



**UNIVERSITEIT VAN PRETORIA
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Faculty of Health Sciences
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**COPING STRATEGIES FOR NURSES WHEN CARING FOR MENTAL
HEALTH CARE USERS WITH VIOLENT AND AGGRESSIVE
BEHAVIOUR IN MENTAL HEALTH CARE INSTITUTIONS IN NORTH
WEST PROVINCE**

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LIST OF ABBREVIATIONS/ACRONYMS

DoH	: Department of Health
MHCU	: Mental Health Care User
NDoH	: National Department of Health
SA	: South Africa
SANC	: South African Nursing Council
UP	: University of Pretoria

DECLARATION

I, Motlagomang Patience Sehularo (Student Number: 22827049), declare that **“Coping strategies for nurses when caring for mental health care users with violent and aggressive behaviour in mental health care institutions in North West Province”** is my own work and that all sources used in this dissertation have been properly acknowledged in the text and the reference list. I further declare that this dissertation for the **Master of Nursing Science** has not been previously submitted for any other degree to any other institution in South Africa or internationally.



13 May 2024

Motlagomang Patience Sehularo

Date

DEDICATION

I dedicate this study

to my loving and supportive husband, Prof Leepile Sehularo, and my son, Oarabile Sehularo.

This study is also dedicated to all the nurses who are rendering nursing care, treatment and rehabilitation services to mental health care users who are displaying violent and aggressive behaviour in North West province.

May the good Lord continue to protect and guide you always as you continue to give care to mental health care users.

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All the nurses who participated in this study. May the almighty God richly bless you.

I can do all things through Christ who strengthens me (Philippians 4:13).

ABSTRACT

Introduction: Violent and aggressive behaviour of mental health care users continues to be a serious global nursing problem. When nurses are confronted with violence and aggression in mental health care institutions, it affects them and their ability to perform as a team, as well as to perform their daily tasks and duties. The study aimed to explore and describe the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province.

Methods and design: A qualitative-exploratory-descriptive and contextual research design was used. The study population included 11 nurses who were caring for, treating and rehabilitating mental health care users with violent and aggressive behaviour in two mental health care institutions in North West province. A non-probability purposive sampling technique was used to select the nurses who met the inclusion criteria for participation from the study population. Face-to-face semi-structured individual interviews supplemented with field notes were used to collect data. A digital audio-recorder was used to record the interviews. Six steps of thematic analysis were used, namely: becoming familiar with the data, generating the initial codes, searching for themes and sub-themes, reviewing the themes, defining the themes, and writing up.

Findings: Four themes emerged from the face-to-face semi-structured individual interviews and field notes, namely: factors contributing to violence and aggression, negative experiences in caring for mental health care users displaying violent and aggressive behaviour, coping strategies used by nurses and suggestions to enhance effective coping with violent and aggressive behaviour. Effective coping strategies mentioned by nurses include problem-focused coping strategies, appraisal-focused coping strategies and social-focused coping strategies.

Conclusion: The findings of this study may benefit nurse practitioners, researchers and educators. Recommendations were made for the training of nurses and for nursing management to support nurses to cope more effectively with violence and aggression.

Keywords: Aggression, caring, coping strategies, mental health care users, violence.

INTRODUCTION TO THE STUDY

The study is presented in a manuscript format in the following way:

- Chapter 1: Overview of the study
- Chapter 2: Methodology of the study
- Chapter 3: Manuscript with findings (submitted and formatted according to the journal instructions)
- Chapter 4: Conclusion, recommendations and limitations

Each chapter is presented with a reference list, with the reference list of Chapter 3 formatted according to the journal instructions.

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION, BACKGROUND AND LITERATURE REVIEW

Violence and aggression of mental health care users (MHCUs) towards nurses is a global issue (Rathobei, Nyangu & Dube, 2021:1; Tema, Poggenpoel & Myburg, 2018:1). The incidence of violence and aggression in mental health care institutions ranges between 80-100% in upper-income countries, while in lower-income countries the incidence ranges between 50-85% (Rathobei et al., 2021:1). The prevalence of violence and aggression towards nurses ranges between 49.5 and 96.7%, three times higher than aggression directed towards other health workers (Oyelade, Smith & Jarvis, 2017:2). Violence and aggression of MHCUs in mental health care institutions is also a serious problem in other African countries like Nigeria (Oyelade et al., 2017:2).

Focusing on South Africa, it is estimated that around 3,5 million people need healthcare services for non-fatal injuries, of which half of them were caused by violence (Ekole-Chabanga & Jooste, 2016:237). A quantitative study conducted in KwaZulu-Natal province of South Africa found that the prevalence of nurses' exposure to MHCUs' unpredictable behaviour is 95.2%, while the levels of MHCUs' violence and aggression is 88.6% (Haddad, Ashiru, Murtala, Anyebe, Umar, Suleiman & Usman, 2020:52). A qualitative study by Maluleke and van Wyk (2017:9678) indicated that the majority of the nurses, compared to other staff members, were victims of violent behaviour because nurses' services are offered 24 hours per day. The nursing profession is suffering because of the impact of violence and aggression (Engelbrecht, Heyns & Coetzee, 2017:8492). The mentioned information and statistics depict the reasons why the researcher is interested in conducting this study on the coping strategies of nurses when caring for MHCUs displaying violence and aggressive behaviour.

Violence and aggressive behaviour of MHCUs towards nurses in mental health care institutions result in fear, emotional distress and disempowerment (Tema et al., 2018:1). It is also reported that violence and aggression of MHCUs towards nurses have a negative impact on the quality of care, treatment and rehabilitation services and is experienced as offensive, destructive, dysfunctional and intrusive, while nurses are not protected (Rathobei et al., 2021:2). Nurses feel overwhelmed by frustration in frightening and threatening situations, and experience a lack of support from their colleagues and management (Haddad et al., 2020:52).

It is clear from the above information as well as from the qualitative study conducted by Roets, Poggenpoel and Myburg (2018:2) that the topic of violence and aggression in the mental health care institutions has been researched internationally and nationally, but similar studies

have not been conducted at the mental health care institutions in North West province. A quantitative study conducted by Rathobei et al. (2021:1) highlighted the need for more studies on violent and aggressive behaviour by MHCUs in mental health care institutions.

A qualitative study conducted by Ramalisa, du Plessis and Koen (2018:4) found that coping with the provision of care to MHCUs, especially those who are violent and aggressive, is difficult and challenging for nurses. Coping strategies are cognitive, emotional and behavioural efforts aimed at resolving internal or external problems that cause stress (Karaca, Ünsal, Asik, Keser, Ankarali & Merih, 2018:14). Ekole-Chabanga and Jooste (2016:237) defined coping in their qualitative study as a process in which humans orientate their thoughts and emotions towards resolving the real causes of stress, by addressing their emotional reactions. Maluleke and van Wyk (2017:9688) stated that the problem of violence and aggression by MHCUs is unlikely to be eliminated. However, it seems that nurses could cope better when they receive sufficient support from nursing managers followed by support from other stakeholders, as well as when they use healthy and effective coping strategies. The same authors add that experienced nurses seem to cope better with incidents of violent and aggressive behaviour compared to their younger counterparts, but are still vulnerable to compassion fatigue and burnout (Maluleke & van Wyk, 2017:9679). Despite the above discussion, the researcher found no studies when she conducted a preliminary literature review on the coping strategies used by the nurses when caring for MHCUs presenting with violent and aggressive behaviour in mental health care institutions in North West province.

1.2 PROBLEM STATEMENT

According to a qualitative study conducted in North West province, nurses can render quality care when they make use of effective coping strategies (Ramalisa et al., 2018:8). The National Department of Health [NDoH] (2012:4) provides certain policy guidelines to manage MHCUs who are violent and aggressive. In some crisis situations, interventions such as restraint or seclusion may be warranted.

Despite guidelines, violent and aggressive behaviour of MHCUs appears not to be well-managed and continues to be a serious global nursing problem (Rathobei et al., 2021:1). The statistics mentioned in the introduction and background indicated that violence and aggression of MHCUs towards nurses is a serious problem that warrants more research. When nurses are confronted with violence and aggression in mental health care institutions, it affects them, their ability to perform as a team, as well as their ability to perform daily tasks and duties (Roets et al., 2018:8). The researcher, a psychiatric nurse, has noted that due to violence and aggression by MHCUs, most of the nurses' struggle to cope. Those who work in mental health

care units absent themselves unnecessarily, while others present with mental health challenges.

If nurses are not able to cope effectively with violence and aggression, tiredness, annoyance and pessimism, as well as feelings of hopelessness will occur (Ekole-Chabanga & Jooste, 2016:237). Moeketsi (2017:55) adds that violence and aggression cause discomfort and suffering to other human beings, and nurses may find it difficult to provide quality nursing care, treatment and rehabilitation services to MHCUs who are intimidating them and challenging their authority (Tema et al., 2018:1). Therefore, the study explored and described the coping strategies of nurses when caring for MHCUs presenting with violent and aggressive behaviour in mental health care institutions in North West province. From this understanding, recommendations were made to enhance the coping strategies of the said nurses to improve the services rendered to MHCUs.

1.3 RESEARCH QUESTIONS, AIM AND OBJECTIVES

The research was guided by the following questions, aim and objectives:

1.3.1 Research questions

- What are the experiences of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province?
- What are the coping strategies utilised by nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province?
- What coping strategies can be recommended for nurses caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province?

1.3.2 Research aim

The study aimed to explore and describe the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province.

1.3.3 Research objectives

The following objectives assisted the researcher in achieving the aim of the study:

- To explore and describe the experiences of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province;
- To explore and describe the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province; and
- To recommend coping strategies for nurses exposed to violent and aggressive behaviour displayed by MHCUs in mental health care institutions in North West province.

1.4 DEFINITION OF KEY CONCEPTS

The most important key concepts used in this study are *a nurse, coping strategies, care, mental health care users, violence and aggression*. These key concepts are defined below:

1.4.1 A nurse

A nurse is a person who is registered in terms of Section 31(1) of the Nursing Act (Act No. 33 of 2005) to practice midwifery or nursing as a caring profession. Nurses have a responsibility to support, care for and treat all healthcare users to attain or maintain health and where this is impossible, care for all healthcare users so that they live in comfort and with dignity until death. A nurse in this study refers to any enrolled or professional nurse registered with the South African Nursing Council (SANC) to practice as such in terms of Section 31(1) of the Nursing Act (Act No. 33 of 2005) and care for MHCUs with violence and aggression in mental health care institutions in North West province.

1.4.2 Coping strategies

Coping strategies refer to specific efforts, both psychological and behavioural, that people employ to master, reduce, tolerate, or minimise stressful life events (Al-Dubai, Al-Naggar, Al-Shagga & Rampal, 2011:58). In this study, coping strategies refer to specific efforts that nurses employ to reduce, resolve or minimise stressful events when caring for MHCUs with violent and aggressive behaviour in mental health care institutions in North West province.

1.4.3 Care

Care refers to three aspects, namely relational, practical and moral aspects that occur simultaneously and require education and training (Alligood, 2018:126). The same author explains that caring requires a correct understanding of the situation, which presupposes an effective evaluation of the goals inherent in the caring situation (Alligood, 2018:127). In this

study, care refers to the act of providing mental health care, treatment and rehabilitation services to MHCUs with violent and aggressive behaviour in mental health care institutions in North West province.

1.4.4 Mental health care users

MHCUs refer to people who receive care, treatment and rehabilitation services, or people who use health services at health establishments that are aimed at improving their mental health (Mental Health Care Act No. 17 of 2002:11). In this study, MHCUs refer to all the people who have been admitted and diagnosed with mental illnesses in selected mental health care institutions in North West province.

1.4.5 Violence

Violence refers to intimidations or threats, verbal abuse or physical force, which may result in hurting, harming or injuring another person (Harwood, 2018:176). Violence in this study refers to the use of physical force or verbal abuse by MHCUs towards nurses who are caring for them in mental health care institutions in North West province.

1.4.6 Aggression

Aggression refers to behaviour caused by hostile thoughts, words or actions or anger towards the other person or persons that manifest in speech, tone of voice, body language, outward expression of rage or anger that is threatening, actual or physical actions (Rathobei et al., 2021:2). Aggression in this study refers to the verbal, physical or sexual actions of anger towards nurses inflicted by MHCUs in selected mental health care institutions in North West province.

1.5 RESEARCH CONTEXT

According to Polit and Beck (2022:162), qualitative researchers usually collect their data in naturalistic settings, and they may deliberately study phenomena in various natural contexts. This study was conducted in the North West province of South Africa. There are only two public mental health care institutions where MHCUs are admitted in this province. Hospital B is in Ngaka Modiri Molema in Mahikeng sub-district and Hospital A is in Dr Kenneth Kaunda in Potchefstroom sub-district. This study was conducted in both of these public mental health care institutions in North West province. These two institutions admit a maximum of 30 voluntary, assisted and involuntary MHCUs in each unit for short- and long-term periods for various mental disorders such as substance-related disorders, psychotic disorders, anxiety and depressive disorders. Both of these mental health care institutions are also admitting MHCUs who are presenting with violent and aggressive behaviour and 1-3 cases of violence

and aggression of MHCUs is reported daily. At the time of the study, 440 nurses were employed in Hospital A, comprising 131 professional nurses, 30 enrolled nurses, as well as 259 enrolled nursing assistants. In Hospital B there were 195 nurses comprising 116 professional nurses, five community service nurses and 74 enrolled nursing assistants (information received from the nurse managers).

1.6 DELINEATION

This study focused on the coping strategies of specific categories of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province where the researcher observed the research problem.

1.7 SIGNIFICANCE

The findings of this study may benefit nurse practitioners, researchers and educators. The findings of this study will be made available for the nurse practitioners to improve their coping strategies when they care for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province. The study contributed to the literature base in the field of psychiatry and mental health and the findings will be published in an internationally accredited journal. The findings may be applied in other settings or provinces of the country where there are MHCUs with violent and aggressive behaviour.

Nursing managers in this field may use the findings and recommendations of this study to develop effective policies, guidelines and programmes that are aimed at assisting nurses who are caring for MHCUs with violent and aggressive behaviour.

Nurse educators can use the findings to improve the contents of mental health modules, especially concerning the management of MHCUs displaying violent and aggressive behaviour.

1.8 ASSUMPTIONS

Assumptions refer to principles that researchers accept to be true without proof or verification and are taken for granted (Brink, van der Walt & van Rensburg, 2018:22; Polit & Beck, 2022:376). The study was guided by a constructivist paradigm. The assumptions of constructivism are discussed in terms of ontology, epistemology and methodology.

1.8.1 Ontological assumptions

Ontology refers to a patterned set of assumptions about the nature of reality (Brink et al., 2018:19). The researcher aimed to interview the nurses individually to understand the nature

of their coping when caring for MHCUs displaying violence and aggression in North West province.

1.8.2 Epistemological assumptions

Constructivism is an epistemology, and it refers to the relationship between the researcher and the phenomenon being studied and it is also concerned with the knowledge of reality (Brink et al., 2018:19). To obtain knowledge, the researcher aimed to spend enough time with the nurses during data collection when she asked them how they are coping when caring for MHCUs who are presenting with violence and aggression in North West province.

1.8.3 Methodological assumptions

Methodology refers to a particular way of knowing about reality (Brink et al., 2018:19). To answer the researcher's concern about the coping strategies of nurses when caring for MHCUs displaying violence and aggression, the researcher used a qualitative-exploratory-descriptive and contextual research design.

1.9 RESEARCH DESIGN AND METHODS

A qualitative-exploratory-descriptive and contextual research design (Grove, Burns & Gray, 2013:59) was used by the researcher to explore and describe the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province. A non-probability purposive sampling method (Polit & Beck, 2022:176) was used to select the participants. Face-to-face semi-structured individual interviews and field notes were used to collect data from the nurses. The data were analysed through thematic analysis. A detailed explanation of the research design and methods used to achieve the aim and objectives of the study is given in Chapter 2.

1.10 CONCLUSION

This chapter provided the overview of the study which included the introduction, background and literature review, problem statement, research questions, aim and objectives, definition of key concepts, research context delineation, significance and assumptions. A brief description of the methodology which was followed for achieving the aim and objectives of this study was also given. A detailed methodology description is given in the next chapter.

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CHAPTER 2: RESEARCH DESIGN AND METHODS

2.1 INTRODUCTION

The previous chapter provided the overview of the study which included the introduction, background and literature review, problem statement, research questions, aim and objectives, definition of key concepts, research context delineation, significance and assumptions. A brief description of the methodology which was followed for achieving the aim and objectives of this study was also given. A detailed description of the methodology, ethical considerations and trustworthiness are given in this chapter.

2.2 RESEARCH DESIGN

Research design refers to the researcher's complete plan for executing the study (Brink, van der Walt & van Rensburg, 2018:203). A qualitative-exploratory-descriptive and contextual research design (Grove, Burns & Gray, 2013:59) was used by the researcher to explore and describe the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province.

2.2.1 Qualitative

A qualitative design is used when there is little data available on the topic, or when the context or nature of the study is not well understood or defined (Brink, van der Walt & van Rensburg, 2018:103). The goal of this study was to develop a rich understanding of the coping strategies of nurses when caring for MHCUs who are presenting with violent and aggressive behaviour as it exists and is perceived by the nurses within their work context.

2.2.2 Exploratory

Qualitative studies are exploratory in nature, and researchers explore when they possess little or no knowledge about a phenomenon (Maree, 2019:61). The researcher did not know the coping strategies of nurses when caring for MHCUs presenting with violent and aggressive behaviour in mental health care institutions as research of this nature has not been done in the province before. Hence, the researcher aimed to explore how nurses cope when caring for MHCUs displaying violent and aggressive behaviour in the research context.

2.2.3 Descriptive

Descriptive studies focus on revealing what participants provided during data collection, and they are mostly concerned with finding answers to "what" questions (Maree, 2019:60). The researcher was interested in finding answers to the following question: "What are the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in

mental health care institutions in North West province? She subsequently described the coping strategies as described by the participants.

2.2.4 Contextual

Context is a place where the information will be gathered such as clinics, homes or community settings (Polit & Beck, 2019:25). According to Polit and Beck (2022:162) and Brink et al. (2018:104), qualitative researchers usually collect data in naturalistic settings and study phenomena in their natural contexts. This study was conducted in two public mental health care institutions in the North West province of South Africa, the working context of the nurses where they were recruited as participants.

2.3 METHODS

The research methods for achieving the aim and objectives of this study are briefly explained in the following sections.

2.3.1 Population

Population refers to a complete group of people that the researcher is interested in including in the study, and who meet the inclusion criteria of the study (Brink et al., 2018:116). The study population included all nurses who are caring for, treating and rehabilitating the MHCUs in two mental health care institutions in North West province. All nurses were invited to participate in this study using a pamphlet on the notice boards in the wards. See description in 1.5 under research context.

2.3.2 Sampling method and sample size

A non-probability purposive sampling method (Polit & Beck, 2022:176) was used to select the nurses who are caring for MHCUs displaying violent and aggressive behaviour in two public mental health care institutions in North West province. With this sampling method, the researcher deliberately chose the participants who best contributed to the study (Polit & Beck, 2022:176). In qualitative studies, sample size is usually adequate when the data is fully explored (Brink et al., 2018:128). Data were collected from the nurses who are caring for MHCUs displaying violent and aggressive behaviour until saturation was reached after 11 interviews. This was when additional participants did not provide new information and supplied only repetitions of the data already collected (Brink et al., 2018:129). Participants were included or excluded in this study as indicated below.

Inclusion criteria

Male or female participants irrespective of age, were included in this study when they were:

- Registered with SANC as professional, enrolled nurses or enrolled nursing assistants in terms of Section 31(1) of the Nursing Act (Act No. 33 of 2005) to practice midwifery or nursing;
- Experienced in caring for MHCUs displaying violent and aggressive behaviour for a minimum of six months in one of two public mental health care institutions in North West province; and
- Employed in the study context.

Exclusion criteria

The following people were excluded from participation in this study:

- People not registered with SANC in terms of Section 31(1) of the Nursing Act (Act No. 33 of 2005) to practice midwifery or nursing;
- Those with less than six months experience of caring for MHCUs displaying violent and aggressive behaviour; and
- Student nurses because they are not fully involved in the care of MHCUs displaying violent and aggressive behaviour and they might be rotating during data collection.

2.3.3 Data collection

Data were collected by the researcher after obtaining ethical approval from the Ethics Committee, Faculty of Health Sciences, University of Pretoria, the North West DoH, as well as the Head of Health Establishments of two public mental health care institutions in North West province. After approval of the research proposal by all relevant stakeholders, the researcher recruited potential participants by putting the invitation to participate in this study on the notice boards of the two hospitals where data were collected. Those who were interested in participating in the study were requested to contact the researcher on the numbers that were provided in the invitation letter. Then the researcher made appointments to meet potential participants individually to discuss the study with them. Those who agreed to participate signed the consent form for their participation. The researcher made another appointment for data collection, which took place at a private venue and time preferred by the potential participants. The researcher collected data from the participants when they were off duty. This was done to avoid interrupting the services at the selected mental health care institutions in North West province.

2.3.4 Data collection interviews

Face-to-face semi-structured individual interviews and field notes were used to collect data from the nurses who met the inclusion criteria for participation in this study. Face-to-face semi-

structured individual interviews allowed the researcher to encourage the nurses to talk freely about all the topics in the interview guide (see Annexure A). Field notes assisted the researcher in documenting all the unstructured observations made during data collection and the interpretations of those observations (Polit & Beck, 2022:384). A digital audio recorder was used to record all the responses from the participants. This enhanced the credibility of the study.

The researcher conducted the interviews in English, which was the language preferred by the participants. In line with Polit and Beck (2022:181), the researcher used an interview guide which consisted of the main questions, as well as the probing questions and remarks that were covered in the interview (Annexure A). Data collection was guided by data saturation, and the interviews lasted between 30 and 60 minutes. The data was saturated after the 10th interview, but the researcher conducted 11 interviews to confirm saturation. Although all categories of registered nurses were invited to participate in the study, only professional nurses and enrolled nursing assistants responded to the invitation and no enrolled nurses were included in the study.

2.3.5 Pilot interview

The first interview was utilised as a pilot interview to assess whether the questions were suitable and comprehensible to the participants. Since unforeseen problems may arise during the course of a study, the rationale for conducting a pilot interview in this study was to allow the researcher to recognise and address unforeseen problems, and adjust the study accordingly (Brink et al., 2018:45). However, no adjustments were required and the results of the pilot interview were included in the main study results.

2.3.6 Data analysis

Qualitative data analysis is an ongoing and interactive process, which suggests that the collection of the data, processing, analysis and reporting are intertwined (Maree, 2019:124). Demographic data was analysed using an Excel spreadsheet and presented in a graph. Thematic analysis was used to analyse data. Thematic analysis refers to a process of identifying the themes within qualitative data (Maguire & Delahunt, 2017:3352). Six steps of thematic analysis were used in this study, namely: becoming familiar with the data, generating the initial codes, searching for themes and sub-themes, reviewing the themes, defining the themes, and writing up. These steps are explained below.

Step 1: Becoming familiar with the data: the researchers should be familiar with data before proceeding (Maguire & Delahunt, 2017:3355). In this step, the researcher read and re-read all

the transcribed individual interviews. The researcher made notes and jotted down first impressions.

Step 2: Generating the initial codes: the researcher coded data which is relevant or contained information of interest to the research questions (Maguire & Delahunt, 2017:3355). The researcher and the co-coder worked independently through each transcribed interview and generated initial codes separately. Thereafter, they met to compare codes, discuss them and modify them before continuing with all the remaining transcripts.

Step 3: Searching for themes and sub-themes: a theme can be explained as a pattern that has something very significant or interesting with regard to the data and the research question (Maguire & Delahunt, 2017:3356). The researcher and the co-coder met to finalise the themes as well as the sub-themes.

Step 4: Reviewing the themes: in this step, after reviewing, modifying and developing the preliminary themes and sub-themes, the researcher and the co-coder grouped together all the available data that was appropriate to each theme.

Step 5: Defining the themes: this step is the final refining of the themes and the aim here is to identify the essence of each theme. In this step, the researcher and the co-coder asked themselves the following questions: What is the theme saying? How do the main themes interact and relate to the sub-themes? How do all the identified themes relate to one another?

Step 6: Writing up: usually the end-point of any research is a report, often a dissertation, thesis or journal article (Maguire & Delahunt, 2017:3356). The findings of the current study are described in Chapter 3.

2.4 TRUSTWORTHINESS

The five criteria for ensuring the trustworthiness of this study included credibility, dependability, confirmability, transferability, and authenticity (Brink et al., 2018:158). These five criteria are explained below.

2.4.1 Credibility

Credibility implies confidence in the truth of the data, as well as the interpretations thereof (Brink et al., 2018:158). Credibility was ensured by building trust and rapport between the researcher and the potential participants. The researcher collected data from the participants until data saturation was reached, which happened after 11 interviews. Triangulation was ensured by using nurses from different categories, genders and shifts to obtain different perceptions regarding the study phenomenon.

2.4.2 Dependability

Dependability includes the provision of evidence so that if the study was done again with the same people who participated previously in the same context, the results would be similar (Brink et al., 2018:159). This research was conducted with the guidance of two experienced supervisors. The data obtained from face-to-face individual interviews were analysed by both the researcher and the co-coder independently and they met once to compare and finalise the themes and sub-themes.

2.4.3 Confirmability

Confirmability implies the possibility of congruency of the data in terms of its accuracy, meaning and relevance (Brink et al., 2018:159). Confirmability is mainly concerned with establishing whether the data collected by the researcher represents the information that was given by the participants of the study and that the interpretations are not fuelled by the researcher's imagination (Brink et al., 2018:159). Audio-recordings and field notes were used to ensure that the data reflect the voice of the participants, and not the researcher's perceptions and or bias. The first interview was sent to the supervisors to evaluate the researcher's data collection skills and suggest improvements which were not required.

2.4.4 Transferability

Transferability refers to the ability of other researchers to apply the findings of the study in other settings or to other participants (Brink et al., 2018:159). Demonstrating transferability of the findings of this study lies with those who are interested in applying the study findings in other contexts. Strategies which were used to ensure transferability in this study are detailed descriptions of the research methodology used to achieve the aim and objectives of the study, a non-probability purposive sampling technique which was used to select study participants, as well as the collection of data until saturation was reached, which occurred after the 11th interview.

2.4.5 Authenticity

Authenticity refers to the extent to which the researcher indicates a range of realities fairly and truly (Brink et al., 2018:160). The research report of this study conveys the experiences and emotions of the nurses as they occur when they care for MHCUs with violent and aggressive behaviour in a mental health care institution. The researcher aimed to ensure that the readers of this study develop an increased sensitivity to the issues being discussed, and the readers should also be able to understand the lives of the participants as portrayed in this study.

2.5 ETHICAL CONSIDERATIONS

In line with Brink et al. (2018:27), the researcher understands the importance of protecting the research participants. The protection of participants is a critical aspect of all scientific research (Lobiondo-Wood & Haber, 2022:125). Approval to conduct this study was obtained from the Research Ethics Committee, Faculty of Health Sciences of the University of Pretoria, before data collection and analysis.

Permission to conduct this study was obtained from the North West province Department of Health (DoH) and Head of Health Establishments of the two public mental health care institutions where data were collected and analysed. Written permission was obtained from the nurses who agreed to participate in the study (Annexure B). Aspects such as the research questions, aim and objectives of the study were explained to the nurses before participating in this study. The three fundamental ethical principles that guided the researcher to conduct the study ethically were respect for persons, beneficence and justice. These three fundamental ethical principles are discussed below.

2.5.1 Respect for persons

The researcher respected the rights of all participants of this study. The researcher was fully aware that all the nurses had the right to make decisions about whether or not they wanted to participate in this study without the risk of penalty or prejudicial treatment. In line with Brink et al. (2018:29), all the nurses who agreed to be participants in this study had the right to withdraw from participating at any time, or to refuse to give any information and ask for clarification about the aim and objectives of this study. No participants withdrew from the study.

2.5.2 Beneficence

The researcher protected all participants from any discomfort or harm, be it physical, emotional, psychological, legal or social. In addition to this, the researcher did everything in her power to ensure participants' autonomy, and to promote non-maleficence and beneficence (Maree, 2019:14). The researcher structured the interview questions carefully and monitored the participants for any signs of distress. Should any distress occur during data collection, the researcher would debrief the participants by allowing them to talk about their feelings, and if necessary, they would be referred to a counsellor who was on stand-by during data collection (a clinical psychologist in North West province) to counsel participants voluntarily without any costs incurred by the participants. No participants required referral to a counsellor.

2.5.3 Justice

Justice implies the rights of participants to fair selection and treatment (Brink et al., 2018:30). The researcher selected the participants of this study fairly for the reasons related to the research problem, which is the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in public mental health care institutions in North West province. The researcher respected and honoured any agreements made with the participants. The researcher was always on time for the interviews and terminated them when she had asked all the questions, including the probing questions, and was satisfied that the participants had shared all the information she needed to answer the research question. The researcher kept the information obtained from the participants anonymous and confidential. All participants' identities are kept anonymous. Participants were called, for example, Mr A, B or C during data collection. Data obtained from the participants will be kept in a safe place for a minimum of 15 years.

2.5.4 Informed consent

Informed consent implies that the participants have sufficient information regarding the study, comprehend the information and can consent or decline participation voluntarily (Polit & Beck, 2022:66). The researcher documented informed consent by allowing all the participants to sign the consent form. The consent form had information regarding the purpose of the study, expectations regarding participation, such as the time required, as well as the voluntary nature of participation and potential costs and benefits (see Annexure C).

2.6 DISSEMINATION OF RESULTS

The findings of this study will be published in an international journal accredited by the Department of Higher Education. Lastly, the findings will be presented at a North West province DoH conference.

2.7 CONCLUSION

This chapter provided the research design and methods which covered population and sampling, data collection and analysis, measures to ensure trustworthiness, ethical considerations, as well as dissemination of results. The next chapter contains the manuscript which has been prepared according to the journal instructions. The manuscript has already been submitted to the journal.

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CHAPTER 3: MANUSCRIPT WITH FINDINGS

The article as presented here was submitted to the International Journal of Africa Nursing Sciences for considering for publication.

Title page

Coping strategies of nurses caring for mental health care users displaying violent and aggressive behaviour in mental health care institutions in North West province

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ABSTRACT

Background: Mental health care users displaying violent and aggressive behaviour is a serious concern in mental health care institutions. Nurses working in mental health care institutions are more exposed to patient violence compared to health care professionals in general health settings. However, there is limited evidence regarding the strategies used by nurses to cope with violent and aggressive behaviour in mental health care institutions, particularly in the North West province.

Aim: The aim of the study was therefore to explore and describe the strategies used by nurses to cope with violent and aggressive behaviour in mental health care institutions in North West province.

Methods: A qualitative-exploratory-descriptive and contextual research design guided the study. Face-to-face semi-structured individual interviews and field notes were used to collect data which was analysed by the researcher and an independent coder using thematic analysis.

Results: Four themes emerged, namely: factors contributing to violence and aggression, negative experiences in caring for mental health care users displaying violent and aggressive behaviour, coping strategies used by nurses, and suggestions to enhance effective coping with violent and aggressive behaviour. Effective coping strategies mentioned by nurses include problem-focused coping strategies, appraisal-focused coping strategies and social-focused coping strategies.

Conclusion: Although nurses had had negative experiences that affected their coping, they also shared effective coping strategies, namely faith-based practices, problem-focused coping strategies, appraisal-focused coping strategies, emotion-focused strategies and social coping.

Keywords: Aggression, Caring, Coping strategies, Mental Health Care Users, Violence

1. Introduction

Violence and aggression refer to a range of behaviours or actions that can lead to harm, hurt or injury to another person, and include both verbal and/or physical expressions of aggression (Gupta et al., 2018). Nurses are three to four times more likely to experience violence and aggression than any other healthcare worker while performing their duties in mental healthcare institutions (Adeniyi & Puzi, 2021; Hopkins et al., 2018). For instance, in a United Kingdom (UK) study (Hopkins et al., 2018) 43% of nurses had been assaulted by mental health care users (MHCUs) as compared to 13.8% of doctors. In another UK study (Gupta et al., 2018) a third of staff members had been threatened or made to feel unsafe. This figure rose to 44% for clinical staff and 72% for nursing staff working in mental health care institutions (Gupta et al., 2018).

In Europe, Caruso et al. (2021) reported that verbal aggression of MHCUs was experienced by 100% of the mental health nurses and physical attacks by 79.5% during the previous year. In Turkey, over 81% of nurses working in clinical areas have experienced violence and aggressive behaviour from MHCUs (Hopkins et al., 2018). In a recent study that was conducted in South Africa, 95% of nurses experienced physical assault from MHCUs (Bekelepi & Martin, 2022). It is clear from the above information that nurses are at increased risk of being victims of violent and aggressive incidents during their professional careers in mental healthcare institutions (Hopkins et al., 2018).

Nurses reported injuries such as bruises, bites, and punches during exposure to physical violence from MHCUs (Bekelepi & Martin, 2022). Sometimes, the violence occurred without provocation and left nurses with permanent physical disabilities. Workplace violence can lead to nurses experiencing anger, fear, anxiety, post-traumatic stress symptoms, guilt, self-blame, and shame (Ashton et al., 2018). Exposure to patient aggression was associated with higher rates of absenteeism, poorer mental health in nurses (Newman et al., 2023), and nurses leaving the profession due to stress and injuries (Casey, 2019). Being exposed to routine violence and aggressive behaviour of MHCUs can overwhelm the usual coping strategies of nurses and reduce emotional, cognitive, and behavioural performance which might negatively affect the quality of care (Bekelepi & Martin, 2022).

Hasan et al. (2018) view coping as an ongoing strategy used in stressful situations and focus on the multidimensionality of coping, which includes behavioural and cognitive efforts. There are effective and ineffective coping strategies. Effective coping strategies help nurses regain their equilibrium and minimise the negative influences of stress. On the other hand, ineffective coping intensifies the deleterious impact of stress (Hasan et al., 2018). The same authors identified effective coping strategies for nurses working in mental health care institutions, namely seeking social

support, distancing, confrontation, religious coping and avoidance. Similarly, Sehularo et al. (2021) revealed effective coping strategies for nurses, namely faith-based practices, social support, psychological support, as well as management support. In contrast, nurses who used avoidance behaviour as a coping strategy experience serious changes in their physio-psycho-social status (Hasan et al., 2018).

None of the aforementioned studies focused on how nurses cope with caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in an under-resourced setting such as North West province. A study done in a similar setting expressed concerns regarding the coping strategies used by mental health care nurses (Molehabangwe, 2017). The South African Human Rights Commission Report on the Status of Mental Health Care in South Africa (2017) indicated the following problems in North West province: staff shortage, poor retention of staff, non-compliant infrastructure, lack of community residential facilities, poor access to mental health care services, and high relapse rates. Concerning the above challenges, the following research question was asked: What are the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province?

2. Study design and methods

2.1 Study design

A qualitative-exploratory-descriptive and contextual research design was used to study human experiences from the viewpoint of the participants in the context in which the action takes place (Brink et al., 2018). This study aimed to explore and describe the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in two mental health care institutions in North West province.

2.2 Study setting

This study was conducted in two public mental health care institutions in North West province. Both mental health care institutions are often admitting involuntary MHCUs in terms of the Mental Health Care Act (Act No. 17 of 2002) who may present with violent and aggressive behaviour. The two institutions admit a maximum of 30 voluntary, assisted and involuntary MHCUs in each unit for short- and long-term periods for various mental disorders such as substance-related disorders, psychotic disorders, anxiety and depressive disorders. Both of these mental health care institutions are also admitting MHCUs who are presenting with violent and aggressive behaviour and 1-3 cases of violence and aggression of MHCUs is reported daily. Of the 420 nurses employed in the first mental health care institution (A), 131 were professional nurses, 30 enrolled nurses and 259 enrolled nursing assistants. In the second mental health care institution (B), the 195 nurses comprised 116 professional nurses, five community service nurses and 74 auxiliary nurses.

2.3 Population, sample size, technique and procedure

The study population included all nurses who provided care to MHCUs in two selected public mental health care institutions in North West province. A non-probability purposive sampling technique (Brink et al., 2018) was used to select a total of (n=11) nurses to participate in the study. The data reached saturation after the 10th interview but the researcher conducted an 11th interview to confirm saturation.

2.4 Inclusion and exclusion criteria

This study included male and female nurses who were registered in terms of Section 31(1) of the South African Nursing Act (Act No. 33 of 2005) to practice nursing and experienced in caring for MHCUs displaying violent and aggressive behaviour for a minimum of six months in the study context. The study excluded nurses who had less than six months experience of caring for MHCUs displaying violent and aggressive behaviour. Student nurses were also excluded because they are not fully involved in the care of MHCUs displaying violent and aggressive behaviour since they might be rotating during data collection.

2.5 Data collection

Face-to-face semi-structured individual interviews were used to collect data from nurses who met the abovementioned inclusion criteria. During the interviews, the first author (referred to as “the researcher”) asked nurses about their coping strategies when caring for MHCUs displaying violent and aggressive behaviour. She used communication skills such as open-ended questions, probing, clarifying, and non-verbal communication techniques to encourage nurses to talk freely about their experiences. The interviews lasted 45 to 60 minutes. Field notes were recorded of all the observations made during data collection and the interpretations of those observations (Polit & Beck, 2022). A digital audio recorder was used with permission from the participants. Data saturation was reached after 11 interviews with no new themes emerging.

2.6 Data analysis

Maguire and Delahunt’s (2017) six steps of thematic analysis were used to analyse data. Both the first author and the co-coder analysed data. The first author read and re-read all the transcribed interviews, made notes and jotted down first impressions. The first author and the co-coder analysed one transcript and generated initial codes separately. They met to compare codes, discuss them and modify them before they analysed the remaining transcripts. The first author and the co-coder worked independently, reviewed, modified and developed the themes and sub-themes. All the available data were grouped as appropriate under themes and sub-themes. The first author and the co-coder asked themselves the following questions: What is the theme saying? How do the main

themes interact and relate to each other and the sub-themes? After reaching consensus on the findings, the themes and sub-themes were described with the help of direct participant quotations.

2.7 Ethical considerations

The Research Ethics Committee of the Faculty of Health Sciences, University of Pretoria (Reference Number 80/2023), the North West province Department of Health, and managers of the two public mental health care institutions provided approval to conduct this study. Written informed consent was obtained from the participants after the research procedures and objectives were explained to them.

The principles of beneficence, respect for persons, and justice were followed. The researcher informed the participants that they have the right to withdraw from participating in the study at any time. Interview questions were structured carefully and participants were monitored for any signs of distress, of which none was observed during data collection. Participants were selected for the reasons related to the research problem.

2.8 Trustworthiness

The five criteria for ensuring the trustworthiness of this study included credibility, dependability, confirmability, transferability, and authenticity (Brink et al., 2018:158). Credibility was ensured by building trust and rapport between the researcher and the potential participants. To ensure dependability, the study was conducted with the guidance of two experienced supervisors. The data obtained from face-to-face individual interviews were analysed by both the first author and the co-coder independently and they met once to compare and finalise the themes and sub-themes. To ensure confirmability, an audio recorder and field notes were used to ensure that the data reflect the voice of the participants, and not the researcher's perceptions and/or bias. Strategies which were used to ensure transferability in this study are detailed descriptions of the research methodology used to achieve the aim and objectives of the study, a non-probability purposive sampling technique which was used to select study participants, as well as collection of data until saturation is reached, which was after the 11th interview. To ensure authenticity, the research report of this study conveys the experiences and emotions of the nurses as they occur when they care for MHCUs with violent and aggressive behaviour in a mental health care institution. The researcher aimed to ensure that the readers of this study develop an increased sensitivity to the issues being discussed, and the readers should also be able to understand the lives of the participants as portrayed in the report of this study.

3. Findings

The findings are discussed according to the participants' demographic information and the themes and sub-themes that emerged from the data analysis. The findings are supported with participants' verbatim quotations. The participant's code number (e.g. PA) and position are indicated in brackets: PN (professional nurse) or EN (enrolled nursing assistant).

Demographic information

From Hospital A, four males and only one female participated in the study and all of them were professional nurses. Their age ranged from 26 to 43 years and their work experience ranged between two and 17 years. From Hospital B, three males and three females participated in the study, four of them were professional nurses and only two were enrolled nursing assistants. Their age ranged from 33 to 59 years and their work experience ranged between four and 34 years. See Figure 1.

Figure 1. Participants' demographic information

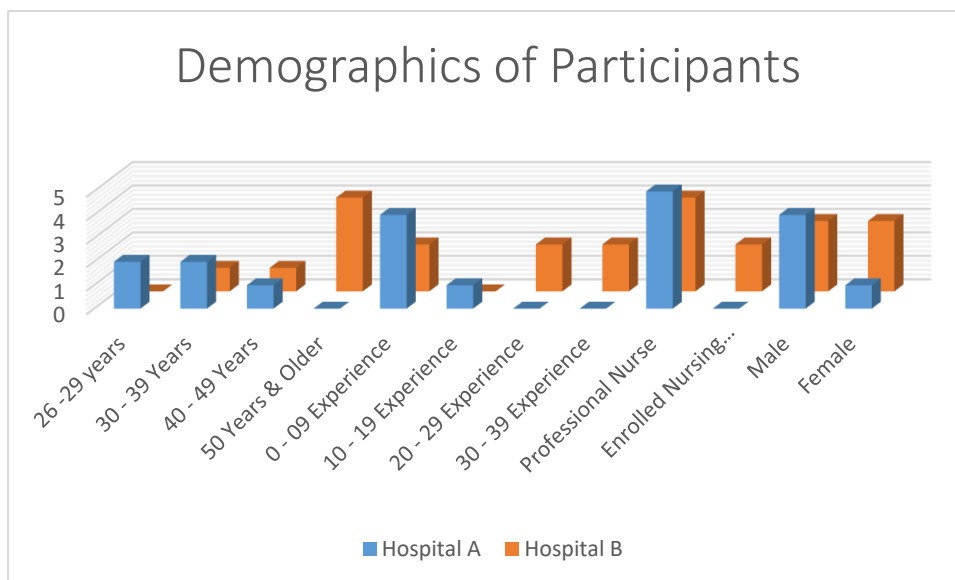


Table 1. Themes and sub-themes from the study

Themes	Sub-themes
1. Factors contributing to violent and aggressive behaviour displayed by MHCUs	1.1 Lack of support from MHCUs' families
	1.2 Shortage of mental health care practitioners
	1.3 Lack of recreational opportunities
	1.4 Inadequate training of nurses
2. Negative experiences in caring for MHCUs presenting with violent and aggressive behaviour	2.1 Nurses feel intimidated by MHCUs
	2.2 Physical injuries due to assault
	2.3 Mental health challenges such as anxiety
3. Strategies to cope with MHCUs' violent and aggressive behaviour	3.1 Requesting assistance from security officers
	3.2 Faith-based practices
	3.3 Problem-focused coping strategies
	3.4 Appraisal-focused coping strategies
	3.5 Emotion-focused strategies
	3.6 Social coping strategies

4. Suggestions for strategies to enhance coping with violent and aggressive behaviour	4.1 Family involvement in the care of MHCUs
	4.2 Counselling for affected staff members
	4.3 Sufficient and competent human resources
	4.4 Sufficient infrastructure

Four themes emerged, namely factors contributing to violent and aggressive behaviour displayed by MHCUs, negative experiences in caring for MHCUs presenting with violent and aggressive behaviour, strategies to cope with violent and aggressive behaviour, as well as suggestions for strategies to enhance coping with violent and aggressive behaviour. (See Table 1.)

Theme 1: Factors contributing to violent and aggressive behaviour displayed by MHCUs:

The sub-themes of this theme helped the researcher to understand the factors influencing the nurses' coping with the violence and aggression of MHCUs: lack of support from MHCUs' families, shortage of mental health care practitioners, lack of recreational opportunities, as well as inadequate training of nurses.

Subtheme 1.1 Lack of support from MHCUs' families: MHCUs are threatened with long-term hospital admission by their families, which may cause a negative connotation with hospital admission and exacerbate aggressive behaviour. The participants indicated that even when they inform the families that MHCUs are violent and aggressive in the unit, they do not assist them. This may relate to families' limited understanding of mental illness and its effects as evidenced in the following quotations:

...families are using mental health institutions to get rid of them, if [they] are behaving [in an unacceptable manner] at home or getting angry like every normal human being, their families tell them that they are going to take them home, their home is this hospital. The families are not supporting us at all. (Hospital A, PD, PN)

...the families...don't see the patients as people who need help, they see [them] as a person who's violent and aggressive or someone who should just go to the hospital and stay there forever. (Hospital B, PF, PN)

Sometimes when the family visits, as a nurse in charge of the unit you inform them that the user is giving you trouble in the unit, but they do not care, they do not help us. I don't know what the problem is, because they must work with us on this journey. (Hospital B, PH, PN)

Subtheme 1.2 Shortage of mental health care practitioners: Participants from both mental health care institutions mentioned that violence and aggression are mainly caused by staff shortages. The shortage is not only experienced in nursing, but also in other mental health professions. A shortage of staff can

cause frustration leading to aggression, such as having to wait to see a social worker that will extend hospital stay. Participants said:

Some of them will tell you that I am here for three weeks now, and I didn't even meet a social worker; I don't know if there is a shortage of them or that's how they do things. They will ask us to call home. (Hospital A, PD, PN)

...it's a very challenging job...especially when you are short-staffed because...they will constantly remind you that they will catch you off guard...if you have that kind of patient [you] will constantly watch your back all the time making sure that you are safe. (Hospital A, PA, PN)

Subtheme 1.3 Lack of recreational opportunities: Participants felt that boredom due to the lack of recreational opportunities contributed to MHCUs' frustration and aggressive behaviour. Radios, televisions and sport facilities such as swimming pools can help to relieve boredom. The hospitals are under-resourced with service delivery challenges, making it difficult to maintain recreation facilities for MHCUs:

I think the main issue here is that we do not have anything that can keep our patients, busy, no swimming pools, no games, no TV [television], there is nothing. I think they are bored and that is why they resort to violence and aggression. (Hospital A, PC, PN)

When I was still working at a private hospital, we used to have radios and TVs in all the units, and as assistant nurses, we would stimulate them by watching games, movies and so on, but here in North West province, there is nothing like that and patients end up being bored, that is the main thing. (Hospital B, PK, EN)

There are no games, there is no TV, they are not updated about sports, they are not doing anything. I think that frustrates them, sometimes they will force us to take them out...where they can maybe play, [but] they don't have soccer balls to play with. (Hospital A, PD, PN)

Subtheme 1.4 Inadequate training of nurses: Some nurses do not know how to de-escalate and manage aggression due to inadequate training. Participants mentioned that some of their colleagues, such as enrolled nursing assistants, did not study mental health nursing because it was not included as part of their curriculum. The following statements confirm this finding:

[An]other challenge is that when it comes to other staff members [it is] not all of us who are trained appropriately for dealing with this kind of patients. When you are the only one with a skill it is becoming difficult to deal with these patients. (Hospital A, PA, PN)

Enrolled nursing assistants are only being trained in a specific way...not in a real sense on how to deal with a psychiatric patient, they do not have much of the information on the management of psychiatric patients...You need to be well skilled and professional because our training was totally different from...the [psychiatric] course. (Hospital B, PK, EN)

...people who are not well trained are very problematic, if one of them sees that the patient is fighting, they would want to fight back and then we are all in trouble and that is not what is supposed to be done or [to] happen... (Hospital B, PF, PN)

Theme 2: Negative experiences in caring for MHCUs presenting with violent and aggressive behaviour:

Three sub-themes emerged, namely nurses feeling intimidated by MHCUs, physical injuries due to assault, and mental health challenges such as anxiety.

Subtheme 2.1 Nurses feel intimidated by MHCUs: Participants were exposed to threats from MHCUs and at times they even considered resigning due to the level of patience and tolerance demanded by the aggressive behaviour. Nurses' coping is affected by MHCUs intimidating them verbally and physically, as exemplified by the following statements:

I think my experiences are [that] it is very challenging to work with violent and aggressive mental health care users because some of them will go even to the extent of telling you that if they...see you outside, they will harm you or they will attack you. (Hospital A, PA, PN)

...they swear at us, they threaten us, they become aggressive, and if you don't know your story, you might even want to resign or look for another job somewhere. (Hospital B, PI, PN)

Subtheme 2.2 Physical injuries due to assault: Participants expressed that it is sometimes very difficult to prevent and cope with physical injuries due to assault. The following statements from participants describe the assaultive behaviour they are exposed to:

...it's a bit of a joke but it's something that really happened...Someone was getting married the weekend. So, it was a Tuesday, the patient assaulted him, imagine, he had a swollen eye, and he was getting married the same weekend. (Hospital B, PH, PN)

...they [MHCUs] break windows, they fight with us, they choke us, they scratch and they grab our hair. (Hospital A, PE, PN)

Sometimes we are also injured as nurses when we try to calm these patients down, we experience a lot of physical injuries, it's just that one has to be very careful when caring for this type of patients. (Hospital A, PB, PN)

Subtheme 2.3 Mental health challenges such as anxiety: Participants struggle to cope with the constant fear that affects their sleeping patterns and ability to enjoy life. Some dread to come to work, as expressed in the following quotations:

So, whenever a patient is aggressive you get scared, or you have that anxiety because you are afraid of them, you have a fear that they are going to attack you because they can do it at any time. (Hospital A, PE, PN)

...at times you feel [so] anxious that you can't even sleep at night, you are always very, very anxious, you are worried, you only enjoy life when you are off duty but when it is the time for you to go to work, it becomes something else. (Hospital B, PI, PN)

Theme 3: Strategies to cope with MHCUs' violent and aggressive behaviour:

Six sub-themes emerged from this theme, namely requesting assistance from security officers, faith-based practices, problem-focused coping strategies, appraisal-focused coping strategies, emotion-focused strategies, as well as social coping strategies.

Subtheme 3.1 Requesting assistance from security officers: The participants mentioned that when the MHCUs present with violent and aggressive behaviour, the security guards are accessible and helpful. The following statements confirm this finding:

We also call back up from the security guards to help us put the patient in the seclusion room because these patients are very powerful when they are aggressive. (Hospital A, PE, PN)

We had to call the security guards [who] are something like 200 meters away from the ward, so they had to come, and we had to restrain the patient and put him in a seclusion [room], give him necessary drugs [to] just calm him down. (Hospital B, PH, PN)

When they are physically aggressive, we have the help of the security guard...security officers are always there to assist us, especially when we are short-staffed. (Hospital A, PA, PN)

Subtheme 3.2 Faith-based practices: Participants mentioned that they use faith-based practices as a coping strategy, for example, some stated that they pray every morning before they go to work. The nurses pray as a group before they start their daily routine. The following statements provide evidence for this finding:

Before I come to work, I pray, and then I talk to my mind...I must concentrate, because I know anything can happen at any time, so prayer helps me a lot... (Hospital B, PF, PN)

...as nurses the first thing that we do in the morning after taking report is to pray, so I am a strong believer and I trust that at times it's God's intervention that assists us [with] the problem that we are [experiencing], especially in this hospital. (Hospital B, PI, PN)

Subtheme 3.3 Problem-focused coping strategies: Participants focus on the real problem and address the origins of the aggression by asking MHCUs about the causes. They use interpersonal skills, such as listening skills and a calm tone of voice. It is also important to be honest and not make false promises:

The most important thing is to listen to that patient...with regards to what causes the problem of [the] patient [being] violent and then if it's something that you can help [with], you can help the patient, but don't promise something that you cannot do... (Hospital B, PF, PN)

I have realised that when a patient is aggressive and violent you [should] speak calmly with them, you [should] not be loud, because if you become loud, you aggravate the user's aggression. (Hospital B, PJ, EN)

Subtheme 3.4 Appraisal-focused coping strategies: Appraisal-focused coping strategies are used to look at the problem differently, to see and understand the human being behind the aggressive behaviour and to care for MHCUs regardless of their actions. Participants accept aggressive behaviour as part of their work as seen in the following quotations:

...sometimes when they are aggressive, I just say to myself, you know what, these patients are also human beings, they were also created in God's image, they are behaving this way because they are sick, once [the] psychosis is gone, they will be themselves again. (Hospital A, PC, PN)

Some of us are fortunate because we have a clinical specialisation, so we love these patients irrespective of their condition. We have to care for them because they need us. If they were not ill they could have been at home enjoying life just like other people. (Hospital B, PG, PN)

I have realised that almost every day at least one or two patients have to be aggressive, so you get used to them, especially when you have worked in a psychiatric ward for a long time... (Hospital B, PK, EN)

Subtheme 3.5 Emotion-focused coping strategies: Only one participant indicated that he uses emotion-focused coping, which entails dealing with his emotions through using a reflective journal and time-out to calm himself:

The other strategies that I use when I am dealing with these situations, I think is more beneficial to me. I always [write in] what I call the reflective journal at the end of the day when I knock off. I just write [down] anything that I experienced during the day...I just take my time, I usually call it time-out. I just withdraw

myself from the situation and come back later to the patient to try with them, but I always use the time-out.
(Hospital A, PA, PN)

Subtheme 3.6 Social coping strategies: Participants elucidated that they use social coping, which is interacting with colleagues and sharing challenging experiences. They mentioned that teamwork and support from others help them when MHCUs display violent and aggressive behaviour:

We work as a team in the ward so when the patient displays...violent behaviour towards me, I call other colleagues so that we can deal with him as a collective. (Hospital A, PA, PN)

[An]other coping strategy will be like writing [a] proper report and then involving other people that I am working with, and there is also sharing the experience through in-service training. (Hospital A, PB, PN)

Theme 4: Suggestions for enhanced strategies to cope with violent and aggressive behaviour:

Four sub-themes emerged from this theme, namely family involvement in the care of MHCUs, counselling for affected staff members, sufficient and competent human resources and sufficient infrastructure.

Subtheme 4.1 Family involvement in the care of MHCUs: Collaboration with and involvement of families may help to calm MHCUs as they will feel less rejected and less frustrated. MHCUs will also see that their families care about them and cooperate with the nurses to ensure their well-being and recovery. Families and communities require education about mental illness as confirmed in these quotations:

...most of these patients are mentally ill because of their families, so if these families of patients can be involved, I think the management of these patients will improve. (Hospital B, PH, PN)

The families must also do something, they should work with us, they should help us to manage the patients, they must not just bring them here without [being willing to offer us] any assistance. (Hospital A, PE, PN)

Help can start from the family first, then the community. We must educate the community about mental illness. The family must understand mental illness to be able to help their loved ones. (Hospital B, PG, PN)

Subtheme 4.2 Counselling for affected staff members: Participants suggested that all staff members who are affected by violence and aggression should be counselled to develop effective coping strategies. Some of them mentioned that the trauma they experienced at work also affected them at home:

...nurses...can also be helped by organising counselling sessions, because these things affect us even at our homes, not at work only. At night you sometimes wake up and think about your patient. These things also affect us, we need counselling. (Hospital B, PG, PN)

I think the counselling of staff members also needs to be considered going forward when you are dealing with these aggressive patients. (Hospital A, PA, PN)

If [a violent or aggressive] incident happens to a nurse who is still new...if the nurse has been counselled and has been [prepared] for such [a situation] [it] will...be easy for him or her to cope. (Hospital A, PB, PN)

Subtheme 4.3 Sufficient and competent human resources: Almost all the participants mentioned that there is a need for the employment of more nursing personnel to cope effectively with the care of MHCUs presenting with violent and aggressive behaviour. The need for the appointment of more male nurses to assist female nurses came out strongly during interviews:

...they can hire more staff members because it becomes difficult for us, the female staff members, to handle the male users...when they are violent...we need more male staff members because we have a shortage of male staff. There are more female staff, and the patients underestimate us. (Hospital B, PJ, EN)

...they must give us more staff, because...we are three nurses with 30 patients. That's a lot and some of them are sick. At times we ask other nurses from other wards to come and assist, [but] they can't deal with the patients, because they come from mental retardation units... (Hospital B, PI, PN)

Nursing personnel should undergo training and workshops to increase their knowledge, equip them with skills and empower them to cope with aggression and management of psychotic MHCUs. Training must include all nurses, not only those who have mental health qualifications but also those without such qualifications:

I think the training of the staff members can be very helpful, it can be a scholarship, it can be [a] workshop, because sometimes...the institution takes a long time to send people for training... Workshops...need to be done regularly, especially when you change wards. (Hospital A, PA, PN)

...[we should be empowered through]...workshops or courses to enlarge our knowledge related to dealing with psychotic patients. (Hospital B, PK, EN)

In-service programmes for all the nurses caring for these types of patients are...very essential; that is equipping whoever is nursing those patients with skills that are necessary for such behaviours. (Hospital A, PB, PN)

Subtheme 4.4 Sufficient infrastructure: Participants suggested that each ward in a mental health care hospital must have a safe seclusion room to be used for appropriate purposes. Seclusion is meant as a last resort when MHCUs are at risk of harming themselves or others. The structure of seclusion facilities should minimise harm to MHCUs:

Imagine you work with those dangerous patients and then we don't have for example the seclusion room; we need seclusion rooms which will be used effectively and not for punishing these users. (Hospital B, PF, PN)

Sometimes [when] we put them in the seclusion room, they bang their heads on the walls, and they injure themselves, so you are afraid to put them in there because you are afraid they will hurt themselves. (Hospital A, PE, PN)

...each ward must have a well-functioning seclusion room...[our seclusion room] is too old so it lacks some of the [facilities]...if they can just increase the number of seclusion rooms, so that when we have this kind of patient we know that we [have] got the resources... (Hospital A, PA, PN)

4. Discussion

The findings described the experiences and coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in the context of two public mental health care institutions in North West Province. Participants revealed that lack of support from MHCUs' families contributes to patients' challenging behaviour. Although family inclusion in mental health care is known to be beneficial, it does not always occur. A better understanding of MHCUs' needs for family involvement is required (Cameron et al., 2022). Families may be reluctant to participate in care as they often feel blamed for the MHCUs' condition and burdened with the responsibility of providing support (Ong et al., 2021). Both families and nurses need support to cope effectively with the care of MHCUs to prevent aggressive behaviour.

Participants indicated the shortage of competent mental health care practitioners as one of the contributing factors to violent and aggressive behaviour, particularly in the North West Province, where this study was conducted. This finding concurs with those of Bekelepi and Martin (2022) who indicated the shortage of especially advanced mental health nurses to support nurses in stressful working environments. Bellman et al. (2022) confirmed that inadequate staffing contributed to increased aggression in mental health care units, especially during the COVID-19 pandemic. The current findings revealed that inadequate training of nurses hampers their ability to cope with violence and aggression. Similar findings were reported by Letlape et al. (2014), who indicated the need for training of mental health care providers in the management of violence and aggression.

The lack of recreational opportunities as one of the contributing factors to violent and aggressive behaviour, was not found in other studies in the North West Province. However, Jagannathan et al. (2021) indicated that recreation is considered an important part of rehabilitation as it increases cognitive ability and improves social and communication skills in MHCUs. Recreational opportunities enhance problem-solving, goal-setting skills, attention, memory, and concentration (Jagannathan et al., 2021). This highlights the need to investigate the relationship between recreational opportunities and reduced violence and aggressive behaviour.

Being intimidated by MHCUs was also mentioned by Hopkins et al. (2018) who indicated the correlation between nurses being a victim and negative responses such as anxiety and depression. Gupta et al. (2018) add that physical assaults include assault without injury, assault with minor injury and actual wounding; threats include verbal threats made to or against an individual. Feeling threatened might be contributing to the shortage of nurses in mental health care institutions.

This study revealed different coping strategies used by nurses who are caring for MHCUs displaying violent and aggressive behaviours in North West Province. Coping strategies and resilience have a significant effect on nurses' mental health (Fradelos et al., 2023) and include behavioural and cognitive strategies (Hasan et al., 2018). Participants indicated that they request assistance from security officers when MHCUs are violent and aggressive. Access to help from other staff members, hospital security and police officers is essential (Adeniyi & Puzi, 2021). In the UK, preventative strategies such as alarms, security presence or metal detectors are used (Ashton et al., 2018). With regards to faith-based practices to cope with violence and aggressive behaviour, Sehularo et al. (2021) indicated that faith-based practices and belief systems play an integral role in the lives of health workers such as nurses.

Participants expressed that they could cope with the caring of MHCUs by focusing on the real problem of aggression and its origins. Problem-focused coping includes techniques to minimise, redefine and/or solve external demands to reduce the effect of the stressor (Hasan et al., 2018). Only one participant in this study indicated the use of emotion-focused coping, a strategy that might help nurses modify their psychological reactions linked to stressors (Hasan et al., 2018). It is necessary to educate nurses on how to express their emotions freely, communicate, and develop stress management strategies to deal with negative memories and emotions after exposure to violence (Yoo et al., 2018). Participants elucidated that they use social coping, which comprises interacting with colleagues. Nurses received support from their colleagues, family and friends following exposure to violence, but a lack of support from management (Bekelepi & Martin, 2022). A sense

of coherence was associated with better mental health in nurses and the use of adaptive coping strategies (Betke et al., 2021).

Suggestions to assist nurses included family involvement in the care of MHCUs. There is no doubt about the effectiveness of family and caregiver support for MHCUs (Eckardt, 2022). Family involvement leads to better patient outcomes, fewer relapses, reduced hospital admissions, shorter in-patient stays, and improved compliance with medication and treatment plans (Ong et al, 2021). More research is needed to explore the role of family involvement in reducing MHCUs' aggression in psychiatric hospitals.

Participants mentioned the importance of workplace support such as training and counselling for mental health care nurses, sufficient human resources and infrastructure. Competent nurses reduce the risk of violence in the workplace (Casey, 2019), especially in psychiatric settings where special skills are required to cope with aggressive behaviour (Pekurinen et al., 2017). Empowering psychiatric nurses improved their self-efficacy and coping strategies. Making problematic behaviour more understandable, resulted in less psychological distress (Hasan et al., 2018). Management should ensure the availability of formal support for nurses, including debriefing after violent incidents and access to counselling (Newman et al., 2023). Nursing education institutions should train more advanced nursing practitioners to address the shortage of specialists in North West province (Setona et al., 2020). Specialists with advanced knowledge and skills can guide other nurses to manage problematic behaviour in MHCUs (Molehabangwe et al., 2018). Higher staff-patient ratios in both day- and night shifts, as well as more dayroom space and bedroom space per patient, are recommended (Bellman et al., 2022). In this study participants mentioned how MHCUs hurt themselves during seclusion, not considering the need for chemical sedation, indicating a treatment and knowledge gap that should be addressed.

5. Implications of the study

The findings of this study have different implications for nursing research, practice and education. The results of this study point to a need to conduct larger studies on this topic, such as quantitative surveys to inform the development of guidelines to strengthen nurses' resilience and coping strategies. Action research can be conducted to develop a support program for nurses caring for violent and aggressive MHCUs in the study context, and to empower families to cope with such challenging behaviour. Management should provide human and recreational resources, arrange training and encourage nurses to implement the results of this study to improve their coping with MHCUs displaying violent and aggressive behaviour. The findings of this study should also be incorporated into the curriculum of undergraduate nursing students to capacitate them to care for patients with violent and aggressive behaviour.

6. Strength and limitations of the study

This is the first study to be conducted focusing on the coping strategies of nurses caring for MHCUs displaying violent and aggressive behaviour in North West province. Therefore, this study adds important information to the field of psychiatry and mental health nursing. The study was conducted in only one province of South Africa and used only 11 participants from two public mental health care institutions in North West province. This means that the findings of this study can only be applied in other similar settings in the province, country or globally.

7. Conclusions

This was the first study to be conducted on the coping strategies of nurses caring for MHCUs displaying violent and aggressive behaviour in North West province. Although nurses had had negative experiences that affected their coping, they also shared effective coping strategies, namely faith-based practices, problem-focused coping strategies, appraisal-focused coping strategies, emotion-focused strategies and social coping. Other nurses may be empowered through the use of these coping strategies. While nurses should acquire coping strategies, management also has a responsibility to provide the human and recreational resources to enable nurses to provide quality mental health care, treatment and rehabilitation services in mental health care institutions. This is because the participants suggested sufficient and competent human resources as one of the strategies to enhance coping with violent and aggressive behaviour. Families should be capacitated to work with nurses to enhance their coping, eventually improving the care provided to MHCUs.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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CHAPTER 4: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 Introduction

The previous chapter provided the manuscript which has been submitted to the journal. Proof of submission to the journal is attached (see Annexure K). This chapter provides a summary of the findings, limitations encountered, recommendations for practice, education and research, contribution to the body of knowledge, dissemination of results, as well as the conclusion of the study.

4.2 Research questions, aim and objectives

The research questions, aim and objectives of this study are given below.

4.2.1 Research questions

This study was guided by the following research questions:

- What are the experiences of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province?
- What are the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province?
- What coping strategies can be recommended for nurses caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province?

4.2.2 Research aim

The study aimed to explore and describe the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province.

4.2.3 Research objectives

The following objectives assisted the researcher in achieving the aim of the study:

- To explore and describe the experiences of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province;
- To explore and describe the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province; and

- To recommend coping strategies for nurses exposed to violent and aggressive behaviour displayed by MHCUs in mental health care institutions in North West province.

4.3 Research design and methods

A qualitative-exploratory-descriptive and contextual research design was used by the researcher to explore and describe the coping strategies of nurses when caring for MHCUs presenting with violent and aggressive behaviour in mental health care institutions in North West province. Face-to-face semi-structured individual interviews and field notes were used to collect data which were analysed by the researcher and an independent coder following thematic analysis. An independent coder was used to increase the trustworthiness of the study.

4.4 Summary of findings

Four themes emerged from the study, namely: factors contributing to violent and aggressive behaviour displayed by MHCUs, negative experiences in caring for MHCUs presenting with violent and aggressive behaviour, strategies to cope with MHCUs' violent and aggressive behaviour, as well as suggestions for strategies to enhance coping with violent and aggressive behaviour. The themes and sub-themes which emerged from this study are summarised in the following sections.

Theme 1: Factors contributing to violent and aggressive behaviour displayed by MHCUs

Four sub-themes emerged as the factors contributing to violent and aggressive behaviour displayed by MHCUs, namely: lack of support from MHCUs' families, shortage of mental health care practitioners, lack of recreational opportunities and inadequate training of nurses. These sub-themes helped the researcher to understand the factors influencing the nurses' coping with the violence and aggression of MHCUs.

Theme 2: Negative experiences in caring for MHCUs presenting with violent and aggressive behaviour

Three sub-themes emerged from the negative experiences in caring for MHCUs presenting with violent and aggressive behaviour, namely: nurses feel intimidated by MHCUs, physical injuries due to assault and mental health challenges such as anxiety. Participants were free to talk about the negative experiences in caring for MHCUs presenting with violent and aggressive behaviour. These experiences helped them to move smoothly to their coping

strategies, as well as the suggestions for enhanced coping strategies when caring for MHCUs displaying violent and aggressive behaviour.

Theme 3: Strategies to cope with MHCUs' violent and aggressive behaviour

Six sub-themes emerged from the strategies to cope with MHCUs' violent and aggressive behaviour, namely: requesting assistance from security officers, faith-based practices, problem-focused coping strategies, appraisal-focused coping strategies, emotion-focused strategies, as well as social coping strategies. These coping strategies add important information to the field of psychiatry and mental health nursing sciences. These coping strategies should also be shared with nurses in other contexts to improve their coping when caring for MHCUs displaying violent and aggressive behaviour.

Theme 4: Suggestions for strategies to enhance coping with violent and aggressive behaviour

Four sub-themes emerged as suggestions for strategies to enhance coping with violent and aggressive behaviour, namely: family involvement in the care of MHCUs, counselling for affected staff members, sufficient and competent human resources, as well as sufficient infrastructure. From the findings of this study, comprehensive interventions can be used to enhance coping with violent and aggressive behaviour. These comprehensive approaches include involving family members of MHCUs, involving the Employee Assistance Programme (EAP) for counselling the affected staff members, and management organising training and workshops for all nursing personnel who are working in mental health care institutions. The hospital management should also play their part by employing sufficient and competent human resources, such as nurses who are competent to provide mental health care, treatment and rehabilitation services to MHCUs who are displaying violent and aggressive behaviour.

4.5 Limitations

The study used 11 participants from two public mental health care institutions in North West province. This means that the findings cannot be generalised to general or private hospitals in North West province. However, the findings of this study can be applied in other similar settings in the province, country or globally.

From Hospital A, four males and only one female participated in the study and all of them were professional nurses. It was not easy to avoid this limitation because only professional nurses were available and willing to participate in the study during data collection. From Hospital B, three males and three females participated in the study, four of them were professional nurses

and only two were enrolled nursing assistants. Even though the participants were 50% male and 50% female, the participation of enrolled nurses could have provided different results.

4.6 Recommendations

From the findings of this study, the following recommendations are made for nursing practice, nursing education and nursing research.

4.6.1 Nursing practice

For nursing practice, the following recommendations are made:

- Management should provide funds for human and recreational resources at mental health care institutions to contribute to a therapeutic environment.
- Management should arrange training on the management of violence and aggressive behaviour and encourage nurses to implement the results of this study to improve their coping strategies with MHCUs presenting with violent and aggressive behaviour.
- Management should employ more competent nursing personnel who will be providing care, treatment and rehabilitation services to MHCUs presenting with violence and aggression in mental health care institutions.
- Management should ensure that all nurses who experience violence and aggression from MHCUs receive counselling timeously.
- Mental health care facilities should be renovated and wards should meet safety standards, especially seclusion areas which should only be used as a last resort.
- Mental health care nurses should empower themselves to manage MHCUs more effectively using verbal and non-verbal communication skills such as empathy, trust and respect and build therapeutic relationships with MHCUs.
- Mental health care practitioners should ensure medication is prescribed for all MHCUs to administer in case of violent and aggressive behaviour to avoid escalation of aggression into violence.
- All mental health care practitioners should support nurses in coping with MHCUs' aggression using therapeutic interventions to facilitate coping strategies.
- Family involvement should become a priority with special interventions such as mental health education, family therapy, family days and information sessions.
- Security officers should also be educated about the findings of this study so that they know what is expected of them when MHCUs display violent and aggressive behaviour.

4.6.2 Nursing education

For nursing education, the following recommendations are made:

- The findings of this study should be incorporated into the curriculum of undergraduate and postgraduate nursing students to equip them with recent information that may assist them when they care for MHCUs displaying violent and aggressive behaviour.
- There should be continuous workshops and in-service training for all the categories of nurses who are working at mental health care institutions.
- All institutions of higher learning should be encouraged to educate nursing students about the findings of this study.
- Nursing education institutions are encouraged to advise nursing students to further their studies in mental health nursing so that they can reduce the shortage of mental health care practitioners.
- All nurses employed at mental health care institutions should be educated about the different coping strategies identified in this study and assisted in exploring other effective strategies.
- Nurses in clinical facilities are encouraged to educate MHCUs and their families about the findings of this study.

4.6.3 Nursing research

For nursing research, the following recommendations are made:

- The results of this study point to a need to conduct larger studies on this topic, including quantitative surveys to develop guidelines or strategies to strengthen nurses' resilience or coping strategies when caring for MCHUs displaying violent and aggressive behaviour.
- Research can be conducted to develop a support program for nurses caring for MHCUs presenting with violent and aggressive behaviour in the study context, and to empower families to cope with such challenging behaviour.
- There is also a need to conduct research on how to establish family involvement and ways of coping for nurses and families.

4.7 Contribution to the body of knowledge

The findings of this study contribute to the body of knowledge of psychiatry and mental health nursing science. In this study, the researcher identified a gap regarding coping strategies used by nurses caring for MHCUs displaying violent and aggressive behaviour in North West province. Therefore, the researcher added to the findings of this study, the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental

health care institutions in North West province. These findings may be used to assist nurses working in mental health care institutions on how to cope when providing care to MHCUs with violent behavior in their daily lives. The researcher submitted a manuscript for publication to add the findings to the body of literature.

4.8 Dissemination of results

To disseminate the findings of this study, an article format has been followed to submit the findings to a journal designated to expand psychiatric and mental health knowledge. The findings of this study will be presented at a national or international conference and a complete dissertation will also be published on the UP website. Lastly, the findings of this study will be presented at the two mental health care institutions where the study was conducted.

4.9 Conclusion

The study aimed to explore and describe the coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour in mental health care institutions in North West province. A qualitative-exploratory-descriptive and contextual research design was used to achieve the main aim and objectives of the study. The nurses who participated in the study provided a clear picture of how they cope when caring for MCHUs displaying violent and aggressive behaviour in mental health care institutions in North West province. Effective coping strategies mentioned by the nurses who participated in the study include problem-focused coping strategies, appraisal-focused coping strategies and social-focused coping strategies. From the findings of this study, recommendations were made for nursing practice, nursing education and nursing research.

ANNEXURE A: INTERVIEW GUIDE

There are three sections in this interview guide, namely demographic information, main research questions and probing questions and remarks.

Section A: Demographic Information

Age: -----

Gender: -----

Professional category: -----

Experience in years: -----

Hospital A or B: -----

Section B: Main Questions

1. What are your experiences of caring for MHCUs with violence and aggression?
2. How do you cope when caring for MHCUs with violence and aggression? (effective and less effective ways of coping)
3. What can be done to assist you to cope effectively with MHCUs with violent and aggressive behaviour in a public mental health care institution?

Section C: Probing Question and Remarks

- What do you mean?
- Please tell me more.
- Please explain further.

NB: The above questions and remarks will be followed by open-ended questions, clarifications, paraphrasing, reflections, and summaries.

ANNEXURE B: PARTICIPANT'S INFORMATION AND INFORMED CONSENT

Study title: Coping strategies of nurses when caring for mental health care users with violent and aggressive behaviour in mental health care institutions in North West province

Principal Investigator: Mrs M.P. Sehularo

Supervisor: Prof A. van der Wath and Prof. N. Sepeng

Institution: University of Pretoria (UP)

DAYTIME AND AFTER HOURS TELEPHONE NUMBER(S):

Daytime number: 0839443167

After-hours number: 0839443167

DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:

Date	Month	Year	Time
------	-------	------	------

Dear Prospective Participant

Dear Mr/ Mrs

1) INTRODUCTION

You are invited to volunteer for a research study. I am doing this research for Master of Nursing Science degree purposes at the University of Pretoria. This document gives information about the study to help you decide if you would like to participate. Before you agree to take part in this study, you should fully understand what is involved. If you have any questions which are not fully explained in this document, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about what we will be discussing during the interview.

2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of this study is to explore and describe the coping strategies of nurses when caring for MHCUs with violent and aggressive behaviour in mental health care institutions in North West province. By doing so I wish to learn more about the coping strategies nurses are using when they care for MHCU with violent and aggressive behaviour.

You will be interviewed by the researcher when you are off duty in a place that is private and easy for you to reach.

3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM THE PARTICIPANTS

If you agree to participate, you will be asked to participate in an individual interview which will take about a maximum of 60 minutes. The individual interview will be a one-on-one meeting between the two of us. I will ask you several questions about the research topic. This study involves answering questions such as:

- How do you cope when caring for MHCUs with violence and aggression (effective and less effective ways of coping)?
- What coping strategies are you using when caring for MHCUs with violent and aggressive behaviour in a public mental health care institution?
- What can be done to assist you to cope effectively with MHCUs with violent and aggressive behaviour in a public mental health care institution?

With your permission, the interview will be recorded on a recording device to ensure that no information is missed.

4) RISKS AND DISCOMFORTS INVOLVED

We do not think that taking part in the study will cause any physical or emotional discomfort or risk. Should any distress occur during data collection, the researcher will debrief participants by giving all the affected nurses the opportunity to talk about their feelings, and if necessary, they will be referred to a counsellor who will be on stand-by during data collection. The other possible risk and discomfort involved is fatigue due to participation in the study.

5) POSSIBLE BENEFITS OF THE STUDY

You will not benefit directly by being part of this study, but your participation is important for us to better understand the coping strategies of nurses when caring for MHCUs with violent and aggressive behaviour in mental health care institutions in North West province. The information you give may assist the researcher to recommend coping strategies for nurses exposed to violent and aggressive behaviour displayed by MHCUs in mental health care institutions in North West province.

6) COMPENSATION

You will not be paid to take part in the study.

7) VOLUNTARY PARTICIPATION

The decision to take part in the study is yours and yours alone. You do not have to take part if you do not want to. You can also stop at any time during the interview without giving a reason. If you refuse to take part in the study, this will not affect you in any way.

8) ETHICAL APPROVAL

This study was submitted to the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, Medical Campus, Tswelopele Building, Level 4-59, telephone numbers 012 356 3084/012 356 3085 and written approval has been given by that committee. The study will follow the Declaration of Helsinki (last update: October 2013), which guides doctors on how to do research where people are involved. The researcher can give you a copy of the Declaration if you wish to read it.

9) INFORMATION ON WHO TO CONTACT

If you have any questions about this study, you should contact:

Prof A. van der Wath: 0845063142

10) CONFIDENTIALITY

We will not record your name anywhere and no one will be able to connect you to the answers you give. Your answers will be linked to a fictitious code number or a pseudonym (another name) and we will refer to you in this way in the data, any publication, report or other research output. All records from this study will be regarded as confidential. Results will be published in medical journals or presented at conferences in such a way that it will not be possible for people to know that you were part of the study.

The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Research Ethics Committee. All of these people are required to keep your identity confidential.

All hard copy information will be kept in a locked facility at the supervisor's office at the University of Pretoria, for a minimum of five years and only the research team will have access to this information.

11) CONSENT TO PARTICIPATE IN THIS STUDY

- I confirm that the person requesting my consent to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read and understood the above written information about the study.

- I have had adequate time to ask questions and I have no objections to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.
- I understand that I will not be penalised in any way should I wish to stop taking part in the study.
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

Participant's name (Please print)

Date

Participant's signature

Date

Researcher's name (Please print)

Date

Researcher's signature

Date

I understand that the individual interview will be audio-taped. I give consent that it may be audio-taped.

YES / NO

ANNEXURE C: LETTER TO REQUEST PERMISSION FROM THE INSTITUTIONS

Dear Sir/Madam

Request for permission to conduct research

I am studying for a Master of Nursing Science degree at the University of Pretoria (UP). I am currently working on a proposal for my study.

I hereby request permission to conduct research with the title: **COPING STRATEGIES OF NURSES CARING FOR MENTAL HEALTH CARE USERS DISPLAYING VIOLENT AND AGGRESSIVE BEHAVIOUR IN MENTAL HEALTH CARE INSTITUTIONS IN NORTH WEST PROVINCE**. The approval to conduct this study was obtained from the Research Ethics Committee Faculty of Health Sciences of the University of Pretoria before data collection. The aim of this study is to explore and describe the coping strategies of nurses when caring for mental health care users with violent and aggressive behaviour in mental health care institutions in North West province. Face to face semi-structured individual interviews and field notes will be used to collect data from the nurses who meet the inclusion criteria for participation in this study. Interviews will be conducted at an arranged time that will not interfere with patient care.

Hoping to hear from you soon.

Yours faithfully

Mrs M.P. Sehularo Email: dsehularo3@gmail.com Mobile Number: 0839443167

ANNEXURE D: UNIVERSITY OF PRETORIA (UP) APPROVAL CERTIFICATE



Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567. Approved dd 18 March 2022 and Expires 18 March 2027.
- IORG #: IORG0001762 OMB No. 0990-0278 Approved for use through August 31, 2023.

Faculty of Health Sciences **Research Ethics Committee**

31 March 2023

**Approval Certificate
New Application**

Dear Mrs MP Sehularo

Ethics Reference No.: 80/2023

Title: Coping strategies for nurses when caring for mental health care users with violent and aggressive behaviour in mental health care institutions in North West Province

The **New Application** as supported by documents received between 2023-02-21 and 2023-03-29 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2023-03-29 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2024-03-31.
- Please remember to use your protocol number (80/2023) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely



On behalf of the FHS REC, Professor C Kotzé

MBChB, DMH, MMed(Psych), FCPsych, PhD

Acting Chairperson: Faculty of Health Sciences Research Ethics Committee

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

Research Ethics Committee
Room 4-60, Level 4, Tswelopele Building
University of Pretoria, Private Bag x323
Gezina 0031, South Africa
Tel +27 (0)12 356 3064
Email: deepdeka.behari@up.ac.za
www.up.ac.za

Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tsa Maphelo

ANNEXURE E: NORTH WEST PROVINCE APPROVAL LETTER



1st Floor, Health Office Park
Private Bag X 2068
MMABATHO
2735

RESEARCH, MONITORING & EVALUATION

Tel: +27 (18) 391 4501
Email: MbuleloT@nwpg.gov.za
www.nwhealth.gov.za

Name of Researcher: Mrs M.P. Sehularo
North West College of Nursing

Physical Address: 3084 Portion 62, Unit 9, Mmabatho
(Work/ Institution) North West College of Nursing

HEAD OF DEPARTMENT
2023 -05- 17
<small>NORTH WEST DEPARTMENT OF HEALTH PRIVATE BAG X 2068, MMABATHO, 2735</small>

Subject: Research Approval Letter – Coping strategies of nurses when caring for mental health care users with violent and aggressive behaviour in mental health care institutions in North West Province.

This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher must arrange in advance a courtesy meeting with the District Chief Director and the Chairperson of the District Health Research Committee (DHRC) (as per their details below), to introduce their research team/members on the proposed research to be undertaken. The researcher can thereafter proceed to the identified institution/s and/or facility and produce this letter to the Management as proof that the research was approved by the NWDoh.

This letter of permission should be signed and a copy returned to the department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with an electronic summary highlighting recommendations that will assist the Department in its planning to improve some of its services where possible. Through this, the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.


Below are the contact details.

Office of the Chief Director: Ngaka Modiri Molema District	Chairperson of the DHRC
Ms. M. Mokhutswane-Kaudi	Dr. M. Nong
Contact person: Ms Boitumelo Sethaiso	Contact person: Ms. Keagaisa Modise
018 384 0240 BSethaiso@nwpg.gov.za	018 384 0240/ 066 582 0602

Office of the Chief Director: Dr Kenneth Kaunda District	Chairperson of the DHRC
Ms. Dineo Moromane	Dr. C. Cachet
Contact person: Mr. Calvin Mmisele	Contact person: Kutloano Mtimkulu
018 462 5744 CMmisele@nwpg.gov.za	018 294 9100 x9175/ 9170

Kindest regards,


Dr. FRM Reichel
Director: RM&E
Date: 17/5/2023


Researcher
Date: 18 May 2023



ANNEXURE F: HOSPITAL A APPROVAL LETTER



health

Department:
Health
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



Lichtenburg road corner
Danville, Mafikeng
Private Bag X2031
Mafikeng, 2735

BOPHELONG PSYCHIATRIC HOSPITAL
OFFICE OF THE CEO

Tel: (018) 383 6700
Fax: (018) 383 3620
mmonokoane@nwpg.gov.za
lmoisaee@nwpg.gov.za

TO : Ms M.P Sehularo
North West College of Nursing

FROM : Mr M.D Monokoane
Chief Executive Officer
Bophelong Psychiatric Hospital

DATE : 18 July 2023

RESEARCH TOPIC : Coping strategies of nurses when caring for Mental Health Care Users with violent and aggressive behaviour in Mental Health Care institutions in the North West Province

This letter serves to inform you that permission is granted for you to conduct research as requested.

You are however advised to make prior arrangements with Mr M. Kovane - Nursing Services Manager at telephone no: (018) 3838 6700 or 081 581 2109 and Deputy Nurse Manager Mr Lucas Sefako - (018) 383 6777.

Regards

Mr M.D Monokoane
Chief Executive Officer
Bophelong Psychiatric Hospital



ANNEXURE G: HOSPITAL B APPROVAL LETTER



health

Department:
Health
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



WITRAND HOSPITAL



2 Deppe Street
Dassierand
Potchefstroom
2531

SENIOR MANAGER MEDICAL SERVICES

Tel : (018) 294-9103
Fax : (018) 294 – 6435
Email : iwana@nwpg.gov.za
Enquiries: Dr. IZ Wana

**TO: Mrs Motlagomang Patience Sehularo
University of Pretoria**

**FROM : Dr. IZ Wana
Senior Manager Medical Services
Witrand Hospital**

DATE : 09 June 2023

RE:- Permission to undertake study at Witrand hospital

This letter serves to respond to your request dated 18th of May 2023 regarding the permission to undertake the study at Witrand hospital.

Study title: *Coping strategies of nurses when caring for mental health care users with violent and aggressive behaviour in mental health care institutions in North West Province*

You are hereby granted the permission to undertake the study at Witrand hospital.

Kind regards

**DR. IZ WANA
SENIOR MANAGER MEDICAL SERVICES
WITRAND HOSPITAL**

WITRAND HOSPITAAL

09 JUN 2023

**POTCHEFSTROOM
WITRAND HOSPITAL**

ANNEXURE H: EXAMPLE OF AN INTERVIEW

Participant A

Topic: coping strategies of nurses when caring for violent and aggressive mental health care users in mental institutions in North West Province.

Researcher: Good Day sir

Participant: Good Day mam

Researcher: My name is Dineo Sehularo I am a currently a student at Pretoria University, UP I am currently doing my masters study regarding coping strategies of nurses who are caring for mental health care users with violent or aggressive behaviour. Sir for the sake of this study you are going to be called participant so that we don't use your real name, and if ever you are going to use the name of the hospital please also refer to it as hospital A so that we also protect the name of the hospital and with patients please don't use their real names.

Participant A: Ok

Researcher: Are ok or do you have any questions?

Participant A: No I am good

Researcher: Ok for the purpose of this study I am going to ask you three questions first question will be

- (a) What are your experience when caring for mental care users with violence and aggressive behaviour in mental health institutions in North West province? And then the second one will be**
- (b) What coping strategies are you using when caring for mental health care users with violent and aggressive behaviour? Lastly will be**
- (c) What can be done to assist you to cope more effectively with mental health care users with violence and aggressive behaviour? Is it fine?**

Participant A: Yes is ok

Researcher: Are you ok we can start with the first one?

Participant A: Yes we can start

Researcher: Ok sir what are your experiences when caring for mental care users with violence and aggressive behaviour

Participant A: I think my experiences are it is very challenging to work with violent and aggressive mental health care users, because some of them will go even to the extent of telling you that if they can see you outside they will harm you or they will attack you. So it's a very challenging job more especially

when you are short staffed because is like they will constantly remind you that they will catch you off guard and then it is constantly if you have that kind of patient you will constantly watch your back all the time making sure that you are safe

Researcher: Alright is that all that you want to share regarding your experiences?

Participant A: Yes I think that's all, other challenge is that when it comes to other staff members is not all of us who are trained appropriately for dealing with this kind of patients when you are the only one with a skill its becoming difficult to deal with this patients.

Researcher: Ok thank you very much for sharing the information can we proceed to question 2?

Participant A: Yes

Researcher: Ok what coping strategies are you using when caring for mental health care users with violent and aggressive behaviour?

Participant A: Apart from the one that I have already mentioned when they are physically aggressive we have the help of the security guard to help us to what is the better word to use sort of

Researcher: Do want to say control?

Participant A: Yes so that we can also administer the medication because sometimes they are so violent that they refuse to take the treatment, so they really help us with that. But personally sometimes when the patient is aggressive I just take my time, I usually call it time out I just withdraw myself from the situation and come back later to the patient to try with them but I always use the time out.

Researcher: Mmm

Participant A: And then the other strategies that I use when I am dealing with these situation I think is more beneficial to me I always have what I call the reflective journal at the end of the day when I knock off I just write anything that I experienced during the day.

Researcher: Ok

Participant A: Then I just reflect with my feelings how I dealt with the situation was it the right way to deal with it so I normally use that just for my personal development to know how to deal with those kind of patients I use a reflective journal.

Researcher: Ok can I ask you something I heard you mentioning the time out can you explain more regarding the time out.

Participant A: We work as a team in the ward so when the patient displays a violent behaviour towards me I just let the other colleague to deal with the patient and I just withdraw. Because sometimes when you persist they become more trouble they become more aggressive, so they don't relate to us with the same behaviour so you just have to choose the one that you see that these one seems to be more reachable when I am helping them so I just take time out and let my colleague handle the situation.

Researcher: Ok thank you very much sir is that all that you wanted to say regarding the coping strategies that you are using currently?

Participant A: Yes I think so

Researcher: Alright thank you very much for the information can we proceed to our last question?

Participant A: Ok

Researcher: Which is question 3

Participant A: Yes

Researcher: Ok what can be done to assist you to cope more effectively with mental health care users with violent and aggressive behaviour?

Participant A: I think the first one that comes to my mind is staff filling I think lack of staff with wards that I am currently working in can be given more staff members so that we don't run around when the patient start to be violent. And maybe increase the number of security guards ward, and then the other one will be maybe the seclusion rooms also the structure of the hospital also I think ours is to old so it lacks some of the things the seclusion rooms are very limited so if the can just increase the number of seclusion room so that when we have this kind of patients we know that we got the resources to put them. Because most of the time when we have more than one aggressive patient all the seclusion will be occupied and you still have this aggressive patient rooming around posing danger to other users and staff members. So I think in terms of the structure they can just increase the seclusion rooms when the increase the staff maybe that will help us to

Researcher: to cope

Participant A: Yes

Researcher: Alright is that all that you need to be done to assist you cope? like you said I think you mentioned the infrastructure and the staff

Participant A: I don't know maybe people don't normally speak but I think the counselling of staff members also needs to be considered going forward when you dealing with this aggressive patients

Researcher: Ok

Participant A: It will just depend on the level of aggressive or violent the patient is towards you or in the ward or sometimes it doesn't matter if the patient is swearing at you just say ok is just a mental care user.

But I think you will need sort of therapy or counselling so that you can vent because I might have a strategy that I am using like having a reflective journal but we don't know if other people have a strategy or what is it that they do to cope with these people

Researcher: Ok

Participant A: So maybe if there is someone who can you can just go to and vent on that mater or when you experienced that kind of behaviour

Researcher: Ok sir thank you very much for the information shared is there anything need to say regarding all three questions or you are fine?

Participant A: Maybe just to add on the last one again I think more people must be send for training just to do those mental health so that they are also skilled so that is not only the numbers in terms of short staff but we also have the necessary skill that is required I think that can also be helpful in terms of that.

So training of the staff members it can be a scholarship, it can be workshop because sometimes what I have realise is that the institution takes a long time to send people for training so workshops I think this are things that needs to be done regularly especially when you change wards maybe you were in a ward that patients are not aggressive and you change to a ward where patients are more aggressive so maybe some sort of a workshop on how to advise on the strategies of dealing with these aggressive and violent patients.

Researcher: Ok thank you very much sir thank you very much for your time participant A thank you very much for the information shared

Participant A: Alright

Researcher: God bless you.

ANNEXURE I: LANGUAGE EDITING CERTIFICATE

Ester Goede Editing Services

4 Eastwood Avenue

Randpark Ridge

2169

Cell: 082 808 3061

To whom it may concern

I, Ester Goede, hereby confirm that I have edited the Master of Nursing Science dissertation titled
**COPING STRATEGIES OF NURSES CARING FOR MENTAL HEALTH CARE USERS DISPLAYING
VIOLENT AND AGGRESSIVE BEHAVIOUR IN MENTAL HEALTH CARE INSTITUTIONS IN
NORTH WEST PROVINCE**

by Motlagomang Patience Sehularo.

Date: 29 April 2024

Signed: *E. Goede*

ANNEXURE J: JOURNAL GUIDELINES

Introduction

Dr Hester Klopper, Editor, welcomes manuscripts for consideration for publication in the journal.

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

Manuscript:

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

Graphical Abstracts / Highlights files (where applicable)

Supplemental files (where applicable)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

For further information, visit our [Support Center](#).

Before you begin

Ethics in publishing

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

The IJANS is a signatory journal to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, issued by the International Committee for Medical Journal Editors (ICMJE), and to the Committee on Publication Ethics (COPE) code of conduct for editors. Our guidelines should be read in conjunction with this broader guidance. The ICMJE requirements can be found at <https://www.icmje.org/> and the COPE's guidelines at http://publicationethics.org/files/u2/New_Code.pdf.

Studies in humans and animals

If the work involves the use of human subjects, the author should ensure that the work described has

been carried out in accordance with [The Code of Ethics of the World Medical Association](#) (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#) and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms [sex and gender](#) should be used correctly.

The author should ensure that the manuscript contains a statement that all procedures were performed in compliance with relevant laws and institutional guidelines and have been approved by the appropriate institutional committee(s). This statement should contain the date and reference number of the ethical approval(s) obtained. Authors should also include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

The journal will not accept manuscripts that contain data derived from unethically sourced organs or tissue, including from executed prisoners or prisoners of conscience, consistent with recommendations by [Global Rights Compliance on Mitigating Human Rights Risks in Transplantation Medicine](#). For all studies that use human organs or tissues authors must provide sufficient evidence that they were procured in line with [WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation](#). The source of the organs or tissues used in clinical research must be transparent and traceable. Authors of manuscripts describing organ transplantation must additionally declare within the manuscript:

1. that autonomous consent free from coercion was obtained from the donor(s) or their next of kin; and
2. that organs/tissues were not sourced from executed prisoners or prisoners of conscience.

All animal experiments should comply with the [ARRIVE guidelines](#) and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, [EU Directive 2010/63/EU for animal experiments](#), or the National Research Council's [Guide for the Care and Use of Laboratory Animals](#) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

Informed consent and patient details

Studies on patients or volunteers (including organ/tissue donors) require informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author, but copies should not be provided to the journal.

Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the [Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals](#).

Unless the author has written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Declaration of competing interest

Corresponding authors, on behalf of all the authors of a submission, must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. All authors, including those *without* competing interests to declare, should provide the

relevant information to the corresponding author (which, where relevant, may specify they have nothing to declare). Corresponding authors should then use [this tool](#) to create a shared statement and upload to the submission system at the Attach Files step. **Please do not convert the .docx template to another file type. Author signatures are not required.**

Declaration of generative AI in scientific writing

The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier's [AI policy for authors](#).

Authors should disclose in their manuscript the use of AI and AI-assisted technologies in the writing process by following the instructions below. A statement will appear in the published work. Please note that authors are ultimately responsible and accountable for the contents of the work.

Disclosure instructions

Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before the References list. The statement should be placed in a new section entitled 'Declaration of Generative AI and AI-assisted technologies in the writing process'.

Statement: During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

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