Violence in the Healthcare Setting

Definition:
- Verbal or physical threats and/or injury to persons or destruction of property
- 60-90% of nurses experience violence.
- Psychiatric setting is an area of high risk and incidence.

Biopsychosocial Theories

- Biologic Theories
  - Imbalances of hormones (↑ testosterone), neurotransmitters (↑ D and NE, ↓ Achm 5HT, and GABA)
  - Genetic abnormalities
  - Neurophysiologic injuries (trauma, anoxia, metabolic imbalance, encephalitis, organic brain injury)
Biopsychosocial Theories - continued

- Psychosocial Theories
  - Psychoanalytic – aggression an innate drive
  - Psychological – impairment in impulse control, coping, and social skills
  - Sociocultural – child abuse, dysfunctional family

Biopsychosocial Theories - continued

- Behavioral Theory
  - Learned behavior (exposure to violence in media/entertainment)
- Humanistic Theory
  - Basic drives unmet

Aggression and the Brain

- Hypothalamus
  - Alarm system, controls pituitary function
  - Dysfunction leads to overreaction to stress and overactivation of pituitary
- Hippocampus
  - Regulates the recall of recent experiences and new information
  - Dysfunction associated with impulsivity
Aggression and the Brain - continued

- Amygdala (limbic system)
  - Regulates emotion, memory storage, information processing
  - Dysfunction affects emotion and behavior, outbursts of fear, anger, rage, hypersexuality
- Frontal cortex
  - Generates thought and purposeful behavior
  - Dysfunction leads to impaired judgement, poor decision-making, personality changes, aggressive outbursts

Behavioral Cues

- Clenched jaws and fists
- Dilated pupils
- Intense staring
- Flushing of face and neck
- Frowning, glaring, or smirking
- Pacing
- Increased vigilance

Verbal Cues

- Threats of harm
- Loud demanding tone
- Abrupt silence
- Sarcastic remarks
- Pressured speech
- Illogical responses
- Yelling, screaming
- Statements of fear or suspicion
Nursing Process: Assessment

Risk factors:
- History of violence
- Severity of psychopathology
- Higher levels of hostility
- Length of time in the hospital
- Early age of onset of psychiatric symptoms
- Frequency of admission to psychiatric hospitals

YOUR SELF-AWARENESS:
Factors That Influence Your Response to Violence

When working with violent clients, be sure to monitor yourself for the following:
- Ability to use anger constructively and not to take clients' anger personally
- Capacity for clear verbal communication
- Ability to listen actively and nonjudgmentally
- Capacity to both establish and maintain empathic linkages with clients and to disengage
- Willingness to understand your fears and anxieties about violence
- Belief that violent clients are amenable to treatment

Box 35.1 Mental Disorders in Which Aggressiveness Often Occurs

- Antisocial personality disorder
- Borderline personality disorder
- Conduct disorder
- Delusional disorder
- Dementia of the Alzheimer's type
- Intermittent explosive disorder
- Schizophrenia
- Substance-related disorders
Assessment

Assess client’s:
- Perception of precipitating event/current situation
- Support system
- Usual coping patterns

Assessment - continued

- Environmental factors
  - Availability of dangerous objects
  - Overcrowding
  - Staffing
  - Supervision
  - Activity level

Nursing Diagnoses: NANDA

- Risk for Other-Directed Violence
- Risk for Self-Directed Violence
- Anxiety
- Ineffective Coping
- Chronic Low Self-Esteem, and Situational Low Self-Esteem
Other Considerations

- Impulse control
- Sensory-perceptual functioning
- Cognitive functioning
- Social skills
- Impaired communication
- Helplessness
- Powerlessness

Implementation

- Develop a therapeutic relationship.
- Establish trust, maintain safety, and convey respect.
- Use active listening.
- Address client needs.

YOUR INTERVENTION STRATEGIES: Limit Setting

**Nursing Intervention**
- State limits in a specific and direct language.
- Use a calm, unhurried approach.
- Offer choices for problem-solving in a quiet area.
- Explain the limits and consequences during initial contact and regularly during the client’s hospital stay.
- Assess client to ensure all staff are aware of the situation.

**Rationale**
- Decreases possibility of misunderstanding.
- Provides a sense of security.
- Decreases sensory stimuli for client.
- Promotes the ability to maintain behavior according to limitations.
- Promotes a sense of safety and acceptance of self.

YOUR INTERVENTION STRATEGIES: Limit Setting

**Nursing Intervention**
- Encourage the client to identify and describe the behavior.
- Encourage the client to identify and describe the behavior.
- Encourage the client to identify and describe the behavior.
- Encourage the client to identify and describe the behavior.
- Encourage the client to identify and describe the behavior.

**Rationale**
- Promotes behavior shaping, as it reinforces the desired behavior.
- Encourages the client to develop a sense of self-control.
- Promotes continued demonstration of expected behaviors.
- Encourages the client to exercise self-control.
YOUR INTERVENTION STRATEGIES: De-Escalation Strategies for Angry or Aggressive Clients

- Diversion
- Exercise
- Change of surroundings
- Release from schedule or "demands"
- Relaxation
- Music
- Quiet periods
- Being read to or talked to by staff
- A quiet walk
- Rectifying phrasing or counting
- Thought stopping (a cognitive behavioral technique in which the client examines angry thoughts and feelings that drive actions; see Chapter 37)

YOUR INTERVENTION STRATEGIES: Verbal Interventions and Positional Strategies

<table>
<thead>
<tr>
<th>Technique</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make eye contact. Do not turn away from the client.</td>
<td>Maintain a sense of personal power and control.</td>
</tr>
<tr>
<td>Sit almost at the same level as the client</td>
<td>Make the client feel subordinate and less able to dominate.</td>
</tr>
<tr>
<td>Speak slowly, directly, in normal level of voice, using plain statements such as &quot;We'll keep you and the other clients safe,&quot; &quot;This kind of behavior will not be tolerated,&quot; &quot;You are not hurtful to others,&quot; &quot;I'm here to help you.&quot;</td>
<td>Reduce the intensity of interaction; the client must feel accountable for the behavior.</td>
</tr>
<tr>
<td>&quot;Use multiple modalities (i.e., eye contact, physical contact, and voice) and,size the environment to promote a sense of intimacy and connection.</td>
<td>Use similiar sensory modality to develop a connection.</td>
</tr>
<tr>
<td>Acknowledge the client's behavior. When the client says it is all his or her fault, say, &quot;Thank you for telling me. I can listen better this way.&quot;</td>
<td>Soften the client's resistance to the task at hand.</td>
</tr>
<tr>
<td>&quot;Use a non-aggressive voice, praise the client's positive behaviors, and be warm and friendly when dealing with the client.</td>
<td>Reduce the intensity of interaction; the client must feel accountable for the behavior.</td>
</tr>
<tr>
<td>&quot;Use the client's name when addressing him or her. This will help him or her feel more connected.</td>
<td>Soften the client's resistance to the task at hand.</td>
</tr>
<tr>
<td>&quot;Use eye contact and open body language.</td>
<td>Soften the client's resistance to the task at hand.</td>
</tr>
<tr>
<td>&quot;Use a non-aggressive voice, praise the client's positive behaviors, and be warm and friendly when dealing with the client.</td>
<td>Soften the client's resistance to the task at hand.</td>
</tr>
</tbody>
</table>

YOUR INTERVENTION STRATEGIES: Pharmacologic Interventions

- Pharmacologic agents
  - Antipsychotics (typical and atypical), SSRIs, benzodiazepines, anticonvulsants/mood stabilizers, beta blockers, combinations
Safety

- Minimizing personal risk
- Nonthreatening communication
- Awareness of environment
- Availability of other staff members
- Awareness of clothing and objects

Nonpharmacologic Strategies

- Consider healthcare setting.
- Make necessary adaptations.
- Dependent on client needs

Nonpharmacologic Strategies - continued

- De-escalation
- Assemble a team and brief team members.
- Clear the area of other clients.
- Choose a leader.
Restrictive Measures

- Restrictive measures (least to most)
  - Verbal
  - Pharmacologic
  - Seclusion
    - Involuntary confinement
  - Restraint
    - Device attached or adjacent to client’s body which restricts movement or normal access to one’s body
- Documentation required

Staff Response to Violence

- Affective, cognitive, behavioral, physiological
- Prevalence of violence and aggression is increasing.
- Training programs available

Professional Education and Support

- Behavioral crisis management programs
  - Increase awareness of risk factors, teach staff de-escalation strategies and teamwork for behavior management/restraint
- Critical Incident Stress Debriefing (CISD)
  - Staff who experience violent situation discuss feelings in safe, supportive environment
  - Reduces long-term negative consequences
Nursing Self-Awareness

- How do I feel about this patient/setting?
- How are my feelings affecting my behavior?
- Fear is a normal response.
- Avoid personalizing.
- Use intuition.

YOUR SELF-AWARENESS: Factors That Influence Your Response to Violence

When working with violent clients, be sure to monitor yourself for the following:

- Ability to use anger constructively and not to take clients' anger personally
- Capacity for clear verbal communication
- Ability to listen actively and nonjudgmentally
- Capacity to both establish and maintain empathic linkages with clients and to disengage
- Willingness to understand your fears and anxieties about violence
- Belief that violent clients are amenable to treatment