






Academic Paper

A Feasibility Study of a Wellbeing Coaching Programme Based on Socio-cognitive Mindfulness

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Abstract

This exploratory feasibility study examined a wellbeing coaching programme developed from the theory of socio-cognitive mindfulness (Langer, 1989). Six participants were recruited to attend the six-week programme and to complete surveys measuring mindfulness and wellbeing at baseline, post-intervention and follow-up. High attendance and completion rates suggest that the study and intervention procedures were feasible, with a preliminary assessment of outcomes indicating that the intervention may be effective in some cases for improving mindfulness and wellbeing. Participant responses infer that the coaching programme was acceptable and well-received but with suggestions for improvement which can inform intervention refinement and potential coach training.

Keywords

socio-cognitive mindfulness, mindfulness-based coaching, wellbeing coaching, interventions, feasibility study

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Introduction

Integrating mindfulness into coaching can be considered a useful approach to helping clients increase clarity, focus, wellbeing and coping skills (Hall, 2013). The research on mindfulness-based coaching suggests that mindfulness theory and its associated strategies can benefit the coaching process, the coaching relationship, as well as the coach and client's wellbeing (Van Den Assem et al., 2022; Virgili, 2013). However, much of the existing research investigates mindfulness-based coaching from the Eastern perspective of mindfulness which usually involves meditation practices. Yet, a non-meditative approach exists which focuses on actively paying attention to novelty, context and different perspectives in the present moment (Langer, 1989).

This alternative approach has been referred to in the literature as socio-cognitive mindfulness since it tends to focus on increasing mental flexibility within social contexts (Pirson et al., 2018). It is differentiated from meditative mindfulness as being an active learning approach which emphasises problem-solving and goal-orientated cognitive tasks (Baer, 2003). As socio-cognitive mindfulness and coaching are both inherently social processes which emphasise personal development (Pirson et al., 2018; Shoukry & Cox, 2018), there appears to be an opportunity to explore the benefits of integrating the two fields.

Literature Review

Langer argues that when we are being mindful, we are noticing that our circumstances are in a constant state of flux and are then able to flex our attitudes to embrace continually evolving opportunities and possibilities (Pagnini et al., 2016). Studies have demonstrated positive correlations between higher levels of socio-cognitive mindfulness and enhanced mental skills (Kee & Wang, 2008) and resilience (Ghanizadeh et al., 2019). As such, this active form of mindfulness is described as useful within coaching contexts given its emphasis on flexible thinking, creativity and solution-finding (Cavanagh & Spence, 2013).

Langer (1989) outlines five cognitive processes for activating a state of mindfulness without meditation: attending to the process before the outcome, welcoming new information, viewing from multiple perspectives, creating new categories and controlling the context. Intervention studies have evidenced how such cognitive processes can activate a state of mindfulness via brief instructional exercises, leading to uplifts in mental skills and wellbeing (Ivtzan & Hart, 2016). Examples of brief interventions include asking participants to notice new things about another person or about their environment (Haas & Langer, Maymin et al., 2021;) or noticing the variability in their mood, physical sensations or heart rate (Zilcha-Mano & Langer, 2016; Delizonna et al., 2009).

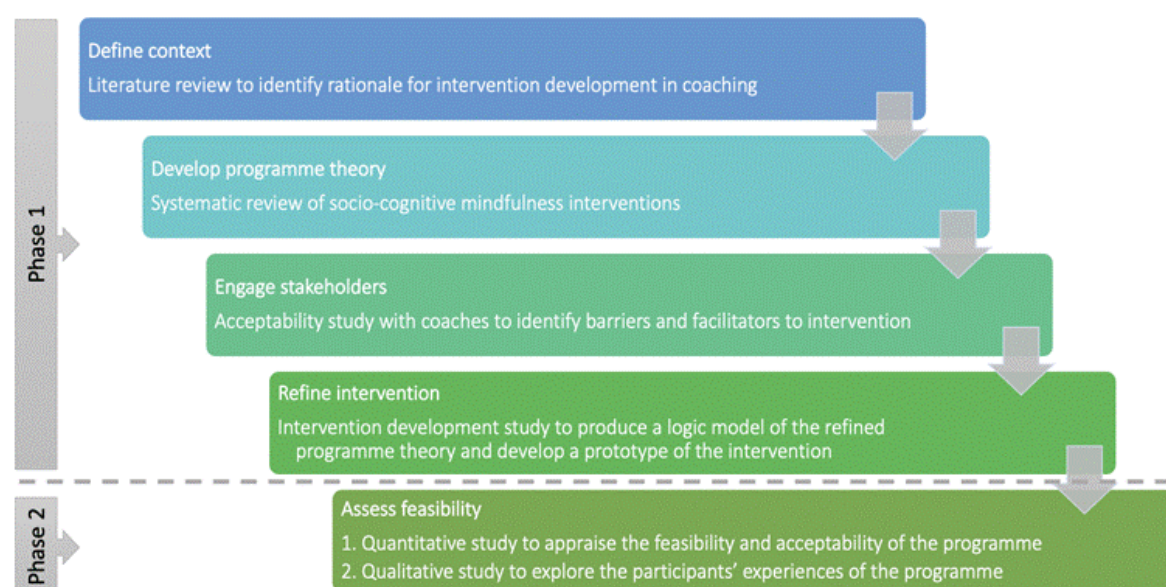
Further studies have explored how socio-cognitive mindfulness can be developed during extended training programmes to help maintain subjective and psychological wellbeing improvements. For example, training programmes designed to teach participants how to apply socio-cognitive mindfulness in meaningful ways have shown sustained increases in goal attainment, environmental mastery, positive relationships and emotional wellbeing (Spence & Cavanagh, 2019; Pagnini et al., 2021). Despite yielding positive results in their study, Spence & Cavanagh (2019) recommend that further research is conducted to understand whether combining socio-cognitive mindfulness interventions and developmental coaching may lead to greater outcomes. To our knowledge, no research exists which examines a coaching intervention specifically developed from the socio-cognitive approach to mindfulness. Therefore, it seems a worthwhile area to explore, especially given the array of performance and wellbeing benefits associated with socio-cognitive mindfulness.

Consequently, we conducted several studies to help inform and design a coaching intervention based on socio-cognitive mindfulness to promote wellbeing development in non-clinical adults. The overall approach follows the Medical Research Council's (MRC) four-phased framework for developing and evaluating complex interventions: (1) intervention development; (2) feasibility assessment; (3) evaluation; and (4) implementation (Craig et al., 2013). The intervention development phase has been conducted and reported in several prior studies. The first is a systematic review of the evidence to understand how socio-cognitive mindfulness interventions work to improve wellbeing and the implications for coaching (Crabtree et al., 2024). Next, an acceptability study explored the views of ten practising coaches on the proposed design features of a wellbeing coaching programme which integrates socio-cognitive mindfulness processes (Crabtree & Swainston, 2023). The findings from the studies were synthesised to produce a logic model of how the intervention posits to work, along with a prototype of the coaching programme (Crabtree & Swainston, 2024).

The resulting programme design aims to facilitate the learning and integration of each of the five socio-cognitive mindfulness processes to support adults in achieving wellbeing improvements. In addition to framing coaching goals, exercises and questions with a socio-cognitive mindfulness lens, the programme incorporates home-based activities to help coachees learn how to apply the strategies to their lifestyles in a relevant way. The programme theory posits that repeatedly stimulating socio-cognitive mindfulness via coaching processes will produce increases in wellbeing, which over time, could lead to the development of trait socio-cognitive mindfulness and potentially longer-term wellbeing benefits (Ivtzan & Hart, 2016).

However, since the programme design is based on theoretical assumptions, the authors need to conduct the MRC's second phase, which is to feasibility test the proposed intervention. This is to understand if it can be implemented and whether it is deemed acceptable with target populations, as well as to inform the third phase of evaluation (Bowen et al., 2009; Eldridge et al., 2016). Figure 1 depicts the systematic approach used to develop and feasibility test this coaching intervention.

Figure 1: Phases 1 and 2 of the intervention development process



Study objective

The primary aim of this study is to evaluate the feasibility of a wellbeing coaching intervention based on socio-cognitive mindfulness. The study objectives were formulated using existing feasibility guidelines (Orsmond & Cohn, 2015) and included the assessment of (1) recruitment procedures and resulting participant characteristics; (2) study and intervention procedures; and (3) intervention acceptability. A second aim of this study was to preliminary evaluate the effectiveness of the intervention. There is also a qualitative element of the feasibility phase involving an in-depth exploration of the participants' experiences, however, this forms part of the wider research project and is not reported in this study.

Methodology

Study design

The study design follows guidance provided to assist researchers with the feasibility assessment of health and wellbeing interventions (Orsmond & Cohn, 2015). An intervention-arm-only feasibility design was conducted which involved a feasibility assessment of the intervention and study procedures and a quantitative exploration of the acceptability and potential efficacy of the intervention (Bowen et al., 2009). It is common for flexible methodology, such as observational design, to be employed within feasibility studies, particularly when using small sample sizes which make inferential analyses inappropriate (Orsmond & Cohn, 2015). It is not deemed necessary to employ control groups and participant randomisation at this early stage in the intervention development, although the findings could inform a full evaluation design (Arain et al., 2010). As such, a simple case series methodology was used to preliminarily evaluate the effectiveness of the intervention (Barlow & Hersen, 1984).

Participants and procedure

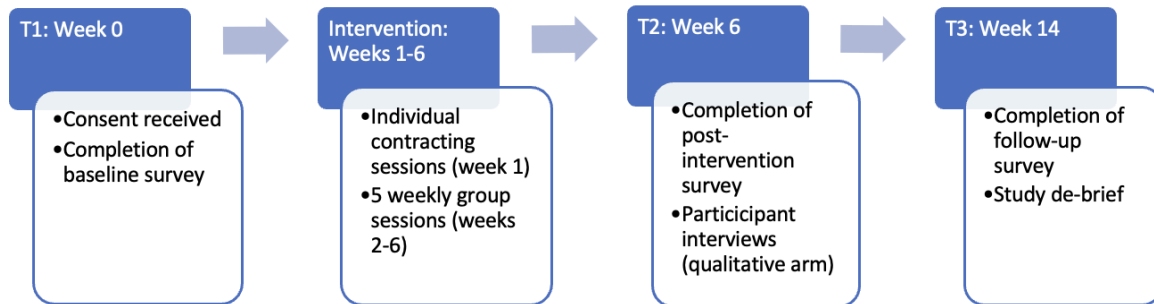
Recommended best practices suggest that an appropriate group coaching size for a programme of this nature is between six to eight participants (Crabtree & Swainston, 2023). Therefore, the recruitment strategy aimed to achieve a final sample size within this range. The eligibility criteria for participating in the study included being over 18 years old, being able to give informed consent, having an interest in wellbeing development and being available to attend the coaching programme dates. Once ethical approval was granted, the recruitment commenced.

A purposive sampling strategy was employed to recruit people who have an interest in wellbeing development. The lead author has a wide-ranging network of professionals who may be interested in wellbeing, such as those working in coaching, psychology, training, higher education and leadership roles. As such, the lead researcher posted a recruitment advert on their LinkedIn profile, whereby snowballing naturally occurred during the sharing of the post. The recruitment advert provided a coaching programme summary and key dates for attendance, including when study surveys and interviews would need to be completed.

Once the eligibility criteria were applied to those who responded to the advert, the final sample resulted in six female participants ($M_{age} = 47$, $SD = 6.3$). Although they had varied employment statuses, they shared similar professional backgrounds and experiences of integrating mindfulness and wellbeing interventions into their work. The sample comprised a coach, a therapist, a coaching psychologist, an occupational psychologist and two organisational development practitioners.

After signing the consent forms, the recruited participants were invited to complete the baseline measures via an online survey. The following week they commenced the six-week intervention and after the final coaching session, they were asked to complete the post-intervention survey. At this point, they were also asked to attend interviews for the qualitative part of the research project. Two months after the intervention finished, they were asked a third time to complete the survey. The study timeline is summarised in Figure 2.

Figure 2: Timeline of the study procedure



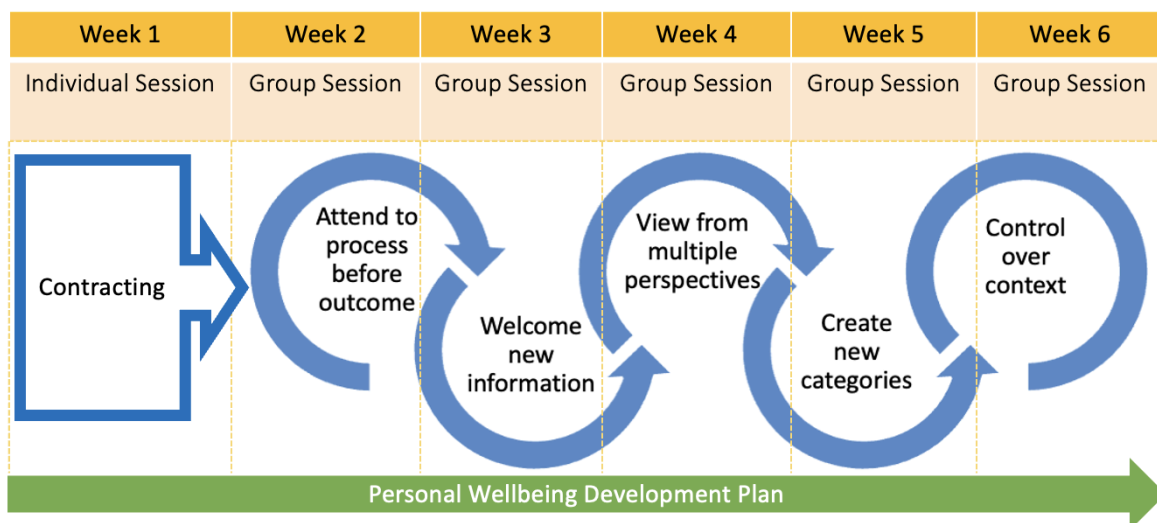
Intervention overview

The intervention's timeline is represented in Figure 3 with further detail provided in Appendix 1. In summary, the six-week online coaching programme aimed to help participants apply five socio-cognitive mindfulness processes to their wellbeing development plan. To strengthen the study's ecological validity the intervention was delivered in a realistic setting and a true-to-life manner. Participants first attended contracting sessions with the coach where they explored a wellbeing area to focus on throughout the programme. Participants then attended five hour-long coaching sessions involving psychoeducation, exercises, group discussion and reflection, as well as planning their home-based wellbeing activities. All contracting and group coaching sessions were conducted via Microsoft Teams videoconferencing by the lead author who is an accredited coach and chartered coaching psychologist with the British Psychological Society.

Data collection

Surveys were completed by participants using online software which was accessed via a web link sent by email. A unique study participant code was assigned to each participant for pseudo-anonymisation which they were asked to input at the start of each survey. The survey was designed to ensure participants completed all questions relating to outcome measures without the option to bypass any questions. However, only some of the open-ended questions were mandated, whilst others remained optional for participants to respond to.

Figure 3: Timeline of intervention



Intervention Acceptability

The programme's acceptability was measured post-intervention using the Theoretical Framework of Acceptability questionnaire which is widely employed to evaluate health-related interventions (Sekhon et al., 2022). It assesses a range of seven emotional and cognitive components of acceptability from the user's perspective, such as affective attitude, burden and perceived effectiveness. The TFA's generic questions were adapted and increased to 25 items in this study to allow for the exploration of various components and features of the intervention. An eighth item was also included to gauge the participant's view on the programme's timing. A five-point Likert scale was used across all questions but adapted to suit the question. For example, the responses to a question assessing affective attitude towards the coaching sessions ranged from "strongly dislike" to "strongly like".

Open-ended questions

The baseline survey included questions to ascertain key demographical information about the participants, such as gender, age, location, employment status and job description. The post-intervention also expanded on the TFA questions by asking open-ended questions to gain participant feedback on the intervention. The questions aimed to capture what they found most and least useful about the programme, potential barriers and facilitators to the intervention and who they thought the programme would be most suitable for. In the follow-up survey, further open-ended questions were asked, primarily to understand if the participants had experienced any significant life events since completing the programme. This was to identify any contextual information which may have impacted the follow-up outcome measures.

Intervention and study adherence

Attendance of all sessions was automatically recorded by Microsoft Teams. The 'Forms' application within Microsoft Teams was also used by participants to record the frequency and duration of their home-based wellbeing activity.

Outcome measures

The participants' self-reported responses for the following outcome measures were collected at baseline, post-intervention and at follow-up.

Multicultural Quality of Life Index (MQLI: Mezzich et al., 2000) is a ten-item survey used to measure subjective quality of life across ten areas of wellbeing which include self-care, occupational functioning, social-emotional support and spiritual fulfilment. Participants are asked to rate each area on a ten-point Likert scale from "poor" to "excellent". Mean scores can be reported for the total scale or individual items, with higher scores representing higher levels of quality of life. The scale has been validated with high reliability ($r = 0.87$) and a reported Cronbach's Alpha score of 0.92 (Mezzich et al., 2011).

Ryff's Psychological Wellbeing Scales (RPWB: Ryff & Keyes, 1995) is an 18-item survey used to measure six dimensions of psychological wellbeing (PWB), which include the subscales autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. It uses a seven-point Likert scale from "strongly disagree" to "strongly agree". Despite being a shortened version, multiple studies indicate that the 18-item scale is relatively valid and reliable in measuring Ryff's model of psychological wellbeing (Garcia et al., 2023), with a reported Cronbach's Alpha score of 0.88 (Lee et al., 2019). Mean scores can be reported for RPWB overall, or its subscales, with higher scores signifying higher levels of psychological wellbeing.

Langer Mindfulness Scale (LMS: Pirson et al., 2018) is a 14-item survey measure of the socio-cognitive construct of mindfulness and is considered a reliable and valid measure with Cronbach's Alpha scores ranging from 0.8 to 0.9. It uses the same seven-point Likert scale as the RPWB scale with the 14 items covering three subscales of novelty seeking, novelty producing and engagement. Mean scores can be reported for LMS overall, or its subscales, with higher scores indicating higher levels of mindfulness.

Data analysis

Once all data were extracted from the survey software and Microsoft Teams, it was imported into Excel spreadsheets to support analysis. A combination of descriptive statistics and visual analysis was used to assess the data. Response frequency and percentages were calculated to describe intervention acceptability, which were then converted into mean scores to summarise each acceptability component. Percentages were also used to assess the attendance and adherence rates of the intervention and study procedures. Participants' scores for the outcome measures from baseline to post-intervention to follow-up were individually plotted on three graphs representing each measure. Visual assessment of the graphical display of change across the timepoints was used to identify observable effects within the single case series (Parsonson & Baer, 1992), but not to calculate statistical significance.

Directed content analysis of participants' open-ended responses involved coding the response data based on prior research concerning the intervention's potential strengths and weaknesses (Hsieh & Shannon, 2005; Crabtree & Swainton, 2023). The codes were refined and grouped into similar categories, which were then reported on based on frequency with verbatim examples provided. Only codes which were represented by a minimum of two participants were included.

Results

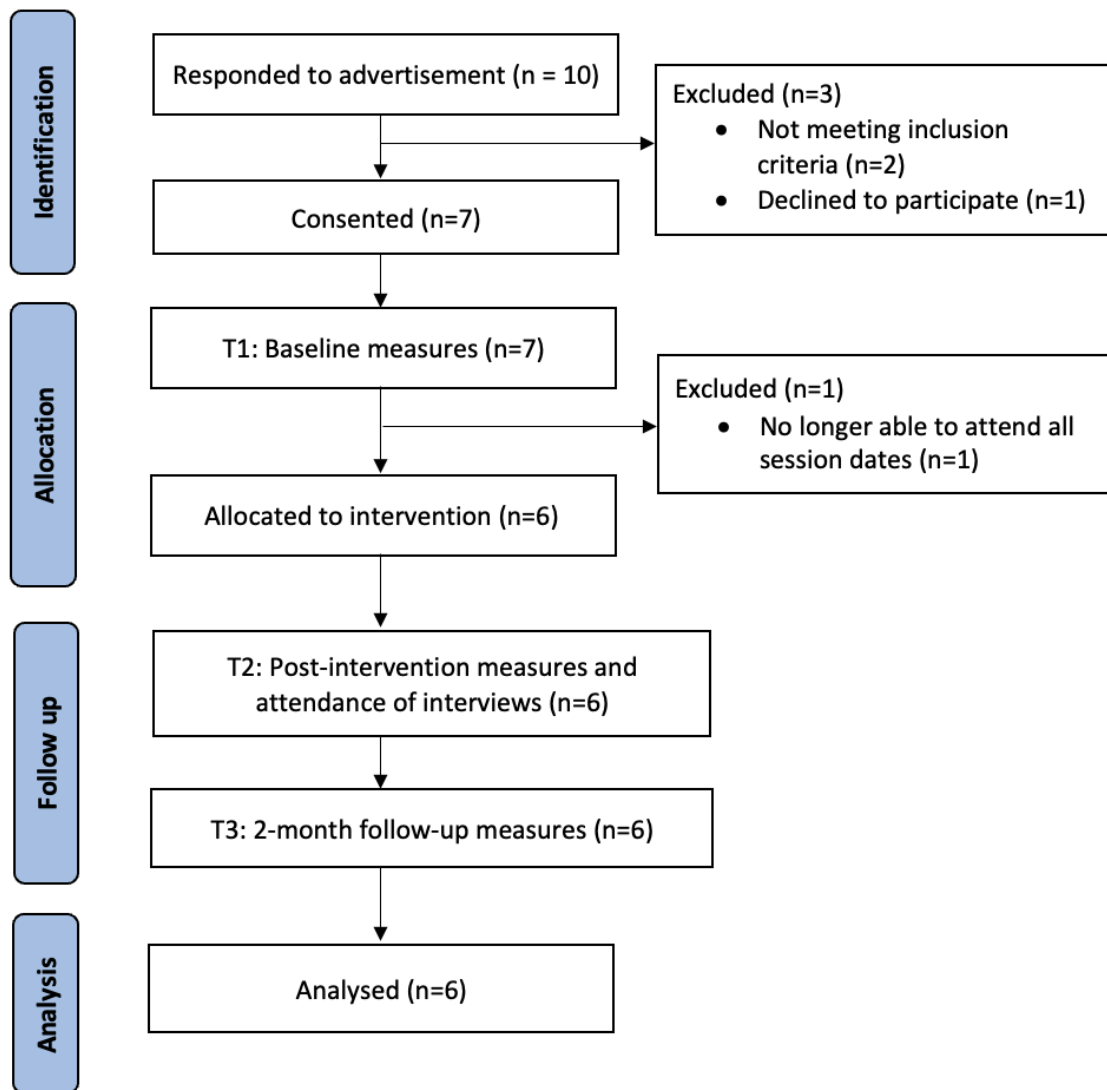
Feasibility of recruitment

Recruitment outcomes

The advertisement was posted on the 1st August 2023 with recruitment ending on 31st August 2023. During the 31 days of recruitment, ten people expressed their interest in participating in the study with a mean response rate of 16 days from the advert being posted ($SD = 10.9$). One of the ten responders forwarded the opportunity to those in her professional network who she felt would benefit from the opportunity, thus 40% of the initial interest can be attributed to the snowballing effect. Of the ten who expressed interest during the recruitment phase, one decided not to participate due to personal circumstances, and a further two did not meet the eligibility criteria as they were unable to commit to the proposed session dates.

The remaining seven provided consent to participate and completed the baseline measures, however, due to unforeseen circumstances one person became unable to make the session dates and therefore was no longer eligible to participate. As such, 60% of those who expressed interest during recruitment went on to fully participate in the study, with 30% not meeting the eligibility criteria and 10% declining to participate. Therefore, the target sample of between six to eight participants for the study was met. Figure 4 provides a summary of the participant flow throughout the study procedure.

Figure 4: Study participant flow diagram



Feasibility of study and intervention procedures

The resulting attendance and adherence rates to the intervention and study procedures are captured in Table 1 and discussed in the following sections.

Table 1: Study and intervention adherence rates

Intervention or study element	Scheduled activity length	Frequency and timing	Actual time overall (average per participant)	Attendance/ adherence
Attending programme sessions	1-hour online sessions	Weekly across 6 weeks	5 hours 53 minutes	97.2%
Conducting home-based wellbeing assignments	15 to 30 minutes*	4-5 days per week across 4 weeks	7 hours 38 minutes	87.5%
Completing online wellbeing updates	5 to 10 minutes per wellbeing update	Weekly across 4 weeks	31 minutes	100%
Completing study surveys	Up to 30 minutes each (online)	3 times (pre-, post & 2-month follow-up)	57 minutes	100%
Attending study interviews	Up to 60 minutes (online)	Once (post-intervention)	39 minutes	100%

*The original consent form stated 30 minutes of activity but was amended to 15-30 minutes at the start of the programme.

Intervention attendance and adherence

The participants fully attended the intervention sessions, except for one participant who was unable to attend the last session. This resulted in a 97.3% intervention attendance rate. The participants were also expected to complete self-selected home-based assignments and report on duration and frequency in weekly online forms. The weekly updates achieved an overall adherence rate of 100%. However, there were three occasions where a participant reported not completing the minimum threshold of home-based activities, resulting in an assignment adherence rate of 87.5%. Nevertheless, the participants invested significant amounts of time in the home-based wellbeing activities over four weeks. Examples of the activities selected by the participants were journaling, Tai Chi and physical activity.

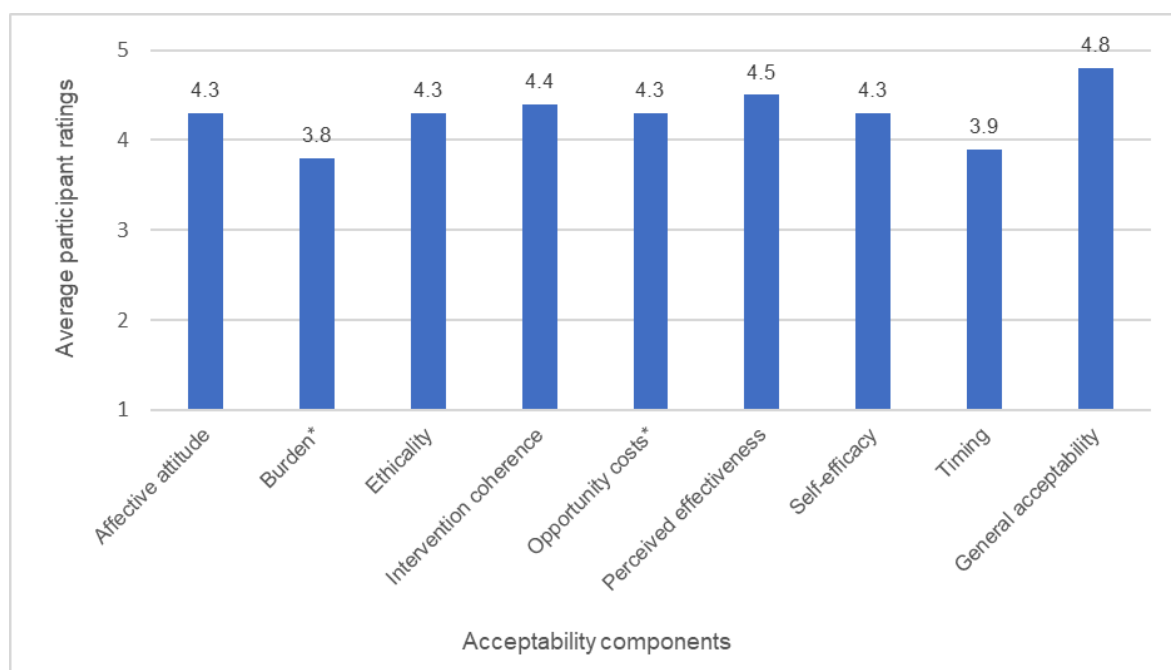
Study retention and adherence

The overall study retention rate was 100% since the six participants fulfilled all study requirements. This included 100% completion of the surveys at the three timepoints, with all questions answered fully and appropriately. The participants also attended semi-structured interviews post-intervention for the qualitative arm of the study which is reported separately.

Intervention acceptability

The mean participant ratings for each acceptability component are represented in Figure 5. The results indicate that the participants found most of the components to be acceptable or completely acceptable, such as the intervention's ethicality, coherence and perceived effectiveness. However, there were slightly lower scores for burden and timing which indicate that participants may have found the intervention to require a fair amount of effort and that the intervention timings were not ideal. Despite this, when participants were asked more generally: "How acceptable was the programme to you?", one responded "acceptable" whilst five responded "completely acceptable".

Figure 5: Average participant ratings of intervention acceptability components



*Reverse scored

The content analysis of the participant responses to the open-ended questions exploring intervention acceptability resulted in four categories as summarised in the following section. A table of the categories, subcategories and examples of feedback quotes are provided in Appendix 2.

Intervention qualities

All participants commented that they found the programme to be worthwhile and of benefit (n=6). Four participants described the programme as well-structured and focused, whilst some also noted how welcoming they found the coaching environment to be (n=3). Half the participants also discussed how they could apply their learning from the programme in the real world (n=3) and others mentioned how enjoyable the overall experience was (n=2).

Useful features

The participants provided views on which elements of the intervention they found to be most useful, with the most common answer relating to the home-based wellbeing activities (n=4). Half of the participants (n=3) said that they had also benefited from sharing learning with other participants in the group sessions. Other features mentioned were related to the ease of accessing the programme (n=2), the usefulness of completing weekly updates (n=2) and the benefit of learning about an alternative approach to mindfulness.

Intervention-person fit

Participants made suggestions for who they felt would be most suitable for this type of intervention, including key attributes for gaining the most benefit from the programme. Four subcategories were identified, with each represented by half of the participants. This included participants needing to be open-minded (n=3), committed (n=3), with some prior knowledge of psychology or coaching (n=3), whilst also being aware that any time constraints can hinder personal progress (n=3).

Areas for improvement

The participants commented on areas of the intervention that they felt were least useful or could be improved further. Half of the participants (n=3) described feeling unsure at times of concepts or processes used within the intervention. Similarly, four of the participants mentioned that the intervention could have provided clearer explanations and instructions, whilst three participants advised that they would have liked further resources so that they could understand socio-cognitive mindfulness in more depth. Some participants suggested that the session or overall programme length could be extended slightly (n=2), and the programme benefits could be made clearer (n=2).

Preliminary evaluation of participant outcomes

Visual analysis

Participants' scores at baseline, post-intervention and follow-up are illustrated graphically for the three outcome measures in Figures 6, 7 and 8. Four out of the six participants (P1, P3, P4, P5) showed a pattern of increasing MQLI scores post-intervention, of which two improved upon their gains at follow-up (P4, P5) with another maintaining a higher score at follow-up compared to baseline (P3). The remaining participants showed either a pattern of decreasing scores at post-programme and at follow-up (P2), or less clear trends with marginal changes (P6).

Similarly, half of the participants reported increases in their psychological wellbeing at post-programme (P3, P5, P6) and maintained either slightly higher follow-up scores compared to baseline (P3, P5), or reverted to their baseline score at follow-up (P6). Two participants showed an

overall downward trend in scores from baseline to post-programme to follow-up (P1, P2), with the remaining participant showing a decrease at post-programme, but then a higher score at follow-up compared to baseline (P4).

Only two of the participants showed increases in mindfulness scores at post-programme (P3, P5), with four showing a pattern of decreasing scores (P1, P2, P4, P6). Despite this, four participants reported slightly higher levels of mindfulness at follow-up compared to baseline (P3, P4, P5, P6).

To provide possible context for any impacts to the outcome measures, participants were asked at follow-up if they had experienced any significant life events since completing the programme. Four were comfortable disclosing that they had (P1, P2, P5, P6), with examples including challenging health issues (n=2), a bereavement in the immediate family (n=1) and a cancer diagnosis in the family (n=1).

Figure 6: Multicultural Quality of Life Index participant scores

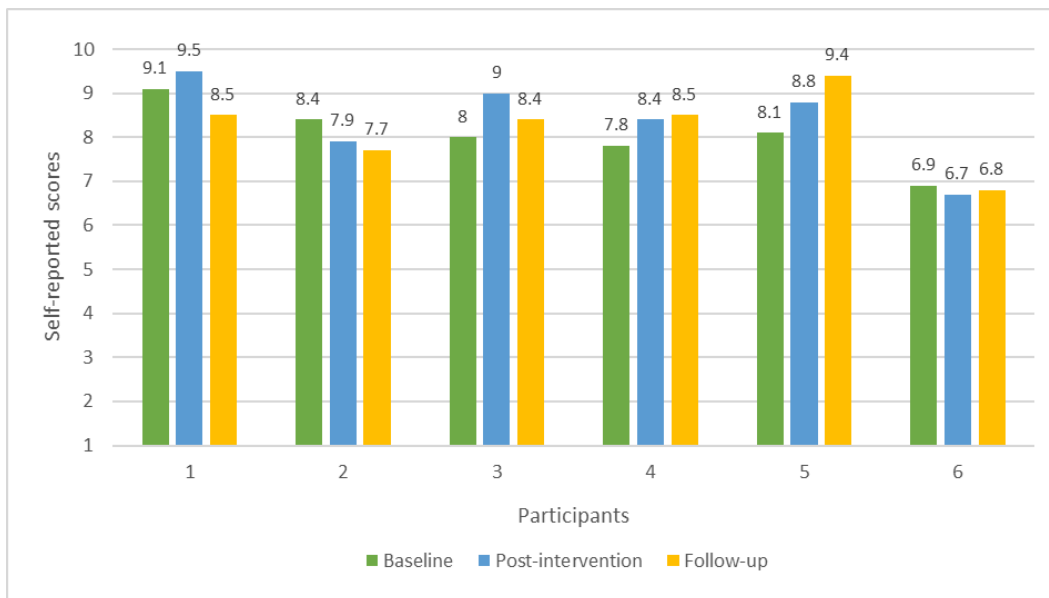


Figure 7: Ryff's Psychological Wellbeing Scales participant scores

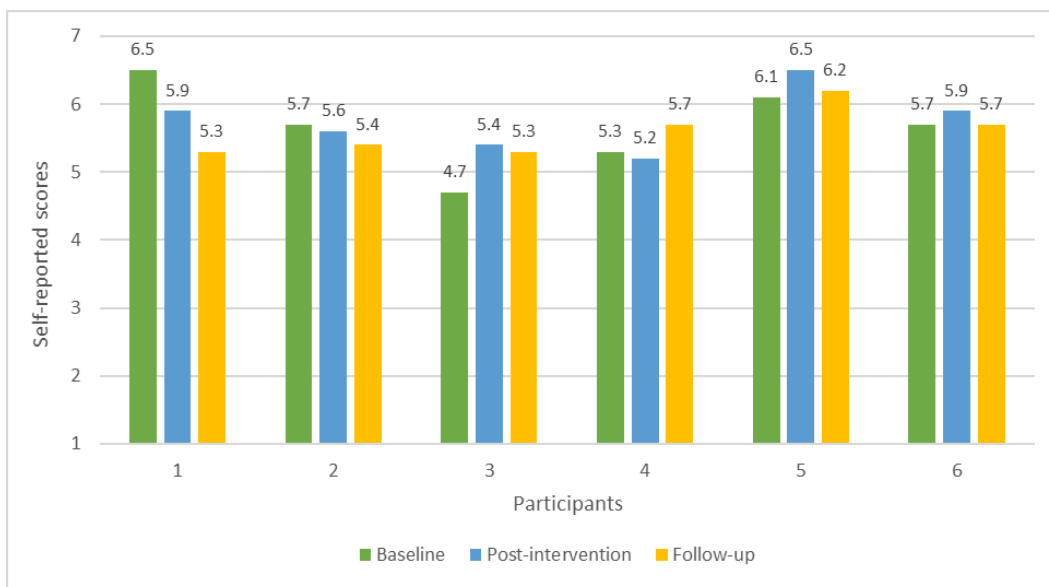
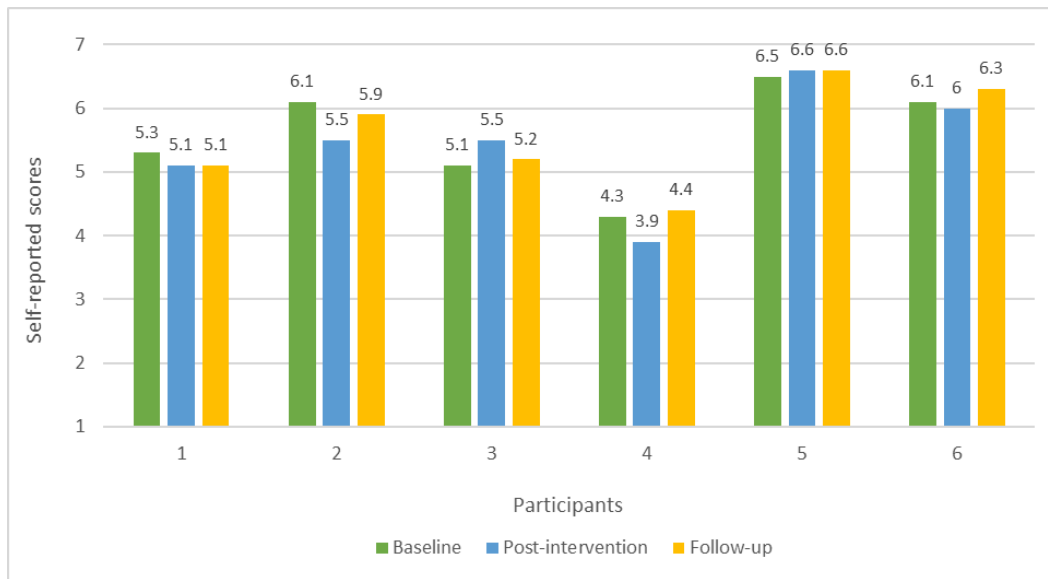


Figure 8: Langer Mindfulness Scale participant scores



Discussion

The recruitment strategy appeared to be feasible for achieving the number of participants required for this study. However, due to the advertisement being posted on the lead author's professional networking profile, this likely influenced the final sample. For example, four of the ten people who expressed interest in participating had met the lead author previously during professional development and networking events and activities. The same four people went on to participate in the programme. Still, it is common for coaches to acquire clients by raising their profiles during such networking and peer collaboration events, which may strengthen the ecological validity of this study. Nevertheless, if future studies require multiple groups to run concurrently, it is unlikely that this strategy would be effective in recruiting larger numbers.

Although the lead researcher has a wide-ranging professional network, those who expressed interest in participating, including the final sample, all had professional experience in coaching. To establish whether this is due to the influence of the lead researcher's practitioner background it would be useful to explore alternative recruitment strategies to understand if the intervention appeals to wider demographics. Equally, it may also be worthwhile refining the intervention based on coaches as the targeted demographic. For instance, at the end of the follow-up survey, participants in this study were asked if they would be interested in learning more about integrating socio-cognitive mindfulness into their coaching, with five out of six coaches confirming they would. All coaches also provided their contact details to be notified of further development opportunities relating to socio-cognitive mindfulness. Therefore, there could be an appetite in the wider coaching community to access this content in the form of a continuing professional development opportunity.

The intervention adherence results indicate that the intervention procedures and commitment requirements are mostly feasible. The high attendance levels suggest that weekly one-hour coaching sessions were sustainable for participants to commit to. Furthermore, the programme theory underpinning the intervention suggests that the home-based assignments are key to its effectiveness, therefore the high assignment adherence rate is a promising sign (Crabtree & Swainston, 2024). However, it is worth noting that there was a large range in the time committed to the home-based activities across the participants; from four hours 30 minutes to twelve hours ten minutes. Therefore, whilst it is appropriate to set a minimum time commitment, the intervention procedure should allow for flexibility to suit individual circumstances and preferences.

The 100% adherence to the surveys and interviews implies that the study procedures were feasible. The very high adherence rates across all intervention and study processes may be because they were all conducted online which can be time and resource-efficient for most people. Since there was also a moderate level of administration required for the coach running the programme (such as scheduling sessions, emailing updates and reminders, session preparation, etc) it was considered a significant advantage to be able to work online to eliminate commuting time, whilst also having access to a wider audience (Passmore et al., 2021).

The acceptability ratings overall indicate that the participants found the intervention to be generally satisfactory across a range of factors, such as likeability, coherence and effectiveness. The categories generated from the participants' responses to the open-ended questions provide an overview of the intervention's main strengths and weaknesses. Overall, the comments were mostly positive and described multiple qualities of the programme, such as being worthwhile and well-structured. Their views also aligned with the intervention's programme theory that the home-based assignments were a useful intervention feature. The weaknesses discussed by the participants will be key to ensuring that appropriate refinements are made to the programme to enhance its acceptability further, such as providing more explanation, instructions, resources and clarity on intervention benefits.

The preliminary evaluation of the changes in outcome measures suggests that the intervention had the intended effects on quality of life and psychological wellbeing for at least half of the participants. For others, the change was less pronounced or moved in the opposite direction. However, when factoring in that four of the six participants had experienced significant negative life events since completing the programme, the results may be viewed in a more encouraging light, since most changes were in the intended direction or did not drop below baseline. This finding resonates with a recent study of a 'mindful learning coaching' programme for postgraduate students which included socio-cognitive and meditative mindfulness principles (Wang et al., 2023). The authors found that the development of mindfulness strategies through coaching may have provided a protective factor in wellbeing for those experiencing highly stressful events, such as postgraduates facing exams and assignment deadlines. Interestingly, the mindfulness scores in the current study demonstrated more improvement at follow-up than at post-programme. Perhaps participants became more aware during the programme of times when they were not being mindful since the sessions were designed to challenge participants to recognise when they were thinking inflexibly. However, they may have grown in confidence with embedding mindfulness strategies into their lives in the months after the programme finished.

The overall assessment of the intervention procedures and acceptability indicate that a wellbeing group coaching programme centred on socio-cognitive mindfulness is mostly feasible, although there are key refinements to be made based on the participants' feedback. Furthermore, the findings suggest that whilst some of the study procedures have been feasible for determining whether the intervention demonstrates the potential for positive results, it is important to redesign study procedures where needed to meet the advanced requirements of a full-scale evaluation.

Limitations of study

The small homogeneous sample limits the ability to interpret the quantitative data with confidence or accuracy. Instead, the study findings must be used to tentatively inform recommendations for ongoing refinement and further evaluation of the intervention to address remaining uncertainties. To overcome the limitations posed by this study, the overall research project includes an in-depth qualitative evaluation of the participants' experiences of the intervention. The findings from the qualitative study can supplement this quantitative analysis by providing possible explanations for some of the preliminary results. Another limitation of the study is the lead author's involvement with the intervention as the coach. However, steps were taken by the research team to mitigate

potential risks by regularly reviewing the study's processes to safeguard the participants' wellbeing whilst also protecting the fidelity of the study's data (Navab et al., 2015).

Further research

The findings from this study have helped to identify key refinements that should be made to strengthen the intervention's acceptability and feasibility prior to the evaluation stage. However, before making any changes to the intervention, this data will be considered alongside the findings from the qualitative arm of the overall research project. This also applies to any recommendations made for the evaluation design. For example, the findings within this study may suggest that an important next step would be to accurately measure the intervention's efficacy, whereas the qualitative findings may point towards conducting a process evaluation to further investigate hypothesised causal pathways and change mechanisms within the intervention (Moore et al., 2015). Furthermore, it may be deemed useful to either increase the diversity of the participant demographics or to further explore the impact that the intervention has on coach populations.

Conclusion

The wellbeing programme tested within this study appears to be feasible and has been deemed largely acceptable by the coaches who participated. Coaches may be drawn to a programme of this nature due to having a greater appreciation for the importance of wellbeing, particularly in ensuring they are resourced to support others and are protecting themselves against burnout and compassion fatigue (Rosefield, 2023). Mindfulness has also been recognised within the coaching community as a highly useful quality for a coach to have (Cavanagh & Spence, 2013; Hall, 2013) since mindful coaches are better able to provide an empathetic and reflective space for their clients. Consequently, there may be further merit in targeting coaches and similar professionals by tailoring the programme to meet their personal and professional needs more specifically (Brazier, 2023). This may involve expanding the programme to teach coaches how to effectively apply the socio-cognitive mindfulness strategies within their coaching practice so that their clients can more directly benefit.

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