



Nursing students' experiences in managing patient aggression

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Summary

Background: Nursing students are at high risk to become a victim of patient aggression. There is little evidence that training programmes developed for post-registered nurses or nurses in psychiatric or forensic settings can meet the needs of nursing students. To gain more insight into student nurses' educational outcomes in Germany the view of the target group was explored.

Methods: Twelve nursing students participated in semi-structured interviews. Data were evaluated by qualitative content analysis.

Results: Managing patient aggression is a general challenge for nursing students and is not confined to psychiatric settings. Specific problems of beginners became evident. Additionally, general issues were addressed on control of causes of aggression, interpretation aggressive situations, dealing with the aggressive patient, coping with stress, and organizational issues.

Conclusion: Nursing students need preparation and training in handling patient aggression. They should acquire knowledge about aggression, awareness of contributing problems, self-confidence in dealing with aggressive patients, assertiveness and empathy in communication and the ability to cope in an appropriate manner. In addition the safety policy of hospital placements should be examined for appropriateness to support nursing students.

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Introduction

Aggression is present in human life like love, sorrow and joy. Although nursing students are prepared to deal with emotions of patients they often seem ill prepared to deal with aggression. Aggression is defined by the American Psychological Association as "behaviour performed by one person (the aggressor) with the intent of harming another person (the victim) who is believed by the aggressor to be motivated to avoid that harm. 'Harm' includes direct physical harm (e.g., a punch to the jaw), direct psychological harm (e.g., verbal insults), and indirect harm (e.g., destroying the victim's property)" (APA, 2000, p. 163). Research undertaken by the British Home Office and by the North Eastern Health Board in Ireland has shown that the nursing profession has one of the highest risks to be assaulted (Budd, 1999, 2001; McKenna, 2004; Upson, 2004). Within this professional guild nursing students are very often the target of patients' aggressive behaviour (Beech, 2001; Rippon, 2000; Taylor, 2000; Wells and Bowers, 2002). A Swiss study reports that 47% ($n = 114$) experience threats and that 37% had been attacked one or more times in psychiatric nursing settings (Abderhalden et al., 2002). Another study shows that the problem is not confined to the psychiatry. Zeller et al. (2006) asked 117 nursing students about their experiences of patient aggression. Twenty-six percent were confronted weekly with aggressive behaviour, 37% reported feelings of threat once or more, 27% were assaulted physically by patients, and 87% report verbal assaults. An unpublished survey at the nursing school under investigation conducted on a convenience sample of 98 students in summer 2005 revealed that 60% of the students had experienced different types of aggression: 44% twice or more, 47% as verbal abuse, 46% as physical violence, and 20% as sexual harassment. A further survey in the same school focusing especially on third year nursing students using "Perception of Prevalence of Aggression Scale – POPAS" (Nijman et al., 2005) shows that after two years into nursing education all students ($n = 63$) had experienced at least one aggressive incident by a patient in the work placement in the last 12 months. The mean of all reported occurrences was 40 regarding patient aggression and 11 regarding aggression perpetrated by relatives (Stefan & Dorfmeister, 2006). The problem is neither confined to a certain country nor to psychiatric settings as all the literature demonstrates. (O'Connell et al.,

2000; Wells and Bowers, 2002; Winstanley and Whittington, 2002, 2004). On this topic International Council of Nurses (ICN) concluded: "General patient rooms have replaced psychiatric units as the second most frequent area for assaults." (International Council of Nurses, 2001) Given these findings it is safe to assume that the capacity to manage patient aggression is an essential competence for all nurses. There is much knowledge about aggression induced suffering of qualified nurses but there is little known about the specific situation of nursing students. In general, it is known that relating to verbal and physical aggression staff experiences feelings such as frustration, anger, feeling hurt; fear, resentment, helplessness, anxiety and irritation (Zernike and Sharpe, 1998). Short-term reactions of the victims are identified as anger, anxiety, helplessness, apathy, depression, self-blame, dependency and fear of other patients up to long-term reactions like symptoms of PTSD. (Breakwell, 1997; Needham et al., 2005a; Ryan and Poster, 1989; Whittington and Wykes, 1989). It is feasible to assume that nursing students are in an especially delicate situation, as they often are very young and without experience in dealing with aggressive situations or aggressive occurrences. To date educational programmes concerning aggression or violence are paradoxically only offered – if at all – to post-graduate staff (Beech, 2001; Woodtli and Breslin, 2002) This findings also apply to the situation in Germany (Richter, 2005). To raise the likelihood of being implemented into the curricula of nursing education students' preparation in managing aggression should be as efficient as possible with the best quality being achieved in a minimum of time. The Scientific literature about student preparation in managing patient aggression reports positive effects, but provides little information on the precise educational aims, and on the contents. Only implicit hints can be found that programmes should distinguish the levels of the target group (NICE – National Institute for Clinical Evidence, 2005) and the need for further research regarding nursing students is underlined (Beardsley, 2003; Beech, 2003; Needham et al., 2005c; Richter, 2005; Taylor, 2000). Thus, the intention of this study was to gain insight into how nursing students experience patient aggression in order to ameliorate nursing education. To investigate nursing students' opinions on dealing with patient aggression the following research question was addressed: What do nursing students perceive as problems, resources, necessities,

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