

# The Evidence Base for Coaching in Wellbeing

What the research supports, what it complicates, and what it cannot be asked to carry. Four mechanisms: positive psychology, behaviour change, beliefs, and the nervous system.

## 01 THE META-ANALYTIC BASE

| SYNTHESIS                                                           | SCOPE AND EFFECT                                                                                                                                                                                                                        |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| de Haan & Nilsson (2023) RCT-only meta-analysis                     | 37 RCTs, n = 2,528, 1994–2021. Overall <b>g = .59</b> . Effects larger for <i>female coachees</i> ; duration mattered little. Authors report significant publication bias.                                                              |
| Theeboom, Beersma & van Vianen (2014) Foundational meta-analysis    | Five outcome categories, all significant, from <b>g = .43</b> (coping) to <b>g = .74</b> (goal-directed self-regulation). Treats wellbeing as an outcome category in its own right.                                                     |
| Jones, Woods & Guillaume (2016) Workplace meta-analysis             | k = 17. Overall <b>δ = .36</b> on organisational outcomes. Internal coaches outperformed external; number of sessions did not moderate. Learning and performance, not wellbeing.                                                        |
| Wang, Lai, Xu & McDowall (2022) Psychologically informed approaches | k = 20, n = 957. Goal attainment <b>g = 1.29</b> ; self-efficacy <b>g = .59</b> ; psychological wellbeing <b>g = .71</b> where cognitive-behavioural and positive psychology approaches were <i>integrated</i> rather than used singly. |

For a **sceptical peer**: this is the same moderate band as many accepted organisational and psychological interventions. Not a large effect. A consistent one.

## 02 RANDOMISED TRIALS WITH WELLBEING AS AN OUTCOME

| TRIAL                                                                                          | RESULT                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grant, Curtayne & Burton (2009) RCT, 41 public-sector executives; four sessions over ten weeks | The first published RCT using professional coaches external to the organisation. Versus controls: <b>higher</b> goal attainment, resilience and workplace wellbeing; <b>lower</b> depression and stress.          |
| Dyrbye, Shanafelt, Gill, Satele & West (2019) RCT, 88 physicians; 3.5 hours over five months   | Emotional exhaustion <b>−5.2</b> vs <b>+1.5</b> in controls; overall burnout rate <b>−17.1%</b> vs <b>+4.9%</b> (both p < .001). Quality of life and resilience also improved.                                    |
| Kiser, Sterns, Lai, Horick & Palamara (2024) RCT, 138 physicians; six peer-coaching sessions   | Comparator was <i>the wellbeing resources the institution already provided</i> . Coaching reduced burnout and interpersonal disengagement and raised professional fulfilment, work engagement and self-valuation. |
| Boehmer et al. (2023) Meta-analysis of RCTs, chronic illness populations                       | Improved short-term self-efficacy, quality of life and depression. <b>Not effective for anxiety at any time point</b> . Effective interventions typically addressed three or more capacity constructs.            |

**Grant et al. is the anchor** for anyone asking whether coaching shifts wellbeing rather than performance: public-sector executives, wellbeing and resilience as primary outcomes, delivered explicitly as coaching and not as therapy. **Kiser et al. is the one to quote at an organisation**, because coaching outperformed the provision already in place.

Two honesties. Dyrbye et al. found no significant shift in depersonalisation, job satisfaction, engagement or meaning in work: 3.5 hours moved exhaustion and quality of life, it did not restore meaning. And the Boehmer null result on anxiety travels with the citation.

## 03 THE FOUR MECHANISMS, AND THE HONEST STATE OF EACH

### Positive psychology

CARR ET AL. (2024) provide the broad picture in a mega-analysis of meta-analyses. For workplace settings specifically, MARTÍNEZ-MARTÍNEZ ET AL. (2025) report subjective wellbeing **g = .50**, psychological wellbeing **g = .46** and performance **g = .42** across 24 studies, with in-person delivery outperforming remote. Their own quality flags matter: only 4.2% of included studies rated good quality, 62.5% poor; publication bias detected for psychological wellbeing; heterogeneity very high (I<sup>2</sup> = 91%). Cite the numbers. Do not rest the argument on them alone.

### Behaviour change

GOLLWITZER & SHEERAN (2006): 94 independent tests, **d = .65** for implementation intentions on goal attainment. Specific if-then plans substantially outperform intention alone. Among the most robust findings in applied psychology, and precisely what structured coaching operationalises. DEGI, OLAFSEN & RYAN (2017) supply the motivational condition: autonomy-supportive rather than directive interaction is what makes change hold.

### Beliefs

The defensible construct is self-efficacy, not mindset. Coaching reliably moves self-efficacy (g = .59; Wang et al., 2022), and self-efficacy is a long-established predictor of persistence and performance (BANDURA, 1997). The growth-mindset literature does not carry equivalent weight: MACNAMARA & BURGOYNE (2023) found weak to negligible intervention effects once study quality and bias were accounted for. Argue self-efficacy. Leave mindset out of a peer-facing case.

### Neuroscience

JACK, BOVATZIS, KHAWAJA, PASSARELLI & LECKIE (2013): coaching to a personal vision activated visual, motivational (ventral striatum) and parasympathetically associated (ventromedial prefrontal) regions; coaching to current problems activated sympathetic and self-conscious regions. Theoretically coherent and practically useful. The sample was 20 undergraduates. Treat it as a hypothesis about why attention to what a person is moving toward differs physiologically from attention to what is wrong with them. It is not proof, and this is the mechanism our field most often overstates.

## 04 · SAY THIS BEFORE A PEER SAYS IT TO YOU

**Individual work does not fix organisational conditions.** FLEMING (2024) surveyed 46,336 workers across 233 UK organisations and found no measurable wellbeing benefit from mindfulness, resilience training, relaxation classes or wellbeing apps. Coaching was not among the interventions tested, so the study does not indict it. The boundary holds regardless: organisations have to change the workplace, not only the worker. The WHO (ICD-11, 2019) classifies burn-out as an occupational phenomenon arising from chronic workplace stress that has not been successfully managed. Not a medical condition. Not a personal failing.

**The newest meta-analysis does not isolate coaching.** KHAN, KIM, ATWATER & REDDY (2026) pooled six studies (n = 585 physicians) and found lower emotional exhaustion (MD −5.56) and depersonalisation (MD −2.11) and higher personal accomplishment (MD +2.01). But it lumps coaching together with mindfulness curricula and peer discussion groups. Cite it as *individual interventions including coaching*, never as evidence that coaching specifically works. Its own conclusion is that these are best used as *adjuncts to organisational approaches*.

**The working alliance may not be the active ingredient we assume.** DE HAAN (2019) reports that working alliance scores do not correlate with any increase in outcome from the point at which they are measured, and appear instead to index a coachee's general readiness to relate. Coachee resilience, hope, self-efficacy, perceived social support and mental wellbeing predicted outcome better. This unsettles a claim the profession repeats often, and it is more credible to name it than to route around it.

**Cross-cutting weaknesses:** publication bias, acknowledged by de Haan & Nilsson (2023); heavy reliance on self-report over observed outcomes; small samples and single-institution designs in several of the trials above; and almost no research on adverse or unwanted coaching effects.

## 05 THE DEFENSIBLE POSITION

Coaching has a moderate, replicated effect on wellbeing, goal attainment and self-efficacy, and randomised evidence for raising workplace wellbeing and reducing emotional exhaustion. It works through mechanisms that are each independently evidenced: structured translation of intention into action, autonomy-supportive motivation, and belief in one's own efficacy.

It is not a substitute for changing the conditions that generate the harm. The strongest version of the case is the one that says so first.

## References

Every claim on the preceding page is traceable to a named source below. Where a finding is contested, null, or the evidence base is thin, that is stated on the face of the document rather than in a footnote. Volume and page numbers appear only where independently verified.

### COACHING EFFECTIVENESS — META-ANALYSES

de Haan, E., & Nilsson, V. O. (2023). What can we know about the effectiveness of coaching? A meta-analysis based only on randomized controlled trials. *Academy of Management Learning & Education*, 22(4). <https://doi.org/10.5465/amle.2022.0107>

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### RANDOMISED TRIALS AND WELLBEING OUTCOMES

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### POSITIVE PSYCHOLOGY

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### BEHAVIOUR CHANGE AND MOTIVATION

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Gollwitzer, P. M., & Sheeran, P. (2006). Implementation intentions and goal achievement: A meta-analysis of effects and processes. *Advances in Experimental Social Psychology*, 38, 69–119.

### BELIEFS AND SELF-EFFICACY

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Macnamara, B. N., & Burgoyne, A. P. (2023). Do growth mindset interventions impact students' academic achievement? A systematic review and meta-analysis with recommendations for best practices. *Psychological Bulletin*.

### NEUROSCIENCE

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### COUNTER-EVIDENCE AND LIMITATIONS

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Khan, A., Kim, D., Atwater, R., & Reddy, R. (2026). Mindfulness, coaching and peer support for physician burnout: A systematic review and meta-analysis. *Medicina*, 62(1), 39. <https://doi.org/10.3390/medicina62010039>

### A NOTE ON EFFECT SIZES

Hedges's *g*, Cohen's *d* and  $\delta$  are standardised mean differences. Conventionally .20 is small, .50 moderate and .80 large, though these thresholds are heuristics rather than rules and should be read against the outcome being measured. A moderate effect on emotional exhaustion in a working population is not a trivial finding.

Where a meta-analysis reports high heterogeneity ( $I^2$ ), the pooled figure summarises a wide spread of study results and should be quoted with that caveat attached.