



# Türkiye's First Diabetes Nurse Coaches' Opinions on Diabetes Nurse Coaching: A Qualitative Study

*Türkiye'nin İlk Diyabet Hemşire Koçlarının Diyabet Hemşire Koçluğu Hakkındaki Görüşleri: Nitel Bir Araştırma*

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## Abstract

**Introduction:** In Türkiye, diabetes nurse coaching is an emerging concept. This research was performed with the aim of determining the opinions of nurses participating in diabetes nurse coaching training and the first graduates of the program in Türkiye about diabetes nurse coaching.

**Methods:** This study was completed with a qualitative research method from January 2023 to June 2023. Online in-depth interviews lasting about 30 minutes each were held with 13 volunteer nurses, who participated in the diabetes nurse coaching certificate program. The data were analyzed using the NVivo 12 program. Analysis of qualitative data obtained from the interviews used the 7-stage analysis method developed by Colaizzi for phenomenological research.

**Results:** Three themes emerged from the interviews: 1) who a diabetes nurse coach is / (subthemes: raising awareness, empowering and travel companion), 2) why be diabetes nurse coach (subthemes: benefit realization, professional development and role-modeling), and 3) diabetes nurse coach metaphors (subthemes: light, functional and road friend).

**Discussion and Conclusion:** The diabetes nurse coaching certificate program supports professional development by providing nurses with a different perspective. Additionally, diabetes nurse coaching may be used as a new and alternative method to provide self-management for individuals with diabetes.

**Keywords:** Coaching; Diabetes mellitus; Nursing; Qualitative research

With a growing and ageing population, there is an increasing need for nurses capable of providing direct care for non-communicable diseases. Referred to as chronic diseases, these conditions present numerous challenges. Addressing these difficulties requires a more integrative, person-centered approach, which is

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reflected in nursing philosophy and practice.<sup>[1]</sup> In recent years, health coaching has emerged as an innovative intervention aimed at promoting and enhancing health. It focuses on empowering patients with chronic diseases to strengthen self-management and improve their current health behaviors.<sup>[2]</sup>

Generally, a coach is known as a person who ensures the individual takes responsibility for their own decisions with the aim of bringing an individual from one point to another.<sup>[3]</sup> Coaches play key roles in empowering individuals using solution-focused techniques like an integrative approach, motivational interviews, goal setting, and problem-solving.<sup>[2]</sup> Coaching involves a cooperative and egalitarian relationship between coach and client, and is related to encouraging the client in the process of thinking and acting with accurate and powerful questions, rather than guiding the client.<sup>[4]</sup> Coaching provides individuals with awareness of their own strengths during the process of change.<sup>[5]</sup> According to the International Coaching Federation, coaching is defined as cooperating with the client in an inspiring, thought-provoking, and creative process to bring individuals to the highest levels in terms of personal and professional potential.<sup>[6]</sup> Coaching is a field in nursing, and nurse coaching is a natural extension of the nursing role.<sup>[7]</sup>

Nurses leave their expert role aside in the coaching process and assist in determining the areas where the person desires change and finding priorities. Thus, targets comprise clarifying and determining the person's agenda. Professional nurse coaches are defined as nurses who integrate coaching skills in any environment or area of expertise to achieve a process of change or development and assist individuals or groups in realizing their potential.<sup>[8]</sup> Nurse coaches have roots in the heritage of Florence Nightingale, nursing history, nursing theories and social sciences and also focus on the needs, goals and resources of individuals.<sup>[1]</sup> In nurse coaching, collaboration with the client comprises the basis of the process, while nurse coaches should be able to listen effectively, communicate effectively, create awareness, ask insightful questions and provide feedback.<sup>[8]</sup> For management of chronic diseases, there is a need to determine the patient's preparedness for change considering their choices and to determine treatment strategies with a holistic perspective. A possible solution route that will be effective in this process is the planning, development and implementation of individualized nursing for chronic diseases.<sup>[9]</sup>

Management of diabetes, a condition very frequently seen among chronic diseases, comprises complex steps like

nutrition, exercise, stress management and blood glucose management by individuals; hence, diabetic individuals may require nurse coaches.<sup>[10]</sup> The effects of nurse coaching provided to diabetic individuals on diabetes self-management, stress management and blood glucose monitoring are found in several studies.<sup>[11–14]</sup> Diabetes nurse coaching (DNC) is reported to be a method assisting the individual in achieving a range of successes through harmonization with factors affecting goal determination, health monitoring, awareness of obstacles, solutions and changing goals.<sup>[11]</sup>

With the emergence of a different role in nursing, rooted in the basic values and capabilities of nurse coaches, originating in America in 2010, nurse coaching began to be actively practiced in several countries internationally.<sup>[15]</sup> In Türkiye, nurse coaching is a new development professionally. Since September 2022, the ICF-accredited diabetes nurse coaching certificate was opened only for nurses. This research was performed with the aim of determining the opinions of nurses participating in diabetes nurse coaching training and the first graduates of the program in Türkiye about diabetes nurse coaching.

## Materials and Methods

### Study Place and Design

This study, employing an explorative qualitative design with an inductive approach, was conducted between 07 January and 13 June 2023.<sup>[16]</sup> The homogeneous sample method was used from the purposeful sampling methods.<sup>[17]</sup> In this study was conducted with nurses who received the first diabetes nurse coach certificate in Türkiye, and as the participants were located in different cities, interviews were completed online via the Zoom platform.

### Population and Sample

The population for the study comprised a total of 19 nurses receiving the diabetes nursing coach certificate, a new development in Türkiye. Inclusion criteria for the study were; 1) age  $\geq 18$  years, 2) receiving the diabetes nurse coach certificate accredited by the International Coaching Federation (ICF), 3) working as a nurse in Türkiye, and 4) volunteering to participate in the study. All nurses were invited to participate in the study and the sample size was determined according to data saturation.<sup>[18]</sup> Data collection was concluded after 13 interviews, at which point data saturation had been reached. After the 11<sup>th</sup> interview, no new themes or codes emerged, and two further interviews confirmed the redundancy and completeness of the

**Table 1.** Interview guide with semi-structured questions used in the study

1. Who is a diabetes nurse coach?
2. What does a diabetes nurse coach do?
3. What is diabetes nurse coaching like? (If you wanted to compare it to something, what would it be? Metaphor). Because.....
4. What did becoming a diabetes nurse coach bring to you?
5. How does a diabetes nurse coach benefit the person with diabetes?
6. What is the difference between a diabetes nurse and a diabetes nurse coach?
7. Why did you want to become a diabetes nurse coach?

data. All participants were registered nurses who had successfully completed an ICF-accredited diabetes nurse coaching certificate program in Türkiye. This program is the only nationally recognized qualification for specialization in diabetes nurse coaching. At the time of data collection, all participants were certified diabetes nurse coaches who had previously worked with individuals with diabetes as part of their professional nursing experience. Their prior engagement in diabetes care varied in duration, but all had direct experience supporting diabetic individuals in clinical settings before or during their coaching training.

**Data Collection Tools**

For data collection of data in the research, the individual descriptive form created by the researchers and the semi-structured interview form were used.

Individual descriptive form: Participants were asked seven questions before the in-depth interview about age, sex, educational status, years of professional experience, diabetes in relatives and experience working with diabetic individuals.<sup>[19,20]</sup>

Semi-structured interview form: Individual in-depth interviews were used to allow safe and flexible exploration of participants’ personal experiences. An interview guide with seven semi-structured questions (Table 1) was designed by all authors, based on previous research and interview questions used in similar studies.<sup>[19,20]</sup> Expert opinion was obtained from three academics experienced in qualitative research and nursing coaching. The questions were refined based on their feedback to ensure content clarity, relevance, and alignment with the study aim.

**Data Gathering**

Although all participants were known to the researchers (TB and Bİ), interviews were conducted by an independent researcher (EGS) to ensure participants felt comfortable. The study’s purpose, significance, and confidentiality were explained, and informed consent, including for voice

recordings, was obtained. Interview times were arranged collaboratively, and sessions were held in quiet, safe settings. The first two pilot interviews were included in the analysis, as no changes were needed. Each interview lasted an average of 30 minutes.

**Data Analysis**

The descriptive characteristics of the participants were analyzed using SPSS software (Version 27.0, SPSS Inc., Chicago, IL, USA). Content analysis of the qualitative data was conducted using Nvivo 12 software. Interviews were transcribed from digital recordings. All interviews all were audio-recorded and transcribed verbatim for structured qualitative analysis. The authors met repeatedly between July and August 2023, to discuss themes and possible underlying patterns in the data. Analysis of qualitative data obtained from the interviews used the 7-stage analysis method developed by Colaizzi (1979) for phenomenological research.<sup>[21]</sup> Qualitative analysis of the data was made by the first and third authors and codes were created. The qualitative data analysis stage is shown in Table 2. Bİ, who was not part of the coding and analysis team thus far, audited the resulting thematic structure and its correspondence to raw data independently, performing the function of a critical auditor. In accordance with Colaizzi’s seventh step, the transcribed data and interpretations were shared with participants for their feedback and confirmation.

**Ethical Considerations**

The study was approved by the Ankara Yıldırım Beyazıt University Health Science Ethics Committee (03.01.2023, no: 23-1341) and conducted in line with the Declaration of Helsinki. Participants provided written and verbal consent, scanned and emailed their signed forms to the researcher (EGS). Recordings and transcripts were stored securely, with anonymized numerical codes (e.g., P1, P2) used in quotations.

**Table 2.** Steps in Collaizi's phenomenological data analysis

Step	Description
1. Familiarization	Two different researchers (TB, EGS) read all interview texts independently several times.
2. Identifying significant statements	Important statements in the text were identified and general lines were noted.
3. Formulating meanings	The researchers carefully assessed important statements. They were grouped in themes.
4. Clustering themes	Researchers identified the main themes and subthemes and arranged them.
5. Developing an exhaustive description	The grouped themes and subthemes were developed and details were defined.
6. Producing the fundamental structure	The researched phenomenon was expressed in an understandable way.
7. Seeking verification of the fundamental structure	Research findings were shared with participants to support accuracy in the interpretation and analysis of data stages.

## Rigour and Reflexivity

Guba and Lincoln noted the need for qualitative research to be trustworthy, rather than valid or reliable, and stated some criteria.<sup>[22–24]</sup> These criteria are included in the literature as the gold standard. For trustworthiness, Guba and Lincoln (1982) categorized the criteria under four main headings of credibility, dependability, confirmability and transferability. Those methods that paid attention to the important factors for trustworthiness of credibility (reducing researcher bias, participant checking), transferability (purposeful sample, inclusion criteria, detailed description of environment and participants), dependability (literature review, detailed description of research methods, investigation of process and outcomes by another researcher) and confirmability (reducing researcher bias) were used.<sup>[22,25]</sup> The study is reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) 32-item checklist.<sup>[26]</sup>

## Results

The study comprised a total of 19 nurses receiving the diabetes nursing coach certificate. Descriptive characteristics of nurses are shown in Table 3. The mean age of nurses was  $29.69 \pm 6.31$  years, with 92.3% women and 38.5% having received postgraduate education (Table 3).

According to the data obtained from the nurses statements, three themes were identified. These were as follows: (1) who a diabetes nurse coach is, (2) the reasons for being a diabetes nurse coach, and (3) the metaphors for diabetes nurse coaches. These themes were later separated into categories and codes (Fig. 1).

### Theme 1: Who is DNC?

The first theme was related to who is a diabetes nurse coach (DNC) and this theme included three subthemes of raising awareness, empowering and travel companion. Three codes (patient-centered, goal-oriented, motivational ball) were identified in the empowering subtheme.

**Table 3.** Informant characteristics

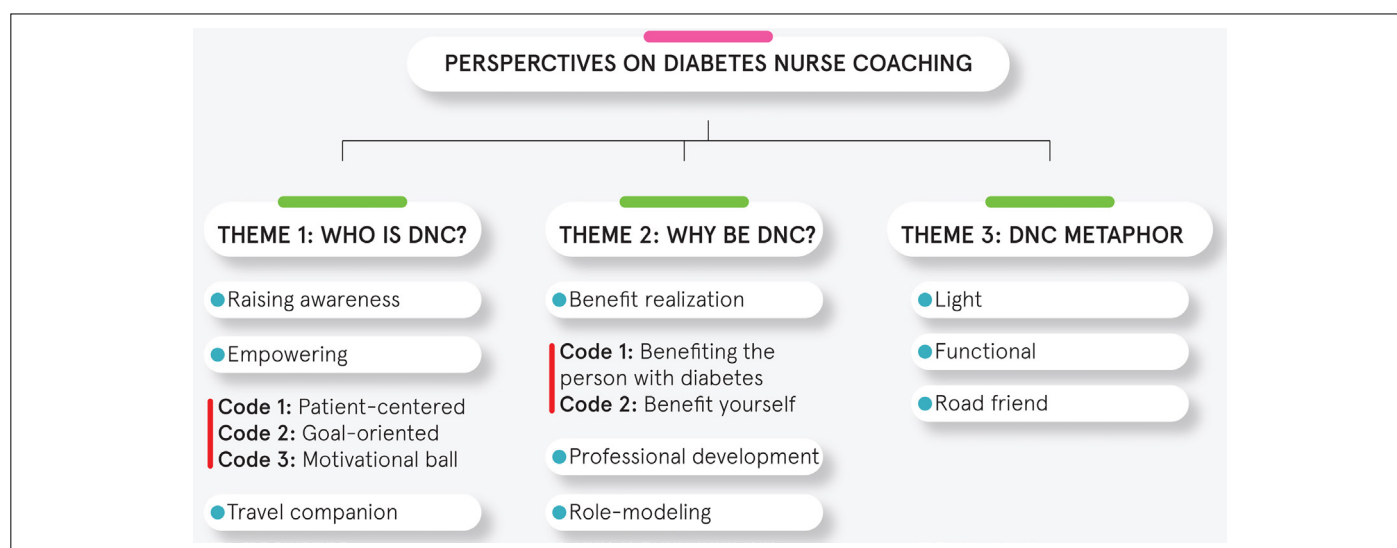
Characteristics	n	%
Age, Mean $\pm$ SD	29.69 $\pm$ 6.31	
Years of professional nursing experience, Mean $\pm$ SD	6.69 $\pm$ 6.27	
Age		
23–32	8	61.5
33–42	5	38.5
Gender		
Female	12	92.3
Male	1	7.7
Education		
Undergraduate	8	61.5
Postgraduate	5	38.5
Works with diabetic individuals		
Yes	13	100
No	0	0
Diagnosed as diabetic		
Yes	2	15.4
No	11	84.6
Diabetic diagnosis in relative		
Yes	11	84.6
No	2	15.4

SD: Standard deviation.

### Subtheme 1: Raising Awareness

In relation to who is a DNC, most nurses evaluated a DNC as a person who raises awareness (n=11). The nurses reported the following thoughts about the topic:

*"DNCs raise awareness, like they create awareness in oneself and contribute to seeing that the only power to achieve something is the power within oneself and that sufficient power actually exists." (P2)*



**Figure 1.** Themes and sub-themes regarding the opinions of diabetes nurse coaches.

*"It's someone who listens more to the person with diabetes, gives them more space to express themselves, and helps increase their awareness—whether it's about their illness or their own self-awareness." (P12)*

### Subtheme 2: Empowering

In relation to who is a DNC, nurses evaluated DNC's as a person who empowers others (n=13). Three codes were identified in the empowering subtheme of patient-centered, goal-oriented and motivational ball.

#### Code 1: Patient-Centered

Another concept frequently expressed in relation to empowering was patient-centered (n=3). The nurses thought the following about this topic:

*"Actually, being a nurse coach assisted me in communicating better with patients. I listen to patients more effectively without directing them, like not saying you should do this, do that, but touching their lives through their desires and active participation. In other words, I can say it has assisted me in positively touching their lives." (P7)*

#### Code 2: Goal-Oriented

The most commonly expressed concept in terms of empowering was goal-oriented (n=7) with nurses reported most opinions about this topic. The nurses thoughts are summarized below:

*"Rather than give information or teach, DNCs support diabetic individuals in gaining awareness*

*of the targets they wish to reach in their life's journey." (P6)*

*"In my opinion, it's like this: when we meet with someone, we are the person who stands by them to support their journey from where they are to where they want to be." (P10)*

#### Code 3: Motivational Ball

Another concept expressed in relation to the empowering meaning was 'motivational ball' (n=3) with nurses thinking the following about the topic:

*"It provides strength and motivation to the individual. It mediates them in setting out on their own journey by ensuring they find motivating resources." (P5)*

*"DNCs don't give training, they increase the person's motivation" (P4)*

### Subtheme 3: Travel Companion

Nurses appeared to evaluate DNC as travel companions (n=10) in relation to who is the DNC. Thoughts of nurses about this topic are as follows:

*"I can say a travel companion. Like a travel companion because the DNC actually walks beside the individual with diabetes and makes the journey more pleasant." (P4)*

*"A DNC is actually a travel companion, according to me. In other words, diabetes is a long journey, and on this journey, there is a need for a person as a counsellor I think, as a friend. DNC provides this friendship exactly, I think." (P8)*



## Theme 2: Why be DNC?

The second theme was related to the reasons for being a DNC and included the subthemes of benefit realization, professional development and role modeling. The benefit realization subtheme included two codes of benefiting the diabetic individual and benefiting themselves.

### Subtheme 1: Benefit Realization

Nurses appeared to assess the concept of 'benefit realization' (n=11) most in relation to reasons for being a DNC.

#### Code 1: Benefiting the Person with Diabetes

The most frequently stated concept related to providing benefits was 'benefiting the diabetic individual' (n=8) with nurses reporting most opinions about this topic. Thoughts of nurses about this topic are as follows:

*"I wanted to be of some benefit to diabetic patients with coaching, like to be able to understand their language, to be able to listen to them better, to be able to be more professional. As a result, when diabetes nurse coaching combines with diabetes nursing, I think the patient will receive much more benefit..." (P12)*

#### Code 2: Benefit Yourself

Another concept that was most expressed in relation to benefit realization was 'benefiting yourself' (n=3), with nurses thinking the following about this topic:

*"For me, actually, it helped a lot/served so much, but the shortest summary is that it helped develop a new perspective about searching for different solutions at times when I'm stuck about any topic and becoming aware of and identifying existing obstacles or potential problems." (P6)*

### Subtheme 2: Professional Development

Another concept expressed in relation to benefit realization was 'professional development' (n=6), with nurses thinking the following about this topic:

*"I'm currently pursuing a master's in internal medicine nursing, with a thesis focused on diabetes, so I already had a strong interest in the field. The integration of mindfulness and self-awareness practices in the DNC program deeply resonated with me. It helped me discover myself and gave me a strong sense of belonging from the very beginning. I'm truly glad I chose this path." (P5)*

### Subtheme 3: Role-Modeling

Another concept expressed in relation to providing benefit was 'role-modeling' (n=3), with the nurses expressing the following thoughts:

*"Frankly, I was very curious because the educators who gave the DNC training made me love diabetes. When they shared the first program, I began to be a bit curious, like 'could this be an indicator of how far it could extend?'. My teachers were role models for me. Like, I began to see how far nursing can extend, where it can reach. I'm glad I started." (P8)*

## Theme 3: DNC Metaphor

The third theme was related to the metaphors for DNC, with three subthemes of light, functional and travel companion identified in this theme.

### Subtheme 1: Light

Most nurses used metaphors related to light (n=5) in relation to metaphors for DNC. Opinions on the topic are as follows:

*"Like, actually I think DNC is like the sun. Yes, I think it resembles the sun. In other words, illuminating, I don't know, ensuring the person can see in front of them, I think DNC is like something like that. That's the first thing that comes to mind." (P2)*

### Subtheme 2: Functional

Nurses appear to use the functional metaphor (n=4) in relation to metaphors for DNC. Nurses' thoughts on the topic are given below:

*"Maybe DNC can resemble a fruiting tree. Why? Because it supports the patient from all aspects and benefits the patient. Actually, a fruit tree is like that, like it provides benefit to the individuals through its fruit." (P7)*

*"To me, a DNC is like a mother, a teacher, and a friend—someone who supports, educates, and stands by you through diabetes and life challenges." (P11)*

### Subtheme 3: Road Friend

It appeared nurses used the metaphor of road friend (n=4) when finding metaphors for DNC. Their thoughts on the topic are as follows:

*"As the sea relaxes me, like, you go to the seaside, they talk, you talk, you explain, like*

*they don't give you too many answers, but you find yourself a solution there, you return after relaxing. It gives me a feeling similar to the sea."* (P12)

*"I'd compare a DNC to a friend—someone you choose to meet, who supports you, lifts you up, and helps you realize your potential."* (P6)

## Discussion

This study was performed with the aim of determining opinions related to diabetes nurse coaching of nurses trained in DNC for the first time in our country.

When the results of our study are investigated, participants responded to the question of 'what is diabetes nurse coaching?' with providing awareness, empowering, and road friend. In the interviews, the nurses (n=11) stated that coaching helped provide more awareness both on the part of the diabetic individual and for themselves, and they developed more professional relationships with the patients. Additionally, they stated that awareness practices ensured they discovered themselves. In the study by Frey and Ratliff, it was stated that training of nurse coaches provided awareness for themselves, similar to our findings.<sup>[19]</sup> The literature states that nurse coaching is an important component in increasing self-awareness of the person and developing themselves and that awareness practices reduce stress.<sup>[20,27,28]</sup> In this context, it is not wrong to say that nurses with increasing self-awareness will provide better and more sensitive care.

To the question of "why diabetes nurse coaching?"; the most frequent responses were providing benefit (to themselves and the diabetic individual), professional development and role-modeling. The nurses found the contribution of nurse coaching valuable for their professional development, which is very pleasing in terms of the outcomes and purposes of the training. Similar results were observed in the study by Frey and Ratliff.<sup>[19]</sup>

The nurses participating in the research stated that being a DNC guided them toward a patient-centered approach and they became aware of the importance of effective listening. This finding is consistent with the HEART model, which believes in the value of trusting the therapeutic environment and effect that will form with questions asked to the diabetic individual as a nurse coach and most importantly in the value of being fully present in the energy field shared with the diabetic individual.<sup>[15]</sup> This model is a framework developed

specifically for nurse coaching, based on effective listening. Some studies showing that patient-centered coaching for diabetic individuals is effective in improving diabetes management support these findings.<sup>[10,29]</sup> These results lead to consideration that nurse coaching will be a perfect route to ensure diabetic individuals play a more active role in their own health care by abandoning their habitual passive role.

When these nurses were requested to use a metaphor for diabetes nurse coaching, they responded with light, functional and travel companion. Of the participants, 10 stated that they saw diabetes nurse coaching as a travel companion. In their definitions about coaching, travel companion is frequently used.<sup>[6,8]</sup> The fact that nurses provided this response may be accepted as an indicator that they have internalized coaching.

Finally, some nurses explained that they felt renewed in relation to their profession and that they had discovered themselves after they completed diabetes nurse coaching training. This leads to consideration the inclusion of this training in the nursing educational curriculum will benefit both professional and personal development.

## Limitations and Drawbacks

This study has several limitations. The sample was limited to 13 nurses who voluntarily participated in Türkiye's first diabetes nurse coaching certificate program, which may not reflect the broader nursing population. Participants' prior interest in coaching could have introduced self-selection bias. Online interviews may have limited non-verbal data and affected response depth. The lack of long-term follow-up also limits conclusions on sustained impact. Nonetheless, the study offers valuable insights to guide future research and education.

## Conclusions

According to the results of the study,

- In Türkiye, where diabetes incidence and care costs are rapidly increasing, nurse coaching offers a supportive method to enhance self-management, unlock individual potential, promote disease acceptance, improve quality of life, and prevent long-term complications.
- For nurses to be able to effectively use coaching with patients, it is believed that nursing students gaining coaching skills in the education will provide important contributions to both professional development and patient care.

**Ethics Committee Approval:** The Ankara Yıldırım Beyazıt University Ethics Committee granted approval for this study (date: 03.01.2023, number: 23-1341).

**Informed Consent:** Written informed consent was obtained from participants.

**Conflict of Interest:** None declared.

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**Peer-review:** Double blind peer-reviewed.

## References

- Southard ME, Dossey BM, Bark L, Schaub BG. The art and science of nurse coaching: The provider's guide to coaching scope and competencies. Silver Spring (MD): American Nurses Association; 2021.
- Gierisch JM, Hughes JM, Edelman D, Bosworth HB, Oddone EZ, Taylor SS, et al. The effectiveness of health coaching. Washington (DC): Department of Veterans Affairs (US); 2017. p. 1-137.
- Sezer H, Şahin H. Koçluk: Tıp ve sağlık bilimleri. Tıp Eğitimi Dünyası 2015;14(42):33-42. [Article in Turkish] [\[CrossRef\]](#)
- Grant AM, Stober DR. Evidence based coaching handbook: Putting best practices to work for your clients. Hoboken (NJ): Wiley; 2006. p. 1-16.
- DiGirolamo JA, Tkach JT. An exploration of managers and leaders using coaching skills. Consult Psychol J Pract Res 2019;71(3):195-218. [\[CrossRef\]](#)
- American Holistic Nurses Association. Nurse coaching. Available at: <https://www.ahna.org/American-Holistic-Nurses-Association/Resources/Nurse-Coaching#collapse0-127717>. Accessed July 9, 2025.
- Erickson HL, Erickson ME, Southard ME, Brekke ME, Sandor MK, Natschke M. A proactive innovation for health care transformation: Health and wellness nurse coaching. J Holist Nurs 2016;34(1):44-55. [\[CrossRef\]](#)
- Dossey BM. Nurse coaching: Integrative approaches for health and wellbeing. North Miami (FL): International Nurse Coach Association; 2015. p. 34-63.
- Lanese BS, Dey A, Srivastava P, Figler R. Introducing the health coach at a primary care practice: Impact on quality and cost (Part 1). Hosp Top 2011;89(1):16-22. [\[CrossRef\]](#)
- Sherifali D, Viscardi V, Bai JW, Ali RM. Evaluating the effect of a diabetes health coach in individuals with type 2 diabetes. Can J Diabetes 2016;40(1):84-94. [\[CrossRef\]](#)
- Fazio S, Edwards J, Miyamoto S, Henderson S, Dharmar M, Young HM. More than A1C: Types of success among adults with type-2 diabetes participating in a technology-enabled nurse coaching intervention. Patient Educ Couns 2019;102:106-12. [\[CrossRef\]](#)
- Young H, Miyamoto S, Ward D, Dharmar M, Tang-Feldman Y, Berglund L. Sustained effects of a nurse coaching intervention via telehealth to improve health behavior change in diabetes. Telemed J E Health 2014;20(9):828-34. [\[CrossRef\]](#)
- Young HM, Miyamoto S, Dharmar M, Tang-Feldman Y. Nurse coaching and mobile health compared with usual care to improve diabetes self-efficacy for persons with type 2 diabetes: Randomized controlled trial. JMIR Mhealth Uhealth 2020;8(3):e16665. [\[CrossRef\]](#)
- Yu-Mei Chen D, Wu XV, Chan EY, Goh YS. Nurse-led tele-coaching on modifiable cardiovascular risk factors in people with type 2 diabetes mellitus: A systematic review and meta-analysis. Worldviews Evid Based Nurs 2019;16(6):424-32. [\[CrossRef\]](#)
- Dossey BM. Nurse coaching: Integrative approaches for health and wellbeing. North Miami (FL): International Nurse Coach Association; 2015. p. 29-49.
- Doyle L, McCabe C, Keogh B, Brady A, McCann M. An overview of the qualitative descriptive design within nursing research. J Res Nurs 2020;25(5):443-55. [\[CrossRef\]](#)
- Suri H. Purposeful sampling in qualitative research synthesis. Qual Res J 2011;11:63-75. [\[CrossRef\]](#)
- Yıldırım A, Şimşek H. Sosyal bilimlerde nitel araştırma yöntemleri. Ankara: Seçkin Yayıncılık; 2016. [In Turkish]
- Frey LM, Ratliff JL. The personal and professional experiences of integrative nurse coach certificate program graduates: A pilot study. J Holist Nurs 2018;36(2):134-44. [\[CrossRef\]](#)
- Le Comte L, McClelland B. An evaluation of a leadership development coaching and mentoring programme. Leadersh Health Serv 2017;30(3):309-29. [\[CrossRef\]](#)
- Morrow R, Rodriguez A, King N. Colaizzi's descriptive phenomenological method. Psychologist 2015;28:643-4.
- Guba EG, Lincoln YS. Competing paradigms in qualitative research. In: Denzin NK, Lincoln YS, editors. Handbook of qualitative research. 2<sup>nd</sup> ed. Thousand Oaks (CA): Sage Publications; 1994. p. 163-94.
- Houser J. Nursing research: Reading, using, and creating evidence. 3<sup>rd</sup> ed. Burlington (MA): Jones & Bartlett Learning; 2015.
- Merriam SB. Nitel araştırma: Desen ve uygulama için bir rehber. 3. bs. Turan S, editör. Ankara: Nobel Akademik Yayıncılık; 2023. [In Turkish]
- Creswell JW, Creswell JD. Research design: Qualitative, quantitative, and mixed methods approaches. 5<sup>th</sup> ed. Thousand Oaks (CA): Sage Publications; 2017.
- Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. Int J Qual Health Care 2007;19(6):349-57. [\[CrossRef\]](#)
- Cable S, Graham E. "Leading Better Care": An evaluation of an accelerated coaching intervention for clinical nursing



- leadership development. *J Nurs Manag* 2018;26(5):605-12. [\[CrossRef\]](#)
28. Kabat-Zinn J. Full catastrophe living, revised edition: How to cope with stress, pain and illness using mindfulness meditation. New York (NY): Bantam Books; 2013.
29. Pirbaglou M, Katz J, Motamed M, Pludwinski S, Walker K, Ritvo P. Personal health coaching as a type 2 diabetes mellitus self-management strategy: A systematic review and meta-analysis of randomized controlled trials. *Am J Health Promot* 2018;32(7):1613-26. [\[CrossRef\]](#)