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and
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Meeting an aggressive patient

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A guide for nursing students

For further information, please refer to "Meeting an Aggressive Patient" Bachelor's thesis
written by Cojoc, M. & Ngui, J.

Marian Cojoc & Jane Ngui
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Dear Reader,

Incidents of aggression and violence in the health care sector are increasing phenomena around the world. Nurses are three times more likely than any other service occupational group to experience violence in the work place. Student nurses, practicing in any type of clinical environment, are at high risk of becoming victims of aggressive patients due to lack of knowledge about aggression.

The booklet is not intended to scare the reader into thinking that all patients are aggressive. However, it is highly likely that students will meet them one day. It is for this reason that we wish that student nurses would consider the possibility of such an encounter.

This booklet is meant to be an easy to use guide for nursing students that introduces the subject of aggression and its prevention in the clinical environment.

We hope that reading this booklet will give you enough information to get you better prepared for meeting an aggressive patient.

Sincerely,

Jane & Marian

8. Show respect at all times—as difficult as it may seem, you are to keep the conversation professional and treat the person with the same respect you would normally do.

What to do after the aggressive event?

- Always tell your tutoring nurse about what happened, even if it feels insignificant. This will help you start the debriefing process.
- Make an official written report according to the unit's templates
- Follow the unit's protocol for your particular situation.

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will pay more attention to your body language than to what you are saying. Avoid:

- Staring—keep natural eye contact
 - Standing too close—keep within safe distance
 - Crossing your hands on your chest or keeping them on your hips—keep them relaxed with palms open where the patient can see them.
 - Standing face to face—even if you sit down, try to keep a slight angle from the frontal approach. It is less confrontational.
 - Pointing at or touching the patient
 - Facial expressions that might annoy the patient—like smiling, frowning, eye rolling, etc.
3. Check your paraverbals—this refers to the tone, volume, rate, and rhythm of your speech.
 4. Keep it simple—speak clearly and with short sentences. Don't give complicated choices.
 5. Allow the patient time to speak their mind—Listening to what they are saying might help find a solution to their problem. This also helps the patient to vent out their frustration. Being quiet allows the patient to clear out their thoughts.
 6. Isolate the individual—try to get them to a more quiet place where they would get a chance to calm down. Attracting a crowd might put more fuel to their fire.
 7. Check the content of your language—use the pronoun “we” instead of “I” or “you” (Eg: It is now clear that WE have a problem...). Avoid the use of the words “never” and “always”.

What is aggression ?

Aggression can be defined as any behaviour that is intended to harm another person physically or psychologically.

Forms of aggression

Physical aggression means using force against another person that results to physical, sexual or psychological harm. Acts of physical aggression include kicking, biting, slapping, spitting, throwing objects at somebody, pinching, pushing, shooting, and stabbing.

Psychological aggression is made up of two components:

- Verbal aggression - for example harsh and abusive language, verbal sexual remarks, and verbal attacks on personal attributes like gender, race, sexual orientation, personal outlook.
- Threats - threats of physical harm, threats of harming one's family, threatening gestures.

Safety precautions

What can make a patient aggressive?

Gender—although one might think that males are more predisposed to becoming aggressive, the fact is that both genders are as likely to commit acts of aggression.

Age—there are two age group peaks for aggressive tendencies: 15-35 years and 70-85 years. The younger age seems to be related to aggressive acts reported in the accident and emergency departments while the elders make up the majority of incidents reported in the in-patient settings.

History—a person with a previous history of alcoholism, use of weapons, impulsive dangerous acts, and verbal threats of violence is to be considered likely to repeat his behaviour.

Situational factors—people have different stress tolerance levels. Hospital environment and the events of the day might bring people to reach a point where they act out with aggressive behaviour. Factors that may influence this are: rigid hospital rules, feelings of lack of control, long waiting times, cancelled procedures, bad news, noise, limited privacy, emotional baggage, intercultural miscommunications, language barriers, etc.

- Do not isolate yourself—make sure that other nurses know your whereabouts
- Know the escape routes and avoid corners
- Do not tackle a violent patient alone
- When in danger, the priority is to get away and get help
- Scan for objects that the patient may use as weapons
- Keep a distance between you and the aggressive patient (3,5-4m)
- Never turn your back on the aggressor

De-escalation

De-escalation means “reducing the intensity of a situation”. It is a concept best described as “talking somebody down” before they lose their temper.

Being successful in de-escalation requires a lot of skills and presence of mind. In the event that you notice the patient is becoming aggressive, here are some of the principles that you can use to diffuse the situation:

1. Remain calm—this is easier said than done. It will be hard, but try to keep your composure even when there is somebody shouting at you. Do not respond with the same tone.
2. Watch your body language—an increasingly aggressive person

How to prevent aggression?

- Know the most common risk factors of violence and aggression
- Familiarise yourself with the physical environment where the interaction takes place
- Try to ensure that the environment is clean, that the temperature of the room is adequate, and the noise level is not bothering patients.
- Know your patients
- Find out if there are ward policies or protocols concerning aggressive patients. (e.g.: is there security personnel?)
- Avoid a patient that is presenting signs of aggression. Report the observation and ask for help from your tutor nurse.
- Do not startle patients. Approach patients with caution.
- Do not make promises you can't keep to the patients.
- Always act in a respectful manner and keep interactions at a professional level.
- Avoid challenging, provoking, and confrontations with patients
- Communicate clearly

What can make a patient aggressive?

Mental health—mental illnesses are linked with aggressive behaviour due to their symptoms. Here are some examples: hallucinations, delusions, agitation, anxiety, confusion, anti-social behaviour, impulsivity.

Physical health—Aggression in the hospital setting can be triggered by a number of illnesses:

Brain trauma	Aggression is a well known consequence of brain injury . However, the reasons are unknown
Metabolic disorders	Diabetic patients who are having hypoglycaemia, often are confused and are "combative"
Endocrine disorders	E.g.: Untreated hyperthyroidism may cause a patient to be disoriented and aggressive
Epilepsy, Seizures	After seizures people are in a state of confusion and maybe physically and verbally aggressive
Dementia	Dementia affects cognitive behaviour. Symptoms cause distress and aggression
Infections	Urinary tract infections, pneumonia and tuberculosis are known to cause confusion and aggression in elderly persons
Pain	Patients having chronic pain have reported having feelings of anger
Insomnia	There is a clear correlation between the lack of sleep and aggression

What can make a patient aggressive?

Alcohol —The relationship between alcohol and aggression or violence has been proven to be a fact. This is because alcohol diminishes brain mechanisms that control impulsive behaviour. Alcohol also reduces the thought patterns of an individual, which in turn may lead to misperceived social clues, and overreaction to perceived threats. The aggressive behaviour is usually revealed when the person is under the influence of alcohol or when suffering from alcohol withdrawal.

Drugs—can cause aggression while they are in effect (e.g.: cocaine, amphetamines, sedatives, marijuana) or during the withdrawal period (e.g.: tobacco, opioids).

What are the warning signs to look for?

Verbal warning signs	Physical warning signs	Behavioural Warning signs	Emotional Warning signs	Other warning signs
Impolite language	Angry and tensed facial expression	Refusal to communicate	Irritation and discontentment	Refusal to follow instructions and orders
Swearing	Restlessness, pacing and body tension	Poor concentration	Over exaggerated reactions to problem	Blocking escape routes
Threats and intimidating words	Threatening gestures	Slamming doors		Hallucinations of violence
Reports of angry feelings	Increased breathing	Prolonged eye contact		Behaviours similar to previous episodes of violence
Increased volume of speech	Muscle twitching			
Complaining	Dilated pupils			
Dissatisfaction	Clenched fists & jaws			