

# Experiences of Mental Health Nurse's Caring for Schizophrenic Patients with Aggressive Behavioral Disorders: Phenomenology Study

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**Abstract---** *Aggressive behavior hurts health as well as the safety of patients and mental hospital staff. almost all nurses and other health professionals have experienced aggressive patient behavior both verbally and physically. Aggressive attacks by patients on hospital staff are a rare but unavoidable phenomenon. This might happen at any time especially for nurses who are near the patient to provide nursing care. Objective To explore nurses 'experiences in dealing with patients' aggressive behavior. Qualitative research with a phenomenological approach. the number of participants in this study was 12 nurses. Selection of participants through a purposive sampling method with inclusion criteria: 1) Minimum nurse D-III nursing education, work experience more than 3 years 2) Communicate verbally well. Data analysis used the Thematic theory of Colaizzi. Results: 4 themes were obtained, namely: Experience in providing nursing care, Aggressive behavioral intervention, Needs Nurse wants, Competencies of mental health nurses. And found 10 sub-themes. Nurses need more attention because they are the front line in mental health hospital services. The attention is in the form of providing facilities in the form of regulations, training, etc. Hospitals need to develop a standard for aggressive behavior management that is systematic and practical. Provide education, debriefing, and a work environment as well as adequate equipment for nurses to increase the effectiveness of preventive measures and the handling of aggressive patient behavior.*

**Keywords---** *Aggression, Nurse experience, Psychiatric nursing, Psychiatric inpatients, Violence*

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## I. INTRODUCTION

Mental patients with aggressive behavior disorder hurt health as well as the safety of themselves, other patients, and mental hospital staff. Intentional physical or verbal behavior to hurt or harm others is aggressive behavior [1]. Negative effects due to aggressive behavior for mental hospital staff include physical, emotional effects, and lower work motivation.

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A study in America revealed that almost one-third of nurses had experienced physical and or psychological aggression in their workplaces. A study in 10 European Union countries, nurses who worked in daycare centers, home care, and hospitals reported that they often experience aggressive behavior. The results of the study showed that in France (39%), England (29%), Germany (28%), and Belgium (23%). Meanwhile, most aggressive behavior in hospitals occurs in the psychiatric, geriatric, emergency room, medical and surgical departments [2] [3].

The negative effects of aggressive behavior for patients are: can hurt themselves, feelings of guilt for having done that is not reasonable, and shunned by others because it is considered dangerous. The aggressive behavior of schizophrenia patients can be very uncontrolled endangering the patient itself, others, and also the environment. A study investigating reported average age or median aggressive behavior ranges between 30 and 38 years. Patients with psychiatric conditions, aggressive behavior often occurs because the patient is drunk and some mental illnesses such as schizophrenia, bipolar disorder, and violent attack [4]. However, previous studies only focused on patients, so that the experience of nurses has not been explored more deeply[5].

Nurses who work in mental hospitals often deal with angry and aggressive patients. These patients are at risk of harming themselves, other patients, and hospital staff. Thus, a mental nurse must be able to assess patients who are at risk of violence. Besides, they must be able to deal effectively with aggressive behavior. The act of preventing and overcoming aggressive behavior is an important skill possessed by all nurses, especially mental nurses. This is done to maintain the safety of everyone[6]. Besides, psychiatric nurses ensure that patients do not experience trauma and still maintain a therapeutic relationship [7]. Almost all nurses and mental hospital staff have experienced aggressive behavior from patients both verbally and physically[8].

The patient's aggressive attack on the nurse is a rare but also unavoidable phenomenon. This might happen at any time especially for nurses who are near the patient to provide nursing care. The purpose of this study is to explore nurses' experiences in dealing with patients with aggressive behavior. The lack of exploration of the experience of nurses handling patients who have aggressive behavior so researchers want to dig deeper. The results of this study in the future are expected to be a reference for decision making so that nurses more effectively do nursing care.

## **AI. LITERATURE REVIEW**

Myers suggested that aggressive behavior was deliberate physical or verbal behavior with a view to hurting or harming others. in (Chaplin, 2004) says that aggression is the need to attack, rape or injure others, to belittle, harm, harass, harm, damage, mock, ridicule, or accuse evil, punish severely, or commit other sadistic actions .

(Gelles and Berkowitz, 1994) in (Zamzani, 2007) explains that aggressive is a form of behavior intended to hurt someone both physically and mentally. Kisni (2001) revealed that aggressive as a form of behavior intended to hurt someone (physically or verbally) or damage property. Moore Fine (Kartono, 2000) said that aggressive behavior is physical or verbal violence against other people or other objects.

According to Krech (Zamzani, 2007) aggressive is a form of feelings and actions of anger and rage from physical violence, curses in the form of words such as complaints and slander as well as fantasies of violence and invasion ". While Bandura (Zamzani, 2007) "defines aggressive behavior as a form of attack and physical destruction".

Based on some of the above understanding it can be concluded that the tendency of aggressive behavior is the desire to commit negative behavior, violence to hurt others or damage an object that is done physically or verbally.

### **III. DATA COLLECTION**

This research used a descriptive phenomenological research method [9]. To get an idea of the actual sequence of events, we conduct in-depth interviews and help subjects remember and describe their stories and self-perceptions.

Also, we explored the nature of nurses' experienced using a phenomenological approach that emphasizes researchers describing the subject's experience as completely and as thoroughly as possible, as well as exploring the meaning of human experience and the important structures of phenomena used parentheses, methods of age, and phenomenological education. Participants were chosen based on purposive sampling. To be included, the respondent must be at least a nursing D-III education in nursing, work experience  $\geq 3$  years, able to communicate verbally well. Based on the level of data saturation, the number of participants in this study was 12 nurses.

The institutional review board of one mental hospital in East Java approved this study. Data is collected through one-on-one unstructured interviews conducted in a quiet private environment. Each interview lasts for 60 to 90 minutes. Interviews used as many open questions as possible to allow respondents to express their questions. The interview was conducted on 12-19 February 2020, with the researcher himself as a human being a research instrument. Besides, other data collection tools were needed to support the research process in the form of a recorder, in-depth interview guidelines, and field notes. The phase of the research ethics test by obtaining a pass of research ethics from the Health Research Ethics Commission Number: 070/886/305/2020 published on February 10, 2020.

### **IV. DATA ANALYSIS**

The narrative of each interview was analyzed using the Colaizzi (1978) seven-step method[9]. First, we convert recorded content into transcripts and repeatedly listen to recorded interviews until all interview content is fully understood. For the analysis of the process, we extract the concept of subjective self-stigmatized experiences from meaningful descriptions in the transcript to form sub-themes and common characteristic themes until we have confirmed that the phenomenological nature is subjective. The experience of treating aggressive patients has been fully explained. All interviews were recorded several times until no new themes emerged. These groups are identified based on the meaning that is formulated, and the description of the experience is written as completely as possible. Stiffness in this study was achieved using a method developed by Lincoln and Guba (1985). We ensure that accuracy is achieved by ensuring that research meets four criteria: credibility, dependability, transferability, and confirmation. During the interview process for registration, researchers can use verbal and nonverbal communication skills, empathize with nurses, and develop good and trust-based interactions with them. To achieve accuracy, researchers act as interviewers and use tools to collect data, including records, interview notes, and reflection notes, to avoid missing or misunderstanding interview data. During the analysis process, researchers constantly remind themselves to remain objective, so that respondents can tell they are true experiences. Recorded files are converted to transcripts and their accuracy is repeatedly confirmed. We use purposive sampling to increase the diversity of subjects to increase the representativeness of the research sample.

### **V. STUDY RESULTS, SUMMARY AND CONTRIBUTION**

Semi-structured interviews with 12 nurse participants obtained the following participant characteristics. Table 1 shows that the sexes of male and female participants amounted to the same as 12 people with an age range of participants between 30-43 years and the majority had vocational education. The length of the work of participants is in the range of 7-17 years.

Table 1. Participant Characteristics

| No | Coding | Gender | Age | Education  | Length of Work |
|----|--------|--------|-----|------------|----------------|
| 1  | P1     | Male   | 42  | Vocational | 13 Years       |
| 2  | P2     | Female | 43  | Ners       | 12 Years       |
| 3  | P3     | Female | 39  | Vocational | 9 Years        |
| 4  | P4     | Male   | 33  | Vocational | 11 Years       |
| 5  | P5     | Male   | 30  | Vocational | 7 Years        |
| 6  | P6     | Female | 40  | Ners       | 15 Years       |
| 7  | P7     | Male   | 33  | Vocational | 12 Years       |
| 8  | P8     | Male   | 33  | Vocational | 8 Years        |
| 9  | P9     | Female | 36  | Vocational | 10 Years       |
| 10 | P10    | Female | 40  | Vocational | 13 Years       |
| 11 | P11    | Male   | 42  | Ners       | 17 Years       |
| 12 | P12    | Female | 38  | Vocational | 16 Years       |

In this semi-structured interview, participants were asked to explain or describe the experience as a nurse in dealing with patients with aggressive behavior, Table 2 explains the findings of 4 themes and 10 sub-themes. The theme findings are Experience in providing nursing care, Aggressive behavioral intervention, Needs Nurse wants, Competencies of mental health nurses.

### Theme 1 Experience in providing nursing care

This theme refers to the process of nursing care delivery. We found that respondents had a risk of physical or mental violence. besides nurses in performing nursing care always have perceptions that are not stressful. This theme includes two sub-themes: "risk" and "perception".

*"we when treating with patients are always ready because it is very risky" (P1, P2, P3, P10, P11, P12)*

*"We are often afraid of ourselves even though the patient's condition is calm" (P4, P5, P6 P7, P8, P9)*

### Theme 2 Aggressive behavioral intervention

This theme refers to the process of aggressive behavior intervention. We found that respondents have the advantage of getting to know one another and can always be on alert. besides that respondents have the disadvantage that every time they intervene they are always suspicious of patients. This theme includes two sub-themes: "advantages" and "disadvantages".

*"My advantage is that when I give intervention I often ask me to be joking" (P1, P6 P7, P8, P9, P10)*

*"I am always cautious and suspicious after I often deal with aggressive patients" (P2, P3, P4, P5, P8, P11, P12)*

### Theme 3 Needs Nurse wants

This theme refers to the needs that nurses want. We found that respondents must be filled with a desire to be safe from the aggressive actions of patients, such as regulations, amenities, and training to provide quality and quality services. This theme includes three sub-themes: "regulation", "amenities" and "training"

*“We just want the regulations to be good, so that we are comfortable working” (P9, P10, P11, P12)*

*“We go to patients too often, so we don't update. so we need training” (P1, P2, P3, P4, P5, P6 P7, P8)*

#### **Theme 4 Competencies of mental health nurses**

This theme refers to the competencies of mental health nurses. We found that respondents in providing services to schizophrenic patients, they must be equipped with competence so that they can handle patients optimally by prioritizing patient safety. This theme includes three sub-themes: "Aggressive patient crisis management", "Psychiatric emergency" and and "Psychiatric Intensive Care Unit (PICU)"

*“Emergency psychiatric training I think is necessary”(P1, P2, P3, P4, P5, P6 P7, P11, P12)*

*“Another training such as crisis patient management and PICU is also very important” (P8, P9, P10)*

Tabel 2 Theme and Sub-Theme

| No | Theme                                | Sub-Theme                              | P1 | P2 | P3 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P10 | P11 | P12 |   |
|----|--------------------------------------|--|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|---|
| 1  | Experience in providing nursing care | Risk                                   | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √   | √   |   |
|    |                                      | Perception                             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √   | √   | √ |
| 2  | Aggressive behavioral intervention   | Weakness                               | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √   | √   |   |
|    |                                      | Advantages                             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √   | √   | √ |
| 3  | Needs Nurse wants                    | Regulation                             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √   | √   |   |
|    |                                      | Amenities                              | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √   | √   | √ |
|    |                                      | Training                               | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √   | √   | √ |
| 4  | Competencies of mental health nurses | Aggressive patient crisis management   | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √   | √   |   |
|    |                                      | Psychiatric emergency                  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √   | √   | √ |
|    |                                      | Psychiatric Intensive Care Unit (PICU) | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √   | √   | √ |

The experience of participants in dealing with patients with aggressive conditions found that all nurse participants had experienced aggressive behavior from patients both physically and verbally with frequent frequency[10]. When facing and taking action to deal with aggressive patients, participants feel scared and worried because the risk of their safety that is threatened can cause injury to him[11]. The matter above is the following research conducted by Stevenson who explained that nurses must have experienced physical, emotional, and verbal abuse [12]. For many nurses, patient violence is considered part of the job [13]. Nurses often struggle with role conflict when providing care in critical conditions to aggressive patients to remain concerned despite the threat of

danger to themselves. Nurses use various strategies to maintain their safety and to prevent and manage patient violence [14]. Another study conducted by Martina Tomagová et al revealed that nurses had a high percentage experiencing various forms of patient aggression. Regarding aggression management methods, nurses agreed with the use of medical therapy and restraints that were used as a last resort if other measures were not successful. The

nurse's attitude towards the patient's aggressive behavior influences the selection of aggressive management strategies that she will do.[15].

The standard interventions in handling aggressive behavior in Mental Health Hospital, revealed that there are some weaknesses and strengths of existing interventions. Weaknesses of the standard of aggressive behavioral interventions in existing patients are: Regulation is incomplete, room facilities and tools are inadequate, there is no systematic strategy and not all nurses master in the management of aggressive behavior in schizophrenia patients. Participants also revealed the strengths of the existing intervention standards are violent behavior can be carried out, there is an informed consent before the action and an evaluation of the regulation maximum after 3 years is made. Harrington's research has made several findings that add more evidence to support replacing the usual interventions in the Mental Hospital with strategy therapy to increase the effectiveness of interventions and reduce the clinical risk of aggressive patient behavior. [16]. The practice of proactive and adequate interventions to reduce the impact of patient aggression on other patients, staff, and themselves is beneficial and is needed to improve psychiatric care [17].

The need for nurses in handling aggressive patients[18]. Participant revealed that handling aggressive behavior requires regulations that support his intervention. Policies, guidelines, guidelines, and regulations are used as nurses as a standard guide in providing aggressive patient care services. The hospital law states that every health worker working in a hospital must work following professional standards, hospital service standards, applicable operational procedures, professional ethics, respect for patient rights and prioritize patient safety. Regarding the obligations of health workers in carrying out practices, it is further explained in Law No. 36 of 2014 that every health worker in carrying out practices is obliged to comply with Professional Standards, Professional Service Standards, and Operational Procedure Standards. Article 66 paragraph 2 explains that Professional Standards and Professional Service Standards for each type of Health Worker are determined by professional organizations in the health sector and approved by the Minister. According to the Nursing Act No. 38 of 2014 stated that nursing practice must be based on a code of ethics, service standards, professional standards, and operational procedure standards. Gerace and Muir-Cochrane from their study also showed that initiatives and roles from various levels are needed to assist nurses in maintaining their safety in carrying out their duties to deal with patients aggressively, one of them is hospital regulations that can protect and become the standard of health workers, especially nurses in carrying out their duties. [19].

Besides they also revealed that they needed facilities in the form of a safe room structure, there needed to be an adequate seclusion room equipped with equipment to secure aggressive patients according to standards. Participants also revealed that they have a high risk of injury when taking action on aggressive patients, so they think there is a need for health insurance for officers if something unexpected happens while on duty. Mc Cann in his research revealed that the environment and supporting facilities influence nurses in how they prevent and manage aggression [20]. Participants also said that the need to increase competence in the form of outreach, training, and inhouse training with materials on aggressive behavior management in schizophrenia patients, psychiatric emergencies, and Psychiatric Intensive Care Unit (PICU) which is conducted periodically and evenly for all nurses.

This was also expressed by Stevenson in his research results that nurses need improved education, equipping, and a supportive work environment to improve the prevention of patient violence and the need for creating good practice guidelines to reduce patient violence in psychiatric hospitals [14].

Nurses have a high risk of handling aggressive patients. Physical, emotional, and verbal violence is often found during duty so that to protect and provide security requires regulations set by the Hospital leadership. Nurses need a standard of prevention interventions and aggressive patient care that is easy, systematic, and practical so it is necessary to set an aggressive behavior management standard set by the Hospital. Improving education, provisioning, and the work environment and adequate equipment needed by nurses to improve the effectiveness of preventive measures and handling aggressive patient behavior. The results of this study in the future are expected to be a reference for decision making so that nurses more effectively do nursing care.

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