

Verbal aggression by patients linked with higher level of anger among mental health nurses than physical advances

August 4 2017, by Ben Goodwin

Exposure to targeted, personal and verbal aggression by patients can adversely affect mental health nurses decision-making regarding physical restraint, new research published today in the world's leading nursing research journal reveals.

While exposure to physical [aggression](#) and self-harm are known to have detrimental consequences for nurses working in [mental health services](#) in terms of staff sickness and trauma, this new study suggests that nurses who are subject to humiliating personal remarks experience [higher levels](#) of distressing emotions, including anger.

The new research, led by Dr Rahul Jalil at Birmingham City University, conducted rigorous assessments with mental health nurses working in three UK secure mental health units.

Dr Rahul Jalil, Lecturer in Forensic Psychology at Birmingham City University, said:

"Nurses who reported being the target of derogatory remarks reported higher levels of anger than their colleagues. What's more, this was not true for those who had witnessed greater levels of physical aggression or self-harm.

"Moreover, the same nurses who experienced humiliating remarks were

more likely to endorse coercive management techniques, such as restraint or seclusion."

The study, published in the International Journal of Nursing Studies, formed part of Dr Jalil's PhD studies, which also involved looking at the role of anger in patient aggression, as well as in the [nurse](#)-patient therapeutic relationship.

Geoff Dickens, Professor in Mental Health Nursing at Abertay University was the study supervisor. He said:

"We already knew that exposure to aggression seems to be related to nurses' approval of these less desirable interventions. What this study adds is that it is this particular type of insidious and seemingly less severe form of aggression that seems to play the largest role."

This has real implications for education and training for staff in the prevention of violence and aggression.

Professor Dickens added:

"Training provision largely focuses on managing [physical aggression](#) through techniques such as de-escalation. While this is great, more attention should be paid to how nurses regulate their own responses to this behaviour.

"This study shows that anger seems to be a mechanism that plays a unique role. While it is common to hear that nurses should 'just deal with it', it is unreasonable to believe that nurses are immune and can do this without help or support."

The study – 'Mental [health](#) nurses' emotions, exposure to patient aggression, attitudes to and use of coercive measures: Cross sectional

questionnaire survey' – also revealed that, while individual nurses exposed to this behaviour were more approving of coercive interventions, this did not translate into an increased use of restraint or seclusion.

Dr Jalil said:

"It seems that existing checks and balances, perhaps including team support or nurses own self-awareness, act to prevent a spiral in which behaviour is dealt with coercively, which in turn might make patients more likely to insult the nursing staff."

More information: Mental health nurses' emotions, exposure to patient aggression, attitudes to and use of coercive measures: Cross sectional questionnaire survey. *International Journal of Nursing Studies*, DOI: [10.1016/2017.07.018](https://doi.org/10.1016/2017.07.018)

Provided by Birmingham City University

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