

Academic Paper

# BeWell: a group coaching model to foster the wellbeing of individuals

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## Abstract

This multi-methods study, informed by the principles of action research, presents an evidence-based model for group coaching for wellbeing. The model is primarily based on psychological wellbeing and positive psychology theories, and it was tested empirically over two group coaching interventions. Coachees' wellbeing improved after the group coaching interventions and the data analysis shows that the programme supported coachees in various areas associated with wellbeing, such as meaning, positive emotions, locus of control, and new perspectives. Furthermore, coachees reported that the coaching programme raised their self-awareness and provided them with a supportive environment for action and change. The study highlighted the crucial role the group can play as a catalyst for change, whilst enabling coachees to experience conditions that contribute to their wellbeing. By shining a spotlight on group coaching, this research has shown the value of working in this way, including the opportunity to make coaching for wellbeing more inclusive, accessible and impactful.

## Keywords

group coaching, coaching for wellbeing, group coaching for wellbeing, wellbeing,

## Article history

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## Introduction

Wellbeing is a topic of great significance and interest to individuals, communities, organisations, and society in general. Its importance has become exponentially more prominent recently due to the impact of the Covid-19 pandemic. Whilst there is wide evidence to support the economic and social case for wellbeing, its significance goes beyond measurable and hard outcomes. Wellbeing matters because people matter, and they do feel better when they have good levels of wellbeing. This wellbeing imperative has been recognised by governments, policymakers and organisations, who are placing wellbeing at the heart of their policies and plans. As the interest in wellbeing increases, so does the range of interventions aimed at facilitating and improving it. These include behavioural training, positive psychology-based interventions and mindfulness-based programmes, with the majority being delivered in group settings (Huppert & Ruggeri, 2018). Group coaching for wellbeing could well be one such intervention. However, the evidence on group coaching applied to

foster individuals' wellbeing is limited. As such, this study investigates coaching for wellbeing in groups, which can be a cost-effective, inclusive and flexible intervention that can be deployed in a wide range of settings, including in communities, education, health and social care, and organisations.

One of the challenges facing researchers and practitioners in this field is the lack of clarity in relation to the definition of group coaching and its process. This is reflected in the limited extant research literature in group coaching, which has been carried out in a myriad of ways, from very brief interventions, such as a single hour-long session (Torbrand & Ellam-Dyson, 2015) to a group coaching day (Ward, 2008), and longer programmes involving a number of sessions, delivered in a structured way (Stelter, Nielsen & Wikman, 2011; Chenoweth, Stein-Parbury, White, McNeill, Jeon, & Zaratan, 2016). For the purpose of this study, group coaching was defined as follows: *a collaborative and time-limited small-group process in which a professionally trained coach uses coaching principles and approaches to work with a group of individuals on their own personal goals and/or outcomes*. It is important to differentiate group coaching from other group interventions, such as facilitation, action learning sets, and psychoeducation, which could be more suitably explored under a different category.

This article has the following sections: a brief review of the literature, including wellbeing, coaching for wellbeing and group coaching; methodology; theoretical underpinnings and explanation of the BeWell Group Coaching for Wellbeing; findings emerging from the delivery of the model and discussion; limitations and further research, and conclusion.

## Literature review

### Coaching for wellbeing

Whilst coaching has been linked to increased wellbeing (Green, Oades & Grant, 2006; Green, Norrish, Vella-Brodrick & Grant, 2014; Grant, 2003; Davis, 2015), there is limited research into coaching programmes which have been purposefully designed to increase participants' wellbeing. Only a few studies have had exclusive focus on increasing coachees' wellbeing from the outset. One such study is Davis (2015), which examined how coaching influenced employees' wellbeing, organisational culture and productivity. His findings pointed to a "connection between the coaching process and personal feelings of wellbeing" (p. 247).

In other research, Green and colleagues (2014) compared the effectiveness of a cognitive-behavioural solution focused coaching intervention with a positive psychology intervention. The overall findings "suggest that both types of proactive mental health interventions have great potential to contribute to the wellbeing and academic goal striving of an adolescent population" (p. 2).

Earlier studies, which were not primarily designed to investigate the impact of coaching on wellbeing reported, nonetheless, a positive impact on coachees' wellbeing (Grant, 2003; Grant, Curtayne & Burton, 2009). Grant's (2003) empirical study, comprising a group coaching intervention based on solution-focused therapy for 20 graduate students, revealed that participation in the programme was associated with enhanced mental health and quality of life, "even though the enhancement of mental health and life quality were not specifically targeted in the life coaching program" (p.260). Other scholars (Linley, Nielsen, Gillett & Biswas-Diener, 2010; Bar, 2014) explored specific constructs, such as self-efficacy, strengths, and goal achievement, all of which can impact wellbeing. Linley and colleagues (2010) carried out a quantitative study which tested how the strengths model can help goal progression. The results showed an increase in participants' wellbeing linked to concordant goal attainment. More recently, Bar (2014) studied the impact of personal systems coaching on self-efficacy, goals achievement and the wellbeing of

Israeli single mothers. The results show a statistically significant increase in life satisfaction and self-efficacy, two constructs closely associated with wellbeing.

In an organisational context, O'Connor and Cavanagh (2013) found that communication and connectedness levels increased in parallel to the overall wellbeing of the organisation. Hultgren and colleagues (2013) presented an argument that cognitive based therapy (CBT) team-coaching can enhance staff wellbeing, whilst Grant et al., (2009) observed that CBT-based, solution focused coaching was associated with improved workplace wellbeing. These empirical studies (Grant et al., 2009; Hultgren, Palmer & O'Riordan, 2013; O'Connor & Cavanagh, 2013) showed an increased in participant wellbeing, associated with the development of leadership and teams.

## **Group coaching**

The extant literature around group coaching is scarce. As mentioned previously, there is a lack of conceptual clarity around group coaching (O'Connor, Studholme & Grant, 2017, p. 2), without robust and workable definitions, and scholars referring to both team and group coaching interchangeably. There are "few theory driven models of practice, and almost no empirical evidence as to the efficacy of these approaches" (O'Connor&Cavanagh, 2017, p. 487). One such attempt to test a theory-driven model was made by Stelter, Nielsen & Wikman (2011), who found that the group coaching had a significant positive impact on coachees' scores for social recovery and general wellbeing.

Other areas which explored group coaching include health (Whitley, 2013), social care (Chenoweth et al., 2016), education (Torbrand & Ellam-Dyson, 2015; McDowall & Butterworth, 2014; Fettig & Artman-Meeker, 2016), and to foster creativity (Fumoto, 2016). Group coaching has also had a positive impact on individuals going through gender transition (Grajfoner, 2009), young people (Stelter et al., 2011; Barry, Murphy & O'Donovan, 2017) and on the wellbeing of paramedics (Barody, 2016). In the organisational literature, group coaching has been deployed as tool for leadership development (Florent-Treacy, 2009; Ward, 2008; Flückiger, Aas, Nicolaidou, Johnson & Lovett, 2017; Bonneywell, 2017; Kets de Vries, 2012; Reid, 2012).

Despite being limited, nascent themes are emerging in the group coaching literature. For example, studies in this area have consistently shown a link between group coaching and raised self-awareness, new perspectives and wellbeing, all of which have been confirmed in this research. For example, several studies have reported group coaching's positive impact on raising self-awareness (Reid, 2012; Varley, 2021; Gyllensten, Henschel & Jones, 2020; Torbrand & Ellam-Dyson, 2015). Other studies have demonstrated how, by its collective nature, group coaching helps coachees to consider different perspectives (Varley, 2021; Gyllensten et al., 2020). Similarly, mental health and wellbeing are recurrent themes in the extant group coaching literature (Varley, 2021; Grant, 2003; Gyllensten et al., 2020; Stelter et al., 2011).

Grant's study (2003) observed improved mental health and quality of life amongst coachees, whilst Gyllensten and colleagues (2020), who conducted a study into executive group coaching, found that levels of anxiety and stress decreased more in the coaching group compared to the control group. Furthermore, group coaching taps into the power of shared narratives (Jackson and Bourne, 2020) and, by fostering psychological safety (Edmondson & Lei, 2014), gives coachees a sense of connectedness (Jackson & Bourne, 2020; Nacif, 2021).

## **BeWell Group Coaching for Wellbeing Model**

This research has been designed to address a gap in literature, including the absence of empirical studies on coaching programmes exclusively designed to improve wellbeing. I explored and assessed wellbeing theories and empirical evidence with view to developing a model specifically for this research that can be applied by coaches to foster clients' wellbeing. As a result, the BeWell

Group Coaching for Wellbeing Model emerged, primarily based on psychological wellbeing and positive psychology theories and practice, and principles of cognitive behavioural therapy.

## **Theoretical and empirical underpinnings of the BeWell Group Coaching for Wellbeing Model**

### **Wellbeing paradigms**

Wellbeing is a complex construct that refers to optimal psychological functioning and experience (Ryan & Deci, 2001). There are two major paradigms that have influenced empirical research on this topic, namely Hedonism and Eudaimonism. The hedonistic approach equates wellbeing to pleasure, pain-avoidance and happiness (Diener, Schwarz & Kahneman, 1999), whilst Eudaimonism sees wellbeing as the actualisation of human potential (Waterman, 1993).

Humanist psychologists in the 20th century also took an interest in wellbeing and positive functioning. Jahoda (1958), Rogers (1957) and Maslow (1943), who continue to influence psychological thinking, all used a person-centred eudaimonic perspective in their work when exploring the psychology of individuals. Among other scholars who considered this perspective are Ryff (1989) and Deci & Ryan (2001), whilst others focused on the hedonic view of wellbeing, such as Diener (1984) and Fredrickson (2001).

### **Psychological wellbeing**

Ryff and Singer (2008) posited that wellbeing “includes aspects of subjective wellbeing, such as happiness, life satisfaction (Diener, 1984) as well as the dimensions of eudaimonic wellbeing, such as self-acceptance, purpose in life, environmental mastery, positive relationships, personal growth and autonomy” (p. 24).

Studies show that psychological wellbeing can be improved through behavioural intervention. Weiss, Westerhof and Bohlmeijer (2016, p. 12) carried out a meta-analysis of the literature available on randomised trials of behavioural interventions aimed at improving psychological wellbeing (as defined by Ryff, 2014) and they “concluded that PWB [psychological wellbeing] can be significantly improved to a moderate extent”. More recently, Ryff (2014) reviewed over 350 empirical studies on psychological wellbeing conducted in the previous 25 years and concluded that evidence supports the benefits of psychological wellbeing to people’s mental health.

### **Positive psychology**

Positive psychology also draws on both hedonic and eudaimonic paradigms and it is concerned with the flourishing and optimal functioning of people, groups and organisations (Gable & Haidt, 2005; Linley, Joseph, Harrington & Wood, 2006). Within this context, Seligman (2012) hypothesised that there are five paths to wellbeing: positive emotions, meaning, engagement, positive relationships, and accomplishment, which became his theory of wellbeing or PERMA theory (Positive Emotion; Engagement; Positive Relationships; Meaning; Accomplishment/Achievement).

Positive psychology principles can be applied through positive psychology interventions (PPIs) and positive psychology coaching. Positive psychology interventions are based on various constructs, such as gratitude, hope, goal attainment, compassion, humour, and kindness; a number of studies have looked into their effectiveness (Seligman, Steen, Park & Peterson, 2005)

### **Second wave positive psychology**

Positive psychology has moved into a second wave (Ivtzan, Lomas, Hefferon & Worth, 2019; Wong, 2011), which embraces the complexity of people’s lives and experiences. As a result, this

approach tends to use a more existential lens through which it posits meaning and purpose as pathways to wellbeing. Meaning is sine qua non (an essential condition) for the eudaimonic concept of wellbeing, which calls upon people to live in accordance with their 'daimon', or true self (Waterman, 1993). In this context, the focus of the current study is on meaning-seeking (Wong, 2014; Frankl, 1985), as opposed to meaning-making. Whereas meaning-making models focus on making sense of the world in negative situations, the meaning-seeking model focuses more on how to live with courage, freedom and responsibility (Wong, 2014).

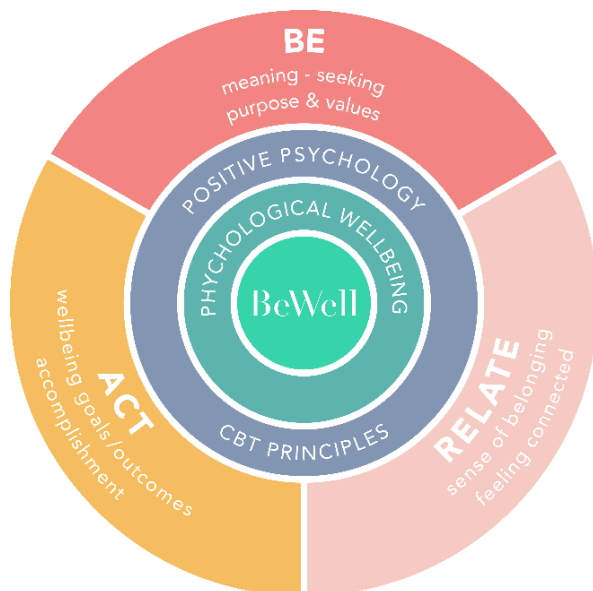
### Cognitive Behavioural Therapy Principles

Cognitive Behavioural Therapy (CBT) principles were used during the group coaching programme, specifically to raise awareness amongst coachees of the relationship between thoughts, feelings and behaviours. Beck (1995) combined behavioural theory with cognitive theory, creating the basis for CBT, which is organised around the concepts of automatic thoughts and schemas. In coaching, cognitive behavioural techniques and approaches are often used in a non-therapeutic way to support clients in raising awareness of their unhelpful thinking patterns and in adopting more rational and helpful explanatory styles (Palmer & Gyllensten, 2008). Although there is a lack of research into group coaching using CBT principles, Hultgren and colleagues (2013) found that using these principles in team coaching within an organisational setting to be more effective than one-to-one interventions. In a one-to-one context, Grant and colleagues (2010) tested a solution-focused and cognitive-behavioural coaching approach in a school setting, which led to increased wellbeing.

### The BeWell model

Drawing from the above theoretical underpinnings, the model has three parts: Be, Relate and Act, as depicted below in Figure 1.

Figure 1: BeWell Group Coaching for Wellbeing Model



#### Be

This first part of the model supports clients to achieve clarity around their values, purpose and the meaning they want to bring to their lives. This work is supported by two components: 'meaning - seeking' and 'purpose and values'. These have been informed by the psychological wellbeing theory, mainly aligned with purpose in life, personal growth, autonomy and self-acceptance (Ryff and Singer, 2008). In addition, research has demonstrated the positive impact of meaning in one's

life and wellbeing. Increased meaning has been associated with higher life satisfaction (Steger, 2018), self-esteem (Ryff, 1989), lower rates of anxiety and depression (Steger, Frazier, Oishi & Kaler, 2006). ) and better physical health (Steger, Mann, Michels & Cooper, 2009).). The purpose in life dimension draws heavily on existential perspectives and is concerned with supporting people to create meaning and direction in their lives and to live authentically (Ryff and Singer, 2008, p. 22). Purpose in life and personal growth are intrinsically linked and they are used in the model to support coachees in delving into how actively engaged they are with these themes in their lives. It is envisaged that, by doing so, coachees are able to increase their own self-acceptance, in the sense of a “self-evaluation that is long-term and involves awareness, and acceptance of, both personal strengths and weaknesses” (Ryff & Singer, 2008, p. 21). By exploring their purpose and values, coachees can develop a stronger sense of self, their needs and aspirations. This, in turn, gives coachees clarity about who they are and what they want to achieve in their lives, increasing their autonomy, i.e. how they perceive to be in control of their own behaviours and goals (Ryan, 2017), which can lead to improved level of wellbeing.

### **Relate**

The second part (Relate) includes ‘sense of belonging’ and ‘feeling connected’. Both are concerned with PWB’s (psychological well-being) dimension of positive relationships, which highlights the “interpersonal realm as a central feature of a positive, well-lived life” (Ryff & Singer, 2008, p. 21). Social contact is a fundamental human need. In group coaching, the group becomes both the crucible and the repository of developing relationships between group members, each member and the collective group. In a group with an effective process and a degree of skilled facilitation, as the group goes through its development stages (Yalom, 1995), it develops a sense of cohesiveness, in which members feel part of something bigger than themselves. This gives them a sense of belonging, whilst creating a safe space for them to connect (feeling connected). In the BeWell Group Coaching for Wellbeing Model, the group itself fulfils the relate part of the model, becoming the canvas on which new relationships are developed.

### **Act**

This third part has two components: wellbeing goals/outcomes and accomplishment. These two aspects are connected, as the latter results from being able to articulate the former. During the coaching programme, coachees are encouraged to commit to ‘baby steps’ between sessions to improve their wellbeing. Among the examples of actions coachees pledged to complete were writing journal entries, spending more time in the garden, connecting with a friend, cooking more and doing something fun. Everyday goals have been empirically proved to boost people’s sense of purpose (Kim, Seto, Davis & Hicks, 2014 p. 12), helping them to find meaning in life. According to King, Heintzelman and Ward (2016), “rather than being mysterious and inaccessible, meaning in life is rooted in quotidian circumstances and is a surprisingly common human experience” (p.212). This certainly resonates with the ethos of group coaching for wellbeing model, which encourages coachees to reflect on practical aspects of their day-to-day experience.

In addition, when goals, however small, are achieved, coachees experience a sense of accomplishment which, in turn, motivates them to set more and perhaps more ambitious goals. The positive link between achieving personal goals and wellbeing has been widely considered (Little, 1989; Diener, 1984; Omodei & Wearing, 1990). Little (1989) posits that wellbeing is enhanced when individuals are engaged in personal projects that are meaningful, well-structured, supported by others, not unduly stressful, and which engender a sense of efficacy.

### **Wellbeing outcomes**

Although the model has overtly been designed to help coachees with both envisioning and achieving wellbeing, it is important to emphasise that the programme’s ethos was not exclusively based on SMART goals (specific, measurable, attainable, results-driven and time-bound). Although



for some coachees this was a preferred way of defining personal goals, no normative right way of setting goals was advanced by the coach, and the focus was on 'changes' as a generic term. The rationale for this stance was that working with their wellbeing vision and the group would allow coachees to choose goals and/or outcomes aligned to their values. Research shows that people who choose self-concordant goals, i.e. consistent with their interest and values, are more likely to experience increased wellbeing and goal attainment (Burke & Linley, 2007; Linley et al., 2010).

## Methodology

This study adopted a critical realist paradigm, which combines a realist ontology with a constructivist epistemology. In this paradigm, the ontological position is that there is a real world that exists independently of our perceptions, theories and constructions, whilst the epistemological position is that our understanding of this 'real' world is inevitably a construction from our own perspectives and standpoint (Maxwell, 2012). This study uses a multi-methods approach, informed primarily by the principles of action research, which is concerned with improving practice of a particular discipline (in this case coaching).

## Procedure

This study was carried out over two group coaching interventions. The first one was delivered to a cohort of nine women, over four sessions, lasting two hours each. The second was to a cohort of seven men and two women, over six sessions, lasting two and a half hours each. Data was collected and analysed after intervention 1 with a view to explore if changes were needed for intervention 2. This resulted in the length of the group coaching programme being extended from four 2h sessions to six 2.5h sessions. Both group coaching interventions were delivered in line with the BeWell Group Coaching Model, which was specifically developed for this study.

## Participants

### Group coaching intervention 1

Nine participants, all women in their 30s, 40s and 50s, were recruited through a charitable organisation based in Swale, Kent, called Diversity House. Coincidentally, the majority of these women (eight) came from a local support group for victims of domestic abuse. All participants completed the group coaching programme.

### Group coaching intervention 2

The group were recruited by a London-based social enterprise, Living Well, which provides support services for HIV-positive people. Seven men and two women, in their 30s, 40s and 50s, joined the group. Only one male participant did not complete the programme.

### Data collection and analysis

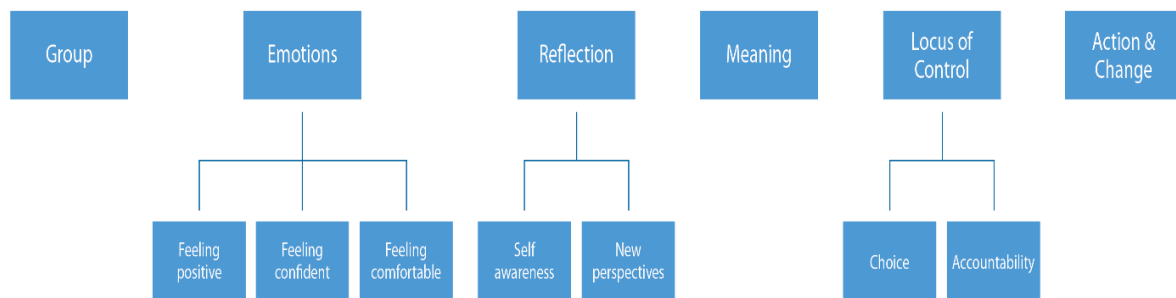
This multimethod research project collected both qualitative and quantitative data, which is aligned with the critical realist paradigm. Qualitative data was collected from feedback from coachees at the end of each coaching session; focus groups with coachees at the end of each intervention; semi-structured interviews with eight coachees, four from each intervention; and the researcher's diary. In addition, participants were asked to complete a wellbeing questionnaire, the Warwick-Edinburgh Mental Wellbeing scale (WEMWBS), at the beginning and at the end of each intervention to establish whether there had been changes to their wellbeing levels.

The qualitative data was analysed using Braun and Clarke's thematic analysis (2006), allowing emerging themes to be compared and contrasted with the theoretical approaches used to develop the model.

## Findings and discussion

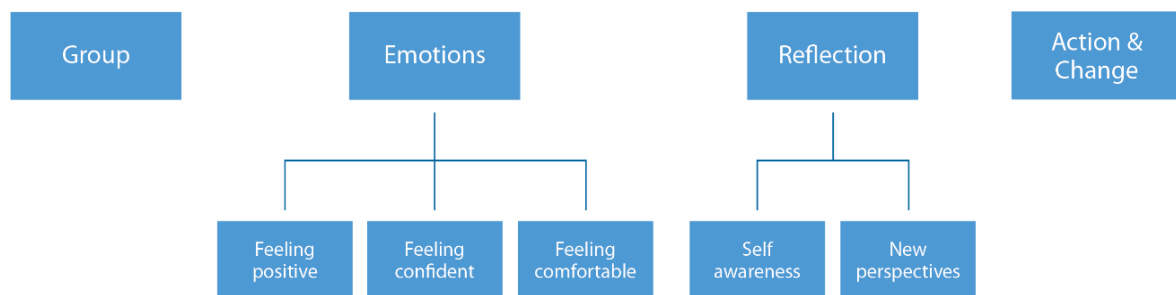
In the first intervention, six over-arching themes emerged from the data analysis (group, emotions, reflection, meaning, locus of control, and action and change) and seven sub-themes (feeling positive, feeling confident, feeling comfortable, self-awareness, new perspectives, choice, and accountability), as depicted below in Figure 2.

**Figure 2: Emerging themes for intervention 1**



In the second intervention, four over-arching themes were identified (group, emotions, reflection, and action and change) and five sub-themes (feeling positive, feeling confident, feeling comfortable, self-awareness, new perspectives), as depicted below in Figure 3.

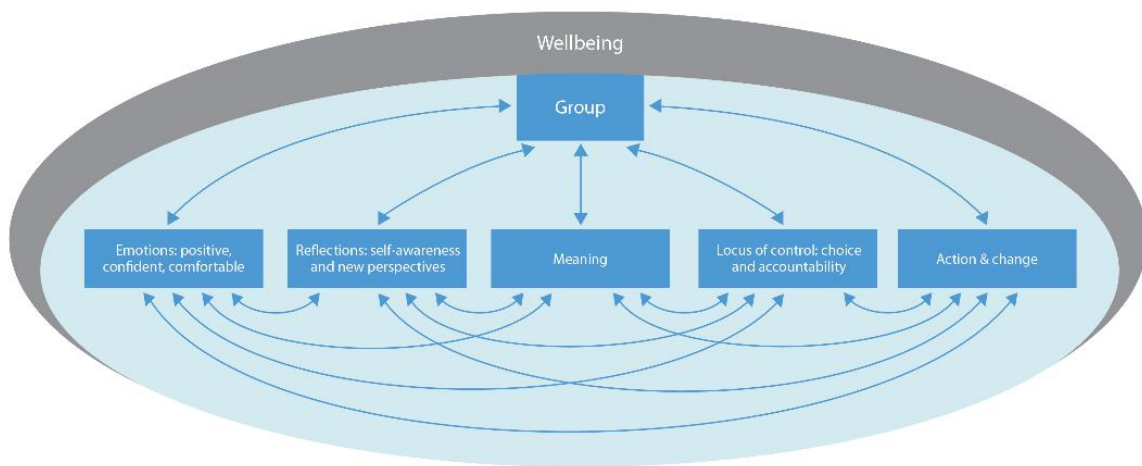
**Figure 3: Emerging themes for intervention 2**



The data shows that each of these themes had an impact on coachees' wellbeing. This impact can be explained both in isolation, for example positive emotions contributing to feelings of wellbeing (Fredrickson, 2001), and as a complex network of interrelationships which contribute collectively to the coachees' sense of wellbeing, as depicted below in Figure 4.



Figure 4: Thematic map



The group is linked to all other themes (emotions, reflections, meaning, locus of control, and action and change) through coachees' interactions and group dynamics. Equally, as these themes develop in the group coaching, they influence the group both as a collective entity as well as the individuals in it. Emotions (feeling positive, feeling confident and feeling comfortable) impact on coachees' reflections, their perceptions of locus of control, and on their actions (action and change). Reflections, including self-awareness and new perspectives, support coachees in developing their views on meaning, locus of control and action and change, and can also impact the coachees' emotional landscape. Meaning can influence how coachees perceive choices in their lives, which in turn may influence their actions. These actions can impact on how coachees feel. Altogether, these thematic interrelationships support coachees in increasing their sense of wellbeing, through a combination of thoughts, actions, and reflections.

## The group

The role and importance of the group were noted by all coachees participating in this study. They reported connection and sense of belonging, with words that evoked the depth of their experiences, such as: 'accepted', 'included', 'not alone', 'embraced', and 'inspired'. This theme is strongly related to the 'Relate' part of the model. Relatedness has been recognised as essential for wellbeing (Baumeister & Leary, 1995; Deci & Ryan, 1991; Argyle & Crossland, 1987). Furthermore, research shows that relatedness also increases one's sense of purpose and significance, and researchers have looked at sense of belonging as an antecedent of meaning, showing that when we experience belonging, our sense of meaning increases (Lambert, Stillman, Hicks, Kamble, Baumeister, & Fincham, 2013)).

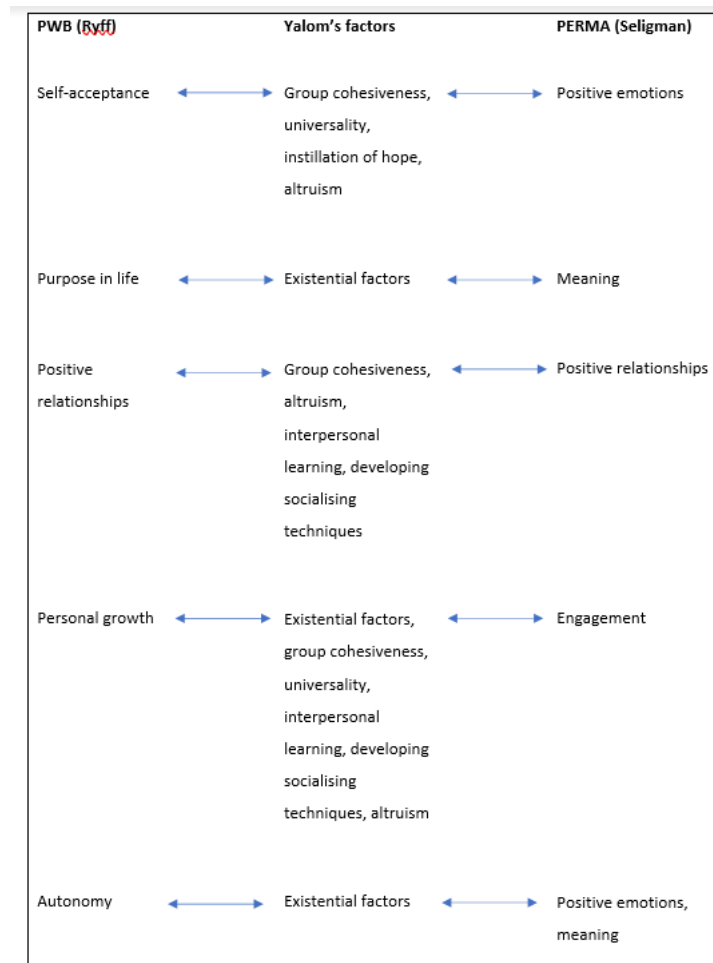
Precisely how these experiences emerge in group coaching is yet to be explored in the coaching literature. However, when analysing the components of psychological wellbeing and PERMA theories, as referred to in this study, it becomes apparent that parallels can be drawn between these theories and ideas from psychotherapy which explains the effectiveness of small group processes. One such explanatory framework comes from the work of Irvin Yalom, who published the first version of *The Theory and Practice of Group Psychotherapy* in 1970, based on his experience and research into the lives of groups. Yalom (1995) theorised that there are 11 therapeutic factors that contribute to the effectiveness of group work:

- Instillation of hope
- Universality
- Imparting information

- Altruism
- The corrective recapitulation of the primary family group
- Development of socialising techniques
- Imitative behaviour
- Interpersonal learning
- Group cohesiveness
- Catharsis
- Existential factors.

It is important to note that many of these factors, such as instillation of hope, universality, altruism, existential factors and group cohesiveness, can be reflected on the building blocks of wellbeing, as presented in the BeWell Group Coaching for Wellbeing Model. This is because some of the concepts deployed in both PWB (psychological wellbeing) and Seligman's (2012) PERMA appear to be conducive to and influence some therapeutic factors highlighted by Yalom [see figure 5 below], which in turn, support the effectiveness of the group work, in a virtuous cycle.

**Figure 5: Therapeutic factors and theoretical wellbeing components**



## Emerging themes and the BeWell model

In addition to the pivotal role of the group, the findings show that the model facilitated various wellbeing factors, such as meaning, positive emotions, locus of control, and new perspectives. It also supported individuals in increasing their self-awareness, and provided an encouraging environment for action and change, with both individual and collective accountabilities.

At the beginning of the process the group worked on vision for wellbeing, supported by the group and individual work on values and purpose. The intention, from the coach practitioner's perspective, was to support coachees in building a compelling wellbeing vision, aligned to their values. Coachees reported being inspired by this work, which then developed to support action and change, also at the heart of the process. The way this unfolded was through all the other themes – each resonating differently for each client and increasing their readiness to change (DiClemente & Velasquez, 2002). Expressions of each of the other themes – emotions, meaning, locus of control and reflection – seem also to have had an impact on how coachees perceived and acted upon desired changes to support their wellbeing.

Furthermore, coachees reported 'feeling confident' which contributed to their expectations of themselves; in other words, as their self-confidence increased through the group work, so did their self-belief, enabling them to contemplate a perhaps more ambitious vision for their wellbeing. This is aligned with Bandura's (1997) theory of self-efficacy, which posits that people's beliefs in their ability to achieve something are directly related to their motivation to take the required action in the direction of their goals. "Unless people believe they can be successful in obtaining desired outcomes, they have little incentive to undertake activities or to persevere in the case of difficulties or failures" (Caprara, Steca, Gerbino, Paciello & Vecchio, 2006, p. 32).

Therefore, the manifest link between positive emotions and self-efficacy can influence coachees' desire to take actions and effect change; this desire is also impacted by their locus of control, which has been associated with wellbeing (Ganster & Fusilier, 1989). Whereas self-efficacy relates to one's belief they can succeed at something, locus of control is about how much control one feels they have over a particular situation. Those with an internal locus of control see themselves as the primary determinants of what happens to them whereas those with an external locus of control see external factors, such as chance and powerful others as the primary determinant of what happens in their lives (Rotter, 1966).

Self-efficacy and locus of control are two significant components reported by coachees, especially in the sub-theme choice, where they explained that the realisation of 'having choice' energised and propelled them into action. Similarly, by taking action, coachees reported feeling more confident and encouraged which, in turn, increased their sense of self-efficacy. In this context, through group work, the BeWell Group Coaching for Wellbeing Model reinforced the theme of choice, with individuals choosing to become accountable to themselves and each other.

In addition, the findings show meaning to be strongly related to reflections which, as a key feature of coaching, permeated the whole group coaching programme and supported coachees in increasing self-awareness, considering new perspectives, and making choices.

## **Warwick- Edinburgh Mental Wellbeing Scale (WEMWBS)**

The results of the WEMWBS completed before and after the group coaching programme, revealed that the coachee's level of wellbeing increased following the intervention. The number of responses was too low to be considered significant. In total, there were only 10 fully completed questionnaires, out of a total of 18 coachees. However, it is important to observe that scores from participants in both interventions improved. Those with considerably lower scores before the coaching programme showed the most positive change, as illustrated below in Figure 6.

**Figure 6: WEMWBS results**

Intervention 1 WEMWBS results	Intervention 2 WEMWBS results
Coachee 1 – 40 (b) and 58 (a): +18	Coachee 1 – 42 (b) and 53 (a): +13
Coachee 2 – 29 (b) and 51 (a): + 22	Coachee 2 – 45 (b) and 51 (a): + 6
Coachee 3 – 68 (b) and 70 (a): +2	Coachee 3 – 31 (b) and 35 (a): +4
Coachee 4 – 45 (b) and 60 (a): + 15	Coachee 4 – 15 (b) and 48 (a): + 33
	Coachee 5 – 44 (b) and 50 (a): + 6
	Coachee 6 – 36 (b) and 43 (a): + 7
(b): before (a): after	

## Limitations and further research

This study has a number of limitations. The two groups shared some significant characteristics, and it is unconfirmed if less homogeneous groups would yield the same positive findings. It is, however, reasonable to conclude that the model would be helpful in other settings since it has been built on robust theoretical and empirical data. Another unresolved issue is whether outcomes for clients are dependent on the level of experience of the coach and the extent of the coach’s ability to work with a group. Existing literature shows that the most effective groups are those delivered by coaches who are “experienced in conducting group coaching” (O’Connor, Studholme & Grant, 2017, p. 11). All the above could be topics for further research. In addition, the following would also be useful: comparative studies between one-to-one and group coaching for wellbeing; larger scale studies using the WEMWBS; and the virtual application of the model, which is particularly relevant at this point in time, due to the Covid-19 pandemic.

## Conclusion

This study set out to explore how group coaching can be deployed to foster the wellbeing of individuals. The BeWell Group Coaching for Wellbeing model was developed, based on existing wellbeing and coaching theories as well as empirical research, and it was successfully tested over two coaching interventions. The three parts of the model (Be, Relate, and Act) were instrumental in positively influencing coachees’ wellbeing. These parts are aligned with the notion of wellbeing as “best conceived as a multidimensional phenomenon that includes aspects of both the hedonic and eudaimonic conceptions of wellbeing” (Ryan & Deci, 2001, p. 148).

Among pivotal findings is the group as the catalyst for change, both as a conduit and as a recipient of individual and collective influences. In addition, the model facilitated various wellbeing factors, such as meaning, positive emotions, locus of control, and new perspectives. It also supported individuals in increasing their self-awareness, and provided an encouraging environment for action and change, with both individual and collective accountabilities.

This study notes the crucial role individuals play in their lives, and positions coaching as an effective tool to help them improve their wellbeing. As more research and evidence emerge, coaching could become one of the go-to interventions to support the wellbeing of individuals,

communities and organisations. However, alongside individuals' internal experiences and personal choices and actions, it is important for practitioners and commissioners of coaching services to acknowledge that there are also significant external and systemic factors that can either hinder or foster people's wellbeing, including socio-economic circumstances, the environment, and their employment status, to name just a few.

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