

Special Article

Positive Psychological Coaching in the Healthcare Sector: Enhancing Resilience, Well-being and Professional Sustainability in the Greek Healthcare System

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Abstract

Positive Psychological Coaching (PPC) is a modern, evidence-based coaching approach based on the principles of positive psychology and focuses on identifying and cultivating strengths, psychological resources and positive states with the aim of enhancing well-being and professional effectiveness. PPC as job coaching, has a proven positive impact on professional commitment, goal achievement and resilience. This review examines the application of PPC in the healthcare sector, where professionals face high levels of stress and professional burnout. International studies demonstrate a significant reduction in emotional exhaustion and burnout, as well as improvements in quality of life, job satisfaction and self-regulation. Interventions based on positive psychological resources, self-compassion and strengthening of psychological capital show high acceptance and sustainability, even in demanding clinical environments. In the Greek reality, although systematically structured PPC protocols have not yet been implemented, recent studies of positive psychological interventions in healthcare professionals demonstrate cultural compatibility and positive results in terms of reducing stress and burnout and enhancing well-being. Given the long-term pressures on the Greek healthcare system, PPC is proposed as a complementary, low-cost and ethically sound professional development intervention. Despite the methodological limitations of the existing literature, the available data support that PPC can function not only as a stress management tool, but also as a lever for enhancing resilience, professional identity and quality of care, provided that it is systematically evaluated and organizationally supported.

Keywords: *Positive Psychological Coaching, workplace coaching, health professionals, burnout, self-compassion, resilience, well-being*

Introduction

In recent years, workplace coaching has proven to be one of the most widespread strategic human resource development practices worldwide. More and more organizations, both in the private and public sectors, are investing in coaching programs for executives and employees, with the aim of enhancing performance, adaptability, professional development and psychological well-being (Bozer & Jones, 2018; Grover & Furnham, 2022). Contemporary research demonstrates that job coaching is an effective developmental intervention, with meta-analyses and systematic reviews showing that coaching is associated with significant

improvements in job performance, interpersonal skills, self-efficacy, job satisfaction, and psychological well-being, with moderate to large effect sizes (Theeboom et al., 2014; Jones et al., 2016; Cannon-Bowers et al., 2023). In this evolving field, a particularly important discipline has emerged: Positive Psychological Coaching (PPC).

The aim of this review is to examine the application and effectiveness of Positive Psychological Coaching (PPC) within the healthcare sector, specifically focusing on how it can enhance the resilience, well-being, and professional sustainability of healthcare professionals. Additionally, it explores the feasibility and cultural compatibility of

implementing these coaching protocols within the Greek healthcare system, which faces significant long-term pressures and high burnout rates.

Methods

This is a narrative review. The methodology involves synthesizing existing international literature, meta-analyses, and randomized clinical trials to define the theoretical foundations of PPC and its impact on professional outcomes. The review also incorporates recent pilot studies and interventions specific to the Greek context to assess organizational acceptance. Search terms in scientific databases included Positive Psychological Coaching, workplace coaching, healthcare professionals, burnout, self-compassion, resilience, well-being, Greek, healthcare system.

The Emergence and Theoretical Foundations of Positive Psychological Coaching (PPC)

PPC is theoretically grounded in Positive Psychology, the scientific movement that focuses not only on reducing psychological pain and dysfunction, but primarily on cultivating positive psychological states, strengths, virtues, and resources that allow individuals and organizations to thrive (Csikszentmihalyi & Seligman, 2000). In this context, PPC approaches coaching as a collaborative, structured and goal-directed process, focused on identifying, leveraging and developing the strengths, positive resources and capabilities of the employee, with the aim of enhancing well-being, psychological resilience and work effectiveness (van Zyl et al., 2020). It is described as a short to medium-term, professional and collaborative coach-coachee relationship, which aims to identify, leverage, optimize and develop the individual's personal strengths and psychological resources, in order to enhance positive psychological states, positive characteristics and functional behaviors in the workplace, contributing to personal and professional development, well-being and effective coping with work demands. In this way, PPC differentiates itself from more "corrective" coaching approaches, which focus primarily on addressing deficits and dysfunctional patterns, starting from the question "what

already works well" and "how can this be strengthened and generalized" and adopting an explicit strengths-based approach. sed perspective.

This philosophy is directly linked to the concept of character strengths, which are defined as relatively stable, positive personal traits that reflect values, abilities, and motivations and allow an individual to function with authenticity and vitality (Park et al., 2004). A large body of research has shown that the recognition and systematic use of strengths is associated with increased well-being, work engagement, creativity, job satisfaction, and better overall health (Miglianico et al., 2020). The recent systematic review by Peláez Zuberbuhler et al. (2024) was the first to focus exclusively on the effectiveness of Positive Psychological Coaching in the workplace. This review identified 15 empirical studies of PPC and concluded that PPC is associated with improvements in psychological well-being, work engagement, performance, and goal achievement, while highlighting the importance of self-efficacy based on goal achievement and focusing on strengths, as well as underlying mechanisms such as creating a safe framework for reflection.

The Relevance of PPC in Healthcare Settings

The debate about the value of PPC takes on special weight when examined in the healthcare setting. Healthcare professionals, such as physicians, nurses, mental healthcare professionals, and other clinical staff, work in environments of high pressure, emotional burden, chronic stress, and increased uncertainty. The literature consistently shows that these groups experience increased rates of burnout, depression, anxiety, and job dissatisfaction, with serious consequences for both their personal health and the quality of care they provide (West et al., 2018). Within this context, coaching and positive psychology interventions specifically tailored to the needs of healthcare professionals have been developed internationally.

One of the most consistent findings of researches of coaching interventions in healthcare professionals is the reduction of professional burnout, especially emotional exhaustion. The randomized clinical trial of

Dyrbye et al. (2019) in 88 physicians showed that twelve individual professional coaching sessions over a period of five months led to a significant reduction in emotional exhaustion and total burnout score, as well as an improvement in quality of life and resilience compared to the control group. Similar findings are recorded in the work of McGonagle et al. (2020), who implemented a coaching intervention based on positive psychology principles in 59 primary care physicians with six sessions. The intervention led to a reduction in perceived stress and burnout levels, as well as an improvement in personal and work well-being compared to the waiting group.

Then, in resident physicians, the findings of Palamara et al. (2018) and Kakarala et al. (2018) converge in highlighting PPC as a substantial developmental intervention and not simply as a stress management tool. The three-year program, integrated into the training of residents, by Palamara and colleagues was associated with a gradual reduction in burnout indicators and an improvement in job satisfaction, with the benefits being maintained over time, while at the same time strengthening self-reflection skills, a clearer construction of professional identity and a sense of personal agency, i.e. the belief that residents can actively shape their career path. Similarly, the intervention by Kakarala and colleagues, which combined mentoring and coaching in a high-burden community hospital setting, demonstrated the feasibility and organizational acceptance of the model, with stabilization of burnout levels in a demanding context, improved quality of communication between residents and coaches, and positive changes in perceptions of support and professional development. The high evaluation of the experience by participants and the intention to recommend it to colleagues suggest that such interventions can be sustainably integrated into medical education.

Overall, the data document that positive coaching intervenes at multiple levels, contributing to the construction of professional identity, the development of self-regulation skills, and the enhancement of autonomy and meaning, elements critical for the long-term resilience and functioning of healthcare professionals. The findings

regarding the reduction of burnout are particularly important, given that professional burnout among healthcare professionals has reached the dimensions of a systemic crisis. Randomized trials demonstrate that PPC can function both therapeutically and preventively, while the high acceptance of the interventions enhances their sustainability.

In a clinical trial with nurses, Gol Mohammadi et al. (2025) showed that group positive psychology training led to a statistically significant increase in happiness and positive emotions compared to a control group, demonstrating that systematic reinforcement of positive cognitive and emotional processes can improve key indicators of subjective well-being in demanding clinical settings. Although the intervention was not explicitly defined as coaching, the group process, reflective nature, and emphasis on recognizing personal strengths were key elements of the intervention with the philosophy of PPC .

In a more targeted approach based on skills development, Lee and Kim (2021) investigated the effects of a coaching program on clinical nursing unit managers and recorded a significant increase in hope, optimism, resilience, self-efficacy, enhanced coaching leadership behaviors and improved organizational commitment. Strengthening psychological capital is considered a key mechanism of action of positive interventions, as it has been associated with lower levels of professional burnout and increased work commitment. The effectiveness of online positive interventions was demonstrated in the study by Kloos et al. (2019), where online positive psychology interventions in elderly care unit staff showed satisfactory levels of acceptance and improvements in indicators of well-being and psychological functioning.

Accordingly, it seems that interventions based on character strengths, meaning, self-compassion and psychological resources lead to a steady reduction in burnout indicators and an improvement in overall well-being, with a central mechanism being the strengthening of internal resources instead of the exclusive management of stressors in physicians (Bazargan-Hejazi et al., 2021).

The Greek Healthcare Context

A crucial question for this review concerns the acceptance and feasibility of PPC interventions in the healthcare sector and particularly in the Greek healthcare system. Most international studies record high levels of satisfaction with the process, a strong relationship of trust with the coach and a willingness to continue or repeat the intervention (Kakarala et al., 2018; Dyrbye et al., 2019; Fainstad et al., 2022).

In Greece, in recent years there has been a growing interest in positive psychology and its applications in healthcare, both in research and in practice. Although no interventions explicitly self-identifying as PPC, have been published in Greek healthcare settings to date, there are two important, recent studies of PPC interventions in Greek healthcare professionals that show clear conceptual relevance to the principles of PPC. The study by Alexiou et al. (2021) showed that a three-week online, multi-component positive intervention in healthcare professionals with symptoms of depression, anxiety, stress and burnout led to a significant reduction in symptoms and an increase in life satisfaction, with the results being maintained at one-month follow-up. Similarly, the pilot study by Karakasidou et al. (2021) in mental health professionals showed that positive psychology interventions can improve self-compassion and psychological well-being. These findings suggest that interventions that focus on positive psychological resources are culturally and professionally acceptable and effective in the Greek healthcare reality and, therefore, create fertile ground for the development of more clearly structured PPC interventions.

The need for interventions such as PPC in the healthcare sector is particularly acute in Greece, where the healthcare system has been under prolonged strain due to the economic crisis, chronic understaffing, bureaucracy and, more recently, the pandemic (Economou et al., 2015). Healthcare professionals often experience long-term occupational stress (Lyraeos et al., 2013), and significant burnout. Burnout of healthcare professionals was already moderate in Greek hospitals pre-

pandemic (Bogiatzaki et al., 2019) and worsened during COVID-19 (Mavrovounis et al., 2022), alongside increase of depression, anxiety, and traumatic stress (Pappa et al., 2021).

In this environment, interventions that do not focus exclusively on reducing the negative (stress, burnout, fatigue), but at the same time promote the cultivation of the positive (hope, meaning, resilience, strengths) may have multiplier benefits both for staff and for the quality of healthcare services provided. PPC, precisely because it combines the enhancement of positive resources with targeted professional development, seems to be a particularly appropriate and theoretically substantiated framework in this direction.

Mechanisms of Action and Conditions for Effectiveness

The discussion on the effectiveness of PPC is no longer limited to the question of “if” it works, but extends to “how”, “for whom” and “under what conditions” it works. Contemporary literature highlights that the success of PPC interventions depends on specific predisposing factors and clear psychological mechanisms of action. Regarding the conditions for success, the quality of the coach–coachee relationship and the establishment of psychological safety play a central role. When the healthcare professional experiences the context as non-judgemental and supportive, honesty, meaningful reflection and commitment to behavioral change are enhanced, an element that is also highlighted in the theoretical synthesis of the field by van Zyl et al. (2020). Equally crucial is clear goal setting and the contract process, especially in demanding environments such as clinical units, where goals need to be absolutely specific and operational, such as e.g. boundary management, de-stressing strategies after difficult shifts, addressing perfectionistic patterns. The organizational legitimacy of the intervention is also a determining factor when coaching is part of a professional development framework and not as an “intervention for those who cannot cope”, participation and acceptance increase. Finally, the compatibility of the format with the work reality is essential: online and group formats facilitate participation in

environments of shifts and time constraints, enhancing the sustainability of the interventions (Cannon-Bowers et al., 2023).

At the level of mechanisms of action, the literature converges on three main axes. First, the strengthening of positive psychological resources acts as a “shock absorber” against chronic professional demands (McGonagle et al., 2020; Peláez Zuberbuhler et al., 2024). Second, reflective self-regulation is a critical mechanism: through the systematic exploration of patterns of thought and behavior (e.g., over-responsibility, difficulty setting boundaries), the professional translates awareness into small, actionable changes, which are consolidated through iterative feedback. Third, cultivating self-compassion and reducing self-criticism, particularly in medical cultures of high perfectionism, is associated with greater long-term resilience and lower levels of burnout, as documented in interventions with trainees and Greek healthcare professionals (Karakasidou et al., 2021; Fainstad et al., 2022). However, lack of time and demanding shifts reduce consistency of participation, while a culture of stigma may prevent professionals from joining a program that is perceived as a sign of “weakness.” Furthermore, the blurring of boundaries between coaching and psychotherapy raises ethical and practical issues, while an organizational contradiction, where the individual is asked to “endure more” without parallel structural changes, undermines the credibility of the intervention (Athanasopoulou & Dopson, 2018; Boet et al., 2023).

Based on the above, a realistic proposal for implementing PPC in the Greek healthcare system must combine theoretical evidence with practical flexibility. For the national healthcare system of Greece, where time and resource constraints are severe, a low-cost and low-stigma intervention, designed as a professional development and staff wellness program, seems more appropriate. A hybrid model with a core of online group sessions and the possibility of optional individual meetings for cases of increased need can ensure accessibility and scalability. A structured protocol of 8–10 sessions, including establishing psychological safety and goals, mapping strengths, focusing on work functioning (boundaries,

communication, recovery micro-habits), cultivating self-compassion, and planning for maintaining change, may be aligned with data from RCTs in physicians and residents (Dyrbye et al., 2019; McGonagle et al., 2020; Fainstad et al., 2022). Systematic pre-post-follow-up assessment with indicators such as emotional exhaustion, perceived stress, self-compassion and organizational indicators will strengthen documentation and accountability. Finally, moral and ethical shielding is not just a complementary element but a key factor in effectiveness. PPC does not constitute a therapeutic intervention and requires clear screening for serious psychopathology and appropriate referral where necessary. Ensuring confidentiality, clarity regarding the limits of sharing information within the organization and avoiding instrumental use of the intervention are critical prerequisites. Continuous supervision and training of coaches, as well as a clear distinction of roles, are consistent with the fundamental principles of PPC as described in the international literature (van Zyl et al., 2020). Under these conditions, PPC can function not as a substitute for organizational reforms, but as a complementary, evidence-based and ethically responsible lever for enhancing the resilience and professional sustainability of healthcare professionals in the Greek system.

Implications for Clinical and Organizational Practice

Based on the above, specific directions for clinical and organizational practice are proposed. First, it is considered appropriate to pilot structured PPC programs in public hospitals and primary care units, with clear goal-setting, supervision and systematic pre-post-follow-up evaluation. Second, the integration of coaching-based practices in the training of healthcare leaders can contribute to the formation of a culture of psychological safety and empowerment. Third, PPC should be part of a broader staff mental health strategy and not function as a substitute for organizational reforms. At the research level, a priority is the implementation of large randomized controlled trials in Greece with sufficient statistical power and long-term follow-up. Standardization of interventions through manual-based protocols, investigation of organizational indicators and comparison with other forms of support (e.g.

mindfulness or stress-management) are required. The study of differences between professional groups and the development of digital or hybrid forms of PPC are also critical directions. At the same time, it is necessary to formulate Greek certification and ethics, with a clear demarcation between coaching and psychotherapy.

Overall, PPC emerges as an evidence-based, safe and culturally applicable intervention in the healthcare sector. Although further rigorous empirical documentation is required, particularly in terms of organizational outcomes and long-term effectiveness, the data so far support that PPC can be an essential lever for strengthening resilience, professional identity and quality of care in the Greek healthcare system.

Conclusion: In conclusion, PPC constitutes a promising and theoretically coherent intervention for enhancing the psychological well-being and professional sustainability of healthcare professionals, reducing burnout, enhancing psychological capital, increasing job satisfaction and improving the sense of meaning and identity in the professional role. At the same time, the available Greek studies of positive psychological interventions suggest that the PPC framework is culturally compatible and potentially effective in the Greek healthcare system, even in times of increased socioeconomic and organizational pressure.

PPC goes beyond the logic of simple stress management. It is not limited to the reduction of symptoms, but focuses on the systematic cultivation of positive psychological resources, hope, resilience, self-efficacy and optimism, which function protectively against chronic professional demands. The emphasis on strengths and the reflective process within a framework of psychological safety allows healthcare professionals to reinterpret their experiences, strengthen their professional identity and develop sustainable self-regulation strategies. Especially in healthcare systems with structural deficiencies, such as the Greek one, the strengthening of internal resources seems to be a crucial adaptation mechanism, without however negating the need for institutional improvements.

However, the conclusions should be interpreted with caution. The present work is

a narrative review and not a systematic meta-analysis, which limits the possibility of quantitative comparison and calculation of overall effect sizes. The heterogeneity of the interventions, small or convenient samples, the frequent use of self-report instruments and limited long-term follow-up reduce the generalizability of the findings. In addition, data on objective organizational indicators – such as quality of care, staff absences or departures – remain limited. In Greece, studies are still few and mainly concern general positive interventions and not explicitly structured PPC protocols.

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