Motivational Interviewing to Promote Patient Engagement and Self-Care Within an Enhanced Recovery After Surgery for Cesarean Birth Pathway

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Abstract

Problem Statement: Enhanced Recovery After Surgery (ERAS) guidelines provide a multi-modal, standardized, and systematic approach to the perioperative period with the overall goal of improving patient outcomes. ERAS protocols emphasize patient engagement as an integral facet of the pathway of care, yet the ERAS literature is sparse when providing guidance to clinicians regarding *how* to effectively engage patients in their care.

Purpose: This project introduced motivational interviewing (MI) communication approaches to inpatient perinatal nurses caring for patients undergoing an enhanced recovery pathway for cesarean birth. Knowledge of motivational interviewing approaches, nurse confidence in motivating patients to actively engage in ERAS elements of self-care, relevance of motivational interviewing to promote the nurse-patient relationship and the likelihood to incorporate motivational interviewing into patient care were evaluated. Evaluation of the promotion of respectful maternity care through MI approaches occurred.

Methods: A non-experimental pretest-posttest design served as this quality improvement intervention. This project introduced motivational interviewing communication approaches via a one-hour interactive, educational presentation with a focus on promoting nurses to engage patients in the ERAS self-care elements following cesarean birth. Means and paired t-test results were analyzed for the pre- and post-presentation surveys. A two-week follow-up survey collected general nurse demographic information and evaluated the implementation of motivational interviewing approaches to ascertain whether increased nursing experience and involvement in hospital or unit-based committees and professional development would increase nurses' likelihood to incorporate MI approaches with patients.

Inclusion Criteria: Perinatal nurses caring for patients during the inpatient admission for cesarean birth undergoing an ERAS for cesarean birth pathway at an academic medical center performing approximately 4,800 births annually across the two hospital campuses.

Analysis: The pre- and post-presentation results demonstrated statistically significant differences (n=18). The relationship between motivational interviewing approaches and the provision of respectful maternity care was confirmed by all nurse participants. Ninety-four percent of respondents reported the utilization of MI in the two-week follow-up surveys and, of those who utilized MI, 100% also reported they would continue to utilize motivational interviewing in their nursing practice.

Implications for Practice: Results demonstrated the feasibility of MI in perinatal inpatient clinical settings. This project holds potential for significant impact for clinical care within maternal health settings where nearly 30% of individuals deliver via cesarean birth and supports the applicability of MI to other clinical perinatal patient scenarios beyond the ERAS for cesarean birth pathway. Results also demonstrates that MI communication approaches can support the delivery of respectful maternity care. The U.S. maternal health crisis demands that perinatal nurses seek solutions and actionable initiatives to improve outcomes and mitigate maternal health disparities. These findings support the implementation of motivational interviewing as an approach to enhance nurse-patient communication methods that promote patient engagement framed within a partnership of compassion and respect of patients' autonomy and values.

Keywords: Enhanced Recovery After Surgery, cesarean birth, motivational interviewing, patient engagement, Respectful Maternity Care

Motivational Interviewing Techniques to Promote Patient Engagement and Self-Care Within an Enhanced Recovery After Surgery for Cesarean Birth Pathway

Introduction

Health care reform models are shifting from a focus on disease processes to a greater emphasis on health, where quality of care is measured in terms of patient outcomes and experiences (Salmond & Echevarria, 2017). This shift moves healthcare from a provider-centered to a patient-centric model, where clinicians engage patients to participate in behavioral change and self-management (Salmond & Echevarria, 2017). Motivational interviewing demonstrates proven success in promoting patient behavior change and self-efficacy through an interpersonal, patient-centric, collaborative relationship with a health professional that emphasizes patient preferences, priorities, autonomy and respect for the patient (Droppa & Lee, 2014; Gary et al., 2022; Lundahl, 2010; Miller & Rollnick, 2013; Murphy et al., 2022). This emphasis on self-care and active patient engagement in the recovery process is also a key element of enhanced recovery after surgery (ERAS) protocols (Aasa et al., 2013; Aloia et al., 2019; Carter-Brooks et al., 2018; Engelman, et al., 2019; Pedziwiatr et al., 2015; SOAP, 2019; Wilson et al., 2018). Guidelines for enhanced recovery after surgery for cesarean birth include patient engagement and counseling within published recommendations (Wilson et al., 2018).

Background and Significance

Childbirth is the most common reason for hospital admission in North America and the most common surgical procedure is cesarean delivery (Caughey et al., 2018; Wilson et al., 2018). One out of three individuals (32.1%) giving birth in the United States in 2021 delivered by cesarean birth and rates continue to rise (Osterman et al., 2023). Ohio's cesarean birth

statistics are similar to the overall U.S. rates. The incidence of cesarean birth for patients with a first-time, singleton, term pregnancy in the vertex position has increased between 2018 and 2020, at 30.8%, 31.0% and 31.3% respectively. (Centers for Disease Control, National Center for Health Statistics, National Vital Statistics System, Natality, 2022). In addition to rising rates of cesarean birth, severe maternal morbidity and mortality rates in the United States increased 200% between 1993 and 2014 (Centers for Disease Control, 2020). The United States, according to international data, continues to exceed maternal mortality rates by more than three times the rate of other high-income countries (Gunja, et al., 2022). Maternal health outcomes between races reveal glaring disparities, with Black women in the United States dying more than three times that of White women (Centers for Disease Control, 2022). With cesarean birth rates higher than 30% and maternal morbidity and mortality rates soaring in the United States, improving patient outcomes through the perioperative period would benefit patients and health care systems.

Enhanced Recovery after Surgery (ERAS) protocols provide a multi-modal, standardized, and systematic approach to the perioperative period with the overall goal of improving patient outcomes (American College of Obstetricians & Gynecologists Committee on Gynecologic Practice (ACOG), 2018; Carter-Brooks et al., 2018; Engelman et al., 2019; Irani et al., 2023; Society of Obstetric Anesthesia and Perinatology (SOAP), 2019; Wilson et al., 2018). The implementation of ERAS elements across many surgical disciplines, including cardiovascular, colorectal, gastroesophageal, orthopedic, and gynecologic surgery have demonstrated favorable patient outcomes through decreased postoperative complications and reduction in costs to hospitals (Irani, 2023; Killion, 2019; Nussbaum et al., 2015; Pedziwiatr et al., 2015; Wilson et al., 2018). Though the name implies that this process is focused on the

recovery period after surgery, the elements of care occur across the perioperative continuum, from optimizing health and reducing risks of comorbidity in the preconception and antepartum periods through the preoperative, intraoperative and postoperative phases of care (Carter-Brooks et al., 2018; Hedderson et al., 2019; Kalogera et al., 2018; Pedziwatr et al., 2015; SOAP, 2019).

Enhanced recovery protocols emphasize patient engagement as an integral facet of the pathway of care. Setting patient expectations and engaging the patient in the ERAS process is mentioned in multiple ERAS studies and guideline recommendations (Carter-Brooks et al., 2018; Engelman et al., 2019; SOAP, 2019; Wilson et al., 2018). Despite prescriptive evidence-based recommendations outlined in guidelines by the ERAS Society across multiple surgical disciplines, there exists a paucity of guidance within ERAS literature informing clinicians *how* to best engage the patient to promote active participation in the recovery process. Though patient-centered recovery is a universal goal across surgical specialties utilizing ERAS pathways (Aloia, et al., 2019), methods of interpersonal relationship development between clinician and patient and the promotion of patient engagement and self-care remain undocumented. Methods of communication and engagement, including reliance on caregivers, is imperative for patients to feel safe and to participate more fully in their recovery care (Aasa, et al., 2013).

Problem Statement

Despite the consistent inclusion of patient education and engagement as principles within enhanced recovery guidelines, strategies and methods to promote patient self-care and the impact of nursing care on patient participation in self-care has yet to be evaluated within the enhanced recovery literature. To meet the overall ERAS goal of improving the patient journey across the entire surgical process by reducing complications and readmissions, enhancing patient satisfaction, and increasing value and health outcomes, the nurse-patient relationship must be

addressed. In addition to the surgical techniques, order set implementation, and documentation requirements, the “softer” skills of clinician encouragement and communication with the patient demonstrate the emotional intelligence that permits the formation of therapeutic relationships and care for patients. Evidence reveals that these “soft skills”, including building relationships with patients and employing effective communication and interpersonal skills, can increase nurse engagement and patient experience (Reynolds, 2021).

This project aimed to introduce motivational interviewing communication approaches to perinatal nurses caring for patients undergoing an enhanced recovery pathway for cesarean birth. Knowledge of motivational interviewing approaches, nurse confidence in motivating patients to actively engage in enhanced recovery self-care elements, the relevance of motivational interviewing to nursing practice and nurse-patient relationships and the likelihood to incorporate motivational interviewing into patient care during the enhanced recovery process were evaluated.

Clinical Questions

Does nursing confidence in the ability to promote patient engagement and the nurse-patient relationship increase after participating in the educational program on motivational interviewing techniques?

Can motivational interviewing communication approaches promote respectful maternity care practices and the nurse-patient relationship?

Does nursing experience and involvement in unit leadership roles or professional development increase the likelihood of implementing motivational interviewing (MI) approaches into nursing practice following an introductory educational presentation on motivational interviewing?

Organizational Analysis

The incorporation of motivational interviewing techniques to enhance the nurse-patient relationship to promote patient engagement and participation in self-care recovery practices within ERAS for cesarean birth supports the vision of University Hospitals (UH): *Advancing the Science of Health and the Art of Compassion* (University Hospitals, 2020). The obstetric ERAS guideline incorporates high-level, evidence-based practices into its care elements. Enhanced recovery after surgery initiatives across surgical disciplines at UH are one of the organization's high-reliability medicine (HRM) priorities. University Hospitals seeks to achieve international recognition as an ERAS Center of Excellence which is currently held by only two other institutions in the United States, according to Dr. Heather McFarland (Niemi, 2021). The contributions of our obstetric interdisciplinary team's implementation of ERAS for cesarean birth has contributed to the success of this system-wide goal. Incorporating best practices for patients through ERAS care elements further advances UH's vision to *advance the science of health* across its system health centers. A trusting and communicative nurse-patient relationship can enhance the patient experience and this alliance can facilitate a patient's return to optimum health (Rutherford, 2014). The facets of the nurse-patient relationship in promoting health make up the *art of compassion* that aligns with the second part of the UH vision of *advancing the art of compassion* (UH, 2020). Motivational interviewing supports and promotes this vision.

ERAS pathways for patients also support the mission of UH to *heal* patients (from surgery) and to *teach* patients (engage and educate on the ERAS care elements and the recovery process) and to *discover* (new evidence and new methods to enhance patient communication). This project promoted a sense of discovery in our nurses as they learned to apply motivational interviewing techniques to foster the nurse-patient relationship and the patient's participation in the recovery process.

The interdisciplinary obstetric guideline committee, quality department, and Mac Action Team within the UH Obstetric (OB) Network share a collaborative relationship described to as *partnerships for purpose* (Niemi & Albertini, 2020). Input is equally received from the perinatal providers, nurses, and anesthesia team members to formulate clinical practices and guidelines that serve to answer the guiding question: *What is best for the patient*? Incorporating ERAS for cesarean birth has furthered the multidisciplinary partnerships as the evidence was reviewed and the guideline pathway developed. The quality department and nursing director for women's services supported the efforts for nurses to incorporate motivational interviewing methods into their nursing practice to enhance the nurse-patient relationship, increase patient engagement in self-care aspects of the recovery process, and improve patient care delivery.

Review of Literature

Patient Engagement and Motivation for Self-care Within ERAS Pathways

The definition of patient engagement varies across surgical disciplines that have incorporated ERAS protocols. Methods on how to promote patient engagement and active participation in care are not addressed. ERAS Society recommendations for perioperative care in cardiac surgery include "patient education tools" within their preoperative recommendations, though the recommendation is graded a C with limited data (Engelman et al., 2019). These recommendations include preoperative patient education and counseling, along with written materials to explain ERAS procedures and goals to reduce perioperative anxiety and discomfort leading to an overall enhanced recovery experience and early hospital discharge (Engelman et al., 2019). *Appropriate patient preparation* for potential surgical delivery is recommended by Wilson et al. (2018) in ERAS Society recommendations for cesarean delivery. These authors recommend that a "comment on how the information was accepted or understood by the patient

should be included as part of the counseling documentation" (Wilson et al., 2018). Evidence related to this education is rated as low, though the recommendation grade is listed as strong (Wilson et al., 2018). Similar sentiment is mentioned across other interdisciplinary teams (Elhassan et al., 2019 and Society of Obstetric Anesthesia and Perinatology, 2019; Teigen et al., 2020). The SOAP *Enhanced Recovery After Cesarean Consensus Statement* notes the goals of patient education include setting patient expectations and reviewing enhanced recovery goals to engage and empower patients to participate more fully in their plan of care (SOAP, 2019). Elhassan et al., (2019) published essential ERAS elements that incorporated several surgical disciplines involving intra-abdominal surgery. An early emphasis on patient education about the recovery process and discharge milestones are encouraged as a method to increase patient compliance and cooperation with the health care team (Elhassan et al., 2019). Patient satisfaction with ERAS elements has been evaluated in a few studies, including one systematic review of eleven qualitative analyses following colorectal and hip/knee replacement surgeries and another that evaluated patient satisfaction post-operatively after pancreatic surgery (Sibbern et al., 2016; Galli et al., 2015), respectively.

Patient motivation and active participation in self-care has been evaluated in areas outside of enhanced recovery protocols (Myers et al., 2013, & Varming et al., 2019). Myers et al., (2013) explored personal motivation in patients with heart failure who evolved from non-adherence to adherence with plan of care and lifestyle management. This qualitative, descriptive study identified five themes of motivation in their study population, including the importance of optimism, establishing connections between their behavior and health outcomes, the importance of self-efficacy in taking responsibility for health behavior, and the crucial role of a trusted clinician (Myers et al., 2013). Varming et al. (2019) evaluated a patient-centered consultation

intervention to improve self-management skills in patients with poorly controlled type 2 diabetes. Though glycemic control was not significantly improved over the control group, those receiving the consultation led to the identification of patient-centric barriers and preferences related to behavior change to manage their diabetes (Varming et al., 2019) These two studies examined patient motivation related to self-care behavior related to their chronic health conditions. Though appreciation of their findings is realized, the contributions are not strongly applicable to young, mostly healthy parturients undergoing cesarean birth. Patient self-care following general abdominal surgery was evaluated by Williams (2007) to promote self-care during hospitalization and at home post-discharge. Self-report questionnaires were reviewed for the 109 participating patients, revealing a wide variety of responses to patient preparedness with discharge information. These findings demonstrate the importance of consistent messages to patients across written and verbal instruction as well as the benefit of assessing the patient's understanding of self-care practices and warning signs requiring care team notification.

Several studies evaluated specific enhanced recovery processes across specialized surgical disciplines (Aasa et al., 2013; Aloia et al., 2019; Stone et al., 2018). Though obstetric patients were not included, their findings revealed insight to patient preferences and facilitators of ERAS elements when patients are adequately engaged and informed (Aasa et al., 2013; Stone et al., 2018). Understanding the principles of surgical recovery and treatment is one of the cornerstones of care with ERAS protocols, both for patients (Aasa et al., 2013) and clinicians (Aloia et al., 2019). Setting expectations and engaging patients to take an active role in their recovery process is imperative (Aloia et al., 2019; Galli et al., 2015). Galli et al., (2015) performed a qualitative study based on interpretive phenomenological analysis with thirteen patients undergoing pancreatic surgery, reporting that patients felt they were active participants

in their care, even if slight postoperative complications slowed their recovery goals. Aasa et al., (2013) evaluated colorectal patients' preoperative information session with a nurse, with their findings highlighting the importance of consistent messaging to patients. The researchers reported that receiving conflicting instructions, whether verbal or written, was detrimental to patients' sense of security and confidence in their self-care (Aasa et al., 2013). Patient motivators and facilitators to self-care interventions within ERAS care elements are lacking across surgical disciplines, including the obstetric patient population. Obstetric patients tend to be younger in age with less chronic health conditions than other studies that have evaluated patient responsibility and engagement in self-care behaviors. Evaluating patient motivations to promote active engagement in self-care interventions during the inpatient period is essential to promote recovery outcomes and mitigate postoperative complications. The lack of studies specifically targeted toward patients' self-care activities after cesarean birth within ERAS protocols validates the need for this exploration.

Elhassan et al., (2019) summarize the state of ERAS protocols specifically for cesarean birth by concluding that the ERAS initiative for cesarean birth as "still in its nascent stages". As ERAS protocols for cesarean birth continue to be initiated, the influence of the patient's level of understanding of ERAS interventions and their motivation to actively engage in their perioperative care should be evaluated. In addition to patients' compliance with the ERAS interventions by the health care team, there are several elements of the pathway that require the patients to participate independently in their plan of care. These specific self-care actions will influence receiving the full recommended benefits during their hospitalization. These patient-initiated interventions include oral intake before and following surgery, gum chewing in the early postoperative period, maintaining sequential compression devices on their feet or legs while in

bed, and early and ongoing mobilization. This quality improvement initiative, as part of the implementation of an ERAS pathway for cesarean birth, will evaluate whether motivational interviewing styles of communication can promote the nurse-patient relationship and support respectful maternity care practices while promoting patients' active participation across ERAS self-care elements throughout the ERAS perioperative continuum.

Among the elements included in the 3-part ERAS Society guideline recommendations for postoperative care in cesarean delivery, there are several recommendations that are most equated with patient motivation and responsibility. Mata et al., (2017) described these elements as the "patient participation bundle". These elements of care are those that the patient can perform independent of the interventions of the health care team. These patient-directed interventions include preoperative oral intake, gum chewing and early nutrition in the immediate postoperative period, sequential compression device use while in bed, and early mobilization and ambulation. The patient's active participation and engagement in these autonomous care elements can mitigate potential complications following cesarean birth.

Preoperative Nutrition

Preoperative Oral Intake and Fasting

ERAS protocols institute preoperative, intraoperative, and postoperative elements to mitigate the incidence of postoperative nausea and vomiting. Enhanced recovery protocols aim to reduce surgical stress and achieve earlier postoperative homeostasis (Ackerman et al., 2020), including reduction in postoperative nausea and vomiting.

One focused element within ERAS protocols to decrease postoperative nausea and vomiting (PONV) include a change away from pre-surgical traditional fasting guidelines prior to surgery (Ackerman et al., 2020; ACOG Committee on Gynecologic Surgery, 2018; Pachella et al., 2019). Multiple studies have recommended changes to preoperative fasting requirements

from the traditional ‘nothing by mouth” after midnight for cesarean delivery, the practice at University Hospitals Cleveland Medical Center prior to the ERAS for cesarean birth guideline implementation. The ERAS Society recommends that a light meal may be eaten up to six hours before surgery, with clear liquids, preferably oral carbohydrate fluids (for non-diabetic women) permissible up to two hours prior to the scheduled surgery start time (Killion, 2019; Wilson et al., 2018). The American Society of Anesthesiologists (2017) concurs with these fasting and oral intake recommendations. The evidence level for these revised fasting recommendations is high, and the recommendation grade is strong (Wilson et al., 2018).

Singh et al., (2015) studied the impact of postoperative nausea and vomiting in patients who consumed a carbohydrate-loaded beverage 2 hours before surgery compared to traditional overnight fasting on patients undergoing outpatient cholecystectomy. Their findings revealed decreased incidence of PONV with the patients randomized to the carbohydrate beverage group compared to standard nothing by mouth guidelines or placebo (water), as did the quality improvement project by Pachella et al., (2019). Other studies, including the ERAS Society cesarean delivery guidelines, have found contradictory results with preoperative carbohydrate beverages two hours prior to surgery (Engleman et al., 2019; Wilson et al., 2018). The level of evidence for this practice is rated as low and obtains a weak recommendation. These same guidelines (level 1 evidence) state, however, that preoperative carbohydrate loading does not increase risk of complications and therefore “may be offered” to patients who elect the option (Engleman et al., 2019; Wilson et al., 2018). The consumption of clear liquids up to two hours pre-surgery reflects significant change in practice for many institutions implementing ERAS protocols. The patient remains in control of preoperative oral intake prior to admission for cesarean delivery which may reduce the incidence of postoperative nausea and vomiting.

Promotion of Postoperative Gut Motility/Ileus Prevention

Early Nutrition

Early oral intake as part of an enhanced recovery pathway is promoted across surgical disciplines to promote early return of gut motility, improve insulin sensitivity, and decrease the surgical stress response without increasing nausea and vomiting incidence or complications in the postoperative period (Elhassan et al., 2019; Macones et al., 2019; Nelson et al., 2019; Pedziwiatr et al., 2015; Society of Obstetric Anesthesia and Perinatology, 2019). In a systematic review of enhanced recovery protocols for cesarean birth, Ilyas et al., (2019) note that ten articles in their review included the elements of ERAS care in their research. Of the 29 different care elements, early postoperative solid food and liquid intake was the only element consistently incorporated into all studies (Ilyas et al., 2019). The ERAS for cesarean delivery guidelines recommend resumption of a regular diet within two hours post-procedure (Macones et al., 2019). Evidence level in this society recommendation is *moderate,* and the recommendation grade rating is *strong (*Macones et al., 2019*).* The timing to resumption of early oral intake varies across other studies and society guidelines, ranging from resumption of oral intake within 24 hours of gynecologic/oncology surgery (2016) to one box of liquid nutritional supplement and no more than 800 mL oral liquids on post-op day one (ACOG Committee on Gynecologic Practice, 2018) to a regular diet within two hours after cesarean delivery (Macones et al., 2019). Another study noted that, after implementing an enhanced recovery protocol for cesarean delivery, the time to first solid food post-cesarean decreased by 11.5 hours as compared to protocols prior to ERAS (Hedderson et al., 2019). The patient will make the autonomous decision to partake in early oral intake in the immediate postoperative period and will remain responsible, once ambulatory, for fluid and solid oral intake consumption. The benefits of early oral intake after

cesarean birth are clearly described in the literature and should be explained as an element of self-care in patient's recovery process.

Gum Chewing

Chewing gum in the postoperative period is recommended in several studies. ERAS guidelines for cesarean delivery and in gynecologic/oncology surgery rate gum chewing as low for evidence with a weak recommendation, mostly due to lack of blinding in studies (Macones et al., 2019; Nelson et al., 2016). Macones et al., (2019) state that gum chewing has demonstrated some benefit and carries low risk for implementation but may be a redundant therapy when early oral intake after surgery is implemented. Wen et al., (2017) confirms this finding, concluding that no benefit exits if the patient initiated an early postoperative feeding protocol. Two meta-analyses evaluating the effect of gum chewing in the postoperative period report similar results (Liu et al., 2017; Wen et al., 2017). Liu et al., (2017) notes that, within colorectal surgery, gum chewing as a type of sham feeding, can help facilitate the return of bowel function in the early postoperative period. Wen et al., (2017) report additional benefits in their meta-analysis evaluating the effect of postoperative gum chewing on intestinal activity following cesarean birth. This meta-analysis reported to promote intestinal activity in the recovery period by reducing time to first flatus, first bowel sound and first bowel movement, therefore decreasing postoperative ileus. Both meta-analyses conclude that the inexpensive, low-risk, simple intervention make gum chewing promotable for postoperative use. One guideline recommendation rates gum chewing until the return of bowel function as high (Kalogera et al., 2018), while Irani et al. (2023) rates gum chewing as a strong recommendation with moderate evidence. Gum chewing can be provided to the patient, with encouragement for use between meals at the patient's discretion. Understanding the rationale for the gum chewing in the early

postoperative period may provide motivation to the patient to use the gum chewing to expedite the return of bowel function and therefore reducing the likelihood of ileus by decreasing time to first flatus and initial bowel movement after surgery.

Venous Thromboembolism Prevention

Sequential Compression Devices

Venous thromboembolism is one of the leading causes of obstetric morbidity and mortality (D'Alton et al., 2016). The *National Partnership for Maternal Safety Consensus Bundle on Venous Thromboembolism* (D'Alton et al., 2016) recommends standardized use of mechanical thromboprophylaxis for all women undergoing cesarean delivery, as well as early ambulation to decrease the risk of thromboembolism (D'Alton et al., 2016; SOAP, 2019). Other studies across surgical disciplines also encourage early mobilization and ambulation to reduce thromboembolic risk post-surgery (Elhassan et al., 2019; Macones et al., 2019; Nelson et al., 2016; Pedziwiatr et al., 2015; SOAP, 2019), with recommendations from cardiac surgery perioperative care guidelines noting that all patients benefit from mechanical thromboprophylaxis after surgery to decrease the likelihood of vascular thrombosis (Engelman et al., 2019). Part 3 of the 3-part series on guidelines for cesarean delivery from the ERAS Society notes the hypercoagulable state in the immediate postpartum period places patients at increased risk for venous thromboembolism (Macones et al., 2019). A large study from a large health system demonstrated reduction in pulmonary embolism mortality following the implementation of sequential compression devices as a standard of care post-cesarean delivery (Clark et al., 2014, as cited in Macones et al., 2019). The patient's level of understanding of the benefit to wearing the sequential compression devices whenever in bed should be evaluated to reduce the risk of thromboembolism in the postoperative state.

Early Mobilization

Despite the many barriers to early mobilization, including indwelling urinary catheters, surgical discomfort, and intravenous poles and fluids, studies across surgical disciplines consistently report the benefits of early mobilization following surgery (Elhassan et al., 2019; Irani et al., 2023; Kalogera et al., 2018; Macones et al., 2019; Nelson et al., 2016; SOAP, 2019). Nelson et al., (2016) note additional "hypothesized" benefits of early mobilization and ambulation include pulmonary benefits (mitigation of atelectasis), less insulin resistance, decreased muscle atrophy and thrombotic risk and a demonstrated association with decreased length of hospitalization. Gynecologic surgery and the obstetric anesthesia recommendations include developing detailed activity plans into guidelines for safe perioperative care (Kalogera et al., 2018; SOAP, 2019). Despite these benefits, some studies concurred that there is a paucity of research available on the impact of mobilization strategies versus ad lib mobility at the discretion of the patient (Elhassan et al., 2019; Macones et al., 2019). Once a patient's motor function is restored following neuraxial anesthesia and after the patient has demonstrated stability, the ongoing amount of mobility and ambulation will be based on the patient's personal motivation and discretion. The patient's level of engagement in ambulation practices may be influenced by gaining an understanding of the benefits of early and frequent ambulation following cesarean birth.

Enhanced recovery pathways have been incorporated into many surgical disciplines. These protocols are still in the early phases of implementation in obstetrics for cesarean birth. In addition to compliance and participation with nursing interventions, some decisions and interventions within the enhanced recovery elements of care are at the discretion of the patient to perform autonomously. These include choices within preoperative oral intake to decrease the

surgical stress response and mitigate postoperative nausea and vomiting, early postoperative intake and gum chewing to promote digestive system motility, and interventions to decrease the risk of venous thromboembolism through wearing sequential compression devices while in bed and participating in early ambulation. As these specific care elements are at the discretion of the patient to perform independently, interventions by nurses to promote patient engagement and full participation in their recovery process should be introduced and evaluated.

Motivational Interviewing

Though ERAS literature consistently recommends patient education and engagement as part of its care elements, strategies and guidance for clinicians to promote engagement in self-care in the perioperative period are lacking. Motivational interviewing provides clinical communication approaches to promote patients' internal motivation for altering behavior to promote health and facilitate and maintain positive change (Bryan et al., 2021; Droppa & Lee, 2014; Murphy et al., 2022; Oster et al., 2020; Stoffers & Hatler, 2017; L. Worth, personal communication, March 31, 2022).

Collaboration conducted within a respectful, accepting and compassionate exchange between professional and client are core tenets to MI approaches (Freshwater et al., 2022; Lundahl et al., 2010; Miller & Rollnick, 2013). Motivational interviewing approaches, originally introduced by William Miller and Stephen Rollnick for alcohol abuse behavioral counseling nearly 40 years ago, are now implemented across a variety of specialty professional groups (Gregory et al., 2022; Lundahl et al., 2010). The effect of motivational interviewing to promote healthy behavior change has been studied across multiple settings including nutrition and weight management, depression, gambling and drug addiction, medication adherence, smoking cessation, eating disorder therapies, colorectal screening and management of chronic conditions

including diabetes, chronic obstructive pulmonary disease and cardiovascular disease (Adegboyega et al., 2022; Budhwani & Naar, 2022; Chen et al., 2012; Dray et al., 2014; Droppa & Lee, 2014; Gregory et al., 2022; Lundahl et al., 2010; Murphy et al., 2022; Nourizadeh et al., 2020).

Motivational interviewing approaches have been instructed to nurses for use in promoting health promotion in others. Stoffers & Hatler (2017) implemented a pilot study with registered nurses working in a large telemetry unit of an academic medical center in southwestern United States. The investigators educated nurses on motivational interviewing as a way to promote nurses' confidence in providing diabetes education to patients, thus promoting patient self-management for addressing this chronic condition. Results revealed a statistically significant increase in nurses' confidence for all survey responses related to patient engagement with diabetes education (Stoffers & Hatler, 2017). Nurses reported that implementing MI approaches into their patient education on diabetes enhanced their ability to motivate patients in their diabetes self-care (Stoffers & Hatler, 2017).

Rauch & Butzlaff (2020) incorporated motivational interviewing techniques within a nurse mentoring program. The authors educated nurse mentors in motivational interviewing skills to encourage personal growth, motivation and self-efficacy in mentees, reporting high satisfaction from mentors and mentees when motivational interviewing techniques were utilized (Rauch & Butzlaff, 2020). Mental health nurses working at an inpatient eating disorders unit that completed a self-study training on motivational interviewing techniques found increased patient adherence to treatment completion and decreased readmission with patients (Dray et al., 2014). Motivation interviewing has also broadened to the business and prison environments as an effective approach to elicit motivation for improving personal choices.

Miller and Rollnick describe motivational interviewing as involving “attention to natural language about change” and “arranging conversations so people talk themselves into change, based on their own values and interests” (Miller & Rollnick, 2013, p. 4). This approach provides a constructive, compassionate and respectful manner of engagement when navigating patient’s motivation for change (Miller & Rollnick, 2013; L. Worth, personal communication, March 31, 2022). A meta-analysis reviewing 25 years of motivational interviewing studies determined that MI can be versatile in both approach and implementation (Lundahl et al., 2010). Wang et al., (2022) completed a meta-analysis examining 21 studies utilized various motivational interviewing tools with patients with a diagnosis of chronic obstructive pulmonary disease (COPD). This meta-analysis revealed that the MI approaches improved patients’ self-efficacy, lung function, emotional state, quality of life factors and less hospital admissions related to their COPD, though not demonstrating improvement in self-management or exercise capacity (Wang et al., 2022).

Gregory et al. (2022) performed a scoping review of 37 clinical trials that utilized motivational interviewing to promote interconception health behaviors including breastfeeding promotion, smoking and substance abuse cessation, managing mental health issues such as depression, improving nutrition and exercise, teen family planning and vaccinations. Their findings, implemented with a variety of clinician roles across multiple settings and clinical foci, demonstrated the flexibility and adaptability to address multiple health behaviors with women to improve and maintain interconception health. They concluded the most impactful time periods to promote general lifestyle choices and health behaviors are the perinatal (defined as care during hospital admission for delivery) and postnatal (within 4 weeks post-birth) periods. Motivational interviewing approaches in the prenatal (prior to admission for delivery) period yielded the least

impactful outcomes. Patients may therefore be more receptive to change closer to delivery and the early postpartum period when the impact of caring for the newborn may motivate patients to embrace positive health choices. This scoping review displayed broad, heterogeneous trials that focused on a single health behavior. The authors recognize that pregnant or recently postpartum persons may require multiple health behaviors to be addressed (Gregory et al., 2022). Exploring priorities and permitting patients to choose health goals and behaviors to focus on (including the mother-infant dyad) supports the MI conversational processes of engaging, focusing, evoking and planning described by Miller and Rollnick (2013) and may further promote the effectiveness of motivational interviewing during the perinatal continuum of care.

Health behaviors in the preconception/interconception period were also explored by Nourizadeh et al., (2020). The researchers investigated the impact of motivational interviewing to promote pre-conception nutrition and physical activity in obese and overweight patients. This randomized controlled trial provided six sessions of MI to patients in the intervention group, while the comparison group received routine preconception care yielding mixed results (Nourizadeh et al., 2020). Significant improvements occurred in the intervention group related to moderate and vigorous exercise levels and cognitive restraint to avoid overeating but did not demonstrate a statistical difference in emotional or uncontrolled eating frequency (Nourizadeh et al., 2020). Including the exact MI approaches and tools utilized with patients, the number of interventions that occurred and the duration of the interaction would contribute to the knowledge base of MI communication for clinician and patient benefit.

Motivational interviewing aims to promote a working relationship with patients, expressing empathy while supporting self-efficacy and motivation for change (Droppa & Lee, 2014; Freshwater et al., 2022; Lundahl et al., 2010; Miller & Rollnick, 2013). According to A.

Shiver, empathy is especially important within the context of helping professions including nursing (A. Shiver, personal communication, April 1, 2022). In their training program as Motivational Interviewing Network of Trainers (MINT) instructors, L. Worth and A. Shiver note that empathy is so important that clinicians with low empathy demonstrate worse outcomes than patients who receive no provider or treatment (L. Worth & A. Shiver, personal communication, April 1, 2022). Miller and Rollnick (2013) explain that MI is an interpersonal process and motivation for change within an individual arises from the relational context.

Spirit of Motivational Interviewing

Motivational interviewing provides a way of communicating and being with people, but the *spirit of MI* exists in the underlying approach and perspective of the clinician entering into engagement with a patient (Miller & Rollnick, 2013). The spirit of motivational interviewing, as defined by Miller & Rollnick (2013), provides a guide to the fundamental mindset and heart within the approach of motivational interviewing. These approaches include four core principles: partnership, acceptance, compassion and evocation (Miller & Rollnick, 2013; L. Worth, personal communication, April 1, 2022).

Partnership. Partnership describes the relationship between clinician and patient as they work together as equal partners in active collaboration on behalf of the patient (Matulich, 2019; Miller & Rollnick, 2013). This tenet of partnership promotes the clinician-patient relationship as patient outcomes also improve (Budwani & Naar, 2022).

Acceptance. Acceptance includes the values of absolute worth (looking for the inherent worth in every patient), accurate empathy (understanding the clinical situation from the patient's point of view), affirmation (seeking and acknowledging the patient's efforts), and autonomy support (acknowledging that every patient has a right to self-determination and the clinician

respects this patient right) (Matulich, 2019; Miller & Rollnick, 2013; A. Shiver, personal communication, April 7, 2022).

Compassion. Compassion within the spirit of MI involves prioritizing the patient's needs first and serves as a cornerstone of a trusting relationship (Matulich, 2019).

Evoking. The final characteristic summarizing the spirit of motivational interviewing is evoking, which involves valuing the patient's strengths, resources, wisdom and experience to facilitate healthy behavior choices (Miller & Rollnick (2013).

Guiding Style

The spirit of motivational interviewing stresses *guiding* the patient rather than paternalistically *directing* the patient to perform tasks to please the clinician or *following* the patient without contribution of the clinician's expertise (A. Shiver, personal communication, April 7, 2022). The guiding style described by Miller & Rollnick (2013) lies in the middle of the communication style continuum, listening well yet providing gentle and respectful expertise to the interaction. This demonstrates the emphasis on an ethical and moral approach with the patient. According to Matulich (2019), the spirit of MI guides the practices of motivational interviewing while reflecting the ethical considerations of the clinician-patient relationship. Miller and Rollnick (2013) emphasize the importance of guiding engagement with the patient. It is from a respectful sense of curiosity and an open mind that engagement and guidance flows into a clear focus for the patient. This flow of the relationship represents the spirit of motivational interviewing's guiding style within clinician-patient relationships (Miller & Rollnick, 2013).

Communication Skills

In addition to the underlying spirit of motivational interviewing, other conversational skills guide the interaction, as the clinician assesses the readiness for health behavior change in the patient. The Obesity Medicine Association (OMA) supports the use of motivational interviewing to guide the care of patients with pre-obesity and obesity (Freshwater et al., 2022). The OMA instructs clinicians to incorporate the spirit of MI, while utilizing a guiding style and the four conversational approaches of MI (engaging, focusing, evoking and planning) when engaging and evaluating a patient's degree of change talk, a sign of openness to embracing change (Freshwater et al., 2022). The OMA also guides clinicians to incorporate the OARS (open questions, affirming, reflective listening and summarizing) communication tools, which are utilized across multiple counseling disciplines and described by Miller & Rollnick (2013).

OARS

Open Questions. Open questions permit the patient to share information in their own words (MI Desk Reference, n.d.), which supports the spirit of MI, while closed questions put the clinician in control and should be avoided when promoting patients' intrinsic motivation for change (A. Shiver, personal communication, April 1, 2022).

Affirmation. Affirmation of the patient promotes a positive communication exchange by emphasizing the noticeable strengths in the patient, leading to decreased defensiveness and improved patient outcomes (Droppa & Lee, 2014; L. Worth, personal communication, April 7, 2022). Miller & Rollnick (2013) caution clinicians that not affirming patients' strengths and making them feel guilty or "bad" about their behavior is less likely to lead to any health change.

Reflective listening. Reflective listening is a fundamental, but challenging skill in MI (Miller & Rollnick 2013). Reflective listening involves more than simply repeating back the patient's own statements but requires the clinician to make a hypothesis to address the patient's

implicit motivations that are not explicitly expressed (A. Shiver, personal communication, April 7, 2022). Reflective listening engages a sincere communication exchange that builds trust and relationship, impacting the patient's desire to change (Motivational Interviewing Desk Reference, n.d.).

Summarizing. Summarizing builds upon reflective listening to promote increased interest in generating change (Droppa & Lee, 2014). Summarizing typically occurs at the end of the clinician-patient engagement, bringing the highlights of the conversation together in a summative format. This tool is evidence to the patient that the clinician was listening intently and valuing the words, thoughts and emotions expressed by the patient (Miller & Rollnick, 2013).

Though the OARS communication tools require practice to implement skillfully and thoughtfully, a great amount of time spent with the patient is not a requirement for these skills to be successfully utilized. According to the founder of motivational interviewing, William Miller, OARS techniques with patients can occur even in a single, brief clinician-patient encounter (Miller & Moyer, 2020). This can encourage clinicians in hospitals and clinic settings where time with patients is often short.

The Johns Hopkins Patient Engagement Program (PEP) provides motivational interviewing communication training for all staff having direct engagement with patients (Schechter & Wegener, 2022). Motivational interviewing was selected as the evidence-based foundation for the PEP program because of the proven success of MI across multiple health conditions and the adaptability to instruct care givers at all levels in MI approaches and tools (Schechter & Wegener, 2022). The authors note that health care workers are not likely to seek training in communication skills due to a tendency to report high self-efficacy regarding communication skills. In reality, however, Schechter & Wegener (2022) note that clinicians tend

to score low on communication skills. Following MI training, communication skills among health care staff at Johns Hopkins demonstrated significant improvement. Given this success, the authors encourage other health care industry leaders and organizations to also participate in MI training, modeling that even experienced clinicians recognize their own need to enhance their communication skills (Schechter & Wegener, 2022).

The benefits of ERAS protocols are well-documented across multiple surgical disciplines. Patient engagement is consistently included in ERAS guidelines yet available literature does not describe methods on how to promote the patient's active engagement and participation in self-care elements. Motivational interviewing provides tools and communication approaches to promote intrinsic motivation for behavior change. These techniques by nurses can fill this literature gap by promoting self-care ERAS elements following cesarean birth.

Theoretical Framework

Theory of Interpersonal Relations

A theory, according to Masters (2015), "is an organized, coherent, and systematic articulation of a set of statements related to significant questions in a discipline that are communicated in a meaningful whole." The beginning of nursing theory can be traced to Florence Nightingale, who utilized data and patient care observations to improve nursing care (Masters, 2015). Nursing theorists derived their guiding theoretical principles through the incorporation of scholarship, collecting and evaluating data and outcomes. The incorporation of nursing theory into the practice setting demonstrates the blending of knowledge development with application described by Moran et al., (2020). Peplau's framework originates from studies of human interactions, leading nurses to an enhanced understanding of the impact of the nurse-patient relationship on patients' health or illness journeys (Peplau, 1997).

Hildegard Peplau's Theory of Interpersonal Relations postulates that the primary focus of nursing is the nurse-patient relationship (Young, Taylor, & McClaughlin-Renpenning, 2001, as cited in Masters, 2015). Peplau, according to Masters (2015), was one of the first nursing theorists to present a theory of nursing since Florence Nightingale. Peplau's Theory of Interpersonal Relations defines the metaparadigm concept of *person* as the one who requires or seeks nursing expert services, and the nurse as the professional who has the expertise to intervene. (Peplau, 1952, as cited in Masters, 2015). The metaparadigm of *environmen*t encapsulates external forces with the cultural context (Peplau, 1952, as cited in Masters, 2015). *Health*, according to Peplau (1992, as cited in Masters, 2015), "implies forward movement of personality and other ongoing human processes in the direction of creative, constructive, productive, personal, and community living" (Peplau, 1992, as cited in Masters, 2015, p. 12). The *nursing* metaparadigm, according to this theory, is the interaction between nurse and patient, which is both therapeutic and interpersonal (Masters, 2015). Each of the four metaparadigms within the model emphasize the patient within an interpersonal, interactive existence, whether in community or the context of the nurse-patient relationship. This interpersonal relationship is the focus of the theory.

Peplau, in her original theory development in 1952, outlined four phases of the nurse patient relationship. These are defined as *orientation, identification, exploitation,* and *resolution* (Peplau, 1952 as cited in Masters, 2015). Masters (2015) states that in 1997 Peplau combined two of the phases, resulting in the following three: *orientation*, *working*, and *resolution* (or termination).

The phases do not necessarily progress consecutively but overlap and vary depending on the patient needs and responses. Within the three phases of the nurse-patient relationship, Peplau

posited six emerging nursing roles. As Peplau's career and theory evolved, those roles developed to include teacher, resource, counselor, leader, technical expert, and surrogate (Masters, 2015). The interpersonal connection of the nurse and patient is evident in these nursing roles. Peplau's theory also outlined four psychobiological experiences of the patient: needs, frustration, conflict, and anxiety (Masters, 2015). These patient experiences develop into action and intervention on behalf of the nurse, further refining the working relationship between the two. The focus remains consistent: the nurse-patient relationship.

The three phases of the nurse-patient relationship outlined by Peplau occur within the perinatal nurse's experiences. The labor and delivery or postpartum nurse meet the patient (the orientation phase) at a time when the patient is in need. She may be experiencing the pain of labor, the anxiety of a newly diagnosed pregnancy complication or the frustration of a difficult labor leading to cesarean birth. The birthing patient may experience conflict as she must relinquish her goal of a vaginal birth for an operative (cesarean) birth. These common clinical scenarios incorporate the four psychobiological experiences of the patient that Peplau outlined in her theory: needs, frustration, conflict, and anxiety (Peplau, 1952, as cited in Masters, 2015).

The *orientation phase* of Peplau's theory provides the introduction of the nurse-patient interpersonal relationship. Within this phase, the patient identifies those who can help, and begins to explore their own feelings (Masters, 2015). The patient realizes and accepts her need of nursing care, while the nurse gains information of the patient's "unique needs and priorities" (Peplau, 1997, as cited in Hagerty et al., 2017). As the nurse responds to the *needs*, *anxiety*, *frustration*, or *conflict* of the patient, she intervenes through action and nursing interventions (working phase). These interventions are individualized for each patient and are dependent upon the patient's openness to receiving the nurse's actions (the nurse-patient relationship). This

working phase of Peplau's theory therefore gains momentum through action and the nurse begins to "focus the patient on the achievement of new goals" (Masters, 2015, p. 70). The new goals provide *support* and coaching through the patient's surgery and recovery periods. The nurse serves as *technical expert* while monitoring the patient in the immediate postoperative phase and responds to the patient's ambivalence regarding early ambulation after the recovery period. The *resolution phase* of the relationship perinatal nurse and her patient may be at the end of the nurse's shift, or following the delivery and initial recovery phase, as the nurse transports the patient to the postpartum unit where discharge planning in preparation for home-going occurs. Several nursing roles outlined in Peplau's theory can be observed within the perinatal setting. The patient's needs may warrant the role of *teache*r or *resource*, as education is provided to the patient regarding the course of her labor. The nurse may serve as *counselor* as she encourages, or *surrogate* family member if the patient has no support person with her. Shared decision-making occurs between the nurse and patient in response to the patient's needs and recovery goals. These require an effective, trusting interpersonal relationship between nurse and patient. Throughout the phases of the nurse-patient relationship, the nursing role will adjust in response to the needs, frustration, conflict, or anxiety of the patient.

The therapeutic, interpersonal relationship established between the nurse and patient is integral to the patient's acceptance of trust in the nurse, which ultimately impacts the patient's investment in self-care and openness to health-promoting behaviors. The establishment of a healthy interpersonal relationship permits the patient to trust the actions and counsel the nurse provides. This relationship permits the patient the freedom to voice concerns or questions within the context of shared decision-making. Establishing trust promotes an openness to interventions from the nurse, thus facilitating therapeutic healing. Peplau's work served as the impetus of the

concept of viewing the patient as a partner within nursing care and processes (Howk, 2002, as cited in Masters, 2015).

Enhanced recovery after surgery (ERAS) is a multimodal approach to surgical care designed to achieve earlier recovery and improved post-surgical patient outcomes (Parks et al., 2018). Enhanced recovery protocols incorporate elements of care throughout the perioperative period. These pathways provide detailed interventions and strategies based on best practice guidelines (Parks et al., 2018). Nussbaum et al. (2015) described enhanced recovery protocols as quality improvement tools to decrease morbidity in the postoperative period. Pedziwiatr et al., (2015) note that enhanced recovery pathways integrate preoperative, intraoperative, and postoperative elements of care and provide education that permits the patient and family to participate in care.

It is essential that the patient partners with nursing regarding health promotion as part of the ERAS pathway. Establishing an interpersonal relationship in the *orientation phase* of Peplau's theory secures the trust required for patient goals and outcomes to be achieved in the *working* and *resolution phases* of the relationship. Trust and meaningful connection with nurses positively affect patient health outcomes (Rutherford, 2014). Patients undergoing cesarean birth experience the nurse-patient phases of *orientation, working,* and *resolution* many times during their pregnancy, birth, recovery, discharge home, and postpartum follow-up care. In the antepartum period in the prenatal care setting, nurses establish a relationship with the patient and work with her and the family to optimize health and mitigate co-morbidities during the pregnancy. The establishment of an effective, working, interpersonal relationship between the nurse and patient is integral to the patient's acceptance and engagement of the nurse's roles as *resource, teache*r, *leade*r, *counselor, technical expert,* or *surrogate*. This trust-filled interpersonal

relationship between nurse and patient will also need to develop during the hospitalization for delivery. Dinc & Gastmans (2012) note that trust in nurses can foster communication and enhance patient adherence to recommended treatment and care, thus supporting the goal of increasing patient engagement and self-care in the recovery process.

Hildegard Peplau's model continues to be used "extensively by clinicians and continues to provide direction to educators and researchers" (Howk, 2002, as cited in Masters, 2015). Peplau promoted nurses as professionals within science rather than those who merely performing custodial tasks on behalf of the patient. The integration of her theory joins both science and compassion into the nurse-patient relationship.

The work of nursing occurs during interaction with the patient (Peplau, 1997). The client-centered, directive approach of Miller and Rollnick's motivational interviewing incorporates integrated communication approaches, where the patient's own solutions and internal motivation toward health behavior change are elicited through interaction between patient and clinician (2013). This focus of motivational interviewing correlates with Peplau's theory as both are defined as interpersonal and patient centric. Through the working relationship with the clinician, the patient begins to voice a decision and implement behavior change (Miller & Rollnick, 2013).

The Respectful Maternity Care Framework: A Conceptual Model to Improve Maternal Health Equity

The United States (U.S.) is experiencing a crisis in maternal health. Globally, maternal mortality ratios have declined 40% (WHO, 2022), yet continue to rise in the United States (Centers for Disease Control and Prevention, 2020). Maternal health outcomes in the United States require extensive examination across our nation, states, communities and organizations to reduce maternal mortality, promote overall maternal health and eliminate the glaring racial

disparities that currently exist for pregnant and postpartum individuals. Multiple federal government agencies and professional organizations are raising awareness of this crisis, promoting information on listening to pregnant and postpartum people's concerns including the Centers for Disease Control and Prevention (2022), the American College of Obstetricians and Gynecologists' Alliance for Innovation on Maternal Health (2020), the Agency for Healthcare Research and Quality and the Department of Health and Human Services (HHS) through the Health Resources and Services Administration (2022), the Association of Women's Health, Obstetric and Neonatal Nurses, as well as state health departments such as the Ohio Department of Health (n.d.).

In March 2022, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) released a framework and evidence-based clinical practice guideline, the *Respectful Maternity Care Framework: A Conceptual Model to Improve Maternal Health Equity and Evidence-Based Clinical Practice Guideline* (AWHONN, 2022). The framework and guideline serve to improve maternal health outcomes and reduce racial and ethnic disparities across all maternal health settings, providing the impetus and motivation to delivering consistent, respectful care. The goal of the Respectful Maternity Care (RMC) framework and guideline is to provide nurses and other clinicians information to prompt a deeper awareness and understanding of the interactions that constitute the provision of RMC practices (AWHONN, 2022). Relational factors are emphasized throughout the framework. The promotion and utilization of the framework recommendations determine to provide, "Nurses and clinical team members a deeper understanding of what constitutes RMC, promote patient-centered care rooted in dignity, autonomy, respect, and shared decision-making" while identifying strategies "to increase the

likelihood for all patients to receive RMC with every patient-provider interaction" and at every point throughout their care continuum (AWHONN, 2022, p. s7).

AWHONN's Respectful Maternity Care framework aims to promote the standards of maternal-infant care from the World Health Organization (WHO, 2018) by comprehensively identifying the multifactorial influences that either support or hinder the provision of respectful patient care (AWHONN, 2022). The four key factors influencing RMC, according to the framework, include those of the individual clinician and patient, patient-provider interactions, basic rights of respectful maternity care and the implementation of changes within the workplace and community that support RMC leading to improved patient outcomes (AWHONN, 2022).

Patient and Clinician and Patient Factors. Care teams and patients alike bring their own unique experiences, thoughts and behaviors with the health care system to the patient-provider partnership. Factors such as staffing, clinician experience and training, organizational culture, policies and guidelines can influence the nurse's ability and desire to deliver consistent respectful care (AWHONN, 2022). Despite the challenges that clinicians may face and bring to their job, patients deserve clinicians to focus on the delivery of safe, equitable, supportive and respectful care. Patient factors that can influence their perceptions toward the care team include clinical care expectations, past care experiences, cultural background and their level of ability to engage the health care team with self-determination (AWHONN, 2022). These individual influences that are present for both the nurse and patient may promote or hinder RMC.

Patient-Provider Interactions. Patient and clinician (provider, nurse) interactions involve communication and direct engagement. The RMC framework notes that acceptance of the patient without regard to clinicians' personal beliefs is essential to the provision of respectful maternity care (AWHONN, 2022). Clinician bias can hinder respectful care delivery. Within the

enhanced recovery pathway following cesarean birth, respectful care is promoted when the nurse accepts the patient where they are in their degree of recovery self-care engagement. Motivational interviewing honors patient autonomy while strengthening the patient's motivation for change (Miller & Rollnick, 2013). Implementing MI approaches includes providing patient education, and identifying patient's expectations while honoring the individual's autonomy, preferences, priorities and cultural influences. During the patient-provider (or patient-nurse) interactions, reflecting and summarizing the patient's self-determined health goals supports the approach of motivational interviewing and upholds respectful maternity care practices.

Basic Rights Related to RMC. The RMC framework (AWHONN, 2022) also includes the concepts of basic rights as imperative to both access and the delivery of RMC. These rights include safety and freedom from mistreatment, the support of dignity, autonomy and informed consent (AWHONN, 2022). Mutual respect between nurse (or provider, clinician) and supporting the patient's autonomy to fully engage in shared decision-making throughout the continuum of care promote patients' basic rights outlined within the framework. Honoring the patient's basic right to respectful care involves an ongoing awareness of the individual clinician's and organization's biases that may hinder the delivery of RMC (AWHONN, 2022). Motivational interviewing honors the partnership between patient and clinician. This partnership "bespeaks a profound respect for the other" (Miller & Rollnick, 2013, p. 16). Motivational interviewing approaches and skills are not done *to* patients, but rather with patients as persons receive acceptance as the "undisputed experts on themselves" (Miller & Rollnick, 2013, p. 15). This approach to patient engagement honors the absolute worth and affirms individuals, thus respectfully supporting the basic rights of all patients.

Implementation of RMC. The final phase within the RMC framework includes the implementation of care that prompts change and growth within individual clinicians, the workplace and the health system leading to more equitable, respectful care to improve health outcomes across communities and maternity care settings (AWHONN, 2022). The *Spirit of MI* provides a way of approaching patient interactions and *being with* patients (Miller & Rollnick, 2013; L. Worth, personal communication, March 31, 2022) while the tools and skills of MI make up the actions implemented by the clinician that honor the patient's basic rights. The overarching spirit of MI and the communication techniques utilized in execution complement the RMC framework and evidence-based guideline. The framework outlines the influences and interactions that promote or hinder the provision of RMC. The supporting evidence-based RMC guideline, meanwhile, provides practical steps and explicit questions to ask patients that will promote the clinician's *awareness* of the patient's values, expectations and preferences, enhances *mutual respect* between clinician and patient, elicits shared and autonomous decision-making practices, protects patient *dignity*, and holds clinical teams and health care organizations *accountable* for the care they provide (AWHONN, 2022).

The provision of RMC aligns with the core principles of motivational interviewing, which utilize a collaborative, compassionate approach to evoking the patient's personal motivation to change while intentionally, with respect, accepting the patient's autonomy within decision-making and health choices (Miller & Rollnick, 2013). Motivational interviewing can provide nurses with communication approaches and skills to promote the nurse-patient relationship and enhance a patient's autonomy to participate in health-promoting behaviors within an enhanced recovery pathway following cesarean birth. The MI delivery approach to patient engagement influences access to and provision of RMC that incorporates the patient's

self-efficacy and determination with health behavior choices (AWHONN, 2022). The commitment of maternity clinicians and organizations to promoting respectful maternity care practices is essential to address and mitigate the maternal health crisis in the United States.

Project Plan and Methodology

Objective/Aim

This project introduced motivational interviewing communication approaches to perinatal registered nurses to promote nursing confidence and implementation of MI to enhance patient engagement in self-care practices following cesarean birth. All patients undergoing cesarean birth at MacDonald Women's Hospital receive an enhanced recovery after surgery pathway, unless an unanticipated medical condition requires modification of the pathway elements.

Design

A non-experimental pretest-posttest (referred throughout this manuscript as pre-presentation and post-presentation) survey design was utilized for this quality improvement intervention. This project introduced motivational interviewing communication techniques to perinatal registered nurses via a one-hour interactive, educational presentation. The focus of the presentation included engaging patients in the ERAS self-care elements following cesarean birth through the use of motivational interviewing communication approaches. The pre- and post-presentation survey questions (Appendix A and B, respectively) designed by this author evaluated, via 5-point Likert scale, participants':

- **Knowledge** of basic motivational interviewing (MI) communication techniques and tools, including the spirit of motivational interviewing approach to the nurse-patient relationship

- **Likelihood to incorporate** MI therapeutic communication approaches into their nurse-patient relationships with patients undergoing an Enhanced Recovery After Surgery for cesarean birth
- **Confidence** in communication approaches and techniques to promote patient engagement in self-care within the ERAS pathway following cesarean birth
- **Perception of relevance** of motivational interviewing communication approaches to promoting the nurse-patient relationship

Additional Post-Presentation Survey Questions

The post-presentation survey asked participating nurses to rate the potential benefit of incorporating motivational interviewing approaches into other areas of patient care including breastfeeding, labor coping, substance use disorders in pregnancy, medication adherence for antihypertensives, home-going blood pressure monitoring, etc. The final post-presentation survey question sought to determine whether participants agreed or disagreed with the following statement: Motivational interviewing communication approaches may be used to promote respectful maternity care (RMC) practices.

Two-Week Follow-Up Survey

A two-week follow-up survey (Appendix C) evaluated whether increased years of nursing experience and nursing involvement with the hospital unit would increase the likelihood of implementing motivational interviewing approaches within the ERAS for cesarean birth pathway. Demographic data regarding nursing experience was ascertained via a Research Electronic Data Capture [REDCap] (Harris et al., 2019) electronic survey during the two-week follow-up survey. This follow-up survey ascertained whether or not nurses utilized the MI techniques since the educational presentation and whether they aimed to continue to use

motivational interviewing in their nursing practice. A Chi-squared analysis was planned to compare the demographic data responses with question #1 of this survey which asked, "Since your introduction to motivational interviewing, have you utilized any of the tools or techniques in your practice?"

Setting and Population

University Hospitals (UH) Cleveland Medical Center's (CMC) MacDonald Women's Hospital (MWH) served as the setting for this project. University Hospitals, an academic medical center in Cleveland, Ohio performs approximately 4,800 births annually across two of their six campuses, MacDonald Women's' Hospital and MacDonald Women's Hospital on the Campus of St John Medical Center. Approximately 30% of births are cesarean deliveries at UH. All perinatal nurses at MacDonald Women's Hospital are employees of UH Cleveland Medical Center.

Sample

Perinatal registered nurses (RNs) at University Hospital's MacDonald Women's Hospital at Cleveland Medical Center and MacDonald Women's Hospital on the Campus of St. John Medical Center encompassed this convenience, voluntary sample. MacDonald Women's Hospital employs approximately 240 RNs. Appendix D summarizes the RN distribution and their primary unit at the time of project recruitment.

Recruitment

Recruitment occurred via flyer advertisement (Appendix E) and an introductory invitation via email which contained a REDCap electronic survey link (Appendix F). An advertisement flyer pre-approved by the UH IRB was posted on all MWH unit educational bulletin boards one week before the initial email invitation. The flyer clearly stated eligibility for

participation. One week prior to the educational presentations, this investigator sent the email invitations containing the REDCap survey link to all registered nurses at MWH.

The REDCap software provides secure, web-based platform for data capture hosted at University Hospitals (REDCap, 2019). Only UH employee emails were utilized for recruitment and correspondence. Unit nursing leadership provided staff lists and emails were then obtained from the UH global email distribution lists. For those not completing the pre-presentation survey link, one reminder email automatically delivered via REDCap. The recruitment goal included enrolling a minimum of thirty registered nurses to participate in the educational presentation on motivational interviewing.

Ethical Considerations

Ethical concerns and participant safety and interests must be considered in the planning and implementation of the DNP project (Moran, et al., 2020). As all investigators are expected to abide by ethical standards, clinicians, such as DNP-prepared advanced practice nurses who apply and translate research into the practice setting, are similarly held to these standards (White et al., 2021). This quality improvement project met evaluation and approval by the Institutional Review Board (IRB) at Kent State University and University Hospitals Cleveland Medical Center with an application for exempt status. The Belmont Report (1978, 2008 as cited by Reavy, 2016), identified specific ethical principles to guide research and project implementation. These three principles include *respect for persons*, *beneficence*, and *justice* (Department of Health and Human Services, 2008, as cited by Reavy, 2016). No direct patient interaction by the investigator occurred as eligible participants included only perinatal nurses.

Respect for persons. Respect for persons provides participants the right to determine their consent and whether or not to complete the project surveys. This investigator approached

and maintained full respect for nurse participants and their human rights. Participation throughout all portions of the project by registered nurses was voluntary. Survey responses were stored electronically with secure login processes. Survey results and responses maintained anonymous status with only demographic data associated with the responses. The investigator's secure personal computer drive held the data exported to an Excel file from REDCap.

Beneficence. The principle of *beneficence* requires that investigators maximize all benefits to participants. The ERAS protocols have been designed and implemented because of the evidence of best practices that have been demonstrated across other surgical disciplines, including those recommended for cesarean birth by the Enhanced Recovery After Surgery Society (Wilson et al., 2018). Motivational interviewing communication approaches are evidence-based and promote patient autonomy while supporting patient values and preferences throughout each engagement with the nurse. The educational presentation emphasized the spirit of MI, which does not manipulate or trick patients into "proper" health behaviors, but rather evokes the patient's intrinsic motivation for change (Miller & Rollnick, 2013). The incorporation of motivational interviewing approaches into the nurse-patient partnership ensures collaboration and compassion guides patient engagement in all encounters, promoting the consistent delivery of care with respect and beneficence.

Justice. *Justice* is the third principle that investigators are ethically bound to follow. According to Polit & Beck (2018), justice preserves study participants' rights to fair treatment and privacy. This principle considers the following questions: Are all participants given the option to participate in the survey and presentation? Are all participants provided full disclosure of information regarding the project surveys? Will there be no repercussions if a nurse declines to participate? Multiple measures ensured participants' maintenance of rights and avoided

coercion risk throughout the project. Though participants were known to the investigator, this investigator has no direct reports or organizational authority over the MWH nurses who received the invitation to participate. To further reduce any risk of coercion and to promote the principle of justice, surveys were completed privately through the nurses' private UH work email. This decision was made to avoid participants completing surveys in person just prior to or immediately following the educational presentation, where others would have awareness of who did or did not participate in the surveys. The investigator's included a disclosure statement (of which there are none) at the beginning of each of the educational presentations.

The information sheet available in the REDCap survey link provided all IRB-required statements to ensure the upholding of participants' rights. The protection of confidentiality was guaranteed through the anonymous survey responses in REDCap and not including identifying questions within the survey questions. No linking of participant names to survey responses occurred in the DNP final project and will not occur in future publications. The electronic information sheet on the consent page assured participants that choosing not to participate or withdrawing from participation would not impact their employment or shared with their managers. The information sheet concluded with the participant's option to consent or decline survey completion. The consistent implementation of these actions throughout the project ensured the preservation of the ethical principles of respect for persons, beneficence and justice.

Implementation Plan

This project received full support of the Director of Quality (Appendix G) and Director of Nursing (Appendix H). at MacDonald Women's Hospital. All registered nurses employed by Cleveland Medical Center's MacDonald Women's Hospital and MacDonald Women's Hospital on the Campus of St. John Medical Center received an invitation to participate and would receive

one hour of pay for attending outside of their scheduled hours. The project scope entailed completion of a pre-presentation survey, participation in one of three interactive educational offerings via in-person or virtual (Zoom) options, completion of a post-presentation survey and two-week follow-up survey. The estimated time to complete the pre- and post-presentation surveys was two minutes, with the two-week follow-up survey estimated to take two to five minutes. Education session offerings on motivational interviewing occurred on three consecutive dates at various times within a one-week period to accommodate a variety of nursing shifts and maximize participant access.

Approximately two weeks prior to the educational sessions, participating nurses received an invitation to participate via advertisement flyers (8.5" x 11" size) on unit bulletin boards. An email invitation including information sheet, consent and survey link via REDCap was then electronically delivered via REDCap one week prior to the presentation dates. The pre-presentation survey contained four questions to assess nurses' current knowledge of MI, likelihood to incorporate MI into their patient interactions, confidence in promoting patient engagement in self-care within the ERAS pathway following cesarean birth and nurses' perception of the relevance of MI to promoting patient relationships. For those not completing the pre-presentation survey, one reminder email was sent via REDCap.

The educational session began with the introduction to the problem of high prevalence of cesarean birth rates, the current state of maternal health, morbidity and mortality in the United States and the goals of the ERAS pathways of care across multiple surgical disciplines including obstetrics which aim to improve perioperative outcomes. A discussion on the gap in the literature demonstrated the lack of documented methods to promote patient engagement in ERAS plans of care despite its inclusion across multiple ERAS guideline recommendations. The

evidence demonstrating potential impact of motivational interviewing communication approaches and skills to fill this gap in the literature and patient care was explored. Appendix I contains the objectives for the educational presentation. The educational presentation integrated DNP competencies and leadership skills by the DNP student, who is an APRN and certified nurse midwife.

The introduction of perinatal nurses to motivational interviewing included an introductory overview and history of motivational interviewing, the spirit of motivational interviewing, and the approaches and communications skills for implementing motivational interviewing with patients. The scientific underpinnings supporting the use of motivational interviewing in healthcare and psychology were presented, with an emphasis on patient outcomes. A discussion on the potential impact of MI by perinatal nurses to promote patient self-care and engagement in the ERAS recovery process occurred.

An introduction to Peplau's Theory of Interpersonal Relations and AWOHONN's Respectful Maternity Care Framework and Evidence-**b**ased Clinical Practice Guideline included how these frameworks are supported by the evidence-based approaches of motivational interviewing. In order to bridge the divide between theory and practice, both didactic, role-playing and debriefing components were incorporated into the sessions.

Participants received a *thank you for attending* and post-presentation survey email (Appendix J) within one day after the final presentation. The post-presentation email contained the information sheet, consent and REDCap survey link. For those not completing the survey, similar to the pre-presentation email and survey link, one automatic REDCap reminder email was delivered. The post-presentation survey elicited the same questions as the pre-presentation survey to evaluate for comparison. Additionally, the survey asked nurses to rate the potential

benefit of implementing MI into other areas of patient care besides ERAS. The final post-presentation survey question sought whether nurses agreed or disagreed with the following statement: Motivational interviewing approaches promote respectful maternity care practices. Some "tips" on motivational interviewing (Appendix K) serving as prompts and reminders were attached to the email to support nurses' implementation of MI conversations with patients for the first time. The tip sheet included the Power Point slides from the presentation including OARS patient-centered communication skills (open questions, affirmation, reflective listening and summarization), the four conversational styles and processes of MI (engaging, focusing, evoking and planning) and the elements of the spirit of MI, including partnership, acceptance, compassion and empowerment (evocation).

Two weeks after the educational presentations, a two-week follow-up email (Appendix L) with REDCap survey link was distributed to those who participated in the sessions. This contained the two-week follow-up information sheet, consent and survey link, similar to the pre- and post-presentation email and survey distribution. The electronic survey link in this follow-up (and final) email also included general demographic questions. The demographic questions asked the nurse's primary unit assignment, years of overall nursing experience, years of perinatal nursing experience, certifications held, charge nurse status, preceptor status and past or present involvement on unit-based or hospital committees. The demographic questions served to evaluate whether nursing experience and involvement on the nursing unit increased the likelihood of implementing motivational interviewing into practice. A chi-squared analysis was planned to compare the demographic data to the question of whether the participant incorporated MI into their patient care since attending the MI educational presentation. For nurses who selected that they did incorporate MI into patient care over the previous two weeks, the survey

then prompted them to select which MI approach(es) they utilized in their patient interactions from a menu of options. REDCap automatically sent one reminder email for those not completing the 2-week follow-up survey with the initial distribution.

Outcome measures for this project included evaluation and comparison of responses via the pre-and post-presentation surveys and Chi-squared analysis from the two-week post-survey results by this DNP student. A summation of the potential impact for patient care based on nursing responses ensued following analysis of results.

Data Analysis and Results

Pre- and Post-Presentation Surveys

Two hundred fifty emails were sent to registered nurses at MacDonald Women's Hospital and MacDonald Women's Hospital on the Campus of St. John Medical Center, with 43 nurses (17%) completing the pre-presentation survey. Thirty-six perinatal nurses attended one of three educational presentations (though one received an urgent call and left within the first 10 minutes of the presentation) leaving the final attendance total a**t** 35. Twenty-three of those nurses consented to the post-presentation survey, though five nurses left the survey questions blank, leaving 18 out of 35 attendees (51%) completing post-presentation surveys. The two-week follow-up survey was completed by 16 RNs, 46% of the total number of RNs who attended a presentation and 89% of those who also completed the post-presentation survey.

Statistical Results

Pre- and Post-Presentation Surveys

Paired t-tests comparing questions 1-4 on the pre- and post-presentation surveys demonstrated a minimum power of 97% to detect results for the questions related to knowledge,

confidence and relevance to practice, while the likelihood to incorporate MI into the nursing care yielded 72% power. (Power was calculated using two-tailed test and alpha of 0.05.)
The details are summarized the table below. G*Power 3.1.9.7 was utilized to run these calculations.

Question	Sample size	Effect size (Cohen's d)	Power*
Knowledge	18	1.594	99%
Confidence	18	0.972	97%
Relevance	18	1.19	99%
Incorporate	17	0.656	72%

*Using a two-tailed test and an alpha=0.05

The results demonstrated statistical significance to detect a difference between the pre- (Appendix M) and post-presentation (Appendix N) surveys. Knowledge of motivational interviewing, confidence to engage patients in self-care within the ERAS pathway and relevance of motivational interviewing to nurse-patient relationships were all significantly enhanced by the educational presentation on MI. Likelihood to incorporate motivational interviewing into nursing practice also demonstrated a significant increase, though less powerfully than the first three items in the survey.

Two additional questions were evaluated in the post-presentation survey only. When asked to rate the potential benefit of incorporating motivational interviewing techniques into other areas of patient care such as breastfeeding, labor coping, substance use disorders in pregnancy, medication adherence for antihypertensives or home-going blood pressure monitoring, nurses' mean response calculated 4.78 on a scale rating of one to five. Out of 18 respondents, 14 rated the potential benefit at a "5 - extremely beneficial" on the 5-point Likert scale, while the remaining four nurses responded with a rating of "4 – very beneficial." Though this introduction to motivational interviewing was conducted in relationship to promoting patient

engagement and self-care in the enhanced recovery pathway, these results demonstrate the applicability of MI to other areas of perinatal nursing care.

The final question in the post-presentation survey asked perinatal nurses to agree or disagree with a statement that motivational interviewing communication approaches may be used to promote respectful maternity care (RMC) practices. The eighteen respondents unanimously selected "agree." Motivational interviewing is a way of *being with* patients and provides communication skills for nurses to use in their nurse-patient interactions that respectfully support a patient's autonomy and honor the patient's identity, preferences and values (AWHONN, 2022; L. Worth, personal communication, March 31, 2022). The approach that nurses take when caring for patients is essential to the patient's willingness to engage with the nurse and can impact patient participation in self-care. Nurse-patient partnerships and collaboration in achieving patient goals are emphasized within the frameworks of Peplau's Theory of Interpersonal Relations (1997) and AWHONN's Respectful Maternity Care framework (2022) and are foundational to the approach of motivational interviewing. The relationship between motivational interviewing approaches and the provision of respectful maternity care was confirmed by all nurse participants. These results demonstrated that the objective was met for nurses to gain an understanding of how motivational interviewing approaches promote respectful care and nurse-patient relationships.

Two-week follow-up survey

Sixteen nurses completed the two-week follow-up survey. The objective of this final survey included capturing general demographic data from the nurses related to nursing experience, unit engagement and professional development investment. The data was evaluated to assess whether nursing experience or involvement in unit or hospital leadership (charge nurse,

preceptor, shared governance council or committee member) or professional development (nursing certification) would increase the likelihood to apply motivational interviewing methods and approaches including the Spirit of MI, MI conversational processes and OARS communication skills. Demographic results can be found in Appendix O.

Upon reviewing survey results, a chi-square analysis could not be calculated because fifteen out of sixteen respondents stated that they had utilized some aspect of MI since the educational presentation. The chi-squared analysis requires additional values to form a comparison group. With 94% of respondents replying affirmatively to the utilization of MI, comparison data was insufficient to complete the expected analysis. Of those who responded that they had utilized MI, 100% also answered that they plan to continue to utilize motivational interviewing in their nursing practice. These results demonstrate the feasibility of MI in perinatal inpatient clinical settings.

Nurses were asked which aspects of motivational interviewing they used in their practice in the two weeks follow-up survey. All MI approaches and communication tools were selected for utilization by perinatal nurses. Among the four components of the *Spirit of MI* (partnership, acceptance, compassion and evocation), the majority (93%) of the nurses responded that they utilized compassion. Acceptance and evocation (empowerment) received the least number of responses, with 46.7% of nurses utilizing those aspects of MI. Open-ended questions and affirmation were the most frequently responded to of the OARS communication skills at 93.3% and 86.7%, respectively. The four processes of MI received the fewest number of selections, though each was utilized by a minimum of five nurses. Engaging the patient received the majority of responses within the MI processes from 11 (78.6%) of participants.

Impact of Results for Practice

The incorporation of MI conversations with patients promotes a deeper connection and multidimensional understanding of patients' underlying motivations or ambivalence for health behavior change (Miller & Rollnick, 2013, p. 77). Rapport and trust between the nurse and patient may therefore be strengthened as the nurse acknowledges and affirms positive values and behaviors such as engaging in self-care practices during enhanced recovery from cesarean birth.

Strengths and Limitations

Limitations

Sampling and staffing. Several limitations were identified in this project. The sample type was a convenience sample, and therefore may have contributed to RNs most engaged in professional development attending the educational presentation. Low attendance at the sessions and a low response rate hindered this project. The nursing vacancy rate was at nearly 40% at the time of project implementation with multiple nurses precepting new nurses consecutively. MacDonald 2 (labor and delivery) had twelve travel nurses working at the time of project implementation to meet the shortage of regular employees. Reduced staffing numbers, increased on-call requirements, unprecedented numbers of new nurses in orientation on all units, coupled with the ongoing recovery from the high patient acuity throughout the COVID-19 pandemic, may have contributed to low participant response.

A few months before implementation of this project, the nursing shared governance council at MacDonald Women's Hospital polled nurses in a survey asking whether they wanted to reinstitute Nursing Grand Rounds. (Nursing Grand Rounds were not held during the pandemic.) Out of approximately 250 nurses, only eight completed the survey, responding that, although they wanted Nursing Grand Rounds, they would most likely not attend. This describes

the emotionally and physically exhausted state of our nursing staff at that time, which may have further contributed to the low nurse response to this project.

Information overload. Another possible barrier and limitation to this project includes information overload for nurses. Information overload and task saturation impact perinatal nurses, as they gain more and more tasks to accomplish throughout their shifts. One would be remiss if not remaining cognizant of the many changes in plans of care and clinical practice guidelines. Though evidence-based guideline implementation and clinical practice updates may ultimately benefit nursing workflow and patient care, the frequency of change may be perceived as overwhelming by nurses Competing quality and hospital-wide initiatives that require ongoing nursing participation may have further contributed to low participation overall. Nurses may feel too "saturated" to listen to yet another educational presentation to enhance their current nursing practice, especially when the education is voluntary. Though there may have been limitations and barriers present during the implementation of this project, the importance and relevance of this work remains clear. Participation in an educational, interactive and evidence-based project that focuses on the nurse-patient relationship and nursing impact on patient outcomes and experiences during the recovery process seems a worthwhile investment.

Continuing education units. Providing one hour of continuing education unit (CEU) to nurses may have provided incentive to increase attendance at the sessions. The institutional review board at the hospital had many limitations with the application, advertisement and communication criteria with participants. This investigator, after several IRB-required modifications, chose not to pursue adding the CEU application and potential stipulations to the project.

Original implementation plan and changes. The original implementation plan for the project included the use a QR code with an electronic consent and survey link immediately before and immediately following the educational presentation. This investigator believed that might maximize participation and completion of the pre- and post-presentation surveys rather than sending an email that might not be read or might not receive a response. After originally receiving an affirmation on that process, the UH IRB committee responded that, in order to avoid coercion and visible survey participation to others, the survey links must occur via email. Approximately one-half of the nurses who attended a session completed the post-presentation or two-week follow-up survey. Email invitations (rather than an in-person method) may have further contributed to the low response.

This project served as the inaugural project as a primary investigator for this DNP student. As mentioned previously, several modifications were required to the IRB application. Though the project received IRB "exempt" status, limitations to participant communication were maintained to avoid any likelihood of coercion for participants. This investigator had several creative ideas to promote and "market" MI and coach participants through one-on-one engagement, modeling patient interactions and scripting to guide MI conversations but refrained from going outside of the IRB recommendations. These methods may be utilized for future practice and dissemination of MI approaches to more nurses, support staff and providers.

Strengths

Application to practice. Motivational interviewing is an evidence-based communication approach to help promote patients' internal motivation to overcome ambivalence to change and engage positively, in their own time, with their health behaviors. This project aimed to introduce motivational interviewing as an approach to help nurses support patients in self-care within an

enhanced recovery after cesarean birth pathway. Participating nurses responded overwhelmingly affirmative to the survey question asking whether MI could be applicable to other areas of perinatal nursing practice. Though the educational presentation focused on the rationale for and the application of MI to patient self-care through the ERAS pathway, the potential to expand the utilization of MI communication approaches to other clinical situations strengthened the value of the project outcome.

Benefit to patients. In a busy, fast-paced, academic hospital that cares for high-acuity perinatal patients, there are continuous ongoing initiatives and challenges in an ever-changing environment. New guidelines, workflows, orders, documentation requirements and technology changes abound. Despite these barriers, it was a delight to bring a topic to nurses that, in this investigator's opinion, is underrepresented within nursing orientation and ongoing professional development – communication skills and promoting the nurse-patient relationship within the context of interventions and care. The impact of motivational interviewing communication approaches used by perinatal nurses to promote self-care and engagement in the ERAS recovery process will be ongoing through other dissemination opportunities.

Bridging the theory-practice divide. The application of motivational interviewing takes time for clinicians to gain a comfort and competence with the communication skills (Miller & Rollnick, 2009; A. Shiver, personal communication, April 8, 2022). The role-playing and practice with MI during the educational session may have enhanced the nurses' confidence to implement the approaches with patients. The small group breakouts provided an opportunity to "test" the application of MI with OARS skills and MI conversational styles, thereby bridging the gap between the theoretical and practical aspects of its implementation. "In theory, there is no difference between theory and practice. In practice, there is" (Fixsen, n.d. as quoted in Miller &

Rollnick, 2013). This quote was discussed at the educational presentation along with the rationale for trying MI conversations with peers to gain a comfort before initiating MI conversations with patients. Though time was limited to one-hour sessions, the inclusion of both didactic and role-playing may have addressed different learning styles and enhanced the effectiveness of the session.

Impact. Though this project provided a small number of nurses an introduction to motivational interviewing, the content impacted nurses and nurse leaders alike and the approaches have been implemented at MacDonald Women's Hospital beyond the care of patients following cesarean birth. One of the nurse managers informed me that she incorporated the OARS communication skills of motivational interviewing when rounding on patients. "I didn't even realize how I asked such closed sentences. I always got brief responses when talking with patients. Since utilizing open-ended questions and affirmation when engaging patients, the conversations have been much richer. I have learned more about my unit, nurses and patients because of utilizing motivational interviewing when rounding on the unit." (Debbie Hines, personal conversation, 2022).

One of the clinical educators informed this investigator that, after attending the MI educational presentation, she began incorporating MI into onboarding conversations and training with newly hired nurses. She commented, "I never realized how much I talked without considering the new nurse's needs and what information she needed. Learning about motivational interviewing has made me a better listener. I am able to focus more on the nurse and her needs rather than just giving my usual speech" (Deborah Rosu, personal conversation, 2022).

Dissemination and Sustainability Plan

Patient Communication Boards. There are future plans for the ongoing dissemination of MI to our interdisciplinary OB teams. This investigator is implementing a project that will bring newly designed patient communication boards to patient rooms across MacDonald Women's Hospital and the other UH OB Network hospitals. A task force of nurses on the shared governance council at MacDonald Women's Hospital designed the content for the boards and received interdisciplinary feedback.

The goal of the new patient communication boards determines to engage the patient with the plan of care as nurses, providers, patients and families utilize the board. Enhanced patient communication and team collaboration are expected. As a way to maintain the patient at the center and focus of care, education on motivational interviewing will be provided to the interdisciplinary teams as part of the implementation of the new boards. This idea came as a suggestion from the director of nursing. Interdisciplinary education will occur across various meeting venues, including the monthly UH OB Quality Network Champion meetings and the OB GYN Quality Grand Rounds. Additional ideas not implemented during the original education presentations such as computer monitor MI reminders, scripted examples to engage patients and possibly a podcast episode, may be utilized with the patient communication board project to further promote dissemination and sustainability. When more clinicians are aware of motivational interviewing, additional opportunities will likely present.

Upcoming clinical areas for implementation. Another opportunity when MI could be purposefully implemented include the team's upcoming work on caring for patients with substance use disorders in pregnancy. The ambulatory and inpatient teams will collaborate to develop consistent, evidence-based practices for these patients within the context of support and respect.

MacDonald Anti-Racism Committee. MacDonald Women's Hospital has twenty-four OB GYN residents. The resident team formed an anti-racism committee two years ago to address implicit bias and improve awareness of racial and ethnic disparities to provide competent, compassionate, equitable care. The passion of this committee is rooted in respectful maternity care. They provide education to providers and nurses across the UH OB Network of hospitals with monthly presentations at our OB GYN Quality Grand Rounds. Engaging this committee and introducing them to AWHONN's Respectful Maternity Care framework and evidence-based guideline in alignment with the actionable approaches of motivational interviewing presents yet another future opportunity to disseminate this work for which this author is deeply passionate.

Publication. The DNP student completing the capstone project should write with the intention of publication (Terry, 2018). Communicating clinical, research or theoretical information through dissemination is an essential component to translating evidence into practice (White, 2021). This DNP project holds potential for significant impact for clinical care within maternal health settings where nearly 30% of individuals deliver via cesarean birth.

Two journals that I have both read and referenced throughout my career include the peer-reviewed *Nursing for Women's Health* and *MCN, The American Journal for Maternal Child Nursing*. The mission and objectives of these journals align with the work and passion to improve patient experience, engagement and maternal outcomes within healthcare settings. If privileged enough to achieve publication on one of these journals, this project has the potential to be disseminated to a wide population of nurses across the maternal health community. Both journals reach a wide breadth of professionals, including perinatal and neonatal nurses, neonatal and women's health nurse practitioners, certified nurse-midwives and interdisciplinary clinicians within perinatal, neonatal and gender-related practice areas. This wide reach of readers will aid

in this project impacting nurses to widely influence patient care through the utilization of MI communication approaches.

Future Implications for Practice

Patients possess their own wisdom, knowledge and expertise and bring these qualities into health care settings and interactions with clinicians (Miller & Rollnick, 2013). Despite the inclusion of patient education and engagement into ERAS pathways across multiple surgical disciplines, the literature is sparse when providing guidance to clinicians *how* to effectively engage patients in their care. The humanistic, patient centric approach combined with the dynamics of change conversations provides an evidence-based method to engage patients by honoring their autonomy while enhancing intrinsic motivation for health behavior change (Miller & Rollnick, 2013). Motivational interviewing is rooted in *relationship* between nurse and patient that forms the foundations of a dynamic working partnership described in Peplau's Theory of Interpersonal Relations (Peplau, 1997). Motivational interviewing is not, according to Miller and Rollnick (2009) a way to trick others into doing what they do not desire. The consistent delivery of respectful maternity care practices outlined by AWHONN (2022) can be supported by MI approaches through patient interactions and upholding patient's basic rights to autonomy and self-efficacy. It is my goal that the incorporation of patient-centered MI communication tools into the practice setting will continue to promote respect, dignity and patient empowerment while encouraging patients to engage in their personal health promotion behaviors.

This DNP project holds potential for significant impact for clinical care within maternal health settings where nearly 30% of individuals deliver via cesarean birth. Post-presentation survey results indicated the applicability of MI to address other clinical perinatal patient scenarios beyond the ERAS for cesarean birth pathway. Respondents also unanimously agreed

that MI communication approaches support the delivery of respectful maternity care. The maternal health crisis demands DNP-prepared perinatal nurses to seek solutions and actionable initiatives to promote patient engagement within a partnership of compassion and respect that supports patients' autonomy and values. The American College of Obstetricians and Gynecologists (2018) continue to work to improve patient engagement in the postpartum period. Nearly 40% of patients do not attend postpartum visits, hindering ongoing health management (ACOG, 2018). Studies including motivational interviewing interventions with patients in the postpartum period have also revealed challenges associated with patient follow-up (Murphy et al., 2022). Motivational interviewing provides an evidence-based approach that supports patients in a respectful, guiding manner that engages them in their health care. Motivational interviewing can be incorporated into the culture of health care amongst clinicians and health care organizations with some training and ongoing practice and support of the approaches. It is the belief and passion of this author that nurse-patient and provider-patient relationships, fostered by the guiding approaches and skills of motivational interviewing, can promote patients' likelihood of continuing to seek health care throughout their continuum of maternity care and beyond the postpartum period. An ongoing relationship with the health care system may also promote the health of the family as parents also maintain health care for their children. The implications for the incorporation of motivational interviewing approaches into the nurse-patient relationship are impactful and attainable.

The Essentials of Doctoral Education for Advanced Nursing Practice (DNP Essentials).

Several of the Essential of Doctoral Education for Advanced Nursing Practice (American Association of Colleges of Nursing [AACN], 2006) were incorporated throughout the planning, implementing and evaluation of this DNP project.

Essential I. Scientific Underpinnings for Practice. The scientific underpinnings for DNP competencies outlined in Essential I of the DNP Essentials reveal the ability of the DNP-prepared APRN to translate new knowledge into practice within the complex, challenging and rapidly changing healthcare environment (AACN, 2006). Knowledge of the history and legacy of the conceptual and theoretical foundations of nursing form the foundational principles within this DNP essential (AACN, 2006). Peplau's Theory of Interpersonal Relations and AWHONN's Respectful Maternity Care Framework served as the conceptual frameworks for this project. The roots of human behavior and the study of psychology represented in the implementation of motivational interviewing contribute to the broader interaction of multiple scientific underpinnings represented during the implementation of this project: Motivational Interviewing Techniques to Promote Patient Engagement and Self-Care Within an Enhanced Recovery After Surgery for Cesarean Birth Pathway.

Essential II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking. This DNP student has much experience with the development and implementation of organizational guidelines that are implemented across the UH OB Quality Network, representing six obstetric hospitals in northeastern and central Ohio. The ERAS for cesarean birth clinical practice guideline and order set were implemented with the OB guideline committee, for which this author serves as clinical facilitator. Doctoral-prepared nurses extend knowledge and skills beyond clinical guidelines and pathways to impact broader areas of nursing practice, promote patient health and safety and mitigate health disparities (AACN, 2006). Nursing clinical leaders that exhibit innovative abilities create new ideas that welcome scholarly practice enhancements and changes to advance the value of care to organizations and patients alike (Melnyk & Fineout-Overholt, 2019). These elements were incorporated into this project as

an innovative approach to address patient engagement (motivational interviewing education) within an evidence-based clinical pathway (ERAS for cesarean birth).

Essential III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice. According to the AACN (2006), scholarship and research are essential to the foundation of the DNP education and competencies. Scholarship consists of more than the application of new knowledge; the methods in which this new knowledge is disseminated and incorporated into practice brings meaning and connection of the information to nurses (AACN, 2006). This DNP project incorporated the application of evidence into practice, using a didactic and interactive method of education for nurses. To bridge the knowledge-practice gap, innovative methods of dissemination by nurse leaders are required. Innovative leaders empower staff to incorporate new practices to improve patient care practices and outcomes (Melnyk & Fineout-Overholt, 2019).

The utilization of surveys and data analysis further contributed to this core essential for doctoral-prepared practice. The project introduced the evidence-based approaches of MI to perinatal nurses to support the ongoing expansion and development of nurses' practice on behalf of the patients they serve. This required a steadfast commitment, determination and rigorous application of knowledge to expand nursing science through evidence and scholarship to impact and improve patient care and outcomes.

Essential V. Health Care Policy for Advocacy in Health Care. Motivational interviewing approaches were introduced to nurses as a means to supplement the level of care provided to patients within the ERAS for cesarean birth guideline which was developed through significant interdisciplinary collaboration. Rather than simply implementing the nursing interventions and tasks within the ERAS guideline and order set, this project challenged nurses

to deepen the nurse-patient relationship through MI approaches, while promoting patient engagement in self-care through the exploration of the patient's intrinsic motivation for change and participation in their care.

Essential VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes. This project received support from the Director of Quality, Director of Nursing and the Clinical Nurse Managers from MacDonald Women's Hospital. The implementation of the ERAS for cesarean birth guideline preceded this project on motivational interviewing but involved extensive interdisciplinary collaboration form obstetricians and nurses within the inpatient as well as outpatient settings, OB anesthesia and the Chief of Quality for Obstetrics. This team had awareness of the motivational interviewing DNP project and have provided support to future dissemination plans. Leaders that exhibit innovative abilities create new ideas that welcome scholarly practice change to advance the value of care to organizations and patients alike (Melnyk & Fineout-Overholt, 2019). This author plans for future dissemination and expansion of motivational interviewing approaches across perinatal patient care practices.

Essential VII. Clinical Prevention and Population Health for Improving the Nation's Health and Essential VIII. Advanced Nursing Practice. The doctoral-prepared nurse's view of patients extends beyond quality metrics and statistics. The DNP APRN views the conditions, emotions and lifestyle behaviors that influence patients' participation in their health that statistics cannot fully explain. The doctoral prepared clinical nurse expert serving populations at the healthcare organizational, or system level can recognize actual or potential issues regarding interventions at the population level (AACN, 2006). This perinatal advanced practice nurse recognized that, with the current health crisis and significant racial disparities

dominating maternal health care, an initiative to address perinatal nurse-patient relationships that could impact the patient's long-term engagement with the health care system must be addressed. No one should have to fear for her life during pregnancy or wonder if she will become a mortality statistic in America. Though not part of the main objectives of this project, this underlying goal is at the heart and center of its development and implementation.

Conclusion

The universal goal across multiple surgical specialties utilizing ERAS pathways includes a patient-centered approach to care and patient engagement in the recovery process to improve patient outcomes (Aloia, et al., 2019). Methods to promote patient engagement in self-care, however, remain undocumented. Communication and engagement are imperative for patients to feel safe, engaged and respected and to participate more fully in their recovery care (Aasa, et al., 2013; AWHONN, 2022). The patient-centric focus of MI supported by Peplau's Theory of Interpersonal Relations and AWHONN's Respectful Maternity Care framework provide an approach for perinatal nurses seeking to promote patient engagement in ERAS elements of self-care. According to Peplau (1997), nurses apply theoretical concepts during interactions with patients. Peplau (1997) states that nurses do this by considering what patients articulate and observing patient behavior. The nurse can then understand or seek more understanding of the patient by asking additional information from the patient. The Respectful Maternity Care framework emphasizes relational factors and the internal influences that clinicians and patients bring to the relationship (AWHONN, 2022). Acceptance of the patient's identity, preferences and personal beliefs as well as the incorporation of communication approaches that support shared decision-making and autonomy promote mutual respectful between clinician and patient

(AWHONN, 2022). These values and approaches align with the four processes and *Spirit of MI* utilized in motivational interviewing as described by Miller and Rollnick (2013).

This project evaluated an educational presentation on motivational interviewing communication approaches, demonstrating a significant post-presentation increase in knowledge of MI, the likelihood to incorporate MI practices, confidence with promoting patient engagement in self-care within an ERAS for cesarean birth pathway and relevance of MI to nursing practice. Survey results also revealed the ability of MI to promote the nurse-patient relationship and the delivery of respectful maternity care practices. The essential purpose of healthcare services is to promote, improve or restore health to individuals and populations. This purpose was maintained throughout the planning, implementation, evaluation phases of this project and continues to drive its future implications for additional opportunities to advance patient relationships and promote improved maternal health.

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Appendix A

Pre-Presentation Survey

Thank you for participating! Please mark your answers with a number to the following questions:

1. Please rate your knowledge of basic motivational interviewing communication approaches and tools.
   - 1 – no knowledge
   - 2 – slight knowledge
   - 3 – some knowledge
   - 4 – moderate knowledge
   - 5 – great deal of knowledge

2. Please rate your current confidence to motivate patients to actively engage in self-care within the enhanced recovery pathway for cesarean birth.
   - 1 – not confident at all
   - 2 – slightly confident
   - 3 – somewhat confident
   - 4 – very confident
   - 5 – extremely confident

3. How relevant is motivational interviewing to your nursing and patient relationships?
   - 1 – not relevant at all
   - 2 – slightly relevant
   - 3 – somewhat relevant
   - 4 – very relevant
   - 5 – extremely relevant

4. How likely are you to incorporate motivational interviewing communication approaches into your ERAS for cesarean birth nurse-patient relationships?
   - 1 – definitely not incorporate
   - 2 – probably not incorporate
   - 3 – possibly incorporate
   - 4 – probably incorporate
   - 5 – definitely incorporate

Appendix B

Post-Presentation Survey

Thank you for participating! Please mark your answers with a number to the following questions:

1. Please rate your knowledge of basic motivational interviewing communication approaches and tools.
   - 1 – no knowledge
   - 2 – slight knowledge
   - 3 – some knowledge
   - 4 – moderate knowledge
   - 5 – great deal of knowledge

2. Please rate your current confidence to motivate patients to actively engage in self-care within the enhanced recovery pathway for cesarean birth.
   - 1 – not confident at all
   - 2 – slightly confident
   - 3 – somewhat confident
   - 4 – very confident
   - 5 – extremely confident

3. How relevant is motivational interviewing to your nursing and patient relationships?
   - 1 – not relevant at all
   - 2 – slightly relevant
   - 3 – somewhat relevant
   - 4 – very relevant
   - 5 – extremely relevant

4. How likely are you to incorporate motivational interviewing communication approaches into your ERAS for cesarean birth nurse-patient relationships?
   - 1 – definitely not incorporate
   - 2 - probably not incorporate
   - 3 - possibly incorporate
   - 4 - probably incorporate
   - 5 - definitely incorporate

5. How would you rate the potential benefit of incorporating motivational interviewing techniques into other areas of patient care? (e.g., breastfeeding, labor coping, substance use disorders in pregnancy, medication adherence for antihypertensives, home-going blood pressure monitoring, etc.)

- 1 – not beneficial at all
- 2 – slightly beneficial
- 3 – somewhat beneficial
- 4 – very beneficial
- 5 – extremely beneficial

6. Please indicate whether you agree or disagree with the following statement: Motivational interviewing communication approaches may be used to promote respectful maternity care practices.
    - 1 – agree
    - 2 – disagree

Appendix C

Two-Week Follow-Up Survey / Registered Nurse Demographic Form

Please answer the following questions.

What is your primary unit assignment?
□ OB ambulatory
□ MacDonald float pool
□ MacDonald 2
□ MacDonald 3/5
□ MacDonald 4

How many years have you worked as a **perinatal RN**?
□ less than 1 year
□ 1-5 years
□ 6-10 years
□ 11-15 years
□ 16-20 years
□ 21-25 years
□ > 25 years

How many **total years** have you worked as an RN?
□ less than 1 year
□ 1-5 years
□ 6-10 years
□ 11-15 years
□ 16-20 years
□ 21-25 years
□ > 25 years

Do you work as a **charge nurse**?
□ Yes
□ No

Do you work as a **nursing preceptor**?
□ Yes
□ No

Do you currently hold any nursing **certifications**?
□ Yes
□ No

Do you currently serve on, or have you ever served on a **unit council** or **hospital committee**?
□ Yes

□ No

If yes, what certification(s) do you currently hold?
□ Ambulatory Women's Health Care Nursing
□ Inpatient obstetrics
□ Fetal monitoring
□ Maternal-newborn nursing
□ Perinatal loss
□ Other: _____

Utilization Questions

1. Since your introduction to motivational interviewing, have you utilized any of the tools or techniques in your practice?
   - Yes
   - No

(If no is answered, the survey ends; If yes, the following tools of MI populate to REDCap survey for the participant to select):

The SPIRIT of MI (PACE):
□ Partnership
□ Acceptance
□ Compassion
□ Evocation (empowerment)

OARS Communication Skills
□ Open-ended questions
□ Affirmation
□ Reflective listening
□ Summarizing

PROCESSES of Motivational Interviewing
□ Engaging (the patient)
□ Focusing
□ Evoking (empowering the patient; recognizing change talk versus sustain talk by the patient)
□ Planning (with the patient leading)

2. Do you plan to continue to use these tools in the future?
   - Yes
   - No

3. Would you like additional professional development offerings related to motivational interviewing in the future?
   - Yes
   - No

Appendix D

Distribution of Registered Nurses per Unit

MacDonald Women's Hospital (Cleveland Medical Center)	
Unit	***Number of RNs**
Labor & Delivery (MacDonald 2)	98
Postpartum (MacDonald 3 and MacDonald 5)	56
High-risk antepartum / post-op benign gynecology / Postpartum (MacDonald 4)	25
MacDonald CMC Float Pool (float to all perinatal units at MWH CMC)	32
MacDonald Women's Hospital on the Campus of St John Medical Center	
Labor/Delivery/Postpartum/Constant Care Nursery	38

*Includes Nurse Manager, Assistant Nurse Manager(s) and Clinical Educator(s) and registered nurses currently in orientation at time of recruitment.

[Figure above represents the number of registered nurses overall at MacDonald Women's Hospital at Cleveland Medical Center and MacDonald Women's Hospital on the Campus of St. John Medical Center at the time of the project implementation.]

Appendix E

Advertisement Flyer

Nursing Research & Education Invitation

Motivational Interviewing Techniques to Promote Patient Engagement, Self-Efficacy and Self-Care within an Enhanced Recovery after Surgery for Cesarean Birth Pathway

You are invited to participate in a **voluntary, evidence-based research study.** The purpose of this project is to provide an introductory educational presentation on **motivational interviewing** communication approaches to promote patient engagement and self-care within an enhanced recovery after surgery for cesarean birth pathway. Knowledge and relevance to perinatal nursing care practices related to the use of motivational interviewing will be examined. This project is being conducted by **Marcie Niemi MS, CNM, RNC-OB.**

Study Participation/Eligibility

Registered nurses working in the inpatient setting at MacDonald Women's Hospital and MacDonald Women's Hospital on the Campus of St. John Medical Center are eligible to participate.

Participation consists of 4 parts (3 brief surveys and an educational presentation) explained below:

- Complete a **pre-presentation survey** prior to attending the educational presentation. The pre-survey will take approximately **2-3 minutes** to complete. Note: all survey responses are **anonymous.**

- Attend a **1-hour** introductory presentation on **motivational interviewing.** The presentations will be offered on the following dates:
    - **Tuesday, November 8, 2022, from 1130-1230 @ MacDonald Room 7110**
    - **Wednesday, November 9, 2022, from 1300-1400 @ MacDonald Room 7109**
    - **Wednesday, November 9, 2022, from 2130-2230 @ MacDonald Room 7110**
    - **In-person and virtual options** available (Zoom links will be sent via separate invitations)

- Complete a **post-presentation survey** which will be emailed to attendees 1 day after the presentation. The survey will take approximately **2-3 minutes** to complete.

- Lastly, complete a **follow-up survey** approximately **2 weeks** after the educational presentation. This survey will take approximately **3-5 minutes** to complete.

Additional Information

If you are interested in learning more about this study before you participate, please contact **Marcie Niemi** via phone or email. [Note: contact information removed from manuscript.]

A **complete description of the project, consent and access to the pre-presentation survey can be found in your **UH email.** If you need the email sent to you again, please contact Marcie Niemi. **

Thank you for considering participating in this project!

All UH research is approved through a special review process to protect patient safety, welfare and confidentiality. The Institutional Review Board (IRB) is a Board that is charged with protecting the rights and welfare of people who take part in research studies. The content of this message has been approved by the UH IRB.

Appendix F

Introductory Recruitment Email

Email subject line: [Invitation to Participate in a Nursing Research / Educational Presentation Project]

Body of Email:

University Hospitals conducts medical research in order to find out how to provide the best care to our patients. You are invited to participate in a survey. Participation is always your choice. Even if you start, you can always choose to stop.

A research team at University Hospitals is currently looking for people to participate in a voluntary, evidence-based research study. The purpose of this project is to provide an introductory educational presentation on motivational interviewing communication approaches to promote patient engagement and self-care within an enhanced recovery after surgery for cesarean birth pathway. Knowledge and relevance to perinatal nursing care practices related to the use of motivational interviewing will be examined. This project is being conducted by Marcie Niemi MS, CNM, RNC-OB.

You may or may not qualify to be in this study – please click the link to find out if this study is right for you. You can also call the study team with questions. If you know someone else who might be interested in filling out this survey (contact me, but please do not forward this link). Many people find value in participating in research to help others, both now and in the future.

Registered nurses working in the inpatient setting at MacDonald Women's Hospital and MacDonald Women's Hospital on the Campus of St. John Medical Center are eligible to participate.

Participation consists of 4 parts (3 brief surveys and an educational presentation) explained below:

- Complete a **pre-presentation survey** prior to attending the educational presentation. The pre-survey will take approximately **2-3 minutes** to complete. Note: all survey responses are **anonymous.**

- Attend a **1-hour** introductory presentation on motivational interviewing. The presentations will be offered 3 times during the week of **November 6th – November 12th.**

  November 8, 2022, from 1130-1230 @ MacDonald Room 7109
  November 9, 2022, from 1300-1400 @ MacDonald Room 7109
  November 9, 2022, from 2130-2230 @ MacDonald Room 7109
  In-person and virtual (Zoom) options available (Zoom links will be sent via separate invitations)

- Complete a **post-presentation survey** which will be emailed to attendees 1 day after the presentation. The survey will take approximately **2-3 minutes** to complete.

- Lastly, complete a **follow-up survey** approximately **2 weeks** after the educational presentation. This survey will take approximately **3-5 minutes** to complete.

- One reminder email will be sent out for each of the surveys.

If you are interested in learning more about this study before you participate, please contact **Marcie Niemi** via phone at **216-286-9058** or via email at **Marcie.Niemi@UHhospitals.org.**

To learn more about all studies at University Hospitals click to visit our website at: uhhospitals.org/research.

All UH research is approved through a special review process to protect patient safety, welfare and confidentiality. The Institutional Review Board (IRB) is a Board that is charged with protecting the rights and welfare of people who take part in research studies. The content of this message has been approved by the University Hospitals IRB.

Thank you for considering participation in this project!

Please click the link to the survey below to participate or learn more about this research.

This anonymous link is unique to you and should not be forwarded to others.

With appreciation,

Marcie Niemi MS, CNM, RNC-OB
APRN for Perinatal Nursing Research & Development
University Hospitals Cleveland Medical Center
MacDonald Women's Hospital
Phone: 216-286-9058

Appendix G

Letter of Project Support

University Hospitals

December 1, 2021

Joyce Deptola
Director of Quality, Safety, and Accreditation
UH Rainbow Babies and Children's and
MacDonald Women's Hospitals

Department of Quality and Safety
MacDonald 6th floor
11100 Euclid Avenue
Cleveland, OH 44106
216-844-5948

To Whom it May Concern,

Marcie Niemi has been involved in work to improve the outcomes for our patients with cesarean delivery. Part of her improvement project's design was to engage our nursing staff as partners with our obstetric patients prior to and following cesarean delivery. With the premise that quality is driven with the patient at the center of her care delivery, knowledgeable in her plan of care, with the tools and skills necessary to drive her own post-operative outcomes, we know the patient needs to be supported by the interdisciplinary team to achieve those outcomes. The motivational interview technique is one strategy to engage the patient in the process throughout her pregnancy and subsequent delivery. I fully support Marcie and her efforts in this improvement strategy.

Sincerely,

Joyce Deptola

Joyce Deptola

[The above appendix is a memo from the director of quality, safety, and accreditation from the hospital stating her support of the DNP project.]

Appendix H

Project Support and RN pay for attendance at Motivational Interviewing Presentation

Memo: Concerning Marcie Niemi IRB Application

Date: August 10, 2022

From: Sheila Smith, Director MacDonald Rainbow Women's Health and Perinatal Services

Marcie Niemi serves in the role of advanced practice nurse for MacDonald Women's Services. She facilitates best practices, staff professional development, quality initiatives and development of guidelines. Marcie reports directly to me. She has no direct reports or organizational authority over those who will be completing the survey for her IRB project.

RNs who attend Marcie's educational presentation on motivational interviewing will be paid for their time (1 hour) for attending the presentation (virtually or in person).

Sheila Smith

[The above is a memo from the Director of MacDonald Rainbow Women's Health and Perinatal Services stating the nurses choosing to participate in the motivational interviewing educational presentation would be paid for their time (1 hour) for attending outside of their scheduled work hours.]

Appendix I

Objectives of Educational Presentation on Motivational Interviewing

http://clipart-library.com/clipart/di9grxpi7.htm

[Figure above is a clip art picture of a magnifying glass with the work “objectives” written in the middle of the magnifying glass lens.]

- Review the significant impact of cesarean birth in the U.S., Ohio and University Hospitals Cleveland Medical Center
- Identify ways that ERAS pathways promote improved surgical outcomes in relationship to patient engagement and self-care
- Understand the relationship to 2 theoretical frameworks to motivational interviewing (MI) approaches to patient interactions
- Recognize and apply the methods and approaches to motivational interviewing, including the *Spirit of MI, MI conversation processes and OARS*
- Gain an understanding of how MI promotes Respectful Maternity Care and the nurse-patient relationship

Appendix J

Post-Presentation Survey Email

*[Email subject line and email body for the **POST-PRESENTATION** Survey email and REDCap link:]*

[Email Subject line:] Nursing Research Project – Motivational Interviewing Post-Presentation Survey Invitation

[Body of Email:]

Hello, Mac Nurses!

Thank you for attending the educational presentation on an introduction to motivational interviewing communication approaches!

University Hospitals conducts medical research in order to find out how to provide the best care to our patients. You are invited to participate in a **post-presentation survey.** Participation is always your choice.

This project is being conducted by Marcie Niemi MS, CNM, RNC-OB and APRN for Perinatal Nursing Research and Development.

Registered nurses working in the inpatient setting at MacDonald Women's Hospital and MacDonald Women's Hospital on the Campus of St. John Medical Center who attended the educational presentation on motivational interviewing are eligible to participate.

This **post-presentation survey** will take approximately **2-3 minutes** to complete. One reminder email will be sent to you within 1 week of this email.

Please click the link to the post-presentation survey below to participate or learn more about this research.

You may open the survey in your web browser by clicking the link below:

[REDCap survey link here]

If the link above does not work, try copying the link below into your web browser:

[REDCap survey link here]

I am attaching a few **Motivational Interviewing Tips / Reminders** for you as you engage patients in self-care within an enhanced recovery after surgery for cesarean birth pathway.

If you are interested in learning more about this study before you participate, please contact **Marcie Niemi** via phone at or email. [Contact information removed from final manuscript.]

To learn more about all studies at University Hospitals click to visit our website at: uhhospitals.org/research.

All UH research is approved through a special review process to protect patient safety, welfare and confidentiality. The Institutional Review Board (IRB) is a Board that is charged with protecting the rights and welfare of people who take part in research studies. The content of this message has been approved by the UH IRB.
Thank you for considering your ongoing participation in this project**!**

With appreciation,
Marcie Niemi MS, CNM, RNC-OB

Appendix K

Motivational Interviewing Tips

O-A-R-S: Patient-centered Skills

O – Open questions

A – Affirmation

R – Reflection (reflective listening)

S - Summarize

http://clipart-library.com/oar-cliparts.html

Open questions – invites patients to reflect and elaborate

Affirmation – commenting positively on the patient's efforts, strengths and good intentions – recognize when patients engage in their care

Reflection (reflective listening) – Involves taking a guess about patients' words and meaning – allows patients to hear back what they are saying or doing. Can help keep the patient talking and engaged.

Summarizing – collect the parts of what a patient says and offer it back.

4 Conversational Styles & Processes …Am I 'Doing MI'?

- **Engaging** – do I understand how the patient perceives the situation? Am I responding with reflective listening statements?
- **Focusing –** do I have a clear focus as I engage with the patient? What goals do we have for change (a plan of care)? Do we agree on the goals?
- **Evoking** (Empowering) – what do I know about this patient's motivation to engage in their self-care? How am I intentionally evoking / empowering / promoting them to engage?
- **Planning –** do I hear mobilizing / motivated talk from the patient? Am I providing solutions, or evoking action from the patient? If I do offer advice, is it with permission?

The Spirit of MI – (PACE)

• **Partnership**	Work in harmony with another to solve a problem or address an issue; mutual respect; **both** patient and clinician have expertise
• **Acceptance**	Absolute worth of the patient + accurate empathy + support of patient's autonomy + affirmation; (not necessarily approval)
• **Compassion**	**Care** and **concern** for the well-being of the patient; the **foundation** of a **trusting relationship**
• **Empowerment (Evocation)**	Highlight another's strengths & motivations; draw out the wisdom of the patient to support health

Appendix L

Two-Week Follow-Up Email Content

*[Email subject line and email body for the **2-WEEK FOLLOW-UP** Survey email and REDCap link:]*

[Email Subject line:] Nursing Research Project – Motivational Interviewing Follow-Up Survey Invitation]

[Body of Email:]

Hello, Mac Nurses!

Thank you again for attending the educational presentation on an introduction to motivational interviewing communication approaches!

University Hospitals conducts medical research in order to find out how to provide the best care to our patients. You are invited to participate in a **2-week follow-up survey.** This is the **final survey** in the project on motivational interviewing.

Participation is always your choice. This project is being conducted by Marcie Niemi MS, CNM, RNC-OB and APRN for Perinatal Nursing Research and Development.

Registered nurses working in the inpatient setting at MacDonald Women's Hospital and MacDonald Women's Hospital on the Campus of St. John Medical Center who attended the educational presentation on motivational interviewing are eligible to participate.

This anonymous, **2-week follow-up survey** will take approximately **3-5 minutes** to complete. One reminder email will be sent to you within 1 week of this email.

Note: Final date for survey submission is **November 30, 2022.**

Please click the link to the follow-up survey below to participate or learn more about this research.

You may open the survey in your web browser by clicking the link below:

[REDCap Survey Link Here]

If the link above does not work, try copying the link below into your web browser:

[REDCap Survey Link Here]

Additional Information

If you are interested in learning more about this study before you participate, please contact Marcie Niemi via phone or email. [Note: contact information details removed from manuscript.]

To learn more about all studies at University Hospitals click to visit our website at: uhhospitals.org/research.

All UH research is approved through a special review process to protect patient safety, welfare and confidentiality. The Institutional Review Board (IRB) is a Board that is charged with protecting the rights and welfare of people who take part in research studies. The content of this message has been approved by the UH IRB.

Thank you for considering your ongoing participation in this project!

With appreciation,
Marcie Niemi MS, CNM, RNC-OB

Appendix M

Pre-Presentation Survey Results

Record id	PRE	knowledge	confidence	relevance	incorporate
4		1	4	4	3
6		3	2	2	3
9		3	4	4	5
13		2	3	4	4
15		2	4	4	5
16		1	4	2	4
17		1	3	4	5
19		3	3	3	4
20		4	3	3	4
21		3	3	3	3
23		3	3	4	4
25		1	2	4	5
36		2	3	3	3
38		3	3	5	5
39		2	4	4	5
40		3	2	4	blank
42		3	3	4	5
44		3	3	5	5
MEAN		2.39	3.11	3.67	4.24
P value		0.000003328	0.000710327	0.000098758	0.015627489
		n=18 (except for incorporate, where n=17)			

[Figure depicts a table chart of results for the 18 nurses completing the pre-presentation survey. The participants are denoted by record ID number assigned in the REDCap system. Numeric ratings for the categories of knowledge, relevance, confidence and likelihood to incorporate motivational interviewing into their nursing practice are included in the chart. The means and P-values for each of the categories are tallied at the bottom of the table.]

Appendix N

Post-Presentation Survey Results

Record ID POST	knowledge post	confidence post	relevance post	incorporation post	benefit post	RMC post
4	4	4	4	5	5	1
6	3	3	4	4	5	1
9	5	5	5	5	5	1
13	3	2	4	3	4	1
15	5	4	5	5	5	1
16	5	5	5	5	5	1
17	5	4	5	5	5	1
19	5	5	5	5	5	1
20	4	4	5	5	5	1
21	4	4	4	4	4	1
23	5	4	5	5	5	1
25	3	3	5	5	5	1
36	4	4	4	4	4	1
38	4	4	5	5	5	1
39	4	4	5	5	5	1
40	4	5	4	blank	5	1
42	4	4	5	5	4	1
44	5	3	5	5	5	1
	4.22	3.94	4.67	4.71	4.78	ALL AGREE
	n=18 (except for incorporate, where n=17)					

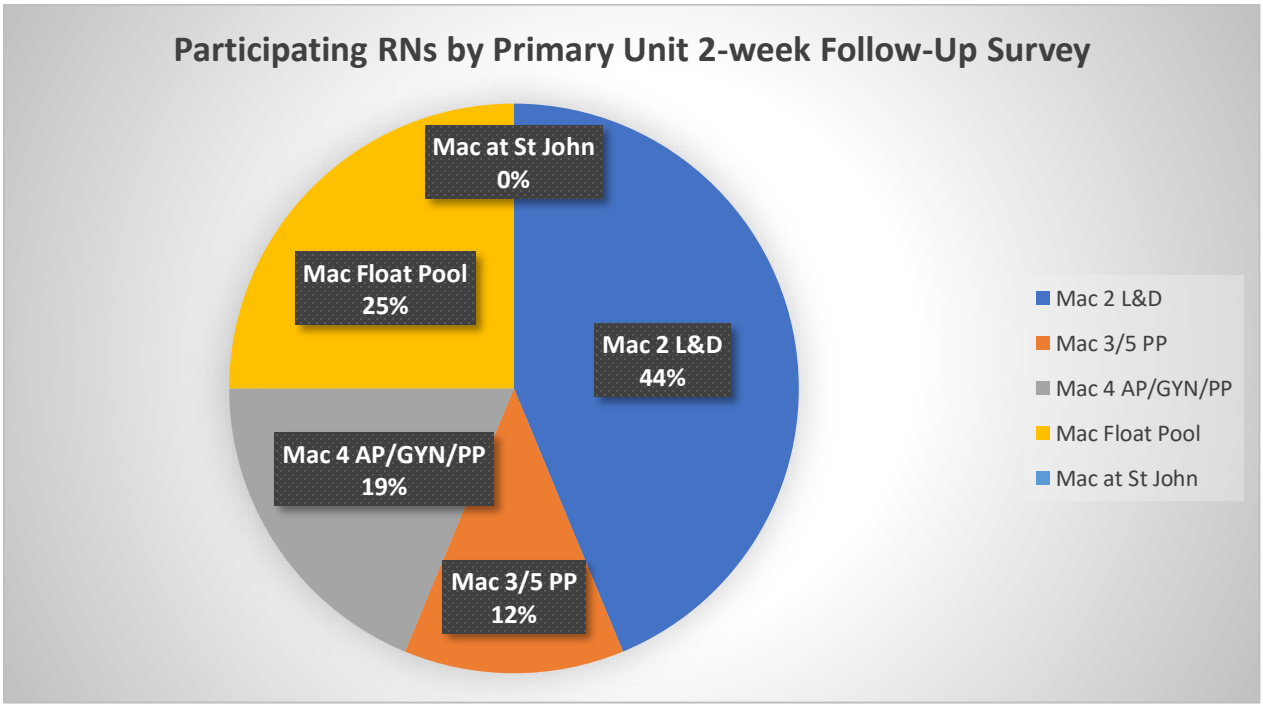
[Figure depicts a table chart of results for the 18 nurses completing the post-presentation survey. The participants are denoted by record ID number assigned in the REDCap system. Numeric ratings for the categories of knowledge, relevance, confidence and likelihood to incorporate motivational interviewing into their nursing practice are included in the chart. The means and P-values for each of the categories are tallied at the bottom of the table. Two additional categories are included in this table of ratings, including the rating regarding potential benefit of MI to and whether MI can promote respectful maternity care practices.]

Appendix O

Demographic Results

Participating RNs by Unit

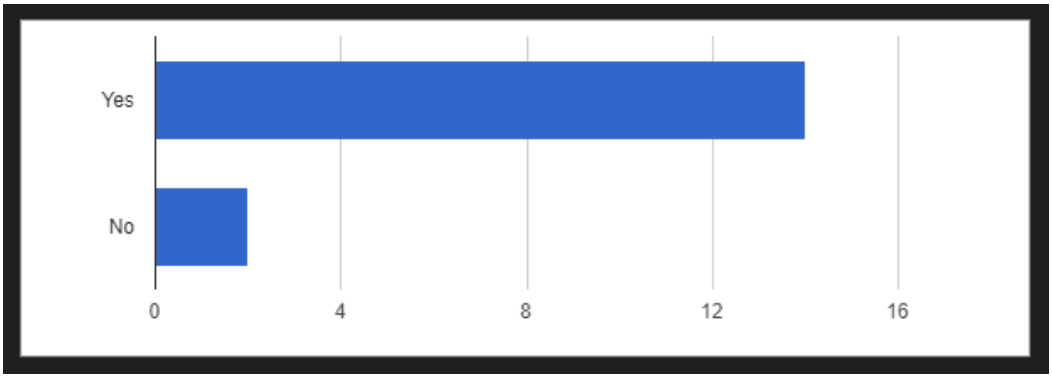
Unit	# RNs Completing 2-week Follow-up Demographics / Survey
MacDonald 2 (Labor & Delivery)	7
MacDonald 3/5 (Postpartum)	2
MacDonald 4 (Antepartum/Postpartum/GYN	3
MacDonald CMC Float Pool	4
MacDonald on the Campus of St John	0



[Figure above depicts a pie chart representing the RNs by their primary unit who completed the final 2-week survey. The pie chart graph shows that 44% of nurses were represented by Mac 2 L&D (labor and delivery) (blue color); 12% RNs were from the Mac 3/5 PP (postpartum) unit (orange color); 19% were from the Mac 4 AP (antepartum)/GYN (benign gynecology)/PP (postpartum) unit (light gray color); 25% RNs were represented by the Mac float pool (yellow color); and no RNs represented by the Mac at St John unit (0%).]

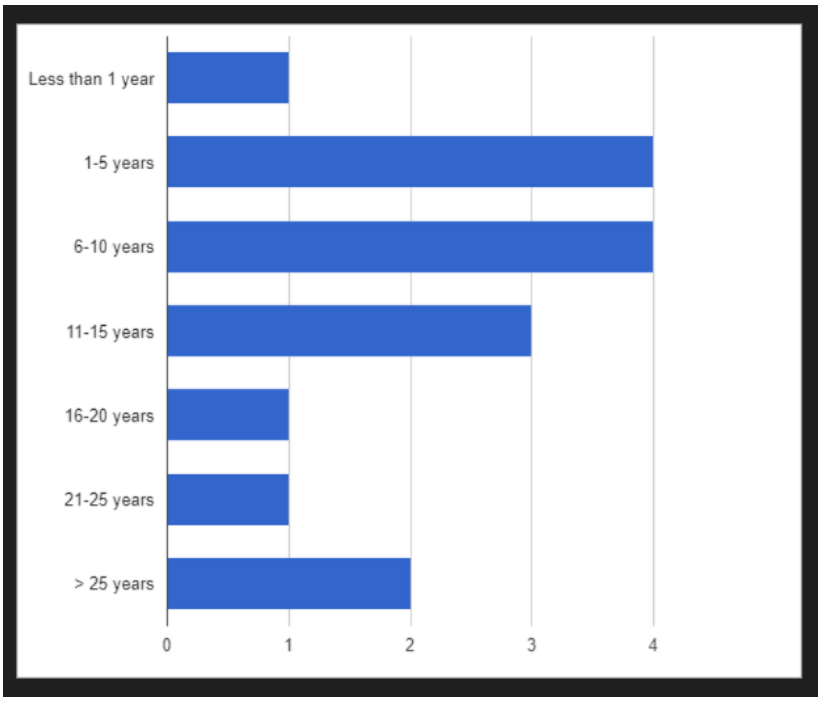
Unit council membership or hospital committee

yes = 14; no = 2



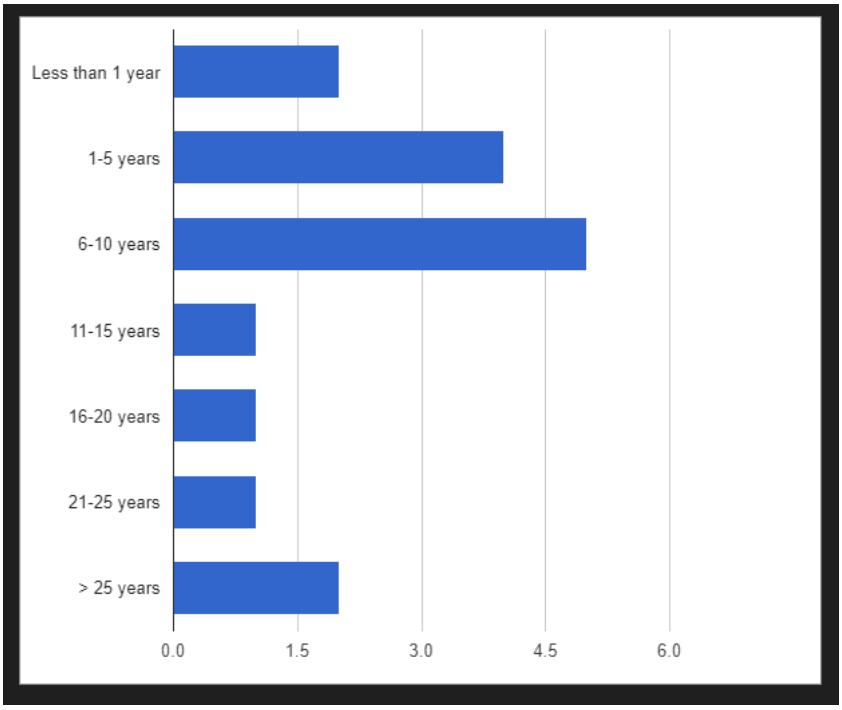
Total Years of RN Experience

Total Years As RN: **Counts/frequency:** Less than 1 year (1, 6.3%), 1-5 years (4, 25.0%), 6-10 years (4, 25.0%), 11-15 years (3, 18.8%), 16-20 years (1, 6.3%), 21-25 years (1, 6.3%), > 25 years (2, 12.5%)



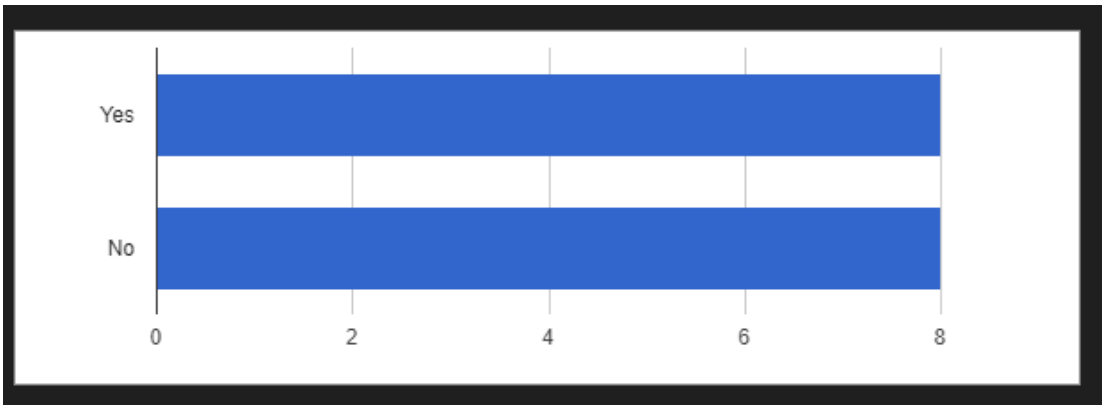
Number of Years in OB GYN Nursing

Years in OB: **Counts/frequency:** Less than 1 year (2, 12.5%), 1-5 years (4, 25.0%), 6-10 years (5, 31.3%), 11-15 years (1, 6.3%), 16-20 years (1, 6.3%), 21-25 years (1, 6.3%), > 25 years (2, 12.5%)



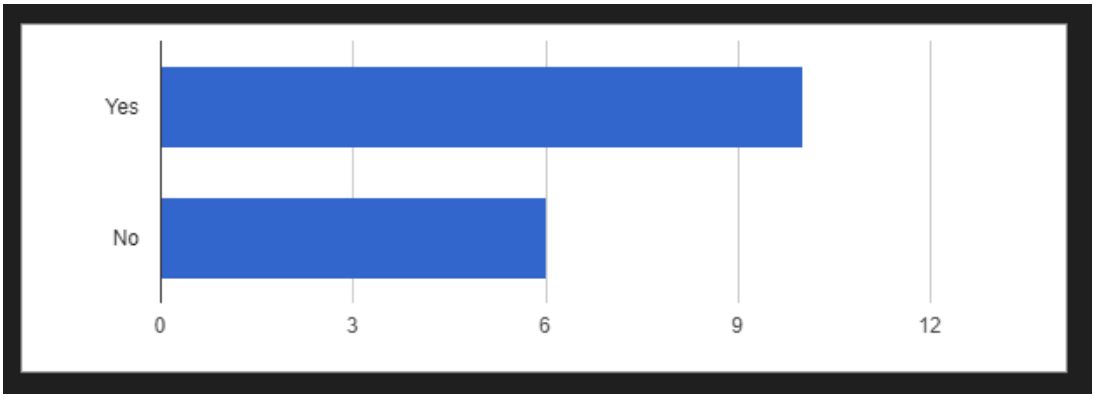
Hold any nursing certification(s)

Yes = 8; no = 8



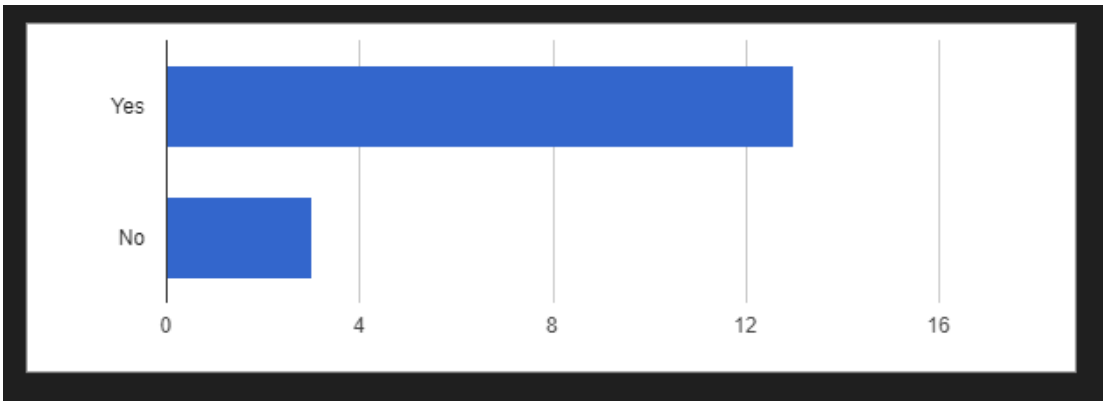
Work as a Charge RN

Yes = 10; no = 6



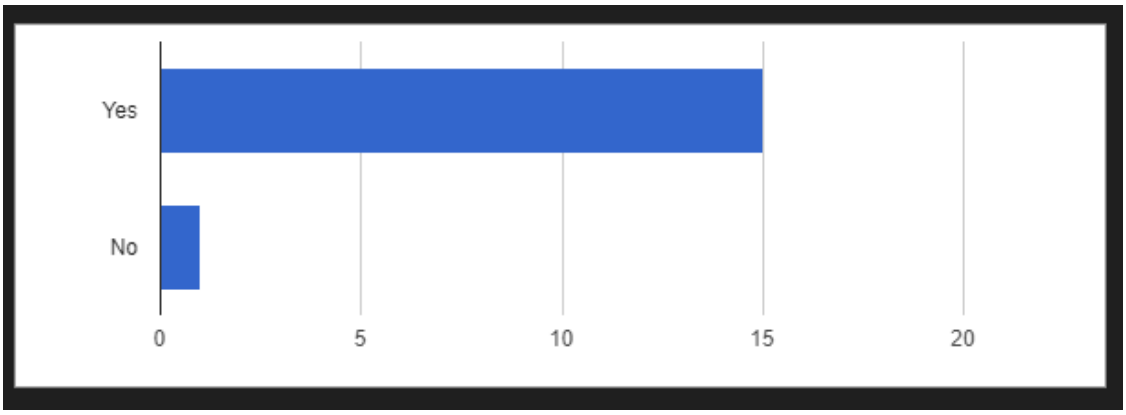
Work as a Nursing Preceptor

Yes = 13; no = 3



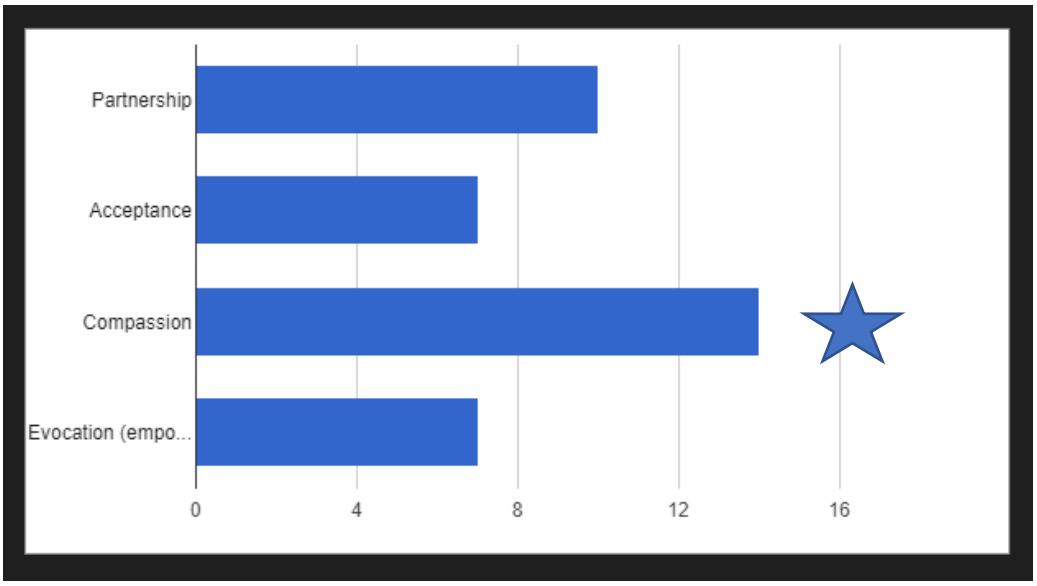
Utilization of motivational interviewing since the educational presentation (Since your introduction to motivational interviewing, have you utilized any of the tools or techniques in your practice?)

Yes = 15; no = 1



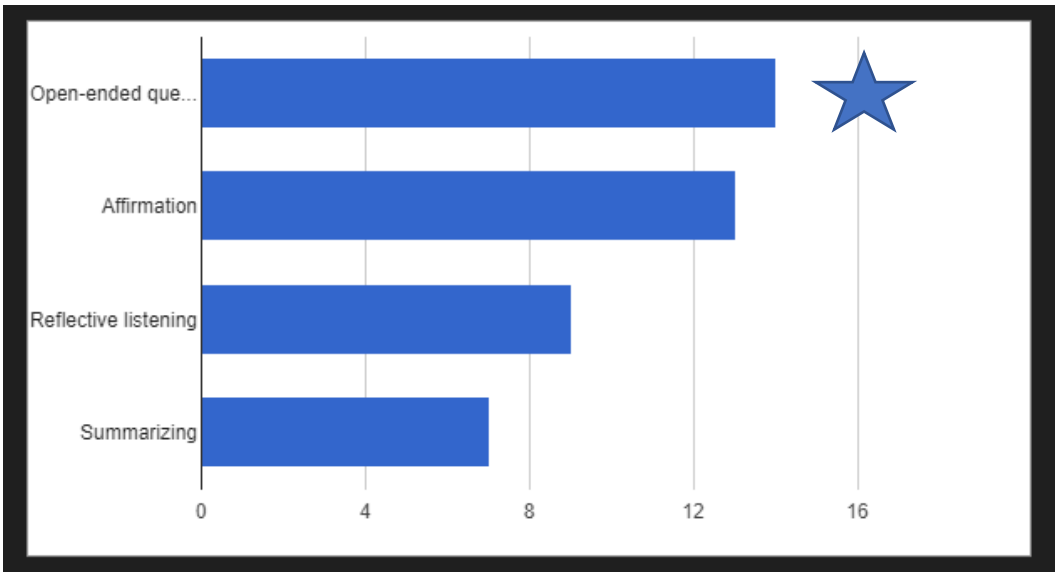
The SPIRIT of MI (PACE):

SPIRIT of MI (PACE) **Counts/frequency:** Partnership (10, 66.7%), Acceptance (7, 46.7%), Compassion (14, 93.3%), Evocation (empowerment) (7, 46.7%)



OARS Communication Skills:

OARS Communication Skills: **Counts/frequency:** Open-ended questions (14, 93.3%), Affirmation (13, 86.7%), Reflective listening (9, 60.0%), Summarizing (7, 46.7%)



Processes of Motivational Interviewing:

Processes of MI: **Counts/frequency:** Engaging (the patient) (11, 78.6%), Focusing (6, 42.9%), Evoking (empowering the patient; recognizing change talk versus sustain talk by the patient) (5, 35.7%), Planning (with the patient leading) (7, 50.0%)