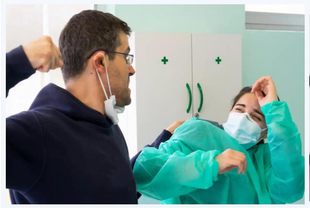
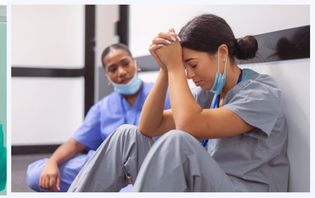
The Relationship Between Behavioral Health Competency and Attitudes towards Patients with Behavioral Healthcare Needs

Raelle Carlino-Filippone BS, MSN, CMSRN; Kelly Sbalcio MSN, RN, MEDSURG-BC; Andrea Racobaldo DNP,RN,NPD,NE,NEA-BC,OB; Erin Obermeier BSN, RN, CCRN; Amy Glasofer PhD, DrNP, RN, NE-BC

Virtua Health

INTRODUCTION

Background:
Nurses often feel unprepared and hold negative attitudes toward the growing number of behavioral health (BH) patients in acute care. While links between knowledge and attitude have been studied, the relationship with competency remains unclear.
In acute care, nurses prioritize physical health over mental health, frequently viewing BH behaviors—such as wandering, noise, violence, and disrobing—as disruptive. This leads to overlooked mental health needs and increased stress, frustration, and emotional exhaustion, as nurses balance physical care demands with managing challenging behaviors without adequate knowledge, skills, or support.

Purpose:
- The purpose of our study was to explore the relationship between acute care nurse attitude and self-rated competence to care for patients with BH needs.
- Literature shows nurses often feel unprepared and hold negative attitudes toward the growing number of behavioral health (BH) patients, affecting care quality. Stigma and anxiety about managing unpredictable BH behaviors create insecurity and fear. Education is recommended to reduce stigma and improve competence in BH care.

Framework:
- Knowledge/Skills/Attitude Framework
  - Examining a person's knowledge, skill in applying it, and related attitudes to assess their overall competence.

Objectives of Poster:
1. Discuss the findings of the study regarding the relationship (or lack thereof) between self-rated behavioral health competency and attitudes among non-BH acute care nurses.

2. Describe how nurses' attitudes toward patients with behavioral health needs and its importance in the care of patients with BH needs in acute care settings.

METHODS

Setting and Participants:
- This study took place during the Virtua Nurse Day (VND) celebration. VND is a system-wide event to which all nurses are invited that includes opportunities for professional development and networking. Nurses have the option to attend a morning synchronous online session, an afternoon in-person session, or both.
- Recruitment occurred during both the online and in-person sessions. Following the event, the survey link was also sent to the included unit distribution lists by the unit council chair.
- Nurses and unit-based nurse leaders who were currently working as a clinical nurse on a medical surgical, critical care, emergency department, or maternal-child health unit were included.

Strategy, Data Collection, and Analysis:
Participants completed demographic questions and two validated instruments: the Behavioral Health Care Competency Scale (BHCC) and the Mental Illness: Clinician's Attitudes Version 4 (MICA-4).

Behavioral Health Care Competency Scale (BHCC)
- BHCC is a 24-item scale measuring the confidence in level of competence(Rutledge et al., 2018).
- Includes four subscales- assessment, practice/intervention competency, recommendation of psychotropics, and resource adequacy.
- The BHCC has been used in previous studies and was found to relate moderately to strongly perceived competence regarding assessment, intervening, and accessing resources for the BH population (Winokur et al., 2022).

Mental Illness: Clinician's Attitudes Version 4(MICA-4)
- The MICA-4 is a 16-item scale that assesses the nurse's attitude toward patients with behavioral health needs.
- Factors include views of health/social care field and mental illness, knowledge of mental illness, disclosure, distinguishing mental and physical health, and patient care for people with mental illness.
- The MICA-4 scale has been referred to as good for measuring clinician's attitudes, appropriate for those working in non-mental health settings(Gabbidon et al., 2013).

A Pearson's correlation analysis was conducted to explore the relationship between the MICA-4 and BHCC to measure if attitude and competence were related.

RESULTS

Key Findings:
- Compared to existing literature, our sample of nurses reported higher competency levels and more positive attitudes towards patients with behavioral health needs.
- In the BHCC, the subscale "Recommendation" score indicated the nurses were least comfortable with their ability to recommend psychotropic medications.
- None of the demographic characteristics were associated with BHCC or MICA scores.
- Pearson's correlation analysis demonstrated there was **NOT** a significant association between competency and attitude.
- Surprising result: critical care and maternal-child health (MCH) nurses had the least exposure to patients with BH needs, they more frequently sought additional BH education.

Behavioral Health Exposure		N(%)
Frequency working with patients with BH Needs	Daily	36(35.3)
	Weekly	53(52)
	Seasonal	9(8.8)
	Yearly	4(3.9)
Previous Behavioral Health Education	Required only	56(54.9)
	Required plus	46(45.1)

Scale (Range)	Mean (Min-Max)
BHCC Total (1-5)	3.80 (2.61-5)
Assessment	3.98 (2.67-5.0)
Practice	3.76 (2.38-5.0)
Recommendation	2.93 (1.0-5.0)
Resource	3.92 (1.75-5)
MICA Total (16-96)	35.5 (19-62)

CONCLUSIONS

Interpretation & Relevance:
- Pearson's correlation revealed no significant link between nurses' competence and attitudes toward behavioral health patients.
- This suggests that improving attitudes may not enhance competence, and vice versa, indicating possible limitations of the KSA framework in acute care.
- Despite less exposure to behavioral health patients, critical care and maternal-child health (MCH) nurses pursue more behavioral health education than other groups.
- Recognizing the distinct roles of competence and attitudes enables development of targeted interventions and more comprehensive training models.
- Addressing educational gaps, particularly in medical-surgical and emergency nursing, can boost nurse preparedness and patient care quality.
- Tailored education for critical care and MCH nurses may further improve specialized care and patient outcomes.

Limitations:
- The current KSA-based training model may need improvement.
  - Alternative training frameworks should be explored.
- Limited sample size and diversity within the study
  - A larger, diverse sample would support targeted interventions for competence and attitude.

Future Directions:
- Future research should address nurses' reported unpreparedness in acute care settings.
- Investigate whether this unpreparedness reflects low interest among medical-surgical and ED nurses.
- Explore if behavioral health education is an overlooked need for critical care and maternal-child health (MCH) nurses.

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Contributors:
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Contact Information:
Raelle Carlino-Filippone rcarlino-filippone@virtua.org
Amy Glasofer aglasofer@virtua.org
Susan Politsky spolitsky@virtua.org