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Staff Education on Medication Adherence

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Walden University

College of Nursing

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Jerome Obiagba

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Executive Summary: Staff Education Project

Staff Education on Medication Adherence

by

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Summary

The Doctor of Nursing Practice (DNP) project focuses on improving medication adherence in mental health settings, where many patients do not take medications as prescribed, leading to worsening symptoms, relapse, frequent hospitalizations, higher healthcare costs, and reduced quality of life. This problem mainly affects individuals with anxiety, bipolar disorder, major depressive disorder, and schizophrenia, and is often related to poor understanding of treatment, cultural beliefs, or limited access to care. Because nurses play a key role in medication monitoring, education, and patient support, the project examined whether staff education improves nurses' knowledge, confidence, and effectiveness compared to standard practice without training.

The project involved designing, implementing, and evaluating a staff education program, utilizing pre- and post-tests to measure changes in staff confidence and understanding. Findings showed that education improved nurses' awareness of adherence challenges, ability to identify barriers, and skills in providing patient-centered education and collaboration. The average percentage increase was 88.89%, suggesting that nurses achieved a better understanding of the evidence-based practice strategies to improve medication adherence. The primary outcome was a reusable staff education module, and the project concludes that ongoing staff education is a practical and sustainable approach to strengthening nursing practice, promoting culturally sensitive and equitable care, reducing health disparities, and improving medication adherence and outcomes for underserved mental health populations.

Background

Despite the availability of evidence-based guidelines, gaps in clinical practice still exist and negatively affect the quality of care patients receive (Bemker & Whitehead, 2024). Factors like increased workloads, limited time, insufficient staff education, and inconsistent use of established protocols often result from variability in practice (Gaspar et al., 2023). These gaps lead to decreased adherence to best practices and can lead to poor patient outcomes, safety, and overall care quality. Addressing this practice gap is important for improving clinical outcomes in healthcare settings and supporting evidence-based decision-making among healthcare professionals (Al-Jaroodi et al., 2023). During the initial phase of the DNP project, a chart audit was conducted at the clinic, which included interviews with staff nurses and other stakeholders such as psychotherapists, nurse practitioners, and quality improvement personnel. A needs assessment was also conducted to gain insight into this care gap.

The assessment included a review of current data, such as documentation practices, readmission, and hospitalization rates. Protocols to deliver patient care were in place at this clinic; however, most staff were not adequately trained in medication adherence counseling. The needs assessment also revealed an inconsistency in the documentation on how staff educate patients about medication adherence. There were also incomplete records of staff training on adherence counseling. Staff documentation was tracked over three months in 2025; it was discovered that more than 50% of patient charts did not have proper documentation of adherence counseling, and another 25% of the patients with inadequate documentation were patients with a diagnosis of bipolar

disorder, major depression, or schizophrenia. This puts these patients at an increased risk of morbidity, mortality, emergency room visits, and acute exacerbations of illness. A recent study by Sriboonruang et al. (2024) noted the average annual remission rate of individuals diagnosed with schizophrenia as 128 out of 100,000, and identified relapse as caused by a lack of disease awareness and education on adherence.

Nursing staff shared previous experiences and barriers patients face with medication adherence. Strategies to enhance communication and patient engagement were discussed. Nonadherence to prescribed medications has been linked to the relapse of symptoms, frequent hospital admissions, diminished quality of life, and a barrier to improved treatment outcomes (Oliveira et al., 2024). Meetings were held with the interdisciplinary team and other stakeholders onsite, which included nursing staff, psychotherapists, the nurse educator, and leadership. In the meeting, emphasis was placed on the gap between the intended use of medications and the actual treatment, which represents a problem worldwide (Bayraktar et al., 2025). The importance of medication adherence was noted by leadership, who approved this project. Leadership was supportive from the beginning, aiming to improve patient safety and engagement in treatment. Medication nonadherence is associated with an increase in healthcare services and increased costs. A recent study reported that in 2013, healthcare costs exceeded \$2.5 trillion in the United States (Aljofan et al., 2023).

The project question guiding this Doctor of Nursing Practice (DNP) project was: How does staff education on medication adherence improve nurses' knowledge, confidence, and effectiveness in educating patients compared to standard practice without

training? The project aimed to improve consistency in practice, enhance staff knowledge, and support the delivery of high-quality, patient-centered care through targeted education and standardized processes, which all have been shown to support safer and more effective care delivery (Bemker & Whitehead, 2024). Evidence-based data from peer-reviewed literature support the need for this practice change. Gasper et al. (2023) emphasized that structured interventions such as structured education and consistent communication strategies and protocols are associated with improved patient outcomes and treatment adherence. Moreover, addressing human factors, including improved communication and counselling techniques, decreased workload, and staff engagement, would sustain practice change and improve the success of implementation (Al-Jaroodi et al., 2023).

The evidence supporting this project included systematic reviews, empirical research studies, and clinical leadership frameworks, which represent moderate to strong levels of evidence. The literature consistently supported the effectiveness of evidence-based interventions in reducing variability in care, improving staff performance, and enhancing patient outcomes (Bemker & Whitehead, 2024; Gaspar et al., 2023). Collectively, the strength of the evidence justified the proposed practice change and supported its implementation within the selected practice setting.

Staff Education Project Development

The Organizational Readiness for Implementing Change Tool was used to assess indicators such as the organization's leadership's confidence in implementing change,

staff commitment to change, confidence that all stakeholders could manage the politics of change, and the ability of all stakeholders to coordinate tasks. The tool also analyzed organizational readiness to support staff, how confident all stakeholders felt in managing the challenges, and the availability of resources (see Johns Hopkins Nursing, 2025). The assessment revealed a high readiness level with a 5 (agree) score on each tool criterion. Organizational leadership was supportive and recognized the effect of medication adherence on the patients' overall well-being and the organization's efficiency. The organization demonstrated strengths, such as quality improvement staff in place, psychotherapists, nurse practitioners, and the information technology team, who collaborated and were open to sharing views and ideas.

Furthermore, a DNP project Strengths Weaknesses Opportunities and Threats (SWOT) analysis of the organization was also conducted, and a major strength of the organization was that it had supportive leadership and staff who worked together. An identified weakness of the organization was the need for improvement in staff training. An opportunity open to this organization was that opportunities could be turned into strengths through the expansion of telemedicine. The use of educational platforms can reinforce adherence messages beyond the clinic visit. A significant threat to this organization was that negative patient experiences could lead to poor reviews, a low reputation, and reduced referrals, and poor patient outcomes.

Participants for this project included psychotherapists, registered nurses, psychiatric nurse practitioners, quality improvement staff, and a nurse educator who were available and willing to engage in educational intervention. Inclusion criteria ensured that

participants were actively employed in patient care roles and regularly engaged in the processes targeted by the project. Evidence-based educational materials and strategies were selected based on current clinical guidelines and best practices relevant to the project focus (Bemker & Whitehead, 2024). The project was implemented through structured educational sessions, which included interactive presentations, scenario-based discussions, and supplemental written materials. Staff were encouraged to actively participate, ask questions, and engage in problem-solving exercises to promote retention and application of knowledge. Educational interventions provided by trained nurses to patients significantly improved adherence rates and reduced hospitalizations among psychiatric patients (Peterson, 2025).

Additionally, pre- and post-tests were conducted before and after the teaching to measure staff knowledge and confidence toward promoting medication adherence. Observation audits of staff-patient interactions assessed the use of adherence strategies in real-world practice. Qualitative feedback was collected through reflection forms and group discussions to explore perceived barriers and facilitators. Quantitative data were analyzed using descriptive statistics to measure improvement in knowledge and strategies to improve adherence behaviors. A pre-test was administered to nursing staff before the education session to assess baseline knowledge related to medication adherence (see Appendix A). A post-test was administered following the educational intervention to evaluate changes in staff knowledge related to medication adherence (see Appendix B).

Results

The project's outcome revealed measurable improvements in staff knowledge, confidence levels, and the application of evidence-based practices related to medication adherence (see Table 1).

Table 1

Percentage of Staff Demonstrating Competence Before and After Education

Outcome area	Preeducation (%)	Posteducation (%)
Knowledge of medication adherence	45%	85%
Confidence in teaching patients	50%	90%
Evidence-based practice use	40%	80%

Survey results post-intervention also demonstrated increased understanding of adherence strategies and improved confidence in providing patient education. Observational audits indicated greater consistency in the use of standardized communication techniques and documentation practices when discussing medication adherence with patients. These findings suggested that the educational intervention was effective in addressing the identified practice gap. The project had a positive impact on the organization by promoting best practices and improving staff engagement in patient education. The project also fostered better communication amongst staff and other stakeholders, contributed to more consistent care delivery, and supported a culture of quality improvement. The project also increased staff awareness of their role in supporting medication adherence, which aligned with organizational goals related to quality care, patient outcomes, and performance improvement. Additionally, the established educational model provided a framework that can be replicated for future staff training initiatives.

A recent study by Doornebosch et al. (2025) emphasized that interprofessional collaboration (IPC) amongst healthcare professionals of varying backgrounds is essential for the provision of high-quality person-centered care. Doornebosch et al. (2025) further highlights that everyone contributes their knowledge and skills to achieve a shared goal. IPC improves when all persons involved communicate by using a common language, for example, by analyzing patient outcome measures and communication. Adopting the IPC would foster improved medication adherence education (Doornebosch et al., 2025).

Several limitations may have influenced the outcome of the project. The project was not conducted in different clinical settings, but in a single practice setting with a small sample size, which limits generalizability. The availability of staff was impacted due to staffing shortages, increased workload, and time constraints for education sessions, potentially reducing full participation. Data for the project were collected mostly by self-reported measures, which may introduce response bias. These limitations may have impacted the magnitude of observed outcomes; however, meaningful improvements were still noted following implementation. Although implemented at a single site, this project has broader relevance to healthcare organizations facing similar challenges related to medication adherence and staff education.

Medication nonadherence is a widespread issue associated with poor patient outcomes and increased healthcare costs. This project demonstrated that targeted, evidence-based staff education can improve clinical practices and support adherence across diverse healthcare settings. The findings may inform future quality improvement initiatives, guide leadership decision-making, and support the integration of structured

educational interventions in other clinical environments. Evidence-based approaches clinicians recommend to patients include improving medication adherence, family psychoeducation, motivational interviewing, and social skills training (Dameery et al., 2023).

Conclusions

The implementation of the staff education project had a positive impact on the organization, improving consistency in clinical practice and enhancing staff engagement in patient education. Standardized education supported evidence-based decision-making and enhanced communication among staff members. The project also reinforced a culture of quality improvement, patient safety, and accountability. By increasing staff confidence and knowledge, the organization benefited from more reliable care processes and improved alignment with organizational goals related to patient outcomes and performance improvement.

There are some recommendations to consider for the sustainability and expansion of the project. Ongoing education sessions and bi-annually refresher training may help maintain staff knowledge and support long-term practice change. Incorporating medication adherence education into new staff orientation could further strengthen consistency.

Additionally, the organization may consider expanding the use of standardized tools, such as patient education checklists or electronic health record prompts, to reinforce adherence strategies. Future projects could also evaluate patient-level outcomes and explore interdisciplinary approaches to further improve care delivery. This project highlights the critical role of nurses in promoting medication adherence and supporting patient-centered care. Nurses are often the primary educators and advocates for patients, making them essential to improving health outcomes through effective communication and education. The findings support the integration of evidence-based education into daily nursing practice and emphasize the importance of leadership, collaboration, and continuous learning.

This project contributed to positive social change by promoting equitable access to consistent medication education for all patients, regardless of background. Enhanced staff awareness of communication strategies promotes culturally responsive care and helps mitigate disparities in health literacy and medication adherence. By encouraging inclusive communication and individualized education, the project supported diversity, equity, and inclusion in healthcare delivery. These efforts align with broader goals to improve health outcomes for underserved populations and promote fairness and respect within the healthcare system.

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Appendix A: Pretest

Pretest: Teaching Medication Adherence in Mental Health

Question no.	Question	Response options / Format
1	What does “medication adherence” mean?	a) Taking medicine only when symptoms are bad b) Taking medicine exactly as prescribed c) Taking extra doses when feeling anxious
2	Why is medication adherence important for patients with mental health conditions?	a) It helps control symptoms and prevent relapse b) It makes patients dependent on medication c) It is not important if patients feel better
3	Name one common reason patients	Short answer
4	What can happen if a patient stops taking their prescribed medication suddenly?	a) Faster recovery b) Return or worsening of symptoms c) Improved mood
5	As a nurse, how can you help a patient remember to take their medication?	a) Encourage using reminders or pill boxes b) Ignore it; it’s the patient’s responsibility c) Tell them to take all pills at once
6	Education about medication should be repeated and reinforced over time.	True / False
7	What is one way to show empathy when a patient expresses frustration about their medication?	Short answer

Note: Correct responses for multiple-choice items were Questions 1 (b), 2 (a), 3. Possible answers: Side effects, cost, forgetfulness, feeling better, stigma, lack of understanding 4 (b) 5 (a) 6 (true) 7. Possible answers: Listen actively, validate their feelings, reassure them, and discuss solutions together.

Appendix B: Posttest

Posttest: Teaching Medication Adherence in Mental Health

Question no.	Question	Response options / Format
1	Define medication adherence.	Short answer
2	List two benefits of medication adherence for mental health patients	Short answer
3	Which of the following is a good way to support adherence?	a) Provide clear instructions and check understanding b) Use medical terms only c) Avoid follow-up conversations
4	Discussing side effects openly with patients helps build trust and improves adherence.	True / False
5	What should a nurse do if a patient says they stopped taking their medication because of side effects?	a) Tell them to stop all treatment b) Listen, document, and inform the provider c) Ignore it and move on
6	Give one example of how to involve family or caregivers in supporting medication adherence.	Short answer
7	What teaching method can help patients understand the importance of taking their medication regularly?	a) Using teach-back (asking patients to repeat instructions) b) Speaking quickly to save time c) Giving all information at once without checking understanding

Note: Correct responses for multiple-choice items were Question 1: Taking medication as prescribed, the right dose, at the right time, and for the right duration. 2 Answers may include: Better symptom control, Fewer relapses or hospitalizations. 3 (a) 4 (true) 5 (b) 6. Possible answers: Teach family how to give reminders, Encourage emotional support 7 (a).