



Motivational Interviewing in the Workplace

ECAS7011

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Motivational Interviewing Foundations

Overview of Motivational Interviewing

Core Principles of MI

Motivational Interviewing emphasises collaboration, acceptance, compassion, and evocation to strengthen motivation for change.

MI in Workplace Settings

MI provides a framework for managers to facilitate behaviour change without coercion, promoting autonomy and engagement.

Benefits of Reflective Listening

Reflective listening in MI improves understanding, reduces defensiveness, and validates employee experiences.

MI's Organizational Impact

MI aligns with psychological safety, coaching leadership, and enhances motivation, wellbeing, and relationships at work.



Core Principles of Motivational Interviewing

Expressing Empathy

Empathy through reflective listening creates a non-judgemental environment where employees feel heard and respected.

Developing Discrepancy

Highlighting gaps between current behaviour and goals fosters intrinsic motivation for meaningful change.

Rolling with Resistance

Responding flexibly to resistance reduces defensiveness and preserves collaborative relationships.

Supporting Self-Efficacy

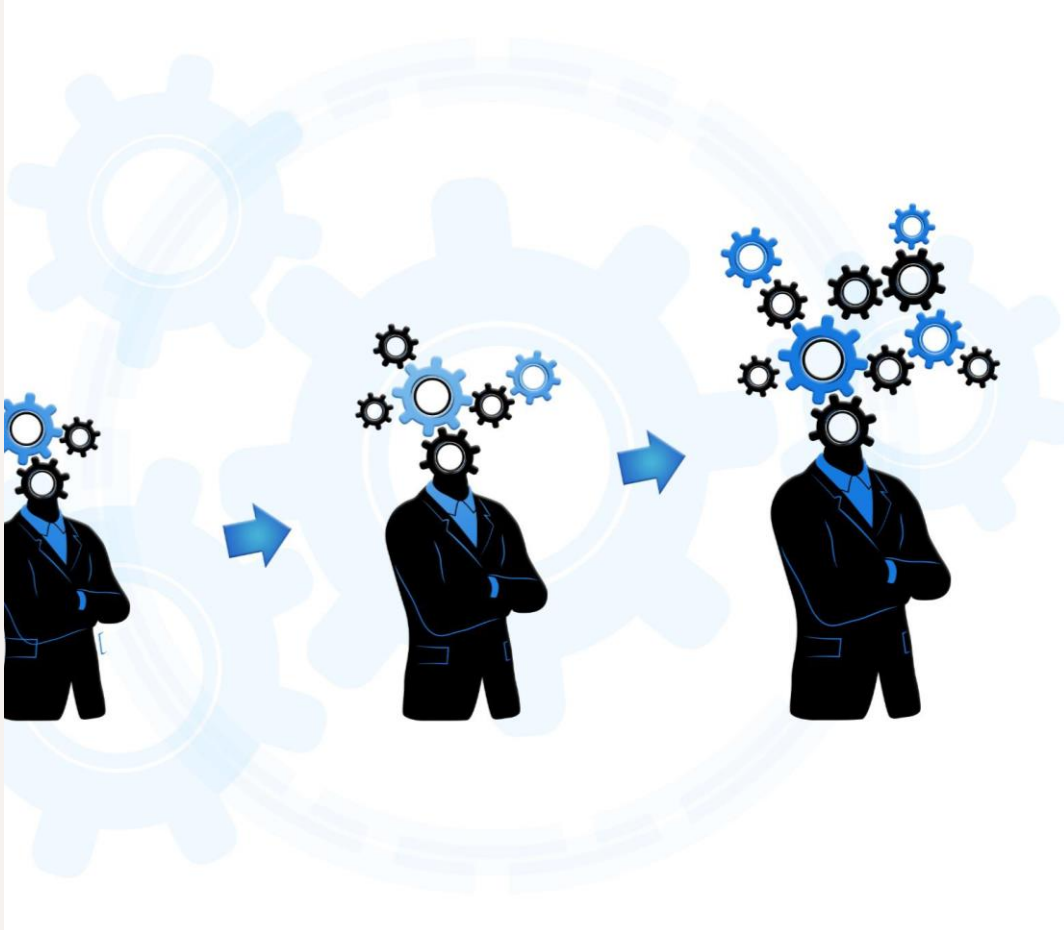
Encouraging belief in one's capacity to change empowers employees in performance and health interventions.



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Theoretical Underpinnings

Self-Determination Theory and MI



Core Psychological Needs

SDT identifies autonomy, competence, and relatedness as essential drivers of human motivation in organisations.

Motivational Interviewing Alignment

MI fosters autonomy-supportive communication, enhancing motivation by validating feelings and supporting self-efficacy.

Workplace Impact

SDT-aligned MI improves job satisfaction, engagement, and reduces burnout through autonomy-supportive leadership.

Deci EL & Ryan RM (1985) *Intrinsic motivation and self-determination in human behavior* New York: Plenum Publishing Co.

Deci EL & Ryan RM (2000) The 'what' and 'why' of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry* 2000, 11:227-268.

Transtheoretical Model of Change in Workplace MI

Stages of Change Model

TTM identifies stages like pre-contemplation, contemplation, preparation, action, and maintenance for behavior change.

Motivational Interviewing Role

MI is effective in early stages to address ambivalence and foster internal motivation for change.

Tailored Workplace Interventions

Understanding readiness enables managers to customize communication and interventions to employee needs.

Integrative Framework Benefits

Combining TTM and MI enhances behaviour change strategies and supports wellbeing programs at work.

Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American journal of health promotion : AJHP*, 12(1), 38–48.
<https://doi.org/10.4278/0890-1171-12.1.38>



Transtheoretical Model of Change in Workplace MI

- Basic research has generated a rule of thumb for at-risk populations: 40% in precontemplation, 40% in contemplation, and 20% in preparation.
- Across 12 health behaviours, consistent patterns have been found between the pros and cons of changing and the stages of change.
- Applied research has demonstrated dramatic improvements in recruitment, retention, and progress using stage-matched interventions and proactive recruitment procedures.
- The most promising outcomes to date have been found with computer-based individualized and interactive interventions. The most promising enhancement to the computer-based programs are personalized counsellors.

Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American journal of health promotion : AJHP*, 12(1), 38–48.
<https://doi.org/10.4278/0890-1171-12.1.38>



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MI Applications and Evidence

MI Techniques in Workplace Coaching

OARS Framework Overview

OARS is the foundation of MI, including Open Questions, Affirmations, Reflective Listening, and Summaries to foster meaningful dialogue.

Enhancing Communication and Trust

Reflective listening and affirmations build empathy, trust, and reduce defensiveness in workplace coaching conversations.

Supporting Employee-led Change

MI techniques help employees identify barriers and motivate ownership of their own performance improvement actions.

Versatile Coaching Applications

MI's flexible approach suits leadership development, performance management, conflict resolution, and career coaching.



Evidence for MI in Workplace Settings



Improved Employee Engagement

MI interventions foster employee autonomy and meaningful communication, boosting engagement and readiness to change.

Occupational Health Benefits

MI supports behavior change in stress reduction, physical activity, and return-to-work processes, enhancing wellbeing.

Enhanced Managerial Skills

Leaders trained in MI gain confidence and skills for difficult conversations, promoting psychological safety.

Organisational Outcomes

MI contributes to reduced absenteeism, higher job satisfaction, and stronger commitment to organisational goals.



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Workplace Applications

Leadership and Coaching Applications

Autonomy-Supportive Leadership

Leaders use MI to encourage employee ownership and voice, aligning with empowerment and emotional intelligence.

Effective Coaching Techniques

MI provides structured methods to explore goals, overcome barriers, and elicit intrinsic motivation in coaching.

Enhancing Communication and Trust

MI-trained leaders improve empathy and communication, fostering trust and stronger employee relationships.

Managing Resistance to Change

MI helps leaders address resistance by promoting open dialogue and guiding self-driven solutions.



Occupational Health and Wellbeing Applications

Role in Behaviour Change

Motivational Interviewing supports employees in changing health habits by fostering empathy and autonomy in sensitive discussions.

Stress Management Benefits

MI encourages open expression of concerns and commitment to adaptive coping strategies aligned with personal values.

Return-to-Work Support

Practitioners use MI to address ambivalence and collaboratively plan meaningful steps for workplace reintegration.

Organizational Outcomes

MI integration improves adherence to health recommendations, workplace climate, and reduces absenteeism in organizations.



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Critical Perspectives and Synthesis

Motivational Interviewing for Workplace Smoking Cessation

Caponnetto, P., Maglia, M., Floresta, D., Ledda, C., Vitale, E., Polosa, R., & Rapisarda, V. (2020). *A randomized controlled trial to compare group motivational interviewing to very brief advice for the effectiveness of a workplace smoking cessation counseling intervention.* **Journal of Addictive Diseases.**
<https://doi.org/10.1080/10550887.2020.1782564>



Overview of the Workplace MI Smoking Cessation Trial

Study Design and Participants

The RCT involved 656 regular smokers in Italian supermarkets randomized to MI or VBA interventions over 52 weeks.

Intervention Methods

Motivational interviewing sessions lasted two hours, contrasting with brief 30-second advice sessions under VBA protocol.

Outcome Measures and Monitoring

Smoking status, motivation, nicotine dependence, and CO levels were tracked using validated tests and strict abstinence rules.

Ethical and Practical Context

The study adhered to ethical standards and leveraged workplace peer influence to enhance retention and engagement.





Effectiveness Outcomes of MI Versus Very Brief Advice

Superior Quit Rates with MI

Motivational interviewing achieved significantly higher continuous quit rates versus very brief advice at all measured intervals.

Reduced Cigarette Consumption

Participants receiving motivational interviewing showed greater reductions in cigarette consumption by at least 50%.

Decreased Nicotine Dependence

Fagerström Test scores indicated significantly reduced nicotine dependence among those receiving motivational interviewing.

Increased Motivation to Quit

Motivational interviewing participants showed greater increases in quit motivation across multiple time points.



Additional Findings and Workplace Implications

Motivational Interviewing Benefits

MI led to higher engagement, reduced nicotine dependence, and stronger motivation to quit compared to brief advice.

Workplace Influence

Proximity, convenience, and peer support in the workplace increased adherence and created social norms favoring quitting.

Adoption of Reduced-Risk Products

MI participants showed higher voluntary use of reduced-risk nicotine products, aiding the transition from cigarettes.

Workplace Program Impact

Workplace-based MI programs can reduce smoking prevalence, improve well-being, productivity, and reduce health risks.

Motivational Interviewing for Return-to-Work Outcomes

Page, K. M., & Tchernitskaia, I. (2014). Use of motivational interviewing to improve return-to-work and work-related outcomes: A review. *Australian Journal of Rehabilitation Counselling*, 20(1), 38–49.
<https://doi.org/10.1017/jrc.2014.5>



Role of MI in Return-to-Work (RTW) Contexts

Complexity of RTW Process

Return-to-work involves physical, psychological, cognitive, and social factors influencing readiness and ability to resume employment.

Motivational Interviewing Benefits

MI addresses ambivalence by enhancing intrinsic motivation, self-efficacy, and autonomy to support re-engagement in work.

Empirical Support and Adaptability

MI shows strong evidence across health domains, with promising applications in vocational rehabilitation and RTW contexts.

MI Role in Overcoming Barriers

MI supports adherence to rehab, improves communication, and reduces psychological barriers during return-to-work transitions.





Existing Evidence and Practical Applications for RTW

Evidence from Related Contexts

Studies show MI improves health and employment outcomes in related vocational and chronic health programs.

Positive Rehabilitation Outcomes

MI tailored to change stages boosts job seeking, commitment, and reduces relapse in vocational rehab.

Challenges and Limitations

Mixed results arise due to factors like population traits, intervention fidelity, and treatment integration.

Practical Implications for RTW

Effective MI needs training, tailoring to readiness, good psychosocial environments, and early intervention.



Critiques and Limitations of MI

Skill and Training Requirements

Effective MI requires substantial skill and practice; inadequate training can lead to ineffective conversations.

Time-Intensive Process

MI is time-consuming compared to directive styles, challenging in fast-paced organizational environments.

Contextual Limitations

MI effectiveness varies with employee readiness, organizational culture, and supervisor-employee relationship quality.

Potential Perceived Manipulation

If used without genuine empathy, MI techniques may be seen as coercive, harming trust and collaboration.



Synthesis and Key Takeaways

Theoretical Foundations

Motivational Interviewing aligns with Self-Determination Theory promoting intrinsic motivation and psychological needs satisfaction.

Application Across Readiness

The Transtheoretical Model supports tailoring MI interventions across different stages of readiness for behavior change.

Empirical Support

Research shows MI improves employee engagement, wellbeing, and organizational performance in leadership and coaching.

Ethical and Skilled Implementation

Effective MI requires skill, time, and commitment, emphasizing empathy, collaboration, and autonomy support in workplaces.



Synthesis and Key Takeaways

Increasing emphasis has been placed on the use of theory in developing and testing behaviour change interventions.

Self-determination theory offers a theoretical perspective-and motivational interviewing offers a set of clinical techniques-have both been used in workplace behaviour intervention contexts.

Although developed for somewhat different purposes and in relatively different domains, there is a good deal of conceptual overlap between SDT and MI.

- Accordingly, SDT may offer the theoretical backing that historically has been missing from MI
- MI may offer SDT some specific direction with respect to particular clinical techniques that have not been fully borne out within the confines of health related applications of SDT.

