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

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28 **Review title**

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

31 **Review question**

32 What are the experiences and perceptions of emergency department nurses in relation to people who
33 present with mental health issues at the Emergency Department in hospital settings?
34

35 **Introduction**

36

37 Studies from the United States (US) and the United Kingdom (UK) indicate that mental health issues
38 account for an estimated 3-13% of Emergency Department (ED) presentations.¹⁻⁴ Trend data from these
39 countries and Canada also indicate annual proportional increases for this group of ED attendees.⁵⁻⁷ The
40 most commonly cited mental health presentations include mood disorders (43%) or anxiety disorders
41 (26%), and substance disorders (24%).³ The ED is frequently the first point of contact for patients with
42 a mental health issue, especially during the out of hours service period.⁸ A lack of available mental
43 health services often leaves these individuals and their families with no other choice but to attend their
44 local ED.⁸ However, given the nature of ED services, this environment is often ill equipped to deal with
45 these patients who have wide-ranging service requirements. By definition, the ED department is
46 designed to treat large numbers of attendees as quickly as possible. Frequent overcrowding and a lack
47 of capacity require the prioritization of the most urgent, critical cases.⁹ As a result, patients with mental
48 health issues often experience longer waiting times in an environment that may contribute to further
49 distress.¹⁰ For example, one UK qualitative study¹¹ observed that a lack of privacy and levels of noise
50 in EDs, in particular, are unsuitable for many mental health patients whilst another qualitative study
51 based in Australia highlighted how such an environment can itself impede the effective assessment and
52 management of these patients.¹²

53

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

64

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

83

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

91

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

100

101 **Keywords**

102 **Emergency Department; Experience; Mental health; Nurse; Perception**

103

104 **Inclusion criteria**

105 **Participants**

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

109 **Phenomena of interest**

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

115

116 **Context**

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

119 **Types of studies**

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

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

127 **Methods**

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

131 **Search Strategy**

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

138 **Information sources**

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

- 141 • CINAHL complete
- 142 • MEDLINE
- 143 • PsycINFO
- 144 • Embase
- 145 • Scopus
- 146 • Web of Science
- 147 • Google Scholar

148

149 The search for unpublished or gray literature will include:

- 150 • ProQuest Dissertations and Theses
- 151 • HSRProj
- 152 • Grey Matters
- 153 • Web of Science Conference Proceedings
- 154 • OpenGray
- 155 • Lenus
- 156 • Rian
- 157 • Grey Literature Report (US context)

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

161 **Study Selection**

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

174 **Assessment of methodological quality**

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

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

185 *Data extraction*

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

193 *Data Synthesis*

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

201 **Assessing certainty in the findings**

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

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213 **Conflicts of Interest**

214 There are no conflicts of interest.

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300

301 **Appendix I – Search strategy (MEDLINE)**

302 **Concept 1 AND Concept 2 AND Concept 3 AND Concept 4 AND Limits**

303 Searched on 16th Jan 2019

304

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

305