The effectiveness of nationally distributed Smart Family -lifestyle counselling method

Background

- In Finland maternity and child welfare clinics reach 98% of all families. Smart Family is a lifestyle counselling method coordinated by Finnish Heart Association and applied in 110/320 municipalities.

- Smart Family method is based on self-monitoring of child and parental lifestyle behaviors, goal setting by parents and motivational coaching delivered by primary health nurses applying e.g. motivational interviewing techniques. Motivational coaching is an autonomy supportive coaching method based on identification of strengths (e.g. existing or familiar healthy behaviors) and promotion of changes that utilize these strengths e.g. by increasing frequency, duration, intensity or size of the behaviors.

- The aim in this study was to investigate if clients, who received the Smart Family lifestyle counselling, perceived more autonomy support, were helped to recognize strengths in their lifestyle and experienced higher self-efficacy for healthy diet.

Methods

In this non-randomized controlled trial, four municipalities, matched by population size and structure, were included. Two of the municipalities had implemented the Smart Family method, the other two served as control. Two groups of parents participated: maternity welfare clinic clients (pregnancy week 9 or 12) and child welfare clinic clients (12 or 18 months check-up). The Ns are presented in Table 1. Nurses, who delivered the intervention, received a 2-day training program for the Smart Family method. All intervention nurses had finished at least one day training before they started data collection. In addition, audiotaped coaching appointments were reviewed and discussed in small groups at two supervision sessions. Parents completed questionnaires after a baseline visit at maternity or child welfare clinic (T1: n = 156 Smart Family, n = 150 control) and after next visit 6-25 weeks (T2: n = 86 intervention; n = 98 control). In this study, we analyzed measures for 1) parent’s perceived autonomy support (a modified version of the Health Care Climate Questionnaire, 15 items, e.g. “My nurse listens to how I would like to do things”, α = .95); recognizing client’s strengths (scale developed for this study, 4 items, e.g. “My nurse helps me to recognize my strengths I might not have noticed otherwise”, α = .76); and barriers self-efficacy (adapted from Renner et al. 2012, 7 items, e.g. “I know I can stick into healthy diet even when I am tired”, α = .85).

Findings

The means and standard deviations are presented in Table 2. Perceived autonomy support from a nurse was high in both groups. The repeated measures ANOVA showed that the study arms did not differ either in perceived autonomy support (F(1,184) = 1.35, p = .247) or in barriers self-efficacy for healthy diet (F(1,188) = 1.35, p = .224). Furthermore, the within-subject analyses showed no significant changes in either autonomy support (F(1,184) = 1.35, p = .247) or barriers self-efficacy for healthy diet (F(1,188) = 1.35, p = .224). Perceptions on nurse’s help for recognizing one’s strengths was significantly higher at T2 than at T1 (F(1,188) = 4.13, p = .043). The change was similar in both groups (F(1,188) = 1.35, p = .247), but the between subjects analyses showed that participants in the intervention group reported more support on recognizing their strengths (F(1,188) = 6.25, p = .013).

Conclusions

- Customers’ sense of autonomy was supported well in all clinics irrespective of the intervention.

- Smart Family method was a helpful tool for recognizing clients’ strengths in their lifestyle, but no differences between the study groups were seen on perceived autonomy support or barriers self-efficacy for healthy diet.

- The fidelity of the intervention was not measured, but the findings are congruent with our experiences from the supervision sessions conducted with the nurses. The audiotapes revealed that nurses are very skillful in showing active listening and acceptance, providing general positive feedback, and prompting goal setting. However, one key area for improvement identified by most nurses was helping clients make concrete plans for implementing the goals in their everyday lives.