



Healthcare professionals experience with motivational interviewing in their encounter with obese pregnant women

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ABSTRACT

Objective: to explore and describe how healthcare professionals in the Southern Region of Denmark experienced motivational interviewing as a communication method when working with pregnant women with obesity.

Design: a qualitative, descriptive study based on face-to-face interviews with 11 obstetric healthcare professionals working in a perinatal setting.

Methods: a thematic descriptive method was applied to semi-structured interviews. The healthcare professional's experiences were recorded verbatim during individual semi-structured qualitative interviews, transcribed, and analysed using a descriptive analysis methodology.

Findings: motivational interviewing was found to be a useful method when communicating with obese pregnant women. The method made the healthcare professionals more aware of their own communication style both when encountering pregnant women and in their interaction with colleagues. However, most of the healthcare professionals emphasised that time was crucial and they had to be dedicated to the motivational interviewing method. The healthcare professionals further stated that it enabled them to become more professional in their daily work and made some of them feel less 'burned out', 'powerless' and 'stressed' as they felt they had a communication method in handling difficult workloads.

Conclusion: healthcare professionals experienced motivational interviewing to be a useful method when working perinatally. The motivational interviewing method permitted heightened awareness of the healthcare professionals communication method with the patients and increased their ability to handle a difficult workload. Overall, lack of time restricted the use of the motivational interviewing method on a daily basis.

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Introduction

Education on obesity and lifestyle counselling is increasingly required from healthcare professionals (HCPs) and managers (Sundhedsstyrelsen [Danish Health and Medicine Authority], 2009; WHO, 2014). Communication has been identified as one of the key factors to improve, maintain and treat health problems in

the population (Tones, 2004). Lifestyle has been linked to poor eating habits, inactivity, tobacco use, alcohol consumption, or other behaviours that increase the risk of poor health in the general population. Maternal obesity in the antenatal and postnatal period increases the demands on the HCPs (doctors, nurses and midwives) (Vinter et al., 2011; Lindhardt et al., 2013). Currently, 30% of Danish pregnant women are obese with a BMI > 30 kg/m² and the numbers are increasing. Obesity in pregnancy can be a significant cause of physical and mental health problems in those affected and the risk of adverse perinatal outcomes is increased for obese women and their babies

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(Birdsall et al., 2009). Efforts to prevent and treat obesity in pregnancy have had limited success (Ramachenderan et al., 2008) due to a wide range of individual, cultural and social factors.

The theory of motivational interviewing (MI) and the description of the clinical procedures were given by Miller and Rollnick (1991). Miller and Rollnick define motivational interviewing as 'A client-centred directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence' (Miller and Rollnick, 2002 p. 47). Motivational interviewing has emerged as a promising counselling approach in health care and is a flexible and validated method (Miller et al., 2006). It has been successfully applied to a wide range of lifestyle areas such as diabetes and changes in alcohol consumption (Rubak et al., 2011). Most people will resist change. Accordingly, using MI it is assumed that the responsibility and capability for change lies in the pregnant woman herself (Rollnick et al., 2008). The evidence pertaining to the use of MI is growing and it is currently implemented within different behavioural domains and patient categories as above mentioned (Angus and Kagan, 2009; Brody, 2009; Rubak et al., 2009; Bjerregaard et al., 2011).

Motivational interviewing integrates well with other clinical practices (Rubak et al., 2011) and can be used when time is constrained (Rubak et al., 2006). Shorter hospital stays and better communication between HCPs and their patients require a clear and understandable approach (Nørgaard and Andreasen, 2012). The majority of training courses in MI last one to three days and are conducted in workshop formats (Rubak et al., 2006; Lindhardt et al., 2014; Brobeck et al., 2011). These workshops involve an introduction to the MI philosophy, the principles of MI, a demonstration of the methodology and a guided practice in mastering the MI technique (Soderlund and Nilsen, 2009; Lindhardt et al., 2014). Motivational interviewing is a simple communication approach to understand, however, regular practice is required (Miller, 2004; Casey, 2007). It has been shown that prior counselling experience may prevent HCPs from appreciating the benefits of MI, as they may continue to rely upon or revert to previously learned techniques. Another challenge is maintaining the skills of the MI method in order not to fall back to old communication habits (Bohman et al., 2013; Carpenter et al., 2012) since supervision and coaching must continue to maintain MI skills at required level (Brobeck et al., 2011). Only a few studies describe how HCPs experience the use of MI in healthcare and they describe lack of time as an essential factor (Brobeck et al., 2011).

The present study is the follow up on a quantitative analytical study, where the same HCPs, whom took part in the present study, were evaluated before and after the MI training course to assess the impact of that programme (Lindhardt et al., 2014). The quantitative analytical study used The Motivational Interviewing Treatment Integrity (MITI) coding System (Moyers et al., 2010) and evaluated how obstetricians, midwives and nurses used the MI method in their clinical practice. The current study aim to explore and describe how midwives, doctors and nurses in an obstetric setting experienced the MI technique 18 months after a three-day MI training course.

Methods

Design

A qualitative descriptive method, thematic content analysis based on semi-structured individual interviews was employed. The qualitative approach made it possible to present the HCPs point of view and stay close to the data that were generated from the interviews (Neergaard et al., 2009). A qualitative descriptive

approach as thematic content analysis can be used when a straightforward phenomenon is being sought as in this study.

The thematic content analysis is a direct description of an experience. In the analytical process and in the presentation of the data the researcher remains focused on the data that were generated. It is a description of the participants experience in a language similar to that of the participants (Sandelowski, 2010). The qualitative interview is semi-structured although it can be modified during the process to ensure focus on areas not yet explored. The analyses of the themes that emerge depend on the perceptions, inclinations, sensitivities, and sensibilities of the researcher (Giorgi, 1985).

Both content analysis (CA) and thematic analysis (TA) are often used in healthcare studies and in this study used together. The content analyst views data as representations not of physical events but of texts, images, and expressions created to be seen, read, interpreted, and acted on for their meanings, and must therefore be analysed with such uses in mind (Krippendorff, 2004). As opposed to thematic analysis, which applies, minimal description to data sets, and interprets various aspects of the research topic (Braun and Clarke, 2006).

The use of both content analysis and thematic analysis used at the same time can be associated with two modalities: inductive and deductive. Inductive content analysis and thematic analysis is used in cases where there are no previous studies dealing with the phenomenon, and therefore the coded categories are derived directly from the text data (Hsieh and Shannon, 2005). A deductive approach is useful if the general aim of thematic analysis and content analysis is to test a previous theory in a different setting, or to compare categories that does not occur at the same time (Hsieh and Shannon, 2005; Elo and Kyngä, 2008).

Ethical considerations

Ethical approval was obtained from the Ethical Committee of Science in the Region of Southern Denmark and notified to the Danish Data Protection Agency no. 2010-41-5669. All participants gave informed consent. Personal data were stored according to good clinical practice and confidentiality according to Danish guidelines.

Participants and setting

Originally 12 HCPs were participating in the MI training and following MITI coding. However one HCP left due to maternity leave. The 11 HCPs (midwives, obstetricians and nurses), were recruited through their respective management structures from four local hospitals in the region. The inclusion criterion was that they had all participated in a three-day training course in MI and had at the time of the interviews been practicing the MI method for 18 months. The exclusion criterion was that they had not participated in the course or used the method in the clinic.

They were all women between 28 and 64 years of age and had between four and 27 years of professional work experience. The midwives were working in the antenatal care for obese pregnant women and the nurses worked in ultrasound scan unit, in the antenatal diabetes clinic and on the antenatal ward. They came from four different obstetric units in the Region of Southern Denmark and all worked with obese pregnant women in their daily clinics. The HCPs worked with antenatal guidance for pregnant women with obesity, with particular reference to weight management and lifestyle issues. They had all participated in a three-day MI training course in MI and had at the time of the interviews been practicing the MI method for 18 months (Table 2).

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