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Staff Education on the Use of GAD-7 to Screen for Anxiety

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Executive Summary: Staff Education Project
Staff Education on the Use of GAD-7 to Screen for Anxiety
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Summary

This staff education project aimed to implement the Generalized Anxiety Disorder 7-item (GAD-7) scale for anxiety screening during routine patient visits. Integrating such tools into nursing practice is essential for early identification and timely intervention of anxiety disorders. The project investigated the effectiveness of staff education on the use of GAD-7 in enhancing the identification and management of anxiety in patients during routine visits. Its purpose was to equip providers with the skills to use the tool effectively, improving their ability to manage anxiety disorders. The practice focus question “Will an interactive educational program improve the knowledge of the use of the GAD-7?” Data on the NPs' knowledge, attitudes, and self-reported practices regarding anxiety screening pre and post the intervention were collected. The findings showed that all 15 nurse practitioners acknowledged the value and effectiveness of using the GAD-7 for anxiety screening after the educational sessions, with a significant increase in their confidence, 16.99%, and competence, 25%. The findings suggest that staff education enhances the use of screening tools in clinical practice, suggesting that similar initiatives should be implemented across different healthcare settings to foster early anxiety disorder detection. This approach benefits nursing practice by improving patient outcomes, strengthening nurse-patient relationships, optimizing resource use, and promoting equitable mental health care, which helps reduce health disparities and supports holistic patient care.

Background

Anxiety disorders are prevalent in the general population, with substantial evidence indicating that they often go undiagnosed during routine clinical encounters (Matsuyama et al., 2024). Generalized anxiety disorder is characterized by excessive anxiety and worry about a variety of events or activities (e.g., work or school performance) that occurs more days than not for at least 6 months. People with generalized anxiety disorder find it difficult to control their worry, which may cause impairment in social, occupational, or other areas of functioning. GAD affects 6.8 million adults, or 3.1% of the U.S. population, yet only 43.2% are receiving treatment (Generalized Anxiety Disorder. (n.d.). This gap in practice is partly due to the lack of systematic screening tools used by healthcare providers, particularly in settings where time constraints limit the opportunity for thorough mental health evaluations. The Generalized Anxiety Disorder 7-item (GAD-7) scale has emerged as a concise and effective instrument for screening anxiety. However, its adoption in routine practice remains inconsistent, leading to missed opportunities for early identification and intervention for patients suffering from anxiety disorders (Spitzer et al., 2018).

The central question of this project was as follows: Will an interactive educational program improve the knowledge of the use of the GAD-7? The purpose of this project is to bridge the gap in practice by implementing a targeted interactive educational program that empowers nurse practitioners with the knowledge and skills needed to utilize the GAD-7 scale routinely. This initiative aims to improve patient outcomes through timely and accurate screening, ultimately facilitating better management of anxiety disorders.

Anxiety disorders are common in primary care settings and contribute significantly to both morbidity and decreased productivity. Challenges in evaluating these disorders often arise from the limited availability of mental health specialists, accessibility issues, and patients' reluctance to discuss their concerns with new providers due to a lack of established trust and rapport (Rowa et al.,2017). Generalized anxiety disorder (GAD) is highly prevalent, affecting 2% to 3% of the general population, with a lifetime prevalence exceeding 5%. It is the most common anxiety disorder seen in primary care, where it has a point prevalence of approximately 8% (Generalized Anxiety Disorder. (n.d.). A study conducted in Finland found that GAD prevalence was 4.1% among male primary care patients and 7.1% in females. Notably, anxiety disorders are about twice as common in females compared to males (Sapra et al., 2020). As noted by Alswat et al. (2023) GAD-7 is a highly sensitive and specific tool for detecting generalized anxiety disorder (GAD) and can be effectively administered in various clinical settings. The scale's brevity and straightforward scoring system make it particularly suitable for routine use by healthcare providers, including nurse practitioners (Bartolo et al.,2017). A meta-analysis conducted by Bolgeo et al. (2023) highlights that systematic screening for anxiety using validated tools like the GAD-7 can lead to improved identification rates of anxiety disorders. Additionally, evidence by Mossman et al. (2017) underscores the GAD-7's effectiveness in capturing anxiety symptoms across diverse patient populations.

The 10 evidence articles reviewed endorse the use of the GAD-7 screening tool, supported by a range of well-conducted studies and meta-analyses that confirm its

psychometric properties. Its high sensitivity and specificity and ease of use strongly justify its integration into routine clinical practice. The consistent findings across diverse settings and populations further support the adoption of the GAD-7 as a standard tool to address the current practice gap.

Staff Education Project Development

The project involved 15 nurse practitioners from an outpatient primary care clinic and focused on enhancing staff education for using the GAD-7 to screen for anxiety during routine visits. The initiative began with a needs assessment to determine the necessity for education on the GAD-7. This assessment included reviewing current practices, identifying gaps, and highlighting the importance of anxiety screening. The educational program was tailored to meet the participants' needs, covering the basics of the GAD-7, its application in routine visits, and crucial elements such as patient care, confidence building, and preparedness. Over a week, the program included educational sessions with practical demonstrations of the effective use of the GAD-7. Surveys were distributed both before and after the educational sessions to assess the program's effectiveness. These surveys featured five Likert scale questions designed to evaluate participants' familiarity with the GAD-7, the quality of patient care, their confidence levels, preparedness, and the integration of the GAD-7 into their routine practices.

Participants were recruited from a large primary care practice. After being informed of the purpose of the study, each participant selected a unique identifier that

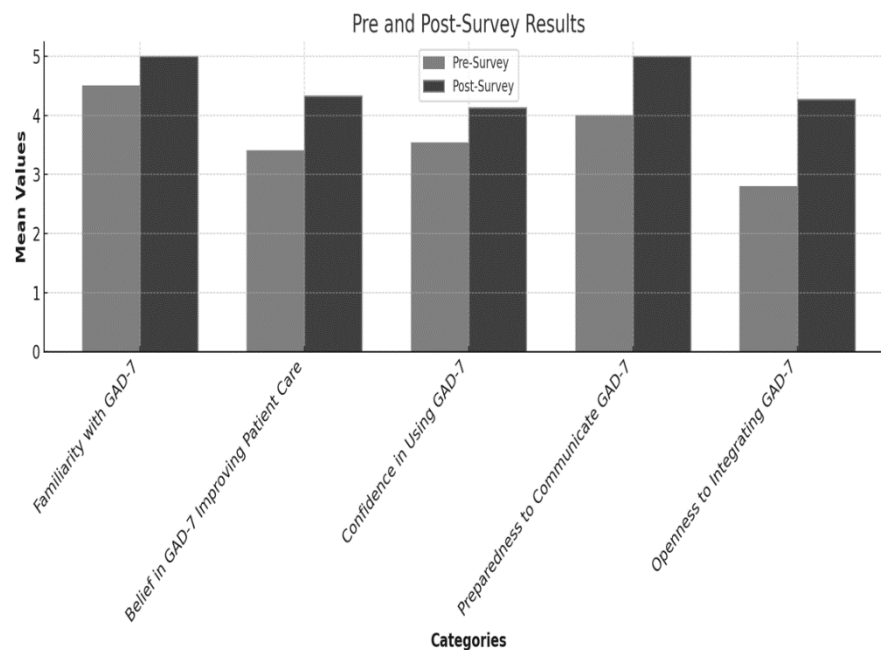
protected their identity while still allowing for a pre/post-test comparison. A pre-assessment survey was conducted before the education program to gauge participants'

baseline knowledge and attitudes regarding the GAD-7 scale. Following the program, the same survey was administered to evaluate changes in participants' understanding and perceptions, thereby assessing the program's effectiveness.

The analysis of pre-and post-survey paired t-test results aimed to identify improvements in participants' familiarity with the GAD-7, their confidence in using the tool, their ability to communicate its purpose, and their willingness to incorporate the GAD-7 into routine patient care. These findings were illustrated through a graph to provide a clear comparison and interpretation of the data.

Figure 1

Pre/Post Survey Response



The bar graph visually represents the pre- and post-survey results, highlighting the improvements in each category:

- Familiarity with GAD-7: The mean increased from 4.5 to 5.0, showing an 11.11% improvement.
- Belief in GAD-7 Improving Patient Care: The mean rose from 3.4 to 4.33, indicating a 27.35% increase.
- Confidence in Using GAD-7: The mean improved from 3.53 to 4.13, reflecting a 16.99% increase.
- Preparedness to Communicate GAD-7: The mean moved from 4.0 to 5.0, showing a 25% improvement.
- Openness to Integrating GAD-7: The mean increased significantly from 2.8 to 4.27, indicating a 52.5% improvement.

Results

The educational program on the use of the Generalized Anxiety Disorder 7-item (GAD-7) scale improved the participants' familiarity, beliefs, confidence, preparedness, and openness regarding its use in screening for anxiety. The pre-survey results showed moderate familiarity with the tool (mean of 4.5) and a neutral stance on its ability to improve patient care (mean of 3.4). Confidence in using the GAD-7 was also moderate (mean of 3.53), while preparedness to communicate its purpose was slightly higher (mean of 4.0). Openness to integrating the GAD-7 into routine practice was relatively low (mean of 2.8).

Post-survey results indicated improvements across all categories. Familiarity increased to a mean of 5.0, showing an 11.11% improvement. Belief in the tool's effectiveness in improving patient care rose to a mean of 4.33, a 27.35% increase. Confidence in using the GAD-7 improved to a mean of 4.13, reflecting a 16.99%

increase. Preparedness to communicate the tool's purpose increased significantly to a mean of 5.0, a 25% improvement. Openness to integrating the GAD-7 saw the highest increase, rising to a mean of 4.27, indicating a 52.5% improvement. The paired t-test results supported the statistical significance of these improvements, with a t-statistic of 5.26 and a p-value of 0.006, confirming the effectiveness of the educational intervention.

The survey results reveal significant progress in participants' familiarity with the Generalized Anxiety Disorder 7-item (GAD-7) scale following an intervention. By the post-survey, there was a clearer consensus that the GAD-7 could enhance patient care, with more participants agreeing or strongly agreeing. Confidence in using the GAD-7 also grew significantly, and communication preparedness remained high. Furthermore, openness to integrating the GAD-7 into routine visits increased, indicating a positive change in participants' willingness to use the tool in their practice. Overall, these results reflect a successful enhancement in participants' familiarity, confidence, and openness toward the GAD-7, reinforcing its potential to improve patient care.

Implementing the Generalized Anxiety Disorder 7-item (GAD-7) scale as part of a staff education initiative is set to have a transformative impact on the organization. By standardizing anxiety screening during routine visits, the organization can significantly enhance patient care through the early detection and management of anxiety disorders. This approach not only streamlines the assessment process, making it more efficient but also ensures that mental health concerns are addressed consistently and effectively. The improved training of nurse practitioners will lead to more accurate assessments and better documentation, contributing to a more data-driven approach to patient care.

Additionally, the early identification of anxiety may reduce the need for more intensive

interventions later, potentially resulting in cost savings for the organization. This education program was limited to one primary care setting with a small number of participants. The program can be reproduced and offered to other primary care providers, thus allowing the dissemination of this program design to aid in improving primary care practice for those with GAD.

Conclusions

Several recommendations should be considered to optimize this initiative's benefits further. First, ongoing training and support for nurse practitioners will be crucial in maintaining high standards of practice and keeping staff updated on best practices. Integrating the GAD-7 scale into Electronic Health Records (EHRs) can streamline documentation and tracking, making it easier to monitor patient progress. Educating patients about the importance of anxiety screening can help reduce stigma and encourage participation. Additionally, establishing a feedback mechanism on the use of the tool and the results will allow for regular evaluation and refinement of the implementation process. This is important to sustainability. Collaborating with mental health professionals will ensure that patients with high anxiety scores receive appropriate follow-up care.

The implications for nursing practice are significant. Integrating a structured tool like the GAD-7 into routine care promotes a more holistic approach, addressing patients' physical and mental health needs. It enhances the competency of nurse practitioners in mental health assessment, contributing to their professional development. On a broader scale, this initiative supports positive social change by addressing health disparities and promoting inclusivity. The organization helps ensure equitable access to care for diverse

patient populations by standardizing mental health screenings. This approach also plays a role in reducing the stigma associated with mental health issues, encouraging more individuals to seek help and receive the support they need.

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Appendix: Survey Questions

Pre-Survey Questions:

1. I am familiar with the GAD-7 and its application in screening for anxiety in adult patients.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly Agree

2. I believe that the use of GAD-7 during routine visits would improve patient care.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly Agree

3. I feel confident in my ability to use the GAD-7 for screening anxiety during routine visits.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly Agree

4. I am prepared to effectively communicate the purpose of using the GAD-7 to patients.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly Agree

5. I am open to integrating the GAD-7 screening into my routine visits for patients

- a. Strongly Disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly Agree

Post-Survey Questions

1. I am familiar with the GAD-7 and its application in screening for anxiety in adult patients.

- a. Strongly Disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly Agree

2. I believe that the use of GAD-7 during routine visits would improve patient care.

- a. Strongly Disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly Agree

3. I feel confident in my ability to use the GAD-7 for screening anxiety during routine visits.

- a. Strongly Disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly Agree

4. I am prepared to effectively communicate the purpose of using the GAD-7 to patients.

- a. Strongly Disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly Agree

5. I am open to integrating the GAD-7 screening into my routine visits for patients.

- a. Strongly Disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly Agree
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