"The Effects of Motivational Interviewing on Heart Failure Self-Care during Transitional Care in an Appalachian Population"

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Dedication

I dedicate this dissertation to my family who has provided emotional and physical support over the past few years of my doctoral journey. To my husband, Greg, you have loved and encouraged me to finish this journey strong. To my youngest son Luke, who has prayed every night for "mom to finish her school work", I am proud of the young man you are becoming. To my oldest son Wyatt, thank you for your support in taking care of your brother when I needed extra help. To my parents, Gary and Judy, who helped with parental and housecleaning assistance so I could pursue my educational dream. Thank you to all, without each of you I would not have been able to complete my degree.

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Abstract

The purpose of this RCT study is to determine whether a nurse led Motivational Interviewing (MI) technique introduced during the first two weeks of transitional care from hospital to home will increase self-care in the chronically ill heart failure (HF) patient living in the Upper Cumberland Appalachian region of Tennessee compared to standard care alone. The second purpose of the proposed study is to investigate if the intervention of MI will show a statistically significant reduction of the 30-day hospital readmission rate for CHF patients when compared to control group. Research has shown that patients who are successfully engaged in chronic illness self-care have higher quality of life and reduced hospitalizations during their lifetime. Transitional care in the home setting has seen a rate increase in mortality of 51% over the last 15 years according to the National Center for Health Statistics (December 2015). This is in contrast to the reported decline of hospital readmissions for chronic illnesses. Transitional care is a gap in chronic illness where there is not agreement on best practices in patient discharge education.

Both groups received standard HF discharge care provided by the facility and completed survey and demographic intake. The EG received an additional brief face-to-face MI session prior to discharge, then a telephone MI contact at day 2, day 10-14 and day 21 by the PI. Both groups completed the post-SCHFI survey at 21 days. Data analysis was performed with a One-way ANCOVA and One-way repeated measures ANOVA.

The sample (n = 72) was randomized to CG (n = 34) and EG (n = 38). The data analysis noted that there were statistically significant differences for post self-care maintenance (p = .011) and post self-care management (p = .006) when controlling for educational level and number of comorbidities. There was significance in time for the paired sample t-test for EG only in self-care maintenance (p = <.001), self-care management (p = <.001), and self-care confidence (p = <.001). There was no significance in time for CG. The 30-day hospital readmission rates between the groups were not statistically significant (p = .119).

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