ANALYSIS OF SITUATIONS OF VIOLENT PATIENTS IN AN INTENSIVE CARE UNIT

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ABSTRACT: This exploratory study was undertaken in an adult intensive care unit in the teaching hospital in curitiba in the brazilian state of paraná, with data being collected in august and september 2010. The participants were eight nursing professionals, and the aim was to understand the nursing team's perception regarding the violence which occurred in the unit, and this team's reactions to the event. The data obtained through group interviews and content analysis allowed the following categories to be identifiedthe violence arising from the patient against the nursing team; reasons for violence during nursing care; and the nursing team's reaction to the violence caused by the patient'. It was found that the violence occurs as a result of the patient's problem not been resolved, and may come from family members or from patients, and can result from lack of communication ahead of the care being undertaken. It is concluded that communication is an instrument for the nursing care and can contribute to non-violence for the individuals who work to promote healthcare.
DESCRIPTORS: Nursing; Violence; Intensive care units.

ANÁLISE DE SITUAÇÕES DE PACIENTES AGRESSIVOS EM UNIDADE DE TERAPIA INTENSIVA

RESUMO: Pesquisa exploratória em Unidade de Terapia Intensiva adulto de um hospital de ensino de Curitiba/Paraná, com coleta de dados de agosto a setembro de 2010. Participaram oito profissionais de enfermagem, cujos objetivos foram apreender a percepção da equipe de enfermagem sobre a violência ocorrida na unidade e reações desta equipe mediante o evento. Os dados obtidos, por entrevista em grupo e pela Análise de Conteúdo, permitiram as seguintes categorias: a violência advinda do paciente contra a equipe enfermagem; motivos de violência durante o cuidado de enfermagem e reação da equipe de enfermagem à violência provocada pelo paciente. Encontrou-se que a violência ocorre pela não resolutividade do problema do paciente, podendo vir de familiares ou de pacientes e pela falta de comunicação como antecipação do cuidado. Conclui-se que a comunicação é instrumento para o cuidado de enfermagem e pode contribuir para a não violência aos indivíduos que trabalham para promover o cuidado em saúde.
DESCRITORES: Enfermagem; Violência; Unidades de terapia intensiva.

ANÁLISIS DE SITUACIONES DE PACIENTES AGRESIVOS EN UNIDAD DE TERAPIA INTENSIVA

RESUMEN: Investigación exploratoria en Unidad de Terapia Intensiva adulta de un hospital de enseñanza de Curitiba/Paraná, con obtención de datos de agosto a septiembre de 2010. Participaron ocho profesionales de enfermería, cuyos objetivos fueron aprehender la percepción del equipo de enfermería sobre la violencia en la unidad y reacciones de este equipo acerca del evento. Los datos obtenidos, por entrevista en grupo y por el Análisis de Contenido, permitieron las siguientes categorías: la violencia del paciente contra el equipo de enfermería; motivos de violencia durante el cuidado de enfermería y reacción del equipo de enfermería a la violencia provocada por el paciente. Se llegó a la conclusión de que la violencia ocurre por ignorarse el problema del paciente, siendo posible ser eso de responsabilidad de familiares o de pacientes y por la falta de comunicación como antecipación del cuidado. Se constata que la comunicación es instrumento para el cuidado de enfermería y puede contribuir para la no violencia a los individuos que trabajan para promover el cuidado en salud.
DESCRIPTORES: Enfermería; Violencia; Unidades de terapia intensiva.

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INTRODUCTION

The Intensive Care Unit (ICU) is a place for attending patients who are seriously ill or at risk of death, who need uninterrupted care. In order to provide the nursing, the professional who works in this environment needs to know the resources available in the unit and to know the risks to which the patient may be subjected. It should be noted that the nursing care, more than undertaking activities with the patient, reaches dimensions which go beyond the technical care, through considering the individual in all her subjectivity.

In performing the care for the critically-ill patient, events may occur which cause the nursing professional to be subject to physical or psychological aggression originating from the patient or family members, or even from adverse events such as aggressivity between the members of the team themselves, caused by stress resulting from the performance of their professional practice. The number of publications investigating this phenomenon in the nursing work environment has grown in recent years, considering the harm which it causes to the individual, and its direct impact on the performance in her practice[1].

One study which investigated causes which triggered aggression towards the nursing team, in an ICU in Florianópolis in the Brazilian state of Santa Catarina found that the subjects showed a high level of dissatisfaction with the work environment, the interpersonal relationships being indicated as the most stressful factor[2].

The stress which surrounds the nursing team and the undertaking of their activities in ICU occurs as a result of this unit's characteristics, as much as from the critical state of health of the patients as from the range of procedures and equipment involved. The phenomenon of violence, which occurs throughout the health area, is more frequent in relation to the nursing team, as these are the professionals who spend the most time during their professional practice in contact with patients and family members who may – due to dissatisfaction and discontentment – act hostilely or even violently[3].

Equally, the nursing team can also find itself attending patients with mental disorders or who present this situation as a result of clinical comorbidities. Currently, both types of patient are attended in general hospitals and, in some situations, in intensive care. These individuals can, like any other patient, present manifestations of violent behavior, characterizing an emergency. In this situation, a specific approach is required, aiming to control or maintain the safety of the patient and those around him(4-5).

It should be considered that the majority of nursing professionals attribute the status of dangerous and aggressive to people with mental disorders. As a result, the first positions taken are to provide physical containment and medication as fast as possible, claiming it to be protection for the team and for the patient[5].

This behavior was observed in a study undertaken with nursing professionals from the Emergency Room of a general hospital, which showed that the subjects felt fear in providing care to patients with mental disorders[6]. Thus, one can observe the continuation of the stigma historically constructed around the person with a mental disorder, as violent and possessing the characteristic of dangerousness.

Considering the complex phenomenon of violence, present in all the locales in which nursing care is routinely practiced, this study was undertaken with the aim of apprehending the nursing team's perception regarding the violence which occurred in the intensive care unit, and their reactions to this event.

METHOD

This is exploratory qualitative research, with data collection undertaken between August and September 2010, in the ICU of a general teaching hospital in Curitiba-PR-Brazil.

This is a unit for treating adult patients with a wide variety of clinical problems and comorbidities, including mental disorders, confirmed by annotations made in the medical records. All the individuals admitted to this unit come from the institution's Emergency Room.

Of the total of 20 professionals from the nursing team invited to take part in this study, eight professionals participated: two nurses, one nursing technician, and five auxiliary nurses. The team selected, at the request of the service, was the morning shift, as this had the most staff members and allows some of the professionals to

withdraw, for a period, from the care, in order to participate in the research.

The inclusion criteria for the subjects were: to be a professional from the nursing team allocated in the ICU of the institution studied, and to be willing to participate in the research participants' meetings.

A total of three meetings was held, recorded digitally. This activity was undertaken in the meetings room of the Adult ICU, on consecutive days, during the morning shift, lasting an average of two hours each, during which the issue of "Violence in the work environment of ICU" was discussed.

In the first meeting, the proposal for the study and the methodology for the meetings were presented, and the signed terms of free and informed consent were collected in. Following that, discussion was initiated regarding the issue of violence, with an open question: 'What is your experience of violence practiced by the patient in your work environment?' After all had given their views, a further question was made: 'From which persons do you consider that aggression in health environments can occur?' This meeting was terminated when all the participants had presented their views regarding the issue.

In the second meeting, the issues discussed in the previous meeting were taken up again, and, following that, the discussions began with the question: 'What are the possible reasons for the violence experienced by the nursing team?'. In sequence, another question was posed to the group for debating: 'What was the reaction of the nursing team to the violence received?'

In the third meeting, transcriptions of some topics from the previous meetings were projected, in order to guide the theorization based in the literature, and to clear up doubts listed by the subjects during the discussions in the first and second meetings, as this activity aimed to have an educational character.

The data collected in the three meetings were analyzed as proposed under Thematic Analysis[7], composed of the selection and organization of the material to be analyzed, followed by categorization and theorization based in the literature on this issue, and the objectives proposed for this study.

This article was derived from the research project approved by the Ethics Committee of the Federal University of Paraná, under record N. 1017.142.10.09, CAAE: 0242.0.208.091-10. As a means of maintaining the subjects' anonymity, they are identified in this article by the letter "S", followed by an Arabic numeral.

RESULTS

The participants in this study's three meetings, held with eight nursing professionals, were all female, with a mean age of 37 years old and a general mean experience of 10 and a half years' professional nursing practice.

The following categories were obtained from the analyses of the transcriptions of the meetings: 'The violence originating from the patient against the nursing team'; 'Reasons for violence during nursing care'; and 'The nursing team's reaction to the violence caused by the patient'.

The violence originating from the patient against the nursing team

According to the subjects' accounts, the violence which the team suffers comes from patients with neurological symptoms and sequelae, who end up manifesting mental confusion and, as a result of this, become aggressive. Mention was made of the team's fear of aggression from patients with mental disorders, and that the nursing professionals do not know how to respond to this clientele. They also reported difficulty in distinguishing an acute situation of mental disturbance from a situation of clinical neurological symptoms. On the other hand, there were views that few patients with mental disorders are attended in ICU, but that when this occurs, the team perceives them as calmer and easier to provide care to. Some accounts emphasize these aspects:

In ICU, we get more patients with sequelae from CVA [Cerebrovascular accidents]*, or patients with hepatic encephalopathy - and they end up becoming really violent.* (S4)

We don't know how to identify whether the patient is just confused, or what type of confusion

it is [...] *We don't know how to identify whether he is in crisis or whether it is a neurological situation, but also we don't know how to deal with people with mental disorders.* (S7)

The team is scared of the person with a mental disorder assaulting them [...], *we attend few of these patients. They are calmer* [...]. *For us, they are the easiest patients to deal with.* (S3)

Reasons for the violence during the nursing care

According to the professionals interviewed, the violence experienced occurs: as a reaction of the patient or family member to the approach made by the professional; stress, resulting from the lack of a solution to their problems; and to non-tolerance of the environment, the patient being in pain, or because of a procedure which causes the patient to feel that their privacy has been invaded. Some accounts depicted these situations:

The aggression always occurs because somebody does not resolve the problem, they are looking for a solution and you don't have the solution [...]. *The patient doesn't want to take a bath* [...] *or when you go to change him, he says he doesn't want to. And then he goes quiet, or starts crying, or becomes more aggressive, he always reacts somehow.* (S1)

When a family member hits out it is because we did something to make him act violently [...]. *I said something which offended him in that moment when he was sensitive.* [...]. (S3)

We had a schizophrenic patient hospitalized here [...] *and we needed to collect a rectal swab from him. For him, that was an aggression.* (S8)

In relation to the manifestation of aggressive behaviors by the patient, the subjects believe that when the professional establishes dialogue with effective communication, this situation can be mitigated, as the individual has time to prepare themselves before the procedure. The discourses below refer to this aspect:

Communication is of extreme importance, we don't take the opportunity to listen to these people [...] *because he doesn't understand what I am doing* [...] *and I can't carry out the care.* (S7)

Without dialogue, you can't resolve the problem [...]. *I think the team fails to communicate* [...] *Often, I cause the aggression without wanting to, because I don't dialogue with the patient.* (S8)

In the accounts of interviewees S7 and S8, the person with a mental disorder may commit violence as a means of defending himself against a threat, whether the situation is real or imaginary:

I think that fear, invasion of privacy, mistrust and insecurity cause the patients to lash out. When it is a person with a mental disorder, the team think that they don't need to warn him, that they don't need to speak to him, and because of that the patient becomes mistrustful. The professional arrives to insert a catheter and doesn't warn the patient, of course you're going to get hit [...]. (S7)

If the psychiatric patient thinks that he has to defend himself against something, he is going to be violent, because he needs to resolve that problem – but he is seeking to defend himself. The main point is that nobody commits violence for nothing [...] *they hit when they feel that they are in danger.* (S8)

The nursing team's reaction to the violence caused by the patient

Regarding the team's reaction after an episode of violence, some subjects point to physical containment. For some, there are professionals without any patience who arrive at work bringing an excessive load of stress with them, as reported below:

[...] *sometimes the professional is more sick than the patient – he actually turns up already stressed out.* (S4)

I think that for all of us, after major suffering or unhappiness, or verbal aggression, there comes a point where we end up lashing out at somebody [...] *You are so tired.* (S3)

DISCUSSION

The subjects indicated that they are not prepared for attending patients who manifest mental changes, as they do not know how to recognize the difference between a psychotic episode and mental confusion. They also revealed that they do not have the skills for providing care to the person with a mental disorder. In this regard, the literature indicates that the nursing team's lack of preparation in approaching persons with mental disorders experiencing psychomotor agitation may result in mistakes in understanding the care given to them. This situation can lead the patient to feel under pressure or, in some way, attacked and – with the aim of defending himself – can result in violent acts against the nursing team[8-9].

Emphasis is placed on the need to evaluate whether or not a situation of violence against health professionals can be avoided, given that lack of professional training for foreseeing violent incidents against the team causes violence to occur, and that the least experienced professionals are those most the victims of onslaughts from violent patients[10].

It's important to observe the fact that human beings become aggressive when, in some way, they are repressed, and the oppressor imposes his point of view on the oppressed party. The domination of the other may occur between two individuals or two groups, each exercising violence as a legitimate form of defense of its interests, thus expressing the idea of domination[11]. This is confirmed in the accounts of the participants in the study when they express that the patient becomes aggressive as a way of reacting to an action practiced by the team and interpreted by the patient as something aggressive – the violence being, therefore, the way that the patient finds to show his discontentment with the situation.

Any act that transforms the individual into an object without autonomy is considered violent. In order to maintain harmony in the coexistence among their equals, people created ethics, a way of ensuring the subject's rights as a human being, with rationality and free will, and who cannot be manipulated. Ethics details norms, showing general concepts of what is permitted and what is prohibited as a way of "imposing" limits on human action[12].

When the individual interprets the care received as a threat to his integrity, he may react aggressively. In these situations, it is necessary to use therapeutic communication with the aim of clarifying the need for the procedure in question. However, even so, the possibility that the patient may assault the nursing team exists. In these cases, the nurse proceeds with the global evaluation of the patient's situation and assesses the need for physical containment as a therapeutic measure. Physical containment can only be used as a last resort, when there is no possibility of dialogue and it is perceived that the individual is putting his physical integrity – or even that of the team attending him — at risk[13].

In relation to the patient's violent behavior towards the team, it is necessary to pay attention to the fact that the individual's psychological well-being may have been shaken by the doubts, uncertainties and fear of the unknown, of being in a place in which they do not feel comfortable[14]. These feelings are also shared by the patient's family, which suffers in the same way as the patient, because of the anxiety caused by urgent treatment for mitigating suffering. In this situation, the nurse has a fundamental role in providing the care with the use of personalized therapeutic communication, which becomes a fundamental instrument for the practicing of nursing, with a view to meeting the patient's and family members' needs, clarifying doubts about the procedure which the patient shall receive, and responding to their worries as a means of calming them[1].

Regarding the importance of the communication between the nursing profession and the patient, the quality of the dialogue goes beyond the carrying-out of techniques and encompasses a broader care[15].

Communication is essential between professional and client because it is a characteristic process of human beings, promoting interaction and understanding of what an individual wishes to communicate to others; and because it allows one to share distress and insecurity, allowing help to the other and the satisfaction of the patient's needs(16). In the relationship with the patient, the nurse perceives him as a being who needs care, and identifies as the provider of individualized care who comes to attend the needs of the person who needs her[17].

The violence from the patient, whether it is

verbal or physical, may be interpreted by the professional as intentional and not resulting from the situation of mental confusion which the patient presents. This causes the professional to feel dissatisfaction and frustration, and – in specific situations – she may react aggressively to the patient as a form of defense against what she interprets as violence received.

On-site training is fundamental for professionals from the nursing team to recognize the patient's aggressive reactions – in a situation of psychomotor agitation - as resulting from exacerbation of the neurological symptoms or mental disorder, rather than as deliberate intention to cause physical or emotional harm. This understanding is of extreme importance, such that the care for patients who present aggression, resulting from their state of mental confusion, may be undertaken without harm to the health of this individual, and without ethical implications for the team which provides the care to him.

FINAL CONSIDERATIONS

The experience of the ICU nursing team, in relation to violence caused by the patient, showed that it generally comes from the patients among whom one finds those with mental disturbances. In these cases, it was evidenced that the violence reported was not gratuitous, but motivated by invasion of privacy or even by lack of communication.

The lack of communication between the nursing team and the patient, when the communication is a way of preparing the patient for the care which is to be given, may cause him to interpret this as an aggression and, as a result, to act with violence.

On another level, the nursing team thought that one of the factors triggering the patients' violence against the professionals could be the latters' lack of ability to resolve the patients' problems. In relation to violence perpetrated by the family members, the professionals characterize it as a reaction to how the team acts towards and attends the family member, being, therefore, a means of defense against the violence received from the team.

There is an urgent need to implement continuing education programs to discuss situations of violence originating from patients against the team; to reflect on the triggers for this phenomenon, and to understand that violence is neither gratuitous nor intentional, but results from moments of confusion on the part of the patient.

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