Motivational interviewing 2: how to apply this approach in nursing practice

Health promotion is a vital part of both preventing and managing long term conditions. Nurses can use the technique to promote behaviour change.

INTRODUCTION
The potential of motivational interviewing (MINT) to help people change harmful behaviour is starting to be recognised in a diverse range of clinical settings and patient groups. It is now having an impact on patients’ management of the most serious diseases caused by lifestyle factors in the West (Resnicow et al, 2002).

Work already under way in the US and more recently in the UK, in the form of Humana Europe’s Choosing Health programme, has used the technique to promote behaviour change.

MINT AND LONG TERM CONDITIONS
There are 15.4 million people living with a long term condition in England. Numbers are expected to rise due to the ageing population and unhealthy lifestyle choices (DH, 2010).

However, managing long term conditions often involves tackling lifestyle issues that the medical system is not well prepared to address. The success of Humana Europe’s Choosing Health programme shows that different approaches are needed to help people take action to regain better control of their health. This successful wellness programme used the best available knowledge about how to engage people in their own health, testing it with a group of obese people in Stoke with outstanding results. For example, one client commented: “I’ve gone from 16.5 to 14 stone, suit size 44 to 36, in three months. Cholesterol went from 6.4 in January to 3.9 now, only with changes in diet/activity” (male client, early 40s) (from an unpublished report).

USING MINT IN NURSING
Nurses have a clear opportunity to integrate this therapy into everyday clinical care. Looking at the health needs for which MINT has been used reveals a wide range of contexts and conditions, including those listed in Box 1.

In addition, roles are emerging that specifically require the training and expertise of MINT coaches, who may be face to face or telephone interviewers. Telephone caseloads may be managed through call centre or home working arrangements, contracted to NHS or private employers. Already, some primary care trusts and local authorities have piloted MINT services and contracted with health coach service providers. The Choosing Health programme offered health benefits to patients with life limiting illness, while Walk This Way, offered as a partnership between Stoke Primary Care Trust, Stoke Council and Humana Europe, promotes staff wellness initiatives and optional coaching incorporating pedometer step activity uploads to a personalised website account.

MINT may be a valuable intervention long before people ever see themselves as a patient...
or in need of a healthcare professional’s clinical intervention. Often, chronic ill health symptoms emerge in midlife when much systemic damage has been done due to ignorance, ambivalence or socioeconomic factors. MINT attempts to reveal health as something we “do” rather than something we “have”.

**SPECIFIC USES FOR MINT**

Face to face techniques are useful in a variety of clinical settings such as GP practices or community pharmacies for medicine or treatment concordance. Nurses may benefit from using MINT in enabling patients to decide whether or not to accept the offer of a referral for psychological therapy for a mental health condition. The method has been used extensively in supporting diabetes management, which always rests almost exclusively on good self care (Leak et al, 2008). Smith et al (1997) found it resulted in better glucose control post treatment than those in a control group, while de Blok et al (2006) found MINT recipients with COPD had a 69% improvement compared to a control group.

District nurses using MINT could support patients who are ambivalent about engaging in cardiac rehabilitation after myocardial infarction. Home visits to older people could see nurses effectively unearthing mental barriers to client confidence that were having a negative impact on efforts to promote healing of chronic leg ulcers (Morris and White, 2007). Similarly, hospice nurses could use MINT to elicit patient ambivalence about accepting appropriate levels of pain relief. Fahey et al (2008) suggested a nurse coaching framework for exploring barriers to adequate cancer pain management. Recent authors of a small study on patients with heart failure using MINT for self care improvement claimed that this “approach is consistent with nursing’s philosophy of care and builds upon our long standing traditions” (Riegel et al, 2006).

MINT aims to elicit a client centred goal choice. It can be used to address a wide range of health behaviour choices such as smoking cessation, end of life decisions, vaccination related dilemmas, diabetes education and in supporting lifestyle and self management skills using personalised care plans (DH, 2010). They could enable a more proactive approach to health and efficiency savings as a result of clients’ better understanding of causal behaviour choices. This built-in vested interest for clients and commissioners underpins successful change as increasing value is placed on the patient/service user voice (DH, 2008b).

**CONCLUSION**

Anstiss (2009) argued that motivational interviewing could offer a groundbreaking vehicle for health reform if deliberately and strategically implemented. It has been argued that the skills are applicable from novice to expert level in a wide range of settings. Effective use of MINT is timely and possible in general nursing practice. Nurses can apply its principles to promote client engagement and wellbeing.

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**REFERENCES**


