

ABSTRACT

Title: The Influence of Patients' Emotional Behaviors and Mental Health Histories on Emergency Medicine Nurses' Clinical Reasoning and Decision-Making

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Individuals with mental illness (MI) experience significant healthcare disparities, which are likely due in part to negative emotions (e.g., anger) that this population evokes in providers. Such emotions are common in the emergency department – where this population disproportionately seeks care – and can adversely impact healthcare providers' clinical reasoning and increase the risk to patients. Since emergency nurses play a pivotal role in patient care, understanding how nurses respond to different patient presentations and how these presentations impact patient care is urgently needed. The current study investigates the effects of emotionally evocative patient behaviors (angry vs. calm) and patient mental health history (present vs. absent) on nurses' clinically relevant judgments (i.e., advocating for tests) and their transmission of patient information via patient handoffs. We hypothesized that biases would emerge in clinical judgments for patients with (vs. without) a history of MI and patients who are angry (vs. calm). We also expected that these biases would be evident in nurses' written patient handoffs with nurses writing less comprehensive, more negative, and lower quality handoffs for patients in these conditions. To test these hypotheses, 130 nurses completed four computer-simulated patient encounters in which they reported their impressions of each patient, emotional reactions, testing decisions, and provided a written handoff. Findings show that overall, nurses judged patients who were angry more negatively than calm patients, whereas the results for nurses' judgments based on mental illness were more mixed. Nurses also experienced more negative emotions when caring for angry patients compared to calm patients, and for patients with mental illness compared to those without. Nurses set up more negative and less positive expectations and were less comprehensive in their patient handoffs when caring for angry patients as compared to calm ones. These results will inform our understanding of factors that can compromise decision-making and place vulnerable patients at increased risk. This understanding will lay the foundation for interventions to combat these biases.