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## **Staff Education to Strengthen Nurses' Knowledge of Evidence-Based Strategies for Medication Adherence in Psychiatric Care**

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# Walden University

College of Nursing

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Constantine Lewko

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2025

Executive Summary: Staff Education Project  
Staff Education to Strengthen Nurses' Knowledge of Evidence-Based Strategies for  
Medication Adherence in Psychiatric Care

by

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Executive Summary Submitted in Partial Fulfillment  
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## Summary

This DNP staff education project involved addressing the absence of a structured and standardized approach to guide nurses in promoting medication adherence among psychiatric patients. The practice problem at the local project site was inconsistent use of adherence counseling strategies, which contributed to early treatment discontinuation, poor patient engagement, and frequent readmissions. The practice-focused question for this project was: Does implementing a structured staff education program improve nursing staff knowledge on medication adherence compared to usual care? The purpose of this doctoral project was to implement and evaluate an evidence-based education session to improve nurse knowledge and standardize adherence counseling practices. Descriptive analysis of pre- and post-knowledge assessments was conducted to measure learning outcomes and identify knowledge gains. Results of this project were an increase in mean knowledge scores from 53.6% to 88.1%, with all 14 psychiatric nurses demonstrating measurable improvement. Implications for the organization included improved role clarity, consistent adherence counseling, and enhanced patient communication. The conclusion of this project was that structured, evidence-based education can effectively strengthen psychiatric nurses' knowledge and promote standardization in terms of adherence practices. Recommendations for future work include quarterly refresher sessions, mentorship, and integration of adherence education into new nurse orientation. Potential implications of this project on nursing practice are improved patient engagement and treatment continuity. This project has the potential to positively impact social change by promoting equitable, inclusive, and culturally-responsive psychiatric care across mental health settings.

## **Background**

The gap in practice that this staff education DNP project aims to fill is the absence of a structured and standardized approach to guide nurses in terms of promoting medication adherence among psychiatric patients. Medication nonadherence among patients with diverse mental health conditions continues to undermine treatment outcomes, leading to relapse, frequent hospitalizations, and delayed recovery (Lewis & Rodgers, 2022). More than half of psychotropic prescriptions worldwide are not taken as prescribed due to stigma, fear of adverse effects, poor insights regarding illness, and complex medication regimens (Tadesse et al., 2025). Nurses, as frontline providers in outpatient mental health clinics and psychiatric hospitals, are central to promoting adherence through education, consistent engagement, and therapeutic support. However, their ability to influence outcomes is frequently constrained by the absence of structured approaches (Lin et al., 2022). Evidence underscores the pivotal role of psychiatric nurses in terms of addressing patient ambivalence, fostering autonomy, and strengthening therapeutic alliances to enhance adherence (Alhassan et al., 2022). Yet, while nurses employ individualized techniques, lack of standardized education results in inconsistent application of strategies and missed opportunities for sustained adherence support (Lin et al., 2022).

The practice focused question for this project was: Does implementing a structured staff education program improve nursing staff knowledge on medication adherence compared to usual care? The purpose of this DNP project was to implement and evaluate a structured education program that was designed to equip nurses with standardized and research-informed strategies to overcome adherence barriers. The

anticipated outcome was improved staff preparedness to address adherence barriers, thereby supporting organizational goals of consistency, accountability, and equitable mental healthcare.

Evidence supporting this project came from deidentified organizational reports shared by the Director of Nursing following a February 2024 performance review. Data from January to December 2023 showed over one third of patients discontinued therapy within 90 days, 38% missed two or more appointments, and 41% had medication refill gaps exceeding 14 days. Adherence counseling was documented in only 52% of visit notes, revealing inconsistencies and uncertainties among nurses in terms of applying evidence-based strategies. These findings highlighted a significant practice gap affecting care quality and reinforced the need for a structured staff education program to strengthen nurses' adherence counseling in the outpatient psychiatric clinic.

Evidence in the literature which supports this change in practice was drawn from a comprehensive review of 11 studies that consistently demonstrated the effectiveness of structured education in terms of improving nurses' knowledge of medication adherence. Technology-assisted monitoring, blended learning, and multifaceted evidence-based practice (EBP) modules directly enhanced nursing competencies and confidence in adherence-related care (Oliveira et al., 2022; Portela Dos Santos et al., 2022; Vaismoradi et al., 2025). There was a 40% increase in confidence with database searching and 6.83% gain in self-efficacy following structured online education (Melender et al., 2020; Youngcharoen & Piyakhachornrot, 2024). This high-level evidence confirmed structured and evidence-based training strengthens nurse knowledge and skills for adherence promotion.

A teachback program nearly doubled patients' recall of medication side effects and satisfaction with discharge education (Marks et al., 2022). Facilitators of EBP adherence include advanced training and protected education time, while gaps in curricula lead to limited consistency across nursing programs (Ehrenbrusthoff et al., 2022; Gottlieb et al., 2025). Experiential learning, trust-building, and error recognition are central to equipping nurses with adherence-supportive strategies (Goodwin et al., 2022; Lin et al., 2022). Nurse-led health education and quality improvement cycles significantly improved adherence outcomes, with one audit initiative raising best-practice compliance from 0% to over 88% postintervention (Alanazi et al., 2024; Oliveira et al., 2024). Collectively, these studies provided a strong evidence base supporting structured nurse education as the most appropriate intervention for this DNP project.

### **Staff Education Project Development**

Staff participants in this project included 14 psychiatric nursing staff members who were employed in an outpatient mental health clinic, including registered nurses (RNs) and licensed vocational nurses (LVNs). All 14 staff members participated in the training and completed both pre- and post-knowledge assessments. Years of experience ranged from newly licensed to over a decade in practice, which guided development of training that was structured to be accessible for less experienced staff while still engaging more seasoned clinicians. Representation of both RNs and LVNs ensured strategies could be integrated consistently across all levels of nursing practice within the clinic. Leadership endorsement promoted full participation and reinforced the expectation of shared responsibility for patient adherence counseling.

Procedures to develop this project were grounded in principles of evidence-based education and systematic instructional design. The educational content was developed by the project lead following an exhaustive review of literature on medication adherence strategies in psychiatric populations. PowerPoint slides (Appendix A) and a companion handout (Appendix B) were created to translate these findings into practical and clinically applicable tools for nursing staff. A psychiatric nurse educator who is a champion of medication adherence at the clinic reviewed all materials to ensure clinical accuracy, relevance, and alignment with professional standards. Additional resources were adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA) *Motivational Interviewing Toolkit*, which provides evidence-based communication strategies for training providers in adherence counseling and was used to strengthen staff education content. Pre- and post-knowledge assessment tools were designed by me as the project lead, informed by the literature review, and validated for content by the subject matter expert. Each tool included 12 multiple-choice questions that measured knowledge of adherence barriers and evidence-based communication strategies. Implementation for this project consisted of a structured one hour in-person educational session supported by the PowerPoint presentation, handouts, and case discussions.

The process for collecting pre- and post-knowledge assessments was structured to address baseline knowledge and measure learning outcomes consistently. Participants completed a preknowledge assessment immediately prior to the educational session (Appendix C) and an identical postassessment afterward (Appendix D). The tool, which was developed specifically for this project, consisted of 12 multiple choice questions

assessing knowledge of adherence barriers and evidence-based communication strategies. Each question was mapped to one or more learning objectives from the staff education session to ensure the assessment measured whether intended learning outcomes were achieved accurately. Responses were collected anonymously in paper format and entered in Microsoft Excel for analysis.

Analysis of this evidence included descriptive statistics, such as mean scores and percent changes, to evaluate both individual and group-level improvements. Comparative analysis of pre and post knowledge assessments results further highlighted knowledge gains across key domains, while participant feedback on clarity and usefulness led to additional insights regarding the training's effectiveness in terms of building staff capacity to address medication adherence.

## **Results**

Results of this project were derived from pre and post knowledge assessments that were administered to 14 psychiatric nurses following implementation of a structured education session on evidence-based medication adherence strategies. The evaluation revealed substantial knowledge gains for all participants. Preassessment scores indicated limited baseline familiarity, ranging from 41.7% to 66.7% with a mean of 53.6% (SD = 6.79). Postassessment scores showed marked improvements, ranging from 75.0% to 100% with a mean of 88.1% (SD = 7.72). The average increase of 34.5 percentage points demonstrated the intervention effectively enhanced understanding of adherence-promoting techniques such as motivational interviewing, the teach-back method, and shared decision making. The largest percentage improvements were observed among

nurses who had the lowest baseline scores, confirming the educational session closed significant knowledge gaps within the team.

**Table 1**

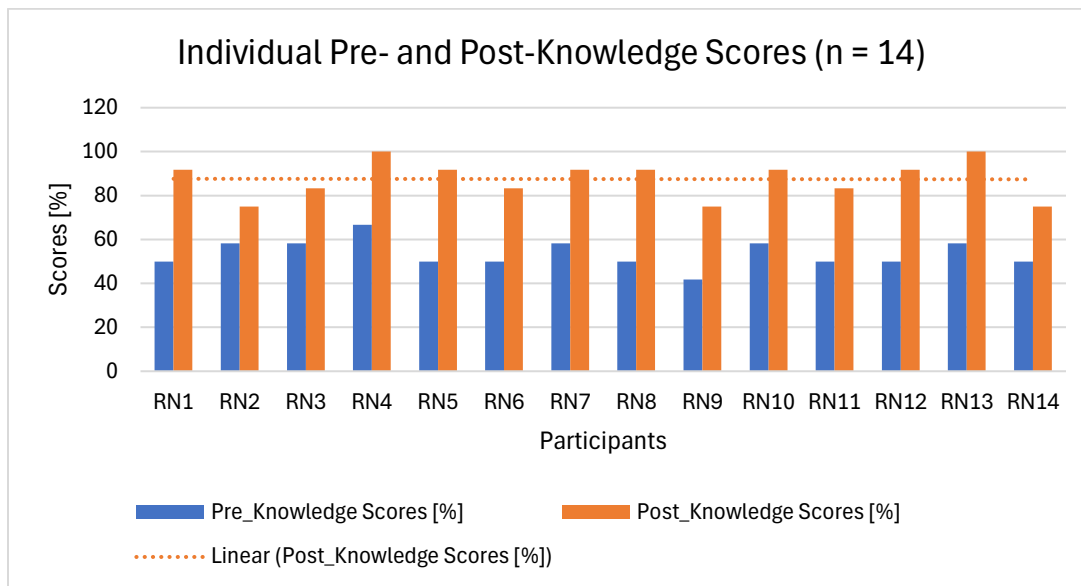
*Preassessment and Postassessment Percentage Scores Among Psychiatric Nurses*

Assessment	Participants ( $n = 14$ )	Range (%)	$M$ (%)	$SD$
Pre assessment	14	41.7–66.7	53.6	6.79
Post assessment	14	75.0–100.0	88.1	7.72

Data indicated consistent improvement for all nurses, with individual gains ranging from 16.7% to 41.7%. Five nurses (RN1, RN5, RN8, RN12, and RN13) achieved the highest percentage increase of 41.7%, while the lowest gain was 16.7%. Similar trends have been reported and structured education improves nurses' competencies and confidence in terms of applying adherence strategies (Oliveira et al., 2024; Portela Dos Santos et al., 2022; Vaismoradi et al., 2025). Figure 1 illustrates the upward shift in knowledge scores following the educational intervention, underscoring the effectiveness of the structured session in terms of improving staff competency and standardizing adherence counseling practices.

**Figure 1**

*Change in Mean Preassessment and Postassessment Knowledge Scores*



The impact of this project to the organization was establishment of a consistent and evidence-based approach to medication adherence education in the psychiatric outpatient clinic. The structured education session bridged a key knowledge gap and promoted uniformity in practice by equipping 14 nurses with standardized strategies such as motivational interviewing, the teach-back method, and shared decision making. This alignment is expected to reduce variability in terms of counseling, strengthen communication, and promote accountability. According to Oliveira et al. (2024), integrating structured training into workflows enhances nurse confidence and efficiency while reducing care delays. Overall, the project demonstrated targeted and low-cost education can improve quality, safety, and staff performance, supporting sustainable professional growth and organizational excellence.

The project was limited by its short-term evaluation, small single-site sample, and differences in baseline knowledge among participants. Because data were collected immediately after the intervention, results reflected short-term gains rather than long-term retention or clinical application. According to Portela Dos Santos et al. (2022), structured education achieves lasting impacts when reinforced through ongoing mentorship. Novice nurses showed the greatest improvements, suggesting differentiated content could further enhance learning. Although this study was conducted in a single outpatient psychiatric clinic with 14 participants, trends demonstrated the feasibility and scalability of structured education to strengthen nursing competence involving medication adherence.

This project extends beyond the local site by offering a replicable and evidence-based model for improving psychiatric nursing practice across diverse settings. Medication nonadherence is a global challenge that disrupts continuity of care and recovery. Nurse-led structured education enhances adherence and strengthens therapeutic relationships (Aremu et al., 2022; Alanazi et al., 2024). By integrating evidence-based adherence strategies into daily practice, this project supports national and international efforts to standardize adherence training in nursing education (Gottlieb et al., 2025). It demonstrates modest and resource-conscious interventions can meaningfully improve staff competence, confidence, and patient engagement while advancing equitable and high-quality mental healthcare.

### **Conclusions**

The impact of this DNP project to the project site was an observable improvement in terms of nursing knowledge and consistency in adherence counseling. The structured

education session involved teaching standardized evidence-based strategies such as motivational interviewing, the teach-back method, behavioral counseling, and shared decision-making. This approach enhanced quality of patient interactions, reduced variability in practice, and advanced the organization's goals for quality, safe, and patient-centered care within the outpatient psychiatric clinic.

Future recommendations for this organization include sustaining staff competence through quarterly refresher sessions, mentorship, and integration of adherence education into the onboarding process for new nurses. Incorporating adherence prompts into electronic health record and providing microcoaching during huddles will reinforce skill retention. Expanding this module for other behavioral health units would promote systemwide consistency. Ongoing monitoring through audits and staff feedback is recommended to maintain adherence to best practices and identify areas for continuous improvement.

Potential implications of this project on nursing practice include strengthening nurses' ability to deliver structured and evidence-based adherence counseling that builds patient trust and supports treatment continuity. The real impact of this project on positive social change is its potential to reduce disparities in terms of mental health outcomes through culturally responsive and inclusive education. Embedding plain-language communication, multilingual resources, and caregiver engagement fosters diversity, equity, and inclusion by ensuring all patients, regardless of background or literacy level, receive clear and supportive adherence guidance that promotes recovery and sustained wellness.

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## Appendix A: Educational PowerPoint

### Staff Education to Improve Nurses Knowledge of Medication Adherence in a Mental Health Clinic

Concetta Lewis

### Objectives

- By the end of this presentation, you should be able to:
  - Define medication adherence and its impact on patient outcomes.
  - Identify intentional and unintentional forms of nonadherence.
  - Identify common barriers to medication adherence in mental health settings.
  - Apply evidence-based strategies to improve medication adherence.
  - Understand the central role of nurses in adherence promotion.

### Medication Adherence

- Medication adherence refers to the extent to which a patient follows agreed prescriptions with regard to the correct dose, timing, and duration of treatment (Talerki et al., 2020).
- In mental health care, adherence emphasizes partnership rather than obedience and is a central factor in treatment effectiveness.
- Nonadherence contributes to symptom relapse, repeated hospitalizations, poorer recovery outcomes, and higher healthcare costs.

### Practice Problem

- Approximately 50% of patients treated for mental health disorders do not adhere to medication regimens (Gordjeb et al., 2025).
- Nonadherence results in symptom relapse, hospitalization, and poor quality of life (De Santos et al., 2022).
- Patients cite a myriad of reasons for nonadherence, including lack of understanding, stigma, fear of perceived side effects, and bill burden.
- Nurses serve a central function in promoting medication adherence using a diversity of evidence-based strategies, including patient support, patient education, and effective communication.

### Common Barriers to Medication Adherence

<b>Limited understanding of prescriptions:</b>	Patients with schizophrenia may misinterpret dosing instructions or forget how medications should be taken, especially when experiencing cognitive symptoms.
<b>Difficult understanding mental illness:</b>	Individuals with major depressive disorder sometimes avoid treatment due to fear of being judged or labeled as "mentally ill" (Vadon et al., 2017).
<b>Concerns about side effects:</b>	Patients with bipolar disorder may stop mood stabilizers or antipsychotics because of perceived side effects such as weight gain, tremors, or sedation.
<b> pill burden:</b>	Those with comorbidities (depression or other conditions) often face complex regimens with multiple medications taken at different times of day, adding confusion.

### Intentional and Unintentional Forms of Nonadherence.

- Unintentional:** Forgetfulness, confusion, misunderstanding.
- Intentional:** Skipping due to stigma, beliefs, or fear of side effects.
- Both forms worsen psychiatric outcomes.
- Nurses must assess which type is present to guide intervention.
- Tailored responses improve effectiveness.

### EBP to Promote Medication Adherence

<b>Communication-Based Strategies</b>	<b>Behavior-Based Strategies</b>	<b>Support-Focused Strategies</b>
<ul style="list-style-type: none"> <li>Teach-back method</li> <li>Motivational interviewing (MI)</li> <li>Individualized patient education</li> </ul>	<ul style="list-style-type: none"> <li>Simplification of medication regimens</li> <li>Medication synchronization</li> </ul>	<ul style="list-style-type: none"> <li>Peer support groups</li> <li>Subsidiary support</li> </ul>

### Teach Back Method

- The communication tactic applied in hospital wings to ensure that those patients comprehend medication prescriptions (Talerki et al., 2020).
- Improves comprehension, recall, and self-care outcomes (like antipsychotic adherence) (Talerki et al., 2020; Hamer et al., 2021; Pradhan et al., 2019).



## **Appendix B: Training Handout**

### **Handout on Promoting Medication Adherence in Mental Health Care**

Prepared by: Constantine Lewko, DNP-PMHNP Student, Walden University

Medication adherence remains one of the greatest challenges in psychiatric care. Despite the availability of effective medications, many patients discontinue treatment prematurely or do not follow prescribed regimens. Nonadherence is linked to relapse, hospitalization, poorer recovery, and higher healthcare costs. Nurses, as the healthcare professionals with the most consistent patient contact, are uniquely positioned to influence adherence. Through structured education, barrier identification, and patient-centered support, nurses can significantly improve treatment outcomes.

### **Understanding Medication Adherence**

Medication adherence refers to the extent to which patients take their medications as prescribed in terms of dose, timing, and duration. It emphasizes a collaborative approach between patients and providers, moving away from the traditional concept of “compliance,” which implied passive obedience. In mental health, adherence is particularly critical, as psychiatric conditions often require long-term treatment to maintain stability and prevent relapse.

- Correct dose, timing, and duration are key to effectiveness.
- Adherence is partnership-driven, not obedience-driven.
- Nonadherence increases costs and worsens outcomes (Cutler et al., 2018).

*Example:* A patient with schizophrenia who takes antipsychotic medication consistently is less likely to relapse or be readmitted compared to one who intermittently stops treatment.

## Types of Medication Non-adherence

Patients may demonstrate either unintentional or intentional nonadherence.

Understanding the difference allows nurses to tailor their interventions appropriately.

- Unintentional nonadherence: Forgetfulness, confusion about instructions, or cognitive limitations.
  - *Example:* A patient with major depressive disorder forgets evening doses due to fatigue.
- Intentional nonadherence: A conscious decision to stop medication, often due to stigma, side effects, or beliefs.
  - *Example:* A patient with bipolar disorder discontinues lithium because of concerns about weight gain.

## Common Barriers in Mental Health Settings

Nurses should be alert to the barriers that commonly interfere with medication adherence:

- Limited understanding of prescriptions: Patients may not grasp why ongoing treatment is necessary.
- Stigma: Fear of being judged for taking psychiatric medication.
- Fear of side effects: Anxiety about weight gain, nausea, tremors, or drowsiness.
- Pill burden: Multiple medications or frequent dosing schedules create frustration and missed doses.

*Clinical vignette:* A patient with schizoaffective disorder prescribed three medications at different times often misses midday doses due to pill burden and work-related distractions.

## **The Nurse's Role in Promoting Adherence**

Nurses serve as educators, advocates, and frontline supporters. The role extends beyond giving instructions, it involves active listening, problem-solving, and empowering patients.

- Educator: Provide consistent, tailored education at every patient encounter.
- Assessor: Screen for barriers such as stigma, fear of side effects, or pill burden.
- Advocate: Encourage shared decision-making with prescribers.
- Communicator: Document patient education and collaborate with caregivers.

*Example:* A nurse uses the teach-back method at discharge, asking the patient to explain how and when they will take their medication, thereby confirming comprehension.

### **Evidence-Based Strategies**

#### **Teach-Back Method**

The teach-back method requires patients to restate instructions in their own words. This ensures understanding, reinforces retention, and reduces errors.

- Improves knowledge retention and self-care outcomes (Talevski et al., 2020).
- Effective across diverse literacy levels (Sleiman et al., 2023).
- Practical for short, structured education encounters.

*Example:* After teaching about an antidepressant, the nurse asks, “*Can you show me how you will take this medication every day?*”

#### **Motivational Interviewing (MI)**

MI is a patient-centered counseling approach that addresses ambivalence toward treatment. Nurses use open-ended questions, reflective listening, and affirmations to build intrinsic motivation.

- Encourages patients to voice their own reasons for adherence.
- Reduces confrontation and supports autonomy.
- Effective in addressing intentional barriers like stigma and fear of side effects (Stentzel et al., 2018).

*Example:* A nurse asks, “What worries you most about staying on your medication, and what might help ease that concern?”

### **Simplification of Regimens**

Complex schedules reduce adherence. Nurses should advocate for regimen simplification where appropriate.

- Encourage once-daily dosing or aligning medications to similar times.
- Collaborate with prescribers to reduce pill burden.
- Improves consistency and convenience (Verloo et al., 2017).

*Example:* Requesting that a patient’s morning and midday medications be aligned to reduce confusion and missed doses.

### **Adherence Aids**

Practical tools help patients overcome forgetfulness.

- Pill boxes, blister packs, or calendar-based organizers.
- Smartphone alarms or text reminders.
- Simple, low-cost, and effective for most populations (Jimmy & Jose, 2011).

*Example:* A patient sets a phone alarm for 9 p.m. daily as a reminder for nighttime medication.

**Caregiver Involvement:** Involving family or caregivers ensures adherence is supported beyond clinical settings.

- Caregivers can reinforce education and monitor daily intake.
- Helps address forgetfulness and reduces isolation.
- Must be balanced with respect for patient autonomy (Prochnow et al., 2019).

*Example:* A mother logs her son's daily doses in a caregiver medication diary, which is then reviewed at clinic visits.

### **Conclusion and Key Takeaways**

Medication adherence is essential for effective psychiatric treatment, yet it remains a major challenge. Nurses play a critical role in identifying barriers, applying evidence-based strategies, and empowering patients to succeed with treatment.

#### Quick Reference Points:

- Assess barriers (understanding, stigma, side effects, pill burden).
- Use teach-back and motivational interviewing regularly.
- Advocate for simplified regimens where possible.
- Reinforce adherence with aids and caregiver involvement.
- Document education and barriers consistently.

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## Appendix C: Pretest Questionnaire

### Instructions

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Welcome to the pretest assessment for this educational program. Your responses will help to evaluate your baseline knowledge of evidence-based strategies of promoting medication adherence.

- Create a five-digit unique identification number on this test that you will remember as you will need to use it again following the presentation. Include a Letter at the beginning Only place the number on the top right space of the test – not your name or any other personal information.
  - Read each question carefully and circle the correct option.
  - Your responses are confidential and will only be used to evaluate the educational project.
  - After completing the pretest, return it to the designated collection point.
- 

1. What is the primary role of nursing staff in promoting medication adherence?
  - a) Minimizing discussions about medications with patients
  - b) Educating patients on the importance of following prescribed regimens
  - c) Leaving adherence education entirely to the prescriber
  - d) Focusing only on possible side effects
2. Which of the following is a common barrier to medication adherence in mental health settings?
  - a) Forgetfulness
  - b) Stigma associated with treatment
  - c) Concerns about side effects
  - d) All of these are recognized barriers
3. Why is it important to use evidence-based approaches when educating patients about adherence?
  - a) They provide strategies supported by research and proven outcomes
  - b) They ensure patients receive the same information regardless of their needs

- c) They reduce the workload of nursing staff
  - d) They minimize the time spent with patients
4. What is the main purpose of the teach-back method in patient education?
- a) To confirm patient understanding by having them repeat instructions in their own words
  - b) To test patient memory without giving context
  - c) To reduce the need for ongoing follow-up
  - d) To focus only on adverse effects of medications
5. How does motivational interviewing support medication adherence?
- a) By helping patients explore their own reasons for following treatment
  - b) By requiring patients to comply without discussion
  - c) By reducing the number of prescriptions needed
  - d) By allowing staff to dictate the treatment plan
6. At what point should nursing staff address medication adherence with patients?
- a) Only at the beginning of treatment
  - b) During every patient encounter
  - c) Only when patients bring it up themselves
  - d) At discharge visits only
7. Why is ongoing education for nursing staff important in addressing adherence?
- a) It ensures staff remain current on effective, evidence-based strategies
  - b) It reduces the need for regular patient interactions
  - c) It eliminates the prescriber's role in patient education
  - d) It minimizes the number of prescriptions given

8. When a patient demonstrates nonadherence, what should the nurse's first step be?
  - a) Explore the patient's reasons for nonadherence and address barriers
  - b) Escalate immediately to the prescriber without patient input
  - c) Adjust the regimen independently without consultation
  - d) Restate adherence instructions and move on
9. All of the following are examples of unintentional nonadherence EXCEPT:
  - a) Forgetting doses
  - b) Misunderstanding instructions
  - c) Confusing medications due to similar appearance
  - d) Stopping medication because of fear of side effects
10. All of the following are benefits of structured staff education on adherence EXCEPT:
  - a) Improves staff knowledge and skills
  - b) Promotes consistent, standardized patient education
  - c) Enhances patient adherence outcomes
  - d) Eliminates the need for patient-centered communication
11. Why is the early phase of treatment considered critical for monitoring adherence?
  - a) Many patients discontinue medication during this period
  - b) Patients usually achieve complete recovery within weeks
  - c) Side effects always resolve completely during this stage
  - d) Follow-up is unnecessary after the first few weeks?
12. Which of the following best describes the nursing role in promoting adherence?
  - a) Providing structured education and supporting patients to manage barriers

- b) Delegating adherence discussions solely to physicians
- c) Limiting patient education to medication lists
- d) Avoiding adherence discussions unless symptoms worsen

## Appendix D: Posttest Questionnaire

### Instructions

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Welcome to the posttest assessment for the educational program. Your responses will help to evaluate your knowledge of evidence-based strategies of promoting medication adherence after the presentation.

- Use the unique five-digit identification number you created during the pretest. Place the number on the top right space of the test only and not your name or any other personal information.
  - Read each question carefully and circle the correct option.
  - Your responses are confidential and will only be used to evaluate the educational project.
  - After completing the pretest, return it to the designated collection point
- 

1. What is the primary role of nursing staff in promoting medication adherence?
  - a) Minimizing discussions about medications with patients
  - b) Educating patients on the importance of following prescribed regimens
  - c) Leaving adherence education entirely to the prescriber
  - d) Focusing only on possible side effects
2. Which of the following is a common barrier to medication adherence in mental health settings?
  - a) Forgetfulness
  - b) Stigma associated with treatment
  - c) Concerns about side effects
  - d) All of these are recognized barriers

3. Why is it important to use evidence-based approaches when educating patients about adherence?
  - a) They provide strategies supported by research and proven outcomes
  - b) They ensure patients receive the same information regardless of their needs
  - c) They reduce the workload of nursing staff
  - d) They minimize the time spent with patients
4. What is the main purpose of the teach-back method in patient education?
  - a) To confirm patient understanding by having them repeat instructions in their own words
  - b) To test patient memory without giving context
  - c) To reduce the need for ongoing follow-up
  - d) To focus only on adverse effects of medications
5. How does motivational interviewing support medication adherence?
  - a) By helping patients explore their own reasons for following treatment
  - b) By requiring patients to comply without discussion
  - c) By reducing the number of prescriptions needed
  - d) By allowing staff to dictate the treatment plan
6. At what point should nursing staff address medication adherence with patients?
  - a) Only at the beginning of treatment
  - b) During every patient encounter
  - c) Only when patients bring it up themselves
  - d) At discharge visits only

7. Why is ongoing education for nursing staff important in addressing adherence?
  - a) It ensures staff remain current on effective, evidence-based strategies
  - b) It reduces the need for regular patient interactions
  - c) It eliminates the prescriber's role in patient education
  - d) It minimizes the number of prescriptions given
8. When a patient demonstrates nonadherence, what should the nurse's first step be?
  - a) Explore the patient's reasons for nonadherence and address barriers
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  - a) Improves staff knowledge and skills
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12. Which of the following best describes the nursing role in promoting adherence?
- a) Providing structured education and supporting patients to manage barriers
  - b) Delegating adherence discussions solely to physicians
  - c) Limiting patient education to medication lists
  - d) Avoiding adherence discussions unless symptoms worsen