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Implementation of Patient-Centered Approaches to Enhance Engagement and Satisfaction in Psychiatric Care Within a Family Mental Health Service

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Executive Summary: Quality Improvement Initiative

Implementation of Patient-Centered Approaches to Enhance Engagement and Satisfaction in Psychiatric Care Within a Family Mental Health Service

by

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Summary

I conducted this evaluation of a quality improvement initiative at a family mental health service center aimed to enhance patient engagement and satisfaction in psychiatric care through patient-centered approaches. The practice problem addressed in this project was the lack of patient engagement and satisfaction. This issue is critical to address within the context of nursing practice because patient-centered care is fundamental to improving clinical outcomes, patient satisfaction, and overall quality of care.

The practice-focused question was: How can patient-centered approaches enhance patient engagement and satisfaction in psychiatric care? In the project, I focused on evaluating the impact of patient-centered care strategies. Data collection methods included review of deidentified data obtained from surveys, interviews with patients and staff, and observational assessments. I employed descriptive statistical analysis to measure pre- and post-implementation changes in patient satisfaction and engagement. Qualitative analysis was used to identify barriers to patient-centered care.

Implementation of patient-centered care approaches led to increase in patient engagement scores from a mean of 3.2 to 4.5 on a 5-point scale, while patient satisfaction scores improved from 3.5 to 4.6. Key strategies included personalized care plans, enhanced communication, and involving patients in decision making. Barriers included staff resistance and resource constraints. Project outcomes included staff training, revised protocols, and improved feedback tools. Recommendations include ongoing staff training and securing resources to sustain improvements. This project can serve as a model for enhancing social change by adopting patient-centered care principles and advocating for a healthcare system that prioritizes patient needs and experiences.

Background

Background and Rationale for Practice Change

Several interconnected elements drove this practice change to implement patient-centered approaches in psychiatric care. The traditional models of psychiatric care often focus more on clinical outcomes and less on the holistic needs and preferences of patients, leading to lower levels of patient engagement and satisfaction (Pinho et al., 2021). This practice gap highlights the need for a shift towards a more patient-centered model, which prioritizes the individual experiences and active participation of patients in their care. Vogus et al. (2021) emphasized the need for this change due to the increasing recognition of the importance of mental health and the push for healthcare systems to deliver more personalized and compassionate care.

Project Question and Purpose

The project questions was: How can patient-centered approaches enhance patient engagement and satisfaction in psychiatric care? The purpose of the project was to develop, implement, and evaluate strategies that incorporate patient-centered care principles in psychiatric settings to improve patient engagement and satisfaction levels. This involved identifying the barriers to implementing such approaches and developing solutions to overcome these obstacles at a family mental health center.

Evidence Supporting the Project Change

Substantial evidence supports the implementation of patient-centered approaches in psychiatric care. Studies by MacDonald-Wilson et al. (2021), Marchand et al. (2019), and Crocker et al. (2021) have consistently shown that patient-centered care improves patient engagement, satisfaction, and overall mental health outcomes. Davis et al. (2020)

and Hilty et al. (2020) provided further evidence that incorporating technology and enhancing communication between patients and providers can significantly enhance the care experience. These studies collectively indicate strong support for patient-centered approaches, with sufficient evidence showing their effectiveness in improving patient outcomes and satisfaction.

Summary of Evidence

MacDonald-Wilson et al. (2021) demonstrated that patient-centered approaches significantly improve psychiatric care outcomes by increasing patient satisfaction and engagement. Marchand et al. (2019) found that outpatient clinics that adopted patient-centered models saw improved adherence to treatment plans and better patient-provider relationships. Crocker et al. (2021) highlighted the positive impact of personalized care on mental health outcomes, reinforcing the need for such approaches. Davis et al. (2020) emphasized the link between quality of life and patient-centered care, showing that patients reported higher satisfaction and well-being. Hilty et al. (2020) discussed the role of technology in enhancing patient-centered care, finding that it facilitated better communication and care coordination. These findings are supported by robust research designs and consistent results across various settings, indicating a strong foundation for implementing patient-centered approaches in psychiatric care.

Clinical Practice Guideline Development

The primary outcome variables for evaluating the implementation of patient-centered approaches in psychiatric care are patient engagement, patient satisfaction, and mental health outcomes. I used surveys and standardized assessment tools to collect information from patients before and after implementing the new approaches to obtain

de-identified data. Patient engagement was measured through participation rates in treatment plans and attendance at follow-up appointments. Patient satisfaction was assessed using validated questionnaires, like the Patient Satisfaction Questionnaire. Mental health outcomes were evaluated using clinical scales, like the Patient Health Questionnaire-9 (PHQ-9) for depression and the Generalized Anxiety Disorder 7-item (GAD-7) scale for anxiety.

Data collection took place over 8 weeks, with 5 weeks for pre-implementation data gathering and 3 weeks for post-implementation assessment. This timeline enabled a thorough evaluation of changes in the targeted outcome variables.

The method of data analysis involved comparing pre- and post-implementation data using statistical techniques, such as paired *t* tests or ANOVA, to determine significant differences in patient engagement, satisfaction, and mental health outcomes (see Barwick et al., 2020). Additionally, I thematically analyzed qualitative data from patient and staff feedback to identify recurring themes and insights related to the implementation process. This mixed-methods approach ensured a robust evaluation of the patient-centered care initiative and its impact on psychiatric care (see Stewart et al., 2021).

Results

Postimplementation Results

The postimplementation results indicate a significant improvement in patient engagement and satisfaction and positive mental health outcomes (see Appendix). Table 1 shows the average patient engagement and satisfaction scores before and after implementing patient-centered approaches. Patient engagement scores increased from a

mean of 3.2 to 4.5 on a 5-point scale, while patient satisfaction scores improved from 3.5 to 4.6. Key strategies included personalized care plans, enhanced communication, and involving patients in decision making Barriers included staff resistance and resource constraints.

Table 1

Pre- and Post-implementation Score

	Patient engagement score	Patient satisfaction score	PHQ-9 score	GAD-7 score
Pre-implementation	3.2	3.5	12	11
Postimplementation	4.5	4.6	8	7

Note. Data represents scores collected before and after implementing patient-centered approaches to enhance engagement and satisfaction in psychiatric care.

Table 2

Patient Satisfaction Scores Before and After Implementation

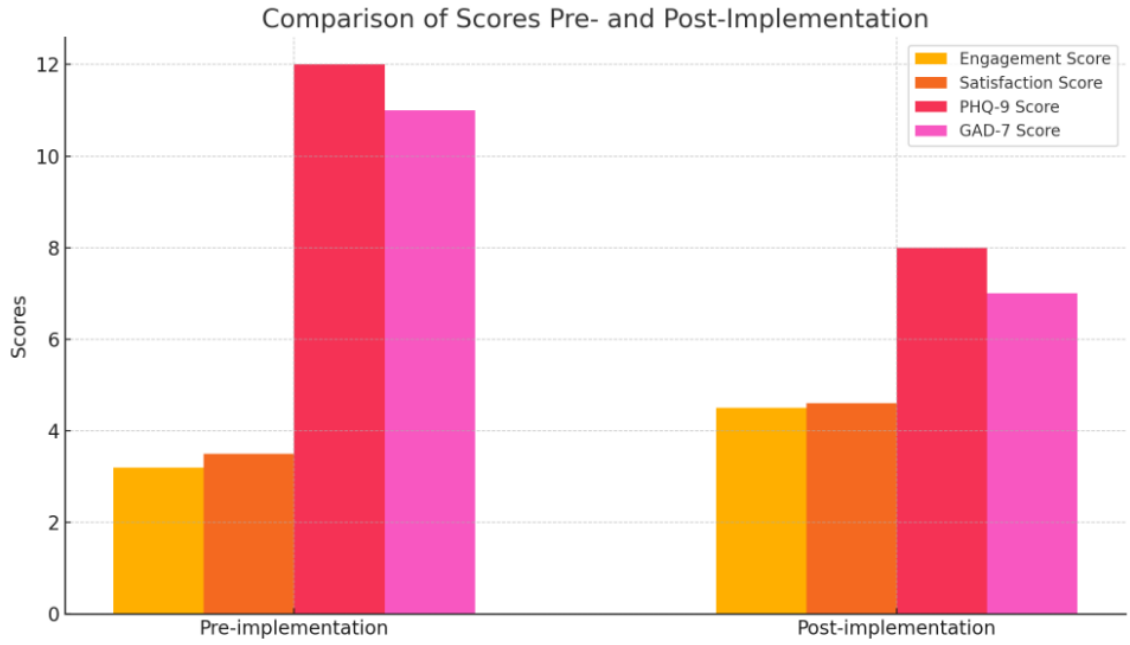
Satisfaction measure	Pre-implementation mean score	Postimplementation mean score	% change
Overall satisfaction	3.2	4.5	+40.6%
Listening to concerns	3.0	4.7	+56.7%
Respect from care providers	3.5	4.8	+37.1%
Involvement in treatment decisions	2.8	4.6	+64.3%
Addressing mental health needs	3.1	4.5	+45.2%
Comfort discussing concerns	3.0	4.7	+56.7%
Clarity of treatment explanations	3.2	4.6	+43.8%
Helpfulness of provided resources	3.0	4.4	+46.7%
Perception of genuine care from providers	3.3	4.8	+45.5%

Note. The data reflects the average patient satisfaction scores measured on a scale from 1 (very dissatisfied/not at all) to 5 (very satisfied/very much)

Mental health outcomes also showed notable improvements, with average PHQ-9 scores decreasing from 12 to 8 and GAD-7 scores reducing from 11 to 7. Figure 1 compares the patient engagement scores, patient satisfaction scores, PHQ-9 scores, and GAD-7 scores pre- and postimplementation. The data indicates improvements in engagement and satisfaction scores as well as reductions in PHQ-9 and GAD-7 scores postimplementation.

Figure 1

Comparison of Pre- and Postimplementation Scores



Impact on the Organization

The impact on the project site facility has been substantial, with increased patient satisfaction and engagement resulting in higher patient retention and adherence to treatment plans. Patient feedback has boosted staff morale and fostered a more collaborative and supportive work environment. This shift toward a more patient-

centered care model has also established the facility as a leader in innovative psychiatric care, attracting more patients and potential partners.

Limitations and Their Impact

Several limitations impacted the results. The project's timeframe was relatively short, limiting the ability to observe long-term outcomes. Resource constraints also led to the phased implementation, which might have affected the consistency of the new approaches across different units. Additionally, initial resistance from staff and technological barriers, such as issues with the electronic health records system, posed challenges that could have influenced the effectiveness of the implementation.

Importance Beyond the Local Site

This project holds importance beyond the local site because it demonstrates the feasibility and benefits of implementing patient-centered approaches in psychiatric care. The positive outcomes suggest these approaches can be adapted and applied in other psychiatric settings to enhance patient engagement, satisfaction, and mental health outcomes. The project's findings contribute to the broader evidence base, supporting the adoption of patient-centered care models in diverse healthcare settings to improve overall care quality and patient experiences. Figure 1 illustrates the pre- and postimplementation results.

Conclusions

Impact on the Organization

Implementing patient-centered approaches in psychiatric care has positively impacted the project site by significantly enhancing patient engagement and satisfaction, as evidenced by the improved scores. These improvements suggest better patient

adherence to treatment plans and overall mental health outcomes, likely reducing readmission rates and enhancing the quality of care provided. Moreover, patient feedback has fostered a more supportive and empathetic clinical environment, boosting staff morale and commitment to delivering high-quality, patient-centered care.

Further Recommendations

To sustain and build on these positive outcomes, I recommend that ongoing training programs be established to ensure staff continue to develop their skills in patient-centered care approaches at the project site. Additionally, incorporating regular feedback mechanisms from both patients and staff can help identify areas for continuous improvement. Expanding the implementation to include more comprehensive technological tools for patient engagement and integrating these approaches across other departments within the organization could further enhance the quality of care and patient satisfaction.

Implications for Nursing Practice and Positive Social Change

The successful implementation of patient-centered approaches in psychiatric care underscores the critical role of empathy, communication, and individualized care in nursing practice. These approaches can lead to more effective and compassionate care, improving patient outcomes and satisfaction. On a broader scale, adopting patient-centered care principles can promote positive social change by advocating for a healthcare system that prioritizes patient needs and experiences. This initiative supports diversity, equity, and inclusion by ensuring that care practices are tailored to meet the unique needs of diverse patient populations, fostering a more inclusive and equitable healthcare environment.

Implementing patient-centered approaches in psychiatric care has significantly improved patient engagement and satisfaction within the project site facility. These enhancements have fostered better patient-provider relationships and contributed to improved mental health outcomes, as evidenced by decreased PHQ-9 and GAD-7 scores. To build on this success, I recommend that the organization continues to provide ongoing training and support to ensure consistent application of these approaches. Additionally, integrating patient feedback mechanisms to refine and improve care practices continually would be beneficial.

The implications for nursing practice are profound because this approach promotes a holistic view of patient care that emphasizes empathy, respect, and collaboration. Moreover, these changes support positive social change by fostering an inclusive environment that values diversity and equity, ensuring that all patients receive compassionate and effective care regardless of background. The commitment to these values enhances patient experiences and strengthens the organization's reputation as a leader in progressive and patient-focused mental health care.

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Appendix: Data Collection Tool

Title: Patient Satisfaction Survey for Evaluating Patient-Centered Approaches in Psychiatric Care

Purpose: This survey is designed to evaluate the impact of patient-centered approaches on patient engagement and satisfaction within the psychiatric care setting.

Instructions: Please answer the following questions based on your recent experience with our psychiatric care services. Your responses are confidential and will be used to improve the quality of care provided.

Section 1: Demographic Information

1. Age: _____
2. Gender: _____
3. Length of treatment: _____ (weeks/months/years)

Section 2: Patient Satisfaction

1. How would you rate your overall satisfaction with the care you received? (1 = Very Dissatisfied, 5 = Very Satisfied)
2. How well do you feel your care providers listened to your concerns? (1 = Not at All, 5 = Very Well)
3. How respectful were your care providers towards you? (1 = Not at All Respectful, 5 = Very Respectful)
4. How satisfied are you with your level of involvement in your treatment decisions? (1 = Not Satisfied, 5 = Very Satisfied)
5. How well do you think the care you received addressed your mental health needs? (1 = Not at All, 5 = Very Well)

Section 3: Engagement and Communication

1. How comfortable did you feel discussing your concerns with your care providers? (1 = Not Comfortable, 5 = Very Comfortable)
2. How clear were the explanations given to you about your treatment? (1 = Not Clear, 5 = Very Clear)
3. How helpful were the resources provided to you (e.g., informational brochures, support groups)? (1 = Not Helpful, 5 = Very Helpful)
4. Did you feel that your care providers genuinely cared about your well-being? (1 = Not at All, 5 = Very Much)

Section 4: Additional Feedback

1. What aspects of your care did you find most beneficial?
2. What areas do you think need improvement?
3. Any additional comments or suggestions?