

2021

## Motivational Interviewing: A Strategy to Improve Health Professional's Communication

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*Walden University*

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# Walden University

College of Nursing

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Lanita James

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and that any and all revisions required by  
the review committee have been made.

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Walden University  
2021

Abstract

Motivational Interviewing: A Strategy to Improve Health Professional's Communication

by

Lanita James

MS, Walden University, 2015

BS, Middle Georgia State University, 2006

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2021

## Abstract

Miscommunication between patients and healthcare professionals is common in U.S. hospitals and is considered one of the chief factors in reduced patient satisfaction with care. Collaboration with the nurse researcher who reviewed the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) data for a local hospital noted that negative ratings were directly related to the miscommunication between the patient and care providers. Further identified that the nursing staff was not knowledgeable about evidenced-based strategies needed to communicate effectively with the patients. The purpose of this DNP project was to develop an education program to increase nurses' knowledge about Motivational Interviewing techniques to improve their ability to communicate effectively with patients. The Analysis, Design, Development, Implementation, and Evaluation (ADDIE) model and Knowles theory guided the development and implementation of a staff education program for 11 nurses in the target hospital's cardiovascular unit. A pretest/posttest design was implemented to assess the participants' knowledge before and after receiving the staff education. Descriptive statistics were calculated. The mean test score increased by 21%, reflecting an increase in the nurses' knowledge. Increasing nurses' knowledge about MI techniques have the potential to empower them to develop strategies to communicate more effectively with their patients, and improve their ability to appropriately assess, diagnose, and develop a patient-centered treatment plan. Health facility managers should evaluate the gaps in communication and implement relevant interventions to bridge them.

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## Dedication

To my children, always remember no matter what your dreams are, never give up. Believe in yourself. The path through life may have some curves and hills; enjoy the journey. In loving memory of my parents Eddie and Geneva James, I only wish you were here to share this life with me.

## Acknowledgments

Many individuals deserve acknowledgment for their role in completing this project. First, I would like to thank my Creator for making me the determined individual to see this project through. Thank you to my family for their prayers and encouragement. A special thank you to my partner Joseph Searcy for his ongoing support and belief in me. I am indebted to my project committee chair Dr. Cynthia Fletcher, who has always encouraged and challenged me throughout this project. Thank you to committee member Dr. Diane Whitehead and URR reviewer Maria Ojeda for their direct guidance.

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## Section 1: Nature of the Project

Patient satisfaction has been at the forefront of healthcare organizations over the past few decades. Patient satisfaction scores are the quality measures that capture patients' perception of satisfaction with their healthcare (Wijaya et al., 2019). However, recent Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) scores for the DNP capstone practice facility indicated deficits in the communication domain. The communication domain on the HCAHPS measures the patient's satisfaction with the communication they receive from the staff.

There are many barriers to improving patient satisfaction scores. Healthcare professionals interact with patients through various means of communication. Miscommunication between the healthcare professional and the patient may affect the patient's satisfaction with care, with the healthcare professional's communication skills potentially improving the patient's overall satisfaction with care. Practical communication skills activate patients to talk about their problems (medication, side effects, social and financial concerns). But healthcare professionals are often prompted to improve their communication skills (Tavakoly et al., 2020). Thus, nurses need to develop more effective communication concepts for chronic disease self-care education and management (Sayah et al., 2014). For example, Motivational Interviewing (MI) involves a series of communication methods to get at the root of patient concerns and encourage patients to make healthy behavior changes (Shute, 2019). Improving the interviewing skills of healthcare professionals has the potential to improve patient satisfaction with the care they receive and positively increase patient care outcomes.

## **Problem Statement**

Miscommunication between patients and healthcare professionals is common in U.S. hospitals and is considered one of the chief factors in reduced patient care outcomes (Yang et al., 2018). The link between miscommunication and poor patient outcomes has been well documented (Lee & Doran, 2017; Schoenthaler et al., 2014). The healthcare professional is responsible for quickly gathering as much information about a patient's health history, including medications, prior surgeries, and reason for the visit upon admission to the hospital with an exacerbation of a chronic illness.

Miscommunication between the healthcare professional and the patient may lead to the misinterpretation of the patient's response to the assessment questions, which can lead to the patient becoming angry and not providing honest answers to health-related questions (Shute, 2019). Additionally, ineffective communication may lead to inadequate assessment and improper diagnosis and treatment and result in adverse events for patients (Foronda et al., 2016).

The use of data from outcome tools is one way to improve healthcare facility measures. Healthcare facilities utilize tools, such as the HCAHPS, to assess patients' satisfaction with the care they received (Centers for Medicare and Medicaid Services [CMS], 2019). A third-party vendor collects the data from patients within six weeks of discharge from an inpatient stay. The survey contains 19 core questions about critical aspects of patients' hospital experiences (CMS, 2019). Patient satisfaction is measured by three distinct areas of the survey: communication, provider empathy, and care coordination (CMS, 2019). Therefore, effective communication in the healthcare setting

is vital in providing appropriate assessment, diagnosis, and treatment of patients.

However, HCAHPS scores for this project site reported a deficit in the communication satisfaction scores between the nurses and patients.

Communication with the nurse researcher who reviewed the data noted that negative ratings were directly related to the miscommunication between the patient and care providers. She further identified that the nursing staff was not knowledgeable about evidenced-based strategies needed to communicate effectively with the patients (personal communication, Hoey, November 2019).

The focus of this project was based on closing the gap in miscommunication between healthcare professionals and patients. The primary strategy was to provide education to healthcare professionals that allowed them to speak with patients in words that are easy for patients to understand. Educating healthcare professionals about motivational interviewing (MI) techniques provided them with the information they needed to communicate effectively with their patients and the potential for improved patient care outcomes. The outcome of this project was to educate healthcare professionals on the proper technique that increased their ability to interview patients effectively. MI provided the nurses with the necessary interviewing skills to facilitate their assessment, diagnosis, and treatment of patients during acute exacerbations of disease processes. Effective communication between the healthcare provider and the patient facilitated the transmission of information, which empowered patients to make better decisions about their healthcare and facilitate changes that decreased their risk for

disease exacerbation. A decrease in the patient's exacerbation of the disease process has the ability to improve overall patient outcomes and increase patient satisfaction.

### **Purpose Statement**

Communication is an essential component of the medical care process. Through the therapeutic provider-patient relationship, patients are informed about their treatments, encouraged and supported in their motivation, and aided in gathering and using needed resources to adhere (Belasen & Belasen, 2018). Miscommunication between the patient and the healthcare provider can cause patient satisfaction to decrease and negatively affect their outcomes. Conversely, when patient satisfaction is high, medical directives' compliance increases (Belasen & Belasen, 2018). The focus of this project was on closing the gap in miscommunication between healthcare professionals and patients. The practice-focused question was: Will educating healthcare professionals about MI techniques increase their knowledge about the technique? Educating healthcare professionals about MI techniques may provide them with the information they need to communicate effectively with their patients and has the potential for improved patient care outcomes. Education on MI techniques served to close the communication gap for nurses in practice.

### **Nature of the Doctoral Project**

Nurses assigned to work in the cardiovascular unit within the organization participated in the virtual education program. The HCAHP scores regarding communications and satisfaction were below the benchmark set by the organization. A literature review was conducted on healthcare communication to determine what was

already known about the subject. Credible sources of evidence were reviewed. Information gathered to support the doctoral project was obtained from reputable databases. I reviewed the proposed program's purpose with the Nurse Researcher for the facility. She agreed that the nursing staff were not knowledgeable about evidence-based strategies to communicate effectively with the patients and would benefit from the proposed program. A staff education program was developed to educate nurses on MI techniques to close the communication gap. I posted recruitment flyers to inform the education program nurses in their nurses' station and their breakroom. The nurses were notified that participating in the program was voluntary. The nurses completed a pretest before participating in the education program and a posttest after completing the program. The pre and posttest were explicitly designed for this project to measure the nurse's knowledge of MI technique. The mean percentage difference between the pre and posttests scores determined if the nurses' knowledge about MI technique increased after participating in the education program.

### **Significance**

Communication in a healthcare setting is an essential tool for providing effective patient care and improving patient satisfaction and outcomes (Schoenthaler et al., 2014). Miscommunication between patients and healthcare professionals can negatively affect the nurses' assessment, diagnosis, and treatment of their patients (Foronda et al., 2016). Thus, increasing healthcare professionals' knowledge of MI techniques can empower them to develop strategies to communicate effectively with their patients in the hospital

setting. Improved understanding of MI techniques may positively affect patient outcomes, increase patient satisfaction results, and decrease the acute care hospitalization rate.

Further, providing staff education through the DNP project transformed the provision of nursing services along the continuum of care and across the human life span to meet the needs of individuals as well as both local and global communities (Walden University, 2018). This education program's result can potentially promote positive social change for patients, healthcare professionals, and the facility. Patients can improve their ability to make their needs known, improve self-care management skills, and improve their outcomes. Moreover, healthcare professionals gained practical communication skills that can enhance their ability to appropriately assess, diagnose, and develop a patient-centered treatment plan. The facility may also show an improvement in patient satisfaction scores, a decrease in hospital readmissions, and an increase in reimbursement. Each identified stakeholder, the patient, healthcare provider, nurse, facility, and community, has the potential to be positively affected by the implementation of MI communication techniques. Effective communication can enhance professional nursing practice and nursing relationships with various stakeholders. Similarly, communication skills are transferable to other practice areas. Effective communication is vital for most entities.

### **Summary**

Healthcare professionals must allow the patient to be at the center of care. Effective communication is a crucial pillar of patient-centered care. Miscommunication



between the patient and the healthcare provider can interrupt services and cause a lapse in the patient's care. But healthcare providers have access to various tools that improve their communication skills. The purpose of this DNP project was to educate healthcare professionals on the utilization of MI techniques. The MI technique's significance is that it equips healthcare professionals with a tool that enhances their communication ability with patients. Improvement in communication has the potential to affect patients, healthcare professionals, and stakeholders positively. Improving communication skills with nurses has the potential to impact positive social change throughout the community. Educating healthcare professionals on utilizing the MI technique empowers them to improve their communication skills with patients in an acute care setting. MI techniques, when implemented effectively, have the potential to be used across multiple practice settings. Implementation of the MI technique may increase patient satisfaction with care and improve patient outcomes by closing the communication gap. Discussed in Section 2 are the theory, relevance to nursing practice, local background, context, and the DNP student's role.

## Section 2: Background and Context

Healthcare requires increased communication between patients and healthcare professionals. Effective communication requires both parties to participate actively and engage in interactive feedback (Tobiano et al., 2019). Based on a discussion held with the nurse researcher at the target facility, low satisfaction scores reported by patients at discharge were related to miscommunication between the patients and care providers. She noted that there are no specific programs to address this communication gap between patients and healthcare professionals. The focus of this project was on closing the gap in miscommunication between healthcare professionals and patients. The practice-focused question was: Will educating healthcare professionals about MI techniques increase their knowledge about the technique? In section 2, I discuss the theory, relevance to nursing practice, local background, context, and the DNP student's role.

### **Concepts, Models, and Theories**

The theory that informs this project is Knowles' theory of adult learning. Malcolm Shepherd Knowles (1913-1997) is recognized for his development of an adult learning theory. The theory was developed in response to identifying that adults learn differently than children. The goal of my proposed education project was to educate healthcare professionals. They are adult learners and fit the characteristics identified by Knowles' Theory. Knowles (1984) asserted that adults learn based on their (a) need to know; (b) self-concept; (c) experiences; (d) readiness to learn; (e) orientation to learning; and (f) motivation (Franco, 2019). In identifying the capstone project, healthcare professionals are repeatedly faced with communication barriers and have identified a need to know and

understand additional methods to approach communication with patients. Healthcare professionals are ready to learn new techniques to solve the immediate problem of communication with patients (Back et al., 2019). Today's healthcare professionals bring a multitude of experience and variety in educational degrees to enhance the learning experience. Improved communication has the potential to increase patient satisfaction and improve patient outcomes (Carr, 2017).

There are many instructional design models used for developing education programs. This capstone project follows the ADDIE (Analysis, Design, Development, Implementation, and Evaluation) model. The ADDIE model was created in 1975. The ADDIE model is commonly referred to as an Instructional System Design (ISD), System Approach to Training (SAT), or a process model that consist of a five-phase outline for curriculum design, development, and improvement, as well as for the creation of educational, instructive, and training materials (Hund, 2016). Within this capstone project's analysis phase, a gap in the nurses' knowledge regarding communication techniques was identified. Research begins with a question. Analyzing the issue or gap is the first component of working toward a solution (Jeffery et al., 2016).

### **Relevance to Nursing Practice**

The issue of miscommunication within the healthcare profession is a broad topic. The general problem of communication can be easily identified by reviewing data from malpractice cases involving miscommunication. CRICO Strategies (2020) uses data gathered from the Comparative Benchmarking System (CBS). Data from 2009-2013 retrieved from a 2015 report indicated that 30% of all medical malpractice cases involved

communication failures. Communication between the nurse and the patient is a critical component of care that fosters a therapeutic relationship. Communication plays a large and complex role in nursing, as it is highly interrelated to many other aspects of care. There are many aspects of the nurse's responsibilities that affect nurse-to-patient communication (Antonacci et al., 2018).

Nurses are on the frontline of providing care, and communication techniques are utilized by them every day. Nurses have the potential to influence other healthcare team members by initiating education and implementing new strategies. This project aimed to close the communication gap and decrease miscommunication between the patient and healthcare professional. Closing the gap and educating healthcare professionals on MI has the potential to increase their knowledge of MI techniques. Increasing healthcare professional's knowledge of MI may decrease miscommunication with patients and improve patient satisfaction.

High-quality patient-clinician communication is widely advocated by institutions such as the National Institutes of Health (NIH), Institute of Medicine (IOM), and the American Nurses Association (ANA). Participants were drawn from organizations engaged in the Best Practices Innovations Collaborative, and the Evidence-Based Communication Innovation Collaborative of the IOM Roundtable on Value and Science-Driven Health Care (IOM, 2020) developed a new IOM project. Organizations expressing support for the aims of this individually authored discussion paper include ANA, the American Association of Colleges of Nursing, the Oncology Nursing Society,

the Association of Peri-Operative Registered Nurses, and the American Academy of Nurse Practitioners, among other health care and consumer groups (IOM, 2020).

Communication issues have been identified in healthcare centers nationwide (Leonard, 2017). MI identifies strategies that the nurse can use to ask questions when interacting with patients in a nonthreatening manner. This project serves to fill the gap in nursing practice by educating nurses about MI techniques that they can use to decrease miscommunication among nurses, healthcare professionals, and patients. When implemented appropriately, MI has the potential to reduce miscommunication issues between healthcare professionals and patients by providing a structured approach to patient interviewing (Carr, 2017).

### **Local Background and Context**

The current practice-focused problem was identified during an initial clinical practicum session at a local hospital in the Southeastern region. The nurse researcher at the hospital identified decreased communication areas on their standardized scores used to collect data and measure the patient experience in hospitals. Patient satisfaction scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) were among the metrics used to assess facility success. Two categories measured are Nurse Communication and Doctor Communication with patients (Rahman, 2019). The facility set its target score at or above the state average of 80% for nurse communication with patients and 82% for physician communication with patients. During the period from July 1, 2018, to June 30, 2019, the CMS website reported the average HCAHPS scores for nurse communication with patients 76% and physician communication with

patients at 77%. The maximum score for the overall "star" rating in communication is 5; the hospital's average score is 2.

The HCAHPS scores are significant to the hospital's bottom line. Medicare and Medicaid reimbursement can be boosted for elevated scores, while a low score has the potential to decrease compensation by as much as 2% (CMS, 2019). The local hospital is a 637 bed, nationally verified Level I-designated Trauma Center and a three-time magnet designated hospital for nursing excellence worldwide (Navicent Health, 2018). The hospital serves an estimated population of 750,000 residents in the Southeast United States. According to the nurse researcher and other stakeholders, the hospital's goal is to improve the standards of care and patient satisfaction scores related to communication between patients and healthcare professionals (personal communication, Hoey, November 2019). Scores are potentially negatively impacted by the lack of practical communication skills utilized by healthcare professionals. Increasing healthcare professional's knowledge of MI has the potential to improve patient satisfaction scores in communication.

**Definition of locally used terms:**

*Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)* is a standardized survey used to collect data and measure the patient experience in hospitals. HCAHPS scores were the first national standard for measuring patients' perspectives of care across all hospitals (CMS, 2019).

*Motivational Interviewing* MI involves a series of techniques to get at the root of patient concerns and encourage patients to make healthy behavior changes (Shute, 2019).

### **Role of the DNP Student**

Understanding the patient's needs and knowing where they are in managing their disease process guides the healthcare professional in asking additional questions in a nonjudgmental manner. The DNP Essentials VI is a roadmap for the DNP project. The DNP Essential VI: Interprofessional Collaboration for Improving Patient and Population is most appropriate for this proposed project. My role as the DNP student was to have a working knowledge of the guidelines associated with performing adequate research and providing interprofessional collaboration with healthcare professionals. The objective is to educate healthcare professionals on MI techniques to improve their communication with patients.

My motivation for this project was derived from the desire to improve communication between patients and healthcare providers in this facility. The topic of this capstone project stemmed from a collaboration between my program preceptor and myself as a DNP student. Research and project topics often evolve from discovering a problem, and through communication and cooperation from preceptors or team members, these topics are further researched and evaluated. During informal conversations with five staff members at the facility, communication needs surfaced. Staff reported being unfamiliar with MI and needing additional information to help them with interviewing techniques. An additional motivation was based on my current practice role as an adult-gerontology primary care nurse practitioner (AGPC-NP) in a primary care clinic. Patients discharged from the hospital receive care at the primary care facility where I practice. During my current practice role, I was regularly informed by patients how much they

appreciate my thorough communication with them regarding managing their disease process. They express the desire to obtain such a detailed report from the care providers who work at the hospital. However, reports from mutual patients can lead to potential biases.

During my current practice role as a nurse practitioner, biases are common. Biases exist due to being a primary care provider that receives patients from this acute care facility; communication issues are brought to my attention from the patients entrusted to my care. Patients tend to share details of their critical care hospital experiences involving communication issues. I self-reflected to ensure that my bias did not interfere with my discussions with the staff. I developed the presentation using the evidence obtained from the literature. In addition, I disseminated the acquired knowledge to hospital healthcare professionals in a nonjudgmental manner. Educating the nurses using enhanced communication with MI techniques has the potential to increase staffs' knowledge about MI techniques, improve patients' satisfaction with the care they receive from the staff, and improve HCAHPS scores.

### **Summary**

The proposed DNP capstone project is to provide a staff educational program to local hospital staff, focusing on appropriate communication. Communication impacts every aspect of patient care. The staff education program followed the Knowles adult learning theory and implemented the ADDIE model of instructional education. The project is relevant to nursing practice in that nurses hold the key to effective communication and collaboration between patients and other healthcare professionals.



Nurses with improved communication techniques can close the communication gap between patients and healthcare professionals. Through the research process, evaluation, and implementation of this proposed project, teaching MI techniques to local hospital staff members has the potential to improve the communication between patients and healthcare professionals and patient satisfaction scores in the area of communication in the local facility. Discussed in section 3 are the practice-focused question and source of evidence, identify participants and the procedure for the project, and discuss the participants' protections and the analysis and synthesis of the project.

### Section 3: Collection and Analysis of Evidence

Communication between healthcare professionals and patients is valuable to patient outcomes. Miscommunication between the healthcare professional and the patient may lead to the misinterpretation of the patient's response to the assessment questions. This miscommunication has the potential to negatively affect facilities' HCAHPS scores, patient satisfaction with care, and patient outcomes. This project aimed to educate healthcare professionals in a local hospital in the United States Southeastern region about MI techniques. The education on MI techniques provided the nurses with the knowledge needed to improve their communication methods with patients. In section 3, I discuss the practice-focused question and source of evidence, identify participants and the procedure for the project, and discuss the participants' protections and the analysis and synthesis of the project.

#### **Practice-Focused Question**

Healthcare professionals in a local hospital within the Southeastern United States have identified and expressed knowledge deficits related to communication techniques. The link of miscommunication between patients and healthcare providers and poor patient outcomes has been well documented (The Joint Commission, 2015). Most healthcare professionals learn communication skills through specialized training programs or from educational classes provided by their employers.

The purpose of this educational project was to educate healthcare professionals on the MI technique to improve their ability to communicate effectively with patients. There is a current gap in healthcare professional's knowledge with communication techniques.

In general, healthcare professionals lack knowledge in evidence-based approaches to communicate with team members and patients (Alston et al., 2012). The practice-focused question was: Will educating healthcare professionals about MI techniques increase their knowledge about the technique? The ADDIE model is used for the development of this educational project. Analyzing a gap is always the first component of working toward a solution (Jeffery, Longo, & Nienaber, 2016). The analysis of the identified communication issues at the local hospital led to the research and development of the proposed educational project. The purpose of the DNP project served to answer the practice-focused question.

### **Sources of Evidence**

A search of the evidence specific to healthcare professionals and communication techniques was conducted using the following databases: CINAHL and MEDLINE. The search terms included *healthcare communication techniques*, *healthcare staff education*, *MI communication techniques*, *nursing*, *nursing practice*, and *patient satisfaction*.

Articles published between 2015 and 2020 were included in the search, resulting in over 100 abstracts. Abstracts were reviewed if they met the following criteria: Mixed-method research, qualitative/quantitative designs, and evidence-based practice guidelines. Peer-reviewed journal articles were reviewed. Excluded from the search are dissertations and unpublished research. A total of 100 sources were reviewed. 50 were excluded because they did not meet the established criteria. A total of 50 studies were found to meet the inclusion criteria that consisted of correlational and descriptive reviews, cross-sectional

surveys, meta-analysis, retrospective cohort nonexperimental studies, and systematic reviews. These are included in the literature review.

Pivotal and landmark studies are included, and current sources that are no more than 5 years old. This project's primary resource was *Motivational Interviewing in Health Care: Helping Patients Change Behavior* (Rollnick et al., 2008). An online course review of *Motivational Interviewing* (Rollnick, 2020). *Motivational Interviewing Workbook for Change Agents* (Orr & Stein, 2016). Principles of the Knowles adult learning theory guided the development of the online/virtual education program. Knowles adult learning theory suggests that adult learners possess specific attributes; they have a distinct need to know and are ready and motivated to learning (Franco, 2019). A pretest/posttest method was utilized to determine the transfer of knowledge. Using the ADDIE model (Jeffery, Longo, & Nienaber, 2016), the staff education program's selection was formulated after personal communication with hospital staff identified a gap in education regarding communication techniques with their patients. The analysis phase revealed a decrease in HCAHPS scores in communication between healthcare professionals and patients. A comprehensive literature review for an evidence-based approach facilitated the design of MI strategies. The Knowles adult learning theory principles will guide the development of the staff education program. The staff education program was implemented for the nurses in the Southeastern United States acute care facility cardiovascular unit. The data was collected via an electronic format utilizing Survey Monkey. An analysis of the results using descriptive statistics with a Microsoft Office Excel Statistical program. I

will compare the mean percentage difference between the pre-and posttest to determine if the nurses' knowledge about MI increased after completing the education program.

### **Evidence Generated for the Doctoral Project**

Based on informal communication with hospital staff, a knowledge gap was identified. The current deficit is validated by a decrease in HCAHPS scores in communication. The data generated for this staff education program serves to close the gap in knowledge of the healthcare professional's ability to communicate effectively with their patients. The proposed staff education program was developed for adult learners using the Knowles educational learning theory. The ADDIE model was utilized to create a staff education program. The following topics are presented in this section participants, procedures, formulation of learning objectives, and ethical protections. Included are analysis and synthesis.

### **Participants**

The staff education program was provided via a virtual format. The module was open to twenty-five nurses employed by an acute care facility in the Southeastern United States. The staff was also assigned to the cardiovascular unit within the organization. The inclusion criterion for participants is that they are employed by the hospital in the Southeastern United States and assigned to the cardiovascular department. The participants were relevant because their unit had been identified as having a decreased HCAHPS score in the communication domain. The nurse researcher identified the participants as having a potential knowledge gap in practical communication skills. The participants did not receive any monetary compensation for their involvement in the

project. Participants were asked to complete a program evaluation as part of the evaluation process.

### **Procedures**

I reviewed the proposed staff education program with the nurse educator/researcher, and she agreed on the need to educate the nurses about MI. I developed the program objectives (see below), the staff education program (see Appendix A) as a PowerPoint presentation, and pre-and posttests (see Appendix B). The nurse educator/researcher identified three staff members, including herself, that functioned as content experts to provide a formative evaluation of the objectives, PowerPoint, and pre-and posttests. She also identified three end users/key stakeholders that validated the content and ensured the PowerPoint presentation's usability. After approval of Walden University IRB, I did the following:

- Present the objectives, PowerPoint presentation, and the pre-and posttest to the expert panel. They provided a formative review (see Appendix C) to validate the content. I revised the education material based on their evaluation.
- I continued this process until the expert panel and I agreed with recommendations and changes.
- Posted a recruitment flyer. The recruitment flyer (see Appendix D) were posted on the Cardiovascular Unit's Nursing station and nurse's break room board. A digital copy was provided to each nurse by the nurse educator/manager. The recruitment flyers identified the program's purpose, the procedure for accessing the pre-and posttest, and the PowerPoint presentation.

- Presented the Cardiovascular Nurses with the virtual presentation with instructions for completing the pretest/posttest and evaluation.
- The participants completed a pretest via Survey Monkey before the PowerPoint presentation. The participants were informed that participation in educational in-service is voluntary. The pre and posttest informed the participants that they consent to collect the data by completing these questionnaires.
- At the end of the program, the participants completed a program evaluation (see appendix E). This information helped me to determine the need for changes in the presentation before future implementation.
- The percentage difference between the pre and posttests scores determined the learning transfer of MI techniques. The results were communicated to the organizational leadership and the program stakeholders through their facility email addresses.

### **Formulation of Specific Learning Objective**

After the completion of the educational program, the Cardiovascular unit nursing staff will be able to:

- Define EBP MI
- Discuss the benefits to the nurse/patients in using EBP MI techniques.
- Express the OARS (Open-ended questions, Affirmation, Reflective listening, and Summarizing) framework to communicate with patients.
- Define the two stages of listening associated with the MI technique.

- Propose strategies to implement EBP MI communication guidelines during daily patient-nurse interactions.
- Describe how to use the MI technique with cardiovascular patients to support disease management changes, including medication adherence.

### **Protections**

The DNP project was implemented after approval from the facility and Walden's IRB. The potential ethical issues that may arise from this DNP project were mitigated by maintaining the participant's confidentiality. Data was not be collected from patients. No personal identification was collected from the healthcare professionals who participated in the program or the experts who provided the formative evaluations. The pretest/posttest and program evaluations were administered through the online Survey Monkey method, allowing the program participants' anonymity because I did not know the participants' names. The name of the facility will not appear in any written information about the project. The facility was identified as a facility in the Southeastern U.S. The data obtained for the tests and evaluations were stored in my office/home computer that is password-protected, and unauthorized individuals were not be permitted access. The questionnaires and all other data collected will be destroyed after five years as required by Walden IRB.

### **Analysis and Synthesis**

Survey Monkey and Microsoft Excel® will be used to record, track, organize the data. The results of the pretest and posttest will be analyzed using the Microsoft Excel



analysis program. The percentage difference of the correctly answered questions between the pre-and posttest was used to determine if the healthcare professional's knowledge about MI techniques increased after completing the educational program. A positive percentage change inferred that the nurse's knowledge about MI increased after participating in the MI techniques' educational program. The completed program evaluations were analyzed separately and shared with the appropriate hospital staff (i.e., nurse researcher, practicum preceptor, and nurse unit manager). Individual nurse participants maintained program integrity by receiving a separate link for the pre/posttest evaluation.

### **Summary**

Healthcare professionals communicate with patients daily. Communication is a core competency for healthcare professionals (Carr, 2017). Healthcare professionals can use a variety of techniques to communicate effectively with patients. Patients complain about the healthcare practitioner's poor communication (Carr, 2017). The purpose of this project was to educate healthcare professionals on MI techniques. The practice-focused question was: Will educating healthcare professionals about MI techniques increase their knowledge about the technique? Using the ADDIE model (Jeffery, Longo, & Nienaber, 2016), the education project's selection was developed by including a comprehensive literature review. Based on evidence-based research, the teaching model was implemented after Walden IRB approval and identified facility stakeholders. The procedure to perform the educational program included obtaining the site agreement and stakeholder's evaluation and consent. The facility identified key stakeholders to review,

make recommendations to change, and approve the authorized staff education program's implementation. Stakeholders evaluated the educational program and made recommendations for improvement. Recommendations were revised, and this process continued until stakeholders, and I agreed with the information to be implemented. The framework for this staff educational program followed Knowles adult learning theory. The program participants were adults at a local hospital in the Southeast U.S. The staff participated in the online educational module by completing a pretest/posttest questionnaire, the online module, and program evaluation. They completed the pre-and posttest anonymously.

Discussed in section 4 are the findings and implications of the staff educational project. Provided are recommendations to address the gap in communication between healthcare professionals and their patients using MI techniques and identify the project's strengths and limitations.

## Section 4: Findings and Recommendations

### **Introduction**

Effective communication between the healthcare provider and the patient empowers patients to make better decisions about their healthcare and decrease their disease exacerbation risk. Miscommunication may lead to the misinterpretation of the patient's response to the assessment questions, which may cause the patient to become aggravated and reluctant to provide honest answers to health-related questions (Shute, 2019). HCAHPS scores for this project site reported a deficit in the communication satisfaction scores between the nurses and patients. The nurse researcher for the facility identified that the nurses lacked the communication knowledge needed to communicate effectively with the patients. (personal communication, Hoey, November 2019).

The purpose of this DNP capstone project was to close the gap in miscommunication between healthcare professionals working in the cardiovascular unit and their patients in an organization located in the Southeastern United States. The practice-focused question is: Will educating healthcare professionals about MI techniques improve their knowledge about the technique? An evidence-based staff education project was developed and virtually implemented to 11 nurses working on its cardiovascular unit. A pretest/posttest design was administered through survey monkey and analyzed to assess the participants' knowledge before and after receiving the staff education using descriptive statistics with Microsoft Excel statistical program.

### Findings and Implications

The educational program was presented to 11 nurses who work in the Cardiovascular Unit at the local facility. The data collected from the pre-and posttest were analyzed using descriptive statistics obtained from an Excel statistical program. The mean pretest score was 69, and the posttest score was 90.9 (see Table 1). Based on the descriptive statistical analysis of data, the staff education program's implementation increased the nurses' knowledge about MI techniques.

Table 1 Descriptive statistics

Statistics	Pretest score	Posttest score	Difference
Mean	69.0909	90.9091	21.8182
Median	60	100	40
Mean Percentage Difference	69.0909	90.9091	31.57894737
Minimum	40	80	40
Maximum	100	100	0

Unanticipated limitations of the study included staff buy-in, timing to complete the program, and COVID-19 restrictions. Initial meeting with the facility stakeholders proved to generate increased interest in educating the 45 nurses working in the cardiovascular unit regarding MI techniques. However, when speaking to the staff nurses, the eagerness to learn was dampened by busy schedules and limited time. The Cardiovascular Unit nurses work 12-hour shifts and have little time during their work time to complete the program. The program was not mandatory; therefore, nurses were required to participate in their own time. In addition, the current COVID-19 restrictions do not allow for group meetings because they need to remain socially distant from

participants. Therefore, the staff nurses are not participating in routine staff meetings with set agendas that include education.

After participating in the education program, the nurses have knowledge about MI that can be used to develop plans to communicate with their patients effectively. Improved communication between the healthcare professionals and their patients has the potential to positively increase the patients' satisfaction with the care they receive and impact the facility by increasing their HCAHPS scores and improving the hospital's reputation in the community. The potential for positive social change starts with improvements for individual nursing staff, patients, and the organization. This improvement will then have a cascade effect throughout the community.

### **Recommendations**

Based on the findings, educating healthcare professionals about MI techniques in this facility's Cardiovascular unit increased their knowledge about the technique. Educating healthcare professionals about MI techniques provided them with the information they needed to communicate effectively with their patients and the potential for improved patient care outcomes. The health facility manager should evaluate the gaps in communication and implement relevant interventions to bridge them. In this regard, I recommend the implementation of programs to educate the healthcare staff about MI techniques.

Miscommunication between the patient and the healthcare provider can interrupt services and cause a lapse in the patient's care. Healthcare professionals can gain practical communication skills that can enhance their ability to appropriately assess, diagnose, and

develop a patient-centered treatment plan. This should be followed by deliberate steps to incorporate additional staff education programs for improvement.

### **Strengths and Limitations of the Project**

Strengths and limitations are present in any project. Identifying the strengths and limitations enhances the researcher's ability to improve on future projects. The facility being willing to allow DNP students to participate in staff education is a strength. The facility recognized the decrease in HCAHPS scores and is dedicated to improving the scores by implementing EBP education modules. The study's strength is calculating learning transfer with an evaluation method of pre/posttest. This enables data collection before and after implementing an intervention, as such comparisons can be made to determine the intervention's efficacy. The project also entailed the implementation of an evidence-based intervention. Utilizing EBP measures increases the validity of a project.

Limitations include decreased participation. Participation was voluntary and open to the nurses assigned to the cardiovascular unit. The majority of the nurses did not participate. The decrease in staff participation limited the sample size for the project. The COVID-19 pandemic impacted the staff education program's ability to be delivered face to face. The delivery format impacted the student's ability to obtain scores from the pre and posttest in real-time. Future projects would benefit from increasing the number of participants with possible mandatory training. This will increase the number of nurses that have access to EBP education. Applying for Continuing Education Units (CEUs) has the potential to increase the nurses' interest in participation by offering this additional benefit.

### **Section 5: Dissemination Plan**

Dissemination of results allows the stakeholders to review the outcomes of the staff education intervention. The findings will be shared with hospital administration, nurse managers, and facility stakeholders. Healthcare staff within the research council at the local hospital within the Southeastern United States will receive the staff education module presentation. I will prepare the results in an email for the managers. Outpatient clinics are additional venues that would benefit from reviewing project results and consider implementation. To further broaden the nursing profession, results could be shared within nursing organizations such as the Georgia Nurses Association (GNA) and United Advanced Practice Registered Nurses (UAPRN).

### **Analysis of Self**

I functioned in various roles throughout this capstone project, including practitioner, scholar, and project manager. Participating in each of these roles was very educational. Although this capstone project did not involve direct patient interaction, I engaged with facility stakeholders to identify a deficit within the organization. As a DNP scholar, it was a learning process to gather the necessary information to develop the practice-focused question that was the foundation of this project. This project enhanced my academic writing skills and allowed me to look deeper to identify possible causes and resolutions when faced with a staff issue. As the project manager, I was able to identify a problem and develop a solution that had the potential for positive results. I remained objective and professional throughout this project and did not allow personal biases to interfere with the process. Participation in this project will further develop my skills as a

practitioner and improve my professional skills as a nurse educator. I have a professional goal to develop additional staff education modules to enhance the utilization of EBP guidelines in the workplace. I intend to use my enhanced writing skills to prepare articles to submit to nursing journals such as the Journal for Nurse Practitioners (JNP).

Completing a project is rewarding. Despite increased challenges in participants' recruitment and participation, the project allowed me to answer the practice-focused question. Challenges faced during the project included time constraints for project implementation. The project recruitment and implementation phase took place over holiday months, and staff availability was further limited. Providing a virtual format at different time points increased participation. Seeing the big picture of incorporating EBP tools to nursing staff was a valuable insight. As a doctoral prepared advanced practice nurse, developing short and long-term goals for future projects will be necessary. Anticipating the challenges and developing alternative solutions will keep projects on track and yield positive outcomes.

### **Summary**

The purpose of this educational project was to educate healthcare professionals on the MI technique to improve their ability to communicate effectively with patients. The primary strategy was to provide education to healthcare professionals that allowed them to speak with patients in words that are easy for patients to understand. The practice-focused question was: Will educating healthcare professionals about MI techniques increase their knowledge about the technique? Using the ADDIE model (Jeffery, Longo,



& Nienaber, 2016), the education project's selection was developed by including a comprehensive literature review.

I used a pretest-posttest design to collect data before and after the implementation of the education intervention. The education project was developed using current evidence-based information and implemented after Walden IRB approval.

The findings identified that the mean score on the pretest was 69.09. The mean score on the posttest was 90.90. The statistical analysis of the scores indicates a 21% increase after implementing the intervention. The increase in the mean score revealed that educating healthcare professionals about MI techniques increased their knowledge about the technique and provided them with the information they needed to communicate effectively with their patients and the potential for improved patient care outcomes. Educating healthcare professionals on utilizing the MI technique empowers them to improve their communication skills with patients in an acute care setting. In this regard, health care managers should evaluate communication gaps among their staff and develop relevant interventions to bridge the skills gap.

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Appendix A PowerPoint Presentation

# Motivational Interviewing: A Strategy to Improve Healthcare Professional's Communication With Patients

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Doctor of Nurse Practice Candidate  
Walden University  
November 25, 2020



## INTRODUCTION

## Learning Objectives

Define	Define Evidence-based Practice (EBP) Motivational Interviewing (MI)
Discuss	Discuss the benefits to the nurses/patients in using EBP MI techniques.
Express	Express the OARS (Open-ended questions, Affirmation, Reflective listening, and Summarizing) framework to communicate with patients.
Define	Define the two stages of listening associated with MI tech

### What is Motivational Interviewing (MI)?

- MI is defined as a person-centered collaborative form of communication.
- MI was originally developed by William R. Miller and Stephen Rollnick in the 1980s in order to aid people with substance abuse disorders.
- Starting in the 1990's MI was tested in chronic disease management.



## Motivational Interviewing & Chronic Care



► Centers for Disease Control and Prevention (2016). Chronic Diseases in America. Retrieved from: [URL to source](#)

## Benefits of Motivational Interviewing (MI)

NURSES	PATIENTS
Appreciate ambivalence	Establish rapport with healthcare provider
Save time by asking the right questions	Improved patient outcomes

## OARS FRAMEWORK



OPEN-ENDED QUESTIONS



AFFIRMATION



REFLECTIVE LISTENING



SUMMARIZING

Using open questions in motivational interviewing gathers broad descriptive information. (Miller & Rollnick, 2013). They

- facilitate dialogue
- require more than a simple yes or no response
- often start with words like “how” or “what” or “tell me about” or “describe”
- usually go from general to specific.

## OARS Example: Open-ended question

Nurse: Did you take your medicine today?

Patient: Yes

Same question using MI tech:

Nurse: Tell me what medications you took today.

Patient: I took my water pill (Lasix) and the other one for my heart (Coreg)

The second example provides the nurse with specific information.

## OARS Example- Affirmation

Nurse: That is great you took the Lasix for your swelling and the Coreg for your heart.



## OARS Example: Reflective Listening

Nurse: Tell me how you feel about your medications.

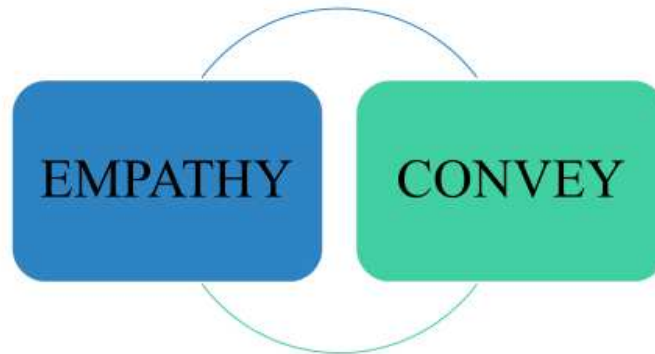
Patient: It is a burden sometimes to take medication everyday. The water pill makes me go to the bathroom a lot. I sometimes forget to take the second heart pill in the evening.

Nurse: Ok, I see you find it a burden to take medication. Having high blood pressure and heart disease requires that medication is taken consistently. The water pill does remove extra fluid from your body. It is important to take both heart pills daily as prescribed it helps your heart pump better.

## OARS Example: Summarizing

Nurse: I see you have taken the responsibility to take your Lasix for your swelling and Coreg for your heart. Despite you feeling it is a burden, you are taking positive action to manage your health. What other questions do you have for me today about your medications or diagnosis?

## Two Stages of Listening



### Summary

Miscommunication between patients and nurses can cause:

- Negative impact on patient care
- HCAHPS scores below benchmark in communication domain
- Poor patient outcomes

Motivational Interviewing (MI) provides:

- Improvement in Communication
- Positive impact on patient care
- Improvement in patient satisfaction



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Questions

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## Appendix B: Pre and Post Test Questionnaire

### Motivational Interviewing Pre/Posttest

#### 1. What is Motivational Interviewing?

- A way of communicating that involves giving advice, making suggestions, and providing solutions.
- A collaborative, person-centered form of communication of guiding individuals to elicit and strengthen motivation for change
- A way of tricking people into making changes

#### 2. What are the core skills of motivational interviewing?

- Open-ended questions, Affirmations, Reflections, Summaries
- Provider inquiry, Goal setting, Planning, Follow-up
- Questions, Fear-based messages, Ordering, Reflections

#### 3. The purpose of reflective listening is to check and convey your understanding of what the patient is trying to communicate.

- True
- False

#### 4. Motivational interviewing has successfully been used with patients who have a chronic illness

- Using scare tactics.
- Helping patients change their lifestyle habits.
- It is providing a catch-all method that works for any patient.

#### 5. Open-ended questions allow the patient to give examples and avoid yes or no responses

- True
- False



## Appendix C: Facility Stakeholder Formative Review of Educational Program

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The education module appropriately contains information that will increase staff knowledge of the MI techniques to improve communication with patients.	0	0	0	0
2. The education module satisfies the overall educational objectives of the clinic improvement of communication.	0	0	0	0
3. The education module recommended for nursing staff presentations on MI.	0	0	0	0

## Appendix D: Recruitment Flyer

**MOTIVATIONAL INTERVIEWING**  
 IMPROVING COMMUNICATION  
 WITH YOUR PATIENTS



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**Motivational Interviewing (MI)**

- Enhances nurse's ability to obtain the necessary information from your patients.
- Paint a clear picture of your patient presentation.
- Allows patient to express their needs honestly.
- Save time by asking the right questions.
- Keep the patient at the center of care.

The purpose of the presentation is to introduce MOTIVATIONAL INTERVIEWING (MI) to healthcare professionals. Please follow the link for the pre/posttest:

Presented by Lanita  
 James, AGPC-NP-C,  
 Walden University,  
 DNP Candidate

A STAFF  
 EDUCATION  
 PROGRAM IS  
 COMING SOON TO  
 A COMPUTER  
 NEAR YOU!!  
 CHECK YOUR  
 EMAIL FOR  
 SCHEDULE AND  
 POWERPOINT!

Motivational  
 Interviewing: A  
 Strategy to Improve  
 Healthcare  
 Professional's  
 Communication

<https://www.surveymonkey.com/r/32TNC8Z>

Program evaluation:

<https://www.surveymonkey.com/r/3MNS9YB>



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## Appendix E: Program Evaluation

Please complete the evaluation below to provide feedback to the presenter. Please rate the following statements on a scale of 1-4, with 1 (one) being "strongly disagree," and 4 (four) being "strongly agree."

1. This topic was beneficial to me.

1  2  3  4

2. This training will be beneficial to my job performance.

1  2  3  4

3. The presenter was clear and easy to follow and understand.

1  2  3  4

4. The course structure was easy to understand and navigate.

1  2  3  4

5. I would like additional education on this topic.

1  2  3  4

Please provide any additional comments: