
Experiences of psychiatric nurses working with aggressive patients

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PREFACE AND DECLARATION

An article format was chosen for this study. The researcher, Mr ST Modise conducted this research and wrote a manuscript. Prof. MP Koen (supervisor) and Miss B. Scrooby (co-supervisor) acted as auditors. One manuscript has been written and it will be submitted for publication in Health SA Gesondheid.

Manuscript: “The experiences of psychiatric nurses working with aggressive patients in the North-West Province”

(Health SA Gesondheid)

Consent to submit the above mentioned article (manuscript) for examination was obtained from Prof. M.P. Koen and Miss B. Scrooby (co-authors)

I declare that THE EXPERIENCES OF PSYCHIATRIC NURSES WORKING WITH AGGRESIVE PATIENTS IN THE NORTH-WEST PROVINCE is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.


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Date: 15th April 2012

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DECLARATION OF LANGUAGE EDITING

I, Christina Maria Etrechia Terblanche, id nr 771105 0031 082, hereby declare that I have edited the masters degree dissertation of Shadrack Tsholofelo Modise entitled **EXPERIENCES OF PSYCHIATRIC NURSES WORKING WITH AGGRESSIVE PATIENTS**, without viewing the final product.

Regards,

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PERMISSION LETTER



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Permission is hereby given that the following manuscript

“Experiences of psychiatric nurses working with aggressive patients in the North-West Province” intended for publication in “Health SA Gesondheid”; may be submitted by Tsholofelo Modise for the purpose of obtaining a Mcur-degree in Psychiatric Nursing Science

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ABSTRACT

The aggression of some psychiatric patients is recognised as a major problem in healthcare circles, both locally and internationally. It creates a significant risk for psychiatric nurses as these nurses spend more time with their patients than nurses from other nursing disciplines. Nurses are more likely to be involved in preventing and managing aggressive behaviour and are more at risk of being victims of patients' aggressive acts. Little research has been conducted to understand how nurses think when they have to manage aggressive patients. In an attempt to address this problem, the objectives of this study were to explore and describe the experiences of psychiatric nurses working with aggressive patients, and to propose guidelines that will assist psychiatric nurses in managing aggressive patients more effectively. A qualitative design was employed to conduct the study. Individual interviews were used as the method of data collection. Data saturation was reached after eleven individual interviews. The researcher and co-coder reached consensus during a meeting organised for this purpose. The findings suggest that the majority of the participants experience working with aggressive patients predominantly negatively, and only a few of them still hold positive attitudes. The most prominent themes were that participants felt incompetent in managing aggressive patients, and they also highlighted that they find themselves working in an unsafe environment where they have been assaulted by patients on numerous occasions. Based on these findings the researcher proposed guidelines to assist psychiatric nurses in managing aggressive patients more effectively. The researcher also compiled recommendations for nursing practice, nursing education, and nursing research with regard to the management of aggressive patients.

Key words: Aggression, psychiatric nurse, psychiatric patient, experience.

OPSOMMING

Die aggressie van sommige psigiatriese pasiënte word gesien as 'n groot probleem in gesondheidsorg, plaaslik en internasionaal. Dit bring aansienlike risiko teweeg vir psigiatriese verpleegkundiges, aangesien hulle meer tyd saam met pasiënte deurbring as enige ander verpleegkunde dissipline. Verpleegkundiges het 'n groter kans om betrokke te wees by die voorkoming en bestuur van aggressiewe optrede, en dra 'n groter risiko vir aggressiewe optrede vanaf die pasiënt. Min navorsing is nog gedoen om te verstaan hoe verpleegkundiges dink wanneer hulle aggressiewe pasiënte moet hanteer. In 'n poging om hierdie probleem aan te spreek, was die doelwitte van hierdie studie om ervarings van psigiatriese verpleegkundiges te ondersoek en beskryf, en om riglyne daar te stel wat psigiatriese verpleegkundiges in staat kan stel om aggressiewe pasiënte beter te hanteer. 'n Kwalitatiewe ontwerp is gebruik in die studie. Individuele onderhoude is gebruik as metode van data-insameling. Dataversadiging is bereik na elf individuele onderhoude. Die navorser en mede-kodeerder het konsensus bereik gedurende 'n vergadering vir hierdie doel. Die bevindinge dui aan dat die meerderheid van die deelnemers ervaar blootstelling aan aggressiewe pasiënte as negatief, en slegs 'n paar het nog 'n positiewe ingesteldheid. Die mees prominente temas was dat deelnemers onbevoeg voel om die aggressiewe pasiënt te beheer, en hulle het uitgewys dat hulle hulself in 'n onveilige omgewing bevind by die werk waar hulle deur hulle pasiënte aangeval word by herhaalde geleenthede. Gebaseer op hierdie bevindinge stel die navorser riglyne voor wat psigiatriese verpleegkundiges kan help om aggressiewe pasiënte meer effektief te hanteer. Die navorser het verder voorstelle geformuleer vir die verpleegpraktyk, verpleegopleiding en verpleegnavoring met betrekking tot die hantering van aggressiewe pasiënte.

Sleutelwoorde: Aggressie, psigiatriese verpleegkundige, psigiatriese pasiënt, ervaring.

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SECTION 1

OVERVIEW OF THE STUDY



This study aimed to explore and describe the experiences of psychiatric nurses working with aggressive patients in a psychiatric institution. This section provides an overview of the study and includes the following: introduction and background to the study, the problem statement, research question, the research objectives, paradigmatic perspectives, the research design, the method followed to ensure trustworthiness, and the ethical considerations.

1.1 INTRODUCTION AND BACKGROUND OF THE STUDY

Several authors, including McGill (2006:41), Irwin (2006:309), Ketelsen *et al.* (2007:92), as well as Franz *et al.* (2010:1) seem to agree that aggression is a product of anger that occurs in response to threat, provocation or frustration and is intended to cause harm. In addition, Rocca *et al.* (2006:587) consider aggression as an intentional act that inflicts physical or mental harm to somebody. Needham *et al.* (2005:296) defines aggression as the behaviour aimed at causing harm or pain, including psychological harm or personal injury, or the destruction of properties. Aggression is believed to pursue personal interest.

According to the Instinct Theory, as outlined by Bandura (*in* Knutson, 1973:201), man is by nature aggressive and is equipped with an autonomous aggression generating system that requires periodic discharge through some form of aggressive behaviour. Bandura also indicates that according to the instinct view, aggression is internally generated, and as a result no measure of improvement of the condition of life can alter the level of aggression. Bandura concludes that aggression is inevitable and therefore it cannot be eliminated.

Stuart and Laraia (2005:631) noticed that when people are in a threatening situation, the choices are to be (1) **passive** and fearful and to flee, (2) **aggressive** and angry and to fight, or (3) **assertive** and self-confident and to confront the situation directly. They describe the above communication styles in these threatening situations as follows.

- **Passive style:** People who use a passive style of communication do their best to avoid conflict at all cost; they regard other people as more important than themselves. They

may feel helpless, anxious or frustrated when they fail to fulfill other people's unreasonable demands at their own expense.

- **Aggressive style:** is the flipside of the passive style; instead of submitting to others these persons try to get others to submit to them. The aim is to win at the cost of other people by controlling their opinions or boundaries. Their goals are seen as stupid or meaningless and merely as just barriers to be overcome by the aggressor. Although the behaviour may look frightening and powerful, they often feel helpless, abused. Their unreasonable and excessive demands are almost the result of feeling threatened.
- **Assertive style:** involves an open and honest exchange in which everyone's wishes and desires are respected; it recognizes that people are in charge of their own behaviour and does not try to take that control from them. It allows people to relate to others with less conflict, anxiety and resentment. Some people think of assertiveness as a middle ground between a passive and aggressive style. This often leaves people worried because they think that if they try to be assertive they may become more passive if they were too aggressive, or too aggressive if they were too passive (Stuart & Laraia, 2005:631).

Foster *et al.* (2007:141) also believe that communication is essential for a positive interdependent relationship because ineffective communication can result in aggression. Such aggression can be expressed in a number of ways, namely: verbally, mentally or physically. They further highlight that people tend to immediately think of physical violence when they hear the word 'aggression' – a fist-fight, an assault with a weapon, some other form of intense and punitive action enacted in the course of conflict between two people. However, it can also occur in the form of verbal aggression, for example, people insulting one another during an argument or spreading vicious gossip about someone with the hope of ruining that person's reputation.

Aggression is often accompanied by strong emotional states such as anger. Anger is usually aroused by some provocation (Rocca *et al.*, 2006:588) and as a result of provocation anger surfaces as an affective aggressive behaviour aimed primarily at injuring the provoking person. The provoking person, on the other hand, may cause retaliatory aggression if he/she fails to control his/her anger (Rocca *et al.*, 2006:588).

Acts of aggression have to some extent been seen as inevitable in health care institutions due to patients' medical conditions and accompanying levels of anxiety and stress (Gacki-Smith *et al.*, 2009:340; Jackson *et al.*, 2002:13). Patients are often in great distress and may exhibit maladaptive coping responses (Stuart & Laraia, 2005:630). Nurses who work in settings such as emergency rooms, critical care areas, and trauma centers often care for people who respond to events with angry and aggressive behaviour that can pose a significant risk to themselves, other patients and health care providers (Bowers *et al.*, 2007:76). A high rate of patient aggression towards nurses drastically opposes the ideals of the nursing profession, which is to render quality patient care services (Franz *et al.*, 2010:1). This is supported by Jackson *et al.* (2002:14) who define nursing as a service oriented profession whose members (nurses) typically model behaviours described as caring, compassionate, and empathetic in order to understand and meet the patient's needs. Needham *et al.* (2005:285) identify that a safe environment is essential if the nurse wants to interact with the patient in a therapeutic manner and engage in behaviours that are viewed as demonstrating care, concern, and empathy. Rew and Ferns (2005:227) as well as Gacki-Smith *et al.* (2009:341) highlight that aggression in the healthcare system is an important topic for nurses, because among all groups of health professionals they are the most prone to suffer from patients' aggression. Eileen *et al.* (2003:147) identify that non-reporting of aggression incidents often inhibit administrators from exploring the scope of the problem, or from developing effective interventions. They furthermore indicate that the psychiatric nurse's attitude (that "handling patient aggression is part of their job") also influence health service management's unwillingness to address patients' aggressive behaviour.

According to a study conducted by Van Wiltenburg *et al.* (2004:1), there is a remarkable growth in evidence that suggests that nurses experience disproportionate levels of patient aggression when compared to other healthcare workers, and even when compared to high-risk occupations outside the healthcare system such as police and prison officers. They also notice that little research has been done to understand nurses' thinking when they have to cope with patient aggression or to understand factors associated with the impact of the event.

Several researchers, such as Bowers *et al.* (2004:435), Murphy (2004:408) as well as Irwin (2006:309), found in their studies that there is a possible relationship between aggression and mental illness, although many conflicting conclusions have been reached. In addition to this,

psychiatric settings are widely considered high risk areas with regard to aggression, with the incidence of psychiatric nurse exposure to incidents of aggression ranging from 60% to 90% (Lau *et al.*, 2003:29). Stuart and Laraia (2005:630) also indicate that psychiatric nurses in particular work with patients who have inadequate coping mechanism for dealing with stress, and during these times of stress acts of verbal or physical aggression often occur. Despite these patients' aggressive behaviour, research does not necessarily enable us to accurately predict which psychiatric patients will show aggressive behaviour (Duxbury, 2002:326; Irwin, 2006:309). Research has also been unable to show solid linear relationships between any one risk factor and the occurrence of aggression; therefore, awareness of the interaction of certain variables is of vital importance (Secker *et al.*, 2004:173). Disentangling these interactions is, however, a very difficult task and it is important for psychiatric nurses to have an understanding of some of the factors found to be related to aggression shown by psychiatric patients (Duxbury, 2002:326). These factors will be discussed below and will form the foundation of some key aspects of the present study.

1.1.1 Previous History of Aggression

It is important to know that not all psychiatric patients are potentially aggressive. However, the best single predictor of aggressive behaviour is a past history of aggressive behaviour (Varcolis, 2002:675; Rocca *et al.*, 2006:589). It is consistently recommended that when assessing risk for future aggression, historical aggression is explicitly assessed (Stuart & Laraia, 2005:636). Historical aggression includes both adult and juvenile criminal records, as well as less formally recorded juvenile delinquency (Varcolis, 2002:675).

1.1.2 Psychiatric diagnosis

Research indicates that the best predictors of patient aggression are disorder related variables such as schizophrenia, mania, substance abuse and personality disorders (Needham *et al.*, 2004a:596; Rocca *et al.*, 2006:588). They further report that in psychiatric patients who show aggression, the most common diagnosis is one of schizophrenia. However, Salerno *et al.* (2009:351) conclude that not all patients with schizophrenia are aggressive and describe aggression from patients with schizophrenia as uncommon, yet problematic.

With these caveats in mind, there is a strong evidence base suggesting that the acute phase of psychiatric illness carries a greater risk of patients displaying aggression (Needham *et al.*, 2004a:596; Murphy, 2004:408; Rocca *et al.*, 2006:588). Empirical studies have also shown that symptoms of acute psychosis are a common precipitant of patient aggression (Swanson *et al.*, 2006:491). For example, much of the behaviour of a patient who is acutely psychotic is based on internal, rather than environmental, stimuli. As a result aggression is an increased possibility (Bowers *et al.*, 2007:349; Shing-Chia *et al.*, 2005:141). Swanson *et al.* (2006:492) identify that certain clusters of symptoms increase the risk (such as paranoia) and some decrease the risk (such as social withdrawal).

Therefore, the types of symptoms that are present in an acute phase of psychiatric illness must be considered when making judgements about the risk of aggression. Murphy (2004:408) and Salerno *et al.* (2009:351) highlight that the majority of patient aggression occurs within the first days of hospital admission and Bowers *et al.* (2007:76) report that aggressive incidents are more likely to occur during and after periods where there has been high numbers of male patients admitted into acute psychiatric wards. Murphy (2004:408) adds that risk of aggression from female and older patients should not be underestimated. Furthermore, research done by Secker *et al.* (2004:173) found that aggressive behaviour is more common in patients presenting with hallucinations or delusional beliefs.

However, subsequent research has suggested that the presence of hallucinations or delusional beliefs (irrespective of content) is not in itself a predictor of aggression (Monahan *et al.*, 2001:119). Varcolis (2002:675) supports the above authors by explaining that delusions and hallucinations do serve to motivate aggressive behaviour, but such “psychotic motivation” for aggression does not necessarily translate into actual incidents of aggression. Other psychiatric disorders that have been found to increase the risk of patients’ aggression include depression and bipolar disorder (Swanson *et al.*, 2006:77). Under certain circumstances, a person with depression may be at risk of behaving aggressively towards psychiatric nurses, particularly if they feel threatened or low (Murphy, 2004:408).

1.1.3 Substance Abuse

The increase in illicit drug use has resulted in a public health crisis, and psychiatric nurses often get the worst end in managing patients admitted with drug related problems (Farrell *et al.*, 2006:779). Research has shown that there is a strong, well-established relationship between the presence of substance misuse and aggressive behaviour. The patient who is intoxicated is most likely to be abusive and assaultive (Stuart & Laraia, 2005:630). They also identify alcohol and cannabis as the most commonly used substances. Farrell *et al.* (2006:779) support the above authors by indicating that patients with drug related problems are often resistant to health care interventions and they may refuse to be admitted.

According to the Mental Health Care Act No 17 of 2002 (Government Gazette no. 24024), such patients may be admitted under Section 33 for involuntary care, treatment and rehabilitation services without their consent if, for instance, the patient is likely to inflict harm to himself/herself or others. Foster *et al.* (2007:141) as well as Salerno *et al.* (2009:350) conclude that admission of patients against their will under the mental health legislation aggravates their aggressive behaviour.

1.1.4 Cognitive Functioning

In a psychiatric hospital setting, Winstanley and Whittington (2004:535) report that in 64% of aggressive incidents the perpetrator (patients) of the aggression experienced some impairment in cognitive functioning at the time of the incident. Rocca *et al.* (2006:589) support them by explaining that patients who show impaired brain functioning are more likely to react with aggressive behaviour in frustrating situations because they have a very limited range of response options available.

Such impairment may prevent a patient from establishing a full appreciation of the situation, and this may contribute to a misunderstanding of the intentions of the psychiatric nurses. As a result the patient resorts to the use of aggression (Winstanley & Whittington, 2004:535). Specific cognitive impairments associated with schizophrenia have been reported to include deficits in information processing, including speed of processing, attention, working memory, verbal and visual learning and memory, reasoning, problem solving, and verbal comprehension (Neuchterlein *et al.*, 2004:30). Such deficits, especially deficits in reasoning and problem

solving, will impair an individual's ability to cope with stressors and strains, which will contribute to the likelihood of the occurrence of patient aggression (Neuchterlein *et al.*, 2004:30).

1.1.5 Environmental factors

Environmental factors have been found to contribute significantly to the occurrence of aggression in people with psychiatric illness (Bloor *et al.*, 2004:39). Research into patient aggression has shown that aggressive behaviour is aggravated by the fact that special environments that are never used in other fields, for example, isolation rooms and closed wards, are sometimes used in psychiatric departments. This tends to trigger patients' aggressive behaviour, and it ultimately threatens the safety and well-being of psychiatric nurses and other patients. Gerard *et al.* (2006:45), Alexander (2006:543) as well as Needham *et al.* (2004a:596) collectively agree that other environmental factors that may contribute to patients' aggressive behaviour include patient-nurse ratios, space density, the remit and regime of the ward and staff factors such as age, length of work experience and □behaviour towards patients.

O'Brien and Cole (2004:90) and Makoto *et al.* (2006:29) also indicate that factors known to contribute to patients' aggression regardless of their mental disorder have tended to be ignored. This would include things such as boredom, being watched in bathroom, limited and quality of staff-patient interaction. They further elaborate that psychiatric nurses spend more time interacting with each other than with patients. As a result of that patient aggression may become one of the most effective ways to communicate distress and to gain the attention of the psychiatric nurse. Poor interaction with patients has proved to have negative effects on patient behaviour, resulting in uncooperative behaviour and sometimes acting out (Bloor *et al.*, 2004:39).

The fact that patients' freedom is limited in the hospital, an environment where their lifestyle is completely different from before, has been pointed out as something that contributes to patients' aggressive behaviour towards psychiatric nurses (Makoto *et al.*, 2006:29). Nolan *et al.* (1999:422) reviewed all the reports of psychiatric hospitals in the United Kingdom (UK) and found that one of the conditions likely to lead to patients' aggression against the psychiatric nurses is the practice of entrusting numbers of seriously mentally ill patients to the care of a few poorly trained nurses.

1.1.6 Staff factors

Given that psychiatric nurses are an inherently part of the ward environment, it is necessary to examine the influence they have in the occurrence of patient aggression (Alexander, 2006:543). According to Spokes *et al.* (2002:199), over the last three decades research has concentrated largely on the perpetrator (patients), with some scrutiny of the environment in which care takes place. However, relatively little work has examined the victims (psychiatric nurses) of assaults, or the nature of their interactions with patients. Makoto *et al.* (2006:29) suggest that the role of a psychiatric nurse could predispose a person to becoming the victim of aggression if that role is perceived to be one that should involve “listening to” and “accepting” everything. If the role is perceived in such a way, it is possible that patients perceive this as permission to express their anger and anxiety, which is manifested in an aggressive manner.

Other staff factors that seem to increase patient aggression include factors such as inadequate allocation of psychiatric nurses or increased numbers of less experienced psychiatric nurses working in psychiatric settings (O’Brien & Cole, 2004:90; Hayes *et al.*, 2006: 239; Gacki-Smith *et al.*, 2009:341). In addition to this, Bowers *et al.* (2007:76) report that psychiatric nurses' annual leave and vacant posts are associated with higher levels of patient aggression. Research studies conducted by Jackson *et al.* (2002:14) as well as Farrell *et al.* (2006:779) identify that the health sector is facing a serious problem related to the recruitment of student nurses and new graduates into psychiatric nursing because of their (student nurses and new graduates) lack of confidence in managing aggressive patients. They also behaviour that there are difficulties in retaining experienced psychiatric nurses, particularly those who work in specialized areas like admission wards where there is a high level of patient aggression towards psychiatric nurses. Farrell *et al.* (2006:779) conclude that in order to ensure that adequate numbers of psychiatric nurses are available, it is crucial that nursing managers, administrators and the profession as a whole examine patient aggressive behaviour towards psychiatric nurses in order to ensure a safe and supportive work environment for psychiatric nurses.

Lau *et al.* (2003:30) as well as Gacki-Smith *et al.* (2009:341) agree that the age of the psychiatric nurse may be another factor that may cause patients to have different expectations from the nurse. In addition, physical build may encourage or discourage a patient's aggression in a given

situation. They also indicate that the personality of the psychiatric nurse may influence behaviour since some psychiatric nurses are naturally better at handling these situations than others. Secker *et al.* (2004:173) agree with them by highlighting that according to their findings those psychiatric nurses who had been assaulted more than once were usually assaulted by the same patient, indicating a problematic relationship rather than a “difficult” patient as the important factor.

Furthermore, Farrell *et al.* (2006:779) and Shing-Chia *et al.* (2005:142) notice the distinction between the 'trait' and 'state' proneness of a patient to assault as important. Little can be done to change enduring characteristics such as personality, whilst high-risk behaviour may be amendable to change with training. Finally, they highlight that the distinction may also influence the adaptability of the response the psychiatric nurses have to their victimization; for example, if psychiatric nurses attribute their victimization to their enduring personality characteristics (I am a stupid person) they are more likely to suffer depression than those who attribute the event to their behaviour (I acted stupidly). The gender of the psychiatric nurse may also play a role in a patient's aggressive behaviour, as identified by Duxbury (2002:327). He indicated that male psychiatric nurses are more commonly attacked by aggressive patients than female psychiatric nurses and suggests that this is due to their frequent involvement in containing aggressive outbursts. In a study by Gerard *et al.* (2006: 45), male psychiatric nurses are almost twice as likely as female psychiatric nurses to be injured and nearly three times as likely to receive containment-related injuries.

Bjorkdahl *et al.* (2005:225) indicate that although not all patients present with aggression, prevention and management of patients' aggression must be considered as one of the most crucial tasks of a psychiatric nurse. McGill (2006:41) emphasizes that psychiatric nurses should be able to manage patients' aggression in ways that minimise danger to themselves and their patients. These rely on the confidence level of a psychiatric nurse to deal with a patient's aggression, both during the descendent stage and when physical aggression occurs (McGowan *et al.*, 1999:104). Needham *et al.* (2004b:36), O'Brien and Cole (2004:90) as well as Wright *et al.* (2005:381) collectively agree that psychiatric nurses need a comprehensive array of skills that can be used in an attempt to counter imminent patient aggression. Secker *et al.* (2004:172) identify that prevention of patient aggression requires empirically derived knowledge of risk

factors. Gerard *et al.* (2006:45) also confirm that psychiatric nurses need specific skills to effectively manage patients' aggressive behaviour.

Research has considered the impact of education, and a low level of nursing education was found to be associated with higher rates of assault (McGill, 2006:50). In research studies done by Needham *et al.* (2005:296) as well as Gerard *et al.* (2006:45) it was found that psychiatric nurses need to be well equipped in order to manage aggressive patients effectively. Wright *et al.* (2005:381) indicate that psychiatric nurses' behaviour and their style of interaction in the management of aggressive patients will be determined by their level of education. McGill (2006:50) further emphasizes that the management of aggressive patients is not a matter of intelligence, but a matter of educational opportunity to develop that intelligence into competence for practice in psychiatric nursing. Needham *et al.* (2004b:36) also discussed the importance of studying the prevention and management of patient aggression in psychiatric institutions.

Ketelsen *et al.* (2007:92-93) agree with the above authors by pointing out that psychiatric nurses need to be trained in the basic knowledge of human aggression, aggressive behaviour in psychiatric settings and a professional way of handling aggressive behaviour. Most of the studies on the effects of staff education and training found that training staff to react to threatening situations can lead to a decline in the frequency or severity of aggressive incidents (Gerard *et al.*, 2006:69).

Varcolis (2004:456) advises that psychiatric nurses must never accept or tolerate patient aggression, but should rather employ preventive measures for their own safety, as well as that of their patients. Alexander (2006:544) highlights that due to changes in healthcare systems that led to de-institutionalization, psychiatric nurses are expected to render more quality nursing services specifically designed to prevent mental illness and to promote, maintain and restore mental health of individuals despite their aggressive behaviour. In addition, psychiatric nurses are expected to demonstrate experience and clinical skills in rendering quality psychiatric services (Bowers *et al.*, 2004:437). Given this situation, professional nursing organizations and government agencies are encouraging healthcare institutions to conduct research studies in order to identify and manage problems related to the aggressive behaviour of psychiatric patients (Eileen *et al.*, 2003:146).

1.1.7 Impact of patient aggression on psychiatric nurses

Research done by Needham *et al.* (2005:296) show that working with aggressive patients provokes adverse feelings and experiences with psychiatric nurses, and in some situations it creates ethical dilemmas. For example, O'Brien and Cole (2004:89) indicate that psychiatric nurses have the dual and often conflicting role of providing a safe and secure environment for patients and for themselves, while they simultaneously attempt to provide therapeutic mental health nursing care. They further highlight that the dilemmas raised by such conflicting demands can only be ameliorated by the development of clinical practical guidelines that reflect an agreed philosophy of care and purpose of patient care in such areas. Exposure of psychiatric nurses to patients' physical or verbal aggression presumably has an effect on the mental health of the psychiatric nurses themselves (Makoto *et al.*, 2006:29). They further emphasize that when the mental health of psychiatric nurses is not protected and stress builds up in their minds, they may care for their patients with a sense of despair, and may adversely affect the subsequent quality of care they provide to patients.

Research related to aggression indicates that 90% of assaults in psychiatric hospitals are directed at psychiatric nurses (Murphy, 2004:408). Bedel and Lennox (2003:146) indicate that thousands of psychiatric nurses work in hazardous conditions with insufficient reliable resources to their disposal to effectively manage aggression towards themselves and co-workers or patients in psychiatric settings. In a study conducted by Bisconer *et al.* (2006:515) it was found that between one third and two thirds of psychiatric nurses' injuries occurred while putting patients in seclusions and restraints, and psychiatric nurses working overtime to cover one-to-one special observation may be less alert and possibly less responsive to patient's needs during their second shift, and that may trigger patients' aggression. O'Brien and Cole (2004:90) highlight that most psychiatric departments have installed security devices in an attempt to control aggressive patients.

These actions appear to have little impact on the level of patient aggression experienced by psychiatric nurses, as evidenced by patient aggression leading to the assault of psychiatric nurses. Such assaults result in harm, injury and could consequently lead to sick leave (Nijman *et al.*, 2005:217). Rippon (2000:452) reported on the gravity of some assaults of psychiatric nurses

and mentions an incident where a psychiatric nurse walks with a stick following an attack. She is unable to work because of a herniated disc and consequently receives worker's compensation for long-term disability. In a study done by Needham *et al.* (2005:296) a total number of 254 psychiatric nurses from 14 psychiatric admission wards in Switzerland were interviewed about patients' aggression and among other considerations they expressed feelings of frustration, guilt or self-blame when managing aggressive patients. Nijman *et al.* (2005:221) add that psychiatric nurses who have experienced patient aggression claimed that they have started to doubt their own professional abilities and that the incidents have provoked a feeling of being a failure. This has led to adverse consequences such as avoiding patients or impaired relationships between psychiatric nurses and their patients (O'Brien & Cole, 2004:90; Needham *et al.*, 2005:296). These occurrences have led to some psychiatric nurses becoming angry at the hospital management and often asking themselves whether they are in the right profession, while others have considered leaving the nursing profession altogether (Needham *et al.*, 2005:297).

1.1.8 Nurses' beliefs about patient aggression

There has been some investigation into the attributions associated with patient aggression. Specifically, there is a discrepancy between the causal attributions stated by psychiatric nurses and those made by patients (Duxbury & Whittington, 2005:479). Post-incident analyses of patient aggression have revealed that patients make external attributions when explaining the cause of their own aggressive behaviour (Duxbury & Whittington, 2005:479). Such external causes include, for example, a restrictive or overcrowded environment, the controlling attitude of the psychiatric nurse, and poor communication (Duxbury, 2002:328). Conversely, psychiatric nurses tend to attribute patient aggression to numerous causes such as frustration, pathology, or the adverse influence of the environment (Needham *et al.*, 2004a: 596). In a multinational study of psychiatric nurses' beliefs and concerns about work safety and patient assault, Lau *et al.* (2003:29) report that psychiatric nurses view patient aggression as expected events, they perceive it as performance failure, they fear retaliation and investigations, individual embarrassment or they tolerate minor incidents when working with psychiatric patients. According to Gacki-Smith *et al.* (2009:341) psychiatric nurses believe that there is insufficient time to complete reports (on aggression) and that no real benefit is gained from reporting such incidents. Lanza (2011:547) identifies another factor related to non-reporting of patient

aggressive behaviour as victims (psychiatric nurses) blaming themselves for not preventing the incident and other psychiatric nurses blaming the victim for allowing it to happen. Some of the under-reporting result from peer pressure from other psychiatric nurses who believe that reporting incidents of patient aggression would upset hospital administrators and some nursing supervisors (Gacki-Smith *et al.*, 2009:341).

Research has revealed that psychological and emotional wounds may linger and interfere with normal work and leisure lifestyle for months or years after the incident (Foster *et al.*, 2006:141; Makoto *et al.*, 2006:30). In one study on assaults by psychiatric patients 49% of psychiatric nurses expressed the belief that it takes several months to recover emotionally from an assault (Needham *et al.*, 2005:284). This is supported by Eileen *et al.* (2003:146) as well as Alexander (2006:544) where they state that psychiatric nurses assaulted by their patients may experience loss of time from work, financial costs and protracted psychological sequella, including a variety of post-traumatic stress responses.

1.2 PROBLEM STATEMENT

The above discussion confirms what the researcher experienced as a psychiatric nurse working with aggressive patients, namely that mental illness is often accompanied by severe distress and disturbed behaviour, which includes aggressiveness from patients. Such patients may be admitted for their own safety or the safety of others; they may be actively hallucinating, deluded, irritable, overactive, or have elevated or depressed moods. These conditions lead to some psychiatric nurses feeling afraid and anxious; some even seem to lack self-confidence, while others request not to be allocated to acute psychiatric wards where aggressive patients are admitted and treated. These fears of coming into contact with aggressive patients have led to some psychiatric nurses to avoid patients, which cause more frustration for the patients, and such patients display their frustrations in the form of anger directed at the psychiatric nurses.

In a setting with psychiatric nurses, the researcher experienced that some psychiatric nurses do not always recognize their own limitations and consequently believe themselves to be competent, while others lack self-confidence. It may also be that psychiatric nurses are not aware of the skills needed to render psychiatric services to aggressive patients effectively. Van Wiltenburg *et*

al. (2004:2) indicate that little research has been done to understand nurses' thinking when they have to manage patient aggression.

Therefore, the main interest was to explore and describe psychiatric nurses' experiences of working with aggressive patients and to propose guidelines that will assist psychiatric nurses in managing aggressive patients more effectively.

1.3 RESEARCH QUESTIONS

In order to address the problems identified above, the researcher asked the following research questions:

- What are the experiences of psychiatric nurses working with aggressive patients?
- What do the psychiatric nurses need in order to manage aggressive patients more effectively?

1.4 RESEARCH OBJECTIVES

Based on the above-mentioned questions, the following objectives were formulated:

- To explore and describe the experiences of psychiatric nurses working with aggressive patients;
- To propose guidelines that will assist psychiatric nurses to manage aggressive patients more effectively.

1.5 PARADIGMATIC PERSPECTIVES

According to Polit and Beck (2006:13) a paradigm is a world view, a general perspective on reality and all its complexities. In this study, the researcher views the study material from the naturalistic paradigm, where reality is the subjective mental construct of participants (Polit & Beck, 2006:15). The researcher focuses on the dynamic, holistic and individual aspects of phenomena within the context of the participants who experience patients' aggression. According to Polit and Beck (2006:16), a naturalistic enquiry emphasizes the understanding of the human experience as it is lived by the person.

The paradigmatic perspective consists of meta-theoretical, theoretical and the methodological assumptions as described by Botes (1995:9). The following assumptions define the paradigmatic perspective and parameters within which the researcher conducted the research study:

1.5.1 Meta-theoretical assumptions

Klopper (2006:12) defines meta-theoretical assumptions as statements that are axiomatic and not testable. The researcher based his meta-theoretical assumptions on a holistic approach. George (2002:472) contends that human beings are holistic persons with interacting subsystems: biophysical, social and cognitive subsystems. Holism implies that the whole is greater than the sum of the parts. The following meta-theoretical statements are defined: person, mental health, mental illness, environment and nursing.

1.5.1.1 Person

The researcher views a person as a unique and holistic being with interacting biological, psychological, social and cognitive subsystems. This person as a whole is in constant interaction with his/her internal and external environment.

In this study, a “person” refers to both psychiatric nurses and psychiatric patients. The researcher views a psychiatric patient as an individual who may present with impaired cognitive functioning that leads to deficits in information processing, working memory, attention, reasoning and problem solving. Such deficits in reasoning and problem solving will impair an individual's ability to cope with stressors and strains, which will contribute to the likelihood of the occurrence of aggression against the psychiatric nurses. The psychiatric nurse is viewed by the researcher as a professional person who interacts with aggressive patients on daily basis, who is expected to model behaviours described as caring, compassionate, and empathetic to meet the patient's needs despite their aggressive behaviour.

1.5.1.2 Mental health

Stuart and Laraia (2005:62) refer to mental health as a state of well-being associated with happiness, contentment, satisfaction, achievement, optimism, or hope. They further indicate that mental health cannot be confined to a single concept or single aspect of behaviour, instead, it

incorporates a number of criteria that exist on a continuum with gradients or degrees. However, a person regarded as mentally healthy should be able to cope with loneliness, aggression, and frustration without being overwhelmed.

The researcher views mental health as a condition of social, psychological and cognitive well-being and not only the absence of illness. A person's well-being can be displayed on a continuum: the two opposite sides of the poles are health and illness. A person is continuously moving on this continuum, as health is a dynamic process. The balance between his/her internal and external environment determines a person's health. In this study, the focus is on the mental health of psychiatric nurses because their mental health status directly or indirectly affects their interaction with aggressive patients.

1.5.1.3 Mental illness

Kneisl and Trigoboff (2009:06) view mental illness as the impairment of an individual's normal cognitive, emotional or behavioural functioning, which leads the individual to experience distress (a painful symptom), disability (impairment in one or more important functioning), or a significantly increased risk of suffering pain, loss of freedom, or death.

In this study, psychiatric nurses' ill mental health may be caused by their interaction with aggressive patients resulting in feelings of frustration, anxiety, fear, and sometimes even injury. Such events may lead to financial costs for consultations and some victims of violence may end up with post-traumatic stress disorder, predisposing them to ill health. This discomfort disturbs the balance between the internal and the external environments and causes the person to move nearer to the illness pole on the continuum.

1.5.1.4 Environment

A person is in constant interaction with his/her external and internal environment. The internal environment consists of the physical, psychological and cognitive subsystems of the person. The external environment consists of the physical environment and the social subsystem of the person. The internal and external environments are in constant interaction and must be in balance for the person to be viewed as healthy.

In the context of this study, the internal environment is formed by the psychiatric nurse's emotional experiences as a result of their task of managing aggressive patients. Such emotions might include feelings of fear, anxiety and frustration. The internal environment of the psychiatric patient is formed by anger due to their failure to achieve their desires or a feeling of being ill-treated by the psychiatric nurses. The external environment in this study refers to the psychiatric ward where psychiatric nurses have to manage the aggressive behaviour of psychiatric patients.

1.5.1.5 Nursing

Nursing refers to the promotion of the optimal health of all human beings in their various environments. It is both an art and a science. The art refers to the nursing diagnosis and the treatment of human responses to health and illness. The science behind the paradigm of nursing is based on theories about the nature of humankind, health and disease (Fortunato, 2000:18).

In the context of this study, nursing refers to the psychiatric nurse's services that are focused on the use of therapeutic interventions to promote health, to prevent aggressive behaviour by psychiatric patients, to treat illness and alleviate suffering. The research study starts with an exploration of the experiences of psychiatric nurses working with aggressive patients. Once it is clear what these experiences and needs are, guidelines are proposed to assist psychiatric nurses in managing the aggressive patients more effectively.

1.5.2 Theoretical assumptions

According to Botes (1995:9), theoretical assumptions are epistemic and testable. They guide the central theoretical statement and the conceptualisation of the key concepts of this research. The theoretical statement of this study includes the central theoretical statement as well as conceptual definitions of the core concepts applicable to this study.

1.5.2.1 Central theoretical statement

The exploration and description of the experiences of psychiatric nurses who work with aggressive patients will provide insight into this phenomenon. Based on this insight, guidelines

can be proposed that may assist psychiatric nurses in managing aggressive patients more effectively.

1.5.2.2 Conceptual definitions

The following definitions represent a layout of the researcher's use of core concepts that are applicable in this study:

- **Aggression**

This term refers to a forceful, inappropriate, non-adoptive verbal or physical action designed to pursue personal interest. It may result from emotional states such as anger, anxiety, tension, guilt, frustration or hostility (McFarland & Thomas, 1991:127). Several authors such as Franz *et al.* (2010:1), Irwin (2006:309), as well as Ketelsen *et al.* (2007:92) define aggression as the behaviour characterised by anger, hostile thoughts, words, and actions towards others, manifesting in speech, tone of voice, body language, outward expression of anger or rage, and threatened, actual or physical aggression. The aggression may be directed at themselves, at other patients, at the environment (destruction of property) or at others.

In this study, aggression refers to any behaviour, whether verbal or non-verbal, with the intention to provoke negative feelings or negative reactions in another person (psychiatric nurse).

- **Psychiatric nurse**

A psychiatric nurse is a registered nurse in a psychiatric setting who has received a basic nursing preparation in a diploma, associate degree or baccalaureate programme (Kneisl & Trigoboff, 2009:21). In this study, a psychiatric nurse is a person registered with the South African Nursing Council as a professional nurse including those who did not undergo psychiatric training, who works in a psychiatric unit and directs his/her efforts towards the promotion of mental health, early identification of emotional problems such as anger, anxiety or frustration, and the prevention of potential aggressive behaviour from psychiatric patients.

- **Experience**

This term implies an accumulation of knowledge or skills that result from direct participation in events or activities known only to their possessor, and it often makes a certain impression on the possessor (Soans & Stevenson, 2006:18). Psychiatric nurses have a specific way in which they experience working with aggressive patients. They have certain thoughts and feelings about working with psychiatric patients. Therefore, the objective of this study will be to explore and describe the experiences of psychiatric nurses working with aggressive patients, and those experiences will assist the researcher to propose guidelines that will assist psychiatric nurses to manage aggressive patients more effectively.

- **Psychiatric patient**

Psychiatric patient refers to a person who presents with a behavioural or psychological syndrome or patterns that occur and is associated with distress (for example, a painful symptom) or disability (that is, impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or important loss of freedom (Kneisl & Trigoboff, 2009:06). In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one (Kaplan & Sadock, 2003:293). According to the Mental Health Care Act No 17 of 2002 (Government Gazette no. 24024), the psychiatric patient must receive care, treatment and rehabilitation services or use a health service at a health establishment aimed at enhancing his/her mental health status.

In this study, a psychiatric patient is a mentally ill person who can present with aggressive behaviour in response to a real or perceived situation due to his/her mental status, and this behaviour may escalate into actual violence towards the psychiatric nurses because of their regular interaction with the psychiatric patients.

1.5.3 Methodological assumptions

The methodological assumptions of this research are based on the research model of Botes (1995:6). The application of Botes' model improved the value of this research since it is specifically meant for nursing (Botes, 1995:5). The model provides a broad approach to the research process and also offers the nursing science researchers an opportunity to be creative within a clearly defined framework (Botes, 1995:6).

The nursing activities presented in the model of Botes (1995:5-8) are arranged on three levels. On the first level is the nursing practice, which endeavours to derive nursing problems from practice. For this research, nursing practice is related to the experiences of psychiatric nurses who work with aggressive patients in a psychiatric hospital situated in the Dr Kenneth Kaunda district (in the North-West Province in South Africa). The second level involves nursing research and enhancement of the scientific body of knowledge. This research explored and described the experiences of psychiatric nurses who work with aggressive patients in order to propose guidelines that will assist psychiatric nurses to manage aggressive patients more effectively. The third level entails the paradigmatic perspective of the researcher (Botes, 1995:5-8). The meta-theoretical, theoretical and methodological assumptions were employed by the researcher. Methodological assumptions are based on the research model of Botes (1995:4-6). The researcher, while functioning on the second level, used certain assumptions from a paradigmatic perspective for this study. The assumptions act as the determinants for research decisions.

1.6 RESEARCH DESIGN AND METHOD

The research design is described by Burns and Grove (2009:218) as a blue print for conducting the research which maximize control over factors that could interfere with the validity of the findings. The research methods is described in terms of the target population of this study, the method used to select the sample (actual participants) the method used for data collection as well as data analysis.

1.6.1 Research design

Since little research has been done in South Africa on the experiences of psychiatric nurses who work with aggressive patients, a qualitative design was employed to explore and describe their

experiences. Burns and Grove (2009:22) define qualitative research as a systematic, interactive subjective approach employed by the researcher to understand life experiences and to give meaning to these experiences. This approach assisted the researcher in understanding the lived experiences of the psychiatric nurses and to gain new insights from these lived experiences in a particular context. The context refers to the area, time, culture and orientation in which the research takes place (Burns & Grove, 2009:55). These experiences were studied from the viewpoint of the participants and through their descriptions of these experiences within the context in which the action took place (Brink, 2006:113). The researcher did not try to control the context of the study, but tried to capture the context in its entirety (Brink, 2006:11).

In this study, data was gathered in a psychiatric hospital situated in Dr Kenneth Kaunda district (North-West Province in South Africa). This institution consists of five admission wards, divided into female and male psychotic wards, male and female mood disorder wards, children's wards, admitting both female and male patients, and an outpatient department. These wards are managed by forty (40) psychiatric nurses. Psychiatric patients are admitted from different clinics and general hospitals in this district, most of them being aggressive on admission. Psychiatric nurses are the first health care providers to come into contact with these patients. They are expected to procedurally admit these patients and perform accurate physical examinations and mental status examinations despite the patients' aggressive behaviour. The researcher was familiar with this context as he had worked there before.

1.6.2 Research method

The research method includes sampling, data collection and data analysis of the study.

1.6.2.1 Sampling

The following is a detailed description of the sampling procedure that was followed in this research study. The discussion pays special attention to the identification of the population from which the sample was drawn, the method of sampling, and the size of the sample.

a) Population

According to Brink (2006:123), a population is the entire group of persons or objects that are of interest to the researcher; in other words, that meets the criteria that the researcher is interested in studying. In this study, the target population was psychiatric nurses working in acute admission wards in a specific psychiatric hospital in the Dr Kenneth Kaunda District (North-West Province, South Africa).

b) Sampling method

A purposive sampling technique was used to select the psychiatric nurses to participate in this research study. A sample can be considered as purposive when participants are consciously selected in a qualitative study (Burns & Grove, 2009:355). Treacy and Hyde (1999:70) agree that purposive sampling is usually appropriate for two reasons: researchers should deliberately choose participants who they are sure have experienced or are centrally involved in the phenomenon of interest, and the participants should be the people available who are most able to articulate the experience or those who are used in special circumstances.

In the context of this study, only psychiatric nurses were selected judgmentally in order to participate because they have certain characteristics helpful to the researcher, for example, most of the patients admitted to acute wards present with aggression on admission. The criteria for inclusion for psychiatric nurses are set out below.

Psychiatric nurses who:

- Were working in acute admission wards;
- were willing to participate in the study, gave written informed consent after having been informed about the purpose of the research, and who agreed to be interviewed in English with the use of an audio-tape recorder;
- were registered with the South African Nursing Council as professional nurses; and
- had experience of at least one year working in a psychiatric ward with aggressive patients.

c) Sample size

The sample size of this study was determined by data saturation (Burns & Grove, 2009:361). This data saturation was reached after eleven interviews with psychiatric nurses who worked in admission wards.

1.6.2.2 Data collection

The following is a detailed description of the role of the researcher, method of data collection, the physical setting during the interview, field notes, and data analysis followed in this study.

a) The role of the researcher

The first contact with the participants was utilized to build rapport. An attempt was made to put participants at ease. The researcher introduced the study to the participants and explained to them what it involves (Murphy, 2004:411). On the day of the interviews the researcher tried to relax the participants so that they could freely share their experiences of working with aggressive patients by first entering into light conversation about general issues. Once the researcher was sure that they were relaxed, he introduced the research questions. The researcher used facilitative techniques such as listening in order to become immersed in the phenomenon under investigation (De Vos *et al.*, 2011:345). Participants were tactfully steered back to the research topic when they deviated. The researcher also limited his own contribution to the interviews to allow the participants to verbalise their experiences in detail (De Vos *et al.*, 2011:346).

The researcher used non-directive communication techniques such as probing to illicit information, clarifying to make sure that there is agreement between the researcher and the participants, and minimal verbal response to encourage the participants to verbalise their feelings (Okun & Kantrowitz, 2008:75-78). This method of data collection gave the psychiatric nurses the opportunity to reveal their experiences and allowed sufficient time to share a detailed description of their experiences.

b) Method of data collection

Data collection was conducted by means in-depth individual interviews with open-ended questions. The participants were interviewed in English as it was discussed and agreed upon. The interviews were audio-taped. The point of the in-depth interview was to give the participants the opportunity to describe their individual experiences and understanding of the situation in their own words (Treacy & Hyde, 1999:33) until a full description was obtained. With the research objectives in mind the researcher asked the following questions during each interview:

- What are your experiences of working with aggressive patients?
- What do psychiatric nurses need in order to manage aggressive patients more effectively?

Trial run

The researcher conducted a trial interview before commencing with interviews in order to test the feasibility of the questions planned for the interviews. An expert researcher was consulted on this matter. She listened to the audio-taped interview and gave advice on whether the questions asked will yield rich data or not. The trial interview did produce rich data and was analysed as part of data gathered in this study.

Data collection was conducted by the researcher himself and included the following communication skills as described by Okun and Kantrowitz (2008:75-78) to encourage the participants to talk and to ensure the free flow of the interviews:

- Clarifying: This is a technique that will be used to clarify unclear statements, e.g. “It sounds to me like you are saying ...”
- Probing: An open-ended attempt that will encourage the participant to give more information, with the researcher saying, “Tell me more about that.”
- Paraphrasing: This involves a verbal response in which the researcher will enhance meaning by stating the participant’s words in another form with the same meaning.
- Minimal verbal response: A verbal response that the researcher uses to encourage the participant to continue talking by nodding and saying things like “mm-mm”, “yes”,

“I see”, which will show the participant that the researcher is listening and interested in hearing more.

- Reflecting: This involves communicating to the participant that his/her concerns and perspectives are understood by reflecting implied feelings or what is observed non-verbally, e.g. “You seem to be worried about that.”
- Summarising: The researcher highlights the major affective as well as cognitive themes in a synthesized form in order to communicate to the participant what has been said during the interview. This can be conducted during the interview and at the end of the session. It gives the researcher and the participant an opportunity to evaluate what had been discussed, as well as their impressions about the interview.

The researcher also enhanced this verbal communication techniques by demonstrating non-verbal behaviour to show that he was listening and interested in the participants. This included sitting up with no physical barriers between the researcher and the participant, maintain an open posture, occasional nodding and maintaining eye contact. Another powerful intervention is non-verbal communication. Silence – saying nothing in response to a participant’s statement – is a necessary and important technique in an interview (Okun & Kantrowitz, 2008:79).

c) The physical setting

In an attempt to permit the interviews to elicit genuine data, the atmosphere was relaxed to allow free expression of feelings (Langford, 2001:150). In this study the in-depth interviews took place in the psychiatric hospital and the participants were given the opportunity to choose a quiet and convenient room for the interviews. The researcher ensured that the room is free from disturbances such as general noise, telephones or visitors. It was also clean and well-ventilated, which helped participants to feel at ease, lifted his/her spirit and made them feel important and worthy, thus encouraging their co-operation during the interview.

Other staff members were asked not to disturb the interviews and a sign was put on the door reading: “Do not disturb - interview is on.” The researcher also ensured that there were no barriers between him and the participants. For example, there were no tables between the researcher and the participants, both sat on the same side at a close distance and used chairs that

were of the same colour, same size and made of the same material to avoid distinction between the researcher and participant. This made participants feel accepted and equal to the researcher. Two audiotapes were brought along and were checked before the interviews to ensure that they were in good working condition and ready to record so that all the data were captured.

d) Field notes

After each interview the researcher recorded field notes as soon as the participant had left the room. This prevented the researcher from forgetting crucial aspects of the interview that might affect the research findings. The field notes assisted the researcher in analysing the data. Field notes as described by Creswell (2009:182) are as follows and were applied in the study:

- Descriptive notes: These are reports on the portraits or descriptions of the participant, the physical setting, the researcher's account of particular events that occurred and activities that took place during an interview;
- Demographic notes: These cover information with regard to the time, place, date and weather conditions that describe the field setting, and when and where the interview took place;
- Reflective notes: A record of personal thoughts such as a speculation on incidents, feelings, problems encountered during an interview, ideas generated throughout the process, hunches, impressions and prejudices. These assisted the researcher in analysing data.

The field notes were typed, marked and attached to each transcription to be ready for data analysis (see Appendix F).

1.6.2.3 Data analysis

The audiotapes for the interviews between the psychiatric nurses and the researcher were transcribed verbatim for the purpose of analysis. Analysis involves breaking up the data into manageable themes, patterns, trends and relationships (Mouton, 2001:108). Verbatim transcription means writing down the researcher's and participant's words from the audiotape word by word. This is done with audiotapes for the purpose of content analysis. Tesch's method

of data analysis (in Creswell, 2009:185-187) was utilised in analysing the data. The method includes eight steps:

- The researcher started by dividing the transcripts into three columns. The column on the left side was for concepts, with data in the middle and the column on the right side was for personal perceptions.
- The transcripts were read to get an overall idea of the emerging themes.
- The shortest or most interesting transcript was chosen, and it was read again.
- Using words and sentences as units of analysis, the transcript was re-read and spoken words and sentences of the analysis were underlined.
- The underlined spoken words were then transferred to the left column as categories, while perceptions that came to mind were written into the right hand column.
- The transferred categories on the right hand side were read in order to identify the main and sub-categories, as well as redundant categories.
- The underlined spoken words were then transferred into a table indicating the main categories, sub-categories, and further categories.
- These categories were subsequently finalised by going through the table again, and the spoken words were translated into scientific language, whilst the possibility that the categorisation can be refined was still kept in mind.

The same steps were then followed to analyse the rest of the transcripts.

In this study, an experienced person in qualitative research was appointed as an independent co-coder. The transcripts, field notes and a work protocol were sent to the co-coder. The work protocol (Appendix E) includes the study objectives and a clear description of the data collection method and the questions asked to the participants (psychiatric nurses).

The co-coder and the researcher analysed data independently, followed by a discussion meeting in order to reach consensus on the categories that emerged from the data. The researcher and the co-coder brought along their tables of categories that they reached independently. These were subsequently compared in order to find the similarities and differences of categories and sub-categories, and then tables of categories and sub-categories were finalized as agreed upon.

1.7 LITERATURE CONTROL

A literature control was conducted to ensure the integration of research results with the relevant literature and existing research findings as confirmation of the data obtained in this research. New insights gained from this research will also be highlighted (Creswell, 2009:31). The purpose of the literature control in this study was to fully explore the experiences of psychiatric nurses working with aggressive patients by comparing the collected data with relevant literature.

1.8 TRUSTWORTHINESS

The researcher adopted the Lincoln and Guba model (in Polit & Beck, 2006:312) in order to ensure trustworthiness for the study. This model was relevant to this research study because it is recommended for qualitative studies and ensures the rigour of the researcher without compromising the relevance of the study. This model describes four criteria with a view to ensure trustworthiness. This includes credibility, dependability, confirmability, and transferability.

1.8.1 Credibility

The research is said to have truth-value if its credibility has been established. According to Krefting (1991:220), credibility has been established when the research findings represent an accurate description of human experiences in such a way that the participants immediately recognise their own experiences. Member checking (Krefting, 1991:219) is the technique that was used in this research study to continuously check if the researcher had accurately translated the participants' experiences. Concurrent data analysis was done and the participants were informed during recruitment that they should make themselves available for a follow-up interview if the need arises.

Credibility was also established by using other strategies, such as assurance of prolonged engagement of the researcher in the research field, and by the duration of the interview itself. Each interview was estimated to last for approximately one hour, which allowed the researcher and the participant enough time to develop a relationship of trust and confidence. This relationship enabled the participants to feel at ease and free, which put them in a better position to divulge more information regarding their experiences related to working with aggressive

patients. The prolonged engagement with the participants also enabled the researcher to increase credibility by reframing, repetition or expansion of the questions (Krefting, 1991:220).

1.8.2 Dependability

Dependability can be described as the timeless and unconditional consistency of data (Polit & Beck, 2006:313). The study should be audible in the sense that it is open to other researchers who must be able to follow the researcher's decision. Lincoln and Guba (in Krefting, 1991:221) also suggest that a replication technique should be incorporated into the qualitative design in order to ensure dependability. They further recommend that a code-recode procedure be followed. In this study data was coded during the process of analysis. It was then put aside for about two weeks, after which it was coded again. The findings were subsequently compared with that of the initial coding in order to ensure the greatest possible degree of dependability as defined by Lincoln and Guba. A co-coder was also included.

Lincoln and Guba's (in Krefting, 1991:216) concepts of dependability further include sources of variability in the research study, such as the increasing insight of the researcher, and the participants' fatigue or changes in their life situations. Another potential threat to dependability is the social environment of the participants; that is, their suitability with regard to the context of the required information. For this reason, the researcher was the only person who conducted the interviews, so the field notes were used to highlight any discrepancies with regard to the information. This was indicated during the process of data analysis.

1.8.3 Confirmability

Polit and Beck (2006:313) view confirmability as a measure related to data interpretation to ensure neutrality. It involves the external auditing process through which another researcher could arrive at comparable conclusions if he or she uses the same data and the context of the study. In an attempt to ensure the confirmability of this study, the researcher made all the raw data, field notes, data analysis documents, the interpretation of categories as well as the interview schedules available for auditing.

1.8.4 Transferability

Polit and Beck (2006:312) view transferability as the criterion against which applicability of qualitative data is assessed. This refers to the degree to which the findings of the research can be applied to other contexts and settings, or within other groups. Guba *in* Krefting (1991:216) uses the term “transferability” as the criterion against which applicability of qualitative data is measured. The researcher viewed each experience of a participant as unique and contextual, and therefore did not generalise the findings to other populations or contexts. The researcher only provided a dense description of the database of the participants, in order to allow transferability judgments to be made by the readers themselves (Krefting, 1991:221). Lincoln and Guba (1985:316) advise researchers to provide a database by means of thick description, using the widest possible range of information to be included. They argue that researchers have addressed applicability when presenting sufficient descriptive data to allow comparison.

1.9 ETHICAL CONSIDERATIONS

Nursing research is a procedure that utilises human beings as participants. The researcher has to consider certain ethical issues in order to ensure that the rights of the participants are observed (Burns & Grove, 2009:184). These authors furthermore emphasize that the ethical conduct of research should start from the identification of the topic down to the publication of the study. The following were considered in this study: informed consent, capabilities of the researcher, the right to privacy, the right to anonymity and confidentiality, the right to fair treatment, as well as the right to protection from discomfort and harm.

1.9.1 Informed consent

Obtaining informed consent from human beings is essential for the conduct of ethical research (Burns & Grove, 2009:201). Martin and Thompson (2000:118) emphasize that when a study is designed to use national health services, clients or premises, an application has to be made to the relevant ethics committees. In this study application was firstly made to the Research Committee of the School of Nursing Science as well as Ethics Committee of the Faculty of Health Sciences of the North-West University (Potchefstroom Campus) and ethical approval was granted, ethics number (NWU-0050-10-A1) (see Appendix A). Secondly, permission was obtained from the

North-West Provincial Department of Health (see Appendix B) and from the participating hospital (see appendix C), and lastly, informed consent was obtained from the participations after they have been informed regarding the research study, including its purpose (see Appendix D).

In order to obtain the participants' consent, the researcher must provide them with comprehensive and clear information regarding their participation in the study (Brink, 2006:35). In this study, the participants were informed about the purpose of the study, its objectives and the expected benefits. They were asked to give the researcher permission to audio record the interviews to ensure accuracy of data. After giving participants adequate information regarding this research study, they were able to comprehend the information and they became aware that they have the power to voluntarily participate in the study or decline participation. They gave written consent to say that the study has been explained to them, that they are aware of the risks involved and that they are willing to participate.

1.9.2 Capabilities of the researcher

The researcher has undergone training in research methodology and the knowledge acquired helped him to conduct this research study. The researcher also engaged professional researchers in qualitative research and consultants in psychiatric nursing to supervise this research study.

1.9.3 The right to privacy

Privacy is the right that the participant has to determine the time, extent, as well as the circumstances under which private information will be disclosed or withheld from other people (Burns & Grove, 2009:195). In this study, each participant was given the opportunity to choose a comfortable place where he or she wanted the interview to be conducted, so that participants could freely share their experiences related to working with aggressive patients. The participants' privacy was protected by putting a notice outside the door reading "no disturbance, interview is on". Moreover, their consent was obtained after a proper explanation with regard to the study (Burns & Grove, 2009:195). The participants gave the researcher permission to record the interviews and that a co-coder may have access to the shared information in order to assist the researcher with data analysis.

1.9.4 The right to anonymity and confidentiality

Every participant has the right to remain anonymous and has the right to know that the data will remain confidential (Burns & Grove, 2009:196). The researcher promised the participants that the shared information would remain confidential. Only the researcher is aware of the participant's identity. No names were attached to the captured files, only codes were allocated by the researcher. The participants were reassured that their names will not be mentioned in the final report. The transcriptions of the interviews are also locked safely away by the researcher to maintain confidentiality of the information.

1.9.5 The right to fair treatment

Burns and Grove (2009:198) view the right to fair treatment as based on an ethical principle of justice. In this study, fairness was maintained by ensuring that the criteria for the selection of participants was clearly stated and followed. The findings for this study are also made available to the participants so that they are aware of their contribution to the study. All agreements with regard to the role of the researcher and that of the participants were respected throughout the process of the study.

1.9.6 The right to protection from discomfort and harm

Brink (2006:39) encourages the researchers to examine the ratio between the risks and benefits of the research before commencing the study. The general guideline was that the risk should not exceed the potential benefits of the study. Burns and Grove (2009:199) view the right to protection from discomfort and harm as based on the ethical principle of beneficence, which holds that one should do good and, above all, do no harm.

In this study, the researcher kept in mind that the participants could be emotionally upset by the interviews as they had to recall the potentially upsetting circumstances of having been involved with patients' aggressive behaviours. The researcher was ready to use his empathetic skills as a psychiatric nurse in order to provide emotional support to those participants who may experience anxiety or embarrassment with regard to this situation and also made himself available if they need a further appointment to ventilate their feelings.

1.10 PROPOSED GUIDELINES

The researcher proposed guidelines that can be used by psychiatric nurse for managing aggressive patients more effectively based on the findings of this research. These guidelines were based on the experiences that participants shared during the interviews and themes that were identified and agreed by the researcher and the co-coder.

1.11 REPORT OUTLINE

The report was written according to the article model Rule A.7.5.7 of the NWU. The Mcur degree candidate, Mr S.T. Modise, conducted the research and wrote the article. Prof. M.P. Koen and Miss B. Scrooby acted as promoters and auditors by providing valuable guidance during the research process and critically evaluating the process of research report writing, thereby adding expertise and enhancing the quality of the research. The article has been written according to the criteria for the “Health SA Gesondheid”. The references and the appendixes are at the end of the report. The following structure guides the report:

Section one:

- Overview of the study

Section two:

- Article - Experiences of psychiatric nurses working with aggressive patients in the North-West Province will be submitted to “Health SA Gesondheid”.

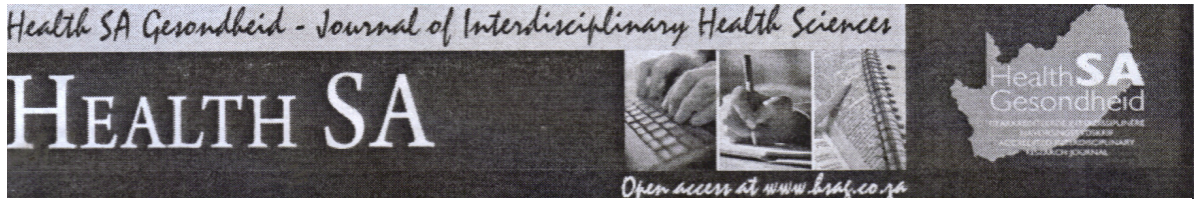
Section three:

- Conclusions, recommendations and limitations of the study.

SECTION 2

Research Article: The experiences of psychiatric nurses working with aggressive patients in North-West Province

ARTICLE GUIDELINES



Aims, scope and review policy Health SA Gesondheid is an interdisciplinary research journal in which only select articles of the highest scientific standard with human health as the main theme are published. The journal also aims to facilitate the gathering and critical testing of insights and viewpoints on knowledge from different disciplines involved in health service delivery. Articles on research work or review articles with the same theme shall also be considered for publication. Papers are peer reviewed to ensure that the contents are understandable, valid, important, interesting and enjoyed. All manuscripts must be submitted online. All articles in Health SA Gesondheid will undergo double blinded peer review.

The following contributions are accepted (word counts exclude abstracts, tables and references):

1. Original research (Between 3500 – 7000 words)
2. Book Reviews (Between 700-900 words)

Please see the journal's [section policies](#) for further details.

Font Type: Times New Roman

Font Size: 12

Line Spacing: 1.5

Page Margins: Bottom & Top = 2.5cm

Left & Right = 2 cm

Length of Manuscript:

About 20 pages text only (maximum), excluding tables, figures and the list of references.

Manuscript Guidelines

Title: Informative but concise, In small capital letters, centered and in bold, font size 14, eg.: Names of questionnaires, countries, and or authors start with capital letters.

Author: Name(s), include full first name, e.g. Gert P. Roux, not G.P. Roux. Include the name of the department and the University of each author. The e-mail address, postal and phone number of the corresponding author should be included.

Abstract: Not more than 200 words, and should state concisely the scope of the work and the principal findings:

- the objective of the study
- the population size, sampling strategy, sample size and response rate
- main statistical procedures used for analyzing the data

most significant results of the study.

Opsomming: Always include an Afrikaans abstract of the article, please follow the same format and structure as indicate within the heading 'abstract'.

Key words: Use five [5] words not already included in the title, separated by a semi-colon.

Synopsis: Afrikaans articles (or articles in any other official SA language) must also have a synopsis of the article of between 500-600 words in English (the entire synopsis appears in italics).

✦ We also ask that you upload a brief biographical note (entered into the 'Bio statement' box during the submission process). This note will appear online in our 'About the Author' section should your article be published with us.

Manuscript Contents

The manuscript contains five sections, namely the introduction, research design, results, discussion and the references. All these first-level headings (except 'introduction') appear in bold capital letters and are centered.

INTRODUCTION:

The introductory section normally contains the following eight elements; headings are indicated in [brackets]:

(1) [**Key focus of the study**] A thought-provoking introductory statement on the broad theme or topic of the research (why should I even bother to read further?):

(2) [**Background to the study**] Providing the background or the context to the study (explaining the role of other relevant key variables in this study);

(3) [**Trends from the research literature**] Cite the most important published studies previously conducted on this topic or that has any relevance to this study (provide a high-level synopsis of the research literature on this topic);

(4) [**Research Objectives**] Indicate the most important controversies, gaps and inconsistencies in the literature that will be addressed by this study;

(5) In view of the above (in 4) state the core research problem and specific research objectives that will be addressed in this study;

(6) [**Ethical Considerations**]

(7) [**The potential value-add of the study**] Explanation of the study's academic (theoretical & methodological) or practical merit and or importance (provide the value-add and or rationale for the study); and

(8) [**What will follow**] Provide the reader with an outline of what to expect in the rest of the article.

Synthesis and Critical evaluation of the literature – Still apart of Introduction

A synthesis and critical evaluation of the literature (not a compilation of citations and references) should at least include or address the following aspects:

(1) Conceptual (theoretical) definitions of all key concepts;

(2) A critical review and summary of the themes emerging from previous research findings (constructs, research participants, research designs, objectives, etc.) on the topic;

(3) Including a review of existing approaches towards the measurement of relevant constructs; and

(4) A clearly defined link should be established between formulated hypotheses and objectives. The stated objectives follow directly on the section where the literature was reported. .

RESEARCH DESIGN

The first-level heading **RESEARCH DESIGN** is typed in capital letters, centered and in bold. Only **three** second-level headings follow on the research design and they appear in lower case, bold and are flush with the margin.

Research approach

A brief description of the research approach followed in the study should be included. It should, for instance, explain from which qualitative tradition the study is and also motivate why this approach is specifically required. The author(s) may state their scientific beliefs (ontology and epistemology) if these have an effect on the choice of the research approach.

Research methods

Under the research method the author(s) provide at least descriptions on the following third-level headings, namely: research context (setting), entrée and ethical considerations, data collection methods, recording of the data, data analyses, strategies employed to ensure data quality and reporting.

These headings are typed in italics and are flush against the margin. Fourth-level headings (italics, underlined) may be used under each of these headings (as described above).

Population Sampling

The qualitative sampling procedures used in the study, such as cueing, purposive sampling or snow-balling are described and motivated in this section.

Data collection methods

In this section the author(s) explain where the data was sourced and which data collection methods (e.g. semi-structured or unstructured interviews, focus-groups) were applied. In some instances solicited documents are also used.

Data analyses

In this case the author(s) explain which methods of data analyses were applied. Different data analyses techniques result in different variations of qualitative research.

FINDINGS & DISCUSSIONS

The next heading is **FINDINGS & DISCUSSIONS**, which appears in capital letters, bold and is centered. This section presents the results of the investigation in the sequence of the formulated objectives or formulated postulates/propositions (if applicable).

Tables and Figures are each presented on a separate page after the section **REFERENCES** and appear in the same numerical order as they appear in the text. The positions of tables or figures are indicated in the text in the following way: <include Table 1 about here>

Therefore, no tables or figures appear in the text of an article, but are each displayed on a separate page for the type setter to see as a whole. If the sizes of the table or figure are too large it can be uploaded as supplementary files in Step 4 of the submission process. It is essential that all table and figures are clearly labelled.

CONCLUSION & RECOMMENDATION

The next heading is **CONCLUSION & RECOMMENDATION**, which appears in capital letters, in bold and centred.

This section normally contains the following eight elements:

- ☐ restate the main objective of the study;
- ☐ reaffirm the importance of the study by restating its main contributions;
- ☐ summarise the results in relation to each stated research objective or research hypothesis;
- ☐ link the findings back to the literature and to the results reported by other researchers;
- ☐ provide explanations for unexpected results;
- ☐ provide the conclusion and recommendations (implications for practice);

□ point out the possible limitations of the study; and

□ provide suggestions for future research.

Second and third-level headings may be used.

REFERENCES

* References begin on a separate page. References cited in the text should all be included in the list at the end of the paper. Full references at the end of the paper, arranged alphabetically by surname, chronologically within each name, with suffixes a, b, c, etc. to the year for more than one per year by the same author. Note that the second and subsequent lines are indented.

This journal makes use of the Harvard reference style.

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The Editor, Health SA Gesondheid. E-mail: editor@hsag.co.za

Note: Ensure that the article ID [reference] number is included in the subject of your email correspondence.

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All manuscripts will be processed online. Submissions by post or by e-mail must be accompanied by a signed copy of the following indemnity and copyright form. [CLICK HERE](#) to download and save it to your computer. Please include a signed copy with your submission.

Research Article

THE EXPERIENCES OF PSYCHIATRIC NURSES WORKING WITH AGGRESSIVE PATIENTS IN THE NORTH-WEST PROVINCE

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ABSTRACT

The objectives of this study were to explore and describe the experiences of psychiatric nurses who work with aggressive patients, and to propose guidelines that will assist psychiatric nurses in managing aggressive patients more effectively. Purposive voluntarily sampling was used to identify participants in this study. Individual interviews were used as a measure of data collection. Data saturation was reached after eleven individual interviews. Data was then analysed using Tesch's method of data analysis.

The findings in this study suggest that the majority of the participants have had mostly negative experiences related to working with aggressive patients, as only few of them still hold positive attitudes. The most prominent themes were that participants felt that they are incompetent in managing aggressive patients, and they also highlighted that they find themselves working in an unsafe environment. Some reported that they are assaulted by patients on numerous occasions. From these findings the researcher proposed guidelines to assist psychiatric nurses in order to manage aggressive patients more effectively. The researcher also compiled recommendations for nursing practice, nursing education and nursing research in management of aggressive patients.

Key words: Aggression, psychiatric nurse, psychiatric patient, experience.

OPSOMMING

Die doelwitte van hierdie studie was om die ervarings van psigiatriese verpleegpersoneel wat met aggressiewe pasiënte werk te ondersoek en beskryf ten einde voorstelle te maak wat hierdie personeel sal help om aggressiewe pasiënte meer effektief te bestuur. Doelgerigte vrywillige steekproewe is gebruik om deelnemers aan die studie te identifiseer. Persoonlike onderhoude is as data-insamelingstegniek gebruik. Dataversadiging is na elf individuele onderhoude bereik. Data is ge-analiseer deur gebruik te maak van Tesch se metode van data-analise.

Die bevindinge van die studie toon dat die meerderheid van die deelnemers oorwegend negatiewe ervarings het rakende hulle werk met aggressiewe pasiënte. Slegs 'n paar het steeds positiewe houdings. Die prominente temas was dat deelnemers voel dat hulle onbevoeg is om die aggressiewe pasiënte te beheer. Hulle wys ook uit dat hulle voel dat hulle in 'n onveilige omgewing werk. Sommige het aangedui dat hulle by verskeie geleenthede deur pasiënte aangeval word. Die navorsing stel riglyne voor gebaseer op hierdie inligting om sodoende 'n bydrae te maak wat psigiatriese verpleegpersoneel kan help om aggressiewe pasiënte te hanteer. Die navorser het verder voorstelle geformuleer vir die verpleegpraktyk, verpleegopleiding en verpleegnavorsing.

Sleutelwoorde: Aggressie, psigiatriese verpleegkundige, psigiatriese pasiënt, ervaring.

INTRODUCTION

Patient aggression is internationally recognised as a major healthcare problem that creates a significant risk for nurses because they spend more time with patients when compared to other medical disciplines. Nurses are more likely to be involved in preventing and managing aggressive behaviour and are more at risk of being victims of patients' aggressive acts. Little research has been conducted to understand nurses' thinking when they have to manage patient aggression (Van Wiltenburg *et al.*, 2004:2).

Background and focus of the study

Nurses provide care for patients with many types of problems. People who enter the health care system are often in great distress and exhibit maladaptive coping responses. Nurses who work in settings such as emergency rooms, critical care areas and trauma centers often care for people who respond to events with angry and aggressive behaviour that can pose a significant risk to themselves, other patients, and health care providers (Bowers *et al.*, 2007:76). In addition to this, psychiatric settings are widely considered as high risk areas for aggression with the incidence of staff exposure to incidents of aggression ranging from 60% to 90% (Lau *et al.*, 2003:29). Stuart and Laraia (2005:630) indicate that psychiatric nurses in particular work with patients who have inadequate coping mechanisms for dealing with stress. During these times of stress acts of verbal or physical aggression often occurs. This high rate of patient aggression towards nurses drastically opposes the ideals of the nursing profession, which is to render quality patient care services (Franz *et al.*, 2010:1).

Problem statement

As a psychiatric nurse in a psychiatric institution in Potchefstroom (North-West Province) the researcher observed that patients are often admitted with disturbed behaviour, which includes aggression. The patients may be actively hallucinating, deluded, irritable, overactive, or have elevated or depressed moods. These conditions have caused some psychiatric nurses to be afraid and anxious. Some even seem to lack self-confidence, while others request not to be allocated to acute psychiatric wards where aggressive patients are admitted and treated. Therefore, my main interest is to explore and describe psychiatric nurses' experiences related to working with

aggressive patients. Such an endeavour may result in a better understanding of the impact patient aggression has on them, as well as factors associated with the impact, which may lead to the proposal of guidelines that can assist psychiatric nurses to manage aggressive patients more effectively.

Research objectives

- To explore and describe the experiences of psychiatric nurses working with aggressive patients; and
- to propose guidelines to help psychiatric nurses to manage aggressive patients more effectively.

Ethical considerations

In order to gain access to the psychiatric nurses, ethical permission was obtained from the ethics committee of the North-West University, Potchefstroom Campus, from the North-West Provincial Department of Health and from the participating hospital, and lastly the dignity of the participants were protected by means of obtaining voluntary, written, informed consent, and they could withdraw at any time without reprisal. The privacy of the participants were ensured by asking them to choose a comfortable place where in-depth interviews could be conducted and where the participants felt they could freely share their experiences related to working with aggressive patients. Confidentiality was ensured by using codes instead of their names. Shared information and the transcription of the interview were locked away by the researcher to maintain confidentiality. The researcher kept in mind that the interviews could emotionally upset the participants therefore, he made himself available to use his empathetic skills as a psychiatric nurse to offer emotional support when the need arises.

Conceptual definitions

Aggression: it is a behaviour characterised by anger, hostile thoughts, words, and actions towards others, manifesting in speech, tone of voice, body language, outward expression of anger or rage, and threatened, actual or physical aggression that may be directed at the environment (destruction of properties) or at others (Franz *et al.*, 2010:1; Irwin, 2006:309; Ketelsen *et al.*, 2007:92). In this study, aggression refers to any behaviour, be it verbal or non-

verbal, with the intention of provoking negative feelings or negative reactions in another person (psychiatric nurse).

Psychiatric nurse: a registered nurse who has received basic nursing preparation in a diploma, associate degree or baccalaureate programme (Kneisl & Trigoboff, 2009:21). In this study, a psychiatric nurse is a person registered with the South African Nursing Council as a professional nurse including those who did not undergo psychiatric training, who works in a psychiatric unit and directs his/her efforts towards the promotion of mental health, early identification of emotional problems such as anger, anxiety or frustration and prevention of potential aggressive behaviour from psychiatric patients.

Experience: implies to an accumulation of knowledge or skills that results from direct participation in events or activities known only to their possessor, and it often leaves a certain impression on the possessor (Soans & Stevenson, 2006:18). Psychiatric nurses have a specific way in which they experience working with aggressive patients. They have certain thoughts and feelings about working with psychiatric patients. Therefore, in this study the objective was to explore and describe the experiences of psychiatric nurses who work with aggressive patients, and those experiences will assist the researcher in proposing guidelines that will help psychiatric nurses to manage aggressive patients more effectively.

Psychiatric patient: is a person who presents with a behavioural or psychological syndrome or patterns that are associated with distress (for example, a painful symptom) or disability (that is, impairment in one or more important areas of functioning) or with a significant increased risk of suffering death, pain, disability, or important loss of freedom (Kneisl & Trigoboff, 2009:06). In this study, a psychiatric patient is a mentally ill person who can present with aggressive behaviour in response to a real or perceived situation due to his/her mental status, and this behaviour may escalate into actual violence towards the psychiatric nurses because of their regular interaction with the psychiatric patients.

Trustworthiness

Rigour was ensured using Guba and Lincoln's model of trustworthiness (in Polit & Beck, 2006:312). The specific techniques that were implemented in this research are set out in table 1.

TABLE 1: TRUSTWORTHINESS

CRITERIA	STRATEGY	TECHNIQUE
Truth Value	Credibility	The researcher had prolonged engagement with the participants to establish trust and enable them to feel at ease and free, so that they can be in a position to divulge more information on their experiences of working with aggressive patients. Written informed consent for participation in the research was obtained from participants. Purposive, voluntary sampling was conducted.
Applicability	Transferability	Information regarding the participants and the context of the research was densely described.
Consistency	Dependability	The research design and method, the context of the research as well as the role of the researcher was densely described. Inclusive criteria were set for purposive, voluntary sampling. Field notes were recorded directly after conducting the interviews.
Neutrality	Confirmability	Raw data, field notes, data analysis documents, the interpretation of categories as well as the interview schedules were made available for auditing.

RESEARCH DESIGN

A detailed description of the design used in this study will be outlined as follows:

Research approach

Since little research has been done in South Africa on the experiences of psychiatric nurses who work with aggressive patients, a qualitative design was followed to explore and describe the participants' experiences from their own perspective. Burns and Grove (2009:22) describe this approach as the most appropriate when the intention of the researcher is to understand the lived experiences and to gain new insight from these lived experiences in a particular context. The context refers to the area, time, culture and orientation in which the research takes place (Burns & Grove, 2009:55).

Research method

The research study was conducted in a participating hospital situated in the Dr Kenneth Kaunda district of the North-West Province (South Africa). This institution consists of five admission wards including male and female psychotic wards, male and female mood disorder wards, a children's ward that admits both male and female patients and an out-patient department. These wards are managed by forty (40) psychiatric nurses. Psychiatric patients are admitted from different clinics and general hospitals in this district, and these patients may be in great distress at the time of admission. Aggression is often one of the reasons for admission. These patients' aggressive behaviour may threaten the safety of the psychiatric nurses who are expected to procedurally admit these patients and perform accurate physical examination and mental status examination, despite the patient's aggressive behaviour.

Population sampling

The population of this study included all the psychiatric nurses who work in admission wards of the psychiatric hospital with the responsibility to promote the health of patients, to prevent a decline in health or rehabilitate patients suffering from mental health related problems. Sampling took place through purposive, voluntary sampling and individual interviews were conducted. Data saturation was reached with eleven participants. Inclusion criteria for the psychiatric nurses are set out below.

The study included psychiatric nurses who:

- Were working in acute admission wards;
- were willing to participate in the research, who gave written consent after having been
- Informed about the purpose of the research, and who agreed to the use of an audio-tape recorder.
- were registered with the South African Nursing Council as a professional nurse, and
- had at least one year experience of working in psychiatric wards with aggressive patients.

The researcher informed the prospective participants regarding the objectives and nature of the research, the data gathering instrument and the behaviour that was expected from them. It was

explained to them that data collection will consist of in-depth individual interviews with open-ended questions that are recorded with an audio-tape.

Data collection method

Data collection was conducted by the researcher himself and he utilised communication techniques as described by Okun and Kantrowitz (2008:75-78) to explore, clarify and encourage the participants to talk and to ensure the free flow of the interview. Field notes were taken immediately after each interview, which included descriptive notes, demographic notes and reflective notes as prescribed by Creswell (2009:182) to prevent the researcher from forgetting crucial aspects of the interview that might affect the research findings and that will assist the researcher in analysing the data. Data saturation was achieved with eleven participants. The interviews were recorded on audio-cassette and transcribed verbatim.

Data analysis

The researcher and the co-coder analysed the results of data collection independently. This was followed by a discussion meeting in order to reach consensus on the categories that emerged from the data according to Tesch's method of data analysis (in Creswell, 2009:185-187). Conclusions were formulated by synthesising the findings and guidelines were proposed for nursing research, nursing education and nursing practice.

Literature control

A literature control was conducted only after data collection and data analysis in order to ground findings in literature (Burns & Grove, 2009:93). After collection and analysis of data, the findings were compared to relevant literature to identify similarities and differences. New findings obtained from this study were highlighted, as well as common findings found in other studies.

FINDINGS AND DISCUSSIONS

The findings of this study are summarized in Table 2. Diagram 1 further illustrates the results, and this is followed by a detailed discussion of themes that emerged from data analysis. The

findings will also be compared with and confirmed against existing literature about the experiences of psychiatric nurses working with aggressive patients.

TABLE 2: EXPERIENCES OF PSYCHIATRIC NURSES WORKING WITH AGGRESSIVE PATIENTS

Question 1	1. EXPERIENCES OF PSYCHIATRIC NURSES WORKING WITH AGGRESSIVE PATIENTS					
Themes	1.1 INDUCED FEARS	1.2 FEELINGS OF INCOMPETENCE	1.3 FEELING OF FRUSTRATION	1.4 DIFFICULTIES EXPERIENCED	1.5 INEFFECTIVE COPING MECHANISMS	1.6 POSITIVE EXPERIENCE
Sub-themes	1.1.1 Scared of being injured or assaulted	1.2.1 They feel they lack skills	1.3.1 Lack of support from management	1.4.1 Patients'behaviours are unpredictable and manipulative	1.5.1 Retaliate to patients	
Sub-themes	1.1.2 Fear of being blamed	1.2.2 Different personalities/ approaches in handling patients	1.3.2 Ineffective/unrealistic policies	1.4.2 Inadequate/ineffective facilities to handle aggressive patients	1.5.2 Conflict between nurses	
Sub-themes				1.4.3 Increased workload		
Question 2	2. WHAT PSYCHIATRIC NURSES NEED TO DEAL WITH AGGRESSIVE PATIENTS MORE EFFECTIVELY					
Theme	2.1 THEY NEED SUPPORT					
Sub-themes	2.1.1 Training	2.1.2 Counseling and debriefing	2.1.3 Adequate patient staff ratio	2.1.4 Need support from management	2.1.5 Effective security and infrastructure	2.1.6 Motivation for nurses



DIAGRAM 1: Experiences of psychiatric nurses working with aggressive patients

Discussion of the findings

The findings of this research will subsequently be discussed with relevant quotations from transcripts. Literature is explored and related to the findings in order to either support the findings or oppose it. Each theme will be condensed into a conclusive statement. The conclusive statements serve as the foundation for the proposal of the guidelines (Burns & Grove, 2005:116) that will assist psychiatric nurses to manage aggressive patients more effectively.

In order to explore and describe the experiences of psychiatric nurses working with aggressive patients, participants were asked two questions that gave rise to themes and sub-themes. After

the introduction of each sub-theme, quotations are taken directly from participants' responses and these are indicated in the text boxes. The first question was asked as follows:

Question 1: What are your experiences of working with aggressive patients?

This question gave rise to the following themes and sub-themes.

Theme 1.1: Induced fears

According to the participants working with aggressive patients it's often an anxiety stimulating situation which induces fears. The participants experienced fears in different ways as discussed in the following sub-themes:

Sub-theme 1.1.1: Scared of being injured or assaulted

Most participants (9 reports) reported that they are not feeling safe when encountering patients' aggressive behaviour as that endangers their lives. They felt that when the patient start acting aggressively they don't know what the patient is planning to do.

“We do get assaulted every now and then often patients are fighting us.” (Prt 2)
“I don't know whether he is going to hit me with something or kill me. “ (Prt 1)
“Patients are fighting causing harm to everybody who is around him.” (Prt 0)
“Patient who was fighting broke the nurse's arm.” (Prt 6)
“I personally do not feel safe.” (Prt 3)
“When a patient is angry it puts the nurse's life in danger.” (Prt 7)
“...you can lose an eye or limb.” (Prt 9)
“I can be killed at any moment ... I mean my safety is not guaranteed.” (Prt 4)

Research done by Lau *et al.* (2003:29) highlight that psychiatric settings are widely considered as high risk areas of aggression with the incidence of psychiatric nurses' exposure to incidents of aggression ranging from 60% to 90%. However, research does not necessarily enable us to accurately predict which psychiatric patients will show aggressive behaviour (Duxbury,

2002:326). Research done by Secker *et al.* (2004:173) suggests that the patients' aggression threatens the safety of psychiatric nurses in the work place. As a result anxiety and stress about personal safety may complicate and exacerbate other work stressors.

Sub-theme 1.1.2: Fear of being blamed, which leads to under-reporting of incidents

Some participants verbalized that they do experience patient aggression, but they fear reporting such incidents. Participants seem to fear that when they report incidents of patients` aggression management might investigate the incident. They fear that management will blame them for failing to manage patients` aggression effectively.

“They will blame you...you could have done that you could have not done that.” (Prt 1)
“When there is any property which is being destroyed you will be blamed for not being able to handle the patient.” (Prt 9)
“... you are being blamed for the aggression of the patient ... they may turn out and say you know that they are mentally ill.” (Prt 2)
“They will blame you for the aggression of the patient...they will rather consider what you did to provoke the patient rather than checking the psychosis of the patient.” (Prt 7)

Research done by Lanza (2011:547) identifies that one of the reasons for under-reporting of aggressive incidents is the fear of being blamed for not being able to prevent the incidents. Eileen *et al.* (2003:147) agree with Lanza (2011:147) by highlighting that a lack of support from managers appears to be responsible for inducing fears for reporting assaults by patients.

Theme 1.2: Feelings of incompetence

The participants verbalised that when they work with aggressive patients they at some point felt that they are not adequately prepared to deal with any kind of patient aggressive behaviour that might be directed towards them or other patients. Two sub-themes were identified and are discussed as follows:

Sub-theme 1.2.1: They feel they lack the skills needed to work with aggressive patients

Participants felt that they lack certain skills for effectively managing aggression perpetrated by patients towards them. They seem to believe that management of aggression needs array of skills to be able to diffuse patients` aggression. They also believe that those skills can only be acquired through training.

“I was not trained to handle physically aggressive patients.” (Prt 1)
“We were not even trained to take care of those patients either theoretically or practically.” (Prt 5)
“Other people do not understand that the aggressive behaviour is influenced by the mental state.....they react in the same way they could to somebody in the street when the aggressive patient approach them or physically try to harm them.” (Prt 2)
“People who does not have skills they end up having fights with patients.” (Prt 4)

Needham *et al.* (2004b:36), O'Brien and Cole (2004:90), Wright *et al.* (2005:381), as well as Ketelsen *et al.* (2007:92) collectively agree that psychiatric nurses are not adequately prepared, educated or trained regarding the management of aggression. They lack the knowledge and understanding the behaviours associated with the cycle of aggression and the appropriate interpersonal skills necessary to rapidly and accurately identify, assess and intervene with patients' aggressive behaviours. Secker *et al.* (2004:172) conclude that lacking the skills necessary to rapidly identify and defuse patients' aggressive behaviours had left psychiatric nurses with feelings of incompetence demonstrated by symptoms of anxiety, frustration and fear.

Sub-theme 1.2.2: Different personalities or approaches in handling patients

Some participants indicated that psychiatric nurses use different approaches towards aggressive patients because they have different personalities. They believe that the personality of the psychiatric nurses affect the way they handle aggressive patients. They made example of psychiatric nurses who have soft personality that they cannot show authority when they speak hence that affect their management of aggressive patients.

“Some nurses have soft personalities they cannot show authority when they speak.” (Prt 6)
“This is my favourite patient. I want him to stay as pleasant as possible.” (Prt 7)
“Other staff members normally promise patients to do those favours for them.” (Prt 10)
“Most of nurses are introvert, they are not coughing out their problems.” (Prt 2)
“When one is talking about flexibility we do become different.” (Prt 0)

Farrell *et al.* (2006:779) indicate that the personality of the psychiatric nurse may influence behaviour, and the respondents frequently stated that some psychiatric nurses are naturally better at handling these situations than others. Nolan *et al.* (1999:936) agree with them by giving an example that those psychiatric nurses who had been assaulted more than once were usually assaulted by the same patient, indicating problematic relationships rather than “difficult” patients as being an important factor.

Theme 1.3: Feelings of frustration

Participants verbalized feelings of frustration as they struggle to effectively work with aggressive patients. Two sub-themes were identified and will be discussed as follows:

Sub-theme 1.3.1: Lack of support from management

Most participants (6 reports) felt that there is a lack of management support when they experience patient aggression. They seem to acknowledge that patients` aggression is inevitable in psychiatric institutions but they felt that if they receive management support that will help them deal better with patients` aggression.

“It is very discouraging when people don’t appreciate what you did.” (Prt 9)
“They are not supportive because when we raise issues about the patient being aggressive that we are struggling they said but you do get danger allowance.” (Prt 6)
“The direct supervisor will only be looking for mistakes.“ (Prt 4)
“Management says when you come to work you must leave your problems at the gate.” (Prt 7)
“We have cases of patients who assault staff but the management does not do anything instead

of supporting the staff they support the patients.” (Prt 1)

“Management use scapegoat to say that's nothing we can do he is a psychiatric patient.” (Prt 2)

Research done by Eileen *et al.* (2003:147) found that nurse managers are repeatedly identified as a major source of the bullying, intimidation and hostility that occurs within psychiatric institutions. Therefore, they emphasize that it is timely for the profession to consider providing compulsory training for nurse managers to guide them in developing effective managerial skills.

Sub-theme 1.3.2: Ineffective/unrealistic policies

Some participants felt that some of the policies in their institution are unrealistic. They gave an example of a seclusion policy which is according to them does not help them to manage aggressive patients more effectively. They believe that it does not help them to manage aggressive patients immediately when patients start acting aggressively as they have to wait for the doctor to first prescribe that the patient be secluded meanwhile the patient is busy breaking things or assaulting someone.

“If a patient start assaulting you, breaking your arm breaking your leg or whatever ... are you firstly going to phone the doctor because the policy that says you must phone the doctor?” (Prt 7)

“With the new regulation we are suppose to give patients intravenous medication for sedation before they are secluded, so to restrain an aggressive patient to an extend where you can administer that IV medication it’s also very difficult.” (Prt 6)

“Even if the patient is very aggressive or what you have to wait for the doctor to prescribe something.” (Prt 9)

“The patient can kill you before the doctor comes (Par 1) and nurses are not protected by mental health act.” (Prt 2)

Research conducted by Sorlie *et al.* (2005:134) identify that psychiatric nurses experience ethical problems when caring for their patients (i.e. they sometimes find it difficult to see what is the right and good thing to do). They also notice that psychiatric nurses acknowledge frustration linked to ethically difficult situations at work in acute wards. Their frustration is caused by policies that are difficult to interpret and a lack of support from the management in their institution.

Theme 1.4: Difficulties experienced

Participants felt that it's really not easy for them to contain the aggressive behaviour displayed by patients. Four (4) sub-themes were identified and are discussed as follows:

Sub-theme 1.4.1: Patient behaviours are unpredictable and manipulative

Most of the participants indicated that it's really difficult or strenuous to work with aggressive patients as their behaviour cannot be predicted. They felt that you will never know how the patient will behave the next moment if he/she is calm now and this seems to frustrate the psychiatric nurses who are suppose to care for such patients.

“It's difficult when the patient is still new in the ward.” (Prt 9)
“You won't know actually know what triggers the patients aggression.” (Prt 7)
“Most of them have fluctuating moods.” (Prt 3)
“Others are antisocial.” (Prt 10)
“They bring drugs in the ward without us noticing.” (Prt 1)
“...most of them are attention seekers.” (Prt 2)
“They act aggressively with the idea of may be 'I'll get my way'.” (Prt 7)

Research done by Irwin (2006:309), Secker *et al.* (2004:173) as well as Bjorkdahl *et al.* (2005:271) identify that there is a possible relationship between aggression and mental illness, and they further agree that there is no solid linear relationship between any risk factor and the occurrence of aggression. Therefore patient aggression is unpredictable.

Sub-theme 1.4.2: Inadequate/ineffective facilities to handle aggressive patients

Some participants felt that the environment in which psychiatric patients are nursed is not therapeutic, they felt that the environment make patients more aggressive. They said that when they use the seclusion room to calm the patients, patients can easily hurt themselves inside the

seclusion room as a result they felt that their facilities are not conducive to handle aggressive patients.

“The seclusion room is not padded.” (Prt 5)
“Patients in seclusion hurt themselves by hitting the wall or kick the door or throw themselves into ground.” (Prt 6)
“We have the doors that are not locking properly.” (Prt 1)
“We don't have enough facilities to can keep the patients busy.” (Prt 3)

Research done by O'Brien and Cole (2004:90) highlight that a lack of research-based prevention of patient aggression has left thousands of psychiatric nurses working in hazardous conditions with few reliable resources at their disposal to prevent and effectively manage aggression towards themselves and their co-workers or patients in health care settings. Furthermore, research findings show that the use of seclusion rooms can in fact increase the physical injuries rather than being therapeutic (Bjorkdahl *et al.*, 2005:271).

Sub-theme 1.4.3: Increased workload

Most participants (7 reports) felt that increased workload that must be shared by small number of psychiatric nurses seems to have emotional and psychological impact on the carers (psychiatric nurses). This results in psychiatric nurses finding it increasingly strenuous to deliver patients` care up to the required standard. They believe that staff shortage at some point do lower the staff morale.

“Shortage of staff plays a very negative impact in managing aggressive patients.” (Prt 0)
“You cannot manage them especially when you are short staffed.” (Prt 1)
“We really have shortage of staff.” (Prt 6)
“If there is no enough staff patient can attack you and kill you.” (Prt 4)
“There is not always enough man power.” (Prt 3)
“When a patient is aggressive you handle the patient alone.” (Prt 9)

“It’s quite strenuous.” (Prt 10)

Hayes *et al.* (2006: 239) as well as O'Brien and Cole (2004:90) agree that patient aggression increases staff shortage, which in turn can negatively impact on the organization’s capacity to meet patient needs and provide quality care. They further indicate that a shortage of staff can lower the morale of psychiatric nurses and the productivity of those who remain to provide care.

Theme 1.5: Ineffective coping mechanisms

Participants felt that patient aggression at times can lead to ineffective coping mechanisms. Two sub-themes were identified and are discussed as follows:

Sub-theme 1.5.1: Retaliate to patients

Some participants reported that some psychiatric nurses fail to control the patients who are physically aggressive, and they end-up retaliating to those patients.

“You hit back on the patient because he has hit on you.” (Prt 2)

“They cannot manage the patient properly they fight the patient back.” (Prt 10)

“I’m not going to stand for patient to hit me I’m going to defend myself.” (Prt 6)

“When a patient come to you and with no reason slap through your face you are going to respond the same way he acts on you.” (Prt 7)

“The staff retaliated.” (Prt 1)

Research conducted by Bloor *et al.* (2004:39) as well as Bjorkdahl *et al.* (2005:271) concur that psychiatric nurses who use punitive control methods may inadvertently model the aggressive style of behaviour that they are trying to eliminate among the patients. This has been evidenced by patient aggression that has led to the assault of psychiatric nurses. Such assaults result in harm or injury, and could consequently lead to sick leave (Nijman *et al.*, 2005:217).

Sub-theme 1.5.2: Conflict between psychiatric nurses

Participants reported that lack of skills of how to handle aggressive patients often causes conflict between psychiatric nurses themselves. This conflict seems to affect the psychiatric nurses' relationship and cause division between them as others will be labeled as "knowing better than others".

"... those who are always in the "know how" they turn to experience opposition." (Prt 2)
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"We end up having conflicts as nurses in the unit because of aggressive patients." (Prt 10)

When nurses are not adequately prepared, educated, or trained regarding conflict resolution and the management of aggression, they lack the knowledge and the appropriate interpersonal communication skills necessary to rapidly and accurately identify, assess, and intervene with intense situations (McGill, 2006:50). Lacking the ability to rapidly identify and defuse the aggressive behavioural situations may cause the associated symptoms of stress, anxiety and fear for the psychiatric nurses, resulting in conflict between psychiatric nurses themselves (Gerard *et al.*, 2006:779).

Theme 1.6: Positive experiences

It seems that although most of the participants reported that they experience patient aggression on a regular basis, some still hold positive attitudes. They still feel proud to work with such aggressive patients which the family and the community was scared of.

“If they say a person is aggressive at home and when he is admitted here I can manage him ... it just makes one proud.” (Prt 3)
“I can personally say psych is very interesting.” (Prt 2)
“Working with aggressive patients is a learning opportunity.” (Prt 6)
“When you try to calm the patient down be calm as possible, see the reason why he is angry because it must be really something that made him angry.” (Prt 7)
“It's not going to help when the patient is aggressive and you are also aggressive.” (Prt 10)
“Before you do anything to the patient you have to build rapport first.” (Prt 3)

Despite feelings of fear when presented with patient aggression, Rocca *et al.* (2006:590) report that psychiatric nurses hold a positive attitude towards aggressive patients and suggest that this is due to their training, experience and commitment to the provision of care to this group of patients. They also highlight that a well-trained or experienced nurse can manage the situation even if he/she is disturbed by counter-transference feelings such as anger, hostility, hate, fear etc. They also conclude that the experienced psychiatric nurse will know when to ask for help without embarrassment.

The second question was asked to further explore and describe the experiences of psychiatric nurses who work with aggressive patients. The following question was asked:

Question 2: What do the psychiatric nurses need in order to deal with aggressive patients more effectively?

After asking the above question one theme was identified as follows:

Theme 2.1: They need support

Participants felt that they cannot continue to work in an environment where they feel they are not safe, and they therefore request support from their management. Five (5) sub-themes were identified as follows:

Sub-theme 2.1.1: Training

Some participants felt that psychiatric nurses need to have skills and knowledge on how to promote and maintain an environment that is safe and conducive for patients and psychiatric nurses themselves. They seem to believe that without skills it's really a challenge to manage aggressive patients.

“We need people who are trained in psychiatrywe must be equipped.” (Prt 2)
“They tell us the policy needs this and that we never had a person coming here and demonstrating to us on a real aggressive patient how to manage that patient mechanically.” (Prt 6)
“We need to go for training on how to handle aggressive patients.” (Prt 4)

Patients often come to health institution in a devastated situation mostly presenting with aggression. Bjorkdahl *et al.* (2005:225), McGill (2006:41) Secker *et al.* (2004:172) Needham *et al.* (2004b:36) and Gerard *et al.* (2006:45) agree that for psychiatric nurses to de-escalate the situation and end the conflict peacefully, they need to have communication skills on how to confidently, carefully and calmly talk and listen to an aggressive patients. Ketelsen *et al.* (2007:92-93) agree with the above authors by pointing out that psychiatric nurses need to be trained in the basic knowledge of human aggression, aggressive behaviour in psychiatric settings and a professional way of handling aggressive behaviour.

Sub-theme 2.1.2: Counseling and debriefing

Some participants reported that they need counseling and debriefing as patient aggression often affects them emotionally or psychologically. They seem to believe that when they receive counseling and debriefing sessions, they will be able to ventilate their concerns regarding management of patients` aggression and also generate solutions on how to handle aggressive patients more effectively.

“There should be sessional counseling that is pre-counseling....counseling during the working period and exit counseling.” (Prt 0)
“We need debriefing where staff can meet and discuss problems that they encounter with their

patients.” (Prt 3)
“There is no way the psychologist came and said “people let's debrief, say what's bothering you, say how do you feel, say whatever is going to make you feel better.” (Prt 7)
“We need debriefing where staff can come and discuss problems that they encounter with their patients so that we can come up with solutions.” (Prt 2)

Research done by Foster *et al.* (2006:141) and Makoto *et al.* (2006:30) revealed that patients' aggression may lead psychiatric nurses to experience psychological and emotional wounds that may linger and interfere with normal work and leisure lifestyle for months or years after the incident. Farrell *et al.* (2006:779) add that psychiatric nurses need to assess their own stressors, both personal and work related. Gerard *et al.* (2006:45) support them by indicating that psychiatric nurses need counseling and debriefing where they can ventilate their feelings, emotional reassurance, education regarding awareness and reduction techniques, consultation and referral assistance to depressed personnel (psychiatric nurses).

Sub-theme 2.1.3: Adequate staff-patient ratio

Participants said that due to the unbearable conditions they find themselves in, the thing that they are most worried about is a shortage of staff. They felt that if enough staff could be allocated in their unit, it will be easier for psychiatric nurses to contain aggressive behaviour from patients.

“When you have an aggressive patient you need atleast five hands.” (Prt 6)
“... there should be enough staff on duty.” (Prt 4)
“... when you manage them you have to be with other nurses who will help you counter aggression of such patients.” (Prt 2)
“When you approach the patient with two to three people they might back off with the aggression.” (Prt 7)
“... there will be a well implimentation of drafted programs.” (Prt 0)
“... even if you are sick you feel compelled to come to work.” (Prt 9)
“The staff is resigning to go and work where it is save.” (Prt 4)

Research done by Hayes *et al.* (2006:238) identify that although increasing recruitment of psychiatric nurses and improved compensation may help offset psychiatric nurses' shortage in the short term, they suggested that the administrative intervention to ensure quality of work life are more effective long-term in reducing staff shortage. Farrell *et al.* (2006:779) conclude that in order to ensure that adequate numbers of psychiatric nurses are available it is time that nursing managers, administrators and the profession examine patient aggressive behaviour towards psychiatric nurses in order to ensure a safe and supportive work environment.

Sub-theme 2.1.4: Need support from management

Some participants (4 reports) felt that it is important that their managers offer emotional support to them. They acknowledge that patients' aggression is inevitable in psychiatric environment but seem to believe that when there is management support they can be able to cope with patients' aggression.

“Yes they should show that they care more after an injury.” (Prt 6)
“The management must support us, they must not always take the side of the patient.” (Prt 1)
“Don't let me make myself prone to absenteeism and then refer me to EAP (employment assistant program) think of me now.” (Prt 7)

Research done by Eileen *et al.* (2003:147) indicate that psychiatric nurses are not supported when encountering difficulties of managing aggressive patients. They all emphasized that the challenge for managers and organizations is to support change by the development of strong policies to protect psychiatric nurses against patients' aggression and to provide guidance about avenues for help and support for victims of workplace assaults. They strongly emphasized that when there are policies in place; they should be followed rather than be ignored.

Sub-theme 2.1.5: Motivation for nurses

The participants felt that despite the challenges that they face, their efforts go unnoticed, and this lowers their morale, which further affects quality patient care delivery. They felt that their management need to appreciate that despite uncondusive environment caused by patients'

aggression they are trying their best to contain patients` aggression therefore, their efforts need to be recognized.

“There are a lot of us who want to do more but there is no motivation you will ask yourself why I should go extra mile while nobody sees.” (Prt 2)
“What does the management do for me as a nurse working in the psych unit except for giving me danger allowance which is not even enough for my emotional status.” (Prt 7)
... and If the hospital can just say today ... we are taking the nurses out just for a half day just to forget about the work environment ” (Prt 9)
“It's like you are paid to do this job why should you be praised?” (Prt 4)

In a study conducted by Leung *et al.* (2007:74) it appeared that in order to motivate psychiatric nurses in acute wards management must continuously to give feedback regarding their efforts, to make regular contact with them, to perceive their skills as important and to recommend further training. Selvam (2008:16) supports this by indicating that the number one thing that can motivate psychiatric nurses at work is not money or time off, but effective communication. She felt that the ability to convey ideas clearly, openly and honestly, and discussing their goals and objectives with them can motivate psychiatric nurses.

CONCLUSIONS AND RECOMMENDATIONS

The objective of this study was reached, which was to explore and describe the experiences of psychiatric nurses working with aggressive patients. A further objective was to propose guidelines that will assist psychiatric nurses to manage aggressive patients more effectively. Most participants in this study felt that they are working under unsafe working environment where they are often being assaulted by their patients on numerous occasions. They felt that the situation is exacerbated by the fact that they lack skills to effectively manage aggressive patients and under these conditions they are mostly short staffed. This situation often induces fears which have a negative impact on staff-patients relationship. As a result of the conditions that they work in, nurses point fingers at management. They feel that there is a lack of support from management even in cases where nurses have sustained injuries as a result of being assaulted by an aggressive patient. Lastly, they plead with management to offer them support in the form of

training in prevention and management of aggressive patients, counseling and debriefing as well as allocation of adequate staff-patient ratio.

Limitations

Certain limitation emerged during the conduct of this study that could have affected the richness of data. The following limitations were identified:

- The interviews were conducted in English which is not the first language of most participants, this could have made it difficult for some participants to express themselves.
- The study focused only on the professional nurses even though other categories of nurses (staff nurses and assistant nurses) also experience patients` aggressive behaviour. Their participation could have enriched data collected.
- The researcher suspects that participants held back some information because they had the impression that because the researcher had worked in the same setting, some information was obvious to him and needed no explanation.
- Lastly, the interviews data were only the source of information gathered from the participants on which the findings were based. Other data gathering methods could have enriched the data as well as the research findings for example, focused group as some people can express themselves better in a group setting.

Recommendations

The results and conclusions guided the researcher in making recommendations regarding research, education and nursing practice. It is important that further *nursing research* focus on the following issues: causes and reasons behind patient attacks on the psychiatric nurses and the experiences of other disciplines in working with aggressive patients in psychiatric institution, as well as in general hospitals. *Nursing education* should include proposed guidelines to assist psychiatric nurses to manage aggressive patients more effectively. It may be necessary for schools of nursing to include strategies to deal with workplace aggression in their curriculum, as nurses may be exposed to this behaviour. Recommendations for *nursing practice* are made in the form of proposed guidelines to help psychiatric nurses to manage patients aggressive more effectively. These include the following:

Proposed guidelines that will assist psychiatric nurses to manage aggressive patients more effectively:

In congruence with the objectives of this study, guidelines that will assist psychiatric nurses to manage aggressive patients more effectively in psychiatric hospitals of the North-West Province are consequently proposed. These guidelines were developed from the conclusions drawn by the researcher based on the experiences shared by the participants. Three guidelines are proposed:

<p>Organisational factors</p>	<p>The following training programs should be implemented:</p> <ul style="list-style-type: none"> • Effective communication skills. • Conflict resolution skills. • Prevention and management of patient aggressive behaviour. • Mentoring programs. <p>Management should offer support for the following:</p> <ul style="list-style-type: none"> • Assess challenges faced by psychiatric nurses and their patients. • Route cause analysis of aggression. • Non-blaming approach after aggressive incidents. • Workplace debriefing and counseling programs. • Encouraging incident reporting. • Encouraging formulation of nurses' support groups. • Nurses' rights should be considered. • Motivation for psychiatric nurses who do their best. • Give psychiatric nurses autonomy for decision making. • Review policy on management of aggressive patients. • Ensure adequate staff
<p>Staff factors</p>	<p>Psychiatric nurses should ensure the following:</p> <ul style="list-style-type: none"> • Know policies and procedures in your institution. • Know your rights as a nurse. • Stop self-blaming attitude. • Promote teamwork. • Experienced psychiatric nurses to mentor others.

Environmental factors	Management and staff to ensure safe working environment: <ul style="list-style-type: none"> • Provide adequate structural security. • Ensure conducive seclusion rooms. • Ensure flexible rehabilitation programs giving priority to patients' needs.
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Concluding remarks

The objectives of this study were achieved, which were to explore and describe the experiences of psychiatric nurses working with aggressive patients, to propose guidelines that will assist psychiatric nurses to manage aggressive patients more effectively.

The findings from this study revealed that psychiatric nurses working in acute admission wards experience high level of patient aggression at work. These findings substantiate the claim made by Rew and Ferns (2005:227) as well as Gacki-Smith *et al.* (2009:341) that among all groups of health professionals, psychiatric nurses are the most prone to suffer from patient aggression. Given these high levels of aggression in the workplace and the emotional and physical effects it has on psychiatric nurses, this issue can no longer be ignored, especially from an occupational health and safety perspective. Proposed guidelines in this research may also lead to further investigations into patient aggression.

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SECTION 3

LIMITATIONS, CONCLUSIONS & RECOMMENDATIONS



3.1 INTRODUCTION

The overview and the preceding article comprised a discussion of the realization of data collection and data analysis as well as a description of the results and literature control. These results were supported by direct quotations from the transcripts. In this section, limitations, conclusions will be made with specific reference to nursing education, nursing research as well as nursing practice.

3.2 LIMITATIONS

Certain limitations emerged during the conduct of this study that could have affected the richness of data. The following limitations were identified:

- The interviews were conducted in English which is not the first language of most participants; this could have made it difficult for some participants to express themselves.
- The study focused only on the professional nurses even though other categories of nurses (staff nurses and assistant nurses) also experience patients' aggressive behaviour. Their participation could have enriched data collected.
- The researcher suspects that participants held back some information because they had the impression that because the researcher had worked in the same setting, some information was obvious to him and needed no explanation.
- Lastly, the interviews data were only the source of information gathered from the participants on which the findings were based. Other data gathering methods could have enriched the data as well as the research findings for example, focused group as some people can express themselves better in a group setting.

3.3 CONCLUSIONS

The research objectives of this study were to explore and describe the experiences of psychiatric nurses working with aggressive patients and to propose guidelines that will assist the psychiatric nurse to manage aggressive patients more effectively.

In order to achieve these objectives, the researcher gathered data by conducting individual interviews with participants, analysed data with the help of an experienced co-coder and related data to relevant literature. Six themes emerged from data analysis: induced fears, feelings of incompetence, feelings of frustration, difficulties experienced, ineffective coping mechanisms, positive experiences and the need for support. Several conclusions were drawn from these themes, and are as follows:

3.3.1 Experiences of psychiatric nurses working with aggressive patients

- When patients start to act aggressively, this often threatens the safety of the psychiatric nurses. Participants mentioned during interviews that they become scared of being injured by these patients. Psychiatric nurses have experienced patient assault at extreme levels. Participants mentioned that you can lose some of your body parts like an eye or a limb, while some reported that these patients may even kill you.
- Shortage of staff seems to cause much frustration for psychiatric nurses who have had to deal with threatening behaviours of aggressive patients. Participants felt that it is really strenuous to contain patient aggression when they are short-staffed.
- When psychiatric nurses fail to meet the patients' demands, the patients may start to be frustrated and think the only way to achieve their demands is to act out. The literature review highlighted that this can be condoned by patients if they perceive nurses as people who should listen and accept everything.
- The participants seem to believe that management will blame them if they can fail to handle the patient when there is an aggressive act, they fear that management will question their patients' supervision or they may blame the psychiatric nurses and accuse them of contributing to patient aggression.
- Psychiatric nurses are frustrated by the policies that they feel are unrealistic or ineffective. They mostly complained about the seclusion policy, which stipulates that

seclusion needs to be prescribed by the doctor before the patient can be secluded. One participant feels that it is not realistic to leave a patient who is physically aggressive, assaults staff and other patients and who breaks properties in the ward. She feels that it would be better if you could put the patient into the seclusion for his own safety, for the nurses' safety and safety of other patients, and then you call the doctor.

- The psychiatric nurse's right to work in a safe environment seems to be violated by management as far as the safety of the psychiatric nurse is concerned. This was confirmed by one of the participants who mentioned that when they tell the management about the unsafe environment, the management would tell them that psychiatric nurses get a danger allowance.
- It became evident from the individual interviews and literature that psychiatric nurses who work with aggressive patients are not coping with such situations. This was confirmed by psychiatric nurses who retaliate to patients who act aggressively towards them. Participants also highlighted that patients' aggression often cause conflict between psychiatric nurses themselves.

3.3.2 Support needed by psychiatric nurses to mitigate the impact of patients' aggression

The following conclusions were drawn after asking the participants about what psychiatric nurses need in order to manage aggressive patients more effectively.

From the findings it became clear that it will be important for management to provide support to psychiatric nurses with the following:

- Management should provide training to equip psychiatric nurses with the relevant skills to manage aggressive patients, as most participants highlighted that they lack skills to work with aggressive patients. Literature supports the findings that the management of aggressive patients requires derived knowledge of risk factors to be able to effectively contain patient aggression.
- Participants asked for an increase in the number of staff as a shortage of staff has a negative impact on the management of aggressive patients due to increased workload

against a small number of psychiatric nurses. This often makes it difficult for psychiatric nurses to contain patient aggression.

- It will also be important for management to offer support on counseling and debriefing as patient aggression have a negative impact on their physical, psychological and emotional well-being. Counseling and debriefing can help to lower the level of psychological distress in psychiatric nurses and improves the job satisfaction hence promoting quality patient care delivery system.
- The findings show that psychiatric nurses work in an unsafe environment. Ensuring effective security will improve the management of patient aggression.
- Lastly, management must offer support by motivating psychiatric nurses who do their best under difficult conditions of working with aggressive patients. This will also be an effective strategy for staff retention to prevent the escalation of staff shortage.

3.4 RECOMMENDATIONS

From the research findings it is evident that there is a need for recommendations for nursing research, nursing education and nursing practice as discussed below.

3.4.1 Nursing research

From the study findings, it is evident that there is potential for further research focusing on the following issues:

- It became evident from literature that nurses in general hospitals also encounter patient aggression during their career. Therefore, it could also be important to explore and describe their experiences of working with aggressive patients.
- Most of the psychiatric nurses who participated in my research study blamed patients for perpetrating aggressive behaviour towards them. It could therefore be recommended that research on the causes and reasons behind the patient attacks on the psychiatric nurses be conducted.
- Psychiatric institutions use a multi-professional team (psychologists, social workers, occupational therapist, doctors) approach in treating psychiatric patients. It could

therefore be valuable for research to be conducted to explore and describe the experience of all team members who work with aggressive patients.

3.4.2 Nursing education

Nursing education should include the proposed guidelines to assist psychiatric nurses to manage aggressive patients more effectively. It may be necessary for schools of nursing to include programs to deal with patients' aggression in their curriculum, as nurses may be exposed to this behaviour. These programs may include: effective communication skills, conflict resolution skills as well as prevention and management of patient aggressive behaviour.

3.4.3 Nursing practice

Recommendations for nursing practice are made in the form of proposed guidelines to support psychiatric institutions in managing aggression patients more effectively. These guidelines were developed from the conclusions drawn by the researcher, based on the experiences shared by the participants. From the conclusions it became clear that there is currently overwhelming evidence that psychiatric nurses are not coping with aggression perpetrated by patients towards them. Therefore, for patient aggression to be reduced, organizational factors, environmental factors and staff factors need to be changed.

Organizational factors

Psychiatric nurses felt that management does not offer adequate support to them regarding the management of aggressive patients. This leads to non-reporting of such incidents. The challenge for managers and the organization is to support change through the development of policies to protect psychiatric nurses against patient aggression and to provide guidance about avenues for help and support for victims of workplace aggression. Where policies are in place they should be followed rather than be ignored.

The management should also show support by balancing patients-staff ratio. Participants were more confident that if there is enough staff allocated it will be easier for them to contain patients' aggressive behaviour.

The management should do thorough incident investigation using a non-punitive or non-blaming approach, critically focusing on the root cause analysis, further risk mitigation and they should give feedback to psychiatric nurses.

Psychiatric nurses could benefit from regular participation in skills development workshops to promote self-protection from all kinds of aggressive acts, from passive, verbal or physical aggression, how to recognize it, how to prevent and manage it. These skills will also help psychiatric nurses to know how to react to aggressive patients without retaliating to them.

It is also important that all psychiatric nurses are empowered to intervene where they witness their colleagues being victimized by aggressive patients.

Promote support services for the psychiatric nurses e.g. debriefing or counseling. Encourage formulation of support group among nurses.

Strategies such as exit interviewing could help to ascertain reasons why psychiatric nurses are leaving and problems or difficulties they experienced while working in an organization. It may be possible to gain insight about organizational hotspots of aggression.

Lastly, psychiatric nurses need to be motivated. Management should motivate people who do their best and achieve good results. There are for instance psychiatric nurses who are always punctual, who work hard with minimal errors, who maintain a therapeutic environment for their patients and who meet all standards of performance and behaviour set out by the organization. Also motivate psychiatric nurses who continuously pursue off-duty education courses at their own expense for academic credit to update clinical practice.

Environmental factors

The employer should ensure that the work environment is safe for both the psychiatric nurses and their patients by providing adequate structural security, including locked doors and conducive seclusion rooms.

The employer should ensure that it hires properly trained security officers to help contain patient aggression when the need arises, and they should install silent alarms to be used when necessary.

The psychiatric nurses should try to make rehabilitation programs as flexible as possible, giving priority to patients' request/needs that will promote optimal functioning in daily living activities and develop or improve interpersonal skills.

Coercive procedures/interventions should not be used as punishment or for the convenience of the staff, they must be used to limit the patient's aggression.

Staff factors

Psychiatric nurses should stop blaming themselves or others; they should recognize the importance of creating supportive, non-blaming environment for all team members. Psychiatric nurses should also be aware that conflicts in a work environment are non-avoidable. However, such occurrences can be used positively to foster changes. Psychiatric nurses need to identify the sources of conflict, discuss them as a team and find solution. Successful resolution of conflicts will indicate increased team work.

Psychiatric nurses who hold positive experiences of working with aggressive patients must help others cope with aggressive behaviour by psychiatric patients because research has shown that anger is inevitable in all human beings and it is expressed in a form of aggression. Research has also shown that there is a relationship between psychiatric illness and aggressive behaviour. Therefore, psychiatric nurses who are more experienced in handling aggressive patients should help others develop effective coping skills.

Psychiatric nurses should know their rights. They should know that they have a right to work in a safe and healthy work environment, but the responsibility lies with them to ensure that this expectation is met. Psychiatric nurses should also know all policies, procedures and protection that will keep them safe in the workplace. They will know how to report hazards, injuries and all illnesses that they may encounter to their employer.

3.5 RESEARCHER'S REFLECTION

It is time that psychiatric nurses demand a safe working environment for themselves and their patients. Results from the interviews and literature review clearly indicate that workplace aggression is a major problem for psychiatric nurses, and that their organization does not provide

adequate measures to support psychiatric nurses working with aggressive patients. For psychiatric nurses to render efficient and effective quality care to their patients, employing agencies need to show a commitment in ensuring safety for nurses. It is essential to ensure an effective protocol that supports nurses who may encounter patient aggression in their working environments. Furthermore, employers should recommend training for their nurses to prepare them to effectively deal with patient aggression. Although unpredictable situations will always exist, it is time to ensure that resources are available to promote protection and to support nurses in dealing with workplace aggression in all its forms. We cannot afford to continue with a blind acceptance of the many forms of patient aggression in workplace.

3.6 FINAL CONCLUSION

The objectives of this study were reached, which were to explore and describe the experiences of psychiatric nurses working with aggressive patients, to propose guidelines that will assist psychiatric nurses in managing aggressive patients more effectively. Individual interviews were used as a measure of data collection. After data collection, data was analyzed by the researcher and co-coder. Existing literature from the electronic database and library catalogues were used to confirm the findings of this study.

The findings and conclusion of this study confirm that despite numerous studies conducted on management of aggressive patients, psychiatric nurses are still struggling to cope with patients' aggressive behaviour. Psychiatric nurses feel that they work in the environment where their safety is compromised, this often induce fears to them as they mentioned that they are scared to be assaulted or injured. They are also concerned that there is lack of management support when experiencing patients' aggression. This situation (patients' aggression and lack of management support) opposes the ideals of the nursing profession, which is to render quality patient care by creating a therapeutic environment for patients.

Recommendations in this study were made for nursing research, nursing education and nursing practice, with proposed guidelines to assist psychiatric nurses to deal with aggressive patients more effectively.

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APPENDIX A



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ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Experiences of Psychiatric Nurses Working with Aggressive Patients	
Ethics number:	N W U - 0 0 5 0 - 1 0 - A 1
Approval date: 2010-07-19	Expiry date: 2015-07-18

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Lowes
(chair NWU Ethics Committee)

APPENDIX B



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

2nd Floor Tirolo Building
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MMABATHO, 2735

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POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

To : Mr S.T Modise
North West University (Potchefstroom Campus)

From : Directorate: Policy, Planning and Research

Date : 08 March 2011

Subject: The Experiences of Psychiatric Nurses Working with Aggressive Patients

The above stated subject matter bears reference

Purpose

To inform your good selves that permission to undertake the above mentioned study has been granted by the North West Department of Health.

Arrangements with managers at district level shall be facilitated by the researcher. We shall be delighted to receive a final report in this regard.

Yours truly

Mr. B. Redlinghys
Acting Director: Policy, Planning, Research, Monitoring & Evaluation
North West Department of Health



Healthy Living for All

APPENDIX C



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

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2520

Tel: (018) 294 9100
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T.Oosthuizen@nwpq.gov.za



OFFICE OF THE SENIOR MANAGER MEDICAL SERVICES: WITRAND HOSPITAL

08/07/2011

ATTENTION: MR S T MODISE

Mr S T Modise
Bophelong Hospital

Cel no: 073 858 7514

RESEARCH REQUEST: M DEGREE PSYCHIATRIC COMMUNITY NURING

1. Your presentation dated 07/08/2011 to the PSG Witrand Hospital and the approval by the North West Department of Health on the above-mentioned request refers
2. You are hereby informed that your request is approved
3. Please make all further arrangements regarding the logistics with the Nurse Manager Witrand Hospital, contact particulars Mrs A de Bruin, 018 – 2949100

Kind regards

MRS A DE BRUIN
NURSE MANAGER WITRAND HOSPITAL

DR T G K OOSTHUIZEN
SENIOR MANAGER: MEDICAL SERVICES: WITRAND HOSPITAL

MRS N L MOCWALEDI-SENYANE
CEO: WITRAND HOSPITAL



APPENDIX D

WRITTEN INFORMED CONSENT BY PSYCHIATRIC NURSES TO PARTICIPATE IN THE RESEARCH

I ----- hereby consent to voluntarily participate in the research project titled: **experiences of psychiatric nurses working with aggressive patients**. I give permission that an interview be conducted with me as personally arranged and that it will be audio-taped.

I also understand that my participation is voluntarily and that I have the right to decide whether or not to participate in a study, without the risk of penalty or prejudicial treatment, I also have the right to withdraw from the study anytime I so wish, to refuse to give information or to ask for clarification about the purpose of the study.

The result will be included in a research report and a scientific article. Confidentiality will be upheld at all times.

Signature of participant: -----

Date: ----/----/ 2011

Signature of the researcher: -----

Date: ----/----/ 2011

APPENDIX E

WORK PROTOCOL FOR DATA ANALYSIS

P.O. Box 2431
Kockvlei
1764

01 October 2011

Dear Miss V. Koen

Re Work protocol for data analysis

Thank you for agreeing to be the co-coder of my study's data analysis. The objectives of my study are the following:

- To explore and describe the experiences of psychiatric nurses working with aggressive patients
- To propose guidelines that will assist psychiatric nurses to manage aggressive patients more effectively.

The following questions were asked to the participants during individual interviews:

- What are your experiences of working with aggressive patients?
- What do the psychiatric nurses need to deal with aggressive patients more effectively?

I will send you the transcripts of my interviews as they are completed. The data analysis will be conducted according to the eight steps of Tesch's as described in Creswell (2009:186).

- Get a sense of the whole by reading through all of the transcriptions meticulously. Make notes of surfacing ideas as they come to mind
- Pick any transcribed interview and go through it while asking oneself what it is all about. Consider the underlying meaning of the document and write thoughts in the margin.

- Repeat this task with several other participants' interviews and then make a list of all topics. Cluster together several topics, which must be formed into themes that might be organized into major topics, unique topics and leftovers.
- Take this list back to the data and abbreviate the topics as codes. Then write the codes next to the appropriate segment of the text. Try out this preliminary organizing scheme in order to identify new emerging themes and codes.
- Identify the most descriptive wording for the topics and turn this into themes. Try to reduce the total list of themes by grouping the related topics together. Indicate interrelationships by drawing lines between themes.
- Finally decide on the abbreviations for each theme in one place and then do a preliminary analysis.
- Recode existing data if necessary.

A consensus meeting is arranged in due process for discussions at a suitable date and time.

Your participation as a co-coder in this research is highly appreciated.

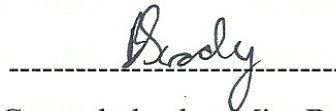
Yours sincerely



ST Modise



Study leader: Prof MP Koen



Co-study leader: Miss B. Scrooby

APPENDIX F: FIELD NOTES

Pilot study interview

Descriptive notes

The participant signed the consent form to participate in this interview, and all ethical measures were clearly stated in the consent form. He was a 31 year old male, tall and heavily-built in stature, has worked for 6 years in the psychiatric institution and he has the comprehensive diploma in nursing.

The physical setting

Interview took place in the psychiatric hospital and the participant was given the opportunity to choose a quiet and convenient room for the interview. The room should be free from any disturbance; that is, noise, telephones or visitors. It was also clean and well-ventilated to help the participant to feel at ease, thus encouraging him to co-operate and open up. A “Do not disturb: interview is on” sign was put on the door to prevent disturbance. There was no barrier between the researcher and participant e.g. Table or chairs between us. We were seated on the same side at a close distance and sat on chairs that are of the same colour, same size and made of the same material to avoid distinguishing between the researcher and participant; this makes the participant feel accepted and equal to the researcher. The audio-tape was checked before the interview to ensure that it is in good working condition and ready to record.

Demographic notes

The participant was interviewed on 25 July 2011 at 10H00, in a well-ventilated office. The weather was cold outside, and the air conditioner was switched on to warm up the room to make it conducive for interviews.

Reflective notes

The psychiatric nurse looked relaxed, ready for the interview, and maintained fair eye contact. During the interview he asked clarity where he did not understand, did not show any negative

attitude when asked to elaborate, showed confidence when sharing his experiences. He became sad when he talked about the fact that nurses do sustain injuries. He looked concerned when he talked about the emotional deterioration of the nurses. He also displayed feelings of helplessness when he talked about the dilemma.

Interview 1

Descriptive notes

The participant signed the consent form to participate in this interview and all ethical measures were clearly stated in the consent form. She was a 33-year old female, tall and slender in stature, has worked for 6 years in the mental retardation wards and 2 years in a psychiatric ward. She has a bachelor's degree in nursing science.

The physical setting

The interview took place in the psychiatric hospital and the participant was given the opportunity to choose a quiet and convenient room for the interview. The room should be free from any disturbance; that is, noise, telephones or visitors. It was also clean and well-ventilated to help the participant to feel at ease, thus encouraging him to co-operate and open up. A “Do not disturb: interview is on” sign was put on the door to prevent disturbance. There was no barrier between the researcher and participant e.g. tables or chairs between us. We were seated on the same side at a close distance and sat on chairs that are of the same colour, same size and made of the same material to avoid distinguishing between the researcher and participant. This will make her feel accepted and equal to the researcher. The audio-tape was checked before the interview to ensure that it is in good working condition and ready to record.

Demographic notes

The participant was interviewed on 07 August 2011 at 20H00, in a well-ventilated office. The weather was cold outside, and the air conditioner was set on to warm-up the room to make it conducive for interviews.

Reflective notes

The psychiatric nurse looked relaxed, ready for the interview and maintained fair eye contact. During the interview she asked clarity where she did not understand, did not show any negative attitude when asked to elaborate, showed confidence when sharing her experiences. She became sad when she talked about the fact that nurses do sustained injuries.

Interview 2

Descriptive notes

The participant signed the consent form to participate in this interview and all ethical measures were clearly stated in the consent form. He was a 34-year-old male, medium size and slender in stature, has worked for 2 years in the psychiatric institution and he has a comprehensive diploma in nursing.

The physical setting

The interview took place in the psychiatric hospital and the participant was given the opportunity to choose a quiet and convenient room for the interview. The room should be free from any disturbance; that is, noise, telephones or visitors. It was also clean and well-ventilated to help the participant to feel at ease, thus encouraging him to co-operate and open up. A “Do not disturb: interview is on” sign was put on the door to prevent disturbance. There was no barrier between the researcher and participant e.g. table or chairs between us. We were seated on the same side at a close distance and sat on chairs that are of the same colour, same size and made of the same material to avoid distinguishing between the researcher and participant; this will make him feel accepted and equal to the researcher. The audio-tape was checked before the interview to ensure that it is in good working condition and ready to record.

Demographic notes

The participant was interviewed on the 9th August 2011 at 14H00, in a well-ventilated office, the weather was cool outside, and the air conditioner was in good working condition to make the room conducive for interviews.

Reflective notes

The psychiatric nurse looked relaxed, ready for the interview, and maintained fair eye contact. During the interview he looked worried and concerned when he said that nurses must be equipped because at times they fail to interpret or understand what causes the patient's aggressive behaviour. He also felt demoralized about how assault cases are handled in their institution.

Interview 3

Descriptive notes

The participant signed the consent form to participate in this interview, and all ethical measures were clearly stated in the consent form. He was a 30-year-old male, tall and medium in size, has worked for 2 years in the male admission ward and he has a comprehensive diploma in nursing.

The physical setting

The interview took place in the psychiatric hospital and the participant was given the opportunity to choose a quiet and convenient room for the interview. The room should be free from any disturbance; that is, noise, telephones or visitors. It was also clean and well-ventilated to help the participant to feel at ease, thus encouraging him to co-operate and open up. A “Do not disturb: interview is on” sign was put on the door to prevent disturbance. There was no barrier between the researcher and participant e.g. tables or chairs between us. We were seated on the same side at a close distance and sat on chairs that are of the same colour, same size and made of the same material to avoid distinguishing between the researcher and participant; this will make him feel accepted and equal to the researcher. The audio-tape was checked before the interview to ensure that it is in good working condition and ready to record.

Demographic notes

The participant was interviewed on the 10th August 2011 at 20H00, in a well-ventilated office, the weather was cool outside, and the air conditioner was set on to make the room temperature conducive for interviews.

Reflective notes

The psychiatric nurse looked relaxed during the introduction and seemed ready for the interview. He maintained fair eye contact. During the interview most he demonstrated self-confidence in working with aggressive patients, though he admitted that the environment is not safe.

Interview 4

Descriptive notes

The participant signed the consent form to participate in this interview and all ethical measures were clearly stated in the consent form. He was a 42-year-old male, tall and medium in size, has worked for 12 years in different psychiatric institutions and he has a comprehensive diploma in nursing.

The physical setting

The interview took place in the psychiatric hospital and the participant was given the opportunity to choose a quiet and convenient room for the interview. The room should be free from any disturbance; that is, noise, telephones or visitors. It was also clean and well-ventilated to help the participant to feel at ease, thus encouraging him to co-operate and open up. A “Do not disturb: interview is on” sign was put on the door to prevent disturbance. There was no barrier between the researcher and participant e.g. table or chairs between us. We were seated on the same side at a close distance and sat on chairs that are of the same colour, same size and made of the same material to avoid distinguishing between the researcher and participant; this made her feel accepted and equal to the researcher. The audio-tape was checked before the interview to ensure that it is in good working condition and ready to record.

Demographic notes

The participant was interviewed on 11 August 2011 at 15H00, in a well-ventilated office, the weather was cool outside, and the air conditioner was set on to make the room temperature conducive for interviews.

Reflective notes

The psychiatric nurse looked relaxed during the introduction and seemed ready for the interview. He maintained fair eye contact. During the interview when he talked about a bouncer he did really look worried and stressed. When asked about his feelings when working with aggressive patients he mentioned the example of a bouncer, became furious, very angry and raised his voice when he said he doesn't want to die now. He also blames patients who fail to solve their social problems, who end up abusing substances and when they are hospitalized, then display their aggression towards the nurses. When he talked about training people he seemed to view nurses as defenseless.

Interview 5

Descriptive notes

The participant signed the consent form to participate in this interview, all ethical measures were clearly stated in the consent form. She was a 40-year-old female, medium in size and body weight, has worked for 2 years in the psychiatric institution and has a bachelor's degree in nursing.

The physical setting

The interview took place in the psychiatric hospital and the participant was given the opportunity to choose a quiet and convenient room for the interview. The room should be free from any disturbance; that is, noise, telephones or visitors. It was also clean and well-ventilated to help the participant to feel at ease, thus encouraging him to co-operate and open up. A "Do not disturb: interview is on" sign was put on the door to prevent disturbance. There was no barrier between the researcher and participant e.g. table or chairs between us. We were seated on the same side at a close distance and sit on chairs that are of the same colour, same size and made of the same material to avoid distinguishing between the researcher and participant; this will make her feel accepted and being equal to the researcher. The audio-tape was checked before the interview to ensure that it is in good working condition and ready to record.

Demographic notes

The participant was interviewed on the 12 August 2011 at 20H00, in a well-ventilated office, the weather was cool outside, and the air conditioner was set on to make the room temperature conducive for interviews.

Reflective notes

The psychiatric nurse looked free, comfortable and relaxed about sharing her experiences with me. During the interview she looked frustrated, especially when she mentioned that there will be no patient's file/prescription sheet. Nurses have to use their common sense. She also looked sad when she mentioned that she cannot help the patient in the seclusion room. Such a patient may injure himself, and on the other hand she is scared of him. She felt hopeless when she mentioned that at times she failed to carry out doctor's orders on the aggressive patient eg. taking the secluded patient to toilet hourly. She verbalized that she lacks knowledge on how to care for the aggressive patient as she said she is not trained to do that.

Interview 6

Descriptive notes

The participant signed the consent form to participate in this interview, all ethical measures were clearly stated in the consent form. She was a 35-year-old female, short in size with heavy weight, has worked for 2 years in a psychiatric institution and she has a comprehensive diploma in nursing.

The physical setting

The interview took place in the psychiatric hospital and the participant was given the opportunity to choose a quiet and convenient room for the interview. The room should be free from any disturbance; that is, noise, telephones or visitors. It was also clean and well-ventilated to help the participant to feel at ease, thus encouraging him to co-operate and open up. A "Do not disturb: interview is on" sign was put on the door to prevent disturbance. There was no barrier between the researcher and participant e.g. table or chairs between us. We were seated on the same side at

a close distance and sit on chairs that are of the same colour, same size and made of the same material to avoid distinguishing between the researcher and participant; this will make her feel accepted and equal to the researcher. The audio-tape was checked before the interview to ensure that it is in good working condition and ready to record.

Demographic notes

The participant was interviewed on 22 August 2011 at 14H00, in a well-ventilated office, the weather was cool outside, and the air conditioner was set on to make the room temperature conducive for interviews.

Reflective notes

The psychiatric nurse looked ready and prepared for the interview. She gesticulates when she speaks, speaks soft and gently with a clear voice. She looked very furious as she mentioned that medical officers lie to the patients when they have to tell them that they are going to be admitted. She looked angry when she talked about danger allowance, and she looked emotionally affected and concerned when she talked about the injured nurse. She even said “that assistant nurse of mine”.

Interview 7

Descriptive notes

The participant signed the consent form to participate in this interview, and all ethical measures were clearly stated in the consent form. She was a 45-year-old female, medium in height and size, has worked for 6 years in the psychiatric admission ward and she has a bridging course diploma, a one year diploma in psychiatry, and a one year diploma in nursing management.

The physical setting

The interview took place in the psychiatric hospital and the participant was given the opportunity to choose a quiet and convenient room for the interview. The room should be free from any disturbance; that is, noise, telephones or visitors. It was also clean and well-ventilated to help the

participant to feel at ease, thus encouraging him to co-operate and open up. A “Do not disturb: interview is on” sign was put on the door to prevent disturbance. There was no barrier between the researcher and participant e.g. tables or chairs between us. We were seated on the same side at a close distance and sit on chairs that are of the same colour, same size and made of the same material to avoid distinguishing between the researcher and participant; this will make her feel accepted and equal to the researcher. The audio-tape was checked before the interview to ensure that it is in good working condition and ready to record.

Demographic notes

The participant was interviewed on 23 August 2011 at 20H00, in a well-ventilated office, the weather was cool outside, and the air conditioner was set on to make the room temperature conducive for interviews.

Reflective notes

The psychiatric nurse looked ready and prepared for the interview. She showed experience and self-confidence when working with aggressive patients as she mentioned different techniques that can be applied when encountering patient aggression. She looked very angry when she talked about the lack of management support and nurses’ neglected rights. When asked about her feelings when working in a psychiatric unit, she expressed her happiness with working in such an environment.

Interview 8

Descriptive notes

The participant signed the consent form to participate in this interview, and all ethical measures were clearly stated in the consent form. He was a 50-year-old male, medium in size with heavy weight, has worked for 2 years in a psychiatric institution and he has a bridging course diploma and one year diploma in psychiatry.

The physical setting

The interview took place in the psychiatric hospital and the participant was given the opportunity to choose a quiet and convenient room for the interview. The room should be free from any disturbance; that is, noise, telephones or visitors. It was also clean and well-ventilated to help the participant to feel at ease, thus encouraging him to co-operate and open up. A “Do not disturb: interview is on” sign was put on the door to prevent disturbance. There was no barrier between the researcher and participant e.g. table or chairs between us. We were seated on the same side at a close distance and sit on chairs that are of the same colour, same size and made of the same material to avoid distinguishing between the researcher and participant; this will make him feel accepted and equal to the researcher. The audio-tape was checked before the interview to ensure that it is in good working condition and ready to record.

Demographic notes

The participant was interviewed on the 12 August 2011 at 14H00, in a well ventilated office, the weather was cool outside, and the air conditioner was set on to make the room temperature conducive for interviews

Reflective notes

The psychiatric nurse looked ready and prepared for the interview and showed very much confidence in himself when he shared his experiences with me. He looked worried when he talked about the stable patients that are mixed with the aggressive ones. He also became cross when he mentioned that the nurses must be united, though he denied that they are not united.

Interview 9

Descriptive notes

The participant signed the consent form to participate in this interview, and all ethical measures were clearly stated in the consent form. She was a 50-year-old female, short and medium in size, and has worked for 8 years in a psychiatric ward, and she is has a bridging course diploma and one year diploma in psychiatric nursing.

The physical setting

The interview took place in the psychiatric hospital and the participant was given the opportunity to choose a quiet and convenient room for the interview. The room should be free from any disturbance; that is, noise, telephones or visitors. It was also clean and well-ventilated to help the participant to feel at ease, thus encouraging him to co-operate and open up. A “Do not disturb: interview is on” sign was put on the door to prevent disturbance. There was no barrier between the researcher and participant e.g. table or chairs between us. We were seated on the same side at a close distance and sit on chairs that are of the same colour, same size and made of the same material to avoid distinguishing between the researcher and participant; this will make her feel accepted and equal to the researcher. The audio-tape was checked before the interview to ensure that it is in good working condition and ready to record.

Demographic notes

The participant was interviewed on 26 August 2011 at 14H00, in a well-ventilated office, the weather was cool outside, and the air conditioner was set on to make the room temperature conducive for interviews.

Reflective notes

The psychiatric nurse looked ready and prepared for the interview, though during the interview she looked restless, showed signs of fear, especially when asked about her feelings when working with aggressive patients. She looked worried when she mentioned that when the patients destroy properties in the ward, she may be blamed for failing to handle the patient. She also looked concerned every time she mentioned cleaners that work in her block.

Interview 10

Descriptive notes

The participant signed the consent form to participate in this interview, and all ethical measures were clearly stated in the consent form. He was a 31-year-old male, medium in height and size, has worked for 2 years in a psychiatric ward and has a comprehensive diploma in nursing.

The physical setting

The interview took place in the psychiatric hospital and the participant was given the opportunity to choose a quiet and convenient room for the interview. The room should be free from any disturbance; that is, noise, telephones or visitors. It was also clean and well-ventilated to help the participant to feel at ease, thus encouraging him to co-operate and open up. A “Do not disturb: interview is on” sign was put on the door to prevent disturbance. There was no barrier between the researcher and participant e.g. table or chairs between us. We were seated on the same side at a close distance and sit on chairs that are of the same colour, same size and made of the same material to avoid distinguishing between the researcher and participant; this will make him feel accepted and equal to the researcher. The audio-tape was checked before the interview to ensure that it is in good working condition and ready to record.

Demographic notes

The participant was interviewed on 28 August 2011 at 15H00, in a well-ventilated office, the weather was cool outside, and the air conditioner was set to make the room temperature conducive for interviews.

Reflective notes

The psychiatric nurse looked ready and prepared for the interview, spoke with high confidence, demonstrated skills during the presentation, looked very relaxed and showed great passion for his work. He sees working with aggressive as a learning opportunity of different behaviours and personalities. He looked worried when he talked about the favours given to the patients by psychiatric nurses, which often causes conflict between the psychiatric nurses. He was happy to be given a platform to share his experiences of working with aggressive patients.

APPENDIX G

TRANSCRIPTION OF AN INTERVIEW WITH THE PSYCHIATRIC NURSE

Abbreviations Res = researcher Pat 4 = participant number four

Res: Afternoon Sir

Prt 4: Afternoon

Res: Thanks from the start to agree to have an interview with me.

Prt 4: Good

Res: Do you have any question to ask before we start?

Prt 4: No

Res: If there is no question can you please share with me what are your experiences of working with aggressive patients.

Prt 4: Well in particular working with them in a mood ward and what is itpsychiatric I mean this acute ward the other side ...ehe..... the patient are very aggressive and dangerous and need.... they need to be controlled by medication and the environment should be free from things but now and then patients do become aggressive and they may try to assault other patients or staff like that and what are the reasons the reasons I'm not sure about but to my experience because of poor upbringing or sometimes they want to bang some feelings to deal withthey don't know how to deal with situations then they resort to anger and staff like that.

Res: Ehe... you said sometimes they can be dangerous.

Prt 4: Yes

Res: Mmmm can you please explain to me.

Prt 4: Ehesometimes they can be dangerous let me tell you.....we once have a patient I won't say his name was admitted here was a very violent patient he was an alcoholic he has mental issues and staff like that and more over he was what do you call it.....a bouncer.....meaning a bouncer is somebody who is working at the pubs to calm people when people are fighting in the pubs so he got more specialized skills when it comes to fighting you know he was very physical he was very strong and no member of staffI mean having this kind of physique to can handle that guy so he had previous four murders you know and we had to deal with such a patient and he knew he was dangerous he was always coming provocative to us trying to pick up a fight and we were scared of him and thanks God he left here while he did not assault any staff he was not selective whether male or female he was just trying to pick up a fight with the staff and he was not hiding the fact that he washe has killed several people with his bare hands with no weapon and staff like that so that's why I'm saying.....and it's not only him there are other patients also but in particular this oneevery time when you come to work you are worried about him what is he going to do staff like that.....

Res: Mmmmm how do you feel when you work in an environment where there is a dangerous patient like the one you have just mentioned?

Prt 4: I don't feel save to start because I'm a father, a brother you know there are people who love me I can't just wake up in the morning and come to subject myself to such an environment where..... knowing that I can be killed at any moment you know where management.....the patient you know where anyone ... I mean my safety is not guaranteed is not easy ... I did not come here because I don't like my life I love my life so much I went to university I studied to be somebody in this community but I'm not prepared to die now because I believe there is still a lot of things in life for me and now because of somebody who is aggressive who cannot be handled be put in front of me and kill me I don't think this is good enough ...

Res: Mmmmm ... it seems this situation makes you scared when such things happen ...

Prt 4: Scare not a little bit, very much scared honestly speaking but sometimes I like ... knowing that tomorrow you have to come to the very same situation again the next thing when you try to say HEY MAN!!! this is dangerous somebody will say that's why you are working in

psych(psychiatric unit) you are getting danger allowance is something that you have agreed upon to put yourself into this situation because you are being paid danger allowance such a small amount of money and ... even if it was extra R10,000 per months that danger allowance I wouldn't just come and put myself in such a dangerous situation is not about the money is about my life and my safety do you understand ... my children they need me ... my wife and everybody ...

Res: Mmmm ... mmm

Prt 4: Stuff like that

Res: So you said even though this patients are aggressive they need to be controlled....

Prt 4: Yes

Res: Ehe I just want you to share with me what control measures do you apply...

Prt 4: Ehe the control measure like this thing of ehe ... everytime when one patient is trying to be out of order 3 or 4 staff members they approach the patient may ... when we are in numbers the patient may start to back down you know because there is more staff, the vulnerability of staff is not that high you know but as soon as there is no enough staff and 2 or 3 patients starts to be aggressive they are aware of the shortage of staff ... staff like that ... then they take an advantage and they know and when you are vulnerable they can do anything you see that's why I say vulnerability and staff like that ... I don't know if I have answered your question or what ...

Res: Ja you have answered my question and you have also mentioned that patients can come aggressive because they failed to make decisions or ... how did you put that?

Prt 4: I was talking like ehe ... if he suppose to phase the situation for instance if he suppose to admit that he is an alcoholic his life is not in order he has to fix his life by not indulging in alcohol staff like that rather than that he tries to blame other people you know those are the things responsible for his life and staff like that you know So when he is here ... he bought himself to the hospital he is in the ward we did not invite him to come here or whatever reasons may be he is section 33 he was forced by court to come and staff like that but he instead of

blaming the law or people who brought him here he's blaming the people who are treating him you know.

Res: Mmmmmmm ... mmmmm ... (nodding the head)

Prt 4: He is thinking that we are the ones who are putting him behind bars you know he is complaining that we are treating him like a prisoner he want to go out and stuff like that ... so we end up being his punching bags where he bang his anger and staff like that ... on the nurses and not only the nurses the doctors and everybody who is in the multidisciplinary team so we end up getting victims because we are near to him and staff like that but he supposed to have addressed the situation to have addressed the situation with his wife or family his worker or his employer staff like that ... he supposed to have address all those issues with them rather than coming and blaming the nurses who are trying to help him while he is in the hospital.

Res: Mmmmmmm ... mmmmm ... (nodding the head)

Prt 4: And another thing it is racism which plays a major problem in the hospital much as we still dont want to agree that there is still racism in the hospital set up there is a lot especially on the ... not so educated people ... unskilled patients and you know people who don't have qualifications not all of them but it is predominately people who are not skilled you know they still want to use the thing of the past you know of apartheid where white man used to get everything because of the colour of the skin when he comes here in the hospital we should call him "baas" all those kind of things when he is sitting with black patients they must always find a place to hide themselves he want to get everything and when he can't he push that to other people ... that's the type of patients we got and those are patients who are very much violent at the moment ...

Res: Mmmmmmm ... mmmmm ... (nodding the head)

Prt 4: And those who are coming from the remote areas of South Africa places like Christiana or Vryburg all those places where the white racism is still rife and staff like that The closure you become to Johannesburg the less racism you get because people are more civilised I mean is in the cities staff like that but in towns and rural areas there is still a lot of problems.

Res: Mmmmmm ... (nodding the head) what you are saying to me it seems racism is affecting your management of aggressive patient in your ward...

Prt 4: Yes it does ... A lot it does.

Res: Mmmmmm ... (nodding the head) what else do you want to share with me?

Prt 4: Well Sir I don't know what can I say ... and number 2 ... another thing that makes patients to be violent it is the staff attitude you know... you know if you are a nurse and treating the patients you must respect patients you I'll make an example ... you can't not just call patient by "hey!!! Van der Merwe" you know you must say "Mr. van der Merwe", but when his name is Leon you can't say Mr. Leon you have to say Leon but his surname is van der Merwe you can't it is an insult just to call somebody by his surname without putting Mr. or Mrs. ... stuff like that, your approach when you talk to patients it should not provoke patients so we should guard against things like that you know so people who don't have skills who don't have proper approach of talking to patients they are the ones who end up having fights with patients and staff like that ... who end up be threatened by patients ... patients saying "hey I will donner (beat) you or I will assault you or start being I mean . Insulting them staff like that so if so you are careful if you respect them most of the time you are trying to minimise this outburst if you address them properly and every time when you do something you don't tell them you explain things to them you are not in the era where people are just being told what to do ... you need to explain why and you must not tell people you must request people when you want people to do something that's how things are supposed to be ... in a nutshell you behave to be very much professional you know ... you see ...

Res: Ja ... thanks you also talked about the skills ... that nurses does not have proper skills ...

Prt 4: Yes I'll share with you ... I used to work in the United Kingdom ... there is what you call control and restrain ... that is the method we used, it was very much useful ... control and restrain ... the way you handle a patient when a patient is violent, the way you defend yourself when somebody is assaulting you or attacking you ... you know ... because you can't say that patients do not attack the staff they do and sometimes they do kill the staff but is the staff trained by professionals how to handle the situation how to walk away from a very violent situation

when something is about to happen ... so we are not in the same index ... more over ... like I said customer care ... how you speak to people you know when a person's voice go up you as a staff you don't have to raise your voice when you talk to a patient you need to be calm all the time or when the patients is very angry or agitated you need to be quite or instant you know for the patient not for attack you.

Res: Mmmmm ... mmmmm ... mmmmm ... (Nodding the head)

Prt 4: Because when you start to be in an argument you are promoting anger and he will end-up messing up and start punching staff like that ... so that's my opinion ... that's not professional ... that's how I always defend myself if I work in a situation where patient become aggressive verbally and staff like that ... I keep quiet then I walk away. You know ... and the patient will just swear until he finishes then he walks away at least ... But it's not guaranteed that every time when there is that outburst they will walk away ...

Res: Mmmmmm ... mmmmmm ... (Nodding the head)

Prt 4: Sometimes they will come and when you are quite they will punch you, they will kill you, they will assault you, they will injure you, they will take your eye out and staff like that something horrible will happen to you. So, there is no guarantee ... so I'm not saying my methods guarantee safety all the time the fact of the matter is ... there is no enough staff and be ... not enough staff nurses ... all the professional nurses we are subjected to this condition where we are vulnerable to be attacked by patients ... you see.

Res: Mmmm ... thanks ... ehe ... You said you acquired these skills of control and restrain while you were in U.K.

Prt 4: Yes

Res: Ehe ... don't you receive the very same training or don't you been offered the very same skills of control and restrain in your current working environment.

Prt 4: No ... I must say that the condition is up poling in my working situation I don't think that ... if the employer do care I don't know how does she show that ... here where I'm working at the moment when it comes to staff security I don't think that management do much about that it.

Res: Mmmmm ... mmmmm ... (Nodding the head)

Prt 4: not at all

Res: Ehe....

Prt 4: They don't invest in staff security staff like that ... it is not important, it is not one of their top priorities may be they have it in paper in practice no ... I don't think so.

Res: Mmmmm ... (nodding the head)...there is no staff security...

Prt 4: There is no staff security.

Res: Mmmmm ... Ja you even mention that even though you are having those skills that of control and restrain that does not guarantee you that you will be able to control the aggressive behavior ...

Prt 4: Yes if if ... most of the people working in this unit ... where there is substance ... you need to have several people who have skills like that ... you know when a patient talks to you, one staff member comes in front of you and try to talk to the patient ... you know disrupting the patient but here people are not trained to do like that ... you know when I say we come in big numbers you don't go in big numbers to go and fight just to destruct the patient, when the patient is accusing me want to assault me one staff member jumps in and tries to explain trying to calm patient down not to fight and still when he gets more aggressive with the next one the next one just jump in front of him staff like that and his attention get distracted he becomes less violent you know but at the moment when the patient is charging ... when he becomes more aggressive nobody is going in between you and the patient nobody is trying to distract the patient because nobody want to risk because people are not trained to handle staff like that you see which is very much difficult.

Res: It seems what you are saying is that training is more important for you to manage aggressive patients better

Prt 4: Exactly

Res: So you even mentioned that totally there is no security ... it seems that the management doesn't care as you mentioned it

Prt 4: Yes they don't care I don't know if I can mention more few examples

Res: Yes please

Prt 4: Like now there are three professional nurses who were supposed to be on duty

Res: Mmmmm ... mmmmm ... (nodding the head)

Prt 4: If management cared they should have looked into the off-duties and see how many professional nurses are working tomorrow and from Monday they knew that there is only one professional nurse who is working on Thursday out of how many patients ... 22 patients and out of this 22 patients 4 or 5 patients are very violent you know ... so if they know that there is a violent patient and there is no enough staff and they do nothing about it ... do they really care ... THEY DON'T!!!!!! I'm suppose ... if I'm nursing this by luck I just have to pray nothing happens until I go off and the next person who is coming in he must also pray until he finish his shift tomorrow morning I must also do the same thing and pray that nothing is going to happen how should I work like that everyday that nothing should happen you know not because the patients are violent because there is no enough staff, should the patient attack me and try to kill me now he will kill me the police will find me dead ... the time the police arrive here I will be dead because there is no enough staff to can assist when the patient attack you

Res: Mmmm ... mmm ... how does this affect the staff in general because you said they are not skilled enough, the situation is not save there's even no support from management how does that effect them?

Prt 4: Now at the moment the staff is either they are resigning, they are looking for places somewhere to go and work where it is safe or they are taking transfers to move out of the wards in psychiatric unit to go and work at least in mentally retarded wards where it is little bit controlled

Res: Mmmmmmm ... mmmmmmm ... (Nodding the head)

Prt 4: Because they didn't know when they apply to come and work here in psych how dangerous it was until they find themselves in the situation so in two months' time 4 or 5 staff member are leaving the psych unit and they don't want to resign from Witrand they just want to leave psych unit because psych it is not safe it is not well managed stuff like that ... so you can just pick it up from there ... this is not a nice place to work in and when were you last told that you are doing a great job ... the staff morale is down there is no one who is saying thank you despite the difficult situation we are working under ... the direct supervisor will only be looking for mistakes ... when you are doing good is not saying anything so that's what is breaking the staff morale even further you know yes like today I manage to work with shortage of staff the following day at least somebody must give me a pat on a shoulder "oh at least you have done very well" but everybody is just quiet you know it's like "you are paid to do this job why do you want to be praised" stuff like that ... I'm not paid to do all this job by myself I'm going to do the job but if supposed to be 3 of us now it's only me alone on duty so the next thing they turn around and say you are paid to do this kind of job....this is nonsense honestly.

Res: Mmmmm ... mmmmm ... (Nodding the head) what else do you want to share with me?

Prt 4: Well I think I have said enough ... I'm fighting at the moment actually.

Res: Ok ...

Prt 4: Anyway is good that you've given me the platform to say something.

Res: Ohoo ... (nodding the head)

Prt 4: To bang my feelings.

Res: Yes if that's all about your experiences you have shared with me I'll like to ask you the second question.

Prt 4: Ohoo good!!!

Res: What do you think the psychiatric nurses need in order to deal with aggressive patients more effectively?

Prt 4: Ehe ... they need to go for courses like I said customer care you know to sharpen the professionalism you know.

Res: Mmmmmm ... mmmm ... (Nodding the head)

Prt 4: They need to go for training not training for fire fighting and doing other things ... specifically about psychiatric patient ... difficult ... how to handle difficult psychiatric patients ... they must you know ... it must be relevant it should not be like ... how to take blood pressure, how to do the auditing and everything what we are doing at the moment you know ... psychiatry must be given special attention you know ... customer care ... the control and restrain I don't think it gonna be here in South Africa but how to handle aggressive patients may be it will help....number 3 management should assess the resource available in the psychiatric unit ... are they enough to guarantee safety of staff and patients inside the unit ... the resource include personnel you know they should have enough staff on duty you know I have worked in all places where everybody will be complaining about shortage of staff and they will say "where will we get the nurses" staff like that but even when you are saying where will we get the nurses from but the very few nurses who are there you must know that they are not save where they are working

Res: Mmmmmm ... mmmm ... (Nodding the head)

Prt 4: Yes

Res: Yes you said there should be enough personnel...

Prt 4: Yes

Res: On the other hand you said nurses ask to be transferred to other wards outside psychiatric unit ... so it seems that the psychiatric nurses still wish to work for your institution but not psych ...

Prt 4: Not for psych ..., because it is risk you don't want to come tomorrow being one of the dead people or you being paralyzed or having a scar on your face and staff like that ... something that you were not looking for ... nobody ... you don't come to be a nurse to be abused by patients ... you need to work in a safe regulated environment you know and the patients also I don't know somebody need to talk to this patients and staff like that how to behave when they are in the ward ... there are those rude patients ... if they are that rude may be they should discharge them or send them somewhere else where there are facilities you know ... but where I don't know.

Res: Ok.....

Prt 4: You see but something must be done I don't have all the answers.

Res: Ehe ... somewhere you mentioned that there is still racism I thought this is new South Africa I thought I'm not going to hear that word again but today is 2011 but I'm still hearing it. What do you think it must be done just to erase that?

Prt 4: Well racism it's something that you cannot ... racism is something in the mind you know you ... you can't blame the government or anything this has politically being there it has been created by the past government and staff like that you know but the young generation who are coming they are not racist at all they don't know this racism which is good news but the old generation people who are above 40 they are the ones who are still racist ... because racism used to work in their favour, it used to make them good ,it used to gain them respect and status you know in new South Africa the colour of your skin is not status anymore you know but the old ones ... those who are over 40 they think that life is still like that so it's not something that you can just wipe off their mind it's a process you know especially where they living when they are not in hospital ... they are living whites only, black aside staff like that in the new South Africa we don't live like that you know so that's the thing so it's not something we can manage to stop

now it's gonna fade away with time hopefully after 20 years there will be no racism in South Africa because those people will be in old age homes or not be working or dead maybe

Res: Mmmmm ... mmmm ... anything else

Prt 4: Mmmmmm ... there's nothing left

Res: Eheif that's enough thanks for sharing your experience with me.

Prt 4: Good ... you are welcome thank you very much Sir.

Res: Thanks.