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Improving the Mental Health Nursing Competencies of Nurses Caring for Patients with History of Substance Use Disorder in Long-Term Care Settings

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ABSTRACT

IMPROVING THE MENTAL HEALTH NURSING COMPETENCIES OF NURSES CARING FOR PATIENTS WITH HISTORY OF SUBSTANCE USE DISORDER IN LONG-TERM CARE SETTINGS

by

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Chair: Melinda Nwanganga

ABSTRACT OF GRADUATE STUDENT PROJECT

Dissertation

Andrews University

College of Health and Human Services

Title: IMPROVING THE MENTAL HEALTH NURSING COMPETENCIES OF NURSES CARING FOR PATIENTS WITH HISTORY OF SUBSTANCE USE DISORDER IN LONG-TERM CARE SETTINGS

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Background

While nurses are often on the front lines of working with patients with a history of substance use disorders (SUD), most have limited training in this area. Nurses who work in Long Term Care (LTC) settings are often challenged to resolve the practical issue of needing more competency in caring for SUD patients. Horner et al. (2019) agreed that the deficiency of mental health knowledge and skills in healthcare workers is linked to decreased quality of care, which can diminish patient outcomes. This lack of competency must be addressed (Margoliese & Vandyck, 2019).

Purpose

The goal of this project is to innovate care management that enhances SUD patients' care through clinical competencies and mental health skills by improving the mental health nursing competency of nurses working with SUD patients at the long-term geriatric units at a Psychiatric Hospital in the state of Massachusetts. A guided four-week mental health training was provided to registered nurses and measured with a pre and post assessment. This intervention was measured to appreciate any change in the participants' level of mental health competency.

Method

This study used a quasi-experimental design, a pre-post design with one focus group, to evaluate the mental health competency of nurses working with SUD history patients. The Clinical Competency of Mental Health Nursing (CCMHN) checklist was used to ensure the trustworthiness of this project. The tool measured the nurses' mental health competency before and after the educational training. This tool required the project facilitator to observe participants in their tasks at work before and after the intervention. The sample was obtained through the convenience sampling method.

Results

The Clinical Competency Evaluation of Mental Health Nursing (CCHMN) used in this study was found to be valid and reliable. The SPSS-27 t-score showed significant results post-intervention. A paired sample t-test was conducted to compare the pre- and post-intervention observation. The results showed a significant positive correlation between 0.842 and 0.945. The paired t-test further showed that participants experienced

increased competency across the four-week program. This indicates that the program was successful in achieving its desired outcome.

Conclusion

Although the sample size was small, data suggested that mental health nursing training was beneficial in increasing the mental health nursing competency among nurses in a LTC facility. Similar investigations could be undertaken with larger sample sizes to generalize the outcomes to wider groups of psychiatric nurses and the nursing profession.

Andrews University

College of Health & Human Services

IMPROVING THE MENTAL HEALTH NURSING COMPETENCIES OF NURSES CARING FOR PATIENTS WITH HISTORY OF SUBSTANCE USE DISORDER IN LONG-TERM CARE SETTINGS

A Scholarly Project

Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Nursing Practice

by

Nancyver E. Lafleur-Omeler

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Member: Denise Soccio, DNP, RN	
_____	June 27, 2023
Member: Claude Parola, MD	Date Approved

DEDICATION

I want to dedicate this project to the one who has been my Ultimate Friend and Guide throughout my life: Jesus Christ. He has been with me every step of the way, especially on this journey. His constant love and support have been my unending source of strength.

I am also profoundly grateful to my family: my husband Sem and my daughters Christelle, Christ-Ansy, and Chris-Hannah. Their unwavering belief in me and constant encouragement have been a light in the darkest times. I know I could not have done this without them.

Finally, I would like to express my gratitude to my tireless 78-year-old mother, who cooked for me daily and provided me with the nourishment I needed to keep going. Her selfless love and care have been a constant source of inspiration.

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LIST OF ABBREVIATIONS

ANA	American Nurses Association
APNA	American Psychiatric Nurses Association
BMC	Boston Medical Center
CCMHN	Clinical Competency of Mental Health Nursing
CDC	Centers for Disease Control and Prevention
CE	Continuing Education
DNP	Doctor of Nursing Practice
EBP	Evidence-Based Practice
ICT	Information and Communications Technologies
IRB	Institutional Review Board
LTC	Long Term Care
MHLNA	Mental Health Learning Need Assessment
MHS	Mental Health Specialists
NCM	Nurse Case Manager
NIDA	National Institute on Drug Abuse
PLTC	Psychologists in Long Term Care
PWID	Persons Who Inject Drugs
RN	Registered Nurse
SNF	Skilled Nursing Facilties
SUD	Substance Use Disorders
TEL	Technology-Enhanced Learning

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This project is a testament to the power of love and support. Without the unwavering support of my loved ones and the guidance of Jesus Christ, I would not be where I am today. I hope this project will serve as a tribute to their love and inspire others who may be going through difficult times.

CHAPTER 1

OVERVIEW OF EVIDENCE-BASED PROJECT

Background

Substance abuse, particularly that of opioids, is a growing epidemic across the United States. Strain (2021) explained that substance use disorder (SUD) could involve misuse of prescribed opioid medications, diverted opioid medications, or psychoactive substances such as heroin, cocaine, and amphetamine. SUD is typically a chronic, relapsing illness associated with significantly increased morbidity and mortality rates (Strain, 2021).

Patients' misuse of prescribed opioids can be indicative of addiction. Strain (2021) reported that "In the United States of America, 5.7 million people (2.1 percent of people aged 12 or older) were estimated in 2019 to have used heroin at some point in their lives; 431,000" ("Opioid use disorder, par. 15). The year 2020 was a deadly year for drug overuses. In its press release in December 2020, the Centers for Disease Control and Prevention (CDC) reported that COVID-19 had hit the substance abuse community tremendously, increasing the number of deaths concerningly.

Middle-aged and older adult populations with comorbidities have seen increased substance use, and their conditions often warrant hospitalization. Trauma hospital settings often do not provide the needed care length to address the needs of patients experiencing SUD. Patients are discharged into rehabilitation settings such as skilled nursing facilities (SNF). However, when geriatric patients get agitated, violent, or restless due to SUD

history or other sources they are transferred to psychiatric hospitals for long-term mental health care to manage their behavioral issues.

Discharging patients to rehabilitation programs and occupational therapy helps manage their chronic conditions. However, little research exists on managing SUD patients in LTC settings such as long-term psychiatric units. Nurses often are not proficiently prepared to care for patients with chronic medical conditions and a history of SUD (Han et al., 2020). LTC settings are known for their exceptional care for patients with chronic diseases. However, addiction lacks focused care for patients at risk of substance use recurrence. Nurses must be competent to provide appropriate care in these settings.

Addiction is often misunderstood as a moral failing or lack of willpower. However, it is a chronic disease that requires ongoing care and management. SUD patients need specialized care to address their physical, mental, and emotional needs. LTC settings are ideal for providing such care, but a common misunderstanding is that SUD is not a chronic disease.

Nurses are critical to caring for SUD patients in LTC settings. They must be competent at recognizing substance use and withdrawal, managing medication-assisted treatments, and providing emotional support to patients and their families. Additionally, they should know the latest evidence-based practices for treating SUD.

Providing focused care for addiction in LTC settings is essential for patients' overall well-being. It can help prevent relapse, decrease hospital readmissions, and improve the quality of life for SUD patients. Nurses can provide exceptional care for

patients with chronic diseases, including addiction, with the right competencies and resources.

According to several surveys, few tools are designed to "measure the clinical competency of mental health nurses" (Moskoei et al., 2017, p. 4156). This quality improvement project aims to appraise mental health nurses' competency in LTC settings and provide the appropriate training to remediate the problem.

Problem Statement

Nurses face multiple challenges, such as caring for patients with chronic medical diseases, functional impairment, dementia, and mental health related to substance use disorders. Scales (2021) explained that many of the nearly 4.6 million direct care workers in the United States have persistent unresolved issues such as untenably low wages, limited training and career development opportunities, and high turnover. Previous studies revealed that nurses do not adequately train to care for SUD patients. Han et al. (2020) agreed that the abovementioned challenges exist in providing quality care for complex medical patients before considering SUDs. Because of the impact on the nurses and the communities, substance use disorders is an important health issue in the United States. The present project is designed to help improve clinical mental health nursing competency for nurses working with SUD patients.

Significance and Implication of the Project

Initiating mental health nursing competency training would help nurses manage substance abuse patients in the LTC setting. LTC facilities need to provide opportunities towards developing and enhancing mental health nurses' competencies. Donroe et al. (2016) agreed that mental health nursing competency training might help improve the

management of chronic psychological and medical conditions, improve biopsychosocial functioning, decrease hospital utilization, reduce the risk of opioid-associated health problems, and increase retention in addiction treatment. Therefore, the key topics of this Doctor of Nursing Practice (DNP) project were to increase the nurses' mental health competency to contribute to patient's health and improve their well-being. This educational opportunity has helped nurses to provide more effective care for SUD patients.

At the community level, data from this project can direct LTC institutional initiatives to train nurses in mental health competencies,. The project can inform policies and quality care initiatives at the state and national levels to enhance nurses' mental health competencies to reduce the risks and costs associated with state and national-level opioid-associated health problems. The National Institute on Drug Abuse (NIDA) (2019) reported that more than 70,200 Americans died from drug overdoses in 2017, which included overdoses from illicit drugs and prescription opioids. These numbers are alarming, and evidence of the crisis warrants education for training to manage substance abuse patients (Farrell, 2020). Nurses in LTC settings can play crucial roles in providing quality chronic disease management (Han et al., 2020).

Project: Clinical Question and Hypothesis

Population: Nurses working in long-term care settings taking care of SUD patients

Intervention: Competency-based mental health education

Comparison: compared to baseline

Outcome: Impact on the mental health nursing competencies

Time: Within eight weeks

PICOT Question: In nurses caring for patients with SUD, how effective is mental health educational training in increasing mental health nursing competencies over eight weeks?

Hypothesis: There will be an increase in mental health nursing competencies after the educational intervention.

Conceptual Definitions

The following definitions are provided to enhance understanding of the concepts involved in this project.

Long-term mental health care is the service provided at live-in mental health facilities. Patients might stay in a long-term psychiatric hospital for six months or more to receive continued therapy and mental support.

Skilled nursing facilities (SNF) are facilities that deliver skilled nursing services to patients discharged from hospitals needing short-term post-hospital care, such as intravenous antibiotic therapy, wound care, and physical or occupational therapies. SNF also provide extended-term care for other patients with chronic disease management or who are mentally debilitated. SNF services are crucial for the U.S. healthcare system by offering rehabilitation and long-term care nursing services (Han et al., 2020). In this quality improvement project, the SNF is defined as the healthcare facility caring for patients with SUD post-discharge from the hospitals and before community integration.

Clinical mental health nursing competency is defined as the efficient utilization of technical and communicational skills, knowledge, clinical reasoning, emotions, and values in a clinical environment (Moskoei et al., 2017). In this project, mental health nursing competency includes two competency domains: General competency, including

emotional and moral competency, and specific clinical competency embedding therapeutic communication that will (remove strikethrough) provide the principle of motivational interviewing. The mental health nursing competency assessment encompasses the knowledge and skills necessary for nurses to feel competent in providing care for patients with SUD. The competency assessment tool is further discussed in chapter four.

Substance use disorder (SUD) is defined as the dysfunctional use of substances leading to psychosocial pathology. Abusing illicit drugs daily is characterized by both pleasurable effects, craving, and the unpleasant consequences of withdrawal (Hassan et al., 2021). In this project, patients with SUD in LTC facilities have chronic medical illnesses and a history of alcohol use or the misuse of other substances, such as prescribed opioid medications, diverted opioid medications, and heroin.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

The Scope of the Problem

In the past decade, the increasing number of substance use disorder-related morbidity patients admitted to LTCs has expanded nurses' roles in LTC settings. The use of substances such as nicotine, alcohol, cannabis, opioids, and cocaine can often lead to addiction. According to NIDA, addiction is "a chronic, relapsing brain disease characterized by compulsive drug seeking and use despite adverse consequences" (NIDA, 2019, para 1). Patients who use drugs to help cope with physical or psychological pain often present with long-term struggles with addiction. These patients may require long-standing care because of their inability to care for themselves. Wason et al. (2021) reported that the presence of a SUD doubles the patient's risk of developing other chronic illnesses such as diabetes, arthritis, hypertension, and heart disease. Additionally, persons who inject drugs (PWID) can present with other complicated diseases, including HIV, Hepatitis C, bacterial skin infections, sexually transmitted infections, and a history of endocarditis (Visconti et al., 2019).

In the United States, approximately 14.5 million Americans have alcohol use disorder, and about 2.1 million Americans have opioid use disorder. The use of illicit substances such as cocaine, cannabis, opioid, and alcohol costs the United States "over $440 billion each year, and that includes medical fees, loss of employment, and crime"

(Wason et al., p. 424; Abraham et al., 2020). Subsequently, the increased burden of SUD has led to pharmacological and psychosocial therapies, which some LTCs do not manage very well (Abraham et al., 2020; Han et al., 2020).

Cheng et al. (2018) sadly indicated that the non-medical prescription of opioids continues to rise across North America. These findings alarm for increased mental health nursing competency at the LTCs.

Nurses at LTC facilities may not understand alcohol or substance abuse; therefore, the LTC nurses may not have the competency required to care for SUD patients (Draper & Sorell, 2017) effectively. This project's mental health competency is defined using the holistic perspective to integrate the knowledge, skills, values, and attributes the nurses need to work with SUD patients (Munangatire & McInerney, 2021) competently. Existing literature reflects competency as the outcome of the nursing education program (Munangatire & McInerney, 2021).

However, the entry to practice in psychiatric care patients in LTC has not been addressed as the number of SUD patients is increasing (Margoliese & Vandyk, 2019). In their report, NIDA (2020) mentions that over one million adults over 65 live with a substance use disorder, and most live in an LTC setting. The increased number of drug abuse reported by NIDA has led to the need for establishing strategies to address the current challenge of the nurses caring for patients with substance use comorbidity in LTC settings. Han et al. (2020) found that studies on how LTC facilities manage SUD patients with chronic medical disease are sparse, and LTCs should develop care models to address the nurses' competency working with SUD patients.

The American Nurses Association (ANA; 2021) recognized that nurses are challenged on its "Nurse Focus" page. Their challenges consist "in accessing knowledge, tools and the environments needed to deliver exemplary care and meet the needs of vulnerable populations," including patients with substance use disorder (SUD) (Unleashing the potential of nursing, para 1). Nurses at LTC facilities face considerable challenges when providing safe and high-quality care to patients with substance use disorders (Muralidharan et al., 2019). Evidence from several studies shows a need to address the competency of nurses working in LTCs with SUD patients because nurses are still struggling to integrate their skills and values in managing the care of these patients (Draper & Sorell, 2017; Margoliese & Vandick, 2019). The literature review has discussed the problem of SUD in LTC facilities. It also explored the challenges nurses working in LTC facilities face in caring for these patients while looking for solutions to increase their mental health nursing competencies and the best ways to teach them.

Overview of the Characteristics of Care Provided in LTCs

Nurses in SNFs care for different types of long-term care patients, including those with chronic conditions. Concurrently nursing care for SUD patients is challenging (Muralidharan et al., 2019). Horner et al. (2019) found that such challenges include nurses' stigmas in mental health and lack of knowledge in caring for patients with SUDs, resulting from a lack of training in addiction care during formal education. Evidence shows that it takes specific mental health nursing skills, such as understanding the disease of addiction, establishing a therapeutic milieu, and providing culturally competent care, to work efficiently with SUD patients (Horner et al., 2019; Muralidharan et al., 2019).

Despite the challenges noted above, Horner et al. noted that there is little research on the competencies of LTC nurses caring for the SUD population.

Challenges Long Term Care Nurses Encounter

Deficiencies in mental health nursing competency represent challenges in care delivery in LTCs. Horner et al. (2019) interviewed nurses in a large academic medical center in Boston and found that nurses experienced professional and emotional strain in caring for patients with SUDs. The nurses understood addiction but did not have adequate skills to provide competent mental health/addiction care to patients, leading to professional and emotional strain (Horner et al., 2019). Dyrstad and Storm (2017) found that a lack of mental health training was a barrier for nurses caring for SUD patients. The education and training of healthcare professionals are recognized as ways to improve the quality of transitional care for patients with SUDs (Dyrstad & Storm, 2017; Horner et al., 2019). Given the evidence, it is crucial for the nurses working with SUD patients to increase their competency. More importantly, because the number of patients with SUDs is rising, providing nurses with competent mental health training is becoming increasingly necessary (NIDA, 2020).

State of the Literature in Mental Health Nursing Competency

A review of several pieces of literature has indicated that several interventions have been developed to address the challenge of substance use as part of mental health nursing. The research reviewed has shown several strategies to teach nurses to treat patients with SUDs. These strategies include mental health competency training, eLearning materials, and mental health education in program curricula (Atashzadeh-

Shoorideh et al., 2018; Horner et al., 2019; Margoliese & Vandyk, 2019; Munangatire & McInerner, 2021).

Dyrstad and Storm (2017) described competencies as specific behaviors, skills, and attitudinal and cultural dispositions. Mental health nursing competency training is designed to enhance competencies in nurses needing additional education and support. Studies done by Margoliese and Vandik (2019), Wason et al. (2021), and Farrell (2020) concluded that poor competency contributes to a lack of skills and confidence in caring for patients with SUDs.

Therefore, the care provided to the SUD patients at the LTCs is substandard. Horner et al. (2019) agreed that the attitudes and actions of the healthcare workers toward the patients who have SUD are linked to decreased quality of care, which can diminish patient outcomes. Horner et al.'s study showed that several interventions such as continuing education (CE), training programs, lectures, and videos had been developed and implemented. Still, limited studies provide a concrete conclusion for the need to train nurses to care for patients with SUDs effectively.

Lack of Training in the Nursing School Curricula to Care for SUD Patients

The most significant challenges of caring for SUD patients in LTC facilities resulted from a lack of specific training for nursing students in the school curricula (Farell, 2020; Margoliese & Vandik, 2019). In his study, Farell (2020) observed that insufficient time allocated to the complexity of treating patients with SUDs had been an issue for over 50 years. Nursing education emphasizes skill development to help students increase their competence in the work market (Atashzadeh-Shoorideh et al., 2018). Subsequently, being competent was necessary for nurses to perform well. It is in the

student's interest to be exposed to learning experiences they can use later during their nursing careers.

Munangatire and McInerney (2021) conducted a 'phenomenographic' study using purposive sampling of associate degree nursing students to explore "the students' conception of competence and the learning processes that support the development of competence" (p. 1121). Munangatre and Minerney (2021) agree that competency in nursing education is crucial because nursing students should be competent at graduation. The result revealed a link between the learning process and competence levels. The associate degree nursing students said they would perform better if they could translate their learning theory into practice. Citing Fukada (2018), Munangatire and McInerney (2021) noted that competence includes four skills: the capability to understand needs, provide care, collaborate, and support decision-making. If the LTC nurses have mastered the above four skills, they would provide competent care to SUD patients.

However, practicing care with SUD patients is scarcely found in nursing education (Atashzadeh-Shoorideh et al., 2018), and this lack of exposure to training to ease caring for SUD patients can adversely affect patient care outcomes (Farell, 2019).

Theoretical Framework to Increase Mental Health Nursing Competency

Training to increase mental health competency in nurses requires specific frameworks and approaches. Several organizations have launched addiction training for nurses. For instance, the Boston Medical Center (BMC), an urban academic center in New England, has implemented an office-based addiction treatment called the Nurse Case Manager (NCM) model. The NCM entails empowering nurses to play a central role in assessing, supporting, and managing addiction patients while collaborating with the

providers. The NCM model has used nurses who cared for patients with SUDs to improve the treatment outcome of these patients. The NCM addiction nursing competencies were made with three documents: "Foundation, Assessment, and Skills checklist." Each of these documents outlines the standard of nursing practice (Wason et al., 2021). First, the foundation focused on nurses' knowledge, attitudes, and behaviors. Second, the assessment document is a bridge using the theoretical framework to structure the nurses' assessment knowledge. Third, the skills checklist outlined the nursing process that measured the nurse's proficiency. It was also used for the nurse's self-assessment. As a result of applying the NCM model, the combined use of these tools contributed to standardizing care in addiction patients. It provided a reference for nurses to self-assess their knowledge and form a concrete competency in addiction (Wason et al., 2021).

Margoliese and Vandyk (2019) used a cross-sectional survey study to apply the "Entry-to-practice Mental Health and Addiction Competencies Program for Undergraduate Nursing Education" in Canada. Nurses self-assessed their mental health knowledge and learning preferences in collecting data for six weeks.

Moreover, McKnight (2013) has created an essential tool, "Mental Health Learning Need Assessment" (MHLNA), to determine the level of staff's competency in providing care to patients with SUDs. McKnight (2013) has found that it is crucial to identify the learning needs of nurses caring for mental health patients. She created this tool so professional and novice nurses could self-assess their mental health competencies. The tool measures the mental health competencies of the nurses working with mental health patients in psychiatric hospitals by assessing mental health nurses' learning needs. The results may warrant an increase in their mental health competency. The DNP student

analyzed this tool and found it to be inappropriate for this project due to the lack of quantitative measures that would adequately assess the nurses' mental health competencies.

However, Moskoei et al. (2017) have developed the Clinical Competency of Mental Health Nurses (CCMHN) tool to assess the clinical competency of nursing students and mental health nurses. A scale of 45 items in two parts, including emotional/moral and Specific Care competencies, was developed with appropriate validity and reliability to assess the clinical competencies of nursing students and mental health nurses. The emotional/moral competency field featured statements about patience, showing respectful behavior, avoiding prejudgment, observing confidentiality of the patient's information, observing the patient's rights, avoiding discrimination and stigma, and showing honesty and respect toward colleagues. The specific care competencies included items on active listening and supporting the patient's self-confidence through supporting the patient's strengths and capabilities. Items such as winning patients' trust and motivating the patient to express their feelings were implemented in the tool (Moskoei et al., 2017). The use of the tool to evaluate the clinical competency of nurses can improve patient care and create professional growth opportunities.

Teaching Approaches: Group Learning vs. E-Learning for Mental Health Competency

Contemporary learning has taken a new turn with the development of the Internet. Additionally, the era of COVID-19 has greatly emphasized distance learning, or e-learning, and further impacted learning styles. According to McDonald et al. (2018), "E-learning is a widely accepted term to describe educational material that utilizes information and communications technologies (ICT) for educational purposes" (p. 167).

In contrast, group learning, or face-to-face learning, represents the traditional type of learning. There is much research on using technology in nursing education and training. Goodchild (2018), however, argued that technology-enhanced learning (TEL) had not transformed nursing education but offered innovation in its content delivery as technology was present in almost all aspects of nursing education. Goodchild (2018) viewed technology as offering more possibilities than traditional group learning because it offered more flexibility.

In an integrative review, McDonald et al. (2018) argued that while e-learning can contribute to nursing education, such as using case studies for teaching and clarifying the roles of nurse educators, there is a gap involving a lack of validation of clinical reasoning measurements when applying e-learning to assess skills and knowledge. Furthermore, McDonald et al. (2018) found that by moving students away from instructor-centered and passive learning styles, e-learning relies more on self-assessment, which can help improve nurses' skills. Because adult learners can manage their learning needs and identify their goals to bolster confidence, self-assessment afforded by e-learning is suited for these adult learners. Goodchild's (2018) and McDonald's (2018) studies focused on students using social media and digital devices for learning. They found that digital devices can help enhance students' clinical skills. However, e-learning does not exclude the opportunity to develop group learning using traditional social media, such as Facebook, rather than discussion boards. Compared to face-to-face, e-learning may be more appealing because it offers more flexibility, is cost-effective, and accommodates a large cohort of learners (McDonald et al., 2018). This DNP project used the e-learning platform

of Panopto to make mental health nursing competency training more affordable to the nurses.

Theories Conducive to Best Teaching

The literature provides several theories that provide a framework for teaching nurses. For instance, Farrell (2020) based their study on Fink's integrated approach. Fink forwarded a taxonomy of significant learning to enhance a solid experience that would last lifelong. It focuses on several foundational pillars, including "knowledge, application, integration, human dimension, caring, and learning how to learn" (p. 7). Fink's integrated approach has transformed baccalaureate nursing education regarding substance use disorders. This theory is mainly suited for nursing students because it encompasses the lifespan of people with mental health disorders but can be adapted to nurses.

Other instrumental learning theories focusing on the learner's individual experience include Thorndike (1911), Pavlov (1927), and Skinner (1954), who based their approaches on behavioral reactions (Mukhalalati & Taylor, 2019). Professional healthcare workers could benefit from their behavioral theories. Still, they would not fit this project because there might be a lack of clarity in determining the standardization of the outcomes. The project facilitator could use Kolb's (1984) experiential learning in this project. This theory helps explain how real-life experiences can facilitate competencies for professional practice. However, it only focuses on individual expertise without considering social contexts and how they influence learners (Mukhalalati & Taylor, 2019).

Subsequently, after reviewing Knowles' (1984) adult learning theory, it became clear that this theory could help accomplish this DNP project's goal, which was to

improve the mental health nursing competencies of nurses caring for patients with SUDs in the LTC settings.

Knowles's (1988) theory explains that adult learners are self-motivated. Because adult learners have previous experiences that form their knowledge, they have a concept of their learning style and are more motivated than children to achieve their goals. Knowles's theory is fascinating in professional education because the facilitator focuses on what the nurses previously knew and needed to know. Knowles's theory helps explain the self-directed learning of adults through technology-based devices. This theory served as a framework for the learning approach of nurses dealing with unusual and complex patient situations. However, other ideas do not consider other forms of learning, such as collaborative learning (Mukhalalati & Taylor, 2019). The instructional strategies for this theory is explained further in chapter three.

Conclusion

In this literature review, a summary of different authors' views has helped outline the content of the DNP project. It aimed to increase the mental health nursing competency of the nurses working at an LTC setting. This review has indicated the characteristic of care provided in LTCs and the challenges these nurses encounter, despite the extensive work in caring for these patients. The literature review showed that the lack of training in nursing school curricula contributed to the gap in caring for patients with SUDs. There is hope to increase mental health nursing competency because the literature presents ways to accomplish it. Evidence in the literature supports the use of the CCMHN tool, as previously described. Therefore, this tool was used in this project to measure the LTC nurses' mental health competency before and after the training to determine whether

there was an increase in their mental health competency after the training intervention. This tool helped the facilitator gauge the progress made after the training.

This literature review also discussed whether the intervention should be group learning or e-learning and provided scholarly grounding to choose the best learning method. This DNP project included e-learning, considering its benefits to these nurses. The theory that facilitated this learning method was Knowles's (1984) theory of adult learning. This approach enhances adult learning because, unlike children, adults are self-directed and self-motivated (Mukhalalati & Taylor, 2019). This review helped structure this projectand refine the approaches that ultimatelyfacilitated its implementation.

Theoretical Framework

Overview of the Conceptual Framework

This evidence-based practice (EBP) project utilized existing studies to understand the severity of the problem and consider ways to increase mental health nursing competencies in LTC settings. This project used Knowles' adult learning theory (1984) to build a framework for practice change at the LTC units. The conceptual framework has served as a practice model to facilitate competency training for the nurses working with SUD patients. Knowles' theory helped explain how adult learning differs from learning for children and provided ways to affirm adults' desires and motivations to know while delivering suitable activities.

Theoretical Foundation of the Project

Knowles (1984) used the term *andragogy*, meaning adult learning, to emphasize that adults learn differently from children and *pedagogy*; therefore, adults require different teaching strategies to learn effectively. Until 1968, pedagogy was predominantly

used to talk about teaching. Knowles researched the differences between adult and child learning and forwarded five assumptions of adult learners. First, adults are self-directed because they are more mature than children. Second, adults have a range of experiences to draw from as they learn, compared to children who are still gaining experiences. Third, adults are ready to learn because they value education and want to reach their goals. Fourth, adults are practical and often use a problem-centered approach to learning. For instance, adults entering a new field or position have a keen interest in doing it. Finally, adults are driven by internal motivation, while children need external motivators (Knowles, 1984). Knowles's assumptions led to four principles upon which adult learning theory was based.

Knowles' Andragogy

Knowles (1984) recommends that educators consider these four principles when considering teaching adults.

1. Adults need to participate in their learning. Because adults are self-directed, they should be participants in the content and processes of their education.
2. Adult learning should focus on adding to their previous knowledge. Adults have the propensity to add to their prior knowledge.
3. Adults are practical learners. Teaching content had a focus on their work or personal life subjects.
4. Adult learning should be centered on resolving issues rather than on memorizing content.

Though some principles do not apply to all adults, Knowles emphasized assessing each situation individually to determine the level of self-direction adult learners need. His

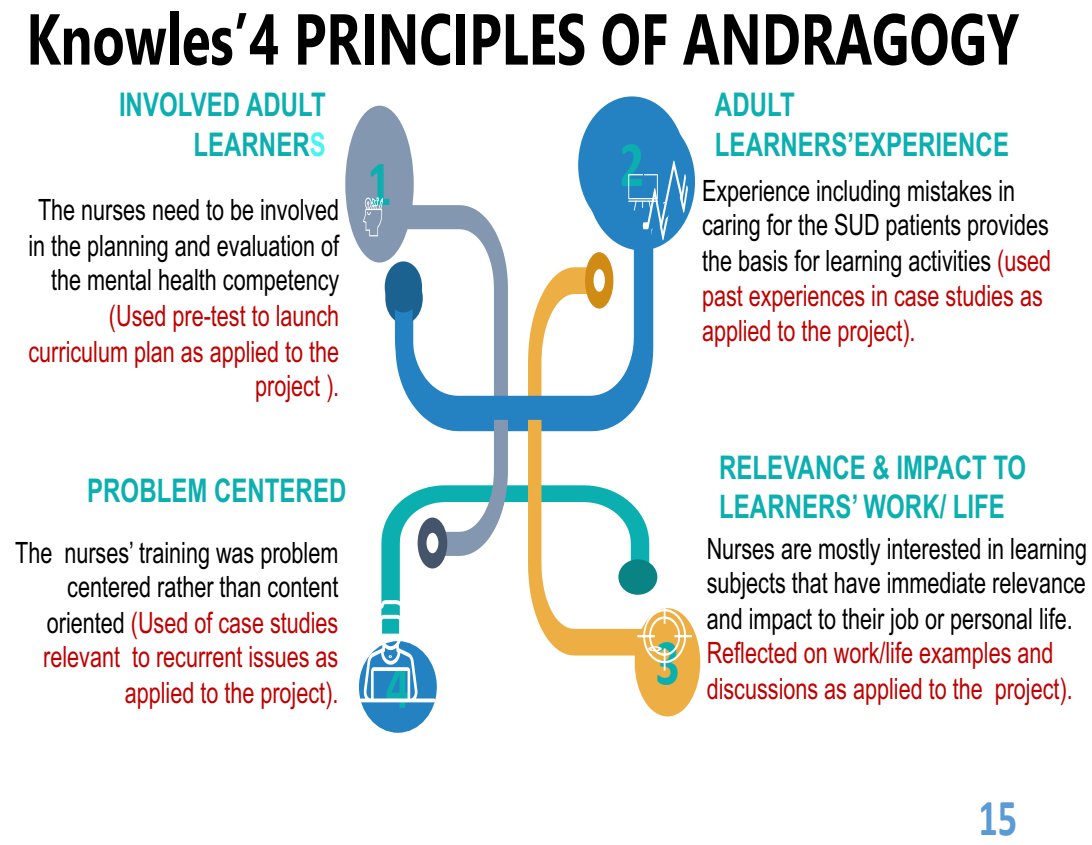
count is particularly essential in professional education or work training. The nursing profession constantly evolves and adapts to new situations, and nurses should be well-equipped for their roles. This DNP project aims to improve the clinical mental health nursing competencies of LTC nurses working with SUD patients using Knowles's (1984) adult learning theory as a framework. Knowles' adult learning theory states that nurses would learn better if they believe the training supports required practice and actions (Schmueli, 2021). The approach helped guide teaching strategies to increase the mental health nursing competency of the LTC nurses (Makhalati & Taylor, 2019).

Using the Knowles model, the nurse participants watched an audio presentation on this mental health nursing competency. The participants read the handout for the module. They submitted case studies of SUD patients in each module. Then, they were asked to answer post-exam questions on the case study, reflecting their learning outcomes.

The project framework comprised the four foundations of Knowles' (1984) adult learning theory.

Figure 1

Conceptual Framework Based on Knowles' Andragogy Theory (1984) Adapted to This Study (Source: Kearsley 2010).



Note: CONCEPTUAL FRAMEWORK based on Knowles' Andragogy Theory (1984) adapted to this study (source: Kearsley 2010).

The Facilitator's Role

Knowles (1984) emphasized how learner-centered teaching approaches help adults take charge of their learning experiences. The facilitator used the following strategies to teach nursing competencies in this project:

1. Inspire the nurses to affirm their motivation and desire to learn. This strategy embraces Knowles' first andragogy principle that encourages the learner's involvement in the planning and evaluation of the teaching. In assessing the LTC nurses' needs, the nurses voiced their understanding of the need to increase their mental health competency while caring for SUD patients. Due to this understanding, the facilitator started to undertake the participants' concrete responses noted during the pre-test to affirm their motivation and inspire them to take the training.
2. Keeping the subjects relevant to the nurses' needs reflected Knowles' second andragogy principle. Nurses who have made mistakes in the past in caring for SUD patients would find the case studies relevant to their needs. For instance, provided the nurses with new possibilities for self-fulfillment (Knowles, 1984).
3. Provide relevant examples and impact the nurses' work-life balance. The friendly-user interface is relevant to the participant's work-life balance. For instance, nurses use technology daily to transform the workplace into a learning environment. The lessons built on general nursing knowledge but based on common mistakes would be more appealing. Nurses use their mistakes to perfect their skills. This strategy mirrors Knowles' third andragogy principle.

4. Based on Knowles' fourth andragogy principle of 'problem-centered,' the facilitator provided activities related to nurses' jobs at the LTC, such as integrating emotion into the lessons.' The actions from the training, such as short, interactive videos and case studies, focus on the nurse's interactions with the SUD patients. For instance, nurses who had trouble understanding and responding to the patients' emotional state of distress, such as anger, tension, and anxiety, would find it helpful to learn the appropriate actions to take in these circumstances. These activities helped the nurses to apply new learnings to their personal experiences (Knowles, 1984). At all times, competent nurses contributed to a better patient care outcome when using the appropriate methodology.

CHAPTER 3

METHODOLOGY

This chapter will describe the research design and research method with the rationale utilized in this project. The facilitator explains the population, sampling, variables, data collection procedures, ethical considerations, and the research instrument involved in this project.

Project Design

This project used a pre-and post-test quasi-experimental design to implement core mental health nursing knowledge competency in an LTC facility. This design included independent and dependent variables, convenience sampling, and a one-group pretest/posttest (Polit & Beck, 2021). In this DNP project, the facilitator obtained pre-intervention data to evaluate the learning needs of the nurses using the Clinical Competency of Mental Health Nurses **(**CCMHN) tool. The facilitator designed a mental health competency educational program, taught the competency modules, and obtained post-intervention data to evaluate the effectiveness of the intervention. The whole process was completed in 12 weeks.

Project Site

The project was implemented at a psychiatric hospital's long-term geriatric acute and sub-acute units. The geriatric inpatient services in this facility provide comprehensive diagnosis and treatment for individuals ages 50 and older experiencing emotional,

cognitive, or behavioral symptoms. In this hospital, patients receive care for severe or multiple psychiatric and medical problems that impede them from their activities of daily living. They required prolonged healthcare maintenance and then transferred to the community. This hospital is equipped with 177 beds, with 36 of them in the geriatric units. The hospital specializes in evaluating and treating acute mental health and substance use conditions. Patients of all ages are welcome here and receive care for acute, chronic, or multiple psychiatric and medical problems that impede their activities of daily living. However, about 80% of the patients have had a history of substance abuse, requiring nurses with mental health nursing competency to work with them. Psychologists in Long Term Care (PLTC) havedeveloped a general guideline for practicing psychology in LTC because nurses lack training (Molinari et al., 2021).

Participants

Population and Setting

The target population for this study is the nursing staff, including registered nurses (RNs) in the LTC psychiatry units of the psychiatric hospital. The project participants included part-time and full-time RNs caring for patients with SUD history. Despite the lack of training for SUD patients in nursing schools (Farell, 2019), nurses at LTC units indiscriminately work hard. In these LTC units, the DNP student observed that RNs ensure the quality of clinical care by assessing the patient's health conditions, developing treatment plans, and supervising mental health specialists (MHSs).

In contrast, MHSs assimilate the work of nursing assistants to provide direct care to these patients. MHSs play a crucial role in the lives of geriatric patients with a history of SUD while providing direct patient care. However, they are limited in their scope of

practice compared to RNs. Research evidence supports the essential role of nurses in improving the quality of care in LTCs (Draper & Sorell, 2017).

This study focuses on Registered Nurses (RNs) employed in a psychiatric hospital's long-term care (LTC) neuropsychiatric units. This hospital is located in Massachusetts and is highly regarded in the healthcare industry. According to mghmcleanpsychiatry.partners.org, the hospital has 727 employees, including 190 nursing staff, 122 social workers, 325 clinical trainees and students, and 90 post-doctoral fellows.

The nursing staff consists of full-time, part-time, and per diem nurses. There are approximately 46 employees who fall under these categories. Many have more than a year's experience in psychiatric nursing. The study aims to investigate RN work competencies and challenges in these hospital units.

It is important to note that this study is focused solely on the RNs employed in the LTC neuropsychiatric units and does not include any other healthcare professionals at the hospital. The findings of this study may have implications for improving the quality of care provided to patients in these units and for enhancing the work experiences of the RNs working in this specialized area of healthcare.

Inclusion and Exclusion Criteria

Participants must be at least 22 years of age and be full-time or part-time RNs regularly care for SUD patients to be included in the project. Participants must be at least 22 years of age and be full-time or part-time RNs to be included in the project. Participants also must agree to and sign the informed consent to participate. Other health care workers involved in non-clinical care were excluded from the project. The rationale

for excluding non-clinical workers is based on the background educational curriculum of these workers. RNs have a nursing educational background and establish their learning on nursing experiences.

Sampling Strategy

Convenience sampling was used to recruit participants in this study. Flyers and posters were placed strategically on the announcement board, the breakroom, and at the nurses' stations for two weeks before recruitment (Appendices A & B). The facilitator met with staff RNs in the breakroom three times a week during meal breaks to explain the projet's purpose and recruit participants. Goodies and coffee were offered to bring attention to the project and encourage participation.

Sample Size

Since only one group of nurses was evaluated with pre and post-test to determine any differences they had before and after, the facilitator used G*Power software to calculate the sample size needed for the statistical analysis. The estimate from G*Power software was based on a one-tailed paired sample t-test assuming a medium effect size (*d* = 0.50), an alpha level of .05, and a power level of .80. The calculation results showed a minimum sample size of 27 participants. Considering an attrition rate of roughly 20%, the minimum sample size was increased to 37 participants. However, due to time constraints, only 15 participants participated in the study.

Incentives

The participants who completed all the classes and took the pre/post-test and the evaluation survey received a $25.00 gift card and a certificate of completion of this

competency if they accepted. Although the certificate did not provide credit for continuing education (CE), it provided documentation of their participation in the training to increase their awareness of SUD patient care in LTC units. In addition, the $25 gift card was provided as a token of appreciation for their contribution to this project. However, a few participants declined it.

Ethics

An exemption letter was obtained from the hospital Institutional Review Board (IRB). Consequently, the DNP student obtained IRB approval from Andrews University before the recruitment, intervention, data collection, and consent from the participants. The project values the participants' privacy and confidentiality of the information they choose to share. All personal information collected from evaluations was encrypted and confidential and not shared with a third party. See Appendices C and D.

Tools and Measurement Variables

The independent variable in this project was the core competency program that aims to increase the mental health nurse's competency in working with patients with SUD. The dependent variables in this project were the CCMHN scores measuring the levels of nurses' mental health competency.

Tool

This DNP project used the CCMHN tool (Appendices E and F) to assess the nurses' mental health competency before and after the educational training. The CCMHN developed by Moskoei et al. (2018) consisted of 45 items in two parts, 12 statements that

measured the nurse's emotional/moral competency and 33 statements measuring the specific care competencies.

The emotional/moral competencies included statements of patience, showing respectful behavior, avoiding prejudgment, observing confidentiality of the patient's information, observing the patient's rights, responsiveness, avoiding discrimination, and showing honesty and respect toward colleagues. These statements demonstrate the moral and emotional characteristics of the nurse. The specific care competencies related to therapeutic communication include active listeningand statements that supported the patient's self-confidence by focusing on their strengths and capabilities.

This tool uses five points Likert scale (never = 0, barely = 1, sometimes = 2, mostly = 3, always = 4). The sum of total scores was used to ascertain the level of mental health nursing competency. The scores showed four levels of competencies. The possible scores ranged from 180 to 46 ---Excellent competency (Maximum level) is measured with scores are 136-180; Good competency are scores of 91 to135; Moderate competency are scores of 46-90. The low-level (weak) competency scores are under 46. The content validity ratio and content validity index for the tool were 0.88 and 0.97, respectively. Internal consistency for the tool showed Cronbach's alpha coefficient of 0.98.

Measurement Protocol

The project facilitator completed the tool while carefully observing the participants' pre and post-intervention activities. The tool's purpose was to gather data on the effectiveness of the intervention and measure any changes in participants' behavior, attitudes, and knowledge. The facilitator implemented the tool with precision and accuracy, ensuring that all necessary data was collected and recorded promptly.

Before implementing the intervention, the pre-intervention data provided a baseline for participants' behavior, attitudes, and knowledge. The post-intervention data allowed the facilitator to compare the results and determine the intervention's effectiveness. By analyzing the data collected through the tool, the facilitator identified areas of improvement and adjusted the intervention accordingly. The content validity of the tool is 0.97 while the construct validity used explorative factor analysis revealed. This demonstrates that this tool is both reliable and valid.

Intervention

The mental health nursing training focused on applying the modern mental health care concept and effective interaction with SUD patients. The participants learned to use evidence-based practice and respond therapeutically to patients with maladaptive behaviors due to SUD history through the utilization of the nursing process. The facilitator used the Knowles andragogy model to incorporate self-awareness utilizing the participant's past experiences throughout the training while emphasizing clinical judgment to plan holistic, comprehensive nursing mental health care. This training prepared the participants with clinical competencies and skills to care for SUD patients in the LTC.

These 30-60 minutes courses were given weekly at the participants' convenience but should have been completed in one sitting preferably. The American Heart Association (AHA) reported that spaced learning courses are of equal or greater effectiveness when compared with lectures delivered as a single training ("eLearning AHA," 2020).

Project Protocol

The project was completed in three phases after the recruitment and consent received from the participants. The first phase assessed the nurses' mental health competency with a pretest using the CCMHN. Instructions regarding the pretest were given at the signing of the consent. The second phase provided educational training (Appendix G) based on the pretest result. The participants who scored moderate or weak on the pretest would only need the training. The third phase involved the administration of the posttest CCMHN tool and a final five-question evaluation for the participant to evaluate the activity.

As the staff development director agreed, the DNP student met the nurses at all three shifts during the initial two-week period during their shift breaks. The interested participants provided their phone numbers, email addresses, and shift schedules during the above meetings. After explaining the procedure, they signed a physical copy of the informed consent (Appendix H). The facilitator helped them set up the online platform, where a link was sent with information to start the first module.

Data Collection

The data collection for this project was from January 15 to March , 2023. The first two weeks were dedicated to the pre-assessment done by observation. The DNP student took at least one shift to complete the pretest in observing participants fulfilling their tasks. After completing the pre-observation, the participants completed the training within four weeks. The educational activity was divided into four PowerPoint audio modules sent weekly to the participants via a link through their email. The participants took the training at their own pace but were encouraged to complete the 30- 60 minutes

session in one sitting. The training session was audio recording that provided the module subject via Panopto and the post-quiz via google forms. The participants had five (5) questions post-module exam after the audio presentation to gauge their learning. The learner-generated a passing score of 80%. The DNP student used Class Climate for direct pre- and post-assessment observation. Digital technology made it easier for the facilitator to monitor the progress and completion of the competency training. The four recorded educational sessions were timed for 30-60 minutes weekly—the CCMHN post-test was completed after two weeks of practicing the skills in the modules. Participants had a unique identifier, their email addresses with a code attached to it, to monitor their compliance with the training (Table 1).

Data Analysis

The data was analyzed using SPSS version 27. Participants with missing data were excluded from the analysis. The paired samples t-test determined if a significant difference exists between test scores before and after the intervention. The alpha level was set at .05. The assumptions of the t-test, including normality and homogeneity of variance, was tested. Normalcy was tested using a Shapiro-Wilk test and by examination of a histogram. Homogeneity of variance was tested using Levene's test. A non-parametric test (i.e., a Wilcoxon test) was conducted if any assumptions were violated instead of the parametric t-test.

Table 1

The Project Protocol

Meeting Arrangement for All 3 Shifts	Recruitment Timeline – weeks days/week	Recruitment Process	Mental Health learning Need Assessment (CCMHN)	Course Content link sent via email	Post-Test and Evaluation
1st Shift meeting in the breakroom 11:00 AM- 1:30 PM	Sunday Tuesday Thursday	Collecting emails and phone numbers. signing consent and set up an online platform *in* their cell phones	Pre-test upon signing the consent form	Module 1: Understanding SUD. Pre and post quiz	After completing the course content
2nd shift meeting at the breakroom 5:00 pm 7:00 PM	Sunday Tuesday Thursday	Collecting emails and phone numbers. signing consent and set up an online platform *in* their cell phones	Pre-test upon signing the consent form	Module 2: SUD in Older people. Pre and post quiz	After completing the course content
3rd shift meeting at the end of the shift 7:30 – 8:00 AM	Sunday Tuesday Thursday	Collecting emails and phone numbers. signing consent and set up an online platform *in* their cell phones	Pre-test upon signing the consent form.	Module 3: Physical assessment findings in alcohol abuse patients. Pre and post quiz Module 4: Changing language to change care Pre and post quiz	After completing the course content After completing the course content

Overview

The training modules provided evidence-based practice methods in identifying problems and relapse prevention in caring for substance disorder patients. Participants who complete the training have seen increased confidence in caring for SUD patients. The project timeline in Table 2 provides the intervention details from the recruiting process to the thank you gift cards and the certificates of completion (COC). The pretest and posttest took longer than expected because participants responded on different days and dates. In contrast, other participants took longer than a week to complete the module, which prompted the facilitator to send emails and texts reminders to encourage them to complete the modules.

Summary

Caring for patients with SUD can be incredibly challenging when lacking skills and may impact patient care outcomes. This section discussed the specific method to improve these nurses' mental health nursing competencies working with geriatric patients with a history of substance use disorders. This project's findings had positively influenced the nursing practice and the care provided to SUD patients in this hospital.

Table 2

Project Timeline

Timeline Dates	Events
January 03 – 14, 2023	Posters and Flyers placed in strategic places. Verbal communications/ invitation with potential participants took place.
January 15 – 30, 2023	Recruiting process along with the pre-test and demographic survey done individually for each respondent.
February 1st, 2023	Pre-assessment continued for the new participants.
February 8th, 2023	Pre-assessment continued. Follow-up reminder emails on Friday and Sunday.
February 15th, 2023	Module 1 and post-quiz were sent via email links to the first responders. Follow-up reminder emails and texts sent on Friday and Sunday
February 22, 2023	Module 2 and post quiz sent via email links to participants. Follow up reminder and encouragement to those who were behind.
March 1st, 2023	Module 3 and post-quiz were sent to participants via email links.
March 8th, 2023	Module 4 and post-quiz were sent to participants via email links
March 15 – 31, 2023	Post-test started for those who were done with the training. Data Analysis Evaluation survey Thanked participants with e-gift cards and Certificate of completion (COC) sent electronically
April – June, 2023	Data Analysis and write up

CHAPTER 4

DATA FINDINGS

Overview

This DNP project investigated nurses' lack of mental health competencies in caring for patients with a history of substance use disorders and also measured their competencies. This was achieved by engaging participants in four weekly educational training titled “Building Strength in Understanding Addiction.” The project facilitator conducted two weeks before and after the intervention of observing the participants' skills and competency in providing care for patients with a history of SUD. The guiding picot question was: “In nurses caring for patients with SUD, how effective is mental health educational training in increasing mental health nursing competencies over eight weeks?”

Population and Sample

Of the 24 participants in the project, 21 completed the educational intervention titled: Building Strength in Understanding Addiction. One participant stopped after the first week because of personal issues. She was excluded from the study. The other two participants should have attempted to start but have stopped for an unknown reason. The 21 participants watched each weekly PowerPoint video through Panopto, and the post-test for each lesson was completed through a Google form quiz. The data for each quiz was analyzed for the intervention educational part of the study. Table 3 presents the study flow chart explained above.

Table 3

Participants Flow Chart

Participants in the Study	*n* = 24
Screening for Eligibility	*n* = 24
Completion of Pretest	*n* = 21
Completion of Building Strength in Understanding addiction program	*n* = 21
Analyzed for Building Strength in Understanding addiction program	*n* = 21
Completion of Posttest	*n* = 21
3 dropped	
Analyzed for Pre/Post Test	*n* = 21

Table 4 explained that of the 21 respondents, 81% were female and 19% were male. 90.5% were Registered Nurses (RNs), 9.5% were student nurse practitioners, 66.7% had provided care to SUD patients in the past 12 months, and 33.3 % did not recall. However, 57.1 % of these participants worked full-time, and 42.9% were part-time employees and provided care to SUD patients in the past 12 months. A total of 21 participants took the training, thus 17 females and 4 males. 19 participants received their certificates of completion and two were not interested in getting the certificate.

Table 4

Participant Demographics (n = 21)

Variables	Values	*n*	%
I took this training because:	I want to increase my mental health competencies	11	52.4
	I am interested in this topic	13	61.9
	I need information about this topic	6	28.6
	I want to refresh my knowledge/skills about this topic	10	47.6
	I am required or have been asked to take this training	5	23.8
	Other reasons, please specify	2	9.5
If other reasons, please specify.	Research participant	1	4.8
In the past 12 months, have you provided any patient care to individuals with a substance use disorder? If you are unsure, please select "no."	Yes	14	66.7
	No	7	33.3
Are you a	Registered Nurse (RN)	19	90.5
	Student (including nurse practitioner, and other)	2	9.5
Are you a full time or part time employee	Full time	12	57.1
	Part time	9	42.9
Which of the following describes you?	Female	17	81.0
	Male	4	19.0
I would like to have a certificate of completion	yes	19	90.5
Which of the following describes you? Check all that apply	Asian	2	10%
	Black or African American	17	81%
	Other, please specify	1	5%
	White or Caucasian	1	5%
Which age range best describes you?	22-35	7	33%
	36-45	4	19%
	46- 55	5	24%
	56+	5	24%

Project Evaluation Instruments

The CCMHN was used as an observation tool to measure the nurses' mental health competency before and after educational training. The tool is 45 items to gauge the skills of the participants. A four weekly video educational training course was provided to the participants. A post quiz was completed after each video and the results of this educational intervention were analyzed through SPSS. The reliability and validity of the tool was done to show the strength of the tool (Table 5). Cronbach's alpha through internal consistency for the tool emotional/moral competencies and specific care competencies were 0.78 for the pre assessment and 0.95 for the post assessment.

Table 5

Reliability Statistics

Instrument	Cronbach's Alpha	*N* of Items
Pretest	0.78	45
Posttest	0.95	45

Results of Data Collected and Evidence-Based Evaluation

The project facilitator conducted pre- and post-observation of participants' mental health skills and practices during work hours. The participants were unaware of when observation would occur but knew they would be observed before and after the intervention. Tables 6 and 7 show the mean, standard deviation, and standard error of the mean of the pre-intervention and post-intervention groups. It was found that the mean difference between the pre-intervention and post-intervention groups was statistically significant, indicating that the intervention positively affected the participants' mental health skills and practices. The standard deviation of the pre-intervention group was slightly higher than that of the post-intervention group, which suggests that the participants had more varied mental health skills and practices before the intervention than after. Additionally, the standard error of the mean was smaller for the post-intervention group, indicating that the results were more precise in the post-intervention group than in the pre-intervention group. Overall, the results demonstrate that the intervention positively affected the participants' mental health skills and practice.

Table 6

Paired Samples Statistics

Pairs	Variables	*N*	*M*	*SD*	*SE M*
Pair 1	Pre_Respect_R	21	3.29	0.72	0.16
	Post_Respect_R	21	3.90	0.30	0.07
Pair 2	Pre_Patience_R	21	2.48	1.03	0.22
	Post_Patience_R	21	3.81	0.40	0.09
Pair 3	Pre_interest_motivation_R	21	2.29	1.06	0.23
	Post_interest_motivation_R	21	3.76	0.44	0.10
Pair 4	Pre_Avoid_judgement_R	21	1.67	0.80	0.17
	Post_Avoid_judgement_R	21	3.52	0.68	0.15
Pair 5	Pre_Keep_secrets_R	21	2.48	0.60	0.13
	Post_Keep_secrets_R	21	3.29	1.23	0.27
Pair 6	Pre_Privacy_R	21	2.10	0.77	0.17
	Post_Privacy_R	21	3.33	0.97	0.21
Pair 7	Pre_Patient_rights_R	21	2.67	0.73	0.16
	Post_Patient_rights_R	21	3.86	0.36	0.08
Pair 8	Pre_Responsiveness_R	21	2.67	0.80	0.17
	Post_Responsiveness_R	21	3.67	0.58	0.13
Pair 9	Pre_No_discrimination_R	21	3.33	0.66	0.14
	Post_No_discrimination_R	21	3.81	0.51	0.11
Pair 10	Pre_specific_discrimination_R	21	3.33	0.66	0.14
	Post_specific_discrimination_R	21	3.71	0.46	0.10
Pair 11	Pre_Honesty_R	21	2.67	0.58	0.13
	Post_Honesty_R	21	3.71	0.46	0.10
Pair 12	Pre_Control_emotion_R	21	2.14	0.85	0.19
	Post_Control_emotion_R	21	3.38	0.59	0.13
Pair 13	Pre_show_eagerness_R	21	2.48	0.60	0.13
	Post_show_eagerness_R	21	3.52	0.60	0.13
Pair 14	Pre_Introduce_self_R	21	3.38	0.67	0.15
	Post_Introduce_self_R	21	3.90	0.30	0.07
Pair 15	Pre_Motivational_interviewing_R	17	1.47	0.80	0.19
	Post_Motivational_interviewing_R	17	3.35	0.61	0.15
Pair 16	Pre_Gain_trust_R	21	2.10	0.54	0.12
	Post_Gain_trust_R	21	3.33	0.66	0.14

Table 6, continued

Pairs	Variables	*N*	*M*	*SD*	*SE M*
Pair 17	Pre_Approach_R	21	3.48	0.68	0.15
	Post_Approach_R	21	3.81	0.40	0.09
Pair 18	Pre_Patient_motivation_R	21	2.10	0.70	0.15
	Post_Patient_motivation_R	21	3.57	0.51	0.11
Pair 19	Pre_Observe_limits_R	21	2.52	0.68	0.15
	Post_Observe_limits_R	21	3.71	0.56	0.12
Pair 20	Pre_Active_listening_R	21	1.95	0.59	0.13
	Post_Active_listening_R	21	3.57	0.60	0.13
Pair 21	Pre_Imropve_capabilities_R	21	1.71	0.72	0.16
	Post_Imropve_capabilities_R	21	3.43	0.75	0.16
Pair 22	Pre_Explain_procedures_R	21	2.29	0.78	0.17
	Post_Explain_procedures_R	21	3.43	0.81	0.18
Pair 23	Pre_Communication_R	21	1.90	0.77	0.17
	Post_Communication_R	21	3.43	0.68	0.15
Pair 24	Pre_Collect_information_R	19	1.79	0.85	0.20
	Post_Collect_information_R	19	3.16	0.83	0.19
Pair 25	Pre_Use_screeningtools_R	17	1.71	0.77	0.19
	Post_Use_screeningtools_R	17	3.35	0.61	0.15
Pair 26	Pre_Report_changes_R	21	2.57	1.08	0.23
	Post_Report_changes_R	21	3.76	0.44	0.10
Pair 27	Pre_Recognize_defense_mechanisms_R	21	2.24	0.94	0.21
	Post_Recognize_defense_mechanisms_R	21	3.62	0.67	0.15
Pair 28	Pre_prioritize_diagnosis_R	20	2.30	0.73	0.16
	Post_prioritize_diagnosis_R	20	3.35	0.75	0.17
Pair 29	Pre_Employ_skills_R	20	2.30	0.66	0.15
	Post_Employ_skills_R	20	3.65	0.49	0.11
Pair 30	Pre_Use_researches_R	17	2.18	0.81	0.20
	Post_Use_researches_R	17	3.65	0.61	0.15
Pair 31	Pre_Follow_POC_R	21	2.24	0.83	0.18
	Post_Follow_POC_R	21	3.67	0.48	0.11
Pair 32	Pre_Managing_Stress_R	21	1.86	0.57	0.13
	Post_Managing_Stress_R	21	3.24	0.83	0.18
Pair 33	Pre_Emergency_Care_R	21	2.48	0.81	0.18
	Post_Emergency_Care_R	21	3.52	0.68	0.15

Table 6, continued

Pairs	Variables	*N*	*M*	*SD*	*SE M*
Pair 34	Pre_Safe_environment_R	21	2.86	0.65	0.14
	Post_Safe_environment_R	21	3.81	0.40	0.09
Pair 35	Pre_Medication_completion_R	21	3.24	0.83	0.18
	Post_Medication_completion_R	21	3.76	0.44	0.10
Pair 36	Pre_Medications_sideeffects_R	19	2.47	0.70	0.16
	Post_Medications_sideeffects_R	19	3.32	0.89	0.20
Pair 37	Pre_Best_Medicine_use_R	21	2.76	0.70	0.15
	Post_Best_Medicine_use_R	21	3.33	0.97	0.21
Pair 38	Pre_Team_cooperation_R	21	2.81	0.75	0.16
	Post_Team_cooperation_R	21	3.57	0.60	0.13
Pair 39	Pre_Required_training_R	14	1.79	1.12	0.30
	Post_Required_training_R	14	3.43	0.76	0.20
Pair 40	Pre_Proper_Training_methods_R	17	1.94	0.75	0.18
	Post_Proper_Training_methods_R	17	3.47	0.80	0.19
Pair 41	Pre_Discharge_plan_R	21	2.52	0.75	0.16
	Post_Discharge_plan_R	21	3.38	0.74	0.16
Pair 42	Pre_Family_Meeting_R	21	2.29	0.78	0.17
	Post_Family_Meeting_R	21	3.33	1.02	0.22
Pair 43	Pre_Motivate_patient_R	21	2.52	0.68	0.15
	Post_Motivate_patient_R	21	3.43	0.93	0.20
Pair 44	Pre_Treatment_plan_R	21	2.48	0.68	0.15
	Post_Treatment_plan_R	21	3.57	0.60	0.13
Pair 45	Pre_Standard_Principles_R	20	2.00	0.73	0.16
	Post_Standard_Principles_R	20	3.50	0.61	0.14

Table 7

Paired Samples Test

Pairs	Pre - Post	*M*	*SD*	*SE M*	CI Lower	CI Upper	*t*	*df*	*p*
Pair 1	Pre_Respect_R - Post_Respect_R	-0.62	0.74	0.16	-0.96	-0.28	-3.83	20.00	0.00
Pair 2	Pre_Patience_R - Post_Patience_R	-1.33	1.06	0.23	-1.82	-0.85	-5.74	20.00	0.00
Pair 3	Pre_interest_motivation_R - Post_interest_motivation_R	-1.48	1.03	0.22	-1.95	-1.01	-6.56	20.00	0.00
Pair 4	Pre_Avoid_judgement_R - Post_Avoid_judgement_R	-1.86	1.11	0.24	-2.36	-1.35	-7.68	20.00	0.00
Pair 5	Pre_Keep_secrets_R - Post_Keep_secrets_R	-0.81	1.40	0.31	-1.45	-0.17	-2.65	20.00	0.02
Pair 6	Pre_Privacy_R - Post_Privacy_R	-1.24	0.94	0.21	-1.67	-0.81	-6.01	20.00	0.00
Pair 7	Pre_Patient_rights_R - Post_Patient_rights_R	-1.19	0.81	0.18	-1.56	-0.82	-6.71	20.00	0.00
Pair 8	Pre_Responsiveness_R - Post_Responsiveness_R	-1.00	1.05	0.23	-1.48	-0.52	-4.37	20.00	0.00
Pair 9	Pre_No_discrimination_R - Post_No_discrimination_R	-0.48	0.93	0.20	-0.90	-0.05	-2.35	20.00	0.03
Pair 10	Pre_specific_discrimination_R - Post_specific_discrimination_R	-0.38	0.80	0.18	-0.75	-0.01	-2.17	20.00	0.04
Pair 11	Pre_Honesty_R - Post_Honesty_R	-1.05	0.67	0.15	-1.35	-0.74	-7.18	20.00	0.00
Pair 12	Pre_Control_emotion_R - Post_Control_emotion_R	-1.24	1.04	0.23	-1.71	-0.76	-5.43	20.00	0.00
Pair 13	Pre_show_eagerness_R - Post_show_eagerness_R	-1.05	0.80	0.18	-1.41	-0.68	-5.97	20.00	0.00

Table 7, continued

Pairs	Pre - Post	*M*	*SD*	*SE M*	CI Lower	CI Upper	*t*	*df*	*p*
Pair 14	Pre_Introduce_self_R - Post_Introduce_self_R	-0.52	0.60	0.13	-0.80	-0.25	-3.99	20.00	0.00
Pair 15	Pre_Motivational_interviewing_R - Post_Motivational_interviewing_R	-1.88	0.86	0.21	-2.32	-1.44	-9.05	16.00	0.00
Pair 16	Pre_Gain_trust_R - Post_Gain_trust_R	-1.24	0.70	0.15	-1.56	-0.92	-8.10	20.00	0.00
Pair 17	Pre_Approach_R - Post_Approach_R	-0.33	0.80	0.17	-0.70	0.03	-1.92	20.00	0.07
Pair 18	Pre_Patient_motivation_R - Post_Patient_motivation_R	-1.48	0.81	0.18	-1.85	-1.11	-8.31	20.00	0.00
Pair 19	Pre_Observe_limits_R - Post_Observe_limits_R	-1.19	0.93	0.20	-1.61	-0.77	-5.88	20.00	0.00
Pair 20	Pre_Active_listening_R - Post_Active_listening_R	-1.62	0.86	0.19	-2.01	-1.23	-8.58	20.00	0.00
Pair 21	Pre_Imropve_capabilities_R - Post_Imropve_capabilities_R	-1.71	0.96	0.21	-2.15	-1.28	-8.22	20.00	0.00
Pair 22	Pre_Explain_procedures_R - Post_Explain_procedures_R	-1.14	1.28	0.28	-1.72	-0.56	-4.10	20.00	0.00
Pair 23	Pre_Communication_R - Post_Communication_R	-1.52	1.21	0.26	-2.07	-0.97	-5.78	20.00	0.00
Pair 24	Pre_Collect_information_R - Post_Collect_information_R	-1.37	1.07	0.24	-1.88	-0.86	-5.60	18.00	0.00
Pair 25	Pre_Use_screeningtools_R - Post_Use_screeningtools_R	-1.65	0.86	0.21	-2.09	-1.20	-7.88	16.00	0.00
Pair 26	Pre_Report_changes_R - Post_Report_changes_R	-1.19	1.21	0.26	-1.74	-0.64	-4.51	20.00	0.00

Table 7, continued

Pairs	Pre - Post	*M*	*SD*	*SE M*	CI Lower	CI Upper	*t*	*df*	*p*
Pair 27	Pre_Recognize_defense_mechanisms_R Post_Recognize_defense_mechanisms_R	-1.38	1.16	0.25	-1.91	-0.85	-5.45	20.00	0.00
Pair 28	Pre_prioritize_diagnosis_R - Post_prioritize_diagnosis_R	-1.05	1.19	0.27	-1.61	-0.49	-3.94	19.00	0.00
Pair 29	Pre_Employ_skills_R - Post_Employ_skills_R	-1.35	0.67	0.15	-1.66	-1.04	-9.00	19.00	0.00
Pair 30	Pre_Use_researches_R - Post_Use_researches_R	-1.47	1.07	0.26	-2.02	-0.92	-5.68	16.00	0.00
Pair 31	Pre_Follow_POC_R - Post_Follow_POC_R	-1.43	0.87	0.19	-1.82	-1.03	-7.52	20.00	0.00
Pair 32	Pre_Managing_Stress_R - Post_Managing_Stress_R	-1.38	1.07	0.23	-1.87	-0.89	-5.91	20.00	0.00
Pair 33	Pre_Emergency_Care_R - Post_Emergency_Care_R	-1.05	0.86	0.19	-1.44	-0.65	-5.55	20.00	0.00
Pair 34	Pre_Safe_environment_R - Post_Safe_environment_R	-0.95	0.86	0.19	-1.35	-0.56	-5.05	20.00	0.00
Pair 35	Pre_Medication_completion_R - Post_Medication_completion_R	-0.52	0.81	0.18	-0.89	-0.15	-2.95	20.00	0.01
Pair 36	Pre_Medications_sideeffects_R - Post_Medications_sideeffects_R	-0.84	1.12	0.26	-1.38	-0.30	-3.28	18.00	0.00
Pair 37	Pre_Best_Medicine_use_R - Post_Best_Medicine_use_R	-0.57	1.25	0.27	-1.14	0.00	-2.10	20.00	0.05
Pair 38	Pre_Team_cooperation_R - Post_Team_cooperation_R	-0.76	1.14	0.25	-1.28	-0.24	-3.07	20.00	0.01

Table 7, continued

Pairs	Pre - Post	*M*	*SD*	*SE M*	CI Lower	CI Upper	*t*	*df*	*p*
Pair 39	Pre_Required_training_R - Post_Required_training_R	-1.64	1.28	0.34	-2.38	-0.91	-4.81	13.00	0.00
Pair 40	Pre_Proper_Training_methods_R - Post_Proper_Training_methods_R	-1.53	1.07	0.26	-2.08	-0.98	-5.91	16.00	0.00
Pair 41	Pre_Discharge_plan_R - Post_Discharge_plan_R	-0.86	1.15	0.25	-1.38	-0.33	-3.41	20.00	0.00
Pair 42	Pre_Family_Meeting_R - Post_Family_Meeting_R	-1.05	1.02	0.22	-1.51	-0.58	-4.69	20.00	0.00
Pair 43	Pre_Motivate_patient_R - Post_Motivate_patient_R	-0.90	0.89	0.19	-1.31	-0.50	-4.66	20.00	0.00
Pair 44	Pre_Treatment_plan_R - Post_Treatment_plan_R	-1.10	1.00	0.22	-1.55	-0.64	-5.04	20.00	0.00
Pair 45	Pre_Standard_Principles_R - Post_Standard_Principles_R	-1.50	1.00	0.22	-1.97	-1.03	-6.71	19.00	0.00

Pre-and-Post Mental Health Competency of the Participants Reflecting the Intervention

This DNP study examined the effectiveness of an educational intervention on mental health nursing knowledge. Forty-five items of the CCMHN tool were used to measure participants' knowledge improvement before and after training. The post-test SPSS T-score was 98%, significantly higher than the pre-test. This suggests that the educational intervention effectively improved mental health nursing knowledge. The items used also reflect the topics covered in the educational intervention, further emphasizing the intervention's effectiveness. The study's results revealed that the educational intervention positively impacted participants' confidence in delivering mental health nursing care. The participants reported feeling more confident about providing this care after the intervention. This is an encouraging finding, as it offers evidence of the educational intervention's effectiveness. It suggests that interventions such as this can improve mental health nursing care. Furthermore, these findings can inform future interventions and help ensure that participants have the necessary skills and confidence to provide quality mental health nursing care. This study shows that educational intervention improved mental health nursing competency.

1. The post-test (M = 3.90 SD = 0.30) is significantly higher (t = 3.83, df = 20, p = 0.001) than the pre-test (M = 3.29, SD = 0.72) for showing respect to patients.
2. The post-test is (M = 3.81, SD = 0.40) significantly higher (t = -5.74, df = 20, $p < 0.001$) than the pre-test (M = 2.48, SD = 1.03) for demonstrating patience when taking care of the patient.

3. The post-test (M = 3.77, SD = 0.41) is significantly higher (t = -6.57, df = 20, $p < 0.001$) than the pre-test (M = 2.29, SD = 1.05) for demonstrating interest and motivation in caring for the patient.
4. The post-test (M = 3.52, SD = 0.69) is significantly higher (t = -7.68, df = 20, $p < 0.001$) than the pre-test (M = 1.67, SD = 0.72) for avoiding rushing into judgment about the patient.
5. The post-test (M = 4.29, SD = 1.23) is significantly lower (t = -2.65, df = 20, $p = 0.015$) than the pre-test (M = 3.48, SD = 0.60) for keeping the secrets of the patient (unless there is a risk to the patient or the others).

The first educational intervention, “Understanding Substance Use Disorders," positively impacted the results of the first five items of the CCMHN tool. This teaching helped participants better understand the neurobiology behind addiction, which defines SUD. It explained the connection between the reward system and the frontal lobe, highlighting patients' difficulty staying sober. Participants could better appreciate addiction challenges by understanding the science behind SUD. They were also given deeper insight into the importance of treatment and continued support. This knowledge helped them recognize relapse signs and develop strategies for avoiding relapse. Overall, the educational intervention has been a significant success in helping participants better understand SUD complexities and how to manage them.

Psychiatric nurses are uniquely positioned to treat patients with substance use disorders (SUD). They must treat this patient in the same way they would any other medical patient. This means displaying patience and respect while avoiding hasty conclusions. Nurses must also be aware that they are not allowed to keep secrets from the

patient if they are in danger to themselves or others. Understanding this, the psychiatric nurse can be better prepared to handle SUD patients with sensitivity and respect.

1. The post-test (M = 3.33, SD = 0.97) is significantly higher (t = -6.01, df = 20, $p < 0.001$) than the pre-test (M = 2.10, SD = 0.77) for never discussing the patient's issues in the presence of others.
2. The post-test (M = 4.86, SD = 0.36) is significantly higher (t = -6.71, df = 20, $p < 0.001$) than the pre-test (M = 3.67, SD = 0.73) for observing the patient's rights (e.g. privacy, right to decide about treatment, etc.).
3. The post-test (M = 3.67, SD = 0.58) is significantly higher (t = -4.37, df = 20, $p < 0.001$) than the pre-test (M = 2.67, SD = 0.80) for showing responsiveness and reliance in doing the assigned tasks.
4, The post-test (M = 3.81, SD = 0.51) is significantly higher (t = -3.49, df = 25, $p < 0.0029$) than the pre-test (M = 3.33, SD = 0.66) for offering nursing care without discrimination or based on racial, cultural, and religious specifications.
5. The post-test (M = 3.71, SD = 0.46) is significantly higher (t = -2.17, df = 20, $p < 0.0042$) than the pre test (M = 3.33, SD = 0.66) for showing respect in dealing with colleagues.
6. The post-test (M = 3.71, SD = 0.46) is significantly higher (t = -7.18, df = 20, $p < 0.001$) than the pre-test (M = 2.67, SD = 0.58) for showing honesty in their interactions with the patient.

7. The post-test (M = 3.38, SD = 0.59) is significantly higher (t = -577, df = 19, $p < 0.001$) than the pre-test (M = 3.25, SD = 0.72) for having the ability to control one's emotions (e.g. anger, anxiety, and fear).
8. The post-test (M = 3.52, SD = 0.60) is significantly higher (t = -5.97, df = 20, $p < 0.001$) than the pre-test (M = 2.48, SD = 0.60) for showing eagerness and interest in taking care of the patient.
9. The post-test (M = 3.90, SD = 0.30) is significantly higher (t = -3.99, df = 20, $p < 0.001$) than the pre-test (M = 3.38, SD = 0.67) for introducing oneself to the patient.
10. The post-test (M = 3.35, SD = 0.61) is significantly higher (t = -8.25, df = 20, $p < 0.001$) than the pre-test (M = 1.47, SD = 0.80) for observing the principles of interviewing from the beginning to the end.
11. The post-test (M = 3.33, SD = 0.54) is significantly higher (t = -8.10, df = 20, $p < 0.001$) than the pre-test (M = 2.10, SD = 0.54) for gaining the patient's trust to establish communication.
12. The post-test (M = 3.81, SD = 0.40) is significantly higher (t = -1.92, df = 20, $p = 0.069$) than the pre-test (M = 3.48, SD = 0.68) for addressing the patients by their name.
13. The post-test (M = 3.57, SD = 0.51) is significantly higher (t = -8.31, df = 20, $p < 0.001$) than the pre-test (M = 2.10, SD = 0.70) for motivating the patients to express their feelings.

14. The post-test (M = 3.71, SD = 0.56) is significantly higher (t = -5.88, df = 20, $p < 0.001$) than the pre-test (M = 2.52, SD = 0.68) for observing the limits (physical distance to address the patient with a respectful title.
15. The post-test (M = 3.57, SD = 0.60) is significantly higher (t = -8.58, df = 20, $p < 0.001$) than the pre-test (M = 1.95, SD = 0.59) for following an active listening method in communication with the patient.

The previous items were covered under the second educational intervention, "substance use disorders in older adults." The participants have demonstrated an understanding of the barriers to identifying substance use disorders in older adults. They demonstrated their knowledge of psychosocial stressors in aging. Due to this educational module, the participants showed awareness of improving communication with and about the patients. They become more active listeners, which entices the patient to express their feelings, as evidenced by a report from a participant stating, "Although I have worked in addiction for over 25 years, your presentation offered me new perspectives and motivation." Overall, the participants learned that when caring for older adults, they must be mindful and consider closely co-morbid medical issues, social factors, and stage of life factors.

1. The post-test (M = 3.43, SD = 0.75) is significantly higher (t = -8.22, df = 20, $p < 0.001$) than the pre-test (M = 1.71, SD = 0.72) for helping the patient to improve their self-confidence through improving capabilities and advantages of the patient.
2. The post-test (M = 3.43, SD = 0.81) is significantly higher (t = -4.10, df = 20, $p < 0.001$) than the pre-test (M = 2.29, SD = 0.78) for explaining medical

procedures before starting them (e.g. Injection, vital sign checkup, administering medicines).

3. The post-test (M = 3.43, SD = 0.68) is significantly higher (t = -5.781, df = 20, $p < 0.001$) than the pre-test (M = 1.90, SD = 0.77) for using the medical procedures as a chance to communicate with the patient.
4. The post-test (M = 3.16, SD = 0.83) is significantly higher (t = -3.77, df = 20, $p < 0.001$) than the pre-test (M = 1.79, SD = 0.85) for using a variety of references (e.g. family, medical file, etc.) to collect information.
5. The post-test (M = 4.29, SD = 0.56) is significantly higher (t = -7.88, df = 20, $p < 0.001$) than the pre-test (M = 2.19, SD = 1.29) for using different screening tools (narcotic drug abuse, personality disorder, depression, etc.) to examine hazardous behavior (e.g. aggressiveness, suicide, murder, etc.).
6. The post-test (M = 3.76, SD = 0.44) is significantly higher (t = -4.51, df = 21, $p < 0.001$) than the pre-test (M = 2.57, SD = 1.08) for recording and reporting any change in the mental health of the patient and other problems.
7. The post-test (M = 3.62, SD = 0.67) is significantly higher (t = -5.45, df = 21, $p < 0.001$) than the pre-test (M = 2.24, SD = 0.94) for recording and recognizing defensive mechanisms used by the patients (e.g. projection, denial, displacement, etc.).
8. The post-test (M = 3.35, SD = 0.75) is significantly higher (t = -3.94, df = 20, $p < 0.001$) than the pre-test (M = 2.30, SD = 0.73) for prioritizing psycho-nursing diagnosis in providing healthcare to the patients.

9. The post-test (M = 3.65, SD = 0.49) is significantly higher (t = -9.00, df = 20, $p < 0.001$) than the pre-test (M = 2.30, SD = 0.66) for employing practical skills (e.g. doing injections, administering medicines, checking vital signs, etc.).
10. The post-test (M = 3.65, SD = 0.61) is significantly higher (t = -5.68, df = 17, $p < 0.001$) than the pre-test (M = 2.18, SD = 0.81) for carrying out nursing skills based on reliable references and new research (evidence-based).
11. The post-test (M = 3.67, SD = 0.48) is significantly higher (t = -7.43, df = 21, $p < 0.001$) than the pre-test (M = 2.24, SD = 0.83) for carrying out the measures recorded in the medical file of the patient.
12. The post-test (M = 3.24, SD = 0.83) is significantly higher (t = -5.91, df = 21, $p < 0.001$) than the pre-test (M = 1.86, SD = 0.57) for using stress shooting approaches (e.g. relaxation, deep breath, etc.) when the patient is anxious or disturbed.
13. The post-test (M = 3.52, SD = 0.68) is significantly higher (t = -5.55, df = 21, $p < 0.001$) than the pre-test (M = 2.48, SD = 0.81) for carrying out the required health care in emergency and attack cases (e.g. physical restraint, isolation room, etc.).
14. The post-test (M = 3.81, SD = 0.40) is significantly higher (t = -5.05, df = 21, $p < 0.001$) than the pre-test (M = 2.86, SD = 0.65) for providing a safe environment for the patient (by taking care of oneself, other, escaping, etc.).

15. The post-test (M = 3.76, SD = 0.44) is significantly higher (t = -2.95, df = 21, $p < 0.008$) than the pre-test (M = 3.24, SD = 0.83) for observing the patient carefully to ensure that the patient has taken their medicine.
16. The post-test (M = 3.32, SD = 0.89) is significantly higher (t = -3.28, df = 19, $p < 0.01$) than the pre-test (M = 2.47, SD = 0.70) for using nursing measures in the fields of using psychedelic drugs and the side-effects.

Though some items are intricately considered in other modules, the previous items were also considered in module three, "Physical assessment findings in alcohol abuse patients." The case study presented in this module has helped the participants to understand when the patient is depressed and what type of screening needs to be completed. They also have a grasp on motivational interviewing in which the participants engage with the patients nonjudgmentally to help patients express their feelings and motivate them to have a changing plan.

1. The post-test (M = 3.33, SD = 0.97) is significantly higher (t = -2.10, df = 20, $p < 0.05$) than the pre-test (M = 2.76, SD = 0.70) for paying attention to optimum usage of medicines, materials, and equipment.
2. The post-test (M = 3.57, SD = 0.60) is significantly higher (t = -3.07, df = 20, $p < 0.01$) than the pre-test (M = 2.81, SD = 0.75) for cooperating and consulting with other members of the health team.
3. The post-test (M = 3.43, SD = 0.76) is significantly higher (t = -4.81, df = 20, $p < 0.001$) than the pre-test (M = 1.79, SD = 1.12) for providing required training to improve the patient and their family's health.

4. The post-test (M = 3.47, SD = 0.80) is significantly higher (t = -5.91, df = 20, $p < 0.001$) than the pre-test (M = 1.94, SD = 0.75) for using proper training methods based on age, education level, and nature of the disease.
5. The post-test (M = 3.38, SD = 0.74) is significantly higher (t = -3.41, df = 20, $p < 0.003$) than the pre-test (M = 2.52, SD = 0.75) for preparing discharge plans for the patient and their family.
6. The post-test (M = 3.33, SD = 1.01) is significantly higher (t = -4.69, df = 20, $p < 0.001$) than the pre-test (M = 2.29, SD = 0.78) for negotiating with the patient's family to take part in providing health care service.
7. The post-test (M = 3.43, SD = 0.93) is significantly higher (t = -4.66, df = 20, $p < 0.001$) than the pre-test (M = 2.52, SD = 0.68) for motivating the patient to follow the treatment program.
8. The post-test (M = 3.57, SD = 0.60) is significantly higher (t = -5.04, df = 20, $p < 0.001$) than the pre-test (M = 2.48, SD = 0.68) for helping the patient to take care of themselves as much as possible.
9. The post-test (M = 3.50, SD = 0.61) is significantly higher (t = -6.71, df = 19, $p < 0.001$) than the pre-test (M = 2.00, SD = 0.73) for following psychological rehabilitation principles and standards (e.g. Self-care, treatment follow-up, etc.) to improve patients' health and help them regain their abilities.

The last module, "Stigma and substance use disorders," taught the participants how changing their stigmatic language could help change the patient's care. This training motivated the participants to encourage patients to partake in their treatment. The participants learned that substance use disorders are chronic illnesses like diabetes and

hypertension. Patients need to be part of their treatment plan to facilitate smooth discharge to a place that can continue to follow them through. This module enticed nurses to advocate for these patients and educate their colleagues, family members, and the public to stop stigmatizing and discriminating against SUD patients and instead use person-centered medical terminology when addressing a patient with a history of SUD. Also, this module taught participants to educate family members about addiction as a disease that can be treated.

Paired Samples Statistics

The tool obtained excellent (136-180), good (91-135), average (46-90), and weak (score 46) scores (Tables 8, 9). The participants in this project scored *"Average* "on the pre-assessment and "G*ood"* on the post-assessment, which showed positive results. This suggests that the tool was effective in helping participants improve their overall understanding of the subject matter, as evidenced by the jump in scores from the pre-assessment to the post-assessment.

Table 8

Paired Samples Statistics

		Mean	*N*	*SD*	Std. Error Mean
Pair 1	Pre_Emotional_Comp_total_R	31.0952	21	5.51276	1.20298
	Post_Emotional_Comp_total_R	43.7619	21	3.81975	0.83354
Pair 2	SpecificCareCompTotal_Pre	74.3810	21	7.58601	1.65540
	SpecificCareCompTotal_Post	115.2857	21	12.95046	2.82602

Table 9

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Pre_Emotional_Comp_total_R & Post_Emotional_Comp_total_R	21	-0.046	0.842
Pair 2	SpecificCareCompTotal_Pre & SpecificCareCompTotal_Post	21	0.016	0.945

Discussion

Graduating from nursing school and passing the nursing board exam are essential steps that confirm an individual has the basic knowledge and skills required to become a nurse. This ensures that nurses have the necessary foundation to safely practice nursing. However, to become competent in a specialized field of nursing, such as psychiatric mental health, one must possess a combination of skills and a certain attitude. These include qualities such as patience, motivation, and empathy. Having these qualities is essential in a specialized nurse, as they require a deeper understanding of the patients' needs and their own capabilities. Therefore, nurses must strive to understand and develop these qualities in order to become competent in their specialized field of nursing. (Moskei, et al., 2017). The CCMHN is a tool used to measure nurses' ability and competence in two different fields—emotional/moral competency and specific care competencies. The emotional/moral competency field is composed of 12 statements that measure a nurse's ability to interact with patients in a professional, respectful manner. These statements include examples such as showing patience, avoiding prejudgment, observing confidentiality, observing the patient's rights, and being responsive. The

specific care competencies field is composed of 33 statements that measure a nurse's ability to provide specific care to patients. This includes examples such as recognizing the patient's condition, responding to the patient's condition, and providing appropriate nursing care.

The CCMHN is essential in assessing mental health nurses' competency and their ability to care for SUD patients. This part of the tool encourages nurses to keep SUD patients safe throughout their unit stay. It is important that nurses recognize and understand the signs and symptoms of potential hazardous behavior and be able to identify those that may be at risk of harm. Nurses must be able to use evidence-based screening methods to detect hazardous behavior and take appropriate interventions. Furthermore, nurses should be able to recognize changes in the patient's condition and report it to the appropriate personnel accurately. Moreover, nurses must be able to provide the appropriate documentation regarding the patient's condition, treatment and progress. Seeing and understanding the patient's full health history is essential to provide the best care possible for them. It is essential that healthcare nurses provide the best care in both mental health and SUD-related services.

Emerging Themes

Several themes were assessed and carefully examined during this four-week intervention program titled: “Building Strength in Understanding Addiction." Several pieces were assessed and carefully examined. Themes include the neurobiology behind addiction, older adults and substance use disorder, motivational interviewing, utilizing the nursing process in caring for substance use disorder patients, and the impact of stigma on SUD patients. At the end of the training, participants evaluated the intervention

program. Regarding whether they were satisfied with the movement quality, 81%, 95.3% were happy, and 4.9% were neutral. Based on the information provided during the training, 52.4% agreed that some information was new. 47.6% reported that most information was new to them. In scoring this statement, “My knowledge and skills for caring for SUD patients increased as a result of this training,” 76.2% strongly agreed, and 23.8% agreed. Several answer choices were given about this statement: “If you plan to use the information provided during the training, please specify how.” The participants' answers were interesting. 28.6% answered “to advocate for people with SUD,” 23.8% said “to confirm that I am following best practice recommendations,” 23.8% also said “to change /influence the nursing practice of others (colleagues, new nurses, other people),” 19% said, “ to change/influence my nursing practice.” The remaining 4.8% said it will help me educate a group of people.” The survey results showed that nurses are motivated to seek continuing education to better advocate for people with SUD, validate their practice recommendations, and change or influence the practice of others. See Table 10.

Table 10

Results From Evaluation of the Intervention Program

Evaluation Questions	Values	*f*	%
1. I am satisfied with the quality of the training	3 Neither agree nor disagree	1	5%
	4. Agree	3	14%
	5 Strongly agree	17	81%
2. My knowledge and skills for caring for SUD patients increased as a result of this training	4 Agree	5	24%
	5 Strongly agree	16	76%
3. Based on the information provided during the training, how much of this information was new to you?	Most of the information was new	10	48%
	Some of the information was new	11	52%
4. If you plan to use the information provided during the training, please specify how:	Advocate for people with SUD	6	29%
	Change/influence my nursing practice	4	19%
	Change/influence the nursing practice of others (collegues, new nurses, other professionals).	5	24%
	Confirm that I am following best practice recommendations.	5	24%
	It will help me educate a group of young adults I'm working with.	1	5%

Summary

This DNP project investigated the mental health clinical competency of nurses working in a psychiatric hospital's neuro geriatric psychiatric long-term care units. The competency measurement tool was designed with 45 items in two field competencies, pre- and post-educational intervention. The study's results were based on internal consistency and correlation between the observer and the participants. The data was collected through questionnaires. The results showed that the pre-educational intervention competency was higher than the post-educational intervention competency. The nurses had a high level of knowledge and understanding of mental health-related issues, and they were able to demonstrate the necessary skills to provide quality care to their patients. The study also revealed that the nurses had a positive attitude toward mental health and were interested in increasing their knowledge and skills. The findings of this study indicate the importance of educational interventions in improving the mental health clinical competency of nurses in the neuro geriatric psychiatric long-term care units.

The participants expressed their satisfaction and admitted that most materials were new to them, however, they felt that the time allocated to complete their tasks was too short. Regarding the study's limitations, the wrong timing of the observation of the participants may have affected the results, as the observation may have brought better results if given more time to complete it. Additionally, since only the DNP student was entitled to observe the participants, the results may not be as accurate as if more qualified personnel such as the floor manager or the nurse in charge were involved. The participants expressed their satisfaction and admitted that most materials were new to them. Regarding the study's limitations, the wrong time to follow the participants through

accomplishing their tasks could have been better. This results in a good score instead of an excellent one. Only the DNP student was entitled to observe the participants. Due to the limited number of participants, the study results may not be generalizable to other contexts. The study was also limited to nurses in the neuro geriatric psychiatric long-term care units, so the results cannot be applied to other types of nurses.

CHAPTER 5

SIGNIFICANCE AND IMPLICATIONS

This DNP evidence-based project provides a quality improvement in the nurses' expertise. It influenced the hospital system and the state they encompass. While several studies found a gap regarding mental health nursing in LTCs, this mental health nursing competency was developed to maintain mental health competency certification for the nurses working at the LTC units that accommodate many SUD or mental health patients. It will be necessary for the nurses to prove their competency with mental health patients. Competent nurses are uniquely positioned to provide continuous evidence-based educational programs (ANA, 2020). The nursing profession needs nurse leaders who provide tools and raise awareness of the need for mental health competent nurses to make a difference in the day-to-day work.

Discussion of Findings in the Study

This project aimed to address the mental health competency of nurses working with substance use disorder history patients in the LTC geriatric units. An assessment was conducted before and after the intervention to measure the nurse’s competency. The project intervention was an innovative approach tailored to the unit's needs and utilized the CCHM tool. The intervention was designed to improve nurses' competency and knowledge of mental health and substance use disorder history patients. The intervention was conducted over several weeks with regular assessments throughout. The project

results were positive, showing an overall increase in nurses' competency working with substance use disorder history patients in LTC geriatric units. The project successfully achieved its goal of improving the mental health competency of the nurses in the units. It has provided a valuable resource for other units looking to improve.

Based on the data collected from the 21 participants, the facilitator could evaluate the program's outcome. The data suggested that nurses would benefit from the training program. To analyze the data, the facilitator used a quantitative approach that evaluated the answers received in percentages. This approach provided a comprehensive overview of the data, allowing the facilitator to gauge the program's success accurately. The findings showed that the training program benefited nurses, and the facilitator could draw conclusions about the program's effectiveness based on data analysis.

The qualitative approach collected subjective data, such as interviews and focus groups, that assessed the relationship between the competency training and the participants' satisfaction. The quantitative data, however, comes from the evidence collected from the tool that gathered data to be investigated and analyzed. This provided the facilitator with an objective and quantifiable set of data to compare pre and post-intervention utilization. The facilitator was then able to compile the data obtained from both the pre and post-intervention utilization and compare them to determine any trends or patterns that may have occurred. This enabled the facilitator to gain a better understanding of the impact of the competency training on the participants' satisfaction.

This DNP project immensely and successfully measured the impact of treatment outcomes in this population. The project facilitator observed high patient and provider satisfaction, with many patients expressing gratitude for the care provided after the

intervention though they were not aware of the educational intervention. This indicates that integrating more services leads to greater patient success. The project achieved an impressive 98% significant difference in measuring the nurse's impact, indicating that the project was an outstanding success. This finding further confirms the importance of integrating more services when treating patients, which can lead to greater success.

Integrating Existing Knowledge to Fill the Gap in Caring for SUD Patients

This DNP project has contributed to resolving the current gap in SUD patient care in long-term care settings. A literature review revealed that most research studies use self-assessment. Still, this study was among a few that utilized observation, which provides a more accurate picture of nurses' mental health competency. To measure this, Moskei et al., 2017 created the CCMHN tool that allowed data collection that was then analyzed to provide results. This observation method was highly effective at obtaining reliable data, which was then used to make conclusions and recommendations. This project has promoted nurses' mental health competency, and SUD patient care in long-term care settings. The literature review in chapter 2 presented the gap existing between nursing curriculum and day to day nurses'work in the mental health field caring for patients with SUD (Farell, 2020; Margoliese & Vandik, 2019). the literature also mentioned several studies conducted in the last couple of years in promoting mental health nursing competency for example at Boston Medical Center in Massachusetts. This study has filled the gap that Farell , 2020 has observed due to insufficient time allocated in the treatment of SUD patients that existed for 50 years.

Moreover, several authors in the literature review reported that mental health nursing competency training is designed to enhance the specific behaviors, skills,

attitudinal, and cultural dispositions of nurses who require additional education and support. Dyrstad and Storm (2017) were the first to define competencies in this way. Several studies have examined the impact of competency on nursing practice. Margoliese and Vandik (2019) found that nurses with poor competency are likelier to lack important skills necessary for adequate care. Wason et al. (2021) reached the same conclusion, finding that inadequate competency can lead to an inadequate level of care for patients. Similarly, Farrell (2020) found that nurses with poor competency were more likely to be unprepared for the challenges of the job.

In conclusion, the mental health competency training program in this study was essential for nurses to improve their quality of care. Studies have demonstrated that low competency can lead to a lack of necessary skills, leading to an inadequate level of care. Therefore, nurses must receive appropriate competency training to ensure that they are adequately prepared for their role and can provide the best care possible for their patients.

Impact on Nursing Practice

During the COVID-19 pandemic, online learning has become prevalent to support and supplement knowledge acquisition for in-service training and continuing education. The competency training project included online learning to increase the mental health nursing competency of the LTC nurses. Knowles's (1984) theory of adult learning helped guide the project and help explain how LTC nurses learn mental health nursing competencies. Nurses who work in these settings are often involved, self-directed, and learning to resolve the practical issue of having insufficient knowledge of caring for SUD patients (Mukhalalati & Taylor, 2019).

Hence, they are often motivated to increase their competencies in this area (Goodchild, 2018). Goodchild (2018) believed nurses' motivation and self-direction might also help them learn from online delivery. Research has shown that self-direction and motivation are crucial for effective online learning (Stephen et al., 2020). These nurses also have previous experiences and knowledge in general nursing upon which to build. By increasing their mental health competency, nurses have also enhanced patient care and well-being (Molinari et al., 2021).

Impact on Nursing Education

Researchers have found that a lack of adequate time to cover content related to SUD in nursing school has resulted in insufficient competency for nurses to care for SUD patients (Farrell, 2020; Mukkalalati & Taylor, 2019). The facilitator titled the training "Building Strength in Understanding Addiction" to tickle the nurses' curiosity. This strategy had picked their interest in asking questions and getting into the training. During the training, the nurses learned practical strategies to increase their mental health nursing competencies which means having the specific attitudes, values, knowledge, and skills to provide appropriate care to individuals with a history of SUD and co-occurring disorders.

Implications for Nursing Research

This research study sought to bridge the gap between the nursing school curriculum on mental health and the competency of nurses in caring for SUD patients. The aim was to determine if mental health competency established in the inpatient unit could increase nurses' competency when caring for SUD patients. Rigorous research was conducted and data was collected and analyzed to reach the results. The results of this study could be used to prove that mental health competency established in the inpatient

unit could increase nurses' competency in caring for SUD patients. This research will provide valuable insight into how to better equip nursing students with the skills and knowledge necessary to care for SUD patients in the future.

Project Strengths

The project aimed to address the crucial issue of increasing the mental health nursing of nurses in long-term psychiatric units caring for patients with SUD history. This program was completed at the end of the COVID-19 era. At the time, psychiatric hospitals admitted a staggering number of patients with SUD history or actual. Nurses are overwhelmed with behavioral and geriatric patients and need to learn how to care for them. This project's strength is twofold. It came first from the instrument used. Clinical Competency in Mental Health Nursing (CCMHN) was reliable for pre-and post-tests. The CCMHN measured the intervention's impact. It assessed mental health nursing competency before and after the program was completed. The Cronbach's alpha reliability coefficient for the pretest was 0.78; for the posttest, it was 0.95. It shows confidence in the CCMHN tool seeing that it consisted of 45 items while the sample size was relatively small. This instrument could, without fault, be recommended in other studies. The second strength was the participants' consistency and willingness to complete the post-test following weekly video training. The results show their understanding of the topics. The lesson plan can also be used for future educational interventions.

Project Limitation

The project was mainly limited due to the small sample size of 21 participants. Even though a sample size of 37 subjects was recommended to achieve a power of 0.80 and an effect size of 0.50 with a 0.5 significance level, the data analysis nevertheless had positive implications. The results indicated increased mental health competency among nurses participating in the project. It is imperative to note that although the sample size was small, the insights gathered from the analysis still provided valuable information. This shows that even with a limited sample size, the data analysis could still inform positively of the increase in mental health competency among nurses.

Due to the study's limited sample size, more extensive research is needed to determine whether similar results will be found. Additionally, some participants needed help completing their weekly training tasks as assigned. It took them over a week to finish the tasks, even with multiple reminders. This resulted in an extended project timeline (Table 2), making it difficult to finish the project on time. To prevent this from happening in the future, it is recommended that more stringent protocols are put in place. This is to ensure that all tasks are completed within the designated timeframe. This will help ensure that projects can be completed within the expected timeframe and that research results can be generalized to the population at large.

Dissemination Plan

The study results were successfully transcribed into a PowerPoint and sent to the Unit managers with detailed recommendations. The intent was to inform them of the effects of the intervention and the positive impact of mental health competency on nurses

working with behavioral patients with SUD. It highlighted that frequent competency programs are necessary to maintain the nurses' competency.

The PowerPoint included statistics on the impact of the intervention on nurses' mental health competency and the effects on patients with SUD. It showed that nurses who participated in the competency program better understood mental health issues, leading to better patient outcomes. The PowerPoint also presented data on the need for frequent competency programs to ensure nurses are updated with mental health knowledge and best practices.

The PowerPoint was well-received by the Unit managers, who were impressed with the intervention results and the evidence that mental health competency can positively impact nurses' work with SUD patients. They are committed to providing regular competency programs for nurses in their units. This ensures they maintain competency and provide the highest quality care to their patients.

The managers were instructed to share the project results with the participants, including a summary of the findings and recommendations if they wished. A poster presentation will be given at the American Psychiatric Nurses Association (APNA) annual conference in Florida to disseminate the project results further. This will be followed by the project facilitator writing an article for publication in the *Journal of the American Psychiatric Nurses Association*.

Recommendations

1. The need to repeat this study with larger samples of psychiatric nurses is apparent to explore further the relationship between competency and higher quality of care. Such repetition would benefit the units, as a better

understanding of the dynamics between competency and quality of care would lead to more effective management of both. Furthermore, a larger sample size would increase the results' accuracy. This would allow for a more precise estimation of the relationship between competency and quality of care.

2. To ensure the results' accuracy, the same instrument should be used to repeat this study. This will ensure the validity of the results and be a key factor in obtaining reliable data. Additionally, this study should be conducted systematically. It should include quantitative and qualitative methods to explore the relationship between competency and quality of care. The results can be further substantiated by repeating this study with a larger sample size and using the same instrument. These results can be used to inform psychiatric units' decisions. A better understanding of the dynamics between competency and quality of care would be invaluable in improving the overall standard of care provided.
3. Nurses are up to date on mental health competency for the best patient outcomes. To ensure this, it is beneficial to implement a quarterly mental health competency program for nurses. This program should include comprehensive training and education on mental health topics and check-ins to ensure nurses stay current. This program will give nurses the knowledge and skills to provide effective patient care. This program should be tailored to the specific needs of each nurse, as well as the individual needs of the organization. Furthermore, by regularly providing this program, nurses can

stay current on mental health competencies. This will lead to better patient outcomes and improved quality of care.

4. Introducing a competency program into nursing curricula across Massachusetts could help ensure that nurses graduating from accredited colleges and universities have the required competencies to work with substance use disorder (SUD) patients. Such a program could help meet the unique needs of those with SUD. It could provide nurses with the necessary skills to treat SUD patients effectively and safely and further their understanding of the condition and how to care for them appropriately.
5. As a nursing manager, it is imperative to periodically observe nurses' performance when dealing with behavioral patients with substance use disorders (SUD). This helps nurses exhibit the right attitude, values, and interactions when working with these patients. Observations should be made throughout the year, focusing on how nurses interact with SUD patients and manage challenging situations. Observing how nurses can support SUD patients and their working environment is also imperative. Observing nurses' attitudes and values will also provide some insight. Creating and following an evaluation process is critical to maximizing observation periods. This will allow nurse performance against set standards and objectives. Observation periods should also provide feedback and support to nurses and ensure they are given the right tools and resources to succeed. Observation periods ensure nurses can provide the best care to SUD patients. They should be an integral part of a nursing manager's responsibilities.

The Clinical Competency of Mental Health Nurses (CCMHN) is an effective tool for capturing mental health nurses' competency data. It is an effective and valid assessment used by researchers in the field. This assessment has provided accurate and reliable results about nurses' competency in various areas. It is recommended that anyone considering conducting a study related to mental health nurses' competency should consider using the CCMHN. This assessment has provided informative and reliable results that can be applied to further research in this area.

Use of DNP Essentials

Practice-focused doctoral programs are designed to prepare experts in specialized advanced nursing practice. They focus heavily on innovative and evidence-based practice, reflecting the application of credible research findings (AACN, 2006). This DNP project addressed seven of the eight DNP essentials. The project addressed scientific underpinnings for practice, organizational and systems leadership for quality improvement, and systems thinking. It also pointed out the clinical scholarship and analytical methods for evidence-based practice. Information systems and patient care technology for improving and transforming health care were touched on, as well as interprofessional collaboration for improving patient and population health outcomes. This project also presents ways for clinical prevention and population health to improve Nation health through advanced nursing practice (AACN, 20026).

Essential I: Scientific Underpinnings for Practice

A peer-reviewed literature search has been conducted for this project. They have been scientifically proven and appraised for their validity and use in the past. They were engaged in demonstrating several gaps in patient care and showed evidence of

interventions to fill the gaps in patient care. The peer-reviewed literature search provided evidence-based solutions to fill the gaps in patient care, such as identifying strategies to improve communication between healthcare providers and patients or using technology to improve the accuracy and speed of patient care. Additionally, the literature search provided data to support the need for improving patient care and the effectiveness of the proposed interventions.

Essentials II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

The project facilitator is fully aware of the 2030 healthcare goals to eliminate disparities, to promote patient safety and excellence in practice. This DNP project was set up to conceptualize better care delivery by increasing the mental health nursing competency of the nurses providing direct patient care to the SUD patients using the project facilitator leadership for quality improvement and systems thinking. The project facilitator's leadership for quality improvement projects is essential in ensuring nurses can provide safe and effective care to SUD patients. The project facilitator oversees the project, monitors progress, and provides guidance and support to the nurses involved. The project facilitator is also responsible for ensuring that the project meets the 2030 healthcare goal of eliminating disparities and promoting patient safety and excellence in practice.

Essentials III: Clinical Scholarly and Analytical Methods for Evidence-Based Practice

After many years of working as a nurse, particularly in the psychiatric field, the project facilitator noticed a clear discrepancy between the knowledge they had acquired in nursing school. This contrasted with the care they delivered in the mental health field.

This gap was unacceptable and needed to be addressed. With this in mind, the project facilitator, guided by this DNP essential, developed this project. This project was designed to bridge the gap between theory and nursing practice so that SUD patients receive the best care. The project facilitator wanted to ensure their care was based on the most up-to-date and evidence-based practice. Through this project, the facilitator strives to provide the most effective care for SUD patients, ensuring their experience in the healthcare system is positive and effective.

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Healthcare.

The project was designed to utilize the latest information technology to make flyers, posters, and e-learning to facilitate recruitment and data analysis. The project facilitator chose e-learning as the main delivery method for the intervention due to the ease of access for the participants compared to group learning. The project utilized Class Climate for the pre-post intervention and an informed consent form. Data analysis was completed using the Statistical Package for the Social Sciences (SPSS)-27 to measure the intervention's impact accurately. The Panopto system and Google Forms facilitated the project facilitator to send the participants the video training and post-quiz links. After completing the evaluation, an electronic gift card was sent to the participants as a reward. This ensured that all participants were properly compensated for their time and effort.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes.

The project's success was instrumental in the interprofessional collaboration between the project facilitator, the project chair, the project mentor, the MD, and the statistician. Working together, they conceptualized the project and helped to bring it to

fruition. The project facilitator drew upon the previous project chair's expertise and the team members' expertise to move the project forward. The team was diverse: a project chair, a DNP-prepared psychiatric nurse, an MD, and a statistician. Through their collective knowledge and effort, they completed the project.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

Clinical prevention and population health are essential to improving health outcomes, making nursing a critical component of healthcare. Nurses can make a significant difference in the lives of those suffering from substance use disorders (SUD). Nurses working with SUD patients need the necessary skills and competencies to provide the most appropriate care possible is paramount.

This project emphasizes the importance of nurses staying current on mental health competencies to prevent relapse among SUD patients. Nurses must have the proper knowledge and training to recognize early signs of relapse and intervene effectively. They must also know the resources available to support SUD patients on their recovery journey.

Nursing is an integral part of the healthcare system. Nurses must have the necessary skills to provide the highest quality care possible for those suffering from SUDs. By investing in clinical prevention and population health, healthcare providers can ensure that nurses are properly trained. In addition, SUD patients have the best chance of recovery.

Essential VIII: Advanced Nursing Practice

This Essential is specific to the DNP degree because it is fundamental to satisfy this specialty. To succeed, DNP students must demonstrate refined assessment skills and the ability to apply the biophysical, behavioral, sociopolitical, and cultural sciences appropriate to their practice area (AACN, 2006). This DNP project facilitator focused on increasing nurses' competency working with SUD patients. The goal was to provide nurses with the knowledge and skills to effectively assess, diagnose, and develop comprehensive treatment plans for this population. The facilitator developed and implemented a training program that included didactic and practice components to achieve this goal.

In contrast, the practice component consisted of module videos with scenarios focused on understanding and treating SUD patients. The program ensured that nurses had the knowledge and skills to provide competent care to SUD patients. Upon completing the program, nurses reported feeling more confident assessing and treating SUD patients. This DNP project illustrates the importance of the DNP degree in providing nurses with the skills necessary to provide competent care to patients with substance use disorders.

Project Evaluation

1. Participants gave positive feedback on the project, particularly the breakdown of how substance abuse patients get treated compared to regular medical diagnoses and the overall awareness of substance use disorder that the training created.

2. The traditional approaches to knowledge acquisition have been useful in the past, but this new information goes above and beyond this traditional approach. The presenter provided good examples and descriptions to explain the bullet points in the PowerPoint presentation.
3. The presentation was clear, precise, and concise, encouraging people not to stigmatize SUD patients. It also taught me how to care for SUD patients.
4. The presentation was clear and concise, and the flow was very smooth and well-structured. It was a valuable learning experience.

Five participants said nothing when asked how the course could be improved. The remaining participants suggested improving the material presented and creating more questions directly related to the material. We ensured all participants could complete Module 2 easily by providing a revised version of the quiz questions and any additional resources they might need.

Plans for Sustaining Mental Health Nursing Competency Recommendation

The project facilitator has developed a lesson plan and gathered all the relevant data to provide to the nurse managers. This material will allow them to easily reproduce the program and ensure that their staff has the necessary competency in the field of nursing. It will give the nurse managers the framework to deliver the training and sustain the skills required to provide quality care. The data from the project will encourage the nurse managers to act and ensure that their staff are adequately trained. By providing them with the materials to reproduce the program, the nurse managers can ensure that the training is ongoing and that their staff is always updated with the latest protocols and best practices.

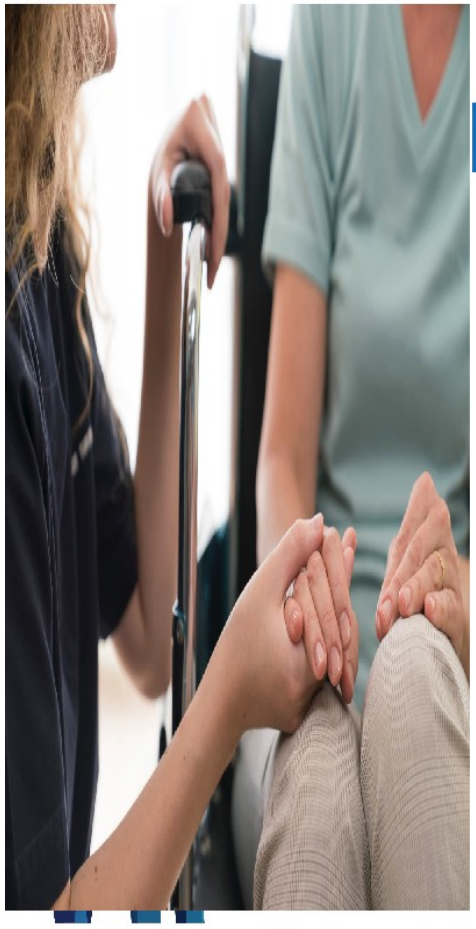
Spiritual Application

As Christians, we must cooperate in spreading the gospel in any way we can. One way to do this is by improving the lives of those ruined by substance abuse. We can positively impact these individuals by enhancing the mental health competency of the nurses caring for them. This innovative task is something we can promote and grow daily. The Creator of the universe wants us to improve upon His work, as He said, “Let your light shine before men that they may see your good works and glorify your Father which is in Heaven" (Matthew 5:16, KJV).

Therefore, as Christians, we can use our resources to bring forth living creatures by helping those in need. We can do this by providing training and support for nurses caring for individuals with substance use disorders. By doing this, we can improve the lives of those individuals. In addition, we can allow nurses to gain greater competency in their field. In so doing, we can bring forth God’s creatures and fulfill the gospel's mission. DNP nurse leaders, our daily prayer would be, “Father, may Your will be done, Your plans prevail, and Your name glorified.”

APPENDICES

APPENDIX A: RECRUITMENT FLYER



Volunteers Needed For Training on SUD

Nurses, Do you Want to be Successful on Caring for Patients with Substance Use Disorders (SUD)?

Would you like to play a vital role in improving your patient's mental health? Your participation in this training will contribute to increasing your Mental Health Nursing competency at this Facility. Upon completing the training, you will be entitled to a $25.00 gift card and a certificate of completion (COC).

If interested, please contact

Nancyver Omeler,

978-235-3015

email: nancyver@andrews.edu.

THANK YOU

APPENDIX B: PROJECT POSTER

APPENDIX C: IRB APPROVAL

Andrews University
Office of Research & Creative Scholarship

November 15, 2022

Nancyver Lafleur Omeler
Tel. 978-235-3015
Email: nancyver@andrews.edu

RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS
IRB Protocol #:22-144 **Application Type:** Original **Dept.:** Nursing (DNP)
Review Category: Exempt **Action Taken**: Approved **Advisor:** Jochebed Ade-Oshifogun
Title: Improving the Mental Health Nursing Competencies of Nurses Caring for Patients with Substance Use Disorders (SUD) in Long-Term Care Settings.

Your IRB application for approval of research involving human subjects entitled: *"Improving the Mental Health Nursing Competencies of Nurses Caring for Patients with Substance Use Disorders (SUD) in Long-Term Care Settings"* IRB protocol # 22-144 has been evaluated and determined Exempt from IRB review under regulation CFR 46.104 (2)(i): Research that include survey procedures and in which information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subject. You may now proceed with your research.

Please note that any future changes made to the study design or informed consent form require prior approval from the IRB before such changes can be implemented. Incase you need to make changes please use the attached report form.

While there appears to be no more than minimum risks with your study, should an incidence occur that results in a research-related adverse reaction and or physical injury, this must be reported immediately in writing to the IRB. Any research-related physical injury must also be reported immediately to the University Physician, Dr. Katherine, by calling (269) 473-2222.

We ask that you reference the protocol number in any future correspondence regarding this study for easy retrieval of information.

Best wishes in your research.

Sincerely,

Mordekai Ongo, PhD.
Research Integrity and Compliance Officer

Institutional Review Board – 8488 E Campus Circle Dr Room 234 - Berrien Springs, MI 49104-0355
Tel: (269) 471-6361 E-mail: irb@andrews.edu

APPENDIX D: MGB IRB RESEARCH DETERMINATION

Mass General Brigham

Human Research Affairs
399 Revolution Drive, Suite 710
Somerville, MA 02145

NOT HUMAN SUBJECT RESEARCH DETERMINATION

Date: December 27, 2022

Title of Project: Improving the Mental Health Nursing Competencies of Nurses Caring for Patients with Substance Use Disorders (SUD) in Long-Term Care Settings

Project Lead Name: Nancyver E. Lafleur-Omeler

The above referenced project does not meet the criteria for human subject research as defined by Mass General Brigham Human Research Office policies and Health and Human Services regulations set forth in 45 CFR 46. Based on the information you provided this activity is not human subjects research because it is not intended to be generalized knowledge.

The project does not require IRB approval.

This NHSR activity is not applicable for Clinicaltrials.gov registration.

Please retain a copy of this letter in your project file.

Please feel free to contact our office directly (partnersirb@partners.org) with any questions related to this determination.

Sincerely,

Fareeza Nazir

Expedited Specialist

Version: April 22, 2022

APPENDIX E: CLINICAL COMPETENCY EVALUATION IN MENTAL HEALTH NURSES CHECKLIST

To rate the items:

Please answer each question throughout the survey by marking on the appropriate square under the number that best describes the extent to which you feel the nurse uses these skills.

As you read each item, please keep in mind:

Likert's five-point scale below is on a continuum of 0- 4, where a "0" indicates that compared to others in the workplace, the project participant never uses the skill under any circumstances. A "3" indicates that the participant uses the skill to a moderate or average extent. A "4" indicates that compared to others in the workplace, the participant always uses this skill under all circumstances.

If you cannot answer a particular question based on your personal experience or observation of the participant, click the "Not Observed" (N/O) button for that question.

Likert’s five-point score: Never (0) till always (4)

	General Competency: Emotional/Moral Competency	Never (0)	Barely (1)	Sometimes (2)	Mostly (3)	Always (4)
1.	Show respect to the patient					
2.	Demonstrate patience when taking care of the patient					
3.	Demonstrate interest and motivation in caring for the patient					
4.	Avoid rushing into judgment about the patient					
5.	Keep the secrets of the patient (unless there is risk to the patient or the others)					
6.	Never discuss the patient's issues in presence of others					
7.	Observe the patient's rights (e.g. privacy, right to decide about treatment, etc.)					
8.	Show responsiveness and reliance in doing the assigned tasks					
9.	Offer nursing care without discrimination or based on racial, cultural, and religious specifications					
10.	Show respect in dealing with colleagues					
11	Show honesty in their interactions with the patient					
12	Have ability to control one's emotions (e.g. anger, anxiety, and fear)					
	Specific Clinical Competency: Therapeutic Communication: Provide the principle of interviewing from the beginning to the end					
13.	Show eagerness and interest in taking care of the patient					
14.	Introduce oneself to the patient					
15.	Observe the principles of interviewing from the beginning to the end					
16.	Gain the patient's trust to establish communication					

17.	Address the patients by their name
18.	Motivate the patients to express their feelings
19.	Observe the limits (physical distance to address the patient with respectful title
20	Follow an active listening method in communication with the patient
21.	Help the patient to improve their self-confidence through improving capabilities and advantages of the patient
22.	Explain medical procedures before starting them (e.g. Injection, vital sign checkup, administering medicines)
23.	Use the medical procedures as a chance to communicate with the patient
24.	Use a variety of references (e.g. family, medical file, etc.) to collect information
25.	Use different screening tools (narcotic drug abuse, personality disorder, depression, etc.) to examine hazardous behavior (e.g. aggressiveness, suicide, murder, etc.).
26.	Record and report any change in the mental health of the patient and other problems
27.	Record and recognize defensive mechanisms used by the patients (e.g. projection, denial, displacement, etc.).
28.	Prioritize psycho-nursing diagnosis in providing health care to the patients
29.	Employ practical skills (e.g. doing injections, administering medicines, checking vital signs, etc.).
30.	Carry out nursing skills based on reliable references and new researches (evidence based)

31.	Carry out the measures recorded in the medical file of the patient
32.	Use stress shooting approaches (e.g. relaxation, deep breath, etc.) when the patient is anxious or disturbed
33.	Carry out the required health care in emergency and attack cases (e.g. physical restrain, isolation room, etc.).
34.	Provide a safe environment for the patient (by taking care of oneself, other, escaping, etc.).
35.	Observe the patient carefully to ensure that the patient has taken their medicine
36.	Use nursing measures in the fields of using psychedelic drugs and the side-effects
37.	Pay attention to optimum usage of medicines, materials, and equipment
38.	Cooperate and consult with other members of the health team
39.	Provide required training to improve the patient and their family's health
40.	To use proper training methods based on age, education level, and nature of disease
41.	To prepare discharge plan for the patient and their family
42.	To negotiate with the patient's family to take part in providing health care service
43.	To motivate the patient to follow the treatment program
44	To help the patient to take care of themselves as much as possible
45.	To follow psychological rehabilitation principles and standards (e.g. self-care, treatment follow up, etc.) to improve patient's health and to help them in regaining their abilities

APPENDIX F: AUTHOR PERMISSION TO USE THE TOOL CCMHN

Permission Request to use the Tool CCMNH

July 31, 2022

Dear ***Nancyver Omeler***

Greetings! I hope you are doing well and are in good health. I'd like to say congratulation for your research subject and would be grateful if I can help you. I'm honored to request you to use our tool "clinical competency evaluation in mental health nurses" scale rating. This tool is attached.

Also, you are able find the article in Electronic Physician (ISSN: 2008-5842) http://www.ephysician.ir April 2017, Volume: 9, Issue: 4, Pages: 4155-4161, DOI: http://dx.doi.org/10.19082/4155 .

Feel free to contact me for any inquiries.

Good luck,

J. Mohtashami
J_mohtashami@sbmu.ac.ir

APPENDIX G: LESSON PLAN

Module 1	**Understanding Substance Use Disorder**
Purpose	**Class Introduction and Orientation:** Enable participants to connect with the facilitator and get used to the learning platform. Explain the purpose of the training and the importance of using their past experience to be competent in the domain of mental health
Lesson Goal	• Participants will take the Pretest before starting the content of the training • Describe the impact of SUD. • Summarize essential neurobiological pathways involved with the development o substance use disorders.
Lesson Objectives	∀ At the end of this module the participants should be able to: ∀ Describe the impact of substance use disorders (SUDs) ∀ Summarize basic neurobiological pathways involved with the development of substance use disorders. ∀ identify various clinical presentations of patients with substance use disorders ∀ Relate that substance use disorders are chronic disease process.
Content Outline	• Welcoming the participants and Introduction to the training explaining the steps to complete the training (10 minutes). • Review week one module (10 minutes) • Take a short self-assessment 5 questions quiz. • PowerPoint video Presentation using the Providers Clinical Support System (PCSS) **teaching material SUD 101** (25 minutes) to cover module 1: Understanding Substance Use Disorder.
Assessment Plan	Repeat the quiz- passing score 80%
Time Allotted	40-50 minutes
Technology/Resources	Computer, Panopto, educational handout, PowerPoint video
Homework Assignment	• Review the handout
Module 2	**Substance Use Disorders in Older Adults**
Purpose	Provide participants with Interpersonal Skills and Communication, mental health nursint knowledge, and patient care.
Lesson Goal	Participants will be knowledgeable about the importance of assessing older adults for SUI
Lesson Objectives	• Review the prevalence of substance use disorders in older people. • Describe the signs and symptoms of substance use and misuse in older people. • Recognize the psychopharmacology of substance use disorders in older people. • Assess the relevance and importance of psychotherapeutic intervention in older people.
Content Outline	• 1. Review the hand out provided in this module. • 2. Take a short self-assessment 5 questions quiz • 3. Watch the PowerPoint video module on Substance use disorder in Older adults
Assessment Plan	Repeat the quiz, passing score 80%

Module 3	Physical Assessment Findings in Alcohol Abuse Patients
Purpose	Provide participants with skills to Assess physical findings in patients who have a history of alcohol abuse.
Lesson Goal	Participants will be knowledgeable about how to assess patients with alcohol abuse
Lesson Objectives	Following this session, the participant will be able to • recognize the signs of a substance use disorder, • recognize symptoms of withdrawal, • making appropriate remarks.
Content Outline	• Review the handout provided for this module. • Take a short self-assessment 5 questions quiz • Watch the PowerPoint video on "Physical Assessment findings in alcohol abuse patients.
Assessment Plan	Repeat the quiz – passing score is 80%
Method of Instruction	PowerPoint, interactive video, case study
Time Allotted	40-55 minutes
Technology/Resources	PowerPoint presentation, hand out
Homework Assignment	• Review hand out.

Module 4	**Changing Language to Change Care: *: Providing Professional Holistic Competent Care.***
Purpose	Understand the importance of language when discussing substance use
Lesson Goal	Review ways to improve language and improve care.
Lesson Objectives	Following this presentation participants will be able to • Describe three examples of stigma in the way the medical system approaches substance use disorder. • Explain the importance of using medically appropriate language for substance use disorder. • Utilize effective terminology when discussing substance use disorder.
Content Outline	• Review the handout provided for this module. • Take a short self-assessment 5 questions quiz • Watch the PowerPoint video on "Changing language to change care: Stigma and substance use disorder.
Assessment Plan	Repeat the quiz - passing score 80%
Method of Instruction	PowerPoint, Handout, educational reading.
Time Allotted	30-50 minutes
Technology/Resources	Computer, PowerPoint, educational handouts.
Homework Assignment	• Review handout

APPENDIX H: CONSENT FORM

Informed Consent Form Topic: Improving the Mental Health Nursing Competencies of Nurses Caring for Patients with Substance Use Disorder in Long Term Care Settings.

Project Facilitator: Nancyver E. Lafleur-Omeler, RN, DNP student Project Supervisor: Dr. Jochebed Ade-Oshifogun, PhD

What is the project about? In this project, the facilitator aims to increase nurses' mental health nursing competencies working with patients with a history of substance use disorder in Long Term Care settings. The study aims to improve the mental health nursing knowledge and skills of the LTC nursing staff through educational training over the course of 4 weeks.

What you will be asked to do: In this project, you are asked to participate in 4-modules mental health nursing training. The training includes online modules including audio presentations, a pre and post-exam to gauge your learning in each module, case studies, and hand out. The module will be sent via a link to your email. It will only take 45- 60 minutes to complete each module and evaluation questions at the end of the training.

Participation: Taking part in this project is strictly voluntary. You can withdraw at any time with no penalty from your workplace.

Benefits of the Study: This study will provide information that may improve your competency for better patient outcomes and satisfaction for your institution.

However, each participant who completes the eight training sessions that include the pre and post-test, the teaching sessions, and the evaluation will receive a certificate of completion (COC) and will be rewarded with an Amazon $25.00 gift card to thank you for your participation.

Study Risks: This project has minimal risk of feeling uncomfortable with some substance abuse topics discussed. The risk for you is minimized by using the appropriate and consistent wording and asking you for your level of comfort in mental health throughout the project. You can also choose to leave the study if you feel uncomfortable.

Confidentiality: Study data will be kept in a locked password. Your name will not be linked in any way with your responses in the study.

Contact and Questions: If you have questions or concerns about this project, please contact: Nancyver Lafleur-Omeler at (978) 235-3015, nancyver@andrews.edu or

The project supervisor Dr. Jochebed Ade-Oshifogun at (269) 471-3363. If you have questions about your rights as a part of the project, contact The Institution Review Board (IRB) at Andrews University, (269) 471-6361 or via email: irb@andrews.edu

Documentation of Informed Consent

Please sign below if you agree to the following:

I understand the goals, benefits, and potential risks of the study.

I have discussed any questions I have about the study. I have read and comprehended the above agreement.

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VITA

Nancyver E. Lafleur-Omeler

EDUCATION

2023	Doctor in Nursing Practice Andrews University	Berrien Springs, MI

DNP Quality Improvement Project implemented at McLean Hospital, Belmont, MA (January-February 2023): *Increasing the mental health nursing competencies of nurses caring for patients with a history of substance use disorder in long-term care settings.*

Successful Final DNP Project Defense: June 27, 2023

2018	MS: Bridge in Nursing
2012	Bachelor of Science St. Joseph's College of Maine

Nancyver E. Lafleur Omeler has fifteen years of nursing experience in diverse settings. She is analytical, computer literate, detail-oriented, problem solver, organized, self-motivated, team-oriented, excellent customer service, and has exceptional interpersonal and leadership skills. This board-certified Family Nurse Practitioner with a Doctor of Nursing Practice from Andrews University specializes in adult and geriatric mental health. She has a positive work ethic and is highly motivated, innovative, results-driven, energetic, and growth-focus.