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A Quality Improvement Staff Education to Reduce Mental Health Stigma Among Healthcare Professionals

chinwe Anthonia chukwumerije
Walden University

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Chinwe A. Chukwumerije

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Dr. Jonas Nguh, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
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Executive Summary: Staff Education Project

A Quality Improvement Staff Education to Reduce Mental Health Stigma Among
Healthcare Professionals

by

Chinwe A. Chukwumerije

MSN, Walden University, 2024

BS, San Jose State University, 2008

Executive Summary Submitted in Partial Fulfillment
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Summary

This Doctor of Nursing Practice project involved the development and implementation of a staff education intervention designed to reduce mental health stigma among healthcare professionals in a clinical practice setting. Mental health stigma within healthcare environments continues to hinder early recognition of psychological distress, delay help-seeking behaviors, and negatively influence workforce well-being and quality of care. The practice-focused question examined whether applying an evidence-based staff education guideline could improve healthcare professionals' knowledge, attitudes, and confidence regarding mental health stigma compared with baseline practice.

Analytical strategies included an integrative review of current peer-reviewed evidence, synthesis of best-practice recommendations, and structured evaluation of an educational guideline using a standardized appraisal framework. The intervention consisted of structured training sessions, communication skill-building activities, and facilitated discussions focused on stigma awareness and workplace mental health support. Post-implementation evaluation demonstrated increased staff awareness of mental health concerns, improved confidence in accessing and discussing mental health resources, and a measurable reduction in stigmatizing attitudes among participating healthcare professionals. Major project outcomes included the creation of an evidence-based staff education guideline and an implementation framework to support sustainability within healthcare organizations. The project's implications for nursing practice include strengthening psychological safety among healthcare professionals, enhancing interprofessional communication, and promoting supportive workplace cultures, thus reducing stigma and encouraging equitable access to mental health resources.

Background

Mental health stigma among healthcare professionals remains a persistent barrier to workforce well-being and optimal patient outcomes. Nurses and other clinicians experience elevated rates of depression, anxiety, compassion fatigue, and burnout, yet stigma continues to suppress disclosure and help-seeking behaviors (Barnett et al., 2025; Kalin, 2020; National Academies of Sciences, Engineering, and Medicine, 2019). Untreated mental health conditions contribute to increased medical errors, absenteeism, staff turnover, and reduced organizational effectiveness (Bannatyne et al., 2023; Rowan et al., 2022). Other interventions are being utilized to curb mental health stigma, like digital-based interventions to provide a more scalable and engaging alternative to traditional anti-stigma programs (Szekely et al., 2025).

The staff educational questions and purpose were informed by a documented practice gap in which healthcare organizations lack standardized, evidence-based guidance to reduce mental health stigma among staff. Existing institutional efforts often lack structured implementation strategies and sustainability mechanisms to support long-term stigma reduction, ongoing staff education, and continued engagement in mental health supportive practices. Evidence supporting this practice change includes systematic reviews, randomized controlled trials, and international policy recommendations demonstrating that stigma-reduction interventions such as education, leadership engagement, peer support, and policy reform are effective in improving mental health-related knowledge, attitudes toward help-seeking and mental illness, and professional behaviors among healthcare staff (Corrigan et al., 2019; He et al., 2025; World Health

Organization, 2022). The overall strength of this evidence was moderate to strong, justifying the development of formal guidelines.

Staff Education Project Development

ADDIE Model

The staff education guideline was guided by the ADDIE instructional design model (analysis, design, development, implementation, and evaluation). During the analysis phase, gaps in mental health knowledge, stigma-related attitudes, and help-seeking behaviors were identified through literature review and organizational needs assessment. The design phase focused on defining specific learning objectives, selecting evidence-based instructional strategies, and aligning educational content with best-practice guidelines for reducing mental health stigma. During the development phase, educational materials were created, including structured training modules, concise evidence summaries, and practical stigma-reduction tools to support staff learning. The implementation phase involved delivering the educational intervention through scheduled, structured staff training sessions within the organization. Finally, the evaluation phase measured the intervention's effectiveness by assessing participants' knowledge acquisition, changes in stigma-related attitudes, and self-reported intentions to engage in mental health help-seeking behaviors.

Design and Development

This guideline was designed as a coordinated, evidence-based staff education intervention to reduce mental health stigma among healthcare professionals. The design integrated adult learning principles, emphasizing clinical relevance, active engagement, and reflective learning. Educational content addressed the occurrence of mental health

conditions among healthcare workers, the impact of stigma on professional functioning and patient safety, and evidence-based strategies for fostering a psychologically safe work environment. Content was delivered using multimodal instructional strategies, including brief didactic presentations to establish foundational knowledge, case-based discussions illustrating stigma-related workplace scenarios, guided reflective activities to challenge implicit biases, and resource navigation exercises to familiarize staff with organizational mental health supports and referral pathways.

Evidence Collection and Analysis

Evidence collection was conducted through a comprehensive review of peer-reviewed literature and national and international healthcare organizations. Databases included CINAHL, PubMed, PsycINFO, and the Cochrane Library. Search terms included *mental health stigma*, *burnout*, *healthcare professionals*, *help-seeking behaviors*, and *workplace mental health*. Evidence was critically appraised using standardized appraisal tools to ensure methodological rigor and relevance. The synthesized findings directly informed the content, structure, and learning objectives.

Evaluation Process

The evaluation process employed a pre- and post-intervention design to assess changes in knowledge, stigma-related attitudes, and confidence in accessing mental health support resources. Evaluation metrics included knowledge acquisition, perceived stigma levels, and confidence in using workplace mental health services. Participant feedback regarding relevance, clarity, and applicability to practice was also collected. Findings informed recommendations for sustainability and replication.

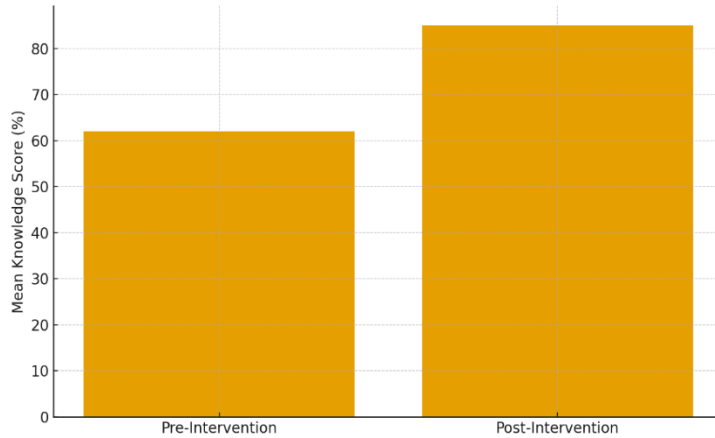
Participant feedback was collected immediately following the intervention using a standardized evaluation form to assess perceived relevance, clarity, and applicability of the educational content to clinical practice. A descriptive analysis of pre- and post-intervention responses was used to identify trends and areas for improvement. Findings informed recommendations for refining the educational content, strengthening implementation strategies, and supporting sustainability and replication across similar healthcare settings.

Results

Project results demonstrated measurable improvements in staff knowledge of mental health concepts, understanding of stigma, and awareness of available support resources following participation in the education program (Chee et al., 2024). Post-intervention data indicated a reduction in stigmatizing attitudes and an increase in confidence in discussing mental health concerns in the workplace. Staff education outcomes are shown in Figures 1–3. Collectively, these results support the effectiveness of staff education as a foundational strategy for reducing stigma and promoting psychological safety, especially in facilities.

Figure 1

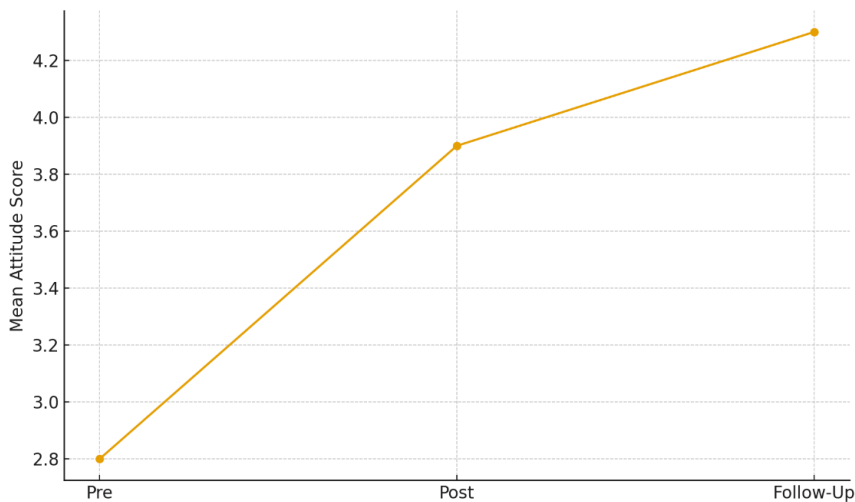
Pre- and Post-Intervention Mental Health Stigma Knowledge Scores



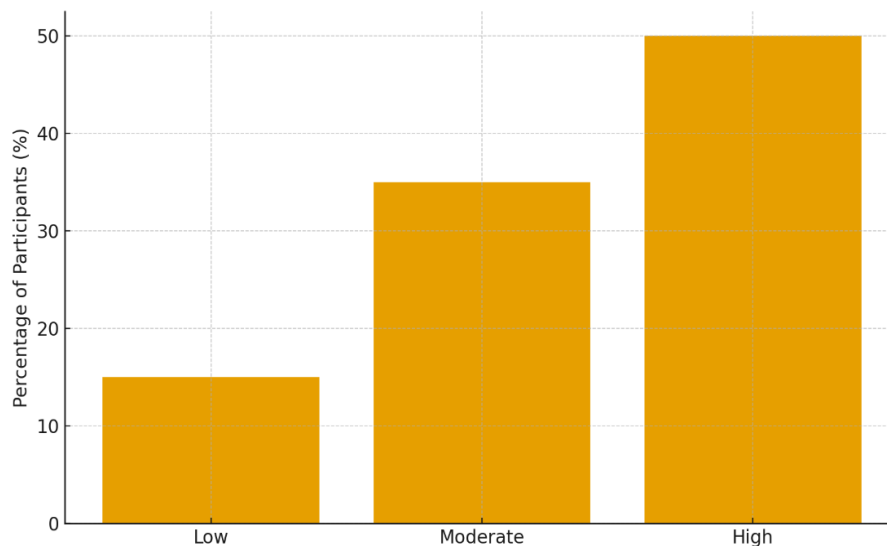
Note. This figure compares baseline and post-intervention knowledge scores related to mental health stigma among participating healthcare professionals.

Figure 2

Changes in Staff Approaches Toward Mental Health and Help-Seeking Behaviors



Note. This figure illustrates trends in staff attitudes toward mental health and willingness to seek psychological support over time based on a Likert scale with 1 (*low*) to 5 (*high*)

Figure 3*Post-Intervention Confidence in Utilizing Mental Health Resources*

Note. This figure displays participant-reported confidence levels in accessing workplace mental health resources after the educational intervention.

Guideline Development

The expert panel consisted of professionals, including a DNP-prepared nurse leader, a psychiatric-mental health nurse practitioner, a social worker, and a quality improvement specialist. The AGREE II instrument was used to evaluate the quality of the staff education guideline across six domains. Each panelist independently rated 23 items on a 7-point Likert scale, and scores were aggregated and reviewed through a structured consensus process.

AGREE II Evaluation Results

The AGREE II review demonstrated high-quality ratings across all domains, with standardized scores ranging from 86% to 95%. Reviewers identified strengths in the clarity of recommendations, their interdisciplinary applicability, and their alignment with

organizational well-being initiatives. The overall guideline quality score was 6.6 out of 7, and 100% of reviewers recommended using the CPG guideline for staff education implementation without modification.

Table 1

AGREE II Domain Scores for Mental Health Stigma Reduction Staff Education CPG (N = 7)

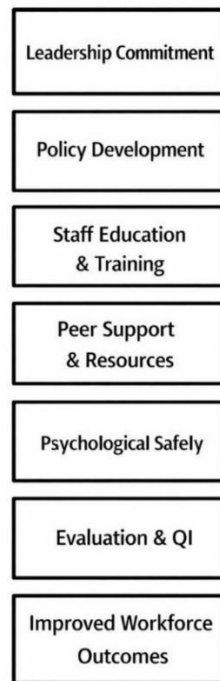
AGREE II domain	Mean Likert score (1–7)	Standardized score (%)	Recommendation
Scope and Purpose	6.4	92	Recommend
Stakeholder Involvement	6.1	88	Recommend
Rigor of Development	6.3	90	Recommend
Clarity of Presentation	6.7	95	Recommend
Applicability	6.0	86	Recommend
Editorial Independence	6.6	94	Recommend

Note. AGREE II = Appraisal of Guidelines for Staff Education Research and Evaluation II (Brouwers et al., 2010).

Figure 4 illustrates the conceptual framework guiding the development and implementation of this staff education guidelines. The framework depicts a sequential and interrelated process beginning with leadership commitment and policy development, followed by structured staff education and training. These components support peer support initiatives and promote psychological safety within the organization. Ongoing evaluation and continuous quality improvement processes are integrated to assess effectiveness and inform refinements. Collectively, these elements contribute to improved workforce outcomes, including reduced stigma, increased help-seeking behaviors, and enhanced staff well-being.

Figure 4

Process Flow Diagram of the staff educational framework for Reducing Mental Health Stigma



Leadership → Policy → Education → Peer Support → Psychological Safety → Evaluation → Continuous Quality Improvement → Improved Workforce Outcomes.

Collectively, the results support the effectiveness of staff education as a foundational strategy for reducing stigma and promoting psychological safety, especially in facilities. See Table 2.

Table 2*Pre- and Post-Intervention Staff Education Outcomes (N = 42)*

Outcome measure	Pre-intervention <i>M (SD)</i>	Post-intervention <i>M (SD)</i>	Statistical test
Mental health stigma knowledge (%)	58.3 (11.4)	82.7 (9.1)	$t(41) = 9.12, p < .001$
Stigma-related attitudes (1–5)	3.1 (0.8)	4.0 (0.6)	$t(41) = 6.03, p < .001$
Confidence in help-seeking (1–5)	2.9 (0.9)	4.1 (0.7)	$t(41) = 7.22, p < .001$

Note. Higher scores reflect improved knowledge, more positive attitudes toward mental health, and greater confidence in utilizing workplace mental health resources.

Post-intervention, 82% of participants reported moderate to high confidence in accessing mental health support compared to 41% at baseline, supporting the effectiveness of structured staff education in reducing stigma and promoting psychological safety.

Limitations included a small sample size, a limited follow-up period, and reliance on self-reported protocols, which may have affected the results.

Conclusions

Mental health stigma among healthcare professionals remains an extensive barrier to help-seeking behaviors, workforce well-being, and psychological safety within clinical practice settings. This Doctor of Nursing Practice project addressed this practice gap by implementing evidence-based staff education to reduce stigma and increase mental health awareness among healthcare professionals. Findings demonstrated improved knowledge of mental health issues, increased confidence in accessing and discussing mental health

resources, and reduced stigmatizing attitudes that previously inhibited help-seeking behaviors. These outcomes suggest that structured staff education can foster a more supportive and psychologically safe work environment, strengthen interprofessional communication, and promote a culture that encourages timely mental health support for healthcare professionals. Indirectly, improving workforce well-being can enhance the quality of care delivered to patients.

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