

5-2013

Emergency Department Staff Perception of the Role of Social Work and the Social Worker in the Emergency Department

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Recommended Citation

Stepka, Natasha M., "Emergency Department Staff Perception of the Role of Social Work and the Social Worker in the Emergency Department" (2013). *Master of Social Work Clinical Research Papers*. Paper 262.
http://sophia.stkate.edu/msw_papers/262

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Emergency Department staff perception of the role of social work and the
social worker in the Emergency Department

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment in the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

ABSTRACT

Changes to the healthcare system such as a decrease in resources, combined roles of emergency department personnel, and delivery of mental health treatment in emergency departments has necessitated further investigation of the role of social workers in the emergency department.

Using a qualitative research design, eight participants from rural emergency departments were surveyed regarding how they perceived mental health emergencies and mental health crises within the emergency department, and their perceptions of the social work role.

Findings of this study suggest that a social worker is a valuable addition to the interdisciplinary team in the emergency department. Additionally it indicated that mental health interventions and services remain stigmatized, caring for mental health patients impacts the care of other patients, the emergency department has become a point of entry for many resources, there is a lack of training in mental health services, and a lack of understanding in the specific skill set and role of social work.

These findings support the importance for social work presence in the emergency department as well as the need for future research in various areas related to social work and mental health within hospital emergency departments.

ACKNOWLEDGEMENTS

I would like to acknowledge and thank my committee members for the development of this research: Greg Jones, BSN, FNE, MA, Molly Sheppard, MSW, LGSW, and Richa Dhanju, Ph.D. (chair). I would also like to acknowledge the emergency department staff, who work tirelessly to provide quality care to their patients. Thank you for all that you do.

TABLE OF CONTENTS

Section	Page
Table of Contents	4
I. Introduction	5
II. Literature Review	7
III. Conceptual Framework	16
IV. Methodology	19
V. Findings	24
VI. Discussion	32
VII. Conclusion	35
VIII. References	37
Appendix A: Participant Consent Form	39
Appendix B: Schedule of Interview Questions	41

INTRODUCTION

An estimated 1.7 million people in the United States rely entirely on Emergency Departments for all their health care needs (Ponto & Berger, 1992).

Emergency Departments (thereafter EDs) have often been difficult places for persons with mental illness and substance abuse disorders. ED staff are not only challenged with limited space, time, resources, but often have minimal training about mental illness, and experience multiple competing priorities (Andes & Shattell, 2011).

Research suggests the defined role of an emergency department social worker is somewhat unclear among other professionals working within the ED. A study by Cowles & Lefcowitz (1992) compared the interdisciplinary expectations of the social worker role within a hospital setting and found that the perceptions of what constituted social work in the ED varied between social workers and ED clinicians (i.e. physicians, nurses, and ED technicians).

ED staff faces many difficulties without the presence of a social worker in the department, especially when dealing with patients presenting with mental illness and substance abuse. They are often not equipped to deal with the complexities of patients presenting with mental illness- which often extend beyond the “physical illness” and interplay into housing, vocation, etc. They are faced with the difficult task of making community referrals or complicated assessments, and often don’t have the specific training to do so. It is important for medical professionals working in a hospital setting to understand the training, background, and skill set that the ED social worker can bring to

the medical field, as ED social workers are typically trained to clinically diagnose mental health patients and handle mental health crises.

The purpose of this qualitative study is to further examine the perception of Emergency Department staff concerning the value of social work in the ED. Other related intended purpose of this study is to examine the competency of emergency department staff in handling mental health crises. For purposes of this study, a mental health crisis refers to a situation where an individual presents to the ED because of a traumatic situation, complications of mental illness, or due to poor coping mechanisms; whereas a mental health emergency refers to a medical emergency resulting from a crises (e.g., suicide attempt, overdose, etc.). The completion of this study will provide an educational component that benefits both social workers—knowing how their role is perceived and enabling them to better market their skills in the emergency setting—and emergency department staff—how the competencies, special skill sets, and educational background of social workers will enhance the care of the populace they serve.

This research study examines the perceptions of ED staff about the role of the social worker and social work in hospital EDs. A qualitative study utilizing a schedule of interview questions will be used to gather the information. Medical doctors, registered nurses, and emergency medical technicians in a hospital ED will be interviewed. The research will include eight qualitative interviews.

My interest in this topic derives from my observations while employed in an ED¹. During said employment, I have become increasingly aware of the complexity involved with providing care to patients suffering from mental illness, substance abuse, or any co-

¹ Observations come from my lens as a social worker while employed as an emergency medical technician for the past five years.

morbidity. Furthermore, the benefit of witnessing the ongoing frustrations and hearkening concerns of ED staff in regards to a need for better management of crisis patients has bequeathed me the opportunity to bring resolution—through research—where in many cases none exist. I have also witnessed the benefits of the presence of social work in the department, and decided to explore this area further to determine staff perception of the role of social work in the ED.

LITERATURE REVIEW

Introduction

Emergency Departments are medical treatment facilities specializing in acute care of patients who present without prior appointment, either by their own means or by ambulance (personal experience, 2011). An ED can either be hospital based or a stand-alone facility. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries—one of which may be life-threatening and require immediate attention. Recently EDs have also become important entry points for those without other means of access to medical care.

Insufficient resources for mental health services have been widely acknowledged in the literature (e.g., Andes & Shattell, 2011; Brown et al., 1999; Ponto & Berger, 1992; Shattell & Andes, 2011). Often times, mental health patients require more time to assess, and at times, vague and non-specific symptoms present challenges to the ED staff. Staff also faces difficulties in accessing community resources, either because they are unaware of the accessibility of these resources or because they may be difficult to obtain after

hours or on weekends. Enhancing availability and coverage of mental health services in ED is often suggested to improve ED functioning (Dion et al, 2010).

It has generally been assumed that social work services should be available on a 24-hour basis, as the need of services during evening and weekend hours has been demonstrated through a number of studies (for example, Clark & Hughes, Dion et al, 2010; 2007; Zigmond, 2012). While most urban hospitals include social workers in the ED, many other hospitals in rural or suburban areas still lack this valuable resource. In Minnesota alone, the Twin Cities area hospitals have historically been the only facilities that staff social workers in the ED. Many other hospitals throughout the state rely on on-call staff (personal experience, 2011). An on-call employee is one who can be summoned when necessary to respond to an incident (www.medical-dictionary.com) Research indicates that including social workers in the ED can actually reduce challenges to ED staff and cut costs associated with patient admissions (Brown et al., 1999). Yet, it is common for patients to wait many hours sitting in the ED waiting for services.

The functions performed by a hospital's emergency department have changed dramatically in recent years because a number of factors, including changes in government policies and regulation, in the nature and types of conditions that require ED services, and in the populations served by these facilities (Ponto & Berger, 1992). The National Association of State Mental Health Program Director reports that nearly 4,000 state psychiatric hospital beds have been eliminated since 2010, a year when 46 states faced budget shortfalls (Zigmond, 2012). As a result of lack of resources, patients end up going to the only place that has 24/7 care, and that is the ED.

Waiting in the Emergency Department

The increasing number of patients presenting to the emergency department with mental illness has contributed to longer wait times for all persons seeking medical care. “Sixty percent of emergency room physicians believe the increase in ED visits by individuals with mental illnesses is having a negative impact upon access to emergency medical care for all patients” (The Bazelon Center for Mental Health Law, n.d.). A study by Auerbach and Mason (2010) identified that mental health related ED visits in the U.S. increased 75 percent between 1992 and 2003. The situation is getting worse. ED visits continue to increase, contributing to increased ED wait times and overcrowding in the department. Mental health patients in the Clarke and Hughes (2007) study reported that they thought mental health presentations were triaged ‘at the bottom of the list’. The participants indicated that it was not unusual to wait 8-10 hours for care. They reported feeling abandoned, and that their mental health concerns were not worthy of attention. Having the patient sit in the ED also contributes to longer wait times for other patients, and overcrowding of ED rooms in use just waiting for the arrival of a social worker. This time spent waiting also leaves the ED staff to care for the patient until a more appropriate care provider arrives.

ED’s are open 24 hours a day, 7 days a week, and are obvious places to visit for individuals who have a mental-health related crisis. Clarke et al. (2007) held eight focus groups with mental health patients and their families which assessed this phenomenon. Participants stated that they frequently used the ED because there was ‘nowhere else to go’ (Clarke et al., 2007). However, these patients typically do not fit into the treatment norm of the ED, and thus tend to disrupt normal flow. When a typical patient arrives to

the ED, they are triaged (assigned a level of urgency), registered, treated, and then discharged. Mental health emergencies disrupt this flow, usually delaying the process for both themselves and other patients while they await assessment and treatment from an on-call social worker.

In recent years, there have been increasing complaints that people with chronic mental illness impede access to care and contribute to ED overcrowding (Stanton, 2005). “Basically, the ER has gone from an emergency room to a place where all of society’s problems show up. One of those is mental health issues” (Zigmond, p. 32). Because of difficulties in obtaining primary care appointments, lack of community resources, or lack of health care coverage, many people use the ED for care. Funn & Woodruff (2011) state that the ED may be the only place individuals with mental health issues have contact with health professionals. The resources and intensive care required for these patients has an impact of the quality of care for all other patients in the ED (Owens, Mutter, & Stocks, 2010).

Many individuals with mental illnesses are repeat users of the ED. In part, this is because follow-up discharge from the ED is consistently low. Patients may lack available community resources, insurance coverage, or access to a primary care physician. Thus, they use the ED for all of their medical/psychological needs. A study of psychiatric ED patients revealed that only 41% of these patients followed up with aftercare recommendations (The Bazelon Center for Mental Health Law, n.d.). The lack of follow-up also leads to subsequent ED visits by the same patient.

ED Staff: Stressed and Unprepared

Patients who repeatedly visit hospital ED's for mental health interventions have increased the stress and time pressure of staff in the ED. Medical personnel generally lack specialized training in mental health and are overwhelmed by the large number of patients needing mental health services (Dion et al., 2010). In Clarke and Hughes (2007), participants with mental health issues felt that they were not a priority in the ED. They felt that they were labeled and that their concerns were dismissed. One participant said, "Once you're identified as a psych patient, even if you have physical problems like a migraine, you're still treated as a psych patient" (Clark & Hughes, p. 128).

Stanton (2005) adds that ED nurses often minimize the concerns of patients with acute exacerbations of psychiatric illnesses. He states that, "maybe we are more comfortable with and less judgmental about people with physical illnesses (pg. 13). ED nurses tend to be comfortable and confident in physical illness, but lack the training necessary to care for this population (Stanton, 2005). He goes on to say that, "we tend to believe that mental health concerns don't require specialized services, or else that the problems are caused by behaviors that could be resolved by the patient taking more responsibility" (Stanton, p. 13).

This is not necessarily due to lack of empathy, but rather Clarke, Dusome & Hughes (2007) argue that ED staff often feel they lack the skills to assess and treat mental health clients effectively, creating a sense of tension around the care of psychiatric patients. Nurses lack the specialized training in mental health and are overwhelmed by the large number of patients (Stanton, 2005). Few clinical practice guidelines are available for emergency care providers in the ED, and with no formal training, the staff

are unprepared to deal with complexity of the problem. They address patients' basic needs (e.g., physical concerns, vital signs, and dietary needs), but often do not address their emotional needs (Shattell & Andes, 2010). While all EDs have psychiatrists and/or social workers on call, to respond to emergency situations, they are not available to meet the immediate and specific needs of the patient.

Although emergency care providers (i.e., doctors, nurses, emergency department technicians) are trained to deliver physical treatment for patients, there is lack in knowledge and available resources in the delivery of mental health services at many hospitals. "There is a need for emergency care providers to move beyond medical treatment and to acquire expertise in the delivery of mental health intervention services (Brown, et al, p. 36)." Funn & Woodruff (2011) suggest that incorporating standardized screening for mental health problems in the ED may be appropriate, especially among those presenting with alcohol-related problems. In the study completed by Dion et al (2010), 76 percent of nurses, 50 percent of physicians and 50 percent of residents stated that they would like to have some training on the assessment of suicidal ideation.

Another major problem argues Kunen & Mandry (2006) is that many patients have co-occurring disorders. Co-occurring disorders describes the presence of two or more disorders at the same time. Psychiatric disorders frequently co-occur with serious health problems and can complicate or cause slow recovery if left untreated. ED patients also show higher prevalence rates for problematic alcohol/mental health co-morbidity than the rates found in the general population (Funn & Woodruff, 2011).

History of Social Work in the ED

Social workers have been working in hospital settings for over a century. They were initially introduced during the infection epidemics of 1918 after the devastating consequences of World War I. They were first invited in by physicians who identified that the success of medical treatment involves more than sciences. Securing concrete resources, assisting families' transitioning back home and employment following injury or illness became key functions of medical social workers (Fleit, 2008). Social workers were initially introduced into ED's in the 1970s to help with difficult social and/or psychologically disturbed patients (Bennett, 1973). Social workers were recognized as having the skills to put in place an appropriate discharge plan to dovetail with medically recommended processes.

Over the century, however, the roles and responsibilities of hospital social workers have evolved both in responses to the needs of the patients and in partly due to the changes in the profession. Social workers came to identify themselves as mental health professionals, and as experts in psychosocial assessments and treatment. Planning for discharge became a secondary focus to their more therapeutic role (Fleit, 2008). The role of the social worker continues to evolve, impacting both their professional identity and their practice within the medical setting.

Role of Social Work in the ED

ED's have only recently begun to provide dedicated social work services for their patients. However, the role of the social worker in the ED is not clearly defined because of their non-medical nature (Auerbach & Mason, 2010). These contributions include

assessing the social service needs of patients and families, counseling, finding suitable referrals, and connecting patients to community resources (Auerbach & Mason, 2010). There is no published statistics on how many social workers are assigned to ED's in the United States, but the National Association of Social Workers (NASW) reported that 12.2% of licensed social workers worked in hospitals, and 72% of their time was devoted to direct patient contact (Whitaker, Weismiller, Clark & Wilson, 2006).

The role of an ED social worker is unique. ED social workers work in a fast-paced environment with ever changing variables in a workday. These variables may include working short-staffed, with communication differences within the interdisciplinary team, and a wide range of patients, from those asking for community resources to suicidal patients. ED social workers have unique challenges including clinical mental health evaluation and diagnosis, referrals to community resources, financial assistance, child and vulnerable adult reporting, and working with victims of sexual assault (personal experience, 2011).

Benefits of the Presence of Social Workers

Gordon's (2001) research suggests that the cost of adding social services to the ED would be significantly offset by the decreased utilization of frivolous ED visits. Furthermore, Auerbach & Mason (2010) suggest that the cases assigned to social workers involve an array of factors beyond the scope of diagnosis alone, further confirming the need for social work services in the ED. Auerbach and Mason (2010) also found that connecting patients to the services they need at home and in the community avoids unnecessary hospital admissions and reduces insurance costs.

In addition to providing better care to the patients, social workers in the ED provide relief and support to the ED staff. Groner (1978) suggests that social workers can support the pressures on emergency staff by communicating with patients and their families during busy times. Van Pelt (2010), states that “social workers can reduce stress on the medical staff by taking care of the psychological needs of the patient, preparing them mentally for difficult or complex medical treatment, or assuring them that family members have been contacted” (Van Pelt, p. 13). Groner (1978) states that social workers are in a position of knowing which community resources are available to meet the needs of the patient. Social workers provide assessments for patients and families, counseling and referrals (Auerbach&Mason, 2010). They become invaluable team members who can identify issues related to problematic help-seeking behavior (Keehn et al, 1994). A study by Dion et al. (2010), presented that ED staff place high value on having access to emergency mental health services, are pleased with the quality of services, and appreciate that the social worker’s presence which allows them to spend more time with other patients.

Groner (1978) suggests that the social worker also provide valuable follow-up services in selected cases where the need is indicated. The social workers provide better access to community resources and can refer patients to appropriate services. Ponto & Berger (1992) add that the extent that the patient follows through on a referral, the more the community benefits through reduced crime rates and frivolent medical care.

In addition to providing valuable follow-up, social workers reduce hospital admissions. Auerbach and Mason’s (2010) research found that the majority of social work dispositions were to home (54%) or a nursing facility (8.4%). Only 16% of the

patients seen by social work were admitted to the hospital. Keeping patients out of the hospital and providing community based supports can help prevent many patients from experiencing deteriorating health.

Conclusion

The field of social work continues to grow and change. Groner (1978) states, “more and more frequently, social workers are being called upon to serve in the Emergency Department. The way social workers respond to these requests will be an important factor in determining the future role of social workers in medical settings” (p. 28). When mental health patients seek assistance in EDs, how they are treated shapes their perceptions of the health service system and their future involvement with it (Clarke & Hughes, 2007). Therefore, a caring, non-judgmental approach towards patients with mental illness must be taken.

CONCEPTUAL FRAMEWORK

Social workers in hospitals continue to be challenged by both internal and external factors impacting their professional identity and their practice. The purpose of this study is to examine the perceptions of hospital staff, specifically staff in the ED, about the role of the social worker and of social work in the department. The two key frameworks that guide this study are provided by crisis theory and role theory.

The term 'crisis' has been defined in many ways. Kanel (2003) states that an actual crisis has three parts. The three aspects of a crisis are: (1) A precipitating event occurs; (2) the perception of this event leads to subjective distress; and (3) usual coping methods fail, leading the person experiencing the event to function psychologically, emotionally, or behaviorally at a lower level than before the precipitating event occurred. This definition has provided the framework for the development of the theory and practice of crisis intervention.

Crisis intervention was initially developed as a response to the growing demand for services in situations where immediate assistance was required for large numbers of individuals. Eric Lindemann and Gerald Caplan have been instrumental in the development of crisis work. Lindemann studied grief reactions experienced by relatives of the victims in the Coconut Grove fire in Boston. The fire was the deadliest known night club fire in the world, killing 492 people and sending 166 to area hospitals (www.cocoanutgrovefire.org). Lindemann and others from Massachusetts played an active role in helping survivors who had lost loved ones in the fire. Before this, only psychiatrists had provided services for those with emotional symptoms of anxiety and depression, and these symptoms were thought to stem from personality disorders or biochemical illnesses. Lindemann and Caplan later established a communitywide program of mental health in Massachusetts that became known as the Wellesley Project. Much of current-day crisis intervention theory has come from the Wellesley project. A major response to this community mental health effort was 24-hour emergency services (Kanel, 2003).

Crisis intervention is the starting point for crisis theory. This research implies that social workers practice crisis intervention strategies within hospital ED. However, the research seeks to examine the perception of ED staff of patients in crisis, as well as the role of the social worker in responding to these crises.

As the literature review suggests, ED staff are often ill-prepared in dealing with mental health crises. Crisis theory is often contradictory to their training in the medical model. The medical model suggests that mental disorders are the product of physiological factors and should be treated as physical diseases. In the medical model, these diseases are often treated with medications. Crisis theory on the other hand utilizes crisis intervention strategies, which include talk therapy, counseling, support groups, and community resources.

The second theory used is role theory. The term role theory points to the “expansive and variegated body of analyses examining the linkages between the social organization, culture and performances that human give while engaged in interaction” (Fusenig, 2012). This research examines the perception or roles, specifically how ED staff perceive the role of social work in the ED. Each member of the ED has their role in patient care, as do social workers. Role theory refers to the expectations each have from holders of certain positions, and each person has a perception of those positions. The purpose of the research is to also examine the role of the medical model versus the role of clinical social work practices in psychiatric crises.

This research uses the framework of crisis theory and role theory to determine the perception of ED staff of social workers and of social work as a profession in the ED.

Both theories were utilized to guide the research, both for formulating the qualitative interview questions and in guiding its methodology.

METHODOLOGY

Research Design

This research study is designed to explore ED staff views on the role of social work in the ED. This study employs a qualitative research design to query a random, non-probable snowball sample of ED staff concerning their competence and comfort ability on issues of mental health crises, their perception of the role of social work in the department, and areas for improving care for mentally ill patients in the ED. It is a qualitative study that seeks to evaluate the relationships between personal views, professional competence, and practice methods by examining 11 schedule questions (Appendix C). The researcher asked these questions because of concerns about hospital staffs' ability with mental health issues and the need to improve processes with mentally ill patients in the ED.

Sampling

This study is a qualitative interview of ED professionals in rural hospitals. This research aims to explore the use of social work and social workers in the hospital ED. Participants were gathered using a snowball sample that was initiated with the assistance of a committee member. He requested prospective participants to get in touch with the

researcher directly and to snowball further to increase the participant pool. All prospective participants were asked to participate in an interview with the researcher outside of their work place and at a venue that would be most convenient for them. All identifying information of these participants, including their names, employers, specific duties, etc. was kept confidential. Each participant was asked if they knew any additional person(s) who may be interested in participating in the research. They requested all prospective participants to get in touch with the researcher directly.

Protection of Human Subjects

In order to protect the respondents in this research study, a research proposal was submitted to the Institutional Review Board at the College of St. Catherine for approval prior to data collection. The subjects who chose to participate in the study were provided a handout that contained an implied consent page. This letter introduced the subject to the background and purpose of the research and addressed procedures, risks and benefits, compensation, confidentiality, the voluntary nature of the study and contact information (Appendix B). The participants were also given contact information for the primary researcher, the faculty research chair, Dr. Richa Dhanju, and Dr. John Schmitt, Chair of the College of St. Catherine Institutional Review Board. The respondents were informed that their participation in this study was completely voluntary and strictly limited to the 25-35 minutes it would take to complete the personal interview. No further involvement would be requested and a copy of the results would be available to all who requested it. After reading this implied consent, they provided their consent by participating in the interview, if they did not consent; they did not proceed with the interview process.

Their personal interview responses would be completely anonymous to any other individual besides the primary researcher to allow for confidentiality for the participants. There would be no foreseeable benefits to participation, other than contributing to the knowledge base of social work practice. A potential risk or discomfort to participation would be the disclosure of private information regarding the participants' personal beliefs and behaviors. Participants were warned of this potential discomfort and informed that they could discontinue the interview at any time if they became distressed or uncomfortable with the personal nature of the questions. This study was non-threatening to the staff because it was exploring their views about the role of social work in the ED to provide better patient care and increased support for patients with mental illness. The data is stored on an audio recorder and transcribed onto a portable hard drive, which is kept in a locked file in the primary researcher's home office until completion of the Clinical Research Project and Presentation in May 2013. Only the primary researcher and Research Committee Chair have access to the collected data, and again the responses are anonymous. Consent to participate in this research study would be implied by their completion of the interview.

Data Collection

Data was collected through the use of qualitative interview questions developed specifically for this research study. The questionnaire included 11 open-ended questions requiring in-depth responses (Appendix C). It was developed out of the literature review, utilizing key themes in the research. Follow-up questions were utilized only when necessary to clarify participants' responses. The semi-structured interview process was

utilized to gain key information from the 11 questions, but also to allow for some deviance from the structure when appropriate. Interviews were conducted face-to-face between the participant and the primary researcher. Each interview was audio-recorded.

The interview was composed to gather information around five key ideas: including role of the practitioner in the emergency department, perceptions of mental health crises/emergencies in the ED, comfort ability and competency in handling mental health crises/emergencies, the role of social work in the ED, and suggestions for improvement of care of mental health emergencies. The interview began with having the respondent describe their role in the ED, including what their job duties include. The second section asked participants about their perceptions of mental health in the ED; looking at assumptions and stigma associated with the population, how patient's with mental illness affect care of other patients, and factors that attribute to the use of the ED by patient's with mental health concerns. Part three addressed participants comfort level and competence in handling psychiatric emergencies and the differences they presented when compared to physical illnesses. Section four examined the participants' view of social work in the ED, what their role is, and the benefits they provide. Questions examine the benefits both with mental health emergencies and non-crises situations. The fifth and final section contains suggestions for improving the quality of care provided to mental health patients, both by advancing current interventions and highlighting any services that are lacking.

Data Analysis

This current research study uses qualitative methods to analyze the acquired data in order to better understand the perceptions of ED staff on the role of social work in the department. Once the interviews were conducted and audio-taped, the primary researcher transcribed all the interviews. After transcription, the primary researcher identified themes in the all of the interviews conducted. Data was analyzed by coding themes and trends in the interviews. Once themes were identified, they were compared to the themes in the literature review. The analysis includes quotations from the interviews to support or contradict the themes in the literature review.

Strengths and Limitations

A strength of this research study is the inquiry it creates into a field that is typically ignored. The interdisciplinary approach necessary for treatment in a crisis situation is vital to the treatment of the patient. Rarely has the perception of social workers and the role of social work been examined by other disciplines within the ED. However, this current study is limited to the perceptions and beliefs of social workers and social work in one geographic location. There is no ability to generalize the findings to all social workers in all ED's. Also, there may be a bias in responses, as those staff members with an increased interest in issues with social workers or social work within in the department may be more inclined to participate, while those with a decreased interest or higher levels of discomfort with social workers or social work within the department may be reluctant to participate. Additionally, because the primary researcher works in the field of

emergency services, respondents may answer differently than if they were speaking to someone in an unrelated profession.

FINDINGS

Demographics

Demographics of participants included a total of eight (n=8) participants. Of these eight participants, five (n=5) participants indicated that they were ED Nurses, two (n=2) participants indicated they were ED Technicians, and one (n=1) indicated that they were an ED Manager. All of the participants indicated that they currently worked in rural hospitals. All of the participants were women, between the ages of 27 and 52 years old. One woman identified herself as Hispanic, the other seven participants were Caucasian. All of the participants had multiple years of experience working in the ED; two participants stated five to ten years, four participants had ten to fifteen years, and 2 participants had over fifteen years' experience in the field.

Overview of Findings

The purpose of this research project was to determine the perception of emergency department staff on the role of social workers in the ED. Using qualitative interview questions, this researcher was able to identify five major themes connected with their perceptions.

Participants were also asked about their perceptions of mental health patients and patients experiencing mental health crises. Each participant worked in rural hospitals,

where social workers were only available on an on-call basis. The research also examined their perceptions about the addition of a social worker as a member of the ED team.

Themes

Major Theme #1: Mental Health Remains Highly Stigmatized

All of the participants were asked about their perceptions of mental illness and the patients that present to the ED with a mental health complaint. Of the eight participants, five participants used negative language to describe patients with mental illness. The remaining three identified other systemic issues pertaining to these patients.

I think of people that are just paranoid, or people who come in that are under the influence of alcohol that has an underlying mental illness. I think of people that are just very flat and hardly answer questions, or are hyper religious . . . Weird, strange, hopeless . . . said an ED technician. A nurse with over fifteen years' experience in the ED and additional experience in emergency medical response stated: *They're crazy, high maintenance. They can be dangerous; they lie, frustrating for staff.* Yet, another ED technician stated: *We tend to think of them as being crazy . . . legitimately crazy.*

Other staff identified more systemic issues pertaining to mental illness. A nurse with over ten years' experience said: *I think of a lack of follow through with medicines, lack of access, and a lot of multi-system use.* An ED nurse with over fifteen years' experience commented: *I don't really like to deal with schizophrenia because I don't really understand it. And I think those are the ones that make me the most nervous.* A registered nurse with over ten years in the field stated: *We can't fix these people. I think that's the bottom line.*

Regardless of years of experience or title within the department, each person used stigmatizing or provocative language to identify patients with mental illness. Despite community efforts to increase mental health awareness, stigmatization remains a problem, even among healthcare staff which is entrusted with their care.

Major Theme #2: Mental Health Patients Affect Care of All

All eight of the participants identified that caring for mental health patients affects their care of other patients in the department. Often times, practitioners spend extra time gathering data, assessing the patient, and securing the safety of the patient and staff in the department. The time spent in these activities often leaves other patients waiting for care; it contributes to longer department wait times, and contributes to staff burnout.

One ED nurse said: *It takes away from your ability to care for other patients, you know you spend your time doing case management type of stuff, the follow up, sometimes you're an investigator, sometimes you're filling a social worker role, sometimes you're, ah, if they're in a state of agitation, you're spending time just trying to get them to calm down. It's not technically busy work, but it's mentally draining work.* An ED manager with over fifteen years' experience in the field had this to say: *Well, it just consumes a ton of your time. Like . . . almost, you don't want to say your other patients get neglected, but they don't receive the attention they would if you didn't have that mental health or psych patient you were caring for. Umm . . . they need a lot of resources and a lot of attention.* An ED technician with five years' experience stated: *It can be very wearing at times . . . draining.* Another nurse stated: *Ah, sometimes they can demand a lot more of your time, especially in the emergency room . . . we kind of have revolving*

doors. And if a mental health patient is actually in crisis, then you have to take the time to talk with them and try to figure out what's going on or when it started, and it can take a lot more time than somebody with a broken arm, where it's obvious what the problem is and how we're going to fix it. Sometimes these people sit here all night long. It's not right for them, it's not right for us, and it's not right for everybody else who's a patient either.

Another nurse commented on the complexity of caring for a patient with mental illness. *Some of these patients are very abusive towards us. It gets very hard to understand where they're coming from when all they're doing is verbally or physically abusing you. All we do then is lock them up or give them medications that incapacitate them.* Another nurse stated: *They're pushed off to the side. It's time consuming and I think a lot of the patients, when they come in with pain, it's really mental. It's not physical.*

While mental health patients can present complicated symptomology, the care of these patients affect the care of all patients in the ED. While most of the respondents indicated that the care of non-mental health patients were most commonly affected, two of the respondents did not agree with this. They indicated that care of the patient with mental illness was more adversely affected. Nonetheless, all respondents reported that the care of patients with mental illness contributed to a backlog within the department, contributing to longer ED wait times and increased stress on staff.

Major Theme #3: Emergency Department “Dumping Ground”

With limited community resources and lack of mental health inpatient beds, the ED has become a primary point of access to resources. This has contributed to more patients accessing the ED for services. While these patients wait for the on-call crisis worker, their care is left to the ED staff.

One nurse with over 20 years' experience said: *Oh, very common. I don't think a shift goes by that we don't see somebody with a mental illness. And so many people out there have them that come in and aren't even being seen for their mental illness, normally its other things that we're seeing them for.* Another nurse stated: *On a daily basis you see it. And I think a lot of times we just push it off to the side and don't even, we pretend we don't know it's there, but we do know it's there. And this is what is causing some of their problems, but we don't want to deal with it. So, we push it to the back burner, and we don't deal with it.* This particular quote is very telling. This informant is recognizing the problem with the current perceptions and systemic issues in ED work with mentally ill patients.

A nurse who's worked in multiple emergency response settings stated this about the prevalence of mental health emergencies in the department: *Very, very common. It seems to be getting worse and worse and worse. I think since the last, within the last ten years, the advent of more psychiatric drugs . . . I actually think ER visits have gone up.* An ED nurse with over five years' experience stated: *I think we're the drop off point for everybody else. Anybody who doesn't know what to do with somebody who's in a state of crisis, they bring them to the emergency room. Regardless of what that complaint is, whether it's mental illness, if its chemical dependency, if its rape and trauma, if its*

behavior problems, if it's, ah anything. So if police bring them in, family members who are exhausted and tired . . . I think that we are the dumping point whenever somebody doesn't know what to do with them. Period. Even coming straight from the doctor's office, frequently they're coming straight from physician's offices.

ED's are becoming more than just a place for medical emergencies. With limited community resources and an increase in demand, the ED has become the place to go to receive care for just about anything. This phenomenon has left the staff feeling overburdened and ill-prepared to deal with the plethora of patient complaints presenting to the department.

Major Theme #4: Role of Social Worker in ED Beneficial, yet Undefined

All eight of the participants stated that the addition of a social worker would benefit the ED overall. It would benefit the care of mentally ill patients, as well as other (not mentally ill) patients in the department. The participants identified access to resources, relieving the burden on medical staff, and eliminating repeat visits as some of the key benefits to a social work presence.

Both nurses indicated that the addition of a social worker on staff would be beneficial to the department. *I think it would have a tremendous impact on relieving the burden from nurses who are providing the care. They can be utilized to set up doctor's appointments, access medicine, and not just with mental health, but with chronic illness patients too. Those without access to primary care or need referrals to pay for meds and getting signed up for county or state assistance.*

An on-staff social worker would be a huge benefit. For one, it would increase patient satisfaction. They don't have to wait four or five hours until a crisis person can come. They might also have a continuum of care.

However, another nurse, with over five years' experience, wasn't even sure of the role of the social worker. She simply asked: *Is that a crisis worker?* Another nurse stated: *They don't have much interaction with us. So, I don't really know what they do.* One nurse had the following to say about the role of social work within the department: *Both the nursing staff and the doctors kind of leave the finality of the decision to the crisis worker. They can decide whether you're okay for stabilization and you can go home, or whether you need to be inpatient.*

The role of social work is often vague and unspecified. They often carry alternative titles, making their credentials difficult to name. Each respondent clearly identified the social worker or crisis worker as being beneficial to the department, despite not knowing exactly what their duties include.

Major Theme #5: Lack of Specialized Training and Lack of Desire

All of the respondents indicated that they had received some form of restraint training. However, in-depth or specialized mental health training has not been received. Many of the respondents, however, expressed clearly that they did not want any additional training by their employer. There was an overwhelming lack of desire to learn more or care for patients with mental illness.

One nurse stated: *They teach us de-escalation, but we don't have the time. The stuff that they teach you, you don't have enough time to do. I mean, they want us to do*

that, and that's great. You try the techniques, but we don't have hours to spend in here. We have three other patients that we need to take care of. Another nurse with over ten years' experience stated: *A lot of it is focused on staying safe, nothing on helping in a crisis situation. That's not really our primary focus in the emergency room. People who are interested in in more education, or who have a desire to work in mental health, should pursue that on their own, and it probably wouldn't be for work in emergency medicine.*

We could take more time, if you actually want to be empathetic or even slightly therapeutic, and try to listen to them while they're here, but I'm not trained for that and we really don't have the staff for that Stated a nurse with ten years' experience in emergency medicine. A nurse with over twenty years' experience stated this about her lack of desire for specialized training: *I'm not a psych nurse; I don't want to be a psych nurse. I don't want the training. I don't want to be trained on it, because that's not what I want to do.*

An ED technician commented on the complexity of mental illness. *It's hard to prioritize; to make them seem like why they're here is also as important as other people. It's foreign to some people, not everybody is on the same page with mental health. They have their own personal views about mental health, and mental health is not very straight forward. It's not like a physical illness, which is much more concrete. Sometimes, we don't even know where to start?*

While caring for patients' with mental illness can be difficult, there is also a clear lack of desire to do so. The training is primarily focused on verbal de-escalation and physical restraint, with little to no sensitivity or crisis intervention training. This is very

difficult for professionals trained in emergency medicine, as they are facing an increase in patients presenting with mental health issues and no significant training responses.

DISCUSSION

In recent years there have been many cuts to community agencies, making resources for mental health difficult to access. The combination of increased public awareness and fewer community resources have contributed to an influx of mental health cases in the ED. As a result, ED staff are facing new challenges in caring for these patients. The field of hospital social work continues to grow, yet many healthcare staff still are unclear about the role of social workers and their skillset.

This research set out to explore the perceptions' of ED staff of mental health emergencies and the role of social work within the department. As prior research indicates, social worker presence in the ED reduces challenges to the ED staff (Brown et al., 1999). This research found congruent results, as the ED respondents admitted to many complex challenges in caring for patients with mental health emergencies. The results were also congruent in stating that the addition of a social worker in the department would benefit both the ED staff and the patient. The research also identified highly stigmatized perceptions of mental health among ED staff, which is a setting where social workers are able to educate and support the staff.

Implications for Social Work Practice

This research study yielded several implications for social work practice. First, there are still some significant systemic issues affecting care of people with mental illness. Specifically, lack of resources including cuts to federal and state programs, lack of resources for mental health programs, and resources for the underinsured, and uninsured are complicating access to proper treatment. Secondly, there is a lack of access to primary care and care coordination among providers. This results in repeat visits to the ED for care.

The NASW Code of Ethics (NASW, 1996) policy on healthcare encourages competency within the health care system and states “NASW supports giving all patients and their families’ necessary and appropriate care and benefits”. NASW addresses competency in healthcare, in which they support appropriate, adequate, competent and compassionate care in health care for patients. Social workers within the emergency department have a unique skill set that views the patient in their environment versus through the lens of the medical model.

A social worker within the ED can also act as an advocate for the patient and an educator for the healthcare staff. As the findings have shown, mental health remains highly stigmatized, even among healthcare staff. In congruent with the National Association of Social Worker’s Code of Ethics (1996), social workers have a commitment to their clients. This includes advocating for their care and educating others to increase awareness and sensitivity.

Often social workers are part of a complex interdisciplinary team. In these relationships, advocacy and education play a vital role. Evident in this research and

congruent with previous research, there is a general lack of knowledge about role of social work and their mental health expertise and counseling. In this regard, advocating for the profession of social work becomes an important role as well.

Implications for Research

The review of the literature and the results of this research provide implications for further research to gather more in-depth knowledge about this topic. More research needs to be conducted from a patient perspective. Valuable information can be gathered about the role of the social worker and the perception of their skill set from the patient and/or their family members. Additionally, further research should be conducted looking at how other hospitals are utilizing their ED social workers. By examining hospitals where social work currently exists as part of the ED staff, we can determine how to best utilize their skill set within this setting. Lastly, research should be considered as to whether specialized mental health training for medical professionals increases sensitivity.

Strengths and Limitations

This research allowed participants to give personal feedback and reflects an individual interest in the role of social work in the ED. Another advantage of this research may be to increase interest in the profession of social worker among ED staff working the profession.

Disadvantages of this survey sample indicated that the results were localized to this sample of participants and did not take into account geographical differences such as inclusion of ED employees working in other parts of the United States. Disadvantages of

this survey sample are that the results are localized to this sample of participants.

Additionally, the non-probability sample size provided input only from the individuals participating in the interviews and may not apply toward the greater population. Efforts to limit research bias have been addressed through the decision to utilize open-ended questions in the interview in order to gain objective information, and to avoid researcher tendency to apply meaning to the data. The researcher's personal bias includes employment experience in an ED.

CONCLUSION

This study suggests that social workers are a valuable member of the interdisciplinary team in the ED, fulfilling multiple roles for the well-being of patients. Enhancing availability and coverage of social work in the ED is suggested to improve functioning of the department. The research findings indicate that influx of mental health patients accessing the ED for care has resulted in complex issues for ED staff; including longer wait times, staff burnout, and inadequate care of patients. There is a host of systemic issues that have contributed to this influx, but many ED staff feel that they have become a "dumbing ground" for all of society's problems; leaving them stressed and unprepared. Without adequate staffing and specialized mental health services, ED staff are overwhelmed.

The social work profession is an important role in the ED. They provide invaluable relief and support to staff, and increase the quality of care for the patient. As

Clarke & Hughes (2007) illustrated, how mental health patients' are treated within the ED shapes their perception of the health care system and their future involvement in it.

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APPENDIX A

Information and Consent Form

Introduction:

You are invited to participate in a research study investigating the perceptions of emergency department staff on the role of social work and the social worker in the emergency department. This study is being conducted by Natasha Stepka, a graduate student at St. Catherine University and the University of St. Thomas under the supervision of Dr. Richa Dhanju, an Assistant Professor in the School of Social Work. You were selected as a possible participant in this research because of your employment in a hospital emergency department. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to examine the benefits of social work presence in hospital emergency departments, the perceptions' of emergency department staff of the role of the social worker and social work in the emergency department, and staff perceptions' of their comfort ability and competency in handling mental health crises/emergencies. Approximately ten people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to participate in a face-face interview with the primary researcher. The interview is semi-structured and consists of eleven key questions. This study will take approximately 25-35 minutes over one session. No further involvement will be requested. A copy of the results will be available to all who request it.

Risks and Benefits of being in the study:

The study has a minimal risk of discomfort with the disclosure of personal views regarding your perception of social workers and the role of social work. If you become uncomfortable with any questions, you may discontinue the interview at any time. There are no repercussions for discontinuing the interview. There are no direct benefits to you for participating in this research, other than contribution to the knowledge base of social work practice.

Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only pseudonyms will be used to present individual data, excerpts, or quotes.

I will keep the research results in a locked file cabinet in my home office and only the researcher and my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 2013. I will then destroy all original reports and identifying information that can be linked back to you. The tapes will be kept locked in the file cabinet and destroyed after their transcription. All tapes will be destroyed upon completion of the research in May 2013.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with the hospital or St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions:

If you have any questions, please feel free to contact me, Natasha Stepka at step5319@stthomas.edu or (952) 393-4254. You may ask questions now, or if you have any additional questions later, the faculty advisor, Richa Dhanju at (651) 690-6755, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. If, after reading this Information and Consent Form, you are willing to participate in this research study, proceed with completing the interview. By proceeding you are giving your implied consent. If you do not wish to participate in the interview, you may stop now. Participating in the interview indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

I consent to participate in the study, and be audio-taped by the researcher.

Signature of Participant

Date

Signature of Researcher

Date

APPENDIX B

Schedule of Interview Questions

1. Describe your role within the emergency department.
2. Name some things that come to mind when you think of patients with mental illness.
3. How does caring for a patient in crisis affect your care of other patients?
4. How common is mental illness in the emergency department?
5. What factors lead people who are experiencing crisis to use the emergency department?
6. Do you feel the staff treat mental health emergencies different than physical emergencies?
7. How comfortable are you in handling mental health emergencies? (Any specialized training?)
8. Describe the role of social work in the emergency department.
9. Do you think the department's work with mental health crises cases will be impacted by the addition of a social worker on staff instead of on-call? If yes, what could be the nature of this impact?
10. In what ways could the role of social work impact other (non-mental health) patients?
11. Based on your working knowledge, how could emergency departments improve their care of people who are experiencing a mental health crisis/emergency?