



Somatic Nurses' Holistic Care of Patients with Somatic and Psychiatric Illnesses: A Literature Review

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ABSTRACT

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Mental health illnesses have been a continuously growing problem. Patients in a regular hospital may require psychiatric help in addition to their physical illnesses. The purpose of this thesis was to bring awareness of the topic and to help nurses give better effective holistic care to patients with physical and mental illnesses.

This study was a qualitative and descriptive literature review. The data was acquired by systematic literature search done in databases Cinahl and Medline. Ten articles were able to fill the inclusion criteria. After the search, the literature was divided into categories and analysed.

The findings showed that nurses would have often needed more knowledge and skills to be able to care for patients holistically. Mental health illnesses were sometimes seen demanding, and some nurses had a negative attitude towards these comorbid patients. The results also showed that some facilities were not suitable for patients with physical and mental illnesses.

Insufficient training, knowledge and facilities were in the way of providing better efficient holistic care. Addressing these issues and providing further research would be beneficial.

Key words: comorbidity, somatic, psychiatric, holistic, nursing

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1 INTRODUCTION

Prevalence of mental health illnesses is now increasing globally (Nochaiwong, Ruengorn, Thavorn, Hutton, Awiphan, Phosuya, Ruanta, Wongpakaran & Wongpakaran 2021, 10173). According to World Health Organization (2022) one eighth of the world's population had a mental disorder before the coronavirus pandemic. The prevalence has since gotten higher and is a relevant issue across the globe (Nochaiwong et al. 2021, 10173; Kohn, Christiaens, Detraux, De Lepeleire, De Hert, Gillain, Delaunoit, Savoye, Mistiaen & Jespers 2022; World Health Organization 2022). World Health Organization (2022) states that most countries are neglecting the mental health care of their people.

Nurses have a big role in ensuring that patients are cared for appropriately (Phillips, Malliaris & Bakerjian 2021). Patients of a general hospital are now often in a need of mental health support in addition to the physical care. This is something relevant that nurses and health care facilities should take into consideration when planning for appropriate patient care. (World Health Organization 2022.) Previous studies show that big issues have been found in co-operation and communication between mental health care and physical care of patients (Kohn et al. 2022).

This literature review reports the findings of existing literature for creating better understanding of the global and relevant topic. This review only includes findings from studies that were reporting about nursing care. Aim of this thesis is to help nurses provide better care for their patients. Appropriate training and changes in attitudes are needed to be able to give effective holistic care to patients with mental health and psychiatric illnesses (Kohn et al. 2022).

2 THEORETICAL STARTING POINT

2.1 Somatic care

In this literature review physical care will be called somatic care. The term “somatic” in relation to the human body means that something is related to the physical body rather than anything mental or nonmaterial (Merriam-Webster 2022). Somatic nurses are health care professionals who work as nurses in a somatic health care setting, such as a general hospital (Sølvhøj, Kusier, Pedersen & Nielsen 2021, 1-19).

Somatic issues are a large care need. The biggest cause of death in the world is heart disease, which is a somatic illness. Other somatic illnesses, such as diabetes and pulmonary diseases, have a high mortality rate as well. (World Health Organization 2020.) These somatic patients are cared for in hospitals that have knowledgeable professionals taking care of the patients. (World Health Organization n.d.)

Hospitals are complex institutions that provide care for people (Shalowitz 2013, 413-424). General hospitals are places where different areas of somatic specialisations are working together and treating patients. Patients needing specialised care are examined and treated by nurses and other professionals who are experts in their fields. (Ministry of Social Affairs and Health n.d.)

2.2 Psychiatric care

In this review mental health care will be called psychiatric care. The term “psychiatric” in relation to the human body means that something is related to the mental being of a person rather than the physical body (Merriam-Webster 2022). Patients who need psychiatric care have a psychiatric illness that affects daily living, such as bipolar disorder, schizophrenia, anxiety, or depression (Kohn et al. 2022).

Leading psychiatric care needs are depression and anxiety (World Health Organization 2022). Prevalence of psychiatric illnesses has gotten higher since the coronavirus pandemic (Nochaiwong et al. 2021, 10173; Kohn et al. 2022; World Health Organization 2022). Almost one billion people are affected by psychiatric, neurological or substance abuse disorders. During the pandemic almost all reporting countries had disturbances in their psychiatric services and some countries' services are still affected to this day. Only 36% of countries are providing services to patients who have post pandemic psychiatric issues. (World Health Organization 2022.)

Psychiatric patients are usually cared for in psychiatric care services that have special knowledge about psychiatric care. Psychiatric nursing requires skills, knowledge, and suitable personality traits. (World Health Organization 2022.)

2.3 Comorbidity

Comorbidity means that a person has two or more medical conditions existing at the same time (Merriam-Webster 2022). This literature review addresses nursing care of patients who have somatic and psychiatric illnesses at the same time. Previous studies have shown that 8-41% of patients had a somatic and a psychiatric comorbidity while in care (Centers for Medicare & Medicaid Services 2014; Daré, Bruand, Gérard, Marin, Lameyre, Boumédiène & Preux 2019, 304; Jürisson, Pisarev, Uusküla, Lang, Oona, Elm & Kalda 2021).

2.4 Holistic care

Holistic care is care where the human being is considered a whole person instead of a small part or a specific issue that needs to be taken care of. This means that patients' needs are met in all areas of need rather than just one. Patients' well-being includes physical and emotional needs. Holistic care also considers other different factors relating to patient's life, such as culture, emotions, and opinions. (Zamanzadeh, Jasemi, Valizadeh, Keogh & Taleghani 2015, 214-224.)

To ensure patients holistic care primary health care exists. Primary health care is a responsibility of the government, and it is a concept that ensures everyone to get basic health care despite the patients' ability to pay for it. (World Health Organization 2021; Ministry of Social Affairs and Health n.d.) Primary health care includes facilities such as health centres and it has services that provide care in different fields. Services include mostly somatic ones such as oral health services, maternity services, home care services, and health counselling, but primary care also includes mental health services. (Ministry of Social Affairs and Health n.d.)

Nurses have a big role in patients' holistic care. Nurses are often the closest healthcare professionals to the patients since they are spending the most amount of time assessing, communicating, and caring for them. Patients may tell nurses more about their life than other healthcare professionals. Nurses have an important part in patients' somatic and psychiatric recovery. Nurses also have an important role in taking the patients' families into account and arranging patients' further care. (Petersson & Carlson 2018, 201-208.)

2.5 Holistic nursing of comorbid patients

Patients with somatic and psychiatric illnesses have a higher mortality rate than those patients who have only the somatic illness (Sølvhøj et al. 2021, 1-19; Kohn et al. 2022). Previous studies have found that nurses in somatic care often have inadequate knowledge or lack of understanding about psychiatric care of patients. The results have likewise showed that psychiatric nurses often have inadequate knowledge about somatic care, which means that psychiatric patients can be left without proper holistic care in either type healthcare facility. (Kohn et al. 2022.)

A global concern exists that somatic health care professionals are having stigmatizing thoughts and behaviours towards patients who have psychiatric illnesses. Stigmatizing thoughts can include stereotyping patients which can lead to nurses being judgemental and not considerate of patients' other needs. (Sølvhøj et al. 2021,1-19; Kohn et al. 2022.) It has been a concern that somatic nurses have

been having more negative attitudes towards patients with schizophrenia than psychiatric nurses (Björkman, Angelman & Jönsson 2008, 170-177).

All this together means that patients with severe mental health issues are in a need of better-quality patient centred nursing to be able to get good care for their somatic and psychiatric illnesses. (Sølvhøj et al. 2021,1-19; Kohn et al. 2022.)

3 PURPOSE, TASKS, AND OBJECTIVES

The purpose of this thesis is to give a good unbiased review of literature that has been written about somatic nurses taking care of psychiatric-somatic comorbid patients. The purpose is to write a qualitative and descriptive literature review. The purpose is to write an ethically conduct thesis using methods mentioned in this plan.

The objective of this thesis is to spread knowledge to nurses for providing functional and effective care to patients who have psychiatric care needs and somatic care needs while mental health issues are on the rise. Research question in this thesis is: how can somatic nurses give better effective holistic care to patients with somatic and psychiatric illnesses?

4 METHODOLOGICAL STARTING POINTS

4.1 Descriptive literature review

This literature review is a qualitative and descriptive literature review. The steps of this bachelor's thesis process have been formulating the problem, planning the review system, searching the literature, screening the literature according to inclusion criteria, assessing the quality, extracting data, analyzing, and synthesizing data and reporting the findings. (Xiao & Watson 2017, 93-212.)

4.2 Literature search, inclusion criteria and analysis

Systematic literature search was done April 19th 2022. Literature was searched from the following databases: Cinahl and Medline. All included data was less than 10 years old and peer reviewed. Data was searched using search words "mental health/mental illness/mental disorder/psychiatric illness", "comorbidity", "nursing" and "somatic/physical". Literature was critically appraised by using a PRISMA flow chart (figure 1). PRISMA is a tool that was invented to help assess the quality of reviews (Aveyard 2014, 114).

The findings were analyzed by meta-synthesis. Meta-synthesis means that information is brought together and thematically summarized (Aveyard 2014, 139). After the data had been chosen by the inclusion criteria an article matrix was done (appendix 1). Article matrix is a table which has all the studies summarized and organized (Popenoe, Langius-Eklöf, Stenwall & Jervaeus 2021, 175-186). The studies were read with the research question in mind and the information relating to the question was identified and summarized. After this, the studies were organized into different groups according to the type of environment the research was done in. After this a thematic analysis was done. Thematic analysis identifies themes from the findings or results of the studies (Aveyard 2014, 144-145). From the included literature 41 phrases were answering the research question. Out of these phrases themes were identified (appendix 2).

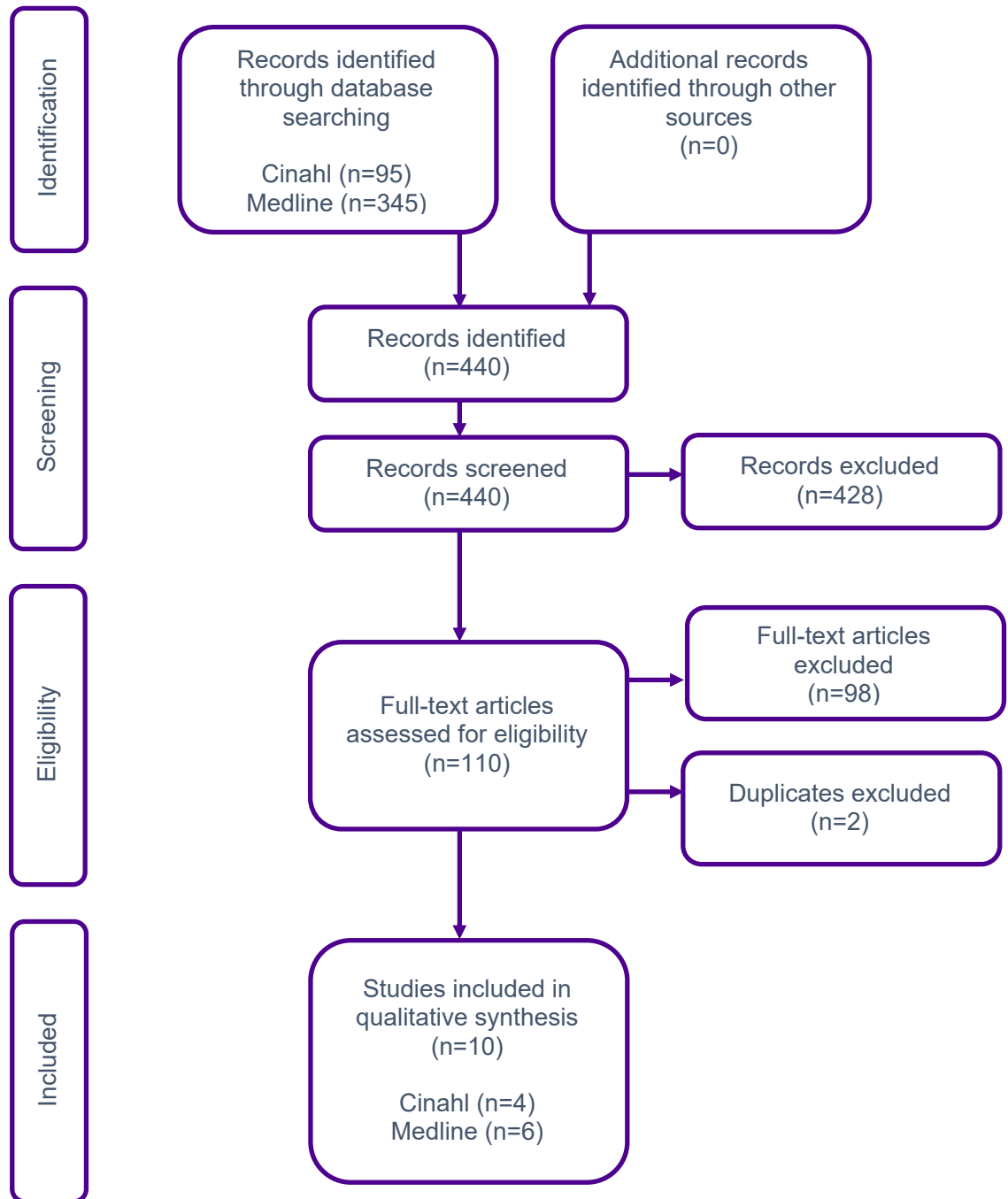


FIGURE 1. PRISMA flow chart of systematic search.

5 RESULTS

5.1 Groups

In the literature search 10 relevant studies were able to fill the inclusion criteria. Findings show that the studies were made in reoccurring environments. The results have been divided into three main groups depending on the environment the studies were done in. The three groups are comorbidities in the emergency unit, comorbidities in the nursing home and comorbidities in other primary care. All three groups have some similarities in results (figure 2; appendix 3), but to simplify the context the three groups were made. No group had enough studies done to be sufficient to provide enough data alone. All studies included information about how somatic nurses can give better effective holistic care to patients who have a somatic illness and a psychiatric illness. This chapter is presenting the results of the analysis.

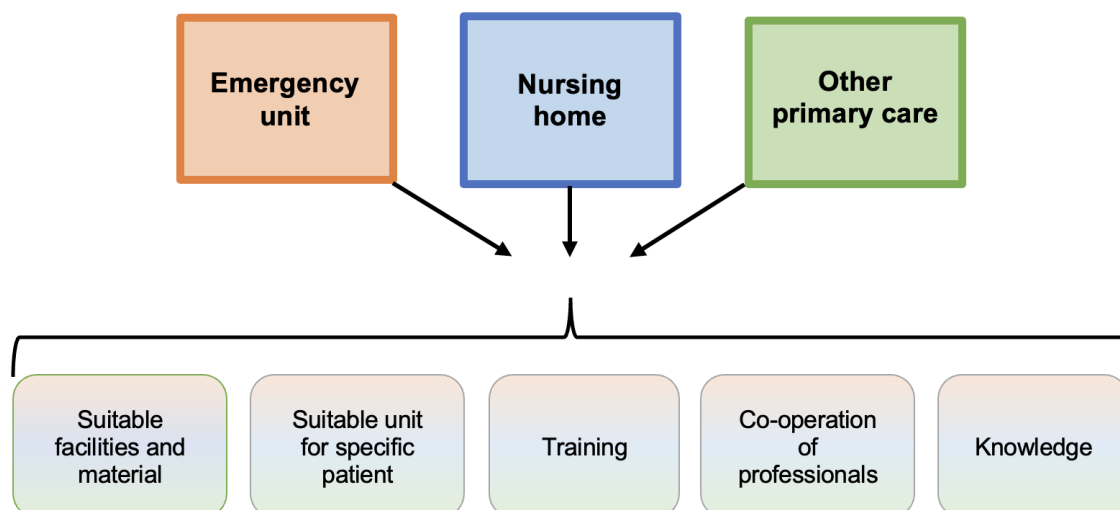


FIGURE 2. Groups according to study environments, and most reoccurring themes.

5.2 Emergency unit

The largest group of selected studies were done about nursing in the emergency unit. Four studies were focused on patients with somatic and psychiatric comorbidities. (Giandinoto & Edward 2015, 1-8; Chuttoo & Chuttoo 2019, 77-82; Pereira, Duarte & Estabão 2019, 1-7; Bowden, True, Wiesel Cullen, Pollock, Worsley, Ross, Caterino, Olfson, Marcus & Doupnik 2021, 628-636.)

The first study was a descriptive and explorative study that took place in a Brazilian hospital's emergency unit. The aim of the study was to find out how nurses are feeling about caring for psychiatric-somatic comorbid patients. The study had 12 participants who were nurses that worked at the emergency unit. Data was collected by semi-constructed interviews. (Pereira et al. 2019, 1-7.)

The second study was a case study done in the UK. The aim was to explore the care experience of a patient who had a long-term somatic condition and a serious mental illness. The study had one participant. (Chuttoo & Chuttoo 2019, 77-82.)

The third study used a phenomenological design. The aim of the study was to observe the experiences of nurses and doctors taking care of somatic-psychiatric comorbid patients in the emergency unit in Australia. The study had six participants: two doctors and four registered nurses. All participants were or had been working in an acute somatic unit. The data was collected by using semi-constructed interviews. (Giandinoto & Edward 2015, 1-8.)

The fourth study was a qualitative inquiry that had 34 participants. The aim of the study was to gain knowledge from clinical leaders (nursing and medical directors and behavioral managers) about the experiences of emergency unit carers caring for pediatric and geriatric patients who are at risk for suicide. (Bowden et al. 2021, 628-636.)

5.2.1 Comorbid patients in the emergency unit

The results show that the nurses were experiencing that the emergency unit is not well enough prepared for the comorbid patients with psychiatric needs (Pereira et al. 2019, 1-7). Some somatic-psychiatric comorbid patients were seen to be hard to manage due to challenging behavior such as agitation, aggression, being demanding, and being unpredictable (Giandinoto & Edward 2015, 1-8). The nurses felt that the patients with psychiatric needs did not get the attention they would've needed (Pereira et al. 2019, 1-7). The results show that many participants reported difficulties in caring for these two groups. The participants felt that it was hard to care for the patients since it was not clear what was caused by their somatic comorbidities and what was a psychiatric risk. (Bowden et al. 2021, 628-636.)

Some participants felt that they feared the patients due to their own or their co-workers' experiences and this was also the reason why most participants experienced negative attitudes towards these comorbid patients (Giandinoto & Edward 2015, 1-8). In the case study the results showed that the patient's somatic needs were completely ignored in the emergency unit due to her serious mental illness. The patient was afraid that the emergency unit didn't take her seriously because of her severe mental illness. (Chuttoo & Chuttoo 2019, 77-82.)

The emergency unit was found to be too overcrowded, loud, and too lit, which could all trigger difficulties (Pereira et al. 2019, 1-7). Participants felt that the somatic health care settings were inappropriate for caring for the comorbid patients because they felt it was unsafe that possibly dangerous patients could have access to dangerous objects (Giandinoto & Edward 2015, 1-8). They felt that the emergency unit was not the right place for the patients since the somatic setting was not good for their psychiatric care needs (Bowden et al. 2021, 628-636). They felt that pediatric and geriatric patients stayed at the emergency unit longer even past their somatic care needs because there were no suitable units to forward them into (Bowden et al. 2021, 628-636).

Participants felt that they did not have the appropriate knowledge to take care of psychiatric patients (Giandinoto & Edward 2015, 1-8; Bowden et al. 2021, 628-

636). One big thing that the nurses were experiencing was that they had not gotten the required training to care for psychiatric patients and they were feeling insecure about it. The nurses also felt that the psychiatric units did not give enough support for the emergency unit to help the comorbid patients. (Pereira et al. 2019, 1-7; Bowden et al. 2021, 628-636.)

5.2.2 Providing efficient care for comorbid patients in the emergency unit

The results show that some things could improve the effective holistic care of the comorbid patients in the emergency unit. The most reoccurring suggestion that appeared in the results was that nurses in the emergency unit need to have enough training in somatic and psychiatric care to care for comorbid patients (Giandinoto & Edward 2015, 1-8; Pereira et al. 2019, 1-7; Bowden et al. 2021, 628-636). Nurses need enough knowledge and experience for the care to be more effective (Giandinoto & Edward 2015, 1-8; Pereira et al. 2019, 1-7).

Patients need suitable facilities for their psychiatric-somatic comorbidities (Giandinoto & Edward 2015, 1-8; Pereira et al. 2019, 1-7; Bowden et al. 2021, 628-636). Nurses need to be able to create a safe and encouraging atmosphere where the patients feel comfortable expressing their concerns (Giandinoto & Edward 2015, 1-8; Chuttoo & Chuttoo 2019, 77-82). Good co-operation and communication between somatic nurses and other professionals will better the effective holistic care (Chuttoo & Chuttoo 2019, 77-82). Nurses need to provide a better flow of the patient's care path with moving the patient to the next unit faster (Pereira et al. 2019, 1-7).

Preparing to care for these patients will increase the effectiveness of the care (Giandinoto & Edward 2015, 1-8; Pereira et al. 2019, 1-7). Nurses need to know how to manage challenging behavior (Giandinoto & Edward 2015, 1-8). To be able to give better holistic care nurses need to be sensible, have a positive attitude, and be good at communication. Nurses need to take physical symptoms seriously and remember to take patients' families into consideration. (Chuttoo & Chuttoo 2019, 77-82.)

5.3 Nursing home

The second group of environments in the studies was effective nursing care of comorbid patients in a nursing home. The results include literature from three studies where nurses were taking care of patients aged around 65 and higher who had somatic illnesses and psychiatric illnesses at the same time. (Tse, Lai, Lui, Kwong & Yeung 2016, 303-311; Collet, Vugt, Verhey, Engelen & Schols 2018, 33-39; Van Den Brink, Gerritsen, De Valk, Voshaar & Koopmans 2020, 155-161.)

The first study was an observational cross-sectional study done in the Netherlands. The aim of the study was to explore the needs of comorbid patients who have both psychiatric needs and somatic needs. The study was conducted based on the knowledge that nurses who have training in both psychiatric needs and physical needs are limited. The data was collected from four mental health care units and two nursing homes that had all double care demanding patients. (Collet et al. 2018, 33-39.)

The first study collected data from medical records, direct measurements and nurses who were the primary care givers of the patients. Direct measurements included measuring of cognition and feeling of anxiety or depression. All participants had comorbid psychiatric and somatic needs. The study had a total of 163 participants, 83 from nursing homes and 80 from mental health care units. (Collet et al. 2018, 33-39.)

The second study was a cross-sectional study which had 178 participants from six nursing homes in Hong Kong. The study wanted to examine the somatic and psychological aspects of health in residents living in a nursing care setting. (Tse et al. 2016, 303-311.)

The second study collected data by using questionnaires filled in an interview. All participants were aged 65 years old or higher. Most participants were experiencing increased vulnerability, frailty, which was measured assessing mobility, fatigue, illness, weight loss and resistance. Other things the study measured was

mobility, loneliness, pain, life satisfaction and happiness. (Tse et al. 2016, 303-311.)

The third study was a longitudinal cohort study with 63 participants from geronto-psychiatric units. The aim of the study was to describe neuropsychiatric symptoms among patients who have somatic and psychiatric comorbidities and have been admitted to a geronto-psychiatric nursing home within 8 months. (Van Den Brink et al. 2020, 155-161.)

Data in the third study was collected by questionnaires, medical files, and neuropsychological testing. Participants and their primary nurses were interviewed twice. The mean age of participants was almost 70 years old. (Van Den Brink et al. 2020, 155-161.)

5.3.1 Comorbid patients in the nursing home

The results show that somatic-psychiatric comorbid patients were all dependent of nursing care. The mean of comorbid conditions was seven in all participants. Common somatic conditions were pulmonary, cardiovascular, neurological, and gastrointestinal conditions. Common psychiatric conditions were cognitive disorders and psychotic disorders. (Collet et al. 2018, 33-39.)

The results show that most of the participants were experiencing pain. The frail participants were more at risk for loneliness and had lower level of life satisfaction and mobility than the non-frail participants. (Tse et al. 2016, 303-311.) 87% of participants had neuropsychiatric symptoms and almost 43% had more than three at the same time. Irritability, depression, and hyperactivity were the most common neuropsychiatric symptoms. Over 90% of participants were using psychotropic medication. (Van Den Brink et al. 2020, 155-161.)

5.3.2 Providing efficient care for comorbid patients in the nursing home

The studies suggest that good professional nursing competencies are needed in the care of comorbid patients in a nursing home. Nurses should have enough knowledge and skills to be able to provide effective and holistic nursing care. (Tse et al. 2016, 303-311; Collet et al. 2018, 33-39.) For somatic nurses to be able to give better holistic care to psychiatric-somatic comorbid patients they need to be involved, validate the patients' feelings, have structure and support, and be in control of the situation (Van Den Brink et al. 2020, 155-161).

To ensure holistic nursing care nurses should address the psychological aspects, such as loneliness, when caring for older adults (Tse et al. 2016, 303-311). Finding suitable and age-appropriate units for the patients is needed for the care to be most beneficial (Van Den Brink et al. 2020, 155-161).

5.4 Other primary care

The third group of environments was nursing care of comorbid patients in other primary care. Primary care in these studies mean care in medical centres and other places that provide somatic health care. Three studies were included which all focused on studying the effective care of patients with somatic and psychiatric illnesses in other primary care. (Pols, Schipper, Overkamp, Van Dijk, Bosmans, Van Marwijk, Adriaanse & Van Tulder 2017, 26; Chee, Wynaden & Heslop 2018, 411-422; Dekker, Heller, Van Der Meij, Toor & Geeraedts. 2020, 1159-1165.)

The first study was done in the Netherlands in VUmc location of Amsterdam University Medical Centre. It was a retrospective analysis that had 258 participants. The study was done in two-year groups between 2006 and 2016. The results were compared with the same locations other trauma patients who did not receive care in the somatic and psychiatric joint unit. (Dekker et al. 2020, 1159-1165.)

The first study observed patients in a medical-psychiatric trauma unit. The unit was a medical-psychiatric unit where the staff is trained for both somatic and

psychiatric care. The purpose was to find out what kind of comorbidities the patients were having during a 10-year observation period and if a specific theme were to arise that would benefit from further research. (Dekker et al. 2020, 1159-1165.)

The second study was a qualitative study with 24 participants. The aim was to describe the experiences of patients with a chronic illness and the experience of nurses who take care of these patients while preventing depression in primary health care. The observation period was done in four steps, each lasting for three months. Data was collected by semi-constructed interviews. (Pols et al. 2017, 26.)

The participants in the second study were patients with diabetes type two or coronary heart disease, and nine nurses which included nurses from somatic fields (three nurses) and the psychiatric field (six nurses). One of the somatic nurses had been a psychiatric practise nurse before. The data was analysed into a thematic analysis. (Pols et al. 2017, 26.)

The third study was a cross-sectional study done in Australia. The study aimed to explore the relationship of nurses' education and practise when giving physical care to young patients who were experiencing their first episode of psychosis. The data was collected by questionnaires and the study included answers from 207 participants. The study compared answers with psychiatric nurses and somatic nurses. (Chee et al. 2018, 411-422.)

5.4.1 Comorbid patients in other primary care

The results show that in other primary care, where somatic nurses were taking care of comorbid patients, some nurses felt that they were not adequate in taking care of patients' psychiatric needs. Some of them were feeling like they were letting their patients down with their lack of knowledge to recognize or care for the psychiatric issues. The somatic nurses reported that by participating in the study they realized how good it was to involve the patients' mental health into the

care where they usually only took the somatic care into consideration. (Pols et al. 2017, 26.)

Patients with a chronic somatic illness felt that their personal relationship with their nurse was an important factor in their mental health care. Most patients felt that participation in the study had helped their mental health. (Pols et al. 2017, 26.) Somatic nurses were found to be good in educating comorbid patients to be aware of somatic diseases and physical side-effects of psychiatric medications (Chee et al. 2018, 411-422).

The results show that to be able to give efficient holistic care to trauma patients nurses were required to have good knowledge in somatic and psychiatric nursing. Out of all the somatic trauma incidents 22% had alcohol involved and 9% had taken a lethal dose of drugs. Most patients (57%) had self-inflicted the injury. These patients were in a need of professionals who can consider the psychiatric needs as well as the somatic care need. Surgery was needed by 57% of patients and 49% of patients had complications such as delirium or infections, which meant that strong somatic knowledge was needed as well. (Dekker et al. 2020, 1159-1165.)

5.4.2 Providing efficient care for comorbid patients in other primary care

The results show that somatic nurses in other primary care can give better effective holistic care by improving and maintaining certain things. Adequate knowledge and training are needed in the care of patients with psychiatric-somatic comorbidities (Pols et al. 2017, 26, Chee et al. 2018, 411-422). It is important for the nurses to involve the psychiatric aspect into the care (Pols et al. 2017, 26; Dekker et al. 2020, 1159-1165).

Suitable facilities and suitable units for specific patients help patients get better holistic care (Dekker et al. 2020, 1159-1165). It is beneficial to provide all services from the same unit (Pols et al. 2017, 26). Nurses having enough knowledge and experience is important and will benefit the patients (Chee et al 2018, 411-422).

Co-operation with other professionals will better the effective holistic care of patients in other primary care (Dekker et al. 2020, 1159-1165). Early intervention of new issues and proper monitoring are needed when caring for a comorbid patient (Pols et al. 2017, 26).

6 ETHICS AND RELIABILITY

Ethical thesis writing guidelines state that the thesis writer must be familiar with the topic. Information search must be done reliably and must be documented accurately. The findings must be presented without a bias. All citations and references must be marked correctly and used with respect towards the original author. No plagiarism is allowed. The thesis must be planned and reported according to scientific standards. The thesis must be written in an agreement with a university. (TENK 2012; ARENE 2020.)

The thesis writer has been familiar with the guidelines for responsible research made by The Finnish Advisory Board on Research Integrity and The Rectors' Conference of Finnish Universities of Applied Sciences Arene. The thesis has been written following their ethical precept. (TENK 2012; ARENE 2020.) The thesis has been written in agreement with Tampere University of Applied Sciences.

7 CONCLUSIONS AND DISCUSSION

The aim of the research was to bring awareness of the topic to nurses and to find out how nurses can give better effective holistic care to patients with somatic-psychiatric comorbidities. The results show that somatic nurses can affect multiple things. Most common result was that somatic nurses need to have proper training to be able to provide better holistic care to comorbid patients (Giandinoto & Edward 2015, 295; Tse et al. 2016, 303-311; Pols et al. 2017, 26; Collet et al. 2018, 33-39; Dekker et al. 2020, 1159-1165; Pereira et al. 2019, 1-7; Van de Brink et al. 2020, 155-161; Bowden et al. 2021, 628-636). Another common finding was that somatic nurses need to have enough somatic and psychiatric knowledge to allow proper assessments and actions (Giandinoto & Edward 2015, 295; Tse et al. 2016, 303-311; Pols et al. 2017, 26; Chee et al. 2018, 411-422; Collet et al. 2018, 33-39; Pereira et al. 2019, 1-7; Van de Brink et al. 2020, 155-161). Nurses are in a close role with patients' care and need to make sure patients are cared for in suitable facilities and surroundings (Giandinoto & Edward 2015, 295; Dekker et al. 2020, 1159-1165; Pereira et al. 2019, 1-7; Bowden et al. 2021, 628-636). Nurses also need to help patients to be directed into units that are suitable for specific patients' needs (Giandinoto & Edward 2015, 295; Dekker et al. 2020, 1159-1165; Pereira et al. 2019, 1-7; Van de Brink et al. 2020, 155-161).

Some limitations apply in this research. The number of studies related to this topic was small. Even with broad search terms the results would not show a large quantity of good quality results. Another limitation is the availability of literature. This thesis has only been able to access certain databases and to include studies from them.

Based on the results of this thesis some development suggestions can be made. Somatic nurses should make sure they have enough psychiatric knowledge and training. They should make sure that the environment is suitable for the patients and that they co-operate well with other healthcare professionals. Somatic nurses should remain from having stigmatizing thoughts and should support patients and take their somatic symptoms seriously. Further research is suggested in bettering the quality of care of people who have somatic and psychiatric comorbidities.

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APPENDICES

Appendix 1. Article matrix table.

1 (4)

Authors	Year	Country	Method	Results	Environment
Pereira, L., Duarte, M. & Estabão.	2019	Brazil	Qualitative, descriptive, and exploratory study, 12 participants	Nurses were experiencing that the emergency room is not well enough prepared for the comorbid patients with psychiatric needs. The emergency room was too overcrowded, loud, and too lit, which could all trigger difficulties. The nurses felt that the patients with psychiatric needs did not get the attention they would've needed. One big thing that the nurses were experiencing was that they had not gotten the required training to care for psychiatric patients and they were feeling insecure about it. The nurses also felt that the psychiatric units did not give enough support for the emergency unit to help the comorbid patients.	Emergency unit Nurses' feelings of caring for comorbid patient in an emergency unit
Chuttoo, L. & Chuttoo, V.	2019	UK	Case study	The patient's somatic needs were completely ignored in the emergency unit due to her serious mental illness. The patient had disturbances in her vision and stability, but the emergency unit only gave psychiatric care to her because she had a bipolar disorder. Later the patient found out that she had been taking double amount of her rheumatoid arthritis medication, because she hadn't noticed that the pharmacy was giving her stronger ones than she was used to having. The double amount of medication was exceeding her maximum levels and she was getting physical symptoms of the high dose. The patient was afraid that the emergency unit didn't take her seriously because of her severe mental illness.	Emergency unit Comorbid patient in the emergency unit
Giandinoto, J. & Edward, K.	2015	Australia	Phenomenological approach, 6 participants	Some somatic-psychiatric comorbid patients were seen to be hard to manage due to challenging behavior such as agitation, aggression, being demanding, and being unpre	Emergency unit Comorbid patients in the

				dictable. Participants felt that the somatic health care settings were inappropriate for caring for the comorbid patients because they felt it was unsafe that possibly dangerous patients could have access to dangerous objects. Participants felt that they did not have the appropriate knowledge to take care of psychiatric patients. Some participants felt that they feared the patients due to their own or their co-workers' experiences and this was also the reason why most participants experienced negative attitudes towards these comorbid patients.	emergency unit, nurses' experiences
Bowden, C., True, G., Wiesel Cullen, S., Pollock, M., Worsley, D., Ross, A., Caterino, J., Olfson, M., Marcus, S. & Doupnik, S.	2021	United States	Qualitative inquiry, 34 participants	Many participants reported difficulties in caring for these two groups. The participants felt that it was hard to care for the older adults since it was not clear what was caused by their somatic comorbidities and what was a psychiatric risk. They felt that the emergency unit was not the right place for the patients since the somatic setting was not good for their psychiatric care needs and the nurses and doctors did not have sufficient training and knowledge to care for the patients. They felt that pediatric and geriatric patients stayed at the emergency unit longer even past their somatic care needs because there were no suitable units to forward them into.	Emergency unit Emergency department, care of geriatric and pediatric suicide patients
Collet, J., Vugt, M., Verhey, F., Engelen, N. & Schols, J.	2018	Netherlands	Observational cross-sectional study, 163 participants	Mean age of participants was 68 years old. The nursing homes' participants mean age was younger than the mean age of the mental health care units' participants. Most participants had a low level of education and the mental health units' participants were less married than the nursing homes' participants. Most participants from mental health care units had a trustee for managing their affairs and most of the participants from nursing homes had a family member managing their affairs. Most participants from both groups had been institutionalized for over a year. The mean of comorbid conditions was seven in all participants, and all participants were dependent of nursing care. Common somatic conditions were pulmonary, cardiovascular, neurological, and	Nursing home Double care demanding patients in mental health units and nursing homes

				gastrointestinal conditions. Common psychiatric conditions were cognitive disorders and psychotic disorders. Mental health care units had more prevalence of mental health needs but both groups had an equal need of somatic care.	
Tse, M., Lai, C., Lui, J., Kwong, E. & Yeung, S.	2016	Hong Kong	Cross-sectional study, 178 participants	Most of the participants were experiencing pain. The frail participants were more at risk for loneliness and had lower level of life satisfaction and mobility than the non-frail participants.	Nursing home Psychiatric needs in nursing homes' residents
Van Den Brink, A., Gerritsen, D., De Valk, M., Voshaar, R. & Koopmans, R.	2020	Netherlands	Longitudinal cohort study, 63 participants	87% of participants had neuropsychiatric symptoms and almost 43% had more than three at the same time. Irritability, depression, and hyperactivity were the most common neuropsychiatric symptoms. Over 90% of participants were using psychotropic medication.	Nursing home Psychiatric needs in nursing homes' residents
Pols, A., Schipper, K., Overkamp, D., Van Dijk, S., Bosmans, J., Van Marwijk, H., Adriaanse, M. & Van Tulder, M.	2017	Netherlands	Qualitative study, 24 participants	Patients felt that their personal relationship with their nurse was an important factor in their mental health care. Some of the somatic nurses were feeling like they were letting their patients down with their lack of knowledge to recognize or care for the mental health issues. Some somatic nurses felt that the problem-solving treatment was too hard for them to conduct, but all nurses felt that it was an important step. Most patients and nurses felt that the semi-constructed interview was a good way to start discussing about the patients' mental health. The somatic nurses reported that by participating in this study they realized how good it was to involve the patients' mental health into the care where they usually only took the somatic care into consideration. Most patients felt that participation in the study had helped their mental health.	Other Depression prevention in primary care
Chee, G., Wynaden, D. & Heslop, K.	2018	Australia	Cross-sectional study, 207 participants	Somatic/generalist nurses working in mental health care units were more likely to educate the patients with awareness of physical diseases. The generalist nurses were also more confident in knowing about which psychotropic medications add the risk of cardiac issues. Psychiatric nurses were more likely to think that providing information	Other Nursing education affecting the opinions of somatic-psychiatric

				<p>about possible side-effects of psychotic medication to the young patients could be a barrier with providing physical care. Psychiatric nurses were also thinking more that the patients would not be interested in bettering their physical health or would only be interested in their physical health due to their mental health issues. Another difference was that somatic nurses were more leaning towards the idea that nurses should not smoke with the patients and should rather encourage them to quit smoking whereas psychiatric nurses were thinking more that smoking together with the young patients helped creating a therapeutic relationship.</p>	comorbid care of young patients
Dekker, L., Heller, H., Van Der Meij, J., Toor, A. & Geeraedts, L.	2020	Netherlands	Retrospective analysis, 259 participants	<p>51% had one psychiatric disorder, 27% had two psychiatric disorders, and 11% had three psychiatric disorders. The most common psychiatric disorder in was substance use disorder (39%), second was psychotic disorder (28%), third was mood disorders (26%), and fourth was personality disorder (21%).</p> <p>Out of all the somatic trauma incidents 22% had alcohol involved and 9% had taken a lethal dose of drugs. Most patients (57%) had self-inflicted the injury. Penetrating trauma was rarer (24%) than blunt trauma (72%), but penetrating trauma was still five times higher than with patients without psychiatric needs. Surgery was needed by 57% of patients. 49% of patients had complications such as delirium or infections. 2% of patients died within 30 days of hospital admission.</p>	<p>Other</p> <p>Medical-psychiatric unit</p>

Appendix 2. Extracted phrases.

1 (6)

Authors	Citation	Theme
Dekker et al. 2019.	<p>“Most of the time it is not necessary to treat these patients at a special ward and their needs of psychiatric treatment are sufficiently met by the psychiatric consultation and liaison service.”</p> <p>“In case of severe behavioural disturbances, persisting suicidality, difficult diagnostics or serious non-compliance due to their psychiatric illness, admission to a MPU can prevail above staying on a normal care ward.”</p> <p>“A unit with special trained staff to take care of these complex patients and close co-operation between surgery and psychiatry is important.”</p>	<p>Suitable facilities</p> <p>Suitable unit for patient</p> <p>Co-operation, training</p>
Collet et al. 2018.	<p>“The heterogeneity of DCDs and the resulting care complexities challenge the skills of professional caregivers in both settings, as they must be able to address both somatic care needs as well as psychiatric and psychogeriatric care needs.”</p>	<p>Knowledge, training</p>
Tse et al. 2016.	<p>“It is essential to put the focus of healthcare on both the physical and psychological aspects of well-being.”</p> <p>“Findings suggest that apart from improving mobility and reducing pain, loneliness could be a target of psychosocial interventions to reduce frailty and improve quality of life.”</p> <p>“It is essential to put the focus of healthcare on both the physical and psychological aspects of well-being. All nurses are advised to improve the management of pain in older people in order to lower the levels of pain, frailty and psychological distress among this population. It is advised that nursing care should address the loneliness level, especially the problem of social loneliness among older adults particularly those living in nursing homes.”</p>	<p>Knowledge, training</p> <p>Considering loneliness</p> <p>Considering loneliness</p>
Van de Brink et al. 2020.	<p>“Nevertheless, we must not close our eyes to the possibility that our findings also could indicate a non-optimal care setting for the studied patient group. Possibly, the supportive environment of a GP-NH unit does not sufficiently match the needs of patients with MPM. There is a risk that NHs, from their proficiency in caring for residents with dementia, provide an environment that is too supportive for patients with MPM.”</p> <p>“First of all a therapeutic milieu could be created including the following practices: containment (meeting the basic needs and providing physical care and safety to the people</p>	<p>Suitable unit</p> <p>Containment, support,</p>

	<p>within the environment), support (giving kindness as the basis for a structure that fosters predictability and control), structure (having a predictable organization of roles and responsibilities as well as setting limits when necessary), involvement (practices in which the resident engages in the social environment) and validation (affirming a resident's individuality)"</p> <p>"Secondly, a specialized multidisciplinary team could be composed of which all members have appropriate knowledge and skills to identify signs of mental and physical disruptions at an early stage. If there is a lack of knowledge and/or skills, staff education is indispensable."</p>	<p>structure, involvement, validation</p> <p>Knowledge, training, Co-operation</p>
<p>Pereira et al. 2019.</p>	<p>"The difficulties reported by the nurses when providing care for people with psychiatric comorbidity at the ER were related to the physical structure and material resources, overcrowding, lack of preparation, and lack of psychiatric consultations."</p> <p>"They stated that the inadequate physical structure and setting of the ER, the lack of suitable materials for procedures and for the family to accompany patients with psychiatric comorbidity interfered with the care they provided."</p> <p>"The care setting must provide a quality therapeutic environment where people feel welcome and protected. Thus, the respondents' concern in relating the quality of care with the suitability of the environment is relevant."</p> <p>"Thus, workers must have the appropriate materials for the procedures to ensure their actions are carried out satisfactorily, as prescribed and required for people with psychiatric comorbidity"</p> <p>"According to the respondents, the difficulties they encounter when providing care for people with psychiatric comorbidity are strongly related to the lack of specific knowledge in mental health. They mention little or no preparation in this area and their consequent inability to provide quality care to this population."</p> <p>"Professional training for people with psychiatric comorbidity is crucial to good care; however, when care is provided in the emergency services of general hospitals, it becomes a different and unusual experience for professionals. In these services, people with psychiatric comorbidity who seek care at a non-specialized unit will mostly be assisted by workers with no expertise or experience in mental health"</p>	<p>Suitable facilities, preparation, knowledge</p> <p>Suitable facilities, considering patient's family</p> <p>Suitable unit</p> <p>Suitable facilities</p> <p>Knowledge, preparation</p> <p>Experience</p>

	<p>“The unpreparedness reported by some respondents was associated with little or no previous experience assisting people with psychiatric comorbidities. Furthermore, in this context, it is also important to rethink professional training.”</p> <p>“Training, continuing education, and spaces for team discussions with the ER team, psychiatric consultants, and other sectors must be strengthened. These benefits would allow more comprehensive and all-inclusive care in mental health, according to the psychosocial care model established by the psychiatric reform.”</p>	<p>Preparation, training</p> <p>Training</p>
Pols et al. 2017.	<p>“Monitoring of mental health in chronically ill patients should start from the time of diagnosis of the chronic disease”</p> <p>“Somatic practice nurses expressed a lack of competence to recognise and treat mental health problems”</p> <p>“They did want to master these competences, since in their experience, various mental health problems often interfere with somatic problems and they found these skills essential for a holistic treatment.”</p> <p>“Both patients and practice nurses felt that this monitoring of depressive symptoms was beneficial; it felt like a safety net.”</p> <p>“When discussing future prevention of depression, both patients and practice nurses agreed that this should take place in the GP practice. Patients prefer having chronic disease management clustered in one facility and enjoy the familiarity with the caregivers present in a primary care practice.”</p> <p>“Thirdly, our data revealed that somatic practice nurses experience a lack of competence in recognizing and handling depressive symptoms in chronically ill patients. Other qualitative studies have observed the same.”</p> <p>“Therefore, we consider it important to educate somatic practice nurses better in recognizing and handling mental health problems.”</p>	<p>Early intervention</p> <p>Training, knowledge</p> <p>Knowledge, training</p> <p>Monitoring</p> <p>All services from the same unit</p> <p>Knowledge, training</p> <p>Knowledge, training</p>

<p>Chuttoo & Chuttoo 2019.</p>	<p>“General nurses can effectively support people with SMI by: adopting a positive, supportive attitude towards them; avoiding misattributing physical health symptoms to their mental health; developing a therapeutic relationship with them; considering the ward environment; and ensuring family members, carers and mental health services are included in treatment plans and decision-making”</p> <p>“Therefore, it is important for general nurses to enable patients to feel safe and acknowledge the sensitivity that some people with SMI may display in medical environments.”</p> <p>“Therefore, it is essential that both mental health and general healthcare services acknowledge and involve family members as a way of enhancing engagement of people with SMI. While caring can be rewarding, it can also be a demanding role and healthcare professionals should also offer support to carers where appropriate.”</p> <p>“However, when people with SMI are seen in general healthcare services, it is important that general nurses relay findings and missed appointments back to the referring mental health team, where possible. This enables all parties to work in partnership to optimise support for people with SMI.”</p>	<p>Positive attitude, taking physical symptoms seriously, communication, considering patient’s family, co-operation</p> <p>Making patient feel safe, sensibility</p> <p>Considering patient’s family</p> <p>Co-operation</p>
<p>Giandinoto & Edward 2015.</p>	<p>“Managing challenging behaviours was identified by participants in this study as an area for consideration when working with patients experiencing a mental illness in an acute medical care setting. The challenging behaviours described by the participants included patients who were disruptive, demanding, difficult, non-compliant, aggressive and agitated, unpredictable and dangerous.”</p> <p>“The environment of acute medical care setting was described as unsafe and inappropriate to effectively manage the care of patients with co-morbid mental and physical illness. This opinion often coincided with the description that patients experiencing a mental illness were unpredictable and may become violent with the environment offering little protection to patients and staff alike.”</p> <p>“In addition to factors external to healthcare staff, participants reported times when they felt unprepared to adequately care for a patient experiencing mental illness.”</p>	<p>Managing challenging behavior, training</p> <p>Suitable facilities, suitable unit for patient</p> <p>Preparation, training</p>

	<p>“However, they identified and acknowledged the difficulties and limitations in their knowledge and environment the health professionals were often concerned with patient’s safety and were vigilant in ensuring patients received adequate care.”</p> <p>“Based on the study’s findings an overarching emergent concept that was developed to define the phenomenon of caring for a patient with co-morbid physical and mental illness in an acute medical care setting is a fear of the unknown. Health professionals are often unprepared and lack the requisite knowledge to appropriately manage patients. There exists a perception that patients experiencing mental illness can be difficult, challenging, violent, unpredictable and aggressive and this causes tension in health professionals when they are confronted with patients with a label of mental illness in an environment that is not necessarily equipped to support effective care delivery.”</p> <p>“Similar to earlier research the findings of this study also suggest health professionals had pre-determined ideas that a patient with a mental health diagnosis would be a disruption to daily routines suggesting negative stereotypes for patients experiencing a mental illness”</p> <p>“Potential moderators for improving attitudes towards mental illness include improving knowledge, self-awareness and increasing exposure to people with a mental illness which was also identified by some of the participants of this study.”</p>	<p>Knowledge</p> <p>Knowledge, suitable facilities</p> <p>Avoiding stereotyping</p> <p>Knowledge, experience</p>
Chee et al. 2018	<p>“When providing care to young people with psychosis comprehensive/generalist prepared nurses reported they would provide more integrated and complex physical health care practices than psychiatric/mental health prepared nurses. ”</p> <p>“Furthermore, nurses can promote healthy lifestyle and encourage young people to participate in physical wellness programs to improve diet and increase physical activity”</p>	<p>Knowledge, experience</p> <p>Encouragement</p>
Bowden et al. 2021	<p>“Respondents described opportunities for improving clinician skills and practice protocols, including how to best identify clinical mental health concerns. One opportunity to consistently detect suicide risk is to implement universal screening protocols for patients presenting with medical or mental health concerns.”</p>	<p>Practice/screening protocols</p>

	"More resources must be dedicated to ensuring that care settings can appropriately meet the unique needs of this patient population."	Suitable facilities
	"Further, training in suicide risk assessment could help clinicians improve discharge determinations."	Training

Appendix 3. Mind map of results.

