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Effect of A Motivational Interviewing Program on Psychiatric Patients' Acceptance of Hospitalization

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Abstract

Motivation was viewed to be an effective factor in helping psychiatric patients to accept change and comply with hospital treatment. A motivational interviewing program developed by Miller (1985) was introduced to a sample of hospitalized psychiatric patients. This program was built on the basis of enhancing patients' abilities for self-change. The effect of the program was measured by a developed instrument, standardized to assess change in both extrinsic and intrinsic motivations for self-change and acceptance of hospitalization.

Patients showed significant improvement after application of the program. They demonstrated improved tendency to accept hospitalization and resume better responsibilities towards their treatment.

This improvement could be attributed to the motivational program and to other factors as well. Nevertheless, therapists should be encourged to make use of this phenomenon of self-change rather than the classic didactic approach.

Introduction Motivation plays a very important role in stimulating people to move in certain direction or perform certain actions towards particular objectives (*Jack, 1978*). The traditional view of motivation attributed all motivational properties to the personality of the individual (*Deci, 1975*). Psychiatric patients' "denial", "resistance" or "lack of motivation" are often regarded as causes of therapeutic failures (*Miller, 1985*).

Examples of therapeutic failures may include failure in becoming involved or remaining in treatment; complying with therapeutic regimen, or achieve a successful outcome. Miller (1985) attributed all these failures to the individual's motivational properties. Bandura (1982) placed responsibility on the psychiatric patient to decide for him/herself how much of a problem there is and what needs to be done about it.

Miller (1985) developed a Motivational Interviewing Programme following Bandura's theme of thought. The Motivational Interviewing approach treats the individual as a responsible adult, capable of making responsible decisions and coming to the right solution.

Johnson (1993), believed in the importance of assessing sources of motivation for the nurse. He suggested that this approach will help the nurse to encourage psychiatric patients to give up their resistance that impede movement towards wellness.

The main objective of this study is to evaluate the effect of a Motivational Interviewing Programme (MIP) on the acceptance of hospitalization among a group of psychiatric patients. It also aims to asses the psychiatric patient's intrinsic and extrinsic motivation for self-change.

Methods In this experimental study, a group of 30 newly admitted psychiatric patients (within one week of admission) were chosen at random, from EL-Nile Sanatorium, Cairo. They were not to receive Electro-convulsive therapy on the day of assessment. Four patients dropped out, and 26 patients completed the programme. Their age ranged between 18-69 years with a mean age 33.6 $p>0.7$. No restrictions were imposed regarding patient's diagnosis, gender, or social background.

Instrument The study tool was developed by the researchers to assess the reasons that motivated psychiatric patients to come for hospital treatment. The theoretical background of this tool was based on Deci's theory (1975), that classified motivation into intrinsic and extrinsic. Accordingly, a pool of both intrinsic and extrinsic motivational items was formulated

using both patients' views and researchers' experiences.
Initially, this pool of items consisted of 50 mixed items covering both intrinsic and extrinsic motivational items. The tool was constructed in colloquial Arabic to suit the varied educational background of the patient's sample. The number of items was reduced to 37 after the validation process.

Instrument Validation Three stages of validation were conducted:
1. An initial face validity was done by a group of five psychiatrists working at EL-Nile Sanatorium, whose experiences ranged between 5-15 years. According to their suggestions eight items were omitted to avoid duplication and statements measuring insight were rephrased to measure motivation.
2. The second stage was done through a pilot study on five hospitalized patients, as a result, five other items were removed, and twelve items were rephrased to suit different categories of patients such as housewives, and students. Inter-rater reliability was computed.
3. A final face validity was done by both a professor of psychiatry and an assistant professor of psychiatric nursing, Cairo University. They recommended further simplification of some few words to suit illiterate patients. The instrument was then called the Intrinsic-Extrinsic Motivation Inventory (IEMI37) and consisted of thirty seven items in total. Biographic data were added at the beginning of the instrument.

Data Collection All patients were assessed twice before and after the experiment using the IEMI37. Each patient received six individual sessions of the Motivational Interviewing Programme; each session lasted 30 minutes.

The Programme The Motivational Interviewing Programme was originally developed by Miller (1985) and was applied to alcoholic patients. The programme is based upon the principles of experimental social psychology, and makes use of processes such as attribution, cognitive dissonance and self-efficacy. Within this programme, motivation is conceptualized not as a personality trait, but as an interpersonal process (*Miller and Munoz, 1982*).
The programme consists of six steps that enhance individual responsibility and internal attribution for change.

Step (1) Affirmation
The counselor starts by listening empathically to the patient's speech and reflects it back to him/her. This approach will encourage the patient to explore his/her inner thoughts, feelings and conflicts.

Step (2) Reflection as reinforcement
This can be used to reinforce certain points of what the patient has said. The counselor reinforces the client's statements of self-perceived problems related to his/her mental illness.

Step (3) Reflection as restructuring
This is a "directive" use of reflection in which the counselor reconstructs the content of patient's speech into a slightly different light. This directive move aims to decrease patient's emphasis of ill-motivated behavior.

Step (4) Awareness
This step aims towards awareness-building and consciousness-raising. This is done either by encouraging the patient to elicit self-motivational statements or by confronting the patient with some of the difficult realities. This should help the patient to understand his/her own situation.

Step (5) Summarizing
The counselor summarizes the patient's current situation for him/her. The summary should be made using the same words stated by the patient.

Step (6) Alternatives
This final step aims at increasing the patient's openness to self-evaluation and increases doubts in his/her ill-behaviour. Consequently he/she becomes motivated for change and has less tendencies towards unhealthy behavior.

Statistical Methods: Comparison of percentages was done by the paired chi-square test. The threshold of significance was fixed at 5% level.

Results Socio-demographic characteristics of 26 hospitalized psychiatric patients showed that the majority of the sample were males (88.5%),single (53.9%),with secondary school education (38.5%), and a mean age of 33.6 (Table 1).

Findings of this study revealed a highly significant improvement in patients' intrinsic and extrinsic motivation towards hospitalization after the program. Among items of extrinsic

motivation, 19.2% showed improvement, 72.3% remained stationary and 8.5% became worse. Of the intrinsic motivation items, 20% became better, 74.5% remained stationary and 5.5% became worse (Fig. 1).

Responses related to extrinsic motivation towards hospitalization are shown in table 2. All items, except two, showed improvement after the program. Changes were significant for for: "hospitalization helps in overcoming external circumstances (62.2% to 80.8%, P< 0.001), "carrying out responsibilities in a better way" (64.4% 84.6%, P<0.001), "hospitalized because of troubles with people (50.0% to 69.2%, P<0.001); "obliged for hospitalization to satisfy family (50.0% to 34.6%, P< 0.05), "competence" (45.2 to 50%, P< 0.05). Change in other items was not proved to be statistically significant.

Table 3 shows that the highest frequency of improvement was found among those who were hospitalized because "others e.g., Boss authority" (30.8%), followed by those who were hospitalized because "family cares for them" (26.9%). The lowest frequency of improvement was for: "Overcoming external circumstances"; "solving all problems"; "protect family from problems" (15.4% each). The majority of patients remained stationary for these items.

Responses of psychiatric patients who were intrinsically motivated towards hospitalization (Table 4) showed improvement in all items after the programme. Differences were statistically significant (P-value<0.01) for "hospitalization helps cure" (80.8 to 88.5%) "feelings of fair mental health" (76.9 to 73%) "comfort feelings" (73.1 to 76.9%); continuing treatment till improved (69.2 to 80.8%); "accepting physical and psychological condition" (69.2 to 2.1 %) ;80.8%); "hospitalized because of bad luck and in "need for psychiatric treatment" (26.9 to 53.9%).

As shown in table 5, the highest frequency of improvement after the programme was among those who wanted to "share in treatment plan" followed by those who regained "fair mental health state" (34.6% and 30.8% respectively).

The least frequency of improvement was observed for: "Hospitalized by self" (0%), "will be completely cured" (7.7%), and "to be treated from physical illness" (11.5%). Most patients remained stationary for items which showed low frequency of improvement.

Discussion

In the present study an attempt was made to examine the effect of motivational Interviewing Programme on patient's acceptance of psychiatric hospital treatment and tendency for self-change.

The Motivational Interviewing Programme was basically, directed towards increasing patients' insight of their illness, treatment and reasons for hospitalization. Both Intrinsic and Extrinsic motivational factors were examined and enhanced to encourage psychiatric patients resume more responsibility towards their treatment.

Generally speaking, significant improvement in patient's intrinsic and extrinsic motivation for accepting hospital treatment was found following the programme. For example, on the Extrinsic motivation scale patients appeared motivated to take active role in becoming more responsible for themselves 19.2% P<0.001 and to continue treatment (15.4% P< 0.05). They were also more ready to deal with external problems and troubles 15.4% (P< 0.001).

These findings found support in Draine's and Solomon's (1994) work with seriously mentally ill patients, who found that positive attitude towards medication compliance did develop when patients became more involved in psychosocial activities.

Amador et al., (1993) study of insight in psychosis found strong correlation between poor insight and poor treatment compliance. A further view was proposed by David et al., (1992) who found that treatment compliance and illness recognition were related to I.Q.

Results of the present study showed that our patients demonstrated positive improvement in their views about their future, competence, troubles with others and acceptance of hospitalization.

These significant changes in patient's extrinsic motivation could be related to the effect of the Motivational Interviewing Programme. Sullivan et al., (1992) found that improving seriously mentally-ill patient's quality of life was not merely associated with clinical factors such as treatment and medication, but it included also the family factor and their psycho-educational programs. Conflicting with our results was King et al., (1993) who found that self-perception of competence and global self worth were negatively correlated to improvement in depression among a group of inpatient adolescents.

According to these studies, attitudes of self worth, competence and improved quality of life are complex ones and their improvement should not be linked only to the effect of a therapeutic programme. The Motivational Interviewing Program could have helped, but at the same time it could not be the only factor. This does not necessarily reduce the importance of the present study findings.

Change in the intrinsic motivational factors affecting psychiatric patient's acceptance of hospitalization, was also highly significant. Results indicated that our patients demonstrated great improvement towards intrinsically accepting hospitalization after the programme.

These patients, expressed acceptance of staying in hospital till improved or cured, or reaching a fair mental state. They were also less anxious about hospitalization and feeling comfort. Some social beliefs such as bad luck, worthlessness due to being in mental hospital or feeling guilty, were markedly reduced. This change in patients' attitudes indicated better realization of the benefits of hospitalization that can help them feel more in control of their illness. It also indicated a less dependent and less passive attitudes towards self-change.

Denial of mental illness and resisting admitting its presence are quite common among psychiatric patients. Perkins and Moodly (1993) studied perception of problems in a psychiatric inpatients unit. Their results indicated that 56% of their sample did not consider themselves to have psychiatric problems; 1% denied having problems at all. Having physical and social problems rather than psychiatric ones were expressed by 40% of these patients.

Perkins' and Moodly's results are of particular importance to the present study; as negative effects of the Motivational Interviewing Programme were detected in few patients regarding a number of items. For example, following the programme four patients felt no responsibility for their illness and that they are not in need of psychiatric treatment.

Most patients who were self-hospitalized remained with no change regarding this item, i.e., accepted to sign voluntarily the hospital admission papers. However, one patient was worse on this item after the programme and tried to escape.

The above discussion draws attention to the importance of "self-change" issue. It suggests that psychiatric patients should make an effort to initiate the improvement process. It also suggests consideration of the complex nature of the factors influencing self-change such as insight, self-perception hospital regime and cultural impact.

In the present study acceptance of hospital treatment has improved greatly after the motivational programme; nevertheless, other uncontrolled factors have contributed to this process. For example, some of the voluntary admitted patients were willingly accepting hospital treatment without any outside pressures; others wanted to stay in a relaxing atmosphere. Miller and Munoz (1982) explained that most people who overcome undesired behaviors, do so on their-own with little or no outside assistance. They advised therapists not to forget or ignore this fact and try to help the patient to use his/her self powers for change. Following the same line of advice, Brown (1993) condemned the commonly used "psychiatric intake" process which relied excessively on the question-answer mode of engagement. He explained that this process leads therapists to look for cues as how certain things in patient's stories are significant and intended. They, afterwards, look for clues as how this material fits together to form a mystery that renders their input to be solved.

The less didactic approach inherent in the present programme of Motivational Interviewing was recommended by Raistrick and Davidson (1985) who used it successfully with a group of drug addict patients.

In the Egyptian culture, some problems were also, encountered during the implementation of the Motivational Interviewing Programme. Initially Egyptian patients demonstrated some resistance in changing their views regarding admitting having psychiatric disorders.

They attributed being hospitalized to avoid and overcome external circumstances and because their families wanted so; however, most patients in the sample were very optimistic about achieving complete cure. Treatment in the Egyptian culture means medication rather than other forms of psychothearapeutic approaches. This program does highlight the usual tendency of patients to be less dependent and passive towards taking responsibility of themselves or their illness.

The orthodox model of the therapist taking full responsibility for changing patient's disturbed behavior was predominant for a very long time. Today, the phenomenon of self-change is growing and taking prevalence over didactic models. However, other factors such as patient's intelligence, insight, secondary gains, etc. should also be seriously taken into consideration *(Amador et al., 1993; and David et al ., 1992).*

In conclusion, patients in this study showed significant improvement in their extrinsic and intrinsic motivation for accepting hospitalization after receiving the Motivational interviewing Programme. Hence, this study recommends that psychiatric patients should be oriented to their role in therapy and their power for self-change. Therapists should be encouraged to use this phenomenon of self-change and identify patients' motivations for change.

Table (1): Socio-Demographic Characteristics of Psychiatric Patients

Item	Frequency	Percent
1-Age (years)		
< 30	11	42.3
30-39	7	26.9
40-49	5	19.2
50+	3	11.5
	Mean = 33.6 S.D. = 10.7	
2- Gender		
Male	23	88.5
Female	3	11.5
3- Marital Status		
Single	14	53.9
Married	9	34.6
Divorced	3	11.5
4- Education		
Illiterate	2	7.7
Read and Write	4	15.4
Primary, Preparatory	1	3.9
Secondary	10	38.5
University	9	38.5
Total	**26**	**100**

Table (2): Frequency of Psychiatric Patient's Responses in Relation to Extrinsic Motivation for Hospitalization

Extrinsic motivation items	Before		After		P Value
	No	%	No	%	
Reason for Hospitalization:	18	69.2	13	50.0	>.05
Family care for him/her	18	62.2	21	80.8	0.001
To overcome external circumctances					
Others (e.g. boss authority)	15	57.7	9	34.6	0.01
Troubles with people	13	50.0	18	69.2	0.001
Obliged to satisfy family	13	50.0	9	34.6	0.01
To solve all proplems	12	46.2	11	42.3	0.05
To protect family	11	42.3	11	42.3	>.05
To escape from family problems	5	19.2	4	15.4	>.05
Effect of Hospitalization:					
Better sense of responsibility	17	65.4	22	84.6	0.001
Deprivation of friends	14	53.9	14	53.9	0.02
Hinders future wishes	13	50.0	8	30.8	0.002
Affects competence	12	46.2	13	50.0	>.05
Shyness	6	23.1	2	7.7	0.4

Table (3): Effect of Motivational Interviewing Programme on Patients' Extrinsic Motivation Towards Hospitalization

Extrinsic motivation items	Better		Same		Worse	
	No	%	No	%	No	%
Reason for Hospitalization:						
Family care for him/her	7	26.9	16	61.5	3	11.5
To overcome external circumctances	4	15.4	21	80.8	1	3.9
Others (e.g. boss authority)	8	30.8	16	61.5	2	7.7
Troubles with people	6	23.1	18	69.2	2	7.7
Obliged to satisfy family	5	19.2	20	76.9	1	3.9
To solve all proplems	4	15.4	18	69.2	4	15.4
To protect family	4	15.4	18	69.2	4	15.4
To escape from family problems	4	15.4	19	73.1	3	11.5
Effect of Hospitalization:						
Better sense of responsibility	5	19.2	20	76.9	1	3.9
Deprivation of friends	5	19.2	16	61.5	5	19.2
Hinders future wishes	6	23.1	19	73.1	1	3.9
Affects competence	5	19.2	18	69.2	3	11.5
Shyness	6	23.1	18	69.2	2	7.7
All items	**237**	**88.4**	**63**	**23.5**	**28**	**10.4**

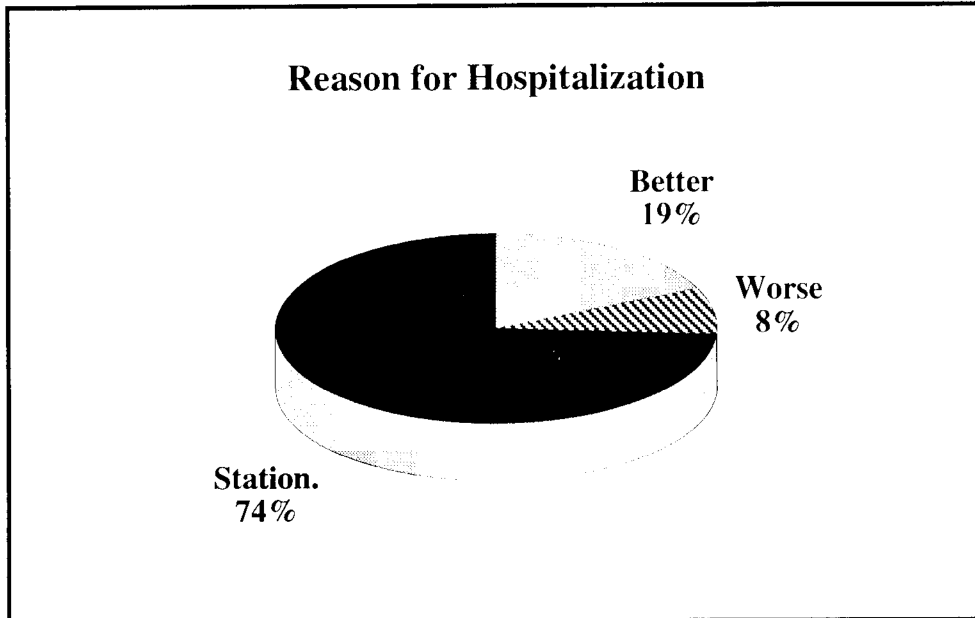
Table (4): Frequency of Psychiatric Patient's Responses in Relation to Intrinsic Motivation Towards Hospitalization

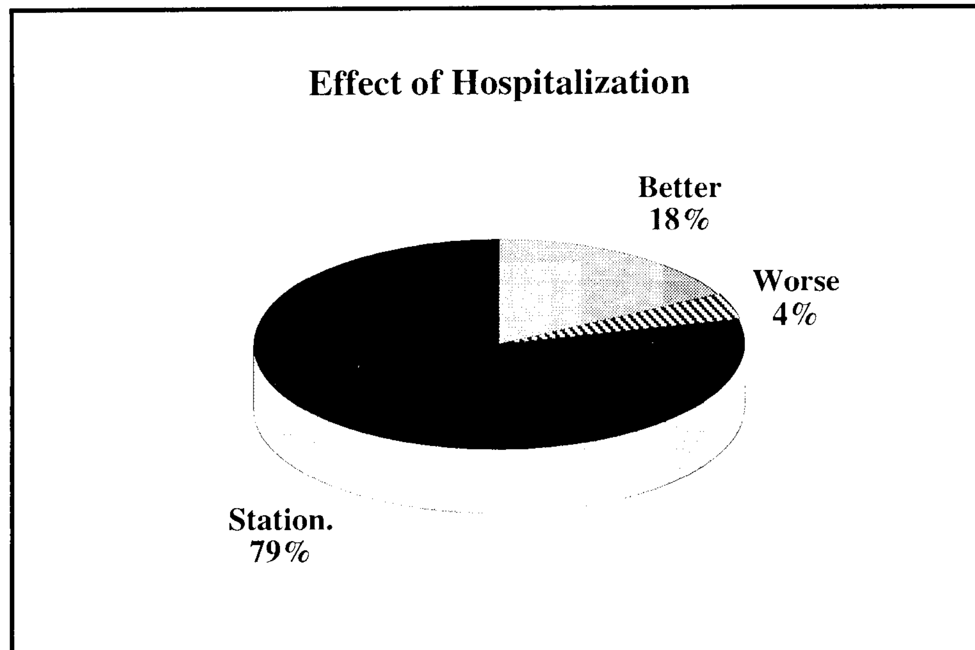
Intrinsic motivation items	Before		After		P Value
	No	%	No	%	
Reason for Hospitalization:					
Helps cure	21	80.8	23	88.5	0.01
Lack of feeling of security	11	42.3	8	30.8	0.001
Continue treatment till improved	18	69.2	21	80.8	0.01
Accepts psycho-social condition	18	69.2	21	80.8	0.01
Feeling Responsible for illness	14	53.9	17	65.4	0.3
Bad luck	11	42.3	6	23.1	0.004
To share in treatment plan	11	42.3	18	69.2	0.2
Self admission	10	38.5	10	38.5	-
Bored from illness	9	34.6	7	26.9	0.001
Need for psychiatric treatment	7	26.9	14	53.9	0.04
Treatment of physical illnes	4	15.4	2	7.7	0.2
Effect of Hospitalization:					
Complete cure	24	92.3	25	96.2	0.8
Fulfill future wishes	20	76.9	24	92.3	0.2
Fair mental health	20	76.9	19	73.1	0.01
Feeling of anxiety	12	46.2	4	15.4	0.01
Feeling of comfort	19	73.1	20	76.9	0.02
Feeling of worthlesness	9	34.6	3	11.5	0.07
Feeling of guilt	8	30.8	5	19.2	0.002
Feeling of inferiority	7	26.9	2	7.7	0.03

Table (5): Effect of Motivational Interviewing Programme on Responses in Relation to Intrinsic Motivation Towards Hospitalization

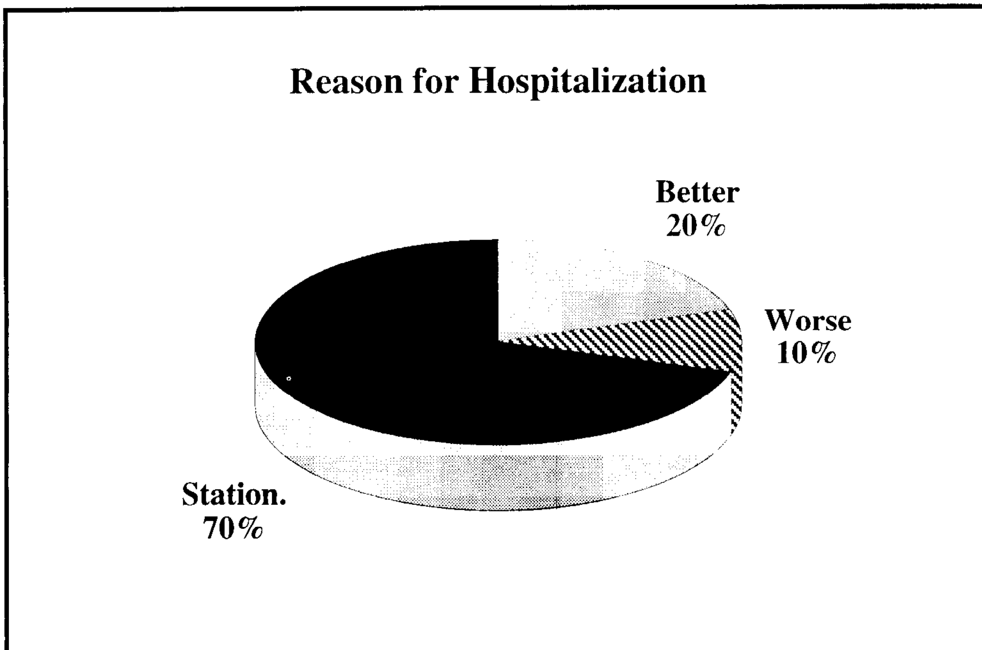
Intrinsic motivation items	Better		Same		Worsppe	
	No	%	No	%	No	%
Reason for Hospitalization:						
Helps cure	5	19.2	20	76.9	1	3.9
Lack of feeling of security	4	15.4	21	80.8	1	3.9
Continue treatment till improved	4	15.4	20	76.9	2	7.7
Accepts psycho-social condition	6	23.1	18	69.2	2	7.7
Feeling Responsible for illness	6	23.1	16	61.5	4	15.4
Bad luck	5	19.2	19	73.1	2	7.7
To share in treatment plan	9	34.6	14	53.9	3	11.5
Self admission	0	0.0	25	96.2	1	3.9
Bored from illness	3	11.5	22	84.6	1	3.9
Need for psychiatric treatment	8	30.8	14	53.9	4	15.4
Treatment of physical illnes	3	11.5	22	84.6	1	3.9
Effect of Hospitalization:						
Complete cure	2	7.7	23	88.5	1	3.9
Fulfill future wishes	5	19.2	20	76.9	1	3.9
Fair mental health	3	11.5	21	80.8	2	7.7
Feeling of anxiety	8	30.8	18	59.2	0	0
Feeling of comfort	3	11.5	20	76.9	3	11.5
Feeling of worthlesness	6	23.1	18	69.2	0	0
Feeling of guilt	4	15.4	21	80.6	1	3.9
Feeling of inferiority	5	19.2	21	80.8	0	0
All items	310	78.2	83	20.9	23	5.8

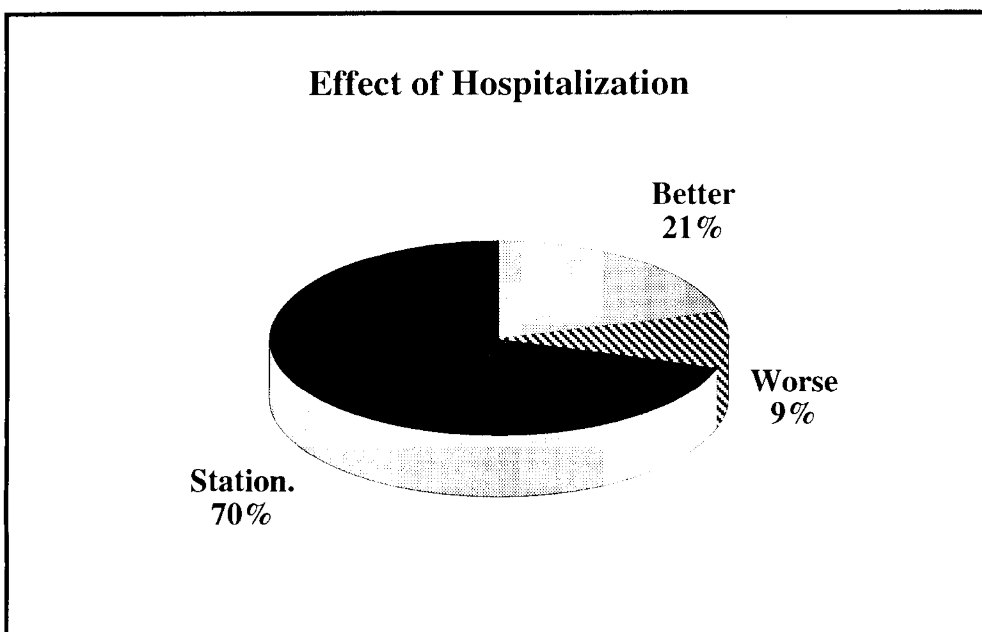
Frequency of Change Extrinsic and Interinsic Motivation Towards Hospitalization Among Psychiatric Patients



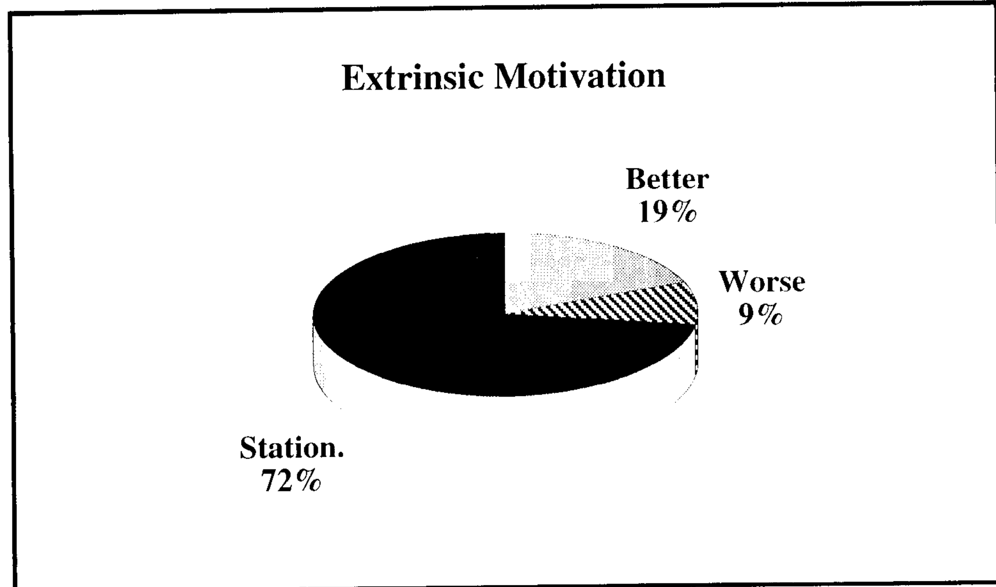


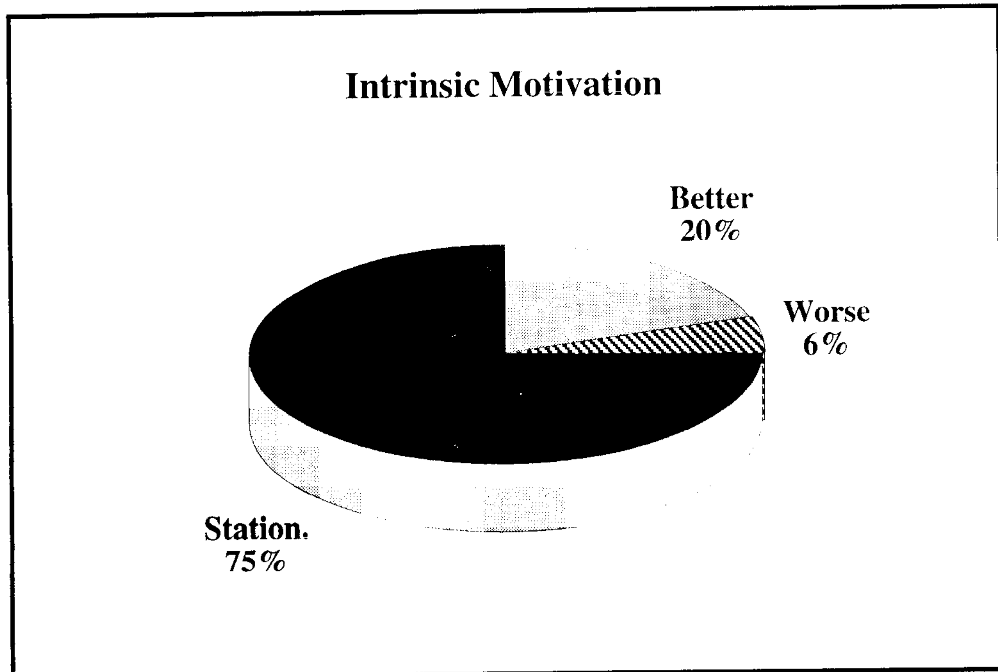
Frequency of Change in Components of Extrinsic Motivation Towards Hospitalization Among Psychiatric Patients





Frequency of Change in Extrinsic and Intrinsic Motivation Towards Hospitalization Among Psychiatric Patients





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تأثير برنامج مقابله تشجيعيه على قبول المرضى النفسيين لدخول المستشفى

تعتبر الدافعية عاملا مؤثرا فى مساعدة المرضى النفسيين على قبول التغيير والإستجابة للعلاج بالمستشفى. وقد تم تطبيق برنامج المقابله التشجيعيه الذى وضعه ميللر (١٩٨٥) لزيادة قدرات المرضى على التغيير النفسى. وقد طبق هذا البرنامج على مجموعة من المرضى النفسيين بمصحة النيل بالمعادى ولقياس تأثير البرنامج وتقييم التغيرات فى الدوافع الداخلية والخارجية بالنسبة لقبول دخول المستشفى والتغيرات النفسية تم إستعمال أداة البحث التى صممت وقننت بواسطة الباحثين.

وقد أظهرت الدراسة تحسنا ملحوظا بعد تطبيق البرنامج بالنسبة لاستعداد المرضى لتقبل دخول المستشفى وتحمل مسئولية علاجهم وقد يرجع هذا التحسن إلى البرنامج المستعمل أو إلى عوامل أخرى مصاحبه ومع ذلك يجب تشجيع المعالجين على إستعمال ظاهرة التغيير النفسى الذاتى بدلا من الاتجاه الإرشادى التقليدى.