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## Staff Education on Motivational Interviewing and Culturally Responsive Education to Reduce No-Shows and Appointment Cancellations

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# Walden University

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Aisha Adigun

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Executive Summary: Staff Education Project  
Staff Education on Motivational Interviewing and Culturally Responsive Education to  
Reduce No-Shows and Appointment Cancellations

by

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## Summary

This staff education program sought to address the issues of psychiatric patient no-shows and appointment cancellations because of the significant impact on patient outcomes and care continuity. Although organization-based interventions such as setting reminders, automated calls, and flexible scheduling help reduce psychiatric no-shows and appointment cancellations, the interventions overlook the importance of embracing appropriate engagement of psychiatric patients, such as motivational interviewing and culturally responsive communication. The purpose of this project was to investigate how staff education on motivational interviewing and culturally responsive communication could enhance staff knowledge and ability to engage with patients, ultimately educating them about the impact of no-shows and appointment cancellations. An educational program on the two concepts was developed incorporating a pretest/posttest design. Participants were administered a pretest to assess their knowledge on motivational interviewing and culturally responsive communication. A post-test was administered after the delivery of the program to assess the change in participant knowledge. Descriptive statistics were used to analyze the data collected from seven participants. Inferential statistics were applied to evaluate the statistical significance of the intervention. The higher posttest scores indicated a change in knowledge, suggesting that participants gained a better understanding about motivational interviewing and culturally responsive communication and their ability to apply them in patient interactions. The project has the potential to positively impact nursing practice by championing nurse-patient engagement

through motivational interviewing and culturally responsive communication, which support equity, diversity, and inclusion positively impacting social change.

## **Background**

Psychiatric no-shows and appointment cancellations are part of long-standing practice gaps in the management of mental health conditions. A no-show is when a patient scheduled for a psychiatric appointment fails to attend without providing notice. The clinician learns about the patient's absence at the appointment time. Conversely, appointment cancellations are associated with patient absence to attend a scheduled session, but typically with notice, which often arrives late. Psychiatric no-shows and appointment cancellations immensely affect mental health care continuity, thus impacting care outcomes.

Carrico (2023) presents an article highlighting the challenges associated with the no-shows and appointment cancellations in the management of mental health conditions, addressing the practice gap. The study notes that patients who fail to show up for appointments or those who cancel them altogether have negative outcomes in the management of various mental health conditions. Moreover, the cancellations lead to strained relationships between the outpatient psychiatric patients and their psychiatrists. Additionally, mental health nurses spend more time rescheduling missed appointments rather than focusing on treating other patients.

To address the practice problem, current interventions have focused on organization-tailored solutions such as automated calls and flexible scheduling to encourage psychiatric patients to attend their appointment sessions. Although the

interventions are elementary in reminding patients about their appointments, they sideline the critical role played by staff nurses in creating a relationship with psychiatric patients, which fosters adherence to appointments. The staff education project investigated how educating staff members on motivational interviewing and culturally responsive communication improves their knowledge and bolsters engagement with outpatient psychiatric patients, thereby bridging the existing practice gap of no-shows and appointment cancellations.

### **Project Question and Purpose**

The staff education project sought to answer this primary question: “In an outpatient psychiatry clinic, does staff education on motivational interviewing and culturally responsive communication increase staff knowledge on how to educate patients about no-shows and appointment cancellations to improve the no-show and appointment cancellation rates?” By answering the research question, the project aimed to reduce the rates of no-shows and appointment cancellations at an outpatient psychiatric facility by offering staff education on the concepts of motivational interviewing and culturally responsive communication. The staff education aimed to enhance the staff’s understanding of therapeutic communication tools, thereby improving their ability to educate patients on the impact of no-shows and appointment cancellations on their recovery, and reducing no-show rates.

### **Evidence Supporting the Practice Gap**

No-shows and appointment cancellations remain a significant practice problem when managing outpatient psychiatric patients’ mental health conditions. Rashid et al.

(2021) presented a quality improvement project that cites poor patient outcomes associated with increased no-shows and appointment cancellations in an outpatient oncology setting. The study reports that outpatient oncology patients who miss appointments exhibit inconsistencies in medication adherence and the implementation of non-pharmacological interventions.

In a different study, Tempier et al. (2021) explored the practice gap of missed appointments in the management of mental health conditions for outpatient psychiatric patients. The study acknowledges the poor patient outcomes associated with missed psychiatric appointments for the patient population. Moreover, the researchers argue that missed appointments limit the seamless delivery of mental health services to the outpatient psychiatric population. The study identifies the impacts of no-shows and appointment cancellations on outpatient psychiatric patients, pointing out a long-standing practice gap that needs to be addressed.

### **Evidence Supporting the Practice Change**

Educating staff members on therapeutic communication tools, including motivational interviewing and culturally responsive communication, is crucial in establishing rapport with patients, thereby promoting their adherence to outpatient psychiatric appointments. Bischof et al. (2021) presented a systematic review on the influence of motivational interviewing on fostering behavior change among ambivalent patients. The study states that motivational interviewing is an evidence-based approach imperative in influencing behavior change among psychiatric patients. No-shows and appointment cancellations are learned behaviors that can be corrected through

motivational interviewing, as suggested by the study. Bischof et al. (2021) add that motivational interviewing is a vital tool that can optimize medical interventions if applied appropriately.

In another study, Granås et al. (2023) reported that conducting an emotional needs assessment on psychiatric patients encourages them to open up about the reasons behind missed appointments. This way, the psychiatrist has a better understanding of the problem, which fosters a suitable solution. One of the characteristics of motivational interviewing is that it is associated with emotional assessment. Creating a safe environment where patients can open up about their emotional needs is a way of improving the rapport between the psychiatrist and the mental health expert. The improved rapport can be used to improve adherence to appointment sessions, thereby reducing no-shows and appointment cancellations.

A literature review by Marbough et al. (2020) suggests that staff education on strategies for reducing no-shows and appointment cancellations is crucial during the implementation phase. The literature review highlights the importance of staff education in implementing these strategies. Reinauer et al. (2021) reports that the successful implementation of motivational interviewing depends on a well-educated staff. Motivational interviewing and culturally responsive communication are therapeutic communication tools that must be learned. The most effective way to enhance staff understanding of the two concepts is by providing educational sessions.

The presented evidence sources include systematic reviews, retrospective studies, cohort studies, and literature reviews. I utilized the Johns Hopkins Evidence-Based

Practice Model to synthesize evidence from the literature. The literature appraisal and grading depict good-quality evidence, as the presented evidence is peer-reviewed and ranked highly in the evidence hierarchy chart. The synthesized information from the pieces of evidence unravels the importance of the practice problem and its impact on outpatient psychiatric care. The evidence further presents current interventions, identifying the need for staff education on the concepts of motivational interviewing and culturally responsive communication in reducing no-shows and appointment cancellations among outpatient psychiatric patients.

### **Staff Education Project Development**

#### **Participants and Procedures**

The staff education project aimed at reducing no-shows and appointment cancellations in an outpatient psychiatric facility. It encompassed multidisciplinary teams at the facility who witnessed a trend depicting non-adherence to appointment schedules. The stakeholders involved in the project included psychiatric practitioners, registered nurses, and administrative staff members to oversee the staff education process and supervise the critical sessions. Some administrative staff played the role of clinical supervision, while others played the role of clinical education.

The initial phase of the staff education project involved a needs assessment to determine the existing gap in practice between current interventions aimed at reducing no-shows and appointment cancellations and the best practices that enhance psychiatric appointment adherence. Through a pretest questionnaire (*Appendix A*), the project sought to assess the staff's understanding of motivational interviewing and culturally responsive

communication, and their influence in fostering relationships with patients to improve psychiatric appointment adherence. Guided by evidence, the two therapeutic tools were regarded as imperative in fostering positive relationships between patients and psychiatric nurses, a crucial incentive in promoting adherence to scheduled psychiatric appointments.

The needs assessment revealed the nursing staff's limited understanding of the concepts of motivational interviewing and culturally responsive communication. Thus, it was concluded that they could not apply the two therapeutic communication tools appropriately when educating psychiatric patients about the impacts of missed appointments on their treatment outcomes. The project team then developed an educational course to teach the staff about the concepts of motivational interviewing and culturally responsive communication, as well as their application, to enhance their understanding. A posttest questionnaire was administered to the patients after completing the course to assess their understanding of the two concepts following the intervention

### **Collection and Analysis of Evidence**

The data collection and evidence analysis adopted a mixed-method approach. The collection process consisted of two phases: pre- and post-intervention. During the pre-intervention phase, the project team sought out information on the rates of no-shows and appointment cancellations from the outpatient psychiatric facility. The staff were also interviewed on their application of motivational interviewing and culturally responsive communication when interacting with outpatient psychiatric patients. The team later delivered a pretest questionnaire to assess the participants' understanding of the concepts of motivational interviewing and culturally responsive communication. The project team

noted the scores from participants. The scores would later be compared to the scores from the posttest after implementing the teaching intervention.

The intervention phase involved delivering the education program that elaborately covered the concepts of motivational interviewing and culturally responsive communication. In the post-intervention phase, a posttest questionnaire was administered to assess the program's effectiveness in enhancing staff understanding of motivational interviewing and culturally responsive communication. The collected data in the postintervention phase were analyzed to determine the changes in the participants' understanding by comparing the data with the scores in the pretest questionnaire.

### **Data Analysis**

The pretest/posttest questionnaire data were analyzed for statistical significance to determine whether the staff education program had an impact on the participants' knowledge regarding the concepts of motivational interviewing and culturally responsive communication, as well as their application.

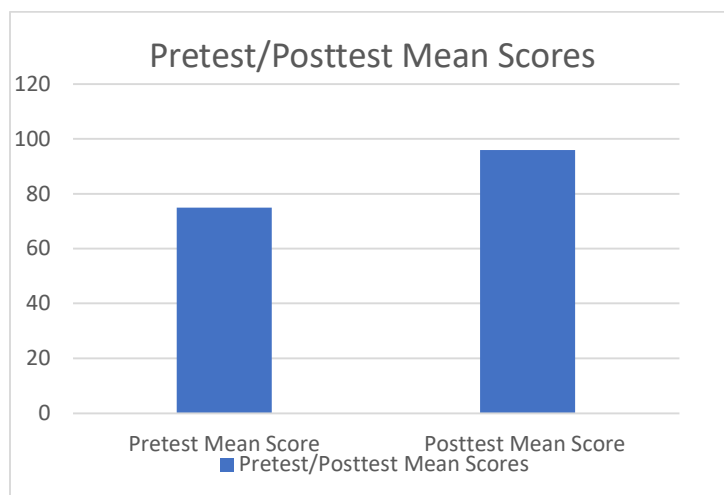
### **Evaluation Process**

The project's evaluation was crucial in ensuring the accuracy of the feedback provided by participants and in promoting satisfactory participation in the education program. The process also involved asking participants to rate their satisfaction with the educational program. The project team would then make future adjustments in areas where participants felt the program needed improvement. The participants also evaluated the program to ensure that the education program met the identified objectives.

## Results

The project participants included seven participants, including three psychiatry practitioners, two registered nurses, and two administrative staff members. Descriptive statistics were used to analyze the participants' data collected. A comparison between the pretest and posttest scores revealed an improvement, from an average score of 75% in the pretest to 96% in the posttest questionnaire. The changed score indicated that the staff education program was successful in improving staff knowledge of the concepts of motivational interviewing and culturally responsive communication, as well as their application. To determine whether the post-intervention changes were significant, inferential statistics, particularly the paired t-test, were applied. The emerging concepts on motivational interviewing and culturally responsive education were thematically organized.

The staff education project demonstrated significant improvements in educating participants on the concepts of motivational interviewing and culturally responsive communication. In the pretest questionnaire, the average scores regarding various concepts of motivational interviewing and culturally responsive communication were 75%. The average score in the posttest questionnaire was 96%. Figure 1 below shows the differences in the average pretest and posttest results.

**Figure 1***Pretest/Posttest Scores*

The project findings demonstrate a notable improvement in the mean scores of both the pretest and posttest questionnaires. The improvement is an indication that the educational program offered was successful in bridging the existing knowledge gap about the therapeutic communication tools of motivational interviewing and culturally responsive communication. This successful increase in knowledge implies that staff can apply these tools in communicating with outpatient psychiatric patients and create a rapport, thereby enabling them to educate patients about the impact of no-shows and appointment cancellations, which has the potential to foster adherence. The results also imply the importance of educating staff members to utilize the therapeutic tools of motivational interviewing and culturally responsive communication, which are vital in establishing a positive rapport with psychiatric patients.

**Limitations**

The staff education program was also evaluated for its strengths and limitations to inform better strategies for implementing motivational interviewing and culturally responsive communication skills, thereby creating stronger relationships with patients and reducing cases of no-shows and appointment cancellations. The primary limitation of the study is that it employed a smaller sample size, which limits the ability to generalize the results across outpatient psychiatric facilities. Moreover, the project employed a convenience sampling method that may not represent the broader mental health workforce. Although there was an improvement in understanding the concepts of motivational interviewing post-intervention, it was challenging to determine whether the information would be retained, as the pretest/posttest design is a short-term measurement design. It is also crucial to note that a single education program may not be sufficient for staff to fully understand and implement the concepts of motivational interviewing and culturally responsive communication.

**Recommendation**

The staff education program was essential in addressing the existing knowledge gap regarding the concepts of motivational interviewing and culturally responsive communication. The outpatient psychiatric facility must implement continuous education sessions to ensure that the nursing staff is well-informed on these two critical therapeutic communication tools, thereby improving their interaction with outpatient psychiatric patients and helping to reduce no-shows and appointment cancellations.

Post education program, it is vital to monitor the effectiveness of the intervention tools by tracking patient satisfaction levels and comparing no-show and appointment cancellation rates before and after the education programs' implementation. It is equally vital for the organization to expand its educational reach and include more staff members in the program to foster a better understanding of the two critical concepts in therapeutic communication. Beyond the local site, the project highlights the importance of embracing therapeutic communication tools, such as motivational interviewing and culturally responsive communication, in nursing practice, which can be employed by other organizations. The project further highlights the success of the interventions and the existing knowledge gap regarding the two concepts that may be critical in tailoring long-lasting patient-nurse relationships.

### **Conclusions**

The staff education project showed significant improvement in the participants' understanding of the concepts of motivational interviewing and culturally responsive communication. Thus, because of the project's success, I propose that an ongoing education be incorporated to continually improve staff's ability to engage with outpatient psychiatric patients and thereby potentially reducing no-shows and appointment cancellations. The project's potential implications for nursing practice are that it informs the need for embracing education on therapeutic communication tools, such as motivational interviewing and culturally responsive communication, to inform proper nurse-patient relationships.

A robust nurse-patient engagement fosters adherence to treatment, including psychiatric appointment sessions. The project can positively impact social change as it aims to create an environment where no patients are left behind. By championing nurse-patient engagement through the concepts of motivational interviewing and culturally responsive communication, the project aims to promote improved relationships between patients and their caregivers, which supports equity, diversity, and inclusion.

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## Appendix A

### Pretest/Posttest Questionnaire

#### Understanding How Motivational Interviewing and Culturally Responsive Communication are Conducted

Purpose: To evaluate the learner's knowledge, understanding, and ability to apply the Concepts of Motivational Interviewing and Culturally Responsive Communication, pre- and post-training implementation. Completion of this pretest/posttest will serve as consent.

#### Section A: Multiple Choice Questions

1. State whether the following statement is true or false: *Cultural humility is a knowledge-based process.*
2. The following are core principles of motivational interviewing. Which one is NOT?
  - A. Confront resistance
  - B. Develop discrepancy
  - C. Express empathy
  - D. Support self-efficacy
3. Identify an inclusive language from the statements below.
  - A. 'Your culture embraces natural remedies.'
  - B. 'What are your pronouns?'
  - C. 'You must be noncompliant with your drugs.'
  - D. 'Have you shared this with your husband or wife?'
4. Why is it essential to embrace culturally responsive communication when interacting with patients?
  - A. To be well-versed in facts about unique cultures
  - B. Because it is a required standard
  - C. To eliminate biases and promote care inclusivity
  - D. To know how to confront ethical dilemmas

5. Which of the following motivational interviewing techniques is suitable for clearing doubt in case a patient is uncertain about change?
  - A. Summarizing
  - B. Giving advice
  - C. Affirmation
  - D. Reflective Listening

**Section B: Scenario-Based Questionnaires**

6. A neurodivergent teenager presents to the clinic with his parents and does not want to speak. He avoids eye contact. What is the best course of action?
  - A. Assume that he does not like the clinical environment
  - B. Use abstract language to communicate better
  - C. Ask about communication style preferences
  - D. Insist on verbal communication
  
7. A patient from a communal living set-up declines to decide without the input of the family. How would you respond to the patient in a way that shows cultural humility?
  - A. 'Is it okay if we invite your family into this discussion?'
  - B. 'You have to make this decision on your own.'
  - C. 'We can skip this decision for later.'
  - D. 'I will wait for you for as long as you want.'
  
8. How would you respond to a patient who makes the following statement: 'I don't think all these therapy sessions are necessary.'
  - A. 'Please keep trying, you'll be better.'
  - B. 'From my experience as a clinician, I know it helps.'
  - C. 'Can we talk about why you feel this way?'
  - D. 'You may stop if you feel overwhelmed.'

**Appendix B: Educational Material (Double click to open all slides)**

# Motivational Interviewing and Culturally Responsive Communication

A TEACHING GUIDE BY AISHA ADIGUN.

DOCTOR OF NURSING PRACTICE, WALDEN UNIVERSITY

NURS-8512C: DNP PROJECT AND PRACTICUM 1

DR. BARBARA BARRETT

OCTOBER 10TH, 2025.