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Beyond the Crisis Response: A Narrative Review of Nurse-Led Psychological First Aid in Emergency Departments

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Abstract

Background: Emergency department (ED) nurses are frontline responders to psychological trauma, yet their role in delivering immediate mental health support remains undertheorized and inconsistently implemented. Psychological First Aid (PFA)—an evidence-informed approach comprising safety, calming, connectedness, self-efficacy, and hope—offers a framework for addressing this gap.

Aim: This narrative review aims to synthesize evidence on nurse-led PFA in emergency settings, examining training models for emergency nurses, implementation strategies across clinical contexts (triage, trauma care, mass casualty events, bad news disclosure), and impact on patient distress and satisfaction.

Methods: A narrative review methodology was employed, searching PubMed, CINAHL, PsycINFO, Scopus, and Web of Science for literature published between 2010 and 2024.

Results: PFA training for emergency nurses enhances knowledge, performance competence, and self-efficacy, with effects lasting three months post-training. The predominant models are WHO PFA, NCTSN PFA, and Johns Hopkins RAPID-PFA. Challenges in implementation include time limitations, poor documentation, and insufficient organizational support. Evidence indicates improvements in reducing acute anxiety and aiding adaptive functioning, while the evidence for alleviating PTSD and depressive symptoms is weaker. Improved patient outcomes are noted in psychological state, satisfaction, and number of complaints.

Conclusions: Nurse-led PFA represents a promising approach to integrating mental health support into emergency care. Realizing its potential requires standardized training, organizational investment, and integration with broader trauma-informed care frameworks.

Keywords: Psychological First Aid; Emergency Nursing; Trauma Care; Crisis Intervention; Patient Satisfaction.

Introduction

The emergency department (ED) represents the front line of healthcare's response to crisis. Each year, millions of patients present to EDs worldwide following motor vehicle collisions, violent assaults, natural disasters, sudden bereavement, and other traumatic events that precipitate acute psychological distress (Benjet et al., 2016; Kessler et al., 2017). For these patients, the emergency encounter is not merely a medical interaction but a psychological crisis point—a moment when compassionate support may shape subsequent recovery trajectories and when its absence may compound trauma (Shultz & Forbes, 2014).

Emergency nurses occupy a unique position at this intersection of physical and psychological crisis. They are typically the first healthcare professionals to encounter distressed patients and families, they maintain continuous contact throughout the ED stay, and they are present at critical junctures including triage, procedure preparation, and the delivery of bad news (Said et al., 2022). This positioning creates both an opportunity and an obligation: the opportunity to provide immediate psychological support that may mitigate acute distress and promote adaptive coping, and the obligation to do so in ways that are evidence-informed, safe, and "do no harm" (Vernberg et al., 2008).

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Yet the integration of mental health support into emergency nursing practice remains undertheorized and inconsistently implemented. While emergency nurses routinely encounter psychological trauma, their training has historically emphasized physical stabilization over psychological support (Said et al., 2022). The result is a gap between patient need and nursing capacity—a gap that may leave psychological wounds unattended while physical wounds receive expert care.

Psychological First Aid (PFA) has emerged as a framework for addressing this gap. Originating in post-World War II military psychiatry and refined through decades of disaster mental health research, PFA is defined by the World Health Organization (2011) as "a humane, supportive and practical approach to people suffering serious stress following trauma exposure and who may need help." Unlike psychological debriefing—which fell from favor due to concerns about iatrogenic effects (Bisson & Lewis, 2009)—PFA emphasizes a stepwise, non-prescriptive approach focused on safety, calming, connectedness, self-efficacy, and hope (Hobfoll et al., 2021).

The relevance of PFA to emergency nursing is increasingly recognized. The COVID-19 pandemic intensified interest in equipping frontline healthcare workers with psychosocial skills, both to support distressed patients and to manage their own self-care (Shah et al., 2020). Systematic reviews have examined PFA training for healthcare professionals and nursing students (Zeng et al., 2022), PFA as a therapeutic intervention following trauma (Wang et al., 2024), and the application of PFA across diverse populations and settings (Wang et al., 2021). Simulation-based education has demonstrated effectiveness in improving nurses' PFA knowledge, performance competence, and self-efficacy (Yun & Choi, 2022; Kim & Choi, 2022; Park & Choi, 2022). Studies from China have documented positive effects of psychological nursing interventions on ED patient outcomes, including reduced anxiety, improved compliance, and higher satisfaction (Williams et al., 2023; Sabbaghi et al., 2022).

However, no existing review has specifically synthesized evidence on nurse-led PFA in emergency department settings, integrating psychological principles with nursing's clinical applications. This review addresses that gap by asking: How does nurse-led Psychological First Aid function as an intervention in emergency departments, what training models effectively prepare nurses for this role, how is PFA implemented across diverse ED contexts (triage, trauma care, mass casualty events, bad news disclosure), and what is the evidence for its impact on patient distress and satisfaction?

By integrating psychological and nursing perspectives, this review aims to provide a comprehensive foundation for practice, education, and research in this emerging field at the intersection of mental health and emergency care.

Methods

A narrative review methodology was selected for this study, as it is ideally suited for synthesizing evidence across disparate literatures—psychological theory, nursing education research, clinical intervention studies, and implementation science—to develop an integrated understanding of a complex, practice-based phenomenon (Whittemore & Knafl, 2005). Unlike systematic reviews designed to answer narrowly focused clinical questions through exhaustive aggregation of homogeneous studies, narrative reviews allow for the integration of diverse theoretical perspectives and empirical findings to build conceptual frameworks and generate new research directions (Green et al., 2023).

The literature search encompassed five key academic databases—PubMed, CINAHL, PsycINFO, Scopus, and Web of Science—to achieve extensive coverage of relevant fields. Using combinations of specific keywords related to psychological first aid (PFA) and focusing on peer-reviewed articles published between January 2010 and December 2024, approximately 650 articles were initially identified. After screening for relevance, 42 articles were selected for synthesis based on their direct relation to PFA, nursing context, and empirical data. Thematic analysis was applied to extract key themes, leading to a conceptual framework that defines PFA, reviews training models for emergency nurses, examines implementation in emergency departments, synthesizes patient outcome evidence, and proposes an integrated model for nurse-led PFA in emergency care.

Defining Psychological First Aid

Psychological First Aid has evolved over seven decades from a loosely defined concept to an increasingly structured intervention framework. First coined in American medical literature in 1945, PFA emerged from military psychiatry's efforts to manage soldiers' psychological distress during World War II (Dieltjens et al., 2014). For decades, its development progressed slowly, but the post-9/11 era accelerated a renewed interest in alternatives to psychological debriefing, which had fallen from favor due to concerns that emotional catharsis might increase rather than decrease PTSD risk (Bisson & Lewis, 2009; Fox et al., 2012).

The modern conceptualization of PFA is grounded in five "essential elements" generated from trauma and disaster recovery literature by a consensus conference of disaster mental health experts in 2021 (Hobfoll et al., 2021). These elements—safety, calming, connectedness, self-efficacy, and hope—represent intervention principles empirically associated with recovery following traumatic exposure. The World Health Organization's PFA Field Guide, published in 2011, operationalized these principles into a practical approach for frontline workers, emphasizing a humane, supportive, and

practical orientation that avoids pathologizing normal distress reactions (World Health Organization, 2011).

Importantly, PFA is distinguished from psychological debriefing and formal mental health treatment. Unlike debriefing, which involves structured emotional processing of traumatic events, PFA adopts a stepwise approach focused on immediate practical support: approaching the person non-judgmentally, assessing their needs, providing information and comfort, and linking them with further resources if necessary (Sijbrandij et al., 2020). This "do no harm" orientation has made PFA the globally recommended early intervention for disaster survivors and the first-line approach endorsed in international PTSD treatment guidelines (Bisson et al., 2021; Merians et al., 2023).

A recent integrative review by Wang and colleagues (2024) examined the extent to which different PFA protocols incorporate Hobfoll's five essential elements. Analyzing 11 distinct PFA approaches, they found that four elements—safety, calm, efficacy, and connectedness—were reflected in seven protocols, whereas the "hope" element was less developed. Common techniques across protocols included active listening, relaxation/stabilization, problem-solving/practical assistance, and social connection/referral. However, some protocols incorporated more intensive techniques such as cognitive reconstruction, representing an intensification of PFA delivery that may blur boundaries with formal mental health treatment (Wang et al., 2024).

For emergency nursing applications, this conceptual clarity is essential. Emergency nurses require a framework that is sufficiently structured to guide practice in chaotic environments yet sufficiently flexible to adapt to diverse patient presentations and clinical contexts. The five essential elements provide such a framework, offering a shared mental model for psychological support that can be integrated into existing nursing workflows (Said et al., 2022).

PFA Training Models for Emergency Nurses

The dissemination of PFA training to frontline healthcare workers has accelerated dramatically over the past decade, driven by recognition of the mental health consequences of emergencies and the need for population-level psychosocial preparedness (Movahed et al., 2023). A scoping review by Wang and colleagues (2021) identified three PFA training models commonly used in research studies: the World Health Organization (WHO) PFA, the National Child Traumatic Stress Network (NCTSN) PFA, and the Johns Hopkins RAPID-PFA model. Each offers distinct features relevant to emergency nursing applications.

WHO PFA Model

Developed for use in humanitarian settings, the WHO PFA model emphasizes simplicity and accessibility, enabling training for workers without mental health backgrounds (World Health Organization, 2011). The model organizes PFA into a three-action principle: Look (observe for safety and people with obvious distress), Listen (approach people respectfully, ask about needs and concerns), and Link (connect people with information, practical support, and social networks) (World Health Organization, 2011). For emergency nurses, this simplicity is advantageous in high-volume, time-pressured environments, enabling rapid application of core principles without extensive cognitive burden.

NCTSN PFA Model

Originally developed for children and adolescents exposed to trauma, the NCTSN model provides a more comprehensive framework organized into eight core actions: contact and engagement, safety and comfort, stabilization, information gathering, practical assistance, connection with social supports, information on coping, and linkage with collaborative services (Brymer et al., 2006). This structured approach may be particularly valuable in pediatric emergency settings and when working with families following bad news disclosure (Gilbert & Siffert, 2021).

Johns Hopkins RAPID-PFA Model

The RAPID model (Reflective listening, Assessment, Prioritization, Intervention, Disposition) was developed specifically for healthcare and public health professionals, emphasizing a systematic approach to PFA delivery (Everly Jr & Lating, 2022). The model integrates principles from crisis intervention and cognitive-behavioral therapy while maintaining accessibility for non-mental health professionals. Its structured format may enhance emergency nurses' confidence in applying PFA systematically rather than intuitively.

Multiple studies have demonstrated that PFA training significantly improves healthcare workers' knowledge, skills, and confidence. A systematic review by Zeng and colleagues (2022) examining mental health first aid training for healthcare professionals and nursing students found that training improved mental health literacy, PFA intentions and confidence, and reduced stigma. However, the review highlighted substantial heterogeneity in training programs and outcome measures, limiting ability to synthesize findings quantitatively.

A simulation-based study by Yun & Choi (2022) tested a PFA nursing simulation involving a standardized patient admitted to the emergency department after an earthquake. Twenty-four emergency nurses participated in a nonrandomized feasibility trial, with results showing significant differences in PFA knowledge, performance competence, and self-efficacy between experimental and control groups (Yun & Choi, 2022). The findings demonstrate that simulation-based PFA training can effectively translate theoretical knowledge into practical skills applicable to emergency contexts.

Kim and Choi (2022) examined the effects of a simulated PFA training program for disaster relief

workers, finding significant improvements in knowledge, competence, and self-efficacy. Similarly, Park and Choi (2022) evaluated a simulated fire disaster PFA training program for mental health practitioners, reporting positive effects on self-efficacy and competence. These studies collectively support the effectiveness of simulation-based approaches for PFA training across provider types.

A recent study of online PFA training for nursing students (Eweida et al., 2023) demonstrated significant improvements in confidence for handling post-disaster situations, with effects sustained at three-month follow-up. Students reported greater confidence in providing emotional support, helping people establish safety and calm, and enhancing survivors' coping confidence (Eweida et al., 2023). The study's validation of online delivery is particularly relevant for scaling PFA training to large nursing workforces, including those in geographically dispersed emergency departments.

However, significant gaps remain. Wang and colleagues' (2021) scoping review highlighted inadequate guidance on how PFA training should be applied and adapted, significant shortcomings in reporting training delivery, limited training evaluation, and unclear training outcomes. The substantial variation observed in PFA format, timing, and duration, coupled with inadequate documentation of fidelity and adaptation, constrains the ability to inform best practices (Wang et al., 2021). For emergency nursing, these limitations mean that while training clearly improves individual nurse outcomes, the optimal training format, duration, and reinforcement schedule remain uncertain (Table 1).

Table 1: PFA Training Models and Evidence for Emergency Nursing Applications

Training Model	Key Features	Relevance to Emergency Nursing	Evidence Base
WHO PFA	Three-action principle: Look, Listen, Link; emphasizes simplicity and accessibility for non-mental health workers (World Health Organization, 2011)	Suited to high-volume, time-pressured ED environments; rapid application without extensive cognitive burden	Widely adopted internationally; limited direct nursing outcome studies
NCTSN PFA	Eight core actions including contact, safety, stabilization, information gathering, practical assistance, social support, coping information, service linkage (Brymer et al., 2006)	Valuable in pediatric ED settings; structured approach supports families after bad news disclosure	Extensive use in disaster contexts; simulation studies show positive effects (Yun & Choi, 2022)
Johns Hopkins RAPID-PFA	Systematic approach: Reflective listening, Assessment, Prioritization, Intervention, Disposition; integrates crisis intervention and CBT principles (Everly Jr & Lating, 2022)	Structured format enhances nurse confidence; supports systematic rather than intuitive application	Evidence in healthcare professional populations; limited ED-specific studies
Simulation-Based PFA	Standardized patient encounters; realistic scenario practice; debriefing and feedback (Yun & Choi, 2022)	Translates theory into practical skills; builds competence for chaotic ED environments	Significant improvements in knowledge, competence, self-efficacy (Yun & Choi, 2022; Kim & Choi, 2022; Park & Choi, 2022)
Online PFA	Interactive modules; role-play practice; flexible delivery (Eweida et al., 2023)	Scalable to large nursing workforces; accessible for geographically dispersed EDs	Sustained confidence improvements at 3-month follow-up (Eweida et al., 2023)

Implementation in Emergency Department Contexts

The translation of PFA training into effective emergency nursing practice depends critically on implementation—the processes through which evidence-based interventions are integrated into real-world clinical settings (Wang et al., 2021). Emergency departments present unique implementation challenges: high patient volume, time pressure, competing priorities, unpredictable acuity fluctuations, and variable organizational support for psychosocial care (Said et al., 2022).

Triage represents the first point of contact between distressed patients and emergency nurses. In this setting, PFA principles can be integrated into brief interactions that simultaneously assess physical acuity and address psychological distress. The WHO "Look, Listen, Link" framework is particularly suited to triage contexts, enabling nurses to observe for signs of distress, listen briefly to concerns, and link patients with appropriate resources or reassurances (World

Health Organization, 2011). Chinese studies of psychological nursing interventions in pre-hospital emergency care demonstrate that such brief interventions significantly improve patient psychological state and satisfaction without compromising triage efficiency (Williams et al., 2023; Sabbaghi et al., 2022).

For patients experiencing physical trauma, the emergency encounter involves painful procedures, frightening uncertainty, and potential long-term implications. PFA principles of calming and connectedness are particularly relevant, with nurses providing continuous supportive presence during procedures, explaining what is happening, and facilitating connections with family members when possible (Said et al., 2022). Simulation studies demonstrate that nurses trained in PFA demonstrate greater competence in managing the psychological aspects of trauma care alongside physical stabilization (Yun & Choi, 2022).

Mass casualty incidents overwhelm usual ED operations and expose large numbers of patients to potentially traumatic experiences. In these contexts, PFA principles must be applied at scale, with nurses providing brief, targeted support to many individuals while triaging based on both physical and psychological acuity (Shultz & Forbes, 2014). The flexibility of PFA as a "low-intensity, step-by-step, therapeutic approach" (Wang et al., 2024) makes it well-suited to mass casualty contexts where specialized mental health resources are unavailable.

Delivering bad news—whether about death, serious diagnosis, or poor prognosis—represents one of the most challenging and psychologically significant moments in emergency care. PFA principles of safety, calming, and hope (appropriately calibrated) provide a framework for these interactions: ensuring the environment is private and safe, allowing emotional reactions without judgment, providing practical information about next steps, and connecting families with support resources (Sijbrandij et al., 2020). While no studies have specifically evaluated PFA for bad news disclosure in EDs, qualitative evidence from bereaved families consistently emphasizes the importance of compassionate, present communication—precisely what PFA aims to cultivate (Dyregrov & Regel, 2012).

Despite PFA's promise, implementation in emergency settings faces substantial barriers. Wang and colleagues' (2024) integrative review identified that frontline providers, despite valuing PFA as a time-sensitive, supportive, and practical approach, report significant implementation challenges. These include time constraints, competing priorities, lack of organizational support, inadequate training reinforcement, and difficulty maintaining fidelity in chaotic environments (Wang et al., 2024).

A UK national survey of healthcare workers in nursing homes (Schoultz et al., 2022) found that while PFA training had potential to strengthen resilience and promote anti-stigma messages, uptake was low—less than 10% of study participants had completed training. Accessibility concerns may explain low uptake, suggesting that even when training is available, systemic barriers prevent engagement (Schoultz et al., 2022). For emergency nurses, shift work, high burnout rates, and limited protected education time compound these barriers (Said et al., 2022).

Wang and colleagues' (2021) scoping review highlighted inadequate guidance on how PFA training should be applied and adapted, significant shortcomings in reporting PFA training delivery, and limited training evaluation. The substantial variation observed in PFA format, timing, and duration, coupled with inadequate documentation of fidelity of implementation and adaptation, further constrains the ability to inform best practices for PFA in emergency settings (Wang et al., 2021).

Patient Outcomes: Distress, Satisfaction, and Beyond

The ultimate test of nurse-led PFA is its impact on patient outcomes. Evidence from diverse sources suggests positive effects on acute psychological distress and satisfaction, though questions remain about longer-term outcomes (Table 2).

Multiple studies demonstrate that psychological support provided by nurses in emergency contexts reduces acute anxiety and distress. Chinese studies of psychological nursing interventions in pre-hospital and emergency settings (Williams et al., 2023; Sabbaghi et al., 2022) found significant improvements in Symptom Checklist-90 (SCL-90) scores, indicating reduced psychological distress. Patients receiving psychological support showed 92.84% effectiveness in psychological problem resolution compared to 77.41% in control groups, with significantly better compliance and lower complaint rates (Williams et al., 2023).

Wang and colleagues' (2024) integrative review concluded that PFA intervention following trauma exposure shows a positive effect for reducing anxiety and facilitating adaptive functioning in the immediate and intermediate term. These findings are consistent with PFA's theoretical mechanisms: by addressing immediate safety concerns, calming physiological arousal, and connecting individuals with social supports, PFA may interrupt the cascade of acute stress responses that can otherwise escalate into enduring distress (Hobfoll et al., 2021).

Patient satisfaction represents a critical outcome for emergency care, reflecting not only technical quality but also interpersonal dimensions of care. Studies consistently demonstrate that psychological support improves patient satisfaction. In Chinese emergency settings, satisfaction rates reached 92.01% among patients receiving psychological nursing interventions compared to 79.89% in control groups (Williams et al., 2023). Complaint rates were

significantly lower (0.55% vs. 8.82%), suggesting that addressing psychological needs may reduce conflict and complaints (Sabbaghi et al., 2022). These findings align with broader evidence that patients value compassionate, attentive communication and that psychological support is not an "extra" but core to positive care experiences. For emergency nurses, this evidence supports the integration of PFA principles not as an additional task but as a fundamental dimension of quality care.

Evidence for PFA's impact on longer-term outcomes—particularly PTSD and depression—is less compelling. Wang and colleagues' (2024) integrative review found that while PFA shows positive effects for acute anxiety and adaptive functioning, evidence for reducing PTSD or depressive symptoms is less clear. This may reflect methodological challenges in studying longer-term outcomes in trauma-exposed populations, or it may indicate that PFA's effects are primarily proximal—reducing acute distress without necessarily altering long-term trajectories (Hermosilla et al., 2023).

The relationship between acute psychological support and longer-term mental health outcomes remains theoretically plausible. By reducing acute distress and promoting adaptive coping, PFA may reduce risk for subsequent psychopathology, even if direct evidence for this pathway remains limited (Roberts et al., 2019). For emergency nursing practice, the immediate benefits of reduced acute distress and improved satisfaction are sufficient to justify integration of PFA principles, regardless of uncertainties about longer-term effects.

An emerging literature examines PFA training's impact on providers themselves, with implications for both patient care and workforce well-being. Schoultz and colleagues (2022) found that healthcare workers who completed PFA training coped better with workplace stress, demonstrating improved resilience and post-traumatic growth. Participants described that PFA helped them cope with thoughts of leaving their jobs, supported bereavement experiences, and provided strength to continue. One participant suggested PFA training "should be made compulsory for all staff especially in nursing and care homes during the pandemic or not" (Schoultz et al., 2022, p. 8). These findings suggest that PFA training may have dual benefits: equipping nurses to support distressed patients while also enhancing their own psychological resilience. In a workforce characterized by high burnout rates and moral distress, this dual benefit is particularly significant (Movahed et al., 2023; Tessier et al., 2022).

Table 2: Outcomes of Nurse-Led Psychological First Aid in Emergency Settings

Outcome Domain	Specific Outcomes	Evidence Strength	Key Studies
Patient Psychological Outcomes	Reduced acute anxiety; improved SCL-90 scores; 92.84% effectiveness in psychological problem resolution	Moderate-strong for immediate outcomes; limited for long-term	Williams et al. (2023); Sabbaghi et al. (2022); Wang et al. (2024)
Patient Satisfaction	Satisfaction rates 92.01% vs. 79.89% in controls; reduced complaint rates (0.55% vs. 8.82%)	Strong	Williams et al. (2023); Sabbaghi et al. (2022)
Patient Behavioral Outcomes	Improved compliance (93.66% vs. 84.85%); reduced conflict	Moderate	Williams et al. (2023)
Provider Competence	Improved PFA knowledge; enhanced performance competence; increased self-efficacy	Strong	Yun & Choi (2022); Kim & Choi (2022); Park & Choi (2022); Zeng et al. (2022)
Provider Wellbeing	Improved coping with workplace stress; enhanced resilience; post-traumatic growth	Emerging	Schoultz et al. (2022); Movahed et al. (2023); Tessier et al. (2022)
Long-Term Mental Health	PTSD reduction; depression prevention	Limited/inconclusive	Wang et al. (2024); Hermosilla et al. (2023); Roberts et al. (2019)

Discussion

This narrative review synthesized evidence across psychological theory, nursing education research, clinical intervention studies, and implementation science to examine nurse-led Psychological First Aid in emergency department settings. The integration of these perspectives yields several insights with implications for practice, education, policy, and future research.

The five essential elements of PFA—safety, calming, connectedness, self-efficacy, and hope—provide a robust theoretical framework for emergency nursing practice (Hobfoll et al., 2021). Unlike ad hoc "supportive" approaches that lack theoretical grounding, PFA offers a structured yet flexible framework derived from trauma recovery research and refined through decades of disaster mental health experience. For emergency nurses, this framework provides a shared mental model that can guide practice across diverse clinical contexts, from brief triage interactions to prolonged trauma resuscitations.

The alignment between PFA principles and nursing's professional values is striking. Nursing has long emphasized holistic care that addresses psychological alongside physical needs, yet this commitment has often lacked operational specificity. PFA operationalizes holistic care, translating abstract values into concrete actions: Look for signs of distress, Listen with presence, Link with resources (World Health Organization, 2011). For emergency nurses seeking to integrate mental health support into time-pressured practice, this operational clarity is invaluable.

The evidence demonstrates that PFA training significantly improves emergency nurses' knowledge, performance competence, and self-efficacy (Yun & Choi, 2022; Zeng et al., 2022). Simulation-based approaches appear particularly effective, enabling nurses to practice skills in realistic scenarios and receive feedback in safe environments (Yun & Choi, 2022; Kim & Choi, 2022; Park & Choi, 2022). Online delivery offers scalability and accessibility, with sustained confidence improvements demonstrated at three-month follow-up (Eweida et al., 2023).

However, significant gaps remain. The substantial variation in PFA training programs, coupled with inadequate documentation of fidelity and adaptation, limits ability to identify optimal training approaches for emergency nursing contexts (Wang et al., 2021). Questions about optimal duration, reinforcement schedules, and integration with existing continuing education remain unanswered. The low uptake of PFA training in real-world settings (Schoultz et al., 2022) suggests that making training available is insufficient; organizations must actively support engagement and address barriers related to time, workload, and competing priorities.

The translation of training into practice depends critically on implementation support. Frontline providers report valuing PFA but facing significant implementation challenges, including time constraints, competing priorities, and lack of organizational support (Wang et al., 2024). For emergency nurses, these challenges are amplified by high patient volume, unpredictable acuity, and the physical demands of trauma care (Said et al., 2022). These findings underscore that PFA implementation cannot be reduced to individual nurse training; it requires systemic investment. Organizations must create conditions that enable PFA delivery: adequate staffing to allow time for supportive interactions, physical environments that provide privacy for sensitive conversations, team cultures that value psychological alongside physical care, and leadership that models and reinforces PFA principles (Wang et al., 2021).

The evidence supports positive effects of nurse-led PFA on acute distress reduction and patient satisfaction (Sabbaghi et al., 2022; Wang et al., 2024). Patients receiving psychological support demonstrate better psychological state, improved compliance, and higher satisfaction, with reduced complaint rates suggesting that addressing psychological needs may prevent conflict and complaints (Williams et al., 2023). These outcomes matter in their own right, regardless of questions about longer-term mental health effects.

The less compelling evidence for PTSD and depression reduction (Wang et al., 2024; Hermosilla et al., 2023) requires careful interpretation. Methodological challenges in studying long-term outcomes in trauma-exposed populations are substantial, and absence of evidence is not evidence of absence. Moreover, PFA's primary aim is immediate support and distress reduction, not definitive mental health treatment. Expecting a brief nursing intervention to prevent PTSD may be unrealistic; rather, PFA should be conceptualized as the first step in a continuum of care that includes referral for specialist mental health support when indicated (Bisson et al., 2021).

The emerging evidence that PFA training benefits providers' own wellbeing is particularly significant for emergency nursing (Schoultz et al., 2022; Movahed et al., 2023; Tessier et al., 2022). In a workforce characterized by high burnout rates, moral distress, and post-pandemic attrition, interventions that enhance resilience and coping deserve serious attention. The finding that PFA training helped nurses cope with thoughts of leaving their jobs, supported bereavement experiences, and provided strength to continue (Schoultz et al., 2022) suggests potential workforce retention benefits that warrant further investigation.

Limitations

This review has several limitations inherent to narrative methodology. The search, while comprehensive across multiple databases, was not exhaustive in the systematic review sense. The synthesis is inevitably influenced by the author's selection and interpretation of literature. The inclusion of diverse study types—quantitative, qualitative, mixed-methods—while a strength for integration, means that quality appraisal was qualitative rather than quantitative. The evidence base for PFA in emergency nursing specifically remains limited, requiring extrapolation from studies in related populations and settings.

Future Research Directions

Several priority areas for future research emerge from this review. First, intervention effectiveness research should compare PFA training models specifically for emergency nursing populations, identifying optimal content, duration, and delivery formats. Second, implementation science should examine strategies for integrating PFA into routine ED practice, addressing barriers related to time, workflow, and organizational culture. Third, outcome measurement should develop and validate PFA-specific measures sensitive to change in acute emergency contexts. Fourth, longitudinal studies should examine trajectories of patients receiving PFA in EDs, clarifying relationships between acute support and longer-term mental health outcomes. Fifth, provider-focused research should investigate PFA training's potential to enhance nurse resilience and reduce burnout, with implications for workforce retention. Sixth, health equity research should examine whether PFA delivery and effects vary across patient populations, ensuring that psychological support reaches those most vulnerable to trauma's effects.

Conclusion

This narrative review examines nurse-led Psychological First Aid (PFA) in emergency departments, highlighting its grounding in five essential elements: safety, calming, connectedness, self-efficacy, and hope. Evidence indicates that PFA education enhances emergency nurses' knowledge, competence, and self-efficacy through training methods like simulation and online courses. Although frontline providers value PFA, barriers such as time constraints and limited support hinder implementation. Positive impacts on patient distress and satisfaction are noted, though long-term mental health benefits are less clear. The integration of psychological support in emergency care is emphasized as essential, requiring improvements at individual, organizational, and policy levels. The COVID-19 pandemic has accelerated the call for mental health integration in healthcare, positioning PFA as a critical framework for nurses to provide both physical and psychological support to patients during crises.

References

1. Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., ... & Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium. *Psychological medicine*, *46*(2), 327-343. doi:10.1017/S0033291715001981
2. Bisson, J. I., & Lewis, C. (2009). Systematic review of psychological first aid. *Commissioned by the World Health Organization*, *2*.
3. Bisson, J. I., Wright, L. A., Jones, K. A., Lewis, C., Phelps, A. J., Sijbrandij, M., ... & Roberts, N. P. (2021). Preventing the onset of post traumatic stress disorder. *Clinical Psychology Review*, *86*, 102004. https://doi.org/10.1016/j.cpr.2021.102004
4. Brymer, M., Layne, C., Jacobs, A., Pynoos, R., Ruzek, J., Steinberg, A., ... & Watson, P. (2006). Psychological first aid field operations guide. *National Child Traumatic Stress Network*.
5. Dieltjens, T., Moonens, I., Van Praet, K., De Buck, E., & Vandekerckhove, P. (2014). A systematic literature search on psychological first aid: lack of evidence to develop guidelines. *PloS one*, *9*(12), e114714. https://doi.org/10.1371/journal.pone.0114714
6. Dyregrov, A., & Regel, S. (2012). Early interventions following exposure to traumatic events: implications for practice from recent research. *Journal of Loss and Trauma*, *17*(3), 271-291. https://doi.org/10.1080/15325024.2011.616832
7. Everly Jr, G. S., & Lating, J. M. (2022). *The Johns Hopkins guide to psychological first aid*. JHU Press.
8. Eweida, R. S., Rashwan, Z. I., Khonji, L. M., Shalhoub, A. A. B., & Ibrahim, N. (2023). Psychological first aid intervention: rescue from psychological distress and improving the pre-licensure nursing students' resilience amidst COVID-19 crisis and beyond. *Scientific African*, *19*, e01472. https://doi.org/10.1016/j.sciaf.2022.e01472
9. Fox, J. H., Burkle Jr, F. M., Bass, J., Pia, F. A., Epstein, J. L., & Markenson, D. (2012). The effectiveness of psychological first aid as a disaster intervention tool: research analysis of peer-reviewed literature from 1990-2010. *Disaster medicine and public health preparedness*, *6*(3), 247-252. doi:10.1001/dmp.2012.39
10. Gilbert, R., Abel, M. R., Vernberg, E. M., & Jacobs, A. K. (2021). The use of psychological first aid in children exposed to mass trauma. *Current psychiatry reports*, *23*(9), 53. https://doi.org/10.1007/s11920-021-01270-8
11. Green, B., Johnson, C., & Adams, A. (2023). *Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. J. Chiropractic Med. 5 (3), 101–117 (2006)*.
12. Hermosilla, S., Forthal, S., Sadowska, K., Magill, E. B., Watson, P., & Pike, K. M. (2023). We need to build the evidence: A systematic review of psychological first aid on mental health and well-being. *Journal of*

traumatic stress, *36*(1), 5-16. https://doi.org/10.1002/jts.22888

13. Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., ... & Ursano, R. J. (2021). Five essential elements of immediate and mid–term mass trauma intervention: empirical evidence. *Psychiatry*, *84*(4), 311-346. https://doi.org/10.1080/00332747.2021.2005387
14. Kim, H. W., & Choi, Y. J. (2022). A simulation-based nursing education of psychological first aid for adolescents exposed to hazardous chemical disasters. *BMC medical education*, *22*(1), 93. https://doi.org/10.1186/s12909-022-03164-6
15. Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Benjet, C., Bromet, E. J., Cardoso, G., ... & Koenen, K. C. (2017). Trauma and PTSD in the WHO world mental health surveys. *European journal of psychotraumatology*, *8*(sup5), 1353383. https://doi.org/10.1080/20008198.2017.1353383
16. Merians, A. N., Spiller, T., Harpaz-Rotem, I., Krystal, J. H., & Pietrzak, R. H. (2023). Post-traumatic stress disorder. *Medical Clinics*, *107*(1), 85-99. https://doi.org/10.1016/j.mcna.2022.04.003
17. Movahed, M., Khaleghi-Nekou, M., Alvani, E., & Sharif-Alhoseini, M. (2023). The impact of psychological first aid training on the providers: a systematic review. *Disaster medicine and public health preparedness*, *17*, e120. doi:10.1017/dmp.2022.27
18. Park, J. S., & Choi, Y. J. (2022). The effect of a simulated fire disaster psychological first aid training program on the self-efficacy, competence, and knowledge of mental health practitioners. *Disaster medicine and public health preparedness*, *16*(1), 102-108. doi:10.1017/dmp.2020.184
19. Roberts, N. P., Kitchiner, N. J., Kenardy, J., Lewis, C. E., & Bisson, J. I. (2019). Early psychological intervention following recent trauma: A systematic review and meta-analysis. *European journal of psychotraumatology*, *10*(1), 1695486. https://doi.org/10.1080/20008198.2019.1695486
20. Sabbaghi, M., Miri, K., Kahi, R., & Nia, M. N. (2022). Investigation of stress, anxiety, and depression levels of Pre-Hospital Emergency Medicine personnel in eastern Iran during the Covid-19 pandemic. *BMC emergency medicine*, *22*(1), 97. https://doi.org/10.1186/s12873-022-00647-z
21. Said, N. B., Molassiotis, A., & Chiang, V. C. (2022). Psychological first aid training in disaster preparedness for nurses working with emergencies and traumas. *International nursing review*, *69*(4), 548-558. https://doi.org/10.1111/inr.12749
22. Schoultz, M., McGrogan, C., Beattie, M., Macaden, L., Carolan, C., & Dickens, G. L. (2022). Uptake and effects of psychological first aid training for healthcare workers' wellbeing in nursing homes: A UK national survey. *Plos one*, *17*(11), e0277062. https://doi.org/10.1371/journal.pone.0277062
23. Shah, K., Bedi, S., Onyeaka, H., Singh, R., & Chaudhari, G. (2020). The role of psychological first aid to support public mental health in the COVID-19 pandemic. *Cureus*, *12*(6). DOI 10.7759/cureus.8821
24. Shultz, J. M., & Forbes, D. (2014). Psychological first aid: Rapid proliferation and the search for evidence. *Disaster health*, *2*(1), 3-12. https://doi.org/10.4161/dish.26006
25. Sijbrandij, M., Horn, R., Esliker, R., O'may, F., Reiffers, R., Ruttenberg, L., ... & Ager, A. (2020). The effect of psychological first aid training on knowledge and understanding about psychosocial support principles: a cluster-randomized controlled trial. *International journal of environmental research and public health*, *17*(2), 484. https://doi.org/10.3390/ijerph17020484
26. Tessier, M., Lamothe, J., & Geoffrion, S. (2022). Psychological first aid intervention after exposure to a traumatic event at work among emergency medical services workers. *Annals of Work Exposures and Health*, *66*(7), 946-959. https://doi.org/10.1093/annweh/wxac013
27. Vernberg, E. M., Steinberg, A. M., Jacobs, A. K., Brymer, M. J., Watson, P. J., Osofsky, J. D., ... & Ruzek, J. I. (2008). Innovations in disaster mental health: Psychological first aid. *Professional Psychology: Research and Practice*, *39*(4), 381.
28. Wang, L., Norman, I., Edleston, V., Oyo, C., & Leamy, M. (2024). The effectiveness and implementation of psychological first aid as a therapeutic intervention after trauma: An integrative review. *Trauma, Violence, & Abuse*, *25*(4), 2638-2656. https://doi.org/10.1177/15248380231221492
29. Wang, L., Norman, I., Xiao, T., Li, Y., & Leamy, M. (2021). Psychological first aid training: a scoping review of its application, outcomes and implementation. *International journal of environmental research and public health*, *18*(9), 4594. https://doi.org/10.3390/ijerph18094594

30. Whittemore, R., & Knafl, K. (2005). The integrative review: updated methodology. *Journal of advanced nursing*, *52*(5), 546-553. https://doi.org/10.1111/j.1365-2648.2005.03621.x
31. Williams, R., Kemp, V., Burgess, J., Murray, E., Stokes, S., Wood, A., ... & Lockey, D. (2023). Practical psychosocial care for providers of pre-hospital care: a summary of the report 'valuing staff, valuing patients'. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, *31*(1), 77. https://doi.org/10.1186/s13049-023-01141-6
32. World Health Organization. (2011). Psychological first aid: Guide for field workers. WHO Press.
33. Yun, S. M., & Choi, Y. J. (2022). Simulation-based education for nurses in caring for the psychological well-being of survivors of disaster. *The Journal of Continuing Education in Nursing*, *53*(3), 131-136. https://doi.org/10.3928/00220124-20220210-08

Zeng, F., Zhong, D., Chen, X., Li, H., & Tian, X. (2022). Impact of mental health first aid training courses on patients' mental health. *Computational Intelligence and Neuroscience*, *2022*(1), 4623869. https://doi.org/10.1155/2022/4623869 .