

Examining Clinicians' Attitudes and Self-Efficacy Towards Engaging Patients with Behavioral Health Problems in a Hospital Setting

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Disclosures

- The presenters have no disclosures relevant to the study

Learning Outcomes

- Describe clinician attitudes, self-efficacy, and care delivery barriers towards patients with behavioral health challenges in a hospital setting
- Identify a valid and reliable measure of stigma among clinicians
- Discuss opportunities to enhance behavioral health care provision among hospital based nurses

Background

- 20-50% of general hospital patients have a co-occurring behavioral health diagnosis

(Laderman & Mate, 2016; Sledge, Gueorguieva, Desan, Bozzo, Dorset & Lee, 2015; Sledge, Bozzo, McCullum, & Lee, 2016)

- Approximately $\frac{1}{4}$ to $\frac{1}{2}$ of all hospitalized patients have substance abuse problems, and many of these patients are admitted for acute and possibly life-threatening health problems

(Lopez-Bushnell, & Fassler, 2004; Monks, Topping & Newell, 2012).

- Patients often have underlying psychiatric illnesses leading to behavior problems, and may develop combative and abusive behaviors toward the staff

(Ford, Bammer, & Becker, 2008).

- Important factors that may hinder the proper care of those with behavioral health challenges within acute medical facilities include the fear, negative attitudes, and poor behavioral health literacy among providers (Giandinoto & Edward, 2014).

Program

- 2016 TJC recommendation for pro-active behavioral support team
- Introduce 2 RNs as Behavioral Health Specialists (BHS)
- Provides medical-surgical nurses with support and educates them with the goal of improving their ability to care for this complex population

Purpose

- To assess changes in clinician attitudes and self-efficacy towards behavioral health patients after introducing behavioral health nurses within an inpatient setting
- Specific aims were to examine changes in clinicians'
 - **ATTITUDES** towards behavioral health patients
 - **PRACTICES** in treating behavioral health patients
 - **CONFIDENCE** in engaging behavioral health patients for treatment
 - And **SATISFACTION** with the Behavioral Health Specialist Service

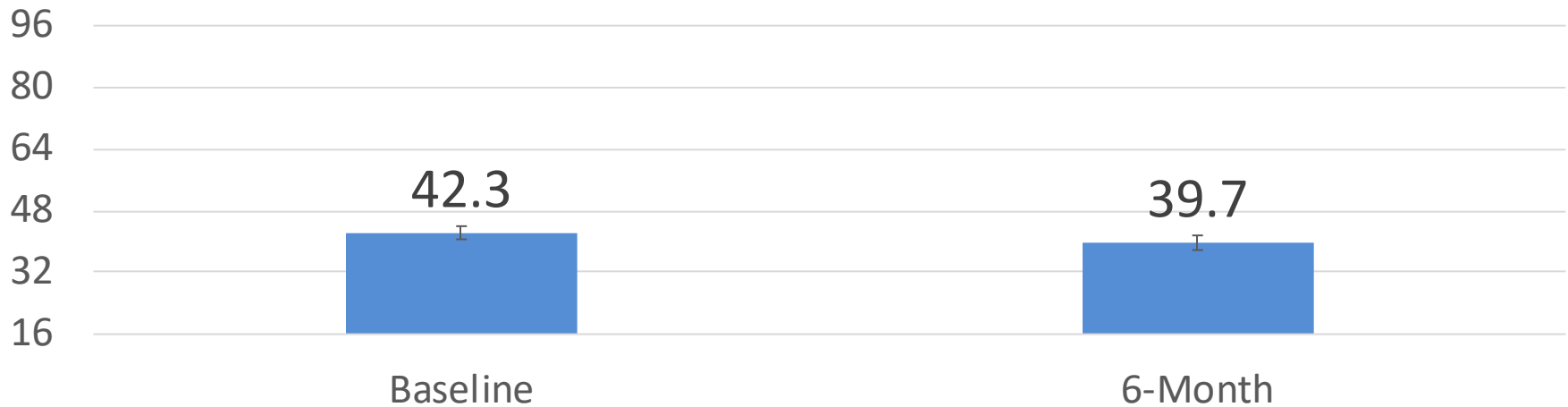
Design

- Survey Questionnaire:
 - **Demographics:** Sex/Gender, Education, Job role, marital status, work tenure
 - **Negative/Stigmatizing attitudes:** An adaptation of the 16-item Mental Illness: Clinician's Attitude Scale [MICA-4]
 - **Treating Practices:** 6-item scale based on brief interventions (i.e., 5 As- Asking, Advising, Assessing, Assisting, Arranging and Referring) for best practices
 - **Confidence:** A 5-item confidence scale adapted from Bandura's self-efficacy questionnaire
 - **Satisfaction with Behavioral Health Specialist Services:** This was an 8-item questionnaire adapted from the Client Satisfaction Questionnaire (CSQ-8)
- UK Institutional Review Board (IRB) approval

Setting & Sample

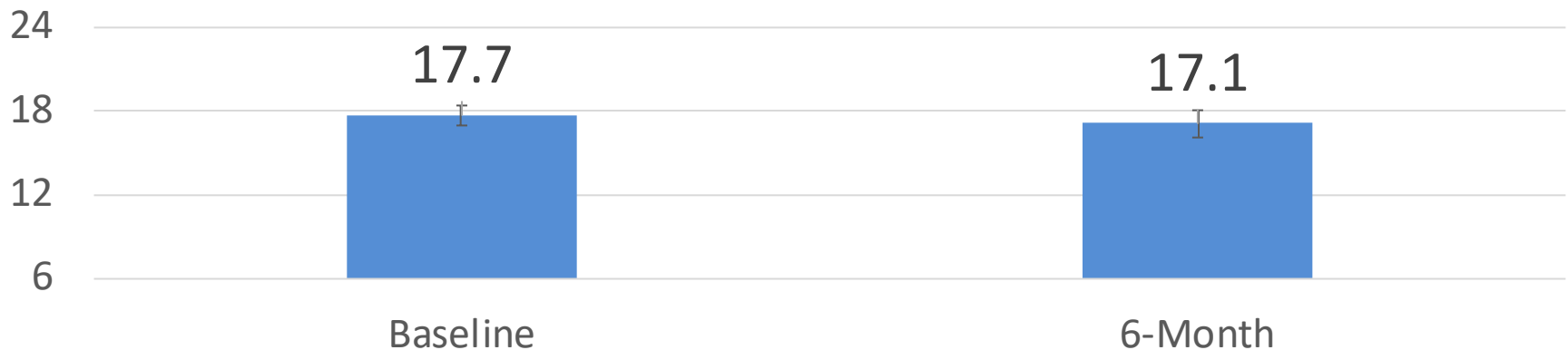
- 176 bed community hospital, 5 medical/surgical units
- Sample
 - Included: Advanced Practice (MD, APRN), BSN, ADN.
 - Excluded: managers, nursing care technicians, surgical providers, and the behavioral health unit
- Participants were:
 - Between 36-65 years of age, female, white, college graduates, and married/member of an unmarried couple.
 - Primarily associate degree nurses.
- Participants' mean months of work experience significantly differed between baseline (n = 44) and 6-month (n = 21) follow up groups (55.8 vs. 71.8).
- Those responding to the 6-month surveys were less likely to be white and be a member of an unmarried couple.

Changes in Attitudes* scores



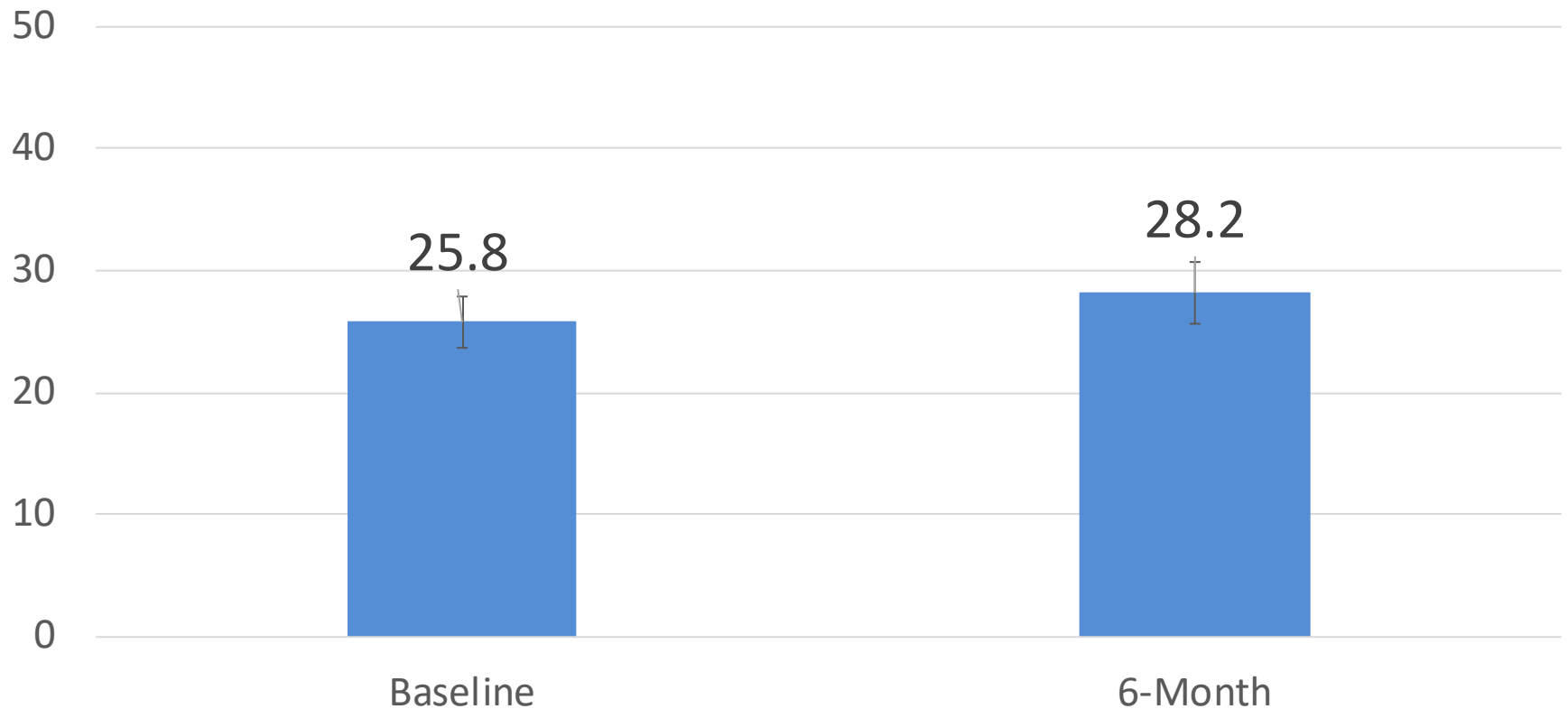
* Attitudes to behavioral health challenges were based on a 16-item MICA-4 scale (Cronbach's alpha = .77 pretest, .72 posttest)

Changes in providing behavioral health care*



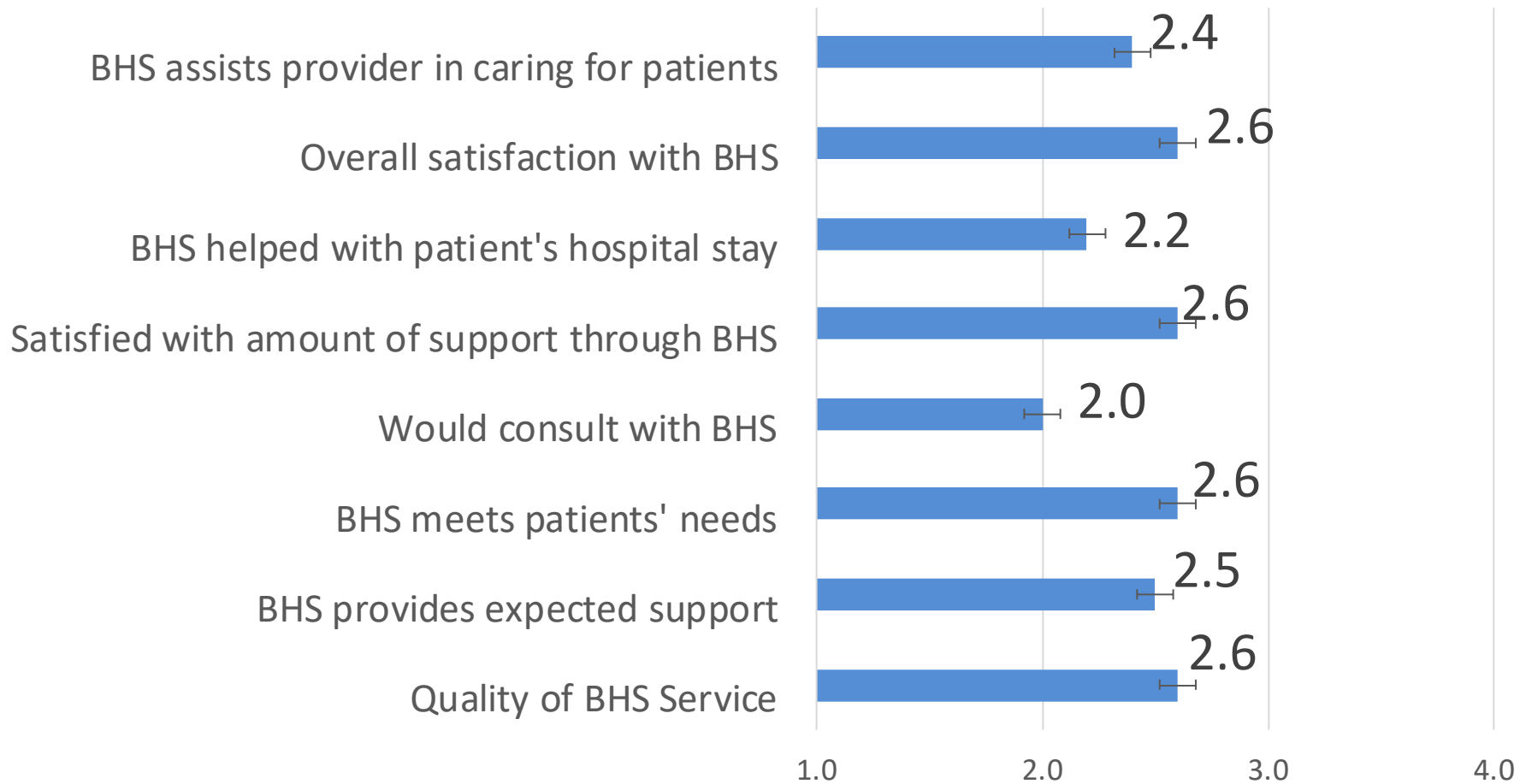
*Providing behavioral health care in practice was based on a 6-item scale adapted from the 5 A's of brief interventions (Cronbach's alpha = .89 pretest, .84 posttest)

Changes in confidence in engaging behavioral health patients scores*



*Confidence in providing behavioral health was based on a 5-item scale adapted from Bandura's self-efficacy scale (Cronbach's alpha = .97 pretest, .96 posttest)

Satisfaction* with Behavioral Health Specialist Role



*Satisfaction with behavioral health specialist role was based on a 8-item scale adapted from the CSQ-8 (Cronbach's alpha = .97).

Limitations & Strengths

- Small sample size (8% to 18% of target sample at 6-month and Baseline, respectively)
- Very early in the implementation phase when surveys were conducted.
- Ability of a single person service to have a large impact
- **HOWEVER**
 - The measures, tools, and methods used in this pilot study are a good model for evaluating the introduction of behavioral interventions within hospital settings

Conclusion & Next Steps

- Results regarding attitudes and self efficacy were not statistically significant but moving in the right direction
- Satisfaction is low overall, but staff may have had limited to no exposure to the service
- There is an opportunity to improve satisfaction with the service
- Replicate study after additional interventions
- Conduct a qualitative analysis at 1 year mark for better understanding of results and to guide future steps

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