



Evaluation of Aggressive Behaviour Management in PICU (Psychiatric Intensive Care Unit): A Focus Group Study

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Abstract

Background: PICU is a Psychiatric Intensive Care Unit. PICU is a service aimed at mental health clients in conditions of psychiatric crisis. PICU is a combination of psychiatric emergency services and intensive services, which can be held in psychiatric hospitals or psychiatric units in general hospitals. Purpose: This study is on evaluating aggressive problem management at PICU. Methods: This research was designed with a qualitative approach using focus group discussion. The total number of participants was 12 nurses. Data was collected using a focus group and analyzed using standard software NVIVO 12 Plus. This research was conducted from January to March 2020. Respondents consisted of Head of the room, Head of the nurses' team, Managing Nurse, and Supervisor. Results: This research was conducted to explore the experience of nurses in dealing with business class patients in commercial medical escorts. The results of this study found 3 themes, namely: rules are not systematic, injuries due to restraint are still high, nurses' competencies are not evenly distributed. Conclusion: several themes and sub-themes support nurses in treating aggressive client behavior. Besides, nurses must standardize services to improve patient and family satisfaction.

Keywords: *Aggressive behavior, Mental Disorder, Nurses, PICU.*

Introduction

Aggressive behavior in patients with psychiatric disorders has to become a challenging issue to be handled by health professionals in psychiatric settings. Aggressive behavior has many possible causes and the most possible causes are the presence of comorbid substance abuse, dependence, and intoxication [1]. Patients with schizophrenia, bipolar disorder, or other psychotic disorders commit the majority of aggressive or assaultive acts in psychiatric inpatient settings [2] [3]. A study conducted in Finland found that psychiatric nurses reported all types of patient aggression more frequently than non-psychiatric settings [4]. Moreover, a cross-sectional study conducted in Taiwan which employed 429 nurses in acute psychiatric settings found high rates of physical and psychological violence were 55.7% and 82.1%, respectively [5].

However, only 4.9%-12% of total nurses who reported violent incidents because they believe that reporting such incidents was useless or unimportant [5].

PICU is a small ward with higher levels of nursing and other staff, built on an open-plan design to ease observation often locked and sometimes with facilities for seclusion [6]. A recent study identified that PICU cases were significantly more likely to be younger and have a diagnosis of bipolar disorder. In terms of behavioral precursors, the strongest predictors of PICU transfer were incidents of physical aggression toward others or objects and absconding or attempt to abscond.

Secluded patients were also more likely to be younger, female sex, restraint, or shouting

[6].The protocols for managing psychiatric patients with aggressive behaviors had been established and have been implemented by health professionals in hospitals [7]. However, nurses have reported some aspects which become obstacles in managing aggressive patients. One study conducted by Moradi, et al [8] explored some challenges faced by nurses in the management of patient aggression in psychiatric settings which including inefficient organizational policies, lack of motivational sparks, inadequate job growth, and deficiency in the organizational culture.

Recent studies of workplace violence in acute psychiatric settings have been carried out but very limited studios governing aggressive security management at PICU. Therefore, the purpose of this study is on evaluating aggressive problem management at PICU and how to overcome problems that arise by conducting focus group discussions

Methods

One mental health hospital was chosen deliberately based on its central location in Indonesia. This facility represents a mental health hospital in Indonesia. Ethical approval was obtained from the hospital. Ethical approval from researchers was received by each of the hospitals, and informal approval was obtained from all health workers to participate. The researcher works closely with the hospital and arranges a focus group discussion schedule. Participants and sample sizes Focus groups are conducted between January to March 2020. Focus groups have 12 participants. Respondents consisted of Head of the room, Head of the nurses' team, Managing Nurse, and Supervisor

Procedure

The management discussion topic for patient handlers with aggressive behavior at PICU. Each focus group session is no more than 60 minutes. During each session, the initial discussion is about evaluating the handling of aggressive behavior, and after this discussion is over, the facilitator introduces the topic of management of aggressive behavior. Questions are focused on the management of patient handlers with aggressive behavior at PICU. Questioning progress from asking health workers to reveal cases of aggressive behavior.

Data Analysis

Qualitative data analysis Audio cassettes in full sessions are transcribed verbatim using standard word processing software NVIVO 12 Plus. Transcripts are read and then translated into English to ensure an accurate translation of the dialogue. Transcripts are read independently, researchers who identify the list of themes and sub-themes after reading the interview sample. If the translation is ambiguous, 1 researcher can check the original transcript in Indonesia and 1 other researcher is present and accepts the simultaneous translation for all interviews [9]. Transcripts were not examined separately by researchers. After the theme and sub-theme were approved, the two researchers read and encoded the remaining transcripts. The thematic framework around the code is then tested with a second sample transcript for modification. The framework is then tested against a complete sample and refined [10].

Results

The results of this study found 3 themes, namely: rules are not systematic, injuries due to restrain are still high, nurses' competencies are not evenly distributed. There are also 4 sub-themes (Table 1).

Table 1: Summary of themes and sub-themes found

Theme, Sub-Theme	Description
Theme 1 Sub-themes	
Theme 2 Sub-themes	<ul style="list-style-type: none"> • Rules are not systematic • Standards of aggressive behavior management practices • Injuries due to restrain are still high • Lack of nurse knowledge on the negative effects of restrain measures • Nurses' competencies are not evenly distributed
Theme 3 Sub-themes	<ul style="list-style-type: none"> • Unequal experience and education • Training of nurses related to aggressive behavior management
Sub-themes	

Theme 1: Rules are Not Systematic

Hospitals have different rules than other hospitals. Also, each room has additional rules according to the type of patient being treated. Rules that are not systematic in a room will cause confusion and ineffectiveness. Besides, it will affect patient and family satisfaction. The aggressive patient management standard must have evidence-based so that it can increase nurse satisfaction and professionalism.

"Rules are often fickle and unsystematic, so nurses are confused" (Participants 1, 5, 12)

"The patient's family always complains about the rules and service standards at PICU" (Participant 2, 4)

Theme 2: Injuries due to Restrain are Still High

Restrain is a way to leave the patient in an aggressive condition. Nurses need to know the importance of maintaining complications due to this restrain. But what is faced in the PICU room is the lack of knowledge and negative effects of the restrain. Karenrainrain injury rates are an indicator of patient safety. So it needs more serious attention.

"In general we only do restrain without thinking about patient safety, as long as they are calm and don't hurt me" (Participants 8, 9, 10)

Theme 3: Nurses' Competencies are Not Evenly Distributed

Nurse competency is the main focus of their profession. Nurse competencies are uneven and differences occur so handling aggressive behavior is different. These differences should be combined with training and in-house training. But in practice, training and inhouse training are very rarely done because of busyness, etc.

"I was not taught, so I was confused in handling aggressive patients" (Participants 6, 7)

"I have no experience dealing with aggressive patients" (Participant 5)

"Expensive training and in-house training that rarely leaves us uninformed about the management of patient aggressive behavior" (Participant 3.11)

Discussion

The reference for compiling is hospital internal regulation. Arranged and determined by the Hospital Director Generally consists of policies and procedures in the field of nursing [11]. Rules should be made systematically so that they are not confusing [12]. Thus the rules are used as guidelines in the making, procurement, or systematic improvement of internal hospital regulations that already exist in each room [13].

The hospital's internal regulations depend very much on the situation and condition and state of the hospital [14]. This is consistent with the results of research that systematic rules indicate the conditions and conditions of the hospital [15]. However, other research states that regulations that are not systematically influenced by communication factors between these institutions [16].

Standard rules must be determined as a basis, so that in the future as a foundation for development. Including the management standard for handling aggressive behavior in PICU, because there is an initial assessment of the patient's family of hospital care [17]. Also, the determination of good management standards will increase patient and family satisfaction [18].

Restrain that is done on patients in a mental hospital was also causing negative effects, the impact of restrain can occur on the patient's side as well as the nurses who perform this action [19]. In addition to the risk of injury, patients often do not meet basic human needs when restrain. Restrain in patients can cause trauma, including physical and psychological trauma [20]. Physical/manual restraint is used in some mental health inpatient units as a tool for managing aggressive behavior, although paradoxically its use carries several risks of physical and mental harm to health workers and patients [21].

The main goal of the hospital is to treat the patient so that he can recover from his illness and be healthy again so that it cannot be tolerated if in-hospital treatment the patient suffers more from the result of a safety incident that could have been prevented [22].

patients must be kept safe from the consequences arising from human error [23].

Education and training are important for the Nurse profession [24]. The training that Nurses are interested in is based on their daily work needs or based on the needs of the nursing room where they work [25]. Nursing higher education as a means of achieving professionalism in nursing must continue to be encouraged [26]. However, its development must be observed, bearing in mind the tendency to not fully pay attention to the conceptual development of nursing principles, especially in the management of educational programs that seem to lack understanding of the meaning and education of nursing as professional education [27]. Concern for the management of higher education has a pretty basic reason because the success of the development of nursing in Indonesia in the future is very dependent on the structuring and development of nursing higher education [28]. This is consistent with the results of research that in the PICU room there are still many who have not yet been trained in aggressive management of patient management [29]. Besides, the lack of equal education of nurses and their understanding of aggressive patient management [30].

Conclusion

This study produced three themes to support nurses in treating clients' aggressive behavior involving twelve participants and formed 4 sub-themes. Three themes are mentioned sequentially rules are not systematic, injuries due to restrain are still high, nurses' competencies are not evenly distributed. Also, nurses must standardize services to increase patient and family satisfaction.

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