

## **Chapter 3 - Practical Strategies for Supporting Behaviour Change in Podiatry**

### *From Understanding to Action*

#### **Introduction: From Theory to Everyday Impact**

Now that you've explored the psychological foundations of behaviour change, this chapter brings it all to life. You're now ready to take the next step — applying strategies that reflect a full-circle understanding of patient care, from the foot to the mind. Here, we move from theory into action — the kind that happens in 20-minute appointments, home visits, and follow-ups. These evidence-based strategies are designed not just to educate patients, but to empower them.

As podiatrists, we often know *what* needs to change. The challenge lies in *how* we support patients to actually do it, especially those dealing with pain, fear, and fatigue. The

strategies in this chapter turn good intentions into meaningful results, helping you improve clinical outcomes while deepening trust and connection with your patients.

## **Motivational Interviewing: The Art of Collaborative Conversation**

Motivational interviewing (MI) is a powerful, patient-centred communication technique that helps resolve ambivalence and build intrinsic motivation (Miller & Rollnick, 2013). Rather than pushing patients toward compliance, MI invites them to explore their values, goals, and fears — and then move forward on their own terms.

### **Case Example: Mrs. A and Her Offloading Shoes**

Mrs. A, 65, has diabetes and recurrent ulcers. She refuses to wear her prescribed offloading footwear, describing them as "ugly" and "embarrassing." Traditional advice hasn't worked, and she feels unheard.

Instead of repeating instructions, the podiatrist uses MI to explore her perspective:

- **Open question:** “What’s it like for you when people notice your shoes?”
- **Reflective listening:** “It sounds like you want to stay safe but also feel confident around your friends.”
- **Affirmation:** “That’s completely understandable. Your appearance matters — and it’s great that you’re thinking about how to stay healthy, too.”

This shift in tone helps Mrs. A open up. She reveals a desire to stay mobile for her grandson’s wedding. Together, they explore discreet alternatives, like orthotic insoles in fashionable footwear, and Mrs. A agrees to trial them at home first.

**Insight:** *Research found that patients with diabetic foot ulcers often feel defined by their condition — embarrassed, judged, or disempowered. MI helps reclaim their voice and dignity.*

## **Goal Setting and Action Planning: Turning Intention into Action**

Goal setting is a core behavioural strategy that helps patients convert vague intentions into concrete, achievable actions. The SMART goal framework—**Specific, Measurable, Achievable, Relevant, and Time-bound**—is widely used in healthcare to structure goal-setting conversations effectively (Locke & Latham, 2002). When clinicians and patients set goals together, it strengthens motivation, encourages ownership, and provides a clear pathway to success.

### **Example:**

Mr. B, a 53-year-old warehouse operative, has been treated multiple times for recurrent fungal infections. Despite receiving general advice about foot hygiene, he admits to neglecting it due to fatigue and forgetfulness. Rather than simply repeating the advice, the podiatrist involves him in setting a specific, manageable goal: “I will wash and thoroughly dry my feet every night before bed for the next two weeks.”

To support this change, they agree on a reminder alarm on Mr. B's phone and a visual cue placed in the bathroom.

After two weeks, a follow-up phone call is scheduled to review progress and adjust the plan if needed.

This structured, supportive approach helps Mr. B begin building a daily routine. By the time of follow-up, he reports not only improved foot hygiene but increased awareness of other preventive practices, such as changing socks midday when his feet become damp. A small, specific goal had opened the door to broader behavioural improvement.

## **Building Self-Efficacy through Education and Support**

Self-efficacy—the belief that one can perform a behaviour—is a critical determinant of long-term behaviour change (Bandura, 1997). In podiatry, patients often need to adopt unfamiliar or physically challenging routines, such as daily foot inspections or correctly using

orthoses. Clinical encounters are prime opportunities to teach, rehearse, and reinforce these behaviours.

***Example:***

Ms. C, a 67-year-old woman recently diagnosed with peripheral neuropathy, is advised to inspect her feet daily. She expresses anxiety, explaining that she has reduced flexibility and poor vision. Rather than simply instructing her, the podiatrist models how to inspect the soles using a long-handled mirror and a chair for stability.

Ms. C is invited to practice the technique during the appointment, with the clinician offering support and positive reinforcement. A user-friendly leaflet with large images and simple language is provided. To further support her, a schedule of follow-up appointments has been agreed to reassess her technique and address any concerns.

Within a few weeks, Ms. C began inspecting her feet regularly and reported feeling more in control of her condition. Her confidence—initially very low—has

improved through patient education, hands-on practice, and a sense of partnership in care.

***Insight:*** Research revealed that DFU patients often lack both skills and confidence, especially when living alone or managing vision/mobility issues. Demonstration and practice bridge that gap.

### **Addressing Barriers and Enhancing Facilitators: Clearing the Path to Change**

Even the most motivated patients face real-world barriers. These may include physical limitations, financial constraints, cognitive decline, or a lack of social support. Identifying these barriers and working to reduce them, while enhancing enablers, improves both adherence and long-term outcomes (Michie et al., 2011).

#### ***Example:***

Mr. D, a 79-year-old man with osteoarthritis and peripheral vascular disease, lives alone and is unable to bend comfortably to inspect his feet or trim his nails.

Despite being advised to monitor his feet, he frequently misses early signs of skin damage and wound development.

In consultation, the podiatrist explores his living environment, routines, and challenges. A practical, supportive plan is developed:

- A ***long-handled mirror*** is suggested.
- A referral is made to the ***community NHS podiatry service*** for regular domiciliary visits to manage nail care and perform routine inspections.

The podiatrist involves Mr. D in scheduling visits and gives him a printed checklist to place on his fridge, helping him remain involved in his own care.

This collaborative and pragmatic approach removes key physical barriers while preserving Mr. D's autonomy. Rather than being told what to do, he feels supported and included, which motivates him to stay engaged in maintaining his foot health.



***Clinician Reminder:*** *Behaviour change is not just the patient's job. It's a shared task, and your practical creativity can make all the difference.*

## **Use of Technology and Reminders**

In today's digital age, many patients turn to technology to support their health routines, and while podiatrists do not prescribe specific apps, encouraging patients to harness tools that fit their lifestyle can enhance adherence and self-care. Digital reminders, alarms, or educational videos can help embed new behaviour into daily habits, especially for complex or long-term conditions requiring consistent management.

### **Example:**

One patient with Charcot foot mentioned using a smartphone alarm to remind him to inspect his foot daily. Incorporating such personal strategies into his routine helped maintain consistency between appointments and contributed to better foot health outcomes.

***Patient's testimonial: "It's like brushing my teeth now — I just do it."***

## **Summary**

Integrating motivational interviewing, goal setting, confidence coaching, barrier removal, and gentle technology use gives patients the best chance of success. These aren't tricks — they're evidence-based strategies that respect autonomy while promoting change.