

Introduction

- A native language is a language that a person has been subjected to from birth or within a period in childhood where a language is acquired (1).
- Motivational Interviewing (MI) is a collaborative, goal-oriented style of communication with an emphasis on change. It has been developed to encourage a person's motivation through compassion and acceptance.
- 'The spirit' of MI is captured through its key concepts include *collaboration, evocation, and autonomy*. Emotion and the therapeutic relationship are also important features of this connection within the MI process (2).
- Research on bilingualism and emotions has found that bilingual speakers show stronger emotional responses in their first language compared to their second language (3).

Aim

To explore the role of native language use between health care practitioners and their clients during Motivational Interviewing and other consultations related to behaviour change

Methods

- After obtaining ethics consent, participants were recruited using a snowball sampling technique (4).
- Semi-structured interviews were conducted with **19 health care practitioners (HCP's)** from various disciplines including pharmacists, psychologists, nurses, a psychiatrist, a G.P and dieticians.
- The interview schedule included questions about the HCP's native language, language choices, their professional and MI experience.
- The interviews were conducted via video calls; eleven in Welsh and eight in English.
- The transcribed interviews were recorded and analysed using a Thematic Analysis (5) approach and a synthesis of the themes were created.

References

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Results

- **Four** main themes were identified, with several sub-themes, which included:
- 1.) *Language and Motivational Interviewing* (internal dialogue, unique role of the individual's words, use of translators); 2.) *Therapeutic Relationship* (respect and empathy, being heard, connection, non-verbal communication, trust, and autonomy) 3.) *Emotion* (a comfortable environment, depth, emotion, and the process of change) 4.) *Culture and Identity* (native language, acknowledged individual differences).
- "I think emotion is crucial to the change process.....so being able to touch people emotionally is really important.....it definitely works much easier in their own native language"(Psychiatrist).

Conclusion

- Many of the HCP's recognised that communicating with a client in their native language had a positive effect on the therapeutic relationship especially while using MI.
- This experience was not unique to HCP's who spoke Welsh as their first language.
- It was suggested that there is something subtle and powerful occurring on several levels in the process of communicating and maintaining relationships linguistically, particularly when communicating in a native language, and emotion plays a key role in this process.

Recommendations

- Creating a network and database of Welsh-speaking MI practitioners, offering better training through the medium of Welsh; recognising that an individual does not have to be fluent in Welsh and should encouraged to speak whatever the standard of their Welsh were key recommendations.
- The advantage of this research is that it has been possible to gather and analyse individualistic perspectives of the HCPs on a deeper level. The smaller sample size of this research can also be a disadvantage, as a small sample is not always representative of a larger population demographic.

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