

Motivational Interviewing Skills are Positively Associated with Nutritionist Self-efficacy

Scott C. Marley, PhD, MPH¹; Kira Carbonneau, MEd¹; Donna Lockner, PhD, RD¹; Debra Kibbe, MS²; Frederick Trowbridge, MD²

ABSTRACT

Objective: To examine the relationships between physical and social self-concepts, motivational interviewing (MI), and nutrition assessment skills with dimensions of counseling self-efficacy.

Design: Cross-sectional survey.

Setting: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics.

Participants: Sixty-five WIC nutritionists.

Main Outcome Measures: Counseling self-efficacy on topics related to physical activity and nutritional behaviors and in the presence of language and cultural differences.

Analysis: Multiple linear regression.

Results: Nutritionists' perception of their own MI skills was positively associated with their self-efficacy for counseling clients of a culture different than their own, when counseling about physical activity, and when counseling about nutrition behavior. Hispanic ethnicity and social self-concept were positively associated with counseling self-efficacy when culture differences were present. Physical self-concept was positively associated with self-efficacy related to physical activity topics. Nutrition assessment skill was negatively associated with self-efficacy for working with non-English-speaking clients.

Conclusions and Implications: Development of MI skills and strategies to improve social and physical self-concept may increase WIC nutritionists' counseling self-efficacy, particularly when counseling clients from diverse backgrounds.

Key Words: self-efficacy, counseling, nutritionist, motivational interviewing, WIC (*J Nutr Educ Behav.* 2011;43:28-34.)

INTRODUCTION

Over the past several decades, pediatric obesity rates have increased in virtually every region and population of the United States (US).^{1,2} The marked increase in obesity prevalence represents a serious threat to public health. In response, early intervention programs have been developed for, and by, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to help prevent and treat pediatric overweight in low-income families. For these efforts to succeed, WIC employees should be well

trained in obesity prevention counseling. Previous findings from WIC projects included in the US Department of Agriculture-funded Fit WIC program identified staff self-efficacy as a key component of effective obesity prevention counseling.^{3,4} In addition, WIC employees who participated in staff wellness programs were more likely to address physical activity and weight issues with clients.⁴ Building on these findings, New Mexico WIC developed a program, Get Healthy Together (GHT), designed to improve the counseling self-efficacy of WIC staff through training on motivational

interviewing (MI) and interpreting body mass index (BMI), as well as a wellness program for staff.

According to Bandura, self-efficacy is a person's beliefs about his or her ability to perform in a desired manner or achieve certain goals.⁵ When self-efficacy is high, individuals feel empowered to be successful in their endeavors. Although counseling parents of overweight children has been reported to be a challenge owing to multiple factors,⁶ improving nutritionists' self-efficacy for counseling clients on their dietary and physical activity choices may help WIC nutritionists provide better counseling to parents about management of pediatric obesity.³ This hypothesis is supported by the finding that the higher WIC nutritionists' self-efficacy in oral health counseling was, the more likely they would be to discuss and write dental referrals.⁷

These findings inform the theoretical framework of GHT and provide the basis for studying the relationship between nutritionists' counseling

¹Department of Individual, Family & Community Education, University of New Mexico, Albuquerque, NM

²International Life Sciences Institute Research Foundation, Washington, DC

Address for correspondence: Scott C. Marley, PhD, MPH, 117 Simpson Hall, University of New Mexico, Albuquerque, NM 87131-1246; Phone: (505) 277-3164; Fax: (505) 277-8361; E-mail: marley@unm.edu

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self-efficacy and nutritionists' self-reported skills and self-concept. The skills that nutritionists were asked about were MI skills and nutrition assessment skills. The two areas of self-concept investigated were physical and social self-concept.

Motivational Interviewing

Motivational interviewing is a patient-centered approach to facilitating behavioral change. Practitioners using MI techniques assess the client's readiness for making changes and then guide the discussion accordingly. Of particular importance to MI is the development of a collaborative client-practitioner relationship based on empathy, autonomy, acceptance, and egalitarianism.⁸⁻¹⁰ A meta-analysis found evidence supporting the effectiveness of MI in a variety of domains including alcohol and drug abuse, human immunodeficiency virus, and diet and exercise.¹¹ Of specific interest to the present study were the findings that MI-based interventions were effective in counseling about diet and exercise, and the advantages of using MI were generally greater with ethnic minority populations.¹¹

In nutrition research, a recent study found that MI-trained dietitians scored higher on measures of empathy and change-related statements compared to dietitians who did not receive MI training. The patients of these MI-trained dietitians had significantly lower saturated fat intake relative to patients of control group dietitians.¹² Based on these results, it is expected that nutritionists who have been trained in MI skills will report higher counseling self-efficacy.

Nutrition Assessment Skills

Nutrition assessment skills are the foundation of nutritionists' evaluations of their clients. The ability to evaluate basic health indicators such as hemoglobin and BMI and the ability to explain these concepts to clients are expected to contribute to the success of counseling clients about dietary habits. The authors anticipated that nutritionists who rated themselves higher for knowledge of measuring and interpreting BMI would report greater counseling self-

efficacy. Evidence for this concept was seen in a study reviewing medical students' self-reported knowledge and efficacy for discussing cardiovascular nutrition concepts with patients.¹³ In this study, medical students were randomly assigned to receive nutrition education training or to a control group. Students who received the training were more knowledgeable about nutrition education and reported higher efficacy with regard to discussing nutrition. Comparable results were found with pharmacy students in their self-reported ability to practice primary care nutrition after receiving education on basic nutrition assessment.¹⁴ Based on these studies, it is hypothesized that self-reported nutrition assessment skills should be positively associated with nutritionists' counseling self-efficacy.

Physical and Social Self-Concept

Physical self-concept describes perceptions of one's personal characteristics, such as sex, height, and weight.¹⁵ Previous findings from Fit WIC indicate that WIC staff found improving their personal wellness through physical activity and wellness opportunities in the workplace helped them to be better counselors.⁴ Therefore, GHT includes a personal wellness program for WIC staff. The wellness component of GHT is targeted not toward changing participants' weight per se, but rather toward increasing wellness through encouraging participants to increase their physical activity as well as improve other health behaviors such as stress reduction and diet. Evidence for the relationship between physical activity and physical self-concept is provided in a recent study investigating the effects of an exercise program with adults from a large Midwestern university. Participants in the exercise program showed a statistically significant increase in physical self-concept, as measured by the Tennessee Self-Concept Scale (TSCS).¹⁶

Social self-concept is a "measure of how a person perceives him or herself in relation to others. Social self-concept reflects an individual's sense of adequacy and worth in social interactions with other people."¹⁵ Because

of the relationship-building aspects of nutrition counseling, nutritionists who report high levels of social self-concept are expected to report high levels of self-efficacy in their interactions with clients.

The present study was undertaken to identify baseline relationships between WIC nutritionists' counseling self-efficacy with nutritionists' demographics, self-reported skills in MI, skills in nutritional assessment (specifically, measuring and interpreting BMI and iron status), social self-concept, and physical self-concept. The authors investigated whether physical self-concept, social self-concept, self-reported MI skills, and BMI assessment skills were related to counseling self-efficacy.

METHOD

Sample

Prior to beginning the GHT program, the New Mexico Department of Health Staff Survey was sent to nutritionists at all WIC clinics in the state of New Mexico, except for 1 clinic reserved for pilot-testing of instruments. The survey, written in English, was provided on-line, and nutritionists were allocated extra time during their workday to complete the survey. The survey link was sent to participants' employee e-mail addresses. To increase participant response, 4 reminders were sent. All procedures were approved by the University of New Mexico Institutional Review Board. Participation was voluntary and consent was secured using an online consent form. Of the 82 eligible WIC nutritionists in the state, 73 completed the survey, resulting in an 89% response rate. Since respondents were primarily Hispanic and white/non-Hispanic (89%), the authors were limited in ability to identify race/ethnic differences beyond these 2 groups. Therefore, the analyses were restricted to Hispanic and white participants ($n = 65$). See [Table 1](#) for sample demographics.

Instruments

After a review of self-efficacy measures from other domains of research,¹⁷⁻¹⁹ a pool of questions was developed to reflect the counseling environment

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