



## Student midwives' intention to deliver weight management interventions: A theory of planned behaviour & self-determination theory approach



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### ABSTRACT

**Objectives:** Overweight and obesity during pregnancy is a risk to the health of mother and child. Midwives can modify this key risk factor by providing weight management interventions to women before and during pregnancy. This study investigated social cognitive determinants of pre-clinical student midwives' intention to provide weight management intervention in preconception and antenatal clinical contexts. Social cognitive determinants from the theory of planned behaviour (attitudes, subjective norms, perceived behavioural control) and self-determination theory (autonomous motivation) were used to predict pre-clinical students' intentions once they enter practice.

**Method:** The sample was 183 female pre-clinical student midwives from 17 Australian universities (age range = 18–54 years). Participants received a cross-sectional questionnaire that measured demographic items, attitudes, subjective norms, perceived behavioural control and autonomous motivation towards providing weight management intervention at two different stages of pregnancy — preconception and antenatal.

**Results:** Attitudes, subjective norms, and perceived behavioural control accounted for 56% of intention to provide weight management interventions to women planning pregnancy; however, the addition of autonomous motivation was non-significant. In contrast, attitudes and subjective norms (but not perceived behavioural control) accounted for 39% of intention to provide weight management interventions to women during pregnancy. Furthermore, the addition of autonomous motivation to the model was significant and accounted for an additional 3.1% of variance being explained.

**Implications and Conclusions:** Curriculum changes that support and increase pre-clinical student midwives' intention should focus on these specific correlates of intention in order to foster long term changes in clinical practice. Changes to the education and training of midwives should be carefully considered to understand their impact on these important determinants of intention to engage in this critical clinical skill.

### 1. Introduction

In Australia, 44% of women enter pregnancy overweight or obese (Australian Institute of Health and Welfare, 2017), and 38% of pregnant women gain excessive weight during pregnancy (de Jersey et al., 2012). The most recent Australian data on obstetric obesity also indicated that 66% of women from one Victorian maternity service were overweight or obese (Cunningham and Teale, 2013). These rates are problematic given excessive gestational weight gain and gestational overweight and obesity are independent predictors of postpartum weight retention (Chin et al., 2010), gestational diabetes (Nelson et al., 2010), pregnancy complications (Goldstein et al., 2017; McIntyre et al., 2012), and an

increased risk of negative child health outcomes (Ehr and Versen-Hoynck, 2016). As such, providing women with support and adequate intervention to help them manage their weight before and during pregnancy is an important component of preconception and antenatal care, for both the woman and their child (Hill et al., 2016; Hill et al., 2017).

One possible intervention to minimise excessive gestational weight gain is for relevant health professionals, such as midwives, to provide advice and appropriate goal-setting for weight management to women preconception, during pregnancy, and in the postpartum. Previous research has shown that whether or not women receive such counselling from health professionals is a predictor for developing weight

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management goals during pregnancy that are consistent with weight gain guidelines (Tovar et al., 2011). Importantly, not having a weight management goal in pregnancy is predictive of excessive gestational weight gain (Cogswell et al., 1999). Midwife-led interventions have been shown to be effective in reducing maternal obesity and excessive gestational weight gain when delivered to women who are planning a pregnancy (Beckmann et al., 2014), and to women who are currently pregnant (McGiveron et al., 2015). However, research shows that only half of women report that they had received weight management advice before or during pregnancy (Stengel et al., 2012; Whitaker et al., 2016), and many midwives report reluctance to provide weight management interventions to women (Heslehurst et al., 2013; Wahedi, 2016).

Qualitative evidence suggests that while some of this reluctance may be related to a lack of knowledge, beliefs that midwives hold about the acceptability of providing weight management interventions and the sensitivity of discussing weight management with overweight and obese women, might also contribute to midwives not providing such interventions to pregnant women (Johnson et al., 2013). This is consistent with quantitative studies that have shown that health professionals' provision of weight management care within non-pregnant populations with a range of demographic and psychosocial characteristics (e.g. gender, previous training, self-efficacy, attitudes) is not simply a function of their knowledge of the risks associated with maternal obesity and/or weight management guidelines (Zhu et al., 2013). Some researchers and clinicians have suggested a need for relevant training within the entry-to-practice midwifery curriculum in order to address these barriers (e.g. Heslehurst et al., 2013; Power et al., 2006).

Given previous research suggests that factors other than knowledge are important in understanding health professionals' clinical behaviour (Godin et al., 2008; Zhu et al., 2013), it is unlikely that simply increasing health professionals' knowledge of the risks of maternal overweight and obesity would be sufficient to bring about change in practice. Instead, implementing curriculum changes to increase provision of weight management interventions requires an understanding of underlying psychosocial factors that impact on this behaviour. This is consistent with past work that has emphasised the need to understand the psychosocial determinants of clinician behaviour in order to improve uptake and performance of evidence-based practice (Michie et al., 2005). In particular, it would be valuable to focus on changes to the curriculum that are effective at increasing pre-clinical student midwives' intention to provide weight management interventions once they enter practice (Michie et al., 2005; Stewart et al., 2012). Previous research has indicated that intention to perform clinical behaviours accounts for up to 40% of the variance in health professionals' future performance of relevant clinical behaviours (Godin et al., 2008; Steinmetz et al., 2016). In the case of midwives, the beliefs they hold towards provision of weight management interventions to patients during their pre-clinical training are likely to contribute to their willingness to actually provide such interventions to preconception and antenatal women once they enter practice. Pre-clinical training is an important phase of intention development since it is when professional opinions and expectations are in their formative stages. Given evidence that it is easier to introduce new beliefs than change beliefs once they have been consolidated (Fabrigar et al., 2005), it may be easier to intervene in this period than once midwives are already practicing and their beliefs are potentially less malleable. As such, the current study investigated potential social cognitive predictors of pre-clinical student midwives' intentions to provide weight management interventions to women once they enter clinical practice.

### 1.1. Conceptual Framework: Theory of Planned Behaviour and Self-determination Theory

Given the focus of the this body of work was on understanding social cognitive predictors of intention, the current study adopted an approach to investigating pre-clinical student midwives' intention to

provide weight management intervention that is based on the theory of planned behaviour (Ajzen, 1991) and self-determination theory (Deci and Ryan, 1985). Since both of these theories suggest that predictors of intention are context and population specific (Fishbein and Ajzen, 2010; Hagger and Chatzisarantis, 2009), this study investigated pre-clinical student midwives' intention to provide weight management interventions in two different clinical settings, in which midwife led weight management interventions have previously been implemented: (1) provision of *preconception* weight management interventions; and (2) provision of *antenatal* weight management interventions.

According to the theory of planned behaviour, intention to engage in a behaviour (in this case provision of weight management intervention) is influenced jointly by pre-clinical student midwives' attitude towards providing such interventions (attitude), perceived social pressure to provide interventions (subjective norm), and the extent to which they feel intervention delivery is within their control (perceived behavioural control). In comparison, self-determination theory argues that intention to provide weight management interventions depends on the extent to which provision of weight management interventions would reflect personal goals and values rather than external pressure (autonomous motivation). For both theories, the social cognitive determinants of intention are context specific, such that beliefs about providing weight management intervention to women planning pregnancy would be expected to predict intention to provide interventions in preconception contexts, while beliefs about providing weight management interventions to women who are currently pregnant would predict intention to provide antenatal interventions.

Previous research has indicated that the theory of planned behaviour components (attitude, subjective norm and perceived behavioural control) account for 59% of the variance of health professionals' intention to engage in clinical behaviours (Godin et al., 2008). Importantly, studies employing the theory of planned behaviour to predict health professionals' behaviours account for significantly more variance in behaviour than studies using other theoretical approaches (Godin et al., 2008).

Research indicates that constructs beyond those included in the theory of planned behaviour may also influence intention (see: Godin et al., 2008). The current study added a component from self-determination theory (autonomous motivation) since it has been suggested that it is an important independent predictor of intention. Self-determination theorists have argued that self-determination theory should be applied to the education of health professionals, and that use of the theory "may also help educators to address such problems as the current gap between current medical practice and what are known to be effective counselling and pharmacological treatments... The application of self-determination principles in education may narrow this treatment gap by promoting physicians reliable use of effective treatments..." (Williams and Deci, 1996, p. 992). While research applying self-determination theory to health professionals' engagement in clinical behaviours are limited, autonomous motivation has been shown to be related to health professionals' provision of tobacco dependence counselling (Williams et al., 2003) and the use of a patient centred style in simulated clinical interviews (Williams and Deci, 1996). The theory of planned behaviour and self-determination theory have previously been integrated in studies where their constructs are hypothesised to enhance health and educational interventions (Hagger and Chatzisarantis, 2009). The combination of these theories is valuable since it appears that self-determination theory may account for unique variance in intention beyond that accounted for by the theory of planned behaviour alone (Hagger and Chatzisarantis, 2009).

### 1.2. The Present Study

Given the literature outlined above, the aim of this study was to investigate social cognitive determinants of pre-clinical student midwives' intentions to provide weight management interventions once

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