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# Mental health nursing: non-pharmacological methods of handling aggressive patients.

Literature review

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## Literature review

### Abstract

In the nursing field and especially in mental health nursing, nurses at times have to confront agitated or angry patients. The reasons behind the agitation or anger are various, but if not handled properly, the situation may escalate into aggressiveness and violent outbursts.

The purpose of this Bachelor's Thesis was to find out what kind of non-pharmacological methods there are for mental health nurses to handle aggressive patients. This considered only adult patients, leaving out children, adolescents and geriatrics. The following databases were used: Cochrane Library (Terveysportti), CINAHL Complete (EBSCOhost), MEDLINE (Ovid) and PubMed (NCBI).

The results showed that new non-pharmacological methods are being studied, yet there could still be many more of them. The focus of the studies is shifting from the coercive methods to more patient-centered nursing models. The lack of alternatives has been recognised, as have the negative effects of the coercive methods on the patients' wellbeing. More research is needed in order to prove the effectiveness of the new non-coercive methods.

The suggestions for further research are to continue the study of the non-coercive methods that have been discussed in this review, such as utilising "The Comfort Room" or the Safewards interventions. Also, developing new non-pharmacological methods and seeing which work best in co-operation with the patients themselves should be among the priorities of future research.

As for the implications for clinical practice, this review has shown that there is a need for more patient-centered care in the mental health field. Understanding the reasons of aggressiveness on a patients' individual level and addressing them at an earlier stage is helpful in decreasing aggressive behaviour. Special attention needs to be paid on the nurses' own attitude and behaviour towards the patients and the ethical aspects of using coercive methods.

KEYWORDS:

Mental health, psychiatric nurses, aggressive patients, aggressive behaviour, psychiatric patients

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# Mielenterveyshoito: lääkkeettömät menetelmät aggressiivisten potilaiden käsittelyyn

## Tiivistelmä

Hoitoalalla sekä erityisesti mielenterveysalalla hoitajat ajoittain joutuvat kohtaamaan kiihtyneitä tai suuttuneita potilaita. Syyt kiihtyneisyyden ja suuttumuksen takana ovat moninaisia, mutta jos niitä ei käsitellä oikein, saattaa tilanne eskaloitua aggressiivisuuteen ja väkivaltaisiin purkauksiin.

Tämän opinnäytetyön tarkoituksena oli selvittää millaisia lääkkeettömiä menetelmiä mielenterveyshoitajilla on käytettävissään aggressiivisten potilaiden käsittelyssä. Tämä opinnäytetyö käsitteli ainoastaan aikuispotilaita poissulkien lapset, nuoret sekä vanhukset. Opinnäytetyössä käytettiin seuraavia tietokantoja: Cochrane Library (Terveysportti), CINAHL (EBSCOhost), MEDLINE (Ovid) ja PubMed (NCBI).

Tulokset osoittivat että uusia ei-lääkkeellisiä keinoja tutkitaan, mutta niitä voisi silti olla enemmän. Tutkimusten keskipiste on vaihtunut pakkokeinoista potilaskeskeisimpiin hoitomalleihin. Vaihtoehtojen vähäisyys on tunnistettu, kuten myös pakkokeinojen negatiiviset vaikutukset potilaan hyvinvointiin.

jatkotutkimuksille ovat niiden ei-pakottavien keinojen tutkimuksen jatkaminen joita tässä kirjallisuuskatsauksessa on käsitelty, kuten ”The Comfort Room”:in tai Safewards interventioiden käyttöönotto. Myös uusien ei-lääkkeellisten keinojen kehittäminen ja parhaiten toimivien keinojen selvittäminen yhteistyössä potilaiden itsensä kanssa tulisi olla tulevien tutkimuksien prioriteettien joukossa.

Mitä tulee kliinisen käytännön johtopäätöksiin, tämä kirjallisuuskatsaus on osoittanut että mielenterveysalalla on tarvetta potilaskeskeisemmälle hoidolle. Aggressiivisuuden syiden ymmärtäminen potilaan henkilökohtaisella tasolla sekä niiden käsitteleminen aikaisemmassa vaiheessa on hyödyllistä aggressiivisen käytöksen vähentämisessä. Erityistä huomiota on kiinnitettävä hoitajien omiin asenteisiin ja käytökseen potilaita kohtaan sekä pakottavien keinojen käytön eettisiin puoliin.

ASIASANAT:

Mielenterveys, mielenterveyshoitajat, aggressiiviset potilaat, aggressiivinen käyttäytyminen, mielenterveyspotilaat

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## LIST OF ABBREVIATIONS

*Cochrane Library*: a collection of databases related to healthcare

*CINAHL Complete (EBSCOhost)*: Cumulative Index to Nursing and Allied Health Literature, an online reference system offering full text databases

*MEDLINE (Ovid)*: Medical Literature Analysis and Retrieval System Online, a scientific and medical database

*PubMed (NCBI)*: a free online resource offering citations for biomedical literature, maintained by the National Center for Biotechnology Information

*Doria*: the Finnish multi-institutional repository maintained by the National Library of Finland

*Sairaanhoitaja newsletter*: the official newsletter of the Finnish Nurses Association

*Google*: a web search engine owned by Google Inc.

*STTE*: Short-Term Token Economy, a form of behaviour modification therapy

*OAS*: the Overt Aggression Scale

*PCC*: the Patient-staff Conflict Checklist

*NETI*: the National Executive Training Institute

*SOAS-R*: the Staff Observation Aggression Scale Revised

*SNASS*: the Survey of Nurses Attitudes to Seclusion Survey

# 1 INTRODUCTION

In the nursing field and in mental health nursing especially, nurses have to face a whole array of human emotions from one extreme to another. Depending on the patient and their condition, these emotions can change on a daily and if not even hourly basis. This sometimes means that nurses also need to confront negative emotions like anger. Unfortunately this anger can also escalate into aggressiveness and violent outbursts. Threats and assaults on mental health staff are frequent, but the reasons behind patient aggression vary between biological, psychodynamic and social factors (Anderson and West, 2011). Patient aggression is more common within the mental health trusts (a foundation providing people suffering from mental health problems with health and social care services in England) than anywhere else (Sturrock, 2010). In Finland, the prevalence of most mental health disorders is comparable to the occurrence in other western countries on average (Suvisaari, 2013). Approximately 0.5-1.5% of the whole population in Finland have schizophrenia and 9% of the population suffer from depression for instance (Mielenterveyden keskusliitto, 2016). Despite mental health disorders being a global issue, one has to bear in mind that having a mental illness does not automatically mean that the person suffering from it would be violent and aggressive.

In order to provide the best possible care and also to ensure patient and staff safety, aggressive outbursts in the acute wards or nursing homes need to be handled. Patient aggression in this review will be defined as any kind of threatening behaviour that can be viewed as aggressive or violent towards the nursing staff, other patients or the patients themselves: causing property damage, throwing objects, shouting, violent attacks, or verbal threats for instance. In mental health settings and in general, aggressive outbursts can escalate into violence in an instant, if provoked. In calming down a patient, a nurse cannot always rely on medicines and therefore the focus of this review will be on the non-pharmacological methods of handling patient aggression. This review will also briefly consider

the patients’ own experience of their aggressiveness and the reasons behind their behaviour.

# 2 THE AIM OF THE REVIEW AND THE RESEARCH QUESTIONS

The aim of this literature review is to explore the non-pharmacological methods of handling patient aggression towards mental health nurses, other patients and the patients themselves. This review will also briefly consider the patients' own experience of their aggressiveness and the reasons provoking such behaviour. The primary research question is:

1. What kind of non-pharmacological methods are there for mental health nurses to handle aggressive patients?

The secondary and the tertiary questions relating to the patients' perspective are:

2. What is the patients' experience of the non-pharmacological methods of handling aggressiveness?

3. What factors cause aggressiveness in the patients according to their own experience?

# 3 METHODS

The permission for this thesis was granted by Turku University of Applied Sciences (Appendix 1).

## 3.1 Data search

The literature search for this review was conducted as an electronic search using the main databases available at the Turku University of Applied Sciences' network. The databases searched were the following: Cochrane Library (Terveysportti), CINAHL Complete (EBSCOhost), MEDLINE (Ovid) and PubMed (NCBI). The search was conducted using the truncated terms 'mental health nurs* OR psychiatric nurs* AND aggressi* behavio* OR violent behavio*' in each database. The search was limited to accessible full text journal articles with abstracts and had a time limit starting from the year 2006 reaching to February 2016. The results were also limited by language: only English language articles and studies were included. The Finnish multi-institutional repository (maintained by the National Library of Finland), Doria.fi, was also searched but no results were found that could have been included in this review and would have answered the research question sufficiently.

The inclusion criteria for this review were: the article explores a non-pharmacological method(s) of handling aggressive patients within the mental health field including seclusion and restraint and/or explores the patients' point of view and the reasons behind their aggressive behaviour. The exclusion criteria were: the article has a pharmacological focus, the article deals with a different age group (children, adolescents or geriatrics), the article has an occupational focus or a biological focus or a focus that is not related to the field of mental health, or the article does not respond to the research questions or is too broad.

The search found 733 results altogether, combining all of the results from the different databases. All of the articles were gone through according to the inclusion and exclusion criteria. The number of results selected by the title was 68.

After reading the abstracts, the number of results was narrowed down to 16 according to relevance. The articles were then organized into two groups: research studies/projects and literature reviews. Finally, all of the literature reviews were excluded from the results, including only original research studies and projects, making the final number of results 10. The results were gone through once more according to relevance towards the research question. This resulted to 1 study being excluded on the basis of it having a focus on a preventative method. This brought the final number of results down to 9. One more study was discovered by manual search. An article on the Safewards method and experimental utilisation in some psychiatric wards in Finland was read on *Sairaanhoitaja* newsletter. The original study made in the UK which was mentioned in the article was found as a full text version in PubMed by Google. The study was included in this review based on its relevance to the topic.

### 3.2 Content analysis

A table was created out of the 10 remaining articles (Appendix 2) in order to analyse their content and to make comparisons between the results and the types of studies. The table included the following information on each article:

- The researchers, the place and year of publication
- The purpose of the research study/project
- The sample (n=?) and data collection methods
- The main findings.

The studies were grouped according to whether a coercive or a non-coercive method was explored: 2 of the studies (Park and Lee 2012, Bowers et al. 2015) and 1 study project (Barton et al. 2009) used a non-coercive method, altogether 30% of the studies included in the review. 1 study (10%) (Southcott and Howard 2007) explored the effectiveness of the coercive restraint and breakaway techniques. 5 of the studies (50%) (Kontio et al. 2010, Lindsey 2009, Happell and Koehn 2010, Foster 2007 and Landeweer et al. 2010) focused on the nurses' or the staff's point of view. 1 study (10%) (van Wijk et al. 2014) focused solely on the patients' point of view.

A second table (Appendix 3) was made out of the non-coercive methods used in the 3 aforementioned studies. It included the following information:

- The name of the method
- What was the method like
- Where was the method used
- The authors, the publication year and place of the study
- How many patients were involved
- The results.

### 3.3 Critical appraisal

The quality of the articles included in this review was evaluated by using appropriate checklists provided by the Joanna Briggs Institute for specific study designs. This review included both qualitative and quantitative studies due to the nature of the research questions. Among the 10 studies were a variety of study designs including qualitative phenomenological, correlational descriptive, nonequivalent control group and pragmatic cluster randomised controlled trial for instance. Among the research methods were focus group interviews, experimental and control groups, research projects, surveys, responsive evaluation and observation. The sample sizes ranged from 22 participants (with a control group of 22) to as many as 31 hospital wards (including both staff and patients). Purposive sampling was used in some of the interviews to make sure the participants (psychiatric inpatients) were able to understand the purpose of the study and were in touch with reality.

The studies were made in different countries all over the world: 1 in Finland, 1 in Africa, 1 in South Korea, 1 in the Netherlands, 1 in Australia, 2 in the United States and 3 in the United Kingdom. All of the 10 studies were published in different nursing journals. All of the studies received satisfactory/good results according to the checklists. The studies had also gained permission/ethical approval from the participants, a review board or the hospital director in question, or an ethical committee, or were part of an ethical research program.

# 4 RESULTS

## 4.1 Non-coercive methods and restraint reduction

Two studies were identified which examined the effects of non-coercive methods to the levels of aggressive behaviour. One of them explored the effectiveness of behaviour modification therapy (STTE: Short-Term Token Economy) on the rates of violent behaviour among male chronic psychiatric inpatients (Park and Lee, 2012). The study used a nonequivalent control group design and had a sample size of 44 (n=44), with a control group (n=22) and an experimental group (n=22). The Overt Aggression Scale (OAS) was used as a tool for assessing aggressive behaviour. The STTE uses smile stickers as tokens: the participants are given one smile sticker as a token together with verbal reinforcement if they haven't committed any aggressive behaviour for one day (24 hours). When they have earned a certain amount of stickers, they receive a reward (a cup of coffee, a meal, a walk, a sleeping-in etc.)

The other study explored the use of the Safewards interventions in reducing conflict and containment rates in similar settings in acute psychiatric inpatient care (Bowers et al., 2015). The study consisted of a pragmatic cluster randomised controlled trial which involved the staff and patients of 31 wards at 15 hospitals: 16 of them were assigned to use the ten Safewards interventions and the other 15 used the control intervention (a package of interventions including diet assesment aiming to improve the physical health of the staff). The Safewards interventions included mutually agreed standards of behavior for staff and patients, short advisory statements or "soft words" for handling outbursts, a de-escalation model, saying something positive about each patient at the end of each shift, talking through possible bad news with the patient as soon as they were received, sharing personal information between staff and patients (favourite music, films or sports etc.), a regular patient meeting to improve inter-patient support, tools of distraction for agitated patients (stress toys, mp3 players with calming music, textured blankets etc.), reassuring explanations for patients after frightening incidents and positive notes about the ward on display by former patients (Bowers et

al., 2015). The study used the PCC form (Patient-staff Conflict Checklist) for recording incidents of conflict and containment.

Both studies gained positive results. The results of the study by Park and Lee (2012) with the STTE showed that the violent behaviour scores of the experimental group decreased after the behaviour modification program in comparison to the control group. The decrease was shown in the scores for aggressive behaviour (20.8%), verbal attacks (27.6%) and property damage (14.3%) (Park and Lee, 2012). The results of the study by Bowers et al. (2015) similarly showed that the Safewards interventions reduced conflict rates by 15% and containment rates by 26.4% at the wards where they were used as opposed to the wards that used the control intervention (Bowers et al., 2015).

The other two study projects focused on the reduction and elimination of restraint use. The first one by Barton et al. (2009) received positive results from staff and also found that together with ceasing restraint use, the use of “as required” sedative medications also decreased. The leadership team of a 26-bed behavioral health inpatient unit within a private community hospital attended the National Executive Training Institute (NETI) (2005) program for the reduction of seclusion and restraint, after which they presented the material to the nursing staff for the time of 18 months. At first some staff members questioned safety issues which the restraint elimination might bring about, and therefore the possibility to use restraints was left open as a last resort. Similarly to the Saferwards study mentioned earlier, this project also used an intervention, “The Comfort Room”. The seclusion room in the unit was turned into a room where patients could go freely in order to relieve their feelings of anxiety. The Comfort Room was painted in relaxing colours and the patients could also choose to have relaxing music played for them through the speakers in the ceiling (classical or nature sounds). The room also included sensory methods (lavender hand cream and vanilla oil) and a box of items to help patients relax (notebooks to write in, stress balls, a handmade blanket, stuffed animals). The project was able to bring forth a positive change in the ward by eliminating restraint use altogether with the help of more patient-centered care and “The Comfort Room” (Barton et al., 2009).

The study by Landeweer et al. (2010) monitored and supported several restraint reduction projects and used one of them as an example. The authors examined the moral changes that occurred at a closed psychiatric inpatient ward during the project. They found that in order to reduce restraint use, the staff at the ward found it helpful to share their responsibilities with the ambulatory workers and to involve them during the patients' hospital time as well. They also found it better to work in co-operation with the ambulatory workers in order to provide more comprehensive care for the patients. The ambulatory workers could share their information on the patients from the time before they were admitted to the hospital and the suitable ways to treat them. Here too, like in the Safewards study, the patients themselves found it useful when basic personal information about them was shared so that the staff could take it into consideration in their care (such as allergies, special diets, religion etc.). As using the seclusion room was no longer a daily practice, the nurses were able to come up with different approaches to handling aggressive patients and to redefine their roles from "guardians" to "coworkers". The nurses started working together with the patients as well as with the other nurses. The patients also felt more in control of their own situation as they were given more freedom at the ward, for example being able to use the kitchen facilities whenever they needed them. The nurses started confronting patients and their behaviour sooner and involved them in maintaining the ward safety instead of perceiving them as merely aggressive people who needed to be controlled. Here a change made a positive difference and decreased the use of restraint and seclusion. Several adjustments in the rules and procedures enabled different ways of handling patients as they were seen as being more like equals (Landeweer et al., 2010).

### 4.2 Coercive methods

Half of the studies included in this review handled restraint and seclusion, but weren't to do with a restraint reduction program per se. One of them studied the safety and effectiveness of the "Control and restraint" technique in a 16-bed unit focused on psychiatric intensive care (Southcott and Howard, 2007). "Control and Restraint" was the most common method for manually controlling and restraining violent patients in the UK during the time the study was made. This study was a follow-up study to a previous one made in the same unit. The authors of the follow-up study collected restraint incident forms from the unit for the time period of three years. They found that in most cases, the restraint procedure was effective and controlled (vs. uncontrolled). There was no statistical significance in its effectiveness considering the number of staff involved in the procedure or if there were female staff members involved. As for the effectiveness of the breakaway techniques, the researchers concluded that their sample was too small (Southcott and Howard, 2007).

A study by Foster et al. (2007) examined the frequency and types of aggression shown by patients at psychiatric inpatient settings. The nursing staff answered the SOAS-R form after each aggressive incident at the ward. The study included verbal aggression as a form of aggression and found that it was the most frequent form directed towards staff (84.1%). Physical violence (using a hand to strike or push) was measured at 16.6% of the cases. When directed towards other patients, verbal and physical aggression were both used at the same levels (45.8%). When measuring the response to the aggression, the staff would most likely attempt to calm the patient down by talking (42.1%) or use seclusion (35.9%). When the aggression was directed towards other patients, seclusion was used in 25% of the cases. Despite there not being a significant statistical difference in the use of seclusion (whether directed towards staff vs. other patients) the authors emphasized that over 10% more of the cases of aggressiveness being directed towards staff members resulted in seclusion. The authors concluded that there is a need for improving the ways of communication between staff and patients in

order to reduce aggressive incidents and in order for staff to recognize the interpersonal and provoking factors possibly causing the aggressiveness (Foster et al., 2007).

The authors of the study by Foster et al. (2007) implied that the use of seclusion might be down to fear felt by the staff members for working in such an aggressive environment. The study by Happell and Koehn (2010) concluded that there is a lack in the alternative methods to handle aggression. The authors conducted a survey (SNASS: Survey of Nurses Attitudes to Seclusion Survey) on the nurses' attitudes to the use of seclusion (Happell and Koehn, 2010). It was sent to 200 nurses (n=200) in acute psychiatric inpatient units and it received the return rate of 61.5%. Even though the respondents were all nurses, the survey included questions that also addressed the patients' point of view, such as "how do consumers feel during seclusion" and "what effect does seclusion have on consumers". The results showed that the main reasons for a patient to be placed in seclusion were assaulting a member of staff (99.2%) or another patient (98.3%), damaging property (91.7%) or attempting self-harm (86.4%). The results of the question on how consumers feel during seclusion showed that the majority of nurses thought they would feel angry (92.5%), controlled by others (86.5%) or disempowered (80.3%). Therefore the results showed that the nurses thought that seclusion had a negative effect on the patients. Following this line the question on what kind of effect the seclusion room has on the patient, the nurses thought that it made patients angry towards staff (98.3%), frustrated (95.0%), disempowered (88.9%), frightened (83.9%) and over a half (53.9%) thought that it wasn't helpful at all. However, the majority (97.5%) still thought that seclusion "often or sometimes" helped the patients to calm down and improved their behaviour (87.4%). The authors concluded that the nurses recognised the negative impacts of seclusion on patients but continued to support its use due to a lack in alternative and as effective methods of handling aggressiveness (Happell and Koehn, 2010).

A qualitative study by Kontio et al. (2010) explored the perceptions of nurses (n=22) and physicians (n=5) on what happens when there is a violent incident on

the ward and what alternatives there are for restraint and seclusion. The authors collected their data by focus group interviews. They found that the nurses felt they don’t have enough time for asking second opinions from other staff members on the use of seclusion when an aggressive incident occurs. This made them insecure about their decision and made them feel as though they had failed to find alternative methods. During episodes of seclusion, the nurses felt that it was so time-consuming and took a lot of energy that they didn’t have enough time to spend with the other patients in order to calm them down in case they were frightened. As for the alternative methods, the nurses reported the following nursing interventions: being present, conversation, giving responsibility, providing meaningful activities and changing the environment (Kontio et al., 2010). The physicians agreed with the nurses that having things to do during the days might prevent aggressiveness in patients. Idleness was seen as causing frustration. Another alternative for seclusion was the use of authority and power. The nurses and physicians felt that in order to remain in control, the staff needed to have a feeling of personal authority. They felt that by using this sense of authority they could calm a patient down by the presence of male nurses or physicians (Kontio et al., 2010). The nurses reported feeling relieved when the seclusion was over. The results showed that the nurses felt fear, anxiety and helplessness when tending to an aggressive patient, which responds to the previous study by Foster et al. (2007) where it was concluded that the use of seclusion might be down to fear felt by the staff. The authors recognised that there is a need for more patient-centered nursing, and that the perspective of the patients received little attention in the interviews. They also came to the conclusion that the nurses should be trained to be more in-tune to the reasons behind the aggressiveness of the patients.

The study by Lindsey (2009) was similar to the ones by Kontio et al. (2010) and Happell and Koehn (2010) in that it looked at restraint use from the nurses’ point of view. It looked at the associations between the nurses’ individual characteristics (age, gender, years of experience, educational level), empowerment (opportunity, information, support, resources etc.), patient characteristics (age, gender, diagnosis, size, familiarity to staff) and patient cues in the nurses’ decision to

restrain and whether there was a common decision pattern the nurses used (Lindsey, 2009). The study used a correlational descriptive design and purposively chose a sample of nurses from psychiatric units that had a low restraint rate. The results showed that the nurses used "as required" sedatives very often in response to aggressiveness. The results also suggested that the nurses' decision to restrain varied according to their individual tolerance: for instance, some nurses chose to restrain a patient that had caused property damage as an initial intervention because they saw them as a threat to themselves and others. Other nurses, however, chose verbal de-escalation as an initial response in the same situation because they felt that the patient was upset and wanted to find out what was causing it. The nurses assessed patient aggression in different ways and used different interventions to handle it. This study found that the nurses with more years of experience were more likely to use restraint as an initial intervention as opposed to the less experienced nurses, which was contradictory to previous research (Lindsey, 2009).

### 4.3 Patients' experiences and factors causing aggressiveness

One qualitative, phenomenological study by van Wijk et al. (2014) examined the factors that have an effect on the aggressiveness of psychiatric in-patients as experienced by the patients themselves. This study, as opposed to the previous ones, concentrated on the patients' point of view and their experiences. The study had a sample size of 40 (n=40) patients who were purposively chosen and interviewed using a semi-structured schedule, which included open-ended but predetermined questions. The duration for each interview was from 1 to 2 hours. The results showed that all of the participants involved in the study reported having experienced or been part of either physical violence or other form of aggression.

This study grouped the factors causing aggressiveness in patients into 3 themes: environmental, ward atmosphere and nursing staff related ones. The environmental factors included unhygienic surroundings, the quality and quantity of food, lack of daily necessities and privacy, noise levels, crowding, negative experiences of seclusion, unfair limit-settings and the lack of structured activities. The ward atmosphere factors included disrespect to the patients' culture, religion and

rights, use of medications and injections to keep the patients quiet, smoking habits of other patients, feeling unsafe in the ward and the nursing staff-to-patient ratio. The nursing staff factors included the attitude and behaviour of staff. Some staff members were seen as intolerant, rigid, abusive, judgemental and autocratic (van Wijk et al., 2014). The patients reported feeling unhappy about the living conditions and the attitude and behaviour of staff and felt that these were among the reasons that contributed to their aggressive behaviour. It is interesting to note that in the previous study by Kontio et al. (2010) the staff felt that having a sense of authority was beneficial in calming down a patient. In the study by van Wijk et al. (2014) the patients actually reported that the nurses' authoritative behaviour was one of the reasons provoking their aggressive behaviour. Foster et al. (2007) came to the conclusion that the nurses should be more aware of the interpersonal factors and their behviour which might provoke aggressiveness in patients. The results gained by van Wijk et al. (2014) back this up.

# 5 DISCUSSION

Before anything else, it must be stated that this review has some limitations. Firstly, it was conducted by only one person and was therefore limited in the time and resources available. Secondly, the scope of the review was limited to the databases that Turku University of Applied Sciences had access to (Cochrane Library, CINAHL Complete, MEDLINE) or were otherwise accessible freely (PubMed). This meant that one important database regarding the topic and the mental health field, PsycNET (American Psychological Association), was left out. One can only speculate what kind of results were left out due to this limitation. All of these factors naturally also affect the reliability of this review and the level of evidence presented in it.

Despite the limited resources of this thesis' review, recent events at the G1 ward at the Turku City Hospital underline the importance of the topic (Härkönen, 2016). The unjustified uses of seclusion and restraint by some mental health nurses has come under the scrutiny of the media and the law in Finland. Unfortunately abusing these coercive methods still seems to occur nowadays. Some of the findings of this review suggest that even using such methods in the first place causes negative impacts on the patients and does not help to support a healthier psychological state. This was found both by the nurses using these coercive methods (Happell and Koehn, 2010) and by the patients undergoing them (van Wijk, 2014).

Most of the studies included in this review focused on the nurses' or the staff's point of view. In one of the studies, the one by Southcott and Howard (2007), even the staff interviews were excluded on the basis of subjectivity and on being retrospective. The authors of the study did not choose to consider how the staff felt about using manual restraint. Only one study, the study by Van Wijk et al. (2014), focused solely on the patients' experiences. It seems that not a lot of value has been placed on the patients' perspective before but this trend has luckily started to change as we can see from the studies such as the Safewards study by Bowers et al. (2015) or the study by Van Wijk et al. (2014) where the patients were interviewed. The study by Foster et al. (2007) recognised that in order to

avoid aggressive incidents, it is important to concentrate on staff-patient communication. Nevertheless, there can be seen a turn in the research. The earlier studies focused on studying the effectiveness of the restraint techniques and the later studies started to aim their focus on the nurses' point of view. The newer studies have shifted their focus point on the experiences of the patients and the new non-pharmacological methods of handling aggression. This shows that the previously existing (and still on-going) lack of alternative methods for coercion in the psychiatric wards (Happell and Koehn, 2010) has been recognised and new methods are being studied.

From the nursing point of view, it is important to have studies that explore the effectiveness and safety of coercive methods. Patient safety and staff safety are both highly important when it comes to providing professional health care. However, using seclusion to handle aggressive inpatients because the nurses are afraid (Foster et al., 2007), brings up a question of ethics. Is it ethical to seclude an aggressive patient based on the nurses' fear of them, as opposed to understanding the reasons behind such behaviour? The nurses felt fear and helplessness when dealing with an out of control patient. In order to remain in control, the nurses resorted to a feeling of authority brought by the presence of male nurses (Kontio et al., 2010). This brings up a question of the role of a nurse. Is the role of a nurse to be an authoritative figure or to be someone who levels with the patients? Be as it may, many of the studies pointed out that there is a need for more patient-centered care, or that the nurses need to become more in-tune with their patients to understand the reasons for their aggressiveness better (Barton et al. 2009, Landeweer et al. 2010, Kontio et al. 2010).

The study project by Barton et al. (2009), the similar study project by Landeweer et al. (2010) and the Safewards study by Bowers et al. (2015) all demonstrate how changes in the attitudes of the nurses together with the ward atmosphere enable a more patient-centered care. Encouraging nurses to cease the use of seclusion and providing them with alternative interventions to de-stress anxious patients (such as the Comfort Room) seem to be the central elements (Appendix

2). Becoming more familiar with the patients' preferences and sharing basic personal information between the staff and patients also help the nurses to work in co-operation with them (Bowers et al. 2015 and Landeweer et al. 2010). It would be interesting to investigate how much the old prejudices against mental health patients still play a part in the nurses' attitudes nowadays, whether consciously or subconsciously, but that is out of the scope of this review. However, it can be said that there have been many positive changes which have helped to decrease the aggressiveness of mental health inpatients.

# 6 CONCLUSIONS

This review has attempted to shed light on the non-pharmacological methods available for mental health nurses to handle aggressive patients. The perspective of the patients has also been considered briefly.

Based on the results of this review it can be said that new non-pharmacological methods are being studied, yet there could still be many more of them. The focus of the studies is shifting from the coercive methods to more patient-centered nursing models. The lack of alternatives for restraint and seclusion has been recognised, as have the negative effects of the coercive methods on the patients' well-being. Nevertheless, as promising as the results of the new methods presented in this review are, the evidence of their effectiveness is preliminary at this stage. More research is needed in order to prove the effectiveness of the new methods on a larger scale.

Therefore, the suggestions for further research are to continue the study of the non-coercive methods that have been discussed in this review, such as utilising "The Comfort Room" or the Safewards interventions. Also, developing new non-pharmacological methods and seeing which work best in co-operation with the patients themselves should be among the priorities of future research.

As for the implications for clinical practice, this review has shown that there is a need for more patient-centered care in the mental health field. Understanding the reasons of aggressiveness on a patients' individual level and addressing them at an earlier stage is helpful in decreasing aggressive behaviour. Special attention needs to be paid on the nurses' own attitude and behaviour towards the patients and the ethical aspects of using coercive methods.

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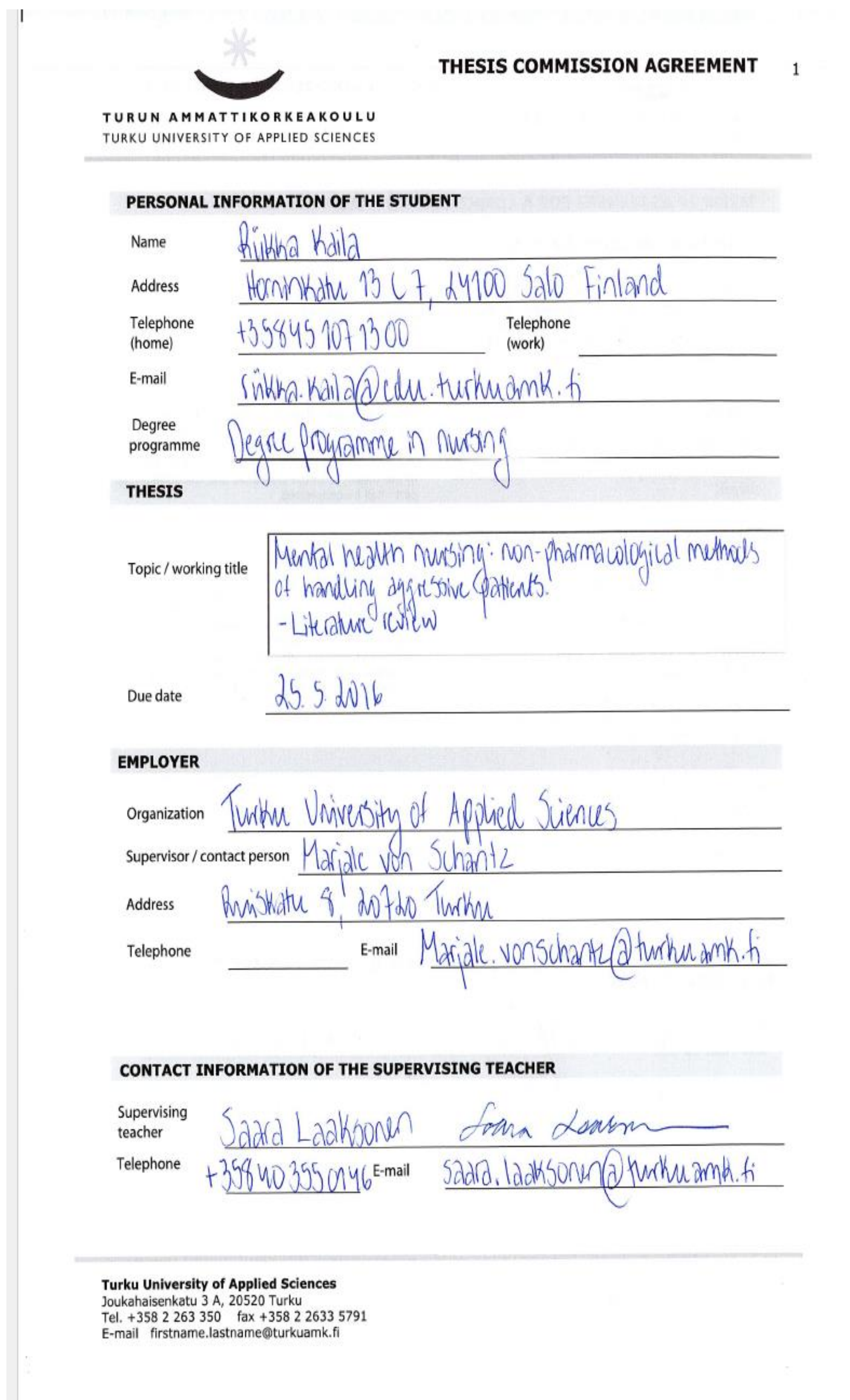
Appendix 1.



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Topic / working title: Mental health nursing: non-pharmacological methods of handling aggressive patients. -Literature review

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**APPENDIX: THESIS PLAN** ☒

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Appendix 2.

Table 1.

| The researchers, the place and year of publication | The purpose of the research study/project | The sample (n=?) and data collection methods | The main findings |
|---|---|---|---|
| **1.** Evalina van Wijk, Annalene Traut, Hester Julie. Curationis: Journal of the Democratic Nursing Organisation of South Africa Date: 14 Aug. 2014 | The aim of the study was to explore the possible factors relating to the environment and staff causing aggressiveness and violent outbursts in psychiatric inpatients. The authors also wanted to suggest ways to prevent and manage such aggressiveness in their study. | Forty inpatients (n=40) in two mental health facilities in Cape Town took part in face-to-face, semi-structured interviews for six months. This study used the Tesch's descriptive method of open coding for the data analysis. | The results showed two main categories in the factors which had an effect on the aggressive and violent behaviour of the patients: environmental factors and the attitude and behaviour of staff. |
| **2.** Park, Jae Soon and Lee, Kyunghee. Journal of Korean Academy of Nursing Date: December 15, 2012 | The aim of the study was to explore the effectiveness of the Short-Term Token Economy among aggressively behaving chronic psychiatric inpatients, as the previous research into the topic was poor. | This study used a nonequivalent control group design method. Participants in an experimental group (n=22) and control group (n=22) took part in this study from January to April, 2008. The researchers observed the male in-patients to | The results showed that the aggressive behaviour of the experimental group decreased whereas the scores for the control group presented an increase after the 8-week program. The researchers concluded that their results show STTE being effective in |

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| | | study aggressive behaviour among them as a baseline during the week before they launched the behaviour modification program. In measuring aggressive behaviour they used the Overt Aggression Scale (OAS), which includes verbal attacks, property damage and physical attacks. | reducing the incidence of aggressiveness among male in-patients. They also suggest the outcome of the study to be helpful in reducing coercive methods and the use of sedative medication in order to control violent behaviour. |
| **3.** Brenda Happell and Stefan Koehn. The Journal of Clinical Nursing. Date: November 1, 2010 | The aim of the project was to find out whether there had been a change in the nurses' attitudes regarding the use of seclusion in connection to the governmental policies to reduce its use. | This project used a survey (The Survey of Nurses' Attitudes to Seclusion Survey) which was completed by nurses (n = 123) from eight mental health services from Queensland, Australia. The project used SPSS in the data analysis to provide descriptive statistics of nurses' attitudes. | The results showed that the participants understood that using seclusion had negative effects on patients. Nevertheless the results also showed that the participants continue to support the use of seclusion especially when there has been violence or violent threats towards staff or other patients. The participants saw the impact of the seclusion |

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| | | | room as significant but didn't suggest any other changes to it but to paint it for a calming effect. The makers of the project concluded that even though the effects of the seclusion room were seen as detrimental, the continued support of its use shows a gap in alternative methods to manage aggressive behaviour and violence. Nurses continue to see seclusion as a nevessary intervention but the success of strategies reducing its use is limited. They also conclude that in order to reduce the use of seclusion, alternative approaches are necessary to create changes to practice. |
| **4.** Chloe Foster, Len Bowers & Henk Nijman. | The purpose of the study was to explore the oc- | In this study the nursing staff in five acute inpatient wards in one | The researchers recognised that their study was limited to only |

| Journal of Advanced Nursing<br><br>Date: April 15, 2007 | currence and nature of the aggressive behaviour shown by patients towards the staff. The study also looked at the methods used by the staff in cases of self-harm committed by patients. | hospital in the United Kingdom collected data on aggressive incidents using the Staff Observation<br><br>Aggression Scale – Revised during a 10 month period from June 2001 to April 2002.<br><br>The staff completed the SOAS-R (Nijman et al. 1999) after they had witnessed an aggressive incident. This study defined aggression as "any verbal, non-verbal or physical behavior that was threatening to the self, others or property, or physical behaviour that actually harmed self, others or property." | one hospital. They also recognised that by using the SOAS-R incident-based measure the aggressive incident will be based on one person's subjective report only. They estimated that during a 12 month period at the hospital there was a 1 in 10 chance per year that a nurse would be injured because of aggression caused by a patient.<br><br>The researchers concluded that even though it seemed that verbal threats were more common than actual physical violence in the working environment, the fear brought by the threats and the difficulty in understanding the causes of aggression could both be the reasons why staff might resort to using seclusion |
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| | | | and restraint more frequently. |
| **5.** Raija Kontio, Maritta Välimäki, Hanna Putkonen, Lauri Kuosmanen, Anne Scott and Grigori Joffe.<br><br>Nursing Ethics.<br><br>Date: January 1, 2010 | This study looked at the ethical dimensions of nurses' and physicians' viewpoints of what really happens during an aggressive outburst at the ward and secondly what alternative methods there are for seclusion and restraint in acute psychiatric care.<br><br>This study was part of an international research project funded by the European Commission (Leonardo daVinci; FI-06-B-F-PP-160701) focusing on training nurses in six European countries to manage distressed mental health inpatients. | This study looked at nurses' (n=22) and physicians' (n=5) perceptions of what actually happens during an aggressive behaviour episode on the ward and what alternatives there are in normal standard practice to seclusion and restraint. The study used focus group interviews in collecting data and analysed it by using inductive content analysis. | The results showed that the participants of this study felt there were ethical dilemmas in the decision-making process of managing aggression. They also felt that the patients' own perspective didn't receive enough attention.<br><br>However it seemed that the staff suggested and appeared to use alternatives in order to minimize or replace the use of seclusion and restraint. This study concluded that the staff need to learn to "tune in" to the reasons behind patients' aggressiveness and to use alternatives for coercive methods in order to provide more human care. |

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| **6.** Len Bowers, Karen James, Alan Quirk, Alan Simpson, SUGAR, Duncan Stewart and John Hodsoll.<br><br>International Journal of Nursing.<br><br>Date: September 2015 | The purpose of this pragmatic cluster randomized controlled trial study was to examine the effects of the Safewards-model in reducing conflict and containment rates on acute psychiatric wards. The Safewards-model provides nursing staff with 10 interventions for reducing conflict and containment at the wards. | The participants consisted of the staff and patients of 31 wards at 15 hospitals that were randomly chosen. Out of the 31 wards, 16 used the Safewards-model and the other 15 wards used the control intervention (physical health package aiming to improve the physical health of the staff). The conflict and containment rates were recorded by using the PCC form (Patient-staff Conflict Checklist) which was filled in by the nurse in charge by the end of each shift. It records the frequency of conflict and containment incidents during each shift. The researchers collected baseline data for 8 weeks which was followed by 8 weeks of implementation of the interventions at each ward involved. Af- | The results showed that the Safewards interventions reduced conflict rates by 15% and containment rates by 26.4% at the experimental wards. This study shows that simple interventions which focus on enhancing staff-patient relationships have an effect on the recurrence of conflict and containment. |

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| | | ter the implementation time, the wards continued the use of the interventions for another 8 weeks. Throughout the study the researchers would visit the wards 2-3 times per week. | |
| **7.** Landeweer, Elleke G. M., Abma, Tineke A. and Widdershoven, Guy A. M.<br><br>Advances in Nursing Science.<br><br>Date: October/December 2010 | This project was part of an empirical ethical research program that started in 1999 to develop the quality criteria for restraint within Dutch psychiatry. The researchers conducted evaluation studies of coercion reduction projects within 5 psychiatric hospitals in the Netherlands. Their central aim was to study the implementation of the restraint reduction projects and to offer recommendations for improvements. The researchers used the philosophy of Hans-Georg Gadamer and Margaret Urban Walker | This project used a responsive design. The participants included practitioners (nurses, psychiatrists, managers, and ambulatory care workers), patients, and their families. The evaluation team used open and individual interviews and the interviews were recorded and transcribed. This project also used focus groups and one of the authors worked as a "peer debriefer" in order to check whether data saturation was reached and to critique the methodological decisions along the way. | The results showed that nurses were able to reduce the use of coercion by dividing their responsibilities in a new way between other related workers.<br><br>The nurses also understood that they don't have to take the role of guardians in taking responsibility for safety at the ward. In order to reduce the use of coercion and to enable good care, sharing responsibilities with patients and other team members was shown to provide opportunities.<br><br>This project motivated nurses to |

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| | to analyse the moral changes of the results. | | rethink their roles and to develop the understanding of the core values related to their profession. |
| **8.** Lindsey, Pamela L.<br><br>Journal of Psychosocial Nursing and Mental Health Services.<br><br>Date: September 2009. | The aim of the study was to explore how the nurses' work empowerment and the patients' personal characteristics might affect the nurses' decision to use restraint. It also looked at the decision patterns of mental health nurses in situations where restraint might be used. | This study had a correlational descriptive design and used a purposive sample of psychiatric nurses at four hospitals with low restraint use in the Midwestern part of the United States. The researchers analysed the data using the SPSS version 13.0. They also calculated descriptive statistics for demographic data. The study analysed the qualitative data using content analysis in order to try to find commonalities and similarities in the responses. | The results showed that the decision to restrain is complex and multifaceted as a phenomenon and nurses apparently need to consider and weigh multiple factors. The results didn't show whether organizational factors play a part in the use of restraint. The results were weak in suggesting that educating staff or changing organizational culture would have an effect on reducing the use of restraint. The researchers concluded that further research is needed on how multiple factors affect decisions to restrain and what kind of organizational and management |

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| | | | strategies enable restraint reduction best. |
| **9.** Barton, Sandra A., Johnson, M. Rebecca and Price, Lydia V.<br><br>Journal of Psychosocial Nursing and Mental Health Services.<br><br>Date: January 2009. | The leadership team of a behavioral health unit in a private, non-profit community hospital evaluated reducing restraint use. Following training through the National Executive Training Institute of the National Association of State Mental Health Program Directors, a restraint-reduction project team was formed.<br><br>Instead of reducing restraint use, it was decided to eliminate it altogether. Culture change focused on the Mental Health Recovery Model and principles of trauma-informed care. | The project involved the leadership team of a 26-bed behavioral health inpatient unit within a private, nonprofit 248-bed community hospital.<br><br>In March 2005, two team members attended the National Executive Training Institute (NETI) (2005) program for the reduction of seclusion and restraint. After completion of the program and the decision to undertake this project to reduce restraint use, the project team established an action plan and time line. The first task was sorting the material into smaller implementation pieces. The suggested time line was 18 months. Presentations to staff were developed | As a result, the unit became restraint free for nearly 2 years and emphasized person-centered care. A surprising result was that in ceasing the use of restraint, there was also a decrease in the use of “as required” sedative medications. The researchers concluded that having the emphasis on person-centered care created a culture change within the staff which allowed a restraint-free environment and a decrease in the use of medications. |

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| | | from the conference materials and delivered during an 18-month period. | |
| **10.** Southcott, John and Howard, Allison.<br>Nursing Standard.<br>Date: May 2007. | The study examined the effectiveness and safety of restraint and breakaway techniques in a 16-bed psychiatric intensive care unit. The study looked at how often they were used, the forms of aggressiveness against which they were used and whether the physical attributes of the nurses had an effect on their success and safety. | This study was a follow-up to a pilot study conducted in the same unit earlier, which involved an analysis of 346 adverse incident reports for the time period of 32-months, in addition to staff interviews (Southcott et al 2002). The pilot study found that the staff were generally satisfied with their training but that there were still concerns and problems. The researchers of this follow-up study analysed specifically designed incident forms. | As a result this study found that the restraint procedures seemed to be effective and relatively safe in managing a violent patient in psychiatric intensive care. The researchers noted nevertheless that the study was limited to only one unit. The study did not find a connection between the physical attributes of the nurses and the effectiveness and safety of the restraint procedures. The study found no evidence to suggest that having more nurses involved in the restraint procedure or leaving female nurses out of it would have any effect on its safety or success. |

Appendix 3.

Table 2.

| The name of the method | What was the method like? | Where was the method used? | The authors, the publication year and place of the study | How many patients were involved? | The results |
|---|---|---|---|---|---|
| The Safewards model | A group of 10 interventions:<br><br>1. mutually agreed standards of behaviour both for the patients and for staff<br>2. ”soft words” short advisory statements for handling moments of crisis<br>3. a de-escalation model<br>4. a requirement to say something positive about each patient at the end of each shift<br>5. talking through bad news with the patient as | At acute psychiatric wards in London, United Kingdom | Bowers et al., 2015. *International Journal of Nursing Studies* | 16 wards, an estimation of 13 beds per ward: around 208 patients | Safewards interventions reduced conflict rates by 15% and containment rates by 26.4% at the wards |

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| | soon as they are received<br>6. personal information shared be-tween the staff and patients (favourite films and sports etc.)<br>7. a regular patient meeting to improve in-ter-patient support<br>8. a crate of toys for patients to ease their agitation (stress toys, mp3 players with relax-ing music, light dis-plays, blankets etc.)<br>9. reassur-ing expla-nations for patients af-ter dis-tressing in-cidents<br>10. a dis-play of positive messages about the ward by discharged patients | | | | |

| The STTE (Short-Term Token Economy) | A form of behaviour modification therapy using smile stickers as tokens together with verbal reinforcement: the patient receives one sticker for each day (24hr) during which they haven't shown aggressive behaviour. When the patient has earned enough stickers, they will receive a certain reward (a cup of coffee, a meal, a walk outside, a lie-in etc.). | At a psychiatric hospital in Daegu, South Korea | Park and Lee, 2012. *Journal of Korean Academy of Nursing* | An experimental group of 22 male psychiatric inpatients | The violent behaviour scores of the experimental group decreased by 20.8% in aggressive behaviour, 27.6% in verbal attacks and 14.3% in property damage |
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| The Comfort Room | A safe and relaxing room for patients to relieve their stress and anxiety. It is painted in comforting | During a restraint reduction project at a behavioural health inpatient unit in Pennsylvania, | Barton et al. 2009. *Journal of Psychosocial Nursing and Mental Health Services* | A 26-bed behavioural health inpatient unit within a private community hospital: around | The rate of restraint use decreased and the unit was able to become restraint-free altogether. The administration rate |

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| | colours (the ceiling painted blue with white clouds for instance) and the patients can have soothing music played for them. It includes a Comfort Box, a box of relaxing items (stress balls, a blanket, stuffed animals, diaries, scented hand lotions and oils). | United States of America | | 26 patients | of sedatives decreased by 22% from 2004 (the year before the project started) to 2007 (first restraint-free year). |