Motivating patients to live healthier

A theory and evidence-based perspective on communication

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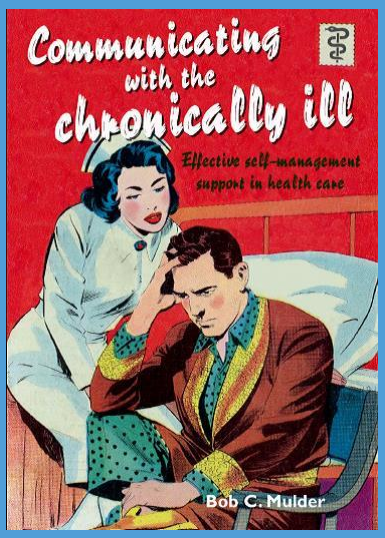
Introduction

- Currently: lecturer Strategic Communication @WU
- PhD Strategic Communication (2014, Wageningen University)
- MSc Health Psychology (2009, Open University NL)



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Topics

1. Increasing motivation: methods and effectiveness
2. Beyond motivation: supporting self-regulation & self-management
3. Implementing communication guidelines in practice: The 5A's Model

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Giving lifestyle advice to patients

- Giving lifestyle advice to patients is effective!
- Rose et al. (2013), review & meta-analysis in *International Journal of Obesity*:
  - physician advice: more weight loss attempts (OR≈4)
  - to lesser extent: actual weight loss
- Stead et al. (2013), Physician advice for smoking cessation (*Cochrane Review*)
  - brief, simple advice increases rates of successfully quitting smoking (<12 months)

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But issues remain...

1. motivation not always sufficient, and not always necessary to change behavior

- attempts increases (=motivation), but this may fail to change actual weight loss behaviors (Rose et al., 2013)
- *assistance* for smoking cessation: additional 40–60% people attempt cessation compared to being *advised* (Aveyard et al., 2011, *Addiction*)
- Eight out of ten of those who achieve abstinence had no intention (=motivation) to quit soon

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But issues remain...

2. physicians are often reluctant to advice behavior change

- low confidence in effectiveness
- low confidence in abilities
- fear of irritating/alienating patient

(Aveyard et al., 2011; Mulder et al., 2014; Rose et al., 2013)

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Motivation: How does it work?

- How motivated is nurse Betsy to counsel this patient?

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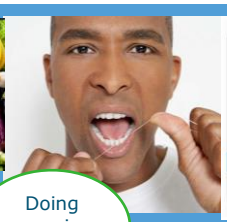
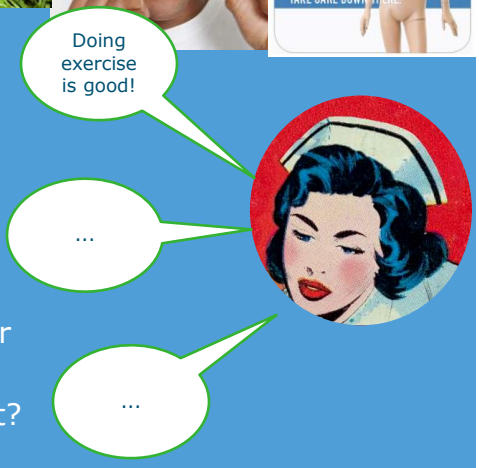
motivational elements



1. *outcome expectancies*: weighing of 'costs and benefits'
2. *social influence*: what do others do?
   - being informed about what is 'right'
   - being accepted in peer group
3. *control beliefs*: Can I do it? (self-efficacy)



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intention – behavior gap

- intention ('I intend to do X') not always results in behavior
- Sheeran (2002), meta-analysis of meta-analyses: intentions explain 28% of behavior (R^2 = .28)
- Webb & Sheeran (2006), meta-analysis of experiments:
  medium-to-large change in intention*
  → small-to-medium change in behavior**

*d = 0.66
**d = 0.36

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sources of the gap

insufficient control over behavior:

- time issues; other life goals
- automaticity of behavior:
  - habits
  - unaware, unintentional
- environmental cues/ stimuli
  - physical
  - social

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self-regulation

- self-regulation: the various processes by which people pursue and attain goals (Mann, De Ridder, Fujita, 2013, *Health Psychology*)
  - to explain and overcome intention-behavior gap

1. goal setting
2. goal striving

intention (motivation) → self-regulation →

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effective goals

- formulated in terms of approach, not avoidance
  - "being more active" vs "watching less TV"
- challenging (but perhaps not too much...)
  - note: individual differences!
- mastery instead of performance goals
  - mastery is about learning: "learning to eat balanced meals" → increase skills & self-efficacy
  - performance is about showing ability: "I want to lose 10 kg" → setbacks lower self-efficacy

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goal striving

- strategies that promote goal-directed behavior
  - and shield goals from disruption
- planning and prospection : when and how to perform
  - as specifically as possible
    - "Go walking on Monday, Wednesday & Friday with my wife, after we've done the dishes."
  - including dealing with potential barriers
    - e.g., having little time/being tired
    - manage micro-environment, e.g., keep tempting foods out of sight
    - coping with social pressure
      - "One piece of pie won't kill you"
      - "Hardlopers zijn doodlopers"

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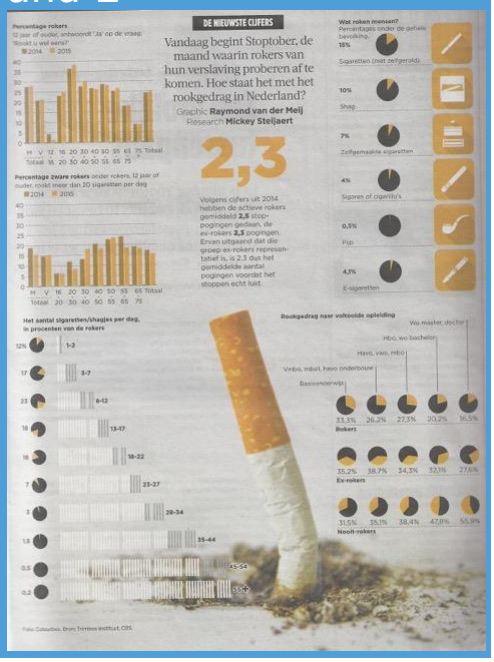
Conclusions topics 1 and 2

- physician advice can increase motivation and change behavior
- behavior change is not a result of increased motivation only
  - and failed attempt is not always result of low motivation
- change advice is ideally accompanied by self-regulation (= self-management) support



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Back to Betsy

But how can I..?

- 5As Model: evidence-based counseling model, covering all the key steps to support self-regulation/-management
  - originally developed for smoking cessation counseling (Fiore et al., 2000, *Treating tobacco use and dependence: clinical practice guideline*. Rockville, MD: US Department of Health and Human Services)
  - suitable for busy health care environments; not requiring advanced skills
  - applied and tested in for evaluation and implementation of weight loss counseling
    - type 2 diabetes mellitus patients

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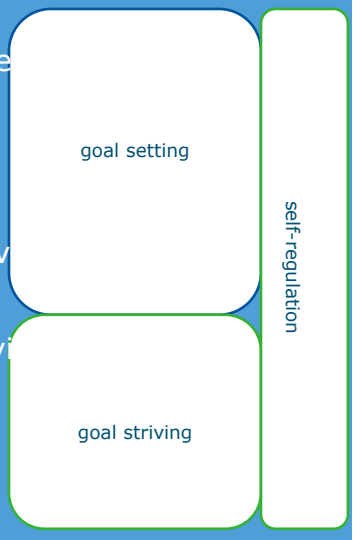
Lawn & Schoo, 2009, Supporting self-management of chronic health conditions: Common approaches, *Patient Education & Counseling*.

the 5A's Model

1. Assess...
   - knowledge, motivation, barrie
2. Advise...
   - specific behavior change
3. Agree
   - set specific goals, collaborativ
4. Assist...
   - overcoming barriers to behavi
5. Arrange...
   - follow-up contact



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the 5A's Model: evidence

- Jay et al. (2010), quality of weight loss counseling: Each additional 'A' was associated with higher motivation to lose weight, intention to eat better, and to exercise regularly.
  - physicians used about 5 of 18 possible 5As counseling practices.
- Alexander et al. (2011), physician weight loss counseling?: Advise was associated with increases in motivation and confidence to change dietary fat intake and confidence to lose weight. Assist and Arrange were related to diet improvement;
  - Physicians routinely Assess and Advise patients to lose weight; however, they rarely Agree, Assist, or Arrange.

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the 5A's Model: evidence

- Mulder et al. (2015), Quality assessment of practice nurse communication with type 2 diabetes patients, *Patient Education & Counseling*
  - 7 practice nurses 64 recorded consultations, a total of 66 patients participated (38 males), between 35 and 86 years of age

Table 2
Percentage of consultations in which each A was applied.

The 5As	Diet and physical activity (%)	Medication intake (%)	Smoking (%)
Assess	98	80	5
Advise	39	20	5
Agree	14	13	–
Assist	9	3	–
Arrange	98	6	–

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the 5A's Model: how the 5As are used

- Mulder et al. (2015): Assessments often lacked specificity
  - what is healthily..?

"And otherwise, do you otherwise eat healthily?"

- closed-ended questions: stimulate endorsement

Nurse: "Yes, so normally you are moving all the time?" *Patient*: "I'm moving all the time, yes".

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the 5A's Model: how the 5As are used

- Assess: fear of confrontation/embarrassment during physical examination:
  - may prevent further assessment and advising

You've gained about one and a half kilo. But well, blood pressure [is] good."

- Also found in review (Mulder et al., 2014): physical examination may disrupt communication

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the 5A's Model: how the 5As are used

- Advise: general information instead of specific, personal advice
  - unclear what the patient should do

> "Yes and I think that walking is very important for you. Because (…), well, if you don't walk, you immediately gain weight."

- Not quantifying advise results in low clarity

> "So it is healthier to eat that [take-out meal] only once in a while."

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the 5A's Model: how the 5As are used

- Assist:
  - If strategies to overcome barriers were discussed, single solutions were presented to the patient, without the patient having a role in producing or selecting solutions

> "You do a lot by bike? Everything by bike?" *Patient*: "If it's possible, I'll do it by bike, yes. If it's attainable. But during the winter I'm bothered by my hands, you know. I have arthrosis of the hands." *Nurse*: "And during the wintertime that is bothering you more of course, with that cold, yes." *Patient*: "It hurts very much." *Nurse*: "Yes, put on gloves." *Patient*: "Yes, put on gloves, but I cannot always… well I can, but." *Nurse*: "Well, I'm going to measure your blood pressure, right?"

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Advise

- optimal advice to increase *intrinsic* motivation and avoid *reactance* (refusal/dismissal; alienation)
- circumvent *asymmetry* and *normativity*
  - normativity may reduce autonomy
  - asymmetry may reduce competence/self-efficacy
- *advice-implicative interrogative* (Butler et al., 2010): "Maybe you can..?" "What do you think of...?"

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Butler et al., 2010, *Social Psychology Quarterly*

Overall conclusions

1. please advise!
2. from motivating ('will you do?')
   to supporting ('can you do?')
   - set specific goals and assist in goal attainment
   - follow up next time
3. ask questions...
   - to assess ('How often do you..?')
   - to advise ('What do you think of exercising more?')
   - to agree ('Do you agree with trying to..?')
   - to assist ('Are there things that would prevent you to..?')

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