, et al., 2008). This singular focus overwhelms individuals, positively linking to increased depressive and anxiety symptoms (Oris et al., 2018). Both engulfment and rejection of one's illness are maladaptive, and patients with these identities can often experience increased depression, comorbidity risk, and decreased hope (Ai et al., 2010), and also be negatively influenced by 'their physical and psychological functioning (Oris et al., 2018; Van Bulk et al., 2018). The impact of illness incorporation on patients is profound. It stems from a lack of illness cohesion into the self, a lack of balance between the newly ascribed illness identity, and the patient's existing sense of themselves. In turn, the renegotiation space afforded in coaching may create an environment for the exploration of self and illness, potentially supporting these patients' transition and management associated with their having cancer.

Comparatively, when illness identity has been incorporated in a coherent/positive manner, the patient is adaptive and characterised by acceptance or enrichment (Oris et al., 2016). An acceptance illness identity reflects successful incorporation of illness into the patient's sense of self, without becoming overbearing, and the illness is balanced with existing identities (Helgeson et al., 2006). Acceptance of illness has been linked to positive functioning (e.g., quality of life, physical, and psychological), as an illness is not in conflict with other aspects of the patient's sense of self (Luyckx et al., 2015; 2018). Furthermore, illness may lead to the enrichment of the self (Oris et al., 2016) as patients make positive adjustments in their lives (Mols et al., 2005). In line with this, between 60-90% of cancer patients have indicated positive changes post-diagnosis

(Sawyer et al., 2010). In this respect, the negative consequences of a life-changing event, such as a cancer diagnosis, is seen to be alleviated through positive psychological changes in life direction, interpersonal relationships, and sense of self (Hauken et al., 2019), as well as the development of new skills (Senol-Durak, 2014; Tedeschi & Calhoun, 2004). When illness is incorporated adaptively, patients have a more cohesive identity which can lead to positive physical and psychological functioning, and/or patient enrichment and post-traumatic growth.

The coaching space offers patients time to explore their narratives, values, and emotions which may help to develop acceptance and enriched illness identities. Coaching is centred on client learning and growth, which is a core component of the enrichment of illness identities. This section has highlighted how illness and identity are connected and influence patient outcomes. The following section discusses how coaching can support the transitions and adaptive incorporation of illness into a patient's sense of self.

5. Communication and Identity

A central mechanism underpinning illness identity and coaching is communication. Communication and language are critical to identity as a two-way reciprocal process: 1) an individual's ability to share their identities, values, and emotions; and 2) an individual's ability to understand the identities, values and emotions of others during interactions (Hecht & Choi, 2012). Communication allows for the exploration of identity performance. This is a key component in identity formation, maintenance, and change (Jung & Hetch, 2004), through sharing and comprehending communication signals to derive an understanding of ourselves and others. The communication we use is filled with meaning and understanding (Giles & Ogay, 2007). For instance, cancer is commonly associated with the big "C", a euphemism filled with meanings of uncertainty, loss, and negative change (Appleton & Flynn, 2014). The term is often

also used to lessen the emotional toll of the disease (Lanceley & Clark, 2013). Similarly, in coaching, communication is at the forefront of the coach-client relationship, as the coach engages the client to share their narrative, self-discovery, self-evaluation, search for awareness and set actions (Stelter, 2014). More importantly, coaching provides the arena for the client's language to be analysed and explored, which unpicks the language and meaning used, to help raise the client's awareness (Rees & Manea, 2016). As such, more narrative and experiential styles of coaching (Stelter, 2014) provide an inspection of language and meaning, which directly influences the formation, repair, and maintenance of identity.

The unpicking of language is established in therapeutic studies through the conceptualisation of Acceptance and Commitment Therapy (hereafter ACT) (Hayes 2004). In a therapeutic context, ACT has been utilised to help individuals expand their psychological flexibility by becoming more emotionally open, aware of self-talk, adaptive with thoughts and feelings to healthier psychological functioning, and aligned to a sense of self, values, and identities (Hayes, 2004; 2015). By unpicking the connections between language and meaning, a client becomes more aware of their thoughts and emotions surrounding the language and learnt associations (Hayes, 2015). For example, a newly diagnosed cancer patient may have a learned association that the cancer is related to a horrible experience with the illness, expectations of the expectation of immense physical strain, and the resulting need to leave employment. In healthcare, the unpicking of language and accepting the connections rather than modifying them (Hayes, 2015), has been shown to increase psychological flexibility - a predictor of positive changes in quality of life (Feros et al., 2011). As such, the coaching process of unpicking language through the coaching conversation mirrors the cognitive process presented in ACT. Indeed, acceptance of the meaning is a parallel for the acceptance of illness identity and identity cohesion. The unpick is

not to reform the language, but to develop awareness and understanding of the connection, in order to develop acceptance and compassion for the client's self. In this way, coaching cancer patients with an emphasis on the narrative and experiential values of coaching, may be directly unpicking language associations and supporting illness identity incorporation, as the patient becomes more accepting of the illness concerning their sense of self.

6. The conceptual framework for Holistic Coaching in Cancer

So far, this paper has presented the underpinning knowledge for an expanded framework for Therapeutic Coaching as defined by Jackson and Parsons (2016). This involved an investigation into the theoretical gaps in health coaching, the connection between cancer and identity, and then the role of communication in supporting transitions in cancer patients' illness identities. This section collates the information reviewed and provides a conceptual framework that builds on the original Therapeutic Coaching concept by providing a theoretical framework for Holistic Coaching in Cancer.

The move away from the term Therapeutic Coaching is due to concerns that this definition may cause confusion in the governing process and implementation of coaching within healthcare settings, and more specifically, cancer care. While there is a therapeutic space provided in coaching, e.g., space to share experiences, have a sounding board and work toward something new, there needs to be care when using therapeutic language in coaching. Jordan and Livingstone (2013) differentiate between coaching and therapy by noting that coaches working with clinical populations need to take care and not enter narratives concerning psychological chaos or dysfunction, offer directed advice on mental health diagnosis, and the pursuit of returning to a sense of functioning. Importantly, Holistic Coaching in Cancer proposes a narrative focussed on the present emotions, uncertainties, and anxieties. To achieve this, coaches need to be aware and

clear on who they are and how they coach, factors critical to establishing boundaries in the coaching arena. To accompany this theoretical conceptualisation, a set of underpinning values of Holistic Coaching in Cancer have been developed from the research literature to underpin the conceptual framework subsequently described.

The Holistic Coaching in Cancer framework (Figure 1) outlines the way in which coaching can unpick language and meaning to support a patient's transformational learning. Through the two-way narrative, between coach and patient, the coaching spaces offers patients a space to explore, self-discover, and renegotiate their sense of self following the disruption caused by living with or beyond cancer. Table 1 outlines each of the stages within the conceptual framework for Holistic Coaching in Cancer.

Insert Figure 1 here.

Figure 1. Overview of the Holistic Coaching in Cancer Framework

Insert Table 1 here.

Table 1. Overview of the Holistic Coaching in cancer Conceptual Framework

The conceptual framework is not to be followed like a traditional coaching model, but rather is linked to the values of a therapeutic coaching process. So, through the process of client-centred narrative exploration, the conceptual framework occurs in the background. As such, there would not be direct goals saying, "I'll change my Identity", but through the holistic coaching process, the patient may mention changes in themselves, e.g., "I feel more confident with that now". By working in a holistic way, coaches can support patients' renegotiation of their sense of self and learning about themselves. To underpin the conceptual framework for identity change in Holistic Coaching in Cancer, a set of underpinning values is critical, and these are listed below in Table 2. This conceptual framework outlines the theoretical process for identity incorporation during coaching and the underpinning values to engage with a therapeutic coaching process.

Insert Table 2 here.

Table 2. Holistic Coaching in Cancer Underpinning Values

7. Conclusion

This paper has explored and expanded on the definition of Therapeutic Coaching to help form a conceptual framework for coaching cancer patients. By moving towards a holistic coaching framework, coaches may support transitional learning when patients are living with or beyond cancer. In developing this conceptual framework, large gaps were identified in the theoretical underpinning for coaching in healthcare, coaching for cancer patients, and coaching interaction with identity transitions. As a theoretical foundation, the Holistic Coaching in Cancer process can help coaches and healthcare organisations implement coaching as a support intervention for cancer patients. The main hope for this conceptual framework is that it is used to inform coaching interventions and shift coaching in healthcare to a more narrative and experiential process that moves beyond health goal intervention. Additionally, this paper serves as a call for more research into the holistic forms of coaching within clinical populations, and to further develop the process of evidence-based coaching within healthcare. From a coach's perspective, it has explored the approaches and behaviours of coaches necessary to work holistically with cancer patients as coaching clients. From a client perspective, exploring the experiences of cancer patients who have attended holistic coaching as a support intervention, would illuminate the impact of coaching on patients' transitions in self and the management of their illness. Future research should focus on qualitative exploration to better understand the ways in which coaches work holistically and capture patient transitional learning and identity shifts.

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Figure 1 Figure 1. Overview of the Holistic Coaching in Cancer Framework

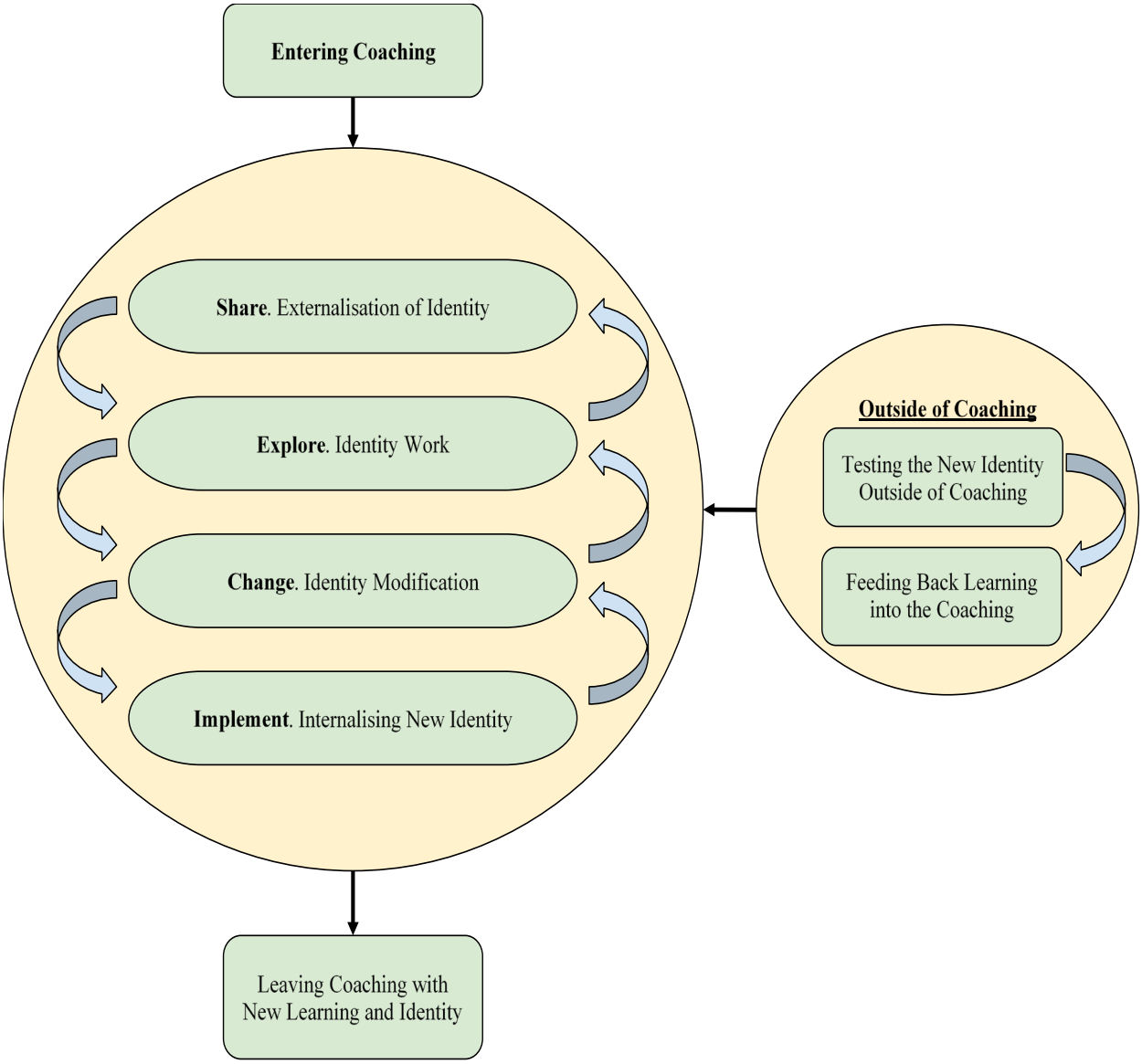

Table 1. Overview of the Holistic Coaching in cancer Conceptual Framework

Stages of Holistic Coaching in Cancer	Description
Entering Coaching	The coach facilitates a therapeutic space for patients to disclose their anxieties, uncertainties, emotions, values, and norms.
During Coaching Session	**Share - Externalisation of Identity**. The coach empowers patient self-discovery through an empathic, compassionate, and client-centred holistic coaching conversation with patients about their lives. The coach allows the client to share their present thoughts, emotions, uncertainties, and anxieties
	Explore - Identity Work. The coach uses tools, techniques, questions, and language exploration to unpick the patient's language through exploring meaning and understanding, e.g., asking what, how and why questions about what is being said. The focus is on the narrative in the present to raise patients' present awareness of where they are now and where they want to be in their future.
	Change - Identity Modification. The coach unpicks the patient's language and meaning through clarifying questions and exploration of what is being said, how it's being said, and why it's being said. This develops into new patient understanding through learning and clarity concerning the discussion points they have taken to coaching. The client's new awareness and clarity creates a sense of cohesion between the present situation and what is important to the client and their future desires and learning opportunities.
	Implement Internalising New Identity. The coach and patient develop strategies to embed the new learning and values into the patient's life. The actions are then taken back into the next coaching session for monitoring and feedback.
Outside of Coaching Session	**Testing the New Identity**. The implementation of the new aspect learnt through the coaching conversation and strategies are tested in the patient's outside world, and then feedback is collected and taken back into the next coaching session or self-management and self-reflect after finishing the coaching relationship.
Leaving Coaching	The patient has explored their values and identities and developed new learning about who they are and how they want to be, which has adjusted their sense of identities and self.

Table 2. Holistic Coaching in Cancer Underpinning Values

Aspect	**Values**
The Holistic Coaching Process	• A non-directive process that is rooted in narrative exploration and experiential coaching. • Within an environment which creates trust, safety, and empathy, designed to be a space for the patient *(used this term above?)* to share their narrative. • The focus is on the patient's s shared narrative, allowing the patient to share their present focused uncertainties, anxieties, vulnerabilities, emotions, and understandings of their reality. • The focus of the coaching process is transitional learning rather than the completion of a goal (unless the patient works in that way).
Holistic Coaches working in Cancer	• Values a therapeutic process in coaching, is focused on the patient's learning and care for their transitions during a period of change and discomfort. • Has the ability, values, and comfort to work in a space which is characterised by the patient's present anxieties, uncertainty, values, and emotions. • Has acknowledged the challenges facing cancer patients and has engaged in learning about cancers impact, living with cancer, and cancer awareness. • Has awareness of themselves as a coach to be able to regulate and manage their emotions and thoughts during sessions when coaching patients who are in periods of change and who present discomfort. • Is committed to and values their own development and safety by active engagement with supervision.
Cancer Patients as Coaching Clients	• A sense of present anxiety and uncertainty about living with or beyond cancer. • A sense of psychological functioning, e.g., not a heightened sense of distress or negative functioning That limits their ability to function The patient is not wanting to delve into their past traumas or negative thoughts, or wanting advice/support for managing a mental health diagnosis • A sense that there is something missing or lacking in their current life and the gap in identity or sense of self. For example, wanting to reengage with hobbies or work. • A sense that they need support to manage their illness, e.g., becoming more confident in attending medical appointments, techniques to control anxiety associated with scans or medical appointments.

9. Appendix

Summary of Health Coaching as a Concept, adapted from Olsen (2014).		
Initiating Factors for coaching	**Themes of the coaching process**	**Outcomes from coaching**
Client with a health-related problem, e.g., increasing physical activity to combat obesity.	The goal is health and wellness focussed and the coaching is orientated around the goals.	Achievement of health and wellness goals
Client wanting to enhance their health and wellbeing, e.g., management of stress/improving mood	The coaching is client-centred and a partnership.	Health-related behavioural change,
A coach with the desire and training to support in a health and wellness setting.	An adaptable intervention centred on the client's needs, e.g., not a stagnant process.	Improvements in physical and mental health outcomes.
	An empowering and enlightening process, e.g., education, transformational learning, self-awareness and self-understanding,	