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THE EXPERIENCES OF PSYCHIATRIC NURSES WHO HAVE BEEN EXPOSED TO AGGRESSION BY MENTAL HEALTH CARE USERS

BY

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DEDICATION

A journey of miles begins with a single step. Therefore, I would like to take this moment to dedicate my project to my children, as they are the reason I am still alive. To my mom, thank you for raising me, being a single parent. I wish and hope my kids will always respect and appreciate life and their fellow human beings.
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❖ To my kids, Lerato, Mpho, Blessing, Luthando, Oreneile and Lesedi, I love you all and you pushed me without being aware. I love you all unreservedly.
ABSTRACT

Injuries suffered by nursing personnel as a result of aggression by mental health care users are on the increase. The psychiatric nurses and assistant nurses working in a psychiatric institution may suffer physical trauma, which gets healed over time with proper treatment, but the emotional scars are not attended to, hence some of the psychiatric nurses and assistant nurses working in a psychiatric institution do not cope. The impact of this trend is enormous and it is reflected in the health care service.

The main purpose of this research study is to explore and describe the experiences of psychiatric nurses and assistant nurses who have been exposed to aggression by mental health care users while working in a psychiatric institution, in order to formulate guidelines to promote the mental health of these psychiatric and assistant nurses to.

A qualitative, exploratory, descriptive and contextual research design was utilised in this study. There were two phases to the research, whereby phase one included the description and exploration of experiences of nurses who have been exposed to aggression by mental health care users in a public psychiatric hospital in Gauteng. In phase two, guidelines were formulated to promote the mental health of the nurses in this context.

A purposive sampling method was used, since it provides information-rich cases for in-depth study. One-on-one in-depth phenomenological interviews were utilised to gather data.

Lincoln and Guba’s approach to trustworthiness was adopted, and I employed the services of an independent coder - an experienced psychiatric nursing specialist - to assist. Thereafter a consensus discussion was held. Ethical principles were adhered to throughout the study.
The findings of the research were discussed in the light of literature relevant to this research study and similar studies will be used to verify the findings. Tesch’s method of data analysis was utilised in analysing the data of this research study.

The findings revealed that participants experience significant emotional distress as a result of both verbal and physical aggression by mental health care users. Aggressive behaviour was recognised by the participants as being the outcome of interplay between numerous interactional and contextual factors.

Participants may at times, experience conflict between their job mandate – to care for the mental health care users – and their need for personal safety. This often results in a sense of ambivalence towards those they care for, as well as towards their job. The participants were of the opinion that they should be offered counselling or debriefing services by management after exposure to aggressive incidents in order to recuperate from the anxiety-provoking situation they encountered. They also mentioned that they do not receive enough training in handling aggressive mental health care users, hence at times they feel demotivated.

Guidelines to facilitate the mental health of nursing personnel who have been exposed to aggression by mental health care users, were formulated and recommendations were made to psychiatric nursing practice, psychiatric nursing education and psychiatric research. Evaluation of the study was done and the role of an advanced psychiatric nurse in mobilising resources to facilitate the mental health of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users, was outlined.
OPSOMMING

Daar is ‘n toename in verpleeg personeel beserings as gevolg van agressie deur geestesgesondheidsorg verbruikers. Die psigiatrise verpleegsters en assistent-verpleegsters wat in ‘n psigiatrise instelling werk, mag aan fisiese trauma lei wat met behoorlike behandeling mettertyd gesond word, maar die emosionele letsels word nie aangespreek nie. As gevolg, sukkel sommige psigiatrise verpleegsters en assistant-verpleegsters wat in ‘n psigiatrise instelling werk, om dit te hanteer. Die impak van hierdie tendens is massief en word weerspieël in die gesondheidsorg diens.

Die hoof doel van hierdie navorsingstudie, is om die ervarings van psigiatrise verpleegsters en assistent-verpleegsters wat aan agressie van geestesgesondheidsorg verbruikers blootgestel is, te verken en te beskryf, sodat riglyne geformuleer kan word om die geestesgesondheid van hierdie psigiatrise en assistent-verpleegsters te bevorder.

In hierdie studie was ‘n kwalitatiewe, verkennende, beskrywende en kontekstuele navorsingsontwerp gebruik. Daar was twee fases tot die navorsing. In fase een is die beskrywing en verkenning van die ervarings van verpleegsters wat in ‘n openbare psigiatrise hospital in Gauteng aan die aggressie van gesondheidsorg verbruikers blootgestel is, ingesluit. In fase twee is riglyne geformuleer om die geestesgesondheid van die verpleegsters in hierdie konteks te bevorder.

‘n Doelgerigte steekproefneming was gebruik aangesien dit inligtingryke gevalle verskaf vir in-diepe studie. Een-tot-een-in-diepe fenomenologiese onderhoude is gebruik om data in te samel.

Lincoln en Guba se toenadering tot betroubaarheid was aangeneem en ek het die dienste van ‘n onafhanklike kodeerder, wat ‘n ervare psigiatrise verpleegspesialis is, gebruik. Daarna is ‘n konsensusgesprek gehou. Etiese beginsels was deurlopend in die studie nagekom.
Die bevindinge van die navorsing is bespreek in die lig van literatuur met betrekking tot hierdie navorsingstudie, en soortgelyke studies sal gebruik word om die bevindinge te verifieër. Tesch se data-analise metode is gebruik in die ontleding van hierdie navorsingstudie se data.

Die bevindinge het getoon dat deelnemers beduidende emosionele nood ervaar as gevolg van verbale en fisiese aggressie deur die gesondheidsorg verbruikers. Aggressiewe gedrag is deur die deelnemers erken as die uitkoms van die wisselwerking tussen verskeie interaksionele en kontekstuele faktore.

Deelnemers mag by tye konflik ervaar tussen hul werksmandaat – om na geestesgesondheidsorg verbruikers om te sien – en hul behoefte vir persoonlike veiligheid. Dit lei dikwels tot 'n gevoel van ambivalensie teenoor diegene vir wie hulle sorg, sowel as teenoor hul werk. Die deelnemers was van die mening dat hulle na blootgestelling aan aggresiewe insidente, berading of ontlontingsdienste aanbied moet word deur bestuur, om orde te herstel na die angs van die uitdagende situasie wat hulle teëgekom het. Hulle het ook genoem dat hulle by tye ongemotiveer voel weens 'n gebrek aan opleiding om aggressiewe gesondheidsorg verbruikers te hanteer.

Riglyne is geformuleer om die geestelike gesondheid van die verpleegpersoneel wat blootgestel is aan aggressie deur gesondheidsorg verbruikers, te faciliteer. Verder is aanbevelings gemaak tot psigiatriese praktyk, psigiatriese onderwys en psigiatriese navorsing. 'n Evaluasie van die studie is gedoen en die rol van 'n gevorderde psigiatriese verpleegkundige in die mobilisering van hulpbronne om die geestesgesondheid van psigiatriese verpleegsters en assistent-verpleegsters wat aan aggressie van gesondheidsorg verbruikers blootgestel is te faciliteer, is bespreek.
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CHAPTER 1
OVERVIEW OF THE STUDY AND RATIONALE

1.1 BACKGROUND AND RATIONALE

Antai-Ontong (2008:589) defines aggression as a forceful, unprovoked act, which is hostile, injurious or destructive, particularly when faced with frustration. Nursing personnel in psychiatric hospitals are often exposed to aggressive behaviour by mental health care users, which may result from the interaction of an array of systems and processes. Historically, psychiatrists, psychiatric nurses and assistant nurses working in a psychiatric institution, were told aggression was part of their job, however violence should never be an acceptable part of nursing, regardless of the setting.

Sadock and Sadock (2007:153) indicate from their twin studies that there is a hereditary component to aggressive behaviour and chromosomal abnormalities also play a role. Psychiatric nursing is generally stressful, with bureaucratic rules, poor supervision, poor role models, under qualified staff, inadequate training of staff, understaffing and poor supervisory support, being some of the external stressors cited that interfere with good nursing in psychiatry.

Hospital staff members are not excluded from exposure to pervasive domestic and criminal hostilities and have no special powers to deal with such experiences. The current societal milieu is one in which intolerance of others is mediated through violence. The impact of this trend is enormous and it is reflected in the health service, contributing to an inability to cope with work demands and a sense of helplessness in psychiatric nurses and assistant nurses working in a psychiatric institution (Lucas & Stevenson, 2006:195).

Violence and aggression are substantial occupational health issues. In a study conducted by Owen, Tarantello, Jones and Tennant (1998:1456), nursing staff were the most common targets of assault or aggression. Due to their expertise, greater proportion on the staff and availability, they almost always responded to
incidents of aggression or violence. However, this finding may suggest that other back up resources, such as security staff, or other health professionals such as medical staff, were unavailable, untrained, or unwilling to respond.

Incidents of aggression by mental health care users towards psychiatric nurses and assistant nurses in psychiatric institutions are on the increase. Most injuries go unreported by these psychiatric nurses and assistant nurses, yet they suffer. When monthly statistics of the hospital is checked, few of the injuries appear.

As a researcher, I have also been exposed to aggression by mental health care users. My observation of this phenomenon is that during an aggressive act, mental health care users often expose psychiatric and assistant nurses to aggression. They suffer mainly physical injuries and emotional distress. They start working in fear since they are unsure of what will happen to them as they continue nursing the mental health care users, and sometimes they display feelings of rage and hate towards the mental health care users.

The psychiatric and assistant nurses employed at psychiatric institutions may suffer physical trauma, which heals over time with proper treatment, but the emotional scars are not attended to. Thus, some of these nurses do not cope. When a psychiatric nurse is injured by a mental health care user, everyone concentrates on whether the mental health care user is safe or not, and only later attend to the psychiatric nurse.

Aggression by mental health care users has an impact on nurse-patient relationships. In a study done by Barling and Taylor (2004:117), it is said that psychiatric and assistant nurses experience stress due to interaction and deeper involvement with mental health care users, such as during aggressive outbursts. Physical and emotional harm can cause psychiatric and assistant nurses to avoid the mental health care users, as a result compromising the care of the mental health care users (Chen, Huang, Hwang & Chen, 2010:1156).
1.2 PROBLEM STATEMENT AND RESEARCH QUESTIONS

Psychiatric and assistant nurses working in a psychiatric institution are at risk of encountering aggression from mental health care users. The mental health care users are admitted for various reasons. Amongst these, is their aggression at home. The psychiatric and assistant nurses are exposed to aggression almost every day at work, which results in physical and psychological trauma for both the psychiatric and assistant nurses working in a psychiatric institution.

No measures are in place to deal with the impact of aggression on the psychiatric and assistant nurses’ psychological wellbeing after experiencing an aggressive act. Only their physical wellbeing is given attention, so they can recover speedily in order to come back and provide care to the very same mental health care users who are putting their lives at risk. This in turn impacts negatively on the relationship between the mental health care users and psychiatric and assistant nurses.

Providing a structured environment to those who are aggressive and a danger to themselves and others in the community, is amongst the reasons why mental health care users are admitted. They are brought to psychiatric institutions so that their aggressive behaviours can be managed. Whilst the psychiatric and assistant nurses are managing the aggression, they in turn, become exposed to aggression.

In this research my aim was to find out what can be done to promote the mental health of psychiatric and assistant nurses who have been exposed to aggression, as little research has been done on the experiences of psychiatric nurses who have been exposed to aggression by mental health care users.

Given the aggressive nature of mental health care users who are under the care of psychiatric and assistant nurses, I asked the following questions:

- what are the lived experiences of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users?
what guidelines can be formulated to assist psychiatric and assistant nurses working in a psychiatric institution cope with the challenges that arise by being exposed to aggression by mental health care users thus facilitate their mental health?

1.3 RESEARCH PURPOSE

The main purpose of this research study was to explore and describe the experiences of psychiatric and assistant nurses who have been exposed to aggression by mental health care users while working in a psychiatric institution in order to describe guidelines to facilitate the mental health of these psychiatric and assistant nurses.

1.4 RESEARCH OBJECTIVES

The research objectives were:

- to explore and describe the experiences of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users.

- to describe guidelines to facilitate the mental health of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users.

1.5 PARADIGMATIC PERSPECTIVE

A paradigm is a worldview and a general perspective on the complexities of the real world. Paradigms for human inquiry are often characterised in terms of the ways in which they respond to basic philosophical questions (Polit & Beck, 2008:13). Hennink; Hutter and Bailey (2011:11) describe a paradigm as a model or framework for observation and understanding both what we do and how we understand it and it is a collection of logically connected concepts and propositions that provide a theoretical perspective or orientation that frequently guides research
approaches towards a topic. A paradigmatic perspective consists of metatheoretical, theoretical and methodological assumptions.

1.5.1 Metatheoretical assumptions

Meta-theory refers to the analysis of the theoretical underpinnings on which the studies are grounded. The end product is a meta-synthesis that results from bringing back together the findings of these three meta-study components.

The assumptions of the Theory for Health Promotion in Nursing, University of Johannesburg, (2010:4-12) are used to define person, environment, psychiatric nursing and mental health.

1.5.1.1 Person

A person is viewed as a whole person and embodies dimensions of body, mind and spirit. The person functions in an integrated, interactive manner with the environment. The body includes all anatomical structures and physiological (biological) processes pertaining to the individual, family, group, and community. The psyche or soul includes all the intellectual, emotional and volitional processes of the individual. The spirit is the part of a person that reflects his or her relationship with God and others, and how they interact.

1.5.1.2 Environment

The environment includes both the internal and external environment. The internal environment consists of dimensions of the body, mind and spirit. The external environment consists of physical, social and spiritual dimensions. In this research study the external environment was the place where the psychiatric and assistant nurses – who have been exposed to aggression by mental health care users – worked.
1.5.1.3 Psychiatric nursing

Psychiatric nursing is an interactive process. It is a sensitive, therapeutic profession that facilitates the promotion of mental health through the mobilisation of resources.

1.5.1.4 Mental health

Mental health is a dynamic interactive process in the patient’s environment. These interactions in the patient’s environment reflect the relative mental health status of the mental health care users.

1.5.2 Theoretical assumptions

Theoretical assumptions are testable statements and provide epistemic findings about the research domain. Theoretical assumptions give form to the hypotheses or central theoretical statements of the research, and form the framework for the epistemic statements in the research (University of Johannesburg, Department of Nursing Paradigm, 2010:2-8).

The researcher entered this field of research without pre-knowledge and bias about work done in relation to the research topic using intuition and bracketing. Intuition is an insight or understanding of a situation or event as a whole that usually cannot be logically explained, as stated by Rew and Barrow (Burns & Grove, 2009:6). Intuition is a type of knowing that seems to come unbidden; it may also be described as a “gut feeling” or a “hunch.” The researcher also bracketed out what is known about the topic of interest. Burns and Grove (2009:690) explain bracketing as a technique of suspending or laying aside what is known about an experience being studied, which is to avoid being biased. Bracketing is referred to as an act of suspending judgement about the natural world that precedes phenomenological analysis. It assumes that researchers can separate their personal knowledge from the life experiences of participants (Gerrish & Lacey, 2010:178). This means that as a phenomenological researcher, I attempted to
suspend my preconception so that I could approach the phenomenon in this study with fresh eyes.

1.5.2.1 Definition of concepts

The concepts utilised in this research will now be discussed.

a) Experience

Experience is a practical involvement in an activity or event, which affects a person directly (Oxford English Dictionary, 2004:195). The relevance of experience in this study was based on the first hand information or knowledge of participants who have been exposed to aggression by mental health care users.

b) Psychiatric nurse

A psychiatric nurse is a person who has completed basic nursing education and is qualified and authorised in his or her country to practice nursing. Taylor, Lillis, LeMone and Lynn (2008:12) refer to a nurse as a person who nourishes, fosters and protects, and who is prepared to take care of sick, injured and aging people. A psychiatric nurse is therefore one who works in a speciality field within nursing, which is psychiatric nursing. Psychiatric nurses direct efforts towards the promotion of mental health, the prevention of mental disturbances, the early identification of emotional problems and the provision of follow-up care to minimise long-term effects of mental disturbance. Psychiatric nurses are registered as such at the South African Nursing Council (Uys & Middleton, 2010:837). In this study when speaking about psychiatric nurses, the researcher may also refer to ‘psychiatric and assistant nurses’, ‘participants’ and ‘nursing personnel’.

c) Aggression

Aggression originates from the Latin word aggressus, which means “to attack”, and it refers to hostile, injurious, or destructive behaviour or outlooks, particularly when caused by frustration (Antai-Ontong, 2008:587). Aggressive behaviour involve
those that are marked by combativeness readiness, driving forceful energy and initiative. Perception, intolerance, miscommunication, and a sense of powerlessness or helplessness often fuel aggression.

d) **Mental health care user**

A mental health care user is a person receiving care, treatment and rehabilitation, or using a health service at a health care establishment. The health care establishment is aimed at enhancing the mental health status of the user, and where the person in question is below the age of eighteen years as incapable of taking decisions (Mental Health Care Act, 2002:10).

1.5.3 **Methodological assumptions**

The methodological assumptions reflect the researcher’s views of the nature and structure of science in the discipline. A functional approach to research was followed as it addresses current health problems (University of Johannesburg, 2010:12). In this study, psychiatric and assistant nurses that have been exposed to challenges of aggression in a psychiatric institution, were addressed and solutions were sought. Nursing research uses its usefulness as a criterion for validity and measures to ensure trustworthiness was applied throughout the research for rigour of the research. Two principles, logic and justification, was applied.

1.6 **RESEARCH DESIGN AND METHOD**

1.6.1 **Research design**

The research design that was adhered to was qualitative research. The research design was exploratory, descriptive, and contextual (Sarantakos, 2005:45 & 425). It aimed at describing the phenomena accurately through narrative type description. Sarantakos (2005:105) mentions that a research design explains in some detail how the researcher intends to conduct the research.
Qualitative research is a way to gain insight through discovering meanings. It is a means of exploring in-depth richness and complexity inherent in a phenomenon (Burns & Grove, 2009:51). Qualitative researchers emphasize significant characteristics in their research, (i) a belief in multiple realities, (ii) a commitment to identifying an approach to understanding that will support the phenomenon studied, commitment to the participant’s point of view, conduct of inquiry in a way that does not disturb the natural context of the phenomenon of interest, (iii) acknowledged participation of researcher in the research, (iv) and conveyance of the understanding of the phenomenon by reporting in a literally style rich with participants’ commentary (Streubert & Carpenter, 2011:20). The term ‘qualitative research’ is often applied to naturalistic investigations (LoBiondo-Wood & Haber, 2010:23).

Qualitative research seeks to obtain the truth from the psychiatric nurses and assistant nurses working in a psychiatric institution when they interact in their own natural place and is wholistic in nature (Burns & Grove, 2009:23).

In this research the focus was on the experiences of psychiatric and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health users. These nurses were invited to describe their lived experience in English. The information obtained enabled the researcher to describe guidelines to promote the mental health of psychiatric and assistant nurses working in these contexts, to handle aggressive patients.

1.6.2 Research method

This research was conducted in two phases. In phase one, the experiences of nursing personnel working in a psychiatric institution who been exposed to aggression by mental health care users, was explored and described. In phase two, guidelines to facilitate the mental health of these psychiatric and assistant nurses were formulated.
1.6.2.1 Phase one: the experiences of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users

The research tradition that was adhered to was a phenomenology, which has its disciplinary roots in both philosophy and psychology. Phenomenology is concerned with lived experience, or day-to-day experiences. It asks what makes something what it is, without which it could not be what it is (Watson, McKenna, Cowma & Keady, 2008:232).

Husserl and Heidegger (Polit, Beck & Hungler, 2001:214) developed the phenomenological tradition. The phenomenological approach is about people’s life experiences, and is aimed at understanding the perspective of study participants. It dwells much on the essence, in this research the essence of psychiatric nurses and assistant nurses’ experience of aggression by mental health care users (Polit, Beck & Hungler, 2001:214).

a) Population and sampling

The accessible population is a population that meets the criteria of the research study and is available (LoBiondo-Wood & Haber, 2006:559). In this study, the accessible population was psychiatric nurses and assistant nurses working in a psychiatric institution where aggression has been identified as a challenge. The criteria for being selected as a participant in this research study included:

- Psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users.

- They must have worked in a psychiatric institution for a minimum period of five years.

- Both males and females were accepted to be study participants.

- No age restriction applied in terms of willing participants.
- Preferably they should have been able to communicate in English.

- No study participant was denied the opportunity to partake in the study irrespective of race, colour or creed, as long as they met the requirements.

Purposive sampling (Sarantakos, 2005:164) was used to select participants as it provides information-rich cases (Streubert & Carpenter, 2011:29). The participants chosen were appropriate to inform the researcher due to their personal knowledge of the experience under study.

In this qualitative research the researcher needed to obtain a clear understanding of the experiences of nursing personnel who have been exposed to aggression by mental health care users. Interviews were conducted with participants until data was saturated, thus there were no new themes (Morse, 1996:105; Streubert & Carpenter, 2011:455).

b) Data collection

The setting for qualitative research was the field. The field is where individuals of interest live and where they experience life. The researcher therefore went to the setting, in this case a psychiatric institution in Pretoria (Streubert & Carpenter, 2011:28).

Phenomenological individual interviews were conducted with each participant until a full description of their experiences of mental health users’ aggression was given. The atmosphere had to be relaxed to allow free expression of feelings. Each interview lasted forty-five to sixty minutes and was audiotaped after obtaining permission from the participants. The central question was “please tell me your experience of being exposed to aggression by mental health care users”.

Field notes (Polit & Beck, 2008:754) were taken by the researcher to describe his observations, reactions and experiences during the interview. A pilot study was conducted to see whether the question posed to participants elicit their experiences of being exposed to aggression by mental health care users.
c) Data analysis

Data analysis in qualitative research is conducted simultaneous with data collection. Tesch’s (Creswell, 2009:186) method of data analysis was utilised in analysing the data collected in this study. Themes were identified from the transcribed interviews and field notes, and the results were discussed with an independent coder with experience in qualitative research. Consensus was reached.

d) Literature control

The findings of the research were discussed in the light of literature relevant to this research study (Streubert & Carpenter, 2011:93).

1.6.2.2 Phase two: the description of guidelines for psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users

In the second phase, data collected from participants in phase one were used as a basis for formulating guidelines to facilitate the mental health of psychiatric nurses and assistant nurses.

1.6.3 Measures to ensure trustworthiness

Guba’s model of trustworthiness was adhered to and will be described in-depth in Chapter Two (Lincoln & Guba, 1985:290). It involves four strategies and criterion, which will now be discussed as; credibility, transferability, dependability and confirmability.

1.6.3.1 Credibility

Credibility refers to the confidence in the truth of study findings (Polit & Beck, 2008:539). The criteria used was prolonged engagement, were the researcher spent enough time with participants at the place of their employment in order to
understand their experience of being exposed to aggression by mental health care users. A field journal was kept to reflect the researcher’s observations and experiences (Krefting, 1991:215-222). A consensus discussion was held with the independent coder and triangulation of research methods was applied. Phenomenological in-depth interviews were conducted and field notes were taken. In member checking, research data was constantly checked with the participants for the true reflection of their experiences.

1.6.3.2 Transferability

Transferability refers to a nominated sample in which a purposive sample of psychiatric and assistant nurses working in a psychiatric institution was used. A dense description of the results of the research was given, including illustrative direct quotes from participants.

1.6.3.3 Dependability

Dependability indicates the stability of data over time and conditions (Polit & Beck, 2008:539). The criteria were a dependability audit, which is applicable through checking with an expert in research methodology, data analysis protocol, and an independent expert for coding data. A dense description of the research methodology was described and code-recode procedure was applied, where consensus discussions between the researcher and the independent coder was held to identify themes and categories.

1.6.3.4 Confirmability

In order to adhere to confirmability, an independent research expert was used for auditing (Krefting, 1991:215-222). Measures to ensure trustworthiness will be discussed in-depth in Chapter Two.
1.7 ETHICAL CONSIDERATIONS

The necessary permission to conduct this study was obtained from the hospital’s authorities, and ethical clearance was obtained from the University of Johannesburg and the University of Pretoria. The ethical clearance letters are attached as Appendix One and Appendix Two. The four principles considered were autonomy, beneficence, non-maleficence and justice (Dhai & McQuoid-Mason, 2011:14-15). These principles will be discussed in detail in Chapter Two.

1.7.1 Autonomy

Respect for autonomy involves respecting people’s rights to make decisions based on their personal values and beliefs, free from the controlling influence of others. This principle takes into consideration self-determination, and is the basis of informed consent and respecting confidentiality (Dhai & McQuoid-Mason, 2011:14).

1.7.2 Beneficence

Beneficence is an obligation to benefit others and maximise possible benefits. Persons are treated in an ethical manner, their decisions are respected, they are protected from harm, and efforts are made to secure their wellbeing (LoBiondo-Wood & Haber, 2006:291b). An information leaflet about the research was given to each participant and is attached as Appendix Four.

1.7.3 Non-maleficence

The concept of non-maleficence states that one should not harm another. On balance, the potential risk must never outweigh the potential benefits to an individual participant in the study. In writing qualitative research I will take care not to sensationalise the findings of research or deliberately select data extracts that do not reflect the real situation (Hennink; Hutter & Bailey, 2011: 77)
1.7.4 Justice

Human participants should be treated fairly. An injustice occurs when a benefit, to which a person is entitled, is denied without good reason, or when a burden is imposed unduly (LoBiondo-Wood & Haber, 2006:291b).

The ethical principle will be discussed in-depth in Chapter Two.

1.8 DIVISION OF CHAPTERS

The layout of this research study is presented below.

Chapter 1: Overview of the Study and Rationale

Chapter 2: Research Design and Method

Chapter 3: Discussion of Results

Chapter 4: Discussion of Guidelines, Evaluation of the Study and Recommendations

1.10 CONCLUSION

In this chapter, the overview of the study, background, rationale, problem statement, objectives, paradigmatic perspectives, research design and method, trustworthiness, and ethical measures was discussed and the outline of the chapters was given. In Chapter Two the research design and method will be discussed in-depth.
CHAPTER 2
RESEARCH DESIGN AND METHOD

2.1  INTRODUCTION

In Chapter One the main focus was on background or overview, purpose, and objectives of the study. In this chapter, the research design and method will be discussed.

2.2  OBJECTIVES OF THE RESEARCH

Based on the identified problem, the research objectives were:

- To explore and describe the experiences of nurses who have been exposed to aggression by mental health care users.

- To formulate guidelines to facilitate the mental health of nurses who have been exposed to aggression by mental health care users.

2.3  RESEARCH DESIGN AND METHOD

In Chapter Two the research design and research methods used by the researcher, will be outlined and discussed.

2.3.1  Research design

In order to ensure that research is carried out in a systematic and effective way, the study must be carefully designed. Research design means a plan that describes how, when and where data is to be collected and analysed (Parahoo, 2006:183). It also comprises the methods of data collection, as well as the sources and methods of data analysis. It is further explained as a means of helping the researcher avoid setting unachievable objectives.

2.3.1.1 Qualitative research design

The word ‘qualitative’ implies a focus on the qualities of a process or entity, and meanings that are not experimentally examined or measured in terms of quantity, amount, frequency or intensity (LoBiondo-Wood & Haber, 2006:131). It is a term used to describe particular types of research and their processes. Qualitative research approaches are believed to embody an idealist philosophy, which holds that the world is known through human perceptions and subjectivity; this is seen to be more closely associated with the interpretive and critical paradigms. Qualitative research methods allow for reflection and key methods include: participant observation, small purposive samples, in-depth interviewing, and the use of literary descriptions and analyses. It can also refer to what is thought of as naturalistic research; a general label for qualitative research methods that involve the researcher going to a natural setting, that is, to where the phenomenon being studied, is taking place. In a naturalistic approach (Neuman, 2006: 393). It also refers to observing of events as they occur (Mitchell & Jolley, 2010: 628).

2.3.1.2 Exploratory research design

An explorative study aims at gaining general information for the purpose of defining the research topic. It is appropriate for this study since it takes place in the natural field where it occurs (Sarantakos, 2005, 202). Like descriptive research, exploratory research begins with phenomenon of interest; but rather than simply observing and describing it, exploratory research investigates the full nature of the phenomenon, the manner in which it is manifested, and the other factors to which it is related (Polit & Beck, 2008:20-21). In this research the phenomenon investigated was how psychiatric nurses and assistant nurses experience being exposed to aggression by mental health care users.
2.3.1.3 Descriptive research design

A descriptive study is one that collects data in the form of words, typically through interviews and observations (Mateo & Krichhoff, 2009:132). The purpose of descriptive studies is to observe, describe, and document aspects of a situation as it naturally occurs and sometimes to serve as a starting point for hypothesis generation or theory development (Creswell, 2009:175). This is a descriptive study in that the researcher wanted to describe the experiences of nursing personnel who have been exposed to aggression by mental health care users in their natural setting. The researcher also aimed to describe the guidelines to facilitate the mental health of nurses who have been exposed to aggression by mental health care users.

2.3.1.4 Contextual research design

This research study is contextual because it is bound to a unique context or situation (Sarantakos, 2005:425). A contextual study therefore studies uniqueness of each human being and attributes meaning to their experience (LoBiondo-Wood & Haber, 2006:150). In this research study the researcher attempted to attribute meaning to the experiences of psychiatric nurses and assistant nurses working in a psychiatric institution in Pretoria who have been exposed to aggression by mental health care users. I acknowledge that each nurse’s experience of aggression was distinct from one another’s, which is known by the nurses’ subjective description of their experience of being exposed to aggression by mental health care users.

2.3.2 Research method

Research methods are techniques used by researchers to structure studies and gather and analyse information relevant to the research question (Polit & Beck, 2008:15). A phenomenological approach was chosen for this study because it is aimed at describing the experiences lived by the person (Polit & Beck, 2008:64). In this study, the lived experiences of psychiatric and assistant nurses who have been exposed to aggression by mental health care users while employed at a psychiatric institution, was described.
This research was therefore conducted in the following two phases:

- Phase one included the exploration and description of experiences of nurses who have been exposed to aggression by mental health care users in a public psychiatric hospital in Gauteng.

- Phase two involved the description of guidelines for psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users by mobilising resources to facilitate their mental health.

2.3.2.1 Phase one: the experiences of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users

In this phase, fieldwork conducted was described. Phenomenological research was developed to understand meanings. The goal was to develop rigorous science in the service of humanity. The science seeks to go to the roots or foundations of a topic to be clear about what the basic concepts are and what they mean (LoBiondo-Wood & Haber, 2006:108). A phenomenological approach was utilised in this study. The purpose of this approach is to answer questions of meaning. It is very useful when the task is to understand the experiences as those having the experiences understand it.

This approach is of vital importance as it is aim at gaining insight from the lived experiences of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users. In this regard, first hand information was obtained as it is described.
a) Population and sampling

a.i) Population

Population in qualitative projects use selection criteria, which seeks individuals with special knowledge or unique experiences to increase the researcher’s understanding of the topic studied. It is the universe of participants to the target will be generalized to (Stommel & Will, 2004: 297). In this researcher study the population studied were psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users.

a.ii) Sampling method

The sampling method that was used was a purposive sampling method, which is also referred to as judgemental sampling since it involves making a judgement about the particular population to be studied (Parahoo, 2006:472). For the purpose of this study, participants were psychiatric nurses and assistant nurses working in a psychiatric institution in Pretoria where the researcher conducted his research. They also had to meet the criteria set out for this specific study, such as:

- Psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users.

- They must have worked in a psychiatric institution for a minimum period of five years.

- Both male and female participants will be accepted.

- There is no age restriction in terms of willing participants.

- Preferably they should be able to communicate in English.
- No study participant will be denied the opportunity to partake in the study irrespective of race, colour nor creed, as long as they meet the requirements.

b) Data collection

b.i) Phenomenological interviews

In-depth individual phenomenological interviews were employed to gather data. Burns and Grove (2009:508) refer to phenomenological interviews as in-depth interviews that produce dense and quality information. They are also used when the researcher does not wish to constrain the responses of the participants being interviewed (Tarling, Crofts & Kitson, 2002:78).

At the root of in depth interview is an interest in understanding the experiences of other people and the meaning they make of that experience. Information is obtained through direct interchange with an individual (De Vos; Strydom; Fouché & Delport, 2011: 342). It is used to elicit more information in order to achieve understanding of the participant’s point of view or situation. During the interview it is important for the researcher to be a good listener as in-depth interviews are conversational in nature (Polit & Beck, 2008:411). This is achieved by asking open-ended questions, which assist the researcher in understanding the nurses’ experiences of being exposed to aggression by mental health care users, as conveyed in their own words (LoBiondo-Wood & Haber, 2006:325).

The main question that was asked to the participants was “please tell me your experience of being exposed to aggression by mental health care users”. For a qualitative research interview to be successful the following communications skills are used:

- Reflecting: refers to communicating to the participant an understanding his or her concerns and perspectives. Stated feelings or what is observed nonverbally can be reflected (Okun & Kantrowits, 2008:76).

  Examples: “you’re feeling uncomfortable about seeing him”
  “It sounds as if you are really angry at your mother”
- **Clarifying**: this embraces a technique that will be used to get clarity on unclear statements (De Vos, et al. 2011: 345)

  *Examples*: “*could you tell me about....*”
  “*You seem to be saying...*”

- **Summarising**: by summarising, the researcher synthesises what has been communicated during the interview and highlights major themes (Okun & Kantrowits, 2008:78).

- **Minimal verbal responding**: is defined by De Vos et al. (2011:345) as a verbal response that correlates with occasional nodding.

  *Examples*: “*mm-mm*”
  “*I see*”

- **Probing**: is a technique to persuade the participant to give more information about the issue under discussion (De Vos, et al. 2011:345).

  *Examples*: “*tell me more*”
  “*How do you feel now?*”

b.ii) **Observation and field notes**

These are notes taken by the researcher to record the unstructured observations made in the field and the interpretation of those observations (Polit & Beck, 2008: 754). Description of what transpired must include enough contextual information about time place and actors to portray the situation fully. Field notes include observational, methodological, theoretical and personal notes and are described as follows:

- **Observational field notes** are objective descriptions of observed events and conversations; information about actions, dialogue and context recorded as completely and objectively as possible (Polit & Beck, 2008:406). In this research
study observational notes will contain the number allocated to each participant and the number of interview, the interview setting and the way in which each interview is conducted.

- **Methodological field notes** are reflections about the strategies and methods used in the observations. They provide instructions or reminders about how subsequent observations will be made (Polit & Beck, 2008:406). In this research study the researcher will use methodological notes to evaluate his conduct during the interview against the proposed research design and method.

- **Theoretical field notes** document the researcher’s thoughts on how to make sense of what is going on. These notes are the researcher’s efforts to attach meaning to observations while in the field and serve as a starting point for subsequent analysis (Polit & Beck, 2008:407). In this research study the researcher interpreted, inferred, conjectured and hypothesised to structure his analytic scheme.

- **Personal field notes** are comments about the researcher’s own feelings while in the field. Field experiences give rise to personal emotions and it challenges the researcher’s assumptions. It is essential to reflect on such feelings. Personal notes also contain reflections relating to ethical dilemmas. In this research study the researcher aimed to adopt the role of the participants and tried to be introspective. During data analysis, field notes were analysed in relation to the interview to determine categories.

**b.iii) The role of the researcher**

This study aims to illustrate the development of the phenomenological process. Relating issues to one’s own experience may add more value, accessibility and clarity to the issues raised, due to one’s own direct involvement. The role of the researcher in listening to difficult or otherwise inaccessible data, is to enable the participants to examine the phenomenon as it is for them here and now, and then to analyse the data and return it to the participants for verification (Smith, 1997:124). Statements about past experiences are included to ensure that the
audience has better understanding of the topic, setting of the participants and the researcher’s interpretation of the phenomenon (Creswell, 2009:177).

c) Data analysis

Tesch’s method (Creswell, 2003:192) of data analysis was employed to analyse the data of this research study. It is an eight steps process that is outlined as follows:

- Get a sense of the whole. Read all the transcriptions carefully. Perhaps jot down some ideas as they come to mind.

- Pick one document (one interview) – the most interesting one, the shortest, the one on the top of the pile. Go through it asking yourself “what is it about?” Do not think about the “substance” of the information, but its underlying meaning. Write thoughts in the margin.

- When you have completed this task for several participants, make a list of all the topics. Cluster together similar topics. Organise these topics into columns that might be arrayed as major topics, unique topics and leftovers.

- Now take this list and go back to your data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try this preliminary organising scheme to see if new categories and codes emerge.

- Find the most descriptive wording for your topics and turn them into categories. Look for ways of reducing your total list of categories by grouping topics that relate to each other. Perhaps draw lines between your categories to show interrelationships.

- Make a final decision on the abbreviation for each category and alphabetise these codes.

- Assemble the data material belonging to each category in one place and perform preliminary analysis.
• If necessary, recode your existing data.

An independent coder, who is an experienced psychiatric nursing research specialist, was employed to assist the researcher with the data analysis. Clean transcripts with a protocol to analyse the data was given to the independent coder. The independent coder and a co-coder analysed the data separately from the researcher after which a consensus discussion was held.

d) Literature control

Research findings are discussed in light of literature relevant to this research study and similar studies were used to verify the findings. The results should be in context to what is known from relevant literature from similar studies (Streubert & Carpenter, 2011:93).

2.3.2.2 Phase two: description of guidelines for psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users

The results obtained from phase one was used to aid the researcher to describe guidelines that will assist psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression, to be able to cope.

2.4 MEASURES TO ENSURE TRUSTWORTHINESS

Lincoln and Guba’s approach to trustworthiness is used extensively in qualitative research because it is conceptually well developed (Krefting, 1991:215-222). For this reason it is the model that was used in this research study.

The four criteria for trustworthiness in terms of truth-value, applicability, consistency and neutrality are described as:

• Truth-value using strategies of credibility.
Applicability using strategies of transferability.

Neutrality using strategies of confirmability.

Consistency using strategies of dependability.

2.4.1 Credibility (Internal validity)

2.4.1.1 Prolonged engagement

Data was obtained over a period of about one year in order to increase the validity of findings (Merriam, 2009:219). Fieldwork was carried out by the researcher who is knowledgeable about the context, acquainted with participants, and involved in the data collection process in an attempt to enhance the development of mutual trust.

2.4.1.2 Reflexivity

The researcher assessed his background, perceptions, feelings and role as the researcher in the process (Krefting, 1991:218), thus clarifying researcher biases. Reflexivity also refers to the sensitivity in which the research and research process has shaped the data. The key component is bracketing, which requires the maturity and honesty of the researcher (Houser, 2012:427).

2.4.1.3 Triangulation

Triangulation consists of using multiple methods of data, namely fieldnotes, and phenomenological interviews, to confirm findings (Merriam, 2009: 216). A literature control was conducted at the end of phases one and two as theoretical triangulation. Two independent external coders were involved with the coding procedure and independently analysed the same qualitative data and compared their findings (Merriam, 2009:216).
2.4.1.4 Chain of evidence

The chain of evidence is a rich description of all research methods that were utilised, as well as the results that were obtained (Yin, 2009:122-124). Evidence was supported by means of direct quotations from the database and the circumstances were indicated under which the evidence was collected.

2.4.1.5 Peer examination

Peer examination comprises of independent coding of data by two independent coders, followed by consensus discussions. The research process and findings were discussed with other knowledgeable colleagues in the field of qualitative research to assess whether the findings were plausible based on the data (Merriam, 2009:220).

2.4.1.6 Authority of the researcher

The researcher’s role is clearly identified as a magister student in psychiatric nursing who have successfully completed training in research methodology; both the supervisor and co-supervisor have doctorate degrees and are credible in conducting qualitative research.

2.4.1.7 Structural coherence

Results were reflected as the experiences of psychiatric nurses and assistant nurses exposed to aggression by mental health care users, and the narrative manner in which analysed data was presented, aims to provide a logical holistic picture of the vast amount of data (Krefting, 1991:220). Interpretations from data and guidelines are described in phases one and two.
2.4.1.8 Member checking

Member checking was done during data collection procedures to confirm themes that were depicted during the interview phase (Krefting, 1991:219).

2.4.1.9 Referential adequacy

Copies of data that was collected is presented as Annexures (B, C and D).

2.4.2 Transferability

2.4.2.1 In-depth description

A rich, comprehensive description is provided with a wide range of information, narrative description of findings, and guidelines, as described in phase two. Literature control was conducted during phases one and two. It provided enough descriptions to contextualise the study to the extent that readers will be able to determine the degree to which their situation matches the research context, and hence, whether findings can be transferred (Merriam & Associates, 2002:31).

2.4.2.2 Nominated sampling

Purposive sampling was utilised as a sampling method (Parahoo, 2006:472).

2.4.3 Dependability

2.4.3.1 Audit trail

Methods of data gathering, analysis and decisions made during the inquiry were described in detail in order for independent researchers (coders, both supervisor and co-supervisor and others that are interested) to follow the trail of the researcher (Merriam, 2009:223). Essentially it is a detailed account of how the study was conducted and how data were analysed.
2.4.3.2 Stepwise replication

Describing the methodology in detail is a way of building a stepwise replication technique into the research (Krefting, 1991:221).

2.4.3.3 Triangulation

As previously discussed.

2.4.3.4 Position of the researcher

The assumptions and theory underlying this research was described, as well as the sampling criteria, and the social context. The researcher needed to clarify assumptions, experiences, worldviews and theoretical orientations to the study at hand (Merriam, 2009:219).

2.4.3.5 Code-recode procedure

As previously discussed.

2.4.3.6 Peer examination

As previously discussed.

2.4.4 Confirmability

2.4.4.1 Audit strategies

For audit strategies it is necessary to keep the following documents as an audit trail: raw data (transcribed interviews; field notes), condensed notes of data reduction and analysis, as well as process notes (Lincoln & Guba in Krefting, 1991:221). It also involves a thorough and conscientious reflection and recoding of decisions that were designed and questions that were raised during analysis of the data (Houser, 2012:428).
2.4.4.2 Triangulation

As previously discussed.

2.4.4.3 Reflexivity

As previously discussed.

2.4.4.4 Code-recode procedures

Code-recode procedures include having consensus discussions with external independent coders after data has been analysed independently.

2.5 ETHICAL CONSIDERATIONS

Concerns about the welfare of human beings and their environment has not been the rule according to history, and often captive populations and other vulnerable groups were used freely for human experimentation. It is essential that the rights, interests and sensitivities of those studied must be protected (Mouton, 2001:243). Human participants pose special problems for the researcher in balancing three competing social interests:

- the protection of individual human participants,

- the needs of society for the benefits of research, and

- the need to encourage and foster research as a means for garnering systematic knowledge.

Since human beings participated in this research study, the researcher took cognisance to be considerate and protect them in respect of autonomy, beneficence, non-maleficence, and justice.
2.5.1 Autonomy

Autonomy is derived from the Greek for ‘self’ and ‘rule’. It refers to the ability of people to choose freely for themselves and direct their own lives. Respect for autonomy therefore involves respecting people’s right to make decisions based on their personal values and beliefs, free from the controlling influences of others (Le May & Holmes, 2012: 97). In this research study the participants, who were psychiatric nurses and assistant nurses working in a psychiatric institution, was offered the right to decide which information they wanted to share or not. They were never coerced into discussing matters they were not comfortable with.

The participants had the right to know that any data provided would be kept in the strictest confidence. The researcher did not link participants with their data, thus maintaining anonymity (Polit, Beck & Hungler, 2001:82). The promise of confidentiality had to be accompanied by information about how the data would be handled. The practice of ensuring confidentiality includes not using participants’ names or any other types of identifiers in published reports of the research, grouping data when reporting results to obscure individual identities, changing details that could identify individuals, and inventing fictitious names for persons and places when individual examples are needed in reporting results. It is also crucial to keep data in a secure location and restrict access fully, except for the researcher and the supervisors.

Right to full disclosure was considered and means that the researcher fully described the nature of the study and the person’s right to refuse participation, the researcher’s responsibilities and the likely risks and benefits that could incur.

Written informed consent was obtained from the participants of the study (Mason, 2009: 81). The written informed consent contained:

- A description of any benefit to the participant.
- Any offer to discuss any questions about the study.
• Full freedom from direct or indirect coercion and deception, which allows the participant to freely choose to participate or withdraw without penalty (Lapan, Quartaroli & Riemer, 2012:25). (Refer to Appendix Four attached).

Polit and Beck (2008:176-178) describes informed consent as a means for participant to have adequate information about the research, to comprehend the information, and have the power of free choice enabling them to consent voluntarily. The research participants were provided with opportunities to renegotiate their agreement should an experience be difficult. Permission was requested from participants to audiotape the interviews and the tapes will be kept under lock and key and destroyed two years after publication of the research study. All participants needed to know what will happen to them (Wood & Ross-Kerr, 2011:233).

Polit and Beck (2008:171-12) state that participants in this study had to have the right to decide voluntarily whether to participate, without risk of incurring any penalty or prejudicial treatment. Therefore, the right to self-determination was considered.

2.5.2 Beneficence

Beneficence is an obligation to benefit others and maximise possible benefits. Persons are treated in an ethical manner, their decisions are respected, they are protected from harm, and efforts are made to secure their well-being (LoBiondo-Wood & Haber, 2006:291b). Benefits for psychiatric nurses and assistant nurses working in a psychiatric institution, were that they could tell the story of their lived experiences of being exposed to aggression by mental health care users.

2.5.3 Non-maleficence

The concept of non-maleficence states that a person should not harm another. The notion is extremely important when considering the ethics of conducting research. The research should not cause any harm to an individual participant, and the potential risk must never outweigh the potential benefits to an individual participant.
On balance, the potential risk must never outweigh the potential benefits to an individual participant in the study (Hennink; Hutter & Bailey, 2011: 77). In this study the researcher will ensure that all study participants whom are psychiatric nurses and assistant nurses working in a psychiatric institution are free from any harm, their safety should be ensured at all times. The participants may experience discomfort that comes from sharing their experiences of being exposed to aggression by mental health care users.

2.5.4 Justice

Human participants should be treated fairly. An injustice occurs when a benefit to which a person is entitled, is denied without good reason, or when a burden is imposed unduly (LoBiondo-Wood & Haber, 2006:291b). The study participants will be treated in a fair and equal manner and any information that they are supposed to know will be disclosed and made available to them. This is referred to as an ethical obligation to treat each participant in accordance with what is morally right and proper. I will ensure that the research does not exploit the participants and not deceive them in order to conduct the research (Hennink; Hutter & Bailey, 2011: 65)

2.6 CONCLUSION

In this chapter the research design and method, which entailed a qualitative research design, was discussed. It was followed with the discussion on the descriptive, explorative and contextual approach used in the research. Research methods such as population and sampling, data collection and data analysis have been outlined. In this chapter measures to ensure trustworthiness and ethical considerations were also covered. In the following chapter, the results, literature control and formulation of guidelines to promote the mental health of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users, will be explored.
CHAPTER 3
DISCUSSION OF RESULTS

3.1 INTRODUCTION

In the previous chapter, focus was mainly placed on describing the research design and research methods used in this research. Results, which were obtained while conducting interviews about the experiences of participants, are discussed.

3.2 DEMOGRAPHIC DESCRIPTION OF PARTICIPANTS

The participants of this research were psychiatric nurses and assistant nurses working in a psychiatric institution. Purposive sampling was utilised to select participants according to the criteria referred to in Chapter Two. (Refer to 2.4.2.1(a). Each participant was individually approached after permission to conduct the research was granted.

Information-rich cases were included and the participants were interviewed until data saturation was reached. Eight participants were interviewed of which six were females and two were males. Data saturation was reached with the sixth participant but, two further interviews were conducted to ensure saturation.

The eight participants were all working in acute setting with their age ranging from 26 years to 45 years. All participants have grade 12, some have basic nursing training, and some have comprehensive training. Thus some participants were working as nursing assistants and some as psychiatric nurses, but none have had advanced psychiatric nursing training. Out of the eight participants, two were assistant nurses and six were registered nurses.
3.3 DESCRIPTION OF THE ENVIRONMENT

The research was conducted at a psychiatric hospital in Gauteng; the natural setting was the psychiatric and assistant nurses work. The natural setting (Patton, 2002:175) ensures a true description of the participants’ experiences.

3.4 ANALYSIS OF FIELD NOTES

I kept record of my observations during the interviews which included personal notes, theoretical notes and methodological notes. The notes gave a description of what I observed during the interview process and are discussed below under observation during the interviews.

3.5 OBSERVATION DURING THE INTERVIEWS

The participants were observed to be shy in discussing their experiences with the researcher. The reasons may be that some were not comfortable to express their thoughts and experience with the tape recorder on, and some were just reluctant to share their experiences with someone they know to be their colleague.

At times during the interviews, the participants were observed to have thought-block; they did not know what to say. This made it challenging for me to probe further. Sometimes the participants gave little information, even when probed for more information.

3.6 DISCUSSION OF RESULTS

The results will now be discussed based on the data collected during the interview phase. (Refer to Table 3.1).

3.7 DESCRIPTION OF THE CENTRAL STORYLINE

The participants experienced significant emotional distress due to being exposed to aggression by mental health care users. This is said to have been frightening and anxiety provoking by the participants as at times they experienced the aggressive
outburst as the mental health care users' way of seeking attention. Sometimes the attitudes displayed by the psychiatric and assistant nurses when attending to the mental health care users, provoke aggressive outburst. The participants also experienced a lack of skills to handle aggressive mental health care users and thus fear for their own safety.

Aggressive behaviour is recognised by the participants as being the outcome of interplay between numerous interactional and contextual factors. Participants may at times experience conflict between their job mandates and are of opinion that management is not doing enough for them when they have encountered aggressive behaviour from mental health care users. This in turn, according to the participants, affects the way they relate to or interact with the mental health care users. The quality of nursing care rendered to the mental health care users is hindered since the psychiatric and assistant nurses resort to absenteeism and non-caring attitudes towards these mental health care users.

The central theme is supported by the following quotes:

“Ya, they say sometimes it’s difficult because you may find yourself being attacked or verbal aggression from the patients and to find out by then you are alone so it means that you have to stand on your own do something and then there is no one around you. So it’s very very difficult to handle such a... let’s say a patient come with an aggressive behaviour so it’s very difficult because you will be under risk, anything can happen. The patient can injure you and then have a problem then. It’s very difficult”. (Participant 3: male Black).

“it was bad because we thought maybe he won’t, we will end up with scars on the face and you know that thing, that mentality that maybe he was beaten by people outside like the stigma that other people have outside the hospital he is working in mental hospital and then blah blah blah things will be, people won’t understand whatever happened and the fact that people will end up blaming the staff member for what ever happened not understanding that the patient
is the one caused everything who started everything” (Participant 4: Black female)

Barling and Taylor (2004:124), supports this by saying that there is a perception that the personal safety of nursing personnel in acute psychiatric units is under threat. In a study conducted by Lim (2011:7), it is suggested that nurses involved in patient aggression and violence may also experience disbelief, shock, helplessness, and a perception of themselves as having no power or authority over their patients. This would eventually lead to frustration and feelings of being compromised by their organisation, which contributes to job dissatisfaction.

<table>
<thead>
<tr>
<th>TABLE 3.1: Overview of themes and categories</th>
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<tbody>
<tr>
<td><strong>THEMES</strong></td>
</tr>
<tr>
<td>1. Participants experience significant emotional distress as a result of both physical and verbal aggression by MHCU’s – although aggressive outbursts appear to occur less frequently, manifested as isolated or sporadic incidents rather than regular events, than verbal aggressive outbursts</td>
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<tr>
<td>2. Experience that aggressive behaviour – manifesting as both verbal and physical aggression, is</td>
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recognised or identified as being the outcome of an interplay between numerous interactional and contextual factors

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<th>THEMES</th>
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<tr>
<td><strong>2.3</strong> Experience that gender and age-related issues are linked to socio-cultural background</td>
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<td><strong>2.4</strong> Experience that punitive and or confrontational measures by psychiatric nurses and assistant nurses working in a psychiatric institution may inadvertently model the aggressive styles they are seeking to eliminate, linked to ‘quality of staff-patient interaction</td>
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<tr>
<td><strong>2.5</strong> Experience that aggressive outbursts by MHCU’s identified as being a way to gain attention and/or communicate distress</td>
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<tr>
<th>3. Experience that exposure to and experience of aggressive outbursts, although anxiety provoking, potentially leads to the implementation of learnt skills, risk-reducing behaviour or strategies to minimise or manage future aggressive outbursts</th>
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<tr>
<td><strong>3.1</strong> Experience that awareness and understanding of context that is MHCU’s plight and/or condition</td>
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<tr>
<td><strong>3.2</strong> Experience that identifying and avoiding predictable external antecedents/triggers of aggressive outbursts, through actions such as:</td>
</tr>
<tr>
<td>a) Experience learning from and being strengthened through difficult experiences</td>
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<tr>
<td>b) Experience practising non-confrontational interaction</td>
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<tr>
<td>c) They experience anticipating and avoiding risky situations or individuals</td>
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<tr>
<td><strong>3.3</strong> Experience of reliance upon skills, fellow staff/nurses and other tiers of help (such as security and doctors) should the need for back-up and/or intervention occur</td>
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<th>4. Participants experience conflict between their job mandate, to treat MHCU’s with due care, and a need for personal</th>
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<tr>
<td><strong>4.1</strong> Experience that mandate or directive to care for MHCU’s clashes or conflicts with the participants need for personal safety or self-preservation at times. This concern may also extend to and be shared by family members, especially after an</td>
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**safety, resulting in a sense of ambivalence towards their work.**

‘Passion’ for the work they do tempered by the risks involved aggressive has been experienced and this experience has been shared with the family.

4.2 Experience that conflict or ambivalence is magnified by unsupportive management and/or leadership – especially when respondent feels blamed for the incident as linked to organisational factors

4.3 Participants express experience of enjoyment of and passion towards their job and the MHCU’s, which also contributes to feelings of ambivalence towards the MHCU’s following an aggressive incident

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<tr>
<th>THEMES</th>
<th>CATEGORIES</th>
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<tr>
<td>5. Experience that supportive organisational factors, such as the availability and involvement of competent management or leadership, access to backup and counselling, and effective training, serves to restore or maintain a measure of spatial and psychological security and confidence amongst staff following an aggressive outburst. When such factors are lacking however, emotional distress is exacerbated</td>
<td>5.1 Experience that availability and involvement of management/leadership conduces towards a restored sense of security following an aggressive outbursts whilst the absence thereof serves to exacerbate emotional distress</td>
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<td></td>
<td>5.2 Experience that access to counselling and training contributes towards a supportive work environment. The absence thereof “demotivates” participants</td>
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3.8 RESULTS

The data obtained during interviews will now be discussed below as results.

3.8.1 Theme 1: emotional distress experienced by psychiatric and assistant nurses

The participants reported a vast amount of emotional distress which is caused by their exposure to aggression by mental health care users. This experience is exacerbated when participants find themselves alone in many such instances, after colleagues have extracted themselves from the situation. Participants are left feeling abandoned, helpless and trapped within the situation.

This is what one said: "Yes I was emotional hurt. Actually for that day the day was very long for me because I couldn't cope. If I saw the patient I was getting angry so there is nothing if I can fight back to the patient I can just go and swear the patient back but I just, I was irritated for the whole day. I was headless" (participant 3: Black Male).

Exposure to swearing, threats, and verbal abuse, can cause lasting emotional damage to nursing staff (Foster, Bowers & Nijman, 2007:146). It is reported by Barling and Taylor (2004:124) that participants involved or exposed to aggressive outbursts, spoke of emotional exhaustion, depersonalisation and fatigue.

The categories discussed below support theme one.

3.8.1.1 Experience that both physical and verbal aggression cause “painful” emotional distress

Emotional distress creates feelings of helplessness and anger within the nursing personnel. The anger is directed at the mental health care users since participants at times feel that they could do the same to the mental health care users.
Participants feel a sense of disbelief because they never thought the mental health care users they are caring for, could display such aggressive behaviour towards them. Psychiatric and assistant nurses do not always think working in the same unit with the same aggressive mental health care users, would be effective for them, which creates a fear for personal safety within the participants. This results in nursing personnel absenting themselves. They feel the mental health care users are undeserving of their care, however there are still times they think it is their duty to care for the mental health care users and that they have no choice but to care for them.

The participants also expressed that they sometimes avoided contact with the mental health care users, which hindered the nursing care they had to render.

One participant said: “Okay eish it’s so difficult 'cause errr, the experience that we have in our institution is so painful sometimes you find that the patients are verbally aggressive or physically aggressive” (Participant 1: Black female).

Another confirmed:

“you see that is why I’m saying it’s so frustrating because sometimes you feel like let me just quit but something say to you know you said you wanted to be a psychiatric nurse and if you say you quit, where else can you go work” (Participant 7: Black female).

In a study conducted by Richards, Bee, Barkham, Gillbody, Cahill and Glanville (2006:40), numerous participants reported emotional exhaustion in relation to caring for mental health care users in inpatients settings.

3.8.1.2 Aggressive outburst, appear to be infrequent and sporadic rather than being a daily norm

Since verbal and physical aggression does not occur daily, it is explained by participants as occurring at irregular intervals. Aggressive outbursts are also said
to be dependent on other factors, such as attention seeking behaviour by the mental health care users, and shortage of staff.

A participant confirmed this when he said: “Okay I have experienced a mental health care user who was aggressive once. The mental health care user was, it’s like he was psychotic but it was long he was in this ward so he started being psychotic one day around about six o’clock in the evening so he started swearing at the staff” (Participant 2: Black female).

Participants have reported a higher frequency of verbal aggression than incidents of physical aggression (Foster, et al. 2007:144).

3.8.2 Theme 2: experience that aggressive behaviour manifesting as both verbal and physical aggression, is recognised or identified as being the outcome of interplay between numerous interactional and contextual factors

The participants expressed that the aggression they experience is mostly due to certain factors that place them at risk for being victims of aggression. These factors are discussed below as categories.

3.8.2.1 Experience that vigilance or monitoring of and help is compromised

It is reported that patient care becomes compromised when the psychiatric nurses and assistant nurses working in a psychiatric institution resort to ineffective behaviours, such as absenting themselves from work. When these psychiatric nurses absent themselves, extra security is needed for the safety of the remaining nursing personnel. This hinders the nursing care. The quotes below support the above experience.

“It was so traumatising because on that day we were short staffed with only two males on duty” (Participant 1: Black female).
“Ya as I said more security and then more education for staff members like they educated other staff members you know how to interact with patients” (Participant 4: Black female).

“but sometimes they are few in the ward and you are many female nurses in the ward and you will think ooh you can’t expose that male personnel to those aggressive patients that is also makes me to be helpless” (Participant 6: Black female).

Currid (2009:41) reported in his study that violent attacks and threats from patients is of growing concern in acute mental health and is one of the main factors contributing to staff absenteeism.

3.8.2.2 Experience of poor quality staff-patient (MHCU) interaction

Staff-patient interaction becomes unhealthy when the psychiatric and assistant nurses display negative attitudes towards the mental health care users. These psychiatric nurses ignore the mental health care users when they want to talk, or talk negatively towards the mental health care users. Other participants had this to say about their experience:

“That one at least we managed to control him by just talking to him because some of our patients in our psychiatric institution they have their favourite staff” (Participant 1: Black female).

“It depends in a way like the approach of the person towards that patient. How you talk to them” (Participant 5: Black male).

“The way you talk to them then it ended up making them angry because you didn’t approach them nicely as a human being” (Participant 5: Black male).
“If they don’t trust you there is nothing you can do because every time when you come they’ll just be aggressive or maybe swearing at you” (Participant 1: Black female).

According to Irwin (2006:311), ineffective staff-patient interaction appears to represent an influencing factor on outcomes where perception of power-imbalance exists and are widely considered to be significant in the cause of aggressive behaviours.

3.8.2.3 Experience that gender and age-related issues are linked to socio-cultural background

An aspect that exposes psychiatric and assistant nurses working in a psychiatric institution to aggressive behaviours by the mental health care users, is when mental health care users refuse to speak to nursing personnel who are younger than them. Gender also plays a role because in some cultures, women are not supposed to talk back to men and if it happens, it provokes aggression.

Male mental health care users take offense when female and young male nursing personnel address them. This then exposes the psychiatric nurses and assistant nurses to aggression. Some participants mentioned the following about their experience.

“you just have to tell the person what to do and you find that maybe he is even older than your, the age of your mother and so its challenging to go tell the old person to stand up and go and do this and this and this” (Participant 5: Black male).

“They will disrespect you especially if like myself as a female and they are the male patients” (Participant 7: Black female).

“I think male patients if you are a female nurse, they tend to disrespect you maybe knowing that as a female you are powerless
Aggression was more prevalent towards male staff members, which suggests interpersonal styles between male and female staff in relation to patients (Daffern, Mayer & Martin, 2006:97).

3.8.2.4 Experience punitive and or confrontational measures by psychiatric nurses and assistant nurses working in a psychiatric institution may inadvertently model the aggressive styles they are seeking to eliminate which is linked to quality of staff-patient interaction

Some participants were of the opinion that it is better if they do not talk back to the mental health care users, especially when they are responding with aggression. This, at times, still exposes the nursing personnel to aggression by mental health care user. Different participants mentioned the following about their experience:

“If you shout them, they become irritable some they tend to be physically or verbally aggressive” (Participant 1: Black female).

“I don’t have to argue with him because then the more you argue that's the more you make him very angry” (Participant 5: Black male).

“because most of the time you will talk with them on their level but as their voices changes from soft maybe to low, to higher, that's where you go higher as well and that's where things get wrong” (Participant 7: Black female).

“The way you talk to them then it ended up making them angry because you didn’t approach them nicely as a human being” (Participant 5: Black male).
Martin and Daffern (2006:95) identified the interpersonal styles and attitudes of colleagues as factors contributing to aggression.

### 3.8.2.5 Experience that aggressive outbursts by mental health care users is identified as being a way to gain attention or communicate distress

Mental health care users display aggression toward psychiatric nurses and assistant nurses working in a psychiatric institution because they want to be heard, and the participants regard aggression as a way for the mental health care users to express their frustrations. Some become aggressive because they do know the nursing personnel will attend to them as soon as possible. Some participants said:

“no one is caring about them so sometimes they try to tell you that can you please call my family to come then you don’t try to listen to them so that thing it irritates them” (Participant 1: Black female).

“Sometimes the patients don’t react for nothing, there is a problem behind so he wanted to show you that I can act this way so that I can get the attention” (Participant 1: Black female).

Martin and Daffern (2006:95) suggest that identified interpersonal styles and attitude contribute to aggression.

### 3.8.3 Theme 3: exposure to and experience with aggressive outburst, although anxiety provoking potentially leads to the implementation of learnt skill, risk reducing behaviour and or strategies to minimise or manage future aggressive outbursts

The participants regard incidents of aggressive outbursts as a learning curve because it equips them with the skills to respond the next time they encounter aggression.

Categories identified under the above-mentioned theme follows.
3.8.3.1 Experience that awareness and understanding of context that is mental health care users’ plight or condition

The psychiatric nurses and assistant nurses working in a psychiatric institution verbalised that they became helpless because they regard the mental health care users as those that are challenged with mental illness instead of becoming angry at them. This means they take it that the mental health care users do not intentionally do what they do towards the psychiatric nurses and assistant nurses working in psychiatric institution, but the mental illness is making them behave aggressively. A few of the participants mentioned:

“We know that our patients are mentally ill” (Participant 1: Black female).

“You as a nurse you have to understand that this is a mentally ill patient so at least you have to try to control your emotions” (Participant 3: Black male).

“Because the patient doesn’t understand” (Participant 7: Black female).

Many people may not have been fully aware of their situation and might have experienced some difficulty in comprehending the staff member’s action, which triggered their aggression (Zampieron, Galeazzo, Turra & Buja, 2010:2338).

3.8.3.2 Experience that identifying and avoiding predictable external antecedents or triggers of aggressive outbursts

The psychiatric nurses and assistant nurses working in a psychiatric institution have learnt to avoid situations that provoke incidents of aggressive outbursts, which include the ones discussed below.
a) Experience learning from and being strengthened through difficult experiences

The aggressive behaviours of the mental health care users have made the participants more resilient in facing difficult situations. It is said to equip the nursing personnel with the knowledge to handle difficult challenges, thus they take it as a learning situation. The participants had this to say:

“I think in future I’m still going to help our mental health care users errhh because I know how to handle them. So I think that the situation was an eye opener for me that’s all” (Participant 1: Black female).

“So as times goes on that’s where I have learnt it but it has been difficult” (Participant 5: Black male).

“I think it’s going to be easy this time because I experienced it before” (Participant 1: Black female).

Jonker, Goosens, Steenhuis and Oud (2008:497) reports that given their background and experience, it is suggested that these psychiatric nurses are better able to recognise signs of developing aggression.

b) Experience practising non-confrontational interaction

The psychiatric and assistant nurses working in a psychiatric institution have learnt from the mental health care users’ aggressive behaviours not be too confrontational, because it could provoke aggressive behaviours. The participants expressed the following:

“Keep a distance just observe the patient to avoid that thing aggression or anything and if anything happens report it to the staff members so that you can get a backup” (Participant 3: Black male).
“That’s where you gonna be able to assess the situation, oh today this patient is like this so I did not have to talk around him so mean” (Participant 5: Black male).

According to a study conducted by Cowin, Davis, Estall, Berlin, Fitzgerald and Hoot (2003:66), in order to attempt or precede with de-escalation, the nurse needs to come from a place within them that is calm and committed to resolving the situation.

c) They experience anticipating and avoiding risky situations or individuals

Once the participants have been exposed to aggression, they become more vigilant in handling mental health care users. They become extra careful so they can avoid aggressive outbursts and are always on the lookout for any occurrence of aggressive behaviours. Participants explained this by saying:

“I must not fight the patient so I try to avoid the patient” (Participant 3: Black male).

“You have to be watchful at all times” (Participant 3: Black male).

“You’ll see that this patient is going to relapse even when it will happen” (Participant 1: Black female).

“Sometimes is because he is trying to manipulate me or maybe he is angry with me. I try, I'm going to try to avoid him for that time” (Participant 1: Black female).

“Before he becomes aggressive I think the best thing is when you admit you might just have to explain everything that is happening in the ward” (Participant 5: Black male).
Badger and Mullan (2004:532) mention that colleagues appeared to avoid caring for people prone to aggression, thus leaving others more at risk. It is further said by Fry, O’Riordon, Turner and Mills (2002:117) that staff members who feel unsafe are more likely to approach mental health care users timidly.

3.8.3.3 Reliance upon skills, fellow staff or nurses and other team members for help such as security and doctors, should the need be for back up or intervention occur

Due to the aggression experienced by psychiatric nurses and assistant nurses working in a psychiatric institution, they have become aware that they cannot handle an aggressive mental health care user alone. At times, they have to rely on the services of security for assistance or doctors when sedation is needed. A few of the participants verbalised the following about their experience.

“At the end we managed to use our skills on how to handle and aggressive patient” (Participant 1: Black female).

“If anything happens report it to the staff members so that you can get a backup” (Participant 3: Black male).

“Nurses can just give the injections call man power and then from there we will just call the security to come and take him to a closed ward” (Participant 5: Black male).

“We got help from the neighbouring wards and the securities and then we transferred the user” (Participant 1: Black female).

“I’ll refer him to other people because we are a team, multi disciplinary team” (Participant 1: Black female).

Security staff has been used successfully in hospital settings to prevent incidents of aggression (Fry, O’Riordon, Turner & Mills, 2002:117). Mavundla, Poggenpoel and
Gmeiner (1999:39) claim that nurses are constantly in need of support from colleagues, security staff, nursing superiors and doctors.

3.8.4 Theme 4: participants experience conflict between their job mandate (that is to treat mental health care users with due care) and a need for personal safety, resulting in a sense of ambivalence towards their work.

The participants reported times when they felt unsure of what to do since they have a duty to care, but also need to put their own safety first. This put them in conflict because they do not know what to put first.

3.8.4.1 Experience that mandate or directive to care for mental health care users’ clashes or conflicts with the participants need for personal safety or self-preservation at times

At times the psychiatric and assistant nurses became confused as to how they should render care to the mental health care users, because their safety is at risk. This concern may also extend to and be shared by family members, especially after being exposed to an aggressive outburst by the mental health care user. Different participants had this to say:

“you have to assist him no matter what because you get paid for doing that even though we are also afraid” (Participant 2: Black female).

“It traumatised me but I’ve said no life should go on, I’m going to deal with these types of patients” (Participant 1: Black female).

“My family especially my husband, they wanted me to resign there and then” (Participant 6: Black female).

“We like to assist them properly in any way that we can because we are also afraid of them” (Participant 2: Black female).
“At times one can really feel hatred towards patients because of what they do to us” (Participant 8: Black female).

Foster, Bowers and Nijman (2007:147) suggests that sometimes nursing staff fail to distinguish between patient actions that are illness driven, and those that have a relational explanation.

3.8.4.2 Experience that conflict or ambivalence is magnified by unsupportive management or leadership especially when participant feels blamed for the incident

There is liability directed at the management of the psychiatric institution for being unsupportive when participants at times feel blamed for aggressive incidents that occurred in their presence. This has led nursing personnel to be demotivated and reluctant when delivering care to the mental health care users because they do not want to be held responsible. At times they are caught between rendering service and dealing with effect of being exposed to aggression in their own way.

“We are let down by our superiors” (Participant 8: Black female).

“...sometimes you feel like management is on their side” (Participant 6: Black female).

“When we talk about management, these people do not help with anything” (Participant 8: Black female)

Staff requires more acknowledgement from managers after the emotional trauma of being victims in violence or aggressive incidents (Badger & Mullan, 2004:531).
3.8.4.3 Participants express experience of enjoyment of and passion towards their job and the MHCU’s, which also contributes to feelings of ambivalence towards the MHCU’s following an aggressive incident

The participants reported that they conduct their job with passion because they love being psychiatric nurses and assistant nurses working in a psychiatric institution, and that they love caring for mental health care users. At times they become unsure of the care they deliver due to the risky nature of their job. The following quotes support the above experience by the participants:

“I'm so attached to them because I know their behaviour, I know them and I love them so...” (Participant 1: Black female).

“I love my patients but then they make me angry, they make me sad, they make me feel like I can strangle them” (Participant 7: Black female).

“I enjoy working there but the problem is that it's hectic when you are confronted with an aggressive patient” (Participant 2: Black female).

“You work with the patients whom you love because you chose to be a psychiatric nurse” (Participant 7: Black female).

Marangos-Frost and Wells (2000:367) mention that psychiatric nurses are often faced with a decisional dilemma when it comes to handling aggressive patients concerning the perceived conflict between their sense of duty to protect the patient and the feeling that the use of restraints is a failure to protect.
3.8.5 Theme 5: experience that supportive organisational factors, serve to restore and or maintain a measure of spatial and psychological security and confidence among the staff following an aggressive outburst

Participants mentioned that their management does not do enough for them and, if they do not receive assistance from management, they do not feel encouraged to continue to work. They also report that management do not know how to handle aggressive mental health care users.

Categories under this theme are discussed below.

3.8.5.1 Experience that availability and involvement of management conducive towards a restored sense of security following an aggressive outburst whilst the absence thereof serves to exacerbate emotional distress

Greater support from management following an aggressive incident enhances nursing personnel’s sense of secure when handling aggressive mental health care users. Participants supported this when they mentioned:

“They like to do the group sessions” (Participant 1: Black female).

“They are no more afraid of the mentally ill patient even if the patient is aggressive they know how to handle them” (Participant 1: Black female).

“At least they have that hope that okay the management are also in the ward” (Participant 6: Black female).

“They do not assist us with anything or counselling or anything” (Participant 2: Black female).
Kilfedder, Power and Wells (2001:393) have reported that emotional support provides a protective effect against burnout and the availability of social support brings a greater level of satisfaction.

3.8.5.2 Experience that access to counselling and training contributes towards a supportive work environment. The absence thereof “demotivates” participants

The psychiatric nurses and assistant nurses working in a psychiatric institution are of the opinion that management should offer them counselling or debriefing services after exposure to aggressive incidents in order to recuperate from the anxiety provoking situation they have encountered. They also mentioned that they do not receive enough training about the handling of aggressive mental health care users, hence at times they feel demotivated. Different participants had the following to say:

“I recommend that they must bring people from outside the expertise... like sort of teach us, show us we know that we need that in our course as our psychiatric nurses and assistant nurses working in a psychiatric institution” (Participant 6: Black female).

“They could have taken us for counselling” (Participant 4: Black female).

“What management do to us is to always blame us when these things happen” (Participant 6: Black female).

“More security” (Participant 4: Black female).

Taking psychological support first, psychological debriefing is a form of support usually recommended in order to promote recovery (Secker, Benson, Balfe, Lipsedge, Robinson & Walker, 2004:177).
3.9 CONCLUSION

In this chapter focus was placed on the experiences of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users. Their experiences is said to be emotionally traumatising due to a variety of factors. These factors include unsupportive management, being short staffed, and once they experience being exposed to aggression, care of the mental health care users become compromised.

In Chapter Four guidelines and recommendations that will assist the psychiatric nurses and assistant nurses working in a psychiatric institution to promote their mental health will be discussed.
CHAPTER 4
DISCUSSION OF GUIDELINES, EVALUATION OF THE STUDY AND
RECOMMENDATIONS

4.1 INTRODUCTION

The experiences of psychiatric nurses and assistant nurses working in a psychiatric
institution who have been exposed to aggression by mental health care users have
been explored and discussed in Chapter Three. In Chapter Four the guidelines to
facilitate the mental health of nursing personnel who have exposed to aggression
by mental health care user, is discussed.

An evaluation of the study, limitations and recommendations are made before
concluding the chapter. The role of an advanced psychiatric nurse in mobilising
resources to facilitate the mental health of psychiatric nurses is explored.

Guidelines for facilitating the mental health of psychiatric nurses are considered in
Table 4.1, based on the results discussed in Chapter Three.

4.2 DISCUSSION OF GUIDELINES

Guidelines to facilitate the mental health of psychiatric nurses and assistant nurses
working in psychiatric institution who have been exposed to aggression by mental
health care users will now be discussed. (Refer to Table 4.1).
### TABLE 4.1: Guidelines for facilitating the mental health of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users

<table>
<thead>
<tr>
<th>Themes and categories as per results in Chapter Three</th>
<th>Guidelines to facilitate the mental health of psychiatric nurses and assistant nurses working in psychiatric institution who have been exposed to aggression by mental health care users</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THEME 1: Participants experience significant emotional distress as a result of both verbal and physical aggression by mental health care users</strong></td>
<td><strong>GUIDELINE 1: Promoting emotional health of psychiatric nurses and assistant nurses working in psychiatric institutions who have been exposed to aggression by mental health care users</strong></td>
</tr>
<tr>
<td>1.1 Participants experience that both physical and verbal aggression causes “painful” emotional distress</td>
<td>1.1 Managing emotional distress of the psychiatric nurses and assistant nurses working in a psychiatric institution</td>
</tr>
<tr>
<td>1.2 Experience that physically aggressive outburst, appear to be infrequent and sporadic rather than being a daily norm</td>
<td>1.2 Monitoring frequency of aggressive outburst and management thereof</td>
</tr>
<tr>
<td><strong>THEME 2: Experience that aggressive behaviour manifesting as both verbal and physical aggression, is recognised as being the outcome of an interplay between numerous interactional and contextual factors</strong></td>
<td><strong>GUIDELINE 2: Identifying factors that play a role in aggressive behaviours by mental health care users</strong></td>
</tr>
<tr>
<td>2.1 Experience that vigilance and or monitoring of and help is compromised</td>
<td>2.1 Effective monitoring of aggressive mental health care users</td>
</tr>
<tr>
<td>2.2 Experience of poor quality of staff-patient interaction</td>
<td>2.2 Facilitating of effective staff-patient interaction</td>
</tr>
<tr>
<td>Themes and categories as per results in Chapter Three</td>
<td>Guidelines to facilitate the mental health of psychiatric nurses and assistant nurses working in psychiatric institution who have been exposed to aggression by mental health care users</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>2.3</strong> Experience that gender and age issues linked to socio-cultural background</td>
<td><strong>2.3</strong> Identifying the role of gender and age issues in relation to MHCUS aggression</td>
</tr>
<tr>
<td><strong>2.4</strong> Experience that punitive and or confrontation by staff may inadvertently made aggressive styles they are seeking to eliminate</td>
<td><strong>2.4</strong> Promoting effective communication between staff and mental health care users</td>
</tr>
<tr>
<td><strong>2.5</strong> Experience that aggressive outbursts by mental health care users is identified as being a way to gain attention and or communicate distress</td>
<td><strong>2.5</strong> Managing attention seeking behaviours and mental health care users distress effectively</td>
</tr>
<tr>
<td><strong>THEME 3: Exposure to and experience of aggressive outburst, although anxiety provoking potentially leads to the implementation of learnt skill, risk reducing behaviour or strategies to minimise or manage future aggressive outbursts</strong></td>
<td><strong>GUIDELINE 3: Identification of aggression and management of future aggressive outbursts</strong></td>
</tr>
<tr>
<td><strong>3.1</strong> Experience that awareness and understanding of context that is mental health care users’ plight and or condition</td>
<td><strong>3.1</strong> Understanding the context of the mental health care users’ condition</td>
</tr>
<tr>
<td><strong>3.2</strong> Experience that identifying and avoiding predictable external antecedent or triggers of aggressive outburst, through action</td>
<td><strong>3.2</strong> Doing thorough risk assessments of mental health care users who may turn out to be aggressive</td>
</tr>
<tr>
<td>Themes and categories as per results in Chapter Three</td>
<td>Guidelines to facilitate the mental health of psychiatric nurses and assistant nurses working in psychiatric institution who have been exposed to aggression by mental health care users</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>a. Experience learning from and being strengthened through difficult experiences</td>
<td>a. Reflective practice on incidents that have occurred</td>
</tr>
<tr>
<td>b. Experience practising non-confrontational interaction</td>
<td>b. Effective interaction with the mental health care users</td>
</tr>
<tr>
<td>c. They experience anticipating and avoiding risky situations and or individuals</td>
<td>c. Identifying high risk individuals</td>
</tr>
<tr>
<td>3.3 Experience of reliance upon skills, fellow staff or nurses and other tiers of help (such as security and doctors) should the need be for back up and or intervention occur</td>
<td>3.3 Use of learnt skills in handling of aggressive mental health care users</td>
</tr>
<tr>
<td><strong>THEME 4: Participants experience conflict between their job mandate (that is to treat mental health care users with due care) and a need for personal safety, resulting in a sense of ambivalence towards their work</strong></td>
<td><strong>GUIDELINE 4: Promoting a safe environment for the nursing of mental health care users</strong></td>
</tr>
<tr>
<td>4.1 Experience that mandate or directive to care for the mental health care users' clashes or conflicts with the participants’ need for personal or self preservations at times</td>
<td>4.1 Provision of quality nursing care</td>
</tr>
</tbody>
</table>
### Themes and categories as per results in Chapter Three

#### 4.2 Experience that conflict and or ambivalence are magnified by unsupportive management and or leadership especially when the participants feel blamed for the incident

#### 4.3 Participants express experience of enjoyment of and passion towards their job and the mental health care users, which also contributes to feelings of ambivalence towards the mental health care users following an aggressive incident

### Guidelines to facilitate the mental health of psychiatric nurses and assistant nurses working in psychiatric institution who have been exposed to aggression by mental health care users

#### 4.2 Enhancing non-judgemental attitude from management or leadership

#### 4.3 Encouraging rendering of best quality care by the psychiatric nurses and assistant nurses working in a psychiatric institution

### THEME 5: Supportive organisational factors, serve to restore or maintain a measure spatial and psychological security and confident among the staff following an aggressive outburst

#### 5.1 Experience that availability and involvement management or leadership conduces towards a restored sense of security following aggressive outburst whilst the absence thereof serves to exacerbate emotional distress

#### 5.2 Experience access to counselling and training contributes towards a supportive work environment

### GUIDELINE 5: On-going support to promote effective nursing care to the mental health care users

#### 5.1 Promoting leadership engagement in handling aggressive mental health care users

#### 5.2 On-going counselling and training to promote effective nursing of mental health care users
4.2.1 Guideline 1: promoting emotional health of psychiatric nurses and assistant nurses working in a psychiatric institution exposed to aggression by mental health care users

It is of importance that nursing personnel are provided with emotional support so that they are able to continue delivering or rendering effective nursing care to mental health care users without, experiencing emotional burnout.

4.2.1.1 Managing emotional distress of the psychiatric nurses and assistant nurses working in a psychiatric institution

The management of emotional distress in psychiatric nurses and assistant nurses, should also include emotional support. Secker, Benson, Balfer, Lipsedge, Robinson and Walker (2004:177) support this when they say that emotional support is one of the steps required following aggressive incidents and should be granted to those that have been exposed to aggression, so that they can express their feelings.

4.2.1.2 Monitoring frequency of aggressive outburst and management thereof

In order to prevent and manage aggressive outbursts, the frequency and occurrence of these incidents need to be monitored. Managers should ensure that critical incidents are formally analysed, with action plans devised and lessons learnt if relevant (Dickson & Wright, 2008:87).

4.3 GUIDELINE 2: IDENTIFYING FACTORS THAT PLAY A ROLE IN AGGRESSIVE BEHAVIOUR BY MENTAL HEALTH CARE USERS

To enable effective management of aggressive incidents, it is important for there to be proper identification of the factors which are leading causes of aggression. Additionally, there needs to be an action plan in place in case of aggressive incidents. Kilfedder et al. (2001:393) suggests that employers are required to identify hazards to health – including mental health in the workplace – to assess the risk associated with those hazards and to implement appropriate control strategies.
4.3.1 Effective monitoring of aggressive mental health care users

Monitoring aggressive mental health care users include doing proper risk assessments from the history given about a mental health care user in order to be able to supervise and manage them effectively. According to Irwin (2006:311) risk assessments remain an integral part of psychiatric nursing as a prevention tool, as it should provide an opportunity to predict future aggression based on previous behaviours and known triggers.

4.3.2 Facilitating of effective staff-patient interaction

Psychiatric nurses and assistant nurses working in a psychiatric institution should be encouraged to display proper communication skills so that they can avoid escalating aggressive incidents. Training for nursing personnel should reflect the importance of relationships, communication, negotiation and collaboration, instead of focusing on reactional responses to aggression (Irwin, 2006:312).

4.3.3 Identifying the role of gender and age issues in relation to MHCU'S aggression

Psychiatric and assistant nurses should be sensitised to identifying the role of gender and age in aggravation of aggressive incidents. This is supported by Badger and Mullan (2004:527), who says initial training for psychiatric and assistant nurses should include; the causes of violence, recognition of early warning signs, interpersonal skills, details of working practices and control measures, and incident reporting procedures for all staff at risk from violence.

4.3.4 Promoting effective communication between staff and mental health care users

Nursing personnel should be equipped with communication skills that will best manage aggressive outbursts. According to Stubbs and Dickens (2008:352), using verbal techniques to calm the aggressor down is important, as is withdrawing from the situation, which helps de-escalate aggressive encounters.
4.3.5 Managing attention seeking behaviours and mental health care users distress effectively

Patients should be cared for in an effective way, without fearing displays of aggression should they not get what they want. This means that nursing personnel should be observant to signs of anger and agitation, and approach the aggressive mental health care users in a calm and controlled manner (Stubbs & Dickens, 2008:352).

4.4 GUIDELINE 3: IDENTIFICATION OF AGGRESSION AND MANAGEMENT OF FUTURE AGGRESSIVE OUTBURST

Once aggressive outbursts have been identified, psychiatric and assistant nurses working in a psychiatric institution should be able to learn from them in order to be able to manage future aggressive outbursts.

4.4.1 Understanding the context of the mental health care users’ condition

Nursing personnel employed at a psychiatric institution should understand the nature of mental illness. In order for psychiatric nurses to be understanding and effectively provide care, they should be cognisant of the fact that mental health care users are likely to be aggressive. By involving nurses in participation of hospital affairs and by developing on-going programmes to assist the nurses, managers could improve the working environment of nursing personnel (Nntsupawat, Srisuphan, Kunaviktikul, Wichaikhum, Aungsuroch & Aiken, 2011:430-431).

4.4.2 Conducting thorough risk assessments of mental health care users who may turn out to be aggressive

As discussed earlier, psychiatric nurses and assistant nurses employed at psychiatric institutions should be able to do a thorough risk assessment based on the mental health care user’s history in order to be able to avoid future aggressive behaviours.
4.4.2.1 Reflective practice on incidents that have occurred

Reflective practice enables nursing personnel to better understand and analyse what caused the mental health care user to be aggressive. This allows them to learn what they could have done to prevent the incident from occurring and what they will do in future. Secker, Benson, Balfer, Lipsedge, Robinson and Walker (2004:177) supports this by saying that critical reflection promotes expression of feelings, reflection on experience, and enables staff to learn from it.

4.4.2.2 Effective interaction with the mental health care users

Effective interaction does not only refer to communicating with the mental health care users in a calm manner, but also to allow mental health care users time to express their views and what they seek. In a study conducted by Irwin (2006:312) he suggested that psychiatric and assistant nurses working in a psychiatric institution should show interest and willingness to listen to mental health care users’ concerns, conveying a position of understanding and caring that may prevent feelings of powerlessness and ensuing aggression.

4.4.2.3 Identifying high risk individuals

It is important to be able to identify those mental health care users that are a high risk, so that proper steps are taken in managing them before aggressive outburst become detrimental to the nursing personnel at a psychiatric institution.

4.4.3 Use of learnt skills in handling of aggressive mental health care users

Psychiatric and assistant nurses should learn from aggressive incidents in order to better handle future experience. Lim (2011:11) confirms that nurses are less likely to view violence as entirely negative, destructive and a ruinous activity, if they are more equipped on top of their length of experience.
4.5 GUIDELINE 4: PROMOTING A SAFE ENVIRONMENT FOR THE NURSING OF MENTAL HEALTH CARE USERS

A safe environment for rendering mental health nursing promotes therapeutic nurse-patient interaction.

4.5.1 Provision of quality nursing care

To enable nurses to render affective quality of care, formal crisis interventions, including debriefing, counselling and staff support groups, are recommended to manage the aftermath effects of (Lim, 2011:10).

4.5.2 Enhancing non-judgemental attitude from management or leadership

Kilfedder et al. (2001:393) suggests that social support may, in some way, provide a protective effect against burnout, and the greater the availability of social support the greater the level of satisfaction by mental health care users.

4.5.3 Encouraging rendering of best quality care by the psychiatric nurses and assistant nurses working in a psychiatric institution

This may be achieved by continuous social support given to the psychiatric nurses and assistant nurses working in a psychiatric institution as well as training in managing aggressive behaviour.

4.6 GUIDELINE 5: ONGOING SUPPORT TO PROMOTE EFFECTIVE NURSING CARE TO THE MENTAL HEALTH CARE USERS

Hospital management should play a role in managing mental health care users who are aggressive.
4.6.1 Promoting leadership engagement in handling aggressive mental health care users

Supervisors or management should be directly engaged in handling cases of aggression by mental health care users, since this was described by the participants as one of their challenges.

4.6.2 On-going counselling and training to promote effective nursing of mental health care users

Psychiatric nurses and assistant nurses working in a psychiatric institution need to be provided with counselling support after exposure to aggressive mental health care users. They should also be provided with training sessions in order to enhance their skills of handling aggressive mental health care users.

4.7 EVALUATION OF THE STUDY

The research focused on the experiences of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users in a Gauteng psychiatric hospital. Thus the experiences obtained were for those in that specific hospital, which means that the results only give meaning to that specific hospital. I therefore recommend that other hospitals in Gauteng be explored so as to obtain more information on how other psychiatric nurses and assistant nurses working in a psychiatric institution experience aggression in their hospitals.

4.7.1 Strengths

The objective of the study was reached because its aim was to explore the experiences of psychiatric nurses and assistant nurses working in a psychiatric institution of aggression by mental health care users. The expressed experiences include the fact that being exposed to aggression by mental health care users cause pronounced emotional distress. This has a lot of negative outcomes, including; negative interaction between the mental health care users and the
nursing personnel, and absenteeism that hinder patient care. Literature control was done with existing studies to support findings discovered during data collection. Guidelines to facilitate the mental health of psychiatric nurses and assistant nurses experiencing aggression from mental health care users were described. Recommendations followed thereafter.

4.7.2 Challenges

One challenge included the difficulty in getting willing participants, as some feared to verbalise their experiences, and others were just not willing because they knew the researcher as their colleague. Other challenges included the environment were the interviews were conducted; that is at the hospital, in the ward. The difficulty existed due to interviews being conducted during working, thus some participants were unable to finish the interview and some had to make it shorter to be able to continue with their duties. Males were also more reluctant to participate.

4.8 RECOMMENDATIONS

Recommendations to nursing practice, nursing education and nursing research to facilitate the mental health of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users is discussed.

4.8.1 Psychiatric nursing practice

The nursing personnel's mental health should be taken into consideration when they are exposed to aggression, since they mention experiencing pronounced emotional distress that goes unnoticed and unattended.

They should be equipped with the knowledge to effectively handle aggressive mental health care users, not only during their training, but also through refresher courses, where they get to share with other psychiatric nurses and assistant nurses working in a psychiatric institution, on how to handle aggressive mental health care users.
Management should be knowledgeable about how exposure to aggression impact on the mental health of the nursing personnel and service delivery, in order to take steps before patient care is hindered by the impact.

Counselling in the form of debriefing should be provided to the psychiatric nurses and assistant nurses working in a psychiatric institution after incidents of aggression have occurred to provide them with moral support.

4.8.2 Psychiatric nursing education

The psychiatric nurses and assistant nurses should be taught about the handling of aggressive mental health care users and the psychological impact it will have on them. It is also important for these psychiatric nurses to learn how to establish and conduct support groups amongst themselves. This could help them cope with the effect of being exposed to aggression by mental health care users.

4.8.3 Psychiatric nursing research

It is evident that little research has been done on how psychiatric nurses and assistant nurses working in a psychiatric institution experience aggression by mental health care users, especially in Gauteng hospitals, and South Africa in general. It is therefore recommend that the phenomenon of how aggression by mental health care users impact psychiatric nurses and assistant nurses working in a psychiatric institution, be explored further using different methods of research.

4.9 CONCLUSION

Through a qualitative, explorative, descriptive and contextual design, this study explored the experiences of psychiatric nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression by mental health care users. The use of phenomenological interviews and field notes enabled the researcher to collected data and document results. Guidelines and recommendations were made based on the experiences shared by the psychiatric
nurses and assistant nurses working in a psychiatric institution who have been exposed to aggression.
REFERENCES


CHEN, W; HUANG, C; HWANG, J & CHEN, C 2010: The Relationship of Health-related Quality of Life to Workplace Physical Violence against Nurses by Psychiatric Patients. Quality of Life Research, 19, 1155-1161.

COWIN, L; DAVIS, R; ESTALL, G; BERLIN, T; FITZGERALD, M & HOOT, G 2003: De-escalating Aggression and Violence in the Mental Health Setting. International Journal of Mental Health Nursing, 12, 64-73.


LIM, BCE 2011: A Systematic Literature Review: Managing the Aftermath Effects of Patient’s Aggression and Violence towards Nurses. Singapore Nursing Journal, Jul-Sep: 6-12,


OWEN, C; TARANTELLO, C; JONES, M & TENNANT C 1998: Violence and Aggression in Psychiatric Units. Psychiatric Services, 49(11), 1452-1457.


APPENDIX 1
ETHICAL CLEARANCE FROM THE UNIVERSITY OF PRETORIA
The Protocol was approved on 27/07/2011 by a properly constituted meeting of the Ethics Committee subject to the following conditions:

1. The approval is valid for 2 years period [till the end of December 2013], and
2. The approval is conditional on the receipt of 6 monthly written Progress Reports, and
3. The approval is conditional on the research being conducted as stipulated by the details of the documents submitted to and approved by the Committee. In the event that a need arises to change who the investigators are, the methods and or other aspect, such changes must be submitted as an Amendment for approval by the Committee.

Members of the Research Ethics Committee:

Prof M J Bester  (female) BSc (Chemistry and Biochemistry), BSc (Hons)(Biochemistry), MSc (Biochemistry), PhD (Medical Biochemistry)
Prof R Delport  (female) BA et Scint, B Cumhosis (BSc) (Intensive care Nursing), MSc (Physiology), PhD (Medicine), M Ed Computer Assisted Education
Prof JA Ker  MBchB, MMed(Ta), MD – Vice-Dean (ex officio)
Dr NK Lakibi  MBchB, MMes(Ta), MD – Vice-Dean (ex officio)
Prof TS Marcus  (female) BSc (LR), PhD (University of Lodz, Poland) – Social scientist
Dr MP Mathiebula  (female) (Deputy CEO: Steve Biko Academic Hospital, MBchB, FDM, HIM
Prof A Nieraber  (female) BA(Hons)(Wits); LLB; LLM; LLD(UP); PhD; Dipl. Dataanalysis(UNISA) – Legal advisor
Mrs MC Nzelu  (female) BSc(NUR); MSc(Rheumatology/UCL, UK) – Community representative
Prof L M Nthe  MMed (Natal) FCS (SA)
Sr Sr J Piutoli  (female) BSc(Hon.) A; BTech(Oncology Nursing Science) – Nursing representative
Dr R Reynolds  MBchB (Wits), FCPath (CMASA) MRCPath (LON) Cert Med. Crit. Care (CMASA)
Dr T Rossouw  (female) MBchB (cum laude); MPhil (Applied Ethics) (cum laude); MPH (Biostatistics and Epidemiology) (cum laude), DPhil
Dr L Schoeman (female) E.Pharm, B.A.(Hons)(Psych), PhD – Chairperson: Subcommittee for students' research
Mr Y Sikweyiya MPH; SARETI Fellowship in Research Ethics; SARETI ERCTP;
BSc(Health Promotion)Postgraduate Dip (Health Promotion) – Community representative
Dr R Sommers (male) MBChB; MMed(Int); MPPharmMed – Deputy Chairperson
Prof TJP Swart BChD, MSc (Odont), MChD (Oral Path), PGCHE – School of Dentistry representative
Prof C W van Staden MBChB; MMed (Psych); MD; FCPsych; PTCL; UPLM - Chairperson

DR R SOMMERS; MBChB; MMed(Int); MPPharmMed
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

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Web: www.healthethics-up.co.za • H W Snyman Bld (South) Level 2-34 • Private Bag x 323, Arcadia, Pta, S.A., 0007
APPENDIX 2
ETHICAL CLEARANCE FROM THE UNIVERSITY OF JOHANNESBURG
FACULTY OF HEALTH SCIENCES
HIGHER DEGREES COMMITTEE

HDC17/02-2011
26 May 2011

TITLE OF RESEARCH PROPOSAL: Experiences of psychiatric nurses who have been exposed to aggression by mental health care users

DEPARTMENT OR PROGRAMME: M.CUR: Nursing

RESEARCHER: DE BEER, P STUDENT NO. 200940266

SUPERVISOR: Prof M Poggenpoel

CO-SUPERVISOR: Prof CPH Myburgh

The Faculty Higher Degree Committee has scrutinised your research proposal and confirm that it complies with the approved research standards of University of Johannesburg.

The attached recommendations were made by the committee which will improve the quality of your proposal.

Please make these changes and corrections to the satisfaction of the supervisor/s and submit a corrected copy of the proposal to the Faculty Research Administrator.

The HDC would like to extend their good wishes to you in your endeavour of your research project.

Yours sincerely,

Prof. Heidi Abrahamse
Chair: Faculty of Health Sciences HDC
FACULTY OF HEALTH SCIENCES

ACADEMIC ETHICS COMMITTEE

AEC21/01-2011
26 May 2011

TITLE OF RESEARCH PROPOSAL: Experiences of psychiatric nurses who have been exposed to aggression by mental health care users

DEPARTMENT OR PROGRAMME: M.CUR: Nursing

RESEARCHER: DE BEER, P STUDENT NO. 200940266

SUPERVISOR: Prof M Poggenpoel

CO-SUPERVISOR: Prof CPH Myburgh

The Faculty Academic Ethics Committee has scrutinised your research proposal and confirm that it complies with the approved ethical standards of the University of Johannesburg.

The AEC would like to extend their good wishes to you in your endeavour of your research project.

Yours sincerely,

[Signature]

Prof. M Poggenpoel
Chair: Faculty of Health Sciences
Academic Ethics Committee
Dear Madam

REQUEST FOR CONDUCT RESEARCH

I, de Beer Phillip hereby request to conduct a study at your institution. I intend conducting a research project entitled “Experiences of psychiatric nurses who have been exposed to aggression by mental health care users” in order to comply with the requirements for M. Cur degree in Psychiatric Nursing Science at the University of Johannesburg. This study will be done under the supervision and guidance of Professor Marie Poggenpoel and Professor CPH Myburgh of Education sciences.

The main purpose of this research project is to develop and describe guidelines for an Advanced Psychiatric nurse practitioner to assist psychiatric nurses who have been exposed to aggression by mental health care users and to support psychiatric nurses working with persons suffering from mental illness in order to mobilize
resources for these nurses therefore promoting, restoring and maintaining their mental health as part of health/wellness.

In order to achieve this overall purpose, the following objectives are proposed:

- Exploration and description of the lived experiences of psychiatric nurses who have been exposed to aggression by mental health care users.

- Formulation of guidelines as a framework for advanced psychiatric nurse practitioners to assist psychiatric nurses to cope with the challenges of being exposed to aggression by mental health care users.

For these objectives to be achieved, a qualitative design, which is exploratory, descriptive and contextual in nature, will be utilized. There is no specific number of participants in this study, depending on saturation of the data. A purposive sample will be drawn from the setting of this research.

Should the researcher be granted permission as requested, interviews will be conducted with individual participants in the hospital premises and further request to use room 19 or the one where often operational managers meetings are held and at the time suitable to participants. Their identity will be protected by requesting them not to indicate their names in the interviews. Follow-up interviews will be done with some of the participants to confirm if the results obtained by the researcher are indeed what participants described.

Participants in this research project will be required to give informed consent and that participation is voluntary. They therefore, reserve the right to terminate the interview at any stage during the research process if they wish to do so.

This study will help develop better services that can be helpful to reach out to psychiatric nurses who have been exposed to aggression by mental health care users, therefore benefiting their mental health. Nursing practice and nursing education in the country also stands to benefit directly or indirectly from the outcome of the research.
The results of this research will be made available to your institution, as well as to participants on request.

I will be pleased to answer any further questions about this project. Professor M Poggenpoel is the person to contact if you further need to know about the research at the following numbers +27(0) 11 559 2860, cell: +27(0)82 887 0260.

Thank you

P de Beer (Mr) R.N.
M. CUR (Psychiatric Nursing Science), student. RESEARCHER

MARIE POGGENPOEL, R.N. PhD
PROFESSOR: PYCHIATRIC MENTAL HEALTH NURSING SCIENCE
PROMOTER

CHRIS MYBURGH HED., B. Sc Hon (Mathematics)
M. Comm, D.ed. PROFESSOR: EDUCATION SCIENCES.
APPENDIX 4
INFORMATION LEAFLET AND CONSENT FORM FOR THE PARTICIPANTS
Information leaflet and consent to participate in a research study

Title of the study: Experiences of psychiatric nurses who have been exposed to aggression by mental health care users

Dear prospective participant

1. Introduction
You are hereby invited to participate in a research study. This information leaflet will help you to decide if you want to participate. However, before you agree to participate in this research study, you should fully understand what is involved. If you have any questions please do not hesitate to ask the researcher.

2. The nature and purpose of this study
The purpose of this study is to explore and describe the experiences of psychiatric nurses who have been exposed to aggression by mental health care users in a public mental health institution in Gauteng. In view of the fact that your experience and knowledge are regarded as important sources of information on the experiences of being exposed to aggression by mental health care users, your participation will be valuable in this study.

3. Explanation of procedures to be followed
This study will involve participation in an interview where by each person will be interviewed separately for 45 to 60 minutes by sharing your experiences of being exposed to aggression by mental health care users. The in-depth interview will focus on one question the researcher will ask each participant. And audiotape recorder will be used to record information and the interviewer will also write some notes for verification of findings by an independent coder.

4. Use of audio-tape recorder
An audio tape recorder will be used during each interview and during the interview; you will not be identified by name to ensure confidentiality and protection of your identity. You are therefore requested for permission for the interviews to be
recorded. The recorded tapes will be kept at the University of Johannesburg under lock and key for 15 years.

5. Risk and discomfort involved
No permanent risks are foreseen in this study. Some of the questions asked during the study interview may make you feel uncomfortable, but you need not answer them if you do not want to. Should you experience any emotional discomfort, the researcher will schedule and individual supportive session with you. During this session your emotional discomfort will be explored and discussed in order to provide emotional support for you.

6. Possible benefits of the study
Although you will not benefit directly from this study, you will get an opportunity to share your experiences. The results of the study will enable the researcher to gain a better understanding of the experience of being exposed to aggression by mental health care users. New knowledge gained could be used by the advanced psychiatric nurse practitioner to facilitate the mental health of psychiatric nurses who have been exposed to aggression by mental health care users.

7. What are your rights as a participants
Your participation in this study is entirely voluntary. You can refuse to participate or stop at anytime during the interview without giving any reason. Your withdrawal in this study will not harm you in any way.

8. Has the study received ethical approval
The researcher obtained approval from the Research Ethics Committee of the faculty of Health Sciences at The University of Pretoria and University of Johannesburg. The Chief Executive Officer of the mental health care institution in Gauteng will also be requested permission to conduct the research.

9. Information and contact person
The contact person for this study is Phillip De Beer. If you have any questions about the study please contact me at 0845884252. Alternatively you may contact my supervisor Prof Marie Poggenpoel at 011 559 2860.
10. Compensation
Your participation is voluntary; no compensation will be given for your participation.

11. Confidentiality
Any information that you give will be kept strictly confidential. Once the information has been analysed, no one will be able to identify you. The research reports will not include any information or detail that may identify you as the participants of this study.

12. Consent to participate in the study
I hereby acknowledge that the researcher has fully informed me about the nature, process and benefits of this study. The researcher has also explained in detail to me the risks. I have received, read and understood the information leaflet and informed consent pertaining to this study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports.

My participation in this research study is completely voluntary. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect me in any way.

I have received a signed copy of this consent agreement.

Participant’s name .................................................................................(Please print)
Participant’s signature .............................................................................
Date........................
Researcher’s name ..................................................................................(Please print)
Researcher’s signature .............................................................................
Date........................
Witness’ name ...........................................................................................(Please print)
Witness signature .....................................................................................
Date........................
EXPERIENCES OF NURSES WHO HAVE BEEN EXPOSED TO AGGRESSION BY MENTAL HEALTH USERS

I ____________________________ give my permission to participate in the research study.

________________________________________
Participant

________________________________________
Researcher
EXPERIENCES OF NURSES WHO HAVE BEEN EXPOSED TO AGGRESSION BY MENTAL HEALTH USERS

I ______________________________ give my permission that the interview with me can be audio taped.

________________________________________
Participant

________________________________________
Researcher
APPENDIX 5
LETTER OF CONFIRMATION FROM THE LANGUAGE EDITOR
12 November 2013

To whom it may concern:

I hereby confirm that I have edited the mini-dissertation of Mr. Phillip De Beer, entitled: "THE EXPERIENCES OF PSYCHIATRIC NURSES WHO HAVE BEEN EXPOSED TO AGGRESSION BY MENTAL HEALTH CARE USERS". It remains the student’s responsibility at all times to confirm the accuracy and originality of the completed work.

**Editing Service Performed:**

- Abstract translation: English to Afrikaans
- Technical editing: Format and appearance
  - Table of contents
  - Tables and figures consistency
  - Content consistency - numbering and headings
  - Bibliography and reference list consistency
- Language editing: Punctuation
  - Spelling and grammar
  - Suggestions to enhance clarity of unclear sentences

Leatitia Romero

(Electronically sent – no signature)
APPENDIX 6
INDEPENDENT CODING CERTIFICATE
FOR DATA ANALYSIS
Coding report for Phillip De Beer for the study:

Experiences of psychiatric nurses who have been exposed to aggression by mental health care users

September 2012

Dr. JE Maritz (082 7888703) Dr. RG Visagie (082 436 6630)
CONFIDENTIALITY CLAUSE

BETWEEN

EMOYENI RESEARCH COLLABORATIONS

AND

Phillip De Beer

Research Title:

Experiences of psychiatric nurses who have been exposed to aggression by mental health care users

The research code of ethics mandates that confidentiality should be maintained throughout data collection, data analysis and report writing.

As members of this research team we understand that we have access to confidential information. By signing this statement, we are indicating our understanding of this responsibility and agree to the following:

- We understand that all information obtained or accessed by us in the course of our work is confidential. We agree not to divulge or otherwise make known to unauthorised persons any of this information, unless specifically authorised to do so.

- We understand that names and any other identifying information about study sites and participants are completely confidential.

- We agree to use the data solely for the purpose stipulated by the client.

- We agree to maintain the confidentiality of the data at all times and keep the data in a secure, password protected location.

Jennifer Graham  13-09-2012
Printed name  Date  Signature

Leatitia Romero  13-09-2012
Printed name  Date  Signature
THIS IS TO CERTIFY THAT

Jennifer Graham and Leatitia Romero have co-coded the following qualitative data:

For the study:

Experiences of psychiatric nurses who have been exposed to aggression by mental health care users

We declare that we have reached consensus with the student on the major themes of the data during a consensus discussion. The student has been provided with a report.
APPENDIX 7

EXTRACT FROM A SELECTED INTERVIEW
“good day mam”

“I’m okay”

“my name is Phillip De beer, a Masters student at the University of Johannesburg?”

“hhmm...”

“the topic that I would like you to share with me is your experience of being exposed to aggression by mental health care users. Please note that whatever that will be discussed here no one will know about it expect my lectures at school. I will also not identify you with your name so as to protect your identity”

“that is okay”

“please share with me, what is your experience of being exposed to aggression by mental health care users”

“eish...it is very difficult sometimes. At times one can really feel hatred towards patients because of what they do to us.”

“I hear you say it is difficult, please tell me more about it”

“well... what makes it difficult is that these patients put us under a lot of danger as they threaten us with violence and when they do that, you do not know what they will do to you”

“what danger have you been put through in your experience of being exposed to violence by mental health care users?”

“one day when I was seven months pregnant a patient became verbally and physically aggressive towards me. He was very paranoid at me and he ended up kicking me on the tummy. That for me was very dangerous as I could have lost my child or something could have happened.”

“how did you feel at that time when it happened?”

“I felt very angry and I was full of hatred because I have been nursing this patient for long and I felt he was not grateful for me nursing him. I made me very rude and reluctant when nursing this specific patient. I felt if he could put my life in danger then i could always do the same to him”
RESEARCHER: “it seems to me you are still angry about this particular incident”

PARTICIPANT: “yes I am, at times I wish I wasn’t working here at all”

RESEARCHER: “how did you deal with these feelings?”

PARTICIPANT: “the only way I could cope was to absent myself from work and I did this because I was traumatised and I wanted to heal on my own”

RESEARCHER: “how did it affect the way you care for other mental health care users who are aggressive”

PARTICIPANT: “well... it compromises patient care. Every time I see an aggressive patient I feel very angry, I feel I can hit him back. Sometimes I do hit the patient back as I forget my position as a nurse and end up shouting and hitting them back. Aggression is very bad here and at time we are let down by our superiors”

RESEARCHER: “I hear you say you feel that no one is doing something, what do you mean?”

PARTICIPANT: “sometimes the staff you work with do not give you support as they turn against you. When a patient is aggressive they do not assist you instead that vanish into thin air. Most of the time you find yourself alone and a patient may even kill you because they are reluctant to help you during that time”

RESEARCHER: “how then does it affect your relationship with your colleagues?”

PARTICIPANT: “it builds too much tension amongst us. It is like you are on duty alone because no one wants to be next to you in case a patient is aggressive. You expect them to stand together with you in case there are such situations. When they do not do as you expect one ends up having an attitude towards them as well. That affects how one renders care to the patients as no one wants to suffer alone”

RESEARCHER: “what else can you tell me about working with aggressive mental health care users?”

PARTICIPANT: “it is very frustrating as it demands a lot of your time and at the same time it is overwhelming. You find yourself unable to wake
up another day to that very same place. Most of the time you
do not feel like work and the morale becomes very low”

RESEARCHER: “what happens when your morale is low?”

PARTICIPANT: “then I don’t want to talk or nurse any patient even when the
patient asks for forgiveness. I still feel he did it on purpose
forgetting that he or she is mentally ill. But it is very frustrating”

RESEARCHER: “you mention that it is overwhelming, tell me more about it?”

PARTICIPANT: “when I look at the patient, I wish I can do the same things he
did to me. I feel so angry, so sad and yet I don’t have to show
or display that towards the patient. It becomes so difficult not to
display anger towards them hence it is overwhelming.”

RESEARCHER: “how prevalent is aggression in your institution”

PARTICIPANT: “it is very prevalent and especially for me working in an acute
closed unit. It is almost on every day basis that I’m on duty and
I experience aggression displayed by a patient”

RESEARCHER: “what types of aggression have you experienced?”

PARTICIPANT: “I experienced both verbal and physical aggression by mostly
physical”

RESEARCHER: “it must be hectic for you to experience mostly physical
aggression”

PARTICIPANT: “it is because one ends up fearing for his or her life and at the
same time not knowing what to do”

RESEARCHER: “what do you think is the cause of the patients’ aggression?”

PARTICIPANT: “some patients have been admitted for long., they do not have
visitors and there expect us to give them certain things like
snuff .when you tell them you do not have snuff or cigarettes
then they respond aggressively towards you”

RESEARCHER: “what else do you think is the cause?”

PARTICIPANT: “some is because they want you to give them attention as in
now, now and yet you find out that there is nothing urgent in
what they want. At times it is our attitude towards them. When
you do not give yourself time towards patients and that you are
always busy when they talk to you, you end up becoming their
target”
RESEARCHER: “What feeling does nursing aggressive mental health care yours evoke to you?”

PARTICIPANT: “i feel very frustrated, angry and i can’t cope. At times I blame myself for what happens”

RESEARCHER: “what happens when you feel this way?”

PARTICIPANT: “it makes me feel very bad and at times reserved that even when I come to work, I do not interact with other personnel”

RESEARCHER: “how does it affect your performance and nursing care delivery to mental health care users?”

PARTICIPANT: “obviously it changes because one cannot work in fear. You cannot be productive where you are being frustrated”

RESEARCHER: “how has your management engaged themselves to resolve this?”

PARTICIPANT: “you know when we talk about management, these people do not help with anything. They do nothing.”

RESEARCHER: “what do you mean they do nothing?”

PARTICIPANT: “they do not offer any support, all they are interested in is the patient. Where he is injured or not and if he is they blame the personnel. They blame us for all patients’ aggressive behaviours”

RESEARCHER: “what do you think cause them to behave that way”

PARTICIPANT: “they do not know how to handle aggressive patients as well. Worse they do not even give us in-service training on it. If they do it will be by someone we know and yet we expect an expert who knows the subject”

RESEARCHER: “so what do you think should be done?”

PARTICIPANT: “first it must start from ward. The personnel we work with should be willing to help in case patients display aggression. Secondly we should give each other in-service in the ward to empower one another. In-service on how to handle an aggressive patient. Thirdly management should be hands on, engaged. They must not just evaluate reports but they must come to the wards, offer debriefing sessions and support us.”
They should not just expect us to come to work after such incidents without them playing their part."

RESEARCHER: “is there anything else that you want to share with me about your experience of being exposed to aggression by mental health care users”

PARTICIPANT: “no there is nothing more”

RESEARCHER: “thank you for participating”