Review Article

Phlebology

Phlebology
2025, Vol. 0(0) 1–9

DOI: 10.1177/02683555251365058
journals.sagepub.com/home/phl
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Health coaching in lymphedema care: A review of benefits for cancer survivors

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Abstract

Background: Lymphedema, particularly in cancer survivors, is a chronic, debilitating condition that lacks a definitive cure. Current management strategies are complex and focus on symptom control. Health coaching (HC) has emerged as a promising intervention to enhance patient self-management and quality of life in chronic diseases, but its specific role in lymphedema care remains underexplored.

Methods: This review synthesized findings from existing literature reviews and systematic reviews examining HC's effectiveness in improving health outcomes in chronic conditions, including lymphedema. Databases searched included MEDLINE, Cochrane Central, Scopus, PEDro, and Web of Science, with no date limitations. Five relevant studies were identified, each evaluating HC's impact on quality of life, mental health, physical activity, self-management, and decision-making.

Results: The reviewed studies consistently indicated that HC enhances quality of life, reduces mental distress, and supports self-management in chronic conditions. Improvements were also noted in patient engagement in physical activity and informed decision-making. However, outcomes varied in sustainability and were influenced by HC delivery method and duration.

Conclusions: The findings suggest that HC, delivered within multidisciplinary teams, could be a valuable addition to lymphedema management by empowering patients, improving adherence to care routines, and enhancing psychological resilience. Future research should standardize HC protocols and assess their long-term benefits specifically for lymphedema. This review highlights HC's potential in chronic disease care and the need for tailored interventions in lymphedema.

Keywords

Health coaching, lymphedema, cancer survivor, quality of life, self-management

Introduction

Lymphedema is a chronic and often progressive condition resulting from an abnormal accumulation of lymph fluid in body tissues, commonly affecting the limbs and leading to significant physical and psychological impairment.[1,2] It often emerges as a secondary complication following oncological treatments, especially those involving lymph node dissection or radiotherapy.[3,4] The condition manifests through symptoms such as persistent swelling, tissue thickening, pain, and a heightened risk of recurrent infections, all of which compromise the quality of life for affected individuals. Without a definitive cure, the management of lymphedema relies primarily on symptom control and an integrated, multidisciplinary approach to minimize disease progression and related complications.[5–7] Breast cancer remains the most common malignancy among women worldwide, with an estimated 2.3 million new cases in 2020, while prostate cancer represents the most frequently diagnosed cancer among men in many countries.[8] Both types are associated with a substantial risk of

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secondary lymphedema following surgical and/or radiotherapeutic interventions. Approximately 20%–40% of breast cancer survivors and 10%–20%[9] of prostate cancer survivors may develop some form of lymphedema during the course of their survivorship.[10] These figures underscore the relevance of secondary lymphedema not only in oncological settings but also in vascular and rehabilitative medicine, where interdisciplinary care is essential.

In recent decades, a range of conservative treatments for lymphedema has been explored and implemented in clinical practice. Standard therapies include manual lymphatic drainage, compression therapy, exercise regimens, and, in advanced cases, surgical interventions.[11–14] However, these treatments typically require extensive adherence to complex daily routines, imposing a considerable burden on patients both physically and emotionally. This ongoing management burden highlights the necessity of comprehensive support systems to enable patients to navigate their daily care requirements effectively. The concept of self-management, where patients play an active role in their health maintenance, has thus gained traction as a critical component in chronic disease management strategies, particularly for conditions like lymphedema.

Health Coaching (HC), an emerging modality within the field of chronic disease management, has shown potential in supporting self-care and improving patient outcomes by facilitating behavior change through structured guidance and motivational support.[15–21] Unlike traditional educational interventions, HC focuses on collaborative goal-setting, patient empowerment, and the cultivation of sustained lifestyle modifications, tailored specifically to the individual's health needs and challenges. Originating in the fields of psychology and behavior change science, HC is grounded in methods such as motivational interviewing and cognitive-behavioral techniques, both of which foster patient engagement and enhance intrinsic motivation. Through structured sessions, health coaches work with patients to identify personal health goals, develop feasible action plans, and provide continuous encouragement, thereby empowering patients to take ownership of their health.[22–26] Evidence from studies on HC in various chronic conditions, such as diabetes, cardiovascular disease, and obesity, indicates that it can lead to improvements in quality of life, psychological well-being, and health-related behaviors, with promising results in supporting patients' self-management capacities.

Despite the positive impact of HC in other domains, its application in the management of lymphedema, particularly secondary lymphedema related to cancer treatment, remains underexplored.[27–30] The potential of HC to address the unique challenges faced by lymphedema patients—such as the daily maintenance required to manage symptoms and prevent exacerbation, the emotional distress linked to body image changes, and the social and economic burdens associated with long-term care—represents a critical gap in the current literature. As such, this review addresses the question of whether the integration of HC into multidisciplinary teams could provide an innovative and effective addition to traditional lymphedema management approaches. By facilitating patient-centered, goal-oriented care, HC may support patients in establishing sustainable self-care practices and enhancing their overall resilience to the demands of chronic disease management.[31–35]

The objective of this review is therefore to systematically evaluate the available evidence on HC as a supportive intervention in oncological lymphedema care. This includes examining HC's impact on patient quality of life, self-management capabilities, and psychological well-being within a structured, multidisciplinary care model. Through this evaluation, the review aims to provide insights into the potential benefits of HC in improving patient outcomes and laying a foundation for future research to refine and standardize HC interventions in lymphedema care.

Methods

The present scoping review was conducted following the JBI methodology[36] for scoping reviews. The Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)[37] Checklist for reporting was used.

Review question

We formulated the following research question: "How does the integration of Health Coaching (HC) within multidisciplinary teams influence the management of lymphedema and improve quality of life in oncology patients?"

Eligibility criteria

Studies were eligible for inclusion if they met the following Population, Concept, and Context (PCC) criteria.

Population. The review focused on individuals of any age and gender diagnosed with lymphedema, specifically targeting oncology patients with secondary lymphedema resulting from cancer treatments, such as surgery, lymph node dissection, or radiotherapy. Primary and secondary forms of lymphedema were considered, including patients with chronic venous disorders or other conditions leading to lymphatic impairment. The population scope included cancer survivors who experienced lymphedema in various stages and severities, recognizing the diverse impact of the condition on different demographic groups and cancer types (e.g., breast cancer, gynecologic cancers, head and neck

cancer, and melanoma). The inclusion criteria ensured that studies reflected a range of patient experiences and clinical manifestations of lymphedema, from mild to severe, with an emphasis on populations requiring long-term management and support.

Concept. The central concept of this review was Health Coaching (HC) as a patient-centered intervention aimed at supporting self-management and improving overall quality of life. Studies were included if they focused on interventions that involved HC or elements of coaching that support patient autonomy, goal-setting, motivation, and behavioral change related to health management. HC approaches that utilized motivational interviewing, cognitive-behavioral strategies, and structured guidance aimed at fostering self-care practices were considered. The review prioritized studies that specifically examined HC's role in enhancing physical and psychological outcomes, such as reducing lymphedema symptoms, promoting adherence to therapeutic regimens (e.g., compression therapy, exercise), and mitigating emotional distress related to chronic disease management. Interventions were included if they were delivered by certified health coaches, trained healthcare providers, or similar qualified professionals within a healthcare or supportive care setting.

Context. The context for eligible studies included any healthcare setting where HC could be integrated into multidisciplinary lymphedema management, including hospitals, rehabilitation centers, outpatient clinics, and specialized oncology and lymphedema care centers. Studies conducted in community health settings or through remote/telehealth coaching programs were also considered if they provided relevant data on HC's effectiveness within lymphedema care. The review sought to include studies across various geographical and cultural contexts to account for differences in healthcare delivery systems, access to lymphedema care, and variations in multidisciplinary care models. Studies conducted in any country and published in any language were eligible, with the aim of encompassing a comprehensive view of HC applications in diverse healthcare environments for lymphedema management.

Exclusion criteria

Studies that did not meet the specific PCC criteria were excluded.

Search strategy

An initial limited search of MEDLINE was performed through the PubMed interface to identify articles on the topic, and the index terms used to describe the articles were employed to develop a comprehensive search strategy for MEDLINE. The search strategy, which included all identified keywords and index terms, was adapted for use in Cochrane Central, Scopus, PEDro, and Web of Science. Additionally, reference lists of all relevant studies were searched. The searches were conducted on 23 October 2024 with no date limitation.

MEDLINE (via PubMed). Used MeSH terms like "Lymphedema," "Health Coaching," and "Cancer Survivor." Combined terms with Boolean operators for a comprehensive search, without language or date restrictions.

Cochrane Central. Focused on "Lymphedema" and "Health Coaching," targeting systematic reviews and trials. Used title, abstract, and keyword searches without date limits.

Scopus. Utilized free text and subject headings, with terms like "Lymphedema," "Self-Management," and "Patient Coaching." Applied Boolean operators to refine results, focusing on health and rehabilitation journals.

PEDro (Physiotherapy Evidence Database). Searched terms like "Lymphedema Management" and "Health Coaching" in keywords, title, and abstract fields, focusing on clinical trials and physical therapy studies.

Web of Science. Combined terms like "Lymphedema," "Cancer Patients," and "Self-Management" in title, abstract, and keywords. Emphasis was placed on peer-reviewed journals, with cross-referencing to capture relevant studies.

Study selection

The process described involves a systematic approach to selecting studies for a scoping review. Initially, search results were collected and refined using Zotero, with duplicates removed. The screening involved two levels: title and abstract review, followed by full-text assessment, both conducted independently by two authors with discrepancies resolved by a third. The selection adhered to the PRISMA 2020 guidelines, ensuring transparency and reliability. This rigorous methodology aimed to identify relevant articles that directly address the research question, maintaining a comprehensive and systematic approach in the review process.

Data extraction and data synthesis

Data extraction for the scoping review was done using a form based on the JBI tool, capturing crucial details like authorship, publication country and year, study design, patient characteristics, outcomes, interventions, procedures, and other relevant data. Descriptive analyses of this data were conducted, with results presented numerically to show study distribution. The review process was clearly mapped

for transparency, and data were summarized in tables for easy comparison and understanding of the studies' key aspects and findings.

Results

As presented in the PRISMA 2020-flow diagram (Figure 1), from 184 records identified by the initial literature searches, 179 were excluded and five articles were included (Table 1). Of the 179 excluded articles, 69 were excluded after full-text review due to lack of specific reference to health coaching.

Summary of studies on the impact and effectiveness of health coaching interventions in diverse patient populations, including breast cancer-related lymphedema and general oncology survivors. Each study's country of origin, type of review or study design, methodological approach, key results, and specific outcomes are presented. The table highlights the breadth of health coaching applications, with a focus on improving patient quality of life, self-management, and health behaviors.

Quality of life improvement

- **Barakat et al. (2018)**: This study reviewed the role of health coaching in enhancing the quality of life among cancer survivors. It found that health coaching significantly improved overall quality of life, with effects observed across various dimensions, including emotional well-being and acceptance. Health coaching helped patients cope better with the long-term impacts of cancer and its treatment, leading to improved life satisfaction.
- **Anderson & Armer (2021)**: Through a literature review focused on Hispanic/Latina breast cancer survivors with BCRL, the study highlighted the potential of culturally adapted health coaching to improve quality of life. It recommended education and self-management programs tailored to cultural contexts, suggesting these approaches as means to enhance life quality in this population.

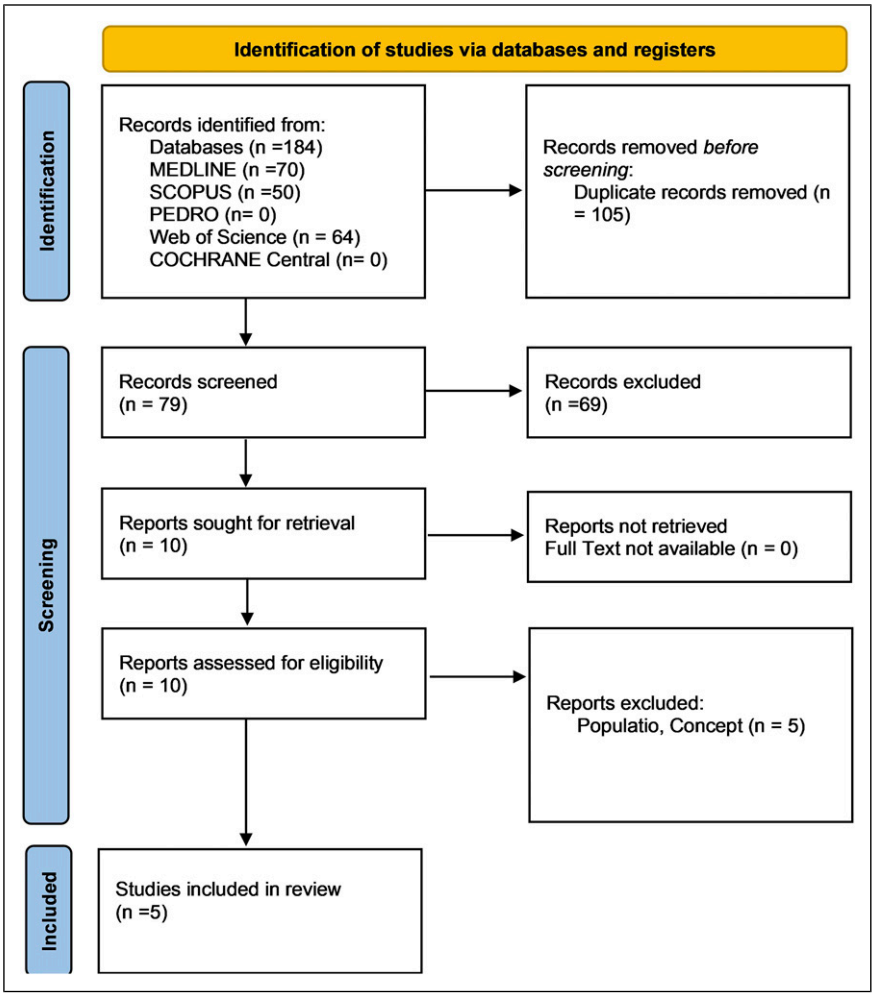

Figure 1. Preferred reporting items for systematic reviews and meta-analyses 2020 (PRISMA) flow-diagram.

Table 1. Main characteristics of included studies.

Author (Year)	Country	Study type	Title	Methods	Results
Anderson & Armer (2021)[31]	USA	Literature review	Factors impacting management of BCRL in Hispanic/Latina breast cancer survivors	Systematic review following PRISMA, 2006–2020, focus on cultural factors	Identified need for culturally tailored education; QOL improvements
Vitale & Germini (2021)[38]	Italy	Integrative review	Nurse coaching improves healthy conditions	Review of coaching in nursing (2010–2019), focus on compliance and health behaviours	Found improvements in lifestyle and treatment adherence
Jull et al. (2021)[39]	Canada	Cochrane systematic review	Decision coaching for people making healthcare decisions	28 RCTs, 5509 participants; various health decisions	Improved knowledge; mixed effects on confidence/anxiety
Barr & Tsai (2021)[40]	Australia	Systematic review	Health coaching by nurses: Narrative synthesis	27 studies, telephone/online interventions	Reduced distress; supported lifestyle changes
Barakat et al. (2018)[32]	USA	Systematic review	Does health coaching grow capacity in cancer survivors?	12 RCTs/quasi-exp. With 1038 patients	Improved QOL, mood, physical activity; limited effect on self-efficacy

Legend: BCRL: Breast Cancer-Related Lymphedema, RCT: Randomized Controlled Trial, PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

Mental health and emotional well-being

- **Vitale & Germini (2021)**: The integrative review on nurse coaching found that health coaching can positively impact mental health by reducing stress and anxiety levels in patients. It underscored the importance of supportive, patient-centered coaching relationships in mitigating emotional distress, especially in patients facing chronic conditions.
- **Barr & Tsai (2021)**: This systematic review found that health coaching provided by registered nurses effectively reduced mental distress in patients with chronic health issues. Patients reported lower levels of anxiety and fatigue, suggesting that regular interaction with health coaches contributed to better mental health outcomes.

Self-management and lifestyle behavior change

- **Jull et al. (2021)**: In a Cochrane review of decision coaching, health coaching improved patient self-efficacy in decision-making processes by enhancing patients' knowledge and confidence. However, results were mixed regarding its effect on other lifestyle changes and behaviors.
- **Vitale & Germini (2021)**: This study emphasized health coaching's role in promoting healthy behaviors and compliance with medical recommendations. The review suggested that coaching, especially by trained nurses, positively influences patient adherence to treatment plans and empowers them to take proactive steps in self-care.
- **Anderson & Armer (2021)**: The review suggested that health coaching may empower patients by promoting self-care practices and knowledge. Self-management techniques tailored to specific cultural needs were found effective in addressing BCRL-related challenges, including physical and dietary self-management practices.

Physical activity and functional capacity

- **Barakat et al. (2018)**: The study found that health coaching supported an increase in physical activity levels among cancer survivors. Patients who received health coaching were more likely to engage in regular exercise and maintain functional capacity, contributing to improved physical health.
- **Barr & Tsai (2021)**: Results showed that nurse-led health coaching often promoted lifestyle changes, including increased physical activity, though with varying degrees of effectiveness. The study suggested that while coaching showed promise in encouraging movement and activity, more research is needed to optimize these interventions.

Decision-making and knowledge improvement

- **Jull et al. (2021)**: This Cochrane review specifically analyzed health coaching for decision-making. It found that coaching, when combined with evidence-based information, significantly improved patients' knowledge and understanding of their healthcare

choices. However, the review indicated limited or inconclusive impact on other decision-related factors, such as anxiety about decisions or regret post-decision.

- **Barr & Tsai (2021)**: In the context of patient coaching by nurses, the study highlighted the role of health coaching in increasing patient knowledge regarding health management. This knowledge enhancement is crucial for informed decision-making, which is a central goal of health coaching.

Summary of outcome findings

In summary, the studies collectively demonstrate that health coaching positively impacts various outcomes in chronic disease and cancer survivor care, particularly in improving quality of life, mental health, self-management abilities, physical activity, and decision-making. While most findings support the benefits of health coaching, some results, especially those related to specific lifestyle changes and decision-related anxiety, suggest a need for further research to refine and target these interventions more effectively.

Discussion

The findings of this review clearly demonstrate that health coaching (HC) is a beneficial and impactful intervention in the management of chronic conditions, particularly for patients coping with lymphedema related to oncological treatments. Far from being a mere adjunct, HC actively improves health, mental well-being, and self-management, offering measurable benefits across physical, psychological, and behavioural domains.

Across the reviewed studies, health coaching (HC) consistently demonstrated beneficial effects across a range of outcomes, including quality of life, mental health, self-management, physical activity, and decision-making skills. This consistency highlights HC's versatility and its relevance as a patient-centred intervention for managing chronic health conditions.

Quality of life, often significantly compromised in individuals with lymphedema due to physical symptoms and psychosocial burdens, appears to be positively influenced by HC. Interventions help patients develop coping strategies, foster resilience, and enhance daily functioning, as evidenced in Barakat et al. (2018)[32] and Anderson & Armer (2021)[31]. Notably, culturally tailored coaching approaches may further improve outcomes among underserved populations, such as Hispanic/Latina breast cancer survivors, by addressing unique psychological and social challenges.[31]

Mental health also benefits from HC, particularly in terms of reducing anxiety and distress—common issues for those living with chronic conditions such as lymphedema. As shown by Vitale & Germini (2021)[38] and Barr & Tsai (2021)[40], structured coaching interactions that emphasise motivation and empathy can reinforce psychological well-being and promote adaptive coping. Nevertheless, further research is needed to determine which specific strategies (e.g., cognitive-behavioural techniques) are most effective in enhancing emotional outcomes in this population.

HC also plays a key role in fostering self-management, a crucial aspect in lymphedema care, where adherence to complex routines such as compression therapy and regular exercise is essential. The patient-centred nature of HC enhances self-efficacy, empowering individuals to actively manage their care.[31,38] This is further supported by findings from Jull et al. (2021)[39], who noted improved confidence in decision-making contexts—an effect aligned with Bandura's theory that behaviour change is more likely when individuals believe in their ability to act.[41]

Physical activity, a fundamental component in lymphedema management, also appears to benefit from HC interventions. Increased patient engagement in exercise was observed in Barakat et al. (2018)[32] and Barr & Tsai (2021)[40], although the variability in coaching effectiveness across studies suggests that long-term success may depend on factors such as intervention frequency, duration, and delivery format.

Regarding healthcare decision-making, HC can increase patient knowledge and understanding, as reported by Jull et al. (2021)[39]. However, the same review also highlighted that improvements in decisional confidence or reductions in decisional regret were not consistently observed. This implies that HC alone may not be sufficient in this domain and that additional tools—such as structured decision aids—may be necessary to fully support complex medical choices.

Despite these encouraging findings, limitations must be acknowledged. Only five studies met the inclusion criteria for this review, underscoring a clear lack of focused research on HC in the context of lymphedema. Moreover, substantial heterogeneity among the studies—particularly in coaching protocols, populations, and outcome measures—makes it difficult to draw generalisable conclusions. As Barr & Tsai (2021)[40] noted, there is no consensus yet on the optimal duration or structure of HC interventions, and shorter interventions may be insufficient to achieve sustained behavioural change.

To address these challenges, future research should prioritise the standardisation of HC protocols tailored to lymphedema management. This includes defining effective intervention lengths, identifying the most appropriate delivery models, and assessing long-term sustainability. Integrating HC with existing therapies, such as physiotherapy or psychosocial support, may offer additional benefits and should also be explored.

It is also important to acknowledge that the current evidence base is limited. Only five studies met the

inclusion criteria of this review, reflecting a significant gap in high-quality, targeted research on health coaching in the context of oncological lymphedema. Moreover, several findings from these studies—particularly regarding sustained behavioural change and decision-making outcomes—remain inconclusive or mixed. This underscores the urgent need for more rigorous, standardised investigations focused specifically on this patient population.

The findings highlight HC's potential to improve various health outcomes in chronic disease care. For lymphedema patients, HC could play an integral role in multidisciplinary care by supporting quality of life, mental health, self-management, physical activity, and decision-making. To maximize HC's effectiveness, future studies should focus on refining intervention protocols, establishing standardized methods, and examining the long-term impact of HC in lymphedema and other chronic conditions. In light of the findings, practical implications for clinical practice deserve specific consideration.

Health coaching (HC) can significantly enhance the management of chronic conditions like lymphedema in cancer survivors, providing practical benefits that clinicians can integrate into their daily practice. HC empowers patients by boosting their self-efficacy, promoting adherence to daily routines (e.g., compression therapy, exercise), and supporting lifestyle changes essential for managing lymphedema. Clinicians, particularly nurses and rehabilitation specialists, can incorporate HC techniques such as motivational interviewing and goal-setting during patient interactions to foster active self-management.

HC also offers a structured, supportive approach to address the emotional and mental health challenges common in lymphedema patients, such as body image concerns, anxiety, and social isolation. Clinicians trained in HC can help patients develop coping skills, thus reducing stress and enhancing overall mental well-being. By integrating HC as part of a multidisciplinary team, healthcare providers can improve patient outcomes and optimize resource use by reducing the need for frequent follow-up visits.

Finally, HC's emphasis on patient education and informed decision-making aids in improving patients' understanding of their condition and treatment options. Clinicians can leverage HC to reinforce patient knowledge, allowing individuals to make more confident healthcare decisions and adhere to their personalized care plans.

Conclusions

Health coaching (HC) offers a valuable approach to enhance self-management, quality of life, and mental well-being for lymphedema patients, particularly cancer survivors. By empowering patients to adhere to therapeutic routines and make informed decisions, HC supports long-term disease management and reduces healthcare demands. Integrating HC into multidisciplinary care teams could provide a practical, patient-centered solution to address the complex needs of those with chronic conditions like lymphedema.

Acknowledgements

The authors would like to thank Sheldon Cooper for support in the early stages of the project.

Author contributors

LC conceptualized and designed the study and was responsible for data acquisition. RT drafted the manuscript. DD provided supervision and guidance throughout the study. FG performed the editing of the manuscript. RT reviewed the manuscript and curated the methodology. All authors have read and approved the final version of the manuscript.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Guarantor

RT takes full responsibility for the accuracy and appropriateness of the reference list and the overall content of this article.

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