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Experiences and perceptions of emergency department nurses regarding people who present with mental health issues: a systematic review protocol

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Review title

Experiences and perceptions of emergency department nurses regarding people who present with mental health issues: a systematic review protocol

Review question

What are the experiences and perceptions of emergency department nurses in relation to people who present with mental health issues at the Emergency Department in hospital settings?

Introduction

Studies from the United States (US) and the United Kingdom (UK) indicate that mental health issues account for an estimated 3-13% of Emergency Department (ED) presentations.¹⁻⁴ Trend data from these countries and Canada also indicate annual proportional increases for this group of ED attendees.⁵⁻⁷ The most commonly cited mental health presentations include mood disorders (43%) or anxiety disorders (26%), and substance disorders (24%).³ The ED is frequently the first point of contact for patients with a mental health issue, especially during the out of hours service period.⁸ A lack of available mental health services often leaves these individuals and their families with no other choice but to attend their local ED.⁸ However, given the nature of ED services, this environment is often ill equipped to deal with these patients who have wide-ranging service requirements. By definition, the ED department is designed to treat large numbers of attendees as quickly as possible. Frequent overcrowding and a lack of capacity require the prioritization of the most urgent, critical cases.⁹ As a result, patients with mental health issues often experience longer waiting times in an environment that may contribute to further distress.¹⁰ For example, one UK qualitative study¹¹ observed that a lack of privacy and levels of noise in EDs, in particular, are unsuitable for many mental health patients whilst another qualitative study based in Australia highlighted how such an environment can itself impede the effective assessment and management of these patients.¹²

Social and emotional challenges, such as stigma, discrimination and marginalization, are also recognised as important issues experienced by patients in this context. One ED based narrative review reported that many patients consider that their mental health presentation/status impacts negatively on their quality of care.¹³ Additionally, another study indicates that “nurses in general medical settings often held negative attitudes of fear, blame and hostility towards patients with psychiatric illness” (p565).^{13,14} From a staff perspective, feelings of fear and anger around unpredictable behavior were reported, as well as frustration and hopelessness with the frequency of repeat presentations and lack of follow up services.¹³ Whilst this review, published 10 years ago, was not systematic and was specifically concerned with attitudes, it does highlight the range of challenges for staff especially considering the broad spectrum of mental health presentations.

Nursing staff in the ED are involved in key clinical decision-making as well as hands-on care of all patients from the commencement of triage to ED discharge.¹⁵ Despite this, a number of qualitative studies suggest that ED nurses, who do not have mental health specialist training, often do not feel equipped to assess and manage the complex needs of patients who present with mental health issues.^{10,16,17} In acknowledgement of this situation, many national level organizations (Australia, US and UK)¹⁸⁻²⁰ have developed, or recommended the development of, guidelines for staff (i.e. those who are not trained in mental health) to manage and care for people with mental health issues in an effective and responsive way. For example, one UK qualitative study that explored nurse experiences, advocated for a triage process.²¹ This involved the use of mental health nursing staff within EDs to improve services, focus support for people with a mental illness and to further integrate EDs within the community mental health model.²¹ An Australian qualitative study¹² concluded that there needs to be a greater focus on educating all ED staff in relation to the policies and strategies that aim to improve the care and management of patients presenting with a mental health problem. Another qualitative study based in Australia¹⁰ highlighted important gaps in learning related to mental health, such as managing workplace aggression and violence, psychiatric theory, mental health assessment and chemical dependence. Further, research revealed that ED nurses lacked confidence, particularly in relation to mental health presentations, which was related to feelings of isolation and lack of context specific education and training.²²

Whilst the ED may not be the optimal environment for an individual concerned with their mental health issues, individuals and their families continue to attend at hospital EDs for a variety of reasons, predominately due to challenges in accessing mental health support services. It is therefore essential to have a thorough understanding of how ED nurses' experiences may impact on clinical decision-making. Clinicians can be better equipped to deal with mental health issues through the development of evidenced-based guidelines, thus supporting patients more effectively. This will lead to enhanced patient outcomes and a more positive ED experience.

A preliminary search was conducted in January 2019. This included the JBI Database of Systematic Reviews and Implementation Reports, the Cochrane Library, The Centre for Reviews and Dissemination York, MEDLINE, CINAHL and PROSPERO. This search found several relevant papers, including two literature reviews^{13, 23} which focused solely on attitudes of Emergency Department (ED) nurses. However, no systematic reviews on the topic have been published to date. This provides a strong rationale for this review. The current systematic review intends to address this gap and identify, appraise and synthesize all the available evidence related to the experiences and perceptions of ED nurses regarding people, with any mental health issue, who present at the ED.

Keywords

Emergency Department; Experience; Mental health; Nurse; Perception

Inclusion criteria

Participants

This review will consider studies that include all ED nurses, with or without specialist mental health training, working in urban and rural EDs (emergency rooms, accident and emergency rooms) of healthcare settings worldwide.

Phenomena of interest

This qualitative review will consider studies that explore the experiences and perceptions of ED nurses regarding people who present with mental health issues in the ED setting. The term 'experiences and perceptions' will encompass all ED nurses' interactions with people who present at the ED with mental health issues. Although a diagnosis in accordance with DSM V²⁴ may be present, this review will not limit itself to those with a diagnosis and include people who present with other mental health issues.

Context

This review will consider studies that are set in an emergency department setting (emergency rooms, accident and emergency rooms) in all healthcare facilities not limited geographically.

Types of studies

This review involves nurse experiences and perceptions in relation to the topic. In order to answer the review question, qualitative components of mixed methods studies and qualitative studies including, but not limited to, designs such as, ethnography, qualitative description, grounded theory action research, case studies, and phenomenology will be considered. Studies published in black or gray literature will be obtained through a comprehensive search strategy.

Studies available in the English language will be considered for inclusion in this review. The review team do not have resources for translation. No date limits will be set for the database searches.

Methods

The proposed systematic review will be conducted in accordance with the Joanna Briggs Institute methodology for systematic reviews of qualitative evidence.²⁸ The review title will also be registered in PROSPERO and the registration number reported in the full systematic review.

Search Strategy

The search strategy will aim to find both published and unpublished studies. A limited search of MEDLINE and CINAHL was undertaken to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles, and the keywords used to describe the articles were used to develop a full search strategy for MEDLINE (see Appendix I). The search strategy, including all identified keywords and index terms, will be adapted for each included information source. The reference list of all studies selected for critical appraisal will be screened for additional studies.

Information sources

Information sources will include electronic databases, relevant websites and where necessary contact with study authors. The databases to be searched include:

- CINAHL complete
- MEDLINE
- PsycINFO
- Embase
- Scopus
- Web of Science
- Google Scholar

The search for unpublished or gray literature will include:

- ProQuest Dissertations and Theses
- HSRProj
- Grey Matters
- Web of Science Conference Proceedings
- OpenGray
- Lenus
- Rian
- Grey Literature Report (US context)

The key terms that will inform the development of strategies for each database are derived from MEDLINE and will be revised and combined with free text terms before the full search is conducted in the relevant databases.

Study Selection

The results of the search will be collated and uploaded to EndNote X7 (Clarivate Analytics, PA, USA). All duplicate studies will be removed. Titles and abstracts will then be screened by two independent reviewers for assessment against the inclusion criteria for the review. Potentially relevant studies will be retrieved in full and their citation details imported into the Joanna Briggs Institute System for the Unified Management, Assessment and Review of Information (JBI SUMARI)²⁵ (Joanna Briggs Institute, Adelaide, Australia). The full text of selected citations will be assessed in detail against the inclusion criteria by two independent reviewers. Reasons for exclusion of full text studies that do not meet the inclusion criteria will be recorded and reported in the systematic review. Any disagreements that arise between the reviewers at each stage of the study selection process will be resolved through discussion, or with a third reviewer. The results of the search will be reported in full in the final systematic review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA)²⁶ flow diagram.

Assessment of methodological quality

Qualitative papers selected for retrieval will be assessed by two independent reviewers for methodological quality prior to inclusion in the review. The standardized critical appraisal instrument from the Joanna Briggs Institute System for the Unified Management, Assessment and Review of Information will be used.²⁵ Authors of papers will be contacted to request missing or additional data for clarification, where required. Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

All studies, regardless of the results of their methodological quality, will undergo data extraction and synthesis (where possible). The critical appraisal results will be reported in narrative form and in a table. Again, any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

Data extraction

Qualitative data from papers included in the review will be extracted using the standardized data extraction tool from JBI SUMARI.²⁵ The data extracted will include specific details about the populations, context, culture, geographical location, study methods and the phenomena of interest relevant to the review objective (i.e. the experiences and perceptions of ED nurses regarding people who present with mental health issues in the ED setting). The extracted findings from each paper will be examined for congruency and agreement by the primary and secondary reviewers. If any relevant key data are missing from studies, additional information will be sought from study authors.

Data Synthesis

Qualitative research findings will be pooled using JBI-SUMARI²⁵ with the meta-aggregation approach.²⁷ This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings and categorizing these findings based on similarity in meaning. These categories will then be subjected to a synthesis in order to produce a single comprehensive set of synthesized findings that can be used as a basis for evidence-based practice. Where textual pooling is not possible the findings will be presented in narrative form. The findings will be interpreted and compared in accordance with different settings where studies were based.

Assessing certainty in the findings

The final synthesized findings will be graded according to the ConQual approach for establishing confidence in the output of qualitative research synthesis and presented in a Summary of Findings.^{27 28} The Summary of Findings table includes the major elements of the review and details on how the ConQual score is developed. Included in this table is the title, population, phenomena of interest and context for the specific review. Each synthesized finding from the review will then be presented along with the type of research informing it, a score for dependability, credibility, and the overall ConQual score.^{27, 28}

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Conflicts of Interest

There are no conflicts of interest.

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Appendix I – Search strategy (MEDLINE)

Concept 1 AND Concept 2 AND Concept 3 AND Concept 4 AND Limits
Searched on 16th Jan 2019

No.	Query
1	("Emergency Department") OR ("Emergency services") OR ("Accident and Emergency Department") OR ("a&e") or ("a & e")
2	("Nurs*") OR ("Health professional") OR ("Clinician") OR ("Health practitioner") OR ("Health personnel") OR ("Health care personnel") OR ("Healthcare personnel") OR ("Health care professional") OR ("Healthcare professional")
3	("Patients") OR (clients") OR ("service users") OR ("consumers")
4	("Experience") OR ("experiences") OR ("experienced") OR ("view") OR ("views") OR ("viewpoint") OR ("viewpoints") OR ("perception") OR ("perceptions") OR ("perceive") OR ("perceived") OR ("attitude") OR ("attitudes") OR ("belief") OR ("beliefs") OR ("perspective") OR ("perspectives") OR ("opinion") OR ("opinions") OR ("concept") OR

	("concepts") OR ("thought") OR ("thoughts") OR ("awareness") OR ("value" OR "values")
5	1 AND 2 AND 3 AND 4
6	Limiters set to English language

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