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

Motlagomang Patience Sehularo *, Annatjie van der Wath, Nombulelo Veronica Sepeng

Department of Nursing Science, Faculty of Health Sciences, University of Pretoria, South Africa

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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 in August and September 2023 at two public mental health care institutions in North West which is one of the nine provinces in South Africa. The data 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.

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 health care worker while performing their duties in mental health care 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 health care institutions (Hopkins et al., 2018).

Nurses reported injuries such as bruises, bites, and punches during

* Corresponding author.
E-mail address: dsehularo3@gmail.com (M. Patience Sehularo).

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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 (South African Human Rights Commission, 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 which is one of the nine provinces in South Africa. 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. Of the 420 nurses employed in the first mental health care institution, 131 were professional nurses, 30 enrolled nurses and 259 enrolled nursing assistants. In the second mental health care institution, 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 for participating 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 in August and September 2023. The interviews were conducted in offices of the selected public mental health care institutions in North West which is one of the nine provinces of South Africa. 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 min. 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. The researcher read and re-read all the transcribed interviews, made notes and jotted down first impressions. The researcher 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 researcher 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 researcher 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 of ensuring 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 researcher 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. The first interview was sent to the supervisors to scrutinise the researcher's data collection skills. 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. Results

The results are discussed according to the participants' demographic information and the themes and sub-themes that emerged from the data analysis. The results 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).

3.1. 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 Fig. 1.

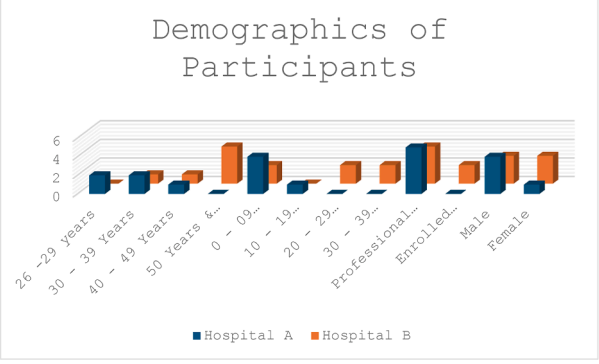

Fig. 1. Participants' demographic information.

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:

Factors contributing to violent and aggressive behaviour displayed by MHCUs emerged as the first theme of the study. 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

Table 1
Themes and sub-themes from the study.

Themes	Sub-themes
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
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
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
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

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 result:

[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:

Negative experiences in caring for MHCUs presenting with violent and aggressive behaviour emerged as the second theme of the study. 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:

Strategies to cope with MHCUs violent and aggressive behaviour emerged as the third theme in the study. 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 result:

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 m 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 result:

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:

Suggestions for enhanced strategies to cope with violent and aggressive behaviour emerged as the fourth theme of the study. 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 the 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 results described the experiences and coping strategies of nurses when caring for MHCUs displaying violent and aggressive behaviour. 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., 2023). Families may be reluctant to participate in care as they often feel blamed for the MHCU's 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. This result 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 results revealed that inadequate training of nurses hampers their ability to cope with violence and aggression. Similar results 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. 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. Coping strategies and resilience have a significant effect on nurses' mental health (Fradelos et al., 2022) 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 results 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 results 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 which is one of the nine provinces in South Africa. Therefore, this study adds important information to the field of psychiatry and mental health nursing. The study was conducted in only one province in South Africa and used only 11 participants from two public mental health care institutions in North West province. This means that the results of this study cannot be generalised to general or private hospitals in North West province. However, the results of this study can 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. Families should be capacitated to work with nurses to enhance their coping, eventually improving the care provided to MHCUs.

CRediT authorship contribution statement

Motlagomang Patience Sehularo: Writing – original draft, Methodology, Conceptualization. **Annatjie van der Wath:** Writing – review & editing, Supervision. **Nombulelo Veronica Sepeng:** Writing – review & editing, Supervision.

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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