

# Journal of EMERGENCY NURSING

OFFICIAL PUBLICATION OF THE EMERGENCY NURSES ASSOCIATION

- *Helmet Continuous Positive Airway Pressure in the Emergency Department: A Practical Guide*
- *The Path Toward Fellow Designation in the Academy of Emergency Nursing: Understanding and Navigating the Process to Ensure Your Success*
- *Improving Safety and Quality With an Emergency Department Overcrowding Plan*
- *The Management of Children and Youth With Pediatric Mental and Behavioral Health Emergencies*
- *What if It Were Me? A Qualitative Exploratory Study of Emergency Nurses' Clinical Decision Making Related to Obstetrical Emergencies in the Context of a Post-Roe Environment*
- *Assessment of Emergency Department Health Care Providers' Readiness for Managing Intimate Partner Violence and Correlation With Perceived Cultural Competence*
- *"If I Can't Do It, Who Will?" Lived Experiences of Australian Emergency Nurses During the First Year of the COVID-19 Pandemic*
- *Hemolyzed Laboratory Specimens in the Emergency Department: An Underappreciated, but Frequent Problem*
- *Utilizing Clinical Microsystems to Improve Mislabeled Specimen Occurrences in the Emergency Department*
- *Emergency Department Use by Young Adults With Chronic Illness Before and During the COVID-19 Pandemic*
- *Help! Caring for People With Mental Health Problems in the Emergency Department: A Qualitative Study*
- *Traumatic and Routine Stressors in Emergency Nurses: A Turkish Validity and Reliability Study*
- *Workplace Violence and Bullying Faced by Health Care Personnel at the Emergency Department of a Tertiary Care Hospital of Karachi, Pakistan: A Cross-Sectional Study*





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## SEARCH STRATEGY

Set No.	Searched for	Databases	Results
S2	"Nursing"	Ebook Central, Public Health Database, Publicly Available Content Database	579652*
S1	Nursing	Ebook Central, Public Health Database, Publicly Available Content Database	579664*

\* Duplicates are removed from your search, but included in your result count.

# Improving Safety and Quality With an Emergency Department Overcrowding Plan: JEN

[ProQuest document link](#)

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## ABSTRACT (ENGLISH)

### Introduction

Emergency department overcrowding is a concern that predates the recent coronavirus disease pandemic. Overcrowding in the emergency department continues to worsen internationally. There are multiple combined strategies that help to maintain quality and safety by reducing patient wait times, left-without-being-seen rates, and the length of time a patient stays in the emergency department. The objective of the project was to use an interdisciplinary team to strengthen and revise the emergency department overcrowding plan to reduce the patient wait times, length of stay, and the left-without-being-seen rates.

### Methods

The quality improvement team used interprofessional collaboration to focus on 3 areas of the emergency response plan. The team automated an instrument to measure overcrowding in the emergency department, developed a tiered response plan to overcrowding, and implemented a standardized multidisciplinary paging protocol.

### Results

The emergency department overcrowding plan resulted in a 2.7% decrease in the left-without-being-seen rates, a 42-minute (14.5%) decrease in median emergency department length of stay, and a 3.56-hour (33.3%) decrease in daily overcrowding.

### Discussion

Emergency department overcrowding is influenced by a multitude of factors. The development and implementation of an efficient and effective overcrowding plan have significant value for patient quality and safety as well as health system planning. An effective response to emergency department overcrowding is a pre-established plan that incrementally uses system-wide resources to support emergency department functions as the census and patient acuity fluctuate.

# Hemolyzed Laboratory Specimens in the Emergency Department: An Underappreciated, but Frequent Problem: JEN

[ProQuest document link](#)

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## ABSTRACT (ENGLISH)

### Introduction

Hemolysis of blood samples from emergency department (ED) patients leads to delays in treatment and disposition. The aim of this study is to determine the frequency of hemolysis and variables predictive of hemolysis.

## Methods

This observational cohort study was conducted among three institutions: academic tertiary care center and two suburban community EDs, with an annual census of over 270,000 ED visits. Data were obtained from the electronic health record. Adults requiring laboratory analysis with at least one peripheral intravenous catheter (PIVC) inserted within the ED were eligible. Primary outcome was hemolysis of lab samples and secondary outcomes included variables related to PIVC failure.

## Results

Between January 8, 2021 and May 9, 2022, 141,609 patient encounters met inclusion criteria. The average age was 55.5 and 57.5% of patients were female. Hemolysis occurred in 24,359 (17.2%) samples. In a multivariate analysis, when compared to 20-gauge catheters, smaller 22-gauge catheters had an increased odds of hemolysis (OR 1.78, 95% confidence interval (CI) 1.65-1.91;  $P < .001$ ), while larger 18-gauge catheters had a lower odds of hemolysis (OR 0.94; 95% CI 0.90-0.98;  $P = .0046$ ). Additionally, when compared to antecubital placement, hand/wrist placement demonstrated increased odds of hemolysis (OR 2.06; 95% CI 1.97-2.15;  $P < .001$ ). Finally, hemolysis was associated with a higher rate of PIVC failure (OR 1.06; 95%CI 1.00-1.13;  $P = 0.043$ ).

## Discussion

This large observational analysis demonstrates that lab hemolysis of is a frequent occurrence among ED patients. Given the added risk of hemolysis with certain placement variables, clinicians should consider catheter gauge/placement location to avoid hemolysis that may result in patient care delays and prolonged hospital stays.

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# What if It Were Me? A Qualitative Exploratory Study of Emergency Nurses' Clinical Decision Making Related to Obstetrical Emergencies in the Context of a Post-Roe Environment: JEN

[ProQuest document link](#)

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## ABSTRACT (ENGLISH)

### Introduction

Previous research describes a significant knowledge deficit in obstetrical care in emergency settings. In a post-Roe environment, additional medicolegal challenges are documented across the obstetrics and gynecology landscape, but an understudied care setting is the emergency department, where patients may present to a practice environment where there is limited or no obstetrical care available. It is unknown how emergency nurses make decisions around these types of presentations. The purpose of this study was to explore the clinical decision-making processes of emergency nurses in the care of patients with obstetrical emergencies in the context of limited or absent access to abortion care and the impact of those processes on patient care.

### Methods

Qualitative exploratory approach using interview data ( $n = 13$ ) and situational analysis was used.

### Results

Situational mapping uncovered human elements comprised nurses, providers, pregnant people, and families; nonhuman elements comprised legislation, education, and legal understanding. Social worlds mapping included challenges of inexperience, conflict about clinical responsibility, uncertainty about the meaning of legislation, and passivity around implications for patient care. Positional mapping yielded both the overlapping discourses around the phenomenon of interest and the area of silence around abortion-limiting legislation.

## Discussion

We found that emergency nurses in states with abortion care-limiting laws had significant self-reported deficits in both education and training around the management of obstetrical emergencies. In this sample, there was a surprising lack of awareness of care-limiting legislation and the clinical, ethical, and legal implications for both emergency care staff and for patients.

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# Supporting Emergency Care Delivery Through Updated Emergency Nurse Practitioner Competencies: JEN

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## ABSTRACT (ENGLISH)

As multidisciplinary emergency care becomes increasingly complex, all team members must be aware of their respective roles and responsibilities. In the emergency department, nurse practitioners are integral members of the team. They possess a wide range of clinical and leadership competencies that allow them to perform specific and differentiated tasks within the emergency department. A well-defined competency not only contributes to the promotion of a positive work culture but also clarifies performance expectations, identifies skill gaps, and supports team development. Furthermore, it allows the nurse practitioner to adapt to changing conditions while maintaining patient safety. The competencies of emergency nurse practitioners have evolved over the past 2 decades. The authors discuss the importance of establishing clear expectations for emergency nurse practitioner practice in this article and the alignment of competencies with organizational culture and objectives.

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# Information for Readers: JEN

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# Help! Caring for People With Mental Health Problems in the Emergency Department: A Qualitative Study: JEN

## ABSTRACT (ENGLISH)

### Introduction

After coronavirus disease 2019, there has been an increase in patients in the emergency department with mental health conditions. They are usually received by professionals who are not specialized in mental health. This study aimed to describe nursing staff's experiences in the emergency department, in the care they provide to people with mental health problems who often feel stigmatized by society and also in health care settings.

### Methods

This is a descriptive qualitative study with a phenomenological approach. The participants were nurses from the Spanish Health Service from the emergency department of the Community of Madrid hospitals. Recruitment was performed by convenience sampling snowball sampling until data saturation was met. Data were collected through semistructured interviews conducted during January and February 2022.

### Results

The exhaustive and detailed analysis of the nurses' interviews made it possible to extract 3 main categories—health care, psychiatric patient, and work environment—with 10 subcategories.

### Discussion

The main study findings were the need to train emergency nurses to be prepared to care for people who experience mental health concerns including bias education and the need for implementation of standardized protocols. Emergency nurses never doubted their ability to care for people experiencing mental health disorders. Still, they recognized that they needed specialized professionals' support at certain critical moments.

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## The Gathering: JEN

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## The Gender-Diverse and Transgender Patient: A Special Population in Trauma Care: JEN

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# Board of Directors: JEN

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## Traumatic and Routine Stressors in Emergency Nurses: A Turkish Validity and Reliability Study: JEN

[ProQuest document link](#)

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### ABSTRACT (ENGLISH)

#### Introduction

Emergency nurses face traumatic and stressful events of many different forms and severity. The aim of this study is to test the validity and reliability of the Traumatic and Routine Stressors Scale on Emergency Nurses in Turkey.

#### Methods

This methodological study was conducted with 195 nurses who had been working in the emergency service for at least six months and could be reached via an online questionnaire. Opinions of 9 experts were obtained with the translation-back translation method for linguistic validity, and the Davis technique was used for testing content validity. Test-retest analysis was used to test the time-invariance of the scale. Construct validity was evaluated with exploratory and confirmatory factor analyses. The reliability of the scale was evaluated based on item-total correlation and Cronbach's alpha coefficients.

#### Results

The expert opinions were found to be in agreement with each other. Factor analysis results were acceptable, the Cronbach's alpha coefficients of the scale were 0.890 for the frequency factor, 0.928 for the impact factor, and 0.866 for the total scale. It was determined that the correlation values for the time-invariance of the scale were 0.637 for the frequency factor and 0.766 for the effect factor, and the scale had good test-retest reliability.

#### Discussion

The Turkish version of the Traumatic and Routine Stressors Scale on Emergency Nurses, has high levels of validity and reliability. We recommend that the scale be used to evaluate the state of being affected by traumatic and routine stressors among emergency service nurses.

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## Emergency Nursing Review Questions: September 2023: JEN

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# Utilizing Clinical Microsystems to Improve Mislabeled Specimen Occurrences in the Emergency Department: JEN

[ProQuest document link](#)

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## ABSTRACT (ENGLISH)

### Introduction

Mislabeled specimen collection in the emergency department has the potential to significantly harm patients. Studies suggest that improvement efforts can reduce specimen rejection from the laboratory and reduce mislabeled specimens in emergency departments and hospital-wide.

### Methods

The clinical microsystems approach was used to understand the problem of mislabeled specimens in an emergency department that is part of a 133-bed community hospital in Pennsylvania. Plan-Do-Study-Act cycles were implemented with the help of a clinical microsystems coach.

### Results

Significant reductions in mislabeled specimen collection were observed over the study period ( $P < .05$ ). Sustainable improvements were achieved over the >3 years since the improvement initiative began in September 2019.

### Discussion

Improving patient safety in complex clinical settings requires a systems approach. Using the established framework of clinical microsystems, along with a tenacious and persistent interdisciplinary team, helped create a reliable process for minimizing mislabeled specimens in the emergency department.

# Emergency Department Use by Young Adults With Chronic Illness Before and During the COVID-19 Pandemic: JEN

[ProQuest document link](#)

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## ABSTRACT (ENGLISH)

### Introduction

There was a significant decrease in emergency department encounters during the COVID-19 pandemic. Our large urban emergency department observed decreased encounters and admissions by youths with chronic health conditions. This study aimed to compare the frequency of emergency department encounters for certain young

adults before the pandemic and during the COVID-19 pandemic.

### Methods

A retrospective cohort study using medical records of patients ages 20 to 26 years from October 2018 to September 2019 and February 2020 to February 2021. Files set for inclusion were those with a primary diagnosis of human immunodeficiency virus, diabetes mellitus, epilepsy, cerebral palsy, sickle cell disease, asthma, and certain psychiatric disorders for potentially preventable health events.

### Results

We included 1203 total encounters (853 before the pandemic and 350 during the pandemic), with the total number of subjects included in the study 568 (293 before the pandemic to 239 during the pandemic). During the pandemic, young adults with mental health conditions (53.1%) accounted for most encounters. Encounters requiring hospital admissions increased from 27.4% to 52.5% during the pandemic, primarily among patients with diabetes (41.8% vs 61.1%) and mental health conditions (50% vs 73.3%).

### Discussion

The number of young adults with certain chronic health conditions decreased during COVID-19, with encounters for subjects with mental health conditions increasing significantly. The proportion of admissions increased during the pandemic with increases for subjects with mental health disorders and diabetes. The number of frequent users decreased during COVID-19. Future research is needed to understand better the causes for these disparities in young adults with chronic conditions who use the emergency department as a source of care.

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## Editorial Board: JEN

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## Leveraging Large Language Models to Improve Triage Accuracy in Emergency Departments: JEN

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## Protecting Lives and Preserving Dignity: Emotional Safety in Emergency Nursing: JEN

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## “If I Can’t Do It, Who Will?” Lived Experiences of Australian Emergency Nurses During the First Year of the COVID-19 Pandemic: JEN

[ProQuest document link](#)

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### ABSTRACT (ENGLISH)

#### Introduction

The World Health Organization estimates that approximately 180,000 health care workers have died in the fight against COVID-19. Emergency nurses have experienced relentless pressure in maintaining the health and well-being of their patients, often to their detriment.

#### Methods

This research aimed to gain an understanding of lived experiences of Australian emergency nurses working on the frontline during the first year of the COVID-19 pandemic. A qualitative research design was used, guided by an interpretive hermeneutic phenomenological approach. A total of 10 Victorian emergency nurses from both regional and metropolitan hospitals were interviewed between September and November 2020. Analysis was undertaken using a thematic analysis method.

#### Results

A total of 4 major themes were produced from the data. The 4 overarching themes included mixed messages, changes to practice, living through a pandemic, and 2021: here we come.

#### Discussion

Emergency nurses have been exposed to extreme physical, mental, and emotional conditions as a result of the COVID-19 pandemic. A greater emphasis on the mental and emotional well-being of frontline workers is paramount to the success of maintaining a strong and resilient health care workforce.

## The Path Toward Fellow Designation in the Academy of Emergency Nursing: Understanding and Navigating the Process to Ensure Your Success:

## ABSTRACT (ENGLISH)

The Academy of Emergency Nursing was established to honor emergency nurses who have made enduring and substantial contributions that have had significant impact and continue to advance the emergency nursing specialty. Nurses who have been recognized as having made enduring and substantial contributions to emergency nursing achieve fellow status in the Academy of Emergency Nursing and are conferred the credential, Fellow of the Academy of Emergency Nursing. Academy of Emergency Nursing Board Members want to dismantle any structural barriers, clarify any misunderstandings or mysteries, and support diverse candidates by providing clear and equitable resources about the path toward fellow designation and the application process. Therefore, the purpose of this article is to support interested persons in their path toward Academy of Emergency Nursing fellow designation and give explicit details of each section of the application to develop a shared understanding among potential applicants, sponsors, and Fellows of the Academy of Emergency Nursing.

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## Helmet Continuous Positive Airway Pressure in the Emergency Department: A Practical Guide: JEN

## ABSTRACT (ENGLISH)

Helmet continuous positive airway pressure is a simple, noninvasive respiratory support strategy to treat several forms of acute respiratory failure, such as cardiogenic pulmonary edema and pneumonia. Recently, it has been largely used worldwide during the COVID-19 pandemic. Given the increased use of helmet continuous positive airway pressure in the emergency department, we aimed to provide an updated practical guide for nurses and clinicians based on the latest available evidence. We focus our attention on how to set the respiratory circuit. Moreover, we discuss the interactions between flow generators, filters, and positive end-expiratory pressure valves and the consequences regarding the delivered gas flow, fraction of inspired oxygen, positive end-expiratory pressure, and noise level.

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## Workplace Violence and Bullying Faced by Health Care Personnel at the Emergency Department of a Tertiary Care Hospital of Karachi, Pakistan: A Cross-Sectional Study: JEN

## ABSTRACT (ENGLISH)

### Introduction

The emergency department is the most affected by physical and verbal abuse and bullying in health care. Violence against health care workers not only affects their safety, but also their performance and motivation. This study aimed to determine the prevalence and associated determinants of violence against health care personnel.

### Methods

A cross-sectional study design was used with 182 health care personnel at the emergency department tertiary care hospital of Karachi, Pakistan. Data were collected through a questionnaire comprised of 2 sections: (1) demographic questions and (2) statements to identify the prevalence of workplace violence and bullying among health care personnel. Nonprobability purposive sampling was used for recruitment. Binary logistic regression was used to identify the prevalence and determinants of violence and bullying.

### Results

Most participants were younger than 40 years of age ( $n = 106$ , 58.2%). Participants were mainly nurses ( $n = 105$ , 57.7%) and physicians ( $n = 31$ , 17.0%). Participants reported experiencing sexual abuse ( $n = 5$ , 2.7%), physical violence ( $n = 30$ , 16.50%), verbal abuse ( $n = 107$ , 58.8%), and bullying ( $n = 49$ , 26.9%). The odds of experiencing physical violence were 3.7 times greater (confidence interval = 1.6-9.2) when there was not a procedure for reporting workplace violence compared to when there was a procedure.

### Discussion

Attention is required to identify the prevalence of workplace violence. Creating effective policies and procedures for a reporting system would potentially lead to lowering violence rates and positively impacting health care workers' well-being.

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# The Management of Children and Youth With Pediatric Mental and Behavioral Health Emergencies: JEN

[ProQuest document link](#)

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## ABSTRACT (ENGLISH)

Mental and behavioral health (MBH) emergencies in children and youth continue to increasingly affect not only the emergency department (ED), but the entire spectrum of emergency medical services for children, from prehospital services to the community. Inadequate community and institutional infrastructure to care for children and youth with MBH conditions makes the ED an essential part of the health care safety net for these patients. As a result, an increasing number of children and youth are referred to the ED for evaluation of a broad spectrum of MBH emergencies, from depression and suicidality to disruptive and aggressive behavior. However, challenges in providing optimal care to these patients include lack of personnel, capacity, and infrastructure, challenges with timely access to a mental health professional, the nature of a busy ED environment, and paucity of outpatient post-ED discharge resources. These factors contribute to prolonged ED stays and boarding, which negatively affects patient care and ED operations. Strategies to improve care for MBH emergencies, including systems level coordination of

care, is therefore essential. The goal of this policy statement and its companion technical report is to highlight strategies, resources, and recommendations for improving emergency care delivery for pediatric MBH.

## Bibliography

Citation style: APA 6th - Annotated with Abstracts - American Psychological Association, 6th Edition

Improving safety and quality with an emergency department overcrowding plan: JEN. (2023). *Journal of Emergency Nursing*, 49(5), 680-693. doi:<https://doi.org/10.1016/j.jen.2023.06.002>

**Introduction**Emergency department overcrowding is a concern that predates the recent coronavirus disease pandemic. Overcrowding in the emergency department continues to worsen internationally. There are multiple combined strategies that help to maintain quality and safety by reducing patient wait times, left-without-being-seen rates, and the length of time a patient stays in the emergency department. The objective of the project was to use an interdisciplinary team to strengthen and revise the emergency department overcrowding plan to reduce the patient wait times, length of stay, and the left-without-being-seen rates.**Methods**The quality improvement team used interprofessional collaboration to focus on 3 areas of the emergency response plan. The team automated an instrument to measure overcrowding in the emergency department, developed a tiered response plan to overcrowding, and implemented a standardized multidisciplinary paging protocol.**Results**The emergency department overcrowding plan resulted in a 2.7% decrease in the left-without-being-seen rates, a 42-minute (14.5%) decrease in median emergency department length of stay, and a 3.56-hour (33.3%) decrease in daily overcrowding.**Discussion**Emergency department overcrowding is influenced by a multitude of factors. The development and implementation of an efficient and effective overcrowding plan have significant value for patient quality and safety as well as health system planning. An effective response to emergency department overcrowding is a pre-established plan that incrementally uses system-wide resources to support emergency department functions as the census and patient acuity fluctuate.

Hemolyzed laboratory specimens in the emergency department: An underappreciated, but frequent problem: JEN. (2023). *Journal of Emergency Nursing*, 49(5), 744-754. doi:<https://doi.org/10.1016/j.jen.2023.06.001>

**Introduction**Hemolysis of blood samples from emergency department (ED) patients leads to delays in treatment and disposition. The aim of this study is to determine the frequency of hemolysis and variables predictive of hemolysis.**Methods**This observational cohort study was conducted among three institutions: academic tertiary care center and two suburban community EDs, with an annual census of over 270,000 ED visits. Data were obtained from the electronic health record. Adults requiring laboratory analysis with at least one peripheral intravenous catheter (PIVC) inserted within the ED were eligible. Primary outcome was hemolysis of lab samples and secondary outcomes included variables related to PIVC failure.**Results**Between January 8, 2021 and May 9, 2022, 141,609 patient encounters met inclusion criteria. The average age was 55.5 and 57.5% of patients were female. Hemolysis occurred in 24,359 (17.2%) samples. In a multivariate analysis, when compared to 20-gauge catheters, smaller 22-gauge catheters had an increased odds of hemolysis (OR 1.78, 95% confidence interval (CI) 1.65-1.91;  $P < .001$ ), while larger 18-gauge catheters had a lower odds of hemolysis (OR 0.94; 95% CI 0.90-0.98;  $P = .0046$ ). Additionally, when compared to antecubital placement, hand/wrist placement demonstrated increased odds of hemolysis (OR 2.06; 95% CI 1.97-2.15;  $P < .001$ ). Finally, hemolysis was associated with a higher rate of PIVC failure (OR 1.06; 95%CI 1.00-1.13;  $P = 0.043$ ).**Discussion**This large observational analysis demonstrates that lab hemolysis of is a frequent occurrence among ED patients. Given the added risk of hemolysis with certain placement variables, clinicians should consider catheter gauge/placement location to avoid hemolysis that may result in patient care delays and prolonged hospital stays.

What if it were me? A qualitative exploratory study of emergency nurses' clinical decision making related to obstetrical emergencies in the context of a post-roe environment: JEN. (2023). *Journal of Emergency Nursing*, 49(5), 714-723. doi:<https://doi.org/10.1016/j.jen.2023.06.009>

**Introduction**Previous research describes a significant knowledge deficit in obstetrical care in emergency settings. In a post-Roe environment, additional medicolegal challenges are documented across the obstetrics and gynecology landscape, but an understudied care setting is the emergency department, where patients may present to a practice environment where there is limited or no obstetrical care available. It is unknown how emergency nurses make decisions around these types of presentations. The purpose of this study was to explore the clinical decision-making



processes of emergency nurses in the care of patients with obstetrical emergencies in the context of limited or absent access to abortion care and the impact of those processes on patient care. **Methods** Qualitative exploratory approach using interview data (n = 13) and situational analysis was used. **Results** Situational mapping uncovered human elements comprised nurses, providers, pregnant people, and families; nonhuman elements comprised legislation, education, and legal understanding. Social worlds mapping included challenges of inexperience, conflict about clinical responsibility, uncertainty about the meaning of legislation, and passivity around implications for patient care. Positional mapping yielded both the overlapping discourses around the phenomenon of interest and the area of silence around abortion-limiting legislation. **Discussion** We found that emergency nurses in states with abortion care-limiting laws had significant self-reported deficits in both education and training around the management of obstetrical emergencies. In this sample, there was a surprising lack of awareness of care-limiting legislation and the clinical, ethical, and legal implications for both emergency care staff and for patients.

Supporting emergency care delivery through updated emergency nurse practitioner competencies: JEN. (2023). *Journal of Emergency Nursing*, 49(5), 654-660. doi:<https://doi.org/10.1016/j.jen.2023.05.005>

As multidisciplinary emergency care becomes increasingly complex, all team members must be aware of their respective roles and responsibilities. In the emergency department, nurse practitioners are integral members of the team. They possess a wide range of clinical and leadership competencies that allow them to perform specific and differentiated tasks within the emergency department. A well-defined competency not only contributes to the promotion of a positive work culture but also clarifies performance expectations, identifies skill gaps, and supports team development. Furthermore, it allows the nurse practitioner to adapt to changing conditions while maintaining patient safety. The competencies of emergency nurse practitioners have evolved over the past 2 decades. The authors discuss the importance of establishing clear expectations for emergency nurse practitioner practice in this article and the alignment of competencies with organizational culture and objectives.

Information for readers: JEN. (2023). *Journal of Emergency Nursing*, 49(5) doi:[https://doi.org/10.1016/S0099-1767\(23\)00190-3](https://doi.org/10.1016/S0099-1767(23)00190-3)

Help! caring for people with mental health problems in the emergency department: A qualitative study: JEN. (2023). *Journal of Emergency Nursing*, 49(5), 765-775. doi:<https://doi.org/10.1016/j.jen.2023.04.007>

**Introduction** After coronavirus disease 2019, there has been an increase in patients in the emergency department with mental health conditions. They are usually received by professionals who are not specialized in mental health. This study aimed to describe nursing staff's experiences in the emergency department, in the care they provide to people with mental health problems who often feel stigmatized by society and also in health care settings. **Methods** This is a descriptive qualitative study with a phenomenological approach. The participants were nurses from the Spanish Health Service from the emergency department of the Community of Madrid hospitals. Recruitment was performed by convenience sampling snowball sampling until data saturation was met. Data were collected through semistructured interviews conducted during January and February 2022. **Results** The exhaustive and detailed analysis of the nurses' interviews made it possible to extract 3 main categories—health care, psychiatric patient, and work environment—with 10 subcategories. **Discussion** The main study findings were the need to train emergency nurses to be prepared to care for people who experience mental health concerns including bias education and the need for implementation of standardized protocols. Emergency nurses never doubted their ability to care for people experiencing mental health disorders. Still, they recognized that they needed specialized professionals' support at certain critical moments.

The gathering: JEN. (2023). *Journal of Emergency Nursing*, 49(5), 645-646. doi:<https://doi.org/10.1016/j.jen.2023.06.013>

The gender-diverse and transgender patient: A special population in trauma care: JEN. (2023). *Journal of Emergency Nursing*, 49(5), 675-679. doi:<https://doi.org/10.1016/j.jen.2023.06.005>

Board of directors: JEN. (2023). *Journal of Emergency Nursing*, 49(5) doi:[https://doi.org/10.1016/S0099-1767\(23\)00189-7](https://doi.org/10.1016/S0099-1767(23)00189-7)

Traumatic and routine stressors in emergency nurses: A Turkish validity and reliability study: JEN. (2023). *Journal of Emergency Nursing*, 49(5), 776-784. doi:<https://doi.org/10.1016/j.jen.2023.04.005>

**Introduction**Emergency nurses face traumatic and stressful events of many different forms and severity. The aim of this study is to test the validity and reliability of the Traumatic and Routine Stressors Scale on Emergency Nurses in Turkey.**Methods**This methodological study was conducted with 195 nurses who had been working in the emergency service for at least six months and could be reached via an online questionnaire. Opinions of 9 experts were obtained with the translation-back translation method for linguistic validity, and the Davis technique was used for testing content validity. Test-retest analysis was used to test the time-invariance of the scale. Construct validity was evaluated with exploratory and confirmatory factor analyses. The reliability of the scale was evaluated based on item-total correlation and Cronbach's alpha coefficients.**Results**The expert opinions were found to be in agreement with each other. Factor analysis results were acceptable, the Cronbach's alpha coefficients of the scale were 0.890 for the frequency factor, 0.928 for the impact factor, and 0.866 for the total scale. It was determined that the correlation values for the time-invariance of the scale were 0.637 for the frequency factor and 0.766 for the effect factor, and the scale had good test-retest reliability.**Discussion**The Turkish version of the Traumatic and Routine Stressors Scale on Emergency Nurses, has high levels of validity and reliability. We recommend that the scale be used to evaluate the state of being affected by traumatic and routine stressors among emergency service nurses.

Emergency nursing review questions: September 2023: JEN. (2023). *Journal of Emergency Nursing*, 49(5), 796-798. doi:<https://doi.org/10.1016/j.jen.2023.05.003>

Utilizing clinical microsystems to improve mislabeled specimen occurrences in the emergency department: JEN. (2023). *Journal of Emergency Nursing*, 49(5), 694-702. doi:<https://doi.org/10.1016/j.jen.2023.04.011>

**Introduction**Mislabeled specimen collection in the emergency department has the potential to significantly harm patients. Studies suggest that improvement efforts can reduce specimen rejection from the laboratory and reduce mislabeled specimens in emergency departments and hospital-wide.**Methods**The clinical microsystems approach was used to understand the problem of mislabeled specimens in an emergency department that is part of a 133-bed community hospital in Pennsylvania. Plan-Do-Study-Act cycles were implemented with the help of a clinical microsystems coach.**Results**Significant reductions in mislabeled specimen collection were observed over the study period (P 3 years since the improvement initiative began in September 2019).**Discussion**Improving patient safety in complex clinical settings requires a systems approach. Using the established framework of clinical microsystems, along with a tenacious and persistent interdisciplinary team, helped create a reliable process for minimizing mislabeled specimens in the emergency department.

Emergency department use by young adults with chronic illness before and during the COVID-19 pandemic: JEN. (2023). *Journal of Emergency Nursing*, 49(5), 755-764. doi:<https://doi.org/10.1016/j.jen.2023.04.006>

**Introduction**There was a significant decrease in emergency department encounters during the COVID-19 pandemic. Our large urban emergency department observed decreased encounters and admissions by youths with chronic health conditions. This study aimed to compare the frequency of emergency department encounters for certain young adults before the pandemic and during the COVID-19 pandemic.**Methods**A retrospective cohort study using medical records of patients ages 20 to 26 years from October 2018 to September 2019 and February 2020 to February 2021. Files set for inclusion were those with a primary diagnosis of human immunodeficiency virus, diabetes mellitus, epilepsy, cerebral palsy, sickle cell disease, asthma, and certain psychiatric disorders for potentially preventable health events.**Results**We included 1203 total encounters (853 before the pandemic and 350 during the pandemic), with the total number of subjects included in the study 568 (293 before the pandemic to 239 during the pandemic). During the pandemic, young adults with mental health conditions (53.1%) accounted for most encounters. Encounters requiring hospital admissions increased from 27.4% to 52.5% during the pandemic, primarily among patients with diabetes (41.8% vs 61.1%) and mental health conditions (50% vs

73.3%). Discussion The number of young adults with certain chronic health conditions decreased during COVID-19, with encounters for subjects with mental health conditions increasing significantly. The proportion of admissions increased during the pandemic with increases for subjects with mental health disorders and diabetes. The number of frequent users decreased during COVID-19. Future research is needed to understand better the causes for these disparities in young adults with chronic conditions who use the emergency department as a source of care.

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