GUIDELINES TO SUPPORT PROFESSIONAL NURSES IN MANAGING AGGRESSIVE PATIENTS WITHIN A MENTAL HEALTH CARE UNIT OF LIMPOPO PROVINCE, SOUTH AFRICA

by

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A thesis submitted in fulfilment of the requirements for the Doctor in Nursing degree at the University of Venda

in the

Faculty of Health Sciences

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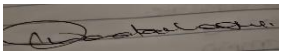
July 2024

DECLARATION

I, **Thandavhathu Tshinanne Gladys**, I hereby swear that this work is original to me and has never been submitted to this university or any other for credit toward a degree. This document contains reference materials that have all been adequately acknowledged.

Signature:  Date: 18/07/2024

DEDICATION

The following are honoured by these thesis:

- I want to honour my late mother, Vho Frida Thandavhathu, who passed on during the proposal stage of this thesis. I wish to thank her for always encouraging me to study hard.
- My two daughters, Muano and Ofanelwa, for their support.
- My siblings, Takalani, Cecilia, Livhuwani, and Reuben, for their encouragement.
- My nieces and nephews for giving me hope when things were tough.

ACKNOWLEDGEMENTS

I would like to express my gratitude to the following people for making this study possible:

- My research supervisors, Dr N.S Raliphaswa and Prof M. Maluleke, for their guidance, dedication, and support and for imparting valuable research knowledge.
- My mother, Vho-Frida, for being there for me in difficult times.
- My daughters, Muano and Ofanelwa, thank you for allowing me space to focus on my studies.
- I thank every member of the winning team for their suggestions in my research.
- Every professional nurse who participated in the interviews.
- My sisters and brothers for their encouraging words during my study.
- My spiritual father, Pastor M. Mudavhi, for his prayers and support.

ABSTRACT

The prevalence of workplace violence is a serious challenge for developed and developing nations, particularly in Africa, putting more workers in danger. Due to the nature of the mental illnesses that patients are admitted with, acute psychiatric wards are stressful places to work in. As members of the frontline workforce, nurses have frequent interactions with patients, which increases their chance of experiencing violent occurrences. The purpose of this study was to develop and validate guidelines to support professional nurses in managing aggressive patients within the acute mental health care unit (MHCU) of Limpopo Province, South Africa.

A qualitative approach using descriptive, explorative and contextual design was used in this study. Multiphase sampling was used to sample the districts, hospitals, and participants. Districts were purposively sampled. The hospitals were sampled in two stages, namely, sampling of district hospitals and regional hospitals that were purposively selected. The participants were sampled using convenience sampling. The study population was professional nurses with psychiatric nursing science qualifications who were allocated to the acute MHCU.

The study was conducted in two phases. Phase one was situational analysis, where multiple theories (The Roy Adaptation Model and Dickoff's six elements of practice) were used to guide the study. Data were analysed thematically using Braun and Clarke's six steps, and four themes emerged from data generation, namely, management of aggressive patients, care of patients in a seclusion room, challenges faced by professional nurses when managing aggressive patients, and type of support needed by professional nurses when managing aggressive patients. Trustworthiness and ethical principles were adhered to throughout the study.

The second phase was developing guidelines to support professional nurses in managing aggressive patients within MHCU and validation. Multiple theories were used to develop the guidelines, namely, Dickoff et al., six elements, SWOT analysis, and BOEM action plan. A team of professionals who are experts in mental health and psychiatric nurses who are the end users validated the guidelines according to Chinn and Kramer's steps.

The study recommends that there should be in-service training and workshops that will enhance knowledge and skills to support professional nurses in managing aggressive patients.

Keywords: acute, aggressive patients, develop, guidelines, professional nurses, mental health care unit

LIST OF ACRONYMS AND ABBREVIATIONS

BOEM	Building on strengths, overcoming weakness, exploring opportunities, and Minimizing threats
CEO	Chief Executive Officer
CCTV	Closed-Circuit Television
COVID-19	Coronavirus disease 2019
CPD	Continuing Professional Development
CRSCE	Communication, Response, Solution, Care and Environment
DoH	Department of Health
EAP	Employee Assistance Program
MHCA	Mental Health Care Act
MHCU	Mental Health Care Unit
MHCUs	Mental Health Care Users
OHSA	Occupational Health and Safety Act
PESTEL	Political, Economic, Social, Technological, Legal and Environment
PhD	Doctor of Philosophy
PN	Professional Nurse
SOP	Standard Operating Procedure
SWOT	Strengths, Weaknesses, Opportunities and Threats
UNIVEN	University of Venda
WHO	World Health Organization

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CHAPTER 1

ORIENTATION OF THE STUDY

1.1. INTRODUCTION OF THE STUDY

This chapter discusses the following topics: background information, problem statement, study purpose, research question, research objectives, description of methodology, study significance, definition of essential concepts, and theoretical assumptions.

1.2. BACKGROUND OF THE STUDY

Workplace violence is a severe issue in both developed and developing nations, with a higher risk of injury to employees in developing nations, particularly in Africa (Seun-Fadipe, Akinsulore & Oginni, 2019).

Acute psychiatric wards are stressful working environments because of nature of mental illness of patients admitted and nurses as front-line workers providing care in this ward are in close contact with patients, resulting in numerous interaction that make them at risk encountering aggressive incidents (Bekelepi & Martin, 2022b). A study in Botswana by Olashore, Akanni and Ongudipe (2018) stated that aggression among healthcare professionals is high, particularly among nurses working in acute psychiatric wards.

In South Africa, the Mental Health Care Act (MHCA) No. 17 of 2002 safeguards the welfare and rights of psychiatric patients. Patients admitted in acute psychiatric wards in general hospitals fall under two categories of admissions: assisted and involuntary admissions, whereby Mental Health Care Users (MHCUs) care, treatment and rehabilitation is done as guided by the Act. Involuntary admissions according to MHCA occurs in a specific situation where patients show dangerous behaviour towards themselves or other people and are unable to make an informed decision about their own mental healthcare (section 32 of MHCA of 2002). Assistance admissions according to MHCA occurs when the patient is incapable of making an informed decision but he is not refusing treatment (section 26 of MHCA of 2002).

In acute wards, particularly closed structured wards, there is more exposure to both verbal and physical aggression than in open structured wards (Itzhaki, Bluvstein,

Bortz, Kostistky, Noy, Filshtinsky & Theilla, 2018). Patients in an acute ward are locked up, and the entry and exit of patients are controlled. This was supported by Harwood (2017), who noted that the hospital environment provokes aggression in patients due to noise, unfamiliar places, overwhelming, and overstimulation. Hospitals can also be boring, have a lack of information, long waiting times, limited mobility, and little access to fresh air, and present exposure to cigarette smoking (Harwood, 2017).

The National Institute for Health and Care Excellence in the United Kingdom reports that while carrying out their jobs, nurses are thrice more likely to come across patient aggressiveness. This was supported by Basfr, Hamdan and Al-Habib (2019) from Saudi Arabia, who posit that most of the nurses had been exposed to both physical and verbal abuse, as compared to the evening shift, more nurses had experienced aggression during the morning shift. Furthermore, Bekelepi and Martin (2022) confirm that nurses employed in psychiatric acute units continue to experience physical aggression from MHCUs who are unpredictable, uncontrollable, and antisocial due to their mental conditions.

Ramacciati, Mezzetti, Ceccagnoli, Addey and Rasero's (2019) statistics of patient aggression among health care workers ranged from 58,8% in Australia to 100% in Brazil. More female health care workers, particularly nurses (82%), have experienced aggression than male nurses. In a study done in Israel, Itzhaki et al., (2018) found that 46.4% of people experiencing aggression in the workplace are nurses, particularly those working in acute psychiatric wards and emergency areas. Additionally, in 2019, a mental health patient beat five people to death using a drip stand in a hospital in Romania (Stickings, 2019). In sub-Saharan Africa, specifically Botswana, 69.8% of the aggression incidents that were reported comprised 44% of physical attacks by psychiatric patients (Olashore, Akanni & Ogundipe, 2018). In Kenya, 91.67% of nurses acknowledged having encountered verbal aggression and 54.17% having encountered physical attack (Kwobah, Kiptoo, Jaguga, Wangechi, 2023).

In South Africa, 74% of females and 26% of males experienced verbal and physical violence (Bekelepi & Martins, 2023). According to Kimmie (2019), a psychiatric patient killed another patient in a provincial hospital located in the province of Limpopo. In 2022, a psychiatric patient strangled another patient in a district hospital in Mogalakwena District, Limpopo Province (Sobuwa, 2022). In a study by Madzhadzhi,

Akinsola, Mabunda and Oni (2017) in the Vhembe District of Limpopo Province, 95% of nurses experienced patients' aggression, and 71% were females. Myambo (2016) reported that a nurse had been hospitalised following an assault by a psychiatric patient in a hospital located in the Limpopo Province's Vhembe region.

A study conducted in India by Kumari, Kaur, Ranjan, Sarkar and Baita (2020) indicates that the assessment of workplace violence programmes has been identified as one of the mitigation strategies. Furthermore, findings by Kumari et al., (2020) focus on effective communication strategies and changes in institutional policies. To decide which of those interventions can be implemented and which might be effective, the organisational features and the location of the health services should be taken into account. Effective communication is a critical feature of programmes that empower mental health nurses, who interact with patients most of their time. It contributes to the development of the nurse-patient connection and mutual understanding between the two (Bekelepi & Martin, 2022).

There is a need for organizations to take into account the surroundings and constraining procedures in order to help prevent aggressiveness towards nursing staff, as well as the training of nursing staff and the establishment of ongoing support (Greenwood & Braham, 2018). There should be continuous professional development (CPD) as a psychiatric ward is a specialised ward. Similarly, Bekelepi and Martin (2022b) suggest using educational support to help knowledgeable professionals share their expertise and experiences. Furthermore, organising educational seminars for groups of people can be a useful component of interventions that encourage information exchange about handling stressful situations at work.

Nurses ability to regulate emotions and effective communication with patients who show aggressive behaviours has impact in managing aggressive patients. Employees with 19–24 months of experience in acute mental wards demonstrated superior communication abilities with violent patients compared to those with fewer than 19 months of experience (Eweida, Ghallab, Fiona & Ibrahim, 2021). According to Eweida et al., (2021), novice nurse may feel unprepared when approaching individual who has aggressive behaviour than a nurse who have more experience in managing aggressive patients. Experience and durations of a professional nurses caring for

aggressive patients is really important because the more the number of years of working with patients, the more the experience and coping skill.

Itzhaki et al., (2018) indicate that due to the aggressive behaviour of patients, nurses experience work stress and burnout that results in poor patient care, illness, emotional strain, and absenteeism. Therefore, programmes for stress reduction intervention should be implemented by hospital management or tools to assess burnout programmes emphasising the growth of stress consequences self-awareness and improving cognitive self-control.

A study in India, Delhi, by Mandal, Misra, Shama, Sagar, Kant and Dwivedi (2021) revealed that positive outcomes were seen in mindfulness-based stress reduction therapies and several programmes delivering short-term, time-limited interventions for psychological well-being which improve the nursing staff members' quality of life. They also added that yoga has a beneficial impact on stress reduction and has been shown to improve coping skills. Yang, Tang and Zhou (2018) also supported that stress reduction programmes centred around mindfulness have demonstrated a benefit in lowering anxiety and depression levels.

The Joint Commission in the United States of America (2019) developed Quick Safety de-escalation in health care with the aim of reducing patient agitation and aggression. It was effective as it reduced patient anger and frustration, avoided the use of restraints, prevented violent behaviour, and improved staff and patient relationships. In Iran, a strategy was developed for psychiatric nurses to deal with moral distress, whereby psychiatric nurses utilised management, team, and personal strategies to lessen moral suffering in patients as well as in themselves and their co-workers (Tavakol, Molazem, Rakhshan & Asemani, 2023).

Bekelepi and Martin (2022b) reported that after experiencing patient aggression, professional nurses (PNs) receive support through messages and phone calls from their family, friends, and supervisors. Others verbalise disappointment in upper management's lack of assistance after acts of aggression. Psychological and emotional trauma has a longer-lasting detrimental impact on victims than physical trauma. Unlike physical injuries, which are often ignored until the victim reports them, emotional trauma rarely receives notice or attention (Maluleke & Van Wyk, 2017). In

contrast, Roets, Poggenpoel and Myburg (2018) found that nurses use various coping and defence mechanisms because management gives them restricted support, which is a factor in nurses' distress and demotivation.

A de-escalation training program for psychiatric nurses based on Communication, Response, Solution, Care, and Environment (CRSCE) was created by Ye et al. (2020) in a study carried out in China. Its main aim was to reduce incidences and the negative impact of patient aggression towards nurses. The interventions of CRSCE were effective as they decreased injury cases by half.

In Pakistan, due to the high burden of aggression against health care workers, hospital management developed a training programme in order to stop retaliatory violence among healthcare providers to equip them with the necessary abilities to restrain aggressive behaviour and stop both verbal and non-verbal aggressiveness at work (Baig, Tanzil & Polkowski, 2018). The statement was also supported by Townsend (2014), who posited that nurses should also be trained in basic self-defence techniques to defend themselves when facing aggressive patients. In South Africa, a systemic review by Bekelepi and Martin (2022a) aimed to examine effective stress-reduction techniques to support nurses engaged in violent incidents and pinpoint the essential components of these strategies. The findings of the review had a positive impact on the nurses employed in the acute mental ward.

PNs experience challenges when managing aggressive patients. A study in Nigeria by Umar (2020) highlighted the following challenges that are experienced by psychiatric nurses when managing aggressive patients: inadequate facilities, staff shortage, lack of safety, patients denying medication, unavailability of drugs, stigma and discrimination, patients' frequent relapses, absence of support, and workplace dissatisfaction. The findings concur with those of Joubert and Bhagwan (2018) in KwaZulu-Natal, which revealed some of the challenges that psychiatric nurses encounter: exposure to the unpredictable behaviour of patients, patients denying mental illness, increased levels of aggression and hostility, medicine refusal by patients, poor facilities, lack of support, discontent at work, stress or emotional weariness, a staffing shortage, feelings of rage and frustration, burnout, and unfavourable patient perceptions. This is aligned with a study by Mulaudzi, Mashau, Akinsola and Murwira (2020) in South Africa that there are inadequate resources, a

shortage of drugs, poor conditions and infrastructure, and ineffective security measures when managing aggressive patients.

A study conducted in South Africa by Docrat, Besada, Cleary, Daviaud and Lund (2019) confirmed that prescribed medications for the first-line treatment of depression and bipolar disorder were among those lacking in supply. They further added that the guidelines need to be updated and the available medications looked at. Factors associated with challenges experienced by PNs when managing aggressive patients include limited resources, neglect of the unit, public perception, inadequate government and institutional funding, and poor staff orientation (Umar, 2022). The author also added that the strategies to curb the challenges are upgrading mental health facilities, recruiting more personnel, receiving sufficient government funding, and improving the management system.

1.3. PROBLEM STATEMENT

As employees, PNs are entitled to safety and support in the working environment they find themselves in. When managing aggressive patients, PNs should have good interpersonal relationships and maintain good rapport with the MHCUs who are aggressive in the acute ward by rendering direct nursing care (Mushtaq & Mir, 2018). When managing aggressive patients, PNs must have medication that they can use to calm aggressive patients and some protocols to manage aggressive patients.

However, daily, PNs are reported to experience patient aggression, although there are medications and protocols to follow when managing aggressive patients. Act No. 85 of the Occupational Health and Safety 1993 states that nurses should work in a safe environment, but it does not cover the issue of supporting PNs in managing aggressive patients. Additionally, Act No. 17 of the Mental Health Care of 2002 does not say much about the support needed by PNs when managing aggressive patients. Instead, it addressed the rights of a MHCUs.

Regardless of protocols and knowledge acquired from clinical settings during training, PNs still experience physical and emotional injuries as a result of patient aggression. PNs subjected to patient aggression may experience difficulty sleeping, reducing work ability, and psychological distress (Pekurinen, Willman, Virtanen, Kivimäki, Vahtera & Välimäki, 2017). The impact of patient aggression towards PNs includes burnout,

reduced production, increased absenteeism rate, sick leave, increased stress, and decreased morale (Vincent-Höper, Stein, Nienhaus & Schablon, 2020). In a study done by Thandavhathu, Maluleke and Mbedzi (2020), registered nurses employed in an acute mental health unit indicated that they felt pain and don't feel comfortable when working with aggressive patients.

Several models and strategies were developed to support nurses working in general wards and those non-trained psychiatric nurses in psychiatric wards, but nothing related to the support needed by PNs in managing aggressive patients within the MHCU of Limpopo Province, South Africa. Therefore, the aim of the study is to develop guidelines to support PNs in managing aggressive patients within the acute MHCU in selected general hospitals in South Africa's Limpopo Province. The guidelines might help PNs working in general hospitals within acute psychiatric wards regarding the type of support they need when managing aggressive patients. Moreover, they may impact improved patient care and minimize the risk of injuries by patients to nurses.

1.4. RATIONALE OF THE STUDY

Sim, Wain and Khong (2011) developed strategies to prevent patient aggression by nurses in Australia. Lowry (2016) developed the LOWLINE model based on accepted communication concepts and sensitive listening, both of which are critical to understanding anger. Bimenyimana, Poggenpoel, Temane and Myburg (2016) developed a framework for supporting psychiatric nurses in effectively managing aggressiveness from patients at a mental health facility in South Africa, which indicates that there should be a way to help psychiatric nurses manage aggression in order to provide patients with high-quality care and improve the mental health of psychiatric nurses.

Letlalo, Maluleke, Tshililo and Netshisaulu (2020) developed a model to capacitate PNs without proper psychiatric training in caring for MHCUs admitted to a general ward; however, nothing is stated about the support of PNs in aggressive patients. Rangwaneni, Raliphaswa and Maluleke (2023) developed a model to assist nurses lacking training in psychiatry who are caring for patients in acute psychiatric wards. Studies by Letlalo, et al. (2020) and by Rangwaneni, et al. (2023), focus on non-trained psychiatric nurse who are working in general ward and those working in acute psychiatric ward, both of them need to be capacitated with knowledge and skills in

managing psychiatric patients. Hence, the developed guidelines are for trained psychiatric nurses who have knowledge and skills, but need to be supported in managing aggressive patients within acute psychiatric ward. Despite the strategies and models developed for the management of aggressive patients, nurses still experience aggressive behaviour by patients. Therefore, there is a gap in how to support PNs working with aggressive patients in acute MHCUs.

1.5 THE STUDY SIGNIFICANCE

The study will benefit the Department of Health (DoH) as they will have information on the type of support needed by PNs in managing aggressive patients within acute MHCUs. Moreover, nurses might benefit as they will be able to obtain information on the type of support they need when managing aggressive patients within acute MHCUs, which could reduce the risk of injuries due to assault from the patients. The study will add to the body of knowledge with its findings.

1.6. THE STUDY PURPOSE

The purpose of this study was to develop and validate guidelines to support PNs in managing aggressive patients within an acute MHCU in Limpopo Province, South Africa.

1.7. RESEARCH QUESTION

The study was guided by the following research questions:

1. What are the experiences of professional nurses when managing aggressive patients in acute mental health care units?
2. What kind of support do professional nurses need when managing aggressive patients within an acute mental health care unit of Limpopo Province, South Africa?
3. What kind of guidelines should be developed?
4. How can the developed guidelines be validated?

1.8. THE STUDY OBJECTIVES

The study's objectives were as follows:

Phase one

- To explore and describe the experience of professional nurses in managing aggressive patients within an acute mental health care unit of Limpopo Province, South Africa.
- To explore and describe the kind of support professional nurses need when managing aggressive patients within an acute mental health care unit.

Phase two

- To develop guidelines to support professional nurses in managing aggressive patients within an acute MHCU of Limpopo Province, South Africa.
- To validate the developed guidelines to support professional nurses in managing aggressive patients within an acute mental health care unit.

1.9. DEFINITION OF KEY CONCEPTS

Aggression is anger, hostility, which are behavioural aspects of emotion (Uys & Middleton, 2015). According to this study, aggression is any form of verbal and physical abuse that can affect a person emotionally, causing physical harm and death.

Guidelines are any documents, whatever the title, that offer suggestions for clinical, public health, or policy interventions (WHO, 2010). In this study, a guideline is a plan to facilitate the intervention of support needed by PNs in managing aggressive patients.

Management is the skill of completing tasks using people (Thenmozhi, 2014). In this study, management is the care that nurses render when a patient is aggressive.

Mental health care unit is a ward that offers mental health care services to patients obtaining treatment for mental illness (Mental Health Care Act No. 17 of 2002). Within this study a mental health care unit is a ward that admits a person suffering from mental illness from home for a short stay.

A professional nurse is someone who complies with the Nursing Act No. 33 of 2005 and is registered as a nurse or midwife. In this study, a professional nurse (PN) is registered with the South African Nursing Council with psychiatric nursing science,

working in acute MHCU to provide care, treatment and rehabilitation to psychiatric patients.

A patient is a person who requires assistance to enhance their unique capacity to take the best possible care of their own health (Searle, 2009). In this study, a patient is someone who has been admitted from home to a mental health treatment facility supervised by a registered nurse who is licensed.

1.10. RESEARCH PARADIGM

An idea or worldview is called a paradigm. According to Chinn and Kramer (2011), a paradigm denotes the standards or criteria used to evaluate the discipline's techniques of knowledge acquisition as well as its processes and procedures.

1.10.1. Pillars of paradigm for research

Three pillars—ontology, epistemology and methodology—support the research paradigm framework (Ulz, 2023).

- **Ontology**

Ontology is learning about the nature of reality (Ulz, 2023). It asks the question of whether it is a single, multiple, or no reality. In this study, there are multiple realities as PNs' experiences are not the same when managing aggressive patients and the kind of support they need when managing aggressive patients. Information obtained from participants cannot be generalised because every participant has their own experience, which is diverse and individually constructed.

- **Epistemology**

The study of knowledge and how to recognise multiple realities is known as epistemology (Ulz, 2023). The reality is that patients are aggressive, and PNs experience challenges when managing aggressive patients. The study seeks to explore how registered nurses manage aggressive patients. What kind of support do PNs need when handling aggressive patients in acute psychiatric wards? The experiences can only be obtained through interviews within the context (acute psychiatric ward) where PNs experience patient aggression. The objective of the study is to explore and describe the experiences of PNs in managing aggressive patients

within the acute MHCU and to explore and describe the type of support PNs need when managing aggressive patients within an acute MHCU. PNs have multiple realities regarding their experiences that are diverse, contextual and individually constructed. Experiences are shared within the cultural lenses and the participants' context and cannot be generalised.

- **Methodology**

It attempts to answer the question of how to discover reality and how you will get the experiences of PNs. The experiences of professional nurses will be obtained through unstructured individual interviews with participants within an acute psychiatric ward to explore multiple realities.

1.10.2. Paradigm suitable for the study

The study used the interpretivism paradigm as it believes in multiple realities. Each PN will interpret and construct their different experiences regarding the management of aggressive patients and the support they need when managing aggressive patients within an acute psychiatric ward. The study was conducted within the reality of those being studied. This is in line with the study because data generation was done in the acute psychiatric ward where care, treatment, and rehabilitation of MHCUs take place.

1.10.3. Theoretical assumption

As ontology has revealed that there is a multiple reality, even in theories, multiple theories were used in this study because one theory is insufficient to achieve the study's objectives. The theories are based on the study's two phases:

- **Phase one**

The theoretical framework used was the Roy Adaptation Model to gather information in order to get multiple realities. This assisted in achieving the objective of phase one, which is to explore and describe PNs' experiences in managing aggressive patients within the acute MHCU of Limpopo Province, South Africa.

To attained the objective two in phase one, which is to explore and describe the kind of support needed by PNs when managing aggressive patients within the acute MHCU

of South Africa, Limpopo Province, Dickoff's theory was used to direct the study by answering the questions on who, where, whom, how and why.

- **Roy Adaptation Model**

The Roy Adaption Model served as the study's guiding theory, which discusses the human being under three assumptions: humans, environment, and health (George, 2010). It is relevant due to the assumptions made in this study that concentrate on the individual, their thoughts, feelings, and interactions with the environment (George, 2010). The model's assumptions are discussed below:

- **Humans as adaptive systems**

This field concentrates on how nursing actions are shaped by people, both as individuals and as groups. The nurse views each of these as a comprehensive, adaptive system, and any one of them could be seen as a human system (George, 2010). The study will follow the qualitative approach in order to allow nurses to narrate their experiences in managing aggressive patients and explore the challenges they experienced when managing aggressive patients in the acute ward and the support they need when managing aggressive patients. PNs have multiple experiences which are not the same when managing aggressive patients.

- **The environment**

According to George (2010), Roy defined the environment as all the situations, conditions, and influences that surround and have an impact on human growth and behaviour as adaptive systems. This study adopts a contextual design and uses in-depth individual interviews to determine the experiences within and around nurses that affect their behaviour when managing aggressive patients. Data were generated within the context where both patients and participants were available.

- **Health**

Roy defined health as a state and a process of being and developing into a whole, integrated human being (George,2010). According to this viewpoint, having physical, emotional, or other changes can still lead to health rather than only having a disease

or condition (George, 2010). In this study, aggressive patients are viewed as unhealthy due to their emotional changes and physical behaviours by the nurses more than the existence of their mental conditions. Aggressive patients are trying to adjust to the new environment, which is the hospital environment, with people they don't know; thus, they become restless and emotional and react in the form of aggression towards nurses. Therefore, the function of a nurse in an acute MHCU is to promote health by promoting healthy adaptive responses to patients. The experience of PNs was explored and described, and challenges were also explored when handling aggressive patients and the support needed by PNs when managing aggressive patients in an acute psychiatric ward.

- **Phase two**

The findings from phase one form the basis of phase two, whereby multiple theories were used to achieve the objective. Dickoff's six elements of practice theory, the SWOT analysis method, and the BOEM action plan were used to develop the guidelines to support PNs in managing aggressive patients within an acute MHCU of South Africa, Limpopo Province. These theories are discussed in detail in Chapter 5 of the study.

1.11. RESEARCH METHODOLOGY

The research methodology was carried out in two phases: situational analysis in phase one and phase two, guidelines development to support PNs in managing aggressive patients within the acute MHCU of South Africa, Limpopo Province, and the validation of the developed guidelines.

1.11.1. RESEARCH APPROACH

A qualitative research approach was used whereby, data was gathered through one-on-one, in-depth interviews, which the researcher then interpreted. and organised it into themes that cut across the data source (Braun & Clarke, 2013). This was in line with the following theories: The Roy Adaptation Model and Dickoff's six elements of practice theory that guided the study. For the development of the guidelines, the following theories were used: Dickoff's six elements, SWOT analysis, and BOEM action plan. Chinn and Kramer's guidelines were used to validate the guidelines and the literature control. According to Levitt, Motulsky, Morrow and Ponterotto (2017),

research is inductive in nature, and the investigator typically investigates meanings and insights in a particular context.

1.11.2. THE RESEARCH DESIGN

Three types of design were used in this study, namely, exploratory, descriptive, and contextual.

- **Exploratory**

When researchers encounter a well-known problem with a description but are motivated to investigate why things are the way they are, they undertake exploratory research (De Vos, Strydom, Fourche & Delport, 2013). The study explores and describes PNs' experiences in managing aggressive patients through interviews and supported by literature.

- **Descriptive**

A descriptive study aims to paint a picture of a circumstance, individual, event, or relationship between objects (Gray, 2009). The study allowed PNs to explore their experiences managing aggressive patients within acute MHCUs. The study describes guidelines to support PNs in managing aggressive patients within an acute MHCU.

- **Contextual**

Burns and Groove (2011) emphasise that contextual studies concentrate on specific events in natural settings. Naturalistic environments, sometimes known as field settings, are uncontrolled real-life situations.

The research was conducted in hospitals with acute MHCU where PN provides care to aggressive patients. The focus was only on PNs working with aggressive patients within an acute MHCU; no other nursing categories were interviewed. PNs with experience managing aggressive patients but not allocated to the acute MHCUs were not interviewed. The researcher did not entertain other issues but only focused on the topic during interviews.

1.11.3. STUDY SETTING

The study was carried out in South Africa's Limpopo Province, namely in the districts of Waterbeg and Sekhukhune. The Waterbeg District has five municipalities: Belabela, Lephalale, Modimolle, Mogalakwena, and Thabazimbi local municipalities. Conversely, the Sekhukhune District has four municipalities: Elias Motsoaledi, Ephraim Mogale, Makhuduthamaga, and Fetakgomu Tubatse local municipalities. In Chapter 3, the study setting will be elaborated in details.

1.11.4. STUDY POPULATION

A population, in the words of Brink, Van der Walt, and Van Rensburg (2017), is the whole group of people or objects in which the researcher is interested and which have some characteristics in common. The researcher selected a sample of nurses from the target population according to predetermined criteria. The study's population consisted of all nurses employed in acute mental health units in general hospitals.

1.11.5. SAMPLE AND SAMPLING METHODS

A sample is a subset or component of the population measured for actual inclusion in the study (De Vos et al., 2017). The sample should represent a population of the people (Burn & Groove, 2011). Sampling is the process of choosing a group of individuals, occasions, behaviours, or other components to research. Three sampling phases were done, namely, sampling of the districts, sampling of the hospitals, and sampling of the participants. Chapter 3 provides a detailed discussion of the sample and sampling methods.

1.11.6. PLAN FOR COLLECTION OF DATA

In qualitative research, data collection is done through in-depth individual interviews (Polit & Beck, 2014). Participants were interviewed through in-depth individual interviews.

1.11.6.1 Preparation

The preparation for collection of data was started by the researcher by checking if the research question was clear and if the gadget was working properly. The hospitals

were contacted telephonically for permission to recruit participants. The researcher developed the consent form and information sheet.

1.11.6.2 Data collection instrument

The primary tool in the study was the researcher, who conducted the interviews at the selected hospitals in the acute MHCU and involved PNs with psychiatric nursing science.

1.11.6.3 Plan for the management of data

The collected data were transcribed verbatim by the researcher immediately after each the interview. All transcripts and audio tapes were secured and will be accessed by the researcher and the supervisors. Data management is discussed in detail in Chapter 3.

1.11.7. DATA ANALYSIS

Data were analysed thematically following six phases of Braun and Clarke (2013), namely, familiarising yourself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

1.11.8. PRE-TEST

In qualitative research, a pre-test enables the researcher to examine the study question, verify whether the device being used for recording is functioning properly, and assess the researcher. The researcher assessed herself to determine if she would be able to use communication and probing skills. The researcher made necessary adjustments to ensure high-quality interviewing for the main study by testing the questions in the interview schedule. Estimating the time and expense associated with the interview process is also helpful (De Vos et al., 2014).

1.11.9. MEASURE TO ENSURE TRUSTWORTHINESS

Trustworthiness is the level of confidence a qualitative researcher has in their analyses and data. Credibility, transferability, dependability, conformability, and authenticity are

the characteristics used for assessing trustworthiness (Polit & Beck, 2014). A detailed description of trustworthiness is provided in Chapter 3.

1.11.10. ETHICS TO BE CONSIDERED

According to Polit and Beck (2014), research ethics is a set of moral principles that address how closely the research processes are met by the study participants' professional, legal, and societal obligations. The study was conducted in accordance with the following ethical principles, which are detailed in Chapter 3:

- Approval for conducting the study
- Informed consent
- Avoid harm
- Confidentiality
- Anonymity
- Deception of the participants
- Compliant with COVID-19 measures

1.12. PHASE TWO: GUIDELINES DEVELOPMENT

The guidelines' development was discussed in Chapter 5, and the validation was discussed in Chapter 6.

1.13. SUMMARY OF CHAPTERS

Chapter 1: Introduction to the Study

This chapter provided an overview of the study's orientation and included information on the study's introduction, background, problem statement, rationale, research question, purpose and objectives, significance, definition of key concepts and paradigms, and methodology.

Chapter 2: Review of the Literature

This chapter covered the following aspects: the definition of literature review, nurses' perception of aggressive patients, the experience of registered nurses when managing aggressive patients, support needed by nurses when managing aggressive patients, and strategies used to reduce patient aggression.

Chapter 3: Research Methodology

The explorative, descriptive, and contextual design methods used in qualitative research are described in this chapter. This chapter also outlined the study setting, research objectives, population, sampling of districts, hospitals and participants, data collection methods, data analysis, measures to ensure trustworthiness, and ethical considerations.

Chapter 4: Discussion of Findings

This chapter presented the findings of the study. Four themes with sub-themes emerged from the study.

Chapter 5: Guidelines Development

This chapter focused on developing guidelines to support PNs in managing aggressive patients within the MHCU in Limpopo Province, South Africa. The situational analysis results from phase one of the study were integrated using the six elements of practice theory proposed by Dickoff et al. (1968), which also provided the framework for the theoretical framework. They are agents, recipients, context, process, dynamics, and outcomes. A SWOT analysis was used to identify the strengths, weaknesses, opportunities, and threats influencing the implementation of guidelines to support PNs in managing aggressive patients within the MHCU. The BOEM action plan was used to develop the guidelines.

Chapter 6: Validation of the Guidelines

This chapter focused on validating the guidelines supported by Chinn and Kramer (2011). Chinn and Kramer's (2011) criteria for guidelines validation was chosen since the guidelines are supported by empirical evidence. The validation of the guidelines was based on the following five critical questions: How clear are the guidelines? How simple are the guidelines? How general are the guidelines? How accessible are the guidelines? How important are the guidelines?

Chapter 7: Evaluation, Conclusion, Limitations and Recommendations of the Study

This chapter mostly addresses the study's evaluation, conclusion, limitations, and recommendations. Chapter 1's goal and objectives served as the foundation for this study's evaluation. The guidelines were evaluated by experts in the research, as described in Chapter 7 of this study. Measures applied to ensure trustworthiness were evaluated.

1.14. CHAPTER SUMMARY

This chapter outlined the introduction and background of the study, problem statement, research questions and objectives, and theories that guided the study. It further highlighted the brief description of the research approach, population and sampling, ethics for consideration, measures to ensure trustworthiness, plan for data collection and data analysis, and outlined the chapters included in this study. The next chapter reviews the literature pertaining to the study’s topic.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

Chapter 1 presented the orientation of the study. This chapter presents the literature review. According to Mc Combes (2023), a literature review is a systematic examination of scholarly literature about one's topic. It gives an overview of what has been said, compares various theories and research findings, points out gaps in the literature currently in publication, and suggests future directions for the field's knowledge base. Therefore, this study literature review will focus on the development of guidelines to support PNs in managing aggressive patients within an acute MHCU in Limpopo Province, South Africa.

2.2. THEORIES USED IN THE STUDY

To achieve the objectives of the study, multiple theories have been used and are discussed below:

2.2.1. Roy Adaptation Model

The Roy Adaptation Model's (RAM) basic premise is that in order to encourage patients' adaptability, stimuli from both the environment and the individual need to be modified. The RAM includes four main global concepts of nursing, namely, person, environment, health and nursing (George, 2010).

Four concepts of RAM:

- **Person**

According to RAM, a person is a biopsychosocial entity that interacts constantly with a dynamic environment (George, 2010). A person is an individual or in groups-families, organisations, communities and society. In this study a person is a professional nurse who is trained for psychiatric nursing science (Biopsychosocial) and rendering care to Mental health care users in acute psychiatric ward (dynamic environment).

- **The environment**

There are three different types of stimuli in the environment: residual, contextual, and focused (George, 2010). The encounter with one's internal and external surroundings is known as a focal stimulus. Contextual stimuli are those extra stimuli that regulate the current situation and reinforce the main stimuli. Closed influences influencing the existing state of affairs are known as residual stimuli. These consist of individual experiences, behaviour, and beliefs. In this study the environment is acute psychiatric ward. Based on the category of patients admitted, it is dynamic. These dynamics involves the structure of the ward which is closed with high security and patients' movements are restricted. Patients have diverse psychotic dynamic behaviours. Therefore, the study needed to explore and describe the experiences professional nurses in managing aggressive patients within acute ward.

Health

Health is an expected aspect of existence and a continuum of health and illness (George, 2010). According to Roy, health is the condition and process of existing as an integrated whole that embodies the mutuality of the individual and the environment. In this study psychiatric patients are unhealthy due to aggressive behaviour that they present with in acute psychiatric ward, and professional nurses have to manage the kind of behaviour. Because the behaviour of the patients that are unpredictable, there is a need for professional nurses to be supported when managing aggressive patients within acute psychiatric ward.

- **Nursing**

Nursing is a science that uses assessment, diagnosis, goal-setting, intervention, and evaluation to help patients become more adaptive and to improve the transformation of the individual and the environment (George, 2010). In this study nursing is the interaction between the professional nurse (biopsychosocial) and the aggressive patient in acute psychiatric ward (dynamic environment). The interaction includes treatment, care and rehabilitation of aggressive patients. Therefore, the kind of support needed by professional nurses was to be explored and described.

2.2.3. Dickoff et al., six elements of practice theory

The theoretical framework for the development guidelines would be informed by the elements of practice theory outlined by Dickoff et al., (1968). These are agents, recipients, context, process, dynamics, and outcomes. These are outlined briefly below and will be thoroughly discussed and put to use following this study's data analysis.

- **Agent**

What or who carries out the task? Any individual whose actions result in the achievement of the goal is an agent (Dickoff et al., 1968). Agents in the study are those who should carry out the activities to the recipients as stipulated on the developed guidelines (discussed in details in chapter 5).

- **Recipient**

Who or what is the activity's recipient? All individuals who get action from agents and gain something from the activity are considered recipients (Dickoff et al., 1968). Recipient in this study are those who are going to receive from the agents as outlined on the developed guidelines (discussed in details in chapter 5).

- **Context**

What setting is the activity being carried out in? From the perspective of the activity matrix, the context is observed in relation to other entities, such as people and other activities, and its interactions with these other elements are perceived as forming an organism, a unity, or the entire context of the activity (Dickoff et al., 1968). Additionally, according to Dickoff et al. (1968), define the "context" as the time, space, or structure that make up various aspects of the scenario in which the activity takes place, as well as the setting, location, and physical layout of the ward or unit, hospital, or medical facility. Context is where the guidelines should be implemented in this study (discussed in details in chapter 5).

- **Process**

What is the guiding process? The steps that must be completed in order to succeed are part of the process. The procedure attempts to supply enough data to allow the

task to be completed. Since it disseminates information and reduces vulnerability to criticism, it protects the agent, the recipient, and the institution (Dickoff et al., 1968). Process indicate what need to be done and by who for the guidelines to be developed (discussed in details in chapter 5).

- **Dynamics**

What is the activity's source of energy? The power sources for that activity are involved in dynamics. According to Dickoff et al. (1968), these energy sources encourage agents to continue their actions without giving up. Discussed in full in chapter 5.

- **Outcomes**

What is the activity at the end? This involves defining an activity from the perspective of an endpoint or its accomplishment (Dickoff et al., 1968). What do you want to achieve at the end? The outcome will be nurses working in acute wards managing aggressive psychiatric patients (discussed in details in chapter 5).

2.2.4. SWOT analysis

The SWOT analysis is a framework for identifying and analysing an organisation's strengths, weaknesses, opportunities and threats (Bigelow, Pratt & Tucci, 2021). According to Sammut-Bonnici and Galea (2015), a SWOT analysis evaluates the internal strengths and weaknesses of an organization as well as the external opportunities and threats.

2.2.5. BOEM action plan

For the guidelines to be developed, the action plan on Building, Overcoming, Exploring and Minimizing (BOEM) was applied (Vhuromu, Maputle, Lebese & Goon, 2017). The plan focuses on building on strengths, overcoming weaknesses, exploring opportunities, and minimizing threats.

2.2.6. Theory for validation

Validation is conducted in accordance with Chinn and Kramer's (2011) theory. Once the guidelines are described, the researcher will pose the following critical questions:

- **How clear are the guidelines?**

According to Chinn and Kramer (2011), clarity is defined as the degree to which concepts are conceptualised consistently and the theory is easy to understand. Authors refer to semantic clarity and consistency to understand the theoretical meaning of the concepts. Structural clarity and consistency reflect the understandable collaboration of concepts within the guidelines.

Sematic clarity

Terms with common meanings in healthcare will be used by the researcher to define concepts.

Sematic consistency

Concepts will be used by the researcher in a way that is consistent with their definition. In addition, the researcher will employ basic assumptions to explain the significance of other guidelines' components.

Structural clarity

The researcher aims to provide a clear knowledge of how the structures integrate with each other by describing the elements of the structures in the principles and their interactions.

Structural consistency

To facilitate discussion of the concerns and act as a conceptual map to improve the guidelines' clarity, the researcher will often employ various structures in the guidelines.

- **How simple are the guidelines?**

According to Chinn and Kramer (2011), simplicity is defined as the bare minimum of items in a descriptive category, specific notions, and how they relate to one another.

- **How general are the guidelines?**

According to Chinn and Kramer (2011), the term "generality" describes the extent and purpose of concepts within the guidelines.

- **How accessible are the guidelines?**

According to Chinn and Kramer (2011), accessibility deals with how easy it is to identify theoretical notions and how to accomplish the desired result.

- **How important are the guidelines?**

According to Chinn and Kramer (2011), professional and personal values in nursing practice, education, and research determine how important the rules are.

Summary of the theories used for the study

Multiple theories were used to achieve the objectives of the study. Those theories were Roy adaptation model, Dickoff six elements of practice theory, SWOT analysis, BOEM action plan and theory for validation which was according to Chinn and Kramer.

The following below will be the literature that support the development of guidelines to support professional nurses in managing aggressive within acute mental health care unit of Limpopo Province, South Africa.

2.3. PERCEPTION OF PATIENT AGGRESSION BY NURSES

According to Adeniyi and Puzi (2021), aggression and violence in South African hospital environments are reflections of the more intricate processes of violence in South African society at large. A mental health nurse's unsafe workplace not only increases stress at work, but also lowers life satisfaction (Itzhaki et al., 2018). Furthermore, Enoma (2022) indicated that the types of patient populations in emergency rooms, paramedic departments, and psychiatric departments mostly put workers at risk. Most of their patients tend to suffer from dementia and delirium due to situations like recovery from surgical anaesthesia, opioids, pain, alcohol, and the presence of security or police.

According to Itzhaki et al. (2018), mental health nurses consider violence to be an essential part of their work. The statement was also supported by Sendin, Ferrari, Rodrigues-de-Souza Bravo, Velarde-Gracia and Cena (2018), who opined that despite nurses experiencing patient aggression and working with patients, nurses adopt strategies to interrupt and reduce episodes of aggressiveness since they view these situations as part of their profession.

The occupational health and safety of the mental health institution includes the violence faced by its nurses, which can have a negative impact on them as healthcare providers. If nurses have no protection guarantee, it can impact their safety and health. The safety and health of nurses may be affected if there is no guarantee of protection (Timor, Suryani & Sutini, 2019). Moreover, a study conducted by Gabr, Younis and Badry (2021) in Egypt found that nurses at high risk of experiencing patient aggression are those working night shift, young aged nurses, and those with work experience of less than 15 years.

Giandinoto and Edward (2014) state that patients can display aggressive behaviour to nurses due to real or perceived threats to their own safety. Poor or inadequate allocation of staff, high attrition rates among experienced PNs, high workload, and lack of training are also influential organisational factors (Mohamed, Yara & Hani, 2015). This was also supported by Bekelepi, Martin, and Chipps (2015), who found that most nurses agreed that the ward atmosphere contributes to patient's aggression. This includes overcrowding, physical and social environments, unfamiliar environments, and lack of privacy.

Similarly, in Saudi Arabia, Basfr et al., (2019) indicated that patient aggression was caused by several factors, including a staffing shortfall, turning down requests from patients for admission, forbidding smoking in mental inpatient wards, overcrowding in inpatient units, lengthy wait times in outpatient clinics, delays in providing nursing and medical care, and violating visiting hours. Aggressive behaviour is precipitated by provocation, threat, and stress, often associated with fear, anger, and frustration (Adeniyi & Puzi, 2021). Inside the acute psychiatric ward, there is a restriction on the movements of patients from freely entering and leaving the ward; thus, patients are often unsatisfied, which generally increases the frequency of verbal aggressions (Niu, Kuo, Tsai, Kao, Traynor & Chou, 2019).

The findings by Albalawi, Kassem, and Alasmee (2022) explain how the nature of the patient's illness, elevated patient and family expectations about the care received, a lack of staff and medication, a lack of security personnel, prior work experience, and appropriate skills for handling aggressive patients are all risk factors for patients being exposed to violence.

2.4. TYPES OF PATIENT AGGRESSION

Maluleke and Van Wyk (2017) report that nurses have encountered many forms of patient aggression, such as being struck, kicked, slapped, choked, bit, flung to the ground, twisted bodily parts, hair pulling, scratching, and sexual harassment. Similarly, in their study, Adebayo, Ugorji, Ekeh, Jolade and Odoh (2022) showed that physical forms of aggression (punching, kicking, pushing, pinching, scratching, spitting, and object throwing) are encountered by nurses. Verbal aggression, which includes yelling, swearing, threatening, and intimidation such as displaying a knife, blocking the door, following someone to their place of residence, and lowering professional performance, is most frequently associated with dissatisfaction with the care received.

According to Adebayo et al. (2022), property damage, as in window breaking, is another type of patient aggression and sexual harassment that involves inappropriate touch, suggestive sexual statements, chasing, and grabbing, but most prevalent forms of aggression in acute psychiatric ward towards nurses are Physical and verbal aggression (Albalawi et al., 2022).

2.5. EXPERIENCE OF PROFESSIONAL NURSES WHEN MANAGING AGGRESSIVE PATIENTS

PNs who experience aggression with psychiatric patients have poor related health and reduced work engagement. Those who experienced aggression at least once a year were likely to suffer from psychological distress and sleep disturbances (Willman, Vahtera & Valmaki, 2017). Violence experienced by nurses is related to nurses' ability to deal with patients' behaviour as they feel that they are not competent (Timor et al., 2019). According to Timor et al. (2019), nurses experience fear and a lack of confidence in dealing with patients who show symptoms of aggression. Due to patient's aggression, nurses become reluctant to deal directly with patients as they feel traumatized.

When violence occurred, nurses ignored it, cried, reported it to supervisors, or told their friends, family, and co-workers (Banda, Myers & Duma, 2016; Niu et al., 2019). The sense of helplessness, vulnerability, exposure, and lack of protection that nurses experienced led to them taking more sick days, insomnia, anxiety, and overall decline

in their quality of care. The care provided to patients becomes compromised due to fear of what the patients and their families may do to nurses (Adebayo et al., 2022).

Nurses perceive violence as having psychological consequences on them, which subsequently impacts their work performance and causes them to become disinterested in the nursing profession (Banda et al., 2016). Findings by Roets et al. (2018) in a South African study indicate that nurses affected by aggression in the workplace felt self-worthless and had low self-esteem. They tend to blame themselves for the aggression they experienced; they felt incompetent to perform their duties, questioned their careers, lost their passion for their jobs, and were demotivated and demoralised.

Nurses experience physical and verbal aggression, and this exposure to aggression leads to conflict between their job, which is to treat mental health care users with due care, and their need for personal safety (Nadon, De Beer & Morin, 2022). Nurses become frustrated because of unpredictable patient behaviour, as a result, fear and unhappiness creep in because of a lack of resources (Poggenpoel, Myburg & Morare, 2011).

Itzhaki et al., (2018) indicate that due to aggressive behaviour, nurses experience work stress, resulting in the following results: poor patient care, absenteeism, emotional burden, and illness. Therefore, hospital management should implement stress reduction intervention programmes that emphasise enhancing cognitive self-control and developing a self-awareness of the implications of stress.

According to Sendin et al. (2018), nurses experience violent outbursts on behalf of their patients, which may negatively impact their mental health and how they view their employment. Tlapu, Klopper and Lekalakala-Mokgele (2015) opined that employees' wellness had been compromised because the programme includes employee wellness as designed and implemented in a streamlined manner by the DoH. However, the programme does not address the employees' individual needs but focuses on single factors such as the individual's physical needs, forgetting the spiritual and emotional needs.

2.6. SUPPORT NEEDED BY NURSES WHEN MANAGING AGGRESSIVE PATIENTS

An unpublished study by Thandavhathu, Maluleke, and Mbedzi (2020) indicates that there is no support from management, and no proper counselling is done. Bekelepi and Martin (2022) stated that nurses who have been exposed to repeated aggression may increase the likely hood of desensitisation because despite being assaulted by patients, nurses reported that they were expected to continue with work and expected to maintain contact with patients who had assaulted them.

In order to minimise hostility against nursing staff, organisations must consider both the environment and the restricted processes, as well as provide continual support and training for nursing staff (Greenwood & Braham, 2018). Bekelepi and Martin (2022b) indicate educational support as an instrument for sharing knowledge and experience by knowledgeable training professionals. The authors further added that providing educational sessions in group settings as an effective element of interventions to facilitate the sharing of information on ways of coping with stressful situations in a workplace.

The support interventions for nurses working is acute psychiatric unit was developed by Bekelepi and Martin (2022, in South Africa that assist nurses in dealing with stress, yet, no guidelines was developed to support professional nurses in managing aggressive patients within mental health care unit. The developed guidelines could fill a gap as there is lack of implementations of some policies in Africa.

2.7. MANAGEMENT OF AGGRESSIVE PATIENTS

When dealing with patients who have underlying mental illnesses, medical professionals and nurses should take the appropriate safeguards. A more cautious approach to individuals with a history of substance abuse, whether with comorbid mental disorders, is recommended. A thorough history, including the patient's mental health history, must be obtained by the attending doctor from the patient or other reliable sources who may have knowledge of the underlying disorders (Adeniyi & Puzi, 2021).

Every behaviour has a meaning in psychiatric patients. Aggression is a sign of distress for the patient or an attempt to express unfulfilled desires in a person whose capacity for coping has been exceeded. A person is either terrified of something or has something they want to do (Harwood, 2017). Mental state and general physical condition examinations should be attempted in the emergency unit before sedating the patient (Adeniyi & Puzi, 2021).

Kreigh and Perko (1983) stipulate how aggressive patients should be managed. This is indicated in the table below:

Table 2.1: Management of an aggressive patient

Intervention	Rationale
Initiate frequent, regularly scheduled contacts.	Demonstrate acceptance of the patient regardless of their behaviour.
Maintain spatial distance between self and patient.	Prevent the patient from feeling overpowered or dominated by the presence of authority.
Provide clear, concise explanations for all rules and regulations.	Set control by defining limits and setting positive expectations for responsible behaviour.
Use a positive approach, make suggestions rather than give commands, invite participation rather than make demands, and redirect action rather than impose external controls.	Foster the building of trust and emphasise the integrity and reliability of the nurses.
Be honest and open in communications.	Reduce fear, anxiety, and help-lessness in order to lessen the patient's sense of staff domination.
Remain rational and dependable.	Convey sincerity and security, thus promoting the patient's feelings of security and trust in order to avoid a power struggle.
Listen to complaints and attempt to make reasonable demands and requests	Give the patient recognition in order to increase their sense of integrity.

Respond positively to reasonable demands and requests.	Re-emphasise the patient's sense of personal worth and minimise their potential loss of control.
Absorb verbal expressions of anger, resentment, bitterness, belittling, and sarcasm.	Demonstrate acceptance to the individual regardless of behaviour.
Define the external of the problem with the patient.	Convey interest in the patient and assist them in developing awareness regarding behaviour, thereby re-establishing contact with reality.
Elicit the patient's feelings regarding the problem behaviour.	Bring feelings into awareness so that a coping mechanism can be developed.
Identify the precipitating cause of aggressive behaviour	Determine the purpose of the patient's behaviour so that the best method of intervention can be chosen.
Devise and explore alternative behavioural responses.	Assist the patient in developing socially acceptable patterns of behaviour.
Provide distraction and channel aggressive behaviour through mildly competitive games like cards, checkers, chess, constructive tasks, and challenging activities in which the patient is known to be proficient.	Provide socially acceptable outlets for expressing aggressive behaviour, foster self-esteem, and promote feelings of accomplishment and independence.
Apply external controls (as a last resort) such as direct verbal commands("stop yelling!"), impose consequences for unmet expectations ("if you don't stop banging the table, you will have to go back to your room"), and exert direct physical control by laying on hands using medicinal or mechanical restraints.	Provide protection and control for the patient until they are able to exert self-control.

According to Abahussain (2017), when managing an aggressive patient, always keep the door open for exit and avoid bargaining with an aggressive patient by remaining calm, reassuring the patient, and encouraging self-control and co-operation.

According to Abahussain (2017), when managing an aggressive patient, there are three management options to follow, namely, verbal de-escalation, physical restraints, and chemical restraints. In verbal de-escalation, a mental health care practitioner must calm down and talk slowly without raising their voice, being firm and assertive, and avoiding arguments and vulgar words. During physical restrain, mental health practitioners must assign one team member to each of the patient's head and extremities and use the minimum force. The team must start working together to hold the patient and accomplish restraint quickly.

Another intervention for patient aggression is seclusion, where the patient is isolated in a locked room and observed at regular intervals. According to Cullen, Bowers, Khondoker, Pettit, Achilla, and Koeser (2016), many patients who are secluded feel anger, loneliness, despair, hopelessness, and a sense of being helpless and punished. When managing a patient using seclusion, the psychiatric nurse should not use seclusion as a punishment but for the safety of the patient, staff, properties, and other patients. Regular patient check-ups should be done, and patients should be provided with basic needs like hygiene and nutrition. The doctor should also evaluate the patient's condition (Abahussain, 2017). Chemical restraint is the forced administration of medications to manage uncontrolled aggression in people who are likely to cause harm to themselves or other (Muir-Cochrane & Oster: 2020). Abahussain (2017), chemical management involves the use of oral or injectable benzodiazepines and antipsychotics medications to sedate the patients, following doctor's prescription.

Regarding the perception of patients in a seclusion room, Allikmets, Marshall, Murad, and Gupta (2020) indicate that there is no communication in the patient-professional relationship, which manifests itself as patient abuse, a shortage of psychological assistance, and a want for modification.

2.8. CHALLENGES EXPERIENCED BY PROFESSIONAL NURSES

In Saudi Arabia, there is a lack of awareness in hospitals, which reflects the lack of training and support for nurses (Basfr et al., 2019). Therefore, the hospital management should implement important policies related to workplace violence, awareness programmes to the public and staff concerning unacceptable aggressive

behaviour in a hospital environment, and the role of management support for victims of violence.

A study in Indonesia by Timor et al., (2019) stated that protection and guarantees for nurses experiencing aggression can be done by implementing risk management, which is not conducted in Indonesia's mental health services.

In Iran, Ramezani, Gholamzadeh and Ahmadzadeh (2017) found that the lack of clinical guidelines, insufficient job growth, ineffective organisational policies (limited human resources, mandatory shifts, lack of protective equipment, lack of motivational sparks), and deficiencies in organisational culture (inadequate autonomy and authority, lack of prevention, culture of fault and blame after incident) are some of the challenges faced by nurses when managing aggressive patients.

A study by Zwane, Shongwe and Shabalala (2022) in Eswatini found that nurses suffer emotional discomfort as a result of patients verbally abusing them and calling them names, especially at the beginning of their employment. Years later, though, they can handle the verbal abuse from their patients by choosing to ignore it.

Mental health nurses working in psychiatric hospitals get discriminated against and stigmatised by other non-mental health care workers. In particular, during night shifts, female nurses reported that they were subjected to sexual harassment, including attempts at rape, which made them fear for their lives (Zwane et al., 2022).

Nurses working in acute psychiatric units have moral distress. Feelings of inadequacy arise from being caught between clinical realities and ideals, which leads to moral distress when they fail the patients. Bad conscience, emotions of guilt, irritation, wrath, despair, and inadequacy, as well as mental exhaustion, emotional numbness, and fragmentation, are all results of moral distress. Some have elevated blood pressure, difficulty sleeping, and an emotional flatness, coldness, and empty feeling (Jansen, Hem & Hansen, 2019).

Sobekwa (2012) states that challenging and unsafe working environments compromise clinical care and negative work. In a study conducted in South Africa, Havenga and Sengane (2014) found that nurses tried to make sense of the cause of violent behaviour from patients by focusing mainly on patient intrinsic factors such as substance abuse, being mentally ill, resistance to ward structure, and habitual violent

behaviour. The nurses explained the effect of the violence as physical pain and emotional distress, resulting in a negative impact on their mental health and influencing the quality of care provided to patients.

In summary, African countries face various challenges in mental health deliveries due to shortage of staff and lack of effort from government in terms of policies and funding. Many African countries do not have budget allocation to mental health. Furthermore, Authors added that there is lack of mental health policy in Libya and those that are available most of them are non- functional, and make it impossible to reach patients with need for mental health services leading to ineffective service delivery and potential wastage of resources.

2.9. STRATEGIES TO REDUCE AGGRESSION

The strategy training to deal with workplace violence and self-defence is one of the training that can be given to nurses in psychiatric units as a strategy in the form of martial arts, believed to reduce fear in psychotic patients (Gladstone, 2018). Strategies to overcome violent behaviour in Saudi Arabia included ways to lessen exposure to workplace violence, such as training programmes and improved security inside medical facilities (Albalawi et al., 2022).

Protection and guarantees for nurses can also be done by implementing risk management strategies. Timor et al., (2018) posit that nurses in the acute psychiatric ward maintain security measures as part of risk management by using alarms and portable telephones to obtain protection or safeguard to avoid violence.

According to Venkachalam (2017), there are a number of environmental strategies that can influence patient aggression. These include: inpatient units that offer a variety of productive activities that can decrease the likelihood of inappropriate patient behavior and increase the patient's adaptive social and leisure function; unit norms and rewards associated with productive activities that can reduce aggressive acts; acute inpatient units where the patient's acuity is extremely high; and inpatient units that should modify their surroundings to best meet the needs of the patients they treat. Units that provide excessive stimulation and show little regard for the privacy needs of the patients may increase aggressive behaviour, allowing those at risk to spend time in their rooms away from the hectic day room.

Jeeva and Sudipta (2020) suggested 10 domains of de-escalation techniques: respect for the patient's personal space; avoiding provocative behaviour, making verbal contact, being succinct, identifying the patient's wants and feelings, paying close attention to what the patient is saying, agreeing or agreeing to discharge, establishing clear boundaries and the law, providing options and hope, and debriefing the patient and staff.

Strategies to overcome violent behaviour in Saudi Arabia were reported to include ways to lessen exposure to workplace violence, such as training programmes and improved security inside hospitals (Albalawi et al., 2022).

In America, a de-escalation technique was developed by Kruse (2021) for student nurses before they obtained their training license on how they cope with aggressive patients. The strategy bears good results as it increases student nurses' self-confidence and how they perceive aggressive patients. The findings also stated that there is an increase in student nurses remaining in the nursing field until retirement.

In Australia, a Q-methodology was developed to examine the knowledge and skills components of recovery-focused care that nurses use to reduce the risk of aggression in acute mental health settings (Lim, Wynaden & Heslop, 2020). Nurses disclosed five elements that, when put into practice, can lessen patient hostility, namely, acknowledging the hospitalisation experience of the patient, reassuring patients through trying times, interacting to explore the impact of the patient's negative lived experience, supporting co-production to lessen triggers of aggression, and encouraging and supporting the patient to take charge of their recovery journey were some of these factors.

2.10. CHAPTER SUMMARY

The chapter reviewed literature that supports the study, which includes theories used in this study, how PNs perceive patient aggression, types of patient aggression, PNs experiences of managing aggressive patients, the support PNs need when managing aggressive patients, challenges faced by PNs when managing aggressive patients, and strategies used to reduce patient aggression. The following chapter will discuss the methodology of the study

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

Chapter 2 presented the literature review. Therefore, this chapter will address the research design and methodology adopted in the study. The following aspects were outlined in this chapter: research approach; research design; study setting; population and sampling used to select the district, hospitals and participants; methods used to generate data; pre-testing; measures to ensure trustworthiness; and ethical principles adhered to during the study.

3.2. RESEARCH APPROACH

In this study, a qualitative approach was used whereby data were generated through in-depth individual interviews. The researcher made sense of it and organised it into themes that cut across the data source (Braun & Clarke, 2013). The topic and the purpose of the study guided the approach. A qualitative approach was adopted because PNs were able to narrate their experiences in managing aggressive patients. Experiences cannot be quantified but can be narrated through interviews, giving the researcher an opportunity to probe and make follow-up questions. According to Levitt, Motulsky, Morrow and Ponterotto (2017), research was inductive in nature, and the investigator typically investigated meanings and insights in a particular context. The findings from Phase one form the basis of Phase two, which is the development of guidelines to support PNs in managing aggressive patients within the acute MHCU. Phase two included the development of guidelines as indicated by registered psychiatric nurses to support PNs in managing aggressive patients within the MHCU of Limpopo Province, South Africa. A summary of the research approach followed in this study is provided in Figure 3.1.

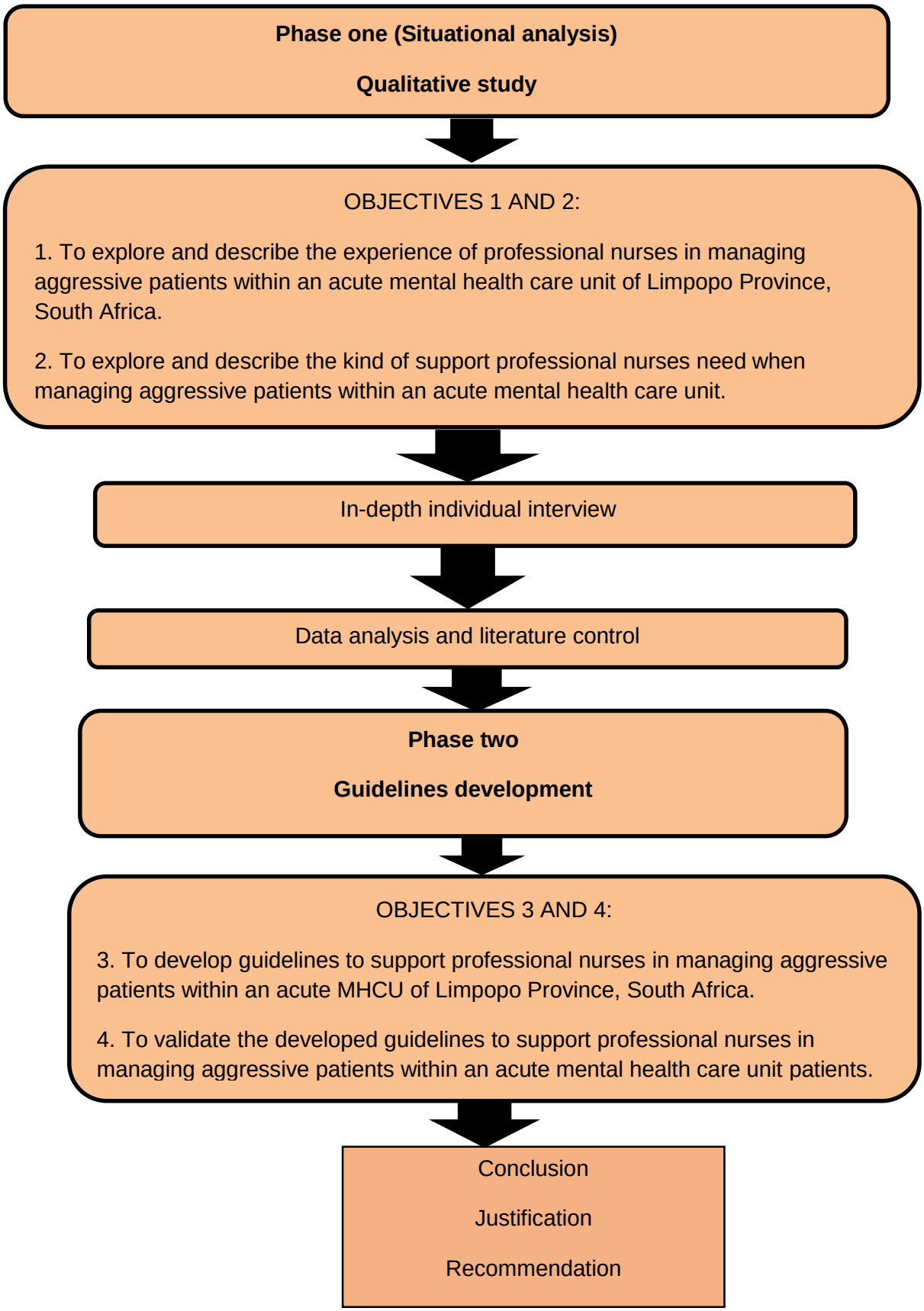

Figure 3.1: Research process

3.3. PHASE ONE: SITUATIONAL ANALYSIS

This study employed a qualitative approach with an exploratory, descriptive, and contextual design. The study setting, population, sampling method, ethical consideration, and measures to ensure trustworthiness were discussed. In-depth individual interviews were conducted with PNs caring for aggressive patients in acute MHCUs to explore and describe their experiences in managing aggressive patients and explore and describe the kind of support they need when managing aggressive patients in acute MHCUs. Data collected during interviews were recorded using a voice recorder and analysed thematically following Braun and Clarke's (2013) six steps. The results were also discussed against relevant literature.

3.4. RESEARCH DESIGN

The following design was followed: explorative, descriptive and contextual design.

- **Exploratory**

According to De Vos, Strydom, Fourche, and Delport (2013), exploratory design is carried out when a researcher comes across a well-known problem with a description but is moved to inquire as to why things are the way they are. The study's objectives were achieved through exploratory design. The researcher explored more on the experiences of PNs in managing aggressive patients within an acute MHCU. The kind of support they need when managing aggressive patients and the challenges they experienced when managing aggressive patients were explored through individual interviews and were supported by the literature.

Theories guiding the study and theories guiding the development of the guidelines were also explored. Chinn and Kramer's (2011) evaluation guidelines were also explored.

- **Descriptive**

According to Gray (2009), a descriptive study seeks to draw a picture of a situation, person, event or show how things are related to each other. The study allowed PNs to describe their experiences regarding the management of aggressive patients within an acute MHCU. Challenges and support they need as PNs when managing aggressive patients within acute MHCUs were also described.

- **Contextual**

According to Burns and Groove (2011), contextual studies focus on specific occurrences that occur in naturalistic settings. Naturalistic settings, sometimes known as field settings, are unstructured real-life scenarios. The research was conducted in hospitals with acute MHCUs where PNs provide care to aggressive patients. The focus was only on PNs working with aggressive patients within an acute MHCU. No other nursing categories were interviewed. PNs with experience managing aggressive patients but not allocated in acute MHCUs were not interviewed. The researcher never entertained other issues but only focussed on the topics during study. Other issues were never entertained because the study objectives were: to explore and describe the experiences of professional nurses in management of aggressive patients in acute psychiatric ward; and to explore and describe the kind of support needed by professional nurses when managing aggressive patients.

3.5. STUDY SETTING

The study was conducted in the Waterbeg and Sekhukhune Districts of Limpopo Province, South Africa. Waterbeg District has five municipalities, namely Belabela, Lephalale, Modimolle, Mogalakwena, and Thabazimbi local municipalities. According to the District health barometer 2019/2020 as reported by Massyn, Day, Ndlovu and Padayachee (2020), the population of Waterbeg District is 761,590, with an unemployment rate of 28.8%. Waterbeg District has seven government hospitals, namely, Ellisras, Thabazimbi, Witpoort, FH Odendaal, Mokopane, George Masebe, and Voortrekker. Sekhukhune District has a population of 119,4307, with an unemployment rate of 33.8%. Sekhukhune District has four municipalities, namely, Elias Motsoaledi, Ephraim Mogale, Makhuduthamaga, and Fetakgomu Tubatse local municipalities. Sekhukhune District has seven government hospitals that provide mental health care, namely, Groblesdal, Matlala, Philadelphia, Dilokong, Jane Furse, Mecklenburg, and St Rita's. Most of the population in Sekhukhune is situated in rural areas, while 47% of Waterberg's population lives in rural areas. The community health belief systems are spiritual, traditional, indigenous, and Western medicines. The districts have a high percentage of people who are unemployed and illiterate, especially the youth. This resulted in most of them engaging in substance abuse like

drinking alcohol and smoking cigarettes and dagga (Massyn, et al.:2020). The below is a map of the selected study areas in Limpopo Province.

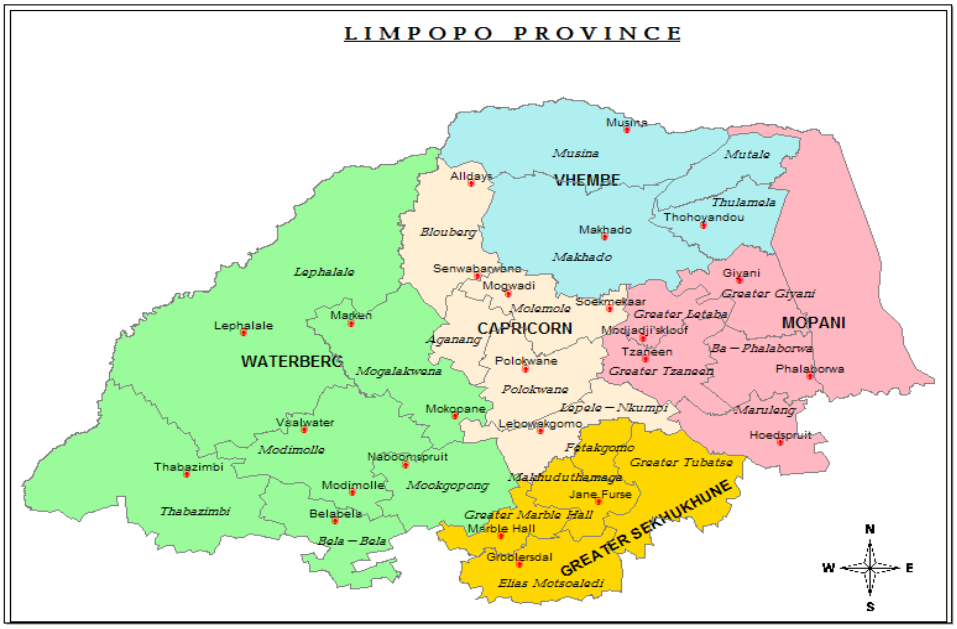

Figure 3.2: Selected study areas map

3.6. STUDY POPULATION

In accordance with Brink, Van der Walt, and Van Rensburg (2014), a population is the entire set of people or objects that the researcher is interested in and that share certain common characteristics. The population in this study was PNs working in an acute MHCU in a general hospital who were sampled by the researcher from the target population based on the criteria set.

Target population

The target population were PNs with psychiatric nursing science working in hospitals with acute MHCUs.

3.7. SAMPLE AND SAMPLING METHODS

De Vos et al (2017) a sample comprises elements or sub-sets of the population measured for actual inclusion in the study. Per Burn and Groove (2011), the sample ought to be representative of the population. Sampling involves selecting a group of people, events, behaviours, or other elements to conduct the study. In this study Sampling was done in three phases, namely, sampling of the districts, sampling of the

hospitals, and sampling of the participants. Three phase sampling was done since not one sampling was not suitable for all.

Table 3.1 below shows a summary of three -phase sampling.

Table 3.1: Three -phase sampling

PHASES OF SAMPLING	NAME	SAMPLING METHODS
Sampling of the Districts	Waterberg and Sekhukhune	Purposive sampling
Sampling of the hospitals		
1. Regional hospitals	Mokopane and Philadelphia hospitals	Purposive sampling
2. District hospitals	George Masebe and Matlala hospitals	Purposive sampling
Sampling of the participants		Convenience sampling

- **Sampling of the Districts**

Limpopo Province has five districts, namely, Waterberg, Mopani, Sekhukhune, Vhembe, and Capricorn. A purposeful sampling technique was employed to choose two districts from the province. The researcher selected two districts with high monthly admission rates based on the district's mental health statistics. These districts were Waterberg, with 34 admissions, and Sekhukhune, with 28 admissions (Manganye et. al, 2021).

- **Sampling of hospitals**

1. Sampling of the regional hospitals

Regional hospitals were purposively sampled, as each district has one regional hospital. In the Waterbeg District, Mokopane Hospital is the regional hospital, and in the Sekhukhune District, Philadelphia Hospital is the regional hospital.

2. Sampling of the district hospitals

Sekhukhune and Waterberg district have seven hospitals providing mental health care services. The researcher used purposive sampling to select the hospitals that have high admission rates. In the Waterbeg District, George Masebe Hospital was selected, and in the Sekhukhune District, Matlala Hospital was selected.

- **Sampling of participants**

Participants were sampled through convenience sampling technique, which is the process of selecting study participants from among those who are most easily accessible (Polit & Beck, 2014). Registered psychiatric nurses from Philadelphia, Matlala, George Masebe, and Mokopane hospitals were conveniently selected. Fifteen PNs with psychiatric nursing science from four selected hospitals participated in the study. Hospital A had three participants, while Hospitals B, C, and D had four participants per hospital.

3.8. SAMPLING SIZE

Per Burns and Groove (2011), sampling size is the total number of research participants that are examined. All selected hospitals had a maximum of 12 PNs, providing care to male and female wards during day and night duty. The researcher anticipated interviewing 20 PNs; however, she only interviewed 15 because other PNs were not on duty, and others refused to participate in the study. Those who opted not to participate verbalised the following: there is no remuneration; not interested and not have enough time.

3.9. INCLUSION CRITERIA

The inclusion criteria are the characteristics the participants must possess to be part of the target group (Burns & Groove, 2011). In this study, the inclusion criteria were PNs with psychiatric nursing science working in an acute MHCU with one year and above experience in managing aggressive patients, with recent registration from the South African Nursing Council, and willing to participate freely.

3.10. DATA COLLECTION

In qualitative research, data collection is done through in-depth individual interviews (Polit & Beck, 2014). Participants were interviewed through unstructured individual interviews, where one central question was asked, followed by follow-up questions based on how the participants responded. Unstructured interview question asked by the researcher are not predetermined, and questions are open ended questions depending on what the participants answered.

3.10.1 Preparation

Permission was obtained from the University of Venda Higher Degrees Committee (Appendix A: p123), Limpopo Province Department of Health (Appendix D: p127), Sekhukhune (Appendix F2: p133) and Waterberg Districts (Appendix F1: p132), and the four selected hospitals (Appendix H1-H4: p136-139). The researcher developed the consent form and information sheet (Appendix J: p142).

The researcher and operational manager arranged meetings with the participants, gave them information on how the research would be conducted, and provided them with an information sheet. The researcher also explained the consent form to them, informing them that giving consent is voluntary and that they can withdraw from the study if they feel like not continuing. Precautions were considered during COVID-19 and were shared with the participants as follows: wearing of musk, sanitize hands, maintaining a social distance and ensuring ventilation. Information regarding the use of a tape recorder was given to the participants so they could switch it off if they no longer wanted to continue with the study. To avoid disruption of service delivery during data collection, the researcher utilised participants' lunchtime when the participants were free and during their own comfortable time, depending on their preference. Days with minimal activities, like weekends, were also used. However, the researcher ensured that participants did not compromise patients' care in favour of the interview.

3.10.2 Recruitment of the participants

After the researcher receives permission from the hospital to conduct the study, the researcher telephonically contacts the nursing manager for an appointment. After getting an appointment, the researcher visited the hospital, introduced herself to the nurse manager and operational manager, and explained the purpose and objectives of the study. The researcher and the operational manager visited the ward, where the

psychiatric nurses arranged the meeting. The researcher introduced herself to the ward staff, explained the study's topic, purpose and objectives, and requested their participation. Those willing to participate were requested to sign the consent form. Convenience sampling was used to sample the participants.

3.10.3 Data collection instruments

In this study, an unstructured interview was used to conduct the interviews at selected hospitals of Sekhukhune and Waterberg districts in acute MHCUs and involved PNs with psychiatric nursing science. Measures to prevent COVID-19 were adhered to. As part of the screening process, all participants and the researcher wore masks, were sanitised, and had their temperatures taken. The distance between the seats was 1.5 metres. Data was collected between July to September 2022. Each interview lasted 35-40 minutes. During the interview, one central question was asked, "***May you kindly share with me your experience in managing aggressive patients in the acute ward?"*** This was followed by the follow-up question, ***"Please share with me what kind of support you need in managing aggressive patients?"*** All interviews with participants started with a greeting and were audio-tape recorded.

An in-depth individual interviews were conducted with PNs caring for aggressive patients in acute MHCUs to explore and describe their experiences in managing aggressive patients and also explore and describe the kind of support they need when managing aggressive patients. Data collected during interviews were recorded using a voice recorder and analysed thematically following Braun and Clarke's (2013) six phases. The results were also discussed against relevant literature.

The following communication skills were followed during the interview (Phillips, 2014):

Listening: Throughout the interview, the researcher attentively listened, keeping eye contact and nodding her head.

Probing: In order to get more clarification from the participants, probing questions were posed in response to their responses.

Clarifying: To prevent making assumptions or drawing hasty conclusions, the researcher needs clarification on remarks she did not fully comprehend.

Reflection: The researcher repeated each participant's comment in their own words to guarantee clarity and invited them to elaborate on the concerns they had raised in order to encourage reflection.

Paraphrasing: The researcher rephrases the responses in the participant's own words, but with the same meaning, before asking the next question.

Summarising: The researcher summarised the key points made by the person being interviewed throughout the interview, which may help the participant remember some of the details they may have overlooked.

Using silence: Silence was used by nodding the head and minimal verbal response saying "Mhh", "yes", and "continue" to allow a free flow of information and to support participants to open up.

3.10.4. Pre-test

In qualitative research, a pre-test enables the researcher to assess the research question, check that the device functions correctly for recording, and employ communication techniques. Estimating the time and expense associated with the interview process is also helpful (De Vos et al., 2014). In this study, pre-testing was conducted using two participants who were not part of the main study. This involved those who met the inclusion criteria. The researcher conducts the interview as a way of testing if the research question is clear to the participants, and the researcher evaluates herself on how the question is asked.

Pre-testing was evaluated by fellow post graduate students and the promoters with the following comments: first pre testing research question was not clear and need to be rephrased. Application of COVID 19 measures was well explained to the participants. Communication skills such as probing was not applied. Shifting from phase one to phase two not clear, the researcher has just jump in.

On the second pre-test feedback are as follows:

Research question clear; Application of COVID 19 measures was well explained to the participants. Communication skills well applied. Shifting from phase one to phase clear.

The researcher has improved and should continue with the interviews

3.10.5. Data management

For the safety of data, transcribed interviews, audio-taped data during data collection, and the USB port that stored the information were kept in a password-protected safe, which is only accessed by the researcher and her supervisors. Data was also kept safe electronically on the computer hard drive, which has a password, and also sent to the supervisor and researcher via email.

3.11. DATA ANALYSIS

Data were analysed thematically following Braun and Clarke's (2013) six phases.

Phase 1: Familiarise yourself with your data

After data collection, the researcher listened to the audio tape, transcribed, and typed the interviews. The researcher goes through the notes, memorises them, and identifies possible shaded patterns.

Phase 2: Generating initial codes

The researcher began creating the initial codes by categorizing participant words and phrases after becoming familiar with the data and compiling a list of ideas from the data acquired.

Phase 3: Searching for themes

The process starts when all of the data have been originally coded and the researcher has a lengthy list of codes that have been found throughout the data collection. By aligning codes, themes were generated by finding similarities in the data. In order to find themes, the researcher matched codes and searched for data with similar meanings.

Phase 4: Reviewing themes

It involves the refinement of themes. During this phase, some themes develop branches or sub-categories, whereas others that were not real themes collapse. In the end, the researcher had ideas on the different themes and how they fit together.

Phase 5: Defining and naming themes

The researcher defined and refined the themes. To present the analysis's results, the researcher created a table. The tables were arranged according to the themes that the researcher was presenting. The researcher concluded with four themes.

Phase 6: Producing the report

The interpretation was supported by information from the literature and the researcher's knowledge of the subject.

3.12. LITERATURE CONTROL

After data analysis, PNs' experiences regarding managing aggressive patients and challenges experienced by PNs when managing aggressive patients in acute MHCUs were identified. A literature control was conducted to validate the findings and develop the guidelines. This is discussed in detail in Chapters 4 and 5.

3.13. ETHICAL CONSIDERATIONS

According to Polit and Beck (2014), research ethics is a set of moral principles that address how closely study participants' professional, legal, and societal responsibilities are followed during the research process. Ethics are designed to protect the rights of the participants and to define the responsibilities of the research. In this study, the following ethics were applied:

- **Approval for conducting the study**

Permission was sought from the Faculty of Health Sciences; the University Higher Degrees Committee and the University of Venda Research Ethics Committee (FHS/21/PDC/25/1301). A letter was written to the Provincial DoH (Limpopo Province), Department of Health Waterberg District and Sekhukhune District, and the selected hospitals' Chief Executive Officers requesting permission to conduct the study. The relevant individuals and organisations granted permission.

- **Informed consent**

Researcher participation in a study must be voluntary after being informed of the potential dangers and rewards, according to ethical principles (Polit & Beck, 2014).

The participants were given consent forms to sign, and signing was voluntary. Each participant was given the right to withdraw from the study with no penalties. This was done to ensure free will. All participants who participated in the study signed the consent form.

- **Avoid harm**

According to De Vos et al. (2013), researchers can prevent harm by shielding participants from potential emotional distress that may arise from the research activity. In this study, the researcher tried to minimise harm and discomfort by providing participants with the right to withdraw from the study at any time if uncomfortable. Researcher build rapport with the participants in order for them to feel free, also avoid asking questions in a manner that it can evoke emotions of participants.

- **Confidentiality**

According to De Vos et al. (2013), confidentiality refers to the processing of information in a confidential way. The researcher maintained confidentiality by conducting interviews in a private room, and each participant was interviewed separately.

According to Gray (2009), confidentiality also includes data storage. The data collected was kept in a password-protected safe that is only accessible to the researcher and her supervisors.

- **Anonymity**

According to Polit and Beck (2014), anonymity protects participants' privacy by preventing the researcher from connecting specific participants with the information they submit. For anonymity, the identity of participants was not used in order to protect the participants. Participants were given pseudonyms instead of using their real names.

- **Deception of the participants**

The researcher should never withhold information or offer incorrect information to the participants (Burns & Groove, 2011). This was implemented by explaining to the participants how the interview would be conducted and that there were no incentives to be given to the participants. Interviews were conducted at their place of work, and

they were not paid for the transport money nor the time spent during interview as they were told before that there is no payment for being part of the study.

- **Compliance with COVID-19 measures**

The researcher and participants were screened for any signs of COVID-19, including temperature monitoring before the interview. Each participant, including the researcher, wore a mask covering their mouth and nose. Hand sanitiser was used, and social distancing, such as 1.5 metres apart, was maintained. Moreover, the researcher ensured that the room where the interview was conducted was well-ventilated by opening the windows. Measures were put in place to minimise the spread of COVID-19. Fortunate there were no nurses who were screen positive during the interviews, if he/she was detected during screening, he/she will be referred to the doctor for further management.

3.14. MEASURE TO ENSURE TRUSTWORTHINESS

The degree of confidence a qualitative researcher has in their data and analyses is known as trustworthiness. It is assessed using the criteria of credibility, transferability, dependability, conformability and authenticity (Polit & Beck, 2014).

3.14.1 Credibility

Credibility refers to confidence in the truth of the data. The proposal was presented to the Department of Advanced Nursing Science, Faculty of Health Science, and the University Higher Degrees Committee to ensure credibility. Credibility was ensured by sampling different levels of hospitals. Two pre-tests were conducted and evaluated by peer debriefing, and the supervisors assessed the transcripts and methodology. After the assessment, feedback was provided to ensure credibility.

- **Member checks**

The researcher and the participants verified the content of the interview throughout the interviewing process by summarising, clarifying, and paraphrasing statements that the participants had shared. This was done so the participants could provide feedback and clarify any misunderstandings during the interview. An audio tape-recorder was played back to the participants for them to hear what had been recorded by the researcher and confirm what they said.

3.14.2 Dependability

Polit and Beck (2014) define dependability as the data's stability over a period of time and under various conditions. In this study, dependability was maintained by reporting and consulting with the research team and supervisors. Data for this study was coded, and after a certain period of time, the collected information was kept on file to guarantee the consistency and correctness of the data. In order to determine whether other experts in qualitative research would code in the same way as the researcher, the researcher permits other experts in the field to cross-check codes, also known as inter-coder agreement. It was also done by clarifying and paraphrasing during the interview to prevent bias.

3.14.3 Transferability

The degree to which qualitative findings can be transferred to different settings or populations is known as transferability (Polit & Beck, 2014). In this study, transferability was ensured by a thick description of all research processes from the research design, study setting, target population, sampling procedure, and data collection methods in such a way that even if other researchers repeated it, the same study would come up with the same results.

3.14.4 Confirmability

The term "confirmability" describes the likelihood that data would be consistent in terms of accuracy, relevance, or meaning. Information that was recorded during interviews was transcribed without any alteration. The researcher did not influence the responses and outcomes of the study. Confirmability was ensured by playing back the recorded audio during interviews, and the transcribed verbatim was retained for verification.

3.15. CHAPTER SUMMARY

This chapter presented the research approach; research design; study setting; population and sampling used to select the district, hospitals, and participants; methods used to collect data; pre-testing; ethical principles; and measures to ensure trustworthiness. Chapter 4 presents the findings of the study.

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CHAPTER 4

DISCUSSION OF THE FINDINGS

4.1. INTRODUCTION

The previous chapter discussed the methodology of the study. This chapter presents and discusses the findings of the study. From the generated data, four themes and sub-themes emerged from the study regarding the development and validation of guidelines to support PNs in managing aggressive patients within the acute MHCU in Limpopo Province, South Africa.

4.2. DEMOGRAPHIC DATA

- **Number of nurses per hospital**

At Philadelphia Hospital, three psychiatric nurses, including an advanced psychiatric nurse, participated in the study. Four participants from George Masebe participated in the study. At Matlala Hospital, four participated in the study, including an advanced psychiatric nurse. At Mokopane Hospital, 04 participated in the study, including an advanced psychiatric nurse. The above numbers are indicated in Figure 4.1 below:

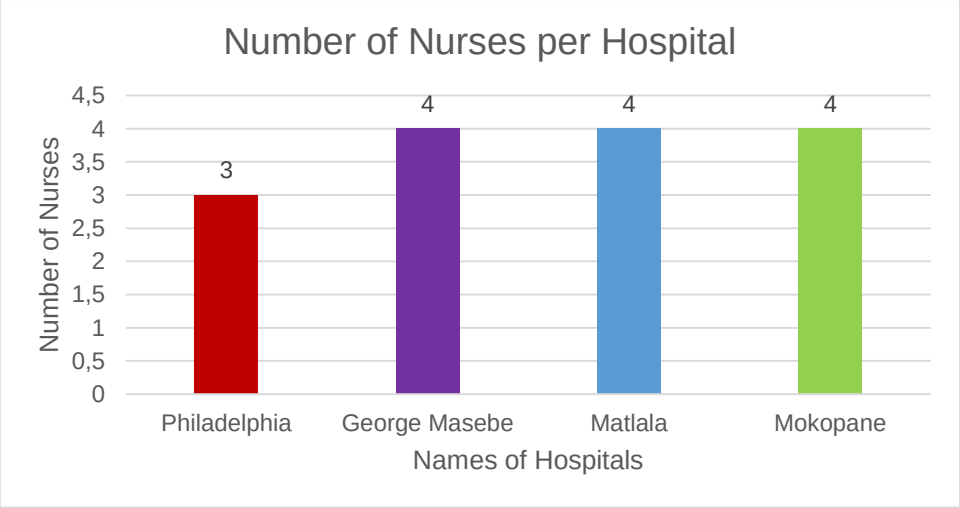

Figure 4.1: Number of nurses per hospital

- **Categories of nurses**

The study's participants were categorised into two groups, namely, 12 psychiatric nurses and three advanced psychiatric nurses. This is indicated in Figure 4.2 below:

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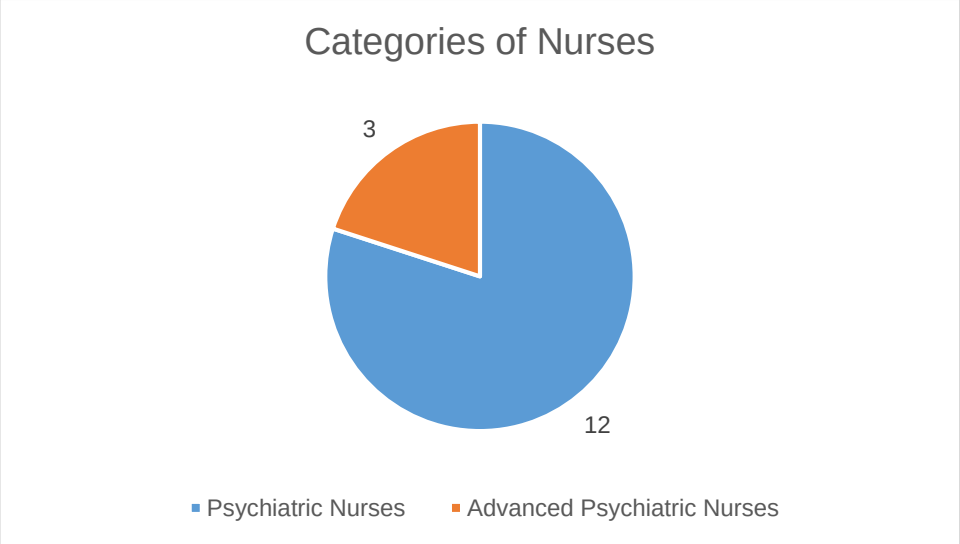

Figure 4.2: Categories of nurses

- **Working experiences**

Nurses' experiences working with aggressive patients ranged from one year to 10 years. Three had one to five years' experience, five had five to nine years of experience, and seven had ten years and above. This is also indicated in Figure 4.3 below:

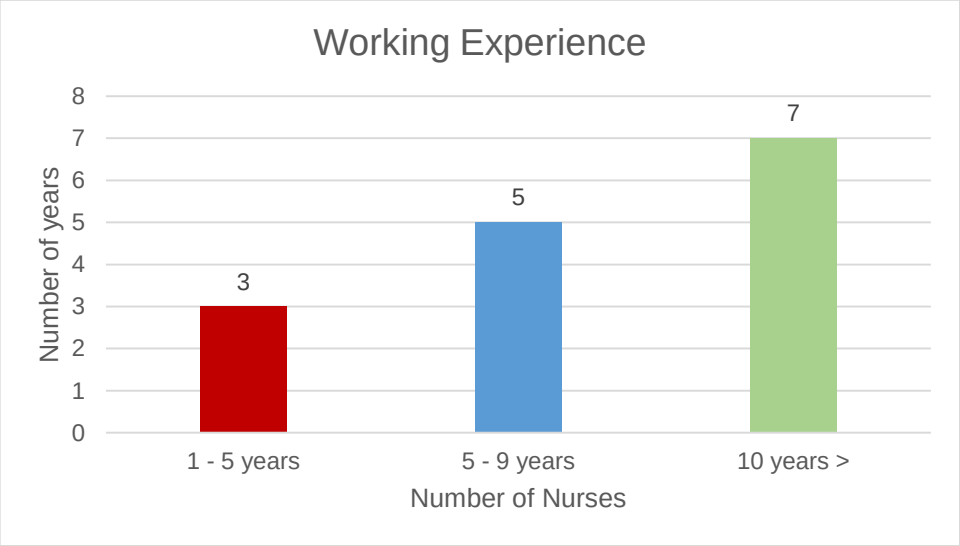

Figure 4.3: Working experiences

4.3. PRESENTATION OF THE FINDINGS

Data were analysed using Braun and Clarke's (2013) six steps. Four themes and sub-themes emerged from the findings. The themes were: management of aggressive

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patients, care of patients in seclusion rooms, challenges faced by PNs when managing aggressive patients, and the support needed by PNs when managing aggressive patients. All these themes were discussed in detail below and are supported by relevant quotations and the literature.

Table 4.1: Themes and sub-themes

THEME	SUB-THEME
1. Management of aggressive patients	• Pharmacological management • Non-pharmacological management
2. Care of patient on mechanical restrain and seclusion	• Legality of mechanical restrain and seclusion • Care provided to the patient during mechanical restrain and seclusion
3. Challenges faced by professional nurses when managing aggressive patients	• Shortage of staff • Shortage of medication • Infrastructure • Poor support from management • Non-compliance with 72-hour assessment
4. Support needed by professional nurses when managing aggressive patients	• Provision of resources • Compliance with legislation • Support from management

4.3.1. THEME ONE: Management of aggressive patients

Table 4.2: Theme One

THEME	SUB-THEME
Management of an aggressive patient	• Pharmacological management • Non- pharmacological management • Safety

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The analysed data shows how PNs manage aggressive patients, as indicated by the following sub-theme below:

4.3.1.1. Pharmacological management

Most participants mentioned pharmacological management, such as giving treatment to sedate and following doctor's prescription, protocols, and guidelines when managing aggressive patients. The following quotes supported this:

"…In this ward, we depend on the severity of aggression; if it is severe, we sedate first, then we call the doctor to come and prescribe. If the patient is co-operative, we make the patient calm; then after, we call the doctor.…" P7 (Female)

This was also supported by participant number 12:

"… During admission, the doctor from causality writes treatment that we also use in the ward for sedation. If the patient is aggressive, we sedate following the doctor's prescription, and the patient will sleep. Thus, the way we handle aggressive patients.…" P12 (Female)

Another one said:

"… If the aggression continues, we sedate them following the prescribed protocol, which said give 2-4 mg of Rivotril, but firstly we check the blood pressure as it has tendency of lowering blood pressure.…" P11 (Female)

4.3.1.2. Non-pharmacological treatment

PNs also manage aggressive patients without the use of drugs. They manage them by putting them in the seclusion room, talking with the patient until they get calm, reassuring the patient, calling the user by name, and installing a mechanical restrain. The following quotes supported this:

"… We restrain the patient by using a specific belt when the patient is restless and uncontrollable. We do it to prevent the patient from hurting himself. We may tie a hand or a leg to restrict the movement, but we assess the patient for swelling and redness on the retraining area.…" P4 (Female)

Participant number 9 said:

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"… You have to address the patient by name because they respond positively if called by their names rather than their pseudonyms. Be polite to them and attend to their need…." P9 (Male)

Participant number 11 said:

"…When he is verbally aggressive, we try to talk to him calmly, not raising voices. I talk to him in a respectable manner and try to find what makes him to be verbally aggressive. Because if you raise the voice, the aggression will also be aggravated…." P11 (Female)

Few participants mentioned using standard operating procedures as required by the national health standards in South Africa. The following quote supported this:

"… When the MHCU becomes aggressive in the ward, we have standard operating procedures (SOP) that allow us to intervene when the patient is aggressive…." P10 (Female)

4.3.1.3. Safety

Most participants mentioned safety as an important aspect when managing an aggressive patient. They ensure the safety of the staff and patients by handling the patient properly to prevent injuries, calling for assistance, and involving the security officers. The following quotes supported this:

"…When the patient is aggressive in the ward as others have aggression towards other patients and staff, as nurses, we approach him as a team. You do not go to the patient being alone; we call for support from the security officer in the ward who will also call others at the main gate depending on the severity of aggression…." P1 (Male)

Participant number 2 said:

"… Handle him/her in such a way that the patient must not fall and get hurt. Being five in number one, on the other hand, others come on the back and hold on the waist; every nurse should be able to handle a patient to avoid injuries…." P2 (Female)

Another participant said:

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"… In order to provide nursing care to her, we call security from the main gate to come and assist us because we cannot go there alone. The security will come and handle the patient…" P3 (Female)

4.3.2. THEME TWO: Care of patients in seclusion rooms

Table 4.3: Theme Two

THEME	SUB-THEME
Care of patient on mechanical restrain and seclusion	• Legality of mechanical restrain and seclusion • Care provided to patients during mechanical restrain and seclusion

Participants expressed the type of care they provide for the patients on mechanical restrain and seclusion. Two sub-themes emerged from the analysed data: legality of mechanical restrain and seclusion, and the care provided to the patient during mechanical restrain and seclusion.

4.3.2.1. Legality of mechanical restrain and seclusion

The majority of the participants mentioned that the doctor should prescribe mechanical restraints and seclusion using MHCA Form 48 of the annexure according to the MHCA No. 17 of 2002. Patients should not exceed four hours in the seclusion room. The following quotes supported this:

"… The doctor needs to assess the patient's condition, then prescribe the seclusion room using the Mental Health Act Form 48. Patient should not stay in seclusion room not more than four hours as seclusion room is not for punishment…." P1 (Male)

Participant 9 also added:

"… Before the patient goes to the seclusion room, the prescription should be done, thus where we need Form 48. The maximum period of seclusion room must be four hours. After four hours, the doctor should review the prescription…." P9 (Male)

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Another one said:

"…Yes, before the patient goes to the seclusion room, the prescription should be done. The maximum period for a seclusion room should be four hours. After four hours, the doctor should review the prescription. we also need to observe the patient very thoroughly.…" P15 (Female)

4.3.2.2. Care provided to patients during mechanical restrain and seclusion

Most participants indicated that there should be continuous observation of the patient during mechanical restrain. Patients should not be deprived of basic nursing care while in the seclusion room. Basic nursing care like hygiene needs, nutritional needs, elimination needs, treatment giving, and monitoring vital signs should be provided to the patient during restraint and seclusion. When attending to the basic needs of the patient, nurses should be accompanied by the security officers. The following quotes supported this:

"… Due to a shortage of equipment in our hospital, like cameras that we can use to monitor the patient in the seclusion room, we monitor the patient every thirty minutes. We don't assume what the patient is doing to monitor him/her and record patient behaviour.…" P2 (Female)

Participant 4 said:

"… We restrain the patient by using a specific belt when the patient is restless and uncontrollable. We do it to prevent the patient from hurting himself. We may tie a hand or a leg to restrict movement, but we assess the patient for swelling and redness on the restrain area.…" P4 (Female)

Participant 13 said:

"… When he is in the seclusion room, we make sure that the user has bathed, eaten food and all nursing care that is provided to other patients is also done to him; fifteen minutes' observation is for the first one hour, checking patient behaviour, then after an hour you observed every thirty minutes…." P13 (Female)

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4.3.3. THEME THREE: Challenges faced by professional nurses when managing aggressive patients

Table 4.4: Theme Three

THEME	SUB-THEME
Challenges faced by professional nurses when managing aggressive patients	• Shortage of staff • Shortage of medication • Infrastructure • Poor support from the management • Non-compliant to 72 hours assessment

Theme three indicates the challenges faced by PNs when managing aggressive patients. From the analysed data, five sub-themes emerged, namely, shortage of staff, shortage of medication, infrastructure, poor support from the management, and non-compliance with the 72-hour assessment.

4.3.3.1. Shortage of staff

All of the participants' mention staff shortage as a challenge as they all depend on security for assistance. Due to the shortage, one PN remains in the ward caring for patients, and when she gets out of the ward, she leaves the ward under the care of a security officer, which is unethical. The following quotes supported this:

"… Here in our ward, we don't have staff. We are short-staffed. Like, in June, I was working alone. We use a shift system. In my group, I was alone, and the other group were only two. We are always two; even on night duty, they are two. If someone gets sick, you will work alone.…" P6 (Female)

Participant 9 added the following regarding the shortage of staff and said:

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"…There is a shortage of staff. I only have four professional nurses, so if one goes on leave, it means that the other group will have a shortage. They (management) should also consider the shortage because if there are no psychiatric nurses, they will be a challenge in managing aggressive patients…." P9 (Male)

Participant 12 also said:

"… There is a shortage of staff in the ward, especially those who are trained for psychiatric nursing and male staff. Due to a shortage of staff, the burden of caring for psychiatric patients is too much for us in such a way that care to be rendered to a patient is limited sometimes. Being only three in the ward with 10 patients…." P12 (Female)

4.3.3.2. Shortage of medication

The majority of the participants mentioned a shortage of medication as a challenge when managing aggressive patients. The issue of medication shortage is a provincial issue, according to the findings, because every hospital complains of a medication shortage. The following quotes supported this:

"… We have a problem with medication, yohhh!!!, I really forget about it. There is no consistency in medication because this week, the pharmacy, for example, will have olanzapine 10mg, and after two weeks, the olanzapine is out of stock, so the doctor will switch to other regimens like risperidone 2mg. Come the next two weeks, the risperidone is out of stock, the olanzapine is back. Really, there is no consistency of treatment…." P5 (Male)

Participant number 3 added that:

"…Because of the shortage of medication, we are experiencing challenges. The one which used to work better was Ativan, but it is out of stock. We only have Rivotril. In incidences where we give Rivotril and the patient is not sedated, we try to give as much as the doctor prescribes. If it is not working, the doctor prescribes restriction where we tie the patient with a bed because the patient will be banging the bucklers, not sleeping…." P3 (Female)

This was also supported by participant number 10:

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"… Medication that is written on the protocol, we don't have them, though I cannot mention them by names. Even if the doctor arrives and prescribes, you find that the prescribed treatment is not available in the pharmacy. Also, we are running short of sedatives…." P10 (Female)

4.3.3.3. Infrastructure

Participants also reported concerns about the quality of buildings that are not up to standard, are dilapidated, and need to be renovated. They also mentioned that male and female cubicles should be separated. The following quotes supported this:

"…We also have a challenge of the structure of the ward. We used to tell them that our structure was not right; how about if they could restructure the nurse's bay for us or something like an office with bucklers, and nurses would sit inside and be able to communicate with patients while outside of the office? Because sometimes the patient is so violent in such a way that you cannot control them. Even when the doctor is doing rounds, the patient will be shouting to the doctor…." P6 (Female)

Participant 5 added that:

"… You find that because of infrastructure, we handle aggressive patients in front of those who are not aggressive. Finding yourself handcuffing the patient together with security officers, those patients who are stable become traumatised and develop fear, thinking that tomorrow may be him/her. Thus, one of the challenges because we don't have separate cubicles…." P5 (Male)

Participant 12 said:

"… I think that if we can have psychiatric trained nurses who will work specifically with psychiatric patients in their own ward, I think it can help. Rather than working with psychiatric patients in the same area with medical patients.it is so challenging. I think the hospital must separate the medical ward from the psychiatric ward; it will be better…." P12 (Female)

Participant number 9 added that:

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"… We need a proper structure whereby the height of the ceiling will go up; we need a seclusion room with CCTV where we can observe the patient thoroughly…." P9 (Male)

This aligns with the policy guidelines for seclusion rooms according to MHCA No. 17 of 2002, which states that seclusion rooms should have a secure CCTV monitoring system.

4.3.3.4. Poor support from the management

A few participants mentioned that they don't get support from the management. The following quotes supported this:

"The ward manager should learn to appreciate us after doing a job. They must not check only the negative things but should appreciate the good things we do in the ward. The ward is full, we are working as two, and management does not want to give us extra staff; we develop burnout and lose interest in caring for patients. When you talk about the shortage, they (management) will say you have come to work…." P4 (Female)

Participant number 7

"… The other thing is that the management does not want to look at this thing of mental health. It looks like they don't have interest in mental health, the issue of 72 hours' assessment they don't follow…." P7 (Female)

4.3.3.5. Non-compliance with 72-hour assessment

Most participants mentioned non-compliance with the 72-hour assessment by hospitals as a challenge as they fail to transfer the patient after completing 72 hours for patients who still require continuity of care, treatment, and rehabilitation.

"…Here, we do 72 hours only; we assess the patient and plan for the transfer to other hospitals. But in this hospital, they don't transfer. We continue managing the patient even when the patient has exceeded 72 hours as we have a problem with a referral hospital due to problems with beds…." P2 (Female)

Participant number 6 added that:

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"…We can even stay with the patient for a month. Sometimes, even if we can send the patient to the referral hospital, they can respond by saying that they don't have a bed there, so it is a challenge because we will be with the patient even if 72 hours have elapsed…." P6 (Female)

Participant number 3 added that:

"…Here, in our hospital, we offer a 72-hour assessment, which is not done properly because even after 72 hours, we continue to nurse patients here in the unit. Hospitals should be able to apply and practice correctly the Mental Health Act No. 17 of 2002, whereby after 72 hours, the patient should be transferred to other hospitals for continuity of care, treatment and rehabilitation if the patient is not discharged. Because staying for more than 72 hours in the ward, when the problem arises, the nurse will be responsible…." P3 (Female)

4.3.4. THEME FOUR: Support needed by professional nurses when managing aggressive patients

Table 4.5: Theme Four

THEME	SUB-THEME
Support needed by professional nurses when managing aggressive patients	• Provision of resources • Compliance with legislation • Support from management

Theme four indicates the support needed by PNs when managing aggressive patients. This was indicated by three sub-themes, namely, provision of resources, compliance with legislation, and support from management.

4.3.4.1. Provision of resources

All participants mentioned the provision of resources like infrastructure, material, and human resources as the kind of support they need in order to manage aggressive patients in the ward. Additional staff should be hired, especially those trained in psychiatry nursing science, and male nurses should be considered to provide care to

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MHCUs. The availability of medications was also mentioned as an important aspect, as one cannot manage aggressive patients without medications. The following quote supported this:

"…*They should hire more nurses because the government no longer provide nurses with posts after completing their degrees and diplomas. Nurses are unemployed, and the hospitals are short-staffed. I think the hospital management should motivate more posts from the department of health.…"* P14 (Male)

Participant number 12 said that:

"…When doing monthly allocation, the allocation committee should consider the allocation of more male nurses in the ward. Mental health care users respect male nurses more than female nurses.…" P12 (Female)

Participant number 5 said that:

"… They should renovate our ward and have a standardised seclusion room. As you can see now, male and female patients are in the same place. We requested that the male ward should be separated from the female ward as the two wards presently are separated by the wall, which is not good.…" P5 (Male)

Participant number 9 added that:

"… Through the CEO of the hospital, the structure department from the province should be contacted, and they will see what to do. Also, the same goes for the staff; the same route should be followed. Nurse manager, CEO, then the upper structure. Because most people are going for pension and they don't replace them. We lost about five people, but they are not replaced.…" P9 (Male)

"…*I think the hospital management should allocate funds for building the ward with a proper seclusion room, and the ward should be up to standard with CCTV even in the seclusion room. Even the CEO should communicate with the provincial department of health requesting funds for building the ward.…"* P15 (Female)

4.3.4.2. Compliant to legislation

Most participants mentioned that the hospitals should comply with legislation and that the doctors must complete the forms correctly. The following quotes supported this:

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"… Hospital should be able to comply and practice correctly the MHCA No. 17 of 2002 whereby after 72 hours, the patient should be transferred to another hospital for continuity of care, treatment and rehabilitation if the patient is not discharged…." P8 (Male)

Participant number 6 said:

"… They should have enough beds that will cater, even us, when we refer the patients. They should increase their bed capacity…." P6 (Female)

Participant number 7 said:

"… They need to be educated through a workshop about completing forms…." P7 (Female)

Participant number 11 added that:

"…The hospital management should build a ward for us that will allow us to continue caring for patients even after 72 hours. The hospital management should communicate with the referral hospital to increase the number of beds to accommodate more patients…." P11 (Female)

4.3.4.3. Support from the management

A few of the participants indicated that the management should support them and appreciate them. The following quotes supported this:

"The ward manager should learn to appreciate us after doing a good job; they must not check only the negative things but should appreciate even the good things we do in the ward…." P4 (Female)

Participant number 7 said:

"… At least if they can develop some guidelines that will protect us on what to do after 72 hours if the patient is not discharged or transferred…." P7 (Female)

Participant number 14 added that:

"… They (management) should learn to appreciate and encourage us to work hard by talking to us and arrange in-service training and workshops to motivate us. Even if

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there is an incident in the ward, they should come and talk to us as nurses so that we can ventilate our feelings. Sometimes, you find that the nurse has been assaulted by an aggressive patient in the ward and gets hurt, the management will put the blame on the nursing staff, forgetting the shortage of staff and medication. In the end, the nurse will be the one to be blamed. Really, it hurts the way they treat us…." P14 (Male)

4.4. DISCUSSION OF THE FINDINGS

4.4.1. THEME ONE: Management of aggressive patients

4.4.1.1. Pharmacological management

The main aim of pharmacological management of aggressive patients is to reach calmness within a maximum period of two hours whilst avoiding adverse effects. Patients who refuse or do not respond to oral treatment should be given intramuscular injections (Adeniyi & Puzi, 2021). Participants also indicated that sedated patients should always be monitored for vital signs as some medications may cause low blood pressure and neuroleptic malignant syndromes such as high fever, rigid muscle, and sweating. Most participants revealed that they use protocols and standard operating procedures in the ward that guide them in managing aggressive patients during emergencies.

Other hospitals do not have seclusion rooms; therefore, they use chemical restraints or sedate the MHCU following protocols. However, the patients did not respond to sedation, or the treatment written on the protocol was unavailable (Manganye, Mabunda & Makhado, 2021). Shiv, Manaswi, Kuldeep, Jigneshchandra and Akhilesh (2023) supported this, stipulating the shortage of several types of psychotropic medications to treat different kinds of mental illness.

4.4.1.2. Non-pharmacological treatment

According to the Mental Health Tool Kit of 2021, when health care professionals use their communication skills effectively, they can provide high-quality care to adults, adolescents, and children with mental and neurological problems. PNs should ensure safety by assessing the underlying cause of aggression and supporting the patients to become calm and co-operative, which can stop the situation from worsening (Adeniyi & Puzi, 2021). Non-pharmacological interventions of aggressive patients can be

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grouped into educational, interpersonal, environmental, and physical responses (Adeniyi & Puzi, 2021).

The process of verbal de-escalation on a patient should be done by respecting the personal space of the patient, avoiding irritation and arguments, being aware of the patient's desire and emotions, listening carefully to the patient, and setting clear boundaries (Gautam, Gautam, Yadav, Chaudhary & Jain, 2023). Additionally, it is challenging to assess comprehensive assessments that comprise the history and mental status examination in some aggressive patients, although there is a risk assessment tool for the severity of aggression.

4.4.1.3. Safety

The findings of the study are supported by policy guidelines for the 72-hour assessment of involuntary MHCUs, which stipulate that these individuals may be a danger to themselves, others, or property and that facilities must be adequately secured to protect both users and employees. Physical spaces should be designed for safety, and nurses should monitor self and feel safe when approaching aggressive patients (Gautam et al., 2023).

A study by Mulaudzi, Mashau, Akinsola and Murwira (2020) posits that there are inadequate safety measures in psychiatric wards as nurses are working with MHCUs who have unpredictable behaviour, and there is a lack of security officers in the ward. Other participants also verbalised this during data generation and expressed fear because of the horrific incidents that they experienced in the ward due to the patient's aggression.

The team members are responsible for ensuring that the patient and the surrounding area are free from violence to the greatest extent possible (Sobekwa & Aruchama, 2015). Policy guidelines on the 72-hour assessment of involuntary MHCUs indicate that security personnel must be available and patients should be disarmed before being evaluated.

Zwane, Shongwe and Shabalala (2022) are of the view that safety features like self-locking doors, alarms, or bell systems for nurses to call for assistance should be installed in the wards to protect staff members at the hospital.

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4.4.2. THEME TWO: Care of patients in seclusion rooms

4.4.2.1. Legality of mechanical restrain and seclusion

According to South Africa's MHCA Regulation No. 36, mechanical restraint must be used to provide pharmaceutical treatment; the duration of this restraint should be limited based on the patient's condition. Regulation 37 of the Mental Health and Care Act, as modified in 2016, states that a patient cannot be placed in seclusion as a form of punishment and can only be used to control highly disturbed behaviour that poses a risk to others. According to the MHCA, the duration of mechanical restrain and seclusion room must not exceed four hours in adults, and in children, it should not exceed two hours.

The findings of the study concur with the findings of Adeniyi and Puzi (2021), who opined the MHCA Form 48 should be completed by the attending doctor and submission be made to the Mental Health Review Board (MHRB) to approve the use of mechanical restraint in the patient.

Furthermore, in a country like India, seclusion is not permitted as per the existing MHCA of 2017, though on the Western guidelines, seclusion is reported as one of the techniques. According to section 97 of the MHCA of 2017, physical restraint is permitted, but it should only be applied when there is an immediate risk of harm to the individual or others, and it should be approved by the supervising psychiatrist (Gautam et al., 2023).

4.4.2.2. Care provided to patients during mechanical restrain and seclusion

When a patient is secluded or restrained, they must be subjected to observation for at least 30 minutes, which should be recorded in the clinical notes. Seclusion and restraining should not be used as a punishment.

Policy guidelines on seclusion and restraint of MHCUs in South Africa stated that half-hourly observation should include, but not be limited to, MHCU behaviour while in the seclusion room or under restraint, medication administered and response to the drugs supplied, care to hydration, nourishment, comfort and toileting, attention to the general cleanliness of the MHCU, and the vital signs (if possible) and mental health state.

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4.4.3. THEME THREE: Challenges faced by professional nurses when managing aggressive patients

4.4.3.1. Shortage of staff

Mulaudzi et al., (2020) indicate the above findings, indicating that staff shortage was expressed as a challenge by PNs, especially psychiatric nurses and psychiatrists, resulting in failure to cope with work-related stress due to increased workload. This was also supported by Manganye et al. (2021), who found that there is a shortage of staff, especially male nurses, as female nurses are afraid to handle aggressive patients without male staff. Due to staff shortages, PNs depend on security officers when managing aggressive patients.

In a study in Tanzania by Ambikile and Iseselo (2017), a staff shortage in the MHCU is due to the misallocation of trained psychiatric nurses who are allocated to other wards because they are considered hard workers. The WHO study on the Nigerian Mental Health System reveals that there are only 2.74 nurses per 100,000 people, which highlights the country's staffing needs. Additionally, the study revealed that while there are only 0.32 nurses per bed in mental hospitals, there are 1.28 nurses per bed in community-based psychiatric inpatient centres (Haddad, Ashiru, Murtala, Anyebe, Umar, Suleiman, & Usman, 2020).

The staff shortage is not only unique to psychiatric nurses; doctors trained to take care of MHCUs also experience staff shortages. In 2019, in South Africa, 850 qualified psychiatrists actively practising in the country with a population of 55,6 million. This is a ratio of 1.53 psychiatrists to 100,000 patients (Janse Van Rensburg, Kotze, Moxley & Subramaney, 2022). Since the current curriculum has halted training in psychiatric nursing science, the shortage of staff will remain a challenge in a mental health ward.

Due to a staff shortage, nurses are overworked, resulting in job dissatisfaction, emotional exhaustion, burnout, anger and frustration, and negative patient perception (Joubert & Bhagwan, 2018). Cranage and Foster (2022) posit that due to high workloads, concerns among nurses include their inability to deliver high-quality standard care, managing several admissions, completing demands such as caring for patients in seclusion and numerous patients who are deteriorating, and handling multiple psychiatric assessments in a shift.

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4.4.3.2. Shortage of medication

Findings by Tristiana, Yusuf, Fitryasari, Wahyuni and Nihayati (2017) in Indonesia also indicate that the shortage of drugs is a challenge as family members need to buy treatment for their patients or have to wait until the treatment becomes available. This supports a study in Ghana, which found that psychotropic drugs are free in government hospitals. However, due to shortages and poor funding from the government, patients buy them from private pharmacies at a cost (Oopong, Kretchy, Imbeah & Afrane, 2016).

A study conducted in Eswatini by Zwane et al., (2022) reported that as nurses care for patients with mental illness, they sometimes experience prescription shortages, which makes it challenging for them to stabilise patients without medication. Since they resort to utilising any means at their disposal to calm patients—like physical restraints—they are compelled to degrade nursing care, which raises ethical concerns.

Furthermore, Sunkel and Viljoen (2017) stated that the South African mental health system is facing difficulty regarding the shortage of psychiatric medications, especially in rural public health facilities. A study by Mulaudzi et al., (2020) unveiled a lack of essential drugs to manage aggressive patients. Moreover, PNs express that the shortage of medications resulted in the relapse of patients. This was also supported by Manganye et al. (2021), who reported that a shortage of medication is a serious problem as it is difficult for PNs to stabilise aggressive patients without drugs.

4.4.3.3. Infrastructure

This aligns with the policy guidelines for seclusion rooms according to MHCA No. 17 of 2002, which states that seclusion rooms should have a secure CCTV monitoring system.

In the National Mental Health Policy Framework and Strategic Plan 2013-2020, one of its aims was to revitalise dilapidated mental health facilities in all provinces around South Africa, as most of the health facilities are dilapidated and not fit for the purpose. A study by Ambikile and Iseselo (2017) in Tanzania revealed limited space to provide care for MHCUs. As a result, the privacy of the patients is compromised.

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Mulaudzi et al., (2020) disclosed that the infrastructure is old, dilapidated, and not conducive to accommodating patients. This was supported by Manganye et al. (2021), stating that the building structure is poor, there is a lack of privacy, and there are no seclusion rooms in other hospitals. They also added that the lack of a psychiatric ward makes it difficult for nurses to provide care as the ward is overflowing and MHCUs fight and injure one another. This was also supported by an incident in one of the participating hospitals, where an MHCU detained in a cubicle for a 72-hour observation strangulated and killed another MHCU.

4.4.3.4. Poor support from the management

The study's findings concur with the findings of Sobekwa and Arunachalllam (2015), who posited that burnout is brought on by sentiments of under appreciation and a lack of support from management. Nurses conveyed that they felt undervalued and hated working in dangerous conditions with a shortage of staff and an increased workload. The hospital management seems to be neglecting the nurses despite their challenging circumstances.

A study by Ambikile and Iseselo (2017) revealed that hospital management does not take mental health seriously; as a result, it suffers small budgets and is not considered when allocating staff in the ward.

Psychiatric nurses verbalised a lack of support from the hospital management because the management does not consider the plans, policies, and services of mental health as important. This absence of mental health planning may adversely affect nurses' impression of their management (Sendin et al., 2018).

4.4.3.5. Non-compliance with 72-hour assessment

Guidelines for 72 hours' observation allow the involuntary MHCU to be assessed in the medical ward, and after 72 hours, the patient should be reassessed and if continuing with care as an in-hospital treatment, the patient should be transferred to the referral hospital that will continue with care, treatment, and rehabilitation of the patient. According to the findings of the study, a 72-hour observation is not done correctly as patients are treated within the hospital even after 72 hours as psychiatric nurses struggle with referring patients to the referral hospital due to a shortage of beds.

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4.4.4. THEME FOUR: Support needed by professional nurses when managing aggressive patients

4.4.4.1. Provision of resources

Though the MHCA of 2002 allows a 72-hour observation to be done in a medical ward, care provided to the MHCU is not done properly as nurses spend more time managing patients with medical conditions. The study's findings suggest that the participants should be separated from the medical ward so that they focus only on MHCUs. Manganye et al., (2021) support this, stating that 72 hours are provided in a medical ward, where MHCUs are offered cubicles. PNs do not have enough time to provide care for MHCUs as they are also delegated to manage patients with medical conditions.

Furthermore, Burns (2009) alluded that patients in medical wards are inadequately sedated, inadequately monitored, and do not have access to routine testing and investigation during their 72-hour stay. Health services faced challenges due to the MHCA No. 17 of 2002. These included a lack of resources for mental health care, such as general ward rooms for 72-hour observation, a lack of skilled medical personnel to handle psychiatric patients, a lack of knowledge about the applicable forms and the MHCA of 2002, and a lack of guidelines and referral options.

4.4.4.2. Compliant to legislation

MHCA No. 17 of 2002 was created to protect the rights of MHCUs. It stipulates the different types of admissions of an MHCU, e.g., voluntary admissions, involuntary admissions, assisted admissions, and emergency admissions. When admitting the MHCUs to the units, there are some legal documents that need to be completed in order to meet the standard of admission according to the Act. The same applies even during patient discharge because there are conditional and unconditional discharges according to the Act.

A study by Burns (2009) indicates that there is a challenge in completing MHCA forms, especially for doctors who are not interested in mental health, as they perceive that MHCUs are treated as a special case because they have a lot of forms to complete. Burns also added that there should be a workshop that will aid doctors in completing forms rather than coping with what the nurses have written.

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Furthermore, regarding the application of MHCA No. 17 of 2002 during admission, treatment, and discharge of MHCUs, there is a knowledge and skill deficit (Ramovha, Maluleke, Netshandama & Netshikweta, 2019).

4.4.4.3. Support from the management

From the analysed data, participants need support from the management and need to be protected by their managers. Participants were of the view that managers should develop internal policies that will protect psychiatric nurses in continuing care, treatment, and rehabilitation of patients even after 72 hours if the patient is not discharged or transferred to the referral institution. Managers should discuss issues or incidences with the nurses and develop a contingency plan together rather than have them (managers) discuss it in their meetings and not consider the views of those on the production level.

This was supported by a study by Ambikile and Iseselo (2017), who stated that supportive managers and well-designed organisational procedures and structure in health facilities are important for maintaining good staff morale. An unsupportive environment may lead to insufficient staffing levels and devastate staff morale. There is a need for greater support of staff working in acute MHCUs by management and to provide the staff with adequate opportunities for time out to deal with stress (Joubert & Bhagwan, 2018).

Therefore, the hospital management should conduct stress reduction intervention programmes focusing on developing self-awareness of the implications of stress and increasing cognitive self-control (Thandavhathu et al., 2020).

A study by Bekelepi and Martin (2022a) indicates that nurses need to be appreciated for their work and supported to cope with their challenging jobs. They also added that nurses should be sent for counselling and debriefing, and the management must address staff shortage issues that affect the quality of care rendered to psychiatric patients.

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4.5. CHAPTER SUMMARY

Chapter 4 discussed the findings of the study, where four themes and their sub-themes were identified and supported by the literature. Chapter 5 discussed the development of the guidelines.

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CHAPTER 5

GUIDELINES DEVELOPMENT

5.1. INTRODUCTION

Chapter 4 presented the findings of phase one, which guided to phase two, which is the guidelines development to support PNs in managing aggressive patients within MHCU of Limpopo Province, South Africa. A guideline is any document that contains recommendations about health interventions, whether clinical, public health, or policy intervention (WHO, 2010). The six elements of practice theory outlined by Dickoff et al. (1968), the SWOT analysis, and BOEM (Vhuromu, Maputle, Lebese & Goon, 2017) informed the development of guidelines.

5.2. THEORETICAL FRAMEWORK FOR THE DEVELOPMENT OF GUIDELINES

The context, agents, recipients, dynamics, process, and outcomes are the six elements of practice theory that Dickoff et al. (1968) identified and used to integrate the findings of phase one of the study (the situational analysis) and provide the framework for the theoretical foundation. These elements of practice theory are covered in the following discussion:

5.2.1. Context

The context is viewed from the aspect of a matrix of activity. According to Dickoff et al. (1968), it is viewed in light of other elements, such as people and other activities, and how those elements interact to form an organism, unity, or overall context of activity. Context is referred to the setting, location, and physical structure of a ward or unit, hospital, or medical centre that constitute different elements of the situation in which the activity occurs.

In this study, context is an acute psychiatric ward in a general hospital whereby guidelines to support PNs in managing aggressive patients should be implemented.

General hospital

A general hospital, according to the World Health Organization, is a residential facility that offers both short- and long-term medical treatment to patients with suspected or

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actual medical conditions (Amin, 2017). This care includes diagnostic, therapeutic, rehabilitative, and observational services.

Participants revealed that general hospitals are public hospitals that have acute psychiatric wards.

Acute psychiatric ward

An acute psychiatric ward is a ward that offers treatment to individuals experiencing mental health crises that cannot be safely managed in the community (Barnicot, Michael, Trione, Lang, Saunders, Sharp & Crawford, 2020).

The study's participants revealed that the guidelines should be implemented in the acute psychiatric wards since that is where aggressive patients are admitted.

5.2.2. Agents

According to Dickoff et al. (1968), an agent is any individual whose actions result in the achievement of the goal. According to the findings of the study, the agents that implement the guidelines are hospital management. From the analysed data, hospital management includes the CEO, nursing service manager, operational manager, risk manager, and human resource development and training.

Chief Executive Officer

A Chief Executive Officer (CEO) is a top-ranking employee within an organisation who has responsibility and influence (Peterdy, 2022).

According to analysed data, the CEO is the head of the general hospital that oversees the overall operation of the hospital and is the head of the hospital management.

Risk manager

The risk manager holds the responsibility of overseeing an organization's risks and reducing the adverse effects of losses on the attainment of the organization's objectives (Gillenwater: 2019).

The participants' revealed that the risk managers are responsible for the safety of patients and nurses within the hospital and their duty to allocate security personnel in the acute psychiatric ward. Security officers play a major role in the implementation of

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the developed guidelines as they are part of the team when managing aggressive patients, according to participants' findings.

Nursing service manager

The nursing service manager bears the accountability and duty for providing high-quality nursing care (Jooste et al., 2020).

The participants indicated that the nursing service manager facilitates the implementation of the guidelines to support PNs in managing aggressive patients within the MHCU so that quality nursing service should be rendered to psychiatric patients.

Operational manager

The operational manager is the overall supervisor of the unit, who manages leave, facilitates in-service training in the unit, monitors, and evaluates the performance of personnel in the unit (Woroniecki, 2020).

Therefore, the participants of this study indicated that the operational manager is expected to be at the forefront of ensuring that the guidelines to support PNs in managing aggressive patients in MHCUs are implemented.

Human resource development and training

Human resource development and training is defined as a process for developing and unleashing human expertise through personal training and development (Alhalboosi, 2018). According to the participants' findings, human resource development and training is responsible for training nurses, providing study leaves for those interested in training for psychiatric nursing considering the interest of the employees.

5.2.3. Recipient

According to Dickoff et al. (1968), recipients are people who gain from an activity and receive action from agents. From the analysed data, the recipients are psychiatric nurses within the acute psychiatric ward as they receive action from the agents, and they work with aggressive patients within the unit. Psychiatric nurses will benefit from the developed guidelines.

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Psychiatric nurse

A psychiatric nurse is a mental health professional with training in mental health care. Psychiatric nurses are qualified to offer treatment, rehabilitation, and prescription mental health care. During data generation, participants indicated that there should be enough registered psychiatric nurses, including male staff, that will assist in managing aggressive patients in the acute ward.

5.2.4. Dynamics

Dynamics involve the power sources for that activity. According to Dickoff et al. (1968), these are the energy sources that encourage agents to continue their action without giving up. Dynamics motivate the agent to conduct the procedure. The study's findings reveal that the dynamics needed to perform the activities are effective communication, motivation, willingness, determination, proactiveness, and debriefing.

Effective communication

Effective communication is any exchange of information regarding a person's needs, wants, perceptions, and knowledge between two people (Resmi, 2013). For the guidelines to be implemented, there should be effective communication between the agents and the recipients in order to reach the outcome of a competent psychiatric nurse.

From the study findings, participants stated that management does not listen to the participants (recipients) when they have problems. The recipients added that even if they write a letter to them (agents) via the operational manager, they take time to respond or promise that they will entertain the problem, but they do not respond. Therefore, from the analysed data, participants revealed that management should address complaints timely, and if there are no resolutions, they should come and address them.

Willingness

PNs should be ready to receive the kind of support that the agents will provide. They should be willing to learn from others through benchmarking, in-service training, and workshops.

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Proactive and motivation

Nurse managers and operational managers should motivate PNs for the good work they are doing. Participants mentioned that the hospital management should be able to control the situation rather than merely responding after it has occurred. Management should have a contingency plan before the incidents occur. This was supported by some quotes from the participants that stated that the management does not come to them, but they wait for the problems to arise, and when they come to them (participants), they don't motivate them but instead find mistakes to blame them. According to the participants' findings, the management should be proactive in controlling the situation rather than respond to the incident when it has occurred.

Debriefing

Debriefing is a positive adaptation to stress that improves the ability of nurses to effectively navigate complex challenges (Plowe, 2020). Participants revealed that the management should communicate with them (recipient) after an incident has occurred instead of making a decision without hearing the story from the nurse's side. They indicated that the management only hears from the patients then make a decision. The hospital management (agents) should do a debriefing together with the recipients and develop a consensus together.

5.2.5. Process

The process outlines the steps that must be followed to achieve accomplishment. The process aims at providing sufficient information to enable the activity to be conducted. It safeguards the agent, recipient, and the institution (context) in providing knowledge and therefore lessens liability to criticism (Dickoff et al., 1968).

The findings of this study revealed that the process to guide the activity that the agents will perform to develop the guidelines to support PNs in managing aggressive patients in the ward are capacity building and training, availability of staff, availability of medicines, safety, upgrading of the buildings, and effective implementation of protocols.

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Capacity building and training

Capacity building is an intervention that increases an organization's ability to fulfil its mission by supporting solid management, robust governance, and consistent rededication to achieving results (Lammert, Johnson & Flore, 2015). The study's findings indicate that the operational manager, nursing service manager, and human resource development and training should provide in-service training on completing legal documents and applying the 72-hour assessment to recipients. During orientation in the ward, the operational manager should educate the recipient on early signs of aggression before it reaches its peak.

Availability of staff

According to the participants, human resource development and training should advertise more posts for psychiatric nurses, and when hiring, male nurses should be the priority. During the allocation of nurses, operational managers and nursing service manager should allocate more staff in the psychiatric ward, also considering male nurses. Findings of the study indicate that during handling of aggressive patient, with more male nurses it become easier than if is female nurses only. This was supported by Thwala and Mokoena -de- Beer (2023), that male psychiatric nurses are crucial important in providing treatment in psychiatric ward. When allocating slots for training non-psychiatric nurses, operational managers and the nursing service manager should consider those interested in psychiatric nursing and send them for training.

Availability of medication

The findings of the study indicate that for the guidelines to be implemented, there should be availability of drugs that are used to sedate aggressive patients. The nursing service manager and the hospital's CEO should see to it that there are enough funds to buy treatment to avoid a shortage of treatment.

Safety

Participants indicate that they are not safe when managing aggressive patients in the ward. The findings of the study reveal that the risk managers should provide enough security in the ward to assist nurses. Security officers and nurses in the ward should work as a team when managing aggressive patients. Risk managers should provide

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one-way radios to the security officers so that they can communicate with other security personnel when the need to alarm for teamwork arises.

Upgrading the ward

From the analysed data, participants indicated that the buildings are old and dilapidated, and the seclusion room is not up to standard. According to participants' views, through the operational manager in the ward, the CEO and nursing service manager should be responsible for renovating the ward, and it should be up to standard. Upon upgrading the ward, the seclusion room should have CCTV, which is the responsibility of the risk manager, nursing service manager, and CEO. The nursing service manager should advocate for nurses who are rendering 72-hour assessments to be separated from the medical wards and provided with its own staff rather than mixing them with medical patients.

Effective implementation of protocol guidelines

The findings of the study reveal that PNs need the implementation of guidelines to be adequately done and they (PNs) need coverage in the form of internal guidelines to cover them when they exceed the 72-hour assessment. This was supported by participants' findings that the nursing service manager and operational manager should develop guidelines to cover nurses within the acute psychiatric ward if the patient has exceeded 72 hours and is not transferred to the referral hospital. Participants also added that the CEO, nursing service manager, and operational manager should ensure that the implementation of the MHCA No. 17 of 2002 is done correctly.

5.2.6. Outcomes

This involves defining an activity from the perspective of an end point or its accomplishment (Dickoff et al., 1968). The purpose of this study is to develop guidelines to support PNs in managing aggressive patients within the acute MHCU in Limpopo Province, South Africa. According to the analysed data, the outcomes of the study will be competent psychiatric nurses.

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5.3 DICKOFF et al. MATRIX

Table 5.1: Dickoff matrix

Six elements of Dickoff et al.	
Context	• General hospital • Acute psychiatric ward
Agents	• Hospital management • CEO • Nursing service manager • Risk manager • Human resource management and training • Operational manager
Recipients	• Psychiatric nurses
Dynamics	• Effective communication • Motivation • Willingness • Determination • Proactive • Debriefing
Process	• Capacity building • Availability of staff • Availability of medicine • Safety • Upgrading of the buildings • Effective implementation of protocols
Outcomes	• Competent psychiatric nurse

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5.4 SWOT ANALYSIS

A SWOT analysis is a framework for determining and analysing an organization's strengths, weaknesses, opportunities, and threats. These words make up the SWOT acronym (Bigelow, Pratt & Tucci, 2021). A SWOT analysis was used to develop the guidelines, as discussed below.

5.5. APPROACH USED TO DEVELOP THE GUIDELINES

This section focuses on the development of guidelines that will be used to support PNs in managing aggressive patients within the MHCU in Limpopo Province, South Africa. For the guidelines to be developed, a SWOT analysis was used to identify the strengths, weaknesses, opportunities, and threats within and outside the hospital environment to support PNs in managing aggressive patients within the mental health care unit (Sammut-Bonnici & Galea: 2015).

5.6. FACTORS INVOLVED IN THE SWOT ANALYSIS

Internal and external factors within the SWOT analysis need attention because they can negatively or positively influence mental health services (Jooste et al., 2020). Internal factors are factors that are found within the hospitals, they include strengths and weaknesses. External factors are factors that are found outside the hospitals include opportunities and threats. Internal factors include human resources, competencies, financial costs, and services. Human resources are personnel needed to perform certain duties or jobs (Booyens & Bezuidenhout, 2013). In this study, personnel include the hospital CEO, nursing service manager, operational manager, human resource development and training, and risk managers (agents) who facilitate the development of guidelines to support psychiatric nurses (recipients) in managing aggressive patients are available within the general hospitals in an acute psychiatric ward (context).

The hospital CEO has the role of overall supervision of the hospital and is responsible for the availability of resources to be used in managing aggressive patients. The nursing service manager is responsible for the allocation of staff in the acute psychiatric ward that can provide care to aggressive patients. Operational managers are responsible for delegating staff in acute psychiatric wards that will provide care,

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treatment, and rehabilitation to psychiatric patients. Human resource development and training is responsible for recruiting and training nurses that will aid in managing aggressive patients. Risk managers are responsible for allocating security officers in the ward that will assist in handling aggressive patients and enhance the safety of staff and patients in the ward.

Competence is defined as the guarantee that an individual's abilities (knowledge, skills, values and attitude) are appropriate to the selected service provision and the assurance that these abilities are regularly updated in accordance with science development (Jooste et al., 2009). Therefore, if the CEO, nursing service manager, operational manager, human resource development and training, and risk managers (agents) support psychiatric nurses (recipients) through capacity building and training, availability of staff, availability of medicines, safety, upgrading the buildings and effective implementation of protocols (process), the development of guidelines to support psychiatric nurses will be successful, resulting in well supported psychiatric nurses (outcome).

Financial costs refer to adding value to a product or service; they have to do with the availability of finances, equipment, and maintenance of day-to-day tasks (Booyens & Bezuidenhout, 2013). Financial costs have to do with the availability of resources. For example, resources such as material resources, e.g., proper buildings, medications, staff, beds, CCTV, etc., that the CEO, nursing service manager, operational manager, and risk manager (agents) can provide for the implementation of the developed guidelines support PNs in managing aggressive patients in the ward. Additionally, this includes human resources such as the availability of posts for psychiatric nurses and training. It has financial costs which require human resource development and training (agent).

As defined by the DoH (2015) in South Africa, services are essential health care services that are accessible to all people in the country. These services are rendered by the hospital management (agents) to the psychiatric nurses (recipients) to effectively implement the guidelines.

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5.6.1 Internal factors: strengths and weaknesses

The strengths and weaknesses are the internal factors focusing on human resources, competence, and financial costs.

5.6.1.1. Human resources

The study results indicated that each hospital has hospital management comprising the CEO, nursing service manager, operational manager, human resource development and training, and risk manager. These are the agents who conduct activities to ensure successful implementation of the guidelines. Human resources also include recipients. Security officers and psychiatric nurses are in the ward to render services. The study's findings reveal a shortage of staff in the ward, particularly psychiatric nurses. To handle one aggressive patient, five nurses are needed. Throughout data collection, the statistics of nurses in the ward was less than five in both participating hospitals. Nurses depend on security officers when handling aggressive patients.

5.6.1.2. Competences

From the analysed data, competencies involved the dynamics, which are effective communication, motivation, willingness, determination, proactiveness, and debriefing. Psychiatric nurses should be willing to learn from others on how to manage aggressive patients through workshops and benchmarking. Operational managers and the nursing service managers should motivate the psychiatric nurse for the good work they are doing by supporting them, hence the study's findings state poor support from the management. Psychiatric nurses should be encouraged and motivated to apply the skills they have when managing aggressive patients, regardless of the shortage of staff and medication that they are experiencing.

The hospital management and the recipients should be able to communicate and listen to each other in order to implement the developed guidelines successfully without taking sides or blaming each other. The nursing service manager and operational manager should be proactive enough and be ready to challenge the different types of crises even before they occur; they should have a contingency plan for common incidents that usually occur. The hospital management (nursing service manager and

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operational manager) should conduct a debriefing as early as possible when there is a crisis or incident.

5.6.1.3. Financial costs

Financial costs in this study include danger allowance, pay progression, and funds to pay new employees. Through the operational manager in the ward, and the approval of the nursing service manager, the human resource management should allocate funds for the payment of newly employed psychiatric nurses, be able to pay the danger allowance of all personnel working in the MHCU, and be able to pay nurses performance bonuses. Funds are also needed to purchase medication that is not available, renovation of wards, and purchasing CCTV. Participants also mentioned that there is no CCTV in the ward and the seclusion rooms, this means that the value of money was considered in the study.

5.6.1.4. Services

- **Availability**

According to Dickoff et al. (1968), the availability of services involves the activities (process) needed to implement the guidelines. According to the study's findings, participants mentioned the following as their process: capacity buildings, availability of staff, availability of medicines, safety, upgrading of the buildings, and effective implementation of protocols. Psychiatric nurses are available within the acute psychiatric ward to provide services, but they are few due to a shortage of staff. Each hospital has a CEO, nursing service manager, risk manager, operational manager, and human resource development. Support is given to PNs by the hospital management, but it is limited due to a shortage of in-service training and poor communication between the hospital management and the recipients. Protocols for managing aggressive patients are available in the ward, but the medications written on the protocol are not available due to a shortage of treatment.

- **Accessibility**

Support from the management is available, but it comes to nurses when there is a problem. The management comes down to nurses when there is a problem and

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blames nurses rather than coming up with a solution to the problem. This leads to burnout, and PNs feel demotivated.

- **Acceptability**

Acceptability of services involves agents, dynamics, processes, and outcomes (Dickoff et al., 1968). During the orientation period of the psychiatric nurse's employment in the hospital, a memorandum of agreement was signed, and one of the key areas was rendering patient care that explains what is expected of them (recipients), which binds them to provide holistic patient care. This was to show acceptability and responsibility that the recipient will provide service to MHCUs with support from the hospital management (CEO, nursing service manager, operational manager, risk manager, human resource development and training). The recipients also accept responsibility through the delegation written in the ward. Although they (recipients) accept aggressive patients, some patients do not accept PNs as they become aggressive towards them and assault them.

- **Affordability**

Psychologist and employee wellness programmes are available within the hospital settings, but PNs who seek help are not referred for counselling as the study's findings indicate that no emotional and psychological support is given to PNs; thus, they develop burnout. No transport is available to transport PNs for in-hospital services. The hospital is allocated training funds to develop PNs, but the funds are not used.

5.6.2. External factors: Opportunities and threats

A PESTLE is a mnemonic that, in its expanded form, denotes P for Political, E for Economic, S for Social, T for Technological, L for Legal/Law, and E for Environmental Factors that give a bird's eye view of the whole environment from many different angles that one wants to keep track of while contemplating on a certain idea/plan (http://pestleanalysis.com/what-is-pestle-analysis). A PESTLE helps to identify how factors such as opportunities and threats influence and affect services provided in acute psychiatric wards (process) and hospital management (agents) in implementing the developed guidelines. It is often used with the last two letters of the SWOT analysis

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so that a person clearly understands the situation related to internal and external factors (Bush, 2016).

5.6.2.1. Political factors

Politics have a negative and positive impact on the health care system, which also influences or affects mental health services. The political factors under consideration will be the insufficient budget for the resources to be used when managing aggressive patients. Due to a shortage of staff in the ward, this puts them in danger as they are limited when managing aggressive patients; hence, their safety is also altered. The ward should have more security officers to protect PNs and patients. There should be enough funds for infrastructure so that the work area is conducive for both patients and staff in the ward.

5.6.2.2. Economic factors

Depending on availability, economic factors can result in a negative or positive outcome. The use protocols and standard operating procedures (SOP) are there for managing aggressive patients, but the medication written on the SOP and protocols are unavailable. The government should supply funds for medication, advertisement, hiring more staff, and upgrading buildings.

5.6.2.3. Technological factors

Technological factors include innovation and automation, where technology is used to manage aggressive patients. Psychiatric nurses indicate in their findings that there is no CCTV, one of the innovations in their wards. However, there are landline telephones which they use to communicate with the doctor when a patient is aggressive. The availability of CCTV may assist PNs and security officers to identify the aggression in the early stage as they will be able to observe them from a distance and act accordingly. The availability of two-way radio among security officers, which they use when there is an emergency in the ward to be summoned for help.

5.6.2.4. Law

Although the MHCA is available in the ward, implementation of 72 hours is altered when referring patients after the 72-hour assessment. The study findings also stated

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that the human rights of an MHCU as a person, according to the constitution of the country and Chapter One of the MHCA, are not considered, as there is no privacy in the ward when psychiatric nurses handle aggressive patients. Additionally, the ward is not separated; as a result, other patients feel threatened when nurses handle aggressive patients; thus, the hospital can be sued for infringing the rights of the patients. The Occupational Health and Safety Act allows psychiatric nurses to work in a safe environment. On the contrary, the participants indicate that they are not safe when managing aggressive patients due to a shortage of staff and the buildings being old and dilapidated. The scope of practice of a psychiatric nurse indicates that nurses must conduct the responsibility of duty to take care of patients regardless of staff shortage.

5.6.2.5. Environmental factors

Environmental factors such as the state and the condition of infrastructure play a role in the management of aggressive patients. From the study's findings, participants indicate that the wards are not up to standard; they need to be renovated because, during the rainy season, the rooks leak and there is a shortage of beds in the referral hospital, which affects the implementation of policy guidelines of the 72-hour assessment.

5.7. SWOT ANALYSIS MATRIX

From the results of the study, a SWOT analysis matrix was developed. The matrix was identified from the strengths, weaknesses, opportunities, and threats of the results that developed the guidelines from the hospital management (agents) and registered psychiatric nurses (recipients). Table 5.2. summarises the SWOT analysis matrix identified in the above discussions.

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Table 5.2: SWOT analysis matrix

	STRENGTHS	WEAKNESSES
INTERNAL FACTORS	Availability of the following: • Psychiatric nurses • Acute psychiatric ward • Medications • Mental Health Care Act No. 17 of 2002 • Hospital management • Danger allowance • Policy guidelines for the management of aggressive patients • Psychiatric nurses have knowledge regarding 72-hour policy guidelines • Psychiatric nurses have knowledge and skills regarding the management of aggressive patients	• Inadequate number of psychiatric nurses in the ward • Male and female wards are not separated • Lack of privacy • Poor referral system • Insufficient knowledge regarding completing Mental Health Care Act forms • Minimal care for mental health care users during 72 hours in the medical ward • No standardised seclusion room • Shortage of beds in the referral hospitals • Safety not up to standard • Non-compliance with legislation • Poor support from the management

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OPPORTUNITIES	THREATS
Availability of the following: • Security personnel • Counsellor and psychologist within the hospital • Landlines telephones • Mental Health Care Act No. 17 of 2002	• Lack of funds • Personnel are not referred for counselling • Debriefing not done

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5.8. BOEM ACTION PLAN

Table 5.3: BOEM Matrix

	STRENGTHS	BUILDING ON STRENGTHS
INTERNAL FACTORS	**Human resources** Availability of psychiatric nurses (Recipients)	**Action** The nursing service manager and operational manager should appreciate and acknowledge psychiatric nurses who are available. • Nursing service managers and human resource development and training should provide them (psychiatric nurses) with a certificate of excellent award. • Nursing service managers and operational managers should provide danger allowance to psychiatric nurses. • Operational managers in the ward, via human resource managers, should provide tokens of appreciation through performance bonuses. • Human resource development and training should organise workshops and in-service training for psychiatric nurses to provide them with continuous professional development (CPD) certificates.
	Competences **Process**	**Action** • Hospital management should encourage all psychiatric nurses to keep doing good work in managing aggressive patients.

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	Psychiatric nurses apply their knowledge and skills in managing aggressive patients	• Hospital management should send psychiatric nurses for workshops to enhance their knowledge. • Hospital management should reward psychiatric nurses through a performance management system (PMS). • Operational managers and nursing service managers should motivate and encourage psychiatric nurses to use the available protocols for the management of aggressive patients. • Operational managers should motivate psychiatric nurses to apply the 72-hour assessment.
	Financial costs Availability of danger allowance	**Actions** • Operational managers, nursing service managers, and human resource managers should allocate funds for payments to all mental health care unit personnel.

INTERNAL FACTORS	**WEAKNESSES**	**OVERCOMING WEAKNESSES**
	Human resources	**Action**
	1. Inadequate number of psychiatric nurses	• Nursing service managers and operational managers should allocate more trained psychiatric nurses to the ward.

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	2. Safety not up to standard	• Human resources and training should train general nurses who are interested in psychiatric nursing. • Nurse managers and operational managers should consider allocating more male nurses during staff allocation. • Risk managers should allocate more male security officers in the male ward. • Hospital management should install CCTV in the ward.
	Competences	**Action**
	1. Minimal care of mental health care users during a 72-hour assessment 2. Non-compliance with legislation	• Operational managers should allocate psychiatric nurses in a 72-hour unit for mental health care users only. • Nurse managers and operational managers should develop SOPs and protocols within the hospital that will work together with the guidelines for a 72-hour assessment. • Operational managers should prioritise that policy guidelines for 72 hours are adhered to without alteration.
	Availability	**Action**

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	1. Poor support from the management	• Hospital management should learn to appreciate psychiatric nurses for the service they are providing to MHCUs • Nurse managers and operational managers should motivate psychiatric nurses through capacity building and team building.

EXTERNAL FACTORS	**OPPORTUNITIES**	**EXPLORING OPPORTUNITIES**
	Political	**Action**
	• Availability of security personnel • Availability of counselling and psychologists within the hospital setting	• Psychiatric nurses should be willing and committed to working with security officers. • Psychiatric nurses should utilise the availability of the resources. • Hospital management should be able to refer the psychiatric nurses for counselling within the hospital.
	Technology	**Action**
	Availability of landline telephones	• Hospital management should be able to communicate and encourage psychiatric nurses to utilise landline telephones for communication. • Risk managers should provide security officers with a one-way radio to communicate with.

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	Law	**Action**
	Availability of the Mental Health Care Act No. 17 of 2002	• Hospital management should find an expert to conduct in-service training regarding the Mental Health Care Act No. 17 of 2002.

	THREATS	**MINIMIZING THREATS**
	Economical	**Action**
	Lack of funds	Hospital management should motivate funds from the provincial Department of Health for the following: • Training of more psychiatric nurses • Availability of medication • Upgrading infrastructure
	Political	**Action**
	Debriefing not done	• Nurse managers and operational managers should address the incidents immediately after occurring. • The hospital management should avoid blaming psychiatric nurses when there is an incident.

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		• Psychiatric nurses should be involved in the contingency plan.

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5.9. DEVELOPMENT OF GUIDELINES

The information discussed under the SWOT matrix indicated the strengths, weaknesses, opportunities, and threats of the developed guidelines on support needed by PNs in managing aggressive patients within the MHCU of Limpopo Province, South Africa. Information from the SWOT matrix was used to develop the guidelines. For the guidelines to support PNs in managing aggressive patients, the action plan of the BOEM strategy was used as outlined in Pearce (2010). Therefore, Table 5.4 indicates the developed guidelines to support PNs in managing aggressive patients within the acute MHCU of Limpopo Province, South Africa.

Table 5.4: Guidelines to support professional nurses in managing aggressive patients within the acute mental health care unit

KEY AREAS	FINDINGS FROM THE STUDY	ACTIONS
Shortage of resources	Human resources	Nurse managers and human resource development and training should: • Provide more posts for psychiatric nurses • Allocate more male nurses to the acute psychiatric ward • Train general nurses who have an interest in psychiatric nursing The risk manager should allocate more security officers to the psychiatric ward
	Material resources	Hospital management should ensure: • Hospitals are up to standard • Availability of medication • Installation of CCTV cameras • Availability of beds at referral hospitals • Telephones are functional

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Care of patients on mechanical restrain and seclusion room	Legality of seclusion room and mechanical restrain	Psychiatric nurses should ensure: • A seclusion room is prescribed by the doctor • Form 48 is fully completed by the doctor
	Care is provided to patients in seclusion rooms, and restrain	Psychiatric nurses should ensure: • Observation is done as amended by the policy guidelines on seclusion room • Basic nursing care is provided to the patient without alteration
Non-compliance with legislation	Lack of knowledge regarding completing Mental Health Care Act forms	Through human development and training, operational managers and nurse managers should: • Organise workshops and in-service training on completing forms • Allow psychiatric nurses to benchmark in other hospitals
	Poor implementation of 72 hours' assessment	Operational managers and nurse managers should: • Allocate psychiatric nurses to provide care to psychiatric patients only • Organise in-service training on the implementation of a 72-hour assessment • Communicate with the referral hospitals for the availability of beds • Develop guidelines or SOPs to support psychiatric nurses who are caring for patients for more than 72 hours

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Management of aggressive patient	Non-pharmacological management	Operational managers should: • Appreciate the psychiatric nurse for the good work they are doing • Motivate psychiatric nurses to use the available protocols and SOPs for managing aggressive patients • Send psychiatric nurses for workshops to enhance their knowledge

5.10. CHAPTER SUMMARY

Chapter 5 discussed the development of guidelines to support PNs in managing aggressive patients within an acute MHCU. The six elements by Dickoff et al., SWOT analysis, and BOEM action plan were used to develop the guidelines. The next chapter will validate the developed guidelines.

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CHAPTER 6

VALIDATION OF THE DEVELOPED GUIDELINES

6.1. INTRODUCTION

Chapter 5 presented the development of the guidelines to support PNs in managing aggressive patients within an acute MHCU in Limpopo Province, South Africa. This chapter will present the evaluation and validation of the developed guidelines. The developed guidelines were evaluated based on the study's findings as the participants narrated their various experiences during data generation.

6.2. METHODOLOGY

A qualitative approach was used to validate the guidelines through a PowerPoint presentation with a team of validators.

6.2.1. Sampling of validators

The sampling of validators was done purposively, as it considered those with knowledge and expertise regarding mental health and research. Chinn and Kramer (2011) support the selection of health professionals as they indicate that selecting health professionals to validate the guidelines in practice promotes health-related goals.

6.2.2. Sample size

Eight mental health experts were purposively selected, and they all consented to be part of the validators. This was made possible by assistance from the promoters.

6.2.3. Setting

The first and second meetings were held at the University of Venda, and the third meeting was done through Microsoft Teams with the assistance of the supervisors.

6.3. PROFILE OF VALIDATORS

The validation team consisted of 08 members who were mental health experts and researchers which were purposively selected with the assistance from the supervisors. All of them were within the University of Venda, Faculty of Health Sciences. Chinn and

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Kramer (2008) supported the selection of health professionals. Among the team of validators, six of them were PhD holders and two were PhD students.

6.4. PRESENTATION OF THE GUIDELINES

The guidelines were presented as per Chinn and Kramer's (2011) guidelines based on empirical evidence. Five critical questions were used for the validation of the guidelines:

- How clear are the guidelines?
- How simple are the guidelines?
- How general are the guidelines?
- How accessible are the guidelines?
- How important are the guidelines?

The third presentation was done through Microsoft Teams. The researcher provided clarity to the participants when necessary. The participants validated the developed model regarding its clarity, simplicity, generality, accessibility, and importance.

6.5. DISCUSSION OF THE FINDINGS

Comments from the first presentation

The evaluators suggest that the six elements of Dickoff should be summarized in a table, and the SWOT and BOEM action plan should be revised.

Comments from the second presentation

It was suggested that the word "availability" under the SWOT analysis should not be used repeatedly; instead, it should be used as a sub-heading. Secondly, one concept of hospital management should be used to replace the nurse manager and operational managers.

Comments from the third presentation

The team of validators commented on the SWOT analysis and BOEM action plan, indicating that the repetition of statements should be avoided. Moreover, they acknowledged that the guidelines are simple and easy to follow.

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6.6. GUIDELINE QUESTIONS

The guidelines were validated according to Chinn and Kramer's (2011) questions.

- **How clear are the guidelines?**

According to Dickoff et al. (1968), six elements of practice strategy, namely, context, agents, recipients, dynamics, process, and purpose, were used to describe the guidelines.

First presentation

The six elements of the practice by Dickoff et al., (1968) should be summarized in a table for clarity.

Second presentation

The concept "availability" under SWOT analysis should not be written repeatedly; instead, write it as a sub-heading.

The agents are not clear; when writing action done by the nurse manager together with the operational manager, use one concept, which is hospital management.

Third presentation

Actions in BOEM should be instructive, e.g., the CEO should….

- **How simple are the guidelines?**

Simple concepts that can be understood by PNs who are the beneficiaries of the developed guidelines were used. The team of validators noted that the following should be corrected for the simplicity of the guidelines:

Comments from the first presentation

The evaluators suggest that the six elements of Dickoff et al., (1968) should be summarized in a table.

Comments from the second presentation

It was suggested that the word "availability" under the SWOT analysis should not be used repeatedly; instead, it should be used as a sub-heading. Secondly, one concept

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of hospital management should be used to replace the nurse manager and operational managers.

- **How general are the guidelines?**

Guidelines were developed to support PNs in managing aggressive patients within the Limpopo Province, South Africa, MHCU. The developed guidelines can be applied in all general hospitals with acute psychiatric wards and wards within the general hospital with aggressive patients.

- **How accessible are the guidelines?**

The Provincial DoH, Limpopo Province, will have access to the guidelines. Sekhukhune and Waterberg Districts will also have access to the guidelines as data generation was conducted within the two districts. Moreover, the guidelines will be available to all hospitals with acute psychiatric wards and accessed through the university library and academic journals. PNs can access the guidelines through presentations in workshops and seminars.

- **How important are the guidelines?**

The South African government developed the MHCA No. 17 of 2002, which is the law that protects the rights of the MHCU. The government also developed policy guidelines on patient care during the 72-hour observation. The guidelines will provide the support PNs need when managing aggressive patients in acute MHCUs and improve care rendered to aggressive patients. The researcher desires to achieve the following through the developed guidelines:

  - Hospital management will have a document to refer to when PNs need support managing aggressive patients within acute MHCUs.
  - Guidelines can be used in all wards where there is an aggressive patient
  - PNs will feel supported in managing aggressive patients in acute MHCUs.

6.7. VALIDATION OF THE DEVELOPED GUIDELINES BY PSYCHIATRIC NURSES AT SELECTED HOSPITALS

Validation of the guidelines was also done within the acute psychiatric ward with psychiatric nurses who are beneficiaries of the guidelines. Convenience sampling was

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used to sample the validators. An appointment to meet the PNs was made through the operational manager in the ward, and a meeting was held on Wednesday when all shifts were available, and reports were exchanged.

The validators' profiles comprised one area manager, one operational manager, three advanced psychiatric nurses, and two trained psychiatric nurses. The meeting was held in the doctor's consultation room, where the researcher presented the guidelines to psychiatric nurses. The psychiatric nurses were also provided with pamphlets which contained the developed guidelines. The guidelines were presented for clarity and simplicity.

- **Evaluation on clarity**

The validators agreed that the guidelines are clear and easy to follow. They also added that the concepts used are clear and common.

- **Evaluation for simplicity**

After the presentation of the guidelines to the psychiatric nurses, they all agreed that the guidelines were simple and understandable, and the concepts used were simple.

- **General comments from validators**

Under general comments, psychiatric nurses highlighted that there is a challenge of shortage of staff and medications, which affects the management of aggressive patients.

They added that the medications written in the protocols were unavailable, including those out of stock; however, they were not replaced. They added that treatments that patients receive monthly are sometimes unavailable at the pharmacy. As a result, doctors are compelled to switch to different treatments in order to help patients. This leads to non-compliance, resulting in a relapse and readmissions of the patients.

With the staff shortage, psychiatric nurses said they would remain as four staff, covering both male and female wards, each with one psychiatric nurse and one registered assistant nurse. Being two in the ward makes it difficult for them to provide adequate care to aggressive patients; as a result, they depend on assistance from security officers from the main gate.

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The area manager and operational manager suggested that the guidelines should also be presented to casualty psychiatric nurses as they are the ones who receive aggressive patients from home.

6.8. CHAPTER SUMMARY

This chapter validated the developed guidelines. The guidelines were validated based on Chinn and Kramer's (2011) approaches. Chapter 7 will present the study's evaluation, conclusion, limitations, and recommendations.

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CHAPTER 7

EVALUATION, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

7.1. INTRODUCTION

The previous chapter validated the guidelines based on approaches outlined by Chinn and Kramer (2011). This chapter evaluates the study and discusses its limitations, conclusion, and recommendations.

7.2. EVALUATION OF THE STUDY

This study was evaluated according to its purpose and objectives.

7.2.1 Purpose of the study

The study purpose was to develop and validate the guidelines to support PNs in managing aggressive patients within an acute MHCU in Limpopo Province, South Africa.

The researcher explores and describes the participants' views regarding the guidelines to support PNs in managing aggressive patients within an MHCU in Limpopo Province, South Africa.

7.2.2 Objectives of the study

The objectives of the study were as follows:

Phase one

- To explore and describe the experience of professional nurses in managing aggressive patients within an acute mental health care unit of Limpopo Province, South Africa.
- To explore and describe the kind of support professional nurses need when managing aggressive patients within an acute mental health care unit.

Phase two

- To develop guidelines to support professional nurses in managing aggressive patients within an acute MHCU of Limpopo Province, South Africa.

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- To validate the developed guidelines to support professional nurses in managing aggressive patients within an acute mental health care unit.

The study was carried out in two phases. Phase one was a situational analysis, and phase two was the development of guidelines and validation of the developed guidelines. The study approach in phase one was qualitative, using exploratory, descriptive, and contextual design. Data were generated through in-depth individual interviews to obtain the multiple reality from the participants. Data were analysed using Braun and Clarke's six steps to achieve the study objectives. The findings of this study were described and supported by the literature. The objectives of the study were achieved as the PNs managed to narrate their multiple experiences, which are diverse and individually constructed when managing aggressive patients within an acute MHCU. PNs also explored the support they need when managing aggressive patients within the acute MHCU.

The study findings in phase one lead to phase two, which is the development of the guidelines to support PNs in managing aggressive patients within the acute MHCU of Limpopo Province, South Africa. The developed guidelines were informed by the six elements of practice theory outlined by Dickoff et al. (1968), namely, agents, recipients, context, process, dynamics, and outcomes. A SWOT analysis was used to identify the strengths, weaknesses, opportunities, and threats, while the BOEM action plan was used to develop the guidelines.

The guidelines were validated by a team of academics who are research and mental health experts using Chin and Kramer’s (2011) questions, namely guidelines clarity, simplicity, generalisability, accessibility and importance, as discussed in Chapter 6 of this study.

Guidelines development

The guidelines were developed based on the findings of phase one, the literature review, and the theoretical framework. The six elements of practice as outlined by Dickoff et al. (1968), namely, context, agents, recipients, processes, dynamics, and outcome; the SWOT analysis; and the BOEM action plan were applied to develop the guidelines to support PNs in managing aggressive patients within an acute MHCU of Limpopo Province, South Africa.

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Validation of the guidelines

The validation of the guidelines was conducted using Chinn and Kramer's (2011) questions, namely, clarity, simplicity, generalisability, accessibility, and importance. Validation was done by a team of academics who are research and mental health experts.

7.3. CONCLUSION

Four themes with sub-themes emerged from the analysed data: management of aggressive patients, care of patients on mechanical restrain and seclusion, challenges faced by PNs when managing aggressive patients, and the support needed by PNs when managing aggressive patients.

- **Management of aggressive patients**

During data generation, PNs disclosed their experiences managing aggressive patients. The sub-themes were pharmacological management, non-pharmacological management, and safety.

During data generation, participants indicated that they managed aggressive patients pharmacologically by giving the patients sedatives as prescribed by the doctor or following the guidelines and protocols they had in the ward for the management of aggressive patients. They also added that they managed aggressive patients by restraining them or using communication to minimise patient's aggression.

Participants mentioned safety as an important aspect when managing aggressive patients. It is important to ensure staff and patients' safety when handling aggressive patients by calling for teamwork.

- **Care of patients on mechanical restrain and seclusion**

Two sub-themes emerged from the theme: the legality of mechanical restrain and seclusion and the care provided to patients during mechanical restrain and seclusion. The doctor who must complete the relevant legal documents according to the Mental Health Act No. 17 of 2002 should prescribe the use of mechanical restraints on a patient. When the patient is in the seclusion room, basic nursing care should be

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provided, and seclusion should not be used to punish the patient, but as a way of treatment and behaviour modification.

- **Challenges faced by professional nurses when managing aggressive patients**

From the analysed data, five sub-themes emerged from the theme: shortage of staff, shortage of medication, infrastructure, poor support from the management, and non-compliance with 72-hour assessment.

Participants revealed that a shortage of staff, particularly male nurses, and a shortage of medications had an impact on the management of aggressive patients. They added that it becomes difficult for them (PNs) because the medication on the protocol or guidelines is unavailable. Additionally, they indicated that their building is not up to standard and does not have a proper seclusion room.

During data generation, PNs stated that they do not get support from the management, but the management comes to them only when there is a problem. They also added that the management does not listen to them but blames them for everything negative in the ward. The participants mentioned non-compliance to the 72-hour assessment as a challenge as they exceeded 72 hours with a patient in the ward without being transferred to the relevant hospital. Furthermore, the hospital management did not - provide them with an internal policy on what to do with a patient after exceeding 72 hours.

- **Support needed by professional nurses when managing aggressive patients**

Of the challenges PNs face when managing aggressive patients, the support needed by PNs emerged and has three sub-themes: provision of resources, compliance with legislation, and support from the management.

Participants mentioned providing infrastructure, material, and human resources as the support they need to manage aggressive patients. The hospital should also comply with MHCA No. 17 of 2002 when managing aggressive patients and when completing the legal documents of the stipulated Act. From the data generated, PNs indicated that management should support and meet them in person, even without an incident. If an

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incident has occurred, the management should come together with PNs and do a debriefing.

7.4. LIMITATIONS

The author acknowledges that the study was contextually and individually constructed; thus, the results cannot be generalised. A total of 15 participants were interviewed; however, only five were male, as a few male nurses in the hospital were psychiatrically trained.

The study was conducted in rural government hospitals of Limpopo Province, South Africa and exclude hospitals in urban areas and private hospitals.

The study was also limited to non-psychiatric trained nurses who were allocated to an acute MHCU and involved in the care, treatment, and rehabilitation of MHCUs.

7.5. CONTRIBUTIONS OF THE STUDY

- Guidelines will capacitate non trained psychiatric nurses on how to manage aggressive patients within the hospital setting
- Assist the hospital management to identify kind support needed by professional nurses when managing aggressive patients within acute psychiatric ward
- Add value on the curriculum on management of aggressive patients

7.6. RECOMMENDATIONS

Nursing practice

- There should be implementation of the developed guidelines through continuous in-service training and workshop.

Nursing education

- The developed guidelines can be adopted and incorporated in to the curriculum

Further research

- A study be conducted on the implementation and evaluation of the developed guidelines.

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Guidelines should be developed to support professional nurses managing aggressive patients within acute mental health care unit of hospitals found in urban areas

7.7. CHAPTER SUMMARY

This chapter was evaluated based on the purpose and objective of the study. Four themes and their sub-themes, as well as the limitations of the study, were summarised. Recommendations were made considering nursing practice, nursing education, and further research.

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APPENDICES

APPENDIX A: APPROVAL FROM UHDC

UNIVERSITY OF VENDA

OFFICE OF THE DVC: RESEARCH AND POSTGRADUATE STUDIES

TO : MR/MS T.G THANDAVHATHU

FACULTY OF HEALTH SCIENCES

FROM: PROF. N.N FEZA

DVC: RESEARCH AND POSTGRADUATE STUDIES

DATE : 29 AUGUST 2022

DECISIONS TAKEN BY UHDC OF 29TH AUGUST 2022

Application for approval of Thesis Proposal Report in the Faculty of Health Sciences: **T.G Thandavhathu (18013630)**

Topic: "Guidelines to support professional nurses in managing aggressive patients within Mental Health Care Unit of Limpopo Province, South Africa."

Supervisor	UNIVEN	Dr. N.S Raliphaswa
Co-supervisor	UNIVEN	Prof. M. Maluleke

UHDC approved Thesis proposal

PROF. N.N FEZA
DVC: RESEARCH AND POSTGRADUATE STUDIES

APPENDIX B: UNIVEN ETHICAL CLEARANCE CERTIFICATE

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms TG Thandavhathu

STUDENT NO:
18013630

PROJECT TITLE: **Guidelines to support professional nurses in managing aggressive patients within Mental Health Care Unit of Limpopo province, South Africa.**

ETHICAL CLEREANCE NO: **FHS/21/PDC/25/1301**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr NS Raliphaswa	University of Venda	Supervisor
Prof M Maluleke	University of Venda	Co - Supervisor
Ms TG Thandavhathu	University of Venda	Investigator – Student

Type: **Doctoral Research**
Risk: **Minimal risk to humans, animals or environment (Category 2)**
Approval Period: **January 2022 – January 2025**

The Human and Clinical Trails Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project,
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately,
  - New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: November 2021

Name of the HCTREC Chairperson of the Committee: Dr NS Mashau

Signature

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2022-01-17
Private Bag X5050
Thohoyandou 0950

University of Venda
PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8504/8313 FAX (015) 962 9060
"A quality driven financially sustainable, rural-based Comprehensive University"

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APPENDIX C: PERMISSION TO CONDUCT A STUDY FROM THE PROVINCIAL DEPARTMENT OF HEALTH (LIMPOPO PROVINCE)

P.O. Box 1588
Nzhelele
0993
20 January 2022

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I Thandavhathu Tshinanne Gladys, a PhD Nursing student at the University of Venda, request permission to conduct research at Mokopane Hospital.

The title of the study "Guidelines to support professional nurses in managing aggressive patients within Mental Health Care Unit of Limpopo Province, South Africa."

The purpose of the study

The purpose of this study is to develop guidelines to support professional nurses in managing aggressive patients within the mental health care unit in Limpopo Province, South Africa.

Objectives of the study

- To explore and describe the experience of professional nurses in managing aggressive patients within an acute mental health care unit of Limpopo Province, South Africa.
- To explore and describe the kind of support professional nurses need when managing aggressive patients within an acute mental health care unit.
- To develop guidelines to support professional nurses in managing aggressive patients within an acute MHCU of Limpopo Province, South Africa.

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- To validate the developed guidelines to support professional nurses in managing aggressive patients within an acute mental health care unit.

Significance of the study

The study may benefit the Department of Health as they will have information on the kind of support needed by professional nurses in managing aggressive patients within an acute mental health care unit. In addition, nurses could benefit as they will be able to obtain information on the type of support they need when managing aggressive patients within an acute MHCU, thereby reducing the risk of injuries due to assault from the patients. The study's findings may contribute to the body of knowledge.

For any information, please contact the researcher on 078 0172 085 or email gtshinanne@gmail.com.

I hope my request will be considered.

Yours faithfully,

Thandavhathu T.G.

`

APPENDIX D: APPROVAL FROM PROVINCIAL DEPARTMENT

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Department of Health

Ref : LP_2022-04-010
Enquires : Ms PF Mahlokwane
Tel : 015-293 6028
Email : Phoebe.Mahlokwane@dhsd.limpopo.gov.za

Tshinanne Gladys

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below**;**

Guidelines to support professional nurses in managing aggressive patient within Mental Health Care Unit of Limpopo Province, South Africa

1. Permission to conduct research study as per your research proposal is hereby Granted
2. Kindly note the following:
    a. Present this letter of permission to the office of District Executive Manager a week before the study is conducted.
    b. The approval is **ONLY** for **Sekukhukhune District Offices; Waterberg District Offices; Mokopane Hospital; George Masebe Hospital; Matlala Hospital and Philadelphia Hospital.**
    c. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
    d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
    e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
    f. The approval is only valid for a 1-year period.
    g. If the proposal has been amended, a new approval should be sought from the Department of Health
    h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

_____ 11/05/2022

Head of Department **Date**

pp

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

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APPENDIX E: PERMISSION LETTERS FROM THE DISTRICTS

PERMISSION TO CONDUCT A STUDY: Waterberg District

P.O. Box 1588

Nzhelele

0993

16 May 2022

Waterberg District Department of Health

Onstoekom Bld 14

2 Thabo Mbeki Drive

Modimolle

0510

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I Thandavhathu Tshinanne Gladys, a PhD Nursing student at the University of Venda, request permission to conduct research at Mokopane Hospital.

The title of the study "Guidelines to support professional nurses in managing aggressive patients within Mental Health Care Unit of Limpopo Province, South Africa."

The purpose of the study

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The purpose of this study is to develop guidelines to support professional nurses in managing aggressive patients within the mental health care unit in Limpopo Province, South Africa.

Objectives of the study

- To explore and describe the experience of professional nurses in managing aggressive patients within an acute mental health care unit of Limpopo Province, South Africa.
- To explore and describe the kind of support professional nurses need when managing aggressive patients within an acute mental health care unit.
- To develop guidelines to support professional nurses in managing aggressive patients within an acute MHCU of Limpopo Province, South Africa.
- To validate the developed guidelines to support professional nurses in managing aggressive patients within an acute mental health care unit.

Significance of the study

The study may benefit the Department of Health as they will have information on the kind of support needed by professional nurses in managing aggressive patients within an acute mental health care unit. In addition, nurses could benefit as they will be able to obtain information on the type of support they need when managing aggressive patients within an acute MHCU, thereby reducing the risk of injuries due to assault from the patients. The study's findings may contribute to the body of knowledge.

For any information, please contact the researcher on 078 0172 085 or email gtshinanne@gmail.com.

I hope my request will be considered.

Yours faithfully,

Thandavhathu T.G.

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Permission to conduct research: Sekhukhune District Department of Health

Sekhukhune District Department of Health

14 Parliament Trial Complex

Old Lebowa Parliament

Chuenespoort

0745

Tel: (015) 633 2300

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I Thandavhathu Tshinanne Gladys, a PhD Nursing student at the University of Venda, request permission to conduct research at Mokopane Hospital.

The title of the study "Guidelines to support professional nurses in managing aggressive patients within Mental Health Care Unit of Limpopo Province, South Africa."

The purpose of the study

The purpose of this study is to develop guidelines to support professional nurses in managing aggressive patients within the mental health care unit in Limpopo Province, South Africa.

Objectives of the study

- To explore and describe the experience of professional nurses in managing aggressive patients within an acute mental health care unit of Limpopo Province, South Africa.
- To explore and describe the kind of support professional nurses need when managing aggressive patients within an acute mental health care unit.

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- To develop guidelines to support professional nurses in managing aggressive patients within an acute MHCU of Limpopo Province, South Africa.
- To validate the developed guidelines to support professional nurses in managing aggressive patients within an acute mental health care unit.

Significance of the study

The study may benefit the Department of Health as they will have information on the kind of support needed by professional nurses in managing aggressive patients within an acute mental health care unit. In addition, nurses could benefit as they will be able to obtain information on the type of support they need when managing aggressive patients within an acute MHCU, thereby reducing the risk of injuries due to assault from the patients. The study's findings may contribute to the body of knowledge.

For any information, please contact the researcher on 078 0172 085 or email gtshinanne@gmail.com.

I hope my request will be considered.

Yours faithfully,

Thandavhathu T.G.

APPENDIX F1: APPROVAL FROM WATERBRG DISTRICT

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH
WATERBERG DISTRICT

REF: 4/3/3.
ENQ: NKGODI D.R (PA TO THE DISTRICT EXECUTIVE MANAGER)

TEL NO: 014. 718 0623 / 082 344 0227.
E-MAIL: David.Nkgodi@dhsd.limpopo.gov.za

TO: TG THANDAVHATHU

RE: PERMISSION TO CONDUCT RESEARCH: YOURSELF.

The above bear's reference: -

1. The office of the District Executive Manager, hereby confirms receipt of your request to conduct research on guidelines to support professional nurses in managing aggressive patient within Mental Health Care Unit of Limpopo Province, South Africa
2. Permission is hereby granted as per approval by the HOD
3. You are further requested to notify this office on when you are going to start with the research and make sure that there is no action that disturbs service delivery.

Your support and cooperation in terms of the above will be highly appreciated.

BULANNGA N.G.
DISTRICT EXECUTIVE MANAGER

30/5/22
DATE

Waterberg District Office Private Bag X 1026 Modimolle,
0510 Tel (014) 718 0600 Fax (014) 718 0675

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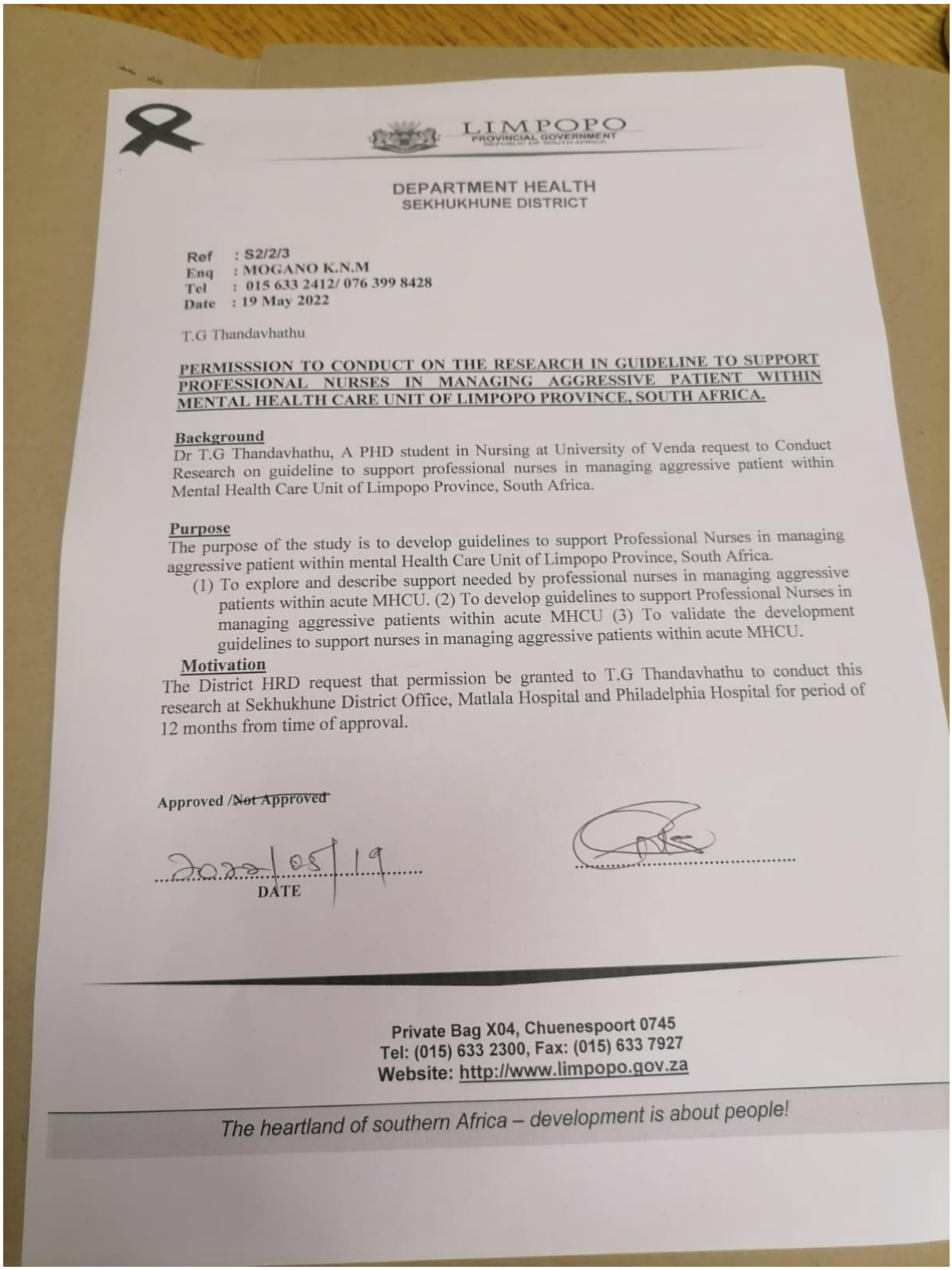
APPENDIX F2: APPROVAL FROM SEKHUKHUNE DISTRICT



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT HEALTH
SEKHUKHUNE DISTRICT

Ref : S2/2/3
Enq : MOGANO K.N.M
Tel : 015 633 2412/ 076 399 8428
Date : 19 May 2022

T.G Thandavhathu

PERMISSSION TO CONDUCT ON THE RESEARCH IN GUIDELINE TO SUPPORT PROFESSIONAL NURSES IN MANAGING AGGRESSIVE PATIENT WITHIN MENTAL HEALTH CARE UNIT OF LIMPOPO PROVINCE, SOUTH AFRICA.

Background
Dr T.G Thandavhathu, A PHD student in Nursing at University of Venda request to Conduct Research on guideline to support professional nurses in managing aggressive patient within Mental Health Care Unit of Limpopo Province, South Africa.

Purpose
The purpose of the study is to develop guidelines to support Professional Nurses in managing aggressive patient within mental Health Care Unit of Limpopo Province, South Africa.

(1) To explore and describe support needed by professional nurses in managing aggressive patients within acute MHCU. (2) To develop guidelines to support Professional Nurses in managing aggressive patients within acute MHCU (3) To validate the development guidelines to support nurses in managing aggressive patients within acute MHCU.

Motivation
The District HRD request that permission be granted to T.G Thandavhathu to conduct this research at Sekhukhune District Office, Matlala Hospital and Philadelphia Hospital for period of 12 months from time of approval.

Approved /~~Not Approved~~

2022 | 05 | 19
DATE

Private Bag X04, Chuenespoort 0745
Tel: (015) 633 2300, Fax: (015) 633 7927
Website: http://www.limpopo.gov.za

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APPENDIX G: LETTER FOR PERMISSION TO CONDUCT A STUDY FROM SELECTED HOSPITALS

P.O. Box 1588
Nzhelele
0993
30 June 2022

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I Thandavhathu Tshinanne Gladys, a PhD Nursing student at the University of Venda, request permission to conduct research at Mokopane Hospital.

The title of the study "Guidelines to support professional nurses in managing aggressive patients within Mental Health Care Unit of Limpopo Province, South Africa."

The purpose of the study

The purpose of this study is to develop guidelines to support professional nurses in managing aggressive patients within the mental health care unit in Limpopo Province, South Africa.

Objectives of the study

- To explore and describe the experience of professional nurses in managing aggressive patients within an acute mental health care unit of Limpopo Province, South Africa.
- To explore and describe the kind of support professional nurses need when managing aggressive patients within an acute mental health care unit.
- To develop guidelines to support professional nurses in managing aggressive patients within an acute MHCU of Limpopo Province, South Africa.

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- To validate the developed guidelines to support professional nurses in managing aggressive patients within an acute mental health care unit.

Significance of the study

The study may benefit the Department of Health as they will have information on the kind of support needed by professional nurses in managing aggressive patients within an acute mental health care unit. In addition, nurses could benefit as they will be able to obtain information on the type of support they need when managing aggressive patients within an acute MHCU, thereby reducing the risk of injuries due to assault from the patients. The study's findings may contribute to the body of knowledge.

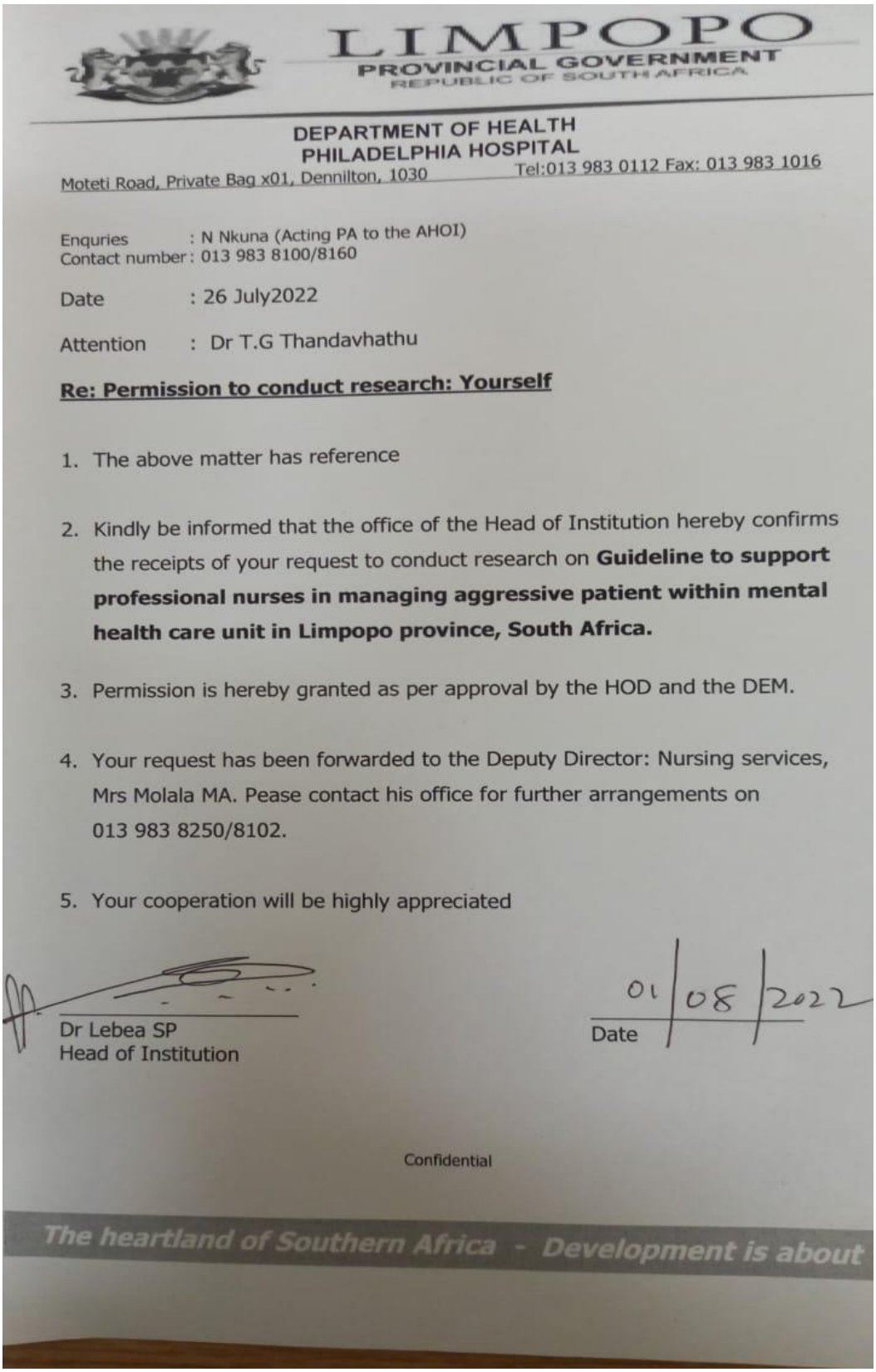
For any information, please contact the researcher on 078 0172 085 or email gtshinanne@gmail.com.

I hope my request will be considered.

Yours faithfully,

Thandavhathu T.G.

APPENDIX H1: APPROVAL FROM PHILADELPHIA HOSPITAL



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
PHILADELPHIA HOSPITAL
Moteti Road, Private Bag x01, Dennilton, 1030 Tel:013 983 0112 Fax: 013 983 1016

Enquries : N Nkuna (Acting PA to the AHOI)
Contact number : 013 983 8100/8160

Date : 26 July2022

Attention : Dr T.G Thandavhathu

Re: Permission to conduct research: Yourself

1. The above matter has reference

2. Kindly be informed that the office of the Head of Institution hereby confirms the receipts of your request to conduct research on **Guideline to support professional nurses in managing aggressive patient within mental health care unit in Limpopo province, South Africa.**

3. Permission is hereby granted as per approval by the HOD and the DEM.

4. Your request has been forwarded to the Deputy Director: Nursing services, Mrs Molala MA. Pease contact his office for further arrangements on 013 983 8250/8102.

5. Your cooperation will be highly appreciated

Dr Lebea SP
Head of Institution

01/08/2022
Date

Confidential

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APPENDIX H2: APPROVAL FROM MATLALA HOSPITAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

Ref. :s2/2/3
Enq. :Seema PL
Tel. :013 264 5010
Email :Pebetsi.Seema@dhsd.limpopo.gov.za

To : Tshinanne Gladys

Permission to conduct research at Matlala Hospital

1. Permission to conduct study research at Matlala Hospital has been granted
2. Please take note of the following
   - In the course of your study there should be no action that disrupt service delivery
   - After completion of the study it is mandatory to submit findings at Provincial Office
   - The approval is valid for 1 Year
   -

Hope you will find this in good order

DR. MUGIVHI RJ
HEAD OF INSTITUTION

04/08/2022
DATE

Private Bag X9624, Marble Hall 0450
Stan No 1 Tsimanyana Village . Tel: 013 264 5000. Fax: 013 264 5171

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APPENDIX H3: APPROVAL FROM GEORGE MASEBE HOSPITAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH
GEORGE MASEBE HOSPITAL

Enquiry : Ms Pale M.C

Tel : 015 423 6012/079 633 5167

Date :20 July 2022

RE: PERMISSION TO CONDUCT RESEARCH

1. The above matter has refers
2. Please be informed that the office of Head of institution hereby confirms the receipt of your request to conduct research on guidline to support Professional nurses in managing aggressive patients within mental health care unit in Limpopo South Africa.
3. Permission is hereby granted as per approval by the HOD and DEM.
4. Your request has been forwaded to the office of Deputy director nursing services: Mr Mahwiting M.A. please contact his office for further arrangement on 015 423 6012/083 996 6922.

5. Your cooperation will be highly appreciated

Mr Mahwiting M.A
Deputy Director Nursing Service
George Masebe Hospital

20/07/2022
Date

George Masebe District Hospital, Private Bag x2201, Suswe, 0612
Tel (015) 423 6000
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APPENDIX H4: APPROVAL FROM MOKOPANE HOSPITAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

OFFICE OF THE CHIEF EXECUTIVE OFFICER

Enquiries : Maila M.J (Acting P.A to the Chief Executive Officer)
Contact number : 015 483 4170/4166
Cell number : 078 153 9791
Email address : Malesele.Maila@dhsd.limpopo.gov.za

Date: 04th July 2022

ATTENTION: TG THANDAVHATHU

RE: PERMISSION TO CONDUCT RESEARCH: YOURSELF

GREETINGS

1. The above matter has reference.
2. Kindly be informed that the office of the Chief Executive Officer hereby confirms the receipts of your request to conduct research on guidelines to support professional nurses in managing aggressive patient within **Mental Health Care Unit of Limpopo Province, South Africa.**
3. Permission is hereby granted as per approval by the HOD and the DEM.
4. Your request has been forwarded to Ms. Manaka J.M – Deputy Manager: Nursing Services, for further arrangements please contact their office on 015 483 4174.

Yours cooperation will be highly appreciated.

DEPARTMENT OF HEALTH
MOKOPANE HOSPITAL
CEO'S OFFICE
04 JUL 2022
PRIVATE BAG X2466
MOKOPANE 0600
LIMPOPO PROVINCE

Ms. Magagane S.L
Chief Executive Officer

Date

WATERBERG DISTRICT
DUDU MADISHA DRIVE MOKOPANE REGIONAL HOSPITAL PRIVATE BAG X2466 MOKOPANE, 0600 TEL (015) 483 4000 FAX (015) 483 2405
website:http/www.limpopo.gov.za
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APPENDIX I: INFORMATION SHEET

Title of the Research Study: Guidelines to support professional nurses in managing aggressive patients within a mental health care unit of Limpopo Province, South Africa

Principal Investigator/s/researcher: Thandavhathu T.G.

Co-Investigator/s/supervisor/s: Prof M. Maluleke and Dr N. Raliphaswa

Brief Introduction and Purpose of the Study: Aggression against health care workers employed in mental health care units in patients is a serious occupational issue that involves both staff and patients with the consequences of increased service costs and a lower standard of care (d'Ettorre & Pellicani, 2017). This was also supported by Bimenyimana, Poggenpoel, Temane and Myburg (2016), who posit that aggression in psychiatric institutions is a worldwide phenomenon. Findings by Pandey, Bhandari and Dangal (2017) suggest that two-thirds of nurses experience some type of aggression, which ranges from physical, verbal, and sexual.

The purpose of the study is to develop guidelines to support professional nurses in managing aggressive patients within the mental health care unit of Limpopo Province, South Africa.

Outline of the Procedures: Once approval has been granted to conduct the study, a date will be arranged to visit nurses at their respective hospitals to recruit the participants. After recruitment, the researcher will ask for their phone numbers to set an appointment at a date and time convenient for individual interviews in their ward. Measures to prevent COVID-19 will be adhered to.

Participants will give written consent before the interview. In-depth individual interviews will be used to collect data. Data will be analysed using Braun and Clark's six steps.

Risks or Discomforts to the Participant: Neither risks nor discomforts are anticipated.

Benefits: The nurses will be given an opportunity to explore and describe the kind of support they need to optimise the use of protocol when managing an aggressive

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patient in an acute ward. The findings will be presented to the Department of Health, Limpopo Province. The findings will be published in peer-reviewed accredited journals for possible publication.

Reason/s why the Participant May Be Withdrawn from the Study: Participants may, at their own will or with other compelling reasons like illness, withdraw from the study at any stage during the study. There will be no adverse consequences for the participant should they choose to withdraw.

Remuneration: Participants will not receive any monetary or other types of remuneration.

Costs of the Study: The participant will not be expected to cover any costs incurred by the study.

Confidentiality: The researcher will maintain confidentiality by conducting interviews in a private room, and each participant will be interviewed separately. The participants' names will not be mentioned, but they will be given pseudonyms. The researcher will keep the records safe, and a copy will be available only to the supervisor.

Research-related Injury: No injuries are anticipated.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher on 078 0172 085; my supervisors, Prof Maluleke on 079 576 7434; and Dr Raliphaswa at 082 2627 809; or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof G.E. Ekosse, on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za.

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population.

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APPENDIX J: CONSENT FORM

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Thandavhathu Tshinanne Gladys, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: FHS/21/PDC/25/1301
- I have also received, read and understood the above-written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature

I, ...

(*Name of researcher*) herewith confirm that the above participant has been fully

Informed about the nature, conduct and risks of the above study.

`

Full Name of Researcher

Name: Thandavhathu Tshinanne Gladys Date……..

Signature……

Full Name of Witness (If applicable)

…… Date ……..

Signature……..

`

APPENDIX K: Guidelines to support professional nurses in managing aggressive patients within the acute mental health care unit

KEY AREAS	FINDINGS FROM THE STUDY	ACTIONS
Shortage of resources	Human resources	Nurse managers and human resource development and training should: • Provide more posts for psychiatric nurses • Allocate more male nurses to the acute psychiatric ward • Train general nurses who have an interest in psychiatric nursing The risk manager should allocate more security officers to the psychiatric ward
	Material resources	Hospital management should ensure: • Hospitals are up to standard • Availability of medication • Installation of CCTV cameras • Availability of beds at referral hospitals • Telephones are functional
Care of patients on mechanical restrain and seclusion room	Legality of seclusion room and mechanical restrain	Psychiatric nurses should ensure: • A seclusion room is prescribed by the doctor • Form 48 is fully completed by the doctor
	Care is provided to patients in seclusion rooms, and restrain	Psychiatric nurses should ensure: • Observation is done as amended by the policy guidelines on seclusion room • Basic nursing care is provided to the patient without alteration

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Non- compliance with legislation	Lack of knowledge regarding completing Mental Health Care Act forms	Through human development and training, operational managers and nurse managers should: • Organise workshops and in-service training on completing forms • Allow psychiatric nurses to benchmark in other hospitals
	Poor implementation of 72 hours' assessment	Operational managers and nurse managers should: • Allocate psychiatric nurses to provide care to psychiatric patients only • Organise in-service training on the implementation of a 72-hour assessment • Communicate with the referral hospitals for the availability of beds • Develop guidelines or SOPs to support psychiatric nurses who are caring for patients for more than 72 hours
Management of aggressive patient	Non-pharmacological management	Operational managers should: • Appreciate the psychiatric nurse for the good work they are doing • Motivate psychiatric nurses to use the available protocols and SOPs for managing aggressive patients

- Send psychiatric nurses for workshops to enhance their knowledge

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APPENDIX L: EDITORIAL CERTIFICATE

NIM Editorial
Bryanston, Gauteng, 2074
Cell: +27 82 587 4489
Email: info@nimeditorial.co.za
www.nimeditorial.co.za

Reg. No. 2016/488859/07

21 February 2024

Editorial Certificate

To Whom It May Concern,

This certificate confirms that the thesis entitled; **GUIDELINES TO SUPPORT PROFESSIONAL NURSES IN MANAGING AGGRESSIVE PATIENTS WITHIN A MENTAL HEALTH CARE UNIT OF LIMPOPO PROVINCE, SOUTH AFRICA** by **THANDAVHATHU TSHINANNE GLADYS** was edited by an expert English editor with a PhD. The following issues were corrected: grammar, spelling, punctuation, sentence structure, phrasing, and formatting.

Signed on behalf of NIM Editorial by:

.....

Dr N.I. Mabidi
Founder & Chief Editor

NIM Editorial

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APPENDIX M: PRE-TESTS INTERVIEWS

PRE-TEST INTERVIEW 1

Keywords: Researcher – R

Participants – P

R: Good afternoon.

P: Good afternoon, and how are you?

R: I am fine. How are you?

P: I am fine.

R: Today is very hot.

P: Too much.

R: Maybe the rain will come. How are you coping with the issue of COVID-19?

P: Eish! I am not fine with COVID-19; it almost threatened our life.

R: Mhh.

P: I am also afraid of what will happen next.

R: God knows what will happen next. Now we have the new variant.

P: It is terrible; let's keep on protecting ourselves.

R: We shall do so, and in this interview, we shall follow all the COVID rules as we have maintained the distance, wearing our mask and sanitise our hands. Here is our sanitiser to use during the duration of the interview.

As we have agreed, I will come and chat with you; here I am. I have already introduced myself to you before. I am a student at the University of Venda. So, the conversation we will discuss here will be among us, and only my supervisor will have access to it as I am a student. There will be no compensation for participating in the study as

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consent is voluntary. If you don't want to continue with the conversation, you can press here on the audio, and no penalty will be taken against you. Your name will not be used but only pseudonyms. Do you allow me to continue?

P: Yes.

R: Sister, as you are working with aggressive patients, how do you manage them when they are aggressive?

P: Firstly, I assess the severity of the aggression. If he is not approachable, I keep a distance, trying to correct his/her behaviour. For those who are aggressive but manageable, I encourage him/her to get involved in group therapy, where we involve topics like anger management and socialisation.

R: Mhh.

P: If the patient has severe aggression in which he/she can injure others, we remove all dangerous objects within the surroundings and put them away from the patient to prevent causalities to other patients and staff. Also, assess what triggers the patients' anger.

R: Mhh.

P: If possible, we intervene to assist the patient, and if it needs the family to resolve the problem, we involve them through family therapy.

R: OK.

P: If it is a very serious aggression, we ask the doctor to prescribe a seclusion room. Taking the user to the seclusion room is not a punishment, but to correct his/her behaviour and also for the safety of the patient.

R: I heard you talking about serious aggression. Can you please explain that to me?

P: If he/she is fighting with people around him or inflicting injuries on himself, we put him in a seclusion room to prevent harm to himself and others. When the patient is in the seclusion room, we don't forget about him/her, but we observe the patient every fifteen minutes until the aggression is adjusted.

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R: When you say until the aggression subsides, what will you observe from the patient?

P: Patient will be calm and able to respond positively when talking to him/her, able to ventilate the problem, and no longer fights with people.

R: When he becomes calm, is there anything that you do as a nurse?

P: Yes, we give treatment, looking at the doctor's prescription.

R: What happens if the patient becomes aggressive with no doctor around and no prescription?

P: We do teamwork, and the other sister will be notified about the change of behaviour and get a telephonic prescription.

R: May you please elaborate on the teamwork? Who is involved in the teamwork? Are only nurses involved in the teamwork?

P: Ehh, teamwork involves nurses and security officers, and if there are members of the multi-disciplinary team, we also include them.

R: Is teamwork effective?

P: Yes, it works.

R: To summarise what you said, you said that you manage them by putting them in a seclusion room, doing therapy, giving them treatment and teamwork. Is this all that you said?

P: Yes.

R: OK, as a sister working in this ward, what kind of support do you need to continue managing aggressive patients?

P: We are asking for support from the management, even if it is moral support because working with MHCUs needs a long heart and understanding of them.

R: When you talk about moral support, who should provide the moral support?

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P: moral support can be provided by the operational manager in the ward, nurse manager and Chief Executive Officer of the hospital or even the district. Can provide moral support.

R: How can moral support be provided?

P: Even if they can support us twice a year, it is better to revive our spirit of working and understanding MHCU.

R: I understand. You said you need moral support from management, and it can help. What other support do you need?

P: We also need support from medical and surgical wards to stop the stigmatisation of our patients and treat them accordingly like any other patients who present with medical and surgical conditions; they should assist them with psychiatric treatment if they are admitted in general wards. We experience problems with our patients if they are admitted to general wards. Due to a lack of knowledge and stigma, patients are not managed properly and end up coming to psychiatric wards without being attended to for their medical and surgical conditions. Maybe it is a lack of knowledge or stigma towards mental illness.

R: I heard you saying that nurses from general wards stigmatise patients. What should be done to stop the stigma?

P: There should be awareness to indicate that each person in an MHCU is just different. Others are mentally ill but not on treatment, and others are on treatment. No human being is a hundred percent mental. Also, it indicates that every person can become mentally ill; regardless of the colour of their skin, age, profession or status.

R: Yes, I understand. According to you, who should do the awareness?

P: Awareness should be done should be done by mental health providers.

R: You talk about the support from the management and awareness to prevent stigma, is there any other form of support you need?

P: We also need support from the patients' relatives. If the relatives can accept that mental illness does not get cured, but stabilised by treatment, even to accept that MHCU is a person like any other person, it can assist us in reducing defaulters

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because they will have enough support from the relatives who will be understanding better about the condition of the user.

R: Regarding the support from the family members, who should provide it and how?

P: The next of kin to the patient should provide support. If it is my child or my husband, I have to provide support.

R: Can you please elaborate on the kind of support the relative can provide to the patients?

P: By assisting him/her in taking treatment and educating him/her about his/her condition so that they have knowledge about their condition.

R: Thanks, sister. Is there any information regarding support?

P: No, I think I am done.

R: Is there anything you want to add regarding managing aggressive patients?

P: There is a lot in managing an aggressive patient, we can talk the whole day. Because other management can be done by keeping the patient busy, creating activities like gardening and playing games to occupy their minds. Female patients can be involved in cooking and baking or involving them in beauty parlour and grooming.

R: Is there anything else?

P: No, I think we are done.

R: Thank you very much for your time. As I said before, the information will be shared with my supervisor and us; no names will be used, there will be no payment, and the information recorded here will be transcribed into words. If there is anything that you want to add in my absence, I will provide you with my email and contact number. Have a good gay and continue to provide patient care to MHCU.

P: Thanks and bye.

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PRE-TEST INTERVIEW 2

Keywords: Researcher – R

Participant – P

R: Good morning, sister.

P: Good morning, and how are you?

R: I am fine. How are you?

P: I am fine.

R: How was yesterday's rain in your area?

P: Yooo! It was terrible with those thunderstorms. I don't like thunderstorms.

R: It is just a season; it will pass. How are you coping with the issue of COVID?

P: Eish! The statistics are growing; even here in our institution, we also have cases of our staff members. It is very terrifying.

R: We have to encourage our community to vaccinate because this new variant transmits very fast. We have to protect ourselves by wearing masks and always sanitising our hands. Even here, we shall follow the COVID rules as we have maintained a distance, opened the window for ventilation, and had our masks on. Here is the sanitiser to use during the interview process.

P: Jaa, let us protect ourselves. This thing is very serious.

R: As we have agreed, I will come and chat with you; here I am. I have already introduced myself to you before. I am a student at the University of Venda. Here is the consent form you must sign, as I have explained to you before. There will be no compensation for participating in the study as consent is voluntary. So, the conversation we will discuss here will be among us, and only my supervisor will have access to it as I am a student. If you don't want to continue with the conversation, you can press here on the audio, and no penalty will be taken against you. Your name will

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not be used but only pseudonyms. We shall use this audiotape to record our conversation, as I have explained to you before. Are you allowing me to continue?

P: Yes, we can continue.

R: Thanks. May you please tell me, sister, as you are caring for aggressive patients in the ward, what do you do when they are aggressive?

P: OK, here is the patient coming into our ward, and we observe that he/she is aggressive or is in the ward and still having aggression. We first identify what makes him/her aggressive and the type of behaviour presented. Then, we communicate with the patient to calm her/him. If he is still aggressive in such a way that he wants to fight, we explain that the behaviour is unacceptable.

R: Mhh. When you say the type of behaviour the patient presents with, what are you trying to say? Can you please explain more?

P: Maybe the patient will want to fight with nurses or other patients. For example, he may be verbally aggressive, saying, “I can beat you or chop you, " so we try to explain to him that this is not the way of doing things.

R: When he/she is verbally and physically aggressive, what do you do as a nurse?

P: As I already said, we tell him that the behaviour is unacceptable, and if he continues with the kind of behaviour, it is then we follow the doctor’s prescription and sedate the patient, and if no prescription, we contact the doctor for a telephonic prescription. After sedation, we take the patient to the seclusion room if he/she has aggression that affects other patients and staff until he/she becomes calm.

R: If the patient is aggressive, do you just take the patient and put him/her in a seclusion room?

P: No, we get a prescription from the doctor, who will also tell us the type of treatment to give the patient.

R: OK, please explain to me the procedure to follow when taking the patient to the seclusion room and the type of care you provide?

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P: Yes. We get a prescription from the doctor first. Approach the patient as a team that involves security officers. Take the patient to the seclusion room, which is a single room within the ward. There should be a sponge for the patient. Assess the room if there are any dangerous objects that the patient can use to harm himself/herself and remove them. Also, search the patient for any hidden weapon within him/her.

R: Mhh.

P: When the patient is in the seclusion room, we observe her/him for 15 minutes during the first hour, then continue with observation every 30 minutes. Also, attend to the basic needs of patients like bathing, nutrition, and giving treatment even if the patient wants to go to the toilet.

R: For how long should the patient stay in a seclusion room?

P: Maximum hours are four because it is not for punishment but for behaviour modification.

R: What happens if, after being taken to the seclusion room, the patient is still aggressive and four hours have elapsed?

P: It means we report to the doctor and explain the patient's condition, and the doctor will tell us what to do. But if the patient is calm, we mix him/her with other patients and observe closely for any change of behaviour, and also continue with antipsychotic treatment.

R: To summarise what you said, you said that when the patient is aggressive, you first identify the cause of aggression. You said that you communicate with the patient to calm her/him. If the patient is not calm, you give treatment and put the patient in a seclusion room. Also, explain the care you provide when the patient is in the seclusion room. Are these what you said?

P: Yes, that is all that I said.

R: You talk about the patient being physically aggressive and fighting. How about the one who is not fighting but has verbal aggression? What do you do as a nurse?

P: We will call him into order and explain that he/she has to keep quiet, tell us what is bothering him/her, and try to solve the problem.

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R: Do you see any effectiveness in talking to her/him.?

P: Yes, most of them become calm. The patient even asks back to us, “Nurse, are you saying I must keep quiet?”. But because he is a mental health care user, he/she can repeat the kind of behaviour, and as a nurse, you should continue talking to him/her until he/she becomes calm.

R: I understand that you talk to the patient until she/he becomes calm. So, are there any challenges you face when managing these patients?

P: Yes. Firstly, our patients need manpower when managing them because when they are aggressive, they are dangerous to themselves, others, and the environment. Even if the treatment is there to sedate, you cannot give it alone; you need manpower because if the patient can overcome the nurses, they can get hurt. This is a challenge.

R: Mhh. Are you trying to say that there is a shortage of staff in the ward when you say manpower is the problem?

P: Yes. There should be enough staff, especially male nurses, to assist when the patient is aggressive.

R: Mhh.

P: It does not need two staff members if the user is aggressive because there can be a very serious problem if you are only two.

R: What do you think can be done?

P: In this ward, managers of the hospital or those responsible for doing the change list should consider allocating more staff, especially males. There should be a balanced staff for day and night duty. One patient can become aggressive, and the whole ward will become unmanageable.

R: You said that you have a manpower challenge and a shortage of staff and that management should provide more male staff to manage the ward. Are there any challenges that you are facing?

P: Yes, our ward is an open ward, and patients are mixed with those who are not aggressive, and this puts them at risk of being injured or assaulted.

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R: What do you think can be done?

R: Because they are all mental health care users, though their behaviour is not the same, is better to separate them, though it affects the infrastructure.

R: Mhh. Who can be responsible for the separation of the ward?

P: I think is a government issue.

R: When you say it is a government issue, you are too broad. Can you please elaborate, looking at the area of your work?

P: The management of the hospital should take responsibility.

R: how can they do it?

P: Separate the cubicles and place them according to their diagnosis and behaviours.

R: Mhh.

P: There is also a shortage of medication. Our government has a problem; we can't say it is a hospital issue because it is a provincial issue. Our patients are relapsing due to a shortage of treatment because this month, the patient will be given the treatment. When he/she comes next month, the treatment will be changed because the previous one will be out of stock. Even when you try to sedate the patient, you find that there is no treatment that you have to use to sedate them.

R: What do you think should be done?

P: Our government should consider it because the shortage of treatment affects our patients badly, and we as staff, as the patient will not recover properly, and others will develop severe side effects. It affects the patients also as others are professionals in such a way that even those whom you cannot recognise that they are users by complying to treatment, because of this problem they can relapse, and affect their working area and their children.

R: I asked you who should intervene in the problem of shortage of treatment, and you say it is the government. How can the government intervene?

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P: When they do their budget, there should be money allocated to mental health as they did to TB and HIV. Mental health should be included so that our country or community is not disorganised.

R: You said you have challenges of shortage of staff, mixing of patients, and shortage of treatment. Is there any other challenge you are facing, sister?

P: No, I think I have said it all.

R: Thank you, sister, for your time. It was nice to have a chat with you. As I have told you before, the information will be among us and my supervisor; no names will be used but only pseudonyms, there is no payment, and information recorded here will be transcribed into words. Thank you for observing and implementing all the rules for COVID-19. I appreciate it. Is there any question you want to ask regarding what we have said?

P: No.

R: OK. I will leave my number and email address in case you think of something or have some information to add. After transcribing, I will show you if what I have transcribed is all you said.

P: OK, you are more than welcome.

R: Thank you very much. I will see you again. Goodbye.

P: Bye.

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APPENDIX N: INTERVIEWS

INTERVIEW NUMBER 3

KEY: P – Participant

R – Researcher

R: Good morning

P: Good morning

R: How are you?

P: I am fine, and how are you?

R: I am fine. Thanks for asking. It is cold today; you can feel the breeze of winter.

P: Yes, it is winter but it is about to end.

R: I am fine. As I have explained to you before, I am a student from the University of Venda doing a study on the guidelines to support professional nurses in managing aggressive patients within the mental health care unit of Limpopo province; here I am today. As you know, the rules of COVID-19 do not allow us to stay for a long period. Can we please continue with the business of the day? Even if the statistics are small, we shall continue with the measures to protect ourselves by continuing to sanitise our hands and maintaining distance. As you can see, our room has enough ventilation, and all of us are already on our face masks.

P: yes, we shall continue to respect the rules of COVID-19.

R: Remember that we agreed that we would use a tape recorder when we conduct our interview, so I must be able to transcribe from audio to verbatim, and it will assist me during data analysis. Thank you for signing a consent form for me. There will be no payment for being part of the interview; you only participate at your free will, and if during the interview you feel like not continuing with the interview, you are allowed to withdraw, and no penalties or punishment will be taken against you. The information we will discuss here will be shared among my supervisor and me. As I told you, I am

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a student. We shall not use names or mention the name of the hospital. Do you have any questions, or shall we continue?

P: No, let's continue.

R: As a psychiatric-trained nurse caring for aggressive patients in the ward, what do you do when they are aggressive?

P: Usually, we nurse them in a separate cubicle, away from others. We look at the prescribed medication, and usually, we sedate them with whatever is prescribed by the doctor. We nurse them in a locked cubicle. When we approach them, we call security officers, as we cannot go there alone as they can overpower us. You cannot go there alone as a nurse because they become more aggressive.

R: In other words, you don't go alone but as a team that involves the security officers.

P: Yes, even when you give medication, you don't go there alone, but you call for backup from security and other staff members.

R: Do you have full-time security guards in the ward?

P: No, we don't have. Actually, they started yesterday. I have just seen one security in the morning, but other days we don't have it, but we call them from the main gate.

R: If the patient is aggressive, when you call them from the gate to the ward, don't they find the patient has already done the damage?

P: Initially, when you admit the patient, we collect the history, and if the patient has a history of aggression, we lock them at the same time. Because they don't just become aggressive in the ward, usually they show aggression due to the causality, and when we take the patient's history and report that the patient is aggressive, we lock her in a separate cubicle.

R: Does it help?

P: Yes, it does help. The patient will be shouting and banging the bucklers, but it helps. Unlike if we didn't lock the patient and she becomes aggressive and started to fight other patients and us as staff members. But if we lock, it becomes better. Because if we don't lock them… we once had an incident where a patient was fine, and all of a

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sudden, she started to become very aggressive while in the ward. Our ward is general; we are mixed with medical patients, and we have a cubicle for mental health. So, the patient went to another cubicle and started to have some hallucinations, accusing other patients and she started to beat other patients. When I went there to identify the cause and separate them, the patient started to beat me, and I was heavily pregnant. She used a belt to beat me and other patients.

R: Mhh, it is tough.

P: It is very tough. If the patient is aggressive while here in the ward without realising that the patient is aggressive, it becomes a problem. But if we can see the aggression from the start, we lock them inside their cubicle. It helps because we have identified it when it starts, so we lock her inside the cubicle and provide her with a bedpan. When we do ward rounds, we remove the bedpan. We do not open even if the patient wants to go to the toilet. The patient is locked there until she is no longer aggressive.

R: You talk about the patient who came out of the cubicle, and according to you, the patient was fine, but abruptly, she had some hallucinations and started beating other patients and you as a nurse. How did you manage such a patient?

P: At first, the other patients were shouting, saying the patient was beating them. I tried to approach her in a calm manner, but she said no. I tried to be calm and avoid shouting at the patient. The patient assaulted me, and I called other staff members for backup and called security. Unfortunately, we have to use force to take the patient back to the cubicle, where we lock her inside. Because the patient was not responding even if I approached her in a calm manner, I took the belt from her, which she was using to beat us to avoid using it again. We end up sedating the patient.

R: You talk about sedating the patient. Did you just give it to the patient, or did you wait for the prescription?

P: It depends on the situation at hand, but we inform the doctor who gives a telephonic prescription. However, most of our patients come with a prescription from causality and OPD. But if the patient starts to have aggression in the ward, and you find out that there is no prescription for medication for sedation, we call the doctor, who will give us the prescription telephonically.

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R: Does the sedation work?

P: Not all the time. Because of the shortage of medication, we are experiencing challenges. The one we used to work better was Ativan, which is out of stock. We only have Rivotril.

R: What do you do in cases where you have no Ativan but only Rivotril?

P: In incidences where we give Rivotril and the patient is not sedated, we try to give as much as the doctor prescribed; if it is not working, the doctor prescribes restriction where we tie the patient with a bed because the patient will be banging the bucklers and not sleeping.

R: You say you restrict the patient with a bed. What do you use to restrain the patient?

P: There are belts that we use as mechanical restraints and are used specifically for that.

R: To summarise what you said, you said you nurse aggressive patients in a separate cubicle, which is locked, give them sedation, and approach her as a team that involves security officers. Also, indicate the case of the patient who was calm and started to be aggressive responding to the hallucinations and started beating other patients using a belt, and when you try to approach her in a calm way without shouting, she started to beat you also using the same belt and by the time you were pregnant. When I asked how you manage her, you said that you call for backup from other staff members, and security officers take the patient back to her own cubicle, sedate her and lock her inside the room. You also mentioned a shortage of medicine like Ativan, which works better on sedation than Rivotril. When I asked if sedation works, you said not all the time, and when it does not work, the doctor orders mechanical restrain, whereby you restrain the patient with a bed using a specific belt. Did I say something or add something that you did not say?

P: No, this is the summary of what I said.

R: Based on what you said, are there any challenges you face when managing aggressive patients?

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P: Yohhh!! It is a lot, is a lot. Firstly, we have a shortage of staff. You find out that you are only three nurses on duty, the ward is full, and you are nursing roughly 37 patients. Only three of you. And they are critically ill patients with medical conditions that need your attention. And psychiatric patients in the cubicle also need your attention; you are only a professional nurse. In this ward, we only have a few psychiatric-trained nurses; the rest are general nurses. It is difficult to manage aggressive patients in the ward.

R: Mhh.

P: With this shortage, how will you balance things while you have an aggressive patient in the ward, being a professional nurse and a critically ill patient in the ward? In the cubicle for MHCU, you have three patients, and both are aggressive.

R: What do you think can be done?

P: They must have their own psychiatric ward. I think that can be a solution that works for now. The psychiatric ward and the staff will also be looking strictly at psychiatric patients and not mixing them with patients with general conditions.

R: Mhh.

P: Because the patient sometimes has verbal aggression and shouts the whole day, banging the bucklers and even if she is sedated, she does not sleep. There is this medical patient that needs to rest; it is really disturbing.

R: As you have explained, what should be done concerning the staff shortage? Who shall take responsibility?

P: The shortage of staff is a provincial thing. The management must solve it; it is really out of our hands. The only way is to hire staff, which is done by the one above.

R: What other challenges are you facing?

P: The ward should have a full-time security officer because these patients are aggressive. Sometimes, they look down on you as a young female nurse, but it will be better if there are security officers.

R: Who should take responsibility for allocating security officers in the ward?

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P: The manager is the one who should take responsibility and pass the message to the security boss so that they can allocate full-time security.

R: Do you think the security officer's presence 24 hours a day can help?

P: Yes, it can. The presence of security can make things better. Because when we are busy with other patients, the security will be looking at those psychiatric patients, and if anything happens, the security will inform us, unlike when there is no one there. If there is a security officer, they can observe even the abnormal behaviour that is done by the patient and report it because sometimes patients strangle each other in the cubicle. And if no one sees them, they may end up killing each other while still busy with emergencies in the general ward.

R: Mhh.

P: At night, we are only three nurses and even during the day, you can be three, being one professional nurse, one registered staff nurse and one registered assisted nurse. When you are busy on the general side, the patients start a fight with each other, and one gets injured; mind you were not there, but you will be held responsible for the things you did not observe, and all the blame will be on me as a psychiatric nurse. So it is difficult and very distressing. He will inform us on time if we have security that will be observed.

R: You also talked about the shortage of medication previously; what do you think can be done to resolve the issue of the shortage of medication?

P: They are aware of this medication shortage as it has been out of stock for a long time. I think since last year.

R: Who are those people who are aware of the problem?

P: The hospital management and pharmacy department. Whenever we contact the pharmacy, they say it is out of stock. I don’t know until when the medicine will be out of stock because we ordered it. The Pharmacy used to get them from a nearby hospital if the doctor strictly wanted such type of treatment. But with the Ativan, even nearby hospitals don’t have. Maybe it is only the hospital around our district.

R: Do you still have any challenges?

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P: Yes, here in our hospital, we offer 72-hour assessments, which are not done properly because even after 72 hours, we continue to nurse patients in the unit.

R: What can be done, and by whom to comply with the 72-hour assessment?

P: I think the hospital should be able to apply and practice the Mental Health Act No. 17 of 2002 correctly, whereby after 72 hours, the patient should be transferred to other hospitals for continuity of care, treatment and rehabilitation if the patient is not discharged. Because staying for more than 72 hours in the ward, when the problem arises, the nurse will be responsible.

R: In summary, regarding challenges, you talk about the staff shortage; there should be full-time security in the ward, availability of a psychiatric ward, shortage of medication and poor implementation of the 72-hour assessment. Is this all that you said regarding challenges in summary?

P: Yes.

R: Do you still want to add on challenges?

P: No, I think I have exhausted all.

R: In the absence of none, I would like to thank you for your time and effort in participating in this interview. Before we terminate, I would like to remind you that our interview has been recorded, as you have seen, so that I must be able to transcribe it from audio to word. After completing transcribing, I will come back to you in order for you to check if what I have transcribed is only what you said. There is no payment for participating, as I have told you before, and participation is free. The information we discussed will be among the two of us and my supervisor as I am a student. I also thank you for signing the consent form for me. As you already have my number and email address, if there is something that you want to add or remove regarding what we discussed, you can contact me. Is there something that you want to add?

P: No.

R: thank you again, and I will meet you next time. Bye.

P: Bye, and safe trip.

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INTERVIEW NUMBER 5

KEY: P – Participant

R – Researcher

R: Good afternoon.

P: Good afternoon.

R: How are you doing?

P: I am very fine. How are you?

R: Very fine, thanks for asking. How is your ward today?

P: It is very busy and is full- and short-staffed.

R: As we have discussed before, I will come to see you; I have kept the promise and thank you for honouring this time.

P: You are more than welcome.

R: Thank you. As I have stolen your lunch time and considering the rules of COVID-19 that do not allow us to stay for a long period, can we please go to the business of the day?

P: Yes, it is fine with me.

R: As I have told you before, I am a student from the University of Venda, researching "guidelines to support professional nurses in managing aggressive patients within mental health care unit in Limpopo Province, South Africa." I am happy that we have all worn our musk, maintained a distance and sanitised our hands. Thank you for signing the concert form for me. Our interview will last 30-45 minutes. Remember that I told you that we are going to use an audio recorder for the interview so that I get the information correctly, and when transcribing, no information must get lost. Remember that there is no payment, and you participate of your free will. Your name will not be used here, nor will the name of the hospital. Information given here will only be used for this study and nothing else. Information given here will remain between me, you

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and my supervisor, as I have told you that I am a student. Can we continue up to so far?

P: Yes, we can continue.

R: As you are caring for aggressive patients in the ward, what do you do when they are aggressive?

P: When a patient is aggressive, we give them injections that will assist them to be calm. Sometimes, we restrain them if they are not co-operating.

R: I heard you saying that you give them injections so that they may get calm. Do you just give, or is there something that you observe first?

P: We assess the mental status of the patient at that time. The doctor should also inform the patient prior to giving treatment. The doctor also assesses if the patient is aggressive so that he/she can be dangerous to himself and other patients around him/her or danger to staff members. If the patient is very dangerous and cannot be controlled, the doctor will prescribe the medication for that; if it warrants restraint, then it will be applied for a certain period, and when he/she is right, then they will stop using it.

R: You said that the doctor will assess the patient's danger.

P: Like on admission, when the patient enters causality, they assess the patient for the severity of aggression, either physical or verbal and destruction of properties, and it is then that the doctor will prescribe injection.

R: What happens if you give an injection and the patient does not calm down? What do you do?

P: We put the patient in an environment where nothing can harm the user. We seclude the patient in the seclusion room, where he will remain alone.

R: Is there any procedure to follow before placing the patient, or do you just feel like taking the patient to the seclusion room?

P: We assess the room to see if it is suitable to put the patient.

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R: Can you please explain the procedure to be done while the patient is in the seclusion room?

P: The patient will be observed in the seclusion room if the patient will not harm himself while in the seclusion room.

R: Have you ever experienced an incident where the patient hurt himself while in the seclusion room?

P: No, we have never experienced such an incident.

R: You said that you assess the patient's dangerousness, like destroying properties or verbal and physical aggression. You also mentioned restraining the patient. Could you please elaborate on the matter of restraining?

P: We restrain the patient by using a specific belt when the patient is restless and uncontrollable. We do it to prevent the patient from hurting himself. We may tie a hand or a leg to restrict the movement, but we assess the patient for swelling and redness in the restraining area.

R: You said that you give them injections to become calm, and the doctor assesses the patient for aggression in order to come up with suitable treatment to sedate the patient. When I asked what happens if the patient is sedated and not calm, you said that you take the patient to the seclusion room, which you said that you said you rarely use it. You also mentioned restraining the patient movement to prevent injuries by using a suitable belt for restraining. Is this all you have in summary, or do you want anything?

P: That is all that I said.

R: Do you still know how to manage aggressive patients?

P: No, I don’t have any information.

R: In the absence of any other information on managing aggressive patients, may you please tell me any challenges you are facing while managing the aggressive patients?

P: We experience a challenge of the relatives refusing to sign admission forms (Form 04) when the patient is admitted. Because for the patient to be in this ward, some legal

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documents have to be completed by the relatives. You find that the person who brought the patient is a minor or refuses to sign and said that he/she will go back home to inform other relatives, saying that he/she cannot make a decision alone. But most of them come back and sign after being educated about the importance of signing the forms. This usually happens with the first episodes because first admission is done in the medical ward, and after assessment, they refer the patient to our ward.

R: In a situation where relatives refuse to sign the forms, what do you think can be done to prevent this from happening again?

P: I think we have to empower the nursing service manager to sign on behalf of the relatives. Relatives lack information on the importance of signing the forms. Relatives think that by signing the forms, they are binding themselves to hand over the patient to the hospital for a long period. But if they have enough information, they will understand that by completing the forms, they are allowing the health professionals to provide care, treatment and rehabilitation to the patient.

R: in other words, you are saying that there is a lack of information among the relatives regarding admission and the procedure to follow.

P: Yes, they lack information.

R: What can be done to the relatives that will make them gain information?

P: Nurses have to educate the relatives about the condition of the patients and more information to be provided regarding the admission procedures and how to take care of a mentally ill patient.

R: We talk about the challenge of the relatives who refuse to sign the legal documents. Are there any challenges other challenges that you experience in the ward?

P: No, we don’t have.

R: OK, what kind of support do you need as a nurse when managing aggressive patients in the ward?

P: We need psychological support.

R: May you please elaborate on the issue of psychological support?

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P: Yes, I am talking about how we see the patient's state when they come into the ward. It affects us as nurses mentally, especially when managing the patient for a long period without recovery. As a nurse, you become stressed out. But if there is psychological support or moral boost, make you become active when caring for the patients. Managers of the ward should learn to appreciate us after doing a job. They must not check only the negative things but should appreciate even the good things we do in the ward. The ward is full, we are working with two in the ward, and the management does not want to give us extra staff; we develop burnout and lose interest in caring for the patients. When you talk of the shortage challenge, they will tell you that you have come to work.

R: Who do you think should provide emotional and psychological support to nurses?

P: The support should come from the nursing service manager and the clinical manager.

R: How can they provide support?

P: They need to refer us to the psychologist. Even the management must come and assess the environment that we are working on. Do we have enough equipment to assist in providing patient care, or do we have enough staff members? Just to hear us out what our need is. They need to come down to check on us. They must not come to us for statistics only.

R: You mentioned that sometimes you find working being two in the ward when the ward is full. Does this mean that there is a shortage of staff?

P: Yes, there is a shortage of staff.

R: What do you think should be done to overcome a shortage of staff?

P: They should hire more nurses.

R: Who should hire more nurses?

P: Human resources should advertise the posts.

R: As you have mentioned previously, sometimes you find being two in the ward, what happens if a patient becomes aggressive? How do you handle him/her being two?

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P: We request support from the security officers to assist us.

R: Does it help?

P: Yes, it does.

R: You mentioned that they (management) don't even know how you are working and that there is a shortage of equipment. Can you please elaborate on the issue of the shortage of equipment?

P: We don't have enough machines for taking vital signs. We only have one machine, and if it is not working, we have to go to the other ward and borrow.

R: We talk about the long-term recovery of the patient, the family refusing to complete Form 04, the need for psychological support, the shortage of staff, and the poor recovery of the patient, which leads to stress on the staff. You also mentioned that you need moral support from the clinical and nursing service managers. Also mentioned is a shortage of equipment. In summary, are these all you said, or did I add something you did not say?

P: That's all that I said.

R: is there anything that you want to add?

P: No, I don't have.

R: We are about to terminate our interview. I will remind you that what we discuss here will remain between you, me, and my supervisor, as I have told you that I am a student. There is no payment for participating as participation was of your free will. As you can see, the interview was recorded. The reason is to make sure that when I transcribe, no information removes some information; we shall do so, and if you want to add, you will do so (play back the audio). Information shared will be only used for the study and nothing else. Your name will not be mentioned in this study nor will the name of the hospital. Thank you for observing all the rules of COVID-19 throughout the interview. Do you have anything to ask or add regarding what we discussed?

P: No.

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R: Thank you for your time, and I really appreciate it. As you already have my number, if you have anything to discuss with me, you can call or email me. I will meet you next time and make sure the appointment is on time so you know when you can expect me.

P: OK, no problem, you are more than welcome.

R: Goodbye.

P: Bye, and safe journey.

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INTERVIEW NUMBER 6

KEY: P – Participant

R – Researcher

R: Good afternoon.

P: Afternoon.

R: How are you?

P: Fine, and how are you?

R: How is your ward today?

P: Ehh!! My ward is calm, as our patients are not violent.

R: Do you usually experience violent patients here?

P: Yes, most of our patients are violent; though patients differ, the ones we have now are OK.

R: OK. As you know, we are still under the COVID rules. We shall observe all measures throughout the interview. One of the rules is that we are not allowed to stay for a long period in a small room like this one. I am happy that we all have our masks on, and here is our sanitiser to sanitise our hands as we have already done it, and we shall continue.

P: Yes, I understand.

R: As I told you before, I will come and have an interview with you; here I am. I will not waste your time as you are using your lunchtime; I will go straight to the business of the day.

P: Yes, I agree with you.

R: I have already introduced to you that I am a student from University of Venda researching guidelines to support professional nurses in managing aggressive patients within the mental health care unit of Limpopo Province, South Africa. Before

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continuing with our interview, our interview will last only 30- 45 minutes. We shall not use names or mention the name of the hospital. I would like to thank you for signing the consent form for me. As we have said before, we shall use the audio recorder to record our interview; here is our recording device. The reason for recording is to make it simple for me to transcribe what we said from audio to verbatim, and it will also assist me in analysing data after completing my interviews.

The information we will discuss will be shared among the two of us and my supervisor, as I have told you that I am a student. There is no payment for participating in the study; you participate freely, and if during the interview you feel that you don't want to continue, you are allowed to stand up and go, and no penalties will be taken against you, and there will be no grudges against you. So far, are you allowing me to continue with the interview?

P: Yes, I allow you.

R: I want to hear from you. As you are caring for patients who are mentally ill and aggressive, what do you do when they are aggressive?

P: OK, if the patient is aggressive, I give the medication, call the security to come and assist me, and give medication as prescribed or per protocol. I also use the restraint to restrain the patient and evaluate if the restraint does not cause harm to the patient.

R: Mhh.

P: Then I do four hourly observations to make sure that the patient is on the safe side. The patient should not stay long on the restraint. It may be one to two days, then we remove the restrain. If the patient is not recovering, after 72 hours, we transfer to the destined hospital; after the two doctors discuss the patient's progress, they conclude that the patient should be transferred. We also have a specialist from the referral institution who comes monthly. Sometimes, you find that the psychiatrist knows about the patient, and it becomes easy for our ward doctor to transfer the patient because the psychiatrist will say transfer the patient.

R: We discussed the medication following the protocol, calling security for backup, and restraining the patient.

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P: Jaa, and also, the doctor writes a prescription for restraining the patient because according to the Mental Health Care Act No. 17 of 2002, inside the forms, we have a restrained form which is used nationally.

R: May you please tell me the number of the form? I heard you saying “forms,” meaning there are many.

P: OK, our hospital is a 72-hour assessment. We have Form 04, signed by the relatives, two Form 05s written by the medical officer, and one by a professional nurse or somebody who is psychiatrically trained or another doctor.

R: OK, I will go back to my question. Maybe I was unclear; my question was, which form do you use when applying mechanical restraint?

P: Is Form 47?

R: Can you please tell me how you restrain the patient?

P: We use the belt; we ordered it from the supply chain, and they will bring it to us. When the patient is aggressive, we notify the doctor, who will order the restraint, and the doctor also completes the form.

R: What happens if you give a patient medication and they do not get calm?

P: We inform the doctor who will come into the ward, and the doctor will communicate with the doctor from the referral hospital and arrange the transfer of the patient.

R: It means that if the patient is not calm, the ward doctor discusses with the doctor from the referral hospital and transfers the patient.

P: Yes, we transfer the patient. We stick to the 72-hour assessment. Even if the patient is aggressive, the belt is helping us a lot. Most of the time, security comes and helps us (nurses) bath the patients. When finished, we take them back to their bed and continue with care until 72 hours.

R: According to my understanding, you said that you only do 72 hours, and after 72 hours, do you transfer the patient?

P: It is not always, because sometimes you find that the patient is not violent, not aggressive, is just a person, but when you assess the patient, there is no insight, poor

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judgement, having circumstantiality, so with this kind of patient we just change the medication and continue with care even after 72hours. We can even stay with the patient for a month. Sometimes, even if we can send the patient to the referral hospital, they can respond by saying that they don't have a bed there, so it is a challenge because we will be with the patient even if 72 hours have elapsed.

R: Meaning you sometimes exceed 72 hours because of a shortage of beds at a referral hospital?

P: Yes. Sometimes, we stay with a patient for a long period due to relatives rejecting the patient from home. Maybe the patient has destroyed properties or burned the clothes.

R: How do you go about this issue of rejection from home?

P: Eish, is a challenge, but most of the time, we call a social worker. To go and do a home visit, also call a psychologist to assess the patient until the doctor summons the relatives. The multidisciplinary team (MDT) sits with the family and discusses the way forward for the patient until they reach an agreement. If the patient is not getting SASA, a social worker will start by assisting the patient with the ID application, then apply SASA for him/her because some might not have ID. After applying for a grant, the patient will then go for a replacement.

R: Do you mean the MDT comes in when there is rejection?

P: Yes, they come in and do meetings.

R: OK. You have said that you manage aggression by giving medication, a team approach that involves security officers, following the protocol, and using mechanical restrain, which is prescribed by the doctor; you also explain the legality part of the restrain and the assessment of the patient when he/she is restrained. Also mentioned is that if the patient is not recovering after 72 hours, you refer the patient to the referral hospital for further care and treatment. You said that sometimes you exceed 72 hours if the referral hospital does not have beds. So far, do you still have something to add to the management of an aggressive patient?

P: Mhh, I think I am done because if we take the patient to a replacement, we explain to the family that they can go and visit the patient at the institution. Also, explain to

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them that even if the patient has been replaced, if they want him/her maybe during family meetings, Christmas or even if they have a party at home, they are allowed to take the patient. Then, after the event, they brought the patient back to the replacement centre.

R: Meaning here you don't have a problem placing the patient in the institution?

P: No, we don't have. As long the patient has a grant and relatives no longer want her back home. Presently, we have two patients in the ward who are being prepared for placement

R: Besides what we have discussed on managing aggressive patients, what challenges are you facing when managing these aggressive patients in the ward?

P: Mhh, here in our ward, we don't have staff; we are short-staffed. Like in June, I was working alone. We use a group system. I was alone in my group, and the other group was only two. We are always being two; even on night duty, they are two. If someone gets sick, you will work alone.

R: I want to hear from you as you said you managed to work alone in June. How do you manage when you are alone?

P: I manage them because I have a security officer. I am alone, I have the security, I have to order, everything is upon me. I am a ward manager, and I have to attend the meetings because if I don't attend, I will not know what is happening around the hospital. But I try by all means to multi-task myself. But in June, I did not have problematic patients, so I sometimes left the ward with security to look after the patients.

R: Does it mean that you depend on the security officer when you are alone?

P: Yes, I depend on the security officer. If I am going outside, I inform him that I am out of the ward and why. What I want is the safety of the patient. I used to take my lunch here in the ward because I knew I was alone and didn't have to leave.

R: What do you think can be done to overcome the problem of shortage of staff?

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P: I think they have to add the staff and even the cleaners. Most of the time, we use patients to clean the ward, and they are willing to do so because they will even request help if the ward is dirty.

R: As you said that they should add staff, who should add staff?

P: Management should add the staff that are above management.

R: Do you think if there is enough staff, there can be an improvement in managing aggressive patients?

P: Yes, attending and involving every patient in some therapeutic programme will be easy.

R: What other challenges are you facing? We have already discussed the issue of the shortage of beds at the referral hospital, which affects the 72-hour assessment.

P: We also have a challenge with the structure of the ward. We used to tell them that our structure was not right; how about if they could restructure the nurse's bay for us, or something like an office with bucklers and nurses will sit inside and be able to communicate with patients while outside of the office? Sometimes, the patient is so violent in such a way that you cannot control them. Even when the doctor is doing rounds, a patient will be shouting at the doctor.

R: You said it would be better if they could restructure the ward. Who should do the restructuring?

P: The people who work in the workshop are responsible for restructuring the ward. In January, they come and do the measurements and everything as if they are coming to start doing the work, but we are still waiting.

R: From January till now, July. Have you ever tried to report to the top management?

P: Yes, I even reported to the management meeting that they discussed things during the meeting, but they didn't implement them. We also have a shortage of specialist doctors (psychiatrists). A psychiatric ward is a special ward, so it needs a specialist doctor who will be with the patient and take responsibility for the patient.

R: What do you think can be done in order to have a specialist in the ward?

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P: I think the management must come in because everything starts with the management. They are the ones who have to advertise the post. If we could have one specialist in the ward, it would be fine because we have medical doctors. The availability of the psychiatrist will reduce the number of referrals because the psychiatrist will be able to adjust the treatment of the patients due to the knowledge he/she has. Even in causality, the doctors who are completing the forms don't have knowledge of how to complete them, but if there is a psychiatrist, he/she will assist them with completing the forms and coming up with a proper diagnosis. You find that the doctor in causality has written the diagnosis of mental health care user or psychosis. Through assessment, you have to come up with a proper diagnosis, e.g., schizophrenia, depression, bipolar mood disorder, mania or hypomania. So, the doctor fails to come up with a proper diagnosis. Our ward doctor has to come up with the proper diagnosis after 72 hours or on discharge.

R: You said the doctor in causality can't complete the form properly; what do you think can be done?

P: They need to be educated through workshops about completing forms.

R: Who should educate them?

P: Even us, as psychiatric nurses, should provide them with knowledge regarding the completion of forms. However, diagnosing the patient will be a challenge because they are doctors. Even if you try to approach them, they will respond to you rudely by saying that we did not meet each other at the medical school. So it is really a problem.

R: You said that doctors are not giving the proper diagnosis to the patient. What do you think can be done for our doctor to develop a proper diagnosis to improve patient care?

P: I think the doctor working in a psychiatric ward, because he/she is used to psychiatric diagnosis, and should provide in-service training and also remind them about the DSM 5.

R: In other words, you are saying that doctors should be reminded about the DSM 5 in order to come up with the proper diagnosis?

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P: Yes, the other challenge is the relatives, neh. Our hospital has a 72-hour assessment, and then after 72 hours, we transfer. Relatives use to demand their patients while they are transferred to the referral hospital. They would complain that the hospital is far away and we don't even know the area. But other families understand and co-operate. They demand their patience. In the last two weeks, there was a patient who was transferred, and the family followed the patient to the referral hospital and started to demand their patient until the doctor discharged him and handed them over. On their way home, the patient requested them to stop the car so he could pee. After that, the patient went inside the bush and ran away, and when they tried to search him, he was nowhere to be found. They returned to us and reported, and we responded that the patient was no longer in our care. We refer them to the referral hospital. One family member said we won't go back because we have insulted the people there. We still don't know if they found him or not.

R: What do you think can be done to the family who has such an attitude?

P: I think nurses should provide them with information during admission that the hospital offers a 72-hour service, and if the patient is not improving, it is possible to transfer. We can develop a consent form that will summarise everything about the patient and transfer, and the relatives sign the form that they are giving permission to the hospital to allow them to transfer the patient to the referral hospital.

R: You talk about the consent form; who should develop the form?

P: We, as psychiatric nurses, together with assistance from the nursing service manager,

R: In summary about the challenges, we talk about the shortage of staff and shortage of beds at the referral hospital, the structure which is not up to standard, relatives rejecting patients, relatives who do not understand the procedure for referral, doctors failing to diagnose the patient properly and failure of the doctors to complete legal documents, shortage of psychiatrist. Is this a summary of what you said?

P: Yes, that is all that I said.

R: Do you have anything to add?

P: No, I don't have.

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R: We are about to terminate our interview. I would like to remind you that our interview has been recorded, as you have seen, so I must be able to transcribe it from audio to word. After completing transcribing, I will come back to you in order for you to check if what I have transcribed is indeed what you said. There is no payment for participating, as I have told you before, and participation is free. The information we discussed will be among the two of us and my supervisor as I am a student. I also thank you for signing the consent form for me. As you already have my number and email address, if there is something that you want to add or remove regarding what we discussed, you can contact me. Is there something that you want to add?

P: No.

R: thank you again, and meet you next time. Bye.

P: Bye, and safe trip.

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INTERVIEW NUMBER 9

KEYWORDS: R – Researcher

P – Participant

R: Good morning.

P: Good morning, mam.

R: How are you?

P: I am okay, and how are you?

R: I am fine. How is your ward today?

P: The ward is up and down; sometimes, the patients are aggressive, but now they are stable.

R: OK. As you know, we are still under the COVID rules. We shall observe all measures throughout the interview. One of the rules is that we are not allowed to stay for a long period in a small room like this one. I am happy that we all have our masks on, and here is our sanitiser to sanitise our hands as we have already done it, and we shall continue.

P: Yes, I understand.

R: As I told you before, I will come and interview you; here I am. I will not waste your time as you are using your lunchtime, I will just go straight to the business of the day.

P: Yes, I agree with you.

R: I have already told you that I am a student from the University of Venda, researching guidelines to support professional nurses in managing aggressive patients within the mental health care unit of Limpopo Province, South Africa. Before continuing our interview, it will last only 30-45 minutes. We shall not use names or mention the name of the hospital. I would like to thank you for signing the consent form for me. As we have said before, we shall use the audio recorder to record our interview; here is our recording device. The reason for recording is to make it simple for me to transcribe

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what we said from audio to verbatim, and it will also assist me in analysing data after completing my interviews.

The information we will discuss will be shared among the two of us and my supervisor, as I have told you that I am a student. There is no payment for participating in the study; you participate freely, and if you feel that you don't want to continue during the interview, you are allowed to stand up and go, and no penalties will be taken against you. There will be no grudges against you. So far, are you allowing me to continue with the interview?

P: Yes, I allow you.

R: As you are working with aggressive patients, what types of aggression do you experience in the ward, and how do you manage it?

P: Jaa, mostly it can be substance induced, and they become and other are known mental health care users that have a relapse and not taking treatment and end up being aggressive. Usually, we experience verbal and physical aggression.

R: What do you do when they are verbally aggressive?

P: Verbal aggression from management, as per school of thought, you start by establishing a nurse-patient relationship, calling the patient by name, creating a safe environment, and making sure that you remove any dangerous objects within the patient's surroundings. Patients should understand that you will help them and not injure them. To explain to the patient that this is a hospital, not a jail. As you can see that our ward has buglers, some patient associate buglers with jail. So, you need to take time to explain everything to the patient.

R: Does it help?

P: In some patients, it helps, but in others, it does not help, even if you have spent an hour explaining to them. Almost 50-60% respond positively.

R: You also talk about physical aggression; what do you do when the patient has physical aggression?

P: Firstly, we must prepare the environment when the patient comes to the ward. Our environment must be therapeutic. No other sharp objects should be around. Actually,

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we pre-arranged that. Another pre-arrangement is that we have to order the benzo diazepam like Rivotril, lorazepam and diazepam. But with lorazepam, we have a challenge of injection. It is a fridge item, and we don't have it in stock, so we use oral treatment of lorazepam (2.5 mg).

R: Mhh.

P: Basically, when the patient comes in the ward, we do a thorough assessment, we admit and measure the level of aggression. We assess the level of aggression using a risk assessment form, whereby we assess and give the level of aggression. We also involve a doctor who will prescribe the medication. We give treatment through a doctor's prescription, either Rivotril or any other drug of choice that the doctor prefers. If the patient is more aggressive physically, we restrain the patient. Thus, we need Form 48, which should prescribe by the doctor. Unfortunately, we don't have a seclusion room. Our seclusion room is not up to standard, as you can see the height of our roof. The patient can reach the height of the roof. We make sure that the patient is on the cord bed to avoid injuries after the patient has been sedated.

R: OK.

P: Rivotril is the most dangerous drug as it lowers the blood pressure of the patient. So, we observe the patient's blood pressure every 15 minutes. If there is a problem, we insert a drip and manage the low blood pressure.

R: You talk about verbal and physical aggression. Verbal aggression: you said that you manage by talking with the patient, and you said that 50- 60% of patients respond positively when talking to them. You also talk about preparing the environment to be therapeutic, assessing the level of aggression, and measuring it by risk assessment form. Could you please explain the risk assessment form to me?

P: The first thing we have is physical aggression on the assessment form. It is related to high, moderate and low. We tick high if the patient is verbally and physically aggressive and uncontrollable. We tick moderate when it is moderate, meaning there is aggression but not bad. The low risk is that the patient is aggressive but controllable. Maybe there are underlying causes of aggression. There is also an abscond on the risk assessment tool because when some patients come in, they are aggressive and even verbalise that they will not stay here but will run away. Those who say tonight, I

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will not sleep here, we identify them as having a high risk of absconding. So, we classified such patients and sedated them. We also assess the risk of infection, which is more like medical. Remember, when they come in, some of them are vulnerable, so we check if they don't have any infectious diseases that can infect others. There is also a risk of injuries, like patients who are epileptic and psyche, so we check the risk of injuries.

R: You talk about the risk assessment and what you do. You also said that the seclusion room is not up to standard, and you said that you complete Form 48, which the doctor does before a patient goes to the seclusion room.

P: Yes, the prescription should be done before the patient goes to the seclusion room. The maximum period for a seclusion room should be four hours. After four hours, the doctor should review the prescription. We also need to observe the patient thoroughly. Unfortunately, our seclusion room is not up to standard because it should have CCTV whereby you can monitor the patient's movement, and the door in the seclusion room should have a window to check on the patient. Unfortunately, the standard is not good.

R: What kind of care do you provide while the patient is in the seclusion room?

P: We provide the normal care that we give other patients. For example, the patient must go to the toilet, bathe, sleep, and eat. Even if the patient is in the seclusion room, we have to provide all basic needs to the patients. It is just that when you go to the seclusion room, you need security as a backup in order to minimise injuries and promote safety.

R: This means that when a patient is in the seclusion room, you don't go there alone but need backup from security.

P: Yes.

R: We discussed the management of aggressive patients. We discussed the medical management, risk assessment, and seclusion room prescribed by the doctor who completed Form 48. We also discussed the hours the patient should stay in the seclusion room, which is a maximum of four hours. After four hours, the doctor has to review the prescription. You explain the care provided to the patient while in the seclusion room. You said that when caring for the patient in a seclusion room, you

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don’t go there alone but need backup from the security. You also mentioned that the seclusion room is not up to standard. So far, does this summarise what you said, or do you have any additions?

P: Yes, you must address the patient by name because they respond positively if called by their names rather than pseudonyms. Be polite to them and attend to their needs, like if the patient wants to go to the toilet, the patient calls a nurse by name, and nurses usually ignore them. This kind of behaviour by nurses can aggravate patient aggression. So, we have to provide the patient's needs to avoid stimulating patient aggression. If the aggression continues, we sedate them following the prescribed protocols, which said to give 2-4 mg of Rivotril, but first, we check the blood pressure. If the systolic rate is below 100mm/HG, we give a small dose of treatment. So, we nurse the patient in the cord bed to prevent injuries.

R: If you say you nurse the in the cord bed and those who have epilepsy, does it not happen where the patient jumps out from the cot bed and gets hurt?

P: Yes, it sometimes happens. Thus, the big risk we must identify is why we have to restrain a patient in the cord bed. When he/she wakes up, the patient can make things worse, thus we restrain the patient in the cord bed.

R: Can you please detail the restraining?

P: OK, restraining should be standardised. We don’t use bandages or chains, but there is a specific belt used for restraining. They are in contract with companies elected by the government according to the R24. We make a provision in advance. The doctor prescribes, and we follow the prescription of the patient. They should also be reviewed in four hours.

R: Does this mean the nurse doesn’t just restrain the patient without a doctor’s prescription?

P: No, that is illegal. Sometimes, you find that due to the severity of aggression and low blood pressure, the patient does not get sedated. It is then that we get advice from tertiary institutions. But sometimes, the tertiary institution will say there is no bed even when we have exceeded 72 hours. It is a challenge. Our unit is rendering 72 hours,

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so we end up nursing patients for more than 72 hours. Some stay for two weeks or more.

R: Based on what you have said, I have picked up a challenge where the patient stays for more than 72 hours in the ward due to a shortage of beds in the tertiary institution.

P: Yes.

R: What can be done to overcome the challenge of beds in the tertiary institution to avoid staying with the patient for more than 72 hours?

P: I think intervention here should involve the upper structure. Because we need a proper structure where the height of the ceiling will go up, we need to have a CCTV and observe patients thoroughly. Also, there is a shortage of staff. I only have four professional nurses, so if one goes on leave, it means that the other group will have a shortage. There could also be a shortage because if there is no psychiatric nurse, there will be a challenge in managing aggressive patients because when a patient is aggressive, I have to ask a psychiatric nurse from another ward; sometimes, you find that the nurse is also busy in the ward. She/he will take time, and the patient can injure himself or others while waiting for the nurse to come. We also don't have serenade injections. We also need the drugs. Drugs should be available because if a patient refuse to take oral medication, we normally go for an injection.

R: We talk about the structure, which is not up to standard. Whose responsibility should it be to upgrade the structure?

P: In our province, I heard there is a structure department at the province. The hospital's CEO should contact the structure department, and they should see what to do. It is the same with the staff, and it is the same route as well. Nurse manager, CEO, then the upper structure. Because most people are going for pension and they don't replace them. We lost about five nurses, but they were not replaced. When managing aggressive patients, we need five people; four should hold both upper and lower arms, and the other will run to prepare the medication, but if you are only two, the patient will overcome us as nurses and injure us.

R: What happened when you were only two?

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P: It means you are in danger because patients will kick you up. But practically, we call the security for backup. Though some security companies do not have the responsibility of their security to hold the patient, it is a challenge.

R: In a case like this, where the security company said that it is not the responsibility of their personnel, what can be done?

P: I think in agreement; they should agree with the company from the start that they should assist with psychiatric patients. So, they should get involved in handling aggressive patients. They should bind them during contract signing. The agreement should be done with the owner of the company.

R: Who should bind them?

P: In the hospital, there is the service level agreement, but usually, it comes from the above because when they come to the hospital, they will already sign the agreement. The district should take responsibility for that and consider it while signing the agreement because our CEO cannot change it. It should also include the risk manager.

R: We also talk about the shortage of drugs. What do you think should be done to overcome the challenge?

P: I went to a pharmacy and inquired about the drugs; they said the product of the drug is not produced in South Africa; they ordered it from another country. I think South Africa, on its own, should develop and train their own engineers to produce some medical supplies. It would be great to have people who can produce. Like the chemical engineer, they play a role in mixing the chemicals used to produce drugs.

R: We are about to terminate our interview. I would like to remind you that our interview has been recorded, as you have seen, so I can transcribe it from audio to word. After completing transcribing, I will come back to you in order for you to check if what I have transcribed is indeed what you said. There is no payment for participating, as I have told you before, and participation is free. The information we discussed will be among the two of us and my supervisor as I am a student. I also thank you for signing the consent form for me. As you already have my number and email address, if there is

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something that you want to add or remove regarding what we discussed, you can contact me. Is there something that you want to add?

P: No.

R: Thank you again, and meet you next time. Bye.

P: Bye, and safe trip.

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INTERVIEW NUMBER 14

KEY: P – Participant

R – Researcher

R: Good morning.

P: Good morning.

R: I am fine. How are you?

R: I am fine. How did you cope during the peak of COVID-19?

P: I coped well as I was always wearing my musk and complying with the regulations for COVID-19.

R: Fortunately, we are fighting COVID, and now the statistics are very low, but we must continue to comply with the regulations to prevent COVID-19. As you can see, we are all wearing our musk, here is our sanitiser, and we have maintained a distance. As I have explained to you before, I am a student from University of Venda doing a study on the guide lines to support professional nurses in managing aggressive patients within the mental health care unit of Limpopo province, South Africa. As I have stolen your lunchtime, may we please go to the business of the day?

P: Yes.

R: Thank you for signing the consent form for me. Remember that we agreed to use a tape recorder when we conducted our interview, so I must be able to transcribe from audio to verbatim, and it will assist me during data analysis. Our interview will last 30 to 45 minutes. There will be no payment for being part of the interview; you only participate at your free will, and if during the interview you feel like not continuing with the interview, you are allowed to withdraw, and no penalties or punishment will be taken against you. The information we will discuss here will be shared among my supervisor and me, as I have told you that I am a student. We shall not use names or mention the name of the hospital. So far, do you have any questions, or shall we continue?

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P: No, let's continue.

R: As a professional nurse managing aggressive patients in the ward, what do you do when they are aggressive?

P: OK, you mean in this ward?

R: Yes.

P: Firstly, we do have protocols that we follow when the patient is aggressive that guide us on what to do when a patient is aggressive. We also call for help for help from security as we are short-staffed.

R: Please explain to me in detail what you mean when you follow the protocols.

P: Ehh, the protocols guide us as nurses on the type of treatment to give the patient when he/she is aggressive and the dosage of such treatment. The ward doctor writes protocols and gives us a go-ahead on what to do if the patient is aggressive in the absence of the doctor.

R: You also mentioned that you called for help from security due to a shortage of staff. Where did you call security from?

P: As we have one security guard in the ward, sometimes you find out that the patient is overpowering us, so we ask for help from main gate security, who will come and assist us in sedating the patient.

R: You said you followed the protocol and asked for help from security. What else do you do when the patient is aggressive?

P: Before sedating the patient, I first assess the severity of aggression by identifying what causes the patient to be aggressive and manageable; we treat the cause because most of the aggression develops among the patients themselves. Sometimes, you find them fighting each other for a small thing like soap. So, if you sit down with them and identify what makes them fight and resolve the problem, the patient can stop the behaviour, and both become calm.

R: If you find that the patient is uncontrollable and restless during the assessment of aggression, what do you do?

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P: As I said before, we work as a team that includes security officers in cases like this in this ward. We call the doctor to inform him about changes in patient behaviour, while others will be trying to handle the patient, and then we sedate the patient following the doctor's prescriptions or protocols. Together with security officers, we put the patient in a seclusion room.

R: You said you work as a team. Can you please explain to me how many personnel you need to handle one aggressive patient?

P: To handle one aggressive patient, you need to be five in order to prevent injury to staff and the patient. This is possible because you find that we are only two nurses in the ward, thus why we depend on security.

R: You also mentioned putting the patient in the seclusion room. Can you tell me more about the seclusion room?

P: OK, the seclusion room is a small room in this ward where we put aggressive patients who are uncontrollable. The main purpose of a seclusion room is for behaviour modification. Firstly, the doctor who will complete Form 48 should order the seclusion room. The patient should not exceed four hours in the seclusion room. As a nurse, I have to ensure that the room is clean before putting the patient inside, and I have to check that the patient has no weapons or matches inside the seclusion room. All basic nursing care should be provided to the patient, and observation should be done every 30 minutes.

R: You said that you manage aggressive patients following protocols, working as a team that includes security officers, assessing the severity of aggression, communicating with the patient, sedating following the doctor's prescription and putting the patient in the seclusion room. Do you have any information to add on the management of aggressive patients?

P: That's all that I have.

R: In the absence of any other information on managing aggressive patients, may you please share with me the challenges you are facing in the ward when managing aggressive patients?

P: Eish, challenges are many.

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R: Mhh.

P: Firstly, we don't have enough staff in this ward. We are short-staffed. Sometimes, you can find that there are only three in the ward with more than twenty patients, and due to the ratio of staff and patients, managing aggressive patients becomes altered. We also have a shortage of medication; some of the medications that are written on the protocols are not available, and it becomes a challenge when sedating the patient.

R: You talk about the challenge of staff shortages. What do you think should be done to overcome the staff shortage, and by whom?

P: They should hire more nurses because the government no longer provide nurses with posts after completing their degrees and diplomas. Nurses are unemployed, and the hospitals are short-staffed. I think the hospital management should motivate more posts from the Department of Health.

R: You talk about the challenge of medication shortage; what do you think should be done?

P: This one is very complicated because the pharmacy department should ensure that drugs are available. When you try to find out from them, they will say that there is no medication even at the central depot of the province.

R: What do you think should be done in a situation like this?

P: I think the pharmacy should request financial support from the National Department of Health because if the central department of the province does not have treatment, it means the whole province is suffering, especially the patients. How can they become stable if their medications are not available? They have to do something.

R: Mhh, besides the two challenges you mentioned, are there any other challenges you experience when managing aggressive patients in the ward?

P: Our structure or ward is very small and not up to standard. We don't have cameras to monitor patients, and our seclusion room is also not up to standard; we use a small room that was used as a store room. We also have challenges with the management, who does not support us as nurses.

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R: You talk about the ward and the seclusion room, which are not up to standard; what do you think should be done?

P: The hospital management should renovate our ward. We have been writing several motivations, but the management keeps on promising that they will renovate our ward, but nothing has been done. They will always say there is not enough budget and promise they will include us in the next budget.

R: You said that the management does not support you. Could you please elaborate on that?

P: Jaa, they don't value us; they always criticise us as nurses. We sacrifice as nurses to manage the aggressive patients under the pressure of a shortage of staff. The only thing they want from us is to find a mistake that can happen. If good things happen, management does not appreciate us as nurses for the achievements we made.

R: What do you think should be done by the management that will make you, as nurses, feel supported?

P: They should learn to appreciate and encourage us to work hard by talking to us and arrange in-service training and workshops to motivate us. Even if there is an incident in the ward, they should come and talk to us as nurses so that we can ventilate our feelings. Sometimes, you find that the nurse has been assaulted by an aggressive patient in the ward and gets hurt, the management will put the blame on the nursing staff, forgetting the shortage of staff and medication. In the end, the nurse will be the one to be blamed; really, the way they treat us hurts.

R: Mhh. Besides challenges of staff shortage of medication, ward which is not up to standard and poor support from the management, do you still have anything to add to the challenges?

P: No, I think I am done.

R: In the absence of none, I would like to thank you for your time and effort in participating in this interview. Before we terminate, I would like to remind you that our interview has been recorded, as you have seen, so that I must be able to transcribe it from audio to word. After completing transcribing, I will come back to you in order for you to check if what I have transcribed is only what you said. There is no payment for

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participating, as I have told you before, and participation is free. The information we discussed will be shared with my supervisor and me as a student. Your name and the name of the hospital will not be mentioned in the study. I also thank you for signing the consent form for me. As you already have my number and email address, if there is something that you want to add or remove regarding what we discussed, you can contact me. Is there something that you want to add?

P: No.

R: Thank you again, and meet you next time. Bye.

P: Bye, and safe trip.

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INTERVIEW NUMBER 15

KEY: P – Participant

R – Researcher

R: Good morning.

P: Good morning, how are you?

R: I am fine, how are you?

P: I am fine.

R: How are you coping with the fourth wave of Corona?

P: I am trying. The good news about the fourth wave is that it is not as dangerous as the previous waves.

R: That is true; the previous waves were more deadly. Maybe it is because now we are vaccinated. We shall continue to observe the rules for COVID-19 as we are already wearing masks, sanitising our hands, maintaining distance, and having enough ventilation as we have opened our windows.

P: Jaa, we have to be strict with these rules to protect ourselves and those around us.

R: As we have agreed before, I will come and have some discussion with you; here I am. I have already introduced myself to you before. I am a student at the University of Venda. Here is the consent form you must sign, as I have explained to you before. The interview will last 30-40 minutes. There will be no compensation for participating in the study as consent is voluntary. So, the conversation we will discuss here will be among us, and only my supervisor will have access to it as I am a student. If you feel that you don't want to continue with the conversation, you can press here on the audio, and no penalty will be taken against you. Your name will not be used but only pseudonyms. We shall use this audiotape to record our conversation, as I have explained to you before. Are you allowing me to continue?

P: Yes, we can continue.

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R: As a psychiatric nurse caring for aggressive patients here in the acute ward, what do you do when they are aggressive?

P: I start by assessing the severity of aggression by talking to him/her, hoping that she will become calm. If she does not, and she is here in the ward, we have a protocol that we follow for managing aggressive patients.

R: Mhh.

P: There are treatments that we use to sedate and calm her down. Other patients don't respond quickly to treatment; if not, we use mechanical restrain, especially if the patient is dangerous to others and oneself. We use the belt to tie the patient to the bed and wait for the effects of the treatment.

R: You talk about the protocols when managing aggressive patients; who writes the protocols?

P: Protocols are written by the ward doctor with assistance from the visiting psychiatrist. Protocols guide nurses on what to do when the patient is aggressive.

R: Mhh. As a nurse, how do you assess the patient's danger? I hear you saying you use a restraint if the patient is dangerous.

P: The patient will be destroying properties, fighting staff and other patients in the ward using whatever he comes across. That's how we assess the dangerousness of the patient.

R: I heard you talking about the mechanical restraint. Can you please explain more about it?

P: We have belts made of cotton, and they have a lock on them and a key. We tie the belt on the leg or the hand. Sometimes, we can tie both hands and both legs depending on the severity of the aggression. When we tie the hand or leg, we also tie it on the bed.

R: Do you tie the patient or is there anything that guides you as a nurse?

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P: We need a doctor's prescription to tie the patient. The doctor has to complete Form 48, and as nurses, we have to observe the patient throughout and provide the patient with basic nursing care.

R: Is there any information you want to add on the management of aggressive patients?

P: Yes, usually here in the ward, we are very few. You can find us being two; if you are two, you cannot handle an aggressive patient. We call for help from the security officers, who will assist us in handling the patient to give treatment.

R: Do you have security officers in the ward?

P: We have only one security officer in the ward. If we have an aggressive patient, we call for manpower from the main gate to assist when giving treatment for sedating the patient.

R: You mentioned that you manage aggressive patients by assessing the severity of aggression, giving treatment following the protocols, restraining the patient following the doctor’s prescription, and using teamwork, which includes the security officers. Is that all that you said?

P: Yes, that is all that I said. When managing aggressive patients, especially those with verbal aggression, as a nurse, when approaching him/her, you should lower your voice with your hands down, showing him that you are not fighting with him/her to gain confidence that you are ready to listen to his/her complain. Call the patient by name and wait for the response. If he is still aggressive in his response and raising his voice, then we work as a team that includes security officers in order to handle him and stabilize him by sedating him per protocol or following a doctor’s prescription. The challenge arises when treatment written on the protocol is unavailable, or the treatment is in the form of tablets, the patient refuses to take oral treatment, and there is no injection.

R: In cases like this, what do you do when a patient refuse to take treatment orally and there is no injection?

P: We have no alternative but to give the one available in injection or call the team to force him to drink oral tablets, which is a difficult task.

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R: What happens if you give treatment and the patient does not sleep, and you restrain and he remains aggressive?

P: Yes, it does happen even if we have the patient's maximum dose. In cases like this, we inform the doctor, who will arrange a referral to another hospital, as our hospital provides 72-hour services.

R: In summary of what you said about the management of an aggressive patient, you said that you assess the severity of aggression, give treatment following protocols, handle him as a team that involves a security officer, talk with the patient, restrain the patient and if unmanageable, you refer the patient. Do you still have anything to add to the management of aggressive patients?

P: No, that's all that I know.

R: In the absence of any other information on managing aggressive patients, please share challenges you experience when managing aggressive patients in the ward.

P: Firstly, there is a poor referral system. We experienced problems with the referral hospital because they said there was no bed. It became a challenge to us, and it frustrates us.

R: What do you think should be done to solve the problem?

P: The hospital management should build a ward for us that will allow us to continue caring for patients even after 72 hours. The hospital management should communicate with the referral hospital to increase the number of beds to accommodate more patients.

R: Mhh.

P: We also have a shortage of staff and medication in our ward, making it difficult to manage aggressive patients.

R: With staff shortage, what do you think should be done and by whom?

P: Through human resource management, nurse managers should be motivated to train more psychiatric nurses, considering those interested in psychiatric nursing and training male nurses. Doing these can assist in addressing the staff shortage. Even

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the Department of Health should consider hiring more psychiatric nurses, as many have completed their diplomas and degrees but have no jobs.

R: With medication shortage, what do you think should be done and by whom?

P: The hospital management should meet with the pharmacy department to discuss the problem and come up with a solution. Just like TB, mental health should have its own budget that will allow them to buy medications from the deport in case they experience shortage because it became difficult for us as nurses to manage aggressive patients without treatment.

R: What other challenges are you experiencing when managing aggressive patients?

P: Due to a shortage of staff and medications, when managing aggressive patients, we are not safe, and our ward is very small with no seclusion room.

R: What do you think can be done for you to feel safe?

P: Risk managers should review the allocation of security managers. At least if they allocate two security officers in the ward, it will be better, rather than one security. Sometimes, you find that there is no security officer in the ward. They should also consider the allocation of male security officers. Even the allocation of male nurses can improve safety in the ward. Also, the installation of CCTV cameras can improve safety.

R: You said the ward is very small and has no secluded room. What can be done to improve the ward, and by whom?

P: I think the hospital management should allocate funds for building the ward with a proper seclusion room, and the ward should be up to standard with CCTV, even in the seclusion room. Even the CEO should communicate with the provincial department of health requesting funds for building the ward.

R: Mhh.

P: The other challenge is that the management does not support us. I once got my hand twisted by an aggressive patient in the ward. The only thing done was to send me for medical treatment and give me a leave. They never provided me with emotional

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support for them to discuss my condition during their meeting, but they never came up with a plan on how to prevent it from happening again.

R: What should be done by the management that will make you feel supported?

P: At least they should come to the ward and provide counselling to other staff members, allow them to vent their feelings, and devise a plan on what to do to prevent the incident from happening. They only wait for a mistake to occur and blame nurses. This is really tiring, and we are developing stress, burnout, and a lack of interest in caring for aggressive patients because we feel demotivated by the hospital management. The management must support us by motivating us to use our little resources to manage aggressive patients.

R: You mentioned the following challenges that you experienced when managing aggressive patients: shortage of medication and shortage of staff, you are not safe, the ward is too small, poor referral system, and poor support from the management. Do you still have something to add to the challenges?

P: No, I think I have said a mouth full.

R: If there is no addition of new information regarding challenges, we are about to terminate our interview. I would like to remind you that the information will be shared with my supervisor and us; no names will be used, only pseudonyms. There is no payment, and the information recorded here will be transcribed into words. I will play back the audio to you so you can hear what you said. (audio played). Thank you for observing and implementing all the rules for COVID-19; I appreciate it. Is there any question you want to ask regarding what we have said?

P: No, I don’t have.

R: I will leave my number and email address in case you think of something or have some information to add. After transcribing, I will show you if what I have transcribed is all you said.

P: OK, you are more than welcome.

R: Thank you very much. I will see you again. Goodbye.

P: Bye.