Medical-Surgical Patients with a Secondary Diagnosis of Mental Illness:

How Are Nurses Prepared?

STTI’s 29th International Nursing Research Congress

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Learner Objectives:

- Increase awareness of nurses’ preparation to care for medical-surgical patients with mental illness.

- Gain understanding of leadership needed to empower a prepared nursing workforce for the care of medical-surgical patients with mental illness.
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Acknowledgements

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Global Burden of Mental Disorders

- Depression - 300 million
- Bipolar affective disorder - 60 million
- Schizophrenia and other psychoses – 23 million
- Dementia – 50 million
Co-Morbidity of Mental and Medical Disorders

**Mental Disorders**
- Depression
- Bipolar Disorder
- Anxiety Disorders
- Substance Abuse
- Impulse Control Disorder
- Dementia
- Delirium
- Schizophrenia
- Psychosis

**Medical Disorders**
- Arthritis
- Chronic Pain
- Heart Disease
- Stroke
- Hypertension
- Diabetes Mellitus
- Asthma
- Lung Disease
- Peptic Ulcer
- Cancer
GAP

Nurses’ preparation for medical surgical patients with a secondary diagnosis of mental illness
The purpose of this study was to examine personal, educational and professional variables associated with nurses’ preparedness to care for medical-surgical/mental illness (MSMI) patients.
Methods

Descriptive Correlational Design

Piloted

Convenience sample

Medical-Surgical Nurses

Regional Health Organization (southeastern US)

Electronic Survey

\(N = 260\)
Professional Characteristics

- < 6 years experience
  - 34%
- + 11 years experience
  - 66%
- No Continuing Education
  - 86%
- No Mentoring
  - 61%
- Provide care often +
  - 64%
Components of Professional Variable

• Years of Nursing Experience
• Professional Certifications
• Continuing Education r/t Mental Illness
• Frequency of Care for MSMI Patients
• Mentoring r/t Caring for MSMI Patients
Analysis – Professional Variable
Provided care often/All the time \((N=156)\)

- No Mentoring/No CE: 51%
- Mentoring/No CE: 37%
- Mentoring/CE: 12%
Behavioral Health Care Competency Scale
(Rutledge, Wickman, Drake, Winokur and Loucks, 2012)

Assessment

Practice/Intervention

Drug Recommendation

Resource Adequacy
Can distinguish between delirium & dementia

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<tr>
<th>Mentoring/CE</th>
<th>Perceived Competence</th>
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<tr>
<td>No Mentoring/No CE</td>
<td>64%</td>
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<tr>
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<td>71%</td>
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<tr>
<td>Mentoring/CE</td>
<td>72%</td>
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Can assess psych problem

Perceived Competence

- No Mentoring/No CE: 73%
- Mentoring/No CE: 83%
- Mentoring/CE: 100%
Can identify common medications

- No Mentoring/No CE
  - Perceived Competence: 75%
- Mentoring/No CE
  - Perceived Competence: 83%
- Mentoring/CE
  - Perceived Competence: 100%
Plan for more time

- No Mentoring/No CE  • 46%
- Mentoring/No CE  • 69%
- Mentoring/CE  • 78%
Able to use de-escalation

- No Mentoring/No CE  •  58%
- Mentoring/No CE     •  83%
- Mentoring/CE        •  94%
Can initiate appropriate interventions

- No Mentoring/No CE
  - 59%
- Mentoring/No CE
  - 84%
- Mentoring/CE
  - 89%
Do recommend psychotropic drugs

- No Mentoring/No CE • 28%
- Mentoring/No CE • 36%
- Mentoring/CE • 44%
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<tr>
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<td>43%</td>
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<tr>
<td>Mentoring/CE</td>
<td>50%</td>
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Hospital resources available when needed

- No Mentoring/No CE  •  54%
- Mentoring/No CE     •  69%
- Mentoring/CE        •  67%
Help available when needed

- No Mentoring/No CE • 55%
- Mentoring/No CE • 67%
- Mentoring/CE • 83%
Future Implications

- Continued Research for Improved MSMI Patient Outcomes
- Leadership
- Identify and Grow Mentors
- Units With Greatest Need
- Nursing Curriculum
- Continuing Education Offerings
- MSMI Patient Perspective
Questions?