Author's response to reviews

Title: Can life coaching improve health outcomes? - a systematic review of intervention studies

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Author's response to reviews: see over
Comments to the reviewers

Thank you for the responses on our paper. We have read the comments carefully and accordingly made a revision. We have used the "tracked changes" feature so that all the corrections/edits are visible. Below we have addressed the reviewers' specific concerns. As recommended we have also improved the quality of the written English by having a fluent English speaking colleague to correct our language.

Reviewer: Ruth Wolever

Major Compulsory Revisions:

While the methods are likely sound, it will be more apparent how systematic and thorough the review is when two things are added. First, I suggest the use of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. (See Moher D, Altman DG, Liberati A, Tetzlaff J. PRISMA statement. Epidemiology. 2011 Jan;22(1):128 and Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gotzsche PC, et al. (2009) The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. PLoS Med 6(7):e1000100). While many elements of PRISMA are included in the paper now, use of the full-guidelines would allow a more solid presentation. For example, Figure 1 needs to have the 4120 titles and abstracts (as well as the 105 abstracts, and 131 full-text papers) broken out so that reasons for exclusion are not lumped together, but specifically counted (e.g., technical coaching n = XX; peer coaching N = YY, etc.). While the conclusions are likely sound, given the stringent inclusion/exclusion criteria, the extremely large number of exclusions makes it even more important that more details be given on the break down.

Response: Thank you for the reference to the PRISMA statement. As suggested, we have revised the figure according to the recommendations so that the reasons for exclusion and the number within each category are more explicit.

Response: We did in fact include all relevant articles without any time limit. It was our literature search that was conducted between December 2011 and January 2013. In order to avoid this misunderstanding, we have made that clearer in the revised version of the paper (1.3. Search strategy).

Oliver and Pomerantz were excluded because the intervention includes both coaching and education, and in the last mentioned paper the coaching was a part of a program that also includes a close collaboration with the physician. Edelman et al is indeed a very interesting project but due to our very strict criteria, it was also excluded because the intervention includes multiple activities e.g. education, nutrition advice, yoga etc.

In the study by Egan et al., the coaching was also a part of a program and was therefore excluded. However, the paper from Galantino was not discovered during our search, so we are grateful to be made aware of this. It meets the inclusion criteria and the coaching method used sounds very similar to our description of life coaching. Therefore, it is now included in the revised version.

Exclusion of coaching for exercise needs to be justified also. I agree with excluding papers on coaching athletics, but there are published reports of programs on coaching medical patients to exercise that would reasonably be included. It might just be a language issue.

Response: The exercise studies excluded were characterized as having a fixed agenda and were excluded for that reason. It is now mentioned in figure 1.

Is the writing acceptable? While the authors’ English is excellent (and a million times better than my Dutch), the article needs to be reviewed by a native English speaker review for phraseology. For example, the third sentence of the Conclusion in the abstract does not clearly convey its meaning.

Response: Has been rephrased

Is the question posed by the authors well defined? The first research question is well defined. The second question (on characteristics) needs additional definition (e.g., how is “effective” defined?). Consider using PICOS as a guideline to define the question. Additionally, because the second question is not adequately addressed (despite noting that the literature is too limited to address it), I suggest either focusing on only the first question, or expanding the discussion to include more information on the second question.

Response: We agree that the second question (Investigate the characteristics of an effective life coaching intervention) has not been addressed adequately due to the limited number of included studies. Therefore, we have chosen only to focus of the first research question.

Reviewer: Blythe O'Hara

Reviewer's report:
With the growing evidence base surrounding the use of “coaching” in the sphere of the world of business (executive coaching), personal lives (life coaching) and
health (health coaching that encompasses health education through to chronic disease management) – there is a case for attempting to use the same terminology to describe similar concepts. Whilst I understand that you specifically looked at life coaching interventions as opposed to health coaching interventions, in my mind this distinction comes too late in your manuscript. Accordingly I suggest two changes:

• In the abstract (page 2, paragraph 3)– detail that you have chosen to focus ONLY on those interventions that can be described as life coaching but incorporate a range of health related outcomes (irrespective of what the focus of the coaching process was) under methods

Response: It is a good point and we have integrated it in the abstract and changed patient outcomes to health related outcomes

• On page 5 – add more detail about why you did not focus on health coaching, and accordingly did not include health coaching interventions

Response: In the revised version, we have extended the description concerning our choice to focus specifically on life coaching rather than health coaching.

Comment two:
Page 2 (abstract, paragraph 3) – heading of methods:
The methodologic quality was independently assessed by three of the authors using a criteria list inspired by the lists developed by Moja, Olsen, and Cherafhi-Sohi et al.
It seems unusual to use a reference in the abstract (which should be seen as a stand alone document), I would suggest that the authors redraft this sentence accordingly.

Response: Agree – has been changed

Comment three:
Page 2 (abstract paragraph 4) – heading of results:
Results: Four studies were included; two of them were randomized controlled trials and met all quality criteria. The two studies investigating objective health outcomes (HbA1c) showed mixed, but promising results especially according to the patient group that usually does not benefit from intensified interventions.

Response: We have corrected the first word, but will like to keep the other (intensified) because it is more in accordance with the study we are referring to.

The results could also include the number of studies that originally sourced, when the first search was undertaken.

Response: The total number of studies has been included in the abstract

Comment four:
Page 3 – key words should include health coaching

Response: Is now included

Comment five:
Page 4 (second paragraph)
In a review about strategies for improving the outcomes of diabetic patients, coaching has been suggested as a supplemental method [5,6]. Health coaching has been used in more chronic disease “clientele” than just those with diabetes, for example cardio-vascular disease patients. The authors should explain why they have focused exclusively on diabetes here or broaden their explanation to include other health related areas of coaching.

Response: In continuation of the sentence about diabetes patients, we have inserted this sentence: "And the increasing number of papers about coaching interventions testifies that coaching is now being used to a broad range of chronic patients.”

Comment six:
Page 4 (third paragraph)
An unsystematic review of coaching as a method to improve the outcomes of patients resulted in very few published studies. The authors should reference or source this statement? Or at least describe the context as to why this review was undertaken was it to inform this review, or for another purpose??

Response: Has been rephrased

Page 6 (third paragraph)
The major research question detailed that you were interested in assessing “patient outcomes of life coaching” – the title and abstract of your manuscript implies that you are interested in “health-related” patient outcomes of life coaching. I would suggest amending the research question to incorporate the health outcomes you are interested in eg: health behaviours, patient self care etc

Response: As recommended, we have specified that we are interested in health related outcomes, but considering the limited number of studies, we found it important not to limit ourselves to specific outcomes

Minor revisions
Comment seven:
Page 7 (third paragraph)
In accordance with the description of life coaching [12,17], the coaching interventions eligible for inclusion were coaching that was based on the agenda of the patient and reflecting the present wishes and needs of the patients. The dialogue was holistic, individualized, and non-programmatic. It included studies in which the coaching was as follows:
- conducted by professional coaches or healthcare professionals with special training in coaching;
- conducted as face-to-face, telephone, or internet coaching, or a mixture of these methods; and
- individual or group sessions, or a mixture of the methods.
To ensure that the reader understands that you have ONLY included life coaching interventions I think it would be useful to identify in this paragraph that the goals of the client and the coaching interaction were NOT health related
goals.

Response: The section has been rephrased according to the recommendations

Comment eight:
Page 7 (fifth paragraph)
Criteria for excluding studies for this intervention
As a consequence of the description of the coaching method, interventions characterized by an external defined and fixed agenda, such as learning programs and health promotion programs, were excluded. This also counts for coaching interventions that were part of a program and were not evaluated separately. Coaching interventions targeting parents of paediatric patients were also excluded.
More clarification needed here – you excluded executive and health coaching programs (whether or not they reported on health related outcomes)?

Response: That is correct – and the reason for excluding these programs was that they included other interventions for example education and training and because the coaching intervention was not assessed separately.

Comment nine:
Page 9
Perhaps the use of “yes” “no” would be better rather than done and not done, where possible.

Response: We agree – but have chosen to keep the original ratings

Comment ten:
Page 10 (paragraph three, under heading of description of intervention)
It seems that all papers would have had to have had sufficient enough detail in relation to the description of the intervention for the authors to ascertain that they were “life coaching” as opposed to health or executive coaching. Can you add some detail as to how this criteria was used to determine the type of intervention that was used?

Response: I am not quite sure if I understand the question, but will try to answer it anyway.
If the description of the coaching was so insufficient that it couldn’t meet the inclusion criterion that says: ‘It should be based on the agenda of the patient and reflecting the present wishes and needs of the patients. The dialogue was holistic, individualized, and non-programmatic’ – then it would not be included and not assessed according to the criteria list.

Comment eleven:
Page 13
Schneider et al. [25] did not receive any points because the description of the methodology was unclear.
Consider using the phrase that the methodology did not contain sufficient detail??

Response: As mentioned in comment 9 – we have chosen to keep the original ratings. But will of course reconsider this decision if necessary
Comment twelve:
Page 13
The opening paragraph could benefit from linking more closely to your research questions, there were only a small number of trials that were identified as using a life coaching process that reported on health outcomes etc… I think the important point here is that you were looking at LIFE coaching interventions and HEALTH outcomes….

*Response:* Agree – and have rephrased the opening paragraph.

Comment thirteen
Page 13
We did not distinguish between face-to-face coaching and telephone coaching, because coaches do not make this distinction.
I think this statement needs a reference, further behavioural interventions have varied effectiveness based on whether the intervention is face to face or telephone or expert system based (or a combination). It would be reasonable to assume that different delivery modes of coaching make a difference to outcomes; even though coaches themselves may not distinguish between modes of delivery.

*Response:* As we have no reference to the statement, we have rephrased the paragraph instead.

Comment thirteen
Page 13
motivating interview
replace with “motivational interviewing”

*Response:* Has been corrected.