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Recommended Citation

Coombs, Tim; Willis, Aimee; and Deane, Frank P.: Improving clinicians' attitudes toward providing feedback on routine outcome assessments 2009, 211-215.
<https://ro.uow.edu.au/hbspapers/230>

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Abstract

Clinicians have been found to hold predominantly negative attitudes toward routine outcome assessments (ROA). This study aims to assess changes in clinicians' attitudes to ROA, and in particular, the provision of feedback from such assessments following a training workshop. Ninety-six mental health workers attended a training workshop on ROA, which was supported by the use of a CD-ROM video resource. Participants completed a questionnaire before and after training that assessed their attitudes toward ROA and the provision of feedback from these assessments. Attitudes toward feedback were predominantly positive at baseline. Significantly more positive attitudes on general attitudes and specific attitudes related to the provision of feedback were found following training. Generating positive clinician attitudes is the first step toward improving the processes and effectiveness of ROA. Controlled trials with a follow up of clinicians' behaviour are needed to determine whether the changes found are maintained and reflected in practice.

Keywords

outcome, routine, improving, clinicians, toward, providing, assessments, attitudes, feedback

Disciplines

Arts and Humanities | Life Sciences | Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

Willis, A., Deane, F. P. & Coombs, T. (2009). Improving clinicians' attitudes toward providing feedback on routine outcome assessments. *International Journal of Mental Health Nursing*, 18 (3), 211-215.

FEATURE ARTICLE

Improving clinicians' attitudes toward providing feedback on routine outcome assessments

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ABSTRACT: Clinicians have been found to hold predominantly negative attitudes toward routine outcome assessments (ROA). This study aims to assess changes in clinicians' attitudes to ROA, and in particular, the provision of feedback from such assessments following a training workshop. Ninety-six mental health workers attended a training workshop on ROA, which was supported by the use of a CD-ROM video resource. Participants completed a questionnaire before and after training that assessed their attitudes toward ROA and the provision of feedback from these assessments. Attitudes toward feedback were predominantly positive at baseline. Significantly more positive attitudes on general attitudes and specific attitudes related to the provision of feedback were found following training. Generating positive clinician attitudes is the first step toward improving the processes and effectiveness of ROA. Controlled trials with a follow up of clinicians' behaviour are needed to determine whether the changes found are maintained and reflected in practice.

KEY WORDS: attitude, feedback, outcome assessment, training.

INTRODUCTION

Routine outcome assessments (ROA) were introduced in Australia under the National Mental Health Strategy, with their implementation in the public mental health sector now mandatory. They have also been adopted on an international level; for example, the USA and UK. The purpose of these measures is to provide information about the progress of individual consumers and to allow broader service outcomes to be monitored throughout the treatment process (Trauer *et al.* 2002a). The Life Skills Profile 16 and Health of the Nation Outcome Scales (HoNOS) are two of the most widely-used outcome measures in Australia. Both are clinician-rated measures and have been positively accepted by mental health professionals after training (Trauer *et al.* 2002b). They are used in an

effort to monitor, judge, and improve the quality and effectiveness of mental health services (Pirkis *et al.* 2005).

A recent review of empirical studies assessing the usefulness of ROA in mental health care found that outcome assessments play a significant role in improving treatment outcomes and allow professionals to tailor treatment in response to consumer needs (Laslavia & Ruggeri 2007). It was concluded that, ROA provide 'comprehensive information regarding the effectiveness of care provided to act as feedback for improving clinical practice' (p. 13).

Although the benefits of ROA have been demonstrated, there has been some ambivalence and resistance to implementing these assessments by clinicians. This is a significant problem, in that the effectiveness of these measures is highly dependent on the clinicians' agreement with their implementation (Aoun *et al.* 2002). Callaly & Hallebone 2001 found that 44% of clinicians saw routine outcome measurements as a waste of time, with the measures viewed as adding even more pressure to the already demanding workload of staff. The strength of negative clinician attitudes toward outcome assessment was demonstrated in an Australian study where 67% of

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Accepted January 2009.

mental health clinicians expressed an unwillingness to implement routine outcome measures, even if it led to a better service provision for consumers (Walter *et al.* 1998). There are a multitude of reasons for this unwillingness, including a lack of time, lack of support, and low perceived relevance of the measures. For example, one clinician commented that ROA, 'didn't seem to reflect what actually was going on with the client' (Aoun *et al.* 2002; p. 304). However, the majority of consumers view ROA as valuable (Nilsson *et al.* 2007).

The relevance of these assessments to clinicians can potentially be improved by providing feedback to consumers. Feedback from ROA can be used to facilitate discussion about consumer progress and as a tracking tool for consumers and clinicians to monitor outcomes. It is thought that providing feedback to consumers on their outcome assessments can lead to more positive attitudes toward the therapeutic process (Allen *et al.* 2003). The provision of feedback is also thought to contribute to increased engagement in treatment and motivation to change, to instil confidence about the therapeutic process (Allen *et al.* 2003), and result in greater therapeutic alliance and collaboration in psychotherapy (e.g. Allen *et al.* 2003; Hilsenroth *et al.* 2004). Finn & Bunner 1993 found that psychiatric inpatients receiving feedback following assessments had significantly higher satisfaction with assessments than the patients who did not receive feedback. In addition, Lambert and colleagues (2001; 2005) found that clients of those clinicians who provided feedback had significantly better mental health outcomes than the patients of clinicians who did not receive feedback.

Furthermore, in a large survey of approximately 700 neuropsychologists and psychologists in the USA, 75% of clinicians thought that the provision of feedback helped clients to understand their problems better and resulted in positive client experiences (Smith *et al.* 2007). Sixty-nine percent of the clinicians felt that such feedback usually or almost always helped clients become more active participants, and 53% thought clients were more motivated to follow recommendations as a result of feedback.

Measurement of the effects of feedback has been mostly restricted to personality assessments by psychologists conducting psychotherapy or psychologists providing feedback on neuropsychological assessments. Little is known about the attitudes toward feedback provision among a more diverse range of mental health clinicians in the context of ROA, although some clinicians indicate that they feel uncomfortable sharing their assessments with the consumer (Callaly & Hallebone 2001). The present study aimed to explore the attitudes of a mixed sample of

Australian mental health clinicians toward ROA, but in particular, the provision of feedback to their clients. It further aimed to determine whether these attitudes improved after attending a training workshop in ROA that specifically highlighted the importance of providing feedback.

It was hypothesized that the attitudes of clinicians toward the provision of feedback would be more positive following such training.

METHODS

Participants

Ninety-six mental health workers from eight different work sites attended training sessions on ROA as part of an Australian Mental Health Outcome Measures Classification Network (AMHOCN) initiative.

Measures

A 23-item measure was constructed which aimed to assess clinicians' attitudes toward ROA. Eight of these items were specifically targeted toward providing feedback from these measures (see Table 1 for items). All items were developed by the authors following consultation of previous literature on ROA and in accordance with the CD-ROM training components. Each item had a six-point response scale with choices ranging from strongly disagree (1), disagree (2), slightly disagree (3), slightly agree (4), agree (5), to strongly agree (6). Cronbach's alpha for the eight feedback items in the present study was 0.87, suggesting satisfactory internal reliability. Cronbach's alpha for the 15 remaining general attitude items related to ROA was 0.79. Example items included: 'I am confident integrating outcome measures into my work', 'Most of the questions in outcome measures are not relevant to the client', and 'Using outcome measures will help me make better treatment decisions with clients'.

Materials

A CD-ROM training package entitled 'Whose Outcome is it Anyway? Consumer, Carer and Clinician Perspectives' (Australian Mental Health Outcomes and Classification Network 2006) was used as part of the training in ROA and feedback. The CD-ROM was developed by the AMHOCN as part of the National Mental Health Strategy to promote ROA. It included video footage of consumer, clinician, and carer perspectives on ROA and their feedback. Three video segments were shown: consumer self-assessment; engagement, assessment, and dialogue; and feedback and change over time. The videos showed the experiences of these individuals in the use of these

TABLE 1: Means and percentage agreement for feedback items before and after training

Item (and original location in the questionnaire)	Pretraining Mean (SD)	Post-training Mean (SD)	Pretraining agreement† (%)	Post-training agreement (%)
3. Providing feedback from outcome measures will help motivate consumers.	3.92 (1.13)	4.49 (0.83)	71	90
4. I intend to discuss the results of the consumer's self-assessment with the consumer.	4.43 (1.06)	4.88 (0.83)	80	96
6. Providing feedback from outcome measures will help the clinician and consumer work more collaboratively in treatment.	4.24 (1.06)	4.80 (0.79)	77	98
8. Providing feedback from outcome measures will help to engage consumers more actively in their own treatment.	4.01 (1.09)	4.55 (0.82)	77	94
11. There is value in developing my skills to provide feedback on progress with consumers.	4.88 (0.84)	5.08 (0.70)	92	98
17. It would be useful to provide consumers with feedback based on their outcome self-assessment measures.	4.48 (0.81)	4.81 (0.72)	91	97
20. Providing feedback from outcome measures will encourage the consumer to accept more responsibility in their own treatment.	4.05 (0.91)	4.59 (0.81)	81	91
22. Providing feedback from outcome measures will help with my treatment planning.	4.40 (0.81)	4.80 (0.80)	92	92

Scale ranges from 1–6. †Agreement = a rating of equal to or greater than 4.

assessments, highlighting the benefit of the implementation of the measures and their associated feedback. A PowerPoint presentation was used in the workshop-style training program. The workshop activities aimed to review specific outcome measures and to provide practise applying them to specific cases.

Procedure

The procedures for this study were reviewed and approved by the University of Wollongong Human Research Ethics Committee (Wollongong, NSW, Australia). Mental health workers from a variety of fields completed a 6-hour training session in routine outcome measures in groups of approximately 15 participants. One of the authors (TC) conducted the training as part of the role of the AMHOCN. Training was conducted at eight different sites over a 4-month period in 2007. All participants were informed that the completion of the measure was voluntary and that the results would be used for research purposes. Before the training began, participants were asked to complete the questionnaire. Unique codes were used so that respondents were not identifiable.

Training in the use of the outcome measures and their feedback was then undertaken using the CD-ROM material. Approximately 2 hours of the training focused on the issue of offering and providing feedback from outcome assessments to consumers and carers. The rest of the session focused on routine outcome measures in general. This included an overview of the HoNOS measure and opportunities to apply this measure to case examples from video vignettes. Role play activities were also used to help

trainees gain a greater understanding and practise in administering consumer self-assessment measures, as well as offering feedback on their assessment. Discussion and feedback was facilitated by the trainer.

Upon the conclusion of the training session, participants were again asked to fill out the questionnaire, which was identical to the initial survey. The use of unique codes allowed the pre- and post-training measures to be compared.

Statistical analysis

Results were analyzed using SPSS version 15 (SPSS, Chicago, IL, USA). Statistics are reported at an alpha level of 0.05. Paired *t*-tests were used to compare responses from pre- to post-training.

RESULTS

Participant characteristics

Of the 96 participants, most were female ($n = 72$, 75%). Participants ranged from 22 to 64 years of age ($M = 42.63$ years, $SD = 11.28$). Eighty-four percent of participants were working within a community setting, and 16% worked in inpatient settings. Participants had an average of 11 years' experience in working in mental health ($SD = 10$). Most were nurses (37%), followed by social workers (17%), psychologists (15%), occupational therapists (14%), doctors (7%), and 'other' (10%).

Baseline responses to the feedback items were compared for sex, age, years in mental health setting, role, and

work setting, with no significant differences in attitudes for any of these variables (all $P > 0.05$). Mean difference (Mdiff) scores (from pre to post) were also calculated to compare responses as a function of work role. No significant difference in these pre–post difference scores was found between nurses ($n = 34$, Mdiff = 0.50) and allied health ($n = 43$, Mdiff = 0.41).

Pre–post training outcomes

Paired t -tests were performed on the data comparing the pre- and post-feedback scores of the participants. Using the mean of all eight items, scores were found to increase significantly from pre- ($M = 4.28$, $SD = 0.76$) to post-test ($M = 4.71$, $SD = 0.62$); $t(95) = -8.15$, $P = 0.001$ (two-tailed). This indicates that responses tended to, on average, move from ‘slightly agree’ to ‘agree’. Following training in ROA, the number of participants who endorsed positive attitudes (as indicated by a score of 3.5 or more) increased from 84% to 97%. Approximately 13% more participants endorsed positive attitudes toward feedback after initially showing relatively negative attitudes toward the provision of feedback.

Paired t -tests were also conducted for each of the feedback items individually. All items showed significant improvement in attitudes from pre- to post-training at $P < 0.01$ (see Table 1).

A paired t -test was also performed on the remaining items of the scale, which assessed more general attitudes toward ROA. Using the mean of all 15 items, general attitudes improved from pre- ($M = 4.09$, $SD = 0.57$) to post-training ($M = 4.49$, $SD = 0.54$); $t(75) = -7.18$, $P = 0.000$. As with the feedback items, these general attitudes were already at the positive end of the scale before training began. Following training, the proportion of those who held positive attitudes increased from 86% to 96%. All but three items significantly improved when analyzed individually at $P < 0.05$. Those items that did not improve related to the need for further training in ROA (e.g. ‘I intend to learn more about outcome measures’).

DISCUSSION

The use of a CD-ROM training package to educate mental health workers on the value of ROA and their feedback was associated with the development of more positive attitudes toward ROA in general, and the provision of feedback specifically. Previous studies have recorded negative clinician attitudes toward ROA (Aoun *et al.* 2002). In contrast to these findings, our results indicated that even before training, 84% of clinicians had predominantly positive attitudes toward providing feed-

back on routine outcome measures, and 86% had positive attitudes toward routine outcome measures themselves. On completion of the training program, the number of participants who held positive attitudes had increased. Improvements appeared to be most notable with regard to beliefs that feedback promoted motivation, engagement, and collaboration between clinician and client. These results suggest that it may be helpful to provide clinicians with information about the positive effects of feedback, and this can be incorporated into the promotion of and education about ROA.

The interactive nature of the program, including role plays, the completion of outcome measures, and the provision of feedback, was thought to have been an effective way of educating and promoting the use of ROA and their feedback, and is an approach that could be effectively implemented on an international level to encourage the use of these measures. The strengths of a CD-ROM-supported training program are its interactive nature, ability to engage participants, ease of use, and ability to present a consistent message across training groups. The use of group discussion of actual outcome assessment ratings following observation of cases presented in videos provided an opportunity to facilitate problem solving around administration and feedback of measures. However, to maximize the benefit of engendering more positive attitudes among clinicians, there is a need to also enhance data management systems where these measures have been adopted in order to support the ease of scoring and interpretation to further facilitate the feedback process.

Although the CD-ROM training video targeted feedback, it was part of a multicomponent training experience that involved numerous other training exercises. As such, we cannot be sure whether improvement in attitudes toward feedback was due specifically to the CD-ROM content. This should be addressed in future research. Further studies could include a control condition where feedback is not specifically addressed. In addition, there should be follow up of clinicians’ implementation of ROA to determine whether attitude changes are accompanied by improvements in consistency and quality of feedback to consumers.

Despite the limitations of a pre–post intervention design, the findings from the present study are promising. It suggests that a CD-ROM-based training workshop, which specifically targets the promotion of feedback to consumers as part of the ROA process, has the potential to improve clinicians’ attitudes toward this feedback, as well as toward the use of outcome measures in general.

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