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## Staff Education to Increase Nurses' Knowledge and Comprehension of Psychiatric Advance Directives

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# Walden University

College of Nursing

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Lenora Johnson

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Executive Summary: Staff Education Project

Staff Education to Increase Nurses' Knowledge and Comprehension of Psychiatric

Advance Directives

by

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## Summary

Psychiatric advance directives (PADs) are binding documents through which a patient who has severe mental illness can specify their treatment preferences before becoming mentally ill in a crisis. PADs support patient autonomy, shared decision-making, and reduce the reliance on coercive or involuntary treatments. However, patient record reviews in this practice setting revealed that PAD documentation was not frequently practiced, and nurses were not even aware of or confident enough to assist patients in preparing these directives. This DNP project was designed to bridge this gap by implementing a formal staff education program that would improve the knowledge and awareness of PADs among nurses. The practice question guiding this project was “Will a staff education program on PADs increase nurses’ knowledge and comprehension of PADs as evidenced by pretest and posttest measurements?” The project used a quantitative one-group pretest–posttest design. Fifty-five registered nurses took part in a 2-hour learning session that included interactive discussion, case studies, and multimedia presentations. IBM SPSS Version 29 was used to analyze the data. The results revealed an overwhelming gain in knowledge, with the pretest mean being 2.85 ( $SD = 1.43$ ) and the posttest mean being 10.00 ( $SD = 0.00$ ). These results imply that the educational intervention was effective in increasing awareness among the staff in relation to PADs. The project demonstrated that a targeted educational intervention can bridge knowledge gaps and increase the clinical confidence of psychiatric nurses. The project has the potential for promoting positive social change by allowing inclusion and equity for people with mental illness.

## **Background**

PADs are a vital part of patient-centered psychiatric care, yet they remain underutilized due to insufficient staff education and awareness. This background provides the rationale for the practice change and connects directly to the identified gap in practice at the practice setting psychiatric units.

### **The Gap in Practice**

The problem of incomplete PADs is a clinical and ethical failing of psychiatric treatment. PADs seek to give voice to seriously mentally ill patients by enabling them to make advance treatment preferences so their own desires are respected, even if they cannot make decisions at the time of a crisis. At the study site, patient record audits and interviews with staff nurses indicated patient records lacked documentation pertaining to PADS. Staff consistently reported a lack of knowledge of PADs, uncertainty about legalities, and uncertainty about their roles in the application of these directives. Formal training programs do not exist, which has resulted in inconsistent practice across departments. Education and system support were lacking, and nurses were not sure about starting a discussion around PADs or integrating current PADs into plans. This deficit was a barrier to the accomplishment of the mission of the organization in treating mental health on the basis of equity for patients. Closing this deficit through education was essential not only in optimizing ethics and legal adherence but also in enabling patients' desires to be honored at their most vulnerable moment. Addressing this knowledge deficit through targeted staff education was therefore necessary to align clinical practice with ethical and legal standards for psychiatric care. This background evidence served as the foundation for developing a structured educational intervention aimed at improving

nurses' competence and patient outcomes.

### **The Project Question and Purpose**

The purpose of this DNP project was to implement an evidence-based educational intervention to enhance nurses' knowledge, attitudes, and self-efficacy in facilitating PADs. The overall guiding question was "Will participation in a PAD education program improve nurses' knowledge and awareness of PADs as measured by pretest and posttest scores?" The project sought to raise the awareness of the legal foundations of PADs, advance documentation practice, and reinforce the ethical responsibility of nurses for promoting patient autonomy. The project sought to build sustainable educational materials and processes that can be integrated within the hospital's staff development activities. The project also sought to incorporate national best practice and organizational practice with patients with mental illness's rights to be actively involved in their treatment planning. The long-term ultimate objective of this project was to include PAD education in mandatory staff training, whereby all the nurses are equipped to advocate for the patients' choices and support an environment of respect and empowerment for psychiatric care settings.

### **Evidence Supporting the Project**

The evidence base for selecting staff education was solid. A thorough search of the literature through databases such as CINAHL, PubMed, PsycINFO, and BMC Medical Ethics was conducted. Keywords utilized included *psychiatric advance directives, mental health nursing education, patient autonomy, and evidence-based interventions*. The literature consistently indicates that inadequate staff training and knowledge are the highest obstacles to the successful application of PADs. Braun et al.

(2023) conducted a systematic review of patient perception and determined that patients who had completed PADs reported higher dignity, reduced coercive treatments, and higher satisfaction in care. However, the review also showed that PADs were not used very often because practitioners lacked clarity and were inadequately trained. Karasik (2023) emphasized peer facilitation and staff training in minimizing stigma and increasing the use of PADs. His research confirmed that educational interventions that boosted empathy, communication, and patient partnership resulted in higher completion of PADs.

Porteri et al. (2024) tested clinicians' knowledge about Italian Law 219/2017 in terms of informed consent and advance directives. They found that there was a widespread lack of knowledge in terms of assessing capacity and shared decision-making. These findings mirror problems encountered within U.S. psychiatric practice and underscore the importance of teaching clinicians how to interpret legal contexts correctly. Kitson et al. (2021) also supplied evidence for the argument by demonstrating that education and commitment of leadership are vital in implementing evidence-based practice into daily practice. Based on their research, they developed the concept that existing education programs strengthen the maintenance of patient rights programs.

The Johns Hopkins Nursing Evidence-Based Practice Model informed the critical appraisal of this evidence and established that most of the sources were categorized under the Level I (systematic reviews) and Level III (implementation studies), high-level evidence on educational interventions (Bans-Akutey et al., 2021; Dang et al., 2021). Curriculum design for this project employed adult learning principles and the knowledge-to-action approach. Adult learning theory emphasizes active participation, problem-

solving, and practice relevance and is thus particularly effective in professional development (Knowles, 1978). As experience suggests, interactive and case-study-based instruction also enhances learning retention and usefulness. Implementation science literature emphasizes combining education with structural facilitators like electronic health records prompts and leadership backing to enhance sustainability (Ominyi et al., 2025). Altogether, the literature confirms education as an effective means of improving PAD utilization and serves in line with the objectives of this project.

### **Staff Education Project Development**

#### **Participants and Procedures**

After clearance by the chief administrative officer, nursing administration, and the faculty advisor, the project was implemented at the practice setting inpatient psychiatric units. Fifty-five registered nurses volunteered. Eligibility for the program required current work in psychiatric services and at least 6 months' experience. Recruitment was done through department meetings, emails, and leaflets on the unit boards. Program logistics were organized to have minimal impact on patient care, with sessions at varied times to accommodate shift workers. Each participant received one two-hour training session from the project leader.

The teaching material was developed based on evidence produced by the literature review and was guided by the organization's quality improvement agenda. Training included legal, ethical, and clinical PAD fundamentals as well as emphasis on how to walk patients through to completion, check documentation, and honor PADs in crises. Training materials were PowerPoint presentations, handouts, and a brief electronic health record demonstration. Participants role-played de-escalation and prevention of

crisis using PADs, exercised recognizing PAD indicators, and walked through real-case scenarios. The interactive method encouraged the development of attitudes toward patient autonomy and encouraged the advocacy function of nurses for patients' rights. A readiness assessment was conducted informally with nurse leaders, who expressed strong support for PAD training but identified limited time and competing clinical demands as potential barriers. Strengths of the project included administrative approval, leadership commitment, and motivated staff participants. These findings supported the feasibility of project implementation. Ethical principles were upheld throughout the project. Participation was voluntary, no identifiable data were collected, and the project received institutional ethical approval.

### **Collection and Analysis of Evidence**

To determine the efficacy of the education program, an immediate pre- and post-session 10-item multiple-choice test was administered. The test had items that measured participants' understanding of PAD concepts, legal concepts, the process of documentation, and clinical application. IBM SPSS Version 29 was used to analyze the data. As shown in Table 1, descriptive statistics were calculated to assess central tendency, variability, and range of scores.

**Table 1**

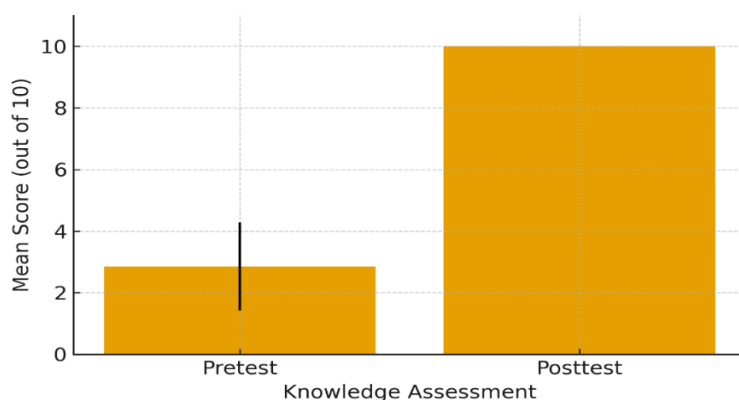
#### *Pretest and Posttest Results*

Metric	Pretest (Before Education)	Posttest (After Education)
Mean	2.85	10.00
Standard Deviation	1.43	0.00
Minimum	0	10
Maximum	4	10
Range	4	0

The results indicated record enhancement in knowledge after training. The standard score improved from 2.85 to 10.00, and the standard deviation from 1.43 to 0.00, indicating mastery of content by all member's time and again. All these results confirmed that the training covered the knowledge gap as it was measured. The analytical results confirmed that the intervention produced a statistically and clinically meaningful improvement in knowledge. Figure 1 visualizes this difference in pretest and posttest mean scores.

### Figure 1

*Comparison of Pretest and Posttest Mean Scores on PAD Knowledge*



### Evaluation Process

A summative evaluation survey was also given to all participants upon completion of the session to collect feedback on the relevance and impact of the program. The nurses rated the material as highly informative and clinically applicable to practice. Most participants responded that the training helped to alleviate misconceptions about the law of PADs and improved patient communication about treatment options. A few nurses recommended that they start educating patients about the issue of PAD on subsequent admissions. Leadership will continue to have routine access to this training by

implementing the topic in the hospital's annual competency program. The process also generated ongoing opportunities for improvement, including the creation of follow-up refresher modules and the incorporation of PAD education into interdisciplinary conferences. Evaluation data also revealed a strong organizational readiness to sustain the intervention. Nurse leaders committed to including PAD education in their ongoing professional development program, and plans were initiated to incorporate PAD documentation prompts into the EHR system to promote sustainability and accountability.

## **Results**

### **Postimplementation Results**

Consistent posttest scores reflect that the material was successfully transferred and understood to its full extent. This training was above target in short-term training and suggests that, apart from legal, ethical, and clinical concerns, the instruction was practical.

### **Impact on the Organization**

Project implementation had a considerable impact on organizational practice and culture. Findings were disseminated to hospital administration, and application of PAD training to new employee orientation and yearly re-certification for current employees were promoted. Coordination with the information technology department also resulted in the modification of the electronic health record to include PAD prompts, thereby making it easy to document and be accountable. This project greatly enhanced communication among the nursing, psychiatry, and social work departments. These communication sources are designed according to the mission of the hospital to provide

respect, dignity, and inclusion to every patient. By providing information and equipment required by nurses, the organization can ensure compliance with the patients' treatment choices, enhance patient satisfaction, and avert ethical crises.

### **Benefits and Limitations Outside the Local Setting**

Despite the strong findings, several limitations existed for this project. It was conducted in a single hospital and only on registered psychiatric unit nurses, limiting generalizability. Also, short-term knowledge retention alone was noted shortly after training, with no subsequent long-term retention or behavioral change testing in practice. Future projects must include three-month and six-month post-intervention testing and auditing of PAD documentation rates to assess sustained effect. Yet the educational model and results have broad application. Other behavioral health agencies can adapt this intervention to improve PAD implementation, promote ethical care, and advance social justice in mental health. These outcomes directly answer the practice-focused question by confirming that structured PAD education significantly improves nurses' knowledge and awareness. The findings also suggest that sustained implementation of similar educational interventions across other behavioral health systems could promote ethical care, strengthen patient advocacy, and align with the principles of diversity, equity, and inclusion in mental health practice.

### **Conclusion**

In summary, this DNP project confirmed that an evidence-based staff education program can effectively improve nurses' understanding of PADs and bridge the gap between policy and clinical practice. The intervention addressed the practice gaps in the clinical setting that were identified and became a model for long-term professional

development. With this project, nurses learned how to initiate PAD conversations, assist patients in documenting their intentions, and encourage ethical application of PADs during a crisis. Integration of PAD education into the organizational training systems is a significant step in the evolution of patient-centered psychiatric practice. At a practice level, this project reaffirms the central role of education in ensuring evidence-based, ethical practice. Through equipping nurses with the legal and ethical dimensions of PADs, health systems can reduce coercive treatment to an absolute minimum, optimize patient-provider trust, and uphold the core principles of autonomy and dignity. In the future, the plan is to extend PAD training to underdisciplined staff members, offer regular refresher sessions, and track PAD completion rates to assess whether improvement has been made. The project also promotes positive social change by allowing inclusion and equity for people with mental illness. Empowering nurses with the authority of patient rights advocates ensures that every patient has a voice in their care, enabling clinical excellence and social responsibility in the treatment of mental illness. The outcomes of this project have broader implications for nursing practice, especially in reinforcing nurses' ethical responsibilities as patient advocates. By embedding PAD education into institutional training, organizations can advance social justice, promote health equity, and ensure that all patients regardless of diagnosis or background retain autonomy and dignity in their care decisions.

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