

Linda M. Gorman
Donna F. Sultan

Arnel Banaga Salgado, PsyD, EdD, RN
Assistant Professor
RAK College of Nursing

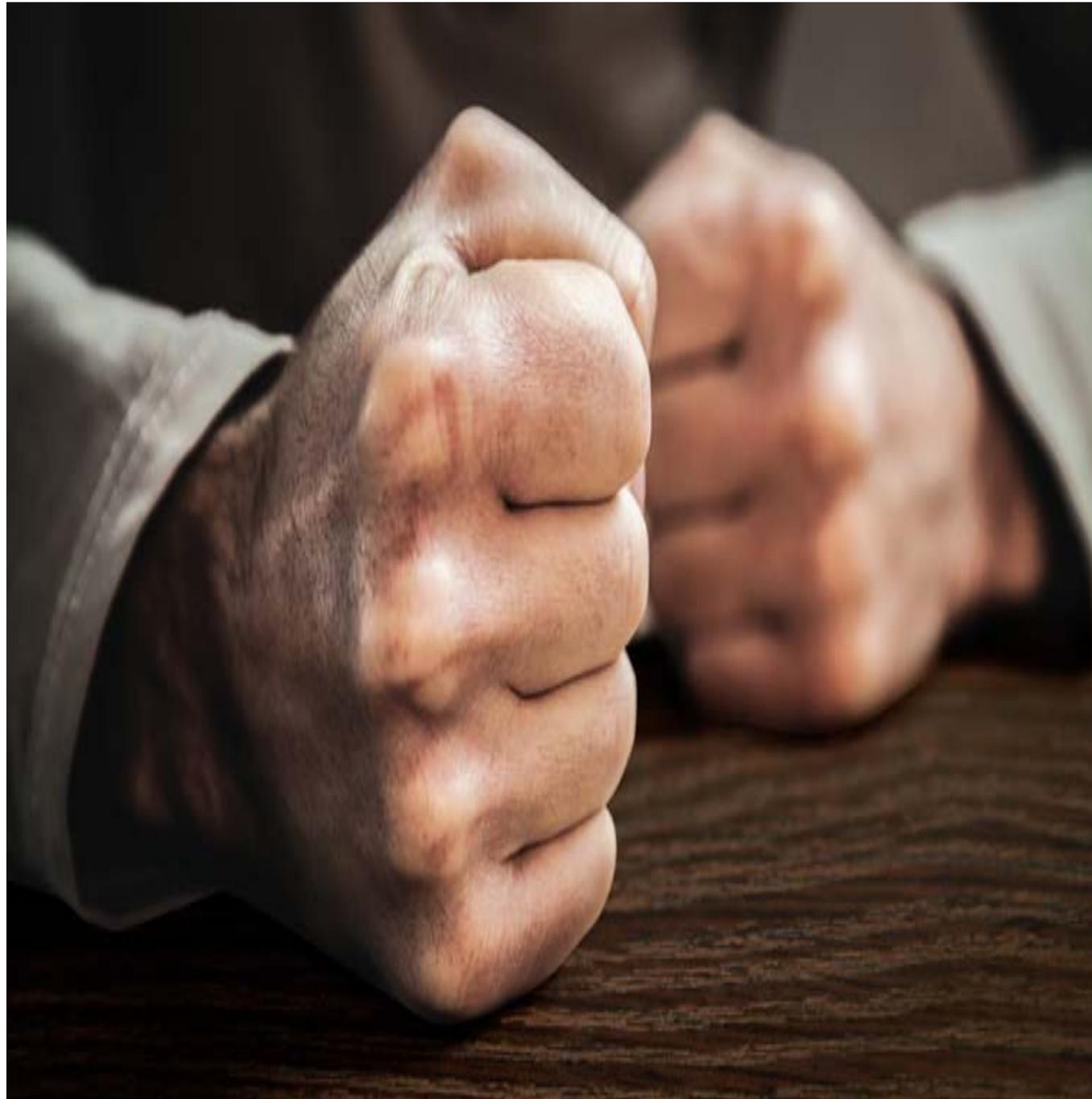
8

Commonly Encountered Problems: Problems with Anger

PSYCHOSOCIAL NURSING FOR GENERAL PATIENT CARE

3rd EDITION





The Aggressive and Potentially Violent Patient



Learning Objectives

After the classroom discussion, the students will be able to:

- 1. Identify factors that precipitate aggressive behavior.**
- 2. Describe effective techniques for verbal de-escalation of aggressive behavior.**
- 3. List possible nursing staff reactions to violent behavior in patients.**
- 4. List interventions a nurse could use in working with a violent patient.**



Useful Terminologies

1. *Aggression* – Any verbal or nonverbal, actual or attempted, forceful abuse of the self or another person or object.
2. *Assaultive behavior* – An intentional act that is designed to make another person fearful and produces harm.
3. *Chemical Restraints* – Use of medication as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition
4. *Hostility* – Anger that is destructive in nature and purpose as opposed to rational anger that is appropriate to the situation and is not destructive in intent.
5. *Intimidation* – The use of threats to frighten and control.



Useful Terminologies

6. **Physical restraint** – Any physical method of restricting an individual's freedom of movement, activity, or normal access to his or her body and cannot be easily removed.
7. **Rage** – Engulfing emotional experience of extreme anger.
8. **Seclusion** – Involuntary confinement of the patient alone in a room or an area where the patient is prevented from leaving as a means of controlling impulses that might lead to the immediate harm of the patient, staff, or others
9. **Workplace violence** – Violent acts including physical assaults and threats of assaults directed toward any persons at work or on duty. Four categories include violence by strangers, clients, coworkers, and personal relations.
10. **Violent behavior** – Exertion of extreme force or destructive acts with intent to hurt another and that can cause injury.



Introduction

- The presence of violence in our society has unfortunately become increasingly common.
- Hospital- related violence is higher than in other private service businesses.
- Health-care and social service workers have the highest rate of nonfatal assault injuries in the workplace with nurses being 3 times more likely to experience violence than other professionals.
- Psychiatric and emergency room nurses are at highest risk (Catlette, 2005; Emergency Nurses Association, 2006).
- The American Nurses Association (2002) also reports that more than 80% of assaults on nurses go unreported.



Causes of the Increased Violence

- Attitudinal changes in society with increased acceptance of violent response to authority figures
- Increased prevalence of handguns among patients, families, and visitors
- Increased use of mind-altering drugs and alcohol
- Court decisions that give psychiatric patients the right to refuse treatment and medication
- Health care staff members who are inadequately prepared to respond to aggression or who deny the risk of violence and fail to report it
- Increasing frustrations in health-care settings, including inadequate staffing and long waits



Causes of the Increased Violence

- Health-care workers in isolated environments (e.g., examining rooms, in patient's home) with no backup, communication devices, or alarms
- Impersonal care, which may stress already frustrated patients
- Legal and ethical concerns about using chemical and physical restraints
- Media coverage of violence, which triggers additional crimes



ETIOLOGY

Aggressive, violent behavior has many causes. Most studies of the causes of aggression have been done on subjects with mental illness or prison populations, which may skew the results.

***Biological theories** include genetics, which links chromosomal abnormalities to aggressive behavior, hormone imbalances, and neurotransmitter irregularities, specifically the abnormal secretions of dopamine and serotonin.*



ETIOLOGY

Psychological theories on aggression

- Individuals prone to violence often have low self-esteem and need to maintain control to enhance their own feelings of power and self-worth.
- Fear and anxiety can distort an individual's perception of the stimulus.
- Aggressive behavior temporarily reduces the anxiety and creates a temporary sense of power.
- Individuals who have experienced emotional deprivation in childhood may be particularly vulnerable and respond with violent outbursts when they sense an attack on their self-esteem.



ETIOLOGY

Social learning theory

- Views aggression as a learned behavior.
- Individuals with a tendency toward aggressive, violent behavior may be more likely to respond to stressors such as illness, school or work pressures, or relationship problems with anger and hostility because they have learned that such behavior temporarily reduces their anxiety.



ETIOLOGY

Sociocultural theories

- Look at an aggressive individual's poor interpersonal skills.
- Exposure to aggression and violence as part of family life may also be a significantly influential factor.
- Children who are treated with violence may view violence as a normal way to deal with others.
- The cycle of family violence continues when children learn to use violence as their only coping mechanism instead of more socially acceptable ones.
- Poverty, deprivation, and hopelessness can also increase the risk of violent behavior.



RELATED CLINICAL CONCERNS

A wide variety of organic disorders may be associated with aggressive and violent behavior. These include the following:

1. Intracranial Disorders

- *Brain tumors*
- *Head injury*
- *Seizure disorders*
- *Cerebrovascular accident*
- *Dementia*



RELATED CLINICAL CONCERNS

2. *Systemic Disorders*

- Endocrine disorders such as thyroid storm or Cushing's syndrome
- Electrolyte imbalance
- Oxygen deficiency
- Septicemia
- Hepatic encephalopathy

3. *Exposure to Substances*

- Alcohol use or withdrawal
- Use of mind-altering substances such as phencyclidine and amphetamines and crystal methamphetamine
- Withdrawal from barbiturates and sedatives
- Use of aromatic hydrocarbons (glue, paint)
- Use of medications such as steroids, central nervous system stimulants, and antiparkinsonian agents
- Exposure to toxic chemicals, pesticides, lead



LIFE SPAN ISSUES

Children

- Constant exposure to violence in childhood is a major factor contributing to the cycle of child abuse and family violence.
- Children who learn to use violent behavior to cope with frustrations and problems are likely to carry these behaviors into adulthood and may need to learn effective coping skills.
- Early signs of problems may include cruelty to animals and other children, as well as difficulty controlling responses to frustration.



LIFE SPAN ISSUES

Adolescents

- Adolescents may act out aggressive feelings by participating in self-destructive behavior such as drug or alcohol use, smoking, or crime. Using mind-altering substances increases the risk of violent behavior. Homicide is the leading cause of death in the 15- to 24-year-old age group (Dowd, 1998).



LIFE SPAN ISSUES

Adults

- Aggressive behavior in adults often reflects lifelong learned patterns.
- For instance, persons who abuse their spouses have often witnessed abuse in their parents' relationship or been abused themselves as children.



LIFE SPAN ISSUES

Older Adults

- Like anger, violent behavior can be a lifelong pattern or be caused by physical illness or adverse reactions to medications.
- Aggressive behavior may also be a self protective response related to confusion, fear, or sensory loss (particularly hearing loss).
- Most frequently, aggressive behavior in elderly persons is associated with Alzheimer's disease, senile dementia, cerebrovascular accidents, metabolic disorders, and hypoxia.
- Management of aggressive and violent behavior in nursing homes may be impacted by policies and federal requirements to reduce use of physical and chemical restraints.



ASSESSMENT

1. Behavior and Appearance
2. Mood and Emotions
3. Thoughts, Beliefs, and Perceptions
4. Relationships and Interactions
5. Physical Responses
6. Pertinent History



COLLABORATIVE MANAGEMENT

1. *Pharmacological*

- It is important to use appropriate medications in adequate doses as an alternative or adjunct to physical restraints to manage aggressive behavior.
- Just as physical restraints and seclusion must be closely regulated, so is the use of psychotropic medication when it functions as a chemical restraint.
- Pharmacological management of acute aggressive or violent behavior may require rapid tranquilization, which involves regular, frequent administration of antipsychotic medications such as haloperidol (Videbeck, 2004).



Encouraging an Uncooperative Patient to Take Medication

- Have the nurse who has the best relationship with patient offer the medication. Avoid power struggles and confrontations, which would most likely escalate the situation.
- Have the medication in hand so that it can be given quickly when the patient gives consent. The patient may change his or her mind suddenly.
- Be prepared for the patient to spit out the medication. This is especially common in elderly, aggressive patients.
- Use liquid oral medication if available. It is absorbed more quickly and is less likely to be “checked.” If medication needs to be given by injection, work quickly. Have adequate staff available in case violence erupts.
- Review with the patient the benefits of medication and that it will help him or her gain control of his or her feelings.



NURSING MANAGEMENT

RISK FOR VIOLENCE, DIRECTED TO OTHERS evidenced by overt hostility and/or aggression to others, threatening others, possession of potential weapon, assaulting others related to impaired judgment, feelings of powerlessness, impulsive behavior, inability to evaluate reality secondary to neurologic problems, psychotic thoughts, and/or drug/alcohol use.

Patient Outcomes

- Demonstrates increased self-control while in nurse's care
- Does not harm others or self while in nurse's care
- Demonstrates alternative coping mechanisms to reduce tension while in nurse's care
- Behavior does not escalate while in nurse's care



NURSING MANAGEMENT

Interventions

- Help patient to verbalize angry feelings by reflecting and by clarifying your understanding of these feelings.
- Communicate your interest by appropriate eye contact, restating what patient has said, and asking questions.
- Help patient identify source of anger. Recognize that response to illness may make the person feel helpless with the need to strike out to gain a sense of control.
- Early recognition of problem behavior is essential so that staff members can develop a plan.
- If needed, allow patient to release tension physically on inanimate objects such as pillows or in prescribed exercise, as appropriate.
- Do not take patient's behavior personally.



NURSING MANAGEMENT

- Do not ignore aggressive behavior in the hope that it will go away. It needs to be addressed. Minimization of behavior and ineffective limit setting are the most frequent factors contributing to escalation to violence.
- Set clear, consistent limits in a timely manner on what will and will not be tolerated. Clarify any specific consequences of patient behavior. For example, “If you attempt to hurt anyone, we will be compelled to control your behavior, which may mean using restraints”
- Identify one or two staff members who are comfortable with the patient to handle most of the care if possible to help provide consistent interventions.
- Evaluate whether a male or female staff member has a more



NURSING MANAGEMENT

- Free patient's environment of extra stimulation, such as noise or an agitated roommate.
- Remove objects around patients that could be used as potential weapons such as portable IV poles or food trays and utensils.
- Consider providing plastic food dishes and utensils. Avoid startling the patient. Call patient by name before walking into room. Avoid sudden movements that the patient may interpret as threatening.
- Never force an agitated patient to have a test or treatment.
- If the patient is psychotic, he or she may be hearing voices.



NURSING MANAGEMENT

- Potentially violent patient may bring fears from this past experience, which could inhibit his or her response. Sharing these fears with colleagues may provide much needed support. Use agency resources for support including employee assistance or critical incident debriefing to help colleagues.
- If a patient makes threats to harm specific people, the nurse needs to notify his or her supervisor and follow protocol for notifying potential victims.



NURSING MANAGEMENT

- A visitor who becomes aggressive or violent needs to be reported to the agency security staff immediately and removed from the patient care area.
- Ensure that measures and policies are in place to prevent workplace violence.
- In the patient's home setting, be aware of exits in case a problem develops.
- Never stay alone in a home with a patient or family who is threatening violence, drinking, or displaying firearms.
- Consider making home visits with a colleague when there is a known risk of violence.
- Leave the home immediately if there is any sign of out-of-control behavior.
- Have access to a cellular phone in case of emergency.



NURSING MANAGEMENT

RISK FOR INJURY evidenced by falls, pain, trauma, skin breakdown related to restraining patient to control violent behavior.

Patient Outcomes

- Remains free of injury and complications during restraint application
- Demonstrates control of behavior once restraints are removed



NURSING MANAGEMENT

Interventions

- Identify ways to increase the person's self-esteem as part of expressing anger by treating him or her respectfully and acknowledging his or her skills or attributes.
- Focus on the patient's strengths to deal with frustration. Help him or her identify which coping skills have been successful in the past.
- Teach the patient that anger is a normal response to loss. Some individuals are unable to accept this anger as normal and experience unneeded guilt.
- Encourage the patient to state the cause of the problem clearly to avoid erroneous assumptions.



NURSING MANAGEMENT

- Once the decision is made to restrain patient, act quickly and decisively.
- Determine what appropriate type of restraint is to be applied before approaching patient.
- Never attempt to restrain a patient by yourself.
- Decide in advance who will grab which arm or leg if patient must be restrained.
- The presence of a number of staff members (show of force) alone may subdue a patient.
- Identify a leader before taking any action.



NURSING MANAGEMENT

- Designate one person to talk with the patient and another to direct the other staff.
- Remove other patients from the area.
- Maintain a firm base of support for balance if you are suddenly pushed. Remove name badge, eyeglasses, jewelry, and so on to avoid injury.
- If patient is resisting, he or she may need to be distracted.
- Once restraints are applied to bed frame, take the time to talk with the patient in a calm, concerned manner to try to humanize situation.
- Call patient by his or her name.



NURSING MANAGEMENT

- Make sure patient has no potential weapons within reach.
- Administer medications as ordered.
- Monitor the patient closely and document findings according to agency policy including vital signs, circulation extremities, and intake/output.
- Remove restraints and observe patient closely when the situation is under control.



NURSING MANAGEMENT

- Once the patient has regained control, discuss with him or her why that intervention was used, and allow opportunity to express feelings.
- If the patient has a gun or other weapon, never attempt to disarm him or her.
- Consider taking a specialized class on use of defensive techniques such as management of assaultive behavior. Proper training is essential to prevent injury to patients and staff. Staff members can practice with each other to demonstrate how they would handle a violent patient.
- Identify jobs at higher risk of exposure to violence and ensure that employees in these jobs have adequate training.



NURSING MANAGEMENT

ALTERNATE NURSING DIAGNOSES

1. Anxiety
2. Coping, Ineffective
3. Self-Esteem, Disturbed
4. Thought Processes, Disturbed



WHEN TO CALL FOR HELP

- Escalation of behavior from aggressive to violent
- Patient in possession of a weapon
- Inadequate staff members available to control behavior
- Increased staff anxiety over caring for the patient
- Staff members at risk for violence without adequate training/security
- Staff potential for injury or emotional trauma



WHO TO CALL FOR HELP

- Other colleagues in area of incident
- Security/law enforcement
- Psychiatric Team



End of Chapter

