Healthcare Workers' Attitudes Towards Patients Diagnosed with a Mental Illness

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Abstract

Healthcare workers may have poor attitudes, bias or feel unprepared when caring for patients with mental illness in the pediatric intensive care unit (PICU) setting. The aim of this project was to resolve these biases using education to increase quality of care for pediatric mental health patients using Rossworm and Larabee's change model. The Questionnaire on Stigmatizing Attitudes Towards Children with Emotional and Behavioral Disorders (EBD) was completed by voluntary participants at pretest, posttest and at a one month follow up. Between pretest and posttest, participants engaged in three educational modules regarding mental health. Participants were voluntary, anonymous staff members at a pediatric hospital currently employed in the PICU. Results of the questionnaires pre M= 23 post M=11 and follow up M=9.5 indicates education improves attitudes, and decreases bias in PICU staff. Recommendation to obtain larger population of study with trial implementation. Recommend adding educational modules to annual education or to new hire orientation.

Keywords: mental health, healthcare worker, attitudes, bias, patient care

Healthcare Workers' Attitudes Toward Mental Health Patients

Hospital staff members often feel uncomfortable caring for patients with psychiatric disorders. The attitudes could be due to inexperience, bias, stigma, or lack of preparedness. Recognition of personal bias and management of one's emotions is important for the patient and their family members. Stigma interferes with managing mental health disorders (Centers for Disease Control and Prevention [CDC], n.d.). Depending on the severity of the psychiatric disorder, healthcare workers may encounter physical aggression and violent acts, which can add to the emotional involvement and increase the need for education to reduce harm and improve patient safety. Unfortunately, the lack of preparedness and education can lead to incidents of staff injuries and patient restraints.

Background and Significance

Problem Statement

Mental health has a significantly high prevalence, with one in five adults developing a mental health problem in any given year (Morgan et al., 2018). Poor and undesired outcomes are associated with those diagnosed with mental illness and co-occurring medical illness (Loeb et al., 2012). Biases are likely to influence treatment, levels of care, and diagnosis (FitzGerald & Hurst, 2017). Implicit biases occur from a group attribute to a negative evaluation and manifest in behaviors toward an individual (FitzGerald & Hurst, 2017). Even discussions about the mental health specialty receive judgmental responses (Flaskerud, 2018). These attitudes lead to failure to treat the whole patient, and ignoring the psychiatric aspect. It is easy to focus on acute healthcare concerns and disregard the patient's mental health in a medical unit. This happens because it is known, less discussed, and more challenging. A consultation is often required to manage mental

health symptoms or a new diagnosis from psychiatry, psychology, or social work, rather than merely treating the physical medical problems.

One-third of primary care patients are diagnosed with depression; according to Loeb et al. (2012), this adds to the complexity of primary care provider's workload and knowledge base. Mental health complaints are commonly encountered first at a primary care visit, requiring the primary care provider to address the complaint and determine if it requires a referral to a psychologist, a psychiatric provider, or treatment at their current visit. Medical providers require specialized training for psychiatric disorders to care for their patients properly. This care comes with requirements to recognize personal bias and manage the provider's emotions, the patient, and family members.

Purpose and Rationale

Mental health issues can affect anybody, and they do not discriminate. Patients with mental health symptoms could be placed in any hospital unit, not solely in a psychiatric unit. Any patient being cared for may have suffered from psychiatric illness or have a history of a mental health diagnosis. Therefore, every health care worker requires the knowledge for proper interactions and care of a patient with a mental health disorder. Results from a survey to better understand attitudes toward mental illness show greater than 80% of individuals agreed that treatment for mental health is sufficient; however, 35%-67% reported the health care workers as sympathetic and caring (CDC, n.d.). By understanding the attitudes toward the mental health population, the care given can improve, which will improve patient outcomes.

Mental disorders are associated with an increased risk for violence and aggression (Richter & Whittington, 2006). In addition to attitude, physical violence is an aspect that is required to address and manage in healthcare. Depending on the severity, healthcare workers

may encounter physical aggression and violent acts. This can add to the emotions involved in caring for patients with psychiatric disorders. It also increased the need for education to reduce harm and improved safety to patients and staff. Unfortunately, lack of preparedness and education can lead to incidents of staff injuries and patient restraints.

Epidemiological Data

Healthcare Workers

Responses from nurses to mental health patients, specifically borderline personality disorder, were found to have counter-therapeutic reactions with the patients (Dickens et al., 2016). In addition to attitudes, healthcare workers also have a bias, whether conscious or subconscious. Evidence from a study by FitzGerald and Hurst (2017) indicated that healthcare professionals and the wider population exhibit similar implicit bias levels.

Education and Preparedness

Medical education exists to reduce bias. These bias-focused educational programs increased healthcare workers' knowledge and comfort levels in caring for specific populations (Morris et al., 2019). The biases held by healthcare workers are known to affect patient care, including assessment findings, treatment plans, and quality (Morris et al., 2019). Negative communication may take place due to bias. The educational programs evaluated in this study effectively improved health care workers' knowledge regarding the population and treatment (Morris et al., 2019). In addition to the knowledge improvement, healthcare workers' comfort levels increased in caring for the vulnerable population after education was provided (Morris et al., 2019). Healthcare students and workers can become aware of personal biases, and by increasing their awareness and knowledge, they will improve patient outcomes and reduce health disparities (Morris et al., 2019). A study of a tool to evaluate mental health education and

training was performed in England with the NHS Workforce Development Confederations. According to Brooker and Curran (2006), the national continuous quality assurance tool was developed and found to provide a useful framework allowing assessment of the quality mental health education and recommended implementation into the system. Brooker and Curran (2016) discuss a specific tool developed to assist in educational implementation.

Current Training

Because mental illness is the leading cause of disability worldwide (Tyerman et al., 2020), healthcare workers' preparedness is vital. Hospitals have standard orientation for new hires, which includes specific training for the various staff. It is known that the specialty of mental health needs increased workers as the volumes of individuals requiring assistance continue to grow. Psychiatric nursing has not been an area of focus that nursing professionals are encouraged to enter. The focus has been to have nursing students start in medical surgical nursing. Nurse residency programs focus and specialize in areas other than mental health, such as emergency nursing, medical/surgical nursing, and critical care (Nadler & Loucks, 2011). Because any patient in the hospital may have a mental health disorder, there should be a focus on this population.

Future State

Various interventions to assess education and improve knowledge with decreased stigma have been researched, such as implementing mental health first aid training (MHFA). A systemic review by Morgan et al. (2018) found MHFA training improves mental health first aid knowledge, recognition of mental disorders, the confidence of the healthcare worker, and improvements in the amount of help provided to the patient (Morgan et al., 2018). There is a relationship between burnout in healthcare professionals and poor-quality care (Tawfik et al.,

2019). This can be avoided by proper training and education. Developments and applications of psychiatric care have been behind other areas of care (Kilbourne et al., 2018). It is known that mental health care requires improvement, which can start in the hospital setting with education. The barriers of stigma can be addressed and reduced by specialized training education to bridge the gap for appropriate care (Kohrt et al., 2018). According to Giacchero Vedana et al. (2017), training in mental health may improve attitudes and emotional competencies required for patients.

Internal Evidence

The pediatric intensive care unit (PICU) manager brought forward concern from administration surrounding staff attitudes and patient sitters' interactions with patients. Unfortunately, the communication between mental health patients and staff members is not always constructive and therapeutic. The staff members will try to 'parent' the patients and set their own rules. After discussion with the staff in a PICU, the general staff attitudes were brought to attention. Staff members have been observed making negative comments regarding their assignments of mental health patients. The staff who interact this way require specific training, preparation, and education to improve the outcome. The healthcare staff face burnout and have their own bias, whether it is subconscious or conscious.

PICOT

This inquiry has led to the PICOT question, for hospital staff caring for pediatric patients in the intensive care unit with mental health diagnoses, does providing mental health education affect bias, attitudes, and preparedness to impact outcomes for patients and healthcare workers compared to current hospital training?

Evidence Synthesis

Search Strategy

An extensive review of three databases was performed to answer the PICOT question. These included ProQuest, PubMed, and CINAHL. These three were specifically selected for their relevance to psychiatric, mental health, health care, medical field, and nursing. The PICOT keywords were addressed in all three of the databases which included: *attitudes, education, mental health patient, bias, improved outcomes, hospital staff, ICU, and health care workers.* Similar PICOT words searched included *staff, mental illness, mental disorder, psychiatric illness, stereotype, inpatient, ward, and nursing.* Terms for the outcome searched included *patient outcome, training, compassion fatigue, preparedness, and readiness.* Filters applied included the publication date within the past five years (2016-2021), peer-reviewed journal articles, English language, systematic reviews, and full text. MESH and Boolean terms were used to expand the search. The titles and abstracts were assessed.

ProQuest

The initial yield of ProQuest included key terms *attitudes, mental health patient, and healthcare worker*. This resulted in 239 results; on the next search, *ICU* was added, limiting the results to two results. The wording was altered with each search moving forward, including *education, bias, hospital staff, nursing, and improved outcomes,* resulting in 69, two, 21, then one result.

PubMed

The initial search with PubMed included *mental health patient and attitude* resulting in 311 results. When the term *bias* was used instead of attitude, the results increased to 496. *Compassion fatigue and nursing* were added to *mental health patient,* with only one result.

Healthcare worker and education were added to *mental health patient,* and 64 resulted. Other key terms used in PubMed were *education, training, staff, and patient outcome;* other results included 12 and ended with 38.

CINAHL

The initial CINAHL search included *mental health/mental illness/mental illness/mental disorder/psychiatric illness and biases/bias/stereotype/attitudes and nursing.* Due to the ability to include numerous key terms to be interchangeable, this resulted in 4,224. The following searches included *healthcare workers/medical workers/preparedness/education/training* to narrow the search results, including 598, 172, 1,733, 1,705, 66, and 968.

Exclusion criteria included articles before 2016, articles that were not relevant to the PICOT, and that did not address health care. Reviewing the titles and abstracts assisted in yielding relevant studies to the PICOT question. Higher levels of evidence were preferred over articles. Rapid critical appraisals were conducted, then limited to 10 articles for further evaluation.

Critical Appraisal and Synthesis of Evidence

Melnyk & Fineout-Overholt (2019) developed the rapid critical appraisal process, which is used to determine overall quality. Two categories of articles that went through the rapid critical appraisal process included qualitative (see Appendix A, table 2*)* and quantitative (see Appendix A, table 1). The quality of research articles remains high. There is a wide range of research found and discussed (see appendix A table 3). A combination of qualitative and quantitative studies were included in these synthesis tables to provide support toward healthcare workers having a bias, opinion, or certain attitude toward patients with mental health problems

which is a barrier to proper care and positive patient outcomes. They are supportive of the PICOT.

The research articles referenced in the table include discussion surrounding attitudes toward mental health patients, or attitudes/bias toward patients in the health care setting. The studies took place in various countries. The importance of patient outcomes, proper and adequate care, and burnout are brought up. Poor quality care is addressed. A few of the studies had limited reviews while the others were more successful.

Conclusion

The evidence of potential bias, poor attitude, or judgment toward patients with mental health issues or diagnosed disorders is present and proven. The evidence also suggests various outcomes to combat the problem at hand. There may be a requirement of time and low cost to implement learning modules, a course upon hire, or an annual refresher course provided at the hospital for all staff. By implementing this change practice into the training regulations, staff will be as prepared as possible, self-aware of any potential bias, and improve patient outcomes.

Theoretical Framework and Implementation Framework

Theory Application

Education, preparedness, self-reflection, and awareness can prevent unintended outcomes, or poor treatment for patients with mental health illnesses or diagnoses. The theory of self-transcendence has a background in understanding developmental processes of overall well-being (Reed, 2008). This theory aims to promote well-being regardless of challenges or difficult life situations (Reed, 2008), (see Appendix B table 1).

The theory can directly apply as it was encouraged to be formulated in child and adolescent psychiatric mental health care. By assisting well-being, the theory can increase the

level of understanding for the process of development (Reed, 2008). Due to this finding, healthcare workers should be able to learn and better comprehend the patient and their needs regardless of their mental health state or diagnosis.

Implementation Framework

Rosswurm and Larrabee's change model fits because it focuses on assessing the need for change through each step throughout implementation. Regarding this project, there is a need to change to the current process. Staff, patients, and administration will benefit. Rosswurm and Larrabee will assist in the steps to guide this new practice (see Appendix B figure 2).

The primary investigator formulates plans following the step to step process necessary to finalize and perfect the phases. The model adapts to the individual issues addressed to produce an efficient change process. This type of quality improvement goal fits into the steps provided by the Rosswurm and Larrabee model, if the project requires changes or revision, the model will seamlessly allow for it (Rosswurm & Larrabee, 2007). At the fifth step, it is decided if the change in practice will adapt, adopt or even reject the proposed practice change (Rosswurm & Larrabee, 2007). In the final step to the model, the outcomes and processes will be monitored and evaluated, which will be performed in this change project. The model aligns with this doctorate project.

Implications for Practice Change

The evidence found during research leads the project to provide additional education regarding personal bias and mental health patients. The population of mental health patients requires the same care from healthcare workers as other populations being treated regardless of their history or background. Healthcare workers will have higher satisfaction rates in their job and improve patient outcomes with the proper preparedness. The work environment will be able

to provide this education either during the hiring process, specific training, or annual refresher educational classes. It would also benefit the healthcare workers if specialty classes were offered throughout the year by the employer. An assessment was performed to rate healthcare workers' baseline understanding and attitudes toward this patient population before implementation.

The stakeholders include patient care technicians, nurses, behavioral health technicians, respiratory therapists, child life specialists, patients, patient family members, physical therapists, occupational therapists, speech therapists, nurse practitioners, and physicians. Data collected includes a questionnaire regarding staff attitudes, understanding of mental health patients, what type of learning intervention healthcare workers would prefer, and the intervention's outcome. The intervention selected to assist with this gap was a learning module via PowerPoint. A pre, post and one month follow up questionnaire were used to measure outcomes.

Methods

Ethical Considerations and Human Subject Protection

If any staff members become upset or feeling as if they need to speak with somebody due to the nature of the project contact they were encouraged to reach out to the PI or contacts given in the consent form. IRB approval was received from both Arizona State University as well as the hospital site IRB (see Appendix C).

Population and Setting

Population of this project includes current PICU staff members at a pediatric hospital in the greater Phoenix area in the state of Arizona.

Change to be Achieved and Expected Impact

The hope was to create a change of attitude toward mental health patients in the PICU setting with education. When it comes to the PICU and how healthcare workers treat mental

health patients, the staff would greatly benefit from further education about individual's mental state, including their own. With this cost-effective implementation of education to the staff, the workplace saw a change in culture, patient outcomes, and overall satisfaction. Without awareness, education, and understanding, there can be no change or growth.

The PICU providers care for various patients with mental health problems during the most critical phase of illness. A patient may be admitted to the PICU with an attempted suicide or may have an acute or chronic medical condition with a co-morbid mental health disorder. Regardless of the reason for admission, the patient's mental health care is vital. The patient's well-being is the standard of care and an important aim of this project.

Project Description and Timeline

The project's intention was to provide current employees with education and resources in order to assist preparedness and confidence in treating patients with mental health issues. Project outcomes included improved preparedness, confidence, knowledge, and attitude. The project timeline was about a month and a week.

The DNP project information posted into 'PICU Pals' Facebook group took place to offer the opportunity to participate. The post explained the general project. Individuals emailed an inquiry. If interested, these individuals were given the project purpose, terms and consent to complete to move forward. Participants had time to review information, ask questions and clarify participation to be comfortable with participating before signing consent to participate. At this time the participants provided consent and completed a demographics survey followed by the pre-survey. The demographics survey included length of employment, age, current role and gender and took approximately two minutes. The attitudes survey measured how strongly the participant agreed or disagreed to the statement and took approximately five minutes. The

questionnaire was called Questionnaire on Stigmatizing Attitudes Towards Children with Emotional and Behavioral Disorders (see Appendix D). Statements surround attitudes toward the pediatric population who have emotional/behavioral disorders. Once the pre survey and demographics survey were completed the participant completed modules one, two, and three. This took place via PowerPoint. Modules took approximately 15-20 minutes to complete in total. Total project time requirement was up to 60 minutes. After completion of educational modules the participants completed the attitude measurement survey which included the same questions as the pre-survey. One month following the education completion, participants completed a follow up post-survey of the Questionnaire on Stigmatizing Attitudes Towards Children with Emotional and Behavioral Disorders with the same questions. Data received from all pre, post and one month follow up post survey were uploaded to Intellectus Statistics to run statistics and data modeling to determine if the education on mental health influenced health care workers' attitudes toward mental health patients in the PICU.

Analysis

Descriptive statistics was performed to describe the sample, outcome variables and explain the clinical significance of the findings. Intent to treat was utilized for this project.

Budget

No funding or budget obtained or needed.

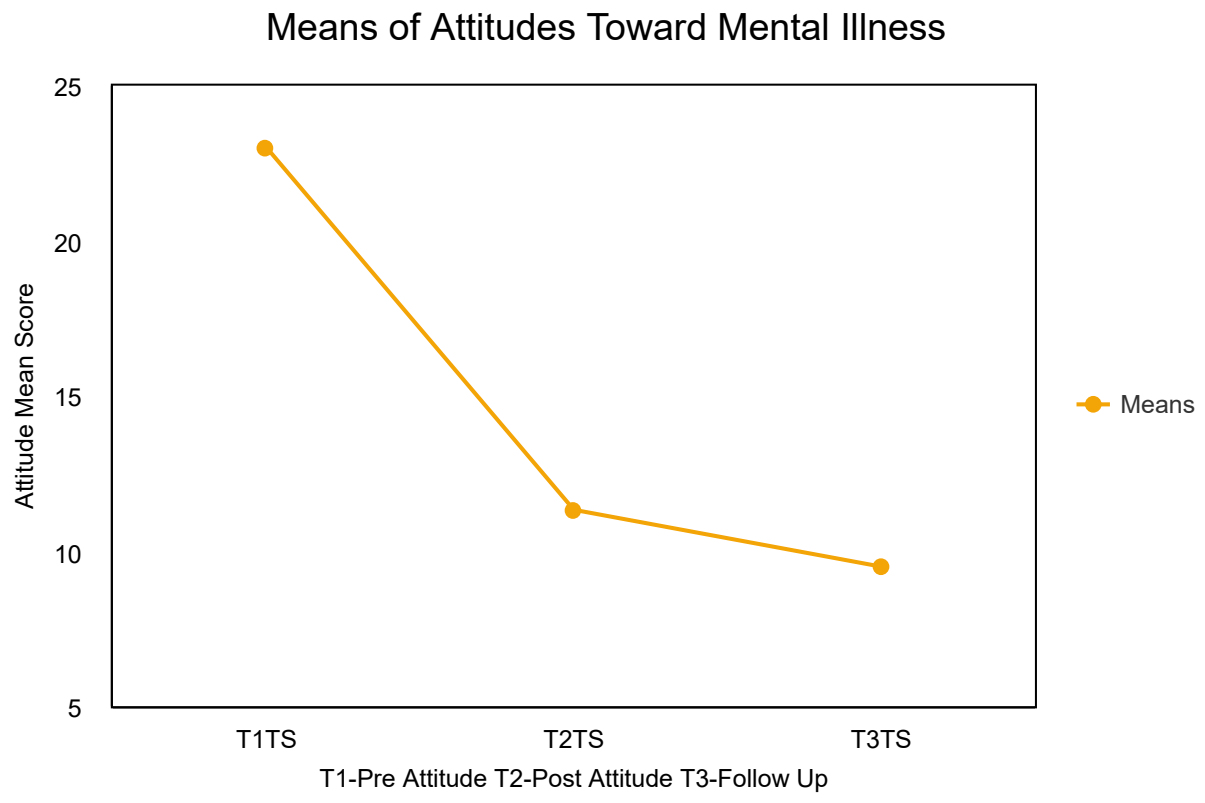
Results

Outcomes and Significance

The average age of the subjects was 31 (SD= 5.29). The ages range from 27 to 37 years. All participants were female and Registered Nurses (RN). Years of work ranged from 3 to 7+.

The pre questionnaire had an average score of 23 (SD = 7.81) The pre scores ranged from 18 to 32. The post questionnaire had an average of 11.33 (*SD* = 5.03). The post scores ranged from 6 to 16. The follow up questionnaire had an average of 9.50 (SD = 7.50. Follow up scores ranged from 2 to 17.

The participant with length of work of 3-5 years had the largest improvement from a score of 19 during the pre survey to 2 at the follow up timeframe.



Impact of Project

The attitudes improved overall from pre, post to the follow up survey. Educational modules implemented improved attitudes over time.

Sustainability

This project intervention can be sustained and implemented at the hospital. Education modules can be implemented with new hires, new graduate hires, annual competencies or with unit education in services.

Discussion

Summary and Conclusion

Education improves healthcare worker attitudes toward mental illness. Education is cost effective, easily implemented, and evaluated, and is sustainable. The questionnaire has a max negative score of 70 and a minimum score of 0 for most positive attitude. The mean attitude score decreased from a mean of 23 down to a 9.5 for the one month follow up which suggests an improvement of attitudes toward mental health after education was implemented to staff.

Limitations and Barriers

Strong interest in project and outcomes, yet limited participation was noted. Limited participants in the study are noted of n=3. Recruitment strategy may need to be looked into in order to obtain a substantial number of participants for a larger number of results for data analysis. Another possible barrier may be current burnout levels of healthcare staff in PICU related to the COVID 19 pandemic.

Literature Relation and Recommendations for Future

The educational modules utilized in this project improved attitudes, similarly to what was found during literature review. Education has been proven to improve preparedness, attitudes and

bias. With the results obtained from the questionnaires, this project is suggested to be related to literature that exists and was researched prior to this project study. Measuring attitudes on a larger population of study will be beneficial in the future. Trialing educational modules in hospital training to evaluate sustainability and attitude improvements is recommended.

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Appendix available upon request.