Integrating two conceptual approaches for health promotion research

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**Background**
- If people improved their health behaviors, then they could prevent diseases and promote health.
- Two complementary conceptual approaches can guide health behavior interventions.
- Nurse researchers are ideally situated to design and conduct health behavior interventions.

**Purposes are to:**
- **Clarify Self-Determination Theory (SDT) and Motivational Interviewing (MI).**
- Identify the complementarity of SDT and MI.
- Offer support for the feasibility of integrating SDT and MI to guide health behavior interventions.

**Clarification of approaches**

**Self-Determination Theory (SDT)**
- Is a general theory of motivation and personality.
- Developed by psychologists in academia.
- Maintains that if people determine their own actions, then they are more motivated to start and continue actions than if they are externally controlled.
- Tested in diverse situations (classroom, work, clinic).

**Motivational Interviewing (MI)**
- Is both a directive and client-centered style for eliciting behavior change.
- Focuses on resolution of ambivalence.
- Developed by therapists working with clients with addictions.
- Maintains that direct persuasion is not an effective method for resolving ambivalence.
- Tested in clinical settings.

**Complementarity of SDT and MI**

**SDT**
- Provides a theoretical foundation for why MI is effective.
- Assumes that people need autonomy, relatedness, competence.
- Delineates types of motivation linked with behavior change.

**Both**
- Supported by research.
- Relevant to practice.
- Assume lasting change occurs from internal, self-determined motivation rather than external.
- Facilitate clients’ internal motivation.
- Use therapeutic partnership and elicit clients’ ideas.

**MI**
- Has lacked a theoretical foundation.
- Delineates principles of effective interactions, e.g., expressing empathy, developing discrepancy, and rolling with resistance.
- Can guide study of SDT concept, autonomy.

**Support for integration: Two studies**

**Aims:** Assess feasibility of individualized, health behavior interventions, guided by protocols, based on SDT and MI.

**Method**
- **Design:** One-group, pre- and post-intervention design.
- **Samples:** Recruited from clinics and community sites.
  - Study 1: N = 52. Most middle-aged, college-educated women in Midwestern U.S.
  - Study 2: N = 45. Pregnant women; most had ≤ 8th grade education in rural Northeastern Thailand.
- **Intervention:** Nurses delivered an individualized intervention based on SDT and MI. They supported autonomy (choices), fostered relatedness, and built perceived competence regarding type of behavior change.
- **Target behavior:** Study 1: physical activity or diet; Study 2: diet.

**Data collection:**
- Used established measures.
- Post-intervention behaviors measured 2-4 weeks later.

**Results**
- **Behaviors:** Minutes of physical activity/week increased, \( p < .05 \).
- Fruit & vegetable and calcium intake improved, \( p < .05 \).
- **Key variables:** Autonomy support and relatedness scores were high post-intervention.
- Perceived competence increased from baseline.

**Conclusions:**
- When guided by SDT and MI, nurse-delivered, health behavior interventions hold promise for efficacy.