

Using motivational interviewing techniques to support behaviour change

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Abstract Effective communication is essential in all healthcare settings, and in modern nursing practice enhanced communication skills are needed to support person-centred care and enable nurses to facilitate meaningful change. This article, the second in a series on how student and registered nurses across all fields can practise talking therapies with confidence in their everyday practice, looks at the use of motivational interviewing to support changes in health-related behaviours. A scenario set in each field of nursing is used to show the fundamental skills involved when using motivational interviewing to support individuals to make healthier life choices to improve their overall health and wellbeing.

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The Nursing and Midwifery Council (NMC) (2018) highlights communication and relationship management as essential proficiencies for all student nurses. Talking therapies are among the therapeutic interventions nurses are expected to deliver from the point of registration as part of safe, evidence-based care. These include:

- Motivational interviewing (MI);
- Cognitive behavioural therapy (CBT);
- Solution-focused brief therapy (SFBT) (NMC, 2018).

This article describes the fundamental principles and basic skills of MI, and how it can be used by nurses in all fields of practice to support patients with behaviour change.

Nurses are at the heart of patient care and have a key role in the promotion of health and the prevention of ill health (NMC, 2018). Empowering patients, through education, to understand conditions and their trajectory, as well as how to improve their health, is core to health promotion activities (Phillips, 2019).

There is overwhelming evidence that improving people's health-related behaviours can have a major impact on reducing some of the largest causes of mortality and morbidity (National Institute for Health and Care Excellence (NICE), 2017). Nurses are instrumental in promoting health literacy by educating individuals about diseases and their prevention. They provide advice and guidance on healthy lifestyle choices and explain the risks associated with obesity, smoking, excessive alcohol consumption and drug misuse, among other health concerns (Nursing Education, 2024).

While knowledge is paramount to raising awareness, traditional health promotion approaches are often prescriptive and narrowly information focused, which may not achieve long-lasting behaviour change (Pearce, 2025). By contrast, MI is a collaborative approach that uses coaching and guidance to subtly lead the person towards positive change (Procter-King and McLean, 2019). It is a communication technique that can be integrated into everyday practice as part of a normal-sounding conversation to support and guide patients to

say why and how they might change (Rollnick et al, 2022).

What is MI?

Clinical psychologists, Stephen Rollnick and William Miller, devised MI in the 1980s from their work on substance misuse, which found that highlighting the dangers and damaging effects was usually ineffective in persuading people to stop (Rollnick et al, 2008). This led them to study the work of effective interventionists, and research the skills and approaches that worked best in encouraging people to change their behaviour (Procter-King and McLean, 2019). MI has since become a well-tested and established method of supporting health-related behaviour change, with more than 160 randomised controlled trials demonstrating its efficacy across an array of medical conditions (Rollnick et al, 2022).

MI represents a shift away from traditional health promotion approaches and toward a guiding communication style that can have noticeable benefits for both patients and practitioners. It works on the well-established psychological principle that people are more persuaded by ideas of which they feel they have ownership, as summed up in this quotation reported by Rollnick et al (2022) and attributed to the 17th century French philosopher Blaise Pascal: "People are generally persuaded by the reasons which they themselves have discovered than by those which come into the mind of others."

With MI, responsibility for change is shared between practitioner and patient. As well as empowering patients, this relieves pressure on nurses to feel that they need to assume sole responsibility or solve every problem, which can enable them to enjoy their work more (Miller and Rollnick, 2023).

What does MI involve?

Establishing positive and trusting therapeutic relationships with patients is an essential component of nursing (Feo et al, 2017). This closely aligns with MI, which is built on the foundation of engagement, especially at the opening stage. The nurse's



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ability to genuinely connect with the patient is key to achieving successful behaviour change. Nurses who are empathetic tend to achieve better health outcomes because, if patients trust the nurse, they are more likely to say what they think and feel, and consider a change to their lifestyle (Rollnick et al, 2022).

To achieve the most from patient conversations about change, nurses need to shift from being a director to a guide. This

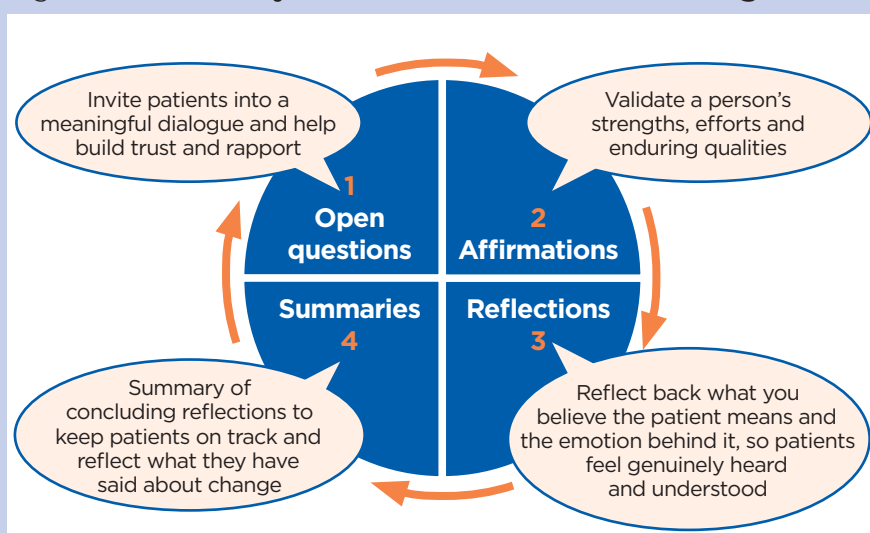
shift forms the basis of MI, whereby the nurse's role is to draw out from patients the reasons why they might change. Practised well, MI helps patients literally talk themselves into change. This does not mean information and advice giving is abandoned, as it is still a large part of the guiding process; however, it is used to support the patient's own reasons to change, based on what motivates them, not necessarily what motivates the nurse (Rollnick et al, 2022).

There are four key skills used in MI that nurses can acquire to make patient contact richer, easier and more precise:

- Open questions;
- Affirmations;
- Reflections;
- Summaries (OARS) (Rollnick et al, 2022) (Fig 1).

These are described below, along with other MI skills, such as recognising when patients are moving towards positive behaviour change.

Fig 1. OARS: four key skills of motivational interviewing



Source: Adapted from Cole et al (2023)

Open questions

In MI, asking open questions is a simple, yet powerful, way to invite patients into meaningful dialogue. It involves taking the time to ask, rather than tell – and doing so with genuine curiosity. Open questions encourage patients to express their thoughts, feelings and motivations in their own words, which helps to build trust and rapport.

Patients often perceive that they have been given more time when they are given the space to talk openly (Rollnick et al, 2022). Even if open questions are the only MI tool used, the conversation will be moving in the right direction (Rollnick et al, 2022).

While many questions in MI focus on change, others are simply about engagement to help the nurses and patients develop a shared understanding of how

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Box 1. Open questions

- “How are you feeling today?” (engaging)
- “What change in lifestyle might we focus on?” (focused)
- “What concerns you most about your weight at the moment?” (evoking)
- “What positive steps might you be willing to try?” (planning)

Tip: Try not to get caught up with what type of open question you will ask and when. The most important thing is to ask open questions and gently guide, hoping to elicit some ‘change talk’.

patients are feeling and what matters to them. Types of open questions include those that are:

- Engaging – these establish rapport and mutual understanding;
- Focusing – these clarify the topic or goal of the conversation;
- Evoking – these draw out the patient’s own reasons and motivations for change;
- Planning – these help the patient to consider how a change could happen and the steps they might take when they’re ready (Millner and Rollnick, 2023).

Examples of open questions are given in Box 1.

Affirmations

Affirming highlights a patient’s strengths, values, achievements or efforts. They are the natural consequence of looking for strengths. Affirming is sometimes just a tool for lifting someone out of problem talk, and offering hope and improved trust in the nurse. It is important to recognise that affirmations are more than just positive comments or praise; they are deeper observations about a person’s strengths and enduring qualities. Crucially, an affirmation must be genuine, as false affirmations can sound disingenuous and ruin rapport (Rollnick et al, 2022).

Box 2 shows how to transform praise into an affirmation.

Reflections/listening statements

Effective listening in MI involves paying close attention to the spoken word – which means not just what is said, but how it is said – to convey empathy and build trust. A core technique is reflective listening or mirroring. This is when you, as a

practitioner, reflect back what you believe the patient is saying, which helps them feel genuinely heard and understood (Rollnick et al, 2022).

Reflective listening entails much more than simply repeating what you hear – it is about reflecting what you believe the patient means, based both on their words and the emotion behind them. For example, if a patient says, “I don’t like what smoking does to my health, but it really reduces my stress”, you might respond: “On one hand, smoking brings you relief; on the other, you’re concerned about its impact on your health”. This approach, as the example shows, helps to highlight ambivalence, which is a normal part of the change process.

When patients express ‘change talk’ – statements that indicate motivation or readiness to change – you can reinforce it with empathic reflections, as shown here:

- **Patient:** “I really want to start taking my medication again.”
Nurse: “Taking your medication is very important to you.”
 - **Patient:** “I hate how out of breath I get just walking upstairs.”
Nurse: “You’re frustrated that smoking is affecting your daily life.”
- Reflections also help to manage patients’ defensiveness:
- **Patient:** “What do you know about quitting alcohol? You probably never had a drink problem.”
Nurse: “It’s hard to imagine how I could possibly understand.”
 - **Patient:** “My drinking isn’t that bad.”
Nurse: “You’re not sure your drinking is serious enough to worry about.” This is a **better response than:** “There’s no reason to be concerned.”

It is essential to resist the urge to disagree, correct, fix or give advice. These responses, although well intentioned, can shut down meaningful conversation and

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reduce the patient’s sense of autonomy. Instead, focus on reflecting and exploring the patient’s perspective.

Reflections are listening statements, not questions, and they help patients to hear their own motivations more clearly. When MI is practised well, patients often begin to talk themselves into change, with the nurse acting as a guide, not a director (Rollnick et al, 2022).

Change talk

Change talk is the language used by individuals that signals movement toward positive behavioural change (Rollnick et al, 2022). Crucially, it is most effective when it originates from the patient, not the practitioner (Procter-King and McLean, 2019). Identifying, encouraging and responding to change talk is a core skill in MI, because it reinforces the patient’s own motivation, autonomy and readiness to change.

Change talk typically appears in specific forms, as shown below.

- Desire – “I want to stay healthy”/ “I’d like to cut down on alcohol”;
- Ability – “I did give up smoking once”/ “I know I can exercise if I get into a routine”;
- Reason – “My blood pressure is too high”/ “I want to be fit enough to play with my kids”;
- Need – “I really need to control my blood sugars”/ “I’ve got to lose some weight”.

As patients move closer to action, other forms of change talk may emerge:

- Willingness – “I’m thinking about quitting”;
- Commitment – “I’m going to start taking my medication every day”;
- Taking steps – “I’ve already spoken to my daughter about joining a gym”.

However, change talk is not always obvious. It may be buried in ‘sustain talk’ or statements that support maintaining the patient’s current behaviour. Without active empathic listening, these subtle expressions of ambivalence can be easily missed (Procter-King and McLean, 2019). When nurses respond skilfully to change talk – rather than offering advice, correcting or directing – patients become more likely to talk themselves into change,

Box 2. Transforming praise into an affirmation

- **Praise:** “Oh, that’s excellent. Well done for taking that first step.”
Affirmation: “You made a decision, and your determination got you there.”
- **Praise:** “You lost a few pounds. Great work.”
Affirmation: “You made a decision to lose weight, and your determination got you there.”

Tip: Affirm, even in the face of failure

Source: Rollnick et al (2022)

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Box 3. Summarising tips

- Pull together the things the patient has said
- End with an open or closed question to check accuracy
- Make the summary as lean as possible
- Use mini summaries along the way as you gather content

Source: Rollnick et al (2022)

increasing the chances of meaningful, sustained behavioural improvements (Rollnick et al, 2022).

Summaries

Summaries are used in MI to keep patients on track and reflect what they have said about change. A summary is short and includes the key elements of change talk that the patient has expressed, as well as the nurse's reflections (Procter-King and McLean, 2019),

Summarising conveys respect, as it shows the patient that you have been actively listening to them. It also highlights certain aspects of what was said and those details that you consider to be most important. In essence, you are also encouraging the patient to listen again to what they have said. It is what patients themselves say that is most likely to affect their motivation to change, and patients hearing all their own change talk put together into a summary can be very impactful (Rollnick et al, 2022).

Box 3 gives some tips for summarising.

Box 4. Tips for using the health scenarios

Remember:

- The scenarios are not exclusive to each field – they can represent what may take place in any field of practice
- The scenarios are a snapshot that will not display all motivational interviewing skills
- There is more than one 'right' response
- Progress can be small – the important thing is that it is about moving in the right direction
- Patients may decide on a small change that may not be your preferred first step – however, it still needs to be respected
- Patients may decide to do nothing at all and that's okay

"It is what patients themselves say that is most likely to affect their motivation to change"

Putting MI into practice

Start incorporating these skills – open questions, listening statements, affirmations, and summaries – into your everyday interactions with patients today. You may be surprised by the results you achieve and the fulfilment you feel. Remember, the key is to genuinely connect with your patients. Start with small steps, such as using open questions and listening statements. By mastering MI, you can make a tangible difference to your patient's quality of life and experience the satisfaction of becoming a more effective and impactful nurse.

Below are four scenarios that illustrate the use of MI in different fields of nursing. Tips on how to use these scenarios, are given in Box 4.



Rory is a 14-year-old boy with type 1 diabetes mellitus, which, until recently, has been well controlled. He uses a fingerprick test to establish his blood-glucose level and has a basal bolus routine for insulin administration. He has recently started to refuse to monitor his blood-glucose levels, particularly at school, and is reluctant to take his prescribed insulin.

Nurse: Hello Rory, nice to see you, thanks for making the effort to be here. How do you feel about discussing the management of your diabetes today? Affirmation and open question.

Rory: I don't really like talking about it, but I guess that's why I am here.

Nurse: It's not something you like to talk about. Listening statement.

Rory: Yes, I'm tired of the fuss and I don't want to get a lecture.

Nurse: It's something that causes you to feel uncomfortable and you don't want to hear unwanted advice. Listening statement.

Rory: Yes, and besides I know all there is to know.

Nurse: You have lived with this for a very long time, and I don't doubt you are very knowledgeable. Affirming.

Rory: Well yes, I've had it since I was eight years old.

Nurse: Despite your reservations, you are here today talking to me and that takes courage. Affirming.

Rory: [Small smile] It's hard being the only one in my class with this. I don't want to be different.

Nurse: You want to fit in with your friends and, now that you are older, you are self-conscious about your condition. You don't want to feel like an outsider. Is this right? Summary, closed question to check accuracy.

Rory: Yes, I didn't really think about it as a kid, it's just how it was. But now it's embarrassing, and it can feel lonely.

Nurse: You worry what your friends think and you miss the support of your parents. Listening statement.

Rory: Yes, though I do have good friends and I know how to look after myself. Change talk.

Nurse: Although you worry about what your friends think, you also recognise that they are good friends and likely to be supportive. So, how are you managing your diabetes? Mini summary, open question.

Rory: It's going okay, though my mum gives me lots of aggro.

Nurse: Your mum is giving you a hard time. Listening statement.

Rory: Yeah, because sometimes I don't monitor my sugars.

Nurse: Your mum is worried about you because you don't always check your sugars. Mini summary.

Rory: Yes, and I don't always take my insulin.

Nurse: You don't always check your sugars or take your insulin, and this causes your mum distress. Mini summary.

Rory: Yeah, she looks stressed and sometimes she gets upset.

Nurse: You seem like a caring young man and I understand that your mum's happiness is important to you. Affirming.

Rory: Yeah, my mum is the best and I don't like to see her worried. Change talk.

Nurse: Your mum is worried about you because you are not following your diabetes regime. How do you feel when you don't check your sugars and miss your insulin? Mini summary, open question.

Rory: Not great, I'm tired and grumpy, and it is hard to concentrate. Change talk.

Nurse: It's having a negative impact on you. Listening statement.

Rory: Yeah, I suppose. I don't really feel like myself. Change talk.

Nurse: You want to feel like every other kid, though you recognise that when your

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sugars are low and you don't take your insulin, you don't feel like yourself. What good might come from adhering to your plan? Summary and open question – evoking.

Rory: Well, my blood sugars will stabilise and I will feel like my old self, which will make my mum happy.

Nurse: Are there any steps that you could take to help you stick to the plan? Open question – planning.

Rory: I usually skip the first check in school. I think I could start this again and go from there. Change talk.

Nurse: Rory, you have identified a positive action and shown great maturity today. Affirming.



Jenny is a 62-year-old woman who has chronic obstructive pulmonary disease (COPD) and smokes 20 cigarettes per day. She is experiencing an increase in breathlessness and finding it difficult to engage with activities of daily living. Jenny is not in paid employment but looks after her two young grandchildren twice a week.

Nurse: How are you feeling today about your health? Open question – engaging.

Jenny: Not great, that's why I am here. My breathing is getting worse and I am worried about what's going to happen next.

Nurse: Your health is deteriorating and you are concerned how you will manage in the future. Listening statement.

Jenny: Yes, I am struggling to do the things I normally do.

Nurse: What concerns you the most? Open question – focused.

Jenny: Not being able to live a normal life and, in particular, being unable to look after my grandchildren.

Nurse: What change in your lifestyle would help you to take better control of your health? Open question – focused.

Jenny: Well, I suppose the obvious thing is smoking.

Nurse: Can we take a few minutes to talk about this? Open question – focused.

Jenny: Yes, but, just so you know, it's the only thing I have left to enjoy and I don't want to stop.

Nurse: Smoking is the only thing that you get pleasure from. Listening statement.

Jenny: Well, no... I really enjoy spending time with my son and my grandchildren,

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who I look after twice a week. The thing is, they hate to see me smoke and so it spoils the enjoyment.

Nurse: Your family mean the world to you and, while you enjoy smoking, there are some negative emotions attached to this. Mini summary.

Jenny: Yes. Like I said, I can't enjoy it when I see their worried faces or have to listen to my son sounding off. I end up having sneaky smokes and feel guilty.

Nurse: You don't always enjoy smoking. In fact, it can be a negative experience. Listening statement.

Jenny: I have to admit that's true. It used to be a mental break, but I'm not getting the same out of it and, to be honest, I'm getting more out of breath, which is affecting my mood.

Nurse: You are being honest with yourself and recognising that there are negatives to smoking. This shows strength and insight. Affirming.

Jenny: If I'm really honest, we all know the effects of smoking. That's why I have COPD and why I am getting worse. It's because of the cigarettes.

Nurse: The cigarettes are the reason your health is deteriorating. You are honest about what is happening. And you'd like things to be better. Mini summary, listening statement.

Jenny: Yes, I want things to get better, I want to feel better.

Nurse: Jenny, you strike me as a determined woman, who is willing to do what you can for yourself and for others. Affirming.

Jenny: My family are everything to me. I want to be able to enjoy them.

Nurse: Let me see if I can summarise what you said. You want to feel better physically and emotionally, and you are aware of the links between smoking and your health. And, ideally, it sounds like you want to do something about your smoking habit. Summary.

Jenny: Yes, nurse, that sounds about right.

Nurse: Good. There are several choices you can make. What first step seems the most manageable? Open question – planning.

Jenny: I do have an audiobook on how to quit. I could start by listening to that, as it could get me in the right headspace. It's meant to be inspiring.



James is a 32-year-old man with schizophrenia who lives with his mother. James is not in paid work and lacks a meaningful routine. He is socially isolated and his self-esteem is low. He has gained a considerable amount of weight since he started clozapine and has a body mass index of 30.

Nurse: Good to see you, James. What kind of week have you had? Open question – engaging.

James: It's been alright. I didn't get up to much. Coming here today is the first time I have been out of the house all week.

Nurse: I'm glad to see you here today and that you are prioritising your health. Affirming.

James: Yes, well, it's nice just to be able to have a chat. I look forward to it.

Nurse: You enjoy your time out of the house and it's an opportunity to talk. Listening statement.

James: Yes, well, like I said, I don't get out much and I don't really talk to anyone apart from my mum.

Nurse: Can I ask you why you don't like to leave the house, James? Open question – focused.

James: I seem to be getting bigger and bigger. I feel heavy and sluggish, and I'm just not in good form.

Nurse: The extra weight is affecting your self-esteem and your physical health, so you don't feel like going out. Mini summary.

James: Yes, and although the meds I'm on are keeping me mentally well, I feel like I'm just existing from one appointment to the next.

Nurse: You are a young man who is honest about how you feel and what's happening. Affirming.

James: Yeah, I guess, but I just can't see anything changing really. I'm not going to stop taking the meds, as that would probably be worse.

Nurse: You're feeling pretty discouraged at this point. Listening statement.

James: Yeah, I'm stuck. I don't know how I can make things better. Change talk.

Nurse: I see great understanding and perseverance through a very challenging time, and a desire for life to be better. Affirming, listening statement.

James: Yes, there's got to be more than this.

Nurse: You mentioned that you enjoy

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getting out of the house to attend your weekly review here in the clinic. Open question – focused.

James: Yes, I do. And it's a short walk from the house, so not too bad.

Nurse: It is a short walk from the house that you enjoy. Listening statement.

James: Yeah, it's nice to get some fresh air.

Nurse: I wonder how you might develop some more exercise habits that you enjoy and look forward to. Open question – evoking.

James: I'm not the type to go to the gym, even if I could afford it.

Nurse: It's your choice here. Exercise is a starting point to help you feel good and kickstart weight loss. You identified walking as a positive activity. How could you add an extra walk into your routine before I see you again? Advice, mini summary, open question – planned.

James: My mum is always asking me to walk the dog with her.

Nurse: You can see that working? One small step that could help you keep going.

James: Yeah, my mum asks me to do this often so she'd probably appreciate it. I'll talk to her when I get home. I mean, I wouldn't want to do it every day, but I could do something. Change talk.

Nurse: That's a very good starting point, James. So, just to summarise: your medication, while keeping you well, has side-effects like weight gain that prevent you from leading a full life. You want to feel better and today you have identified a small change that will start your weight-loss journey. Affirming, summary.

James: [Smiling] Yes, I guess I have.



Betty is a 50-year-old woman with a learning disability, who is single and lives independently. She has an active life with many interests, and her Christian faith is important to her. Betty has epilepsy and does not take her medication as prescribed.

Nurse: Afternoon Betty. How have you been feeling lately? Open question – engaging.

Betty: I'm okay, although I've been having more turns.

Nurse: You are having more epileptic seizures. Listening statement.

Betty: Yes, I am. And it's getting in the way of doing things.

Nurse: You are unable to do the things that you enjoy. Listening statement.

Betty: Well, I still do the things I enjoy, but I'm worried it will happen when I am out or when I'm in church.

Nurse: You're worried you will have a turn in a public place. Listening statement.

Betty: Yes, that would be embarrassing.

Nurse: How do you feel about us discussing how you take your medication? Open question – focused.

Betty: That's okay. But I do take my tablets.

Nurse: You take your epileptic tablets. I am curious how you see the link between your tablets and the 'turns' that you are having? Listening statement, open question – focused.

Betty: Well, the tablets are meant to stop the turns. I take one when I feel a turn coming on.

Nurse: You take the tablet when you realise you are going to have a turn. Listening statement.

Betty: Yes, but it happens anyway, so it doesn't work. I am actually having more turns.

Nurse: Can I give you some advice? Asking permission.

Betty: Well, yes, I want things to get better.

Nurse: I've checked the prescription, and I see for the best effect (least likely to get turns) it's recommended that you take your medication in the morning and the evening. Any thoughts? Open question – evoking.

Betty: Yes, I know, but I don't want to take it twice a day. It makes me feel groggy and I don't think it will work.

Nurse: You take your medication before a turn, but you still have a turn and you have noticed you are having more of these. You don't take your medication twice a day because it makes you feel tired. Summary.

Betty: Yes, it makes me feel tired.

Nurse: How might your life be different if you change how you take your tablets? Open question – evoking.

Betty: I don't know, maybe I wouldn't have as many turns, but I would have to put up with feeling tired all the time.

Nurse: You are a busy lady Betty, with an active life, full of life and energy. Affirming.

Betty: Yes, I have lots of friends and I like going to the bingo and church on a Sunday. But this is getting in the way of things, and I hurt myself after the last one.

Nurse: That's tough Betty, and I can see that it's causing you worry. Listening statement.

Betty: It is. I am fed up.

Nurse: What worries you most at the moment? Open question – engaging.

Betty: The amount of turns I'm having. I am afraid of hurting myself again, or worse. Change talk.

Nurse: Turns are your biggest worry. You worry more about this than the tiredness you feel when you take your tablets every day. Mini summary.

Betty: Yeah, I suppose that's right. Maybe I could put up with feeling tired if I didn't have so many turns.

Nurse: So, what do you think you might do? Open question – planning.

Betty: Well, I could try to take them again. See how it goes. Maybe start tonight. Change talk.

Nurse: Good Betty. Despite your worry about taking the tablets more often, you are determined to get on top of this condition. Affirming.

These scenarios show how effective MI can be in supporting changes in health-related behaviours.

Conclusion

MI is a communication technique that can be more effective than traditional health-promotion approaches in supporting people to change health-related behaviours. MI benefits patients by motivating and empowering them to achieve lasting change. It also benefits nurses by improving their communication skills, empathy and job satisfaction, and making them more effective at helping patients to achieve their health goals. **NT**

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