

Sigma Theta Tau International's 29th International Nursing Research Congress

Medical-Surgical Patients With a Secondary Diagnosis of Mental Illness: How Are Nurses Prepared?

Jeanette J. Avery, PhD

College of Nursing Department of Baccalaureate Education, East Carolina University, Greenville, NC, USA

Ann M. Schreier, PhD

Department of Nursing Sciences, East Carolina University, Greenville, NC, USA

Purpose:

Even with the development of mental health care in many countries world health remains affected by mental illness as the burden of mental disorders continues to grow. Thus, the global prevalence and impact of mental illness cannot be overlooked in acute medical settings where the complexity of care for medical-surgical patients increases with a secondary diagnosis of mental illness (MSMI). The preparedness of nurses to competently care for the complex needs of MSMI patients is paramount to positive outcomes for the patients' physical and mental health. However, few nurses on medical-surgical units are fully prepared to care for the mental health needs of MSMI patients. The purpose of this study was to explore and measure the personal, educational and professional variables more frequently associated with and most predictive of nurses' preparedness to care for MSMI patients.

Methods:

In the fall of 2016, a descriptive correlational design was used with a convenience sample of registered nurses (N=260) from a large tertiary health system in the south-eastern United States. The registered nurses who currently or had ever provided care for MSMI patients completed an electronic survey that included a Level of Familiarity Questionnaire, Nursing Care Self-Efficacy Scale (NCSES), Behavioral Health Care Competency Survey (BHCC) and demographic items.

Results:

Using independent-group t-tests or one-way ANOVA to compare mean BHCC scores between the personal, educational and professional variables, the professional variable was indicated as the strongest predictor of NCSES and BHCC subscales. Simultaneous multiple regression analysis on each BHCC subscale for the best linear combination of variables from education, professional and NCSES complex subscale found the largest beta coefficients with NCSES (assessment, practice resource adequacy = $<.001$) and mentoring (assessment, drug recommendation, resource adequacy = $<.05$, and practice = $<.001$). Significance ($<.05$) for frequency of care and continuing education for MSMI patients was also indicated.

Conclusion:

This research indicates significant findings with components of the professional variable. Nurses currently providing care for MSMI patients with high complex nursing care self-efficacy perceptions and mentoring related to care of MSMI patients are the most prepared to care for this complex population. It is imperative research of structure to develop stronger nursing care self-efficacy and to explore mentor development for the care of MSMI patients be continued. Continuing education development with accessible and affordable options for enhanced understanding regarding MSMI patients can strengthen nursing preparedness for this population. Globally, for nurses practicing today and for future nursing graduates, nurse leaders and educators must develop more effective policies to empower the current nursing workforce and work environment with a preparedness for positive MSMI patient outcomes.

Title:

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Keywords:

co-morbidity of medical and mental illnesses, medical-surgical patients and mental illness and mental illness as a secondary diagnosis

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Abstract Summary:

The global prevalence and impact of mental illness cannot be overlooked in acute medical settings where the complexity of care for medical-surgical patients increases when there is a secondary diagnosis of mental illness (MSMI). Significant research findings regarding the components of nursing preparedness to care for MSMI patients will be presented.

Content Outline:

I. Significance of Problem

- A. World health is affected by mental illness. Global burden of mental disorders. Global frequency of mental disorders (depression, bi-polar affective disorder, schizophrenia and other psychoses, dementia, and developmental disorders – including autism).
- B. Mental disorders frequently co-occur with medical problems (cardiovascular disease, respiratory disorders, diabetes, obesity, cancer and infections) and patients with these co-morbidities have higher morbidity and mortality rates than the general population.
- C. Patients with secondary diagnosis of mental illness are admitted to medical-surgical units (MSMI).
- D. Many nurses are not prepared to care for MSMI patients' complex needs. Nurses are greatest contributors to patient outcomes in medical-surgical settings. Care of MSMI patients is challenging without adequate preparation and often results in distress for the nurse and the patient – affecting patient safety – patient overall health - and incurring higher costs with longer hospitalizations.
- E. What is the preparedness of nurses to care for the complexities of MSMI patients?

II. Research

- A. Purpose – to measure the hospital nurses' preparedness of their mental health care competencies related to the care and management of MSMI patients and identify personal, educational, or professional characteristics related to their competency perceptions.
- B. The study - Exploring nursing preparedness – with proposed preparedness model
- C. Predictor variables
 - 1. Personal – Level of Familiarity
 - 2. Educational – nursing degree, providing care for MSMI patients during nursing education, psychiatric clinical rotation and mental health content in curricula
 - 3. Professional – years in nursing, professional certifications, continuing education, frequency of care for MSMI patients, and mentoring.

D. Outcome variables

1. Nursing care self-efficacy scale (complex and fundamental)
2. Behavioral health care competency survey (assessment, practice, drug recommendation and resource adequacy)

III. Method and Design

A. Convenience sample

B. Descriptive correlational design (components of predictor and outcome variables)

C. Statistical analyses – independent group t-tests, one-way ANOVA, simultaneous multiple regression

IV. Research Questions

A. Research Question One – What are the nursing care self-efficacy beliefs and mental health care competencies of nursing staff who have managed or may manage, MSMI patients?

B. Research Question Two - What is the relationship between the nurses' personal characteristics, education preparation, and professional experiences of caring for MSMI patients and the nursing care self-efficacy and perceived mental health care competencies?

C. Research Question Three – Which variable (personal, educational or professional) is the strongest predictor of nursing care self-efficacy and perceived mental health care competence to provide care for MSMI patients?

D. Research Question Four – How well does a combination of variables (personal, education or professional) predict the levels of nursing care self-efficacy and perceived mental health care competence to provide care for MSMI patients?

V. Key Findings

A. Components of the variables more frequently associated with and most predictive of nursing preparedness

B. Most significant finding

1. Most predictive combination of variable components for nursing preparedness – high complex nursing care self-efficacy perceptions – mentoring, frequency of care, mental health care during nursing education and continuing education

C. Additional Findings (low levels of agreement)

VI. Implications and Recommendations for Education, Practice and Research

A. Nursing care self-efficacy

1. Full use of opportunities for collaboration, interdependence and leadership with other health care team members for better understanding of systems knowledge and patient-centered care

B. Mentoring

1. Formal support for the experience of mentoring – education for those mentoring including specifics of complexities of MSMI population
2. Explore the mentors who are not in formal roles re MSMI patients
3. Explore what system constitutes a working environment that promotes and embraces mentoring relationships
4. Explore what type of mentoring is most often sought and is most effective regarding nursing care for MSMI patients
5. Explore the preparedness of present effective MSMI patient mentors for contribution as to how to “grow” mentoring pool for nursing preparedness to care for MSMI patients

C. Education

1. Explore ways to include more care of MSMI patients – identify (or educate) existing nursing faculty who are competent with chronic illnesses and can facilitate recognition and assessment of co-morbidities of physical and mental illnesses (including most common comorbidities, but also arthritis, chronic pain, post-traumatic disabling conditions, etc)
2. Nursing faculty prepared to incorporate the care of MSMI patients in theory and practice - can provide more opportunities for nursing students to provide care for MSMI patients during their nursing education – both undergraduate and graduate (nurse practitioner)
3. Use of simulation – both high and low fidelity – for education re MSMI patient care – especially with known associated chronic physical and mental illnesses. Both pre-licensure and practicing nurses.

4. Continuing education – lifelong learning is essential for nurses to work in evolving health care environments
5. Research to explore content needed for development of continuing education programs that can enable nurses to gain, preserve and measure competencies for safe, effective MSMI patient care
6. Continuing education offerings developed and available in number of formats (with focus on competencies that can be measured as learning outcomes)

D. Leadership

1. Identify the “holders” of this “MSMI patient body of knowledge” at all levels of nursing – for their championing and leadership towards effective change in nursing systems and nursing policy
2. Globally empower nursing workforce and work environments for quality MSMI patient care and outcomes
3. Global responsibility of health care organizations, nursing associations, nursing educators – that all nurses understand their role with MSMI patients regarding effective care and outcomes
4. Global research to explore nursing preparedness to care for MSMI patients from the patient’s perspective – this perspective much valued for optimal patient outcomes

VII. Closing

- A. The global effect nurses have on MSMI patient outcomes can be altered with better preparedness of our global nursing workforce and practice environments
- B. Globally, every nurse needs the best preparation and every patient deserves the best nursing care
- C. It is essential nursing leaders and nursing educators develop education, enhance practice and continue research to fill the gaps in nursing preparedness to care for MSMI patients. There is a need to ensure a more robust global nursing workforce and work environment that will impact world health, mental health and the burden of mental disorders, for the present and for the future.

First Primary Presenting Author

Primary Presenting Author

Jeanette J. Avery, PhD

East Carolina University

College of Nursing Department of Baccalaureate Education

Assistant Professor

Greenville NC

USA

Professional Experience: 1986 (April) - Present - Registered Nurse - prn (behavioral health unit) at CarolinaEast Medical Center, New Bern, NC; 2006 (January) -Present - Faculty (full-time) at East Carolina University College of Nursing in Department of Baccalaureate Education, Greenville, NC; 1990 (January) - 2005 (December) - Faculty at Craven Community College Associate Degree Program, New Bern, NC; Poster and podium presentations - Southern Nursing Research Society - 2016,2017,2018; American Psychiatric Nurses Association -2017.

Author Summary: As a psychiatric nurse and certified nurse educator, Dr. Avery has witnessed the growing prevalence of medical-surgical patients with a secondary diagnosis of mental illness (MSMI) and medical-surgical nurses' general lack of preparedness to care for the MSMI population. This led to research for exploration of nursing preparedness to care for MSMI patients, intentional curricula inclusion of MSMI patient care in undergraduate education and offerings for the preparation of practicing nurses for this complex population.

Second Author

Ann M. Schreier, PhD

East Carolina University

Department of Nursing Sciences

Associate Professor

Health Sciences Building

Greenville NC
USA

Professional Experience: Associate Professor at ECUCON. BSN from Boston University, MSN from University of California and PhD from Stanford University. Nursing faculty at ECU since 1992. Research interests are pain management and self-care symptom management. Has published a book, authored book chapters and is published in numerous journals.

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