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Tool Kit to Address Communication on a Mental Health Unit

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This is to certify that the doctoral study by

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Abstract

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by

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MSN, University of Phoenix, 2004

BSN, Marian University, 1980

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Effective communication by newly graduated, hired nursing staff is a significant issue

affecting patient care on mental health units. The rising prevalence of mental illness in

the United States has not only increased the healthcare burden, but has also affected the

overall economy. The lack of training of new nursing staff regarding communication

diminishes the effective recovery rate of patients, further increasing the burden to the

healthcare field and the economy. A tool kit for newly graduated mental health nurses

working on mental health units may help to improve communication skills and enhance

patient safety and quality of care. Therefore, the purpose of this scholarly project, guided

by Watson's caring theory, was to develop an educational tool kit to registered nurses

about effective communication while caring for patients in mental health. The tool kit

includes information to help new nurses develop practical therapeutic communication

skills to improve the overall quality of patient care in mental health units. Three nurse

experts evaluated this tool kit and concluded that the tool kit was beneficial for nurses

working in mental health units. The tool kit developed for this project might contribute to

positive social change by leading to improved interactions among nurses and patients.

These interactions could subsequently improve patients' mental health by

developing trust between nurses and patients, enhancing the quality of patient care, and

creating a safe unit for mental health patients.

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Dedication

I dedicate this paper to my best friend "John," to all of my children, and my extended family. Thank you all for being so understanding, patient, and encouraging throughout this long journey.

Acknowledgments

I would like to thank Dr. Andrea Jennings and Dr. Joan Hahn for all of their support, patience, and guidance throughout this process. I also want to extend my thanks to my colleagues for their support and encouragement during this process.

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Section 1: Nature of the Project

Introduction

In the United States, one out of every five adults is reported to have a mental health condition (World Health Organization [WHO], 2017). Nearly 40 million people in the United States experience mental health conditions, yet only 56% of this population receives necessary treatment (WHO, 2017). According to the findings of the national survey, the mental health sector in the country is facing a severe shortage of health professionals in the mental health workforce. According to an article, "The State of Mental Health in America" (2018), there is only one mental health professional available per 1,260 people with mental health disorders.

Moreover, almost 25% of the population in the United States is impacted by mental illness annually (Yeh et al., 2017). The statistics demonstrate how the rate of mental illness is rising, and the workforce required to address this increase is limited. Mental disorders are rising, as is the necessity of human resources for mental health care. Helping people with mental health disorders to function efficiently could bring forth constructive and efficient outcomes in improving the quality of life of patients with mental health disorders.

Problem Statement

Mental illness refers to all diagnosable mental health disorders that attribute to sustained and abnormal shifts in thinking, mood, and behavior associated with factors like stress and impaired functioning (Cockerham, 2016). Mental health disorders affect the lives and wellness of millions of people across the globe. According to the WHO (2017), the number of people who have a mental illness has not been determined. However, the WHO

estimated that 264 million people in the United States have anxiety disorders and nearly 350 million people live with anxiety disorders globally (WHO, 2017).

People with mental health disorders are prone to self-destructive behavior such as inflicting bodily harm and suicide attempts (O'Hare, Shen, & Sherrer, 2016). An increase of mental health patients has impacted mental health units, driving the need for hiring new nurses in mental health services who are prepared to meet the needs of this growing population (O'Hare et al., 2016).

Communication is essential for any patient. For this population, communication is essential to gain trust and rapport. Frequently, new nurses are hired on mental health units without the necessary skills to communicate effectively with the patient. Seasoned nurses also can benefit from updates to improve upon communication skills. Furthermore, the stigma associated with mental illness highlights the greater need for effective communication between the mental health patients and the nursing professionals working in the mental health units. When considering that the patients already may have experienced stigma and may not be able to communicate their needs and conditions effectively, this requires more effort from the nursing staff to ensure that they offer optimum patient care not compounded by communication that is conveyed as judgmental or negative (Williams, 2014). Although several campaigns have commenced changing the public perception and behavior about mental illness and people who have such conditions, there is not much being done to encourage the nursing staff in mental health units to improve their communication and interpersonal skills (Corrigan, 2012). In fact, almost 50% of nurses working in mental

health report that one of the barriers to good communication was lack of knowledge and about one-third reported a lack of listening skills (Corrigan, 2012).

With a recent increase in mental health patients admitted to hospitals, there is a growing need to hire more nurses. Registered nurses (RNs) who communicate effectively can inspire the patients to step out of their fears associated with stigma and communicate effectually about their needs. Good communication skills with the patients and their families could help with patients outcomes as they will have a good understanding of the treatment plan.

Purpose Statement

The gap in practice is the lack of effective communication of nurses with patients on an inpatient mental health unit. The purpose of this capstone project was to develop an educational tool kit for nurses, which was evaluated by three expert nurses for its effectiveness as a resource for nursing staff to improve their skills in therapeutic communication. The practice-focused question was: "Is the tool kit appropriate for teaching communication in mental health?"

Nature of the Doctoral Project

The goal of using this educational tool kit was to provide communication skills training for all nurses who work in an inpatient mental health unit that are in hospital or outpatient settings in the United States. This tool kit was created to provide information to nurses on how to communicate with patients who have mental health disorders, become more aware of patients when they become agitated, and to develop skills to de-escalate the agitated patient. The tool kit was developed based on the best evidence.

Two sources of evidence were used for this project. The first source was a literature search to find resources that were used to develop the tool kit. The second source of evidence was the data collected from an expert panel evaluation of the tool kit. Following development, the tool kit was evaluated by three nurse experts. Data were collected anonymously per survey monkey. Ratings based on a 1 to 5 Likert scale were analyzed and reported using descriptive statistics. The evaluation had no written comments from the experts. A literature review was the method for data collection in this research project to gain evidence-based information on nurse communication with mental health patients for use in the tool kit. Communication is an integral part of life and is deemed crucial for survival. It is the process that starts with the birth of an individual and ends with death. Be it verbal or non-verbal, communication conveys not just the required information and knowledge, but interrelate human beings to each other (Brinkert, 2010). Communication is considered an automatic process. This fact quickly leads towards overlooking the importance of its effectiveness, especially in the healthcare setting (Papadantonaki, 2006). Nursing, primarily, focuses on meeting the health needs of humans, which requires scientific knowledge and experience to produce effective outcomes. However, Bello (2017) emphasized the need for additional interpersonal communication skills, intellectual abilities, and adept technical proficiency to ensure that the patients receive compliance, satisfaction, and overall improved health outcomes. Unfortunately, people with mental health disorders are stigmatized by the health care providers themselves, which further inhibits the help-seeking behavior of the affected individuals (Yeh et al., 2017).

Nurses in the mental health unit are in control of determining the purpose of healthcare intervention that is planned for every patient individually. They manage the environment and regulate the information (Crawford, Brown, & Nolan, 1998). The patient is ultimately subjected to a certain amount of vulnerability and becomes dependent on the nurse. If the nurse does not have adequate communication and interpersonal skills, the patient may enter a conflicted state, considering their already vulnerable circumstances (Rowe, 1999).

Significance

This tool kit could provide nursing staff working in the open mental health unit and accentuate the importance of improved communication between patients and nurses. The engagement of nurses with patients and their dedication towards the patients' individual needs is exceedingly critical.

Through use of the tool kit developed in this project, nurses can attain better awareness about the significance of effective communication with patients through case studies and communication tools. The tool kit provides the following objectives for RNs: (a) nurses will develop an understanding of the obstacles that stimulate the nurse-patient communication through education; (b) although the skill of listening is required to understand the patient accurately, the psychiatric/mental health nurse will also appreciate the unique communication, problems, and situation of the patient (Dziopa & Ahern, 2011); (c) will likely go beyond what is expected of other health professionals to obtain an in-depth personal knowledge of the patient (Dziopa & Ahern, 2011); (d) will recognize techniques that can contribute positively to encouraging sufficient communication flow; and (e) will

develop a thorough understanding of the theories that can help improve the nursing

interpersonal skills to improve communication.

Information in the tool kit can help nurses relate to a situation and existing concerns

such as communicating appropriate de-escalation techniques effectively. The mental health

unit allows all nurses to spend sufficient time within the group, enabling them to interact

with the patients. Allowing time with the patients could give the registered nurse a

substantial opportunity to identify different situations with patients. They can detect when

patients become anxious, when they need to remove from the stimuli causing anxiety, or

when the patients need a rather quiet and secluded environment.

When an individual's anxiety is not addressed timely (as soon as observed), this can

further fuel the agitation and enhance the demands. This behavior needs to be recognized

quickly because these situations can escalate quickly and may result in incidents that are

challenging to manage. With use of the tool kit, nurses on the mental health unit could have

an opportunity to develop excellent communication skills for de-escalating the patient,

reducing the potential for harm to self or others. Mental health nurses must maintain

practical communication skills (Kripalani et al., 2007).

Implications for Social Change in Practice

This project could make a positive contribution toward social change because use of

the tool kit might lead to improved interactions among staff and patients, subsequently

improving the mental health of patients by developing trust between the patients and RNs,

providing excellent patient care, and maintaining a safe unit for patients with mental health

disorders. This tool kit may allow nursing staff to use their knowledge and education on

mental health disorders to provide quality patient care. Communication with mental health patients is primarily with nurses. Nurses are at the front line and monitoring patients for anxiety and agitation. Upon completion of communication training with a tool kit, the nurses may have the necessary skills to communicate effectively with their patients.

Summary

The purpose of this project was to develop a tool kit that addresses communication techniques that may be helpful to nurses in a mental health unit. This project could increase nurses' awareness to the barriers that prevail in the process of effective communication and the means through which they can use improvisation in a professional attitude.

This project could make a positive contribution toward social change because use of the tool kit might lead to improved interactions among staff and patients, subsequently improving the mental health of patients by developing trust between the patients and RNs, providing excellent patient care, and maintaining a safe unit for patients with mental health disorders.

Section 2: Background and Context

Introduction

The common practice in the hospital for which the tool kit was created is for nursing staff to avoid communicating with patients. When nurses were asked why they did not like talking with patients, the majority of nurses reported that they did not understand how to communicate with the patients. In addition, nursing staff have received injuries from patients with mental health disorders. Effective communication with the patient may assist with calming the patient who becomes agitated or prevent agitation from escalating to behavior that harms the patient or nursing staff. The tool kit created in this study could provide information to help nurses with communication. The nursing staff on this unit spends the majority of their time in the workroom, which is away from patients. The patients have to knock on the door to get the nurses' attention. The nurses will only come of the workroom out after a patient becomes agitated or threatens another patient. The new staff have started following in the experienced nurses' behaviors and stay behind the doors. Communication in mental health nursing is a fundamental component of all therapeutic interventions (Morrissey & Callaghan, 2011).

In Section 2, I provide a review of the communication tool kit and the current practice of not communicating with patients.

Concepts, Models, and Theories

Considering the research and scholarly work conducted in the context of the interpersonal relationship between nurses and patients, theorist Jean Watson explored this vast, intricate, and challenging area of nursing practice. Jean Watson (1997, 1999, 2010) is

one of the significant theorists who proposed individual theories to offer a framework on how the communication process proceeds between patients and nurses. Watson asserted a rather holistic approach that focuses on the patient as a whole and includes their personal needs along with that of the medical requirements necessary for their active recovery (Ma, Li, Zhu, Bai, & Song, 2013).

Jean Watson's theory of human caring was developed between 1975 and 1979. The proposed approach was constructed based on the experience, observation, and knowledge accumulated by the theorist during Watson's educational and teaching duration. The theory suggests that nurses need to take a holistic approach to offer better and improvised care to the patients admitted to the open mental health unit (Van der Wal, 2013).

Watson's theory focuses on the personal needs of the patient and considers them as equally important as medical needs. This theory is more favorable for the nurses working in the open mental health unit because it is suitable for diverse settings. The personal caring approach suggests that nursing graduates must be trained to take care of patients in a manner in which the treatment process includes emotional and spiritual aspects along with physical health. The four main conceptual elements in this theory includes (a) ten caritive factors the approach focuses on personal needs, (b) moments of transpersonal training, (c) intentional caring and enthusiastic presence, and (d) modalities for caring and healing.

The 10 caritas in the theory of personal care presented by Jean Watson comprise of tremendous potential to enhance holistic care for the patients. Watson proposed that caring for patients has to be executed carefully. It needs to be treated as fragile and a precious relationship that is developed between the patient and the nurse in the open-mental health

unit. The caritas in the theory of personal care reflects caring science and the universal notions of humanity, love, and compassion (Hutchinson, 2015).

The 10 caritas require nurses to exhibit love for humanity and compassionate love during their service delivery to patients and their relatives. Watson emphasized the caring-healing relationship of patients and asserted that the nurses should develop caring skills and knowledge to enhance connection with patients (Hutchinson, 2015).

Among the 10 caritas of Watson's human theory, there is (a) practicing equanimity and loving-kindness within the context of caring consciousness, (b) facilitating a belief system of self and of the patient, (c) being sensitive towards your own self and others, (d) nurturing and sustaining a healthy and trustful relationship, (e) encouraging and accepting positive and negative feelings, and (f) implementing problem-solving approaches while meeting others are included (Sitzman & Watson, 2013). Besides these main caritas, the theory of personal care by Jean Watson includes (a) teaching and learning styles; (b) developing a healing environment; (c) addressing physical, emotional and spiritual needs; and (d) preparing for spiritual mysteries.

The reason behind this particular theory for the nurses working in the open-mental health unit is to focus on facilitating and encouraging a trustful relationship between the nursing staff and the patients. Sitzman & Watson (2013) proposed that only a nurse can offer a caring and supportive environment to the patients who are in the open mental health unit.

Embracing a positive and hopeful attitude can smooth the progress of interaction with the patients and facilitate the factor of trust in their relationship. Watson, in her Theory,

further emphasizes the fact that communication between nurses and patients should be developed based on active listening. If nurses are not listening to what the patient has to say, they will not know how to address the needs and wants of the patient.

The communication must entail addressing both the negative and the positive aspects and information shared by the patient verbally and nonverbally. Moreover, the nurse, too, should convey both the negative and positive information to the patient carefully and respectfully. This communication will further facilitate the trust factor and encourage patients to interact with the nursing staff in a better and more effective manner. Besides offering appropriate medical care, once the trust is developed, the nurses shall be able to extend the support that is deemed mandatory for the help of the patient.

Sitzman & Watson (2013) urge the nurses working in the mental health unit to view every interaction with the patients as a learning and educational experience where they can know more about the patient and utilize that knowledge to make the care process better and more improved.

Relevance to Nursing Practice

The tool kit is relevant to all nurses working in mental health and useful for those working in any unit in the hospital. Frequently, mental health patients are in critical care areas, medical units, and emergency departments. With this in mind, all nurses could benefit from tools to communicate effectively with this population. Communication is an intervention in mental health nursing.

This tool kit may provide nursing staff working in the open-mental health unit and accentuate the importance of improved communication between patients and the staff. The

engagement of nurses with the patient and their dedication towards the individual needs of the patients are exceedingly critical. The tool kit will be reviewed and evaluated by expert nurses in mental health. The tool kit might provide the following objectives for nurses, develop an understanding of the obstacles that stimulate the nurse-patient communication through education; (b) although the skill of listening is required to understand the patient accurately, the psychiatric/mental health nurse will also appreciate the unique communication, problems, and situation of the patient (Dziopa & Ahern, 2011); (c) will likely go beyond what is expected of other health professionals to obtain an in-depth personal knowledge of the patient (Dziopa & Ahern, 2011); (d) will recognize techniques that can contribute positively to encouraging sufficient communication flow; and (e) will develop a thorough understanding of the theories that can help improve the nursing interpersonal skills to improve communication.

The mental health unit allows all nurses to spend sufficient time within the setting, enabling them to interact with the patients. Allowing time with the patients will give the registered nurse a substantial opportunity to identify different situations with patients. They can detect when patients become anxious, need to remove from the stimuli, or they need a rather quiet and secluded environment.

If an individual's anxiety is not addressed timely (as soon as observed), this can further fuel the agitation and enhance the demands. This behavior needs to be recognized well in time as it has the tendency to get escalated quickly and may result in incidents that are tough and challenging to manage. The nurses on the mental health unit need to have

excellent communication skills to de-escalate the patient. Mental health nurses must maintain practical communication skills (Kripalani et al. et al, 2007).

This tool kit could provide nursing staff working in the open mental health unit and accentuate the importance of improved communication between patients and the staff. The engagement of nurses with the patient and their dedication towards the individual needs of the patients are exceedingly critical. The tool kit was reviewed and evaluated by expert nurses in mental health.

Local Background and Context

With an increase of mental health patients admitted to hospital beds has created new positions for nurses. The new nurses hired are frequently new graduates and do not have the experience of communicating with this type of patient. Often times the new nurses are following in the seasoned nurses steps and staying behind the desk and not in milieu communicating with patients.

Role of the DNP Student

I was to get a leadership group of nurses to agree to participate in this project as content experts to evaluate a tool kit designed to facilitate effective therapeutic communication among patients receiving mental health services. A long-term goal is that I will demonstrate that with effective communication there will be less need for medications and fewer agitated patients — also, fewer injuries on the unit and fewer use of restraints. I presented a Powerpoint presentation about the tool kit to a group of content experts from a leadership group of a local chapter of a professional nursing association and explain the importance of this tool kit and elicit their feedback.

Role of the DNP Team

There were three expert nurses that reviewed the tool kit. These individuals will be officers of one local chapter of a national nursing association. These content experts have practiced with individuals who have a high prevalence of mental health issues for several years, work with interdisciplinary teams that serve the mental health needs of individuals, observe and assess patients, and work with staff and individuals to manage prescribed medications and treatment plans.

These experts participated in a presentation of the tool kit and were invited to complete an evaluation of the tool kit. After accepting, the experts who agreed to participate received the tool kit with objectives via electronic mail and receive information about a link to the anonymous online Survey Monkey electronic evaluation form for the education program to be completed following the presentation. The evaluation tool was completed by using the Likert scale rating each will range from (1) disagree to (5) agree. Participants are invited to add comments.

Summary

The main areas that have been covered in Section 2 include general and specific literature, the theoretical framework, definition of terms, relevance to nursing practice, local background and context, and role of DNP student. The section on general literature contains information about the search process for the journal articles reviewed in the specific literature section. Watson's Theory of human caring is aligned with the concepts of this project. The Theory focuses on promoting the health and treatment of diseases through

holistic care, which is consistent with the idea of this project of communication entails

enhancement of patient-nurse interaction in order to improve nurse/patient communication.

Section 3: Collection and Analysis of Evidence

Introduction

Often times nurses do not have a good understanding the importance of communicating with patients who have a mental health disorder. Communication skills can assist in prevention of the patient becoming anxious/aggressive. Also, communication can help decrease the stigma patients often express when coming to the hospital.

Practice-Focused Question

The practice-focused question for this project was: "Is the tool kit appropriate for teaching communication in mental health?" The project was developed to assist with education and communication among nurses working with patients with mental health issues. According to Yeh et al. (2017), most mentally ill people are already stigmatized. Mentally ill patients require close attention from service providers, including psychiatric physicians and RNs. Nurses deliver duties that require being close to the patients. However, the traditional intervention approaches to mental health that have been used in mental health institutions do not facilitate close contact between the psychiatric RNs and the mentally ill patients. For instance, Curtis & Fegley (2013) stated that psychiatric nurses in the traditional units are segregated from patients and tend to spend most of the time at the nurses' station, which causes a lack of patient-nurse relationship and results in poor patient outcomes.

Definition of Terms

The following terms used in the capstone project may have different meanings in other contexts.

*Acute care***:** A full-sized healthcare institution that serves patients with life-threatening mental illness (Parsons-Leigh, Niven, Boyd, & Stelfox, 2017).

*Environment***.** The milieu in which barriers that may inhibit.

Mental illness or mental health problem/disorder: The terms refer to any medically diagnosable disease which results in the significant impairment of a person's cognitive, relational, or competent abilities. Mental illness can result from biological, psychosocial, and/or developmental factors, and maybe managed using approaches of care such as prevention, diagnosis, treatment, and rehabilitation (Einstein & Klepacz, 2017).

Milieu and the environment: In the context of the proposed project, these two terms may be used interchangeably and refer to surroundings or setting in which care is delivered (Bass, Tickle, & Lewis, 2014).

Nurse education: Nurse education is the knowledge about care for the patient that is taught to people who are advancing the nursing profession. In the context of this project, nurse education is the lesson in which RNs practicing in open mental health units will be taught to enable them to sufficiently prepare to care for their patients (Yang et al., 2017).

Recovery unit: A model used in mental health in which patients are encouraged to actively participate in the recovery process by focusing on goal attainment and seeking to benefit from positive traits (Bass et al., 2014).

Registered nurse: An individual who has graduated from a nursing program and met the licensing requirements by a regulating organization that is mandated by the state (Hutchinson, 2015).

Support staff: The term used to describe members in a hospital that work directly with patients (Jaiswal et al., 2015)

Sources of Evidence

A literature review was the method for data collection in the research for evidence, seeking similar themes across multiple studies relating to the interaction between nurses and patients with mental health disorders. Searches using Cochrane and PubMed supported the process, with limitations to publications beginning in 1998 to 2011. The search terms and phrases used were: *mental health, communication, behaviors,* and *nurses that work in mental health.* The analysis comprised of 32 articles that were based on the context of mental health and communication skills of nurses. Recommendations for improvement in this area, therefore, are presented as an approach to improving the welfare of the patients and the efficiency of the care providers.

The findings of this study support the overarching theme of the literature, where communication within the mental health nursing context is essential. This section includes a detailed exploration of the potential benefits of this interaction, especially in enhancing patient care. Limitations in design may ensure that the research addressed only communication between nurses and families. However, it still serves to perpetuate the emphasis on communicative efficiency in this health care context.

Communication and Nursing Leadership

Ennis et al. (2013) acknowledged communication as an essential aspect of nursing and clinical leadership. In their study, they explored the importance of communication for nursing leaders in the context of mental health. The research adopted a qualitative approach

to the processes of data collection and analysis. Nurses in the mental health setting were interviewed for their perspectives on communication value in the context of care provision and nursing leadership (Ennis, Happell, & Broadbent, 2013). Indications from the study are that communication is crucial to the accomplishment of effective working relationships within this context. Specific critical attributes include non-verbal communication and listening, as well as the choice of language and relationships. Effective communication is perceived as crucial to relationship-building among the mental health professionals (Ennis et al., 2013). These relationships, in turn, enable the creation of positive outcomes for patients.

Ennis et al.'s (2013) study offers insight into the value of communication among colleagues within the mental health nursing context. This is a critical contribution to the literature in this area, especially as inter-professional relationships often have some bearing on clinical outcomes. Regardless, the study leans towards nursing leadership as opposed to equal interactions among the professionals (Ennis et al., 2013). This approach may hinder the transferability of the results to the general context of assessing mental health nursing communication, either among singular professionals or between the service providers and the patients. However, the study is still instrumental as a basis for the design of nursing training programs for mental health and the incorporation of communication as a learning feature.

According to Furnes, Kyaal, & Heye (2018), communication is a critical skill for mental health nursing students. The study, while acknowledging this, focused on the viability of blended learning as an approach to teaching communication as a skill for practice. An exploratory design was applied in the study, with data collection after

simulation taking place through questionnaires (Furnes et al., 2018). The sequential data analysis focused on the quantitative dimensions, as well as the qualitative content analysis approach. The results of this research indicated that blended learning could serve as an effective method for the teaching of communication skills within the mental health nursing class (Furnes et al., 2018). The approach facilitates the crafting of flexible courses, which then improves the communication capabilities of the students upon completion. This increases their readiness for mental health nursing practice. The study outcomes adequately addressed the objectives of the research, which features the application of blended learning as an approach to improving communication skills among mental health nurses. However, the study only partially addressed the importance or challenges surrounding communication within this practice setting (Furnes et al., 2018). A significant portion of the study may have been dedicated to this dimension, justifying the need to engage in the research as an effort towards addressing the shortcomings of the current approaches. In the absence of this information, the researchers had to rely on the provisions of previous and consequent research to validate its pursuit. The aspect has the potential to diminish the value of the study to the overall area of interest.

Thomson & McCabe (2012) explored the effect of communication between the mental health professional and the patient on the adherence to health care. The research founds based on non-adherence, presenting further costs in the health context, including poor health outcomes and economic burdens. This study applies to the systematic review as its research method (Thompson & McCabe, 2012). Twenty-three studies were included in the final review, sourced from multiple databases, including Cochrane and PubMed, among

others. Seventeen studies among those explored showed a positive relationship between communication and adherence to mental health care efforts (Thompson & McCabe, 2012). Consequently, the research conclusion was that favorable patient adherence manifests in cases where communication and the clinician-patient alliance was evident. Notably, this communication was within contexts of information sharing by professionals for mental health care, as well as communication with patients and their families (Thompson & McCabe, 2012).

The advances in pharmacological interventions for mental health have facilitated the achievement of better outcomes for patients in this area (Thompson & McCabe, 2012). However, there are also possibilities for more improvements in environments where communication supports interactions. The study demonstrates the repeated significance of information sharing among clinicians in this area towards ensuring the adherence to interventions. Few methodological shortcomings may manifest, such as the absence of a meta-analysis. However, this issue is probably due to the diversity of the methods used in the articles of original research (Thompson & McCabe, 2012). The systemic review, nevertheless, facilitates the identification of the benefits communication has in this health setting.

According to Dagsvold , Møllersen, & Stordahl (2015), communication within the mental health context of the Norwegian Sami community is often hindered by features such as language and cultural norms. The main objective of this study is the determination of the role of language and cultural provisions in determining the accessibility of mental health services for Sami patients. The research applies qualitative interviews, focusing on four

patients of the Sami community as the sources of information on their treatment in Norway (Dagsvold, et al., 2015). The analysis of data also maximized on the same qualitative approach. The findings demonstrate the significance of communication limitations like cultural norms on the suitability of topics in mental health. At the same time, the Sami are obligated to address these issues in Norwegian, as the possibility of speaking their native tongue is limited within the contemporary setting (Dagsvold, et al., 2015).

The core interest of the research is in the language and cultural choices that Sami patients encounter in their pursuit of mental health interventions. However, it is notable that this study fails to provide any insight regarding the implications of these language and cultural differences. It is possible that for some community members, their mental health may deteriorate due to language barriers. Nevertheless, this position can only be inferred from the research as it is not explicitly stated within the research.

According to Sharac et al., (2010), patient contact with the care providers is limited in the psychiatric wards; which influences the efficiency of care delivery. The study draws on 13 relevant studies on this area from the last three and a half decades on the delivery of care as well as the administration of therapeutic activities (Sharac, et al., 2010). The literature was from a range of electronic databases as well as reference lists accessed manually. The results of this research indicate that only about 50% of nursing time is spent in contact with psychiatric patients (Sharac, et al., 2010). Communication is also limited, especially as only a minimal amount of time is spent in therapeutic activities. Patient social engagement within this setting also remains minimal with an influence on the efficient delivery of community mental health.

The research is an indication of the trends in clinical practice as they relate to communication with patients in psychiatric care. The approach to the study enables the scoping of a range of studies over time, as well as the potential of patterns in communication and patient interaction over time. However, it is notable that this perspective remains unexplored directly in the study, with no indications of trends over the last 35 years. The implication is that the limitation of interaction within this setting could hinder the efficient delivery of patient care.

Martin & Chanda (2016) assess the viability of simulation as a basis for enhancing therapeutic communication between nurses and mental health patients. This is an experimental study, focusing on the simulation as an approach to strengthening the confidence of mental health nurses in the use of therapeutic communication. Twenty-eight nurses that participated in the study; with their behavior assessed pre and post-test to facilitate adequacy in reporting (Martin & Chanda, 2016). The findings of the research indicated that the confidence of nurses in using therapeutic communication increased after the simulation exposure. At the same time, there was a significant increase in their communication skills (Martin & Chanda, 2016). The conclusions from the experiment included the need to incorporate the use of such simulations within the educational context of student nurses in mental health (Martin & Chanda. 2016). This is because the simulation offers a safe environment within which learning takes place, enabling the overcoming of errors towards the building of existing or new communication skills.

Like Furnes et al., (2018), the focus of the research is on the suitability of specific approaches to teaching communication within the context of mental health nursing. There

seems to be a foregone conclusion that communication is an essential aspect in this context, with the research only briefly dwelling on the details of its value. Consequently, the significance of the study as a determinant of the approaches to enhancing communication within this setting cannot be overlooked. However, it does necessitate additional exploration of research justifying the value of communication in this context.

Stensrud. Mjaaland, & Finset, (2012) addresses the emergence of mental health issues in the context of general practice, and the availability or absence of communication skills to handle the challenges. The study dwells on the self-perceptions of the importance of communication among practitioners when interacting and treating a patient of mental health (Stensrud, et al., 2012). Questionnaire responses were used to assess the learning needs and communication skills of the practitioners. From the sequential analysis, the findings demonstrated a tendency towards moderate communication skills for application within the context of mental patient interactions. The perceptions of the need for these skills also indicated a low level of perceived significance for the practitioners in their eventual determination of the patient outcomes (Stensrud, et al., 2012). Therefore, although communication may be necessary, care providers may fail to recognize its significance in the context of mental health care provision.

The approach to this research demonstrates comprehensiveness in the exploration of communication significance within this care setting. With 279 respondents and quantitative analysis, it is possible to acquire comparative and correlational trends to guide the projects conclusions and implications (Stensrud, et al., 2012). Although the research is conducted based on the participation of general practitioners, it is possible to transfer the findings to

the nursing context as possibly similar sentiments would manifest among all healthcare practitioners.

Effective treatment in mental health depends on the occurrence of excellent communication between health providers and patients. Mulvaney-Day Earl & Diaz☐ Linhart, (2010) seek to understand the relational style preferences among patients of different races based on their choice communication approaches. The research comprises a convenience sample with 129 patients and 47 practitioners to assess the requirements or expectations patients have of their providers (Mulvaney☐Day et al., 2010). A qualitative approach was applied to the data collection and analysis processes within the study. The results show that communication patterns and expectations vary. The value of taking time, for instance, is absent among African-American patients, while the conceptions of listening are seen as a basis for proper intervention development in this group (Mulvaney☐Day et al,, 2010). However, listening in the Latino group was a communication of the quality of the relationship, while in the white group it was used to ease the patient into opening up (Mulvaney☐Day, et al., 2010). Indications, therefore, are of differences in communication patterns and preferences depending on the target patient- consequently affecting outcomes.

The study illustrates the value of communication, as well as the specificity of communication styles for effectiveness among patients in the mental health setting. Its address of multiple features in the context of communication suggests the importance of not only enhancing communication but also specifically designing it to fit the needs of patients. This perspective should guide the approaches to teaching communication skills among mental health nurses.

A literature review was the choice method for data collection in the research, seeking similar themes across multiple studies relating to the interaction between parties in these contexts. Searches and Cochrane and PubMed supported the process, with limitations to publications beginning 1998 to 2011. Eventually, the analysis comprised 85 articles, with 32 of these being based on the context of mental health. Evidence from the context of mental health outlined communication as crucial to the sharing of pertinent patient information and the assistance of the patient in areas they cannot tackle individually. However, there are challenges that emerge from misperceptions like family members being responsible for the mental health problems of the patients as well as the diminished communication skills of nurses (Van De Bovenkamp & Trappenburg, 2012). Recommendations for improvement in this area, therefore, are presented as an approach to improving the welfare of the patients and the efficiency of the care providers.

The findings of the study support the overarching theme of the literature, where communication within the mental health nursing context is important. There is also a detailed exploration of the potential benefits of this interaction, especially in enhancing patient care. Limitations in design may ensure that the research only addresses communication between nurses and families. However, it still serves to perpetuate the emphasis on communicative efficiency in this health care context.

In Kanerva , Kivinen, & Lammintakanen (2015), the interest of the study is in the description of the elements of communication that support patient safety in psychiatric care from the perspective of nurses. Communication is acknowledged to be a crucial part of the care process as well as a core competency among the care providers (Kanerva, et al., 2015).

The research applies a semi-structured interview approach to involve 26 nurses in the data collection process and sequential analysis. Specific components were explored in this study, including the open culture of communication, the fluency of information transfer, and the active collection of valuable information by the nurses (Kanerva, et al., 2015). The results demonstrated a general conviction of the importance of paying attention to all three communication components. The elements are determinants of the degree to which internal practices and the nurses can ensure the safety of the patient in the course of treatment (Kanerva, et al., 2015).

The study approach and outcomes make it a significant contribution to the scope of literature on communication within the mental health nursing setting. Perhaps the use of self-reporting in this context may reduce the accuracy of assessing the degree to which the practitioners emphasize the communication in mental health. Nevertheless, the results still indicate consistency with the provisions of other studies regarding communication for mental health patients (Kanerva, et al. 2015)This direction of outcomes suggests that this approach to the study may not have interfered with the results of the research. Ultimately, communication continues presenting as a crucial part of safety in mental health care provision.

De Azevedo, de-Araújo, & Vidal (2015) identify the perception of patient communication among nursing students focusing on mental health. This is towards the determination of the perception's influence on their communication patterns during care provision. The research applies a qualitative approach, with 26 participants involved in the collection of data (De Azevedo, et al., 2015). Various tools were applied for the data

collection process, including games and focus groups with relaxation intermissions. The results demonstrate the mediation between interaction and the delivery of care for mental health patients. The nurses apply specific didactic techniques towards overcoming the barriers to patient communication (De Azevedo, et al. 2015). They are able to understand the meaning of various communication forms as well as the implications of those communications on the delivery of care. Non-verbal communication also plays a critical role in this context towards ensuring the efficiency in patient interactions with the practitioners (De Azevedo, et al., 2015).

The study applies unconventional approaches to the collection of data and the consequent analysis of information. Choice methods such as the games and the musical interventions could lead to a difference in understanding of the value of patient-nurse communication. However, there is a clear relationship between the capacity to perceive both verbal and non-verbal communications in the process of interaction and a resulting improvement of care delivery from the effort. Acquiring skills in understanding non-verbal communication, such as gestures also facilitates overcoming the conventional barriers that could emerge between mental health patients and their nursing care providers.

According to Eggenberger, Heimerl, & Bennett. (2013), communication skills in caring for people with dementia is a determinant of the resulting quality of life and the efficiency of care settings. The study objectives are towards the assessment of communication skill training and its impact on the quality of life for people with dementia. The study approach was the use of secondary materials, searching databases including MEDLINE and Cochrane for publications on the area. 12 trials were included in the study to

cover 531 people with dementia (Eggenberger, et al., 2013). From the analysis, the involvement in communication skills training serves to improve the wellbeing of people with dementia as well as the quality of interactions within various settings of care (Eggenberger, et al., 2013). Communication interventions can be sustained through the training, towards the achievement of specific competencies by caregivers for the people with dementia.

The article elaborates on the value of communication as well as the importance of communication training. These perspectives contribute to literature articulating communication as a significant component of care, as well as approaches towards its improvement. In this capacity, the review of multiple trials implies the ability to present a range of data on the area. Like all systematic reviews, however, it is possible that the findings are subject to the bias of the original studies. The diversity of the individual outcomes and the eventual accomplishment of a single result accentuates the notion of communication as a feature for the improvement of mental health care provision.

The literature, therefore, features the emphasis on communication as a significant aspect of the quality of care delivery in mental health. There are also sound indications of the value of training towards improving communication skills as well as the application of specific methods of teaching to incorporate communication in nursing studies.

Expert Tool Kit Evaluation Data

Data for the tool kit was collected after the nurse experts completed and returned the evaluations through Survey Monkey. The quantitative data was collected from the Likert

scores (1 - 5) scale and was completed by the experts. No written comments from the experts, a summary of the Likert scale using descriptive statistics was provided.

Protections

This project is educational, and follows the Walden University DNP Manual for staff education. The material offered by the experts, did include any request for identifying information requiring protection as well, and their responses will be kept confidential through the SurveyMonkey. The proposal was sent to the Walden University Institutional Review Board (IRB) to confirm the rights of the experts are maintained throughout the research process. The IRB approval number for conducting this study is 01-07-20-0311250. No site approval was needed from the expert panel questionnaire was given to the experts (no signature required due the process of education).

Assumptions

It was assumed that the experts evaluated the communication tool kit and will not allow bias to obstruct their opinions. It was assumed that all experts have the experience that is similar to the topic and have extensive education about the subject. It was assumed that the experts would be honest and truthful.

Limitations

The limitations were limited to behavioral health unit, and a panel of three experts. The tool that the experts evaluated was created by writer and has not been scientifically validated. The project is complete and determined that the communication tool kit is useful, and the project could be implemented with Mental health nurses.

Analysis and Synthesis

The tool kit project was evaluated by a panel of three experienced nurses, and are deemed experts through their experience and years working in the field. Their evaluation forms were received via survey monkey, using an evaluation form, scored per 5-point Likert scale.

Summary

The goal of this DNP project was to provide new and seasoned nurses working with patients in mental health a communication tool kit. Through this project, I sought to achieve this goal with a panel of experts as an education source. This tool kit could be offered to the nursing staff on a behavioral health unit or to nurses in other settings working with patients with mental health issues. In the next section, I cover the findings and implications, recommendations, and strengths and limitations of the project.

Section 4: Findings and Recommendations

Introduction

I noted that nurses in the mental health field were not conversing with their patients. Frequently, the nurses were observed sitting behind the nurses' station and ignoring their patients. The nurses in mental health frequently go beyond other professionals, such as; they are the first line individual to report behaviors to psychiatrist, and communicating with families. The nurses are currently relying on others to give them information on the patient, which may create an error in transcription. The practice focus question for this project was, "Is a tool kit appropriate for teaching communication in mental health?" This kit will be an aid for nurses to develop and improve communication skills.

The tool kit was developed using Watson's theory of caritas focusing on holistic care. The theory guided the study in developing a tool kit on communication. The purpose of this study was to improve communication, relationships, and observational skills between mental health RN's and their patients.

The field of mental health nursing is growing as more patients are being treated and seeking treatment for mental health. Research has shown that nursing education has not prepared nurses in mental health communication. Ennis et al. (2013) acknowledged that communication is an essential aspect of nursing and clinical leadership, and that communication is crucial.

Findings and Implications

I invited four experts to attend a phone presentation on the communication tool kit. All four of the experts joined the presentation, and three of the group responded to the

online survey through survey monkey. In the presentation, I provided the group with recent

research that was completed on communication in mental health, why a change is needed in

this area, and how the change might improve communication. The data from the 6-item

survey was analyzed by the average scores and the frequency using descriptive statistics (see

Table 1).

Table 1

Participant Results (N = 3)

Questions	Strongly disagree	Disagree	Neither	Agree	Strongly agree	*N*
Content is clear?	0	0	0	1 (33.3%)	2 (66.7%)	3
Content is in current practice guidelines	0	0	3 (100%)	0	0	3
Recommend the tool kit?	0	0	0	0	3 (100%)	3
Content express importance of communication	0	0	0	1 (33.3%)	2 (66.7%)	3
Tool kit is appropriate for this topic.	0	0	0	0	3 (100%)	3
Appropriate method for communication	0	0	0	0	3 (100%)	3

The evaluation was designed to see how effective an educational tool kit might be in

mental health nursing. The survey completion rate was 66.7% (*N* = 3). The Likert scale was

used for evaluation, (1) Strongly agree, (2) Agree, (3) Disagree, and (4) Neither (NA).

Two experts strongly agreed the tool kits content was clear (66.67%), and one

agreed (33.33%). All three experts neither agreed or disagreed that the kit is within practice

guidelines. All three experts strongly agreed that they would recommend the tool kit to

others (100%). Two experts strongly agreed that the content expressed the importance of

communication (66.7%) and one expert agreed (33.33%). All three experts strongly agreed

that the content was an appropriate method for the topic. The highest levels of agreement at 100% (highly agree) were for the appropriateness of a tool kit and an appropriate method for communication. The expert evaluators did not leave comments or recommend any changes to the tool kit.

Recommendations

I will continue to review with managers, leadership, and mental health nurses to update the tool kit as needed to adapt to their unit. I will complete a power point presentation about the tool kit to present to nurses on the mental health units.

Strengths and Limitations

The strength of the project was that the three experts agreed that the tool kit is a benefit regarding communication and agreed that the tool kit is a good source of education. Another strength is that this is an emergent study that can be replicated and applicable to practice. A limitation is that the tool kit has not been disseminated or used in a setting such that it could be evaluated to see whether it would improve knowledge and skills to meet the objectives of the tool kit.

Contributions of the Project Team

The project was presented to a team of four nurse content experts. Three of the experts provided an evaluation of the tool kit on usefulness, appropriateness, and if they as experts would recommend it to others. The three evaluators all agreed that the tool kit would be a good tool to use for improving communication.

Summary

Research has demonstrated that communication is crucial in mental health, and reveals the importance of nurses gaining the trust of their patients. I observed that nurses frequently sit behind the nurses' station and do not interact with their patients. I asked some of the nurses on a mental health unit why they did not communicate with patients. Some of the newer nurses said that they were not sure how to communicate and that they were afraid that they would say something wrong. The nurses also state "we need more communication tools." I decided to complete a tool kit to assist nurses with communication in mental health. The purpose of this DNP project was to provide a tool kit about communication for nurses working in mental health. The tool kit is a guide to assist the nurses with improving communication skills with patients who have mental health disorders. The nurses in mental health have a large role in communicating, reporting to physicians, and observing patient behaviors. The goal of this study was to provide education tool on communication. If RNs effectively communicate with their patients, the patients could have a positive experience and learn to trust the nursing staff.

Three content experts regarding communication in mental health completed the evaluation survey of the education tool kit developed in this project, with their statements were positive regarding the potential effectiveness of the tool kit.

Section 5: Dissemination Plan

Introduction

The intent of this project was to provide interested mangers in mental health a copy of the results. I will communicate about the study to managers in mental health and provide the tool kit if requested. I will develop a presentation about how to use the tool kit and its importance. I will present to managers and nursing staff at two local mental health centers and give the results of the evaluation of tool kit to the managers.

Analysis of Self

I had never completed a project of this size and I found it challenging when learning the many aspects of research. Some of the challenges were when trying to find reliable research on the topic of communication in mental health nursing, choosing the right type of research to complete, and finding the correct theory for mental health. Also, no previous studies of this type were found during my research, so there was a challenge of developing tools for the kit and creating the evaluation. I also experienced many changes and occurrences during the project, and had to frequently adapt, which at times was difficult to sustain writing productively.

The project also had as many enjoyable experiences as challenging. This DNP project and practicum experience developed me into a leader and a role model in the field of nursing. During the process, I interacted and collaborated with leaders in the field of nursing. The process of developing and planning the study was rewarding, and this was a change that could be positive for both patients and nurses. The project provided me with the opportunity to collaborate with leaders in nursing, to develop a project, and to implement

positive changes for an organization. This project on a communication tool kit allowed me to make a positive social change, by providing a means of communication in mental health, to allow patients to experience a positive hospitalization.

This study has given me the opportunity to see the importance of improving communication within a mental health setting. As a DNP student, my intent is to improve the communication tool kit so that it can assist in nursing and contribute to mental health nursing and bring positive social change by preparing the nurses in communication with patients who have mental health disorders. The overall goal of this study is to ultimately provide mental health patients with dignity, respect, and a positive experience. This DNP project and practicum experience has helped me to develop into a leader and a role model in the field of nursing.

Summary

The overall goal of this DNP project was to provide an educational tool kit for nurses to assist with communication with patients who have mental health disorders. Mental health nurses are the main caregivers of mental health patients. Therefore, it is important that they can communicate effectively. The nurses have to be able to monitor the patients' behaviors, communicate with the psychiatrist, family, and patient. If nurses use the communications skills that are offered in the tool kit, they will show respect and dignity to the mental health patient. Hopefully, by using the tool kit, the nurse will gain trust and build rapport with the patients.

The three experts who completed the evaluation of tool kit provided me with positive feedback. The experts expressed that the tool kit could be an effective tool for

nurses. The tool kit can be adapted for inpatient units and or outpatient. The goal is for

nurses to effectively communicate with their mental health patients and provide them with

high quality care.

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Appendix A: Objectives and Learning Outcomes for Education Manual

Registered Nurses (RNs) will have access to the tool kit to help in communication with mental health patients. Skills provided in tool kit are ways the RN can improve skills in communication. The objectives will be completed with all new hires and annually of all nurses on mental health unit.

The manager of mental health will choose staff with experience who can complete these objectives as superior in order to check-off other staff. De-escalation techniques will be checked through use of therapeutic communication. Each case study will be for a role play completed with two staff, (one as patient and one as staff) using therapeutic and non-therapeutic techniques. Role play will be used to demonstrate ways of gaining repour with patients through the case studies (examples only). One interview will be used to assess communication techniques that address any concerns the patient has. The monitor will assess how well staff are able to control issues or address concerns during the interview.

Objectives: Registered Nurses (RN's) Will demonstrate the ability to maintain a therapeutic relationship with the patient. This will be completed by the following skills and checkoff from a manager.

Learning Outcomes- RN's will effectively communicate with acutely ill mental health patients.

- ✓ Attain better awareness about the significance of effective communication with patients. (Using therapeutic and non-therapeutic techniques).

- ✓ Learn techniques that can contribute positively to encouraging effective communication flow.

- ✓ Develop an understanding of the obstacles that stimulate the nurse-patient communication gap. (problematic issues with patients, such as and not limited to; medication side effects, suicide thoughts, anxiety, and agitation.

- ✓ Develop a thorough understanding of the theories that can help improve the nursing interpersonal skills.

Appendix B: Therapeutic Communication Handout

Teaching Strategies

- Simulation Case Studies

- De-escalation techniques

- Listening Techniques

- Acquiring Trust with Patients

Communication Tools-Assist in Communication Techniques.

Empathize with the patients.

1. **D**irectly interact with the patients. (Don't talk down to patient, and give eye

    contact and all of your attention.

2. **U**nderstand what the patient wants or has to say. (Repeat (paraphrase)what

    the patient says to you.

3. **C**larify your instruction and maintain clarity in communication. (Make sure to

    speak clear, concise so the patient can understand.

4. **A**sses the factors around that can promote effective communication. (Avoid

    distractions that can impede the communication.

5. **E**valuate implications entailed in the process. (Evaluate communication with

    the patient.

Appendix C: Check Off Form for Tracking Learning Objectives

Check Off/Learning Objectives

Directions: This will be a new hire and yearly requirement of nurses working on the mental health unit. To complete satisfactorily each of the following requirements will be completed. Check off each area of the module after completing the activity. After completing all of the tasks give this form to the manager for your file.

Review therapeutic and non-therapeutic techniques	Complete assessment/ interview using therapeutic or non-therapeutic skills	Complete de-escalation techniques	Demonstrate gaining trust/rapport	Demonstrate how to identify anxiety.	Simulation/ case studies

Appendix D: Therapeutic and Nontherapeutic Communication Techniques

Therapeutic Communication Techniques

Accepting: demonstrating positive regard for the client

Active listening: giving the client your full attention, being aware of both verbal and nonverbal messages

Broad opening: allows the client to pick the topic

Checking perceptions: asking the client about what he/she perceives

Clarifying: used to understand unclear or confusing messages

Confronting: pointing out discrepancies

Defining your role: sets perimeters on relationship

Empathy: acknowledging the client's feelings

Encouraging comparisons: examining similarities and differences

Exploring: examining a topic in detail

Focusing: directing communication back to a topic

Formulating a plan of action: helping client plan step by step coping strategies

General lead: neutral expression which encourages client to continue talking

Giving feedback: giving the client information about how his/her behavior impacts others

Giving information: the nurse provides new or additional information

Giving recognition: simply acknowledging the client

Making observations: description of behavior

Offering self: letting the client know that you are available

Open-ended question: allows multiple choices of response, encourages client to elaborate on their thoughts/feelings

Placing events in sequence: clarifies the relationship of events in time

Presenting reality: stating what is/isn't real

Reflection: paraphrasing the client's message in your own words

Restating: repeating the client's message in the client's own words

Silence: allows time to collect thoughts and feelings

Summarizing: recapping key points at the end of the conversation

Translating words into feelings: respond to the feeling content rather than words

Validation: nurse verifies the client's perception of the situation

Verbalizing the implied: putting into words what the client said indirectly

Voicing doubt: expressing uncertainty about the reality of client's message

Nontherapeutic Communication Techniques

Advising: the nurse does the client's problem solving

Asking multiple questions in one:

Being judgmental: imposes the nurse's values on the client

Being inattentive: client feels ignored/unheard/devalued

Being over talkative: doesn't allow client to express his/her thoughts/feelings

Belittling feelings: lack of empathy

Changing the subject: limits expression of feelings, keeps conversation superficial

Closed question: answer yes/no

Defending: taking a coworker's side over the client

Denial: negating the client's feelings

Double bind message: introduces conflicting messages

Indicating an external source of power: attributing thoughts/feelings to an outside influence

Offering personal opinions: deflects from the client

Probing: asking irrelevant personal questions

Reassuring: denies the client's feelings in the here and now, may be false

Rejecting: negating the client's attempt to communicate

Stereotyping: places everyone in the same category

Requesting an explanation/"Why" question: puts client on the defensive

Adapted and retrieved from *Therapeutic Communication: NCLEX-RN || RegisteredNursing*
https://www.registerednursing.org › nclex › therapeutic-communication

Appendix E: Simulation Case Studies:

Directions: Read the case study and then prepare to communicate with assigned team
member and communicate as if they were the patient.

Case Study 1 - Patient with Chemical Dependency Issues

Dale is a 45 year -old male, diagnosed with depression and alcohol dependence since age

30. Currently lives alone, had a recent break up with long term girlfriend, and recently

demoted at work. Since the break-up, Dale has increased his usual alcohol intake from 3 to 6

glasses of vodka per night. Current symptoms, isolates, decreased focus, poor concentration,

abolition, decreased sleep.

Case Study 2 - Patient with Suicidal Ideation

Lisa, a 20 -year-old female is admitted with an attempted suicide. S consumed 15

Clonazepam pills, drink a pint of vodka, and states longer cares about anything. She wrote a

suicide note to her boyfriend to tell him she cannot continue living this way. She feels

helpless, hopeless, and continues to be suicidal.

Adapted and retrieved from Varcarolis, E. M., Halter, M. J. (2014). *Foundations of psychiatric mental health nursing* (7th ed.). St. Louis, MO: Saunders.

Appendix F: Evaluators' Scale

Directions: Please review the tool kit module and rate the following six statements to the best of your ability. The survey will provide questions regarding the effectiveness of the tool kit module and provide guidance to psychiatric nurses on the topic of effective communication skills. Please share any comments at the end of this survey.

Use the rating scale from 1 (strongly disagree) to 5 (strongly agree) to answer each item.

1-SD: An answer of a 1 indicates you strongly disagree with the question in regard to the education module.
2-D: An answer of a 2 indicates you disagree with the question in regard to the education module.
3-N: An answer of a 3 indicates you neither disagree, nor agree, with the question in regard to the education module.
4-A: An answer of a 4 indicates you agree with the question in regard to the education module.
5-SA: An answer of a 5 indicates you strongly agree with the question in regard to the education module.

Rate each item.	SD	D	N	A	SA
1) The content is clear.					
2) The content will provide tools for communication skills.					
3) The content is within parameters of mental health.					
4) As an expert in mental health I would recommend this education packet to others.					
5) Content will express importance of therapeutic communication.					
6) The education tool kit is an appropriate method for the topic.					

SD-strongly-disagree; D-disagree; N-neither agree nor disagree; A-agree; SA-strongly agree

Comments

_____

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_____

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_____

Thank you for participating in the communication survey!