

Research Brief Series: 17

Empowering Older Persons: Health coaching in the community

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Overview:

The brief is a culmination of collaborative efforts with Singhealth's Population Health and Integrated Care Office (PHICO) for a study titled *Evaluating a Novel Enhanced Community of Care (ECoC) Model for High-Risk Older Clients in Public Rental Housing in Singapore: What Works, Why and For Whom? (ECoC-WoW)* funded by the World Health Organization Centre for Health Development, Kobe, Japan (WHO-KC). Our research team shadowed and interviewed community nurses from PHICO during home visits to patients/clients to understand the needs of healthcare professionals pertaining to the application of motivational interviewing techniques.

Table of Contents

1	INTRODUCTION	5
1.1	Background of the Brief	5
1.2	Who Will Benefit From This Brief and Why Is Motivational Interviewing Important to Our Local Healthcare Context?	5
1.3	Prevalence of Chronic Health and Poor Medical Adherence Among Older Persons in Singapore	5
2	CONSTRUCTING ARCHETYPES AROUND DIVERSE NEEDS AND MOTIVATIONAL STAGES	7
2.1	Archetypes of Patient/Client's Motivational Stages	7
2.1.1	MOTIVATIONAL STAGE 1	9
2.1.2	MOTIVATIONAL STAGE 2	11
2.1.3	MOTIVATIONAL STAGE 3	13
2.1.4	MOTIVATIONAL STAGE 4	15
2.1.5	FLUIDITY IN MOTIVATIONAL STAGES	15
3	BASIC CONCEPTS OF MOTIVATIONAL INTERVIEWING (WHAT IS MI?)	16
3.1	Definition of Motivational Interviewing	16
3.2	Key Processes of Motivational Interviewing	16
3.3	Guiding Principles of Motivational Interviewing (RULE)	17
3.4	The Spirit of Motivational Interviewing: Collaborative, Evocative, Respectful of Patient/Client Autonomy	17
3.5	Core Skills (OARS)	18
3.6	Looking Out for Client/Patient's Change Talk (WHOO)	20
4	APPLYING MOTIVATIONAL INTERVIEWING IN HEALTH EDUCATION AND COACHING (HOW TO MI)	21
5	FACTORS SHAPING COLLABORATION	22
6	CASE STUDIES	23
6.1	Case study of a Stage 1 Patient/Client – Building Motivation	23
6.2	Case study of a Stage 2 Patient/Client – Starting Anew	25
6.3	Case study of a Stage 3 Patient/Client – Keeping up with Changes	27
6.4	Case study of a Stage 4 Patient/Client – Weathering Future Storms	29
7	APPLYING MOTIVATIONAL INTERVIEWING IN THE COMMUNITY: KEY CHALLENGES	31
7.1	Resistance and Ambivalence Among Older Adults	31
7.2	Resistance Among Healthcare Professionals	31
7.3	Misconception About Time Consumption	32
7.4	Limited Training and Supervision	32
7.5	Misrecognition of Patient/Client Needs and Misalignment of Goals	33
7.6	Language and Cultural Barriers	33

8	<i>OUTCOME-BASED ASSESSMENT OF MOTIVATIONAL INTERVIEWING</i>	34
8.1	Measuring Success in Motivational Interviewing	34
8.2	Tools for Monitoring Lifestyle Changes and Medical Adherence	34
8.3	Evaluating Improvement in Health Literacy	35
9	<i>CONCLUSION</i>	36
10	<i>REFERENCES</i>	37
11	<i>APPENDICES</i>	39
11.1	MI Doing This Right?	39
11.2	Readiness to Change Scale	40
11.3	MI Cheat Sheet	40
11.4	Examples of Assessment tools and Checklists.....	41
11.5	Training Resources for Healthcare Professionals (Singapore)	42

1 INTRODUCTION

1.1 Background of the Brief

This brief is designed to be an essential resource for healthcare professionals employing motivational interviewing to empower older persons in managing their chronic conditions. Motivational interviewing leverages on patient autonomy and the power of conversations to trigger and sustain behavioural change. Central to motivational interviewing is the development of a treatment plan that aligns with the patient/client's readiness and comfort level, ensuring that interventions are both patient/client-centered and adaptable to their individual needs. This approach underscores the importance of patient engagement and autonomy in the healthcare process, making it an effective strategy for guiding patients/clients towards healthier lifestyle choices.

1.2 Who Will Benefit From This Brief and Why Is Motivational Interviewing Important to Our Local Healthcare Context?

This brief is designed mainly to support healthcare professionals working with older patients/clients or clients in the community by offering a framework for applying motivational interviewing techniques. We construct and describe archetypes based on older patients/clients' motivation or activation levels; discuss basic concepts of motivational interviewing; detail the application of motivational interviewing in the local context and illustrate with case studies its challenges and assess the impact of motivational interviewing. The brief also includes a practical toolkit comprising of checklists, assessment tools, and a reference list (See Appendices 10.1 to 10.3).

Numerous studies have shown the efficacy of motivational interviewing in enhancing patient/client engagement, optimizing treatment adherence, facilitating effective communication, and potentially mitigating the frequency of hospital readmissions (Frost et al., 2018; Lin et al. 2017; McKenzie et al., 2015; Riegel et al., 2017; Rubak et al., 2005; Song et al., 2014; Tse et al., 2013). Motivational interviewing plays a pivotal role in equipping healthcare professionals to empower older persons struggling with chronic illnesses, to take charge of their health and well-being. Motivational interviewing has the potential to transform healthcare communication and health outcomes, particularly in the context of Singapore, which faces formidable challenges and rising healthcare costs posed by an ageing population characterized by high rates of multimorbidity (Tan et al., 2021).

1.3 Prevalence of Chronic Health and Poor Medical Adherence Among Older Persons in Singapore

By 2030, 25% of Singapore's resident population will be 65 years and older. Further, with 16.3% of the current older population having at least one chronic condition (e.g., hypertension/high blood pressure, diabetes, high cholesterol, arthritis, etc.) the prevalence of multimorbidity among older persons and its associated socioeconomic and disease burden will increase significantly (Low et al., 2019).

Studies conducted in Singapore, and especially among older persons, have underscored the critical role of lifestyle choices in determining health outcomes – smoking, poor diet, and low levels of physical activity are closely associated with multiple chronic conditions, poor medication adherence, and cognitive impairment in older persons (Chan et al., 2020; Health Promotion Board, 2022; Merchant et. al., 2017). In other studies, issues such as poor medical adherence and overconsumption of health/medical services have been observed among older persons and linked to a lack of disease understanding, medication side effects, forgetfulness, and low digital literacy (Lee et al., 2017; Mukhtar et al., 2014). Additionally, above and beyond lifestyle factors, the social determinants of health, such as low income, low education, and poor living conditions, as highlighted in the study by Wee et al. (2019) exacerbate the challenges of chronic illness and medical adherence among older persons.

Tan et al.'s (2021) review found that higher self-efficacy is generally associated with better engagement in self-care behaviours, such as medication adherence, physical activity, and dietary changes. The review suggests that enhancing self-efficacy could potentially improve self-care behaviours in hypertensive patients/clients, but it also highlights the need for more well-designed studies to explore this relationship further.

Findings across various local studies suggest that healthcare interventions seeking to engage older persons and improve their health outcomes need to pay close attention to the interplay between healthcare systems, the social determinants of health, lifestyle factors and management of chronic illnesses in Singapore's older population.

2 CONSTRUCTING ARCHETYPES AROUND DIVERSE NEEDS AND MOTIVATIONAL STAGES

2.1 Archetypes of Patient/Client's Motivational Stages





Older persons are not a homogeneous patient/client group. Our community nurse collaborators, referred henceforth in this brief as “CNCs”, highlighted that older persons are unique, have distinct needs and diverse motivations. Therefore, healthcare providers working with older persons to effect behavioural, or lifestyle changes and transform personal motivations, need to recognize, and validate their individuality. The challenge for local healthcare providers, however, is in finding the sweet spot between efficient (e.g., one-size-fits-all approach) and personalized health coaching intervention given limited resources (e.g., time and manpower) for patient engagement.

We conducted a design-thinking workshop with CNCs in 2019. During the 8-hour workshop, CNCs actively engaged in analysing and discussing case studies from their experiences with older patients/clients in the community. This collaborative effort was aimed at identifying distinct characteristics of various “motivation stages” related to patients/clients’ readiness for self-managing their health, their understanding of health issues, and their health-seeking behaviours. The CNCs also focused on developing tailored strategies for health coaching, examining the most effective approaches and topics to address with patients/clients at each identified motivation stage, thereby enhancing the effectiveness of their interventions during home visits.

To achieve the sweet spot of efficiency and personalization for patient engagement given resource constraints, CNCs came up with the use of emoticons for effective recall and to gauge their patients/clients’ level or stages of motivation in managing their health during home visits. This technique aligns with the Transtheoretical Model Stages of Health Behaviour Change that details the different stages of change, i.e., precontemplation, contemplation, preparation, action, and maintenance (Petrocelli, 2002; Prochaska & Velicer, 1997). The innovative practice of using emoticons as a heuristic device, as reported by CNCs, has not only enhanced patient engagement but also improved the goal-setting process, ensuring a more tailored and empathetic approach to encouraging health behaviour change.

Table 1 summarizes four different stages of patient motivation for health behaviour change and intervention focus based on extrapolated data from the design-thinking workshop we facilitated with CNCs. Older patients/clients were categorized into four distinct stages indicating readiness to change. Stages range from disengagement (Stage 1) to active maintenance of behaviour change (Stage 4). For each stage, we outline specific focus areas for healthcare professionals to scaffold their health coaching or behavioural change interventions. The focus areas suggest empathetic and strategic interactions like building confidence, sharing medical knowledge, and collaborating on goal setting.

Table 1. Patient Healthcare Motivational Stages and Corresponding Intervention Focus

	Common Characteristics (Patient Healthcare Motivation)	What Healthcare Professionals should focus on (Intervention)
Stage 1 	<ul style="list-style-type: none"> • Disinterested and disengaged • Overwhelmed by any or all health information • Prefers to be told what to do – uninterested in self-management • Not ready for any lifestyle changes 	<ul style="list-style-type: none"> • “Give love” • Build confidence in self-management • Explore patient/client’s understanding of their health condition and fill in knowledge gaps • Create awareness of how lifestyle choices affect health
Stage 2 	<ul style="list-style-type: none"> • Beginning to be aware of their health issues • Struggling to understand new health information • Understands need for a lifestyle change • In the considering stages for lifestyle changes 	<ul style="list-style-type: none"> • Share basic medical knowledge • Explore willingness towards change • Encourage new goals
Stage 3 	<ul style="list-style-type: none"> • Understands how their behaviour/lifestyle affects their health • Prepared to make lifestyle changes • Unsure how to proceed with lifestyle changes 	<ul style="list-style-type: none"> • Collaborate with patient/client to develop specific goals and plan • Regular check-ins to monitor progress with changes • Provide continuous affirmation, encouragement, and support
Stage 4 	<ul style="list-style-type: none"> • Already took steps to make lifestyle changes • May need additional support in terms of maintaining new lifestyle changes in times of adversity 	<ul style="list-style-type: none"> • Explore potential adverse situations • Focus on preparedness towards maintaining changes in adverse situations

The next sub-sections provide a detailed exploration of each stage and corresponding healthcare focus. These insights drew upon collaborative feedback from CNCs and offer nuanced insights into effective patient engagement or health coaching of older persons as they age-in-place in the community.

2.1.1 MOTIVATIONAL STAGE 1

In Motivational Stage 1, patients/clients have been observed to be disinterested and disengaged when speaking to healthcare professionals. Most of these patients/clients have been diagnosed with multiple chronic illnesses and would become overwhelmed by any or all health information provided to them by multiple healthcare professionals (especially when they are seeing multiple doctors). Because of the overwhelming information from different sources, they would “shut down” and prefer to be told what to do but may not necessarily be adherent or self-efficacious. This passivity makes self-management of health even more daunting given the complications that could arise from their multiple chronic conditions. As a result, patients/clients at this stage may not necessarily be ready for any lifestyle or behavioural changes.

When working with patients/clients in Stage 1, healthcare professionals need to prioritise understanding about their patients/clients’ readiness for change. CNCs shared that many patients/clients at this stage might not yet have recognized the need for change, thus were not committed to taking action. Working with the CNCs, we came up with four areas that healthcare professionals must focus on when engaging with these patients/clients.

2.1.1.1 *Give Love and Build Confidence*

CNCs described “giving love” as a strategy to build rapport, and express support and encouragement without articulating expectations or imposing pressure for change. It is about recognizing and validating the efforts a patient/client has made, no matter how small these might be. For example, if a patient/client has reduced the number of cigarettes smoked each day, this positive step is acknowledged, validating their progress, and reinforcing that their health matters. Similarly, consistent attendance at follow-up appointments can be praised as a sign of their dedication to managing their health.

To bolster confidence, healthcare professionals should aim to affirm the patient/client’s ability to effectively manage their health. This involves acknowledging and celebrating any progress they have made (e.g., when patient/client demonstrates consistency in measuring their blood pressure at home) and providing positive reinforcement. This strategy removes pressure from the patient/client and instead focuses on their successes, which becomes particularly important to progress to Motivation Stage 2 and onwards, where setting realistic and attainable goals becomes relevant.

2.1.1.2 *Explore*

In professional healthcare settings, it is essential to engage patient/clients in in-depth discussions to gain an understanding of their perspectives and health experiences. Healthcare professionals could ask open-ended questions, which engages the patient/client in examining healthcare concerns deemed important to them and explore knowledge gaps. Knowing what the patient/client understands and wants to focus on or find out more about, is crucial in personalising health coaching.

2.1.1.3 *Create Awareness*

Creating awareness in health coaching is a delicate process of bridging knowledge gaps without rushing patients/clients towards change. After identifying what matters to patients/clients, healthcare professionals can facilitate discussions that highlight how certain lifestyle choices impact health, using tools like visual aids to make the information relatable. For instance, explaining the effects of diet on blood sugar to diabetic patients/clients. The aim is to help patients/clients understand the significance of their positive health actions, such as daily blood pressure taking/recording, by providing clear explanations and linking these actions to their overall well-being. Another common knowledge gap at this stage is when a patient/client shows uncertainty about the necessity of a specific medication. The healthcare professional can provide a clearer explanation about the purpose of taking the specific medication, treatment benefits and side effects and its significance in contributing to the patient/client's health condition. This approach not only clarifies the patient/client's understanding but also enhances their engagement and cooperation in the treatment process.

Throughout these interactions, the essence is patient/client-centred communication, which entails attentively listening to the patient/client's concerns, empathizing with their perspective, and gently steering them towards healthier choices in a supportive and non-judgmental way. Healthcare professionals are encouraged to leverage existing support systems and reflect on how best to utilize these resources. Additionally, emphasizing the patient/client's interests or current positive behaviours can be an effective strategy to positively influence their health behaviours. This approach not only respects the patient/client's autonomy but also fosters two-way (rather than a top-down and instructional) communication, a sense of trust and empowerment, and encourages a more informed perspective, leading to openness towards making beneficial lifestyle adjustments at their own pace.

2.1.2 MOTIVATIONAL STAGE 2

In Motivational Stage 2, patients/clients are beginning to acknowledge their health issues but often grapple with processing and/or understanding new health information and the implications of existing lifestyle choices on their health. There is awareness of the need to modify lifestyle behaviours, but patients/clients are not yet committed to transformative actions, despite demonstrating some level of consideration towards making such goals.

At this stage, health coaching strategies should shift toward aiding patients/clients in bridging the gap between awareness and action. Firstly, using clear, non-technical language and visual aids and simplifying complex medical information would be critical in enhancing patient/client understanding. Co-setting of realistic and achievable patient/client-driven goals is also crucial, as it fosters a sense of ownership and commitment to change. At Stage 2, healthcare professionals would begin to address patients/clients' ambivalence towards change and trying to understand reasons behind the dissonance from awareness to action.

For this group, interventions include empathetic communication techniques like open-ended questions and reflective listening, which can help further uncover and resolve mixed feelings about change. Building the patient/client's confidence by acknowledging and celebrating small victories is essential for sustaining motivation. Lastly, showing genuine empathy and support strengthens the patient/client-provider relationship, which is vital for encouraging ongoing patient/client engagement and readiness for change. This flexible, patient/client-centred approach is key to successfully navigating this stage of health coaching.

2.1.2.1 *Share Basic Medical Knowledge*

At Stage 2, the goal is to bridge gaps in patients/clients' health literacy or medical knowledge with potential lifestyle changes. Healthcare professionals, building on the foundations laid in Stage 1 (Section 2.1.1.3), delve deeper into illustrating how specific health behaviours, like diet affect conditions such as diabetes. Visual tools such as the "plate model" can be used to demonstrate balanced portion sizes and appropriate food groups for a diabetic-friendly diet. This stage is more action-oriented, encouraging patients/clients to not only understand their health condition but also to see how modifying their lifestyle can directly benefit their health management.

2.1.2.2 *Explore Willingness Towards Making Lifestyle Changes*

To assess Stage 2 patient/client's readiness for lifestyle changes, healthcare professionals need to go deeper and extrapolate individual motivations and barriers through thoughtful, open-ended questions. This approach allows for a personalized understanding of each patient/client's unique circumstances and readiness to embrace change. For instance, healthcare professionals might ask open-ended questions like, "What changes do you feel ready to make?" or "What might make it difficult for you to change your diet?". If dietary change is a challenge due to cultural or familial preferences, more specific suggestions such as substituting to healthier ingredients and cooking techniques can be offered.

Beyond this, the ‘Decisional Balance Exercise’ can be utilized to encourage patients/clients to introspectively weigh the benefits and drawbacks of their current lifestyle choices (Miller & Rose, 2015). The Decisional Balance Exercise is designed to help patients/clients evaluate the pros and cons of changing specific behaviours by listing the advantages and disadvantages of maintaining their current behaviour vs making a change. For example, in the context of diet modification, a patient/client would consider the benefits (like improved health) and drawbacks (such as giving up favourite foods) of changing their eating habits. This helps patients/clients visualise the impact of their choices, enhance clarity in making decisions and resolve ambivalences. As part of the exercise, healthcare professionals can utilise the Readiness to Change scale (see Appendix 10.2) as a visual tool to ask patients/clients to rate their readiness to change. This reflective exercise is crucial in helping patients/clients resolve any ambivalence they might have, fostering a sense of empowerment in making informed and self-driven decisions about their health and well-being.

2.1.2.3 Encourage New Goals

Encouraging patients/clients to set new healthcare goals is vital. If a patient/client acknowledges the need to exercise more, the healthcare professional can guide them to set achievable and sustainable goals, like walking for 15 minutes a day, and gradually increasing the duration. Real-life examples include working with the patient/client to identify convenient times for walking and tracking their progress through a diary or a mobile app. The role of health coaches is to guide, support, and empower patients/clients, helping them to move towards a healthier lifestyle in a way that respects and affirms their values and preferences.

2.1.3 MOTIVATIONAL STAGE 3

Motivational Stage 3 is the pivotal stage where patients/clients can understand the impact of their lifestyle choices on their health and are ready for change. However, they are uncertain about how to implement these changes effectively. Healthcare professionals are crucial in guiding patients/clients through this transition. This involves providing clear, practical steps – simplifying larger health goals into smaller, manageable tasks. Tailoring advice and care plans to each patient/client's specific health condition and daily life is crucial, ensuring that recommendations are not only relevant but also achievable and sustainable. The focus is on equipping patients/clients with the necessary skills and tools for managing their condition – for example, regular monitoring of blood sugar levels or finding ways to incorporate physical activity into their routine.

The second essential element of health coaching at this stage is providing support and accountability. Regular follow-ups are important to assess progress, address challenges, and maintain the momentum of change. Healthcare professionals can create a supportive environment where patients/clients feel comfortable sharing both their successes and setbacks. Empowering patients/clients is another key aspect, encouraging them to take an active role in their health journey. Patients should be involved in decision-making processes that affirm their capacity for change, including the independent ability to make informed choices about their own healthcare. Through this multifaceted approach, professionals can effectively assist patients/clients in making and sustaining meaningful lifestyle changes, ultimately leading to improved health outcomes.

2.1.3.1 *Develop Condition-Specific Goals with Patients/Clients*

At stage 3, patients/clients are generally more informed about their desired focus areas for lifestyle changes. At this juncture, healthcare professionals collaboratively work with patients/clients to set specific, achievable goals related to their health conditions. Building on the readiness to change assessed in Stage 2, this stage involves a deeper discussion of the patient/client's health issues and the development of tailored objectives. For instance, the goal for a patient/client with hypertension might be reducing salt intake. The healthcare professional can assist by identifying high-sodium foods and suggesting healthier alternatives. It is crucial at this stage that goals are practical, and that progress can be tracked and aligned with the patient/client's lifestyle and decisions.

2.1.3.2 *Maintain Improved Health Behaviours*

Once patients/clients have initiated behavioural changes, the next step is to maintain these improvements. Regular check-ins are essential to monitor progress and address any challenges. For instance, a patient/client who has started exercising might benefit from periodic meetings to discuss their routine, address difficulties faced, and explore ways to overcome these challenges. The healthcare professional can offer tips for staying motivated, such as joining a walking group or tracking progress with a fitness app. These real-life strategies help reinforce the new behaviours and integrate them into the patient/client's daily routine.

2.1.3.3 Provide Affirmation, Encouragement and Support

Affirmation, encouragement, and support are vital for patients/clients in this stage. Recognizing and praising their efforts and achievements, no matter how small, can significantly boost their morale and motivation. For example, congratulating a patient/client for consistently taking their medication or for losing weight can reinforce their commitment to their health goals. Regular encouragement helps maintain momentum, while support in terms of peer groups ensures they acquire diverse resources to succeed. Overall, at Motivational Stage 3, the focus is on working collaboratively with the patient/client to set realistic goals, maintaining the positive changes they have started, and providing ongoing support and encouragement to solidify these health behaviours.

2.1.4 MOTIVATIONAL STAGE 4

In Motivational Stage 4, patients/clients have already initiated lifestyle changes and are actively working to manage and maintain their health conditions. CNCs observe that Stage 4 patients/clients are generally more aware of their health needs and have started integrating recommended practices into their daily routines. However, the key challenge for patients/clients at this stage is maintaining new routines and habits, especially in the face of adversity or stressors.

2.1.4.1 *Focus on Maintenance and Preparedness Towards Overcoming Adverse Situations*

At Stage 4, the primary goal of health coaching is to empower patients/clients to stay the course and prepare them in anticipation of potential stressors or setbacks. Health coaches can engage in regular, open-ended conversations to identify obstacles to patients/clients' progress. Examples of such questions include: "How do you feel your progress is going?" or "What do you find most challenging about maintaining these changes?" Regular follow-ups and check-ins are crucial for ongoing support and can be scheduled through calls or WhatsApp messages based on the patient/client's preference. With continuous engagement, patients/clients may feel supported in sustaining health improvements and commit to their long-term health goals.

2.1.5 FLUIDITY IN MOTIVATIONAL STAGES

Healthcare professionals should recognize the fluidity of motivational stages. It is crucial to understand that patients/clients can shift between stages, such as reverting from Stage 4 to Stage 2 when facing adversity. Therefore, during each follow-up, reassessment is key to understanding the patient/client's current stage. This awareness allows healthcare professionals to adapt their approach, utilizing tools from the relevant stage to meet the patient/client where they currently are. For example, if a patient/client regresses to Stage 2, the strategies from that stage can be employed to gradually guide them back to Stage 4, ensuring a flexible and responsive approach to each patient/client's unique journey.

3 BASIC CONCEPTS OF MOTIVATIONAL INTERVIEWING (WHAT IS MI?)

The previous section details four different patient/client archetypes and their corresponding motivational stages 1-4 with each stage informing appropriate goals for health coaching interventions. In this section and the next, we introduce, define and elaborate on the processes of motivational interviewing (MI) as an important technique in health coaching, prioritizing conversations as a tool for fostering behavioural change.

3.1 Definition of Motivational Interviewing

Central to motivational interviewing is the concept of self-efficacy, which significantly influences patients/clients' management of chronic diseases. Self-efficacy refers to one's ability to accomplish specific tasks and determines how individuals approach challenges and goals. In the context of health, self-efficacy directly impacts patients/clients' confidence in managing their health conditions, including adhering to treatment regimens and making lifestyle changes (Dinh & Bonner, 2023). This belief system is a key driver in the effectiveness of motivational interviewing, as it empowers patients/clients to take active roles in their healthcare. Enhanced self-efficacy, facilitated by motivational interviewing, correlates positively with improved chronic disease self-management, leading to better health outcomes (Dinh & Bonner, 2023).

Motivational interviewing is a counselling approach that uniquely combines patient/client-centred care with a multi-stage, sequential model. Rooted in psychological theories, particularly cognitive dissonance, motivational interviewing focuses on enhancing individual motivation for behavioural change. Developed by Miller and Rollnick (2012), it emphasizes a collaborative, empathetic, and respectful approach. Motivational interviewing assists patients/clients in recognizing and resolving the conflict between their current behaviours and personal beliefs, aspirations, or desires, thereby fostering a more profound commitment to change (Petrocelli, 2002).

3.2 Key Processes of Motivational Interviewing

In practicing motivational interviewing, the healthcare professional adopts a guiding style. This approach is more directive than merely following the patient/client's lead but less directive than taking full control. It is empathetic, aimed at understanding the patient/client's perspective, and facilitating patient/client's impetus for change. Crucially, motivational interviewing involves four key processes: engaging, focusing, evoking, and planning.

Engaging refers to the process of establishing a trusting relationship with the patient/client. It involves active listening and creating a comfortable environment where patients/clients feel heard and understood.

Focusing is about identifying and clarifying the particular area or behaviour that needs change. It is a collaborative process where both professional and patient/client agree on the change goals.

Evoking entails drawing out the patient/client's own reasons for change. It involves understanding their motivations and desires and reinforcing their reasons and ability to change.

Finally, **planning** encompasses formulating a strategy for change. This involves setting specific, achievable goals and developing a step-by-step plan to reach these goals.

These four processes form the backbone of motivational interviewing techniques, guiding the interaction between healthcare professionals and patients in a way that respects patient/client autonomy and fosters self-motivation and agency for change. Each process plays a crucial role in ensuring that health coaching is not only effective but also aligns patient/clients' behaviours and lifestyles with their values, beliefs, and aspirations.

3.3 Guiding Principles of Motivational Interviewing (RULE)

Each of these principles plays a crucial role in guiding the motivational interviewing process, ensuring that it remains patient/client-centred, collaborative, and effective in facilitating behaviour change.

Resist the Righting Reflex: This principle focuses on avoiding the urge to correct or 'fix' the patient/client's problems. Instead, the healthcare professional works collaboratively, respecting the patient/client's autonomy and perspective.

Understand the Patient's Own Motivations: Rather than imposing external motivations, this principle involves exploring and eliciting the patient/client's internal motivations for change. It is about understanding what personally drives the patient to consider change.

Listen with Empathy: Empathetic listening is central to motivational interviewing. It involves actively listening to the patient, understanding their feelings and perspective, and reflecting this understanding back to them, which helps build rapport and trust.

Empower the Patient: Empowerment is about fostering a sense of self-efficacy in the patient. It is about helping them recognize their ability to make changes and supporting them in taking charge of their health decisions.

3.4 The Spirit of Motivational Interviewing: Collaborative, Evocative, Respectful of Patient/Client Autonomy

The spirit of motivational interviewing is characterized by three key elements: (i) collaboration, (ii) evocation, and (iii) respect for patient/client's autonomy and provision of informational support about health and care needs. Above all, healthcare providers should involve patients/clients in health and intervention decisions at all times and enable them to enact and sustain change in behaviours and lifestyles.

- (i) **Collaboration:** Collaboration is about partnering with the patient/client. It differs from the traditional medical model where the healthcare professional is the expert, and the patient/client is the recipient of their knowledge. In motivational interviewing, the professional and patient/client work together as partners to enable change
- (ii) **Evocation:** Motivational interviewing involves evoking the patient/client's own motivations and reasons for change. Instead of telling patients/clients why they should change, professionals help them articulate their own reasons for wanting to change. This approach recognizes that the true power for change comes from within the patient/client, not from outside.

- (iii) **Respect for Patient/Client Autonomy:** Motivational interviewing acknowledges and honours the patient/client's right to autonomy and self-determination. The approach accepts that patients/clients have the freedom to choose their own path and respects their capability for making informed decisions about their own lives.

Motivational interviewing is more than just a set of techniques; it is an approach defined by a respectful and empathetic partnership between the professional and patient/client, focusing on enhancing intrinsic motivation and commitment to change.

3.5 Core Skills (OARS)

Listed below are the fundamental skills used in motivational interviewing.

O pen-ended questions	<ul style="list-style-type: none"> • Questions that cannot be answered with a simple 'yes' or 'no'. • Open-ended questions encourage detailed responses and exploration of thoughts and feelings. <p>Example "What are some of the challenges you face with taking medications?" "What is stopping you from making some of these changes?" "What do you think will happen if you are unable to manage your high cholesterol?"</p>
A ffirmations	<ul style="list-style-type: none"> • Positive statements that acknowledge the patient/client's strengths, efforts, and/or successes. • These statements can enhance their confidence, especially when things aren't going as planned. <p>Example Successful changes: "I really admire how you've adjusted your eating habits to manage your diabetes. It shows <i>great commitment</i> and <i>understanding of your health needs</i>. Changing one's diet isn't easy, and you've done a good job in taking these positive steps towards your well-being." Unsuccessful changes: "It's really commendable that you are trying to make changes to your diet for your diabetes management. Remember, it's normal to face challenges along this journey. The important thing is that you are aware of the need for change and are making efforts to improve your health. Every small step you take is valuable and brings you closer to your goal."</p>

Reflective listening	<ul style="list-style-type: none"> • Carefully listening to what the patient/client says and then reflecting or paraphrasing it back to them. • Reflective listening shows understanding and encourages patients/clients to continue exploring their thoughts and feelings. <p>Example</p> <p>Patient/Client: "I've been trying to change my diet because of my diabetes, but it's really hard. I miss eating my favourite foods, and sometimes I just give in."</p> <p>Nurse: "It sounds like you're finding the diet change quite challenging, especially missing the foods you love. It must be tough to resist those cravings."</p> <p>Patient/Client: "Exactly. And my family doesn't really understand. They keep bringing home sweets and snacks that I shouldn't eat."</p> <p>Nurse: "So you're feeling unsupported by your family in this change. It's like you're facing an extra hurdle with those temptations around."</p> <p>Patient/Client: "Yes, that's it. I wish they would understand how hard this is for me."</p> <p>Nurse: "You wish for more understanding and support from your family to help you manage your diabetes better."</p>
Summarising	<ul style="list-style-type: none"> • Gathers important elements of the conversation and key points you want to focus on. • Ensures that the patient/client's concerns and feelings are accurately understood. • Helps in clarifying the patient/client's situation and sets a foundation for further discussion or planning. <p>Example</p> <p>"Let me summarise what we've discussed to make sure I've understood everything correctly. You've been working hard to change your diet because of your diabetes, but it's been a challenging process for you. You miss your favourite foods and sometimes find it hard to resist them, especially when your family brings home sweets and snacks. You're looking for more understanding and support from your family to help you stick to your dietary changes. Does that cover everything we talked about?"</p>

3.6 Looking Out for Client/Patient's Change Talk (WHOO)

Change talk is a core concept in motivational interviewing, reflecting a patient/client's verbal cue that signals consideration of, or commitment to, behavioural change. These cues are important as they signal the patient/client's readiness to move away from indecision and towards action. Change talk can be categorised into several types, each representing a different aspect of the client's readiness to change:

W hat is my problem?	What is my problem? (Problem Recognition) In motivational interviewing, recognizing the problem is a pivotal moment. It's when a patient/client acknowledges an issue—like unhealthy eating impacting their cholesterol negatively. This awareness is the first step toward change. Listen for patient/client's reasons for change (e.g., "I need to improve my health for my family.")
H ow can I change?	How can I change? (Concern) The expression of concern reflects a client's worry about their current situation and a desire to change, signifying an openness to consider different behaviours. Listen for patient/client's desire to change (e.g., "I want to feel healthier.").
O h NO!	Oh no! (Intent to Change) Statements of intent to change indicate a client's realization of the urgency or necessity to alter their behaviour to avoid negative outcomes, such as health complications leading to hospitalization. Listen for patient/client's need to change (e.g., "I must lower my sugar intake.")
O h YES!	Oh yes! (Optimism) Optimism in change talk denotes the patient/client's confidence and readiness to take actionable steps. It is a positive sign that patients/clients believe in their ability to manage and improve their behaviours, such as adopting healthier eating habits. Listen for patient/client's ability and commitment to change <ul style="list-style-type: none"> • Ability: e.g., "I can start walking every day." • Commitment: e.g., "I will reduce my smoking starting today."

To gently assess a patient/client's readiness for change, healthcare professionals can employ a readiness scale. They might ask, "On a scale from 1 to 10, how ready do you feel to make this change?" This approach provides a way for patients/clients to express their commitment level in a supportive and non-confrontational manner.

Recognizing and responding to change talk is fundamental in motivational interviewing, as it allows the healthcare professional to support and guide the patient/client in strengthening their motivation and commitment towards making healthy changes.

4 APPLYING MOTIVATIONAL INTERVIEWING IN HEALTH EDUCATION AND COACHING (HOW TO MI)

Applying motivational interviewing in Health Education and Coaching, especially for older adults and those managing chronic health conditions, requires a nuanced approach. Motivational interviewing can be effectively used in the following contexts:

Adapting Motivational Interviewing for Older Adults: Tailoring motivational interviewing for older adults involves considering age-related cognitive, sensory, and psychological changes. This might mean speaking more slowly, using simpler language, or ensuring that written materials are in larger print. It is also important to be sensitive to the emotional aspects that older adults might be facing, like a sense of loss of independence or fears about their health. Practitioners should exercise empathy and respect to build trust and rapport.

Strategies for Lifestyle Changes: When addressing lifestyle changes, motivational interviewing can be particularly effective in setting achievable goals related to diet and exercise. This involves collaborating with the patient/client to set realistic and specific goals that are tailored to their abilities and interests. For example, instead of a general goal like “exercise more,” a specific goal could be “walk for 15 minutes every other day.” The key is to evoke from the patients/clients their own motivations and barriers to these changes and work collaboratively to find solutions.

Techniques for Improving Medical Adherence: Improving medical adherence through motivational interviewing entails understanding the barriers that prevent a patient/client from following medical advice. These barriers could be forgetfulness, misunderstanding about the medication, or perceived side effects. The motivational interviewing approach would involve open-ended questions to explore these barriers, reflective listening to show understanding, and then collaboratively working on solutions, such as setting reminders or discussing concerns with a pharmacist or healthcare professional.

Approaches to Improve Health Literacy: Enhancing health literacy is crucial for effective health education and coaching. This can be achieved by presenting clear, straightforward health information and checking understanding using the teach-back method, where the patient/client repeats back the information in their own words. This ensures that the patient/client has understood the health information correctly and can apply it effectively.

In all these aspects, the core of motivational interviewing — empathy, collaboration, and respect for the patient/client’s autonomy — remains central. By applying these principles, healthcare professionals can effectively support and empower patients/clients to effect change and make informed decisions about their health and lifestyle.

5 FACTORS SHAPING COLLABORATION

In motivational interviewing, it is crucial to acknowledge that patients/clients are the experts on their own lives and health. The role of healthcare professionals is to guide and support them in exploring and resolving ambivalence about change. This perspective shapes collaboration at all levels:

1. Resistance and Ambivalence Among Older Adults:

- Older adults may express resistance or ambivalence to new ideas and/or suggestions that may stem from deep-rooted habits or fear of change.
- Healthcare professionals can use strategies like empathetic listening, reflective listening, and Decisional Balance Exercises. This is to guide rather than instruct patients/clients as older adults are the best judges of what changes are realistic and sustainable for them.

2. Cultural and Language Barriers:

- Be aware that cultural and linguistic differences can significantly impact understanding and communication.
- Strategies may include employing interpreters (if unable to have a healthcare professional that speaks the same language) and demonstrating cultural sensitivity. It is vital to recognize that patients/clients' cultural backgrounds are one of the factors that influence health beliefs and practices. Healthcare professionals could find greater success by adapting their approach that fits within these cultural contexts.

3. Cognitive and Physical Impairments:

- Patients/Clients with impairments require a tailored approach.
- This might include simplifying messages, using visual aids, and ensuring a comfortable and accessible environment for discussions. Acknowledging patient/client's expertise about their own capabilities and limitations is key.

Good practice in motivational interviewing is grounded in the ability to truly listen and engage with the patient/client, understanding their perspective, and fostering a relationship that encourages change. In all these scenarios, the healthcare professional's role is to facilitate a conversation where the patient/client feels heard, respected, and empowered to make their own health decisions. This approach fosters a collaborative relationship, where patients/clients are more likely to engage actively in managing their health, thus making these changes more sustainable.

Healthcare professionals need to be knowledgeable about their practice area, aware of their own limitations, and respectful of the patient/client's experiences. They must acknowledge the patient/client's role in managing their condition, emphasizing that the patient/client is an active participant in their care. Above all, ethical conduct is non-negotiable, ensuring that the patient/client's welfare is always the primary concern.

6 CASE STUDIES

6.1 Case study of a Stage 1 Patient/Client– Building Motivation

Mr. Tan¹ is a 68-year-old retired schoolteacher who lives with his wife. He has recently been diagnosed with Type 2 Diabetes and Hypertension but has shown reluctance to alter his current lifestyle which includes a diet high in carbohydrates and low physical activity. His poor health management and medical adherence had resulted in his first hospital admission. Upon discharge, Mr. Tan was enrolled in a transitional hospital-to-home programme that allows for two home visits.

Home Visit 1: Giving Love & Building Confidence

During the first home visit, the community nurse, Sarah, focuses on building rapport with Mr. Tan. She listens to his concerns about his new diagnosis and what it means for his lifestyle. Sarah acknowledges his feelings and respects his wish to maintain the status quo but at the same time also asserts that change can be gradual. She praises Mr. Tan for his dedication to education and suggests that managing his health could be another area where he can apply his commitment to discipline and learning.

Sarah notices that Mr. Tan takes pride in his garden. She uses this as an opportunity to connect his gardening to regular physical activity, suggesting that time spent caring for his plants can contribute to his exercise goals. She sets a small, achievable target for Mr. Tan to monitor his blood sugar levels before and after gardening to see the impact of activity on his health.

Sarah: “Good morning, Mr. Tan. How’s everything since you got back from hospital? Okay or not?”

Mr. Tan: “Morning, Sarah. Okay lah, but quite stressful. So many things to change, don’t know start from where.”

Sarah: “I get it, can be quite overwhelming. But you know, like how you were committed to your teaching, maybe can use some of that spirit for your health also? Slowly, slowly, no need to rush.”

Mr. Tan: “I suppose can try a bit. But not sure how effective.”

Sarah: “I see you have a nice garden. Gardening is good exercise, you know? How about monitoring your blood sugar before and after gardening? Can be a good start.”

Mr. Tan: “Ah, that one can do. I quite like gardening.”

¹All names mentioned in this brief are pseudonyms.

Home Visit 2: Creating Awareness & Explore Patient/Client's Understanding

On the next home visit, Sarah brings a chart showing the impact of diet on blood sugar levels. She discusses with Mr. Tan how certain foods can affect his diabetes and hypertension. Together, they review his typical meals and identify one dietary change he feels confident about making, like substituting brown rice for white rice.

Sarah asks Mr. Tan to express his understanding of diabetes and hypertension. She listens attentively and corrects misconceptions, ensuring Mr. Tan feels heard. When he reveals his worry about medication side effects, Sarah explains their purpose and how they work, alleviating his concerns by providing clear and concise information.

Sarah: "Today I brought something to show you." [Shows chart] "This one shows how different food affects your diabetes and high blood pressure."

Mr. Tan: "Aiyo, never know eating can affect so much. Maybe I try changing my rice first?"

Sarah: "Good idea! How about try brown rice instead of white rice? Also, can tell me what you understand about your diabetes and high blood pressure?"

Mr. Tan: "I think must take medicine regularly but a bit scared of the side effects leh."

Sarah: "Good that you are thinking about your medicine. Let's talk more about these side effects and why your medicine is so important."

Outcome:

After two home visits and regular follow-ups via WhatsApp messages, Mr. Tan feels more equipped and motivated to take incremental steps towards managing his health. He has started a small vegetable garden, which increases his physical activity, and begins to modify his diet with the help of his wife. Sarah's empathetic approach ensures that Mr. Tan remains engaged and feels supported in his journey towards a healthier lifestyle.

6.2 Case study of a Stage 2 Patient/Client – Starting Anew

Mrs. Lim, a 65-year-old resident of Singapore, has been living with diabetes for many years. Despite her long-term condition, she has struggled with managing her health, leading to multiple hospital admissions. Her lifestyle is predominantly sedentary, with her main activities being preparing home-cooked meals, usually high in fat and sugar content, and going to the market. Mrs. Lim has yet to find effective ways to manage diabetes as part of her daily routine.

Home Visit 1: Addressing Health Management and Lifestyle Changes

During the first visit, Jane, the community nurse, discusses Mrs. Lim's history of diabetes and her frequent hospital admissions. Jane listens carefully to Mrs. Lim's experiences and daily routines, paying particular attention to her dietary habits. She understands that Mrs. Lim's passion is preparing home-cooked meals which worsen her diabetic condition. Jane gently introduces the idea of modifying Mrs. Lim's recipes to make them more diabetes-friendly, offering to provide simple and healthy alternatives. She emphasizes the importance of small, gradual changes rather than drastic alterations to her diet.

Jane: "Hello Mrs. Lim, how's everything? Can share a bit about your daily routine?"

Mrs. Lim: "Oh, hello Jane. Routine ah? Nothing special lah. Just stay at home, cook, go market, that kind of thing."

Jane: "Sounds like a nice and simple routine. What kind of dishes do you usually cook?"

Mrs. Lim: "The usual lor, sweet and sour pork², Peking duck³, General Tso chicken⁴. Family loves them."

Jane: "Those dishes sound yummy! But they can sometimes be quite rich in sugar and fat, right? How about we try something new? Maybe tweak the recipes a bit to make them healthier for your diabetes, but still keep the taste. Can try or not?"

Mrs. Lim: "Healthier versions ah? I am not sure, but maybe can try small changes. Like what, you suggest?"

Jane: "For sweet and sour pork, how about grilling the pork instead of frying? And maybe a little less sugar in the sauce. For Peking duck, we could try a lighter glaze and roast it to reduce the fat. And for General Tso's chicken, how about stir-frying instead of deep frying, and using less sugar in the sauce?"

²Sweet and sour pork is a dish that typically consists of deep-fried pork pieces coated in sweet and sour sauce usually made from sugar, ketchup, vinegar, and soy sauce.

³Peking Duck is specially prepared by inflating air between its skin and meat, marinating it with a mixture of spices and flavours, and then roasting it in an oven.

⁴General Tso chicken is a dish that consists of deep-fried chicken chunks coated in a sweet and spicy sauce and typically includes ingredients like soy sauce, rice vinegar, sugar, and chili peppers.

Mrs. Lim: “Ah, I see. Grilling and stir-frying ah? Sounds doable. I usually cook these dishes the traditional way, but maybe can start small.”

Jane: “Exactly, Mrs. Lim. It’s all about small steps. Keeping the flavours your family loves while making the dishes a bit healthier. Let’s try and see how it goes. We can adjust along the way.”

Mrs. Lim: “Okay lah, can try. My family must still like the taste though.”

Jane: “Definitely. The idea is to make these changes without losing the essence of what makes these dishes special. I’m here to help along the way!”

This conversation between Jane and Mrs. Lim showcases how small, practical suggestions can be introduced and discussed in a culturally sensitive way, encouraging Mrs. Lim to consider gradual changes towards a healthier diet.

Home Visit 2: Deepening Understanding and Encouraging Small Steps

In the second visit, Jane finds that Mrs. Lim has been hesitant to change her cooking habits, fearing the loss of flavours in her home-cooked meals. Jane works with Mrs. Lim to identify one or two recipes that they can modify together, showing her how to reduce sugar and unhealthy fats while preserving the essence of the dish. They also discuss the importance of portion control. Additionally, Jane encourages Mrs. Lim to add a bit more activity to her routine, suggesting that she could extend her market trips into longer walks.

Jane: “Hi Mrs. Lim! Last time we talked about trying healthier versions of your dishes. How was it?”

Mrs. Lim: “Tried a bit, but old habits die hard, you know. The new way not as shiok.”

Jane: “I understand, Mrs. Lim, change takes time. Maybe we can start with something simple, like reducing a bit of sugar or oil? And what about your market trips? Maybe can walk a bit more for exercise?”

Mrs. Lim: “Reduce sugar, maybe can lah. Walk more? Also can, good for health.”

Jane: “Great to hear that, Mrs. Lim! Small steps are the way to go. We’ll get there slowly but surely.”

By relating to her daily activities, Jane connects with Mrs. Lim in a manner that respects her need to prepare flavourful home-cooked meals while encouraging small, manageable changes in her routine that do not compromise on the taste or quality of those meals.

Outcome:

Over time, Mrs. Lim starts experimenting with the modified recipes and finds that the new versions of her dishes are both tasty and healthier. She slowly begins to see the importance of these dietary changes in managing her diabetes more effectively. The extended walks to and from the market also become a part of her routine, adding a bit of physical activity to her day. Jane’s empathetic and respectful approach helps Mrs. Lim feel supported in making these lifestyle adjustments, leading to a positive impact on her diabetes management and overall health.

6.3 Case study of a Stage 3 Patient/Client – Keeping up with Changes

Mr. Singh, a 68-year-old Indian gentleman in Singapore, works as a night-shift security guard. He has long-standing chronic kidney disease (CKD), diabetes mellitus (DM), and hypertension. He is a habitual smoker and often consumes nasi lemak⁵ and teh tarik⁶ after his night shifts, contributing to poor health management. This lifestyle, coupled with his demanding job, has led to multiple hospital admissions due to complications from his conditions.

Home Visit 1: Acknowledging Changes and Setting Goals

In this visit, Dr. Tan and Mr. Singh have a candid conversation about Mr. Singh's health habits and his readiness to make changes. Dr. Tan commends Mr. Singh for his effort to reduce smoking and discusses strategies to continue this trend. They talk about setting a goal to gradually reduce smoking further, with the long-term aim of quitting.

When the topic of diet comes up, Dr. Tan suggests healthier food choices to help manage Mr. Singh's diabetes and hypertension. However, Mr. Singh reveals that he is unable to cook. Recognizing this barrier, Dr. Tan proposes simple and practical dietary changes that don't require cooking skills and focus on achievable dietary changes that fit into Mr. Singh's lifestyle and capabilities.

Dr. Tan: "Good morning, Mr. Singh. How have you been feeling since our last chat?"

Mr. Singh: "Morning, Doctor. It's been okay, but quite a challenge with all these health issues. I've been thinking, I really need to do something about my smoking and eating habits."

Dr. Tan: "That's a great start, Mr. Singh. I'm glad to hear you're thinking about making changes. You mentioned smoking – how's that going?"

Mr. Singh: "Well, I've cut down a bit. From two packs a day to one and a half. But it's tough, lah."

Dr. Tan: "That's a good effort, Mr. Singh! Every little bit helps. And your diet – how's that?"

Mr. Singh: "Ah, the food part is hard. I don't cook much, you see. I usually grab nasi lemak⁵ and teh tarik⁶ after my shifts."

Dr. Tan: "I see. How about we try some simple changes? Like switching to whole grain bread or oats for breakfast? They're easy to prepare. We can also explore healthier takeaway options."

Mr. Singh: "That might work. I can try, but I'm not sure where to start."

Dr. Tan: "No worries, I can help with that. Let's focus on small, steady changes, and I'll connect you with a dietician for more guidance."

⁵Nasi lemak is a dish that typically consists of fragrant rice cooked in coconut milk, served with a variety of side dishes such as fried anchovies, peanuts, boiled egg, cucumber, and sambal (a spicy chili paste).

⁶Teh tarik, which translates to "pulled tea," is a popular hot milk tea beverage typically sweetened with condensed milk.

The visit concludes with Dr. Tan emphasizing the importance of small, steady changes and offers to connect Mr. Singh with a dietitian who can provide more guidance on making healthier food choices that suit his lifestyle and work routine. Mr. Singh leaves the session feeling understood and supported; with a clearer idea of the practical steps he can take towards improving his health.

Home Visit 2: Adjusting Habits and Enhancing Support

During the second home visit, Dr. Tan is keen to learn about Mr. Singh's progress. Mr. Singh has managed to further reduce his smoking, a significant achievement that Dr. Tan warmly acknowledges. However, Mr. Singh admits that he is finding it challenging to adjust his dietary habits, given his limited cooking skills and night-shift routine.

Dr. Tan: "Hello again, Mr. Singh. How have you been getting on with the smoking and diet changes?"

Mr. Singh: "Hey, Doctor. The smoking, I managed to cut down more. But changing my eating habits is still tough."

Dr. Tan: "Well done on the smoking! Every step counts. For your diet, have you tried any of the healthier options we talked about?"

Mr. Singh: "Tried a bit, but it's hard to find the time and the right food, especially with my night shifts."

Dr. Tan: "I understand. Maybe pre-packed salads or lean protein options might work. They're available at most food courts and are quite healthy."

Mr. Singh: "Sounds doable. I'll give it a shot. What about the smoking?"

Dr. Tan: "For smoking, have you thought about joining a support group? It could provide extra help and motivation."

Mr. Singh: "Hmm, never thought about that. Might be worth a try."

Dr. Tan: "Great! I'll get you some information on local groups. And remember, I'm here to support you every step of the way."

Dr. Tan listens empathetically and then suggests exploring convenient and healthy pre-made meal options, after determining that this is what Mr. Singh would like to focus on. They discuss selecting healthier items from food stalls, focusing on dishes that are lower in sodium and sugar. Acknowledging Mr. Singh's effort in smoking reduction, Dr. Tan provides suggestions for Mr. Singh to have a community of support and additional resources to help him continue his journey to quit smoking. Dr. Tan also provides Mr. Singh with a list of local health food options and markets where he can find these healthier alternatives, catering to his dietary needs.

Outcome:

Over the following weeks, Mr. Singh starts to try the healthier meal options and continues to cut down on smoking. His commitment to these dietary changes begins to positively impact the management of his diabetes and hypertension. Regular follow-ups with Dr. Tan ensure Mr. Singh feels supported and motivated to keep up with these lifestyle changes. Dr. Tan's consistent encouragement and practical advice significantly contribute to Mr. Singh's improved health management.

6.4 Case study of a Stage 4 Patient/Client– Weathering Future Storms

Mr. Singh, previously in Stage 3, has shown significant improvement in managing his chronic kidney disease (CKD), diabetes mellitus (DM), and hypertension. He has reduced his smoking and changed his eating habits, despite his demanding job as a night-shift security guard.

Home Visit 1: Reviewing Progress and Identifying Challenges

In the first visit at Stage 4, Dr. Tan is pleased to see Mr. Singh's progress. Mr. Singh shares how it would be difficult to maintain his lifestyle changes during the upcoming festive season.

Dr. Tan: “Good morning, Mr. Singh! It's great to see you again. How have you been managing with the changes we discussed last time?”

Mr. Singh: “Morning, Doctor! I've been sticking to the healthier meals and cut down more on my smoking. But I'm a bit worried about the upcoming festive season. It's always filled with lots of tempting food.”

Dr. Tan: “I'm really proud of the progress you've made, Mr. Singh. Let's talk about how we can navigate the festive season. Have you thought about any strategies to help you stick to your diet?”

Mr. Singh: “Not really sure, Doctor. It's hard when there's so much good food around.”

Dr. Tan: “How about we focus on portion control and choosing healthier alternatives? What kinds of food do you usually look forward to having? You can still enjoy the festivities without compromising your health goals.”

Dr. Tan acknowledges Mr. Singh's concerns, and they discuss strategies for maintaining his diet during the festive season. They plan for portion control and choosing healthier alternatives while still enjoying traditional dishes.

Home Visit 2: Strengthening Resilience Against Adversity

In the second visit, Dr. Tan addresses Mr. Singh's concern about maintaining his exercise routine during the rainy season. Dr. Tan suggests other alternatives that are manageable.

Dr. Tan: "Hello Mr. Singh, how did you manage during the festive season? Were you able to stick to the plan we discussed?"

Mr. Singh: "Hello, Doctor. Yes, I managed quite well with the portion control. Got so many good food but no alternative, so I just ate less. But now, with the rainy season, I'm finding it hard to keep up with my walking routine."

Dr. Tan: "That's great to hear about the festive season. For the rainy days, have you considered indoor activities like yoga or maybe joining a gym?"

Mr. Singh: "I haven't, but it sounds like a good idea. I think a gym might be too much for me and yoga class usually very expensive."

Dr. Tan: "Yoga could be a great alternative. It's low impact and can be very relaxing. I can help you find a local community centre where they offer classes."

Mr. Singh: "Usually a lot of ladies, I feel uncomfortable."

Dr. Tan: "What about walking indoors instead. You live next to the MRT station, and it's only one stop away from the Stadium – there's an indoor circuit and you can walk laps. Do you think it's convenient for you?"

Mr. Singh: "Actually, I didn't think about that. The whole way there sheltered, is it? Then okay, I think I can try that when it's raining."

Outcome:

Over the next few months, Mr. Singh successfully navigates the festive season with mindful eating. During rainy days, he takes the MRT to the Indoor Stadium and continues taking his walks, which helps him stay active. Regular follow-ups with Dr. Tan keep him motivated. Despite the challenges, Mr. Singh's commitment to his health goals remains strong, with Dr. Tan's continuous support playing a crucial role in his sustained health management.

7 APPLYING MOTIVATIONAL INTERVIEWING IN THE COMMUNITY: KEY CHALLENGES

The challenges identified in the research with CNCs conducting motivational interviewing in community settings in Singapore highlight several key areas:

7.1 Resistance and Ambivalence Among Older Adults

Many older patients/clients exhibit resistance or ambivalence towards change. This can stem from a variety of factors, including long-established habits, fear of change, or lack of understanding of the benefits. CNCs who have employed motivational interviewing techniques which are empathetic and patient/client-centred, recognize that behaviour change is a gradual process where the readiness to change vary from person to person.

Overcoming Resistance and Ambivalence:

- **Empathetic Approach:** Healthcare professionals can employ a more empathetic approach to better understand the causes of resistance or ambivalence in older adults. This includes active listening and validating their feelings and concerns.
- **Tailored Communication:** Adjusting the communication style to be more in line with older adults' personal values, life experiences, preferences and understanding level can help in reducing resistance.
- **Incremental Change:** Encourage small, manageable changes that gradually build towards larger goals.

7.2 Resistance Among Healthcare Professionals

There is noted resistance and tension among healthcare professionals themselves in adopting motivational interviewing techniques due to the perception of added time burden, especially when resources are already stretched thin. Many CNCs feel they already have a lot to accomplish during these visits and engaging in extensive conversations as required by motivational interviewing seems impractical.

Addressing Resistance Among Healthcare Professionals:

- **Training and Education:** Providing comprehensive training that highlights the efficacy of motivational interviewing in improving patient/client outcomes can help in reducing resistance among colleagues.
- **Demonstration of Effectiveness:** Sharing success stories and case studies where motivational interviewing has been effectively integrated into care can serve as a powerful tool to convince sceptical colleagues.
- **Resource Reallocation:** Advocate for organizational support to reallocate resources where they can best support motivational interviewing practices.

7.3 Misconception About Time Consumption

A significant misconception among CNCs is that motivational interviewing is time-consuming, particularly problematic when home visits are limited to 1-2 hours. This belief can hinder the integration of motivational interviewing into clinical/care practices. However, motivational interviewing doesn't necessarily require lengthy sessions; it's about making conversations more patient/client-centred and goal-oriented, even within a limited timeframe. Conversations may even take place during the administration of tests or therapies, and in-between tasks or activities.

Countering the Misconception About Time Consumption:

- **Efficiency Training:** Provide healthcare professionals with training on how to incorporate motivational interviewing within the time constraints of their visits. Training sessions can use scenario-based case studies to discuss how motivational interviewing can be efficiently incorporated into brief interactions, clarifying how motivational interviewing can still be effective without necessarily taking-up too much time.
- **Time Management Techniques:** Educating healthcare professionals on time management techniques during home visits can alleviate concerns about time constraints.

7.4 Limited Training and Supervision

The lack of sufficient training and ongoing supervision in motivational interviewing techniques can prevent healthcare professionals from effectively applying them. As patient/client profiles and their challenges vary, it takes time and effort to adapt to each new situation and truly understand every perspective and need.

Strategies for Enhancing Training and Supervision:

- **Focused Workshops:** Conduct targeted workshops that provide hands-on experience with motivational interviewing in different community settings.
- **Ongoing Professional Development:** Offer regular workshops and refresher courses to keep healthcare professionals updated on the latest motivational interviewing techniques and approaches.
- **Peer Mentoring Programs:** Pairing novice healthcare professionals with veteran users of motivational interviewing can facilitate on-the-job learning and provide a supportive learning environment.
- **Digital Support Networks:** Establishing a WhatsApp group chat for healthcare professionals allows them to share challenges, seek advice, and discuss strategies with their peers and mentors in real time. Create a dedicated instant messaging group where healthcare professionals can receive immediate consultation can help resolve urgent queries during patient/client visits.

7.5 Misrecognition of Patient/Client Needs and Misalignment of Goals

There can be a misrecognition of patient/client needs and a misalignment of goals between patients/clients and healthcare professionals. This gap can lead to ineffective care strategies and missed opportunities to genuinely engage patients/clients in their health management.

Bridging the Gap in Misrecognition of Patient/Client Needs and Misalignment of Goals:

- **Regular Feedback and Assessment:** Implementing regular feedback sessions between patients/clients and healthcare professionals can help in recognizing patient/client needs more accurately and aligning treatment goals accordingly. Building feedback mechanisms into the home visits and follow-ups are essential to alignment of goals.
- **Collaborative Goal Setting:** Involving patients/clients in the shared decision-making and goal-setting process ensures that their needs and expectations are being considered, leading to better alignment and more personalized care.

7.6 Language and Cultural Barriers

Differences in language and culture can create significant barriers to effective communication between healthcare professionals and patients/clients.

Strategies for Overcoming Communication Barriers:

- **Cultural Competence Training:** Equip healthcare professionals with cultural training and awareness to improve understanding and empathy.
- **Language Support Services:** Work with interpreters, community volunteers and translation services to ensure clear communication.

8 OUTCOME-BASED ASSESSMENT OF MOTIVATIONAL INTERVIEWING

The success of motivational interviewing is inherently linked to observable outcomes, particularly in behaviour change and health improvements. Therefore, assessing the effectiveness of motivational interviewing involves tracking and measuring these changes over time. But these outcomes may not be directly attributable to motivational interviewing interventions given the various determinants of behaviours including structural factors that may enable or inhibit change such as access to affordable and nutritious food, time-off from work and family responsibilities to exercise, and the role of social and family networks that could provide better support or more valuable affirmation for change.

8.1 Measuring Success in Motivational Interviewing

- **Behavioural Changes:** The most direct indicator of motivational interviewing's success is observable changes in patient/client behaviour. This includes increased physical activity, healthier eating habits, cessation of smoking, or reduced alcohol consumption. Regular check-ins and discussions about these behavioural changes can provide tangible evidence of MI's effectiveness.
- **Improved Health Outcomes:** Motivational interviewing aims to improve overall health outcomes. For example, in patients/clients with diabetes, effective motivational interviewing can lead to better blood glucose control as evidenced by HbA1c levels. Similarly, in hypertensive patients/clients, a successful motivational interviewing intervention might be reflected in reduced blood pressure readings. Tracking these health metrics over time can offer objective evidence of motivational interviewing's impact.
- **Patient/Client Self-Reporting:** Patient/Client perceptions of their progress are invaluable. Encouraging patients/clients to share their experiences and self-report changes in their health and well-being can provide insights into the subjective effectiveness of motivational interviewing. This might include their feelings of empowerment, control over their health conditions, or general satisfaction with the healthcare process.

8.2 Tools for Monitoring Lifestyle Changes and Medical Adherence

- **Patient/Client Diaries:** These are useful tools for patients/clients to record their daily habits, dietary intake, exercise routines, and medication adherence. Reviewing these diaries can help healthcare providers track progress and discuss areas of improvement.
- **Pill Counts:** This method involves counting the remaining medication to assess if the patient is taking their medicine as prescribed. It is a straightforward, although somewhat limited, way to measure adherence.
- **Biomarkers:** Clinical biomarkers offer objective data on physiological changes. For example, tracking cholesterol levels, blood pressure, or blood sugar levels can provide concrete evidence of the physical impact of lifestyle changes.

8.3 Evaluating Improvement in Health Literacy

- **Understanding and Application:** Evaluating health literacy is not just about whether patients/clients understand the health information provided but also if they can apply this knowledge in making decisions about their health. This might involve decision-making regarding medication, lifestyle choices, or managing chronic conditions.
- **Teach-Back Method:** This method involves asking patients/clients to repeat back the information in their own words. It is a practical way to assess understanding and ensures that the patient/client truly comprehends the health information provided.
- **Health Literacy Assessment Tools:** There are standardized tools and questionnaires designed to systematically evaluate a patient/client's health literacy. These tools can provide a more structured assessment of a patient/client's ability to understand and use health information.

9 CONCLUSION

Motivational interviewing stands out in patient-centred care paradigms due to its unique emphasis on collaborative conversation and resolving ambivalence. Unlike other approaches that may guide patients/clients towards predetermined health goals, motivational interviewing actively involves patients/clients in uncovering their own intrinsic motivations for change. This empowers patients/clients to lead the decision-making process, fostering a deeper sense of ownership and commitment to their health behaviours. Moreover, the focus of motivational interviewing on empathetic listening and personalized engagement helps in effectively addressing and overcoming resistance to change, making it a uniquely effective tool in fostering sustainable health behaviour changes. While implementing motivational interviewing may seem demanding in terms of time and effort, its flexibility allows for integration into the diverse and busy schedules of healthcare professionals, even in community settings.

Our study supports previous research that has demonstrated the positive impacts of motivational interviewing, from improving patient adherence to reducing unnecessary hospital admissions, and this brief provides a summary of motivational interviewing supported by case-studies that demonstrate how motivational interviewing techniques can be used during patient/client engagement sessions.

Incorporating motivational interviewing into practice, however, goes beyond understanding its principles. Continuous professional development is crucial, especially in the dynamic and complex world of healthcare. Healthcare professionals would need to embrace lifelong learning and regular self-reflection to refine their motivational interviewing skills. This involves critically evaluating each patient interaction, learning from experiences, and making necessary adjustments to improve motivational interviewing efficacy. While it requires time, effort, and resources, healthcare organizations could provide support for peer learning, resource sharing, training, and networking among users of motivational interviewing. Organisations could also incorporate motivational interviewing as part of regular work tasks and/or routines and develop appropriate mechanisms to build it into the work process. Peer support groups and supervision from experienced practitioners provide a structured support system, essential for guiding and refining the practice of motivational interviewing. Digital support networks, such as WhatsApp groups, offer ‘live’ helplines for real-time advice and support, ensuring healthcare professionals have access to immediate assistance. The integration of these training and support elements is paramount in ensuring that healthcare professionals are well-equipped to deliver patient-centred care that effectively motivates and supports patients/clients in making positive health-related changes.

For healthcare professionals in Singapore, a wealth of resources is available to enhance their motivational interviewing skills. Local healthcare institutions and professional bodies offer workshops and seminars led by experts. Online platforms provide accessible courses, while essential literature like Miller and Rollnick’s “Motivational Interviewing: Helping People Change” (2012) and Rollnick et al.’s “Motivational Interviewing in Health Care: Helping Patients Change Behavior” (2008) offers in-depth insights. Additionally, keeping up to date with professional journals in psychology and healthcare enriches understanding and application of motivational interviewing.

The motivational interviewing journey might be challenging, but the end goal—a healthcare ecosystem where every patient feels affirmed and supported—is invaluable. By learning more about motivational interviewing and using the support and resources available, healthcare professionals can make a real difference in their patients/clients’ lives through collaborative, empathetic and meaningful engagements that enable and sustain behavioural change towards improvement in health.

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11 APPENDICES

11.1 MI Doing This Right?

M I listening more than I talk?

- x Or am I talking more than I listen?

M I keeping myself sensitive and open to this person's issues, whatever they may be?

- x Or am I talking about what I think the problem is?

M I inviting this person to talk about and explore their own ideas for change?

- x Or am I jumping to conclusions and possible solutions?

M I encouraging this person to talk about their reasons for not changing?

- x Or am I forcing them to talk only about change?

M I asking permission to give my feedback?

- x Or am I presuming that my ideas are what they really need to hear?

M I reassuring this person that ambivalence to change is normal?

- x Or am I telling them to take action and push ahead for a solution?

M I helping this person identify successes/challenges from their past & relating them to present change efforts?

- x Or am I encouraging them to ignore or get stuck on old stories?

M I seeking to understand this person?

- x Or am I spending a lot of time trying to convince them to understand me and my ideas?

M I summarising for this person what I am hearing?

- x Or am I just summarising what I think?

M I valuing this person's opinion more than my own?

- x Or am I giving more value to my viewpoint?





M I reminding myself that this person is capable of making their own choices?

- x Or am I assuming that they are not capable of making good choices?

11.2 Readiness to Change Scale

1	2	3	4	5	6	7	8	9	10
Not ready			Somewhat ready				Extremely ready		

11.3 MI Cheat Sheet

Techniques	Open-ended questions Affirmations Reflections Summarising	 Stage 1: Precontemplation (Not ready; Give love) Build confidence & awareness; Small guided steps.
		 Stage 2: Contemplation (Getting ready) Share basic medical knowledge; Encourage taking on more small, guided steps.
Guiding Principles	Resist the righting reflex Understand patient's own motivations Listen with empathy Empower the patient	 Stage 3: Preparation → Action (Ready) Develop/execute condition-specific goals with patients; Maintain improved health behaviours.
		 Stage 4: Maintenance (Sticking to it) Focus on maintenance; Help develop preparedness towards maintaining health even in stressful situations.
Listening for Change Talk		
What is my problem?	Problem recognition (Reasons)	"Eating my favourite foods is not helping my cholesterol." "I need to improve my health for my family."
How can I change?	Concern (Desire)	"I want to eat healthier, but I don't know what to eat."
Oh no!	Intent to change (Needs)	"If I don't stop, I might end up in hospital again." "I must lower my sugar intake."
Oh yes!	Optimism (Ability & Commitment)	Ability: "I can start walking every day." Commitment: "I will reduce my smoking starting today."

11.4 Examples of Assessment tools and Checklists

Examples of tools and checklists used to measure patient/client progress and the effectiveness of the Motivational Interviewing (MI) approach include:

Motivational Interviewing Treatment Integrity (MITI):

A coding system used to assess the quality of Motivational Interviewing interventions. It evaluates practitioner competence and provides feedback for improvement.

Client Engagement and Behavior Change (CEBC) Scale:

This scale assesses the degree to which clients are engaged in the therapy process and are making behavioural changes.

Motivational Interviewing Skills Code (MISC):

An in-depth coding system that provides detailed feedback on Motivational Interviewing techniques used in sessions.

Behavior Change Counseling Index (BECCI):

Designed for use in primary care settings, BECCI is used to measure MI-consistent behaviours in consultations.

Patient Health Questionnaire (PHQ-9):

Although not specific to MI, tools like the PHQ-9 can be used to measure changes in patient health outcomes, such as depression symptoms, which may result from effective MI.

Each of these tools serves a specific purpose in evaluating different aspects of Motivational Interviewing and patient progress, offering valuable insights into the effectiveness of the Motivational Interviewing approach.

11.5 Training Resources for Healthcare Professionals (Singapore)

In Singapore, healthcare professionals can enhance their skills in Motivational Interviewing through various training courses tailored to their needs.

The National University of Singapore Yong Loo Lin School of Medicine offers Motivational Interview Training for Health Professionals, which is a SkillsFuture approved course with hybrid learning options. <https://medicine.nus.edu.sg/continuing-education/course-catalogue/motivational-interview-training-for-health-professionals/>

Singapore General Hospital provides Building Skills courses in Motivational Interviewing, designed to help practitioners advance their Motivational Interviewing skills in practical settings. [https://www.sgh.com.sg/pgahi/programmes/Pages/MultiD%20Courses/Motivational-Interviewing-\(Building-Skills\)-2-to-3-Mar-2022.aspx](https://www.sgh.com.sg/pgahi/programmes/Pages/MultiD%20Courses/Motivational-Interviewing-(Building-Skills)-2-to-3-Mar-2022.aspx)

For those looking for specialized training, the National Addictions Management Service (NAMS) conducts Motivational Interviewing for Professionals, focusing on applications in addiction and mental health. <https://www.nams.sg/addiction-recovery-college/professional-courses/Pages/Motivational-Interviewing-Advanced.aspx>

Singapore University of Social Sciences (SUSS) also includes health and wellness coaching in its curriculum, which covers motivational interviewing among other health coaching skills. <https://www.suss.edu.sg/courses/detail/psy475>

Moreover, Be Change, a behaviour change consultancy, has been facilitating Motivational Interviewing training for Singapore General Hospital and the Post Graduate Allied Health Institute (PGAHI), indicating their commitment to patient-centred care and effective clinical communication. <https://www.bechange.com.au/post/motivational-interviewing-training-singapore>

Promises Healthcare is another provider that offers Motivational Interviewing training, emphasizing a patient-centred approach to encourage behavioural change and enhance self-improvement. <https://promises.com.sg/motivational-interviewing-what-it-is/>

These courses are designed to equip healthcare professionals with the tools and techniques to effectively support behaviour change in patients/clients, particularly valuable for those working with older adults managing chronic diseases.

Publisher

Centre for Ageing Research and Education (CARE) is an academic research centre based in Duke-NUS Medical School, Singapore. Drawing on its interdisciplinary expertise and collaborations across medical, social, psychological, economic, and environmental perspectives, CARE conducts research on the social and medical determinants of successful ageing, and actively engages with government and industry partners to identify needs and strategies to enhance the experience of ageing in Singapore. CARE also conducts educational programmes to build competencies in ageing research among researchers, policy makers and programme professionals.

CARE's vision is to achieve health, social inclusion, and quality of life for older persons.

CARE's mission is to:

- Provide an environment that promotes interdisciplinary research and education on ageing
- Inform policy and practice agenda on ageing

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