

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

### **How Are Nurses Prepared?**

STTI's 29th International Nursing Research Congress

July 2018

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#### **Learner Objectives:**

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

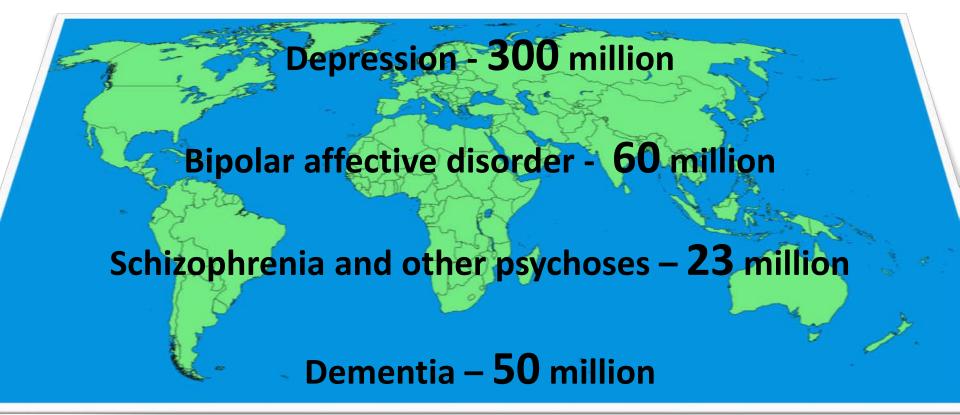
- Gain understanding of leadership needed to empower a prepared nursing workforce for the care of medical-surgical patients with mental illness.

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### Acknowledgements

Sigma Theta Tau International Beta Nu
East Carolina University College of Nursing
Dr. Melvin Swanson

### **Global Burden of Mental Disorders**



### **Co-Morbidity of Mental and Medical Disorders**

#### **Mental Disorders**

- DepressionBipolar 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

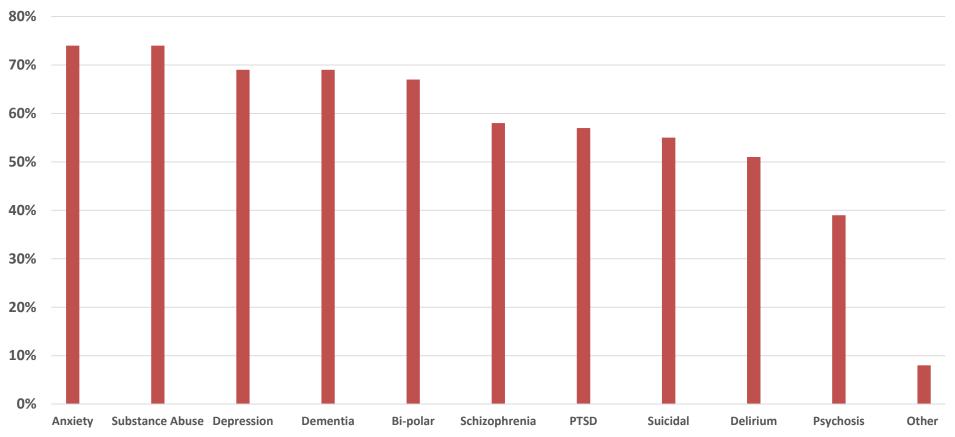
Medical-Surgical Nurses

Regional Health Organization (southeastern US)

Electronic Survey

(N = 260)

### Medical-Surgical Patient Mental Illness Diagnoses



### **Professional Characteristics**

•	< 6 years experience	•	34%
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- + 11 years experience 66%
- No Continuing Education86%
- No Mentoring61%
- 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

Perceived Competence

No Mentoring/No CE

Mentoring/No CE

Mentoring/CE

• 64%

• 71%

**72**%

# Can assess psych problem

#### **Perceived Competence**

No Mentoring/No CE

• 73%

Mentoring/No CE

83%

• Mentoring/CE

• 100%

# Can identify common medications

**Perceived Competence** 

No Mentoring/No CE75%

Mentoring/No CE83%

Mentoring/CE100%

### Plan for more time

**Perceived Competence** 

No Mentoring/No CE

• 46%

Mentoring/No CE

• 69%

Mentoring/CE

• **78**%

### Able to use de-escalation

#### **Perceived Competence**

No Mentoring/No CE

• 58%

Mentoring/No CE

83%

• Mentoring/CE

• 94%

### Can initiate appropriate interventions

#### **Perceived Competence**

No Mentoring/No CE

• 59%

Mentoring/No CE

84%

• Mentoring/CE

• 89 %

# Do recommend psychotropic drugs

Perceived Competence

No Mentoring/No CE28%

Mentoring/No CE36%

Mentoring/CE44%

## Able to recommend psychotropic drugs

#### **Perceived Competence**

• 35%

No Mentoring/No CE

• 43%

Mentoring/No CE

• 50%

Mentoring/CE

# Hospital resources available when needed

Perceived Competence

No Mentoring/No CE

Mentoring/No CE

Mentoring/CE

• 69%

54%

67%

# Help available when needed

### **Perceived Competence**

55%

No Mentoring/No CE

• 67%

Mentoring/No CE

• 83**%** 

Mentoring/CE

# Future Implications

Continued Research for Improved MSMI Patient Outcomes

Leadership

Identify and Grow Mentors

Units With Greatest Need

<a href="Nursing Curriculum">Nursing Curriculum</a>

Continuing Education Offerings

**MSMI Patient Perspective** 



Questions?



