

ED TRIAGE DECISION-MAKING WITH MENTAL HEALTH PRESENTATIONS: A “THINK ALOUD” STUDY

Authors: Diana E. Clarke, PhD, RN, Krystal Boyce-Gaudreau, MN, RN, Ana Sanderson, BNurs, RMN, and John A. Baker, RMN, PhD, Winnipeg, Manitoba, Canada, and Manchester and Leeds, United Kingdom

Introduction: Triage is the process whereby persons presenting to the emergency department are quickly assessed by a nurse and their need for care and service is prioritized. Research examining the care of persons presenting to emergency departments with psychiatric and mental health problems has shown that triage has often been cited as the most problematic aspect of the encounter. Three questions guided this investigation: Where do the decisions that triage nurses make fall on the intuitive versus analytic dimensions of decision making for mental health presentations in the emergency department, and does this differ according to comfort or familiarity with the type of mental health/illness presentation? How do “decision aids” (ie, structured triage scales) help in the decision-making process? To what extent do other factors, such as attitudes, influence triage nurses’ decision making?

Methods: Eleven triage nurses participating in this study were asked to talk out loud about the reasoning process they would

engage in while triaging patients in 5 scenarios based on mental health presentations to the emergency department.

Results: Themes emerging from the data were tweaking the results (including the use of intuition and early judgments) to arrive at the desired triage score; consideration of the current ED environment; managing uncertainty and risk (including the consideration of physical reasons for presentation); and confidence in communicating with patients in distress and managing their own emotive reactions to the scenario.

Discussion: Findings support the preference for using the intuitive mode of decision making with only tacit reliance on the decision aid.

Key words: Emergency department triage; Mental health presentations; Canadian Triage and Acuity Scale; Decision making; Think aloud

General hospital emergency departments are often the first place where individuals and families seek assistance in a mental health crisis.¹ However, ED

Diana E. Clarke is Associate Professor and Associate Dean (Research), College of Nursing, University of Manitoba, Winnipeg, Manitoba, Canada.

Krystal Boyce-Gaudreau is Instructor, Red River College, Winnipeg, Manitoba, Canada.

Ana Sanderson is Senior Practitioner, Salford Mental Health Liaison Team, Greater Manchester West NHS Foundation Trust, Manchester, United Kingdom.

John A. Baker is Professor of Mental Health Nursing, School of Healthcare, University of Leeds, Leeds, United Kingdom.

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For correspondence, write: Diana E. Clarke, PhD, RN, 217 Helen Glass Centre for Nursing, University of Manitoba, Winnipeg, Manitoba, Canada R3T 2N2; E-mail: diana.clarke@umanitoba.ca.

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staff are often ill prepared to care for these psychologically and socially challenging patients who often have complex medical conditions. ED staff may lack confidence in their assessment and treatment of these patients,² they may be frustrated with the revolving-door nature of the presentations,³ or they may reflect generally negative societal attitudes toward mental illness.⁴ The ED environment changes rapidly, and external influences such as acuity and capacity problems in the department can exert effects on a clinician’s decision making or behavior.⁵ The challenge for the triage nurse is to rapidly elicit and synthesize information in a systematic and standardized way to ensure that accurate and consistent decision making occurs for all patients. The conditions under which triage nurses work, however, foster a distinctive set of thinking and problem-solving strategies⁶ that can lead to error or stereotypical thinking that may not be of benefit to the patient. A better understanding of ED triage decision making, particularly when working with patients who present with mental health conditions, has the potential to lead to evidence-informed training and interventions that can increase the accuracy of these often very complex presentations.

Background

Triage, the process whereby persons presenting to the emergency department are quickly assessed and their need for care is prioritized, has often been cited as problematic for persons presenting with mental health problems.^{7,8} Recent revisions to the Canadian Triage and Acuity Scale (CTAS) have been designed to better accommodate these presentations by adding mental health–related modifiers to the standardized entrance reports in order to further refine the triage decision.⁹ To illustrate using the mental health entrance report of “bizarre behavior,” modifiers are uncontrolled behavior (Level 1—immediate attention); uncertain risk for flight or safety (Level 2—emergent); controlled/redirectable (Level 3—urgent); harmless behavior (Level 4—less urgent); and chronic, harmless behavior (Level 5—not urgent). The application further allows clinicians to “override” the computer-generated triage level provided they document their rationale.⁹ Although these revisions have been shown to be of some use in assigning triage categories,¹⁰ the cognitive processes that resulted in the final decision and the role of the CTAS in that decision are as yet unknown.

Studies of clinical decision making in nursing typically put forward the use of 2 primary forms of cognition: analytic reasoning or intuition.¹¹ However, because clinical decisions are rarely “either/or,”¹² with neither type of cognition seen as superior, nurses use a combination of both,¹³ with the deciding factor being the context within which the decision making occurs. Accordingly, this study was guided by the Cognitive Continuum Theory,¹³ a decision-making theory that proposes a continuum of modes of inquiry anchored at opposite ends by analytic reasoning and intuition and an adjacent task continuum ranging from well structured to ill structured. The theory suggests that persons move along the continuum, preferring one type of decision making over another depending on the task at hand.¹⁴ Whether a nurse at triage uses something that looks like intuition or analytic reasoning or some combination of the two may depend on any number of factors. These factors may include the unique characteristics of the presentation, the nurse’s degree of knowledge, previous experience, attitudes toward or comfort with that type of presentation, and the availability of any decision aids or tools that may help the nurse make the decision more objectively and accurately.¹³

Whereas the cognitive and procedural aspects of decision making are well understood, understanding the influence of the more ill-defined affective domain on decision making is crucial^{15,16} because emotions in the emergency department can be powerful. Because mental

health patients may also experience stigma and discrimination when they present for care, the degree to which the attitudes of health care providers influence clinical decisions is of particular concern.

The aim of this study was to use “Think Aloud” methodology to explore how triage nurses in general hospital emergency departments make clinical decisions for patients who present with mental illness–related conditions. Three questions guided this investigation: (1) Where do triage nurses’ decisions fall on the intuitive versus analytic dimensions of decision making for mental health presentations in the emergency department? (2) How does the CTAS as a “decision aid” help in the decision-making process? (3) To what extent do other factors such as attitudes and emotions influence the decision making of triage nurses?

Methods

Think Aloud, a qualitative methodology, is used when investigators want to understand participants’ thought processes as they conduct a particular task without disturbing ongoing processing.¹⁶ The Think Aloud method captures the problem-solving process as it occurs by asking participants to verbalize their thoughts as they occur.¹⁷

SAMPLE

Nurses experienced in triage who worked at regional emergency departments in a moderately sized western Canadian city were recruited through letters or E-mail messages of invitation, posters in staff areas, and presentations by the researchers. A \$50 honorarium was offered to defray expenses such as travel or child care. Recruitment continued until data saturation was achieved.

MENTAL HEALTH SCENARIOS

Twenty mental health scenarios based on a range of actual mental health–related triage encounters abstracted from patient charts were developed as part of a previous study.¹⁰ These scenarios were vetted by an expert panel and tested under research conditions. All scenarios included primary CTAS modifiers (ie, mode of arrival, vital signs, level of consciousness, and mechanism of injury if any), in addition to a narrative description of the patient and any available assessment data. For purposes of this study, 5 scenarios with good inter-rater reliability that were typical of a commonly seen mental health presentation but that also had the potential to elicit some emotional and affective reaction from the participants were selected (Table).

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