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ORIGINAL RESEARCH

“Talking the walk to walk the talk”: A qualitative report of patients’ experiences of undergraduate nursing students using motivational interviewing

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ABSTRACT

Background and objective: Motivational interviewing (MI) is a communication style adopted by health professionals to support patient-centered decision making about behavior change. Little is known about how patients respond to this relational approach when it is used by baccalaureate students. Thus, the study aim was to explore how patients experience MI by undergraduate nursing students when it is used to support health behavior change for vascular risk reduction.

Methods: A focused ethnography was undertaken to explore the tacit and explicit dimensions of patient health behavior change as it evolved through MI encounters with nursing students. The research setting was a post-secondary institution in Canada and comprised a sample of 16 patients who received MI by the nursing students, 2 clinical instructors who teach MI, and 20 third-year nursing students who used MI as part of a 13-week community based clinical experience. Data sources included participant observations, field notes and one-to-one interviews.

Results: Patients described their encounters with nursing students using MI as novel, relative to typical instances with health providers, and foundational to supporting lifestyle change. The patients’ overall experience is characterized by a thematic arc of ‘talking the walk to walk the talk’. Motivational interviewing helped patients integrate personalized information about the meaning of vascular health, deliberate on options and initiate lifestyle changes to promote health. In most cases, patients translated knowledge and experience from their motivational encounters with nursing students into subsequent health management activities.

Conclusions: Through their experiences of nursing students using MI, patients understood the personal implications of vascular health, took action on relevant goals and applied lessons learned to future behavior change efforts. The results contribute new information about how patients respond to MI from baccalaureate nursing students and reinforce current understanding of how change talk contributes to subsequent change behavior.

Key Words: Motivational interviewing, Focused ethnography, Students

1. INTRODUCTION

Vascular diseases represent a broad spectrum of conditions including heart disease, stroke, diabetes, kidney and peripheral vascular disease as well as some forms of dementia. Although many of the risk factors are preventable or

controllable, the aforementioned health conditions are major contributors to death and disability in both developed and developing countries.^[1] Health professionals cannot assume that wellness will be achieved through providing general information about healthy lifestyles and targeting

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compliance to health promoting behaviors.^[2] The adoption and maintenance of healthy lifestyle activities can be difficult for patients and providing generalized information about health promotion overlooks the complexity of behavior change as well as the unique contexts that shape health choices. Motivational interviewing (MI) is a person-centered approach that evolved in response to the recognition that advice, information, persuasion and confrontation were neither satisfactory for patients nor suitable to support behavior change.^[3] Although presented as theoretically informed strategies, William Miller - the parent author of MI - describes MI as both a spirit and a style where the health provider assumes a collaborative stance, tailors the conversation to the person's stage of change and actively supports capacity to adopt new behaviors.^[4,5] Studies of patients' perceptions provide favorable accounts of health providers using MI,^[6,7] however it is not well understood whether pre-licensure students can learn this advanced communication skill and how patients experience motivational interviewing when it is undertaken by undergraduate nursing students.

To support lasting behavior change, nurses should engage with patients to understand the unique features influencing decision making and utilize relational skills for supporting patient action on decisions. Professional nursing programs provide opportunities for undergraduate students to learn principles of adult education and incorporate health teaching into clinical care. There are some outcome studies on communication interventions to demonstrate that pre-licensure students can learn and apply behavioral interventions with basic proficiency.^[8-11] Recently, authors observe that attention to measuring what makes MI effective - such as the provider's skill integrity or the patient's behavioral outcomes - overlooks the spirit of MI^[12] and this needs redress because skills and style work synergistically to enhance how patients undertake change.^[4] Therefore, a broader view of how MI works should go beyond measuring clinician proficiency or patient outcomes and include how the practitioner's interpersonal style influences the patient's experience of the clinical encounter.^[4,12,13] Research on patient experiences of undergraduate nursing students using MI makes a valuable contribution by providing accounts of how MI spirit and style coalesce to shape the interpersonal relationships and clinical outcomes. Furthermore, exploring how this theoretically based and collaborative approach is received by patients can guide health educators to strategically incorporate MI into baccalaureate nursing programs to prepare students for the complexities of discussing health behavior in patient encounters. As there is limited scholarship on how patients experience motivational interviewing, this research was undertaken to gain a fuller understanding of how MI unfolds

between student nurses and their patients. The study was guided by two aims: the first, to discern how baccalaureate nurses learn and use MI in the clinical setting (reported in: Howard and Williams^[14]); and the second (reported here) to describe how patients experienced MI with nursing students.

2. METHOD

2.1 Study design

To better understand the experiential dynamic of patients receiving support for health behavior change, this qualitative study used a focused ethnography (FE) to understand the 'emic', in this case the patients' perspectives of motivational interviewing by nursing students. A focused ethnography is distinct from a traditional ethnography because it is context specific and targets a specific phenomenon as it is experienced in a brief time period by a particular group.^[15,16] As an inductive approach that integrates observations and conversations, it was believed a FE could surface the utterances, interactions, silences, unspoken codes of behavior and activities that shape how patients experience motivational interviewing by undergraduate nursing students. Furthermore, the ethnographic data collection strategies afforded the opportunity to explore various features of MI as patients experienced it 'real time' with nursing students and to converse with participants in the micro-culture of the clinic visit. Thus this approach was well suited to the research aims of exploring the construction of experience through social interactions among individuals as well as the meanings of these interactions.^[17,18]

A unique aspect of focused ethnographic research is that it accommodated the investigator's familiarity with the area of interest.^[16] The author has a professional background in nurse education as well as extensive knowledge of motivational interviewing gained through training in motivational communication and clinical experience with supporting health behavior change in the area of chronic disease self-management. Therefore, focused ethnography was a unique opportunity to draw upon the author's sensitivity to both obvious and nuanced aspects of motivational interviewing and understand the participants' experiences of this approach in clinical practice.

2.2 Ethical procedures

The study was approved by two Research Ethics Boards at universities in Canada and the research procedures followed those outlined in the Tri-council Policy Statement: Ethical Conduct for Research Involving Humans. The research study had support from the Dean of the post-secondary institution's nursing program and the university health centre's manager. All participants were aware of the author's back-

ground in nursing education and motivational interviewing and they were advised the researcher had no influence over the students' academic assessment, instructors' employment or patients' health care. Because data collection included formal and informal observations and all eligible participants did not take part in the study, the author and health centre manager timed the field work to coincide with the activities of enrolled participants. Throughout the research activities the participants were assured their involvement could be modified or withdrawn at any time without consequence.

2.3 Participants and recruitment

In focused ethnographic research, the participants typically have knowledge and experience relative to the phenomenon of study,^[17] therefore a broad sample was drawn from all constituents of the clinical setting's culture and included three groups of participants: patients who received MI, nursing students who integrated MI into their practice and instructors who supported the nursing students. The patient participants were recruited from the population of employees who accessed the university-based wellness program and attended two consecutive appointments with nursing students trained in motivational interviewing. The eligible nursing students (24) were those enrolled in a community health clinical course and received training in MI as part of their clinical experience. There were two nursing instructors recruited who taught students MI and supervised its use in the clinical setting. The sample included 38 participants (2 instructors, 16 patients, 20 students), 9 participants identified as masculine and 29 as feminine, ranging in age from 23-55 years.

All participant recruitment occurred through third parties not affiliated with the instructors, nursing students or patients. The author had no prior relationship with research participants. The prospective participants received an emailed invitation describing the study from unaffiliated administrative personnel. Potential participants contacted the author using an email address in their invitation email or by telephone. The author responded to potential participants, answered questions about the study, described the research activities (observations and interviews), discussed options for participation (only observation, only interview, both observation and interview), and advised how participation could be modified or withdrawn at any time without consequence.

When persons indicated their interest to take part in the study, the author reviewed the consent form and discussed the voluntary nature of participation. In light of there being observations as well as an interviews, it was also addressed how participants could modify or withdraw their engagement with the research activities. Written consent was obtained prior

to the first observation and revisited during data collection. In one instance a consent form was signed prior to an interview because an observation did not occur due to scheduling conflict.

2.4 Setting and context for the focused ethnography

The research took place at a post-secondary institution in Canada where third-year undergraduate nursing students enrolled in a 13-week community based clinical experience used MI to support patients with vascular risk reduction and health promotion. The clinical experience was with an occupational wellness program for university employees to access risk factor screening and receive assistance in developing and monitoring goals to enhance health. The program is offered twice yearly, free of charge and attended by employees during their work time.

Motivational interviewing is both a spirit and style that takes in an array of interpersonal skills embodied through four relational processes: engaging, focusing, evoking and planning.^[4] The students started their preparation in MI during the first week of the clinical orientation with instructors who had both training and experience in MI and other health behavior change modalities. The process of formation in MI started with a didactic theory component, critical appraisal of standardized MI video vignettes and student role play scenarios with instructor feedback. Two weeks after the orientation - once the students had practice using their motivational skills with some 'real' patients - there was a theory and skills review with additional role play, debrief and student-instructor feedback sessions. To guide students' skill development both initially and throughout the clinical experience, worksheets of MI consistent skills and behaviors were used to structure assessment and performance feedback. The instructor would debrief the student pairs following each patient visit and provide formative guidance on student performance. Students likewise used the worksheets to develop skill in both self and peer assessment.

The health center is a campus-based clinic staffed by nurses, physicians and dietitians which provides primary care services to university students and employees. Patient participants attended two consecutive appointments at the university health center - one for screening and a second for follow up discussion of screening results. The clinic visits occurred in private rooms at the health centre and each visit was scheduled for 30 minutes. The nursing students worked in dyads for the patient appointments and the student pairs met with their assigned patients at two separate appointments. All appointments were supervised by an instructor and students used motivational interviewing skills to facilitate their patient interactions. At the first appointment, the students collected

biometric screening information from the patient including: height, weight, waist circumference, blood pressure measurements, and fasting finger-stick blood specimen to assess both lipid profile and blood sugar level. The second appointment involved a review of the screening results and discussion with the patient about the results and subsequent efforts to reduce vascular risk. Although MI was the primary approach undertaken in the clinical setting, there were some opportunities for didactic education. In such cases, to be consistent with assumptions underlying MI, it was expected that students would follow the elicit-provide-elicited framework^[4] to first discern the patient's willingness to receive advice, then tailor messaging to the patient's needs and assess the patient's response to information.

2.5 Data collection strategies

Data collection strategies of patient experiences with students using MI included unstructured observations related to the student dyad-patient appointments at the health centre, field notes, and interviews about the experience of students using MI. Data were collected over two, 13-week academic terms in order to access different cohorts of undergraduate nursing students using MI with patients. The author completed the observations, took field notes and conducted the interviews.

2.5.1 Field observations

To allow students sufficient time to become familiar with the flow of patient visits in the clinical setting and comfortable with MI skills and style, the field observations commenced at week five and continued through to week twelve of the academic term. There were fifteen student dyad-patient clinic appointments observed and these ranged from 30 – 45 minutes in duration. One patient observation was missed due to a scheduling conflict during week 6. Field notes were taken discretely during the observations and updated following to add detail about interactions, routines, unique occurrences and reflections. Impromptu conversations with participants in the field allowed for expansion on features from the observations and these accounts were recorded in the field notes.

2.5.2 Interviews

Interviews occurred within two weeks of participant observation and commenced at week five when field observations were underway. The author conducted semi-structured interviews with each of the 16 patient participants. Interviews were audio-recorded (except for one individual who requested only note-taking), occurred in a private space, and scheduled for a time convenient to the participant. The interviews were guided by seven, semi-structured questions and started with a general question about what it was like to have support from the nursing students, how the experience compared to visits with their usual provider, student activities

that were helpful/not helpful, what features of the interaction stood out for patients and whether the encounter with students influenced subsequent thoughts and actions regarding health. Each interview concluded with an invitation to share additional thoughts and experiences. Student and instructor participants were also interviewed about their experiences to better understand the social processes shaping the learning and application of motivational interviewing and this is described in Howard and Williams.^[14] Interviews were transcribed as they were completed, anonymized for confidentiality, reviewed for accuracy and annotated with notes. The data aggregated from all participants included 12 hours of observations, 60 pages of single-spaced, handwritten field notes and 120 single-spaced, double sided pages of typed interview transcriptions. Taken together, the data collection strategies provided a comprehensive account of patient experiences with MI by undergraduate nursing students.

2.6 Data analysis

Consistent with ethnographic research methods, data analysis was an iterative process and concurrent with data collection.^[17,18] All data were saved, organized and analyzed using Microsoft Office Professional Plus 2010 Word program^[19] to facilitate comparison of analytic interpretations between the author and research assistant to support analysis of the data in context. As is the case with qualitative research, analysis commenced upon entry into the field and intensified once interviews and field observations completed. Data were independently reviewed by the author and a research assistant and the developing codes, themes, ideas and interpretations were discussed among the research team which included the author, research assistant, senior researcher familiar with the project and advanced practice health professional who used MI in clinical practice. The analysis involved a careful, independent reading of the aggregated materials by the author and the research assistant to gain an overall perspective of the data followed by a line-by-line coding of data to identify consistent words, phrases and occurrences. The codes were organized into preliminary categories, formatted into tables according to data source, refined between the author and the research assistant and discussed with the senior researcher and advanced practice professional. The categories were refined as data collection progressed and critiqued among the research team. Concurrent data collection and analyses continued as an iterative process until categories were comprehensive in detail, replicated in multiple cases and presented no new information. Salient features from the data generated categories were used to develop themes.^[20] The themes reflect the relational dynamic experienced by patients when nursing students used MI as well as the influence this alliance had on patients' cognitive and affective processes

related to health behavior change.

2.6.1 Rigor in data analysis

The trustworthiness of the representations of participants' experiences was based on the work of Lincoln and Guba.^[21] Credibility was achieved through triangulating different forms of data (field notes, observations and interviews), time in the field to complete observations and interviews, concurrent data collection and iterative analysis, critical appraisal of analyses by a diverse research teams, and member checking with two study participants. The diverse data collection strategies supported credibility by providing substantive material to establish congruence between the data and research question. A thorough review by the research team of the data generated categories integrated reviews of the interpretations for their fidelity to the data and confirmed the consistent, common features that informed thematic development. Developing themes were discussed by the research team, compared across data sources to ensure interpretations were supported by data and triangulated with the literature on health behavior change. Transferability was demonstrated through use of descriptive data to illustrate the themes as well as the fit of the interpretations with conceptual features of health behavior change, motivational interviewing and nurse-patient collaboration. Through sharing findings with the two patient participants there was feedback about how descriptions resonated with the lived experience. The processes to assess rigor ensured a comprehensive and trustworthy description of patients' experience with nursing students using MI.

3. FINDINGS

The findings bring forward the common meanings and practices associated with patients experiences of MI by undergraduate nursing students. While the themes cannot represent the experiences of all persons who have a motivational encounter with a nursing student, they do make a compelling case for integrating motivational interviewing when discussing health behavior change with patients. In this research's unique cultural context where students used MI to guide conversations about health promotion, the patients experienced a heightened and personalized focus on health that invigorated their capacity to make relevant and meaningful changes in health behavior. The substantive theme of the patients' accounts are anchored in a unifying experience of how students helped patients explore both the meanings and consequences of potential change to increase the patient's confidence to take on or modify behavior through 'talking the walk to walk the talk'. All patient participants described how they were drawn into collaborative relationships with the students that brought about empowering reconstructions

in health decision making. These transformative experiences unfolded through iterative processes explained through the sub-themes of integration, initiation and translation whereby students used MI to help patients understand the meaning of vascular health, act upon goals to reduce risk, and apply lessons learned to successive health promotion activities. Altogether, the patients' evocative experiences highlight how motivational interviewing creates a supportive alliance that inspired immediate and lingering influences on patients' health behaviors.

3.1 Overarching theme: Talking the walk to walk the talk

The students use of MI skills to support patients with 'talking the walk' of change occurred in context of a collaborative alliance that focussed on the personal relevance of vascular risk. The statement 'talking the walk to walk the talk' was used frequently by patients to describe the experience of having support from nursing students to explore relevant and realistic approaches for modifying health behaviors. The nursing students' abilities to apply MI skills consistently shaped the patients' perception of collaboration in health decision making. Patients remarked how students encouraged discussion and personal-reflection. In particular, patients identified this partnership approach as different from typical encounters with health providers. As a result of the student-patient supportive alliance, the patients listened to themselves talk through lifestyle practices and developed a clearer perspective on both why and how to enhance health.

Patients identified how their encounters with students were startling and evocative relative to a typical clinic visit. A participant described how it felt to hear themselves articulate hopes and worries about health, "in a word – powerful - because [the students] got me to speak my mind freely and I ended up hearing myself come up with a lot of reasons to get going on making my health a priority". In one striking account a person stated "at the doctor's I sit down, keep quiet and hear what I should do. They [nursing students] got to know me, listened to what matters to me - what I want and what I can do and what will not work for me". The relationally focussed spirit and style of MI created a safe place for participants to explore their current understandings about health and uncover new possibilities. Patients recalled multiple instances with their usual care providers where health information was confusing and patients were reticent to seek clarification due to perceptions of time constraints on the health provider or concern about revealing one's ignorance. It was emphasized that students were non-judgemental and took time to discuss people's concerns, expectations and options.

The students' use of MI skills evoked 'talking the walk to walk the talk' and participants noticed the connection between discussion and action. As one person said "it was pretty sly the way she had me talk about the ups and downs of changing my snacking until I just talked myself into doing something different". One participant account synthesizes the essence of 'talking the walk to walk the talk' as follows: "the students pushed me think hard and talk about what I could do and my ideas sounded good so it just made sense to listen to myself and walk my talk".

The students' use of MI helped engage patients in ways different than visits with typical health providers. The mutual sharing of knowledge and experience contributed to a collaborative relationship between students and patients. The students' embodiment of MI skills and style also drew experiences and insights from the perimeter of the patients' consciousness; this skilled use of MI subsequently brought relevant and realistic possibilities for behavior change into view.

3.1.1 *Sub Theme: Integrating health knowledge*

The understanding and application of standardized, complex, medical vernacular about vascular risk reduction to one's health is a daunting experience for many patients. The students' use of MI facilitated encounters where patients connected the relevance of vascular health to personalized behavior change options. Through students using MI techniques of engaging and focussing, the patients could then understand the meaning of vascular risk and integrate its personal relevance to their health. To be consistent with the spirit and style of MI, information sharing about vascular risk profile (assessed through blood pressure, waist-hip ratio, fasting blood sugar and blood fats) was sensitive to health literacy and adapted to the patient's context. The students' skills with describing test results in plain language and situating the findings in the patient's lived world was consistently recognized as helpful because this supported patients to (in their words) "understand what normal means for me". All patients spoke of students tailoring health information and why this was important. In the words of one participant, "I appreciated how she was gentle and discussed information with me and made it connect with my life so I could make sense of it at the time and understood it well enough that it stayed with me after the appointment". Motivational interviewing techniques used by students worked to connect the patient's understanding of vascular health to previous knowledge and experience to provide a foundation for drawing out patient's aspirations for their health and setting goals to fulfill these aims.

As patients better understood the implications of vascular

risk, the deliberations on the personal meaning of health subsequently surfaced behaviors that were previously attempted or on the fringe of consciousness.

I'm a pretty educated person and I think my doctor assumes that I understand their advice. It's embarrassing to admit this, but those numbers and the medical talk make no sense. The students brought information to my level and demystified it. They made it fit with my story, my values. I felt like decades of doctors' appointments suddenly had meaning. As we talked, the ideas just slid into place – things that never occurred to me would make a difference but were things I needed to do and could do.

This experience illustrates an insightful moment, experienced by many patients, of understanding vascular risks and linking latent health behaviors to future action. The students' use of motivational techniques to evoke change talk was identified as helpful because this engaged patients to consider what could be initiated or revisited from past efforts to do differently for health and integrated to develop relevant, achievable goals.

What also stood out for patients was how different the experience was compared to typical health providers and how the students used communication to help patients make sense of health information. The patient participants emphasized it was a unique experience to be asked about their understanding and appreciated how the students checked in first before imparting unsolicited knowledge. The efforts students made to know the patient, interpret complex medical information, tailor information to personal context and probe ways to make relevant changes was not only meaningful at the time of the appointment, but also foundational to subsequent action on health after the encounter.

3.1.2 *Sub-Theme: Initiating change*

Health behavior change is intensely personal and often connected with relinquishing pleasurable choices and replacing these with less satisfying practices. There were differences among the patients with respect to readiness for change and students tailored the discussion about goals accordingly. Each health visit concluded with the patient identifying goals that ranged from thinking about doing something to acting on an intention or mobilizing change talk. As patients successfully followed through on goals identified in the clinic session, they undertook further changes within the same behavioral realm. For example, participants who set goals for one aspect of eating leveraged their success towards other diet modifications. Participants who planned to consider an

area for change, ultimately galvanized thought into action. Overall talking about change during a clinic visit, whether it culminated in an action oriented goal or a thought experiment, influenced patients subsequent health promoting performance.

In response to the question ‘how did the conversation with students influence thoughts or actions about health’, the participants acknowledged the personalized and focussed discussion about health primed them to initiate change. As the following example highlights:

Doing [goal setting] with the students just flipped a switch in me - it was different than the doctor randomly telling me to stop eating salty stuff because the students got me to pick something small. When those words came out of my mouth about cutting back on bacon and butter then I wanted to make good on my goal. I’m a butter and bacon person, or I should say I was a butter and bacon person, and when we went shopping that week we put Becel™ and Fakon™ [vegetarian bacon] in the basket and I haven’t gone back to butter and bacon.

Motivational interviewing engenders a collaborative approach to helping patients unlock their deepest desires about health and undertake new behaviors. The students’ application of MI skill and style focussed patients on relevant and achievable goals. The following participant example illustrates a patient’s prior experience with generalized goals and the difference that tailoring and motivating by the students made on their disposition. “I’ve made big goals in the past, beat myself up when I failed and refuse to try again. They [students] got me to be specific and realistic, it was hard work! Those two words [specific and realistic] were like little keys that unlocked my ability to be successful.” Some patients acknowledged the value of health promoting behaviors, yet had difficulty choosing a relevant or specific focus. In these instances, the students used MI skills to explore patients’ day-to-day habits and discern potential areas for change. An example of identifying a behavior and linking a goal to the patient’s routine involved care of a family pet:

It’s new to me to set goals and the students were great at pulling that out of me. I’m not an exerciser but we talked about activity and I thought I might try walking the dog a couple of times a week instead of throwing the ball around my yard. It was fine for the first week, but the dog came up a new goal for me and is getting walked most days. I think the students figured out that including the dog would get me moving.

Patients who were not ready to adopt new behaviors were asked to contemplate possibilities for change. These participants were asked what came of their deliberations after the clinic visit with students and it appeared that considering change stirred people into action:

I guess I was a bit stubborn and the students – respectfully – kept me talking and then left it with me to mull over. It easy to say ‘oh I’ll think about doing something different’ and I expected it would fade from my memory after the appointment. Maybe because we talked about my understanding of nutrition it got me to consider decreasing sugar - that conversation kept popping into my mind. I remember after that I paid attention to food labels when I shopped and I surprised myself at what I remembered. So I started, and still am, reading labels and making different food choices around sugar and salt.

Another account highlights the workings of one participant’s transition from reflection to action:

This business of me setting a goal to think about eating three servings of veggies a day - well that was a trick! Big surprise came when I was in the grocery store looking at those veggies and I put spinach and broccoli in my buggy and thought ‘I can’t believe I’m doing this’. It was easy to cook the veggies and a bit of lemon and pepper made them pretty tasty – bigger surprise! I’ve stuck with this- it’s more money, but I feel full so I don’t snack after dinner. I see how it’s powerful getting a person to think about something, it percolates until finally you just go and do it to get it off your mind.

The patients accounts of nursing students using MI reflect how highly personalized approaches to reduce vascular risk prepared patients to initiate health promoting behaviors in areas such as activity, diet and sleep. After the clinic session, participants who set action oriented goals both followed through on their intentions and adopted additional health practices within the same realm of behavior. Participants who committed to think about adopting new health patterns in turn, acted on their intentions. Motivational interviewing engages patients to thoroughly explore both importance of and ability to make lifestyle modifications. These findings demonstrate how participants who set any kind of goal initiated behavior change following the clinic visit.

3.1.3 Sub-Theme: Translating knowledge to other behaviors

The power of a motivational approach to supporting patients with health behavior change is both in triggering the uptake of a single, new behavior but also through transferring the knowledge to successive and different areas of life. In a subset of twelve participants, there were instances where lessons learned from working on goals set with the nursing students were subsequently applied to different areas of behavior. The patient's ability to translate knowledge and experience to diverse health management practices beyond those discussed in the clinic visit provide a glimpse of how collaborative approaches to behavior change, such as motivational interviewing, can have a lasting effect on health decision making. As a relational approach that explores a person's unique change context as well as their interest in and capacity for change, the students' use of MI developed and/or enhanced patients' problem solving skills to support successive adoption or modification of health promoting behaviors. This group of participants described how the encounter with students increased knowledge and skill to evoke further changes in personal health practices.

Participants were unified in using words like 'backbone', 'courage', 'drive' and 'strength' to describe how undertaking goals from the MI session with students impacted subsequent behavior change. Following changes to increase dietary protein, this participant found a way to add activity to the day's routine:

I stuck with my goals and learned lessons that made me braver with doing little adjustments in other areas that I trust will add up over time. For example it was after my session I added Edamame beans and cheese to salads. Well, that experiment went well so I switched my mid-day snack from a granola bar to nuts - I found I was more alert and had energy to add a walk at my afternoon break.

The diffuse benefits of reducing sodium and sugar intake inspired this participant to change their health practices around physical activity:

I do not like sweating and I am not a gym person so with the students I made it clear that exercise was not up for discussion. My [blood] pressure was on the high end of normal and the students helped me with checking labels to reduce sodium. The small win with the salt gave me backbone to go on to decrease sugar. Now I eat less amounts but better kinds of food. Overall the benefits to my pressure, waistline and

budget gave me the boost I needed to realize it was 'no sweat' to walk a bit three times a week.

The experience with students using MI was transformative as it not only influenced what participants did for lifestyle practices but also how individuals thought about themselves. Participants described how working with the students increased their inclination to pay attention to health, "the students sparked my personal drive to try different physical activities and bleed off some tension in my life. Now, I'm in a better place to take counselling and tackle the underlying causes of my stress". One person who attended the program annually likewise described a shift in perspective, "while I've made big changes over the years, they've added up to me realizing I am worth the effort of looking after myself and I have the strength to make those adjustments that keep me healthier, longer."

Through the skillful use of MI, students probed for underlying meanings of health, explored the patient's unique context for change and connected aspirations with actions. A motivational interviewing encounter with undergraduate nursing students strengthened patients' resolve to attempt health promoting activities and, in some cases, increased patients' capacity to independently undertake change in other lifestyle habits. 'Talking the walk to walk the talk' illustrates a relational journey where nursing students use MI to help patients integrate the personal meaning of risk reduction, initiate change based on relevant goals, exercise agency to modify lifestyle and develop confidence to adopt new behaviors.

4. DISCUSSION

Motivational interviewing is founded on the belief that health behavior change is mediated by the patient's internal motivations and their external context as well as qualities of the clinician-patient relationship.^[5] The precise mechanism of behavior change is not well understood, however the most influential features of MI that contribute to modifying health habits include collaborative spirit and ability to motivate a patient.^[4, 13, 22, 23] Previous research findings demonstrate how nursing students embodied MI spirit and motivation in their patient encounters and this is significant because clinician spirit and patient motivation are considered interdependent catalysts for behavior change.^[13, 14] In this research, spirit and motivation contributed to patients' perceptions of a collaborative alliance with the nursing students that was different from the information-focused and expert-driven experiences with 'typical' health providers. Of particular significance for nursing is how spirit and motivation, as central features of motivational interviewing, contributed to a person-centered relationship that is consistent with Gottlieb

and Feeley's^[24] collaborative partnership approach to care. Altogether, the analysis of findings adds original information about patients' responses to undergraduate nursing students using MI, validates the existing science on features that shape health behavior change and demonstrates how patients experience a collaborative partnership through MI.

The spirit of MI includes four inter-related elements: developing a partnership relationship, accepting the patient 'where they are at', committing to pursue the patient's best interests, and drawing out the patient's experiences and capacities for change.^[4] In this research, the overarching theme of 'talking the walk to walk the talk' reflects how students embodied MI spirit by respecting personal knowledge, supporting patients to discuss hopes and concerns for health, and exploring the meaning and impact of lifestyle changes. The health provider's spirit is an essential quality of MI^[13-15, 22, 23] because without spirit "MI becomes a cynical trick to manipulate people into doing what they do not want to do".^[4] Evidence of motivational spirit comes through in the consistent accounts of students showing positive regard for patients, drawing out experiences, exploring challenges, validating strengths and encouraging self-direction.

Motivation is the process that stimulates, facilitates and sustains health enhancing practices.^[13] The central theme of 'talking the walk to walk the talk' shows how students balanced sustain talk with change talk to stimulate patients' initiative and supports the current hypothesis that a combination of sustain talk and change talk have a positive effect on behavior.^[25] Where sustain talk focusses on reasons to stay the same, change talk draws out desire, ability, reason and need for action.^[4] Sustain talk and change talk are believed to shape motivation through the patient exploring importance of and ability to change while weighing the advantages and disadvantages of undertaking a new behavior.^[25] The sub themes of integrating knowledge, initiating change and translating knowledge to other behaviors both reflect change talk's salient features and provide examples of how sustain talk and change talk collectively assisted patients along a continuum of readiness to change. It is a unique contribution to present patients' experiences with nursing students using MI and, importantly, demonstrate how students successfully used MI to stimulate the behavior change process in patients.

The findings describing patient experiences of a person-centered relational dynamic draw a parallel between the skills that inhere motivational interviewing and a person-centered process from the nursing literature, called collaborative partnership, described by Gottlieb and Feeley.^[24] Similar to MI, the collaborative partnership is a dynamic and reciprocal relationship where both nurse and patient expertise is

acknowledged, influence is shared and goals are mutually negotiated.^[24, 26] When patients experience a partnership relationship, as was described by participants in this research, there is a disruption of the traditional power structures that patients associated with typical health encounters and this fostered a therapeutic alliance. MI aligns well with a collaborative approach to care in that it shifts the focus of the nurse-patient encounter away from 'fixing' a pathology and toward identifying strengths so that people may gain insight about health behaviors. The features of spirit and motivation worked synergistically to promote a collaborative partnership where patients deliberated and acted upon change, then - in some instances - transferred wisdom from the experience to subsequent health promoting behaviors. As a means to develop capacity with person-centeredness, MI shows potential to equip nursing students with the disposition and skills to navigate a person-centered encounter that patients experience as a collaborative partnership.

4.1 Limitations

A fidelity assessment to validate the students' proficiency with MI skills was not undertaken, therefore the findings are limited to qualitative descriptions of patients' experiences of spirit and motivation and cannot support a definitive correlation between these features. Patient participants were recruited from a convenience sample and not representative of all persons accessing primary care services for health behavior change. The research setting was university based primary care clinic and draws from a pool of participants with employment and social privileges conducive to the adoption of health promotion and risk reduction behavior. Furthermore, the patient participants were aware that clinic visits focussed on vascular risk reduction and may have been already activated to consider health behavior change. It is unique to have faculty instructors with training and experience in motivational interviewing as well as advantageous to provide students with an intensive formation in motivational interviewing through a community based clinical experience. This idiosyncratic constellation of skills and infrastructure may be challenging reproduce in other nursing education contexts. Future research could explore innovative approaches to teaching nursing students MI in community based primary care clinics, include a rigorous quality assessment of student MI skill in both simulated and 'live' contexts, as well as involve patients receiving active treatment in a primary care setting with health promotion introduced as part, rather than the exclusive focus, of the clinic visit.

4.2 Implications

The patients' positive responses to students using motivational interviewing make a case for including this skill in

undergraduate nursing education and undertaking further research on patients' experiences of motivational communication by undergraduate students. Collaborative approaches to patient care are central to promoting and respecting patients' informed decision making about health.^[27] Without the focussed development of relational communication attributes that catalyze patient motivation, undergraduate students may be challenged to embody person-centered care. While motivational interviewing sensitizes clinicians to the turmoil clients experience with behavior change, it also provides practical guidance with the relational style and skill necessary to meet patients where they are at and navigate the interpersonal dynamics of negotiating new lifestyle patterns.^[4] Therefore, motivational interviewing has potential to support how nurses comport themselves in a partnership and this research provides rationale, from the patient perspective, for teaching MI to undergraduate nursing students to cultivate a collaborative approach to care.

5. SUMMARY

Health education is a significant role for nurses and MI is an important skill because it is both person-centered and attentive to contextual features influencing health decision making.^[28,29] The findings from this research constitute an original contribution of how patients benefit when nursing students use motivational interviewing and delineate what MI contributes to a collaborative partnership approach to

care. The analysis of themes connect patients' initiatives with health behavior change to nursing students conveying spirit and stimulating motivation. Furthermore, by working collaboratively with nursing students to identify areas for change and develop skills for new health patterns, patients increased their confidence to act upon and follow through with person-centered goals. The current research demonstrates how MI adds to the undergraduate nurse's repertoire of skills to meaningfully engage with patients about health behavior change and proposes MI as a promising approach to support the development and sustenance a collaborative partnership.

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CONFLICTS OF INTEREST DISCLOSURE

The author declares there are no significant competing financial, professional, or personal interests that might have influenced the performance or presentation of the work described in this manuscript.

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