

**2019 ANNA NATIONAL SYMPOSIUM**  
APRIL 14-17 ~ HILTON ANATOLE, DALLAS, TX

**Motivational Interviewing "Is This What It Takes!"  
Influence on the Dialysis Patient's Fluid Adherence**

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High intradialytic weight gains (IDWG) is associated with serious adverse outcomes in the hemodialysis patient (HD) as a result of non-adherent behaviors to the prescribed treatment regimen and despite involvement of the HD nurse. The HD nurse plays a vital role in the HD patient's delivery of care and the promotion of education on reducing the IDWG. According to Institute of Medicine (IOM) report in 2001, nurses must be involved in decision making about how to improve the delivery of care. (Morrison & Simes, 2011). Yet, there remains the challenges for the HD patient to manage fluid intake with the HD nurse involvement. A comparison pre and post intervention survey was undertaken using the Motivational Interviewing Skills for Healthcare Encounters for the following PICOT question: For the hemodialysis nurses does Motivational Interviewing (MI) as measured by MI Skills for Healthcare Encounters (MISHCE) influence the dialysis patient adherence to intradialytic weight gain (IDWG), as measured by weight variances within 8-10 weeks compared to normal practice? There was no significant difference in the dialysis patients (n=13) IDWG before and after MI. A notable variation in the after MI encounter shown in the patients IDWG. There was a significant median difference between pre-intervention mean rank (3.67) and post-intervention (9.33) in the dialysis nurses assessed by the MISHCE 95% above confidence. Although the IDWG of the dialysis patients were not influenced by MI, the findings were in line with industry outcomes of the difficulty the dialysis patient has with managing fluid intake. An outcome of the scholarly project was the results of the dialysis nurses introduction of a new interventional tool to address the dialysis patient adherence behaviors that impacts the patient's wellbeing.

**Reference**

Morrison, S.M., & Symes, L. (2011). An integrative review of expert nursing practice. *Journal of Nursing Scholarship*, 43(2), 163-170.

*Abstract selected for presentation at ANNA National Symposium, Dallas, 2019*