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Evaluating Nurse Comfort Levels Assessing for Depression in an Urban Hospital Setting

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Introduction of the Problem

The US Preventative Services Task Force (USPSTF) has provided recommendations for routine depression screening in primary care practices. However, Blackstone et al. (2022) reported that only 3% of adults without a diagnosis of depression are screened for depression in a medical practice. Nurses are not always comfortable with the assessment of patients who are experiencing depressive symptoms. Stigmatization surrounding mental health and lack of provider comfort when assessing for depression may cause variance in screening. This DNP Project focused on the evaluation of nurse's comfort levels when assessing for depression in a hospital setting.

Literature Review

The available literature concludes, depression often goes unrecognized and untreated in non-psychiatric settings. Previously conducted studies report that patients hesitate to disclose depressive symptoms and clinicians fail to recognize signs of it. Several articles report clinicians have a lack of resources and comfort with mental health, leading to the clinician focusing on physiological rather than psychological symptoms. Many believe mental health care is beyond their scope of practice, while others believe psychological illness is not important enough to address. Some literature found that clinicians recognize depression as an important aspect of patient care and need to be addressed.

Most research that has been conducted and published focuses on the prescribing clinician's comfort levels. There is insufficient research found that assessed nurses' comfort levels when assessing for depression. Most of the research found was conducted in a primary care setting, but no articles were found in an inpatient medical hospital. There were little to no

articles found conducted in the last five years. There were scarce articles that we found assessing clinicians comfort level assessing for depression in pediatric or geriatric patients.

Project Methods

Mental health concerns are often underreported due to stigma perceived by patients. Mulvaney-Day et al. (2017) reported rates of screening in physician practices for various mental health conditions, such as depression, are low. Implementing a survey is one strategy to evaluate nurse comfort levels with depression assessment on a medical-surgical unit at an urban hospital in Missouri. This implemented survey was developed using evidence-based literature on assessing nurses' comfort levels while asking patients about depression. The survey was administered to nurses providing direct patient care who volunteered to participate. Once the survey data collection period ended, results were evaluated and presented to the stakeholder which included the administrator providing consent to conduct this QI initiative.

Evaluation of this project was through staff completion of a 10-question survey where the first three questions assessed demographics of the nurses such as the generation they fell under, the gender they identify as, and how long they have been practicing as a licensed nurse. The rest of the questions (seven questions) that were asked in the survey were multiple choice. A 5 point-Likert scale ranging from Strongly Agree to Strongly Disagree was used in this survey. The following questions were asked "I feel comfortable asking my patient about their mental health", "I feel confident in recognizing non-verbal cues for depression in my patients", "My current understanding of depression is", "If a patient does say they feel depressed, how often do you ask further questions/notify the provider and/or provide resources?", "During your assessment of

patients, how often do you ask how their mood is?", "What depression screen does your facility use with every new patient?", and "How often do patients get screened for depression?"

Evaluation

Seventy-three participants completed the survey. Out of the seventy-three participants, 49% reported being millennials and 44% reported having nursing experience in the 0–5-year range. Positive data was reported in three out of the ten survey questions when assessing feelings towards confidence, comfort, and understanding and when assessing for depression in general. Results further denoted that the participants exhibited feelings of being both comfortable and confident in assessing for depression which provided evidence that mental health evaluations were being implemented in general practice as a registered nurse. On the contrary, the last three questions that were evaluated via this survey were less promising than the other prompts exhibiting more negative responses surrounding the overall assessment of depression. An overwhelming majority of nurses responded with other/unknown comprising of 47% of the responses when asked what depression screening tool was utilized at their facility. The project location was at an urban hospital in Missouri. Before the project was implemented, no surveys had been implemented that assessed nurse comfort levels regarding the assessment of depression among patients at this location.

Limitations

Limitations of the survey distributed would include sampling, response, and survey distribution time frame. Sampling bias was a limitation as the survey was not completed by all nurses, thus results only represented the nurses that were willing to participate. Although the survey was anonymous, a response bias may have been present from participants choosing

answers that are seen as socially desirable instead of answering truthfully. The survey was limited to internet users and to participants who accessed their email during the evaluation window, nurses who did not work/check their email/have internet access, or who missed the time frame denoted for participating in the survey.

Impact on Practice

Several responses were elicited after the implementation of the survey regarding nurses on a medical unit at an urban hospital in Missouri. Moreover, the nurses at the hospital provided positive feedback regarding the survey overall. Positive feedback was obtained where multiple nurses stated that there must be more surveys like these distributed. The nurses stated that the implemented survey provides more awareness regarding the importance of feeling comfortable via assessing patients for depression and further decreases stigma that surrounds depression in general. The nurses felt that the survey was easy to follow and understand as well as complete efficiently and effectively.

Though the nurses provided positive feedback regarding the overall implementation of the survey, after discussion of the survey results with the stakeholder, it was determined there are still gaps that exist in assessing patients for depression. The negative responses encompassing the assessment of mood and the lack of awareness regarding the various depression screening tools were two of the main themes that were of most concern for the stakeholder. The stakeholder reported that these negative responses will, hopefully, improve through the delivery of more surveys like these simply due to these surveys placing an emphasis and enhancing knowledge of depression screening.

Conclusions

The implementation of an evidence-based survey in a hospital setting to determine overall nurse comfortability in assessing patients for depression was viable. Future projects like these may implement an educational intervention where two surveys are performed pre-education and post-education to further enhance the awareness of assessing for depression among patient populations and have more measurable data that shows with education/intervention there could be an increase or decrease in comfort levels among nurses evaluating patients for depression.

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