Introduction

General hospital emergency departments (EDs) are often places where individuals seek assistance for a mental health crisis. Triage nurses who care for these patients admit to a lack of clinical expertise and confidence in psychiatric assessment (Clark, Brown, Hughes, & Motlik, 2006). Additionally, ED nurses point to resource barriers in caring for patients facing mental illness.

Problem

Emergency nurses in one Eastern U.S. hospital have identified ongoing concerns, challenges, struggles, and barriers they face in the provision of care to patients with mental illness.

Research Questions

- Do emergency nurses have adequate knowledge, resources, skills, and confidence to meet the ongoing needs of patients with mental illness?
- What are their perceptions and experiences related to this?

Objectives for Poster Presentation

- Identify educational opportunities for emergency nurses in the provision of care for patients with mental health crisis.
- Promote the inclusion of psychiatric mental health nurses as part of Emergency Room staffing.
- Utilize teaching strategies to empower emergency room nurses to be involved in decision making processes for educational training and ongoing support they need.

Design/Method

- Data was collected via four focus groups. Two focus groups were each contained three participants.
- Educational preparation of the RN participants varied and ongoing support they need.
- An interview guide was developed based on Krueger and Casey’s classic analysis strategy was used: 1. Tape recorded interviews and kept field notes. 2. Transcribed group interviews. 3. Data reduced by coding like phrases line by line. 4. Phrases categorized and categories compared from one group to the next. 5. Alike categories further reduced to describe participant responses in a meaningful way. 6. Categories integrated into conceptual descriptions called sub-themes and the overarching theme of powerlessness became evident throughout the sub-themes (see Figure 1).

Data Analysis

The overall theme that emerged is Powerlessness. Four sub-themes were conceptualized from eleven categories and are supported by participant quotes:

1. Facing the challenge:
   - • Knowing and not knowing: “There seems to be some type of clue as to how they speak, are they trying to cut down on anxiety, or kill the pain of PTSD? I don’t know, we don’t always have the answers to be effective with these patients and that bothers me.”
   - • Psychiatric patients are different: “Many of these patients are seeking attention and they come back in time and time again. I do suppose their attention seeking behavior is part of their illness, but I often feel we are being taken advantage of.”

2. Struggling with the challenge:
   - • Communication with patients: “I struggle thinking of the right words to say or not knowing if I am doing the right thing for them without causing the situation to become worse. It is very frustrating to really know how effective we are.”
   - • Relying on current skills and experience: “When I know my patient is responding in a positive way to my intervention, I feel I am making a difference. I think my nursing experience has helped me to be comfortable working with this population of patients.”

3. Unmovable barriers:
   - • People: “I think our colleagues would want to pitch in, but the ED just gets so busy I don’t think other nurses are well informed to take over the care of my patients. I am not sure if it is a lack of trying or if it is people not pulling together to make it work out.”
   - • Resources: “We recently hired a new nurse educator just for the ED, so I am hoping that one of the priorities is training on crisis management … I think having a psychiatric nurse on staff in our ED would also be helpful.”
   - • Management: “The management has skimmed down on staffing so much it makes it very difficult for us as we know these patients with mental illness can be so time consuming … and I feel if we are short staffed the patient suffers.”

4. Sinking into hopelessness and seeking resolutions:
   - • Long term stays: “It seems as if we see them once, we tend to see them over and over again. I guess I’d have to say it is a long-term process.”
   - • Time consuming care: “It just seems like these patients take up so much of everyone’s time.”
   - • No other place to go: “I guess if we see the patient coming back and forth, at least we know they are alive and not dead or in jail.”
   - • Recommendations from participants: “I think we should add some education on treating patients with mental illness … and we could do this each year when we have ED skills lab for example … I’ve always been concerned that we do not have a psychiatric ED. We should have one, my goodness, this is the way the country is moving!”

Results

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Conclusions

Based on this study’s findings:

- It is important to ensure that all clinicians across emergency medicine settings receive regular access to training in order to be effective in meeting the needs of patients with mental illness. However, training is not enough.
- Support in the form of resources, both physical and human, to assist ED nurses in meeting psychiatric patient’s needs is critical.
- To empower nurses, it is important for them to be involved in the decision-making process regarding both education-training and selection of the type of ongoing support they need.
- Given the paucity of research on this topic, further studies are warranted.

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