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Education of Mental Health Professionals Regarding a Patient-Centered Care Approach to Improve African American Adherence to Antidepressant Medication: A Quality Improvement Project.

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Education of Mental Health Professionals Regarding a Patient-Centered Care Approach to Improve African American Adherence to Antidepressant Medication: A Quality Improvement Project.

A Scholarly Project Presented to the Faculty of the Nicole Wertheim College of Nursing and Health Sciences

Florida International University
In partial fulfillment of the requirements
For the Degree of Doctor of Nursing Practice

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“Glory to God in the highest, and on earth peace among those with whom he is pleased!”
Luke 2:14. This verse basically describes my journey to this wonderful accomplishment. Glory and thanks to Him first and foremost without which I would not have the strength to bring emotional peace to families and individuals encounter in my practice.

Since this was a long time coming, there were many hands in the making of this realization. To tell the truth, graduating school came into my life at an older age where I already had many personal, family and financial responsibilities. Many days, I was close to walking away if it was not for my wonderful tribe made up of great friends and exceptional family.

I cannot fully celebrate without acknowledging my husband Stephenson Doiron. He showed me a great deal of patience and grace throughout this process. Lots of outings, vacations and households’ responsibilities were neglected in the making of this final project; but he was a trooper. His understanding and quiet support helped to propel me further.

A special note to my mother Simone Calixte. The cheerful strength and experience of this lady makes me smile. To witness the doors that she opened for me with so little opportunities and finances always fill me with boldness, reassurance, and vision. I always want to succeed just to validate her unglorified accomplishments.

To my friends, schoolmates, and co-workers: Thank you!!! For the talks, the guidance, and all the positive words. My thought was, through all the struggles and sacrifices, if you guys can do it, I can do it too. Thanks for being a guide and an inspiration.

Last but not least, family!!!{all the aunties, uncles, cousins especially Marie Ulcenat. My family has always been my biggest fan. I want to take this opportunity to thank them for years and years of emotional support, guidance and setting the right examples. All I have to do is ask and you guys always show up for me. I greatly appreciate all the wisdom and the patience shown toward me.

The greatest gift to the world are teachers without whom we will not be able to have a peaceful and coordinated society. This project is especially dedicated to all the educators in my life from kindergarten to grad school. Your hard work and dedication are never in vain. Teachers will always quietly change and shape the world.

“I can do all things thru Christ who strengthens me” (Philippians 4:13)

THANK YOU ALL!!
Abstract

**Background:** Although in United States, the prevalence of depression is less in African Americans than other ethnic groups, African Americans experience more chronic, disabling depression. Mental Health Professionals lack of knowledge regarding African American culture, beliefs, and perception may interfere with a trusted professional-patient relationship with African Americans diagnosed with depression, thereby potentially contributing to African Americans reluctance to start or to adhere to a medication regime.

**Purpose:** This quality improvement project investigated the effect of an evidence-based educational workshop regarding Mental Health Professionals’ knowledge, attitudes, and behaviors toward African American culture, beliefs, and perception of depression and a Patient-Centered Care Approach for African Americans diagnosed with depression.

**Methods:** A Plan-Do-Study-Act (PDSA) methodology was used to implement the quality improvement project. A total of 12 Mental Health Professionals participated in the workshop at a community mental health clinic. The intervention was an evidence-based educational workshop regarding African American culture, beliefs, and perception of depression and the use of a Patient-Centered Care Approach. The educational workshop was a 45-minute PowerPoint presentation, which was followed by 15 minutes of discussion. A 20-item questionnaire on knowledge and a 20-item questionnaire on attitudes and behaviors were administered pre and post workshop to assess Mental Health Professionals’ knowledge, attitudes, and behaviors regarding African American culture, beliefs, and perception of depression and a Patient-Centered Care Approach.

**Results:** The educational workshop significantly improved participants’ knowledge on African Americans’ culture, beliefs, and perception of depression and the use of a Patient-Centered Care Approach {pretest (M=74.0); posttest (M=92.50), p=.002}. The participants also significantly improved attitude scores on pretest (M=79.5) and posttest (M=95.7), p=.002, as well as behaviors from pretest (M=83.60) to posttest (M=94.50), p=.002.
**Implications:** This project reinforced the importance of ongoing education for Mental Health Professionals to improve their knowledge, attitudes, and behaviors regarding African American culture, beliefs, and perceptions regarding depression and a Patient-Centered Care Approach. This education may improve the care of African Americans with depression and their adherence to antidepressant medications.

**Keywords:** Culture, medication-adherence, depression, Patient-Centered Care, African Americans
Table of Contents

I. Introduction ...........................................................................................................7
   • Problem Statement ...............................................................................................7
   • Scope of the Problem ...........................................................................................8
   • Consequences of the Problem .............................................................................9
   • Significance to Nursing .....................................................................................10
   • Knowledge Gaps ................................................................................................11
   • Problem Solution ...............................................................................................12

II. Literature Search ..................................................................................................13
   • Literature Appraisal ............................................................................................14
   • Conclusion of Literature Review .........................................................................20

III. Purpose/ PICO Clinical Question/SMART Goals .....................................................20

IV. Organizational Assessment and SWOT Analysis ....................................................21

V. Definition of Terms ...............................................................................................25

VI. Conceptual Underpinning and Theoretical Framework of the Project .......................25

VII. Methodology .......................................................................................................26
    • Introduction of the QI Methodology: i.e., Plan, Do, Study, Act Cycle ..................26
      Plan Stage:
      ▪ Study design ....................................................................................................27
      ▪ Setting ..............................................................................................................27
      ▪ Sample, Sample Size, and Inclusion/Exclusion Criteria ..................................27
      ▪ Instruments ......................................................................................................27
      ▪ Data Collection Procedures ..........................................................................28
      ▪ Intervention .....................................................................................................28
      ▪ Data Management and Analysis ....................................................................29
      ▪ Protection of Human Subjects .........................................................................30

VII. Results ..................................................................................................................30

VIII. Discussion .........................................................................................................37

IX. Limitations of the Project ....................................................................................38

X. Implications for Advanced Practice Nursing ........................................................38

XI. Dissemination Plan ..............................................................................................38
    • Introduction ........................................................................................................39
    • Dissemination by Presentation .........................................................................39
    • Dissemination by Publication ............................................................................39

XII. Conclusions .........................................................................................................39

XIII. References ..........................................................................................................40

XIV. Appendices ..........................................................................................................47
IRB Approval Letter ................................................................. 47
Letter of Approval from Facility ............................................ 48
Written Consent Form .......................................................... 50
Data Collection Documents (i.e., flyer; social media announcement) ... 54
Study Instruments .................................................................. 56
I. Introduction

Depression is a common disorder in African Americans and is a leading cause of morbidity and death (Muvuka et al., 2020). Unfortunately, different issues such as culture, stigma, mental health literacy, and provider trust prevent many African Americans from collaborating with professional Mental Health Professionals in their recovery process. These barriers challenge African American clients’ willingness to take antidepressant medication and can result in non-adherence to a medication regime (Muvuka et al., 2020). Those behaviors are linked with an increase in co-morbidities, decreased quality of life, unemployment, and suicide (Muvuka et al., 2020).

Mental Health Professionals’ lack of knowledge of African American culture may result in non-adherence to antidepressant medications. Factors may include poor relationships between providers and clients as providers may not understand African Americans’ beliefs about depression. With a lack of knowledge, Mental Health Professionals lack the capacity to protect clients against stigma and discrimination. African American stigma toward depression and providers approach could impact the client-provider relationship and decrease provider trust which negatively influences mental health care. Providers should emphasize an approach based on African American culture, beliefs, stigma, shared decision making, and mental health literacy that may influence adherence to antidepressant medications.

Problem Statement

Depression has become to be an important public health concern worldwide. In the United States, 13% of African Americans met criteria for any type of depression, and most of them are more likely to experience severe or persistent depression (Robinson et al., 2022). The most effective form of treatment remains antidepressant medication. Despite the accessibility of many effective antidepressant drugs, 50% of individuals do not experience a complete remission of symptoms and even undergo relapse (Marasine & Sankhi, 2020). Although, the prevalence of depression is less in African Americans (14%), African Americans experience more persistent,
chronic, impairment and disabling depression compared to others racial/ethnic groups (Bamgbade et al., 2020). African Americans are less expected to follow medication regime. African Americans’ attitudes toward antidepressant medication are influenced by culture, stigma, and medical mistrust. Mental Health Professionals lack of cultural competency and inability to bond with African Americans diagnosed with depression may contribute to non-adherence to treatment regimes.

**Scope of the Problem**

Depression is a prominent cause of disability worldwide, as well as common mental illness in the United States. In the United States, African Americans are disproportionally impacted due and low mental healthcare professional trust (Pugh et al., 2021). In addition, those factors negatively influence African Americans’ adherence to professional mental health treatment (Hankerson et al., 2022). The disease has various etiological factors, such as social, psychological, and biological. The DSM-V (Diagnostic and Statistical Manual of Mental Disorders) and the ICD-10 determine diagnostic criteria for depression (American Psychiatric Association, 2013).

Depression is characterized by depressed mood, diminished interest in pleasure or in all activities (anhedonia), significant weight loss or gain, increased or decreased appetite, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, sense of emptiness or inappropriate guilt, diminished capability to think or concentrate, recurrent suicidal ideation, and suicide attempts or a specific plan for committing suicide (Bygstad-Landro et al., 2017). Based on the gravity of these symptoms, a depressive episode can be labeled as mild, moderate, or severe (American Psychiatric Association, 2013). Mild depression or a depressive episode is described by the presence of at least two symptoms involving depressed affect. According to DSM-5 criteria, anhedonia, or depressed mood and five other symptoms must be present to diagnose an individual with major depressive disorder (American Psychiatric Association, 2013). These symptoms should be current every day for a duration of two weeks (Kok et al., 2017). These symptoms can impact an individual’s social activities, occupational well-being, disability, suicidal ideation, and
mortality (Soysal et al., 2017). Depression is a major cause of disability among the African American community and impacts quality of life (Kok et al., 2017). In the African American population, depression is underdiagnosed, undertreated, and may contribute to co-morbidity. In addition, Mental Health Professionals’ time for a mental health visit varies from 15 to 45 minutes which is not enough to develop a trusting relationship where individuals are comfortable to express themselves and receive guidance and support from providers.

**Consequences of the Problem**

In the United States, depression affects 8.1% of adults in a two-week period and costs $210.5 billion annually, of which 45% are direct health care costs. Even though depression prevalence is not different among African Americans (8.2%) and other ethnic racial groups, such as Hispanics (9.2%), African Americans experience greater severity, chronicity, and disability than another racial groups (Muvuka et al., 2020). African Americans’ knowledge and behaviors toward depression and medication regimes explain the high disease burden in African Americans. Black women having a higher rate of prevalence (11%) than men (7.2%), possibly due to the strong Black women stereotype (Muvuka et al., 2020). In addition, there is also a relationship between depression and age. The prevalence of depression is higher among older African Americans due to life events, such as death of parents, spouse, birth of a child, retirement, loneliness, and chronic illness (Robinson et al., 2022).

Non-adherence to antidepressant medications represents a major challenge for Mental Health Professionals in treating African Americans with depression. Studies have shown that African Americans who seek out mental health services in an integrated care setting where there is a higher patient-providers trust and communication, were more adherent to medication regimes (Pugh et al., 2020; Bauer et al., 2014). The purpose of this quality improvement project is to educate Mental Health Professionals’ regarding a Patient-Centered Care Approach (PCCA) for African Americans with depression to improve Mental Health professionals’ knowledge, attitudes, and behaviors related to the care of this population.
Problem Significance

Even though African American minorities visit mental health clinics for depression, most of them are reluctant to take antidepressant medications leading to ineffective treatment. Consequently, the result is long-life depression, increase in the number of visits to the providers’ office, increased hospitalizations, increased co-morbidities, increased unemployment, and an increase in suicide rates (Muvuka et al., 2020).

Furthermore, African Americans often do not participate in the development of a treatment regime. The treatment approach for the disease often does not consider the client's knowledge of the disease process, and cultural beliefs about the disease. It is imperative for Mental Health Professionals to adopt a Patient-Centered Care Approach to enhance African Americans adherence to medication regime. A Patient-Centered Care Approach is a holistic approach that addresses the person as unique, the approach will help providers to perceive the patient behind the illness. In this approach the patient occupied the center of the decision making that implied that patient’s cultural values, preferences and needs are taken into consideration in the development of the plan of care. In addition, the core principles of patient-centered care are empathy, respect and engagement, relationship, communication, and shared decision making. This approach reinforces the necessity for Mental Health Professionals to increase their knowledge of African American culture and to develop a trusted provider-client relationship which results in patient’s adherence to a medication regime.

Since 2015, the social work profession has adopted a biopsychosocial spiritual holistic approach to empower patients in their health recovery and emphasized the importance of a Patient-Centered Care Approach (Choy-Brown et al., 2020). Similarly, the Center for Education and Research on Therapeutics Program (CERTP) focused on how to incorporate patient-centered care to improve medication management (Kuntz et al., 2014).

When depression in the African American population is not addressed appropriately, it can result in several complications, including: an increase in the prevalence of depression in the
African American population; depression which can become a serious public health concern impacting African Americans’ quality of life; and non-adherence to antidepressant medication which predisposes the African American population to medical comorbidities, such as exacerbating medical illnesses and physical disability with poor medical outcomes (Vasireddy et al., 2018). Failure of African Americans to adhere to medical advice and adhere to antidepressant medication regimes increases the risk for relapse, increases the risk of suicide, which is the third leading cause of death among African American young adults (aged 18-25 years) as well as increases health care costs (Bamgbade et al., 2020). All these factors should motivate Mental Health Professionals to adopt a Patient-Centered Care Approach in the care of African Americans with depression.

**Knowledge Gaps**

Given the negative impact of African American non-adherence to antidepressant medications, there are different approaches to analyze medication adherence from a patients’ perspective, but little is known about Mental Health Professionals’ point of view regarding this clinical situation (Goh et al., 2020). The implementation of the educational program for Mental Health Professionals may bridge this gap, as a Patient-Centered Care Approach to the care of African American clients with depression, may improve the efficacy of their health care delivery strategies and modify providers’ knowledge, attitudes, and behaviors toward mentally ill populations. It is imperative to enhance Mental Health Professionals’ knowledge, attitudes, and behaviors of African Americans with depression to establish a trusting relationship, promote adherence to taking anti-depressant medications, and encourage African Americans self-engagement in the treatment plan which may result in medication adherence.
Proposal Solution

It is important for Mental Healthcare Providers to embrace new strategies in their approach to depression in the African American population. A Patient-Centered Care Approach may include patient input in the decision-making regarding treatment and enhance African American adherence to antidepressant medication, as well as decrease the prevalence of depression and its lifelong complications.

A cultural approach to stigma and depression in African Americans is a crucial component in the mental health care approach of the population. Due to feelings of social exclusion, some African Americans may develop internalized stigma, which may have multiple adverse effects, including low self-esteem, compromised social adaptation, hopelessness, and provider mistrust (Polacsek et al., 2020). All these factors reduce African American adherence to antidepressant medications. In fact, providers must be knowledgeable of African American cultural beliefs to implement a culturally tailored approach based on patient-centered care which emphasizes education and counseling to increase self-esteem and improve patients’ willingness to follow the treatment plan.

Allowing African Americans to express themselves and express their needs, while increasing their coping skills to overcome different barriers to medication adherence, are strategies that can increase their adherence to antidepressants. Educating Mental Health Professionals regarding community resources to address patient needs, such as vouchers or discounts to appropriate drugstores, may support adherence to antidepressant medications.

Implementation of an educational program on a Patient-Centered Care Approach at the outpatient clinic will enhance Mental Health Provider’s knowledge of African American culture and potentially change Mental Health Professionals’ attitudes and behaviors toward African Americans with depression who seek assistance. Following the educational program, providers may discuss depression symptoms, etiologies, different antidepressant medications, which may contribute to improved provider-client relationships and in turn facilitate the development of
patient trust toward Mental Health Professionals. In addition, the clients will be encouraged to take an active role in decision making, which may improve medication adherence. At the end, a Patient-Centered Care Approach is an effective strategy to engage African Americans in their life recovery from depression which will improve their quality of life, decrease morbidity, and decrease healthcare costs (Bamgbade et al., 2020).

II. Literature Search

In the United States, African Americans suffer from more severe depression symptoms and long-life complications than any other ethnic group (Hines et al., 2017). Antidepressant medications have been demonstrated effective to reduce depressive symptoms. However, African Americans non-adherence to antidepressant medication remains a crucial problem and has been considered as one of causes for treatment relapse or failure, and long-life depression complications (Ho et al., 2017). Numerous studies highlighted clients ‘cultural beliefs and stigma, client-provider relationship, and providers mistrust as factors responsible for African Americans non-adherence to antidepressant medications (Ho et al., 2017; Marasine et al., 2021). Some studies encourage providers to have a Patient-Centered Care Approach in the care of African Americans with depression. A Patient-Centered Care Approach emphasizes individuals’ culture values and preferences in the development of plan of care. Mental Health Professionals will play a coach role in helping African Americans in their recovery from depression. There is a knowledge gap regarding providers Patient-Centered Care Approach (Bosworth et al., 2017). A review of the literature was done to explore a Patient-Centered Care Approach and inform the development of an educational program in the care of African American patients with depression.

The literature search was done using databases ProQuest, Medline Plus, CINAHL and PUBMEB, with key words African Americans, adherence, antidepressants, Mental Health Professionals, stigma, Patient-Centered Care Approach, and depression. Only articles published from 2019 to 2022 were considered. Sixty articles were identified; twenty abstracts were read;
fifteen full articles were read; and only two articles related to content of the review were selected. A second search was done in the same database in English language with key words: patient centered approach, medication adherence, articles published from 2010 to 2022. More than thirty articles were identified; ten abstracts were reviewed; five full texts read; and three more articles were selected. A third search was done with the addition of PsycInfo and OVID database with key words: Person-centered care, shared decision-making, mental health, and medication adherence. Fifty more articles article were added. Twenty abstracts were read. Ten full texts were read, and five other articles were included. For purpose of the quality improvement project, the main focus was change to Mental Health Professionals’ knowledge, attitudes, and behaviors of Patient-Centered Care Approach in the care of African Americans with depression.

**Literature Appraisal**

A hierarchy of evidence in research is used to reduce bias. It is based on the general quality of research design by levels. The hierarchy of evidence prioritizes study designs with the greatest credibility whereby bias is minimized, and generalizability is increased (Polit & Beck, 2017).

In 2001, the Institute of Medicine incorporated a Patient-Centered Care Approach in the six components improving quality-of-care delivery. The Institute advocated for patient-centered care to be the center of all medical decisions (Choy-Brown et al., 2020). In 2010, The Affordable Care Act and Medicaid promoted incentives for organizations using a Patient-Centered Care Approach in care delivery (Alexander & Druss, 2012). In addition, The National Council on Behavioral Health achieved multiple Community Mental Health trainings on patient-centered care (Stanhope et al., 2013). Utilization of patient-centered care in mental health will promote mental health recovery by fostering a patient recovery-oriented practice using the process of empowerment and engagement.
Cooper et al. (2010) conducted a cluster randomized trial comparing standard care versus patient-centered interventions in the care for African Americans with depression. The results indicate that clients’ attitudes and providers’ communication contribute to increasing the quality of care for patients with depression. The study was done under the acronym of BRIDGE which stands for “Black Receiving Interventions for Depression and Gaining Empowerment.” The researchers posited that Patient-Centered Care Approach improved communication and facilitates medication adherence, clients’ satisfaction, and increase mental health outcomes because providers deliver care that is congruent with clients’ values, needs, preferences, while clients play a significant role in decision making (Cooper et al., 2010). The results indicate that communication contributes to an increase in the quality of care for patients with depression (Cooper et al., 2010).

In addition, the researchers reported that a patient-centered intervention is a culturally based approach that heightened providers’ cultural competence, increases providers’ knowledge of treatment guidelines, modifies providers’ attitudes toward clients with depression, and enables them to deliver a disease oriented collaborative approach that enhances patients’ adherence to medication regimes (Cooper et al., 2010). The study highlighted clients’ cultural beliefs, attitudes, and client-provider communication as factors that must be addressed in the plan of care to increase patient adherence to treatment.

Hines et al. (2017) conducted a second cluster randomized trial using the same BRIDGE program from the study mentioned above on informed and patient-centered decision-making in the primary care visits of African Americans with depression. The study addressed psychosocial concepts, such as lifestyle, and spirituality, as well as socioemotional concepts, such as depression related stigma, and provider mistrust as important to providing care for African Americans with depression. The researchers report that client’s non-adherence to antidepressant medication has been associated with a lack of provider trust and suggests that providers introduce a client-centered approach during medication decision making (Hines et al., 2017).
Guedes de Pinho et al. (2021) conducted an integrative review of patient-centered care for patients with depression and anxiety disorder. The integrative studies included twenty studies, fifteen were conducted in the United States, two in Germany, one in Malaysia, one in Canada, one in France, and one in the United Kingdom. The review recognized that depression is a frequent and recurrent mental disorder, affecting more than 300 million individuals worldwide. Due to its clinical characteristics, the psychosocial life of individuals who suffer from depression may be impacted, resulting in increased morbidity and decreased quality of life. Guedes de Pinho et al. (2021) encouraged Mental Health Professionals to adopt a Patient-Centered Care Approach in the care of individuals with depression, which is more effective than standard healthcare delivery. The Patient-Centered Care Approach must be dynamic, flexible, specific, and participating. It may consider the individual’s specific needs, objectives, problems, share decision making, and education (Guedes de Pinho et al., 2021).

Bosworth et al. (2017) reviewed the recommendations for providers on person-centered approaches to care as it relates to medication adherence. According to Bosworth et al. (2017), medication non-adherence is a crucial challenge that negatively impacts clients, providers, costs, and outcomes of care delivery. Because of poor literacy, providers believe that 50% of clients do not take their medication as prescribed. Bosworth et al. (2017) emphasize the importance of an educational program on patient-centered care for providers. Patient-centered care education will help providers understand patient’s level of knowledge, health literacy and interest. A Patient-Centered Care Approach should be a comprehensive method that includes client’s beliefs, preferences, goals, and barriers to medication-taking all of which affect adherence to medications regime (Bosworth et al., 2017). Mental Health Professionals must incorporate two key elements in the development of Patient-Centered Care Approach which are motivational interview and shared decision making.
A motivational interview is a counseling approach that helps individuals to address their uncertainty and boost their motivation to change. For a client with depression, Mental Health Professionals may enhance a collaborative approach that emphasizes cultural values that emerge in a social context, such as stigmatization and help develop resilience that can motivate individual to life recovery (Lee et al., 2020). This approach will allow Mental Health Professionals to learn new skills to improve their communication with clients. Most of the time, healthcare providers fail to sufficiently educate clients and incorporate them in the decision making regarding their needs. Shared decision-making, as a process where clients express their needs and agree with the plan of care, improves the client-provider relationship, reduces conflict, enhances patient satisfaction, and adherence with medications (Bosworth et al., 2017).

Rossom et al. (2016) conducted a literature review on the effects of patient-centered depression care on patient satisfaction and depression remission. The study was an observational study done in 83 primary care clinics in Minnesota and involved 792 participants. According Rossom et al. (2016), a patient-centered care model influences client’s experience and satisfaction with health care delivery. The researchers identified key points providers should incorporate in their approach to care for individuals with depression to increase positive treatment outcomes (Rossom et al., 2016). Based on the review, providers used some components of patient-centered care, while they neglected other components already started. The review indicated that a Patient-Centered Care Approach should be compassionate, empathetic, and specific to each patient. The dynamic client-provider relationship should be enthusiastic to promote patient comfort and engagement in the plan care (Rossom et al., 2016).

Rather et al. (2012) conducted a systematic review on patient-centered care literature to explore the evidence for patient-centered care outcomes. The researchers identified 40 articles from Medline, CINAHL, and PsycINFO for all years until 2012. The reviewers emphasized the necessity for providers to understand the patient’s daily life experience in developing a care plan.
The study also reinforced the necessity for providers to create a therapeutic alliance between themselves and the patient. Rather et al. (2012) defined a Patient-Centered Care Approach as the practice of openness, individualization, respect, dignity, and preference in all issues, without exception, related to one person’s situation. According to the review multiple components should be incorporated in the elaboration of a patient-care approach, such as respect for patient preferences, values, education, communication, emotional support, and physical comfort. Based on the review, there was strong evidence that elaboration and implementation of Patient-Centered Care Approach enhanced patient engagement in their health recovery and influence positively healthcare outcomes (Rather et al., 2012).

Samalin et al. (2018) conducted a cluster randomized controlled trial comparing the efficacy of shared decision-making and the standardized approach in mental healthcare delivery. Shared decision-making represents one of the principal elements of patient-centered care and involves the interaction between the providers and patients in which both play a role in the decision-making process. The study was done in ten public French Hospitals. According to The National Health Authority, shared decision-making was a method that allowed information sharing between providers and patients in which patient references were considered (Somalin et al., 2018). The researchers highlight that patient with bipolar disorder experienced a greater level of involvement in their care and were more compliant with medication regime, when Providers were using collaborative shared decision-making. In addition, implementation of shared decision-making promoted medication adherence and decreased depression symptoms in patients who were Bipolar (Samalin et al., 2018).

Stanhope et al. (2013) conducted a randomized controlled trial of person-centered planning and collaborative documentation on treatment adherence. The study investigated the influence of a person-centered approach and collaborative documentation on service engagement and medication adherence among patient receiving services at ten geographically diverse Community Mental
Health services (CMHS). For the purpose of the study, the researchers were not focused on patient symptoms but on providers’ motivation to develop a collaborative relationship with patients and the customization of the individual-centered treatment plan. Medication adherence and services engagement were measured for 11 months, and changes in patient engagement and medication adherence were compared among patients receiving services through the Community Mental Health services. The researchers concluded that person-centered approaches and collaborative documents considerably increase patient engagement in their recovery process and medication adherence (Stanhope et al., 2013).

Kuntz et al. (2014) conducted a qualitative review of research findings on patient-centered interventions to improve medication management and adherence. The qualitative study was done using 60 articles published from January 2007 to May 2013. The review identified four patient-centered domains to improve patient adherence to medication regime, which were, shared decision-making, enhanced effective prescribing, patient feedback, and medication taking behavior (Kuntz et al., 2014). According to the study, there were numerous medication management interventions that identified a Patient-Centered Care Approach as a method to enhance patient adherence to medication regime; however, more studies must be done to verify whether a Patient-Centered Care Approach is more effective than the traditional medical approach (Kuntz et al., 2014).

Choy-Brown et al. (2020) conducted a randomized controlled trial of patient-centered care in programs in Community Mental Health. The study utilized parent study data from reviews of charts of patients receiving mental health services from multiple clinics in each state to assess the patient-centeredness of service plans baseline (Choy-Brown et al., 2020). The study identified Mental Health Professionals lack of knowledge in providing patient-centered care and advocated for more support and tailored training to enhance implementation of that such delivery approach. In addition, the researchers also emphasized the necessity to develop an objective measurable tool to evaluate providers’ patient-centered care effort and outcomes (Choy-Brown et al., 2020).
**Conclusion of the Literature Review**

A Patient-Centered Care Approach is described as an approach in which clients are at the center of the care delivery process, and through a holistic, and a collaborative approach patient’ needs, values, and preferences are addressed to motivate African Americans adherence to antidepressant medications (Sidani et al., 2014). Implementation of patient-centered care encourages Mental Health Professionals to recognize their own attitudes and behaviors in the care of the African Americans Community and reduce bias. Numerous studies emphasize that a Patient-Centered Care Approach can improve the quality of healthcare delivery and improve patient satisfaction and healthcare outcomes.

**III. Purpose, (PICO) Clinical Question, and SMART Goals**

A clinical question must be well structured, precise and contains four principal elements, such as population, intervention, comparison, and outcomes (PICO) that guide the development and intervention of a quality improvement project (Pacher, 2022). The PICO question that guides that educational project is as follows: For Mental Health Professionals in a Community Mental Health Clinic, will an educational program improve their knowledge, attitudes, and behaviors regarding a Patient-Centered Care Approach for African Americans with depression, as measured based on the changes in pre and post test scores?

**Population:** Mental Health Professionals, such as psychiatrists, psychiatric nurse practitioners, mental health technicians, administrators, mental health counsellors, and case managers working in an outpatient mental health clinic.

**Intervention:** Education regarding a Patient-Centered Care Approach focused on topics including cultural beliefs and attitudes, cultural diversity, African American stigma related to depression, provider-patient relationships, communication, and shared decision making.
Comparison: The comparison is the changes in the pre and post-test scores on Mental Health Professionals’ knowledge, attitudes, and behaviors regarding a Patient-Centered Care Approach for African American clients diagnosed with depression.

Outcomes: Change in Mental Health Professionals ‘knowledge, attitudes, and behaviors regarding a Patient-Centered Care Approach for African Americans diagnosed with depression

IV. Organizational Assessment and SWOT analysis

The quality improvement project will be implemented at a Community Mental Health Clinic. It is a private outpatient clinic located at North Miami Beach, Florida. Community Mental Health Clinic opened in 2016 with the intent of providing mental health service to the North Miami community. With the objective of improving mental health access in the community, while providing integrative healthcare services, in October 2020, the clinic began to offer family medicine to reduce stigma related to accessing mental health services. Despite mental health care being offered, some clients are still not completing their medication regime. The aim of this quality improvement project is to implement an educational program on a patient-centered approach to care for the Mental Healthcare Providers to increase their knowledge regarding African American culture and beliefs about depression and modifying their attitudes and behaviors in providing a Patient-Centered Care Approach for African Americans diagnosed with depression. The community mental health clinic’s core value is to deliver compassionate care to all patients with integrity and honesty. The leadership of the organization believes in a culturally competent health care model along with a holistic approach to enhance positive health outcomes.

Stakeholders

The key stakeholder of the Community Mental Health Clinic consists of clients, healthcare care providers, ancillary personnel, and administrative personnel. The care providers include one board certified psychiatric physician, who serves as the consultant supervisor to the facility. Although he is not employed full-time, he collaborates with other Mental Health Professionals. There is also one board certified family nurse practitioner with a DNP degree, three
board certified psychiatric nurse practitioners with DNP degrees, and two board certified psychiatric nurse practitioners. In addition, there is a clinical manager with a master’s degree in administration, and a clinical mental health counsellor with a master’s degree. Ancillary personnel include two mental health technicians, two license practical nurses, and one office secretary.

In 2021, 80% of clients visiting the community mental health clinic were African Americans ranging from 18 to 78 years of age. Their primary diagnoses were Major Depressive Disorder and General Anxiety Disorder, with 5% diagnosed with Psychosis. According to the Mental Health Professionals, clients often skip their appointment, and are non-adherent to medication despite continuing teaching on medication adherence, and the benefits and side effects.

**Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis**

A SWOT analysis is an integrated quality improvement tool for evaluating external and internal factors and providing awareness of potential and critical problems affecting and organization (Hollingsworth et al., 2020). The SWOT assessment tool includes four key assessment elements which are: Strengths, weaknesses, opportunities, and threats (Hollingsworth et al., 2020).

**Strengths**

The Community Mental Health Clinic is a small organization founded by a group of Mental Health Professionals. Eighty percent of the Mental Health Professionals were African Americans which is important to African Americans clients who are searching for Mental Health Professionals from the same cultural background. As a small business, it is easier to implement changes within the organization compared to a large corporation. Overall, the Mental Health Professionals have six years mental health experience in diverse mental health facilities in the community and share different knowledge. The staff are passionate individuals who believe in the success and mission of the organization regarding their approach to health care. In addition, the facility provides telehealth services which are convenient, cost effective, and make client-providers
relationship easier because the clients understand that providers are available if needed (Butterfield, 2018).

Furthermore, with a high percentage of African Americans providers, the Community Mental Health Clinic may play an important role in reducing stigma and enhancing African Americans adherence to medication regime. Finally, the Community Mental Health Clinic is located across from a major community hospital which does not offer mental health services. The organization brings mental health services to the community which can be an important benefit in promoting accessibility, acceptability, as well as adherence to medication regime (Kohrt et al., 2017).

**Weaknesses**

Though the majority of Mental Health Professionals at Community Mental Health Clinic are African Americans, they may have also their own mental health stigma and cultural beliefs about depression which may negatively impact their approach to clients. The lack of cultural training of the health care providers may be considerable component for African Americans nonadherence to anti-depressant medication. As a small organization with providers working in different facilities, the time for training is very limited. Mental Health Professionals also do not have adequate time to assess the client and develop a trusting client-provider relationship, which is important for medication adherence.

**Opportunities**

The Community Mental Health Clinic provides access to mental health services in the community. African Americans have the privilege to obtain care from providers who share their culture which can help them to understand depression as a disease and motivate their adherence to medication regime. At a community level, the Community Mental Health Clinic promotes access to mental healthcare services which may decrease the prevalence of depression and its long-life complications. Implementing an educational program on client-centered approach to care for
providers working at the organization will increase provider confidence to positively impact and motivate their clients in their life recovery process from depression.

**Threats**

Mental Health Professionals in the organization may also hold stigmatizing beliefs regarding individuals with depression which can contribute to a negative approach to clients, thereby minimizing their motivation to treatment. Stigmatization can result when clients are given less information and are being viewed by providers as lacking the ability for accountable action (Khenti et al., 2017). Moreover, some staff may be reluctant to participate in the program due to available time which is a threat to the programs’ long-term viability. Finally, most of the Mental Health Professionals in the organization may hold religious preconceptions about individuals with depression.

<table>
<thead>
<tr>
<th>SWOT Analysis of the Mental Health Community Clinic</th>
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</thead>
<tbody>
<tr>
<td><strong>Strengths (Internal):</strong></td>
</tr>
<tr>
<td>• Small Organization</td>
</tr>
<tr>
<td>• Providers’ flexibility to implement changes</td>
</tr>
<tr>
<td>• Good communication between staff</td>
</tr>
<tr>
<td>• Owner leadership team</td>
</tr>
<tr>
<td>• Compassionate workers</td>
</tr>
<tr>
<td><strong>Weaknesses (Internals):</strong></td>
</tr>
<tr>
<td>• Providers own stigmatization</td>
</tr>
<tr>
<td>• Lack of cultural training program</td>
</tr>
<tr>
<td>• Provider’s limited available time</td>
</tr>
<tr>
<td><strong>Opportunities (External):</strong></td>
</tr>
<tr>
<td>• Improving mental health access in the community</td>
</tr>
<tr>
<td>• Developing a trusted client-provider relationship</td>
</tr>
<tr>
<td>• Decrease depression prevalence in the community</td>
</tr>
<tr>
<td><strong>Threats (External):</strong></td>
</tr>
<tr>
<td>• Staff lack of commitment</td>
</tr>
<tr>
<td>• Providers stigma about depression</td>
</tr>
<tr>
<td>• Staff preconceptions and religious beliefs</td>
</tr>
</tbody>
</table>
V. Definition of Terms

According to Melnyk and Fineout-Overholt (2019), it is important for researchers to provide an explanation of the terms used during the literature review for reader better understanding. Principal keys words are defined in this section as follows:

Culture: According to Leininger’s’ Culture Care Theory (2002), culture is the specific pattern of behavior that distinguishes any society from others and gives meaning to human expressions of care (Butts & Rich, 2015).

Medication Non-adherence: Failure of an individual to follow Health Care Providers’ recommendations, such as not following a diet, or not taking his medication as ordered (Marasine & Sankhi, 2021).

Shared Decision Making: Implies a process that results in a decision involving patient and providers, informed by the best evidence available, and based on specific patient’s values and preferences (Kuntz et al., 2014)

Patient-Centered Care Approach: Care that respects an individual’s culture, beliefs, needs, and goals, in which the patient is at the center of all clinical decisions (Kuntz et al., 2014).

VI. Conceptual Underpinning Theoretical Framework

Leininger’s Culture Care Theory (1991b, 2002b) is used to support the development of Patient-Centered Care Approach that is tailored to enhance Mental Health Professionals’ knowledge, attitudes and behaviors that meet the needs of African Americans with depression. According to Leininger’s theory (1991b, 2002b), a provider who is culturally competent is more equipped to provide a holistic approach which is congruent with clients’ beliefs and practice (McFarland & Wehbe-Alamah, 2019). This method implied the use of cultural approach to increase African American adherence to antidepressant medications.

In addition, Leininger highlights three modes of care decision and actions. The first mode was a culture care preservative. This indicates that Mental Health Professionals should provide care that respects clients’ beliefs and values to face the disease progression. The second mode, which
refers to a culture care accommodation and negotiation, proposes that care should be adapted with the individuals’ specific culture which was referred to as a client-centered care delivery. Providers are also obliged to educate clients on the depression process, different treatment methods and side effects, and engage clients in symptom monitoring. The third mode suggests cultural care repatterning and restructuring which will enable mutual decisions in developing the plan of care. Shared decision-making, to engage individuals in their recovery, will enhance African Americans’ adherence to treatment (McFarland & Wehbe-Alamah, 2019).

Furthermore, implementing the integration of these three culture modes into the organizational practice will assist Mental Health Professionals to provide culturally competent care that meet the needs of African American clients. This practice will be essential to a Patient-Centered Care Approach in the care of African Americans with depression, and thereby will improve mental health outcomes.

VII. Methodology

The Plan-Do-Study-Act (PDSA) methodology was used to implement the quality improvement project. The PDSA cycle is an important framework used for quality improvement. The PDSA methodology provides opportunities for small scale projects to be achieved in short periods of time and continue improvements through process of checks and balances (Bollegala et al., 2016). The PDSA framework involves an evidence-based approach in four key stages. The first stage is the “Plan Stage.” During this stage, researchers identify a problem within an organization, engage in a review of literature related to the problem of interests, and develop a plan intervention strategy for improvement. The second stage is the “Do Stage” in which the researcher executes the elaborate over a specific period of time. This phase involves collecting and analyzing data. The third stage, which is referred to as the “Study Stage” is when researchers compare and analyze data collected during and after the intervention to identify changes. Finally, the fourth stage, which is the “Act Stage” is the phase during which researchers reflect on the results to identify if the same intervention can be reproduced or modified (Bollegala et al., 2016). The PDSA method is an
important tool used for quality improvement in Community Mental Health Clinics as mental health outcomes need to be assessed routinely and should be part of the overall culture of the treatment to promote clients’ recovery (Kilbourne et al., 2018).

**Plan Stage**

The “Plan Stage” involves identifying the study design, setting, sample, data collection, instruments, and intervention that will be used during the quality improvement project.

**Study Design:** A pre and post-test design was utilized.

**Setting:** The project was implemented at a Community Mental Health Center located at North Miami Beach, Miami Florida. The Mental Health Clinic was founded in 2016 and offers outpatient mental services to Miami Dade Community.

**Sample:** All providers and staff (n = 15), working at the Community Mental Health Clinic, were recruited. The employees were one psychiatrist, five nurse practitioners, one registered nurse case manager, one registered nurse, two mental health technicians, two license practical nurses, one office manager, one mental health counselor, and one office secretary who were eligible to participate in the project.

**Instruments:** Participants completed “The Demographic and Professional Data Form” was a seven-item form, which identified gender, age, race, level of education, position in the organization, and years of experience. The Mental Health Professionals’ Knowledge, Attitudes, and Behaviors regarding Patient-Centered Care Approach of African Americans with Depression Questionnaire was used. The questionnaire consisted of twenty items and had face/content validity established by review of the Faculty Lead Professor and the Clinical Preceptor for the DNP Project.

**Recruitment and Data Collection:** A flyer advertising the project was disseminated in the Clinic, and hand delivered to each Mental Health Professional at the facility. All potential participants also received a letter signed by the DNP Candidate delineating the purpose and description of the project and informed potential participants that the program would be held during lunch time and that lunch was be available for the participants. One week after delivering
the letter, the DNP Candidate identified individuals interested in participating and the written informed consent was signed. Participants were then given an envelope with the Demographic and Professional Data Form, and two copies of the Mental Health Professionals’ Knowledge, Attitudes, and Behaviors Regarding a Patient-Centered Care Approach for African Americans with Depression Questionnaire which served as the study’s pre-test and pos-test.

Participants brought these completed instruments to the workshop in the envelope. After the educational workshop, participants immediately completed the enclosed questionnaire as the post-test instrument. The DNP Candidate collected the envelope with all completed instruments from the individual participants. Data were collected anonymously, with no identifiable private information.

**Intervention:** The educational workshop provided an evidence-based approach, which included African Americans’ perception of depression and barriers to medication adherence, and Patient-Centered Care Approach components, such as sociocultural, client-provider relationship, and shared decision-making. The educational workshop consisted of a forty-five-minute PowerPoint presentation, followed by 15 minutes of discussion. The presentation was done three days after participants signed the written consent form and received the envelope with Demographic and Professional Data Form and the pre and post-test questionnaires. The educational workshop was held at the conference room of the mental health clinic. The DNP candidate designed the educational program in collaboration with the DNP Lead Faculty and Clinical Preceptor.

**Data Management and Analysis:** All data was stored in a locked cabinet in the DNP’s locked office. Data was then entered into an encrypted password protected computer in the locked office. Descriptive statistics was used to analyze the Demographic and Professional Data and paired T-tests were used to compare the pretest and posttest scores on the Mental Health Professionals’ Knowledge, Attitudes, and Behaviors regarding a Patient-Centered Care Approach for African Americans with Depression.
VIII. Protection of Human Subjects:

Multiple actions were taken to protect human subjects in this project. As mentioned above, all prospective participants signed a written consent form. The consent form delineated the benefits and risks of the project and emphasized that participation was voluntary, and participants were free to withdraw from the study at any time without negative consequences related to employment. The project was submitted to the Institutional Review Board of Florida International University for approval.

In addition, anonymity was protected as there was no personal identifiable information on the study instruments. All hard copies of consent forms and pretest and posttest questionnaires were stored in a locked file cabinet. Data collected was entered into an encrypted password protected laptop computer. Study data was destroyed within one month of the completion of the project. Only the DNP Candidate had access to the study data.

The benefit of the project for participants was an expected increase in Mental Health Professionals’ knowledge, attitudes, and behaviors regarding etiologies of depression, symptoms of depression, use of antidepressants, African Americans’ perception of depression, and a Patient-Centered Care Approach. It was believed that participation in the project also had the potential to support the development of a trusting relationship between Mental Health Professionals and patients. It was expected that the project would benefit society by improving African Americans’ adherence to antidepressant medication, decrease morbidity, improve quality of care delivery, and decrease health care cost.

It was believed that there was minimal risk associated with study participation with the exception of possible stress in participating in a research project during their workday. To minimize this psychological risk, participants were informed that the employer had agreed to their participant during the workday. There were no expected physical, social, legal, or economic risks associated with the study participation.
IX. Results

The last step of the PDSA which was referred to “Act” is related to the investigator’s reflection on the results to decide if the program should be conducted on a larger scale or modifications should be made for the next PDSA cycle.

This quality improvements project explored the effect of an evidence-based educational workshop on Mental Health Professionals’ knowledge, attitudes, and behavior regarding a Patient-Centered Care Approach for African Americans with depression. The demographic and professional data of the participants and the impact of the educational workshop on Mental Health Professionals’ knowledge, attitudes, and behavior scores at pretest and posttest are reported in the following sections.

Frequency counts were used to examine the distribution of categorical demographic and professional variables. A total of 12 mental health professionals out of 15 participated in this workshop. Participant demographic characteristics for the sample of 12 participants are provided in Table 1.
Table 1. Demographic Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>(58)</td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
<td>(42)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 27</td>
<td>1</td>
<td>(8 )</td>
</tr>
<tr>
<td>28 – 35</td>
<td>5</td>
<td>(42)</td>
</tr>
<tr>
<td>36 – 50</td>
<td>3</td>
<td>(25)</td>
</tr>
<tr>
<td>50 – 60</td>
<td>2</td>
<td>(17)</td>
</tr>
<tr>
<td>&gt; 60</td>
<td>1</td>
<td>(8 )</td>
</tr>
<tr>
<td><strong>Highest degree</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>1</td>
<td>(8 )</td>
</tr>
<tr>
<td>Vocational School</td>
<td>3</td>
<td>(25)</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>2</td>
<td>(17)</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>3</td>
<td>(25)</td>
</tr>
<tr>
<td>Doctorate</td>
<td>3</td>
<td>(25)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>11</td>
<td>(92)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>(8 )</td>
</tr>
<tr>
<td><strong>Job Title</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Nurse Practitioners</td>
<td>4</td>
<td>(33)</td>
</tr>
<tr>
<td>Mental Health Technicians</td>
<td>2</td>
<td>(17)</td>
</tr>
<tr>
<td>Mental Health Counselor</td>
<td>1</td>
<td>(8 )</td>
</tr>
<tr>
<td>Family Nurse Practitioner</td>
<td>1</td>
<td>(8 )</td>
</tr>
<tr>
<td>RN Case Manager</td>
<td>1</td>
<td>(8 )</td>
</tr>
<tr>
<td>Clinical Manager</td>
<td>1</td>
<td>(8 )</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>1</td>
<td>(8 )</td>
</tr>
<tr>
<td>Front Desk Staff</td>
<td>1</td>
<td>(8 )</td>
</tr>
<tr>
<td><strong>Years of Experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 – 4</td>
<td>5</td>
<td>(42)</td>
</tr>
<tr>
<td>5 – 10</td>
<td>3</td>
<td>(25)</td>
</tr>
<tr>
<td>11 – 15</td>
<td>3</td>
<td>(25)</td>
</tr>
<tr>
<td>16 – 20</td>
<td>0</td>
<td>(0 )</td>
</tr>
<tr>
<td>&gt; 20</td>
<td>1</td>
<td>(8 )</td>
</tr>
</tbody>
</table>

Participants were predominantly female (58%). Only one participant was between 18 and 27 years old, 5 (42%) were between 28 and 35, 3 (25%) were between 36 and 50, 2 (17%) were between 50 and 60, and 1 was above 60 years of age. Highest level of education varied with one participant having completed high school who play the role of the front desk staff, 3 (25%) having completed vocational school, 2 (17%) having completed a bachelor’s degree, 3 (25%) having completed a master’s degree, and 3 (25%) having completed a doctorate. The overwhelming majority of the sample (N = 11) identified as African American (92%) and only one participant
identified as Hispanic. Participants included psychiatric nurse practitioners (33%), 2 mental health technicians (17%), and one mental health counselor, one family nurse practitioner, one RN case manager, one clinical manager, one licensed practical nurse, and one front desk staff. Close to half (42%) (n = 5) had 4 years of experience or less, (25%) (n = 3) had 5-10 years of experience, and another (25%) (n = 3) had 11 to 15 years of experience. Only 1 participant had more than 20 years of experience.

Change in Mental Health Professionals’ Knowledge, Attitudes, and Behavior regarding Patient-Centered Care Approach for African Americans with Depression

The distribution of pretest and posttest scores were evaluated prior to analyses and were determined to not meet the assumption of normality as more values plot to the graph’s right side. Therefore, the Wilcoxon Signed Rank test was used to determine whether scores regarding knowledge, attitudes, and behaviors changed significantly from pre- to post-intervention.

<table>
<thead>
<tr>
<th>Table 2: Wilcoxon Signed Rank Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Pre-Post Mean Score</td>
</tr>
<tr>
<td>Knowledge Pre</td>
</tr>
<tr>
<td>Attitude Pre</td>
</tr>
<tr>
<td>Behavior Pre</td>
</tr>
</tbody>
</table>

Knowledge Change in Pre to Post-Test Scores

The educational workshop significantly improved participants knowledge regarding a Patient-Centered Care Approach for African Americans with depression. Knowledge was found to change from pretest ($M = 74.0$) to posttest ($M = 92.50$), $p = .002$. Table 2 & Figure 1 displays the change in knowledge.
Attitudes Change in Pre to Post-Test Scores

There was also a significant change found in Mental Health Professionals’ attitudes regarding a Patient-Centered Care Approach for African Americans with depression from pretest ($M = 79.5$) to posttest ($M = 95.7$), $p = .002$. Table 2 & Figure 2 displays the change in attitudes.

Behavior Change in Pre to Post-Test Scores

There was also a significant change found in Mental Health Professionals’ behavior regarding a Patient-Centered Care Approach for African Americans with depression from pretest ($M = 83.6$) to posttest ($M = 94.50$), $p = .002$. Table 2 & Figure 3 displays the change in behavior.
Figure 1. Knowledge Change

- ○ Mean (95% CI)
- □ Median

KnowledgePre KnowledgePost
Figure 2. Attitudes Change

- ○ Mean (95% CI)
- □ Median
Figure 3. Behavior Change

○ Mean (95% CI)
□ Median

Behavior Pre  Behavior Post
X. Discussion

Non-adherence to medication regime is a common problem for African Americans with depression (Muvuka et al., 2020). Some of the factors contributing to high prevalence of African Americans non-adherence to medication regime include lack of knowledge of Mental Health Professionals’ knowledge regarding a Patient-Centered Care Approach of African Americans with depression (Hankerson et al., 2020). Therefore, the primary goal of this quality improvement project was to improve Mental Health Professionals’ knowledge, attitudes, and behavior regarding African American perception of depression and a Patient-Centered Care Approach delivery by designing and executing an evidence-based educational workshop on this topic.

A total of 12 Mental Health Professionals out of 15 participated in the project. The participants’ pre-test median knowledge score regarding a Patient-Centered Care Approach for African Americans with depression was 75%, which indicates Mental Health Professionals’ insufficient knowledge. This lack of knowledge may contribute to a sense of provider mistrust by patients potentially resulting in patient’s non-adherence to the medication regimen to treat depression. As such, Choy-Brown et al. (2020) advocate for the education of Mental Health Professionals regarding a Patient-Centered Care Approach.

The participants’ post-test knowledge scores regarding a Patient-Centered Care Approach was significantly higher than the pretest scores. This finding indicates that an evidence-based educational workshop has the ability to improve Mental Health Professionals’ knowledge regarding a Patient-Centered Care Approach for African Americans with depression. Similarly, Bosworth et al. (2017), in the review of recommendation for providers on Patient-Centered Care Approach, stated that an educational training for Mental Health Professionals would increase their knowledge on patient’s culture, beliefs, and barriers to medication regimes, reducing patients mistrust of providers, and promoting patients’ adherence to the use of antidepressants.

Mental Health Professionals pretest scores on attitudes and behavior regarding a Patient-Centered Care Approach for African Americans with depression was considerably low
comparing to the post-test score. Therefore, the result of this educational workshop congruent with cluster randomized trial by Cooper et al. (2010), who reports that educational program on Patient-Centered Care Approach can change providers’ attitudes, and behavior regarding African Americans with depression and enhance their quality of care.

**XI. Limitations of the Project**

The project was conducted in a mental health clinic with a small number of Mental Health Professionals who were eligible to participate. A small sample size limits the generalizability and the reliability of the findings (Melnyk & Fineout-Overholt, 2019). The project was also done in a short period of time which did not allow enough time to evaluate the impact of the educational intervention over time, nor the direct effect of the education on patient outcomes. However, A Plan-Do-Study-Act methodology was used which provided a circular structure to facilitate the replication of the project for continuous learning (Wongsala et al., 2023).

**XII. Implications for Advanced Practice Nursing**

This project has implications for practice. Ongoing education of advanced practice nurses is important to providing culturally competent care and Patient-Centered Care to improve practitioner-client relationships. As cultural distrust may influence African Americans willingness to adhere to antidepressant medication, it is crucial for Mental Health Professionals to increase their understanding of African Americans’ culture, beliefs, and perceptions of depression. A Patient-Centered Care Approach is expected to improve the therapeutic alliance by creating more trust and understanding between Mental Health Professionals and African Americans diagnosed with depression, reducing the risk of misdiagnosis, and promoting early treatment.

**XIII. Dissemination Plan**

The dissemination of project results is critical for the application and success of evidence-based practice (Melnyk & Fineout-Overholt, 2019).

**Dissemination by Presentation**
The project’s results will be presented at the Florida International University DNP Symposium, as well as at the Mental Health Clinic for administrators and Mental Health Professionals. The projects abstract will be submitted for a podium or poster presentation at the Haitian Nurse Association.

**Dissemination by Publication**

Russell (2021) emphasizes the importance of disseminating research results concerning culture, nursing and other related disciplines, and the delivery of quality patient care. The DNP Report will be submitted to the Florida International University library repository for access to the academic community. A clinical paper regarding the DNP topic will be submitted to the Journal of Transcultural Nursing, given that their readership are health care professionals in nursing and other health disciplines who are focused on providing culturally competent care.

**IVX. Conclusion**

Overall, this quality improvement indicated that education of Mental Health Professionals regarding African Americans’ culture, beliefs, and perceptions of depression may increase African Americans adherence to antidepressant medications. The implications from this project will have a direct impact on advanced nursing to client as reinforced a care delivery that is culturally competent which outline the necessity for advanced practice nursing, as well as they in increase their cultural competency in the care of African Americans with depression and promote Patient-Centered Care which may improve provider-client’s relationships and shared decision making.
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MEMORANDUM

To: Dr. Deborah Sherman

CC: Julienne A Calixte

From: Carrie Bassols, BA, IRB Coordinator

Date: March 30, 2023

Proposal Title: “Education of Mental Health Professionals Regarding a Patient-Centered Care Approach to Improve African American Adherence to Antidepressant Medication: A Quality Improvement Project”

The Florida International University Office of Research Integrity has reviewed your research study for the use of human subjects and deemed it Exempt via the Exempt Review process.

IRB Protocol Exemption #: IRB-23-0144 IRB Exemption Date: 03/30/23
TOPAZ Reference #: 112885

As a requirement of IRB Exemption you are required to:

1) Submit an IRB Exempt Amendment Form for all proposed additions or changes in the procedures involving human subjects. All additions and changes must be reviewed and approved prior to implementation.

2) Promptly submit an IRB Exempt Event Report Form for every serious or unusual or unanticipated adverse event, problems with the rights or welfare of the human subjects, and/or deviations from the approved protocol.

1) Submit an IRB Exempt Project Completion Report Form when the study is finished or discontinued.

Special Conditions: N/A

For further information, you may visit the IRB website at http://research.fiu.edu/irb
February 28, 2023,

IRB Department

Florida International University

Dear Members of the IRB of Florida International University

Thank you for extending your invitation to Trinity Psychiatric Services to participate in the DNP project of Julienne Calixte. This letter is to grant her permission to conduct a Quality Improvement Project about “Educating Mental Health Professionals regarding Patient-Centered Care Approach to improve African Americans Adherence to Antidepressant medications” at our facility. We understand this project will be implemented at our site and will involve a pre- and post-test questionnaire as well as an educational PowerPoint presentation.

The goal of this project is to increase Mental Health Professionals knowledge, attitude, and behavior on patient-centered care approach to improve African Americans adherent to an
depressant medications. Participation in this project will be voluntary. Prior to project implementation we understand that FIU institutional review board will evaluate and approve the project. Any data collected by the surveys in this project will be protected and kept confidential and will be stored in a secure lock box where only the DNP candidate will have access to the data.

It is anticipated that this project will not interfere with normal business functions as it is expected to be completed in a professional manner and following the office standards of care. As the owner of Trinity Psychiatric Services, I support and give full acceptance for the implementation of this project.

Sincerely,

Dr. Christian Dieunez O. Jean Baptiste,

Trinity Psychiatric Services
SUMMARY INFORMATION

Things you should know about this study:

- **Purpose:** The purpose of this quality improvement project is to educate Mental Health Professionals regarding a Patient-Centered approach to care with African Americans with depression to improve professionals’ knowledge, attitudes, and behaviors in the care of this population.

- **Procedures:** If you agree to participate, you will be asked to do the following: sign an informed consent, followed by filling out the Demographic and Professional Data Form and the Knowledge, Attitudes and Behaviors regarding Patient-Centered Care approach in the Care of African Americans with Depression Questionnaire as the project’s pretest. Afterward, you will attend an on-site 60-minute educational workshop that will be scheduled in coordination with the office’s manager at a convenient time regarding African Americans perception of depression and Patient-Centered Care approach. Following the completion of the educational workshop, you will complete the same questionnaire as a post-test.

- **Duration:** This will take approximately 1 hour and 30 minutes.

- **Risks:** The main risk or discomfort from this research is that you may experience some stress completing the pre-test questionnaire and participating in an educational presentation during your workday.

- **Benefits:** The educational workshop will increase Mental Health Professionals’ knowledge attitudes, and behaviors regarding a Patient-Centered approach to care of this patient population and potentially result in African Americans’ adherence to antidepressants.

- **Alternatives:** There are no known alternatives available other than deciding not to participate in this project.

- **Participation:** Taking part in this research project is voluntary.

Please carefully read the entire document before agreeing to participate.

PURPOSE OF THE STUDY
The purpose of this quality improvement project is to educate Mental Health Professionals regarding a Patient-Centered approach to care with African Americans with depression to improve professionals’ knowledge, attitudes, and behaviors in the care of this population.

**NUMBER OF STUDY PARTICIPANTS**

If you decide to be in this study, you will be one of the 15 expected participants in this research project.

**DURATION OF THE STUDY**

Your participation will involve signing of the informed consent (5 minutes), completion of the Demographic and Professional Data Form (5 minutes), completion of Pre-Test Questionnaire (10 minutes), attendance at the educational workshop (60 minutes), and completion of the Post Test Questionnaire (10 minutes) for a total duration of participants of approximately 90 minutes.

**PROCEDURES**

You will be asked to do the following:
1. Sign the informed consent with the DNP candidate
2. Fill out the Demographic and Professional Data Form and the Pre-Test questionnaire that the DNP candidate will provide to you in a seal packet when you sign the consent form.
3. Bring the envelope with completed forms to the scheduled educational presentation.
4. Attend an on-site 60-minute educational training regarding African Americans’ perception of depression and Patient-Centered Care Approach in the care of this population.
5. Immediately after the educational workshop, the same questionnaire used for the pre-test, will be used by you as the post test, and all study Data forms will be sealed in an envelope.

**RISKS AND/OR DISCOMFORTS**

The main risk or discomfort from this research is that you may experience some stress completing the pre-test questionnaire and participating in an educational presentation during your workday.

**BENEFITS**

The study has the following possible benefits to you as a Mental Health Professional:
- Increase your knowledge, attitudes, and behaviors regarding African Americans’ perception of depression.
- Increase your knowledge, attitudes, and behaviors regarding a Patient-Centered Care Approach and its implementation in the care of African Americans with Depression.
- Potentially result in the improvement of African Americans’ adherence to antidepressant medications.

**ALTERNATIVES**
There are no known alternatives available to you other than not taking part in this project.

CONFIDENTIALITY

The records of this study will be kept private and will be protected to the fullest extent provided by law. In any sort of report, we might publish, we will not include any information that will make it possible to identify you. Research records will be stored securely, and only the researcher team will have access to the records. However, your records may be inspected by authorized University or other agents who will also keep the information confidential.

Code numbers will be assigned to the participant and kept in a master key which identifies the name of the participant, their email address, and their assigned code number. The master key will be kept in a separate file cabinet from the project data to protect the participant's confidentiality.

COMPENSATION & COSTS

Lunch will be provided during the educational workshop as a form of compensation for your participation in the study as no cost for you.

RIGHT TO DECLINE OR WITHDRAW

Your participation in this study is voluntary. You are free to participate in the study or withdraw your consent at any time during the project. You will not lose any benefits if you decide not to participate or if you quit the project early. The investigator reserves the right to remove you without your consent at such time that he/she feels it is in the best interest.

RESEARCHER CONTACT INFORMATION

If you have any questions about the purpose, procedures, or any other issues relating to this research project you may contact Julienne Calixte at FIU, (862) 224-6447, jguil007@fiu.edu.

IRB CONTACT INFORMATION

If you would like to talk with someone about your rights of being a subject in this research study or about ethical issues with this research study, you may contact the FIU Office of Research Integrity by phone at 305-348-2494 or by email at ori@fiu.edu.

PARTICIPANT AGREEMENT

I have read the information in this consent form and agree to participate in this project. I have had a chance to ask any questions I have about this project, and they have been answered for me. I understand that I will be given a copy of this form for my records.
Signature of Participant ___________________________ Date

Printed Name of Participant ___________________________

Signature of Person Obtaining Consent ___________________________
If you are a Mental Health Professional caring for African Americans with depression, you are invited to an educational workshop regarding

**Patient-Centered Care**

Quality Improvement Project’s Aim: To use a patient-centered care approach to increase African Americans adherence to antidepressant medications

Your participation involves:

- Sign an informed Consent
- Completion of a Demographic and Professional Data form
- Completion of a Knowledge, Attitudes, and Behaviors Related to Patient-Centered Care Questionnaire (Pre and Post-test)
- Attendance at the Educational Workshop on Site

If interested, please contact:

Doctor of Nursing Practice Candidate
Julienne Calixte, APRN, PMHNP-BC
at (862) 224 6447 or jguil007@fiu.edu
MENTAL HEALTH PROFESSIONALS’ DEMOGRAPHIC and PROFESSIONAL DATA FORM

Select your age range.

☐ 18-27
☐ 28-35
☐ 36-50
☐ 50-60
☐ Above 60

Gender

☐ Male
☐ Female
☐ Other

Ethnicity

☐ Hispanic or Latino
☐ Non-Hispanic or Latino

Racial Category

☐ African American or Black
☐ Asian
☐ Caucasian
☐ American Indian
☐ Native American
☐ Other

Highest Level of Education

☐ High School
☐ Vocational Degree
☐ Bachelor’s Degree
☐ Master’s Degree
☐ Doctoral Degree

Professional Role

☐ Physician
☐ Nurse Practitioner
☐ Mental Health Counselor
☐ Registered Nurse
☐ Mental Health Technician
☐ Registered Nurse
☐ Case manager.

Years of Experiences as a Mental Health Professional

☐ 1 to 4 years
☐ 5 to 10 years
☐ 11 to 15 years
☐ 16 to 20 years
☐ Above 20 years
Knowledge, Attitudes, and Behaviors of Mental Health Professionals Regarding a Patient-centered Care Approach for African Americans with Depression Questionnaire

Knowledge Questionnaire

This section consists of 14 questions to assess your knowledge of patient-centered care. There is only one correct answer, please choose the best appropriate answer.

1. In a Patient-centered approach to care, the patient is the center of decision making, True or False

2. To provide Patient-centered Care, Mental Health Professionals must have knowledge of the patient’s culture. True or False

3. Patient-centered Care is important because patients are more likely to adhere to the treatment plan. True or False

4. Strength, silence, and denial about of depression delay Black Women’s willingness to seek depression treatment. True or False

5. Cultural perceptions of depression is deeply associated with community engagement and spirituality True or False

6. Which of the following is generally NOT true about African Americans’ perceptions of depression.
   a. Most African Americans consider depression as a weakness.
   b. African Americans believe that Mental Health Professionals’ can help them with symptoms of depression.
c. African Americans generally believe they can treat their depression by themselves.

d. Most of African American seek help from friends and family members for their depression symptom.

7. Which of these factors influence African Americans’ non-adherence to antidepressants:
   a. financial difficulty
   b. Race
   c. Beliefs about depression
   d. All of the above

8. Which of the following is NOT an element of a Patient-centered Care approach
   a. Holistic
   b. Collaborative
   c. Shared decision making.
   d. Provider focused

9. Which of the statements is false? In a patient-centered care approach
   a. Providers develop a care plan that is specific to the patient.
   b. Providers respect patients’ preferences and values in developing the plan of care.
   c. Providers are central to decision making in developing the plan of care.
   d. Providers explain different treatment approaches to the patient.

10. The goal of a patient-centered care approach is to:
    a. Improve individual health outcomes.
    b. Increase health care costs.
    c. Improve population health outcomes.
    d. A and C
11. Which of the statements is/are true about a Patient-centered Care approach:
   a. Focuses on patients’ physical comfort as well as emotional well-being.
   b. Patients’ and family preferences, values, culture are respected.
   c. The presence of family members is encouraged and facilitated.
   d. All of the above.

12. In shared decision making, all of the following occurs EXCEPT:
   a. Educate patients about different treatment options.
   b. Evaluate patients’ understanding and role preferences.
   c. Make decisions from a professional perspective.
   d. Facilitate patients’ participation in decision making.

13. Which of the following is NOT an outcome of Shared-decision Making
   a. Increases patient-provider conflict.
   b. Increases patients’ engagement in their recovery.
   c. Enhances communication between provider, patient, and family members.
   d. Improves patients’ knowledge about the illness.

14. Which of the following is true, In a patient-centered care approach, Mental Health Professionals
   a. Focus on improving patients’ quality of life.
   b. Treat patients from a holistic perspective.
   c. Develop a plan of care specific to patient needs.
   d. All of the above.

15. Which of the following is true, In Mental health, patient-centered care
   a. Improves psychiatric treatment
   b. Increases symptom severity
c. Increases medication adherence.

d. A and C

16. Which of the following is not true, Patient-centered Care approach is:
   a. Oriented toward promoting recovery rather than treatment of symptoms.
   b. Based on the patient’s own unique life goal and aspirations
   c. Focus on building on the patient’s capacity, strengths, and capacities.
   d. Articulate the provider role in the care delivery.

17. Which of the following is not true, in a Patient-centered care, Mental Health Professional
   a. Promote discussion with patients to find a common understanding of the problem
   b. Make sure that all patients’ concerns are taken into consideration.
   c. Comfort the patient when needed.
   d. Are is not required to act on patient decision in the care process.

18. Which of the following is true
   a. Older African Americans believe in faith healers for treatment of depression.
   b. Older African Americans have specific doubts about the efficacy of antidepressants
   c. African Americans prefer counseling or prayer over antidepressant medications.
   d. All the above.

19. Which of the following is true about the culture of Strong Black Women,
   a. Strong Black Women is linked to non-adherence to antidepressants
   b. Perceive struggling with depression symptoms as a normative experience.
   b. The culture of Strong Black women impacts negatively seeking professional help for depression
   d. All of the above.

20. Which of the following is NOT true about Strong Black Women Syndrome.
a. Women can manage depression personally
b. Depression is unacceptable among Black women
c. Self-disclosure of symptoms is preferred over silence
d. All of the above
## Attitudes and Behavioral Assessment

Directions: Read each entry and place an X mark in the appropriate column that best represents your opinion.

There are 20 questions. Please select a response for each one.

### Attitudes

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1-Strongly disagree</th>
<th>2-Disagree</th>
<th>3-Neutral</th>
<th>4- Agree</th>
<th>5-Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-</td>
<td>I feel I have experienced benefits of educating patients on their disease process.</td>
<td></td>
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<td>2-</td>
<td>I feel it is beneficial to have training on how to educate patients about their disease.</td>
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<td>3-</td>
<td>I feel I have enough knowledge of African Americans culture.</td>
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<td>4-</td>
<td>I feel comfortable educating patients about different treatment options.</td>
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<td>5-</td>
<td>I feel comfortable talking to patients about depression symptoms.</td>
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<td>6-</td>
<td>I understand the benefit of a patient-centered care approach.</td>
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<td>7-</td>
<td>I feel I take patient preference into account in the development of care plans.</td>
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<td>8-</td>
<td>I feel I provide enough time to develop a trusting relationship with my patient.</td>
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<td>9-</td>
<td>I feel my patients can easily identify the symptoms of depression.</td>
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<td>10-</td>
<td>I feel I make it easy for patients to provide me with feedback after each visit.</td>
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</table>

### Behavior

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1-Strongly disagree</th>
<th>2-Disagree</th>
<th>3-Neutral</th>
<th>4- Agree</th>
<th>5-Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-</td>
<td>I personally educate patients on their disease process.</td>
<td></td>
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<td>2-</td>
<td>I usually treat patients with respect and dignity.</td>
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<td>3-</td>
<td>I feel comfortable integrating patients input in their treatment plan.</td>
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<tr>
<td>4-</td>
<td>I take time to explore all my patients' concerns during the assessment.</td>
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<tr>
<td>5-</td>
<td>I personally see my patients behind the illness.</td>
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<tr>
<td>6-</td>
<td>I consider my patients at a social, physical, emotional, and economic level when developing a care plan.</td>
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<tr>
<td>7-</td>
<td>I respect patient values and preference in the care plan delivery.</td>
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<tr>
<td>8-</td>
<td>I provide care based on a patient's own life experience and aspirations.</td>
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<tr>
<td>9-</td>
<td>I usually engage in patient-centered communication.</td>
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<tr>
<td>10-</td>
<td>I usually take time to answer all my patient questions.</td>
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</tbody>
</table>