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**Caring for Patients with Psychiatric Diagnoses:
Staff Preferences and How They Relate to
Feelings of Helplessness and Hopelessness**

Timothy Meeks, BSN, RN-BC
Harborview Medical Center
Seattle, Washington

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Background

- “Please, I’ll work with any patient but that one!”
- Cognitive behavior therapy tells us our attitudes affect patient care.
- Research exploring staff preferences across a range of psychiatric diagnoses is rare.
- Identify which diagnoses elicit negative staff attitudes.
- Examine relationships between staff preferences and feelings of helplessness and hopelessness.

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Purpose of the Study

- Results will be used to develop targeted educational interventions.
- It is hoped that increased staff training about unpopular psychiatric diagnoses will improve negative perceptions, change caregiver behaviors and improve patient outcomes.

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Research Questions

- With which patients do RN’s and mental health specialists (MHS) at Harborview Medical Center’s (HMC) inpatient psychiatric units prefer to work?
- Are increased feelings of helplessness and hopelessness associated with lower preference ratings by psychiatric caregivers?

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Methods and Design

- Novel, within-participant, Likert scale questionnaire
- RN’s and MHS’s from HMC
- 120 questionnaires distributed in May 2011
- Demographic data collected: gender, work schedule, shift, age, years of experience, education and certification



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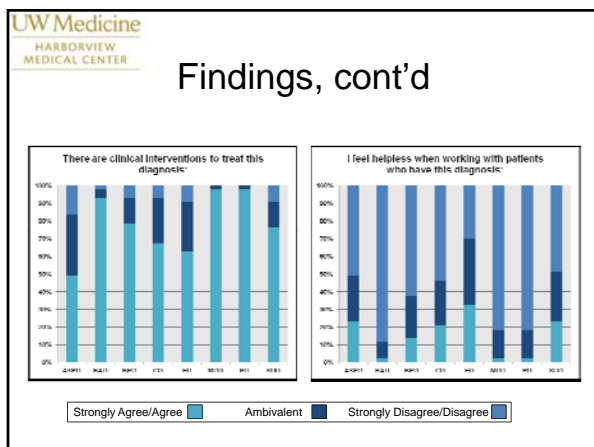
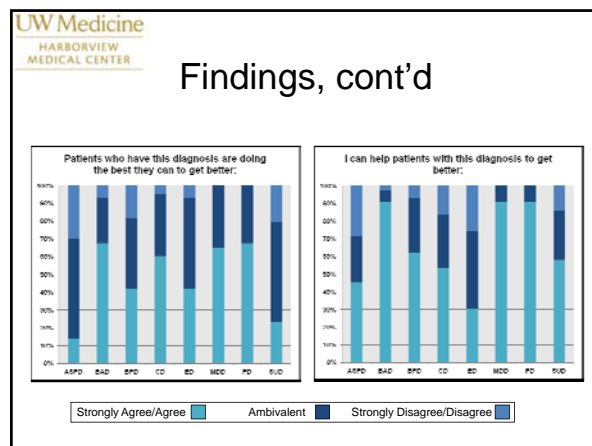
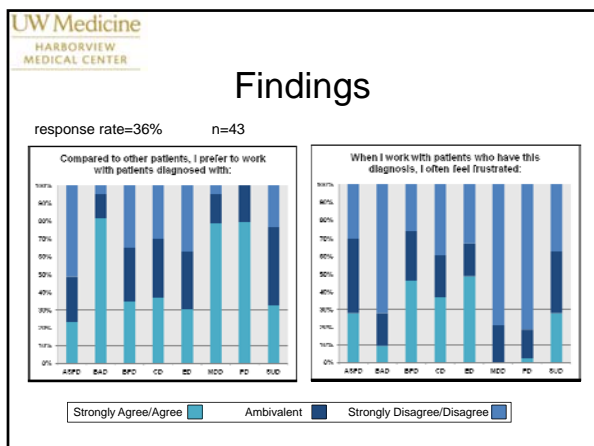
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Methods and Designs, cont’d

Participants rated their preference for working with the following diagnostic groups:

- Antisocial Personality Disorder (ASPD)
- Bipolar Affective Disorder (BAD)
- Borderline Personality Disorder (BPD)
- Cognitive Disorders (CD)
- Eating Disorders (ED)
- Depression (MDD)
- Psychotic Disorders (PD)
- Substance Use Disorders (SUD)

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Findings, cont'd

	Staff Frustration	Patient Trying to Get Better	Staff Can Help to Get Better	Effective Clinical Interventions	Staff Helplessness
ASPD	-0.423**	0.88	0.155	0.149	-0.469**
BAD	-0.505**	0.211	0.520**	0.233	-0.233
BPD	-0.558**	0.195	0.362**	0.298*	-0.519**
CD	-0.647**	0.028	0.379**	0.376**	-0.442**
ED	-0.474**	-0.033	0.423**	0.131	-0.368**
MDD	-0.409**	0.179	0.315*	0.430**	-0.268
PD	-0.533**	0.319*	0.266	0.224	-0.375**
SUD	-0.173	0.370**	0.487**	0.388**	-0.294*

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).


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Findings, cont'd

Job	N	Mean Rank	Mann-Whitney U	Significance
Nurse	33	19.30	76.0	0.020
MHS	9	29.56		

Gender	N	Mean Rank	Mann-Whitney U	Significance
Female	31	18.60	80.5	0.018
Male	10	28.45		

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- ## Summary
- Least-preferred diagnoses: ASPD, SUD, ED, BPD and CD
 - These patients perceived to be less motivated to get well
 - Higher levels of frustration when treating ED, BPD, CD, SUD and ASPD
 - Staff less confident about their ability to help these patients
 - Staff report that effective clinical interventions exist for the most preferred diagnoses
 - Increased helplessness associated with lower-rated diagnoses
 - MHS's and men report more feelings of helplessness when working with CD
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Next Steps

- Educational session proposed for “Psych Skills Day”
- Identify best practice clinical interventions to treat ASPD and CD
- Identify factors that influence the development of ASPD
- Reinforce recovery principles
- Consult with staff
- Monitor staff for negative attitudes
- Follow-up at “bedside” in clinical setting

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Broader Implications

- Larger study to determine if results are generalizable
- Research to measure if training about challenging diagnoses improves patient outcomes
- Presentation to report the effectiveness of educational intervention

Any questions?

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