





The rationale for the study

The main causes of morbidity and mortality in the UK can be attributed to lifestyle-related challenges to health.

We have the fattest population in Western Europe (Organisation for Economic Co-

Addressing family health need

Traditional methods of giving advice about changing health behaviour have proved ineffective.

Evidence based psychological approaches to consultations are recommended by the National Institute for Health and Care Excellence [NICE] (2014) to promote client autonomy and enable behaviour change.

The evidence base for effective interventions in behaviour change is increasing.

Motivational interviewing [MI] has been shown to be effective in all of the risk-taking behaviours (Miller and Rollnick, 2013).

There are NICE guidelines and Cochrane reviews which support its use for:

- exercise and healthy eating (obesity),
- smoking,
- alcohol and substance misuse
- mental health

(Lai et al, 2010; Smedslund et al, 2011; Lindson-Hawley, 2015).

Background to the study

While the emphasis in recent British government policy is on early intervention and prevention of ill health, little progress has been made towards achieving this (ONS, 2016).

To address these challenges to health, Specialist Community Public Health Nursing [SCPHN] students at Sheffield Hallam University [SHU] undertake a specialist module in which they are taught consultation skills in behaviour change and motivational interviewing.

The module is very structured within an experiential teaching framework.

Role plays, case studies and client stories are generated from practice to convey real life experience.

Our research study was designed to show the impact of this module on student consultations with clients (Day et al, 2018).

Research methodology

Research was conducted in 2017 into the impact of the module's teaching methods on practice through 2 focus groups with 5 or 6 students in each.

The focus groups were held 6 months after the completion of the module, facilitated by staff separate from the teaching team.

Facilitators aimed to generate discussion (Barbour 2007) and examine students' views and perspectives about engaging with clients and utilising behaviour change skills in practice.

Transcribed and anonymised data was analysed using a thematic approach (Braun and Clarke 2006).

The study received university ethical approval.

Behaviour change research





Education and learning

The value of having focused learning about behaviour change skills was identified.

'... having the understanding of the theory behind it makes you be able to use it more in practice, so you can see where you can use it and how useful it would be to your families and the people that you're working with.'

The balance between learning new behaviour change skills and practicing these with clients was also discussed with many students describing how their confidence and competence increased with use.

'... it's practice I think. I think you need a lot of practice. It's not something that comes easily all the time'



Use in practice

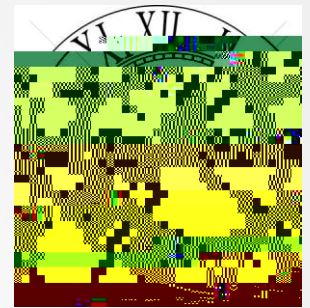
There were many examples of behaviour change skills being used in practice. Health visitor students described using such skills during ante-natal contacts, and in discussions about topics such as breastfeeding, behaviour problems, parenting and low mood.

'I think I use it at every contact, I think that the basis of my practice is using that. You can use it from antenatal contact, talking about, I don't know, diet, breastfeeding. I think it is a very useful tool to have'.

School nurses talked about using behaviour change skills when working with teenagers.

'I've used it quite a bit and we, as part of our role as a school nurse we do health sessions, so we have consultations with teenagers so independent of their parents or carers and sometimes we invite them because an issue has been brought to our attention ... and I've found it really useful in that scenario.'

Time



The time consuming nature of using behaviour change skills with clients was identified as a key challenge.

'... it's sort of like it's a slow burner sometimes and that's a bit frustrating, because as a nurse then you're very, like we've said before, most of us have come from a solution focused model. Originally it was a very medical, this is what's wrong, this is what we're going to do, this is going to make it better, then we've gone a little bit more patient/client centred and then this is almost another step forward, but it doesn't, it sometimes can be the slower process, which is potentially frustrating because of the time pressures that we work under.'

Others pointed to the importance of relationship building and the time required to achieve this

'I think to develop the true therapeutic relationship with clients to facilitate behaviour change, it does take a long, long time and it isn't a standard core contact, something you can do with core contacts.'

Recommendations

This was a small study. A larger study is required to confirm the findings.

Further research is needed to show sustainable change.

Based on this study we believe that Motivational Interviewing should underpin all health and social care curricula.

'.....because it could change someone's life, but also by teaching the students you can sort of change the NHS from within!'

