Primary Care Advanced Practice Registered Nurses’ Knowledge of Posttraumatic Stress Disorder and Screening

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Disclosure & Learning Objectives

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Learning objectives:

- The learner will be able to describe primary care advanced practice registered nurses’ (APRNs’) knowledge of posttraumatic stress disorder (PTSD) & screening practices.
- The learner will be able to describe primary care APRNs’ self-efficacy, subjective norms, & attitudes toward PTSD screening.
Exposure to or witnessing a traumatic event

Lifetime prevalence rates:
- United States-6.8%
- China-0.3%
- New Zealand-6.1%
Posttraumatic Stress Disorder (PTSD)

Signs & Symptoms:
- Intrusive, recurrent thoughts or images
- Negative alterations in cognition and mood
- Increased arousal & reactivity
- Difficulty with daily functioning

APA, 2013
More individuals are seeking treatment in primary care settings

PTSD often goes undiagnosed in primary care

Colon-Gonzalez et al., 2013; Graves et al., 2011; Kulesza, Pedersen, Corrigan, & Marshall, 2015; Sonis, 2013
Problem Statement

- Often present to primary care with somatic complaints & medical comorbidities
- Utilize healthcare resources at high rates
- Higher rates of disability & unemployment
- Lower quality of life

Graves et al., 2011; Freedy et al., 2010; Spoont et al., 2013
Increased Demand for APRN Services in Primary Care

- Shortage of primary care physicians
- 30% more APRNs providing primary care services by 2020
- Primary care APRNs may play an important role in identifying PTSD

Iglehart, 2014; DHHS, 2013
Knowledge & screening practices

Perceived pressure to screen (subjective norms)

VA, 2016; VA/DoD, 2010
Literature Review

- Confidence in screening (self-efficacy)

APA, 2013; Boscarino et al., 2010; Brown & Weisler, 2011; Green et al., 2011; Samuelson et al., 2014; VA/DoD, 2010
Literature Review

- Attitudes regarding screening

Brown & Weisler, 2011; Green et al., 2011; Freedy & Brock, 2010; Samuelson, et al., 2014
Theoretical Framework & Purpose of Study

- Extended Theory of Planned Behavior
  - Knowledge influences self-efficacy, subjective norms, & attitudes, which has indirect effect on intentional behavior

- Purpose of Study

Polonsky, Renzaho, Ferdous, & McQuilten, 2013
Study Design & Methods

- Descriptive cross-sectional study design
- Electronic educational needs assessment survey
- Subjects recruited through membership of a mid-southern statewide nursing organization
- Survey tool contained 4 patient vignettes & 30 items

Brown & Weisler, 2011; Bymes, 2006
Content validity established (CVI=1.00)

Reliability (Cronbach’s alpha)
- Self-efficacy items: 0.83
- Attitude items: 0.79
- Subjective norm items: 0.51
Data analysis

- Frequency data
- Mean scores & standard deviations analyzed for each variable
Sample Characteristics

- 128 total participants
  - 69 eligible (61 family, 8 adult)

- Years of practice:
  - 1-4 years (34.3%), 5 to 10 years (32.8%), 11 years or more (32.8%)
Sample Characteristics

- Patient population
  - 98.5% family or adult

- Practice location
  - Urban: 44.9%
  - Rural: 55.1%
Sample Characteristics

- Screening rates:
  - 6 months (53% had not); 12 months (48.5% had not)

- EHR alerts:
  - 76.8% did not receive alerts to screen

- 0% had received training in previous 4 weeks
Subjects incorrectly listed the following as symptoms of PTSD:

- psychosis (27)
- hyperactivity (26)
- grandiosity (14)
Knowledge of PTSD Screening

- Knowledge of PTSD screening tools
  - 32.4% were able to identify primary care screening tools
  - 10.8% knew the Primary Care PTSD Screening tool takes less than 2 minutes to administer
Knowledge of PTSD Screening Scores

- Range: 0-7 (higher score = increased knowledge)
- Mean: 3.87 (SD = 1.24)
- Minimum: 2
- Maximum: 7
Screening Practices: Patient Vignettes

Military:
- 68.1% would screen
- 46.4% identified + screen

Natural disaster:
- 98.6% would screen

Sexual trauma:
- 78.3% would screen
- 58% identified + screen

Automobile accident:
- 80.9% would screen
Screening Practices Scores

- Range: 0-10 (higher score = correct screening practices)
- Mean: 5.07 (SD = 1.83)
- Minimum: 0
- Maximum: 9
Subjective Norms

- Screening is within my scope of practice
- Responsible for identifying patients to screen
- Standardized screening tool should be used
- Screening is a component of my practice

Strongly disagree
Somewhat disagree
Agree
Strongly agree

Graph showing the distribution of responses for each statement.
Subjective Norms Scores

- Range: 4-16 (higher score = more pressure to screen)
- Mean: 11.55 (SD = 1.84)
- Minimum: 6
- Maximum: 16
Self-Efficacy

Ability to screen for PTSD
- Not at all confident
- Somewhat confident
- Confident
- Very confident

Distinguishing between ASD & PTSD
- Not at all confident
- Somewhat confident
- Confident
- Very confident
Self-Efficacy Scores

- Range: 2-8 (lower score = less confidence)
- Mean: 3.52 (SD = 1.28)
- Minimum: 2
- Maximum: 8
Attitudes

- Only 39.2% of subjects agreed or strongly agreed PTSD screening was important in practice
Attitudes: Patient-Level Barriers

- Reluctance to discuss symptoms
- Reluctance to discuss positive results
- Perceived stigma

Responses: Strongly disagree, Somewhat disagree, Agree, Strongly agree
Attitudes: System-Level Barriers

- Lack of educational resources
- Insufficient appointment time
- Insurance reimbursement issues
- Lack of referral resources

- Strongly disagree
- Somewhat disagree
- Agree
- Strongly agree
Attitudes Scores

- Range: 8-32 (higher score = negative attitude)
- Mean score: 23.75 (SD = 3.79)
- Minimum score: 10
- Maximum score: 29
Discussion

- Study indicates deficiencies in primary care APRNs’ knowledge of PTSD and PTSD screening practices
Discussion

- Study indicates discrepancies between primary care APRNs’ subjective norms and PTSD screening practices
Discussion

- Study indicates primary care APRNs had low self-efficacy, or confidence, in PTSD knowledge and screening.
Discussion

- Study indicates the majority of primary care APRNs had a negative attitude towards screening
- Numerous barriers identified
Limitations

- Small sample size
- Use of new survey tool
Conclusions

- Education and training may be needed
- Further research is needed


Questions

- Any questions?
- Thank you for your time!