mather institute

WELLNESS COACHING:

Older Adults' Motivators and Barriers to Holistic Wellness and Wellness Coaching Participation

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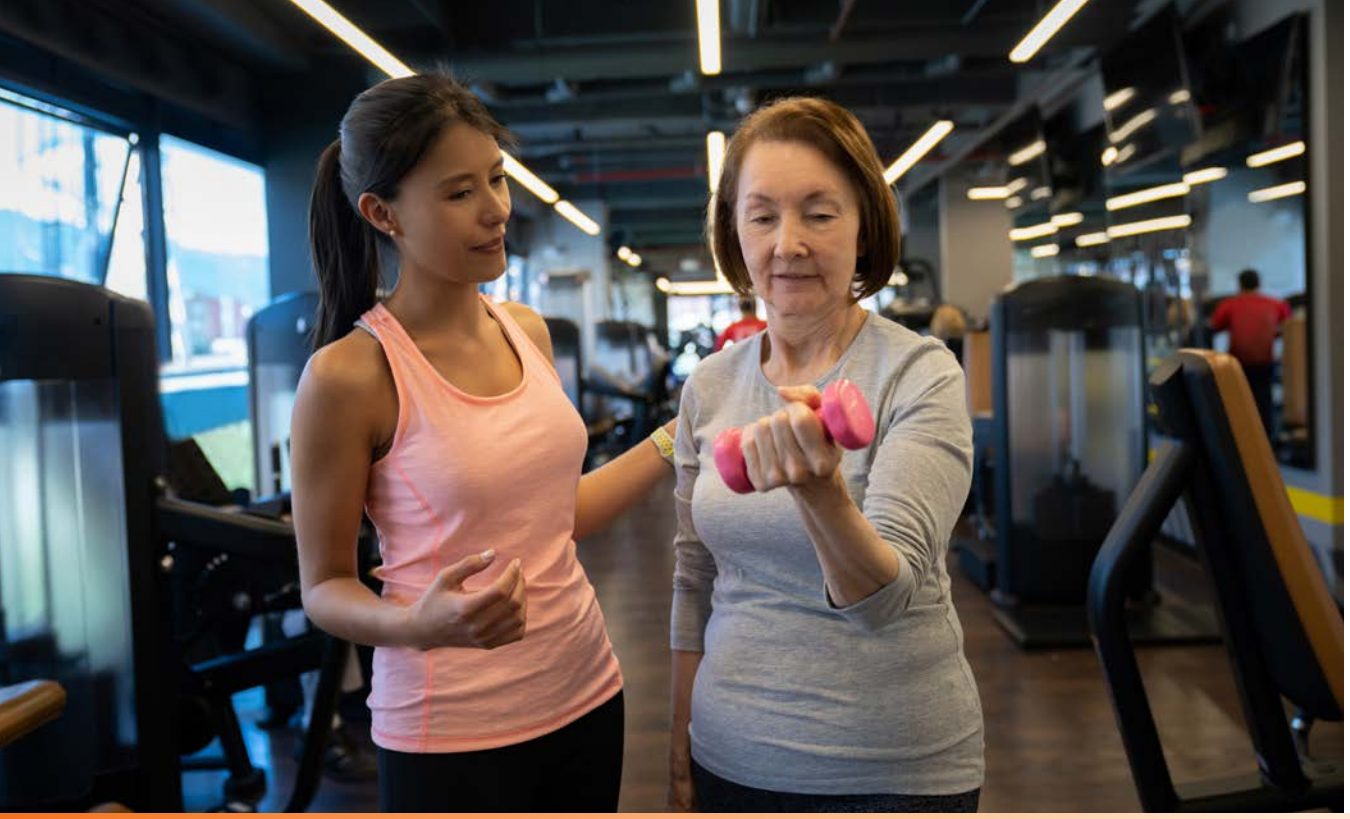

EXECUTIVE OVERVIEW

Wellness is surpassing care as a key concept for senior living communities (Mullaney, 2019). Although senior living communities typically offer a wide range of wellness opportunities for residents, operators continue to seek new ways to engage residents and support their health and well-being.

One wellness service that has gained popularity in recent years is wellness coaching. Wellness coaching is often understood as an individual-centered process based on behavior change theory. Key components are self-discovery, setting goals defined by the person being coached, strategies for accountability for reaching one's goals, and education (Wolever et al., 2013).

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Senior living residents may benefit from participation in wellness coaching, but research is needed to understand current participation in wellness programming, determine residents' receptivity to coaching, and identify the desired components and format. A greater understanding of motivators and barriers to wellness coaching participation is important in order to engage residents. In addition, since staff interest and buy-in is a key component to program success, input from staff regarding institutional facilitators and barriers to implementing wellness coaching and/or other wellness programs in their communities is critical.

The purpose of this research is twofold:

1) To identify motivators and barriers to resident participation in behaviors supporting whole person (or holistic) wellness, and
2) To assess residents' receptivity to a wellness coaching program and identify desired/optimal components.

A total of 447 residents residing in independent living in 10 Life Plan Communities and 20 employees in wellness-related or other key leadership roles participated in a survey to understand wellness activity preferences, motivators/barriers to participation in wellness activities, and preferences regarding wellness coaching programs. To enhance our understanding of staff and resident perspectives on wellness coaching, 13 follow-up interviews were conducted, including nine with residents and four with staff.

Findings from resident and staff data indicated that

1) Residents' self-reported wellness is generally high.
2) Residents participate most often in physical wellness programs and least often in emotional wellness programs.
3) A majority of residents expressed interest in improving all dimensions of wellness.

4) There are opportunities to offer more programs related to emotional and vocational wellness.
5) Program quality and interest are more important to resident participation than social factors, such as encouragement from staff or knowing other participants.
6) Residents selected few barriers to their participation in wellness programs. Residents indicated the main potential barrier to participation in wellness coaching is that they may meet their wellness needs in other ways.
7) 40% of respondents were extremely or moderately likely to try wellness coaching.
8) Residents with both high and low wellness levels were interested in wellness coaching and believe it would benefit them.
9) Residents and employees preferred in-person wellness coaching programs led by staff or a health care/counseling professional and agreed on preferred length and frequency of coaching sessions.

Based on these insights, recommendations for supporting residents' holistic wellness and for implementing a wellness coaching program are discussed.

ISSUE IN FOCUS

We define wellness as the following:

WELLNESS is the pursuit of lifestyle balance and quality of life across a variety of domains, such as social, spiritual, physical, vocational, intellectual, and emotional wellness. Wellness can be attained by all people, regardless of age, medical conditions, or other circumstances. Wellness is a lifelong pursuit and is important even for those who feel satisfied with their well-being.

The meaning of wellness and areas that people give attention to may change over their life span. For older adults, wellness can entail determining a new balance of life, career, and altruistic activities. Wellness may also involve ensuring one gets mental stimulation, maintaining one's memory and ability to solve problems, and having

constructive beliefs about aging (Fullen, 2019). The domains of wellness are interconnected such that any one area of high wellness can facilitate wellness overall and across the remaining domains. Similarly, wellness problems in one or more areas can create additional declines in domain-specific and overall wellness. The term holistic wellness has arisen from these phenomena.

Research has shown that holistic wellness is critical for older adults.

Research has shown that holistic wellness is critical for older adults (Fullen, 2019). For example, researchers have found that older adults who have tight-knit and larger social circles evaluate their health more favorably than older adults with smaller social circles comprised of more distant relationships (Ermer & Proulx, 2019). Additionally, older adults with these close relationships are happier and less depressed. Possessing a sense of purpose in life in older adulthood can reduce one's risk of depressive symptoms due to painful life experiences (Krause, 2007). Researchers have also looked at the impact of positive emotions on older adults. In one study, participants took time each day to complete a brief activity that induces feelings of gratitude (Bartlett & Arpin, 2019). This task led to noticeable positive effects on the older adult participants, including self-reported improvements in their health (e.g., fewer negative health symptoms) and less loneliness when compared to a control group that did not engage in the gratitude activity.

The "use it or lose it" principle when it comes to vocational, intellectual, and physical wellness is compellingly supported by research. Older adults who regularly participate in activities, such as completing tasks necessary for daily functioning in the home and traveling, are more efficient decision makers than those who do these things less often (Parisi et al., 2009). The domain of vocational wellness can entail volunteering. In a study of 7,135 older adults, participants who volunteered for 100 or more hours per year evidenced a 63% decrease in decline of physical function in contrast with those who did not volunteer (Carr et al., 2018). Involvement in physical activity, like other

wellness domains, can affect multiple aspects of wellness. Older adults who exercise experience increases in positive emotions, decreases in negative emotions, and feel healthier (Whitehead & Blaxton, 2017).

Because nurturing one's wellness is an intentional pursuit that holds great implications, wellness coaching is an approach that can be of significant utility. Below is a definition of wellness coaching:

WELLNESS COACHING is a strategy for improving one's lifestyle balance and quality of life. The "coach" and "client" engage together in a process of self-discovery in which the client sets goals and the coach provides a structure for attaining these goals. Coach and client partner to increase the client's motivation to improve their wellness, build upon the client's strengths, and develop skills for enhancing specific aspects of wellness and lifestyle balance.

Older adults who exercise experience increases in positive emotions, decreases in negative emotions, and feel healthier.

Wellness coaching often starts with the coach providing information about the process, identifying client-directed goals, determining assets that can facilitate goal accomplishment, and addressing barriers that can prevent goal accomplishment (Jordan et al., 2015). The wellness coach then helps the client specify actions that need to be taken for these goals to be realized. In order to actualize these wellness coaching processes, coaches must be adept at conveying empathy and building a helping relationship via listening skills, providing an effective framework and focus for the coaching sessions, assessing needs and progress, dispensing knowledge on domain-specific and overall wellness, and using techniques to help people change via their personal resources and external supports (Jordan et al., 2015).

Wellness coaching has yielded numerous wellness benefits in individuals across their life span. Programs housed on college campuses range from staff-delivered coaching

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services to peer-led coaching programs. Coaching has been shown to get people more motivated about their wellness. For example, engaging in 12 individual sessions of a workplace wellness coaching program resulted in participants moving from planning to change into implementing and upholding changes to increase healthy eating, energy, physical activity, life satisfaction, and psychological fitness (Mettler et al., 2014). Moreover, confidence to actualize change increased in all wellness areas (Mettler et al., 2014). One study focused on peer wellness coaches who had themselves coped with a mental health disorder. They participated in 50 hours of training on wellness coaching and were paired with individual clients who wanted to improve their own wellness. Ten coaching sessions occurred face-to-face and over the phone. The health of the coaching clients increased by the end of the sessions, and these gains remained 90 days after the coaching was finished (Swarbrick et al., 2016).

A challenge to evaluating the benefits of wellness coaching is that there has been significant variation in the delivery of the coaching, including the training of coaches and format of coaching sessions. Wolever et al. (2013) reviewed more than 200 articles referencing health and wellness coaching and found that 93% of these studies employed professional coaches, whereas only 7% used lay coaches. Among coaches with professional training backgrounds, the majority had medical (e.g., nursing) or allied health professional (e.g., mental health professional; dietitian) backgrounds. In terms of specific training focused on wellness coaching, the median amount of training was between 6 and 40 hours. Wellness coaching experts cite the variability in training background as an area that should be addressed through greater standardization (Jordan et al., 2015).

Although the potential benefits of wellness coaching have been supported, relatively little is known about older adults' participation in wellness coaching. Small sample studies of interventions that are similar to wellness coaching have been conducted with

The aim of our study is to better understand the motivators and barriers to wellness participation among senior living residents.

older adults. For instance, Naik and colleagues (2012) sought to help older adults with co-occurring diabetes and depression using telephone coaching facilitated by non-professional coaches who were trained in delivering the coaching. Coaching calls over the ten-week intervention involved goal setting, nutrition, exercise, and cognitive-behavioral skills for enhancing wellness. A medical and mental health professional provided supervision to the coaches each week. Reductions in diabetes symptoms, depression symptoms, and negative feelings from coping with diabetes were found in the eight-participant sample (Naik et al., 2012).

Similarly, 30 older adults who were not helping professionals delivered a ten-week intervention to older adult Medicaid beneficiaries experiencing symptoms of depression or anxiety. The peer-led intervention centered on eliciting strengths, pursuing goals, and linking the participants to local resources. The 32 clients who finished the program reported a decline in depressive symptoms as well as increased physical functioning and health (Chapin et al., 2013).

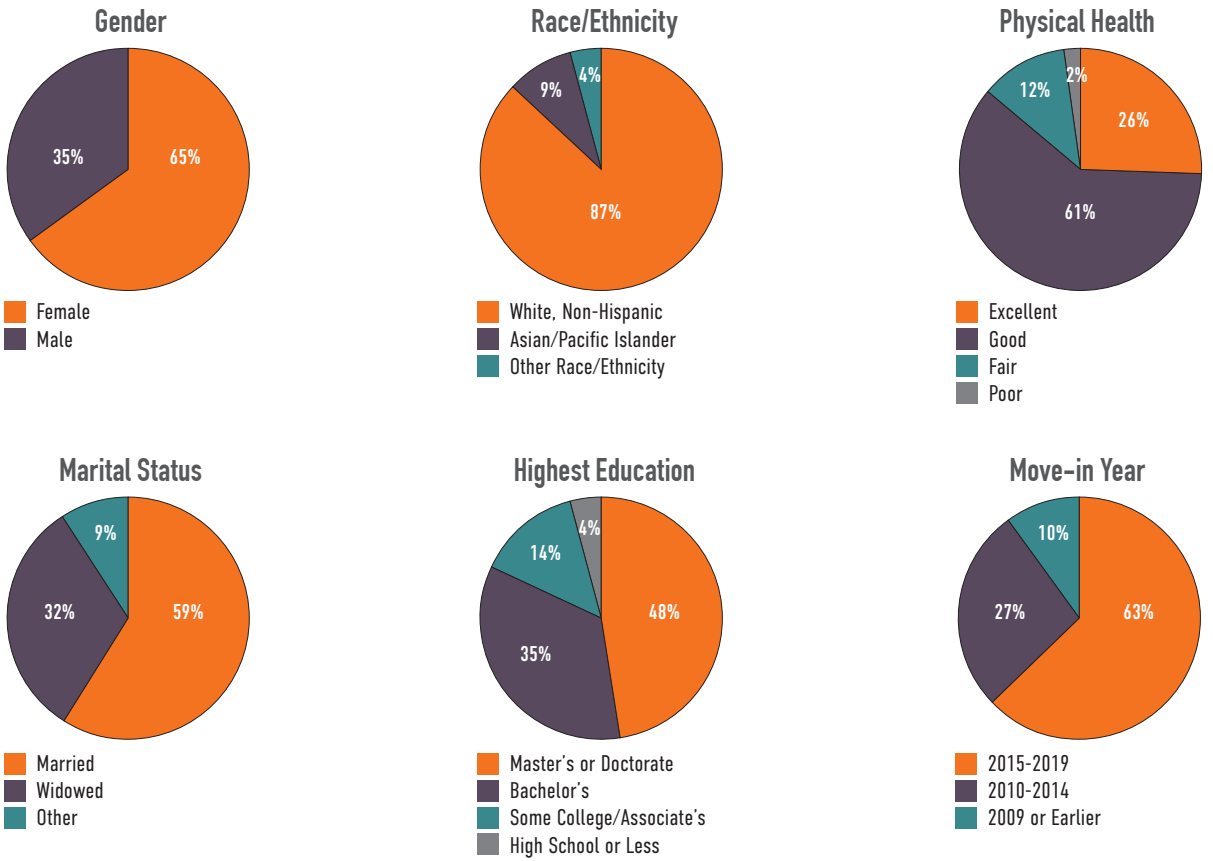
The aim of our study is to better understand the motivators and barriers to wellness participation among senior living residents, as well as to assess interest in and feasibility of developing a wellness coaching program.

METHOD

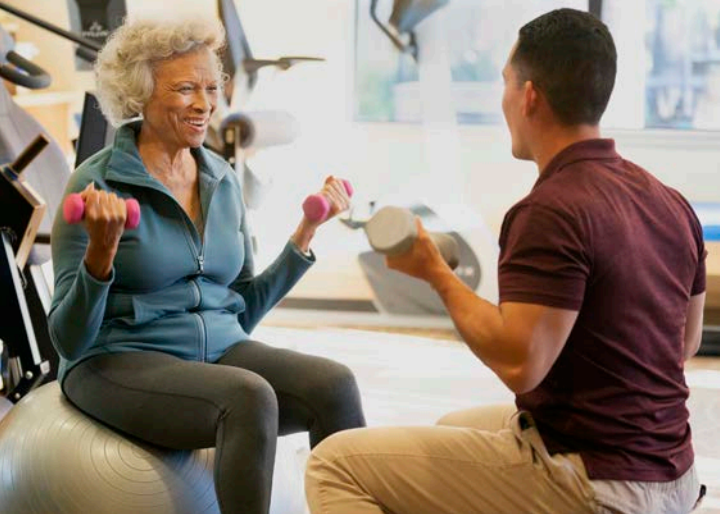
WHO PARTICIPATED IN THE STUDY?

A total of 447 residents of Life Plan Communities participated in this study. Participants resided in independent living residences at one of ten Life Plan Communities in the United States. A demographic summary was generated based on the information provided by participants. Ages of participants ranged from 59 to 97 (average age = 81.8 years). The sample was predominantly female, white, college educated, and in "good" or "excellent" physical health. Additional demographic information is presented in Table 1. Nine residents participated in follow-up interviews about their wellness coaching preferences.

Table 1. Participant Demographics



In addition, 20 employees of Life Plan Communities completed a staff version of the survey. Respondents' length of employment ranged from 1 to 35 years (average = 9.7 years, median = 7.5 years). Sixteen respondents were in wellness-related roles and four were in operational leadership roles. Four employees participated in follow-up interviews with a member of the research team.



HOW WAS THE STUDY CONDUCTED?

RESIDENT SURVEY. All residents residing in independent living at participating communities were eligible to participate in this study. Participants were recruited through flyers, emails, and staff announcements. Participants could complete either a paper or online survey, which took approximately 15 minutes to complete. The resident survey began with a definition of wellness (see definition above) followed by a series of questions assessing

- self-reported wellness
- frequency of participation in wellness activities
- interest in improving wellness
- factors that impact decisions to participate in wellness activities
- potential barriers to participation in wellness activities

After a description of wellness coaching (see Table 2), participants completed measures of their

- receptivity to participating in wellness coaching
- preferences regarding program characteristics
- potential barriers to participating in wellness coaching
- attitudes toward aging

At the end of the survey, participants were asked to provide their contact information if they were interested in participating in a follow-up interview. Participants had the option of entering a drawing for one of four $25 gift cards at each community.

Table 2. Wellness Coaching Example

WELLNESS COACHING EXAMPLE: Joe, age 65, signed up for sessions with wellness coach Julie because although he had greatly improved his physical fitness over the past few years, he wanted to maintain these gains and also increase wellness in other areas. In their first meeting, wellness coach Julie gave Joe a paper-and-pencil wellness assessment to complete. Then together, she and Joe identified and discussed his stronger and weaker wellness areas. Joe set 3 wellness goals: 1) Increase the frequency of his social activity, 2) Identify a meaningful intellectual endeavor, and 3) Increase the duration of his exercise activity. Julie not only helped Joe set these goals, she also assisted him in identifying specific ways to accomplish these goals. They met for several coaching sessions in which Julie provided information about each area of wellness, identified practical skills, and facilitated discussion about improving wellness. Julie and Joe also worked together to boost Joe's motivation towards his wellness goals, apply strategies Joe had learned from his stronger wellness areas, and problem-solve to help Joe overcome obstacles.

EMPLOYEE SURVEY. Employees in wellness- or operations-focused positions were eligible to participate in a modified version of the survey. Invitations to participate in the study were sent by email with a link to the online survey. The employee survey followed the same structure as the resident survey. The employee survey measured

- frequency of types of wellness activity offerings
- factors that impact decisions to offer wellness activities for residents
- preferences regarding resident wellness coaching programs
- potential barriers to successfully implementing a wellness coaching program

Employees were invited to provide their contact information if they were interested in participating in a follow-up interview.

INTERVIEWS. Semi-structured interviews with residents and employees were conducted by phone and lasted approximately 45 to 60 minutes. Interviews were audio-recorded and transcribed. Residents who participated in an interview received a $20 gift card. Residents were asked about the following topics:

- definition of wellness and perceptions of personal wellness
- wellness activity participation
- receptivity to and preferences regarding wellness coaching
- special considerations regarding wellness among older adults

Employees participating in interviews were asked about the following topics:

- definition of wellness
- successes and challenges related to wellness activities for residents
- factors that impact decisions to offer wellness activities for residents
- availability of resources and barriers to implementing a wellness coaching program
- suggestions and preferences for establishing a wellness coaching program
- special considerations regarding wellness among older adults

HOW WERE THE DATA ANALYZED?

Averages and valid percentages (i.e., percentages calculated excluding missing responses) are reported for the close-ended survey questions. Percentages are rounded to the nearest whole number; hence, total percentages may not always add up to 100% due to rounding error. To increase readability of the charts, percentages are displayed in the charts when a response option was selected by more than 5% of respondents. Correlations and t-tests were calculated and reported in select cases. When creating composite scores from multiple items (e.g., average self-reported wellness using the 16 wellness items), responses were only included from respondents who completed all of the relevant items.

Qualitative data from open-ended survey questions and semi-structured interviews were also collected. These data were synthesized into categories or subcategories by two of the researchers who held coding meetings until consensus or agreement was reached. Each participant response was coded to identify the relevant categories/subcategories in the narrative. These findings were used to contextualize numerical data from the surveys.

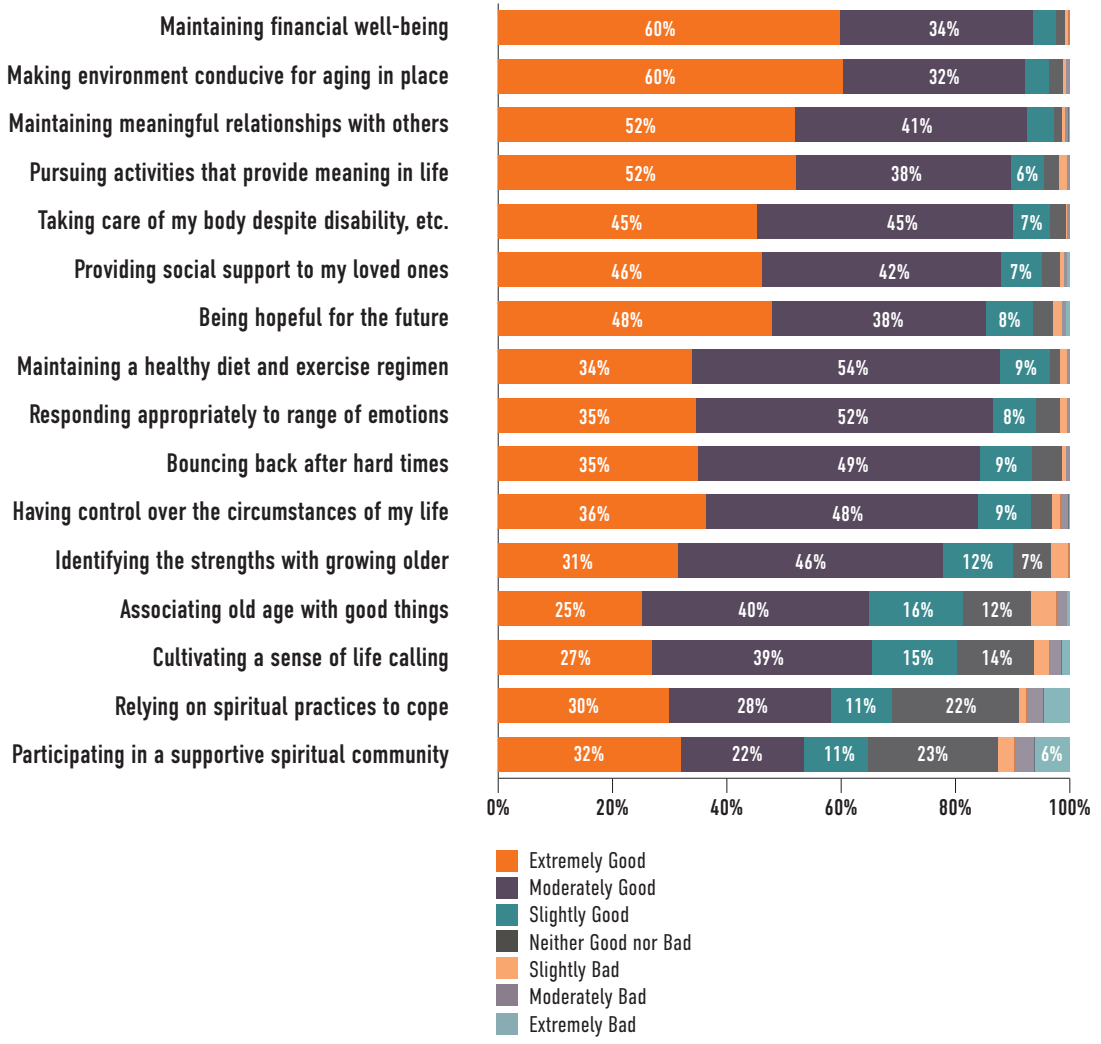
KEY FINDINGS

FINDING 1: Residents' Self-Reported Wellness Is Generally High.

The survey measured holistic wellness using 16 questions that assessed wellness related to physical, emotional, relational, contextual, vocational, spiritual, cognitive, and developmental dimensions of wellness. For each question, participants provided a self-evaluation of their current level of wellness as well as their interest in improving that aspect of their wellness.

Figure 1 displays the results for residents' self-reported wellness. Overall, residents tended to rate their wellness high on most factors, with at least three-quarters of them rating themselves as "extremely good" or "moderately good" on 12 of the factors. Scores were highest for two aspects of contextual wellness, which refers to wellness related to one's material resources and living environment: maintaining financial well-being (94%) and making one's living environment conducive for aging in place (92%). In addition, respondents also rated themselves relatively high on their ability to maintain meaningful relationships (93%), pursue meaningful experiences (90%), and care for their physical well-being in spite of disability, disease, and pain that they may experience (90%).

Figure 1. Resident Self-Reported Wellness

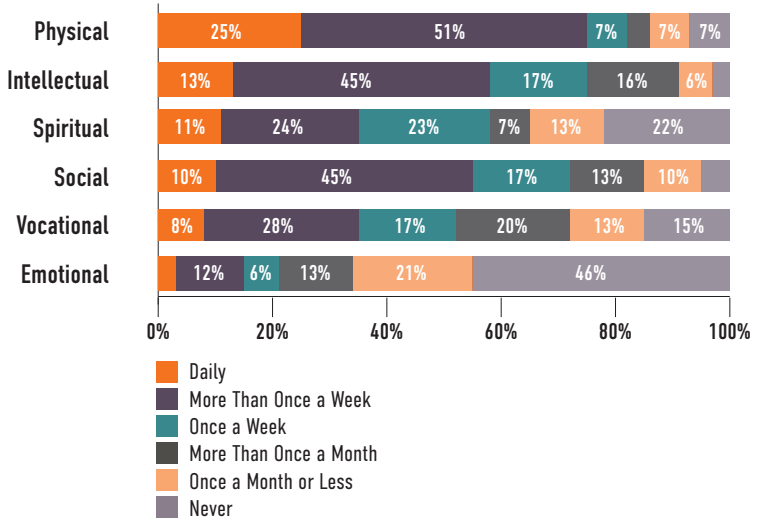


FINDING 2: Residents Participate Most Often in Physical Wellness Programs and Least Often in Emotional Wellness Programs.

Residents indicated that they participate in physical wellness activities more often than other types of wellness programs offered by the community.

Residents indicated that they participate in physical wellness activities more often than other types of wellness programs offered by the community. Approximately three-quarters of respondents participate in physical wellness activities more than once a week or daily (see Figure 2). In addition, over half of respondents indicated they participate in social (55%) and intellectual (58%) activities more than once a week or daily. Participation in spiritual and vocational activities was more split, with some residents participating multiple times per week and other residents participating less than once a month or never. Respondents participate in emotional wellness programs less often than all other types of programs; in fact, 46% never participate in emotional wellness programs. Nevertheless, some residents expressed a need for this type of support in the follow-up interviews. One resident discussed needing emotional support related to the adjustment process when moving into a retirement community. Residents also referenced needing emotional support related to the challenges of aging. One respondent lamented, "You simply can't do what you used to do. And that's very frustrating because in your head, you're still the same person you used to be. I just think that's a hard thing to cope with." Another resident expressed that although they do have emotional support programming at their community, "I've just never, knock on wood, felt that I needed any of that right now… but it's good to know it's here."

Figure 2. Frequency of Resident Participation in Wellness Programs



...a majority of residents expressed interest in improving all dimensions of wellness.

FINDING 3: A Majority of Residents Expressed Interest in Improving All Dimensions of Wellness.

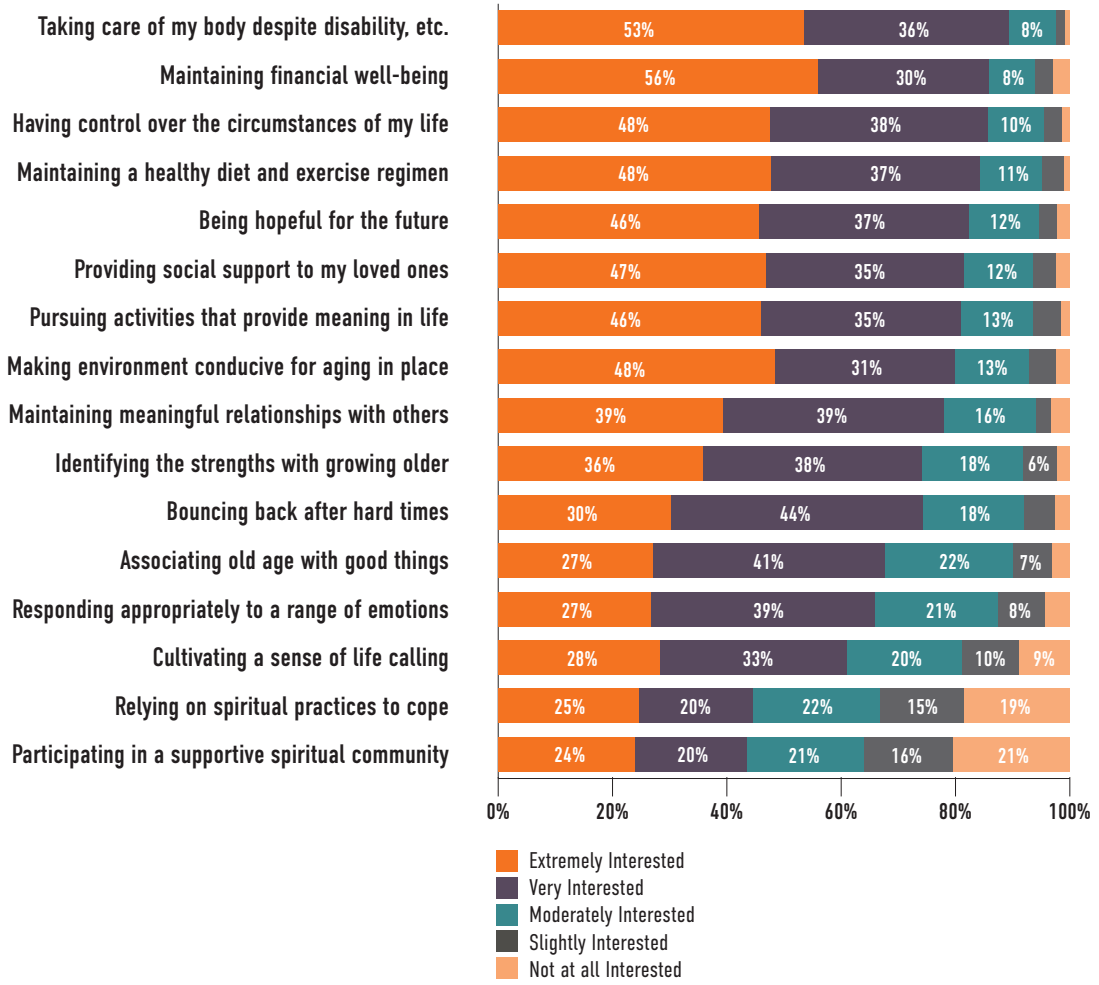
When asked which categories they were most interested in working on, a majority of residents expressed interest in improving all dimensions of wellness (Figure 3). Indeed, over 75% of respondents reported high levels of interest in improving 9 of the 16 areas (i.e., "extremely interested" or "very interested").

Although residents reported the least interest in improving wellness related to the spiritual dimension, the majority of respondents voiced interest in improving this area, as well. Specifically, 67% of respondents were at least moderately interested in working on their ability to rely on spiritual practices to cope, and 65% were at least moderately interested in participating in a supportive spiritual community. It is noteworthy that residents rated their wellness lowest on the two factors related to spirituality (i.e., participating in a supportive religious or spiritual community, 54%

extremely/moderately good, and relying on spiritual practices to cope with difficult times, 58%), shown in Figure 1.

Residents were asked, "Are there wellness programs that you wish were available in your community?" Forty-five percent responded to this open-ended question. Among those who answered, 21.5% reported that they were satisfied with the wellness offerings at their community, with another 19% responding that they did not have a need for any other wellness programs. This level of satisfaction with wellness programming corresponds with the high levels of wellness and frequency of wellness participation in the study sample. The remaining respondents provided suggestions about additional wellness programming that is desirable. Programs impacting physical wellness were most commonly reported, with the majority of these being a type of physical activity, such as hiking or a type of aerobics class. The remaining responses reflected diverse interests. While reported less frequently, other responses included a desire for programs relating to non-Western wellness (e.g., meditation), vocational/intellectual wellness (e.g., travel, music, or computer classes), emotional wellness (e.g., mental health services or programs that address bereavement/grief), social wellness (e.g., ballroom dancing for social reasons), cognitive wellness (e.g., activities to reduce/prevent memory loss), spiritual wellness (e.g., access to chaplains), and contextual wellness (e.g., self-defense classes that contribute to personal safety). Respondents also commented on barriers that stand in the way of utilizing wellness programming (e.g., cost) as well as facilitators that would increase their access to programming (e.g., personalized offerings).

Figure 3. Resident Interest in Wellness

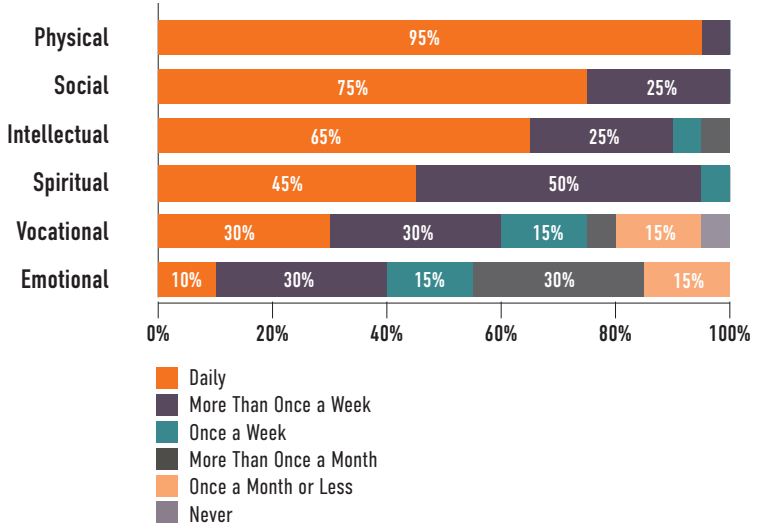


FINDING 4: There Are Opportunities to Offer More Programs Related to Emotional and Vocational Wellness.

Consistent with the resident responses, employee respondents indicated that physical wellness programs are typically available to residents daily, more often than programs that support other dimensions of wellness (see Figure 4). Social, intellectual, and spiritual wellness programs tend to be offered at least several times a week. In contrast, emotional and vocational wellness program offerings are available less frequently for residents.

Three of the four employees interviewed stated that program frequency was based on resident demand. One respondent said that programs to support emotional wellness tend to be unpopular and therefore fewer of these programs are initiated and maintained. Although not as broadly utilized as physical or social wellness offerings, resident interviews and open-ended survey responses suggested that the value of emotional wellness programming may be in addressing specific life transitions that occur. For example, one resident discussed the need for programs related to bereavement in an open-ended survey question: "I see an important need for classes or activities aimed at helping widows or widowers with the overwhelming experience of losing your spouse." The need for grief and loss support was echoed by an interview respondent: "We lose people all the time. I've lost five bridge partners. I know it's going to happen, but I just don't like it." Concerns about resident mental health were acknowledged as well, with one interviewee stating, "We really need something here for depression. It's much more common than people think, and some people don't even recognize it." Although these topics were described in a minority of responses, residents who identified the need for expanded emotional wellness offerings were resolute in their opinions.

Figure 4. Employee Reports of How Often Communities Typically Offer Wellness Activities for Residents

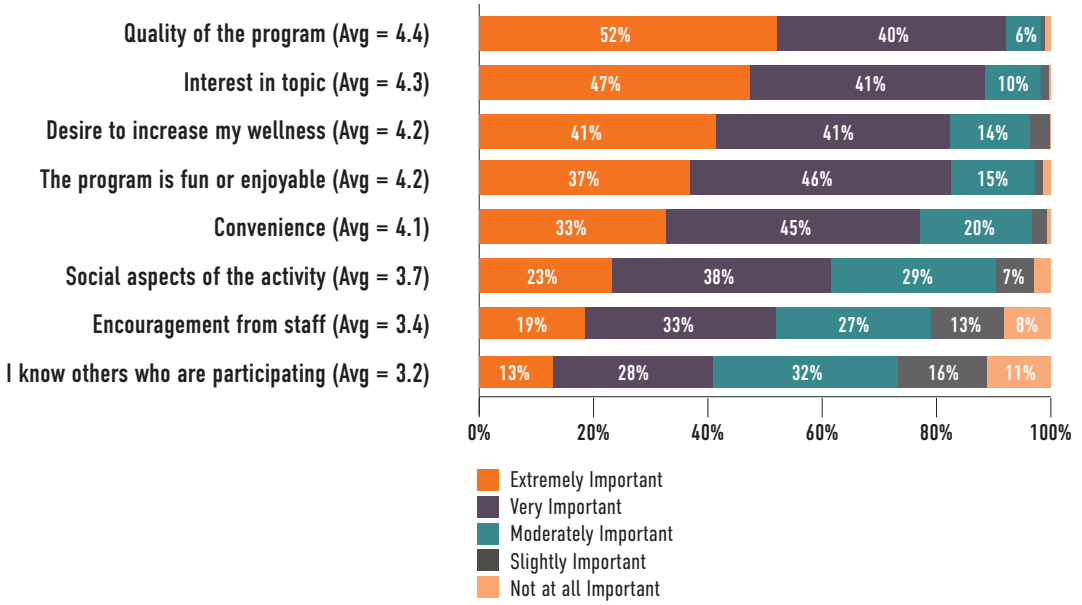


FINDING 5: Program Quality and Interest Are More Important to Resident Participation Than Social Factors, Such as Encouragement from Staff or Knowing Other Participants.

Residents were asked about the importance of a number of factors in influencing their decision to participate in a wellness activity. While several factors were at least moderately important to the majority of residents, the quality of the program (92% extremely/very important) and interest in the topic (88%) were rated highest in importance when deciding whether to participate in wellness programs (see Figure 5). Residents rated social factors relatively lower on importance, including encouragement from staff (52%) and knowing other people who are participating (41%).

Program quality and residents' interests were important to staff when deciding whether or not to offer a wellness program.

Figure 5. Factors that Influence Resident Decisions to Participate in Wellness Programs

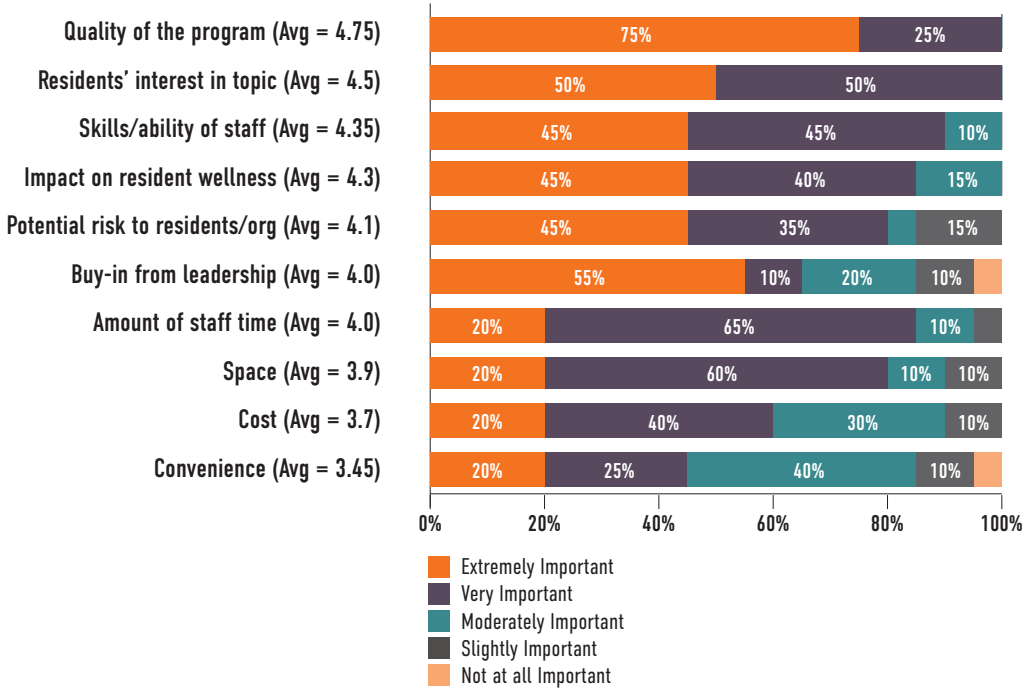


Quality and interest were also most important to staff when deciding whether or not to offer a wellness program. As shown in Figure 6, all (100%) employee respondents indicated that both program quality and residents' interest in the topic were extremely or very important. Convenience and cost received the lowest importance ratings relative to the other factors (45% and 60% extremely/very important).

Employees who participated in follow-up interviews were asked what makes a wellness program successful. Respondents highlighted the importance of resident interest. One respondent said, "Successful is listening to the residents. That's what we're ultimately here to do… We can come up with the best programs, whether it's an activity, or wellness, or exercise. But if it's not what they want, then there's no point. So we have to be really good, active listeners and learn what they want to do." Further, enduring interest, as evidenced by high program attendance, is needed to continue to

offer a wellness program. Employees explained that having staff who are skilled in engaging residents was critical for high program attendance. “I think if you have engaging staff, they will come. No matter what it is, just because they want to be there.” Overall, interviews pointed to the necessity of individualized wellness programming for communities, with programs developed with resident input and tailored to fit their unique needs. Other factors that can play into a program’s success are the day/time it is offered, staff promotion of the program, competing program offerings, and program cost.

Figure 6. Employee Importance Ratings of Factors Related to Decisions to Offer Resident Wellness Programs

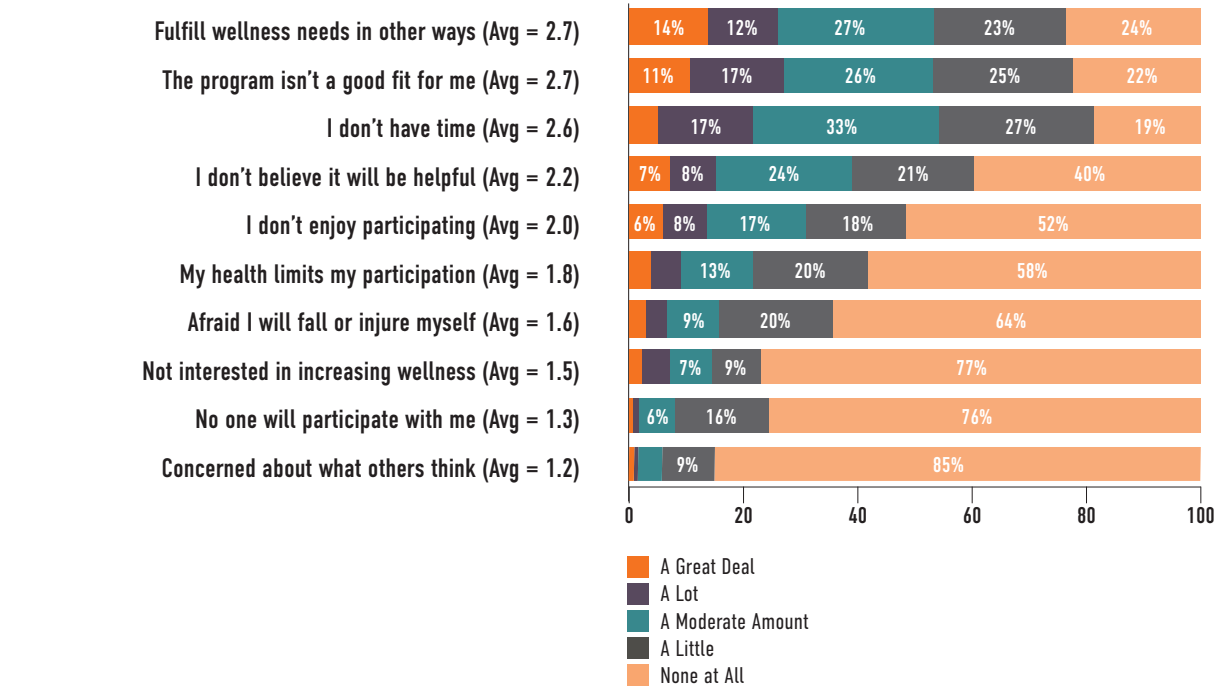


FINDING 6: Residents Selected Few Barriers to Their Participation in Wellness Programs. Residents Indicated the Main Potential Barrier to Participation in Wellness Coaching Is That They May Meet Their Wellness Needs in Other Ways.

Residents were asked about factors that may limit their participation in wellness programs. For the most part, participants did not indicate there were many barriers to their participation (see Figure 7). The two greatest barriers to participation in wellness offerings by the community are that some residents fulfill their wellness needs in other ways (26% a great deal/a lot) and programs may not be seen as being a good fit for them (28%). Interview data suggested that residents with strong social ties outside of the Life Plan Community may not integrate themselves as fully into the formal programming offered by the community. When questioned about the wellness programs being utilized within the community, one resident stated, "I don't do any of those things, neither does my husband. We're still involved with things on the outside."

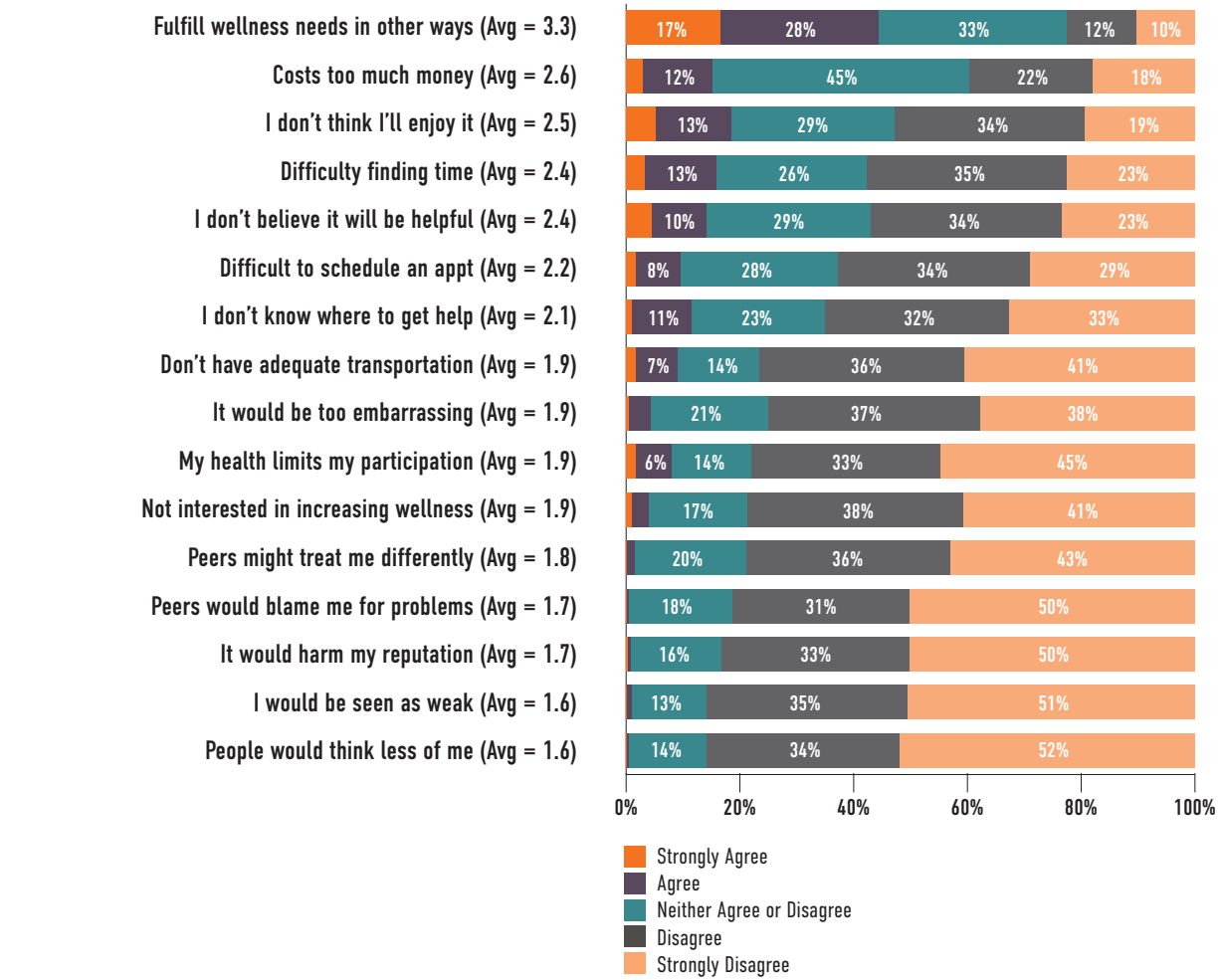
The two greatest barriers to participation in wellness offerings by the community are that some residents fulfill their wellness needs in other ways and programs may not be seen as being a good fit for them.

Figure 7. Barriers to Resident Participation in Wellness Programs



Likewise, the survey revealed few barriers to residents' participation in wellness coaching programs (see Figure 8). When asked about barriers specific to wellness coaching, 45% of residents agreed or strongly agreed that they fulfill their wellness needs in other ways. Most residents do not appear to have a stigma against wellness coaching.

Figure 8. Barriers to Residents Participating in Wellness Coaching



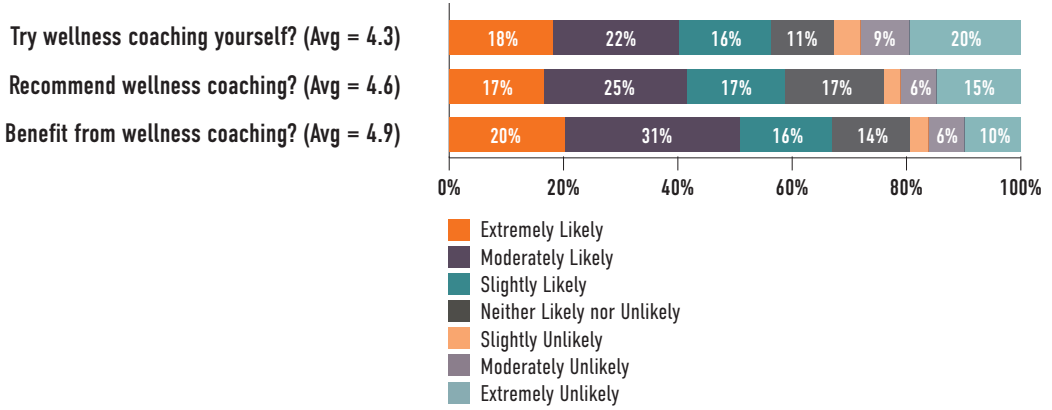
Employees were asked an open-ended question about barriers that could get in the way of their organization implementing a successful wellness coaching program. Fourteen employees responded to this question on the survey. The potential barriers that emerged in the employee responses related to resources included cost (36% of respondents), need for staff training and quality staff (29%), inadequate staff time

(21%), lack of space (14%), challenges in marketing the program (14%), and inadequate equipment (7%). The potential barriers that emerged related to program interest included lack of resident interest or buy-in (36%), lack of staff buy-in (14%), and lack of program participation (7%). Privacy issues (7%) and program return on investment (7%) were also mentioned as possible hurdles. A few employees went beyond barriers to note components that could be beneficial in launching a wellness coaching program such as incorporating volunteers (14%) and tracking resident and community outcomes (7%).

FINDING 7: 40% of Respondents Were Extremely or Moderately Likely to Try Wellness Coaching.

Residents were split on whether they were likely to try wellness coaching (see Figure 9). Approximately 40% of respondents indicated they were extremely or moderately likely to try wellness coaching, and 29% indicated they were moderately or extremely unlikely to try it. Additionally, 51% of residents indicated they were extremely/moderately likely to benefit from wellness coaching, and 42% were extremely/moderately likely to recommend wellness coaching to someone who resides in their community.

Figure 9. Resident Overall Interest in Wellness Coaching



FINDING 8: Residents with Both High and Low Wellness Levels Were Interested in Wellness Coaching and Believe It Would Benefit Them.

Notably, there was no statistically significant correlation between current wellness levels and interest in trying or benefitting from wellness coaching (p = .095). This suggests that wellness coaching holds promise for residents who are currently high or low in their perceived wellness. There was also a negative correlation between attitudes about aging (Laidlaw et al., 2018) and residents' interest in wellness coaching. Specifically, residents with greater struggles in the psychosocial domain (cf. Laidlaw et al.'s Psychosocial Loss subscale) were more likely to try wellness coaching (p = .009) and believe they would benefit from wellness coaching (p = .015). These residents tended to associate age with loss, sadness, difficulty forming new friendships, and feeling excluded due to their age. This suggests that residents who experience greater struggle in emotional or social wellness had greater interest in wellness coaching.

The research suggests that wellness coaching holds promise for residents who are currently high or low in their perceived wellness.

There was a significant correlation between interest in wellness coaching and general interest in improving one's wellness (p < .001). In fact, residents who were extremely or moderately interested in wellness coaching were more likely than other residents to express interest in improving wellness across the 16 distinct areas.

FINDING 9: Residents and Employees Preferred In-Person Wellness Coaching Programs Led by Staff or Health Care/ Counseling Professional and Agreed on Preferred Length and Frequency of Coaching Sessions.

Wellness coaching programs can be structured in many different ways. Type of coach, method of delivery, and coaching schedule may impact residents' willingness to participate. Residents were asked to indicate the likelihood they would participate in a wellness coaching program based on different program characteristics. In order to identify potential discrepancies between resident preferences and services that the communities can reasonably provide, employees were also asked to indicate the likelihood that their organization would offer resident wellness coaching programs based on the same program characteristics.

...residents indicated they are most likely to participate in a wellness coaching program led by a staff member, or a health care or counseling professional.

As depicted in Figure 10, residents indicated they are most likely to participate in a wellness coaching program led by a staff member (52% extremely/moderately likely), or a health care (52%) or counseling professional (43%) not employed at the senior living community. Preference for staff as coaches appeared to be rooted in familiarity. One resident said, "There's a great relationship here with the staff. They know us all by name… It's important to have someone you're comfortable with." When asked about the importance of having a close relationship with a person serving as wellness coach, another participant replied, "Oh yeah, that's a big thing. It has to be someone you're comfortable with that you feel understands your desires and needs and vice versa… I think if you have somebody who's a good motivator that's certainly going to be a big plus. Somebody who's enthusiastic, who's positive, forward thinking. That's the kind of person that you'd want it to be."

Another resident respondent, who indicated that a health care professional would be her top choice, explained a desire for similar characteristics: "It would have to be somebody that could motivate people, somebody that's excited about what they're doing and spreads their excitement to me, and try to get me to, you know, form my goals… Somebody who is, you know, like a motivator and somebody that's of course knowledgeable." Professional background was viewed as an indicator of credibility; as one resident described, "Because I'm an academic person, I like to know the training and background of the person… there's the issue of licensing and certification."

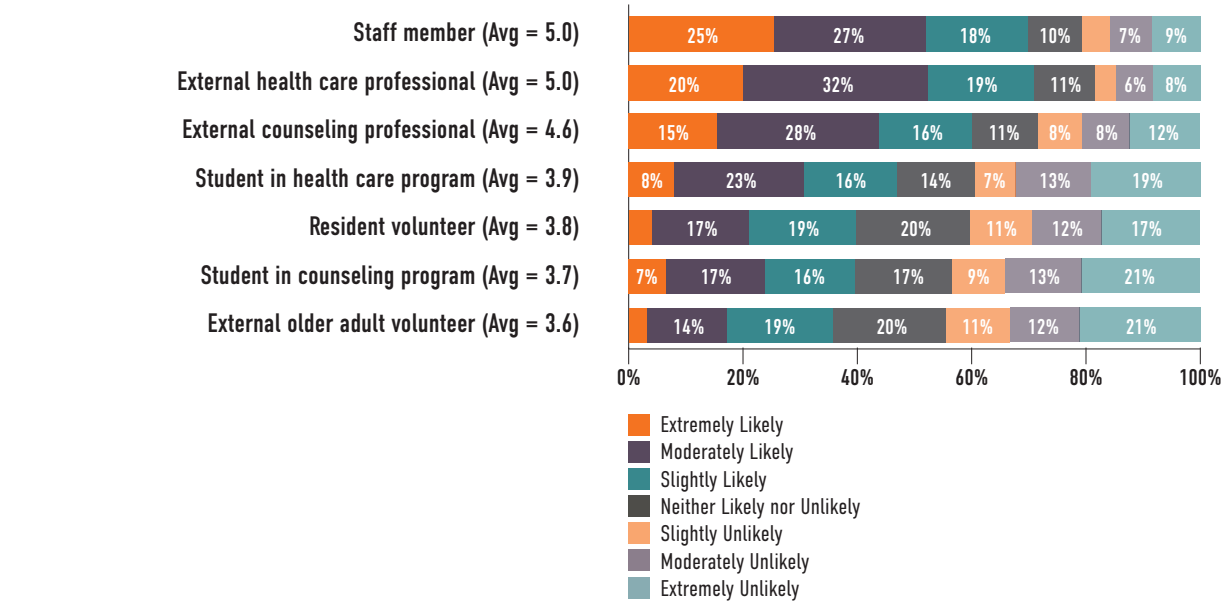
…employees expressed that the established relationships between wellness staff and residents were important foundations for wellness coaching.

Employees expressed similar preferences; however, they had a stronger preference for a staff-led wellness coaching program (Figure 11). Specifically, employee respondents indicated that their organizations were most likely to offer wellness coaching programs to residents if the program was led by a staff member (74% extremely/moderately likely). In a different survey question, employees were asked if they would like someone at their organization to be trained on wellness coaching. Seventy-two percent of respondents said yes. Twenty-two percent said they didn't know, while 6% indicated that they didn't want staff training on wellness coaching. (Note: there was already someone trained in wellness coaching at that community.) In follow-up interviews, employees expressed that the established relationships between wellness staff and residents were important foundations for wellness coaching. One respondent said, "They are going to feel more comfortable having already built a relationship with someone that they trust and they can share with." Employees also expressed openness to wellness coaching programs led by external counseling or health professionals (68% and 63%).

Employees reported more mixed opinions regarding a peer wellness coaching program led by residents (21% extremely/moderately likely, but 29% moderately/extremely unlikely), and indicated their organizations were less likely to offer wellness coaching

programs led by students or older adults (peers) who do not reside at the community. Residents were generally less open to wellness coaching from non-resident peers (33% moderately/extremely unlikely) or students (32% to 34% moderately/extremely unlikely). Employees indicated in follow-up interviews that residents were less likely to utilize wellness coaching offered by students and peers because of a perceived lack of expertise. One employee explained, "I think that an older adult or peer volunteer would not go over as well because our residents really value credentials and wisdom. So the students that are learning are not going to go over. They don't want someone who is learning. They want an expert."

Figure 10. Resident: Likelihood of Participating in Wellness Coaching Based on Background of the Coach



Residents expressed a strong preference for wellness coaching conducted in person (55% extremely/moderately likely) rather than over the phone or computer (Figure 12). Employees also indicated a strong preference for wellness coaching delivered in person (74%), shown in Figure 13. A sizeable percentage of employee respondents

indicated their organizations were unlikely to offer wellness coaching delivered over the computer or by phone (31% and 42% moderately/extremely unlikely). When interviewed, employees explained that the majority of residents prefer face-to-face contact.

Residents expressed a strong preference for wellness coaching conducted in person.

Figure 11. Employee: Likelihood of Offering Wellness Coaching Based on Background of the Coach

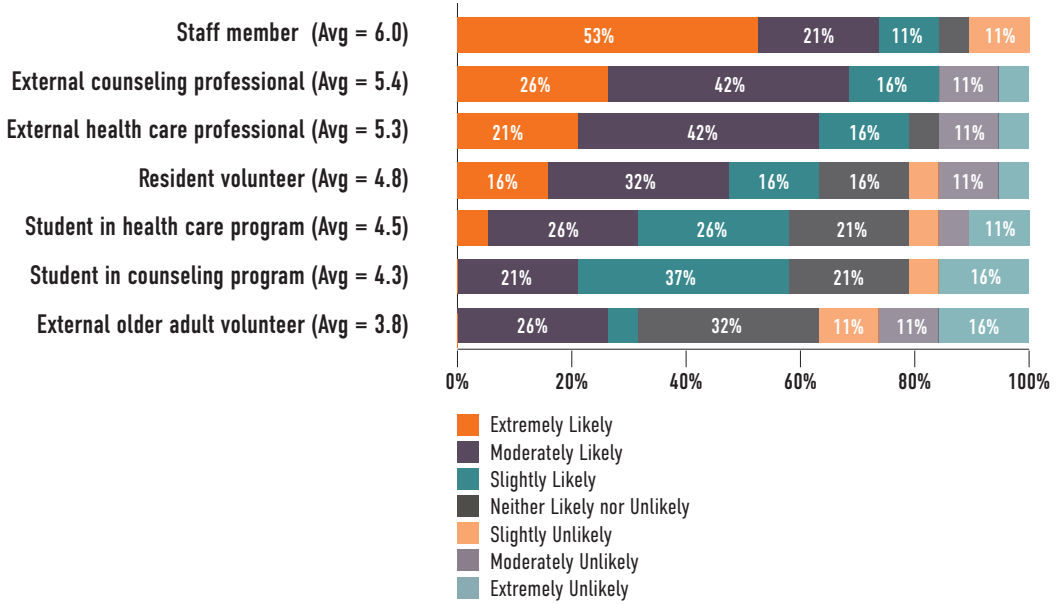
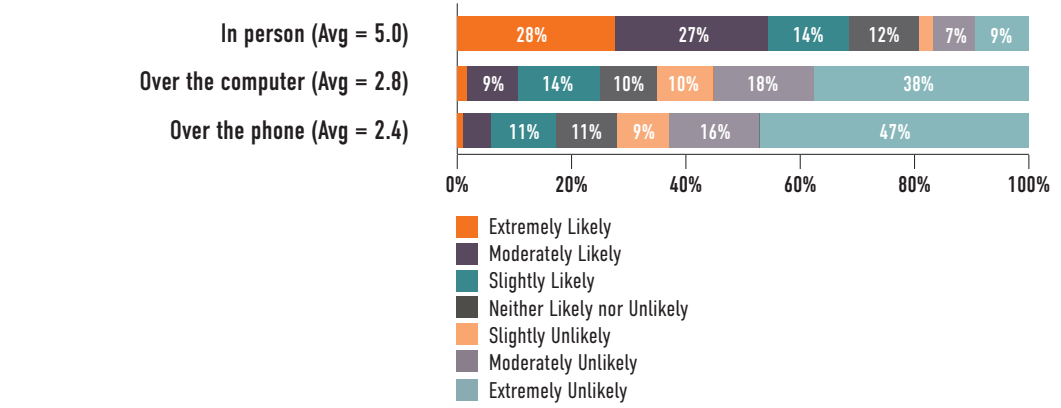
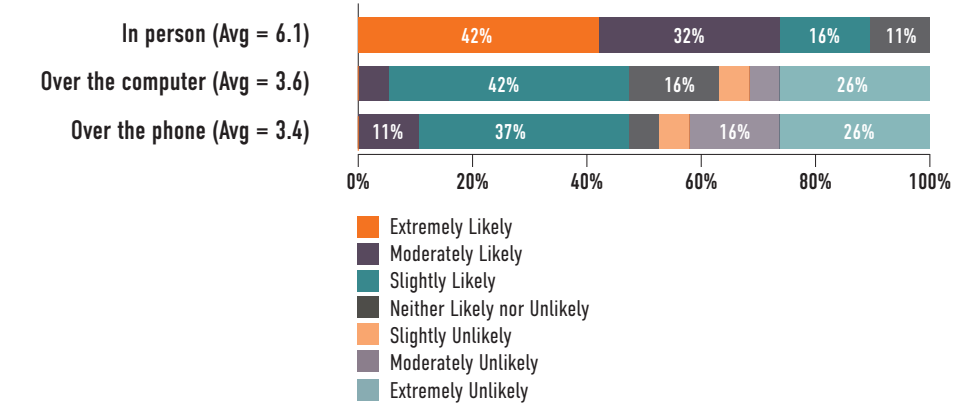


Figure 12. Resident: Likelihood of Participating in Wellness Coaching Based on Mode of Delivery



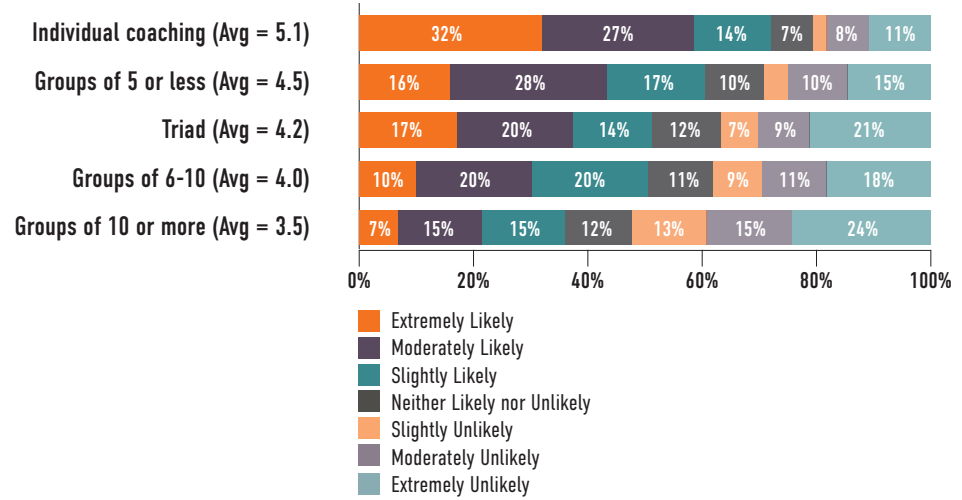
...residents and employees both expressed a preference for individual wellness coaching as compared to group sessions.

Figure 13. Employee: Likelihood of Offering Wellness Coaching Based on Mode of Delivery



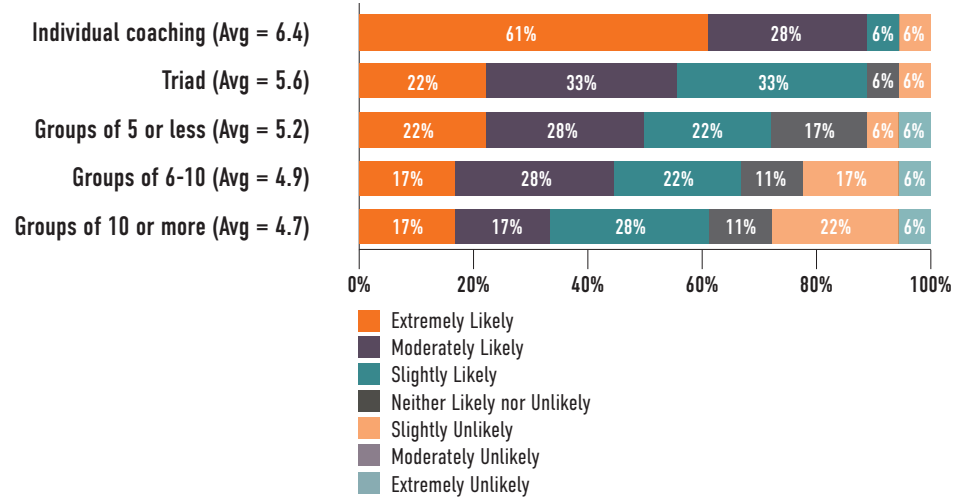
Residents were asked about their preference for coaching in an individual and group format. As displayed in Figures 14 and 15, residents and employees both expressed a preference for individual wellness coaching (59% and 89% extremely/moderately likely). Residents had some interest in small groups (44%) or triads (37%), and interest declined as the group size increased. Among employees, there were more

Figure 14. Resident: Likelihood of Participating in Wellness Coaching Based on Format



generous attitudes toward a group format. Although ratings were less positive for the larger group formats, none of the formats scored very negatively among employees (i.e., only 6% were moderately/extremely unlikely to offer the three group formats), which suggests that employees may be amenable to a group format.

Figure 15. Employee: Likelihood of Offering Wellness Coaching Based on Format



Two-thirds of employee respondents indicated that the wellness coaching sessions should last between 30 and 60 minutes.

Resident respondents preferred weekly wellness coaching sessions (50%) that lasted between 30 and 60 minutes (75%) (Figures 16 and 17). The majority of residents preferred to hold wellness coaching sessions at a location in the senior living community (86%), displayed in Figure 18.

Employees reported the same scheduling preferences (see Figures 16-18). Two-thirds of employee respondents indicated that the wellness coaching sessions should last between 30 and 60 minutes, and the remaining respondents preferred sessions lasting less than 30 minutes. Approximately half of employees responded that wellness coaching sessions should meet once a week. Most preferred that wellness coaching sessions take place in the senior living community, but not in the residents' dwelling (72%).

Figure 16. Preferred Length of Wellness Coaching Sessions

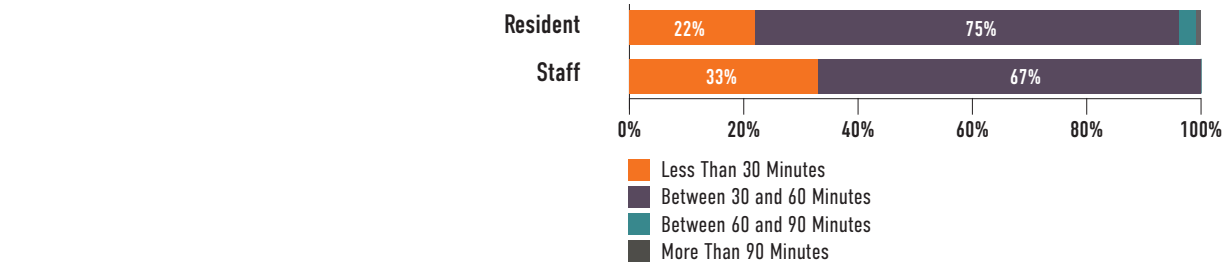


Figure 17. Preferred Frequency of Wellness Coaching Sessions

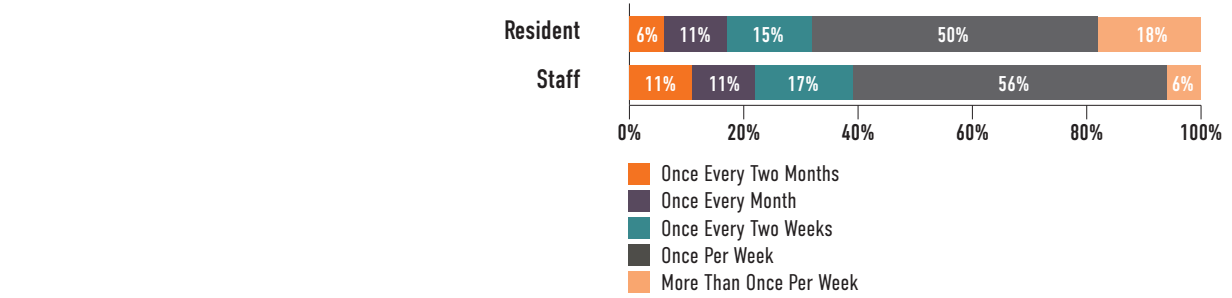
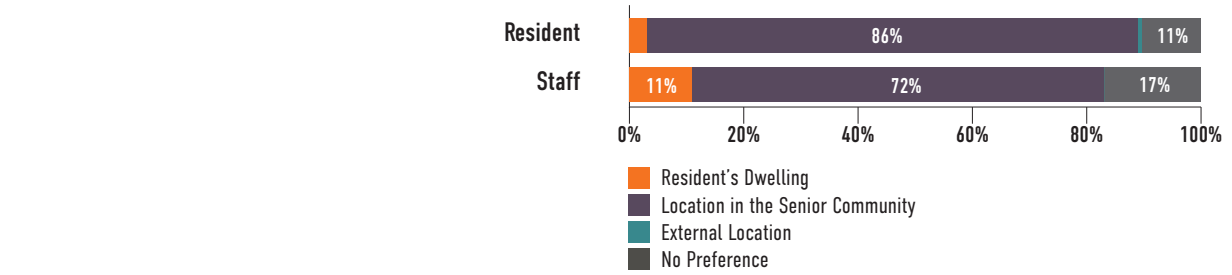


Figure 18. Preferred Location of Wellness Coaching Sessions



IMPLICATIONS FOR WELLNESS PRACTICES

...wellness coaching holds promise as a complement to current wellness programming within the senior living industry.

Efforts to improve wellness offerings should include education about the variety of dimensions that comprise holistic well-being, dialogue within the community about how specific dimensions are defined by residents, and periodic audits of wellness programming to ensure that an appropriate mix of offerings are made available.

Communities can provide information on the holistic nature of wellness in several ways. For example, education may include posting signage that reflects the multidimensional nature of wellness. Site-level communication (e.g., newsletters) could be utilized to highlight the importance of each dimension. In addition, communities may host speakers who provide expertise on a particular dimension (e.g., social wellness) while integrating their expertise within a holistic wellness framework.

Dialogue about how residents define each wellness dimension is needed to ensure that diverse opinions are represented. Research suggests that wellness may differ for older adults compared to other age groups (Fullen, 2019), making it important to establish definitions that are culturally and developmentally appropriate. Relatedly, specific generational cohorts (e.g., boomer generation) may have distinct ways of understanding key wellness dimensions. For example, spiritual wellness may include participation in organized religious activities, but it is not limited to these pursuits. Allowing residents to redefine spiritual wellness to reflect the diverse values within their particular community may be beneficial, especially in light of this survey's finding that spiritual wellness had the lowest levels of current wellness and resident interest.

Finally, ongoing assessment of which wellness dimensions are being addressed in current programming is vital. Based on the current data, there appears to be an opportunity to provide more offerings that support residents' emotional and

vocational wellness. Regarding emotional wellness, program types such as support groups or counseling are certainly beneficial and may be necessary for residents with acute needs related to transition, grief or loss, depression, anxiety, or substance use. However, in terms of optimal well-being, emotional wellness programs geared toward primary prevention (i.e., applicable to all residents, not merely those in distress) may be beneficial. Seminars focused on managing conflict with adult children, healthy coping during the holidays, or resilience training may generate broader interest and demonstrate the importance of cultivating emotional wellness as a daily habit.

IMPLICATIONS FOR IMPLEMENTING A WELLNESS COACHING PROGRAM

The data in this study suggest that wellness coaching may be a viable strategy to reinforce wellness across various dimensions, including unmet needs for emotional or vocational wellness.

Due to its focus on the whole person, utilizing client preferences and strengths, and prioritizing client motivation to engage in healthy behaviors, wellness coaching holds promise as a complement to current wellness programming within the senior living industry. Organizations that are interested in implementing a wellness coaching program should consider the results of this study to guide the development, rollout, and execution of such a program. A phased rollout for a wellness coaching program based on the current study is depicted in Table 3 and is described in detail below.

PHASE I: PROGRAM PREPARATION

The implementation of a coaching program begins with collaboration. A Life Plan Community should **identify people to lead the development of the wellness coaching program**, presumably individuals who hold expertise in the holistic wellness of older adults and coaching curriculum.

...utilizing staff as one of the sources of wellness coaches may enhance the likelihood of wellness coaching program success.

The selection of individuals to serve as wellness coaches should be driven primarily by capability and availability. The study data suggested that coach preferences are based on perceived credibility of the coach, including the coach's training background, skill, trustworthiness, and agreeableness. Since staff were identified by residents and employees as some of the most appropriate candidates to serve as wellness coaches, utilizing staff as one of the sources of wellness coaches may enhance the likelihood of wellness coaching program success. Each site could nominate key wellness-related staff to serve as wellness coaches.

Given that the demand for coaching may be high and staff expressed concern about being overextended, additional coaches will be needed over time. Residents indicated they were open to coaching from non-site personnel when these individuals had the appropriate educational or credentialing background. Another potential source of coaches is residents with a health care background, which may address the study participants' desire to work with someone with expertise in health and wellness, while reducing burden on staff, and allowing for the wellness coaching service to be provided at minimal cost to resident clients.

The wellness coaching program should have a process for vetting staff and resident coaches prior to them beginning coaching training. This can foster program quality and trust among prospective coaching clients. Historically, wellness coaching has been performed by individuals with a wide range of educational backgrounds and training. Certification, which was mentioned by several participants during interviews, is available but typically not required to perform a coaching role. As there is considerable variability in the quality of programs that lead to certification, wellness program directors are advised to seek out quality wellness coaching training programs rather than solely focusing on certification.

Fortunately, a great deal of effort has been made in the past decade to examine the many functions of wellness coaching and promote greater standardization in training and skill development. The International Consortium for Health and Wellness Coaching (ICHWC), which is affiliated with the National Board for Health and Wellness Coaching, is one such entity that endeavors to bring consistency to the skills and knowledge required to perform wellness coaching. The ICHWC website provides links to training programs, as well as key training elements that were developed through a formal job task analysis. Although variability remains among wellness coaching training—programs approved by the credentialing body vary in terms of duration, training delivery structure, cost, and related factors—there is an emerging consensus in terms of the tasks, knowledge, and skills that are needed to perform the role of wellness coach. Therefore, coach training should be aligned with the standards suggested by the ICHWC. An assessment of coaching capabilities should be incorporated as one indicator of successful completion of coaching training.

A minimum term of service should be requested of the wellness coaches in order to preserve the time and resources invested in training the wellness coaches.

Coach training should include ongoing supervision. Wellness coaches should participate in supervision calls with the program developers to discuss ways to navigate challenges in their work with their coaching clients. This ensures fidelity of the curriculum and quality of service (Naik et al., 2012). A minimum term of service should be requested of the wellness coaches in order to preserve the time and resources invested in training the wellness coaches. Upon completion of a specific number of coaching sessions, **the program developers should train the inaugural group of wellness coaches to be able to train and supervise future wellness coaches at that site**. This "train the trainer" approach facilitates the long-term growth and viability of the program.

PHASE II: PROGRAM DELIVERY

Resident interest is critical for buy-in, so efforts to launch a pilot coaching program should be tailored to the preferences of each community. Referral sources for prospective wellness coaching clients may include 1) discussing the wellness coaching service during new resident orientation, 2) staff referral of isolated residents and residents exhibiting wellness challenges, and 3) self-referral generated from wellness and fitness staff promotion and health and wellness-related committee advertisement. **Identifying residents who may serve as early adopters and program champions is key to the program's success due to the significant influence of resident referral when establishing a new program.**

Identifying residents who may serve as early adopters and program champions is key to the program's success.

In addition, an important aspect of rolling out a wellness coaching program is to educate staff and residents on what the program entails. People may have different beliefs about wellness coaching. Our study suggests that, although staff/resident definitions of wellness were holistic, there were expectations that wellness coaching may be more heavily focused on physical wellness. Therefore, **it is important to reiterate during program launch and throughout implementation that wellness coaching is holistic in nature.**

...the program should be designed to resonate with those who are struggling in different wellness areas or who are ambivalent in some ways about how to improve their wellness.

Table 3. Steps of Wellness Coaching Program Implementation

PHASE I: PROGRAM PREPARATION

STEP 1:

Establish partnership with program developers.

STEP 2:

Identify wellness coaches.

Coaches = wellness-related employees + residents with health care background

STEP 3:

Train wellness coaches.

Coaches must successfully complete training from program developers prior to coaching.

STEP 4:

Identify coaching clients.

Strategies: 1) new resident orientation, 2) targeted outreach to residents with wellness challenges, 3) self-referral

PHASE II: PROGRAM DELIVERY

STEP 5:

Launch wellness coaching sessions + wellness coach supervision.

STEP 6:

Identify wellness coaches to train and supervise new wellness coaches.

STEP 7:

Consult with program developers as needed.

The wellness coaching curriculum should be versatile in its aims. Based on the current study, the curriculum should be geared toward giving those with high wellness and high interest in improving wellness an "edge" in continuing to grow their domain-specific and overall well-being. This includes increasing the effectiveness and efficiency of wellness goal attainment while addressing wellness areas that might be lower. At the same time, the program should be designed to resonate with those who are struggling in different wellness areas or who are ambivalent in some ways about how to improve their wellness. A framework for the wellness coaching process is outlined in Table 4.

Table 4. Wellness Coaching Framework

OPENING STAGE (ASSESS, BUILD RAPPORT, SET GOALS)

1) Multidimensional wellness assessment

2) Build rapport between coach and client

3) Set wellness goals and action steps

MIDDLE STAGE (ACTUALIZE CHANGE)

4) Increase client self-efficacy and motivation

5) Provide information and resources on wellness

6) Elicit and apply strengths to address goal areas

7) Discuss and practice change strategies

8) Address barriers to change that arise

FINAL STAGE (SOLIDIFY AND SUSTAIN CHANGE)

9) Review gains, potential barriers to sustained change, and post-coaching wellness goals

10) Facilitate closure of the coaching relationship

In terms of format, many respondents preferred individual coaching, but group coaching may be most feasible due to staff time limitations. Therefore, communities should consider the availability of resources to offer individual coaching while also considering the possibility of expanding to a group format to aid in sustainability and scalability. A one-on-one coaching format will also ensure personalized care and maximize time for customized wellness assessment, goal setting, and intervention. Weekly coaching for eight to twelve sessions may be sufficient for certain clients, whereas others may require a longer duration of time. Session frequency should be determined based on client need and staff availability.

...coaching could function as an extension of physical wellness that incorporates the many other wellness dimensions of interest to particular clients.

During the opening stage, **a multidimensional wellness assessment is used to identify which dimensions are of most interest to the client**. If the coach is familiar with the full range of wellness offerings at the community, they are well-positioned to connect clients with other wellness services that are available. In light of residents' high interest in physical wellness, it may be useful to, in part, promote wellness coaching as a way to increase physical wellness.

Rather than wellness coaching duplicating what occurs within resident fitness programs, coaching could function as an extension of physical wellness that incorporates the many other wellness dimensions of interest to particular clients. In this way, interest in physical wellness could be used as a springboard to further develop other aspects of wellness. Desire for improving one's physical wellness could be incorporated into the wellness coaching session, although direct engagement in exercise, fitness, or dietary modifications would be performed separately under the supervision of staff with appropriate training (i.e., not necessarily the wellness coach). This format allows the coaching process to remain multidimensional in nature, although fully able to take advantage of the physical wellness offerings available within the Life Plan Community. There is also an emphasis on building rapport with

the client during the opening stage. Research robustly supports the significance of the working alliance between helping professional and client.

Residents scored high across several wellness domains, suggestive of considerable strengths in achieving wellness. In the middle stage, wellness coaches should consider incorporating techniques to elicit and apply these strengths to aid in the achievement of wellness goals. Wellness coaching standards and wellness counseling cite the importance of using solution-focused techniques for identifying and applying strengths (Jordan et al., 2015; Ohrt, Clarke, & Conley, 2019). Motivational interviewing is also an evidenced-based approach used in wellness coaching for increasing the perceived importance of change, confidence to change, and readiness to change (Jordan et al., 2015; Miller & Rollnick, 2013). **The middle stage provides an opportunity for the coach to link residents to resources within and outside of their Life Plan Community.** This approach has been successful in a previous pilot program (Chapin et al., 2013).

Wellness interventions typically assist clients in navigating issues that block them from success in wellness goals.

Providing clients with wellness information might be helpful to correct misinformation, broaden their definition of wellness, and thereby create ideas for bolstering their wellness. Wellness interventions typically assist clients in navigating issues that block them from success in wellness goals (e.g., Naik et al., 2012). Wellness coaches seek to facilitate opportunities to discuss or practice new wellness habits within sessions to increase the likelihood of success outside of session. **The final stages of wellness coaching are dedicated to crystallizing the change that has occurred and preparing the client for wellness challenges they may face once coaching has ended.** The wellness coach also directs the client's attention to progress they have made, which further reinforces motivation and helps the client identify wellness goals to pursue once the coaching has been completed. The coach is striving to ensure long-term positive wellness outcomes through this final stage.

CONCLUSIONS

A wellness coaching program should be rolled out in phases and be responsive to resident and employee preferences.

The current study of Life Plan Community residents and employees has yielded important information on perceived wellness levels of residents, areas of wellness interest, barriers to wellness, preferred wellness offerings, interest in wellness coaching, barriers to wellness coaching, and wellness coaching preferences. The residents completing this study rate their wellness and wellness resources as high. Nonetheless, residents still desire additional wellness programming and voiced a notable interest in wellness coaching. There also appears to be a need for emotional, spiritual, and vocational wellness offerings. Wellness coaching is one potential promising solution that builds upon the inner resources of residents and external resources of the Life Plan Communities. A wellness coaching program should be rolled out in phases and be responsive to resident and employee preferences. This may include utilizing employees and/or residents with a health care background who receive additional training as wellness coaches to provide the quality coaching that residents prefer. The wellness coaching framework should be sensitive to the unique desires and interests of the residents, while being grounded in the literature, wellness coaching standards, and evidence-based practices.

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