Understanding attitudes and self-efficacy towards patients with behavioral health problems in a hospital setting

Nursing Research Papers Day

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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 ¼ to ½ 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).

Background

- This population poses several challenges including:
  - discharge and follow-up services
  - simultaneously treating mental illness and medical needs
  - communication
  - clinician bias
  - clinician training needs

(Ford et. al, 2008; Kameg, Mitchell, Clochesy, Howard, & Suresky, 2009; Manton, 2013; Sledge et al., 2015; Rausch & Bjorklund, 2010).

Program

- 2016 TJC recommendation for pro-active behavioral support team
- Create a Behavioral Health Intervention Team (BHIT) made up of psychiatrist, APRN, Social Worker, and Behavioral Health Specialist
- Service implemented in 2 phases

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Program Phases

- Phase 1
  - 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

- Phase 2
  - Introduce Psychiatrist, APRN, Social Worker to compliment BHS

Role of Behavioral Health Specialist

Behavioral Health Specialist
FAQ

What is a behavioral health specialist (BHS)?
A BHS is a nurse with several years of mental health nursing experience and is certified in psychiatric/mental health nursing.

Where will he/she work?
To begin, the BHS will focus his/ her time on the 4th floor and 7th floor of Good Samaritan. As we learn more about the role, the time involved, and the outcomes, we may expand the role to other units at both Good Samaritan and Chandler.

What should I expect when he/ she is on my unit?
The BHS will round on the unit and help the nurse and team to address issues when caring for patients with complex co-morbid (medical and psychiatric/substance use) conditions. The BHS will support the nurse caring for the patient, assist with managing difficult behaviors by sharing techniques and providing education, and will help to ensure standards of care are followed. The BHS will also round and evaluate all patients who have an order for a patient safety companion to see if alternative strategies can be used.

When should I call him/ her?
The BHS will proactively round on the dedicated units; however, you may contact him/her when you need assistance with a patient with a co-morbid medical condition.

How do I reach him/her?
The BHS is reachable by voalte phone.

What is his/ her schedule?
Starting mid-August our first BHS will work a set schedule – Monday, Tuesday, Wednesday 11a-11p. Our 2nd BHS will begin orientation in September; therefore, beginning sometime in October, there will be a BHS available 6 days a week.

Purpose

- To assess clinicians' baseline attitudes and self-efficacy towards behavioral health patients
- Specific aims are to examine clinicians':
  - **ATTITUDES** towards behavioral health patients
  - **PRACTICES** in treating behavioral health patients
  - **SELF-EFFICACY/CONFIDENCE** in engaging behavioral health patients for treatment

Design

- Survey Questionnaire:
  - **Demographics:** Sex/Gender, Education, Job role, marital status, work tenure
  - **Personal experience with behavioral:** Self, child, parent, sibling, relative, close friend
  - **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) for best practices
  - **Self-efficacy/Confidence:** A 5-item self-efficacy scale
- Qualtrics
- UK Institutional Review Board (IRB) approval

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Setting

- 176 bed community hospital
- 5 medical and surgical units
- Excludes the behavioral health unit
- Houses the system's adult and adolescent behavioral health units

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Sample

- Registered nurses and medical providers from the hospital's five medical surgical units
- Excluded: managers, nursing care technicians, surgical providers
- N= 44, Mean Work tenure (55.9 $\pm$ 89.6 months)

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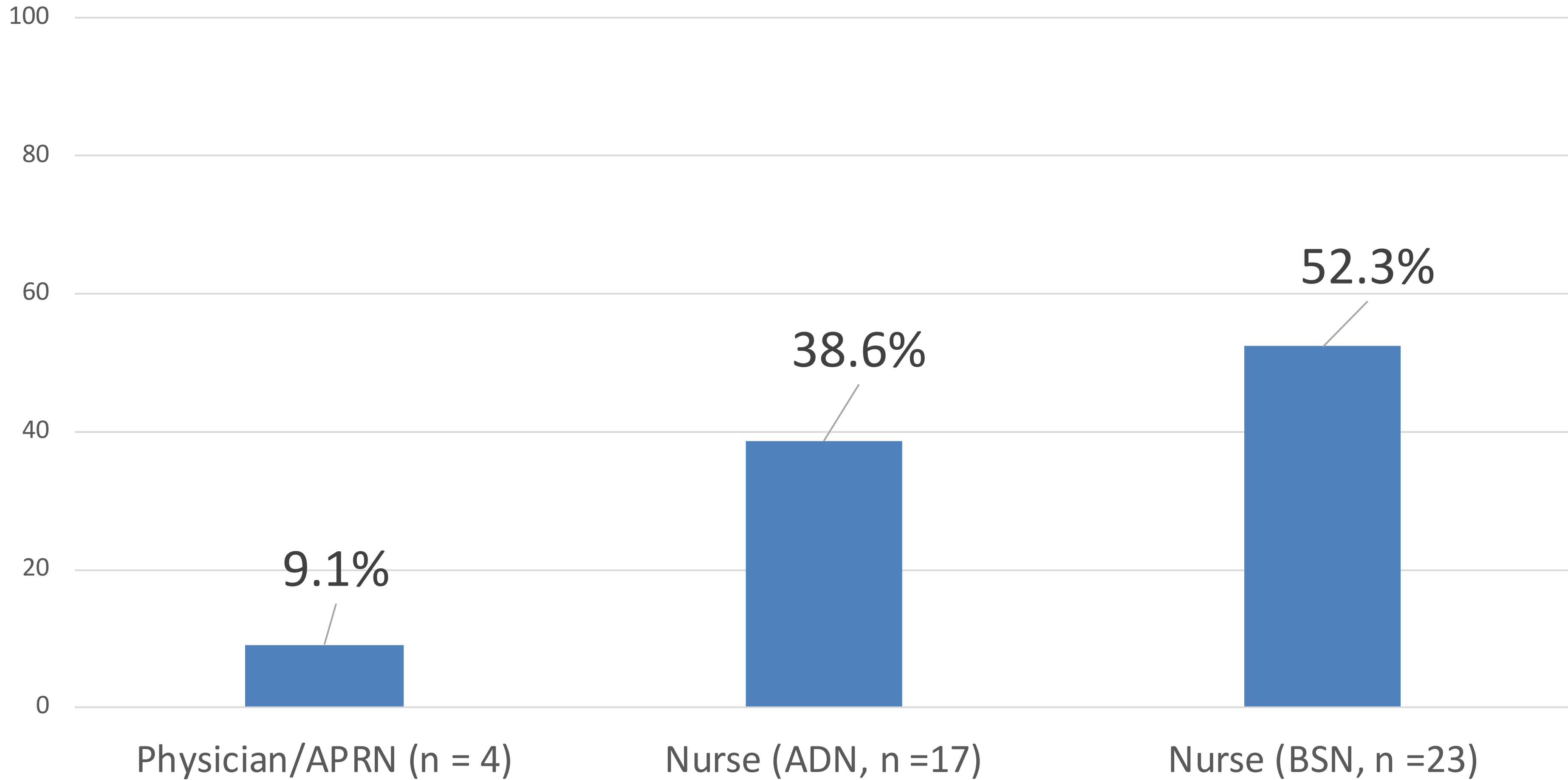
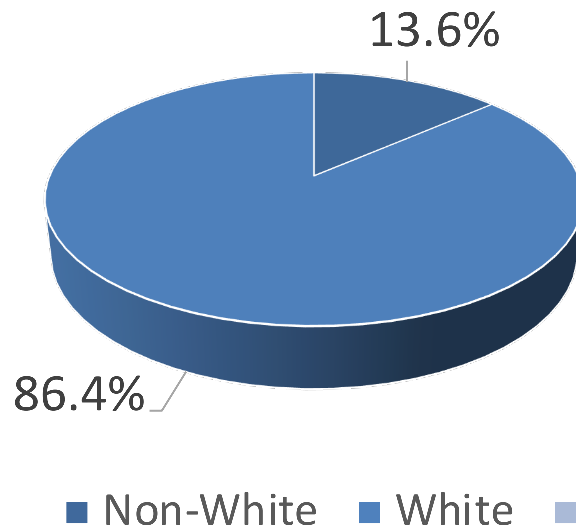
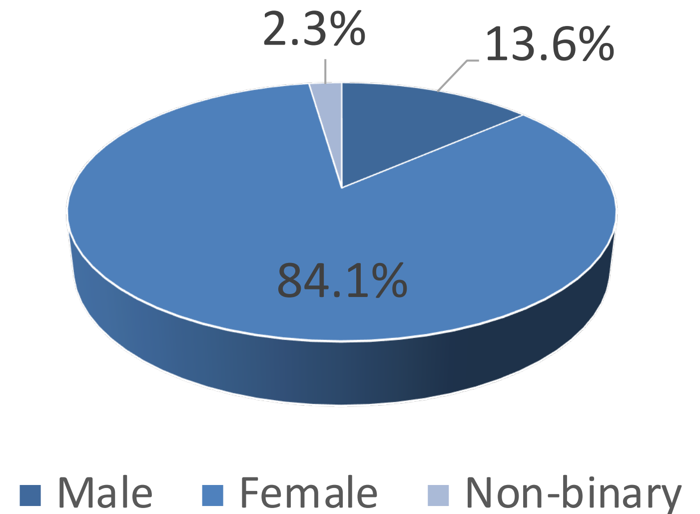
Participants by Provider Groups



Sample Demographics





*Physicians/APRN group more likely to be 'male' as compared to other groups ($p < .05$)

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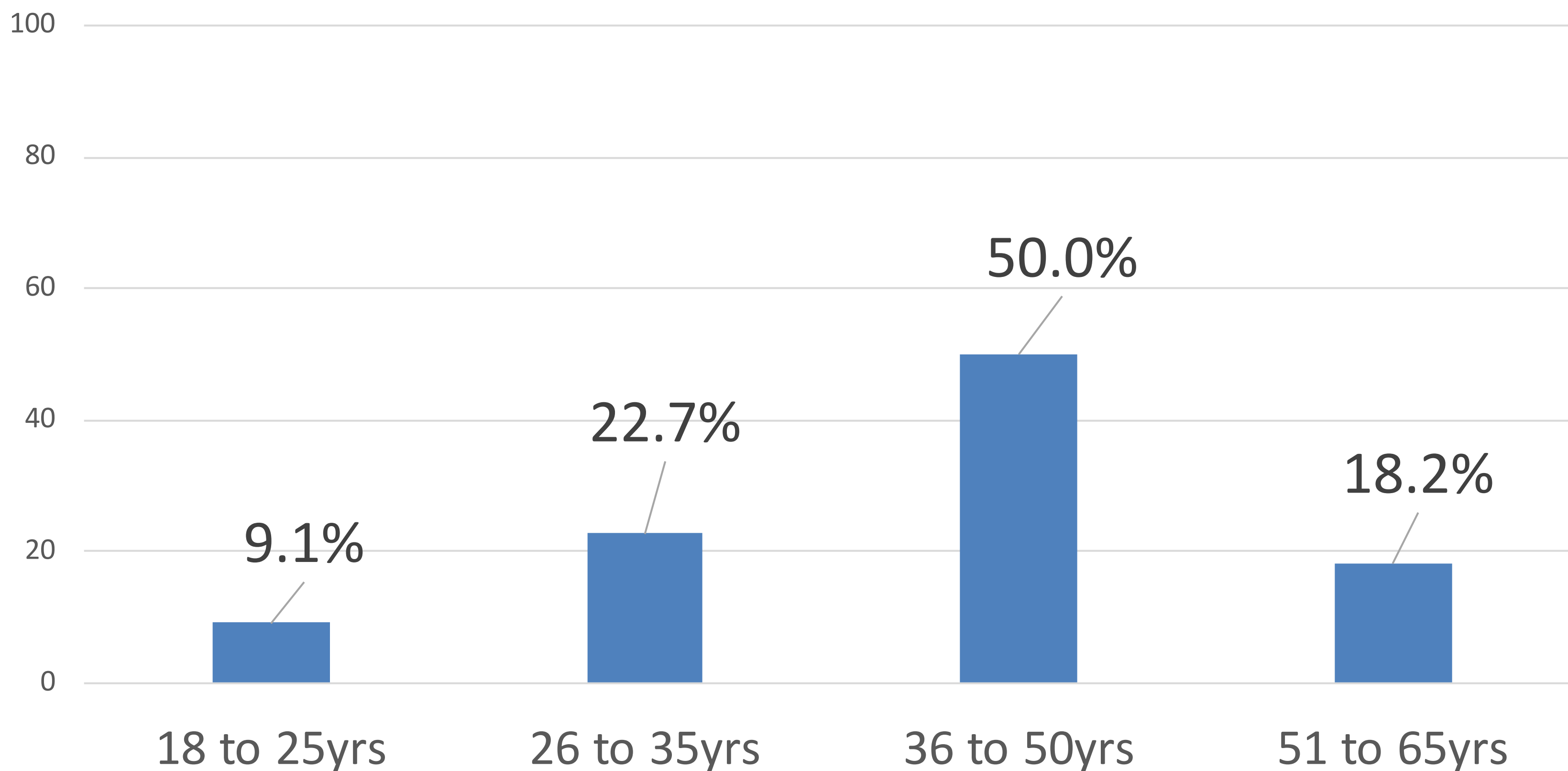
Age of Participants



*No difference between provider groups

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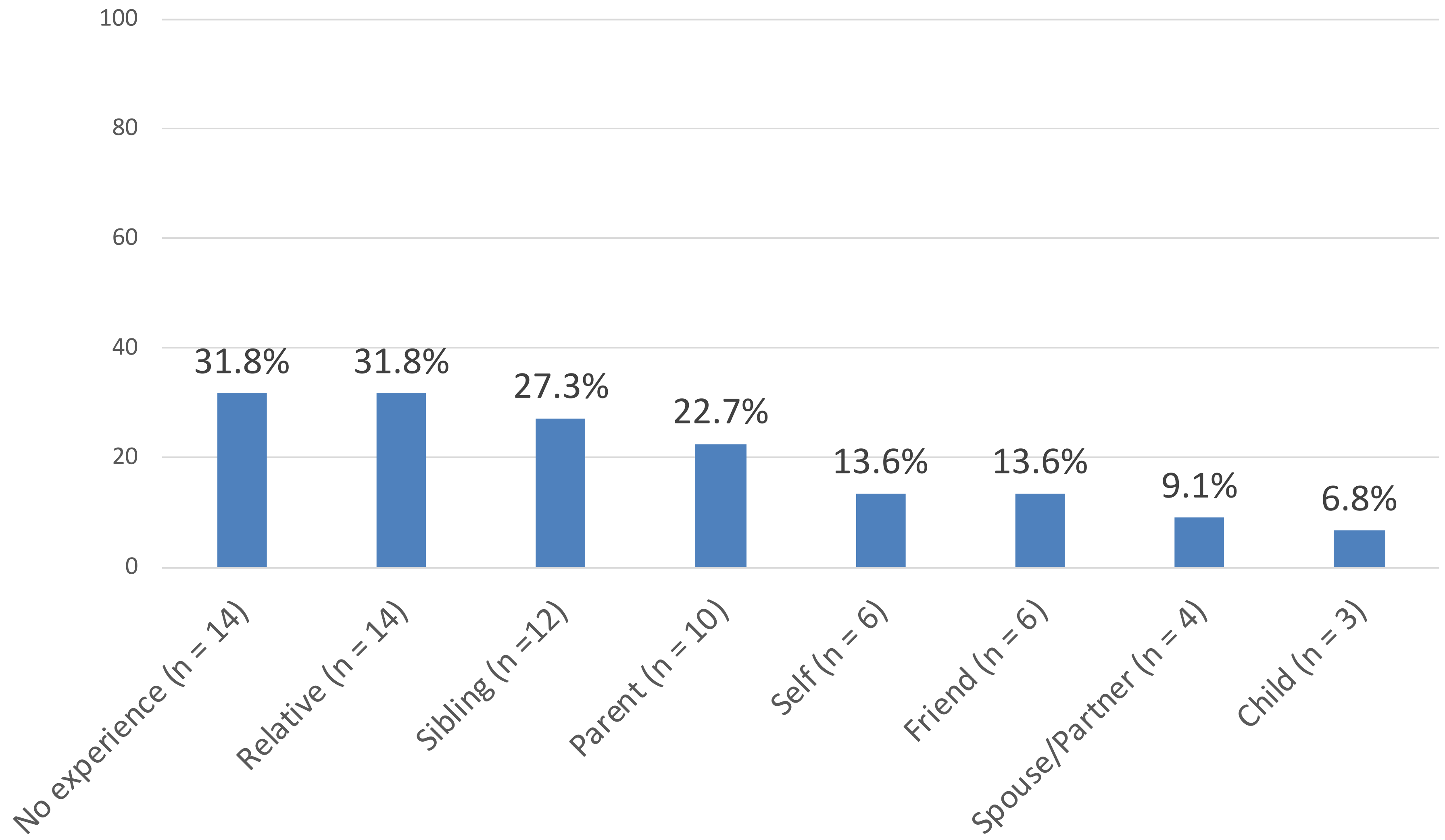
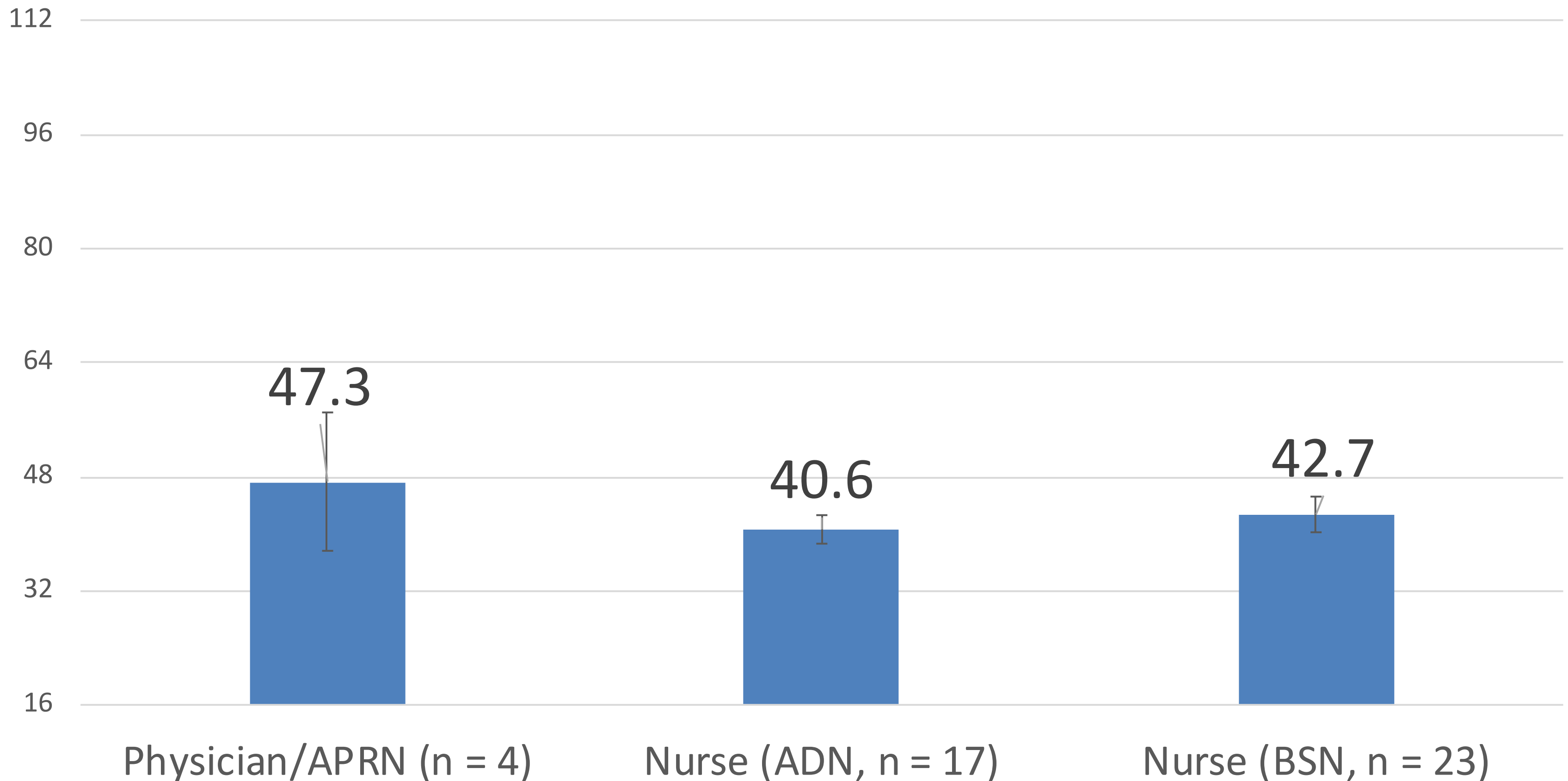
Personal Experience with Behavioral Health



*No difference between provider groups

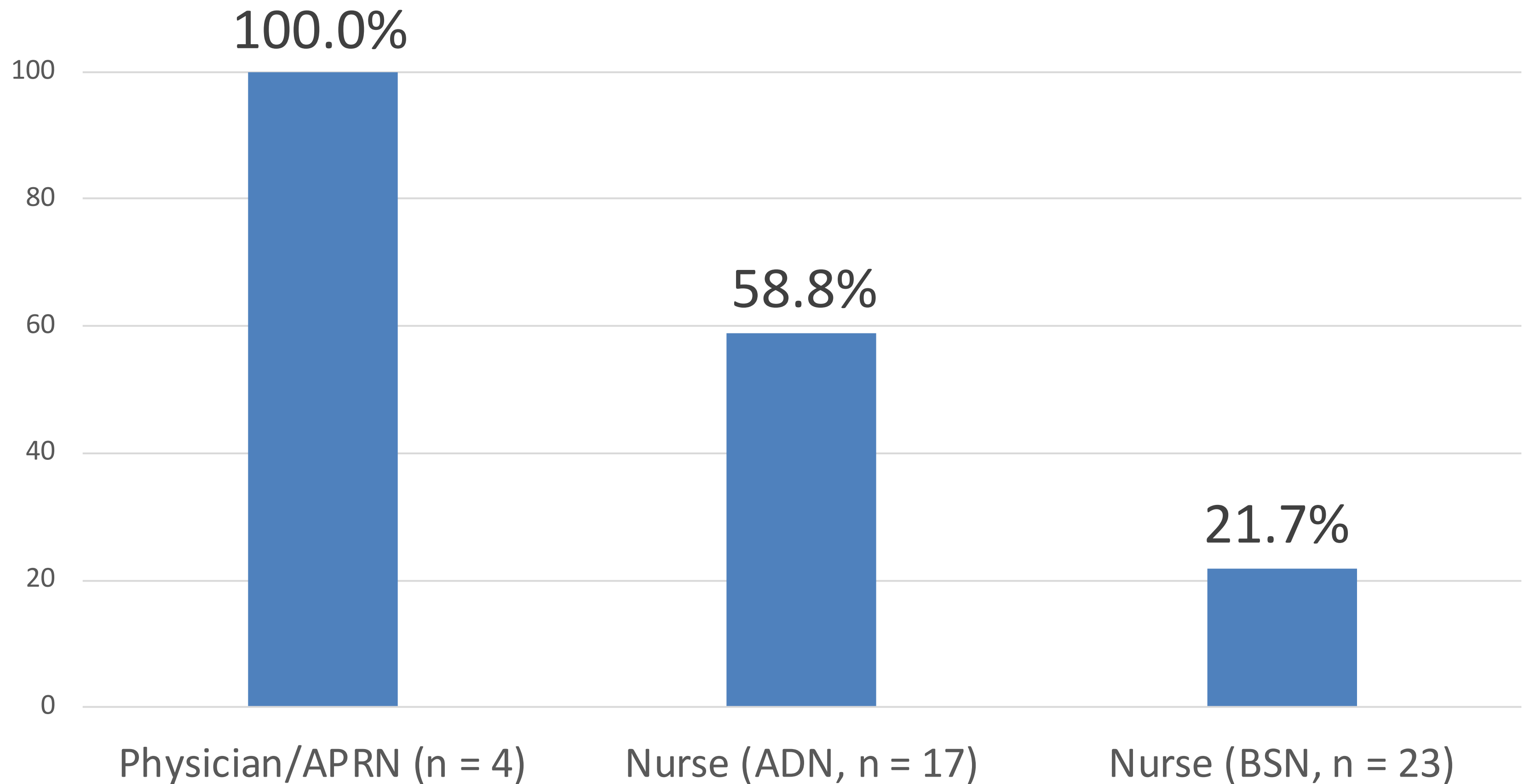
MICA-4 Scores by Provider Groups



Scale Cronbach's α = .77, score range from 16 to 112 with higher scores signifying more negative (stigmatizing attitudes)

* No significant differences by provider groups

Behavioral Health Practice



*Proportions of providers who 'occasionally or frequently' offer all 6 evidence-based practice components.
*Physicians/APRN significantly more likely to provide all elements of the 5As as compared to Nurses (p=.004)

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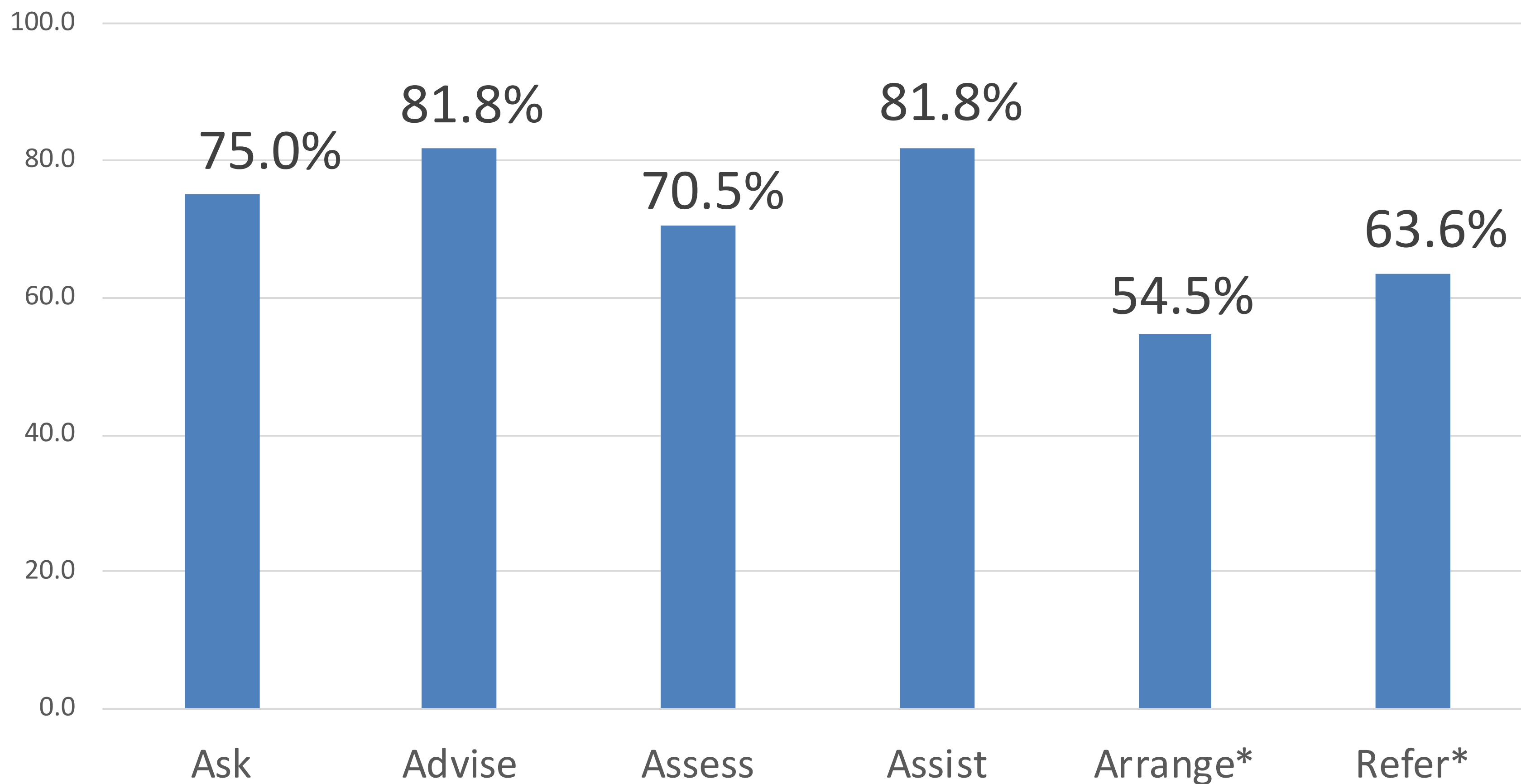
Providing Evidence-based Practice



Proportion of providers who 'occasionally or frequently' offer evidence-based practice components.
* Difference between provider groups at p<.05

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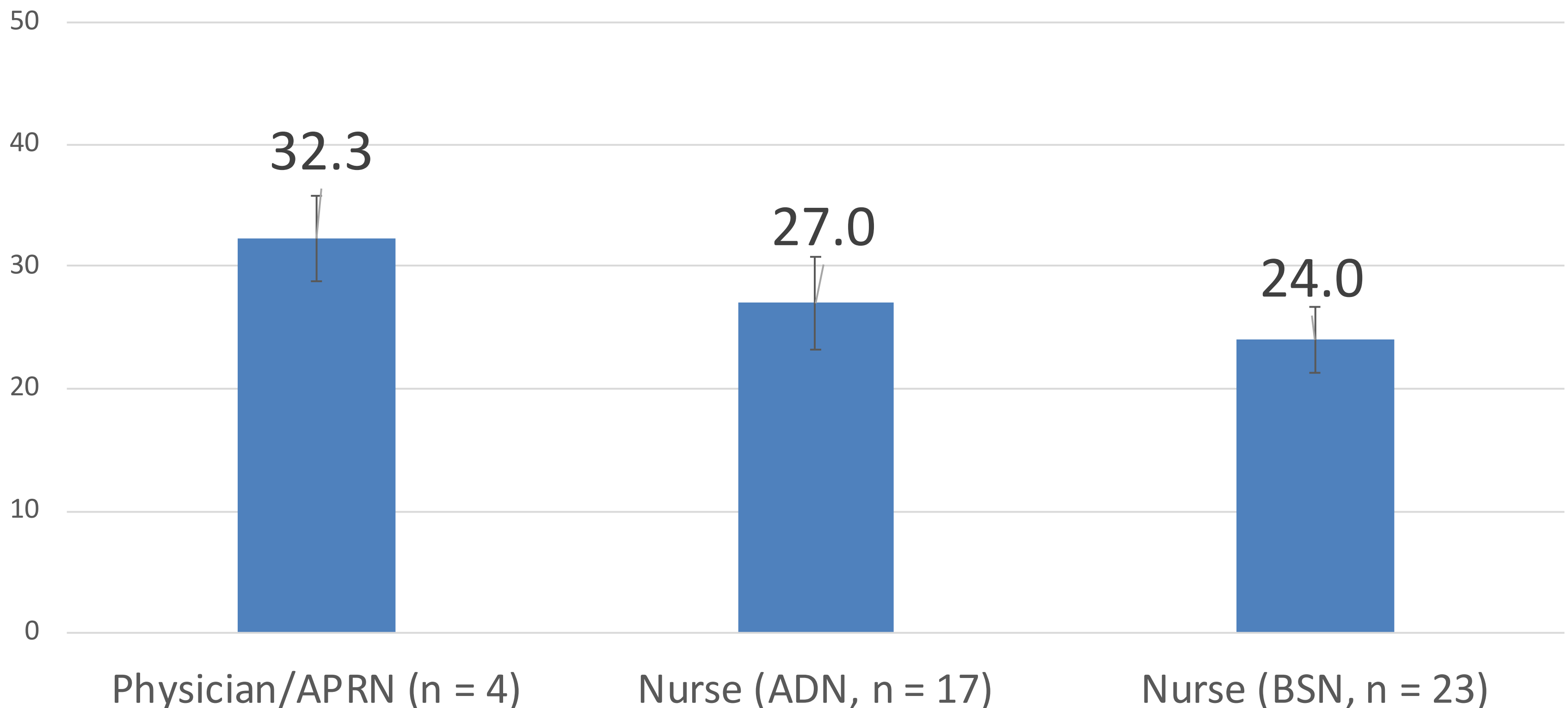
Self-Efficacy scores in engaging behavioral health patients



Scale Cronbach's α = .97, score range from 0 to 50 with higher scores signifying greater self-efficacy
*No difference between provider groups

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Conclusion

- Preliminary key findings suggest …..
  - **High** (68%) personal behavioral health exposure among clinicians
  - **Relatively high** negative/stigmatizing attitudes among physicians/APRNs and BSN (RNs) relative to ADN (RNs)
  - **Lowest** behavioral health best practices and self-efficacy among BSN (RNs)

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Limitations

- Small sample size
- Limited physicians/APRN participation
- Limited to nurses, MDs, and advanced practice providers

Implications

- **Education**- it may be beneficial to:
  - include components of best practices in caring for behavioral health patients in nurse residency programs and for advanced practice providers
  - Develop Web-based-Learning modules on best practices for engaging and managing behavioral health patients in the acute care setting

- **Practice**- opportunity to provide education to nurses regarding the ability to refer to behavioral health services

Implications and Next Steps

- Continue to collect data
- Consider expanding survey to other settings (Chandler)
- May expand survey beyond nurses and advanced practice providers to other disciplines
- Develop strategies to address educational opportunities (especially referring intervention)
- Re-survey at 6 month mark

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Questions??

Thank you.

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