Anger, Aggression, and Violence

CHAPTER 27

Anger and Aggression

- Anger
  - An emotional response to frustration of desires, threat to one's needs (emotional or physical), or a challenge
- Aggression
  - Action or behavior that results in verbal or physical attack

Case Study

Your new patient, Mr. Oswald, is assigned to your unit after getting into a fight outside a family restaurant. He got into an argument with a family, saying they threatened him, but witnesses were able to attest that the family had, in fact, said nothing to him at all and had, until he approached them in anger, barely noticed him in the parking lot.

Mr. Oswald is a veteran with a history of posttraumatic stress disorder (PTSD) and comorbidities of depression and intermittent psychotic episodes. He does not appear to have a substance abuse disorder.

Epidemiology

- In the hospital, violence is most frequent in
  - Psychiatric units
  - Emergency departments
  - Geriatric units
  - Obstetrical units

Comorbidities

- Posttraumatic stress disorder (PTSD)
- Substance abuse disorders
- Coexists with
  - Depression
  - Anxiety
  - Psychosis
  - Personality disorders

Etiology

- Biological factors
- Areas of the brain
- Neurotransmitters
- Predisposition
Etiology

Continued

• Psychoanalytical Theory
  • Sense of control over life is threatened causing trauma

• Social Learning theory
  • Children learn aggression by imitating others
  • People repeat behavior that is rewarded

• Cognitive theory
  • Perceived assault on areas of personal domain, values, moral codes,
and protective rules can lead to anger

Stages of Anger and Aggression

Feeling of vulnerability
↓
Uneasiness
↓
Anxiety
↓
Anger
↓
Aggression
↓
Violence

Assessment

• Trauma-informed care
  • Focus on patients' past experiences of violence or trauma and the role
  aggression currently plays in their lives

Assessment for Potential for Anger and Aggression

• History of violence is the single best predictor of future violence

• Demographic risk factors
  • Male
  • Aged 14 to 24 years
  • Low socioeconomic status
  • Low support system
  • Past prison

Feelings That May Precipitate Anger

• Discounted
• Embarrassed
• Frightened
• Found out
• Guilty
• Humiliated
• Hurt
• Ignored
• Inadequate

• Insecure
• Unheard
• Out of control of the situation
• Rejected
• threatened
• Tired
• Vulnerable

Situations, Signs and Symptoms that Usually Precede Violence

• Limit setting by the nurse/staff
• Hyperactivity
• Increase in anxiety and tension
• Verbal abuse of others
• Very loud or very soft voice

• Absolute silence
• Intoxication with alcohol or drugs
• Possession of a weapon
• Recent history of violence
• Isolation
Milieu Characteristics Conductive to Violence
- Overcrowding
- Staff inexperience
- Provoking or controlling behaviors by staff
- Lack of limit setting
- Random taking away of privileges

Nursing Self-Assessment
- Knowledge of personal responses to anger and aggression
- Choice of words
- Tone of voice
- Nonverbal communication
- Personal triggers
- Personal sense of competence
- Without self-knowledge, nurses are likely to make impulsive, emotion-based responses that are nontherapeutic and may be harmful

Techniques for the Nurse to be Able to Respond Calmly
- Deep breathing
- Relaxation of muscles not in use
- Empathetic interventions

Case Study
In the unit Mr. Oswald’s paranoia continues and he becomes agitated and threatens to assault another staff person. He tells you, “You’re the only one I think I can trust. But can I? Are you going to take their side?”

Audience Response Question
Select the best initial intervention for Mr. Oswald at this point.
A. Say, “If you do not calm down, seclusion will be needed.”
B. Address him with simple directions and a calming voice.
C. Help him focus by rubbing his shoulders.
D. Offer him a dose of antipsychotic medication.

Case Study
- A new nurse asks a coworker which patients are most likely to become aggressive or angry.
- What are some risk factors that may predict violent behavior?
Nursing Process (continued)

• Nursing diagnoses
  • Ineffective coping
  • Stress overload
  • Risk for self-directed violence
  • Risk for other-directed violence

Nursing Process (continued)

• Outcomes identification (Table 27.1)
  • Identifies when angry
  • Identifies alternatives to aggression
  • Refrains from verbal outbursts
  • Maintains self-control without supervision
  • Upholds contract to restrain aggressive behaviors
  • Reports feelings of calmness and acceptance

De-escalation Techniques

• Respond as early as possible
• Maintain the patient’s self-esteem and dignity
• Maintain calmness (your own and the patient’s)
• Identify stressors and stress indicators
• Use calm, clear tone of voice
• Tell patient you are concerned and want to listen
• Establish what the patient considers to be his or her need
• Be goal oriented
• Reduce environmental stimuli (control the environment)

De-escalation Techniques

Continued

• Maintain a large personal space
• Avoid verbal struggles
• Give several clear options (choices)
• Utilize non-aggressive posture
• Use genuineness and empathy
• Attempt to be confidently aware
• Be assertive, not aggressive
• State expectations for patient’s behavior
• Assess for personal safety

De-escalation Techniques

Continued

• Patients with healthy coping who are overwhelmed
  • Validation
  • Empathy
  • ID feeling

• Patients with marginal coping skills
  • Anger can move quickly from anxiety to aggression
  • External locus of control
  • Strategies for the persistently verbally abusive client

Pharmacological interventions

• Offer PRN medication to alleviate acute symptoms (Table 27.2)
• Antianxiety agents
• Antipsychotics
• Long-term management of chronic aggression (Table 27.3)
Audience Response Question

Mr. Oswald becomes increasingly agitated, and when you come back from break, you find out he wants to talk to you alone. Your response is to

A. Respect his privacy and see him alone.
B. Do not speak to him in private; it’s time for the team to confront him (calmly) as a group.
C. Ask for him to be put in restraints first or take security staff with you.
D. Go speak to him in a nonconfrontational way, but ensure that there are other staff nearby for backup.

Case Study (continued)

• What are some ways this new nurse can keep himself or herself safe while working?

Nursing Process (Cont.)

Implementation
• Health teaching and health promotion
• Case management
• Teamwork and safety
  • Use of restraints or seclusion (next slides)

Seclusion or Restraints

• Seclusion
  • Involuntary confinement alone in a room that the patient is physically prevented from leaving
• Restraints
  • Any manual method, physical or mechanical device, material, or equipment that restricts freedom of movement

Guidelines for Use of Mechanical Restraints (Box 27.3)

• Indications for use
• Legal requirements
• Documentation
• Observation
• Release procedure

Postassaultive Stage

• Staff should review incident with patient and colleagues
• Identify precursors/stressors
• Review alternate ways of responding in future
Audience Response Questions
Finally, Mr. Oswald is restrained. As his nurse, what is your first priority?

A. Debrief the patient  
B. Ensure the patient’s safety  
C. Administer a sedating medication  
D. Obtain an order from the health care provider  
E. Document reason for restraint placement and least restrictive measures taken

Audience Response Questions
Which patient behavior is a criterion for mechanical restraint?

A. Screaming profanities  
B. Assaulting a staff person  
C. Refusing a medication dose  
D. Throwing a pillow at another patient  
E. Persistent banging of head against the wall