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**An Educational Study to Increase Mental Health Providers' Knowledge about
Psychological Self-Care and Integration in the Plan of Care for Patients with Mental
Illness, Based on Changes in Pre and Post-test Scores: 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

By

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Abstract

Background: There is a national mental health crisis in America with ramifications related to negative health outcomes and significant social concerns, which may be abated by individuals learning psychological self-care (APA, 2020). Psychological self-care involves creating healthy coping strategies to deal with any stresses of daily life by doing activities that relaxes the body, while physical self-care involves taking care of the body by resting, exercising and healthy nutrition.

Purpose: This project aimed to educate mental providers about psychological self-care and the importance of its integration into patients' plan of care.

Design: This quality improvement study took place in a private, culturally diverse, community agency. The sample for the study involved 7 mental health providers. An educational workshop regarding psychological self-care was held at the facility lasting 60 minutes teaching providers how to provide psychological self-care, such as meditation, guided imagery and relaxation techniques, and use of positive affirmation for adult psychiatric patients. Each participant completed the Demographic and Professional Data Form, and the Psychological Self-Care Questionnaire which tested providers' knowledge before and after the workshop.

Results: Six registered nurses and one nurse practitioner consented to participate in the study. The results indicated that an educational workshop regarding psychological self-care resulted in a significant increase in providers' knowledge based on changes in pre to post-test scores on the Psychological Self-Care Questionnaire.

Discussion: This quality improvement project examined the effects of an educational intervention on 7 mental health providers' knowledge at a local facility. The variables for

the study were analyzed for differences using Jamovi Data System. The relevant results indicated that the providers' knowledge were significantly increase in the post test, acknowledging that the answers in the pre-test were at moderate level presuming that the participants had previous acquaintances about the effects of psychological self-care in mental health patients.

Implications: This quality improvement project demonstrated positive results in educating mental health providers regarding psychological self-care in patients with psychiatric illnesses and the importance of its integration into patients' plan of care. Nursing leadership at the clinic can develop policies encouraging healthcare providers to continue their education about psychological self-care and assure this practice in mental health patients' plan of care.

Keywords: Psychological self-care, mental health providers

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I. Introduction

The world has experienced a significant increase in mental disorders related to major life events. In the past few years, natural disasters have occurred worldwide, from earthquakes to volcanoes, eruptions, wildfires, floods, tsunamis, and hurricanes just to name a few. The COVID-19 pandemic has been associated with increased mental illnesses. Social isolation, working from home, homeschooling, fear of infection, having the infection, and lifestyle changes are some of the factors contributing to the increase in mental stress (Gavurova et al., 2022). There has been a tremendous increase in substance use, especially alcohol during the pandemic (Gavurova et al., 2022). Gun shooting has increased significantly in the last 20 years. Since 2000, 1.5 million people have been wounded by gun shootings and half of these people have died (Swanson, 2018). According to Swanson (2018), more people have died because of a firearm than in World War I and II combined. In the United States, popular and political discourse frequently focuses on the causal impact of mental illness in the aftermath of mass shootings. For instance, the US media diagnosed shooter Adam Lanza with schizophrenia in the days following the tragic school shooting at Sandy Hook Elementary School in Newtown, Connecticut, in December 2012. Others have even commented on these topics to say that guns don't kill people, mental illness does. Supporting psychological self-care is about increasing people's confidence and self-esteem, empowering them to make decisions about their health, and circumventing health issues that alter their economic status and can cause deterioration in their mental health (Gavurova et al., 2022).

Problem Identification

Psychological stress in America is almost inevitable; every person has some sort of stress. American Psychological Association (APA) (2020) creates surveys across the country to assess American stress levels, intensity, sources, and responses to stress (mentally or physically). Responses from surveys indicate some external factors that negatively increase stress levels, including the economic downturn, racism, and political conflict that have drastically increased during the Covid-19 pandemic and which have negatively impacted psychological and physical well-being.

APA (2020) declares “the United States of America is facing a national mental health crisis that could produce major health and social concerns in the future” (p. 1). As providers, it is crucial to acknowledge the gravity of the stress levels individuals deal with daily and be aware of these issues while intervening accordingly. The increased stress in mentally ill patients and providers' approach could impact the client-provider relationship and create chronic instability and dependability in mentally ill patients. Educating providers on ways to promote patients' psychological health is of the utmost need and requires immediate attention. Psychological self-care involves creating healthy coping strategies to deal with any stresses of daily life by doing activities that relaxes the body, such as watching a good movie, listening to music, or asking others for help. Physical self-care is taking care of the body by resting, good nutrition, and exercises

Problem Background

Research studies refer to well-being as a mental capital, a stable mental health constancy (Boadi & Starr, 2023). Mental health is when patients have firm psychological

functioning, which can help them see their potential and worth and be able to deal with daily stressors while maintaining good relationships with individuals around them (Boadi & Starr, 2023). Anything that affects an individual's mood and causes changes in emotional well-being will alter mental stability (Boadi & Starr, 2023). Becker and colleagues (2023) describe different types of self-care (emotional, spiritual, personal, professional, physical) relevant to psychiatric patients and providers. Each dimension represents an area of your life that deserves daily attention. Self-care is caring action that supports patient-centered care in the facility and creates a sense of satisfaction and understanding of the care provided (Becker, Rask, Safipour, & Gunnarsson, 2023). It is important for providers to focus on enabling patients to be more independent and autonomous using psychological self-care when managing their mental illnesses (Becker et al., 2023).

Scope of Problem

According to Mental Health in America (MHA), the incidence of mental illness (AMI) among adults ages 18 and over, increased slightly from 18.19% in 2012 to 18.57 % in 2017 (MHA, 2020). COVID-19 has been another major source of stress for patients since 2020 (MHA, 2020). Furthermore, it was also concluded that approximately 4.19% of adults have serious thoughts of suicide (with intent or plan) in the United States. A research study conducted by Chen and colleagues in (2018) concluded that approximately 2 million youths have depression with severe impairment and a plan for suicide. Nearly 1 in 9 people in settings affected by conflict have a moderate or severe mental disorder, leading individuals to die 10 to 20 years earlier than people with no mental disabilities (Chen et al., 2022). In addition, depression

disorders are listed as one of the top 10 causes of disability-adjusted life years (DALY) (WHO, 2020). When patients are mentally unstable, they are often unable to function causing problems with personal well-being, relationships, and productivity at work.

Significance and Consequences of the Problem

After many years of analysis, researchers have concluded that mental illness accounts for 10% of diseases (Dall'Oglio et al., 2021). Patients with mental illnesses have shortened life spans of approximately 10 years (Dall'Oglio et al., 2021). Treatment intervention at a young age increases patients' psychological health and is important to challenge unfavorable circumstances (Dall'Oglio et al., 2021).

Mass shooting in America causes worse nightmares than any other disaster. Swanson (2018) concludes that a public mass shooting is an existential menace to society that demands a response from people in their surroundings.

Suicide rates have increased by 33% since 2000. It has been confirmed that most complete suicides (90%) are associated with firearms and are a result of serious mental illness (Swanson, 2018). Early identification and treatment of mental health conditions, including suicidal ideation, is at a crisis point (Martínez et al., 2021). Creating a liaison between patient and provider, that can strengthen the relationship and at the same time incorporate psychological health in the treatment plan, will empower patients. When patients are psychologically empowered, they are more likely to follow their treatment plan and have an increased chance of recovery, improved sense of control, growing sense of meaning and well-being, and increased quality of life (Martínez et al., 2021).

Knowledge Gaps

Mental health conditions represent a tremendous burden for the society and worldwide (WHO, 2022). Researchers have identified knowledge deficits among mental health providers as related to psychological self-care interventions in patient care (Ryan, Herrera & Patel, 2021). The literature suggests that education in self-care decision-making and practices can produce significant results for healthcare utilization and improve healthcare cost. This knowledge deficit of healthcare providers and limitation about self-care can lead to poor treatment response and poor health outcomes in mentally ill patients (Ryan et al; 2021). Such insufficiencies can also affect providers' daily practice and patients' sense of self-responsibility. Clinicians must be educated on offering psychological self-care as part of the intervention plan for patients. An individual's ability to carry out psychological self-care is directly related to their knowledge, enthusiasm, proficiency, and buoyancy, which is related to physical, psychological, social, and intellectual perspectives (Martínez, Connelly, Pérez & Calero, 2021).

II. Summary of the Literature

Search Strategy

For this project, the online Florida International University Library was used to search the databases of CINAHL Plus with Full TEXT, PubMed, and EBSCOhost, PsychInfo. Keywords, including self-care, psychological, anxiety, depression, psychiatric patients, stress reduction, Orem Self-Care Model, and education, were added to the database for specific results. Inclusion criteria were peer-reviewed articles, full-text publications in the English language and studies from 5 years or less. A total of 633 articles were found of which selections were made to include in the study. After carefully studying the articles, only 33 were selected for the review.

Types of Self-Care

WHO (World Health Organization) (2022) describes self-care as the ability of individuals, families, and societies to uphold, and maintain health, avoid disease, and manage illness and disability. Becker and her colleagues (2023) describe different types of self-care relevant to psychiatric patients and providers. They continue to say that practicing self-care are caring action that supports patient-centered care and creates a sense of satisfaction and understanding of the care provided. Physical, psychological, spiritual, relationship, workplace or professional, and overall balance self-care are some of the most common aspects of self-care (Becker, Rask, Safipour, & Gunnarsson, 2023).

Physical self-care is related to the patients taking care of their bodies by eating regularly, getting regular medical care, taking time off when sick, and wearing clothes that they like (Becker et al., 2023). Psychological and emotional self-care are commonly used interchangeably in the literature. When patients care for their minds, they are caring for their psychological selves by taking mini vacations, having psychotherapy, spending time with loved ones, and expressing outrage in social action or discussion. Spiritual self-care is making time for reflection, and finding a spiritual connection or church. Relationship self-care is scheduling regular dates with partners, calling and checking on relatives, and allowing others to do things for themselves. Furthermore, workplace professional self-care is taking time to chat with coworkers, identify exciting projects, and arrange the office so that it is comfortable (Becker et al., 2023). Last, overall balance self-care is creating a balance between work-life and workday, between work and personal time, and managing to strive for balance between play and rest (Becker et al., 2023).

Life Stressors and Mental Health

Although natural disasters and increased gun shootings have played a role in the increase in patient's psychological and emotional stress, integrating self-care into a patient's plan of care can drastically change the incidence of mental illnesses (Martinez et al., 2021). In 2021, there was a study conducted among Bhutanese refugees in Western Massachusetts. The study aimed to assess the effect of psychological well-being interventions by using health-promoting behaviors and mental health outcomes (Poudel-Tandukar et al., 2021). The researchers wanted to reduce stress, anxiety, and depression among Bhutanese by improving patients' coping mechanisms, self-efficacy, and social support as ways to promote mental health. This study involved refugees diagnosed with anxiety and depression as it has been determined that this population has an increased mental illness during pre-migration, migration, and post-migration to the US (Poudel-Tandukar et al., 2021).

A group of 44 refugees were recruited for the study who were 18 years of age or older and living in Massachusetts. These patients were recruited voluntarily and gave consent to participate in social and emotional well-being programs (Poudel-Tandukar et al., 2021). Fifty dollars compensation was given to the participants for attending the baseline assessment, intervention sessions, and a 7-day post-intervention session. Evidence-based mental health promotion interventions such, as stress management programs, psychoeducation, and problem-solving skills were taught (Poudel-Tandukar et al., 2021). Other activities were mind-body exercises like yoga, and breathing exercises taught once a week for 5 weeks. All educational materials were culturally tailored to serve the Bhutanese (Poudel-Tandukar et al., 2021).

As a result, the participants reported a significant decrease in depression and anxiety. Patients suffering from symptoms of depression were reduced from 48% before intervention to 14% after implementing these exercises (Poudel-Tandukar et al., 2021). Symptoms of anxiety were reduced from 61% to 16% after the interventions (Poudel-Tandukar et al., 2021). Overall the Bhutanese participants' psychological well-being improved significantly from pre to post-intervention.

Studies related to Self-Care

In 2023, a meta-analysis study was conducted based on patients diagnosed with depression and anxiety to determine the effect of yoga in mentally ill patients and to promote the evolution of somatic medicine (Yang et. al., 2023). Multiple studies were examined based on a literature search to determine the effectiveness of yoga exercises (e. g. breathing exercises, meditation) (Yang et. al., 2023). The severity of patients' depression was evaluated pre and post interventions, such as mindfulness-based stress reduction, a meditation activity structured on positive thinking, body scanning, and positive yoga (Yang et. al., 2023). The studies have concluded that positive yoga exercise is as effective as medications in patients with major depressive disorder in changing patients' mood, and reducing stress and anxiety (Yang et al., 2023). Researchers were able to complete several physiological tests as electromyography, and electroencephalogram, and assess respiratory status before and after the exercises. It was found that these psychological interventions reduced cortisol levels in the body, relieved pressure in the mind, and improved patients' mental health (Yang et al., 2023).

A systematic review conducted by Mckinney and Honig (2010) regarding the Bonny Method of Guided Imagery and Music (GIM) revealed the effects for GIM in patients with

mental illness. GIM is a music related imagery used to explore consciousness for personal growth and transformation. It was developed by Helen Lindquist Bonny, a music therapist in late 1900's (McKinney & Honig, 2010). The aim of the systematic review was to analyze the effectiveness of the Bonny Method of GIM in promoting positive psychological health outcomes. Several types of studies and designs were included in the research to maximize the use of existent outcome literature. Primary research published in academic journals or doctoral dissertation with adults only with depression or anxiety or any psychological distresses were included. Studies in which the therapist involved adaptations according to patient need were included, as long as the participants had a least 6 Bonny Method visits. Exclusions criteria were studies in which patients have less than 6 GIM visits. Studies with less than 6 GIM sessions were excluded. Case studies, theoretical or historical papers, and analyses or presentations of a music program, descriptions of the method with case examples literatures were excluded, as well as studies that involving children.

The evidence included in this review suggests that a series of Bonny Method of Guided Imagery can be effective for adults with a variety of clinical issues, including anxiety, nonpsychotic depression, other nonpsychotic psychiatric symptoms, and interpersonal problems. The studies show positive outcomes for anxiety, depression, total mood disturbance, among women diagnosed with cancer, patients diagnosed with rheumatoid arthritis, and adults with psychiatric symptoms as compared with healthy adults.

Effects Psychological Self-Care

In a longitudinal study conducted about nursing students, the results indicate that deliberate self-care practices are needed for student mental health (Brouwer et al., 2021). The

purpose of the study was to assess the associations between self-care practices and psychological distress among nursing students during quarantine from school during the pandemic. This study included 285 nursing students. The generalized Health Questionnaire-12 was used to assess the participants' mental health status and the associations between self-care practices and mental illness (Brouwer et al., 2021). The survey involved measures of self-care by including average hours of sleep per night, and average days of exercise in the past week. Data analysis concluded that students who practice self-care had lower psychological distress scores. It was found that poor sleep hygiene was associated with increased mental distress (Brouwer et al., 2021).

Another study conducted by Zarimoghadam and colleagues (2021) investigated the effects of psychological self-care teachings on one group of students' mental health and academic progress. This research study is a quasi-experimental study with a pre-test, post-test and a control group design (Zarimoghadam et al., 2021). The training involved communication skills, stress management, anger management, conflict resolution, affirmative self-talk, resilience, and self-care in depression, addiction and domestic violence. Data were collected and analyzed using Multivariate Analysis of Covariance (Zarimoghadamo et al., 2021). A 15-item questionnaire was used to measure the students' behaviors, emotions, and cognitive motivation. The depression, anxiety and stress scale-21 items or DASS-21 was used to measure the students' stress, anxiety, and depression. The results demonstrated a great difference between the two groups. They concluded that psychological self-care activities improved mental health but did not improve academic motivation of the participants. Students' academic progress showed no significant difference within the research groups (Zarimoghadam et al., 2021).

Khoo and his colleagues (2024) conducted an experimental intervention study to assess the impact of a hypothesized intervention on self-esteem. The primary focus of the study was the effect of self-affirmative through social network sites using a multilevel structural equation modeling (MSEM) to unravel the effects of the intervention on self-concept clarity and state of self-esteem from day to day changes. One group viewed their Instagram profile daily, while another group viewed a neutral abstract art profile. The group that viewed their profiles felt positive about themselves and reported higher self-esteem than the other group. This group was less defensive and more receptive to negative feedback.

III. Purpose, PICO Clinical Question and SMART Goal

Purpose

Self-care is about people's attitudes and lifestyles, and what they can do to take care of themselves when they encounter problems (Martínez, Connelly, Pérez & Calero, 2021). Integrating self-care into a patient's plan of care can drastically change the incidence of mental illnesses (Martinez et al., 2021). The purpose of this quality improvement project was to educate healthcare providers about psychological self-care and how to implement self-care strategies, such as yoga, psychotherapy, meditation, affirmative talk, and guided imagery into patients' plan of care.

PICO Clinical Question

In a quality improvement project, it is important to identify the clinical question to assess the effectiveness of an intervention. PICO is used to guide research studies (Tucker, Edmonds, Cullen, Hanrahan, & Laures, 2023). It is composed of 4 parts: (P) for population, (I) for

intervention, (C) for comparison, and (O) for outcome. The PICO question that guides this quality improvement project was as follows: For mental health providers in an outpatient clinic, will an educational program about psychological self-care and the importance of its inclusion in patients' plan of care increase the providers' knowledge of psychological self-care based on changes in pre and post-test scores?

Population: Mental health providers including psychiatrists, nurses, social workers, mental health technicians, mental health counselors, and administrators.

Intervention: Educating providers about psychological self-care and self-care intervention such as exercises, acupuncture, psychotherapy, practicing mindfulness, tai chi, yoga, and meditation.

Comparison: Changes in pre and post-test scores of mental health providers' knowledge of psychological self-care and its integration into patients' plan of care.

Outcome: Increase in providers' knowledge of psychological self-care and its integration into patients' plan of care.

SMART Goal

A SMART goal is an acronym, which is specific measurable, attainable, realistic and timely (Deslippe et al., 2023). This quality improvement study SMART goal is to increase mental health providers' knowledge about psychological self-care and its integration into patients' plan of care. Following the educational workshop regarding psychological self-care for patients with mental health conditions, 90% of mental health providers demonstrate an increase in knowledge of psychological self-care, based on changes in pre to post-test scores.

IV. Organizational Assessment and SWOT Analysis

Organizational Assessment

This quality improvement project was implemented at a mental health clinic in Broward County, Florida. It was opened in 2009 by a young African American social worker. She moved to Florida from out of state to look after her mother and to provide for her family. She started seeing patients privately as a social worker and a therapist. Eventually, this small private practice expanded to a facility serving over 1600 patients ranging in age from 7 to 85 years old. The goal was to inspire confidence and respect as a provider of comprehensive behavioral health care.

The focus for this quality improvement project was on adult patients only. From reviewing the charts and other documents in the facility, about 65% of the patient population at the clinic are Caucasian, 17% African American, 13% Hispanic, 4% Asian, and 1% Native American. The majority of the patients were diagnosed with generalized anxiety and depression. The facility is a private, culturally diverse, community agency offering comprehensive, integrated mental and behavioral health with outreach services to patients of all ages with psychiatric illnesses and mental and substance disorders. The organization is divided into an outpatient program, an adult day program, aftercare for mentally ill patients, an anger management program, and psychosocial rehabilitation services. This project aims to implement an educational program for the providers at the facility about integrating psychological self-care into patients' treatment plan.

At this facility, mental health professionals represent a diverse workforce including African Americans, Caucasians, Hispanics, and Asians. Fletcher and Beauregard (2022) report

that diversity in the workplace helps bring opportunities and benefits. They continue to say “Diversity in the workplace is as important as building bridges with diversity and inclusion providers by developing, testing, and evaluating interventions that promote allyship, authenticity, and empowerment” (Fletcher & Beauregard, 2022, p. 591).

Patients have the choice of doing telehealth or a face-to-face appointment. Harris and colleagues (2022) conducted a study about telehealth and concluded that telehealth has some advantages, such as increased patient comfort, avoidance of crowded waiting rooms and less contact with other sick patients. Lastly, telehealth increases the therapeutic relationship between patients and providers by giving the providers enough time to spend with the patients virtually (Harris et al., 2022).

SWOT Analysis

SWOT analysis (strength, weakness, opportunities, and threats) is a strategy used to assess external and internal factors that are conformable and unconformable with the proposed interventions to find out advantages and disadvantages to maximize chances of success (Idris et al., 2022).

Strengths

As strengths, this mental health organization offers different programs such as a rehabilitation day program, case management support, family and group therapy, psychosocial rehabilitation, and summer camp for children with mental health issues. They also offer weekend appointments. In addition, there are in-school support services and substance abuse counseling. The facility accepts the most common major insurances, including, Medicaid, Medicare, Self-

Pay, MMA Sunshine Health, Sliding Scale, and Private Pay. Lastly, providers prioritize spending time with the patients based on patients' needs and preferences.

Weaknesses

Telehealth has its disadvantages as well. One of the weaknesses of Telehealth is the challenge for both providers and patients, especially older populations with low literacy, who have a hard time maneuvering the technicality of the system (Harris 2022). Harris (2022) identifies other disadvantages, such as the inability to touch the patient, and an increased distraction virtually. Some providers have expressed the preference of seeing patients face-to-face to prevent these drawbacks and have the opportunity to conduct a thorough assessment of their patients.

Opportunities

This facility supports the education of mental health professionals. Being open to trainees provides a way for undergraduate and graduate students to get the training and experiences they need to succeed. “From an employer’s perspective, they can receive additional resources and a quick, inexpensive review of potential new hires for their future to fill their talent pipeline. This extended training period, often a college semester, can be mutually beneficial and can often translate into a job offer” (Galbraith, Mondal, 2020, p. 2).

Threats

As a potential threat, there has been a low insurance reimbursement in the facility prompting the administrative team to reject certain insurance policies. This decision has cost the

organization thousands of dollars. “Realistically, the reimbursement model for mental health care providers should start with available fee-for-service codes but should also be aligned with emerging health care reform initiatives, so that they can effectively negotiate with healthcare organizations to cover mental health care costs” (O’Donnell, Williams, & Kilbourne, 2013. p. 1667).

V. Definition of Terms

Self-Care: Is creating a healthy mindset by being mindful and curious of the surroundings (Martinez et al., 2021). It is the patient’s choice and action to maintain quality of life responsibly (Géssica Kyvia Soares de Lima, 2017).

Mental Health Professional: A health care practitioner or social and human services provider who is trained to assess, diagnose, or treat mental health problems and psychiatric disorders (Vives et al., 2023).

VI. Conceptual Underpinning and Theoretical Framework of the Project

Kivunja (2018) describes a theory as a generalized statement of ideas that shows the relationships between concepts. A theory framework provides a structure that can guide the research study that includes the development of a PICO question, the literature review, and the methodology involved in the research study. The theoretical framework is the master plan of the study (Kivunja, 2018).

For this quality improvement project, the Orem Theory of Self-Care (2001) was used. Orem’s Self-Care Theory is one of the most comprehensive theories of self-care, in that self-care is considered to regulate the human species. In addition, it is necessary to equip and sustain life

and support physical and mental stability, and development (Kordi & Banaei Heravan, 2020). Orem (2001) defined self-care as the learned and deliberately performed action used to regulate development and functioning, as explained in her Self-care Deficit Theory (SCDT). Within this theory, the self is not only the agent of action but also the object of action (Martinez et al., 2021). Orem discussed self-care as a developmental dynamic, process suggestive of health, life, and well-being. SCDT has significantly influenced nursing knowledge and has provided a conceptual framework to guide practice. Orem's framework also suggests that every person can become a self-care agent and practice self-care activities, and providers can help patients achieve their self-care goals (Martinez et al., 2021).

VII. Methodology

For every quality improvement program, it is important to have a methodology for implementing the plans of the study. Data was collected to evaluate the outcome of the activity as in the PDSA (Plan, Do, Study, Act) Model for improvement (Christoff, 2018). This method was used to plan and evaluate the outcome of the project activities focused on changes in the provider's knowledge. PDSA is one of the most commonly used tools in any quality improvement research paper. This methodology is a four-step method to improve the procedures of the study. The plan phase is who, what, when, and where of the study. The "Do" phase is the implementation phase. Next, the plan is analyzed in the study phase. Lastly in the "Act" phase, the plan is either modified or rejected based on the evaluation of the data from the previous steps. The PDSA methodology helps researchers focus on constructing the basic knowledge needed to start an improvement study (Christoff, 2018).

Plan Phase

Study Design

The design of an intervention study is crucial to its efficacy and reliability and is necessary to be looked at carefully early in the study. For this quality improvement project, quasi-experimental pre and post-test design was used. A quasi-experimental research design is similar to an experimental design using an intervention, but may not have a continued group or random assignment to the interaction or control group (Bernal, et al., 2019). “Analysis phase approaches often utilize techniques, such as pre-post, regression adjustment, scores, difference-in-differences, synthetic controls, interrupted time series, regression discontinuity, and instrumental variables” (Handley, et al., 2018, p. 6).

Setting and Sample

The setting for this quality improvement study was a community mental health facility in South Florida. It is a private, culturally diverse, community agency that provides comprehensive, integrated mental and behavioral health with outreach services to adult patients with psychiatric illnesses, and mental and substance use disorders.

The sample for the study involved 7 mental health providers. The inclusion criteria are that the provider must be able to write and speak English, and must be a mental health provider giving care to psychiatric patients for three months or longer. Pediatric providers were excluded as this project only address adult patients.

Intervention

An educational workshop regarding psychological self-care was held at the facility, lasting 60 minutes. The focus of the educational session was teaching providers how to provide psychological self-care, such as meditation, guided imagery and relaxation techniques, and use of positive affirmation for adult psychiatric patients. The teaching strategies included a PowerPoint presentation with experiential exercises, discussion, questions and answers, as well informational handouts.

Instruments

Each participant completed the Demographic and Professional Data Form, which asked about gender, age, ethnicity, clinical background, and title. The Psychological Self-Care Questionnaire was developed based on the content of the educational workshop. This pre-test survey was used to evaluate the mental health provider's knowledge of psychological self-care, perception, level of confidence, past experiences, likelihood of using psychological self-care in their treatment plans and practices, and was administered as the study's post-test following the educational workshop.

Data Collection, Management, and Protection of Human Subjects

Recruitment took place at the mental health facility. Potential participants were sent the study flyer via e-mail and face-to-face inviting their participation in the study. All participants completed an Florida International University Institutional Review Board (IRB) written consent, describing all the elements of consent.

Following the signing of the written informed consent, a master key was developed by the DNP Candidate which included the participants's name, contact information and assigned code number. The master key was stored with the written informed consents in a separate locked file cabinet from the study data in the locked office of the DNP Candidate at the facility. Just prior to the educational workshop, participants were given a manila envelope with only a code number on the Demographic and Professional Data Form and the Psychological Self-care Questionnaire pre and post-test. The Demographic and Professional Data Form and the Pre-test was completed immediately prior to the educational intervention and placed in the manila envelope. Following completion of the educational workshop, participants were asked to immediately complete the post-test. All three instruments were sealed by the participant in the manila envelope and handed directly to the DNP Candidate. The data based on the study instruments were entered for analysis in password protected, encrypted laptop computer also stored in a locked file cabinet in the DNP Candidate's office. Only the DNP Candidate had access to the master key and study data. All data will be destroyed after completion of the study.

With regard to the protection of human subjects, study participants were told that their participation was voluntary and they could withdraw from the study at any time without negative consequences. There was no personally identifiable information on the study instruments, but only their assigned a code number to protect their confidentiality. Participants were told that there were no anticipated physical, social, legal, or economic risks associated with study participation. If the participant experience anxiety regarding test-taking, as a possible psychological risk, the DNP Candidate would offer reassurance and time needed to complete the pre and post-test. Participants were told that the expected benefits to study participation would be

their increased knowledge regarding psychological self-care which would be valuable to their health and the health of their patients.

Data Analysis

The Demographic and Professional Data Form was analyzed using descriptive statistics, such as numbers, frequencies, or percentages. The Psychological Self-Care Questionnaire pre and post-test data were uploaded into Jamovi for data analysis. The pre and post-test scores on the Psychological Self-Care Questionnaire were analyzed using paired t-Tests to determine participants knowledge before and after the educational workshop on psychological self-care.

VIII. Results

In terms of the Demographic and Professional data of participants, six were registered nurses and one was a nurse practitioner project. In terms of age, 1 participant was in the range of 30 to 39 years of age (14%); 3 (42%) were between 40 to 49 years of age; and 3 (42%) were 50 years of age or older. Of the 7 participants, 6 (86%) identified as female, and 1 (14%) identified as male. Eighty percent of the participants identified as African American, followed by Caribbean (10%) and Caucasian (10%). Seventy percent of the participants have either a Bachelors or Master's degree, while 28.6% reported a post graduate degree.

To determine the normality of the distribution of the variable Psychological Self-Care, the results of Table 1 indicate the skew and kurtosis to be less than 1. This indicates that the variable was normally distributed, and therefore, a Paired T-Test, as a parametric statistic, could be used to determine if the change from pre to post-test scores was statistically significant.

Table 1: Normality of the Distribution of Pre and Post-Test Scores on the Psychological Self-Care Questionnaire

Descriptives		
	Pre	Post
N	7	7
Missing	0	0
Mean	6.71	9.29
Median	7	10
Standard deviation	1.11	1.25
Minimum	5	7
Maximum	8	10
Skewness	-0.249	-1.45
Std. error skewness	0.794	0.794
Kurtosis	-0.944	0.521
Std. error kurtosis	1.59	1.59
Shapiro-Wilk W	0.922	0.650
Shapiro-Wilk p	0.482	0.001

The mean scores on the pre and post-test were 6.71 and 9.29, respectively as indicated by Table 2 and on Figure 1, which is the Plot of pre and post-test scores.

Table 2: Pre and Post-test Mean Scores on the Psychological Self-Care Questionnaire

Descriptives					
	N	Mean	Median	SD	SE
Pre	7	6.71	7	1.11	0.421
Post	7	9.29	10	1.25	0.474

Figure 1: Plot of Pre and Post-test Scores on the Psychological Self-Care Questionnaire

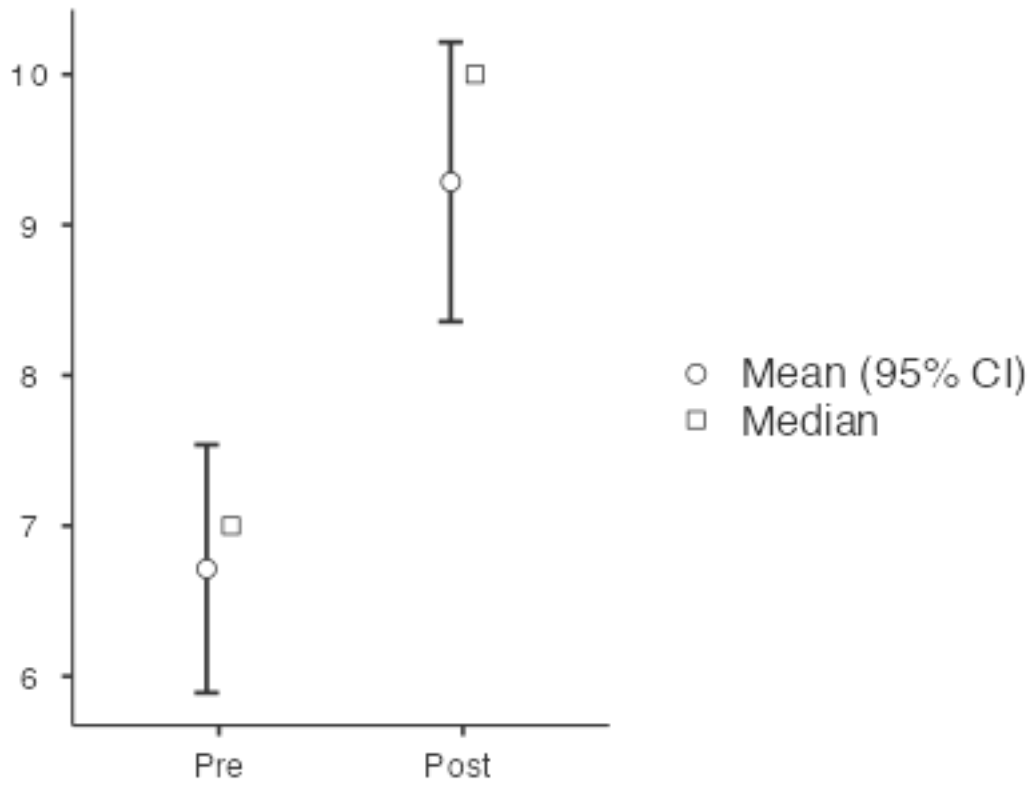


Table 3 indicates that based on the result of a paired T-Test the difference between the pre and post-test scores on the Psychological Self-Care Questionnaire was statistically significant at the p value of 0.02.

Table 3: Paired Samples T-Test

Paired Samples T-Test				
			Statistic	p
Pre	Post	Wilcoxon W	0.00	0.020

IX. Discussion

Psychological self-care is caring for oneself. It is activities (yoga, tai-chi, self-affirmative thoughts, psychotherapy) that are self-initiated to gain psychological relief from daily stressors

and other mental illnesses. This quality improvement project examined the effects of an educational intervention regarding psychological self-care on mental health providers' knowledge at a local facility.

The results indicated that the educational workshop regarding psychological self-care significantly improved providers' knowledge from pre to post-test. The Psychological Self-Care Questionnaire demonstrates an improvement in mental health providers' knowledge as it is important for providers to focus on enabling patients to be more independent and autonomous using psychological self-care when managing their mental illnesses (Becker et al., 2023). Provider's ability to carry out psychological self-care is directly related to their knowledge, enthusiasm, proficiency, and buoyancy, which is related to physical, psychological, social, and intellectual perspectives (Martínez, Connelly, Pérez & Calero, 2021). The results of this study indicate that this educational workshop was effective at improving mental health providers' knowledge and the likelihood of integrating psychological self-care into mental health patients' plan of care. Limitations to the project include a small ample size, location of implementation, and lack of racial diversity. In addition, the post-test was administered immediately after educational workshop, with no longitudinal follow up.

X. Limitations

The DNP candidate found several limitations during the planning and the implementation of the project. The main limitation to this study was sample size. The participants' availability was another issue. Of the 15 recruited participants, only 7 participants were able to participate in the study. Some of the providers had to leave the presentation to attend to patients. This made it difficult to collect all data on the same day as planned. Generalization to other clinical settings

cannot be made because data were collected from participants employed at a small facility in Broward County, Florida.

XI. Implications for Practice

This quality improvement project has important implications for the Advanced Practice Psychiatric Nursing. It has demonstrated that the educational workshop has improved the knowledge of nurses regarding psychological self-care in patients with psychiatric illnesses. This has indicated the need to improve provider's knowledge about psychological self-care and its value in integrating this care into patients' plan of care. Furthermore, this educational intervention has the potential to improve providers' confidence, clinical skills regarding the use of alternative, complementary therapies, specific to psychological self-care. Conducting a quality improvement project highlights the abilities of advance practice nurses to improve healthcare practices and promote positive patient outcomes. The results of this quality improvement project offers evidence to Nursing leadership at the clinic to develop policies that encourage healthcare providers to continue their education about psychological self-care and assure that psychological self-care is incorporated in the plan of care for patients with mental illness.

XII. Conclusion

Psychological self-care is a significant topic to discuss with mental health providers. It is important not only for mental health patients but patients with physical illness, such as diabetes, cancer, and heart disease. Given the increase in mental illness worldwide and the multiple stressors that patients deal with daily, integrating psychological self-care into the

mental health patients' plan of care has the potential to reduce symptoms and decrease mental illness exacerbations. This quality improvement project established that an education intervention regarding psychological self-care has resulted in an increase in the providers' knowledge which may also show benefit in other health care settings.

References

- Afolabi, T. M., Pogge, E. K., Early, N. K., Larson, S., Stein, J., Hanson, L., Storjohann, T., Raney, E., & Davis, L. E. (2022). Evaluating the impact of integrating SMART goal setting in preceptor development using the Habits of Preceptors Rubric. *American Journal of Health-System Pharmacy*, 79(14), 1180–1191.
<https://doi.org/10.1093/ajhp/zxac096>
- American Psychological Association (2020). Stress in America 2020: A national mental health crisis. Retrieved on October 15, 2023 from
<https://www.apa.org/news/press/releases/stress>
- Bernal, J. A. L., Andrews, N., & Amirthalingam, G. (2019). The use of quasi-experimental designs for vaccine evaluation. *Clinical Infectious Diseases*, 68(10), 1769–1776.
<https://doi.org/10.1093/cid/ciy906>
- Boadi, P. A., & Starr, F. (2023). Mental health and the pastor's wife: How does the pastor's wife manage life stressors and apply coping strategies to support her emotional well-being? *Mental Health, Religion & Culture*, 26(2), 131–150.
<https://doi.org/10.1080/13674676.2023.2207004>
- Blumenthal-Barby, J., Lang, B., Dorfman, N., Kaplan, H., Hooper, W. B., & Kostick-Quenet, K. (2022). Research on the clinical translation of health care machine Learning: Ethicists experiences on lessons learned. *American Journal of Bioethics*, 22(5), 1–3.
<https://doi.org/10.1080/15265161.2022.2059199>
- Brouwer, K. R., Walmsley, L. A., Parrish, E. M., McCubbin, A. K., Welsh, J. D., Braido, C. E. C., & Okoli, C. T. C. (2021). Examining the associations between self-care practices and

- psychological distress among nursing students during the COVID-19 pandemic. *Nurse Education Today*, 100, N.PAG. <https://doi.org/10.1016/j.nedt.2021.104864>
- Chen C., Chen Y., Huang Q., Yan S; & Z. Zhu J. (2018). Self-care ability of patients with severe mental disorders: *Based on community patients investigation in Beijing, China. Front Public Health.*;10:847098. doi: 10.3389/fpubh.2022.847098. PMID: 35719645; PMCID: PMC9198226.
- Christoff, P. (2018). Running PDSA cycles. *Current Problems in Pediatric & Adolescent Health Care*, 48(8), 198–201. <https://doi.org/10.1016/j.cppeds.2018.08.006>
- Dall'Oglio I., Gasperini G., Carlin C., Biagioli V., Gawronski O., Spitaletta G., Grimaldi C., Capitello T., Salata M., Vanzi V., Rocco G., Tiozzo E., Vellone E., & Raponi M. (2021). Self-care in pediatric patients with chronic conditions: A systematic review of theoretical models. *International Journal of Environmental Research and Public Health*, 18(7), 3513. <https://doi.org/10.3390/ijerph18073513>
- Deslippe, A. L., Bains, A., Loiselle, S., Kasvis, P., Mak, I., Weiler, H., & Cohen, T. R. (2023). SMART Goals of Children of 6–12 years enrolled in a family-centred lifestyle intervention for childhood obesity: Secondary analysis of a randomized controlled trial. *Pediatric Obesity*, 18(1), 1–5. <https://doi.org/10.1111/ijpo.12973>
- Ebbels, S. H. (2017). Intervention research: Appraising study designs, interpreting findings and creating research in clinical practice. *International Journal of Speech-Language Pathology*, 19(3), 218–231. <https://doi.org/10.1080/17549507.2016.1276215>
- Gavurova, B., Popesko, B., Ivankova, V., Rigelsky, M. (2022). The role of self-care activities (SASS-14) in depression (PHQ-9): Evidence from Slovakia during the COVID-19

- pandemic. *Front Public Health*, 9:803815. doi: 10.3389/fpubh.2021.803815. PMID: 35111721; PMCID: PMC8801882.
- Géssica Kyvia, S., Amuzza, A., Jovânia Marques, O., Isabel, C., Suzyenney, R. & Daniela, C. (2017). Self-care of Adolescents in the puerperal period: Application of the Orem Theory. *Journal of Nursing UFPE / Revista de Enfermagem UFPE*, 11(10), 4217–4225. <https://doi.org/10.5205/reuol.10712-95194-3-SM.1110sup201727>
- Handley, M. A., Lyles, C. R., McCulloch, C., & Cattamanchi, A. (2018). Selecting and Improving Quasi-Experimental Designs in Effectiveness and Implementation Research. *Annual Review of Public Health*, 39, 5–25. <https://doi.org/10.1146/annurev-publhealth-040617-014128>
- Hyeyoung K., & Hyunseon, K. (2022). Research trends in intervention studies for frail elderly adults in Korea: A scoping Review. *Korean Journal of Adult Nursing*, 34(3), 233–248. <https://doi.org/10.7475/kjan.2022.34.3.233>
- Idris, A. B., Abdulrahim, R., Al-Mamari, W., Shih, A., & Kantaris, M. (2022). A SWOT analysis of parent-mediated intervention for children with autism spectrum disorder: Oman as a Regional Model. *International Journal of Developmental Disabilities*, 68(5), 773–780. <https://doi.org/10.1080/20473869.2021.1895700>
- Khoo, S. S., Yang, H. & Toh, W. X. (2024). Leveraging Instagram to enhance self-esteem: A self-affirmative intervention study and multilevel mediation analysis. *Computers in Human Behavior*, [s. l.], v. 150, p. N.PAG, 2024. DOI 10.1016/j.chb.2023.107972.
- Disponível em:
<https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=rzh&AN=173524397&authtype=shib&site=ehost-live&scope=site>. Acesso em: 17 jul. 2024.

- Martínez, N., Connelly, C.D., Pérez, A., & Calero, P. (2021). Self-care: A concept analysis. *Int J Nurs Sci*. 2021 Sep 5;8(4);418-425. doi: 10.1016/j.ijnss.08.007. PMID: 34631992; PMCID: PMC8488814.
- McKinney, C. H., & Honig, T. J. (2017). Health outcomes of a series of bonny method of guided imagery and music sessions: A systematic review. *Journal of Music Therapy*, 54(1), 1–34. <https://doi.org/10.1093/jmt/thw016>
- Orem, D., E., Taylor, S., G., & McLaughlin, R., (6th ed.). (2001). *Nursing concepts of practice*. Maryland Heights, United States: Mosby.
- O’Shaughnessy, M. (2014). Application of Dorothea Orem’s theory of self-Care to the elderly patient on peritoneal dialysis. *Nephrology Nursing Journal*, 41(5), 495–498.
- Pandya, S. P. (2019). Meditation for treating adults with bipolar disorder II: A multi-city study. *Clinical Psychology & Psychotherapy*, 26(2), 252–261. <https://doi.org/10.1002/cpp.2347>
- Poudel-Tandukar, K., Jacelon, C. S., Rai, S., Ramdam, P., Bertone-Johnson, E. R., & Hollon, S. D. (2021). Social and emotional wellbeing (SEW) intervention for mental health promotion among resettled Bhutanese adults in Massachusetts. *Community Mental Health Journal*, 57(7), 1318–1327. <https://doi.org/10.1007/s10597-020-00754-w>
- Ryan, A., Herrera, S., & Patel, M., (2021). Emergency nurses’ experiences in treating patients with mental illness: A qualitative, interpretive metasynthesis. *Journal of Emergency Nursing*, 47(6), 852–859. <https://doi.org/10.1016/j.jen.2021.03.010>

- Swanson, J. W. (2018). Redirecting the mental health and gun violence conversation from mass shootings to suicide. *Psychiatric Services, 69*(12), 1198–1199.
<https://doi.org/10.1176/appi.ps.201800365>
- Tucker, S., Edmonds, S. W., Cullen, L., Hanrahan, K., & Laures, E. (2023). The problem with PICO for finding the best evidence: Fishing with the wrong bait and the SEARCH solution. *Journal of PeriAnesthesia Nursing, 38*(5), 809–812.
<https://doi.org/10.1016/j.jopan.2023.07.002>
- Vives, M., Linkes, C., & Soucy, M. (2023). Teaching psychotherapy to psychiatric/mental health Nurse practitioner students in the virtual classroom. *Issues in Mental Health Nursing, 44*(6), 551–561. <https://doi.org/10.1080/01612840.2023.2212769>
- World Health Organization (WHO) (2020). Self-care interventions for health. Retrieved on October 15, 2023 from https://www.who.int/health-topics/self-care#tab=tab_1.
- Yang, Y., Cao, D., Lyu, T., & Gao, W. (2023). Meta-analysis of a mindfulness yoga exercise intervention on depression - Based on intervention studies in China. *Frontiers in Psychology, 14*, 1283172. <https://doi.org/10.3389/fpsyg.2023.1283172>
- Zarimoghadam, Z., Davoodi, H., Ghafari, K., & Jamilian, H. (2021). The Effects of Mental Self-care Training on Mental Health and Academic Achievement in Students. *Arak Medical University Journal, 24*(1), 150–167. <https://doi.org/10.32598/JAMS.24.1.6155.1>


Appendices

Appendices



Office of Research Integrity
Research Compliance, MARC 414

MEMORANDUM

To: Dr. Deborah Sherman
CC: Josefina Dort
From: Maria Melendez-Vargas, MIBA, IRB Coordinator 
Date: May 16, 2024
Protocol Title: “Improving mental health providers' knowledge about psychological self-care and its integration into mental health patients' plan of care: 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-24-0250 **IRB Exemption Date:** 05/16/24
TOPAZ Reference #: 114064

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.
- 3) 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>.

MMV/em



ADULT CONSENT TO PARTICIPATE IN A RESEARCH STUDY
Psychological Self-Care

SUMMARY INFORMATION

Things you should know about this study: Join me for an educating study about psychological self-care interventions teaching exercises as guided imagery, yoga, tai chi, meditation, and much more.

- **Purpose:** This quality improvement project aims to improve mental health providers' knowledge about psychological self-care to be integrated in the plan of care for patients with mental illness.
- **Procedures:** If you choose to participate, you will be asked to complete the informed consent, the pre and post psychological self-care and the Professional Demographic Form.
- **Duration:** This will take about 90 minutes.
- **Risks:** There is no risk for participating in this project. However, if you are test-anxious the DNP candidate will address your concern.
- **Benefits:** The main benefit to you from this research is to increase mental health professional's knowledge regarding psychological self-care.
- **Alternatives:** There are no known alternatives available to you other than not taking part in this study.
- **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 study is to improve mental health providers' knowledge about psychological self-care to be integrated in patients' care.

NUMBER OF STUDY PARTICIPANTS

If you decide to be in this study, you will be one of 6 participants in this research study.

DURATION OF THE STUDY

Your participation will involve 90 minutes.

PROCEDURES

If you agree to be in the study, we will ask you to do the following things:

1. Complete an informed consent
2. Complete an Professional Data Form
3. Complete a study pre-post test questionnaire following the educational seminar

RISKS AND/OR DISCOMFORTS

There is no risk for participating in this project. However, if you are test-anxious the DNP candidate will address your concern

BENEFITS

The study has the following possible benefits to you: The main benefit to you from this research is to increase mental health professional's knowledge regarding psychological self-care.

ALTERNATIVES

There are no known alternatives available to you other than not taking part in this study

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 and the sponsor-if applicable 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.

Participants privacy will be protected by the use of a master key which has the name of the participant and their contact information along with their assigned code number. Only the DNP Candidate has access to master key, kept in a separate locked file cabinet, from other study data. Facility administration will not have any identifying information of the mental health provider's decision to participate in the study.

COMPENSATION & COSTS

There are no compensation, no costs to you for participating in this study.

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 study. You will not lose any benefits if you decide not to participate or if you quit the study 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 study you may contact Josefina Dort at 954 415 3690, jdort009@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 study. I have had a chance to ask any questions I have about this study, 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

Date

YOU ARE BEING INVITED TO AN EDUCATIONAL SEMINAR ABOUT PSYCHOLOGICAL SELF-CARE

If you are a mental health professional, please join me for an educating study about psychological self-care interventions teaching exercises as guided imagery, yoga, tai chi, yoga, meditation, and much more. Your participation will include signing an informed consent, completing a Demographic and Professional Data Form, and a pre-test and post-test following the educational seminar.

PROJECT AIM

This quality improvement project aims to improve mental health providers' knowledge about psychological self-care to be integrated in the plan of care for patients with mental illness.

BENEFITS

- 1. Increase mental health professionals' knowledge regarding psychological self-care.*
- 2. Identify ways of Integrating psychological self-care in patients' plan of care.*

YOUR PARTICIPATION INVOLVES

- 1) Completing an informed consent*
- 2) Completing a Professional Data Form*
- 3) completing a study pre-post test questionnaire following the educational seminar*

For any further questions or inquiries, please contact the Doctor of Nursing Practice Candidate, Josefina Dort, PMHNP-BC at (954) 415-3690 or jdort009@fiu.edu



Demographic and Professional Data Form

Please choose the appropriate response.

1. What is your age?
 - a. 18 to 29 years
 - b. 30 to 39 years
 - c. 40 to 49 years
 - d. 50 years and older

2. What is your gender?
 - a. Male
 - b. Female
 - c. Other
 - d. Prefer not to say

3. What is your ethnicity?
 - a. non-Hispanic White
 - b. Black-African American
 - c. Black-Haitian American
 - d. Hispanic
 - e. Other Ethnicity

4. What is your highest level of education?
 - a. Vocational certificate or diploma
 - b. Associate Degree
 - c. Bachelor's Degree
 - d. Master's Degree
 - e. Post-Master's or Doctoral Degree.

5. What is your current role as a provider in this facility?
 - a. BT (behavioral technician)
 - b. LPN
 - c. RN
 - d. APRN
 - e. SW (social worker)
 - f. MD or DO
 - g. Administrator

6. How many years do you have in your current role?

- a. 0 to 2 years
- b. 3 to 5 years
- c. 6 or more years

Please select a response for each of the following statement or questions.

1. How well do you think you understand Psychological self-care's specific characteristics?

- a. Not at all
- b. Neutral
- c. Know a lot

2. Do you feel that you are aware of the views that you may have towards psychological self-care?

- a. Not at all
- b. Neutral
- c. Very aware

3. Do you feel as though you make an effort to understand psychological self-care?

- a. Not at all
- b. Neutral
- c. A lot of effort

4. Are you aware of different type of psychological self-care?

- a. Not at all
- b. Neutral
- c. Very aware

5. If yes, how often do you use them in your practice?

- a. Very often
- b. Rarely
- c. Sometimes
- d. Never

7. Do you think you possess the skills that are needed to implement psychological self-care?

- a. Not at all
- b. Neutral
- c. Very much

8. Do you believe that applying psychological self-care will improve patients' mental health?

- a. Yes
- b. No
- c. Don't know

9. Is it important to involve the patients in the treatment plan when applying psychological self-care?

- a. Yes
- b. No
- c. Don't know



Psychological Self-care Questionnaire --Pretest and Posttest Questionnaire

INTRODUCTION

The primary aim of this QI project is to increase the knowledge of mental health providers about the integration of psychological self-care in the plan of care for patients with mental illness.

Please answer the question below to the best of your ability. The questions are either in multiple choice or true/false format. These questions are meant to measure knowledge and perceptions on identification, referral, management and patient education on psychological self-care.

QUESTIONNAIRE

1. Psychological self-care involves creating healthy coping strategies to deal with daily life

such as:

- a. Sleeping 12hrs a day with no naps
- b. Getting enrolled in school for a new degree in psychology
- c. Speak to your provider to increase your antidepressant.
- d. Doing activities that relax the body

2. Mental health is when patients have firm psychological functioning, which can help them see their potential and worth and

- a. Stay adherent with their medications
- b. Participate in group therapy
- c. Agree with the treatment plan
- d. Be able to deal with daily stressors while maintaining good relationships with individuals around them

3. Educating patients about psychological self-care is:

- a. A way to increase patients' independence and autonomy.
- b. Requires healthcare providers' knowledge of psychological self-care
- c. Is naturally learned in early education
- d. A & B

- 4. All of the following are important in an individual's psychological self-care, except:**
- a. Tai chi
 - b. Acupuncture
 - c. Exercise
 - d. Healthy diet
- 5. Tai chi involves symmetrical, relaxing, refreshing, and cognitively stimulating movements designed to improve physical health and cognitive function.**
- True False
- 6. CHI, a Chinese term, is the energy that flows through our body by following the meridians and the channels, which in return, increase energy levels.**
- True False
- 7. Guided imagery is a complementary alternative method to manage:**
- a. Stress
 - b. Anxiety
 - c. Depression
 - d. Pain
 - e. All the above
- 8. Practicing yoga helps people gain confidence by improving all of the following except:**
- a. Strength,
 - b. Flexibility

- c. Balance
- d. Body weight

9. Asanas can be defined as being able to hold your breath for 35 seconds during yoga.

True False

10. Affirmative talk can be used as a way to boost your confidence

True False

11. All of these statements are considered as affirmative talk except:

- a. I am naturally confident and successful
- b. I am grateful for all I have in my life
- c. I am constantly growing
- d. I find learning to be a challenge
- e. I am improving myself daily

12. All of these following are ways to concentrate and focus during meditation except:

- a. Closing your eyes
- b. Taking slow deep breaths
- c. Thinking about your last conversation with your coworker
- d. Feeling the air moving through your nose and the movement of your abdomen

13. During meditation, it is normal and natural for the mind to wander off while trying to focus.

Reading a comic book before each session will help with concentration.

True False

14. Which of the following is NOT a type of yoga?

- a. Kundanlini
- b. Hatha
- c. Ashtanga
- d. Asanas

15. In the short-term stretching the body into yoga's physical posture can change the water content of muscles, ligaments and tendons, to make them more elastic. Overtime regular stretching stimulates stems cells which then differentiate into new muscle tissue and other cells that generate elastic collagen.

True False



Date: April 17, 2024

Dear Dr. Deborah Witt Sherman:

Thank you for inviting Assurance of Hope Institute to participate in the DNP Project of Josefina Dort. I understand that this student will be conducting this project as part of the requirements for the Doctor in Nursing Practice program at Florida International University. I understand that her quality improvement project will focus on increasing mental health providers' knowledge regarding psychological self-care of patients at our facility and the importance of integrating psychological self-care into patients' treatment plans.

We understand that this project will be a one-time educational workshop lasting 60 minutes. Participants will be asked to sign a written informed consent, as well as complete a Demographic and Professional Data Form and the study's pre-test of their knowledge regarding psychological self-care before the educational workshop, as well as a post-test following the workshop.

As a mental health professional at Assurance of Hope Institute, Dr. Marjorie Hardy-Hibbert is serving as the Clinical Preceptor for Josefina, we will work collaboratively to implement the project and ensure its success. We believe that increasing mental health providers' knowledge of psychological self-care will benefit both our professional members and our patients. We look forward to participating in this important quality improvement project and learning about the outcomes of the study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sharon Swaby', is written over a horizontal line.

Sharon Swaby
Administrator
Assurance of Hope Institute.

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