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Enhancing Anxiety Identification in Adult Patients

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Walden University

College of Nursing

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Wonda Crump

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the review committee have been made.

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Walden University
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Executive Summary: Staff Education Project
Enhancing Anxiety Identification in Adult Patients

by

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Executive Summary Submitted in Partial Fulfillment
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Summary

In this Doctor of Nursing (DNP) project, I focused on implementing a staff education program for anxiety screening at a health and wellness clinic. Mental health conditions, particularly anxiety disorders, are common in primary care settings. Research shows that anxiety affects millions of adults, yet many cases remain undiagnosed. The practice problem that I identified was that many patients with anxiety disorders were going undiagnosed during regular clinic visits. The clinic had no standard process for screening anxiety, and staff members had a knowledge deficit on the proper use of anxiety assessment tools. This gap in practice led to missed opportunities for early intervention and treatment of anxiety disorders. The project aimed to improve nursing staff knowledge on using the Generalized Anxiety Disorder-7 (GAD-7) screening tool to identify anxiety in adult patients. The practice-focused question was: What is the impact of implementing an evidence-based staff education program to improve staff knowledge to effectively implement changes that affect the use of the GAD-7 screening tool? I used a pretest-posttest design to evaluate the education program's impact. Data were analyzed using descriptive statistics, the normalized knowledge gain metric, and the Wilcoxon signed-rank test. The average normalized knowledge gain was 0.37. The Wilcoxon test showed a significant improvement ($Z = 2.44, p < .05$), supporting the program's effectiveness. This project demonstrates that evidence-based education can enhance nursing knowledge, improve patient outcomes, and promote equity through standardized mental health screening.

Background

Mental health conditions, particularly anxiety disorders, are common in primary care settings. Research shows that anxiety affects millions of adults, yet many cases remain undiagnosed (Momin et al., 2023). The national survey conducted by Momin et al. (2023) revealed that a substantial portion of the American population experiences anxiety symptoms that never get properly identified or treated. This represents a major public health concern, as primary care clinics serve as the main healthcare access point for most Americans, yet these facilities often miss opportunities to identify and address mental health needs. The problem is widespread across all demographics and regions, with Barnes et al. (2019) reporting that barriers to anxiety discussions exist in primary care settings throughout the country, including time constraints, lack of provider confidence, and absence of systematic screening protocols.

The national scope of undiagnosed anxiety creates significant downstream effects on both individual and population health. Waheed et al. (2024) conducted research at a large integrated health system and found that primary care physicians consistently underutilize standardized screening tools for anxiety and mood disorders, despite evidence supporting their effectiveness. This pattern repeats across healthcare systems nationwide, where Sapra et al. (2020) documented that even when tools like the GAD-7 are available, they remain unused in many primary care practices. The consequences of this screening gap are severe, patients with undiagnosed anxiety experience reduced quality of life, increased healthcare utilization for physical symptoms, and higher rates of disability. Komi et al. (2024) emphasized that without proper mental health screening

implementation in primary care, the United States continues to face rising healthcare costs and preventable suffering among millions of patients who could benefit from early identification and treatment of anxiety disorders.

The lack of standardized anxiety screening also contributes to health disparities and inequitable care delivery across the nation. Ramos-García et al. (2021) found that patients with generalized anxiety disorder often have unmet information needs and limited involvement in shared decision-making about their care, particularly when their condition goes unrecognized. This problem disproportionately affects vulnerable populations who rely heavily on primary care for all their healthcare needs. Furthermore, Koly et al. (2021) noted that without proper educational interventions for healthcare workers, the gap in mental health detection continues to widen, leaving entire communities without adequate mental health support. The national implications are clear, when primary care providers lack the knowledge, tools, and education to identify anxiety disorders, it perpetuates a cycle where mental health remains undertreated, healthcare costs continue to rise, and patients suffer unnecessarily from a highly treatable condition.

At the health and wellness clinic, staff missed underlying anxiety in patients presenting with physical symptoms that could be related to underlying anxiety. Without proper screening tools, these connections were frequently missed. The practice gap that I identified at the clinic included three main issues. First, there was no standardized screening process for anxiety disorders. Second, staff members had limited knowledge about anxiety assessment tools. Third, patients with anxiety were often treated only for their physical symptoms without addressing the root cause. The project aimed to

improve nursing staff knowledge on using the Generalized Anxiety Disorder-7 (GAD-7) screening tool to identify anxiety in adult patients. The practice-focused question was: What is the impact of implementing an evidence-based staff education program to improve staff knowledge to effectively implement changes that affect the use of the GAD-7 screening tool?

Evidence strongly supports using standardized screening tools in primary care. The GAD-7 is a validated, reliable tool that takes only minutes to complete (Sapra et al., 2020). Studies show that when healthcare workers receive proper education on mental health screening tools, patient identification and treatment rates improve significantly (Koly et al., 2021).

The success of screening programs depends heavily on proper staff education and systematic instructional design. Using the ADDIE model (Analyze, Design, Develop, Implement, Evaluate) for developing educational programs ensures that the education meets specific learning needs and achieves measurable outcomes. Mata et al. (2021) found that communication skills education significantly improves healthcare professionals' confidence when dealing with mental health topics, making them more likely to initiate screening and discuss results with patients. Similarly, Hurtado et al. (2020) emphasized that standardized tools like the GAD-7 provide consistent, objective measures that help healthcare providers make informed treatment decisions. When education programs are developed using structured frameworks like ADDIE and include cultural competence components, as described by Argyriadis et al. (2022), healthcare workers become better equipped to interpret screening results within each patient's

unique context. This evidence clearly shows that implementing standardized screening tools, paired with systematically designed staff education, creates a practical and effective approach to improving mental health care in primary settings.

The literature review revealed evidence from multiple studies indicating that standardized anxiety screening in primary care settings leads to improved patient outcomes. I synthesized findings across various study designs, primarily Level III evidence, thereby strengthening the validity and relevance of the data for application in the DNP project.

Staff Education Project Development

I used a collaborative team approach to design and implement the GAD-7 staff education initiative at the health and wellness clinic. The project team included me as the Doctor of Nursing Practice (DNP) student and project coordinator, the clinic's nurse manager, and the nursing staff. As the project coordinator, I oversaw all activities and made sure the project stayed on track with its objectives and timeline. The nurse manager provided consistent guidance and support throughout the implementation process. I designed a staff education program using the ADDIE framework to ensure the education program was evidence-based, goal-driven, and aligned with clinic needs (see Appendix A).

The participants included 10 nursing staff members at the health and wellness clinic who took part in the educational program designed to improve their understanding and confidence in administering, scoring, and interpreting the GAD-7 tool.

I incorporated evidence-based resources from current literature into the education program to provide comprehensive guidance on integrating standardized anxiety screening tools into routine care practices (Sapra et al., 2020; Koly et al., 2021). These guidelines helped me create a well-designed teaching plan that I used throughout the education program. I designed this initiative to improve nurses' ability to screen for anxiety disorders and promote evidence-based practices within the clinic.

I delivered two 90-minute PowerPoint-based staff education sessions over two weeks (see Appendix B). The objectives of the first session covered four key topics: defining Generalized Anxiety Disorder and its impact, explaining the GAD-7 tool's structure and purpose, demonstrating effective administration, and interpreting results for clinical decision-making. One week later, I facilitated the second 90-minute session, concentrating on applying clinical skills to interpret GAD-7 results for informed decision-making. I provided the nurses with education materials, including a copy of the PowerPoint presentation, practice forms, and reference guides to enhance engagement and facilitate learning throughout the program.

I used a pretest-posttest design to evaluate the impact of the education program to measure knowledge gains. First, I conducted baseline assessments to evaluate the nursing staff's current knowledge of the GAD-7 tool and their familiarity with its use. I achieved this through a pretest that the project team and I developed during the planning phase, guided by best practice recommendations (see Appendix C). The pretest consisted of 10 questions focused on the four main learning objectives. The nurse manager reviewed and approved the test to ensure its alignment with evidence-based clinical practices.

I distributed the pretests, and each nurse completed it individually. The pretest was done anonymously using unique identifiers. I then collected and recorded the individual scores. These baseline scores provided valuable insight into the staff's initial knowledge, forming a foundation for both content delivery and assessment of the education program's effectiveness.

To evaluate the program's effectiveness, I administered a posttest immediately after the second education session. Nurses individually completed the same 10-question assessment used in the pretest, aligned with the learning objectives. I recorded the posttest scores and compared them to the baseline data. Participants also completed a program evaluation tool (see Appendix D), including an assessment of participants' confidence levels for implementing the change following the staff education intervention. These measures provided valuable insights into the program's effectiveness and impact on staff knowledge and confidence in administering the GAD-7.

Results

I used a pretest/posttest design to evaluate the effectiveness of the education program in improving staff knowledge of the use of the GAD-7 tool for screening and monitoring anxiety. I analyzed the results using descriptive statistics, the normalized knowledge gain metric, and the Wilcoxon signed-rank test.

Descriptive Statistics

A total of 10 nurses participated in the educational program and completed both the pretest and posttest assessments. For the pretest results, 60 % (6 nurses) scored in the 80% tier and 40 % (4 nurses) scored in the 70% tier. 0% scored in any other tier. For the

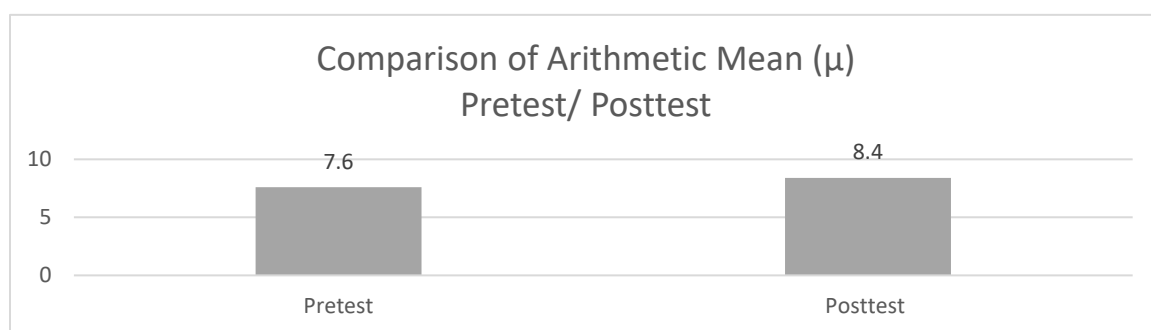
posttest, 40% (4 nurses) scored in the 90% tier and 60% (6 nurses) scored in the 80% tier. 0% scored in any other tier.

All participants scored 70% or higher on both the pretest and posttest assessments. Notably, 40% of the nurses improved from the 70% score tier on the pretest to the 90% tier on the posttest, suggesting a positive impact of the program. Importantly, no participants scored lower on the posttest than on the pretest, reinforcing the effectiveness of the educational initiative.

The comparison between the pretest and posttest arithmetic mean (μ) showed a difference between the two correct response data sets. The pretest mean was 7.6, while the posttest mean increased to 8.4, indicating an overall improvement in participant performance. (see Figure 1).

Figure 1

Comparison of the Arithmetic Mean Pretest/Posttest



Note: The pretest and posttest each consisted of 10 questions.

Normalized Knowledge Gain

Table 1 presents a detailed breakdown of pretest and posttest scores, correct responses, and normalized knowledge gain for the ten nurse participants who completed

the educational intervention. The normalized knowledge gain metric reflects the proportion of possible improvement each participant achieved, based on their individual performance.

Among the cohort, normalized gains ranged from 0.00 to 0.67, indicating varying levels of improvement. The average cohort normalized gain was 0.37. This result supports the effectiveness of the educational program, while also highlighting individual differences in learning outcomes. Overall, the data suggest that the intervention was beneficial for most participants, with several showing substantial gains in knowledge.

Table 1

Pretest and Posttest Scores and Normalized Knowledge Gain

Participant ID	Pretest score	Pretest correct responses	Posttest score	Posttest correct responses	Normalized knowledge gain
Participant 1	70	8	80	8	0.33
Participant 2	80	9	90	9	0.50
Participant 3	80	9	90	9	0.50
Participant 4	70	8	80	8	0.33
Participant 5	70	9	90	9	0.67
Participant 6	80	8	80	8	0.00
Participant 7	80	9	90	9	0.50
Participant 8	80	9	90	9	0.50
Participant 9	70	8	80	8	0.33
Participant 10	80	8	80	8	0.00
Cohort average	76	7.6	84	8.4	0.37

Wilcoxon Signed-Rank Test

To determine statistical significance, I used the Wilcoxon signed-rank test, which is suitable for analyzing paired data sets in small samples. The Wilcoxon test showed a

significant improvement ($Z = 2.44, p < .05$), supporting the program's effectiveness.

Program Evaluation

Participants completed program evaluation forms, and the feedback received was uniformly positive. Every participant (100%) indicated plans to apply their newly acquired skills in clinical practice. Feedback highlighted the practical value of the education program, with one nurse sharing, "Practicing with real scenarios gave me the skills I needed to make patients comfortable during screening." Another remarked, "Understanding the scoring system and what each level means helped everything make sense – I'm ready to start using this right away." Additional feedback included, "The interactive practice sessions prepared me well for actual patient encounters."

The educational initiative created meaningful organizational change. Following the implementation of GAD-7 screening by the clinic's leadership, nurses demonstrated improved competency in GAD-7 administration and interpretation, leading to more standardized anxiety screening practices. Enhanced staff capabilities resulted in more uniform assessment procedures, contributing to improved identification and management of anxiety conditions.

Several factors limited the project's scope and findings. The small participant group of 10 nurses from a single primary care facility restricts how broadly these results apply to other settings. While pre and post assessments effectively measured immediate learning outcomes, they could not evaluate whether participants maintained these skills over time. More robust future studies should include larger, more diverse participant

groups and longer follow-up periods to better understand sustained program effectiveness.

This project provides valuable insights that extend beyond the local clinic. It offers a framework that other primary care facilities can adapt to enhance their mental health screening capabilities. By developing nurses' competencies in evidence-based screening tools, similar programs can improve anxiety disorder detection rates and support more comprehensive patient care across various healthcare settings.

Conclusions

The staff education project at the health and wellness clinic successfully improved nurses' knowledge and self-confidence in using the GAD-7 screening tool. The education program addressed gaps in standardized anxiety screening, enabling staff to identify and intervene early for patients with anxiety symptoms. By developing nurses' abilities to administer, score, and interpret the GAD-7, the initiative supported evidence-based care that enhanced patient outcomes and improved clinic operations. The significant gains in knowledge and confidence scores demonstrated that structured education programs effectively build essential clinical skills in primary care settings. This project underscores the value of incorporating mental health screening education into regular staff education to maintain consistent, high-quality patient care to improve outcomes.

Recommendations include conducting periodic follow-up evaluations to assess continued use of GAD-7 screening and measure effects on patient outcomes. Future implementations should test this educational model in different healthcare environments

to establish its effectiveness across various clinical settings. Additional research could examine optimal education frequency and methods for maintaining screening consistency over time.

For positive social change, this project advances equitable mental health care by ensuring all patients receive standardized anxiety screening regardless of their presenting concerns. The initiative supports diversity and inclusion by reducing disparities in mental health identification and treatment access. By providing a reproducible framework for implementing evidence-based screening tools, this project contributes to improving mental health care delivery and reducing the burden of undiagnosed anxiety disorders in primary care populations.

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Appendix A: ADDIE Model

Design and Implementation Phases

Learning Objectives

Define Generalized Anxiety Disorder and its impact on patient health: I presented a 25-minute overview that covered the definition of GAD, common symptoms, prevalence rates, and how anxiety affects patients' physical health, daily functioning, and quality of life. I used real-world case examples to illustrate how untreated anxiety can lead to worsening health outcomes.

- **Explain the GAD-7 screening tool's structure and purpose:** Over the next 25 minutes, I provided a detailed explanation of why the GAD-7 was developed, how it was validated, and its clinical purpose. I walked participants through each of the seven questions, explaining what each item measures and how together, they capture anxiety severity over the past two weeks.

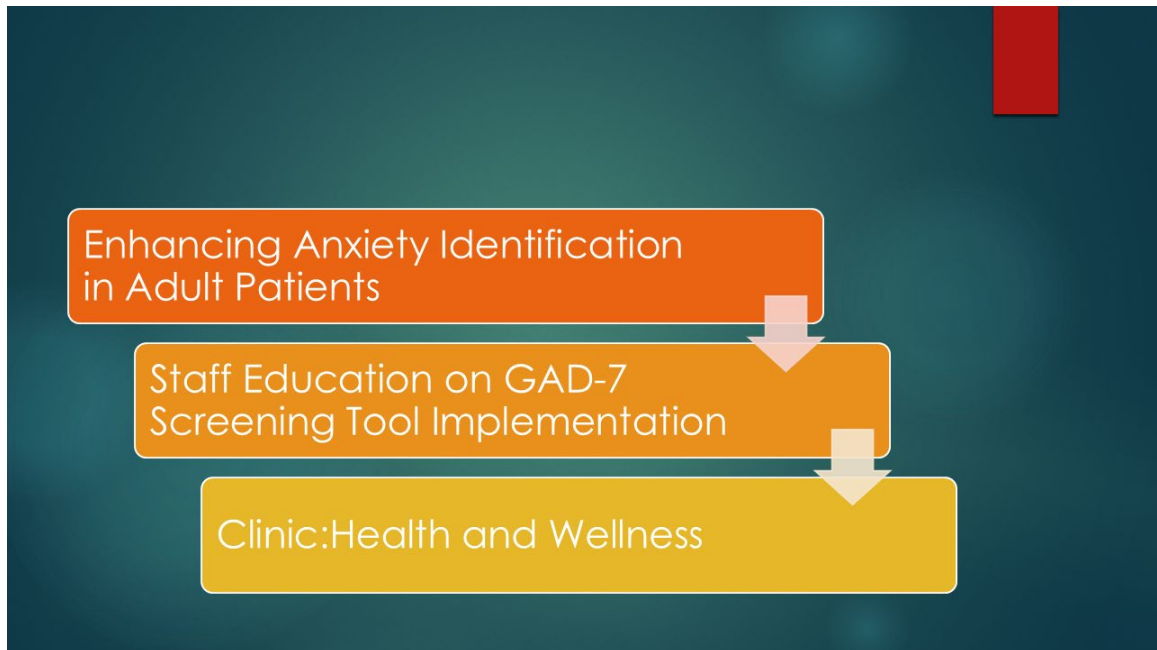
- **Describe how to administer the GAD-7 to patients effectively:** I dedicated the following 30 minutes to proper administration techniques. This included how to introduce the screening in a non-threatening way, creating a comfortable environment for honest responses, ensuring patient privacy, and addressing common patient questions or concerns. I demonstrated proper phrasing and tone when presenting the questions.

- **Practice exercises:** I concluded the session with 10 minutes of initial practice where participants worked in pairs to practice introducing and explaining the GAD-7 tool to patients using role-play scenarios.

I held the second 90-minute session one week later, focusing on the fourth objective and skill application:

- **Interpret GAD-7 results for informed clinical decisions:** I spent 30 minutes teaching participants how to calculate total scores and understand what each score range means (0-4 minimal anxiety, 5-9 mild anxiety, 10-14 moderate anxiety, 15-21 severe anxiety). I explained when to refer patients for further evaluation, how to discuss results with patients sensitively, and proper documentation procedures.
- **Case scenario practice:** I facilitated 40 minutes of hands-on practice using multiple patient scenarios. Small groups worked through calculating scores and determining appropriate clinical actions based on different GAD-7 results. We discussed how to handle various situations, such as patients with moderate scores who deny needing help or those with severe scores requiring immediate intervention.
- **Skills demonstration:** In the final 20 minutes, I had each participant individually demonstrate the complete process - from introducing the GAD-7 to a patient through interpreting results and recommending next steps. Each nursing staff member received immediate feedback from peers and me.

Appendix B: PowerPoint Presentation



Objectives

- Define Generalized Anxiety Disorder (GAD) and its impact on patient health
- Understand the GAD-7 screening tool's structure and purpose
- Learn how to give the GAD-7 to patients effectively
- Interpret GAD-7 results for informed clinical decisions
- Use GAD-7 results in patient care plans to track treatment outcomes

Pre-Test

- Purpose: To assess current knowledge about GAD and GAD-7 screening
- Format: Short quiz covering key concepts
- Instructions: Complete before proceeding with training
- Note: Results will be compared with post-test to measure learning
- Importance of pre and post testing in healthcare education (Komi et al., 2024)

What is Generalized Anxiety Disorder (GAD)?

- Definition: A mental health condition characterized by persistent and excessive worry
- Impact on patient health:
 - Affects daily activities and quality of life
 - Can lead to physical symptoms (e.g., fatigue, muscle tension)
 - Often undiagnosed in primary care settings (Momin et al., 2023)



Introduction to the GAD-7 Screening Tool

Purpose: To identify and assess the severity of anxiety symptoms

Structure:

- 7 questions about anxiety symptoms
- Patients rate symptom frequency over the past two weeks
- Scores range from 0 to 21

Benefits:

- Quick and easy to administer
- Early detection of anxiety disorders
- Improved patient care and outcomes
- Validated for use in primary care (Sapra et al., 2020)

Administering the GAD-7 Effectively

- Steps for administration:
 - Explain the purpose to the patient
 - Provide clear instructions
 - Ensure patient privacy and comfort
- Tips for effective use:
 - Use a conversational approach
 - Address any patient concerns or questions
 - Be sensitive to cultural differences (Argyriadis et al., 2022)

Interpreting GAD-7 Results

- Scoring guide:
 - 0-4: Minimal anxiety
 - 5-9: Mild anxiety
 - 10-14: Moderate anxiety
 - 15-21: Severe anxiety
- Clinical decision-making:
 - Consider scores along with patient history and presentation
 - Use results to guide further assessment or referral (Waheed et al., 2024)

Including GAD-7 in Patient Care Plans

Use results to:

- Establish a baseline for anxiety symptoms
- Track treatment progress over time
- Adjust treatment plans as needed

Importance of follow-up screenings

Shared decision-making with patients (Ramos-García et al., 2021)

Overcoming Implementation Challenges

- Common barriers:
 - Time constraints in primary care
 - Patient discomfort discussing mental health
- Solutions:
 - Integrate screening into routine care
 - Improve communication skills (Mata et al., 2021)
 - Create a supportive clinic environment (Barnes et al., 2019)

Best Practices for Using GAD-7

- Regular staff training and updates
- Consistent use across all providers
- Clear documentation in patient records
- Use of clinical guidelines for anxiety management (Hurtado et al., 2020)

**Conclusion
and Next
Steps**

Recap of key points

Importance of ongoing
education and support

Resources for further learning

Q&A session

Contact information for follow-
up questions

Post-Test and Evaluation

- Post-Test:
 - Similar format to pre-test
 - Measures knowledge gain after training
- Training Evaluation:
 - Feedback on training content and delivery
 - Suggestions for improvement
- Comparison of pre and post-test results
- Discussion of areas for further learning
- Value of post-testing in assessing educational interventions (Komi et al., 2024)

Case Scenarios

Mild Anxiety

Total Score: 6 (Mild anxiety)

Follow-up:

Discuss stress management techniques

Recommend regular exercise and healthy sleep habits

Schedule a follow-up in one month if symptoms persist

Moderate Anxiety

Total Score: 13 (Moderate anxiety)

Follow-up:

Refer to a mental health counselor for evaluation

Discuss potential benefits of cognitive-behavioral therapy

Recommend stress-reduction techniques like meditation

Schedule a follow-up appointment in two weeks

Severe Anxiety

Total Score: 19 (Severe anxiety)

Follow-up:

Urgent referral to a psychiatrist for comprehensive evaluation

Discuss potential medication options

Recommend immediate start of psychotherapy

Provide resources for support groups and crisis hotlines

Schedule a follow-up appointment within one week

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Appendix C: Pretest-Posttest**General Anxiety and Screening Pretest /Posttest****Unique identifier _____**

- 1. Which of the following is a primary purpose of the GAD-7 tool?**
 - a) Diagnose depression
 - b) Screen for generalized anxiety disorder
 - c) Assess risk of suicide
 - d) Measure blood pressure
 - e) I am not sure

- 2. How many items are included in the GAD-7 screening tool?**
 - a) 5
 - b) 7
 - c) 10
 - d) 12
 - e) I am not sure

- 3. Over what time frame does the GAD-7 ask patients to recall their symptoms?**
 - a) Past 24 hours
 - b) Past week
 - c) Past 2 weeks
 - d) Past month
 - e) I am not sure

- 4. What GAD-7 score indicates moderate anxiety?**
 - a) 3
 - b) 5
 - c) 10
 - d) 15
 - e) I am not sure

- 5. Which of the following is NOT a symptom assessed by the GAD-7?**
- a) Trouble relaxing
 - b) Feeling nervous or on edge
 - c) Hallucinations
 - d) Worrying too much about different things
 - e) I am not sure
- 6. Routine use of the GAD-7 in clinical practice can help nurses:**
- a) Reduce unnecessary laboratory testing
 - b) Improve early detection of anxiety disorders
 - c) Replace the need for patient interviews
 - d) Eliminate the need for follow-up care
 - e) I am not sure
- 7. The GAD-7 is validated for use in which patient population?**
- a) Only pediatric patients
 - b) Only psychiatric inpatients
 - c) Adults in primary care and outpatient settings
 - d) Only patients with a prior anxiety diagnosis
 - e) I am not sure
- 8. Which GAD-7 score threshold is commonly used to indicate the need for further evaluation for GAD?**
- a) 2
 - b) 5
 - c) 8
 - d) 20
 - e) I am not sure

9. Why is staff education on the use of the GAD-7 important for nursing practice?

- a) It increases knowledge and confidence in anxiety screening
- b) It eliminates the need for physician involvement
- c) It reduces the number of patients seen
- d) It is required by law in all states
- e) I am not sure

10. What is a key benefit of integrating standardized anxiety screening tools like the GAD-7 into routine nursing assessments?

- a) Promotes consistent and accurate identification of anxiety
- b) Decreases patient satisfaction
- c) Increases healthcare costs
- d) Limits access to mental health care
- e) I am not sure

Appendix D: Program Evaluation Tool

Enhancing Anxiety Identification in Adult Patients

2025

Presenter: Wonda Crump, DNP Student, Walden University

1. On a scale of 1 to 4, how would you rate the overall educational quality of this education program? Please circle your response

Poor	Okay	Good	Excellent
1	2	3	4

Please briefly describe why you selected your response.

2. The content of this program is helpful for my practice or professional development. Please circle your response.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3. As a result of your participation in this educational program, do you intend to make changes in your practice behaviors? Yes No Please circle your response.

4. If yes, what changes do you intend to make in practice and performance?

5. I am confident that I can make changes in my practice to improve consistent GAD-7 screening.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

6. Please identify any barriers you perceive in implementing these changes.

Thank you for completing this evaluation.