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## **Staff Education to Improve Primary Care Providers' Knowledge and Confidence in Utilizing the PHQ-9 for Routine Mental Health Screenings**

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# Walden University

College of Nursing

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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: Staff Education Project  
Staff Education to Improve Primary Care Providers' Knowledge and Confidence in  
Utilizing the PHQ-9 for Routine Mental Health Screenings

by

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## Summary

The ineffective use of the PHQ-9 tool to assess depression during primary care was the problem that this quality improvement project aimed to resolve, which is a hindrance to timely diagnosis and equitable behavioral health care. Inconsistent use of screening of depression was tackled in the project. The treatment and detection of it at its early stages were constrained by gaps in provider knowledge and confidence. The project assessed the effect of a formal staff educational intervention to increase knowledge, confidence, and the probability of incorporating the PHQ-9 depression screening tool into the workflow of a primary care clinic.

The project was guided by the question, How does provider education influence staff knowledge and confidence in the use of PHQ-9 to screen depression in primary care? This involved a staff training session delivered through a PowerPoint presentation, interactive discussion, and pre/post surveys. The findings of the pre-survey indicated that there was a gap in provider knowledge (45%) and confidence (40%) associated with depression screening and that a systematic education can be used to increase knowledge. The post-survey findings revealed that there were notable increases in provider knowledge (85%) and confidence (90%), which showed that the educational intervention was successful in promoting the use of evidence-based practices in relation to depression screening. Recommendations are the incorporation of PHQ-9 templates in EHR, role-based workflow development and refresher training. These outcomes demonstrate that structured education is a contributor to nursing practice. Early diagnosis of depression for all patients supports inclusion and promotes social change through the reduction of stigma and disparities in mental health care.

## **Background**

Depression is a very widespread and debilitating health condition with a high impact on the quality of life and health outcomes and health care use in the patients. Primary care has been regarded as the best starting point when the patient presents with depressive symptoms, and this is where early screening and intervention can be undertaken (Siniscalchi et al., 2020). Although there are validated depression screening tools, like the PHQ-9, the use in primary care is not consistent. The project issue was that PHQ-9 were not consistently implemented in the clinic, and baseline results showed that implementation was inconsistent. The lack of confidence, absence of standard workflows, and competing demands were some of the obstacles to use noted by providers and staff.

The interviews with the staff revealed their awareness of depression as a serious health problem but also identified gaps in the skills and knowledge in areas of screening, scoring, and initiating a conversation with patients. The practice-focused question that led to this project was as follows: How does provider education influence the knowledge and confidence of staff to use PHQ-9 to screen depression in primary care? The objective of the project was to increase provider knowledge and confidence by normalizing the likelihood use of PHQ-9 into the workflow. Knowledge gain among staff was the main outcome measure.

The literature is strongly supportive of the importance of staff education in enhancing the rate and quality of depression screening. An extensive literature analysis using search engines such as PubMed CINAHL and Cochrane serve high-quality peer-reviewed literature that produced 12 evidence-based researches in favor of this project. That body of evidence consisted of one Level I study, seven Level II studies, and four

Level III studies. From these, eight were rated as Quality A and four as Quality B, indicating a solid and stable base upon which the intervention was to be supported.

The outcomes were consistent demonstrating that educational interventions, in conjunction with workflow redesign and EHR integration, had a strong positive effect on the 4 uptakes of depression screening and provider self-efficacy (Siniscalchi et al., 2020). This evidence is moderate to strong, which is a strong argument to be used in the implementation of this in the primary care setting.

Staff training was the most direct and sustainable intervention that could meet these gaps. It has been demonstrated that formal training leads to increased provider confidence, facilitates the regular use of screening tools, and improves patient provider communication. Training also aids in upholding the organization's mission of delivering equitable, person-centered care and its quality goals of improving both patient outcomes and provider satisfaction.

By focusing on the provision of staff with the skill to administer and score the PHQ-9, the project aimed to not just develop confidence and knowledge but also establish a culture of proactive mental health care in the organization.

### **Staff Education Project Development**

The staff education program was developed to address the identified gap in primary care nursing practice by equipping nurses with the information, self-confidence, and confidence necessary to accurately administer and score the PHQ-9 routinely on a regular basis at the time of patient visits. Ten interdisciplinary staff (physicians, nurse practitioners, physician assistants, registered nurses, medical assistants, front desk staff, mental health professionals, and administrators) were involved. The initiative's overall

goal was to increase staff knowledge and confidence. The initiative directly worked to support organizational objectives of maximizing patient outcomes, encouraging quality indicators, and enhancing equity in healthcare delivery. Educational initiative design for relevance and effect was grounded in evidence-based models, organizational readiness assessment, and best practices in adult education.

Development began by identifying key learning goals, which were centered on three areas: building core knowledge about depression and depression's impact on patient outcomes, building competency in administration and scoring of the PHQ-9, and creating successful communication strategies for discussing sensitive mental health issues with patients.

These objectives were created to meet the nationally acknowledged standards of regular mental health screening and evidence-based strategies to improve provider engagement and advance uniformity in the screening practice.

The sample size was 10 staff members who would represent interdisciplinary members in the clinic: physicians, nurse practitioners, physician assistants, registered nurses, medical assistants, front desk staff, administrators, and mental health professionals.

Assessment was done by comparing pre- and post-surveys responses to assess the change in level of knowledge and confidence, and thematic analysis of free-text responses to extract qualitative responses.

The project was done in a four-phase, organized manner:

- Phase 1: Carried out readiness evaluations in order to derive baseline practices.

- Phase 2: Composed an educational program that comprised of Power point slides, reference guides, role play exercises and workflow charts.
  - Phase 3: Conducted the intervention, using a live workshop slide power point presentation, provided printed education, and pre and post surveys.
- Phase 4: Measured results based on survey analysis.

Pre- and post-surveys were used to collect evidence on knowledge (Questions 2-6) and confidence/familiarity (Questions 7-15). Interviews with the staff were examined using thematic analysis in order to find out the ongoing obstacles. The results of the surveys were analyzed through the use of descriptive statistics and compared between the pre- and post-survey results and reported in graphs. Iterate refinement of the implementation strategy was done using the Plan- Do- Study- Act (PDSA) cycle (Institute for Healthcare Improvement [IHI], n.d.).

## **Results**

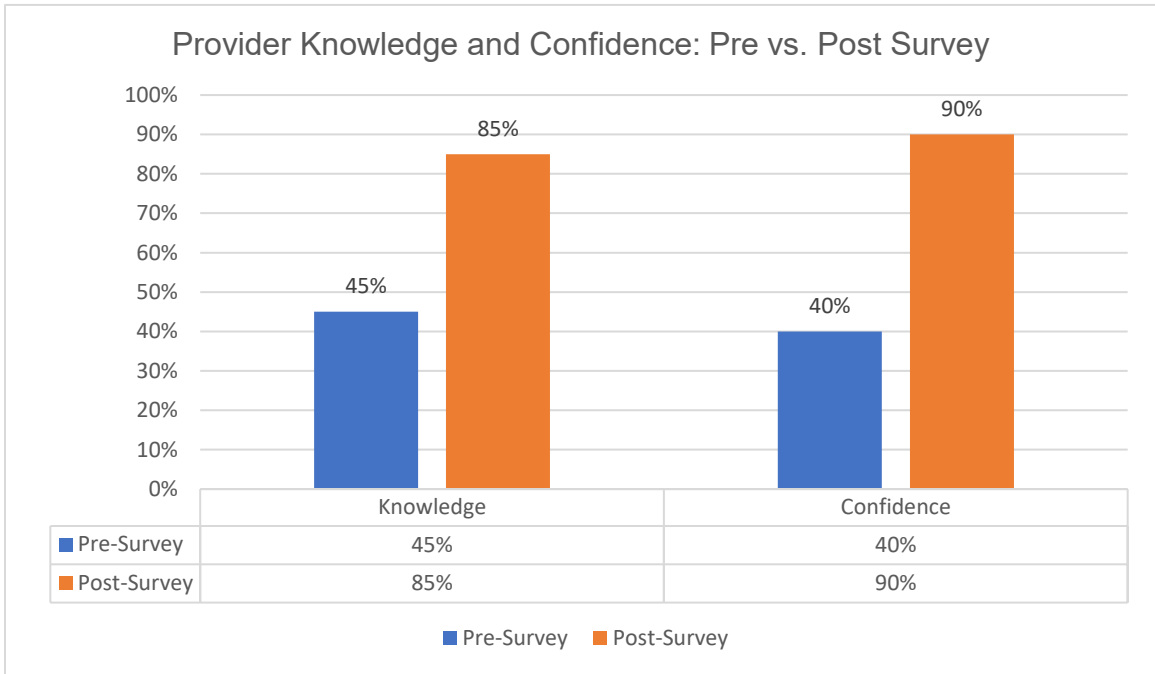
Results from the staff education project indicated worthwhile improvements, lending weight to the justification of a formal training program aimed at PHQ-9 implementation in primary care. As shown in Table 1, providers felt substantial improvement in knowledge and confidence regarding depression screening following completion of education modules and workshops. Pre-training surveys found that the majority of staff were unclear about how to effectively deploy the PHQ-9 in the context of visits to clinic and were not confident interpreting results or introduce discussions of mental health. Pre-training surveys reported that 40% of attendees felt confident in usage of the PHQ-9 and 45% lacked knowledge of the instrument (see Figure 1). Post-training

surveys reported significant, quantifiable increases in self-rate competence, with over 90% of attendees reporting confidence in PHQ-9 use and 85% showed improved knowledge (see Figure 1). These improvements were due to the success of the collaborative educational model, which combined foundational learning with case-based practice and simulation to facilitate application. As shown in Figure 2, the pre-survey findings indicated that the majority of the staff rated themselves as neutral or slightly confident. The post-survey data has shown that there was a change in the response that was either very confident or extremely confident (see Figure 2).

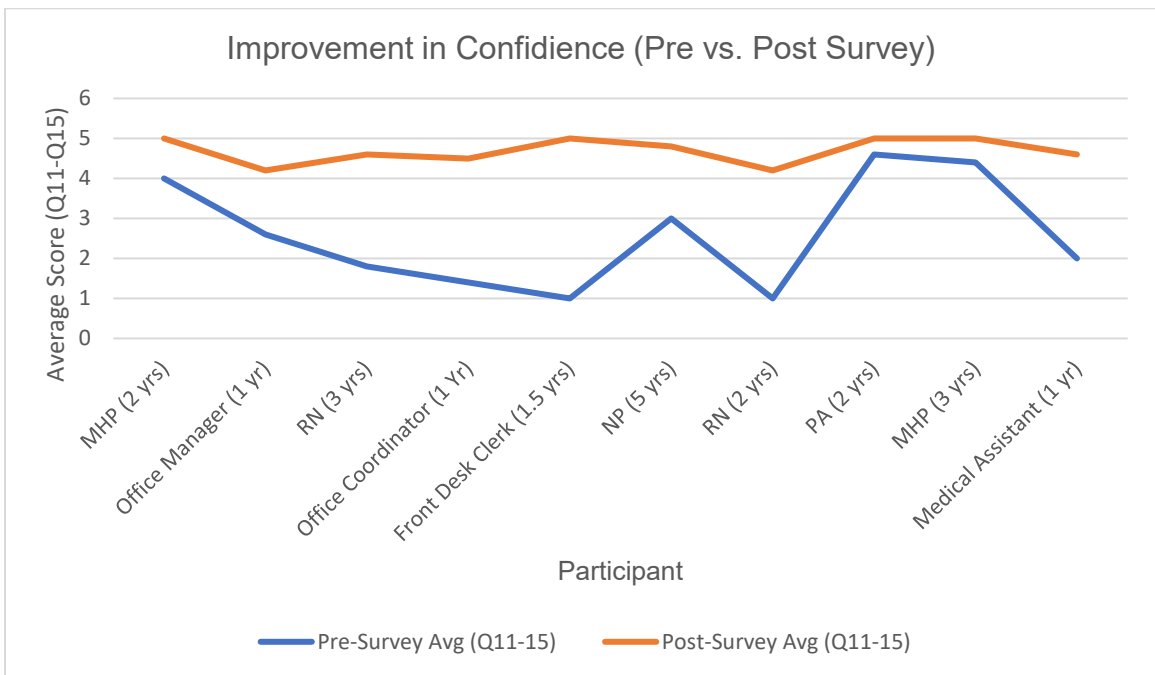
***Table 1***

<b>Measure</b>	<b>Pre-Implementation</b>	<b>Post-Implementation</b>
Provider Knowledge (%)	45	85
Provider Confidence (%)	40	90

**Figure 1**



**Figure 2**



These results were supported by staff interviews, where staff said they enjoyed the toolkit, presentation, and workflow directions. However, certain obstacles were still present, such as time limits, cultural sensitivity when talking about mental health, and language barriers.

The small sample size (N=10) and single-site environment as well as limited evaluation period (short-term analysis) were limitations. The confidence levels were assessed immediately after training without the evaluation of long-term retention and change in practice. Irrespective of these restrictions, the project offered an insight into how to enhance the screening of depression in primary care.

Leadership noticed the project achieved early "wins" that made staff more re-engaged with quality initiatives, balancing some of the change fatigue measured in readiness assessment. In recognizing and acknowledging gains in staff knowledge and staff feedback, the 10 staff organization-maintained motivation and momentum for maintenance of the new practice.

Taken as a whole, the results of the staff education project supported that preparing nurses to implement the PHQ-9 in day-to-day practice was likely to close the identified care gap and respond to organizational quality initiatives. The results emphasized the direct relationship between targeted education and measurable increased provider knowledge, affirming the importance of ongoing investment in staff development as a driver of patient-centered, equitable care.

Participant responses were kept confident and only aggregated outcomes were used in the evaluation of the program.

## Conclusions

This education project highlights the central role of nursing leadership in closing the knowledge-confidence gaps that would allow the staff to make the process of screening people with depression part of primary care. Through bridging knowledge and confidence gaps, the initiative allowed frontline staff to support integration of evidence-based screening into routine practice, resulting in increased staff knowledge and stronger connections to mental health services. Most importantly, these results confirm the change in the potential of focused staff education in addressing critical gaps in care delivery, with special focus on responding to long-neglected mental health needs within primary care practice.

The project was able to enhance knowledge and confidence among providers to use PHQ-9, establishing the stage of likelihood standardized depression screening in primary care. Participants were willing to make PHQ-9 screening a routine working procedure, and officials were provided with practical information that can be adopted at the system level. The effectiveness of PHQ-9 educational intervention implementation proves that DNP-prepared nurses and clinical leaders can increase the competence of staff, their workflow efficiency, and patient interaction, which, in the end, will lead to equitable mental health care and better clinical outcomes (Doychinov, 2025).

The results also shine light on the importance of interdisciplinary work in the development of long-term practice change. The engagement of physicians, nurse practitioners, physician assistants, registered nurses, medical assistants, administrators and mental health professionals created a sense of common responsibility and solidified a team-oriented approach to behavioral health integration (MacIntosh et al., 2021).

This model can help nursing leaders establish a culture of lifelong learning, evidence-based practice, and active mental health care and to ensure that educational interventions are sustained to produce long-term organizational benefits (Kaihlanen et al., 2019). Recommendations are adding PHQ-9 templates to the electronic health record to score them and send a referral, hold quarterly staff meetings with staff and administration to gain feedback, refresh training on a quarterly or biannual basis with CEU opportunities, and extending the program in other clinics of the health system. The potential impacts on nursing practice are the promotion of quality improvement, empowerment of behavioral health integration, and equitable access to care.

Lastly, the social change implications of this project are also important. Nursing leadership can positively impact the health and well-being of the community by advancing the early detection and treatment of depression, the elimination of stigma, and the practice of cultural competence (Doychinov, 2025).

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