

Project description

Inpatients and nursing staff's experiences with dynamic risk factors and inpatient violence in acute psychiatry -A mixed method study

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Background

Acute psychiatric ward environments are associated with increased risk of inpatient violence and studies have reported that 17 - 31% of admitted patients commit violence during hospitalization. Systematic reviews have found that the prevalence of violence varies significantly between studies and institutions.

Inpatient violence negatively affects everyone involved, results in restrictive management strategies and is a barrier to rehabilitation. Inpatient violence is more likely when dynamic risk factors escalate. A systematic review found that statistically significant risk factors included individual cognitive, affective, behavioral, and situational factors.

Staff and patients' perspectives on causes and management of inpatient violence is investigated previously, but there is a lack of evidence from the perspectives of patients. De-escalation is recommended as first intervention when escalating aggression. Nevertheless, inpatients experience that health care staff rather use restrictive measures.

Aim:

The study aims to investigate inpatients- and nursing staff's experiences with dynamic risk factors that triggers inpatient violence.

Research questions:

- (i) Which dynamic risk factors do inpatients experience that triggers inpatient violence, and are there differences between sexes, age or legal status?
- (ii) Which dynamic risk factors do nursing staff experience that triggers inpatient violence, and are there differences between sexes, education levels or numbers of years working in mental health care?
- (iii) Do inpatients and nursing staff experience dynamic risk factors that triggers violent episodes differently, if so, how do their experiences differ?

Method

Design: The project has a convergent parallel mixed method design combining quantitative and qualitative data.

Population and sample: The target population is all inpatients admitted to an Acute Psychiatric Ward in Norway during the data collection period, and nursing staff working at the same ward. The sample will consist of admitted inpatients who commit violence during hospitalization, and nursing staff that witness the respective violent behavior.

Procedure: Written information about the study will be provided by the responsible physician to each inpatient as part of the admission procedure, and each inpatient will be invited to participate in the study and sign the written consent.

Data collection: is planned over a three months period in 2022. Expected number admissions approx. 150.

- (i) Quantitative: All aggressive episodes during the hospital stay will be recorded by the nursing staff, using the Staff Observation Aggression Scale-Revised (SOAS-R). Following any inpatient aggressive episode, the patient and nursing staff are asked to fill in which dynamic risk factors that triggered the violence, and their subjective suggestions on how to prevent possible future episodes, in a form. Unidentifiable patient characteristics (sex, age, voluntary or involuntary admitted) and nursing staff characteristics (sex, education level, number of years working in mental health care) are recorded.
- (ii) Qualitative: Individual interviews with inpatients ($N = 10$) and nursing staff ($N = 10$) to investigate how they experienced mutual incidents.

Data analysis: Quantitative data will be analyzed using IBM SPSS Statistics 27 and Qualitative data analyzed using systematic text-condensation. In the convergent parallel design, the researcher uses concurrent timing to implement the qualitative and quantitative components during the same phase of the research process, prioritizes the methods equally, keeps the components independent during analysis and then mixes the results during the overall interpretation.

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Admission number:
Patient project number:
Incident number:

Time of incident: _____

The inpatient's experienced risk factors that triggered the aggressive incident.

Patient characteristics:
Sex: Female / Male Age: _____ Legal status (filled in by staff): _____

Tick the relevant boxes for the respective incident.

Possible triggers:	Possible triggers:
Symptoms of psychoses	Feeling of being ignored
Confusion	Stress in the patient
The patient's mental health	Feeling of being insecure
Lack of communication from the healthcare staff	Fear
Denial of something	Stress
The ward atmosphere	In need of distraction
Requirement of taking regular medication	Ward culture
Lack of access to regular medication	Strict rules in the ward
Insufficient PRN (Pro Re Nata) medication	The organization of the ward/unit
Too much PRN medication	Lack of access to personal belongings
Anxiety in the patient	Lack of privacy
Anxiety in the nursing staff	Lack of information
Provoked by the nursing staff	Disrespect
Provoked by the inpatient	Lack of therapeutic engagement
Provoked by fellow patient	Not being listened to by nursing staff
Felt ignored by the nursing staff	Personal conflict with nursing staff or fellow patient
Felt trapped	Restrictive measures
Intoxication	Abuse of power by nursing staff
Withdrawal symptoms on intoxication	Lack of support from mental healthcare staff
Lack of care from mental healthcare staff	

Other experienced triggers:
(Use because if necessary)

Suggestions to prevent possible future episodes
(Use because if necessary)

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Patients and health care staff perspectives on violence risk assessment in an acute psychiatric ward.
The staff's experienced risk factors that triggered the aggressive incident. Version 1.0

Oslo University Hospital

Admission number:
Patient project number:
Incident number:

Time of incident: _____

The staff's experienced risk factors that triggered the aggressive incident.

Nursing staff characteristics:
Sex: Female / Male Education level: _____ Experience mental health: _____

Tick the relevant boxes for the respective incident.

Possible triggers:	Possible triggers:
Symptoms of psychoses	Feeling of being ignored
Confusion	Stress in the patient
The patient's mental health	Feeling of being insecure
Lack of communication from the healthcare staff	Fear
Denial of something	Stress
The ward atmosphere	In need of distraction
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Anxiety in the nursing staff	Lack of information
Provoked by the nursing staff	Disrespect
Provoked by the inpatient	Lack of therapeutic engagement
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Expected outcomes

The project will contribute with increased knowledge on inpatients' and nursing staff's experienced dynamic risk factors and triggers for inpatient violence in acute psychiatry and on how inpatients and nursing staff possibly experience risk factors and triggers for inpatient violence differently.

The project may also contribute with increased knowledge on how to achieve less use of restrictive measures and coercion in violence risk management in acute psychiatry.

Limitations: Because the study is based on written consent to participate the sample might become biased, which will reduce the generalizability of the results.

Ethical considerations

The study will be based on written consent and approval from the Regional Committee for Medical and Health Research Ethics and the responsible hospital's privacy representative. The included patient and nursing staff variables are few and not suitable for identifying any participants.

The project may lead to an increased focus on violence risk, that may lead to methodological limitations, but we do not believe that this causes any inconvenience to the inpatients.

The implementation of the results could be of great benefit both to inpatients and the acute psychiatric wards

