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Benefits of Motivational Interviewing application for patients and healthcare professionals

Abstract

Motivational Interviewing (MI) is a collaborative, goal-oriented and focused on change, style of communication. It is characterised by the MI provider's empathy, understanding, mental and emotional attitudes towards the patient. This non-judgemental conversation is aimed at strengthening inner motivation and commitment to attain the goal and is based solely on the individual's reasons for change. The initial application of MI in clinical psychology has been modified appropriately to allow for its use in health care, rehabilitation, public health, social work, dentistry, social rehabilitation, coaching and education. It is recommended for introducing new behaviours, lifestyles and therapeutic adherence. The application of MI contributes to the enhancement of patient-healthcare worker communication, the patient's concordance and compliance. On the other hand, learning and adopting this method in counselling is useful for healthcare professionals. In treatment, greater patient awareness and obedience lead to more conscientious responsibility for treatment and health, which in turn, produces better therapy outcomes that serve as confirmation of the merit of the therapy prescribed. The application of MI contributes to health professionals' greater success, satisfaction, self-confidence and a sense of self-efficacy.

The aim of this work is to present the essential features of MI as well as some interesting examples of research showing the benefits of using MI and ideas for training it. Non-systematic literature review of the years 2005-2018 on the use of MI in health promotion in PubMed provided evidence of wide use of MI by healthcare professionals.

Keywords: Motivational Interviewing, training, effectiveness, communication, healthcare providers, self-efficacy, self-confidence.

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INTRODUCTION

Motivational Interviewing (MI) is a specific goal-oriented style of communication based on collaboration, focused on change talk and conducted in an atmosphere of understanding, acceptance and compassion. The individual's reasons for change are of great significance since they strengthen inner motivation and commitment to attain the goal [1]. This discourse is used to introduce new behaviours, change lifestyles or adhere to treatment. MI heightens awareness of the individual's eagerness to change and evokes positive thinking because it is based on patients' resources, values and interests. Understanding the need for change is vital in healthcare, since it facilitates health professional-patient communication, contributing to an increase in patients' concordance and compliance with therapy prescribed [1-3].

This approach has been widely researched for over 30 years, yielding crucial information on MI processes, results, psycholinguistic changes and ways of training [1]. Applications of MI are found far beyond clinical psychology e.g. in health care, rehabilitation, public health, social work, dentistry, social rehabilitation, coaching, and education [4]. Its effectiveness has been empirically proved in psychotherapy, medicine, education and many other fields [5]. Miller and Rollnick, the authors of MI, confirm that it can be assimilated and applied by different professionals [1].

The aim of this work is to present the essential features of MI and benefits of using it for both patients and healthcare providers. Due to non-systematic literature review of the years 2005-2018 in PubMed on the use of MI in health promotion, mainly on gaining skills in applying it, some interesting studies have been found and are worth mentioning to show the diversity of researchers' ideas for implementing it in healthcare.

MI Method

Conducting MI requires learning its rules and practising it with special mental and emotional attitudes toward a patient that encompass partnership, empathy and acceptance. Evocation of goals and values and introducing causes of change is feasible when only strengths and resources are emphasised, along with supporting autonomy [1]. Developing awareness of a discrepancy between the current situation and the desired one as well as rolling with resistance are essential and result from ambivalence towards change. Going beyond ambivalence takes place when auto-motivating utterances occur following the processes of engaging, focusing and evoking, and they lead to the formulation of a plan [1-3]. The application of Open

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questions, Affirmation, Reflective listening and Summarising (OARS) is necessary to achieve the aforementioned. The questions are aimed at making the patient aware and responsible for the change. Affirmation directs patients' attention from difficulties to goals. Reflective listening and summarising require active listening skills from the person conducting MI and they are of great significance because due to them the most positive content is provided for patients to encourage them to introduce change [6-7]. To illustrate the concept, Mrozowska et al. use the following metaphor: a patient's utterances are like a picture of a meadow with some single flowers that are perceived as positive words appealing to change. The person conducting MI does need the skill of collecting all the positive information to provide it for the person in the form of affirmation, in a summary that is compared to a bouquet of flowers i.e. positive language [7].

Tool for assessment of MI quality

The scale of Motivational Interviewing Treatment Integrity (MITI) is applied in many countries to assess the MI skills of persons conducting it. The tool can be used for research and supervision to provide structured feedback on MI competence. Researchers usually refer to the recent version MITI 4.2.1 or the previous one MITI 3.1.1. They are reliable, standardised and validated instruments that are also a valuable model for assimilating MI [8].

Significant role and effectiveness of MI in healthcare

Winnicki et al. (2016) claim that MI is the best and most empathic style of communication in which a health professional affirms and supports a patient's sense of self-efficacy. A patient who experiences a doctor's acceptance and is not forced to do something, can evoke his or her motivation to change and start to be engaged in the therapeutic process, simultaneously becoming responsible for following doctor's instructions [9]. Such a situation considerably improves communication and the quality of doctor-patient cooperation; thus, concordance, compliance, treatment adherence and regime of check-ups become better. The systematic review of 13 studies indicated considerable improvement of health screening uptake after MI interventions in 6 of them [10].

The systemic review and meta-analysis of 48 randomised controlled trials (RCTs) on the use of MI in Primary Healthcare Settings (PHSs) revealed a statistically significant and positive influence of MI on results in problems with dental carries, mortality, cholesterol level, blood pressure, HIV virus, body weight, physical activity, quality of life, alcohol consumption, alcohol abuse, abstinence with nicotine and marijuana, self-control, sedentary lifestyle, confidence, intention of change and treatment engagement [11]. Another example of the systemic review and meta-analysis of 48 RCTs from 1993-2011 showed that MI was effective in 63%. The systemic review and meta-analysis of 12 RCTs proved that MI was more effective than standard consultations in PHSs, emphasising that 9 studies involved a wide spectrum of health behaviours [12].

The systematic review and meta-analysis of 72 RCTs from 1991-2004 demonstrated a clinically significant influence of MI in around 80% of the research. Effectiveness of the physiological effect was 72% while the psychological one was 75% in the following range of issues: weight reduction, decline of lipid levels, increase in physical activity, smoking cessation, asthma and diabetes management. Healthcare providers were divided into two groups: the first: doctors and psychologists and the second: nurses, midwives and dieticians. High effectiveness, about 80%, was found for the former while 46% for the latter. In 64% of the research, effectiveness of MI was proved in the case of 15-minute MI conversations [13].

The aforementioned reviews confirm MI effectiveness in health professional – patient communication, which translates into better treatment outcomes and higher disease prevention. Therefore, some guidelines have been announced for using MI. In September 2012, experts discussing the issue of illicit drug abuse during the perinatal period at a meeting held by the American Centers for Disease Control and Prevention formulated guidelines for healthcare providers on the necessity of using short interventions based on MI while talking to women with moderate risk of substance abuse [14]. This is not the only recommendation of using MI. For instance, on counselling, general practitioners (GPs) are encouraged to introduce five key propositions based on MI that were formulated by the European Association for the Study of Obesity [15]. Another example is the RULE technique recommended for pharmacist-patient communication. This acronym encompasses 4 instru ctions: R stands for Resist the righting reflex, namely telling the patient what to do or being judgmental, U refers to Understand your patient's motivation, L means Listen to your patient, and E signifies Empowering your patient [16].

Advantages of using MI for health professionals

Numerous advantages of the application of MI are presented in the research performed in Denmark among eleven health professionals: obstetricians, midwives and nurses dealing with pregnant obese women. Following a 3-day workshop of MI, they were assessed using the MITI scale. The quality of obstetricians' medical interviews obtained good results. They asked fewer closed questions, instead, they focused more on open ones, which altered the character of the dialogue substantially. Moreover, they evoked more talks on change, which in turn contributed to better cooperation with patients since they skipped giving instructions and advice. This way of talking to patients yielded some benefits for health professionals, namely greater awareness and confidence while applying the positively structured interaction, a greater sense of professionalism, and a diminished sense of burnout, helplessness and stress [17]. A substantial increase in confidence in communication with diabetic patients was found in nurses in the USA after only one 2-hour session of MI combined with role playing [18]. Similarly, 66 clinicians (35 dermatological nurses, 23 dermatologists and 3 GPs) achieved a considerable increase in holistic skills in psoriasis management and the MI technique was recognised as valuable and the most appropriate for communicating with such patients [19].

In Canada, a total of 25 GPs used MI to evoke the need for physical activity (PA) improvement in patients by prescribing it to them in actual prescription form on condition of the patient's agreement. After a 3-hour MI workshop, there was a significant increase ($p<0.05$) in prescriptions written, 10 (40%) at the beginning of the study and 17 (68%) after 4 weeks of the intervention. Moreover, the GPs referred more patients for PA assessment: 9 (36%) initially and 16 (64%) at the end of the study ($p<0.01$) [20]. Effectiveness of MI was based on the GPs' success in obtaining their patients' informed consent, that is, concordance, which in turn, was reflected in higher compliance.

Brief Motivational Interventions (BMI), which is a time-restricted adaptation of MI, turned out to be effective in work with post-acute-coronary-syndrome patients (n=96) to motivate them to cardiac rehabilitation (CP). After one BMI talk, as many as 85% of the patients enrolled in CP and attended on average 65% of appointments. This intervention provided the physicians with a good sense of efficacy and satisfaction [21].

An interesting study was carried out among family medicine residents. For the first time MI was tested in the framework of an academic programme in a clinical environment. The concise form of MI called BMI was taught and then applied. Having been presented and practised during four 6-hour sessions (one three-hour workshop and three one-hour seminars), this BMI intervention was assessed during routine appointments for one year by the residents. Their workshop was aimed at evoking change of diabetic patients' behaviours such as monitoring of glucose, PA, diet and treatment adherence (regular taking of medication). The results obtained are very positive because 20 BMI-trained residents assessed a possibility of change of 93% prior to the study and 100% after the study. A total of 68 residents who were untrained in BMI assessed the possibility of 92% before and 91% after the study. Effectiveness of the method was assessed high 80% before and 100% after the study by BMI-trained residents, while the other group of untrained residents rated the method effectiveness before and after the study at 79% and 77% respectively. The application of MI after the training led to an increase in MI knowledge by about 50% among the trained residents. Furthermore, the practice of MI contributed to enhancement of MI skills of 19% of them. According to the researchers, BMI training is worth implementing into the curriculum for residents and it is quite easy to conduct [22].

In Sweden, a total of 12 nurses of PHSs were chosen from among more than 200 nurses who had been trained in MI and were practising it. Their 10-20-minute sessions with patients were recorded and then assessed in accordance with the MITI Code 3.1.1. On the basis of 32 sessions, it was concluded that 15-40-year-experienced nurses (mean age of 28.1) used MI at a low level and none of them reached proficiency in all aspects of MI assessment. A low percentage of open questions and reflections was found in comparison with the provision of information and advice without getting permission for giving advice, which is known to be unacceptable in MI. Moreover, such an approach correlates negatively with clinical and behavioural comportment of patients, e.g. with resistance to change. The research results proved that proficiency of the method, progress and improvement depend on training, feedback and supervision in clinical practice [23]. An interesting strategy showing effectiveness of the approach was suggested by Australian researchers who taught MI 36 first-year students of Master degree in Occupational Therapy and Physiotherapy. After one lecture and two tutorials on MI, 22 students provided their reports based on the MITI scale. The conducting of 10-minute interviews with patients helped them to reach the mid-level between beginner and competent users of MI (2.67 – 4.67). For the students, it was a great challenge to use MI and the MITI scale designed for MI assessment served as a reliable tool for learning MI, self-assessment and reflections [8]. The last two studies prove the necessity for development and control of communicative skills. Due to the fact that the students were free from a habit of asking routine questions and giving advice, they coped with the task very well and were highly assessed in comparison with long-working nurses.

The aforementioned examples demonstrate that MI effectively improves communication with patients as well as provides healthcare professionals with many benefits. It gives a sense of comfort, confidence, and professionalism, which counteracts such problems as lack of self-confidence, stress and professional burnout. A sense of efficacy is a source of satisfaction and the perception of success. However, MI skills should be subjected to supervision, assessment and reflection in order to prevent return to standard practice during interviews with patients.

CONCLUSIONS

MI plays a pivotal role in health professional – patient communication and it affects positively both patients and healthcare providers. The former become motivated to take up new health behaviours due to their awareness and responsibility for their health condition, which translates into better treatment outcomes and higher disease prevention that health professionals can be proud of. For the latter, MI constitutes a good form of communication that provides self-confidence, professionalism and protects against burnout.

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