Health, Sports & Rehabilitation Medicine
Vol. 24, no. 2, April-June 2023, 82–87

CASE REPORTS

The effects of Health & Wellness Coaching intervention on the quality of life

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Abstract

Background. At present, the quality of life occupies a privileged place within society, representing an essential barometer both at the social and individual level. It comprises several dimensions, including interpersonal relationships, physical well-being and mental or emotional well-being, which are evidenced by a series of indicators, such as self-esteem, avoidance of excessive stress, health, the number of social contacts, the presence of clearly defined goals, etc.

Aims. The purpose of this research is to highlight the increasing presence of psycho-emotional disturbances, most often related to stress, which lead to the alteration of the quality of personal life, as well as to introduce new methods of intervention, in the hope of increasing the degree of awareness about them.

Methods. In this work we will present the favorable evolution of a 40-year-old woman suffering from a marked deterioration in the quality of her personal life, as well as a high level of stress, with pathological personal antecedents in the psycho-emotional sphere, and who followed a type of Health & Wellness Coaching (HWC) intervention between 2018-2019, with a view to assess the effects on the quality of life. The effect of the intervention was documented through the initial and final evaluations.

Results. The results showed a significant improvement in the subject's quality of life, brought about by a change in lifestyle, with a positive impact at the physical, psycho-emotional and social level, evidenced by the increase in self-esteem and the levels of communication and socialization.

Conclusion. The study demonstrates that HWC is an effective method in the process of lifestyle reorganization, in the case of people with stress-related conditions, resulting in the improvement of their quality of life, the positive impact of this technique extending to physical, psychoemotional and social levels.

Keywords: quality of life, self-esteem, healthy lifestyle, communication, health & wellness coaching, training.

Introduction

The concept of quality of life is widespread in highly developed societies, Romania being one of the few European countries which have massively taken up the complex issue of the quality of life in sociological research, ever since its emergence (Zamfir & Precupețu, 2018). A Gallup poll conducted in 2022 showed that stress among the employees worldwide has reached a new record level, with them feeling even more stressed than in 2020 (the previous historical level), and with almost half of employees worldwide feeling intensely the burden of stress (1). Even if the number of research papers related to stress and antistress therapies is constantly increasing, stress therapy is plagued by numerous controversies and uncertainties (Wagenaar & La Forge, 1994, quoted by Ellis at al., 2020). Part of the difficulty in treating stress effectively stems from the absence of a coherent definition of stress (Ellis at al., 2020). For example, the high level of stress contributes to the alteration of the quality of life, being associated with mental health issues and physical

Received: 2023, April 6; *Accepted for publication:* 2023, April 25
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https://doi.org/10.26659/pm3.2023.24.2.82

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diseases, something which is insufficiently captured by the existing definitions (Stoffel at al., 2020). Consequently, there is an urgent need to approach the human being from a holistic point of view: physically, mentally, emotionally and socially, in order to reach a better understanding of the individual and to optimize the quality of life. The latter can be measured both by primary *objective indicators*, and by specific indicators *of a subjective nature*, which capture the reactions (perceptions, expectations) of the population, in relation to the given socioeconomic context (Zamfir & Precupețu, 2018). The avoidance of excessive stress, an indicator of *emotional well-being*, together with *physical well-being* and *interpersonal relationships* (Lupu, 2006) are some of the dimensions of the quality of life. The assessment of the quality of life is considered to be subjective, as it is embedded in a sociocultural and environmental context (2). Being a subjective assessment that involves several facets of life, there are no general treatments which address this particular component.

Coaching is a consultative method of empowering the individual, wherein the main task of the coach is to help clients understand how they generate their problems (O'Connor & Lages, 2007), in order to solve them. Specifically, HWC is a technique at the intersection of medicine and wellness that provides improvement in wellness and health, fundamental indicators of the quality of life. HWC is an individual-centered process based on behavior change theory (Wolever at al., 2013). It has rapidly developed as an adjunctive treatment for lifestyle-related diseases, which are the most frequent causes of morbidity and mortality in developed countries (Sforzo at al., 2017). In addition, HWC helps individuals boost their motivation and integrate their own learning into how best to change their behavior in the context of their own life circumstances (Wolever at al., 2016).

Hypothesis

This study aims to emphasize the effectiveness of the HWC-type intervention in the case of people who present an alteration of the quality of life, due to a high level of stress, with a negative impact at a physical, mental, emotional and social level. The basis of this study is the growing demand for this type of interventions, with a concrete role in changing the lifestyle.

Objectives

By correlating the data collected from the case history and the questionnaires applied at the beginning of the HWC intervention, the following objectives were formulated: 1. increasing self-esteem and self-confidence; 2. improving the level of communication and socialization; 3. reaching a general state of well-being, by increasing the level of physical energy and muscle toning; 4. optimizing the psycho-emotional state of the subject so that she could develop a couple relationship, all with the ultimate goal of improving the quality of life.

Material and methods

The study was conducted according to the ethical procedures recommended by the World Medical Association (Helsinki) (3), after the subject provided written informed consent. The parameters of the HWC intervention were as follows: 12 sessions during 12 different days, with individual sessions once every 3 weeks. The first session was a group training, followed by 11 individual sessions, of which 7 were combined coaching & training sessions, and 4 were only coaching sessions.

Research protocol

a) *Period and place of the research*

The study was conducted over a period of 9 months (May 2018 - February 2019).

b) *Case Presentation*

In May 2018 the subject presented at the office of the Age Sense private clinic in Bucharest, for a group training session on issues related to health, energy, and a healthy lifestyle. She was a 40-year-old woman with a higher education, from an urban environment, who came to the Age Sense clinic to participate in the training because she was suffering from high levels of stress, lack of energy and an altered quality of life. As stress is a highly personalized phenomenon, considered by WHO as the health epidemic of the 21st century (Fink, 2016), it requires a new understanding and approach. From the personal pathological antecedents, I noted the presence of psycho-emotional disorders, affecting the general state of well-being, for which she had undergone drug treatment for 9 years (2005-2014), a treatment discontinued by the subject in 2014, as she presented a condition of fatigue and anhedonia. Moreover, the subject reported having suffered multiple family-related emotional traumas during childhood.

c) *Applied tests*

The following psychometric instruments were applied, both at T0, the start of the program, and at T1, the completion of the program:

- *Self-esteem* (Rosenberg, 1965)
- *Personal communication styles* (Marcus, 1997, quoted by Radu, 2015).

At the end of the first training session (120 min), the subject enrolled in the personalized HWC program, attending a second meeting, 3 days later, this time 1-1 in a coaching session (120 min). After a brief case history, it became apparent that among the dimensions of the quality of life, the most affected were those related to emotional and mental well-being, closely followed by interpersonal relationships and physical well-being. I also evidenced the lack of clearly defined goals, the lack of need for affirmation, the preference for isolation, the difficulty in making decisions and the absence of time dedicated to hobbies. The only chapter where there were no obvious problems was the financial situation, which ensured a precarious biopsychosocial balance. After this first assessment, we estimated that approximately 9-12 individual training & coaching sessions would be required. It is important to note that before 2020, mental disorders were the main causes of the global health burden, and the emergence of the pandemic created an environment in which many determinants of poor mental health were exacerbated (Santomauro at al., 2021). Considering the data collected from the case history, we agreed that during the HWC intervention we will work on the most deeply affected aspects, with the following objectives:

- increasing self-esteem and self-confidence;
- improving the levels of communication and socialization;
- achieving a general state of well-being, by increasing the level of physical energy and muscle toning;
- optimizing the psycho-emotional state, so that she could develop a couple relationship.

Self-esteem is an important predictor of subjective well-being and refers to people's perceptions of their quality of life (Du at al., 2017). It gives the person an individual sense of value and is part of the four fundamental needs of the human personality (Leca, 2015).

In our case, the HWC program lasted nine months, during which there were 12 meetings, one every three weeks, lasting between 60-120 min, depending on the needs. The HWC- type interventions took place in an informal setting, with the first author acting as a guide (doctor & coach & trainer), empowering the subject throughout the intervention, in order to set out and achieve the objectives of the intervention, by focusing on specific tasks. During the training sessions, the coach provided general and specific information (info training) according to the subject's needs, while during the coaching sessions she empowered and guided the subject towards establishing and achieving the set goals.

During the *first training session - Education for a healthy lifestyle* - which took place in a small group, the information delivered was focused on stress, neuroscience, epigenetics and coaching. After this initial group session, eleven single or combined coaching & training individual sessions followed.

Session 2 offline coaching & training (120 min) – the subject expressed a desire to improve and develop communication skills and increase energy levels. A good rapport was successfully established starting with the first meeting, the subject receiving info training about how the brain works and the role of breathing. Objective: finding a social context to make a presentation in front of an audience, in a state of high energy levels. Selected actions: documenting for a presentation, taking walks in the park and socializing by asking questions. Current blockages: fear of socializing and communication, which had plagued her since adolescence, when the first episodes of panic attacks and nightmares ocurred.

Session 3 online coaching & training (90 min) - Previous objective reached 90%. The subject gave 3 presentations within a small group. The states of fear and anxiety did not go away, but she began to be able to control them. Info training: deep abdominal breathing necessary for controlling dysfunctional mental states. The walks continued, energy levels increased, and socializing, both physical and online, was initiated. Objective: monitoring and controlling emotional states through the mental switch technique, combined with breathing. Selected actions: 1) awareness and monitoring of stressful situations, which cause unpleasant emotions (using a diary), followed by training on how to react 2) use of parasympathetic oil as an adjuvant in difficult situations, 3) continuation of socialization exercises 4) practicing taking pictures (a new hobby). No apparent barriers.

Session 4 online coaching & training (60 min) - Previous objective achieved 100%. The subject became a facilitator during certain events, where she also took photos. Info training: communication styles. She continued her walks and began to enjoy being around people. She still does certain things in order to get attention, not necessarily because they give her pleasure. The subject also discloses the thought that if she is rejected, this means she is not loved. Objective: defining the perfect life and relationship. Chosen actions: writing down what she wants to do, where she wants to live, how she wants to feel and what will be different from the present. Barriers: fear of expressing feelings, associated with the idea that she might get hurt.

Session 5 online coaching (60 min) - Previous objective achieved 100%. She realized that her current relationship does not really exist, since for her the perfect relationship involves: communication, feeling connected, playfulness, closeness, trust, support, tenderness and intimacy, and none of these have been present. For her, the perfect life means traveling with your camera and your partner. At present, when attention is paid to her, she gets involved in relationships without being aware of her desires, and afterwards she regrets it. Objective: a more effective presence and communication. Chosen actions: being more aware of her feelings and the actions she wants to take toward a new relationship. Barriers: there is still the fear of abandonment, which makes her perceive any refusal as dramatic.

Session 6 online coaching & training (60 min) - Previous objective achieved 100%. She became aware of and monitored her feelings and actions. The sense of abandonment disappeared, but instead the sense of shame appeared ("what would people say?"). Info training: the formation and disappearance of neural connections. Objective: improving communication, with the elimination of the feeling of shame. Selected actions: writing phrases from memory about shame and noting how they have influenced her life, in order to realize that they are not necessarily valid and do not represent her. Should select the phrases and thoughts which represent her, and in the future identify with them. Barriers: insignificant, perceives environmental situations more rationally.

Session 7 online coaching & training (60 min) - Previous objective reached 60%. She did some training with the feeling of shame and realized that it had helped her by keeping her safe, basically it did not let her show how she was really feeling, so that she would not be rejected. Info training: ways of communication. Then she selected the phrases which represented her. Objective: organizing events in the native area. Chosen actions: resuming communication with the people in the area so that she could invite them to the event. Barriers: fewer, the sense of shame has abated, it occurs less often.

Session 8 online coaching & training (60 min) - Previous objective achieved 100%, the subject organized an event in her native area with about 20 people. The sense of shame disappeared and she felt safe. Info

training: soft skills. Objective: initiating steps towards a functional relationship and improving soft skills. Selected actions: a course in soft skills and gaining awareness of the thoughts that arise regarding a possible relationship. Barriers: apparently none.

Session 9 online coaching & training (60 min) - Previous objective achieved 100%, she took the course and became aware of the inherited mental pattern regarding relationships: it is the man who should make the first step and only feelings of frustration can become manifest in a family. Info training: assertive communication. Objective: dissociation from "inherited thoughts" regarding family relationships. Selected actions: taking the first step in any relationship with a male person, regardless of whether he is a colleague, friend, etc. and expressing positive feelings: joy, happiness, delight, love, etc. Barriers: none.

Session 10 online coaching (60 min) - Previous objective achieved 100%. She experienced what it means to approach men, she signed up for a dance class, went to a workshop where she met someone and they started communicating online, expressing positive feelings. Objective: choosing conscious, family-related thoughts which should be representative for her. Selected actions: writing what a fulfilled couple or family relationship means to her. No apparent barriers.

Session 11 online coaching (60 min) - Previous objective achieved 100%. She chose her thoughts regarding the relationship she is currently in. She began to put these thoughts into action and experimented one more night out with her current partner to see if the feeling of shame would return, but it did not. Objective: conscious continuation of the initiated relationship. Actions chosen: setting up dates and following the natural course of a relationship after new realizations.

Session 12 online coaching (30 min) - in which she described her new relationship in wonderful terms, recounted what personal development courses she has followed and described her physical, mental, emotional and social states in superlative terms.

d) *Statistical processing*

The data have been processed using the statistical software SPSS Statistics (Statistical Package for the Social Sciences).

Results

Following the application of the tools, the results obtained were entered and processed with the aid of the SPSS statistical program package, in order to obtain descriptive statistical data. Thus, the results obtained from the application of the two tools are presented in Table I, and the data obtained after the statistical processing of the results are presented in Table II. Taking into account that there is just one subject, non-parametric statistical methods were used. These methods use scores converted into ranks, and differences between means are not tested. Therefore we will check if the ranks in a group are higher or lower than the ranks in the other group. We have applied the non-parametric tests Friedman Two - Way Analysis of Variance by Ranks and Cochran's Q Test (Table II).

Table I

The results obtained from the application of the two tools.

Test		Score	
		T0	T1
Self-esteem		26	33
Communication style	Non assertive	14	6
	Aggressive	2	1
	Manipulative	6	8
	Assertive	4	6

Table II

The data obtained after the statistical processing of the results.

Quality of life Parameter	Non-Parametric Test	P value
Self-esteem	Friedman's Two-Way Analysis of Variance by Ranks	0.501
Communication style (Non assertive, Aggressive, Manipulative, Assertive)	Cochran's Q Test	0.024

The scores obtained by the subject on the "Self-Esteem" indicator at the beginning and at the end of the program demonstrate an improvement in the level of self-esteem. The minimum score that might be obtained is 10, which means very low self-esteem, while the maximum score is 40, which means very high self-esteem. Scores between 10-20 points represent low self-esteem, between 20-30 points - average self-esteem, and between 30-40 points - high self-esteem. An increase in the level of self-esteem is observed, from a score of 26 to a score of 33. The results obtained following the HWC intervention are shown in Fig. 1.

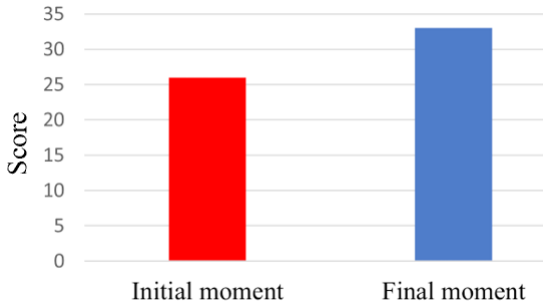

Fig. 1 – Self-esteem.

We also measured the type of communication present at the beginning and at the end of the program, of which we have four categories: non-assertive, aggressive, manipulative and assertive. The style with the highest number of points indicates the dominant attitude in communication. If for two styles identical or similar scores are obtained, the manifest style of communication is still undefined, and one or the other can become dominant at any time depending on the situation. If the scores correspond closely to three or four styles, then we can speak about the lack of a defined style of communication, which indicates an immature communicative behavior, associated with a behavior which is difficult to anticipate. The changes obtained between the two measurements are shown in Fig. 2 and reveal a positive evolution of the communication style.

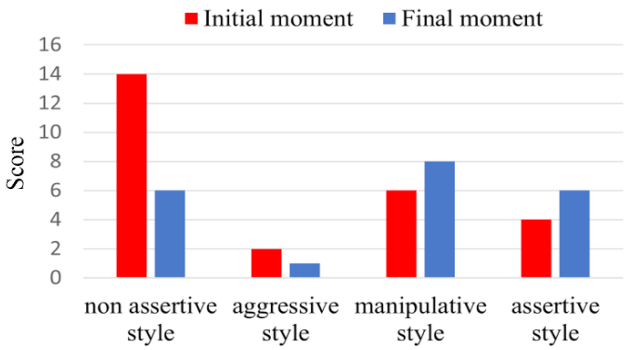

Fig. 2 – Communication style.

Discussion

The rehabilitation was all the more important as the subject is a young adult woman who has suffered a lot, with great potential for personal development and evolution, blocked due to her current condition. To the general objectives, specific objectives, established by the subject with the support of the first author, were added during the sessions.

At the end of the HWC program the set objectives were achieved 100%. Both the first monitored parameter, self-esteem (Fig. 1) and the second, communication style (Fig. 2) had a positive evolution. We consider that the practical results we obtained are relevant. This study certified the positive evolution of the intervention in terms of improving self-esteem, attitude and the feeling of self-satisfaction, which is related to the self-concept (Sánchez at al., 2021). Practically, a considerable improvement in the level of self-esteem was observed, from an average to a high level.

We will take into account the statistical result, which is > 0.05, at the limit (Table II), but we consider that this is due to the small number of participants (one), as well as the small number of items (ten). In our case, in order to extrapolate we need a larger number of subjects. At the clinical level, what matters is the difference between the mean values and it corroborated the positive evolution of the parameter "Self-Esteem", which was obtained following the HWC intervention.

The obtained scores, for the second parameter, demonstrate that the intervention had an effect on all styles, by decreasing the score of the non-assertive and aggressive styles, together with increasing the score obtained for the manipulative and assertive styles. Assertive communication means expressing your point of view in a clear and direct way, while respecting others (4) and is usually seen as a healthier communication style offering multiple benefits such as winning self-confidence and self-esteem, gaining a sense of empowerment, gaining respect from others, improving communication, increasing the ability to make decisions, creating honest relationships etc. (5). Aggressive communication is an ineffective communication style as the content of the message may get lost, because people are too busy reacting to the way it is delivered. Instead, manipulative communicators are skilled at influencing or controlling others to their own advantage (Newton, 2023). Non-assertive communication is the opposite of aggressive communication, and non-assertive communicators often want to be accepted, need to be liked, and always allow others to choose for them (Robboy, 2023).

Starting from an almost total lack of communication, lack of friends, lack of communication with family, lack of social contacts, the presence of only punctual professional contacts, lack of intimacy, a relevant reduction of the non-assertive attribute was obtained in the end. The subject became sociable, with frequent social contacts, new friendships, established functional family relationships, there was even a desire for affirmation at the level of the new communities she had accessed.

In addition, a decrease in aggressive style and an increase in empathy were the outcomes. The higher score on the manipulative attribute, apparently a negative result, could be interpreted positively, in the sense that she began to set clear goals and made the right decisions in order to achieve them, including making demands that she previously did not dare to do because of her sense of shame. The improved assertive attribute denotes that the subject has become more open, has managed to improve her interpersonal relationships, express her feelings, emotions and thoughts without fear, yet also without hurting the feelings of others, she has acquired the power to turn down certain unpleasant requests, which she could not refuse before. The initiation of conversations also helped her in her efforts to develop a couple relationship, which culminated in the acquisition of the feeling of joy and happiness. Therefore, we noted a favorable evolution, which involved moving from a dominantly non-assertive style, in which everything she communicated and did was just for the purpose of being liked and accepted, to a more balanced communication style, yet still insufficiently mature. However, the overall communication style has improved significantly.

The statistical results obtained for the parameters "Communication styles" (Tab II), show a $p < 0.05$, which represents a significant value for 95% of the results. This result, prove that the HWC intervention is also effective from a statistical point of view. We believe that the larger number of items (sixty) made a difference, since we took into consideration only one subject. Therefore, the null hypothesis is rejected (the HWC intervention does not have a positive impact on communication styles) and the formulated hypothesis is accepted, namely that the HWC intervention has a positive impact on communication styles, improving the levels of communication and socialization.

We appreciate that the coaching interventions empowered the subject to assume certain behaviors in order to achieve the objectives, and the training sessions provided her with the informational basis necessary to understand physical, mental and emotional states, which helped her to develop an increased resilience to stress and initiate new actions. Stress resilience may be defined as a positive adaptation to adversity, a concept according to which an individual can bend to threats in the environment but does not break, or as the ability to bounce back from disruption (Bhatnagar, 2021). All these have also led to a positive improvement in physical condition, with increased energy levels and muscle tone.

The subject was monitored monthly, by telephone and online for the following 9 months, without further interventions or recommendations, as throughout the program she proved to be highly motivated: she adopted a healthy lifestyle, which led to a significant improvement in the quality of life, with a positive impact on the physical,

mental, emotional and social states. This type of informal and non-invasive interventions are growing in number and are highly appreciated by clients, as they offer a professional setting for manifestation, where the client has complete freedom in choosing solutions and making decisions, being only guided and empowered by a guiding expert.

Conclusions

1. Following the HWC intervention, the subject achieved a very high degree of personal satisfaction by gaining self-confidence and self-esteem.

2. The evolution of the communication style was further proof that HWC had a positive impact on all communication styles, resulting in a healthier communication style, which brought multiple benefits to the subject.

3. HWC is a modern method of effective intervention in the process of lifestyle reorganization, resulting in the improvement of the quality of personal life, with a positive impact at the physical, mental, emotional and social levels.

4. Mental disorders, generally related to stress, represent the main causes of the global health burden, and recent years have created an urgent need to find effective solutions to optimize the quality of life of individuals.

5. The early detection of stress-related symptoms with a negative impact on the personal quality of life is important, and even if medication is not always the most effective solution, there are currently new effective tools, both for prevention and for intervention.

Conflict of interests

The authors declare no conflicts of interests.

Acknowledgments

The study presents partial results from the first author's doctoral thesis.

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