

Experiences of nurses providing care to mental health patients in an emer- gency room setting

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Abstract <p>Making contact and caring for mental health patients in emergency rooms is one of many tasks in emergency departments. Mental health problems are a growing phenomenon among all ages. Acute anxiety, depression, psychosis, and even suicidal thoughts are everyday things that are seen in emergency rooms. Emergency room nurses are mostly trained in acute somatic care, not in mental health.</p> <p>The purpose is to research nurses' experiences among mental health problems in emergency departments.</p> <p>The aim is to combine knowledge from different literature sources, that can be used in future health care and awaken thoughts among emergency room nurses to ponder their skills and professional baseline. Information retrieval for the thesis was performed on three search engines and a manual search. Six articles that met the inclusion criteria were selected for the final literature review. In addition, works found with the help of information retrieval from Jyväskylä University of Applied Sciences and Jyväskylä City Libraries were used as material for the thesis. The results of the thesis were analyzed using a data-driven content analysis method.</p> <p>The results were assorted into two main categories: Negative experience and the importance of education. Nurses should have the basic skills of mental health problems to contact patients, but moreover in-depth information about mental health problems to care for patients. The lack of knowledge made nurses more uncomfortable among mental health patients.</p>		
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1 Introduction

In statistics by THL (Finnish Department of Health and Welfare) In 2018, a total of 196,242 patients were treated in specialist psychiatric care. There were 24,881 patients in inpatient care and 192,557 in outpatient care. The number of inpatient care periods completed in 2018 was 38,111. There were 2.2 million outpatient visits in specialist psychiatric care. (THL 2019.) In Australia alone in a 12month period, one-fifth of the population will experience a mental health illness ranging from anxiety to affective disorders. In 2006-2007 approximately 248 000 patients sought assistance form Emergency departments.

Luukkonen (2014) states in her research, that the changes in mental health services from institution-centered care to outpatient care has not changed resources in the emergency clinics, which have increased the number of patients with mental disorders, meaning that nurses and faculty in emergency rooms should be more aware of their patient's needs.

The thesis examines commonly occurring acute mental health problems in emergency departments, statistics on their prevalence in patients and tables to help figure the acute need of help among patients. The aim of this thesis is to summarize emergency department (ED) nurses experience and hopefully identify issues with the management of mental health patients.

2 Mental health patient in emergency department

2.1 Emergency department

Emergency departments are arguably among the busiest departments with tasks to rapidly assess and evaluate a patient's illness or injury and stabilize their condition before transferring to an inpatient bed or discharge (Innes, Morphet, O'Brien & Munro 2013).

The basic function of an emergency department is to prevent acute life and health threatening situations, trauma or an acute assessment and care of deterioration of a chronic illness (Vaula 2016, 2406). Sundell, Hyppölä and Paakkonen (2015) state in a research article they wrote to *Finish Doctors* magazine that situations in the emergency department change quickly and a variety of patients and urgencies are simultaneously tend to, thus making the patient groups diverse and the reason for seeking care hard to predict. In addition, local health care centers cannot give appointments to patients, some patients will seek care from the emergency department, even though they might not need acute care from a professional's perspective (Vaula 2016).

The diversity can be seen as patients come in an uneven stream and their problems vary from minor to demanding. Patients tended to be surgical, traumatological, neurological and internal medicine. Depending on the emergency department oncology-, psychiatric, eye- throat-, ear-, skin patients and children are also tended to. The most typical reasons why a patient is brought to an emergency department is heart attack, chest pain, breathing difficulties, unconsciousness, stomach pain, headache, overdose of alcohol, medicine or drugs, falling over or tripping, traffic accident, crushed or being pressed, falling from a high distance, drowning and assault. (Nummelin 2009,7.) But as Innes et al. (2013) state, EDs unfortunately have not been designed to ensure adequate assessment and management of patients presenting with a mental health illness.

Finnish legislation supports patient rights to acute care. A patient, in life threatening situations, has the right to acute care (Finlex 1992/785). The municipalities and the government must ensure adequate social and health services for everyone and promote the health of the population (Finlex 1999/731). The municipality must provide emergency outpatient care regardless of the patient's place of residence (Finlex 1972/66) and a person in need of urgent medical care must always be provided with medical care, regardless of his or her domicile or place of residence (Finlex 1989/1062). A healthcare professional should always aid a person in need of urgent care (Finlex 1994/559).

The emergency department provides emergency care to the patient, regardless of where they live. Emergency care refers to the immediate assessment and treatment required for a sudden illness, injury, aggravation of a long-term illness or impairment, which cannot be transferred without exacerbation or aggravation of the injury. There is a 24-hour emergency service in connection with large health centers and hospitals. (Finnish Ministry of Social Affairs and Health, n.d.)

In order to provide emergency care, the municipality or hospital district must arrange a 24-hour emergency care. The 24-hour primary health care emergency service must be organized as a joint emergency service with specialist medical care. The emergency services and the division of labor between them are agreed in the agreement on the organization of health care in the municipalities of the hospital district and, in the case of special medical care, in the agreement on the organization of the special responsibility of the university hospital. When deciding on emergency services, the first aid service in the area, the distances between emergency services and the service needs of the population must be taken into account. Often, the 24-hour emergency service is centralized in hospitals. The on-call health care facilities and the emergency care service must co-operate so that they form a regionally operating entity. (Finnish Ministry of Social Affairs and Health, n.d.)

2.2 Common mental illnesses in emergency departments

The Finnish mental health patient law 1990/1116, 1 § explains what mental health is. As the law explains, mental health is not unambiguous. Mental health work means promoting individual's psychical wellbeing, performance, and growth, meanwhile preventing, reducing, and treating mental illnesses and other mental health problems. Mental health work is giving social- and health care services to individuals suffering from mental health problems and illnesses, that have been medically assessed. (L 1990/1116, 1§.)

2.3 Anxiety

As an emotion, anxiety is a normal emotion and a reaction, that might be a warning of something that is a threat. In crisis and changes in life, anxiety is common. In anxiety the sympathetic nervous system activates and causes other physical sensations and symptoms such as an elevated heart rate, chest pain, breathing difficulties, nausea, diarrhea, dryness of mouth and tremors. When anxiety becomes long term, is overwhelming and makes everyday life difficult, it can be spoken as a mental disorder and anxiety disorder. (Vuori-Kemilä, Stengård, Saarelainen and Annala 2007, 115.)

Anxiety is classified as a symptom due to one or multiple mental health or somatic problems. Diagnosed anxiety disorders most commonly are fear of public places, panic attacks, fear of social contact or general anxiety disorder, declining performance of daily living and quality of life. Majority of anxiety disorders can be treated at general health care and occupational health care. (Ahdistuneisuushäiriöt: Käypähoito -suositus, 2019.)

Table 1. Anxiety disorders occurred among adults in a twelve month period

Disorder	International research (reference %)	Finnish research (Reference %)
Panic attack	1,0-2,8%	1,9%
Fear of public places without panic attacks	0,4%	1,2%
Fear of social contact	2,4%	1,0%
General anxiety disorder	1,8-5,1%	1,3%

It is difficult to diagnose any kind of anxiety disorder since patients seek care for more somatic reasons. Having simultaneously psychiatric needs is common, moreover complicating diagnoses. In basic health care four to eight percent have anxiety disorders in which 7,1% is women and 4,1% men. Anxiety disorder is commonly simultaneous with other psychiatric disorders such as depression and substance- or drug abuse. (Ahdistuneisuushäiriöt: Käypähoito -suositus, 2019.)

2.4 Depression

Depression occurs in 5-7% in the Finish population. The term depression is a definition to define two states, an ongoing state of depression and recurring depression. Mild depression and mild recurring depression should be separated from single symptoms that are common but are not enough for a diagnosis for depression. Childhood depression and bipolar disorder are not compatible for depression guidelines. Depression diagnosis is based symptoms that come forth in interviews, in the count of how many symptoms, degree of difficulty and their duration. Most commonly an

international classification of diseases (ICD-10) is used for diagnosis. Other classifications are Montgomery–Åsberg (MADRS) classification or Beck depression classification (BDI). The severity of depression is assessed with ICD-10 with the count of symptoms. (Depressio: Käypä hoito -suositus, 2020).

Table 2. ICD-10 State of depression symptom criteria

Symptom Criteria	Symptoms
A. Depression has lasted at least 2 weeks	
B. Patient states at least 2 of the following symptoms	1. Depressed most of the time
	2. Losing interest and satisfaction in things that have normally interested or brought satisfaction
	3. Reduced activity or exceptionally tired
C. States symptoms so that there are at least four combined (with B and C)	4. Loss of self-confidence or dignity
	5. Unjustified or immoderate amount of self-pity/self-accusing
	6. Frequent thoughts of suicide or hurting oneself or self-destructive behavior
	7. Subjective or detected loss of concentration, that can appear as indecisiveness or procrastination
	8. Psychomotoric change (excitement or deceleration) that can be subjective or detected
	9. Sleep deprivation
	10. Increase or decrease in appetite that is seen in weight change

Reasons for depression are highly unknown. There is no single cause, but several factors that together have led to depression. In studies, psychological, biological, and social factors can be found in the background and depression can be suddenly triggered by a difficult life experience. (Vuori-Kemilä, Stengård, Saarelainen and Annala 2007, 119.)

2.5 Schizophrenia and Psychosis

Acute psychosis can be primary, or a disorder caused by other illness, drugs, or medication (Koponen and Sillanää 2005, 127). Awake, a mentally healthy person can perceive and distinguish between external and internal reality and is able to distinguish between internal and external messages from each other. For example, our thoughts are our own and not externally guided. (Vuori-Kemilä, Stengård, Saarelainen and Annala 2007, 123.)

Psychosis is commonly in contrast with schizophrenia, as schizophrenia is a psychotic mental disorder that appears as delusions and hallucinations (Skitsofrenia: Käypä hoito -suositus, 2020). Other common psychosis are bipolar disorder, psychotic depression, schizoaffective disorder, delusional disorder, and substance abuse psychosis (Vuori-Kemilä, Stengård, Saarelainen and Annala 2007, 123). With genetics it is associated with a relatively low risk of several relatively common genes and an increased risk of numerous rare gene copy changes, which interact with each other and with environmental factors, resulting in varied manifestations of the disease. (Skitsofrenia: Käypä hoito -suositus, 2020).

In psychosis, the persons experience of reality changes and internal and external messages are difficult to distinguish from each other, in which case a person begins to structure reality through his own internal impulses, as a result of which the integrity of the self is threatened and the essence can become fragmented. A person suffering from psychosis has a normal understanding, meaning that in all cases the person should be treated as a normal patient and a human being. (Vuori-Kemilä, Stengård, Saarelainen and Annala 2007, 123.)

Patients that are incapable of tending to themselves, or are a danger to themselves or their surroundings, or organic psychosis needs hospital care, are admitted to an appropriate hospital or ward. In milder cases and the patient voluntarily admits to care, can the patient be sent to a ward of a health care center for further monitoring and care. Involuntary patients can be admitted to psychiatric care by Finnish mental health patient legislation. (Koponen and Sillanää 2005, 127.)

2.6 Mental health patient legislation in Finland

All legislation concerning mental health patients can be used as a guideline when people with psychotic symptoms are admitted to care and might need involuntary care.

The Finnish mental health law states that a patient can only be committed to involuntary care if the patient is diagnosed with one or multiple psychotic symptoms, in the event that the patient's condition suggests that if not committed to care, the patient might be of serious danger to self or other and if any other services are insufficient. An underaged patient can be committed to care regardless of their own will if the patient's condition suggests that he/she will be of danger to self or others and if any other services are insufficient. An underaged patient must be committed to care separate from adults, unless it is seen as a benefit for the patient. (Finlex 954/1992, 8 §.)

If the patient requires immediate care a doctor can write an observation referral with the doctor's signature, thus committing a patient to care regardless of their own will. The referral should contain justifiable statements regarding 8 § conditions of committing a patient to care regardless of their own will. (Finlex 438/2014, 9 §.)

In some cases where the patient does not show up for examinations or the patient leaves the care setting, and there is a pending referral, the hospital faculty are considered to ask help from official authority, such as police and paramedics to escort and accompany the patient back to hospital care. It is stated in Finlex article

438/2014, 31 § that police are obliged to assist in transportation of the patient if there is an acute need and a request for executive assistance is made.

3 Aim, purpose, and research question

This study aims to review literature related to nurses' experience in providing care to mental health patients in emergency departments. The purpose of this thesis is to examine the readiness of nurses to contact mental health patients in emergency departments.

The research question is: What are the nurses' experiences in caring for mental health patients in emergency settings?

4 Methodology

4.1 Literature Review

Literature reviews are done with different purposes and because of this they are made and named differently from each other. In general, their purpose is to find an answer to a question, such as a research problem. Descriptive literature reviews review or describe research dedicated to early and early research, the magnitude, quantity, and depth of the research. (Opinnäytetyön ohjaajan käsikirja 2017.)

A literature review can produce new knowledge capital, thus striving to broaden the significance and meaning of the phenomenon (Ahonen, Jääskeläinen, Kangasniemi, Liikanen, Pietilä & Utriainen 2013, 292). University thesis literature reviews are applicable to use as abstract background analysis for theoretical framework or as a systematic solution for a descriptive literature review (Tuomi & Latvala. N.d).

Descriptive literature review can be described as an overview that is missing precise rules, thus excluding methodical rules in the selection of materials making broadening the usage of materials. Research questions in this case can be wider than in systematic reviews or meta-analysis. (Salminen 2011, 6.)

Salminen (2011,6) also states that a narrative literature review is methodically the lightest form of a literature review. The addressed research history and progress can be described in a broader fashion using this method. Disconnected knowledge is arranged in a continuous event using the narrative method, thus making a 'Scenery of event's'. In this case the narrative review pursues to an outcome that is easy to read.

Finding that the collection of materials for this thesis was challenging due to divided materials and after familiarizing with the different methods of literature reviews, it was clear for the author to come to the conclusion that a descriptive literature review and to use the narrative method serves this thesis best.

4.2 Scientific Article Selection Process

Thesis material and article search was executed with 2 different databases, Pubmed and Cinahl, and using google scholar.

Google scholar is provided by Google as a search engine that uses given keywords, finding articles and research from scientific and academic sources. Search results contained articles, thesis, books, abstracts, presentations, and conference publications published by, among other things, academic publishers, universities, and scientific organizations. (Tritonia, 2017.)

In search of articles, suitable keywords and their combinations were used. Manual search used exploiting libraries for more material. In addition, material was searched from references used in selected research and articles. Selection criteria was used (table 3.) in retrieving material to answer set research question.

Table 3. Selection criteria

- Article is in Finnish or English
- Article is published during 2005-2020
- Materials: Master's thesis or research article that is attainable in full text for JAMK students.
- Material addresses mental health, mental health patients, acute care, nurse experience, emergency department care

In addition, the criteria for the selection process were to find articles and research that were available in full text. The timeline was limited to ten years to find the most recent and up to date material. Research done on the subject was minor, thus making the ten-year time limit relevant, guaranteeing a larger intake. Articles and research results from all databases containing minors and non-acute were excluded.

Table 4. Used Keywords

Psychiatry OR psychiatric OR mental health OR Mental illness
Nurse OR nurses OR nursing
Attitudes OR perceptions OR opinions OR thoughts OR feelings OR beliefs OR views OR experience
Emergency department OR Emergency room

4.3 Analysis and Synthesis of Data

Search was done in Pubmed and Cinahl based on keywords. Cinahl gave 122 results in total and Pubmed gave 688 results in total. After duplicated articles were excluded the articles were chosen by topic or abstract, then those chosen articles were read through and included if they fulfilled the selection criteria. Articles that were not related to mental health illnesses and emergency department had no reliability for the research and were excluded. In total 6 articles were included. Articles were read several times and main ideas gathered and classified, thus making 2 main categories (appendix 3).

The data extraction and synthesis method that was used is called content analysis process. A research with quality and emphasizes on source output, the base process of the research can be known as content analysis process. The meaning of the process is analyzing written and spoken communication, that helps connect context, meaning and results. (Latvala & Vanhanen-Nuutinen 2003, 21-23.)

The start of a content analysis process is simplifying the content. The content and data must aim the criteria for the thesis and the extracted data must answer with simplified terms. After this the data is categorized to find similarities and differences of the simplified terms. Similar terms are put in their own category and is given a category descriptive name. (ibid, 26-29.)

The meaning of a content analysis is to create a verbal and clear description from the researched phenomenon. The aim of a content analysis is to put data into clear and compact form, not losing the information of the data in the process (Tuomi & Sarajärvi 2009, 108.) Content analysis is defined as a method that helps analyze documents systematically and objectively. Researched data can be described using categories, concepts, concept systems concept maps or models. (Kynäs, Elo, Pölkki, Kääriäinen & Kanste 2011, 139.) The article is first selected by the title and/or an interesting abstract. With this process only 11 articles were included. This is marked on the appendix just as a number to keep count on how many articles have been found. Afterwards the article is skimmed and chosen by content including 8 articles and excluding 3 articles. After reading through possible eligible articles, 2 more were excluded because they either had references to other remaining articles, were not related to mental health care in emergency room settings or had no reliability for the research.

With content analysis the data is processed by self, separating useful and irrelevant data, and extracting thesis appropriate data. Finding multiple quality sources becomes a problem, thus it is important to limit the data to match only the researched phenomenon (appendix 3). (Tuomi & Sarajärvi 2009, 92.)

5 Results

Main categories were organized and classified. In addition, subcategories were organized to elaborate the main categories. Two main categories were revealed after reading the articles: Negative experiences and the amount of education and training concerning mental health care and mental health patient communication. Positive attitudes and experiences occurred only when education and training were brought to light. The results were unambiguous as most of the research found stigma and prejudice over mental health patients among emergency department nurses.

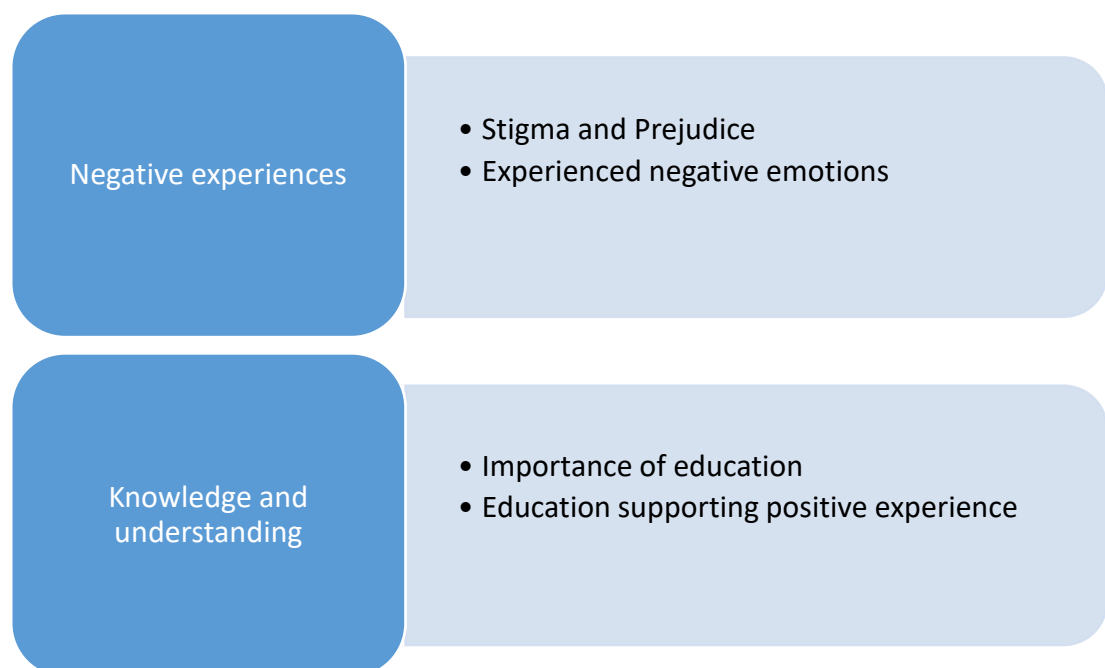


Figure 1. Main Categories explained

5.1 Negative experiences

Stigma and Prejudice

Stereotypes and assumptions about characteristics of people with mental health illnesses still permeate policy, service development and clinical practice, even though public recognition and understanding may have improved (Wand & White 2007). For example, Mental health patients might have a way of inflicting self-harm. Studies

have shown that emergency departments nurses tended to have negative emotions towards those patients. There is also a belief that emergency departments should mainly treat the physical aspect of the patient, thus leaving the mental health assessment to specialist mental health staff. (Koning, McNaught & Tuffin 2017.)

If the self-harm was intentionally a suicide attempt, nurses seem to judge the “genuineness” of the attempt and this influenced their response and care they gave. (Doyle, Keogh & Morrissey 2007). Nurses do provide adequate medical care to mental health patients in the emergency department; however, the patient does not receive much needed psychiatric care, especially when the patient is mentally unstable. Emergency department nurses are compassionate and professional around the patient and family despite the lack of tolerance for the patient type, thus frequently venting frustration to colleagues. (Camilli & Martin 2005.)

Experienced negative emotions

Nurses often held negative attitudes of fear, blame and hostility towards patients with mental health illnesses. Feelings of fear and anger arose from staff members around unpredictable behavior, as well as frustration and hopelessness with frequent repetition of presentations and lack of follow-up services, not just because of the patient, but the in the failure of the psychiatric system. In addition, emotions varied considerably depending on the patient type, for instance aggressive and unstable patients inflicted stress and uneasiness. (Camilli & Martin 2005; Doyle, Keogh & Morrissey 2007; Masuku 2019.) Further, ED nurses feel that any help they offer and give does not seem to make any great deal of difference and does not seem significant, which can contribute to a “who cares” attitude (Koning, McNaught & Tuffin 2017).

Staff that had more work years of experience had attitudes that were negative overall. Most negative attitudes were held by nurses in intensive care, closely followed by ED nurses (Koning, McNaught & Tuffin 2017).

5.2 Nurses knowledge and understanding

Importance of education

Most experts would agree that educational preparation is the key to good care, national and international studies have shown that emergency department staff are not educationally prepared to care for mental health patients (Innes, Morphet, O'Brien & Munro 2013). Education is the key that identifies knowledge gaps and addresses ongoing negative attitudes towards patients (Masuku 2019).

Appropriately educated nurses is identified as a key to managing patients with mental health illnesses. In many cases negative emotions and attitudes rose in light of a perceived lack of knowledge of how to assess a patient from a mental health perspective, and a fear of making a decision that might lead to more problems and self-harm. Education is the most important factor influencing attitudes towards mental illnesses. Staff education has been raised as a concern and several staff members have commented the need to provide further education. As an example, some clinicians form inaccurate perceptions of emergency department consumers. For example, people presenting drug and alcohol problems were frequently and incorrectly addressed and perceived as mental health patients. (Koning, McNaught & Tuffin 2017; Innes, Morphet, O'Brien & Munro 2013.)

Education promoting positive experience

Regular training is crucial in building a knowledge base addressing mental health stigma and negative staff attitudes. For example, psychiatric teams could use an evidence-based teaching programme targeting negative attitudes and skills. Receiving special training brought more confidence in approaching patients. Moreover, improved skills and attitudes are the way to a more compassionate and dignified approach presenting and assessing patients in an emergency department setting. (Koning, McNaught & Tuffin 2017; Masuku 2019.)

The more knowledge nurses had, the more effective they felt, thus attitudes and feelings against patients were less negative when nurses had the education to help more effectively. Training specifically targeted at mental health helped professionals maintain more positive attitudes than those who had not attended training. There has not been reports of any relationship between positivity and work experience among nurses. This might suggest that positive attitudes may be influenced by education and experience together. (Koning, McNaught & Tuffin 2017.)

6 Discussion

6.1 Ethical consideration, validity, and reliability

The responsibility of the researcher for the integrity and sincerity of the research results and for following good scientific practice. If the research has been carried out in accordance with good scientific practice, its results must be ethically acceptable, reliable, and credible. (Tuomi and Sarajärvi 2009, 133.) The reliability of a thesis can be treated in terms of validity and reliability. Validity means the validity of the thesis; whether it has been thoroughly done and whether the results and conclusions obtained are correct. (Saaranen-Kauppin and Puusniekka n.d.). Reliability tells how reliably and reproducibly the results of the thesis can be renewed, so that similar results are reached every time. Reliability is not random (Hiltunen 2009).

In the reliability of the thesis must also be considered the impartiality of the authors. Impartiality can be affected by the perpetrators' gender, age, religion, political attitude, nationality, or position. The aspect of neutrality must always be kept in mind when asking research questions, looking at the phenomenon to which answers and research are desired, because the authors of the thesis create and interpret the research design. (Tuomi & Sarajärvi 2009, 136.) The authors of the thesis must be able to reduce the material so that it describes the phenomenon under study as reliably as possible. To increase the reliability of the content analysis result, it is important that the authors can demonstrate a link between the data and the results. In this case, it is good to have at least two classifiers. (Latvala & Vanhanen-Nuutinen 2003, 36–37.)

The following things have been taken into consideration in this thesis in accordance with the Academy of Finland's research ethics guidelines (2003, 5-6): Researcher respects the work of other researchers and give them meaning in their own work. Researcher observes honesty, general diligence, and accuracy in research work, recording and presentation of results, and evaluation of research results- Researcher implements transparency inherent in the nature of scientific knowledge when publishing

the results of their research. The study has been planned and carried out and reported as required by the scientific information requirements.

The reliability of the thesis is also affected by the authors' mother tongue, which in this case is Finnish, which means that possible errors or misunderstandings when making translations are possible.

One factor in ensuring reliability is the quality of the studies used and the review of their factors. Articles whose authors have a background in nursing or medicine were preferred more than others.

6.2 Discussion of results

Education has been raised as a concern among emergency room staff members when caring for mental health patients. Identifying issues from emergency department nurses viewpoint concerning management of mental health patients provides an important perspective which should be analyzed and developed. (Innes, Morphet, O'Brien & Munro, 2013, 2006.) As said before, the results were unambiguous.

Based on the extracted data from the research articles, nurses' experiences were negative when treating mental health patients. Education and knowledge in nurses work is a significant part in mental health care and clearly raised questions on motivation and positive influence. Nurses should have the competence in mental health care. In comparison to the general public, nurses have more knowledge in treating the patient.

Experience is an essential part of mental health work. As Stuhmiller, Toichard, Thomas, Crespigny, Kalucy and King (n.d) State in their research, that increased knowledge and skill will increase and improve practice and confidence. Nurses in the beginning of their career seem to be more uncertain and did not want to intervene with mental health patients. Nurses that thought that they did not have enough and experience, considered that it was difficult to assess the patient and it was hard to measure, as there was no meter in use. Moreover, some nurses were seen

indifferent and not interested in mental health, and belittled the problem.

(Luukkonen, 2014. 20.) Experience and knowledge brought more to the care and left nurses wanting to learn more about mental health problems. Nurses should recognize their own development needs and should gain more competence through learning and experience according to their own interest.

The employer should provide the employee with an opportunity to talk and share their experiences, especially in situations where the nurse encounters mental or physical violence. Attention should be paid to the workload. Mental support from co-workers also has a positive effect on the nurse's ability to cope with stressful work.

7 Conclusion

Results showing more negative attitudes and experiences is a nationwide concern. The negative emotions, attitudes and experiences were affected by emergency department nurses being ill equipped to care for mental health patients. Lack of skill, knowledge, and aids such as meters were missed to help assess mental health patients. Thus, making mistakes such as mental health patients incorrectly perceived to be patients with drug and alcohol problems and vice versa. Some nurses had the desire to help if they had the knowledge and confidence.

In terms of nursing development, the thesis did not bring forth new knowledge. As Innes, Morphet, O'Brien and Munro (2013) and Masuku (2019) all state in their research, education and knowledge in mental health care is a significant part of nurse's confidence and experience in making contact and caring for mental health illnesses. The need for additional training can also be found from the results in this thesis. Moreover, as numbers in mental health outpatients are growing, it relates to the growing demand for mental health care in emergency departments, thus demanding for additional training.

The readiness and confidence of nurses was insufficient and can be improved by additional training. Luukkonen (2014) states that the requirements for the nurse in the emergency department have not been defined separately by the Finnish Ministry of Education, but the requirements for the nurse in the emergency department are based on the competence requirements of the nurse responsible for general care. Meaning that additional training is a key factor in future care. Topics for further research found on the basis of the literature review:

Nurses experience, how to gain more confidence and value mental health care should be examined more widely so that nurses can be more aware of the treatments and awaken more thoughts on their own behavior.

References

- Ahdistuneisuushäiriöt. Käypä hoito -suositus. Suomalaisen Lääkäriseuran Duodecimin, Suomen Psykiatriyhdistys ry:n ja Suomen Nuorisopsykiatrisen yhdistyksen asettama työryhmä. Helsinki: Suomalainen Lääkäriseura Duodecim, 2019 (Referred to 19.02.2020). www.kaypahoito.fi
- Ahonen, S-M., Jääskeläinen, P., Kangasniemi, M., Liikanen, E., Pietilä A-M. & Utriainen K. 2013. Kuvaileva kirjallisuuskatsaus: eteneminen tutkimuskysymyksestä jäsenettyyn tietoon. *Hoitotiede*, 25, 4, 291-301. (Referred to 7.2.2020.)
- Camilli, V. Martin, J. 2005. *Emergency Department Nurses' Attitudes Toward Suspected Intoxicated and Psychiatric Patients*. Lippincott Williams & Wilkins, Inc. United States.
- Depressio. Käypä hoito -suositus. Suomalaisen Lääkäriseuran Duodecimin ja Suomen Psykiatriyhdistys ry:n asettama työryhmä. Helsinki: Suomalainen Lääkäriseura Duodecim, 2020 (Referred to 27.02.2020). www.kaypahoito.fi
- Doyle, L. Keogh, B. Morrissey, J. 2007. *Caring for patients with suicidal behaviour: an exploratory study*. British Journal of Nursing is the property of Mark Allen Publishing Ltd.
- Hiltunen, L. 2009. *Validiteetti ja reliabiliteetti*. Jyväskylän yliopisto, Graduryhmä 18.2.2009. (Referred to 17.10.2020) http://www.mit.jyu.fi/ope/kurssit/Graduryhma/PDFt/validius_ ja _reliabiliteetti.pdf
- Huttunen, M. *Psykoosi (Mielisairaus)*. Helsinki: Suomalainen lääkäri-seura Duodecim, 2018. (Referred to 27.2.2020) https://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=dlk00411
- Innes, K. Morphet, J. O'Brien, A. and Munro, I. 2013. *Caring for the mental illness patient in emergency departments – an exploration of the issues from a healthcare provider perspective*. Journal of clinical nursing, John Wiley & Sons Ltd.
- Koning, K. McNaught, A. Tuffin, K. 2017. *Emergency Department Staff Beliefs About Self-Harm: A Thematic Framework Analysis*. Springer science + business media, LLC.
- Koponen, L. Sillanpää, K. 2005 *Potilaan hoito päivystyksessä*. Writers and publishing Tammi. Jyväskylä, Gummeruksen kirjapaino.
- KSSHP päivystyksen perehtymisopas, 2019. (Referred to 27.2.2020)
- Kyngäs, H., Elo, S., Pölkki, T., Kääriäinen, M. & Kanste, O. 2011. Sisällönanalyysi suomalaisessa hoitotieteellisessä tutkimuksessa. *Hoitotiede*, 23, 2, 138-148. Hoitotieteen tutkimusseura HTTS ry.

Latvala, E. & Vanhanen-Nuutinen, L. 2003. Laadullisen hoitotieteellisen tutkimuksen perusprosessi: Sisällönanalyysi. Julkaisussa Laadulliset tutkimusmenetelmät hoitotieteessä. Toim. S. Janhonen & M. Nikkonen. 2. uud. p. Helsinki: WSOY, 21–43.

Luukkonen, N. 2014. Potilaan psyykkinen avuntarpeen tunnistaminen päivystyspoliklinikalla sairaanhoitajien näkökulmasta. Itä-suomen yliopisto. (Referred to 18.2.2020)

Masuku, S. 2019. Self-harm presentations in emergency departments: staff attitudes and triage. British Journal of Nursing is the property of Mark Allen Publishing Ltd.

Nummelin, M. 2009. Päivystyspoliklinikalla aloittavan sairaanhoitajan tiedon tarve. Turun yliopisto. (Referred to 10.10.2020)

Saaranen-Kauppinen & Puusniekka. N.d. Tutkimuksen luotettavuus ja arviointi. Kvali-MOTV verkkosivuilla. (referred to 17.10.2020) http://www.fsd.uta.fi/menetelmaopetus/kvali/L3_3.html

Salminen, A. 2011. Mikä kirjallisuuskatsaus? Johdatus kirjallisuuskatsauksen tyyppeihin ja hallintotieteellisiin sovelluksiin. Vaasa: Vaasan yliopiston julkaisuja. (Referred to 23.2.2020)

Simpura, S. 2011. Mielentereys- ja päihdepotilaan kohtaaminen päivystyspoliklinikalla sairaanhoitajien kokemana. Tampereen ammattikorkeakoulu. (Referred to 15.2.2020)

Suhmiller, C. Toichard, B. Thomas, L. Crespigny, C. Kalucy, R. King, D. n.d. Increasing confidence of emergency department staff in responding to mental health issues: An educational initiative. Australian emergency nursing journal.

Sosiaali- ja terveysministeriö. N.d. Päivystys. (referred to 10.10.2020) <https://stm.fi/paivystys>

Sundell, Hyppölä, Paakkonen. 2015. Päivystysten akuuttihuoneet – Miten toiminta rakentuu. Suomen lääkärilehti 25/2015. (Referred to 12.2.2020)

Suomen Akatemian tutkimuseettiset ohjeet. 2003. Pdf-tiedosto Suomen Akatemian verkkosivuilla. (Referred to: 11.11.2020). <http://www.aka.fi/globalassets/awanhat/documents/tiedostot/julkaisut/suomen-akatemian-eettiset-ohjeet-2003.pdf>.

Takamäki, T. 2016. Mielenterveyspotilaan kohtaaminen ensihoidossa. Oulun ammattikorkeakoulu. (Referred to 15.9.2020.)

Terkko. Medic-tietokanta. Helsinki: Helsingin yliopisto. (Referred to 12.2.2020): <http://www.terkko.helsinki.fi/medic-tietokanta>

Tritonia 2017. LibGuides. Tiedonhaku: Google Scholar. (Referred to 12.2.2020): <http://uva.libguides.com/tiedonhaku/googlescholar>

Tuomi, S. & Latvala, E. N.d. Opinnäytetyön ohjaajan käsikirja. AMK ja YAMK –opin-
näytetöiden ohjauksen tueksi. Kirjallisuuskatsaukset. (Referred to 7.2.2020.)
<https://oppimateriaalit.jamk.fi/yamk-kasikirja/kirjallisuuskatsaukset/>
Vaula, E. 2016. Päivystys on päivystyshoitoa varten. Suomen lääkirilehti 39/2016.
(refrred to 25.2.2020)

Tuomi, J. & Sarajärvi, A. 2009. Laadullinen tutkimus ja sisällönanalyysi. Helsinki:
Tammi.

Vuori-Kemilä, A. Stengård, E. Saarelainen, R. Annala, T. 2007. Mielenterveys ja päih-
detyö. WSOY oppimateriaalit Oy, Helsinki.

Wand, T. White, K. 2007. Examining models of mental health service delivery in the
emergency department. Australian and New Zealand Journal of Psychiatry.

Appendices

Appendix 1. Data Search

DATABASE	KEYWORDS	RESULT	ACCEPTED BY TOPIC / ABSTRACT	ACCEPTED BY CONTENT	FULFILLED BY SELECTION PROCESS CRITERIA
Cinahl	Psychiatry OR psychiatric OR mental health AND nurse OR nurses OR nursing AND emergency department OR emergency room	89	1	1	1
	Psychiatry OR psychiatric OR mental health AND nurse OR nurses OR nursing AND Attitudes OR perceptions OR opinions OR thoughts OR feelings OR beliefs OR views OR experience AND emergency department OR emergency room	33	4	2	2

	psychiatry or psychiatric or mental health or mental illness AND nurse or nurses or nursing AND attitudes or experiences AND emergency department or emergency room	24	3	3	2
PUBMED	Psychiatry OR psychiatric OR mental health AND nurse OR nurses OR nursing AND emergency department OR emergency room	688	3	2	1

Appendix 2. Reviewed articles

Author	Published year and country	Title	Research method	Main Results
Camilli, V. Martin, J.	2005, United States.	Emergency Department Nurses' Attitudes Toward Suspected Intoxicated and Psychiatric Patients.	Literature review.	Education and training is needed.
Doyle, L. Keogh, B. Morrissey, J.	2007, United Kingdom.	Caring for patients with suicidal behaviour: an exploratory study.	Qualitative research	Nurses had lack of skills concerning communication and psychology.
Innes, K. Morphet, J. O'Brien, A. Munro, I.	2013, United States.	Caring for the mental illness patient in emergency departments – an exploration of the issues from a health care provider perspective	Data collection, survey.	There were deficits in the education of emergency department staff

Koning, K. McNaught, A. Tuffin, K.	2017, United States	Emergency Department Staff Beliefs About Self-Harm: A Thematic Framework Analysis.	Questionnaire, A thematic framework analysis of interview.	Staff lack understanding and do not feel confident managing patients
Masuku, S.	2019, United Kingdom.	Self-harm presentations in emergency departments: staff attitudes and triage	Literature review.	Integrating psychiatric nurses into ED staff might reflect nursing and strengthen partnership-
Wand, T. White, K.	2007, Australia and New Zealand	Examining models of mental health service delivery in the emergency department.	Literature review	models of service have evolved in response to the growing number of people requiring mental

				health in- terven- tions.
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Appendix 3. Sample of content analysis process

Main Categories	Subcategories	Main Findings
Negative experiences	Stigma and prejudice	Patients offer so much repeat business to the emergency department.
		Clinicians' negative attitudes result in deleterious behaviors reinforced by dogma relating to their own belief systems and interpretation.
	Experienced negative emotions	Nurses have expressed frustration when they feel that whatever help they offer does not seem to make a great deal of difference
Knowledge and understanding	Importance of education	that ED staff must be educationally prepared to care for all patients presenting with an MI, so that appropriate care and management decisions, including referral, can be made.
		ED staff are not educationally prepared to care for MH patients and that this lack of preparation can result in less-than-ideal MH patient management in ED

	Education supporting positive experiences	Staff hoped that these negative perceptions could be changed through education.
		reported feeling less negative about these patients when they had the education to help them more effectively provide treatment. The more knowledge they had, the more effective they felt they were being.