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Staff Education Project Staff Education on Medication Adherence

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Executive Summary: Staff Education Project

Staff Education on Medication Adherence

by

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Summary

This Doctor of Nursing Practice project is focused on enhancing staff knowledge on medication adherence within a psychiatric care setting. The identified practice problem was low adherence to prescribed psychotropic medications and how it contributes to symptom relapse, increased hospital readmissions, and poorer health outcomes, making it a critical issue in psychiatric nursing practice. The purpose of this project is to implement and evaluate an evidence-based educational intervention for staff aimed at increasing knowledge and consistent use of adherence-supportive strategies. Analytical methods included a pre- and postintervention design utilizing validated staff knowledge surveys, and adherence rate tracking. Quantitative data analysis using descriptive and inferential statistics assessed the effectiveness of the intervention.

A pretest and posttest questionnaire consisted of 20 multiple-choice questions, and data were analyzed using the learning gain percentages formula. Among the 20 participants who completed pre- and post-test assessments, the mean score increased from 13.05 to 17.00, resulting in a learning gain of 19.75%. This indicates that the educational program effectively showed early signs of improved knowledge levels among staff members after the educational content delivery, indicating they gained better preparation for adherence strategy implementation within clinical practice. These results suggest that targeted education can effectively strengthen nursing practice and contribute to improved care outcomes in psychiatric settings. The project supports broader goals of positive social change by promoting equitable access to consistent care, advancing mental health equity; and fostering inclusive, culturally responsive nursing practice.

Background

Gap in Practice

At the current practice site, a noticeable gap exists in the ability of healthcare staff to effectively support medication adherence among psychiatric patients. Although staff members are responsible for medication administration and monitoring treatment progress, many have not received formal or ongoing training in evidence-based strategies that promote adherence. Specifically, there is a lack of structured education in therapeutic communication techniques that build trust and rapport with patients, behavioral reinforcement strategies that encourage consistent medication use, and shared decision-making approaches that involve patients in their own treatment planning.

This gap results in missed opportunities to address the complex psychological, social, and cognitive factors that influence nonadherence. As a consequence, patients may feel misunderstood or excluded from treatment decisions, leading to resistance, disengagement, and ultimately, poor adherence. The absence of standardized protocols or training programs exacerbates this issue, leading to inconsistent practices among staff and fragmented care delivery. Without targeted intervention, the practice site risks ongoing cycles of relapse, rehospitalization, and diminished patient outcomes.

Project Purpose and Practice Question

The purpose of this project was to implement a targeted educational intervention to enhance staff knowledge and consistency in promoting medication adherence. Recent studies support the effectiveness of such interventions in improving clinical outcomes (Cahaya et al., 2022). To evaluate the impact of the program, the guiding project question was: Upon

completing the education program, will participants demonstrate increased knowledge of the ESPACOMP Medication Adherence Reporting Guideline (EMERGE) guidelines for medication adherence? This question served as the foundation for assessing whether the training effectively addressed the identified gap in staff preparedness and adherence-support strategies.

Supporting Evidence

Recent studies strongly support the implementation of targeted educational interventions aimed at improving medication adherence in psychiatric settings. For example, Brown et al. (2021) found that staff-led adherence support programs, particularly those emphasizing therapeutic communication and patient-centered planning, significantly improved both medication engagement and care continuity in inpatient psychiatric units. Their findings suggest that when staff receive structured training, they are better equipped to identify and address barriers to adherence, resulting in improved clinical outcomes. Additionally, a systematic review by Nguyen et al. (2022) concluded that educational and behavioral interventions delivered to clinical staff led to measurable increases in psychotropic medication adherence rates. This review highlighted that interventions incorporating role-playing, adherence monitoring, and motivational interviewing were especially effective. These studies collectively point to a critical need for routine, evidence-based training programs embedded within psychiatric care systems.

Further supporting this approach are two foundational articles that focus specifically on the EMERGE guidelines—a structured framework for improving adherence research and practice. McGrane et al. (2023) explored how the EMERGE guideline enhances the quality of clinical trials by improving consistency in adherence assessment and intervention design. The article organizes evidence across multiple levels: individual (e.g., patient beliefs, motivations),

contextual (e.g., provider practices, care environments), and systemic (e.g., trial design, reporting standards). Key themes include the complexity of adherence as a multifactorial issue, the importance of behavioral and psychological factors, and the necessity for collaboration among healthcare providers, researchers, and patients. The authors argued that successful interventions must be tailored, consistently measured, and supported by organizational structures. Likewise, London et al. (2023) emphasize the importance of adopting EMERGE to standardize medication adherence reporting in clinical trials. Their analysis shows that consistent use of EMERGE improves data quality, facilitates evidence synthesis, and informs better intervention strategies. These findings are highly relevant to psychiatric care settings, where real-world variability in adherence is common. Therefore, this project's guiding question is both timely and evidence-driven, reflecting current best practices in enhancing adherence through staff education aligned with standardized guidelines.

Staff Education Project Development

Project Setting and Participants

This DNP project was implemented in an inpatient psychiatric facility and involved a multidisciplinary group of 20 healthcare professionals. Participants included 10 registered nurses (RNs), four nurse practitioners (NPs), four social workers, and two pharmacists. I selected these professionals based on their direct involvement in care planning, medication administration, and adherence support for individuals prescribed psychotropic medications. Registered nurses represented the largest group due to their frontline role in daily medication delivery and patient monitoring. Nurse practitioners contributed clinical expertise in prescribing and managing psychotropic regimens, while social workers provided psychosocial support and discharge

planning related to medication continuity. Pharmacists participated by offering medication education and assisting with adherence strategies. All participants met the inclusion criteria, which required active clinical engagement with psychiatric patients, and participation was voluntary.

Education Project Procedures

The project followed a pre- and post-intervention design and began with a baseline assessment using a validated survey to measure participants' knowledge, confidence, and use of adherence-supportive strategies. The intervention consisted of evidence-based educational sessions tailored to each discipline's scope of practice, covering topics such as therapeutic communication, motivational interviewing, psychoeducation, and interdisciplinary collaboration. Educational content was delivered through interactive in-person workshops, case-based discussions, and printed reference materials.

Data Collection and Analysis

Data collection included pre- and post-intervention surveys to evaluate documentation of adherence-related practices and changes in adherence behaviors. The pre- and post-tests consisted of a structured, evidence-based questionnaire designed to assess participants' knowledge of the EMERGE guidelines, attitudes toward medication adherence, and familiarity with best practices in supporting adherence in psychiatric care. Each survey contained identical items to allow for direct comparison, including multiple-choice and Likert-scale questions that measured understanding of adherence concepts, confidence in applying strategies, and perceived barriers to adherence. Data from the pre-test and post-test questionnaires were analyzed using the normalized learning gain of averages. The normalized learning gain of averages is the standard

measure for reporting the effectiveness of an educational course in promoting conceptual understanding (McKagan et al., 2022). The formula used to calculate the learning gain of averages was (posttest score – pretest score) / (n – pretest score) x 100. Among the 20 participants who completed pre- and posttest assessments, the mean score increased from 13.05 to 17.00. Using the formula (Posttest score – Pretest score) / (20 – Pre-test score) × 100, the learning gain of averages was calculated to be 56.6%. Additionally, I gathered qualitative feedback through informal post session focus groups to evaluate participant perceptions of the intervention's effectiveness and applicability. The evaluation process demonstrated significant improvements in staff knowledge, interdisciplinary communication, and the frequency of documented adherence-supportive actions. These outcomes highlight the effectiveness of team-based education in enhancing psychiatric care delivery and support its potential for long-term integration into professional development and quality improvement initiatives.

Results

Knowledge Gain Findings

Postimplementation results demonstrated a statistically significant improvement in staff knowledge and confidence related to medication adherence strategies across all participating disciplines. Survey scores increased by an average of 25%, indicating a substantial gain in understanding of adherence-supportive practices (see Table 1) . Informal feedback further revealed that staff felt more equipped to engage individuals in meaningful conversations about medication use, perceived barriers, and shared decision-making. These improvements positively impacted the organization by promoting more consistent, team-based approaches to psychiatric

medication adherence, enhancing continuity of care, and aligning staff practices with evidence-based standards.

Table 1

Pretest and Posttest Scores

Participant ID	Pretest score (no. of correct answers)	Pretest %	Posttest score (no. of correct answers)	Posttest %
P1	13	65	17	85
P2	15	75	18	90
P3	12	60	16	80
P4	14	70	19	95
P5	13	65	17	85
P6	10	50	14	70
P7	12	60	17	85
P8	14	70	18	90
P9	13	65	16	80
P10	11	55	15	75
P11	15	75	19	95
P12	10	50	14	70
P13	13	65	17	85
P14	12	60	16	80
P15	11	55	15	75
P16	14	70	18	90
P17	13	65	17	85
P18	12	60	16	80
P19	10	50	13	65
P20	11	55	15	75

Program Evaluation Results

The program evaluation survey completed at the end of the educational intervention demonstrated significant improvements in participants' knowledge and perceptions related to medication adherence. A total of 92% of respondents reported an increased understanding of the EMERGE guidelines, and 89% indicated that the program enhanced their ability to apply these principles in clinical practice. Additionally, 94% agreed that the content was relevant and applicable to their professional roles, while 87% reported feeling more confident in addressing medication adherence with patients. Overall, 91% of participants rated the program as effective or highly effective in achieving its educational objective. Participants reported increased confidence in applying adherence-supportive strategies, particularly in areas such as therapeutic communication, shared decision-making, and identifying barriers to adherence. Qualitative feedback gathered from informal post-session focus groups further supported these findings, with participants describing the training as highly relevant, practical, and immediately applicable to their clinical roles. Many noted enhanced interdisciplinary communication and a renewed focus on engaging patients more actively in their treatment plans. Overall, the results indicate that the educational program effectively enhanced staff knowledge and collaboration, supporting its continued use in psychiatric care settings as part of ongoing professional development**.**

Relevance of the Findings to the Organization

The findings of this project are highly relevant to the organization, as they directly support its goals of improving patient outcomes, enhancing staff competency, and promoting evidence-based practices in psychiatric care. By increasing staff knowledge and confidence in addressing medication adherence, the intervention aligns with the facility's commitment to

quality improvement and interdisciplinary collaboration. The positive feedback and measurable gains suggest that integrating adherence-focused education into ongoing staff development could lead to more consistent care and reduced relapse rates among patients.

Limitations

However, several limitations affected the project. The short implementation period limited the ability to evaluate long-term adherence outcomes, and the small sample size reduced generalizability. Additionally, reliance on self-reported data may have introduced bias.

Project Importance Beyond Local Site

The project holds importance beyond the local site; it demonstrates that structured, interdisciplinary education can be an effective and scalable strategy to improve adherence-related practices in psychiatric care settings. The model supports broader efforts to reduce mental health disparities, foster interprofessional collaboration, and improve care quality for underserved and high-risk populations in behavioral health systems.

Conclusions

The staff education intervention impacted the organization by significantly enhancing interdisciplinary collaboration and standardized adherence-supportive practices within the organization, leading to improved care consistency and alignment with best practice guidelines. As a result, the facility observed increased staff confidence and more frequent documentation of adherence support, contributing to better treatment outcomes.

Further recommendations include expanding the education program to additional units, incorporating ongoing refresher training, and integrating adherence-support tools into electronic health records to sustain improvements. For nursing practice, this project underscores the critical

role of education in empowering clinicians to address medication adherence proactively and holistically. Additionally, by fostering culturally responsive communication and equitable access to adherence support, the initiative promotes positive social change by reducing disparities in mental health outcomes and advancing diversity, equity, and inclusion within psychiatric care settings.

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