Evaluating psychiatric nursing competencies applied to emergency settings: A pilot role delineation study

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ABSTRACT

Background: Despite increasing emergency department (ED) use for psychiatric emergencies, limited evidence exists to clearly identify the competencies necessary of emergency nurses to care for this population.
Purposes: 1. To define the specialized skill and knowledge of emergency nurses by examining the frequency with which recommended psychiatric nursing competencies are performed in the ED setting. 2. To assess emergency nurses' rankings of importance and self-efficacy related to recommended psychiatric nursing competencies in order to explore their relevance to emergency nursing.
Methods: Emergency nurses ($n = 75$) completed a survey ranking the frequency, importance and self-efficacy of 15 psychiatric nursing competencies. Data analysis revealed competency relevance and regression analysis demonstrated factors that may contribute to self-efficacy.
Results: Nurses reported performing psychiatric competencies frequently (mean scores of 0.64 to 3.04). Importance rankings were highest (mean scores of 1.81 to 3.67). Self-efficacy mean scores ranged from 0.89 to 3.47. Frequency and importance of activities predicted higher self-efficacy scores. Younger age and <5 years experience had negative impacts on self-efficacy scores.
Implications: Emergency nurses perform psychiatric competencies often, and existing competencies appear applicable. As frequency and importance of competencies influence self-efficacy, practice and interventions to underscore the importance of competencies may improve self-efficacy. Younger and less experienced nurses might require more support.

1. Introduction

Over the last decade, emergency department (ED) use has increased in developed countries worldwide (Kropp et al., 2007; Lowthian et al., 2011; Pajonk et al., 2008). For instance, in the United States (US) ED use increased by 26%, marked by a concomitant increase in the number of persons with psychiatric illness seeking emergency services (American Psychiatric Association, 2014). Today, 6% of US ED visits nationwide are psychiatric emergencies (Institute of Medicine [IOM], 2012). At the same time, the number of EDs nationwide has decreased by 14% due to cuts in reimbursement from Medicare and Medicaid, as well as denied insurance payments (Larkin et al., 2005). Collectively, these trends contribute to the problem of overcrowding and underfunding of the US emergency medical system, as outlined in the report "The Future of Emergency Care in the United States Health System" (IOM, 2006).

Emergency nurses are often the first-line care providers in psychiatric emergencies (Clarke et al., 2007), yet studies indicate emergency nurses often believe they lack the skills and knowledge to assess and treat psychiatric patients effectively (Broadbent, 2006; Clarke et al., 2005b; Smart et al., 1999). Care of psychiatric patients in the ED evokes strong emotions and negative attitudes among nurses (Anderson, 1997; Bailey, 1998; Crowley, 2000; Hunt, 1993; Mackay and Barrowclough, 2005; McAllister et al., 2002; McLaughlin, 1994; Suokas et al., 2009), possibly because nurses feel unprepared and inadequately trained to care for this patient population (Mackay and Barrowclough, 2005; McAllister et al., 2002; McLaughlin, 1994). Limited evidence exists to clearly identify the knowledge and competencies necessary for the emergency nurse to care for this population of patients (White, 2010b). While emergency nurses have specialized competencies and credentialing programs for trauma and pediatrics, there are no comparable programs for the care of psychiatric patients.

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Table 1
Emergency nurses' mean rankings of frequency, importance and self-efficacy of specific psychiatric competencies.[a,b]

Performance domain	Frequency		Importance		Self-efficacy		p1	p2
	Mean [SD]		Mean [SD]		Mean [SD]			
Assessment								
Suicidal and/or homicidal ideation	3.01	[0.92]	3.44	[0.86]	3.13	[0.78]	0.33	<0.01*
Psychiatric history	2.83	[0.83]	3.16	[0.87]	2.79	[0.92]	0.80	<0.01*
Alcohol and/or substance abuse history	2.89	[0.80]	3.05	[1.03]	2.79	[0.81]	0.35	0.40
Perform psychiatric tests	0.64	[1.06]	1.81	[1.29]	0.89	[1.12]	<0.01*	<0.01*
Review psychiatric medications with patient	2.09	[1.02]	2.66	[1.02]	2.21	[1.06]	0.31	<0.01*
Tasks								
Administer psychotropic medications	2.95	[1.09]	3.47	[0.74]	3.49	[0.74]	<0.01*	0.78
Use techniques to de-escalate an agitated patient	3.03	[1.13]	3.65	[0.53]	2.76	[0.93]	<0.01*	<0.01*
Apply strategies to reduce patient harm to self and/or others	3.04	[1.18]	3.67	[0.60]	2.91	[0.84]	0.19	<0.01*
Manage symptoms in patients with psychiatric disorders	3.01	[1.22]	3.47	[0.68]	2.56	[0.95]	<0.01*	<0.01*
Identify unusual changes in behavior and intervene appropriately	2.95	[1.26]	3.46	[0.76]	2.84	[0.84]	0.23	<0.01*
Knowledge application								
Common psychiatric medications (mechanism of action, side-effects, patient education)	2.40	[1.34]	3.03	[0.85]	2.23	[0.99]	0.07	<0.01*
Medication management of common psychiatric disorders	2.31	[1.39]	3.03	[0.90]	2.23	[1.04]	0.59	<0.01*
Pathophysiology of common psychiatric diagnoses	1.96	[1.43]	2.60	[1.23]	1.89	[1.08]	0.62	<0.01*
Evidence-based instruments to assess risk for common psychiatric problems[c]	0.99	[1.47]	2.19	[1.31]	1.11	[1.22]	0.18	<0.01*
Motivational Interviewing techniques	1.72	[1.51]	2.58	[1.27]	1.85	[1.14]	0.21	<0.01*

* denotes difference is significant at P < 0.05.
a Mean scores are computed from RN rankings on a scale from 0 to 4 of frequency (never, rarely, sometimes, often, all of the time), importance (not important, somewhat important, indifferent, very important, essential) and self-efficacy (very poor, poor, fair, good, very good).
b p1: p-value for difference between frequency and self-efficacy mean scores.
c e.g., Mini-Mental State Examination (MMSE), Beck Depression Inventory (BDI), Suicide Scales.

Some research has supported the development of guidelines or clinical frameworks for emergency nurses to care for psychiatric patients (Hart, 2006; White, 2010a) or to implement specialized emergency psychiatric nursing programs (Clarke et al., 2005b; Eppling, 2008). Two studies have addressed the role of the registered nurse in non-psychiatric settings managing psychiatric patients (Fourie et al., 2005; Kudless and White, 2007); however, neither study addressed emergency nurses directly. There remains a critical need to define the competencies and roles of emergency nurses in caring for patients with psychiatric illness.

Role delineation studies (RDSs) are performed to define the elements that comprise the role of particular practice specialties (McMillan et al., 1995). RDSs can "define the realm of clinical practice, inform care standards, guide nursing education and curriculum development, establish research priorities, and support the development blueprints for examination" (Pellino et al., 2002, p. 289). Drawing from key approaches used for an RDS, this pilot study examined emergency nurses' views of specific competencies related to caring for patients with psychiatric illness (Archives of Psychiatric Nursing, 2011) (Table 1). Using existing psychiatric nursing competencies recommended for all entry-level RNs caring for patients with psychiatric disorders, we examined emergency nurses' reports of (a) frequency, (b) importance and (c) self-efficacy related to three domains (i.e., assessment, tasks and knowledge). Additionally, we assessed whether frequency and importance predict emergency nurses' self-efficacy related to performing recommended psychiatric nursing competencies in the same three domains.

2. Methods

This study used a quantitative, cross-sectional survey design. All nurses (n = 122) working in a 60-bed level-one trauma center/ED located in Northern California were invited to participate in a 20-minute web-based survey administered using SurveyMonkey™. The survey included questions designed to capture the participants' demographic and employment characteristics including age; education level; employment status; time as a registered nurse; time in current position; percentage of time at work spent in direct patient care activities; and frequency caring for patients with psychiatric illness. Competencies were selected a priori from existing psychiatric nursing competencies recommended for generalist entry-level RNs caring for patients with psychiatric disorders based on expert opinion that these competencies would reflect work expected of ED nurses. Following existing role delineation studies (Brown et al., 2012; Glover et al., 2006; McMillan et al., 2002; Thompson and Lulham, 2007), the selected competencies were organized into three performance domains (Assessment, Tasks and Knowledge Application), with five competencies included in each domain. In total, the survey included fifteen competencies and ranking options, using 5-point Likert scales for: (a) the frequency with which the competency is conducted in the ED setting; (b) the importance of the competency to the ED setting; and (c) perceived self-efficacy in performing the competency. While frequency and importance are standard measures in an RDS (Brown et al., 2012; Glover et al., 2006; McMillan et al., 2002; Thompson and Lulham, 2007), self-efficacy (i.e., belief in one's own ability to complete tasks and reach goals) was added to this pilot study in order to better understand emergency nurses' confidence regarding the psychiatric competencies.

Data were analyzed using Stata, Version 13 (College Station, TX) statistical software. Descriptive statistics were used to summarize all survey items, and the results were tabulated to describe frequency, importance and perceived self-efficacy associated with each competency in each of the three survey domains. For each competency in each domain, t-tests were used to compare the equality of means for frequency versus self-efficacy and for importance versus self-efficacy. Linear regression analysis was used to model each self-efficacy item with the corresponding frequency and importance rankings included as predictors and the demographic and employment variables included as control variables.

3. Results

3.1. Demographic and employment characteristics

Seventy-five nurses completed the questionnaire (61.5% response rate). Table 2 describes the demographic and employment