FUTILITY OF NAGGING

Practitioners need input from behavioural medicine specialists

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McCartney is right,¹ nagging doesn’t work: it assumes deliberate non-compliance, undermining patients’ autonomy and intelligence. Some people need nudges (as I do to complete the review that has been sitting on my desk for 10 days) and others support (as I do to clear more urgent work to find time for that review), but few respond well to being treated like an ignorant lazy person.

Clinicians need exposure to the appropriate knowledge base of what motivates people to adopt healthy behaviour (health psychology) and to learn attitudes and skills to support motivation (behavioural medicine). Communication skills that are delivered by medical practitioners without a behavioural sciences knowledge base rarely emphasise skill building to spot the teachable moments in the consultation (thereby identifying change talk opportunities) and to respond appropriately to what patients want to do that their condition is stopping them from doing. Practitioners need to learn to help patients set achievable goals and action plans to achieve those goals; this means input from behavioural medicine specialists at all stages of learning.

Nagging someone to change is uncomfortable and ultimately demoralising; anyone with children knows how energy sapping it can be. This is an oft cited reason for burnout among practitioners working with patients with long term conditions. Poor technique will always produce discordant music, however good the intention to play well.

Those interested in evidence based approaches to behaviour change could read the systematic review of motivational interviewing in long term conditions.² To understand the theoretical applications and the basics of skills to support motivation, two other works are recommended.³ ⁴

Competing interests: None declared.

Full response at: www.bmj.com/content/351/bmj.h4515/rr-1.

1 McCartney M. Nagging people is a futile exercise. BMJ 2015;351:h4515. (24 August.)

Cite this as: BMJ 2015;351:h5291
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