# Introduction

Out of many strategies used in medical fields, Motivational Interviewing plays a great role in improving patient’s inner motivations and self-management abilities, especially in outpatient clinics. MI was primarily described by Miller in 1983 to understand the patients with alcohol abuse and its treatment (WR., 1983). This method is designed to strengthen patient’s intrinsic will to change by exploring their reasons for a change under an atmosphere of acceptance and understanding (WRR., 2013).

The scope of this review is to search, explore and analyze existing papers on the application of Motivational Learning in healthcare setups. It aims to gain information on how MI has been utilized to enhance patient education, self-management, and develop treatment adherence, specifically in the context of nurse-led breast cancer clinics. By exploring a lot of MI, the review will be aware of its impact in nurse-led clinics, helping identify many factors for its efficient implication in the future.

In chronic diseases like breast cancer in nurse-led clinics, patient education, self-awareness and treatment adherence are very important factors for improved life quality and quick growth from depression phases. These elements support patients in symptom control, knowledge of the course of treatment and the psychological load. Nevertheless, with the increase in life-extending treatments, patients’ care essence of problems makes clear the lack of demand for better patient support services and more effective treatment plans (Reed, 2012).

# Overview of Motivational Interviewing in Healthcare

Motivational Interviewing in the Medical sector has been a great counselling method with its several techniques. Its successful implications include alcohol or drug control at the beginning to many other areas like reducing smoking addiction, sexual risk behaviours, improving adherence to treatment as well as diabetes management (Hall, 2012). It is the combination of four processes: engagement, focus, awakening and planning, all as a flow of patient and MI practitioner conversations (Miller WR, 2017).



Figure 1: Motivational Interview Process Chart (Miller WR, 2017)

One of the main techniques used in MI is allowing clients to speak of these competing concerns freely. Unlike the traditional Cognitive Behavioural Therapy where the therapist seeks to intend the clients to abandon such thoughts. MI enables clients to discover and understand the pros and cons of the experienced dilemmas. The process intends to drive them to make a decision that corresponds to their values and desires and make real changes to their behaviour (Rollnick, 1995).

In MI, the counsellor’s task is neither to prescribe solutions for the client to adopt but to have the client find reasons for change within himself. The counsellor actively listens to the client, supplies user-friendly data, explores and presents other perspectives, and enables the client in the decision-making process. The principle is that as would be more effective, when change is called for, it originates from the client and not as a direct result of pressure. The aim of MI is not only to explore the client’s point of view but to facilitate the client’s self-negotiation concerning ambivalent feelings and to enhance the client’s interest in changing decisions, particularly regarding health-related behaviours. (Markland, 2005)

Talking of Motivational Interviewing specifically in nurse-led clinics, there have been many cases of its positive applications with significant improvement in mental health and tolerance in reaction to chronic disease by patients. MI is most employed by nurses to help patients to set appropriate and meaningful goals in the management of their diseases. For instance, in adult palliative care, MI is used by the nurses to encourage the patients set specific and functional behaviour change goals that they would want to achieve, and this enhances the patients’ motivation for the management of their symptoms, including pain. Of all the MI interventions, nurse-led MI is both effective and viable in assisting cancer patients on how to design and meet their health-related goals. These interventions are therefore patient-initiated and since patients are more likely to identify with any intervention that is initiated by them, then their morale to deal with their health conditions will be boosted considerably (Ehrlich, 2021).  
 MI has also been adjusted to the current COVID-19 pandemic by engaging with patients virtually via web-based technologies eliminating face-to-face meetings. A review of the available literature indicates that MI can be administered over the telephone, especially regarding cancer symptoms. (Coolbrandt, 2018)

# MI and Patient Education

Motivational Learning has quite been able to enhance patient education, regarding the best strategies to cope with their diseases and optimize their well-being. It is a nonjudgmental approach that promotes patient’s self-sufficiency by assisting them to go behind reasons to enhance change.

That is why, for instance, in clinical practice, nurses employ MI to explain to patients and their close ones why it is necessary to alter weight and adopted patterns, diabetic risk, and so on. In studies, MI has been found to enhance patients’ attitudes to their health and the ways through which they manage health. Such things as understanding overall reaction patterns and thinking about the advantages and disadvantages of changes in behaviour, assist people managing clinically rational health objectives. This process not only informs the patients but also mobilizes them to be actively involved in the management of these chronic diseases in essence transforming patients into customers (Gance-Cleveland, 2007).

Usually, many problems arise during medical diagnosis and regular checkups just due to a lack of patient education. One of the challenges is the lack of timely health checks, including mammography which is one of the best breast cancer screening methods (Hoover, 2021). All this is caused by lack of knowledge or enthusiasm of the patient, particularly in the rural setting where there are few health institutions. Motivational Interviewing supports these challenges by involving patients in talking and discovering questions that they may have about their health and allowing them to say whatever they want to say. Thereby, this process increases their understanding of their respective diseases, still developing early diagnoses.  
 For example, in the studies conducted by (Alizadeh-Sabeg), the researchers implemented MI, in patients who were categorized as contemplation stage: namely, the patients acknowledge that they need to change something but they are not ready to do that yet—are encouraged to engage in discussions that would make them acknowledge that they could benefit from screening and that not doing that has the potential to harm them. Using these interactions, patients transitioned from thinking about change to engaging in the activities, such as mammography and clinical breast examinations (CBE).

MI also includes one-on-one approaches like assessing for and reviewing, the relative advantages of changing and therefore, helping a patient prepare for change Therefore, through the involvement of MI, there would be an enhancement of the probability that patients stick to the recommended screening and treatment regimens hence the enhancement of their health status and thus MI has done and can further do a great job in patient’s education in clinics for disease like breast-cancer and others.

# MI and Self-Management

Self-management becomes a crucial factor for patients especially when they’re dealing with some chronic disease like cancer or else. Participation in self-monitoring practices of symptoms and the reaction of patients to them, helps the patient manage their daily life, even under chronic diseases, much more lightly. Motivational Interviewing has been found as a great tool for patients with cancers to manage symptoms such as fatigue and pain while undergoing treatment. Although in other domains MI is more well-developed, the specific use of MI for self-management of cancer symptoms is less explored.  
 Known as “Beating Fatigue”, these MI sessions were given when the patients were receiving their third cycle of chemotherapy. Although the patients who received MI had somewhat improved capability of modifying this fatigue experience, the resulting overall reduction in fatigue was not statistically significantly different from the patients who did not receive MI. Yet, they were somewhat more confident about their ability to manage the fatigue factor (M.L. Thomas, 2012).

Several strategies under Motivational Interviewing help patients easily attain self-management habits. One of the MI’s techniques includes not correcting or directing patients – the righting reflex. Rather, nurses and clinicians hear the patients’ complaints and concerns and enable the patients to share feelings and perceptions without any negative vibes for them (Levensky, 2007) This creates patient-centred care, promotes good patient relations and increases their participation in the management of their conditions.  
 Another MI method that is critically effective is the use of reflective statements which means the clinician restates what the patient has said. It also ensures that patients feel heard which lowers any form of resistance and creates a platform to discuss issues to do with behavioural change and self-management (Levensky, 2007).

There are several other methods under MI too which foster patient’s confidence and awareness in self-efficiency like asking mind questions comfortably to open the patient’s heart out and many other techniques. Mainly, acknowledging and affirming what patients are doing and planning to do next contributes to enhancing patients’ confidence and self-management (McCarley, 2009). If done effectively, positive feedback helps them to be encouraged and will encourage them to engage in the right behaviour, such ways, MI boosts the self-efficacy of cancer patients, increases their knowledge about health behaviours and helps them to make appropriate, self-decisions to change to improve their health, according to their individual preferences.

# MI and Treatment Adherence

No matter how efficient guidelines and prescriptions are provided by medical professionals, it’s useless until they are obeyed by the patients perfectly. And the level or extent to which the patient’s action or behaviour is along with the health care recommendations is called Adherence (BR, 1979). There are a lot of reasons for non-adherence like some patients fear of adverse effects of therapy, some of them leave treatment halfway as they don’t get immediate results and thus, they terminate treatment on their own (Kaptein AA, 2021).

Now to boost adherence in clinics, especially for chronic diseases, many methods have been applied for decades and Motivational Interviewing stands as one of them. Mainly in the cases of patients with chronic diseases like breast cancer, MI proves to be an efficient enhancer (Zomahoun HTV, 2017).

It has also been established understudies conducted by (Gagné, 2022) that MI among consultations offered by RN nurse navigators results in more individualized and friendly care delivery. Patients mentioned that they felt respected and appreciated as people which is opposed to many other healthcare facilities. They realised that having this personal attention of talking to their health care provider made it easy for them to reason out their issues hence managing side effects of AET and thus increased adherence to treatment. Despite experiences such as side effects management being difficult, with the help of MI, patients were able to be ‘reminded’ and be less anxious about the treatment that they must undergo. In general, these types of the study indicate that MI can improve the degree of compliance with the treatment regime by targeting the emotional and practical concerns of female Breast Cancer patients.

It has been observed that when patients start gaining trust with their MI counsellors, as they provide openness and a healthy psychological environment, patients are more likely to stick to their treatment plans. Also increase in intrinsic motivation due to MI has led to an enhancement in Physical Activity, which is such a great adherence quality for Cancer patients (Harkin, 2022).

# Conclusion

Having done all these studies on the impact of Motivational Interviewing in healthcare fostering many factors like patient education, self-management and treatment adherence for patients with a chronic disease like breast cancer and others, it can be concluded that no doubt the MI method has really proved to be marvellous. Most of the time, its implications in clinical fields have been found satisfactory and better for cancer patients. Motivational Interviewing also in adherence with PA has been found excellent with the promise of a better quality of life. Its use in nurse-led breast cancer clinics has shown great heights of success in terms of patient behavioural changes and positive reviews. Many features of MI under clinical structure include enhanced patient engagement, open conversations, a friendly environment and a great level of psychological understanding between patients and nurses/MI practitioners.

There have been a lot of experiments and experiences of MI in the clinical section till now still, there are some areas that could be enhanced or tried for its better implication for chronic diseases. Training methods could be developed for nurses to apply motivational interviewing to patients more efficiently. Also, some research should be conducted to see the other side of its effect like the analysis of MI effects for breast cancer patients on a long-term basis including factors like survival rates and further livelihood. Thus, it is understood that MI has been really a great asset to the medical sector, especially for chronic disease patients under nurse-led clinics and upgrading its use in some areas through detailed exploration can make it even better.

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