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Staff Education to Improve Psychiatric Nurses' Use of Evidence-Based Strategies for Supporting Medication Adherence in Outpatient Settings

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Walden University

College of Nursing

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Lilian Ndifon

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the review committee have been made.

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Walden University
2026

Executive Summary: Staff Education Project
Staff Education to Improve Psychiatric Nurses' Use of Evidence-Based Strategies for
Supporting Medication Adherence in Outpatient Settings

by

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MS, Walden University, 2024

BS, Washington Adventist University, 2014

Executive Summary Submitted in Partial Fulfillment
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Doctor of Nursing Practice

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February 2026

Summary

Psychiatric medication nonadherence remains a persistent barrier to effective outpatient mental health care and contributes to relapses, rehospitalization, and disrupted continuity of care. Nurses are often responsible for patient education and follow-up, yet many lack formal training in evidence-based strategies to support medication adherence. This staff education project was implemented at an outpatient psychiatric facility to address this practice gap. The practice-focused question was: In an outpatient psychiatric clinic, does implementing a structured staff education intervention on evidence-based medication adherence strategies improve nurses' knowledge compared to current practice without formal education? The purpose was to implement and evaluate a nurse-led educational intervention designed to improve outpatient psychiatric nurses' knowledge of adherence-supportive strategies grounded in evidence-based practice. Twelve outpatient psychiatric nurses participated in a one-hour educational session focused on motivational interviewing, psychoeducation, shared decision-making, communication strategies, and identification of common adherence barriers. A pre-test/posttest design was used to evaluate outcomes. Knowledge change was analyzed using a paired sample *t* test conducted with SPSS. Results demonstrated a statistically significant improvement in knowledge, with mean scores increasing from 58% pre-intervention to 92% post-intervention. Findings suggest that targeted nurse-led education can strengthen nursing practice by improving consistency and preparedness in supporting medication adherence. This approach has implications for promoting equitable, patient-centered care across diverse outpatient psychiatric populations and supporting positive social change through improved continuity of mental health treatment.

Background

Psychiatric medication adherence is a critical determinant of treatment effectiveness in outpatient mental health care, yet nonadherence remains prevalent across psychiatric populations. Nonadherence contributes to relapses, symptom exacerbation, rehospitalization, increased emergency service utilization, and impaired long-term functioning. Factors influencing nonadherence are multifactorial and include medication side effects, stigma, limited insight into illness, inadequate therapeutic alliance, socioeconomic barriers, and inconsistent follow-up (Atinga et al., 2024). Nurses in outpatient psychiatric settings are frequently responsible for medication education, follow-up assessment, and reinforcement of treatment plans. Despite this central role, many nurses lack formal preparation in evidence-based strategies to identify and address medication nonadherence, resulting in inconsistent practices and missed opportunities for early intervention (Atinga et al., 2024).

The practice-focused question guiding this Doctor of Nursing Practice project was: In an outpatient psychiatric clinic, does implementing a structured staff education intervention on evidence-based medication adherence strategies improve nurses' knowledge compared to current practice without formal education? The purpose of the project was to implement and evaluate a nurse-led educational intervention designed to improve outpatient psychiatric nurses' knowledge of adherence-supportive strategies grounded in evidence-based practice.

A substantial body of evidence supports the use of structured staff education to address knowledge and practice gaps related to medication adherence in psychiatric care. A targeted literature search was conducted using CINAHL, PubMed, MEDLINE, and

EBSCO databases. The Johns Hopkins Evidence-Based Practice Model for Nursing and Healthcare Professionals was used to appraise and rate the evidence. Key terms used included medication adherence strategies, provider education, and outpatient psychiatric clinics.

The literature search yielded multiple high-quality studies across Levels I through V of evidence. Six Level I systematic reviews and meta-analyses provided strong foundational support for the proposed practice change. A Level I systematic review and meta-analysis demonstrated that provider engagement, education, and therapeutic communication were consistently associated with improved adherence outcomes, underscoring the importance of equipping clinical staff with adherence-supportive skills. Similarly, a Level I systematic review of nurse-led interventions found structured nurse-led education, delivered through face-to-face, remote, or mixed formats, significantly improved medication adherence when combined with behavioral strategies and structured follow-up. Additionally, Level I evidence of a systematic review and meta-analysis demonstrated mixed educational and behavioral interventions were more effective than single-component approaches. A Level I systematic review, identified cost, health literacy, and provider communication as major contributors to nonadherence and concluded that provider-focused interventions were essential. A Level I systematic review demonstrated that structured education and interdisciplinary collaboration improved adherence and clinical outcomes in mental health services. Finally, a Level I systematic review examining nurse-led and care coordination interventions across outpatient populations in the United States, Australia, and South Africa demonstrated structured nurse-led education improved adherence among patients with mental and

physical multimorbidity and emphasized the importance of standardized provider education and communication strategies to sustain adherence improvements.

Level II and Level III studies reinforced the effectiveness of staff education interventions. A Level II cluster of randomized controlled trials evaluating provider education combined with patient reminders in outpatient psychiatric settings did not produce increased adherence outcomes to be statistically significant, improvements in symptom management and patient engagement were observed, with limitations attributed to pandemic disruption and limited power. A Level III qualitative study of psychiatric nurses, identified trust building, tailored communication, and ongoing education as critical components of effective adherence support. A Level IV cross-sectional study, found that stigma, substance use, and limited insight were strongly associated with nonadherence, reinforcing the need for provider education addressing psychosocial and cultural factors. Additional evidence supported the feasibility and applicability of staff education across settings. Lower-level V evidence a quality improvement project, showed that staff education combined with follow-up communication reduced missed appointments in a low-income outpatient clinic. Clinical practice guidelines further emphasized the ethical and clinical importance of staff education in managing nonadherence. Across the evidence base, findings consistently support structured staff education incorporating motivational interviewing, psychoeducation, shared decision-making, and therapeutic communication. The overall strength of the evidence was rated as strong and compelling, justifying translation into practice to address the identified gap at the project site.

Staff Education Project Development

A formal needs assessment was conducted through informal interviews with nursing staff and clinic leadership at the community-based outpatient psychiatric facility. Nurses acknowledged frequent challenges with patient medication adherence and expressed uncertainty in using structured approaches to address it. This feedback highlighted a gap in knowledge and consistency. A strengths, weaknesses, opportunities, and threats (SWOT) analysis was used to guide planning, revealing key strengths such as strong leadership support and an experienced nursing team. Weaknesses included inconsistent practices and lack of prior training. Opportunities involved alignment with facility goals to reduce relapses and improve continuity of care, whereas threats included competing demands on staff time. A stakeholder analysis confirmed support across all levels of the organization, enabling successful project implementation.

Twelve registered nurses providing direct outpatient psychiatric care voluntarily participated in the intervention. Inclusion criteria required active employment and involvement in patient follow-up or education. Participants received a project overview and signed informed consent before the session. The training was developed and implemented using the Analysis, Design, Development, Implementation, Evaluation (ADDIE) model to ensure a structured and iterative process. Educational content was based on evidence appraised using Johns Hopkins Nursing Evidence-Based Practice tools.

The one-hour training focused on evidence-based adherence strategies, including motivational interviewing, psychoeducation, shared decision-making, culturally sensitive communication, and identification of common adherence barriers. Learning objectives

were written using specific, measurable, achievable, relevant, and time-bound (SMART) criteria. Materials included a narrated PowerPoint presentation (Appendix A), which was also created as handout, and interactive clinical scenarios. All content was reviewed by a psychiatric nursing educator, and final revisions were made based on expert feedback. The session was delivered in person in a group format, followed by open discussion and a question and answer session.

To evaluate outcomes, a 17-item pre-test (Appendix B) was administered immediately before the training. Questions assessed understanding of adherence barriers, staff roles, motivational interviewing techniques, and intervention planning. The same post-test (Appendix C) was repeated immediately after the session. Responses were scored using a standardized answer key, and results were analyzed using descriptive statistics and a paired sample *t* test to assess knowledge change.

Pre-test scores ranged from 47% to 70%, with an average of 58%. Post-test scores ranged from 88% to 100%, with an average of 92%, representing a 34-point average increase. The paired *t* test showed statistically significant improvement in knowledge, $t(11) = 10.94, p < .001$, meeting all SMART criteria.

Both quantitative and qualitative data were collected during the pre-test and post-test process, with quantitative analysis conducted using IBM SPSS Statistics software version 29.0. Test results demonstrated clear knowledge gains, whereas anonymous post training feedback forms provided insight into the session's practical impact. All 12 nurses rated the training as "Very Useful", and 100% expressed interest in future sessions. Open-ended comments from an anonymous post-training evaluation form indicated perceived usefulness of the content and improved understanding of adherence-supportive

techniques. Evaluation data confirmed that the intervention was effective, well-received, and aligned with clinical needs.

Results

The staff education intervention yielded a marked improvement in nurses' knowledge of adherence-supportive strategies. Pre-test scores across the 12 participating nurses demonstrated a baseline knowledge gap, with scores ranging from 47% to 70% and a group average of 58%. After the educational session, post-test scores increased significantly, ranging from 88% to 100%, with a mean of 92%, as shown in Table 1. This reflected an average gain of 34 percentage points across participants. A paired sample *t* test confirmed a statistically significant improvement in knowledge following the intervention, $t(11) = 10.94, p < .001$, supporting achievement of all SMART criteria as shown in Table 2. Individual participants' pre-test/post-test scores are shown in Figure 1.

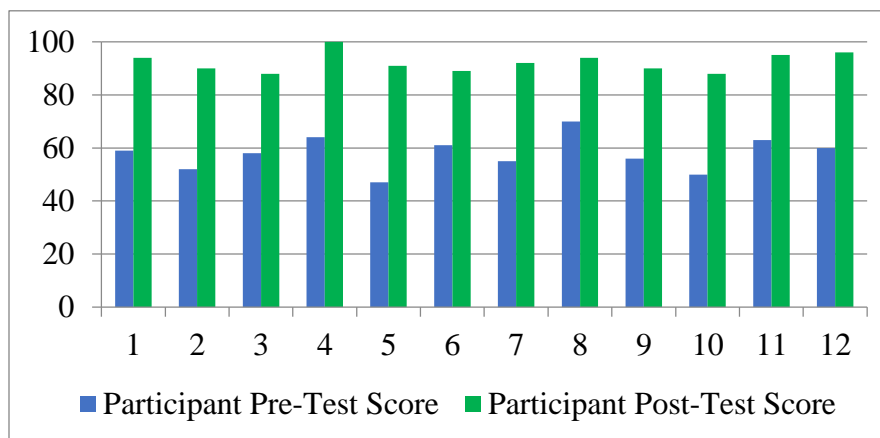
Item-level analysis demonstrated notable gains in domains related to motivational interviewing, shared decision-making, and communication strategies. Correct responses to questions addressing nonjudgmental inquiry and open-ended engagement increased from 50% pre-intervention to 100% post-intervention. Similarly, items assessing understanding of practical adherence tools, including reminder applications and adherence calendars, reached 100% accuracy following training.

Table 1*Pre-Test and Post-Test Scores by Participant (N = 12)*

| Participant | Pre-Test Score (%) | Post-Test Score (%) | % Change |
|-------------|--------------------|---------------------|------------|
| Nurse 1 | 59 | 94 | +35 |
| Nurse 2 | 52 | 90 | +38 |
| Nurse 3 | 58 | 88 | +30 |
| Nurse 4 | 64 | 100 | +36 |
| Nurse 5 | 47 | 91 | +44 |
| Nurse 6 | 61 | 89 | +28 |
| Nurse 7 | 55 | 92 | +37 |
| Nurse 8 | 70 | 94 | +24 |
| Nurse 9 | 56 | 90 | +34 |
| Nurse 10 | 50 | 88 | +38 |
| Nurse 11 | 63 | 95 | +32 |
| Nurse 12 | 60 | 96 | +36 |
| Average | 58 | 92 | +34 |

Table 2*Paired Sample t Test Summary*

| Statistic | Value |
|----------------------|---------------------------|
| Mean Pre-Test Score | 58% |
| Mean Post-Test Score | 92% |
| Mean Difference | 34% |
| <i>t</i> Statistic | 10.94 |
| <i>df</i> | 11 |
| <i>p</i> Value | < .001 |
| Significance Level | Statistically Significant |

Figure 1*Pre-Test/Post-Test Scores by Participant*

At the organizational level, results indicated improved consistency in nurses' understanding of evidence-based adherence strategies, supporting the facility's goals of standardized patient education and continuity of outpatient psychiatric care. Participant feedback suggested perceived usefulness of the training and readiness to integrate the content into routine practice. Several nurses recommended incorporation of the education module into new staff orientation and ongoing professional development, indicating potential sustainability within the organization.

Project limitations included a small sample size, single-site implementation, and immediate post-intervention measurement, which limited generalizability and prevented assessment of long-term knowledge retention or changes in patient outcomes. Despite these limitations, the findings highlight the broader relevance of structured staff education as a scalable approach to strengthening nursing practice in outpatient psychiatric settings beyond the local site, particularly in organizations seeking low-cost, evidence-based strategies to support medication adherence.

Conclusions

This project addressed a critical practice gap in outpatient psychiatric care through the implementation of a structured, evidence-based staff education intervention focused on medication adherence support. The organizational impact included improved consistency in nurses' knowledge of adherence-supportive strategies, enhanced alignment with evidence-based practice standards, and the establishment of a reusable education module that supports standardized patient education and continuity of care. By strengthening nurses' preparedness to address medication nonadherence, it supported the organization's quality improvement goals and capacity for sustainable practice change.

Findings demonstrated statistically significant improvements in nurses' knowledge following the intervention, confirming the effectiveness of short-format, targeted education when grounded in evidence-based frameworks. Based on these outcomes, further recommendations include integrating the education module into new staff orientation, offering periodic refresher training to support knowledge retention, and expanding the program to additional outpatient psychiatric sites. Future projects may also consider evaluating long-term knowledge retention and examining the relationship between staff education and patient-level adherence outcomes.

The project has important implications for nursing practice and positive social change. Strengthening nurses' ability to support medication adherence promotes equitable, patient-centered care by reducing variability in education delivery and ensuring consistent support for diverse outpatient populations. By improving adherence-supportive practices, nurses contribute to reduced relapse risk, improved continuity of mental health treatment, and greater access to effective care.

References

- Aljofan, M., Oshibayeva, A., Moldaliyev, I., Saruarov, Y., Maulenkul, T., & Gaipov, A. (2023). The rate of medication nonadherence and influencing factors: A systematic review. *Electronic Journal of General Medicine*, 20(3), Article em471. <https://doi.org/10.29333/ejgm/12946>
- Alshammari, M. K., Alotaibi, N. M., Suroor, A., Saed, A., Aliaa Ali Al-hamoud, Mawahb Ahmed Alluwaif, Alamry, M. A., Alshehri, N. M., Bashaier Eed Alfaidi, Alzahrani, R. A., Almutiri, B. B., Yousef Saud Alosaimi, Alosman, A. S., Alharbi, A. A., & Abdulrahman Meshal Alenezi. (2023). Global advancement in pharmacy services for mental health: A review for evidence-based practices. *Healthcare*, 11(8), 1082–1082. <https://doi.org/10.3390/healthcare11081082>
- Atinga, R. A., Gmaligan, M. N., Ayawine, A., & Yambah, J. K. (2024). “It’s the patient that suffers from poor communication”: Analyzing communication gaps and associated consequences in handover events from nurses’ experiences. *SSM - Qualitative Research in Health*, 6, Article 100482. <https://doi.org/10.1016/j.ssmqr.2024.100482>
- Berardinelli, D., Conti, A., Anis Hasnaoui, Casabona, E., Martin, B., Campagna, S., & Dimonte, V. (2024). Nurse-Led interventions for improving medication adherence in chronic diseases: A systematic review. *Healthcare*, 12(23), Article 2337. <https://doi.org/10.3390/healthcare12232337>
- Del Pino-Sedeño, T., Cabrera-Maroto, M., Abrante-Luis, A., González-Hernández, Y., & Ortíz Herrera, M. C. (2024). Effectiveness of psychological interventions in

- endometriosis: A systematic review with meta-analysis. *Frontiers in Psychology*, 15, Article 1457842. <https://doi.org/10.3389/fpsyg.2024.1457842>
- Gandy, J., Sawin, E. M., Zook, S., & Eggert, L. (2019). Improving adherence to mental health treatment in a low-income clinic. *SAGE Open*, 9(2), Article 2158244019851015. <https://doi.org/10.1177/2158244019851015>
- Hegde, P. R., Manaswi Gautham, Kumar, C. N., Narayana Manjunatha, & Math, S. B. (2025). Clinical practice guidelines for long-stay psychiatric services: Focus on admission procedures, covert medications, and proxy consultations. *Indian Journal of Psychiatry*, 67(1), 168–180. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_688_24
- Leta, K., Alemu, B., & Kandula, U. R. (2023). Medication adherence and associated factors among psychiatry patients at Asella Referral and Teaching Hospital in Oromia, Ethiopia: Institution based cross sectional study. *PLoS ONE*, 18(4), Article e0283829. <https://doi.org/10.1371/journal.pone.0283829>
- Lin, Y.-Y., Yen, W.-J., Hou, W.-L., Liao, W.-C., & Lin, M.-L. (2022). Mental health nurses' tacit knowledge of strategies for improving medication adherence for schizophrenia: A qualitative study. *Healthcare*, 10(3), Article 492. <https://doi.org/10.3390/healthcare10030492>
- Loots, E., Goossens, E., Vanwesemael, T., Morrens, M., Van Rompaey, B., & Dilles, T. (2021). Interventions to improve medication adherence in patients with schizophrenia or bipolar disorders: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*, 18(19), Article 10213. <https://doi.org/10.3390/ijerph181910213>

Semahegn, Torpey, K., Manu, A., Assefa, N., Tesfaye, G., & Ankomah, A. (2020).

Psychotropic medication non-adherence and its associated factors among patients with major psychiatric disorders: A systematic review and meta-analysis.

Systematic Reviews, 9(1), Article 17. <https://doi.org/10.1186/s13643-020-1274-3>

Appendix A

Staff Training Module

Enhancing Psychiatric Staff Education to Improve Medication Adherence



By Lilian Ndifon

Objectives of the Education Session



Understand factors affecting psychiatric medication adherence



Identify barriers and warning signs of nonadherence



Learn evidence-based strategies to support adherence



Improve communication and patient engagement



Strengthen team-based interventions for continuity of care

Common Psychiatric Conditions Requiring Adherence



Schizophrenia



Bipolar disorder



Major depressive disorder



Anxiety disorders



ADHD and related neurodevelopmental conditions

Barriers to Adherence – System & Provider-Related

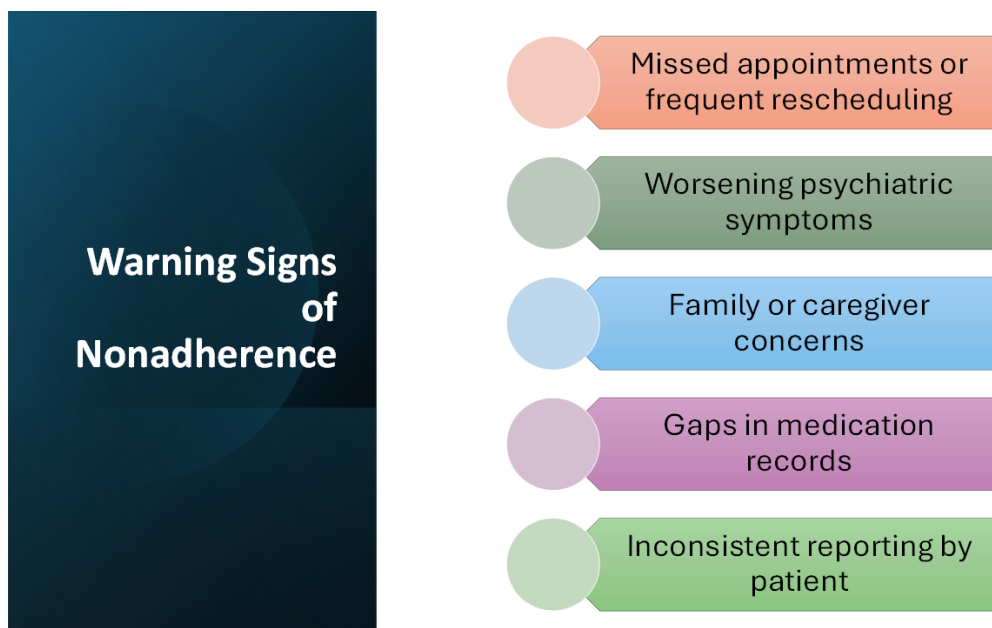
Complex medication regimens

Limited access to care or refills

Poor communication with providers

Inconsistent follow-up

Provider assumptions or bias



Evidence-Based Strategies – Overview



Motivational Interviewing Techniques

01

Ask open-ended questions

02

Affirm patient experiences

03

Reflect feelings without judgment

04

Summarize for clarity

05

Enhance intrinsic motivation to adhere

Psychoeducation

1

Explain purpose, expected effects, and side effects

2

Use simple language, visuals, and teach-back

3

Reinforce importance of daily adherence

4

Involve family/caregivers if appropriate

Shared Decision-Making

| | |
|----------------|---|
| Involve | Involve patient in treatment planning |
| Explore | Explore beliefs, preferences, fears |
| Offer | Offer choices and explain options clearly |
| Respect | Respect autonomy and individual pace |

Communication Strategies for Staff



Measuring Progress

| Track | Use | Monitor | Evaluate | Use |
|-------------------------------|-------------------------------|--|--|---------------------------------------|
| Track medication refill rates | Use adherence screening tools | Monitor symptoms and functional outcomes | Evaluate staff knowledge post-training | Use patient feedback and care metrics |

Team-Based Care Approach



Coordination between nursing, psychiatry, pharmacy



Clear documentation of adherence conversations



Shared patient goals and follow-ups



Regular case reviews on adherence risks

Tools That Support Adherence



Pill organizers
and blister
packs



Text or app
reminders (e.g.,
Medisafe)



Printed
medication
calendars



Support groups
or peer
navigators



Transportation
or refill
assistance

Appendix B

Pre-Test

Medication Adherence Staff Education Assessment

Instructions: This test is anonymous. Select the best answer for each question. Choose only one answer per question.

Respondent deidentifying number: ____

1. Medication adherence is best defined as:

- a) Taking medication only when symptoms are severe
- b) Following the prescribed medication regimen consistently as directed
- c) Taking medication based on how the patient feels
- d) Reducing medication doses to avoid side effects

2. Which of the following outcomes is most likely when a psychiatric patient is nonadherent to medication?

- a) Improved symptom control
- b) Reduced relapse rates
- c) Increased hospitalization and relapse
- d) Enhanced functional recovery

3. The primary purpose of this education session is to:

- a) Teach patients how to refill prescriptions
- b) Increase staff knowledge of adherence strategies
- c) Evaluate patient satisfaction
- d) Train staff in new medication prescribing policies

4. A common patient-related barrier to medication adherence is:

- a) Poor communication among staff
- b) Lack of insight into illness
- c) Inconsistent team documentation
- d) Organizational resource limitations

5. A system-related barrier to adherence includes:

- a) Cognitive impairment
- b) Fear of side effects
- c) Limited refill access or poor follow-up scheduling
- d) Lack of motivation to recover

6. Which of the following is an early sign of nonadherence?

- a) Regular appointment attendance
- b) Frequent medication refill requests
- c) Missed appointments and vague explanations about medication use
- d) Consistent mood and behavior

7. The most effective communication approach when discussing adherence is:

- a) Using medical jargon to emphasize expertise
- b) Asking yes/no questions about adherence
- c) Using open-ended questions in a nonjudgmental manner
- d) Giving direct orders to improve compliance

8. Motivational interviewing focuses primarily on:

- a) Convincing patients to comply with treatment
- b) Exploring and resolving patient ambivalence through empathy and collaboration
- c) Providing detailed medication education only
- d) Tracking adherence data objectively

Medication Adherence Staff Education Assessment

9. Which is an example of a psychoeducational strategy?

- a) Giving the patient a pillbox
- b) Explaining the purpose and side effects of medications in simple terms
- c) Monitoring prescription refills
- d) Discussing patient progress only with the prescriber

10. Shared decision-making means:

- a) Letting the provider make all medication decisions
- b) Encouraging patients to choose medications without guidance
- c) Engaging the patient in treatment planning and respecting preferences
- d) Avoiding patient input to prevent confusion

11. A practical tool that supports adherence is:

- a) Daily symptom rating chart
- b) Medication calendar or mobile reminder app
- c) Detailed side effect checklist
- d) Appointment cancellation form

12. What communication approach helps build trust and openness?

- a) Blaming patients for missed doses
- b) Validating patient concerns and using supportive language
- c) Avoiding discussions about adherence
- d) Talking only to family members

13. Which staff behavior best promotes adherence?

- a) Ignoring adherence conversations during busy shifts
- b) Giving brief, consistent education at every patient contact

- c) Discussing adherence only during crises
- d) Focusing solely on medication administration

14. In a team-based care model, medication adherence is:

- a) The psychiatrist's responsibility only
- b) A shared responsibility across all team members
- c) Managed only by nurses
- d) Not a key team concern

15. Which of the following reflects a nonjudgmental communication approach?

- a) "You need to start taking your medications regularly."
- b) "Tell me what makes it hard to take your medications every day."
- c) "You should know better by now."
- d) "I will report your noncompliance to the provider."

16. Improved staff knowledge of adherence strategies is expected to lead to:

- a) Fewer discussions with patients
- b) Reduced engagement in shared decision-making
- c) Improved patient outcomes and adherence rates
- d) More restrictive medication policies

17. How can staff support sustainability of adherence education after the intervention?

- a) Stop discussing adherence once initial training ends
- b) Continue reinforcing adherence strategies during routine visits
- c) Focus only on new staff rather than all clinicians
- d) Delegate adherence education to administrative staff only

Appendix C

Post-Test

Medication Adherence Staff Education Assessment

Instructions: This test is anonymous. Select the best answer for each question. Choose only one answer per question.

Respondent deidentifying number: ----

1. Medication adherence is best defined as:

- a) Taking medication only when symptoms are severe
- b) Following the prescribed medication regimen consistently as directed
- c) Taking medication based on how the patient feels
- d) Reducing medication doses to avoid side effects

2. Which of the following outcomes is most likely when a psychiatric patient is nonadherent to medication?

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- b) Increase staff knowledge of adherence strategies
- c) Evaluate patient satisfaction
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- c) Inconsistent team documentation
- d) Organizational resource limitations

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- b) Fear of side effects
- c) Limited refill access or poor follow-up scheduling
- d) Lack of motivation to recover

6. Which of the following is an early sign of nonadherence?

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- b) Frequent medication refill requests
- c) Missed appointments and vague explanations about medication use
- d) Consistent mood and behavior

7. The most effective communication approach when discussing adherence is:

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- b) Asking yes/no questions about adherence
- c) Using open-ended questions in a nonjudgmental manner
- d) Giving direct orders to improve compliance

8. Motivational interviewing focuses primarily on:

- a) Convincing patients to comply with treatment
- b) Exploring and resolving patient ambivalence through empathy and collaboration
- c) Providing detailed medication education only
- d) Tracking adherence data objectively

Medication Adherence Staff Education Assessment

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- c) Engaging the patient in treatment planning and respecting preferences
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- c) Managed only by nurses
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15. Which of the following reflects a nonjudgmental communication approach?

- a) "You need to start taking your medications regularly."
- b) "Tell me what makes it hard to take your medications every day."
- c) "You should know better by now."
- d) "I will report your noncompliance to the provider."

16. Improved staff knowledge of adherence strategies is expected to lead to:

- a) Fewer discussions with patients
- b) Reduced engagement in shared decision-making
- c) Improved patient outcomes and adherence rates
- d) More restrictive medication policies

17. How can staff support sustainability of adherence education after the intervention?

- a) Stop discussing adherence once initial training ends
- b) Continue reinforcing adherence strategies during routine visits
- c) Focus only on new staff rather than all clinicians
- d) Delegate adherence education to administrative staff only

Appendix D

Pre-Test and Post-Test Answer Key

Answer Key

1. **b)** Following the prescribed medication regimen consistently as directed
2. **c)** Increased hospitalization and relapse
3. **b)** Increase staff knowledge of adherence strategies
4. **b)** Lack of insight into illness
5. **c)** Limited refill access or poor follow-up scheduling
6. **c)** Missed appointments and vague explanations about medication use
7. **c)** Using open-ended questions in a nonjudgmental manner
8. **b)** Exploring and resolving patient ambivalence through empathy and collaboration
9. **b)** Explaining the purpose and side effects of medications in simple terms
10. **c)** Engaging the patient in treatment planning and respecting preferences
11. **b)** Medication calendar or mobile reminder app
12. **b)** Validating patient concerns and using supportive language
13. **b)** Giving brief, consistent education at every patient contact
14. **b)** A shared responsibility across all team members
15. **b)** "Tell me what makes it hard to take your medications every day."
16. **c)** Improved patient outcomes and adherence rates
17. **b)** Continue reinforcing adherence strategies during routine visits