THE PROCESS OF RESPONSE OF MENTAL HEALTH NURSES WHO HAVE EXPERIENCED ASSAULTS BY THEIR PATIENTS: A GROUNDED THEORY STUDY CONDUCTED IN MENTAL HEALTH INPATIENT SETTINGS.

A thesis submitted for the degree of Doctor of Philosophy in Nursing at the University of Newcastle

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Abstract

This study examines the experience of inpatient mental health nurses who have been assaulted by their patients. The study was conducted in two phases in the inpatient units of a mental health service in regional New South Wales, Australia. Grounded theory method was used to analyse the data collected during Phase One in which the researcher conducted non-participant observation of three units. This enabled the researcher to explore the nurses' working environment and develop a theory which explained the way in which inpatient mental health nurses interacted with their patients in the provision of care. Phase One findings provided contextual information which facilitated the understanding of subsequent data collected during Phase Two. Mixed methods were used during Phase Two of the study in which sixteen recently assaulted nurse were interviewed within three weeks of their assault and then on two subsequent occasions at three months and six months post-assault. None of the nurses experienced lasting physical trauma as a result of their assault however nine reported psychological effects lasting from several weeks to several months. Data were analysed using descriptive statistics and grounded theory method. The main purpose of this study was to develop a substantive theory which explained the process of response and, by extension, recovery of the mental health nurses to the experience of assault by a patient.

Data analysis during Phase One of the study revealed that the mental health nurses were constantly dealing with the problem of a chaotic work environment and a preoccupation with ensuring the smooth operation of the unit which was done in preference to the provision of therapeutic nursing care. The emergent core category of nurses responding to others in an ad hoc manner explained the tendency of the nurses to constantly deal with the needs of others rather than actively plan patient care. Data analysis during Phase Two of the study revealed that participants tended to use passive coping strategies in the aftermath of their assault by a patient. Whilst some participants were able to forget about their assault and get on with their lives, however, others who were more severely affected by their assault developed a coping pattern characterised by *churning anxiety* which featured assault reminders, passive coping strategies, assault response mediators (which referred to the availability of support from peers and nursing

administrators) and a sense of futility related to the belief about the inevitability of workplace assault. The *churning anxiety* phase of recovery was followed by a later *reintegration* phase in which the participants adopted a more active coping style accompanied by a sense of residual vulnerability and ongoing futility. An important finding was that the participants reported that they were compromised in their ability to effectively engage with patients as they recovered from their assault. The basic social process emerging from the data for the severely affected assaulted nurses was labelled moving from passive to active coping strategies in the context of the nurses overcoming futility focused about the assault.

The significance of this study is that the nurses who experienced more severe post-assault responses had a recovery that was completed in stages as they passed from the churning anxiety phase to the reintegration phase and this finding adds to the understanding of the complex phenomenon of recovery after assault. The finding also has occupational health and safety implications for employers as they assist mental health nurses to recover from the effects of patient assault. It is concluded that, with further research, interventions might be tailored to assist nurses in the recovery process depending upon their phase of recovery. This may enable assaulted nurses to decrease their distress and enable them to more effectively fulfil their professional role by engaging with their patients.

Key to abbreviations and conventions employed in the data transcriptions

In the presentation of transcript material in this thesis the following abbreviations and conventions have been used.

Names: all names used in reference to study participants (e.g. Bruce, Nigel, Krystal, etc.) are pseudonyms or initials (e.g. 'A' for Anne). Other patients and staff referred to in the thesis have been labelled Patient or Staff and numbered (e.g. Patient #3).

The initial 'C': refers to the researcher (as occurs in Chapter 7, p. 166).

The initial 'p': refers to pages.

[Bold letters in brackets]: represent the researcher's coding of the data.

…: signifies a pause in the original interview.