"AN INVESTIGATION INTO PATIENTS' PERCEPTIONS OF CONTRIBUTING FACTORS TOWARD THEIR AGGRESSIVE AND VIOLENT BEHAVIOUR AFTER ADMISSION TO A MENTAL HEALTH FACILITY".

By

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An investigation into patients' perceptions of contributing factors toward their aggressive and violent behaviour after admission to a mental health facility.

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ABSTRACT

Aggressive and violent behaviour in inpatient mental health facilities is found worldwide and is a frequent and serious clinical and nursing care problem (Duxbury, 2002:325). Despite the importance of international research findings and recommendations, it appears that patients' perceptions of the possible contributing factors toward aggressive and violent behaviour in mental health facilities is an area of enquiry that has not been widely explored in South Africa in general, or in the Western Cape, in particular.

It is against this background, using the theoretical framework of Duxbury (2002), that this study endeavoured to investigate the external and situational contributing to patients' aggressive and violent behaviour in mental health facilities in Cape Town, as seen from patients' perspectives.

A qualitative research design was used in this study as it focused on patients' perceptions of possible contributing factors toward their aggressive and violent behaviour. A sample of 40 patients was selected from eligible patients admitted to the pre-discharged wards of Lentegeur and Valkenberg mental health facilities between January 2004 and June 2004.

Data was collected by tape-recording interviews using a semi-structured interview schedule at a time acceptable to the patients. A thematic analysis was utilized according to the theoretical framework of external and situational models of possible contributing factors of inpatient aggressive and violent behaviour.

The study concluded that the occurrence of aggressive and violent behaviour disrupts the therapeutic alliance. If mental health facilities want to be of optimal benefit to patients, it is required that activities should be restructured and certain nursing staff should change their attitudes. Planning and upgrading efforts require a holistic approach, obtaining and integrating input from a wide range of sector, as well as ensuring nursing staff compliance with suggested changes. Moreover, preventing and

controlling aggressive and violent behaviour amongst inpatients should be a key innovation in the operation of all mental health facilities. Results of this study indicated that there is a need for interventions that will enable staff to deal effectively with situations that may precipitate anger and assault.

DECLARATION

I declare that:

"An investigation into patients' perceptions of contributing factors toward their aggressive and violent behaviour after admission to a mental health facility".

is my own work, that it has not been submitted before for any degree or examination at any other university, and that all the sources have been indicated and acknowledged by complete references.

Evalina van Wijk October 2006.

Signed: ---

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CHAPTER ONE
ORIENTATION TO THE STUDY

1.1 INTRODUCTION

This chapter is concerned with an orientation to the study in which the formulation of the research problem, significance of the study, research methodology, ethical consideration and limitations of the study are described. At the end of this chapter, an outline of the study is presented.

1.2 FORMULATION OF THE PROBLEM

1.2.1 Background of the problem

The increasing interest in inpatient violence and aggressive behaviour found in the literature is due to the common occurrence of such incidents in mental health facilities, with 75% of mental health nurses being physically threatened at some stage (Munro, 2002:38). In a study conducted in 1997 in a closed mental health admission ward, as noted by Nijman, áCampo, Ravelli and Merckelbach (1999), one aggressive incident per day was reported. Literature reviews pertaining to violence in institutional settings generally report on violence towards staff members, and the risk posed by patients to other patients (Morrison, 1990:32). For the past twenty-five years numerous attempts have been made worldwide to identify why mental health facilities are disrupted by the occurrence of aggressive and violent behaviour, and why such incidents are often under-reported (Owen, Tarantello, Jones & Tennant, 1998:1456).

A Science and Human Rights Coalition (SHRC/AAAS, 1998) analysis confirmed this perception by highlighting a number of difficulties relating to the general conditions and violence in mental health facilities, e.g. Weskoppies Hospital and recommended that follow-up research studies be conducted (SHRC/AAAS, 1998). It appears, however, that these recommendations for studies examining violence within the mental health facilities have not been followed in the Western Cape. Motivation to pursue an investigation into the occurrence of aggressive and violent behaviour in mental health facilities was further prompted by the concerns of Bothwell (2001:321) who also found that there is a dearth of literature in South Africa relating to the possible contributing factors towards violent and aggressive behaviour in patients with mental illness. It is

the view of the researcher that there is a need to determine how various external and situational factors might predispose patients to aggression or violent behaviour at psychiatric inpatient facilities.

A clinical psychologist, based at Valkenberg mental health facility, indicated that there is widespread concern about the increase of aggressive and violent behaviour after admission to the mental health inpatient facilities in the Western Cape (personal communication, 2 June 2003). Two new admission wards are currently being built on the premises of the Valkenberg mental health facility in order to alleviate some of the perceived causative factors of violence such as lack of privacy. Provision will be made for more space, more privacy and protected open areas to avoid the current overcrowding which is thought to contribute to aggression and violent behaviour. Three video cameras will be installed not only for nursing staff to observe patients, but also to protect patients and staff (personal communication, 2 June 2003).

Aggressive and violent behaviour in inpatient mental health facilities is found world-wide and is a frequent and serious clinical and nursing care problem (Katz & Kirkland, 1990:262; Shah, Fineberg & James, 1991:305; Davis, 1991:585; Palmstierna, Borje & Wistedt, 2000:79 and Duxbury, 2002:325). Aggressive and violent behaviour causes severe disruptions of occupational, societal, familial and other social functions (Palmstierna & Wistedt, 1995:32; Carlsson, Dahlberg & Drew, 2000:545 and Sjöström, Eder, Malm, & Beskow, 2001:459). Sclafani (2000:2) indicated that mental health facilities are disrupted by incidents of violence and aggression and that these acts are inevitable, it should not be accepted passively with a "business as usual" attitude. Sclafani (2000:3) states that it is no longer appropriate for mental health service providers to focus on this issue from the passive perspective that "violence is part of the job". These issues should be addressed from a documented, comprehensive, and proactive perspective. This approach of violence prevention and intervention should be reflected in three major areas: administrative/managerial leadership and support, clinical inquiry, and staff development and training initiatives.

Katz and Kirkland (1990:262); Lanza, Kayne, Hicks and Milner (1994:319); Kho, Sensky, Mortimer and Corcos (1998:38) and Rabinowitz and Mark (1999:341) conducted studies to identify the possible contributing factors towards aggressive and

violent behaviour in mental health facilities in Western countries. Bothwell (2001:321) reported that there is little sound empirical knowledge regarding the relationship between aggression and violent behaviour and environmental and situational factors in mental health facilities in South Africa. However, no evidence could be found of any prior nursing studies in the Western Cape that have explored these issues, hence this study appears to be the first one of this nature.

Despite the importance of international research findings and recommendations, it appears that patients' perceptions of the possible contributing factors towards aggressive and violent behaviour in mental health facilities is an area of enquiry that has not been widely explored in South Africa in general, or in any of the four associated mental health facilities in the Western Cape, in particular. The researcher's personal experience while working in mental health facilities in the Western Cape confirms that these disturbing phenomena of violence and aggression also occur locally. In South Africa, the respective demands of mental health nursing, legislation and the prevalence of aggressive and violent behaviour in mental health in-patient facilities, place tremendous pressure on the nursing management responsible for the planning and implementing of nursing care. According to the World Health Organisation, such care should be provided in a therapeutic environment, yet due to financial and human constraints it is improbable that new, high-quality state facilities will be provided in the immediate future (WHO Report, 2001). It would therefore be pertinent to identify possible contributing factors to aggressive and violent behaviour in the Western Cape mental health facilities in order for appropriate responses to be formulated.

1.2.2 Problem statement

During 2003, the management of the Valkenberg mental health facility asked patients who had been admitted previously, and who were at that stage attending the out patient department (OPD), to complete an evaluation questionnaire. The responses of those who completed the questionnaire indicated general satisfaction with treatment in the OPD, but considerable dissatisfaction with inpatient services. Unsatisfactory or negative ratings were recorded in the categories of boredom, privacy, cleanliness, the quality of bedding and toilets in the admission wards, food quality, visiting hours, safety issues, and lastly the availability and listening skills of nurses. Personnel have

expressed increasing concern about inpatient violence. The January 2002 report of the Director of the associated mental health facilities in Cape Town noted that violent incidents in the psychiatric services are increasing, and recognised the need for protocols regarding the safe and acceptable management of patients in order to prevent violence and aggression (personal communication, 27 February 2003).

While the poor state of the facilities and staffing shortages are disturbing, it does not provide sufficient explanation for the current situation (injury to patients) in the mental health facilities. From personal experience the researcher gathered that factors such as low staff morale, a lack of adequate training, a lack of leadership in certain areas, poor communication, administrative inefficiencies, hostility, and divisions between different nursing categories and wards (for example: acute admissions and pre-discharge wards) contribute to the current situation.

1.3 Significance of the study

Owen, et al. (1998:1456) reported that research from a nursing perspective on factors relating to mental health inpatient violence is lacking. These authors support the urgent need for research to identify nursing issues, which may contribute to inpatient aggression and violence. Blair and New (1991:25) state that violence in our society is an increasing national concern and that the occurrence of violence in mental health facilities reflects this trend. Abundant international epidemiological evidence exists which support interplay between patient, environmental and situational factors that contribute to the prevalence of aggressive and violent behaviour in mental health facilities (Cooper & Mendonca, 1991:163; Morrison, 1994:245 and Schanda & Taylor, 2001). Due to the complexity of violent behaviour, it is vital to develop interventions that cover the range of causative factors. Palmstierna and Wistedt (1995:32) and Love and Hunter (1996:30) caution, however, that the phenomenon of aggressive and violent behaviour does not lend itself easily to measurement.

The findings and recommendations of this study could prompt mental health providers, service managers and mental health nurses at these facilities to share their experiences and perspectives with each other, with a view to addressing the areas of concern around the possible contributing factors towards violent behaviour in inpatient facilities.

1.4 AIM AND OBJECTIVES OF THE STUDY

1.4.1 Aim

To investigate the factors contributing to patients' aggressive and violent behaviour in mental health facilities in Cape Town, as seen from patients' perspectives.

1.4.2 Objectives

The study focused on the following objectives:

1. to explore patients' perceptions of the environmental factors that possibly contribute to their aggressive and violent behaviour;
2. to explore patient's perceptions of the situational factors that possibly contribute to their aggressive and violent behaviour; and
3. to identify possible interventions to reduce aggressive and violent behaviour of patients in the acute wards of mental health facilities in the Western Cape.

1.5 OPERATIONAL DEFINITIONS

For the purpose of this study the following definitions apply:

Aggression any verbal behaviour that comprises insulting, threatening or disruptive and abusive language directed towards the self or others that upset the communication.

Violence: violence occurs when physical force is used that results in harm of the self, others or property.

Internal factors: the role of patient variables, such as the specific mental health diagnosis, as risk factors for aggressive and violent behaviour.

External factors: the impact of environmental factors on the incidence of patient aggression such as hygiene of ward environment, ward atmosphere, living conditions and nursing staff/patient ratio.

Situational factors: the impact of patient and nursing staff interactions on the incidence of patient aggression.

1.6 STUDY OUTLINE

Chapter One introduces the study, the background statement, problem statement, aim, objectives and significance of the study, and operational definitions. **Chapter Two** presents literature on the contributing variables (pertaining to environmental and

situational factors) which may influence patients' aggressive and violent behaviour after admission to a mental health facility. **Chapter Three** presents the research design and methodology process, while **Chapter Four** is a presentation and discussion of the research findings. **Chapter Five** provides a summary of the findings, recommendations, problems experienced during the research and conclusions.

This chapter has given a description of the problem being studied, aims and objectives of the study, an introduction to the literature review and as well as definition of terms. Chapter **Two** comprises a presentation of the literature reviewed.

CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

This chapter is concerned with a review of the literature relating to factors contributing to aggressive and violent behaviour in mental health inpatient facilities.

Carnwell and Daly (2001:57) state that the purpose of a literature review is to "critically appraise and synthesize the current state of knowledge relating to the topic under investigation as a means of identifying gaps in the knowledge". Necessary steps in this process include a definition of the scope of the review, identifying sources of information, reviewing the available literature, and conducting the review. The purpose of this review was to survey available electronic databases (eg PubMed) and the English language psychiatric and nursing peer reviewed journals in order to identify, firstly, the general scope of research reports on contributing factors to violence and aggression in mental health facilities, and secondly, theoretical reviews of the subject. Lastly, since a stated purpose of this study is to try and identify interventions to reduce violence and aggression, a review of management principles is given at the end of this chapter.

During the literature search it was established that research reports generally centred around patient-related factors, environmental factors and staff-patient interactions as contributing factors toward patients' aggressive and violent behaviour after admission to a mental health facility. Indeed, Duxbury (2002) identified three models which incorporate explanations for the causes of such behaviour. Although Duxbury's framework includes patient factors (Internal model) as important contributing factors toward aggressive and violent behaviour, it is not a focus area for this study. The objectives of this study are the environmental and situational factors which will be discussed, respectively, under Duxbury's External and Situational models (Duxbury, 2002).

2.2 THEORETICAL FRAMEWORK

Duxbury (2002:325) identified three models, which incorporate explanations for the causes of such behaviour. Each model highlights areas of concern, including patient variables (Internal model), environmental variables (External model), and deficiencies within staff-patient interactions (Situational model). It was found to be a useful construct for this study, and to formalise the literature review. Since patient factors do not form part of this study, the Internal model will not be discussed further.

The following sections describe the possible factors associated with aggressive and violent behaviour in mental health facilities, as found in the literature, and grouped according to the remaining two models.

2.3 EXTERNAL MODEL (ENVIRONMENTAL FACTORS)

This model focuses on the impact of environmental factors upon the incidence of patient aggression, including building deficits (limited physical space, overcrowding, poor provision of privacy), hospitalization, hospital shifts, the timing of assaults, staff gender, experience, grade and training, as well as other poor environmental provisions (Johnson, Martin & Guha, 1997 and Nijman & Palmstierna, 2002).

2.3.1 Hospitalization

According to Letendre (1997:285), patients subjected to involuntary commitment have a more negative perception of mental health facilities than those admitted on a voluntary basis. Patients in mental health facilities also mentioned some restrictive practices, namely doors that are locked, and personal belongings being confiscated, which is consistent with findings from Kho, et al. (1998). In addition, patients have to submit to the regulations of daily ward life imposed by staff. Users find these rules oppressive and feel that they are being reduced to an infantile status. Patients describe the wards as places of locked doors and heavy sealed windows, which give the impression of being imprisoned, small beds and limited space that has to be shared with several others, a space where staff members simply walk in as if they were in their own home.

Gruenberg, et al. (1967) cited in Rabinowitz and Mark (1999) noted that previous studies suggested that the hospital environment can lead to social breakdown and thereby affect the behaviour of institutionalised individuals.

2.3.2 Ward atmosphere

The necessity of a safe environment is evidenced in at least two domains, namely physical safety (Megaree, cited in Lanza, et al. 1994) and the therapeutic ward climate, also known as social safety (Moos, Shelton & Petty, 1973).

Katz and Kirkland (1990) and Holmqvist and Fogelstam (1996) also confirmed the importance of the ward milieu in the treatment of psychiatric patients, and noted that this has been emphasised for many years. Many psychiatric institutions, in accordance with therapeutic milieu principles, have had the goal of changing the traditional custodial and hierarchical wards to more democratic organisations, where patients have a greater influence on ward decisions and where the rules are open to negotiation (Katz & Kirkland, 1990).

Closely related to the above, the evaluation of a patient's potential for violence is an important component of care in mental health inpatient settings. Beauford, McNiel and Binder (1997) reported that the therapeutic alliance is an important predictor of the effectiveness of inpatient treatment. It was found that if the therapeutic alliance during the initial evaluation is ineffective, the risk of the patient exhibiting physical attacks or inducing fear during the first week of hospitalisation will be higher.

An element of the milieu which has been overlooked is the intensity of environmental stimulation, because right from the beginning, patients are forced into all sorts of group meetings where communication is often complex. Several members may speak simultaneously and statements are often wordy, long and abstract. Meetings are often lively with laughter and, especially in the more analytically orientated milieus; there is a search for hidden meanings. Melle, Friis, Fauff, Island, Loretzen & Vaglum (1996) noted that the therapeutic atmosphere might contain an overdose of environmental stimulation for some. Factors such as loud music, the inability to distinguish staff from patients by dress and discouragement of the sick role all contribute to patients acting aggressively and violently because the circumstances are bewildering.

According to Miller, Zadolinnyj and Hafner (1993); Van der Slot (1998) and Gunderson (1983), cited in Gebhardt and Steinert (1999), ward atmosphere, whether it is peaceful and supportive, or hostile and disturbing, is an important factor in psychiatric inpatient treatment. Nijman, Merchelbach, Allertz and aCampho (1999) reported that the most unfavourable impact on ward atmosphere is due to severely disturbed patients who are loud, humiliating, disorganised and violent.

A study done by Middelboe, Schjodt, Byrsting and Gjerris (2001) investigated the relationship between patients' perception of the real ward atmosphere and their satisfaction. They used the Ward Atmosphere Scale (WAS) and a satisfaction questionnaire, and reported that patients in locked wards perceive more anger and aggression, whereas patients subjected to coercive measures perceived less autonomy and practical orientation. Patient satisfaction was predicted by higher scores on the WAS dimensions. In particular, support, order and organisation predicted satisfaction, except from the areas of anger/aggression and staff control. Patients gave the "ideal" ward higher ratings on all scales. The perceived gap between the ideal and real ward explained 45% of variance in satisfaction. Their findings support the idea that patients' perception of the ward atmosphere is a meaningful measure and this perception appears to be a strong predictor of satisfaction (Middelboe, et al. 2001).

Evans (1992) strongly supports the fact that patients' satisfaction with treatment has to be taken into account in order to improve psychiatric inpatient services.

Katz and Kirkland (1990:272) noted that social mechanisms that can control or limit violence could alleviate patients' feelings of vulnerability, reduce the threat level they perceive in the environment, and support in them a growing sense of being in control.

2.3.3 Living conditions

According to Lanza, et al. (1994:320), living conditions are important determinants of aggressive and violent behaviour. These include various forms of restraint and seclusion, the influence of the physical environment such as colours, arrangements of

rooms, furniture and crowding (Bensley, Nelson, Kaufman, Silverstein & Shields, 1995).

2.3.4 Activities of the day

Lanza, et al. (1994) and Owen, et al. (1998) noted that violence has been known to increase around meal times, or during times that are allowed to patients to walk around freely. Results of similar studies done by Bradley, Kumar, Ranclaud and Robinson (2001) found that incidents of aggressive and violent behaviour were most likely to occur during the afternoon shifts when there is a lack of structured interaction and socialisation such as ward outings, therapeutic groups and interviews.

Tardiff and Sweillam (1982) cited in Rabinowitz and Mark (1999), also found that there were fewer incidents when there was more structured interaction and socialisation such as occupational and industrial therapy. These authors indicated that the potential for violent incidents is greater in periods when patients move or gather in groups, for example, when they walk together from the ward to the dining room.

Health care givers and managers have the responsibility to monitor the frequency and types of untoward incidents that occur concerning patients in their care (Fairlie & Brown, 1994:864). These authors identified that the highest risk period for the occurrence of aggressive and violent incident is 16:00 to 19:00 and up to 22:00. One possible explanation is that frustration and tension build up during the day among some residents and occasionally crossing some kind of threshold in the late afternoon. A further explanation is that by 16:00 patients are leaving the structured environment of various therapy departments. The availability of staff to respond to patients' incidents of aggressive and violent behaviour is variable - between 8:00 and 9:00 patents are being washed and dressed before going to the various therapy departments. Staff members are involved in these activities, which enable them to assess potentially aggressive behaviour in order to intervene before violence occurs.

Study findings from Owen, et al. (1998:1455) and Rabinowitz and Mark (1999:343) have found that violence increases during less structured ward activities. Those studies on the timing of violence in mental health wards indicate that it is most likely to occur during times of transition or uncertainty, such as when staff shifts change, or when the