

Inpatients and nursing staffs experiences of what triggers inpatient aggression that result in decisions of coercive measures in acute psychiatric wards

PaSTA – A Multicenter Project

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Project Group

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Background

Acute Psychiatric wards are associated with an increased risk of aggression and violence¹⁻³, often preceding the use of coercive measures

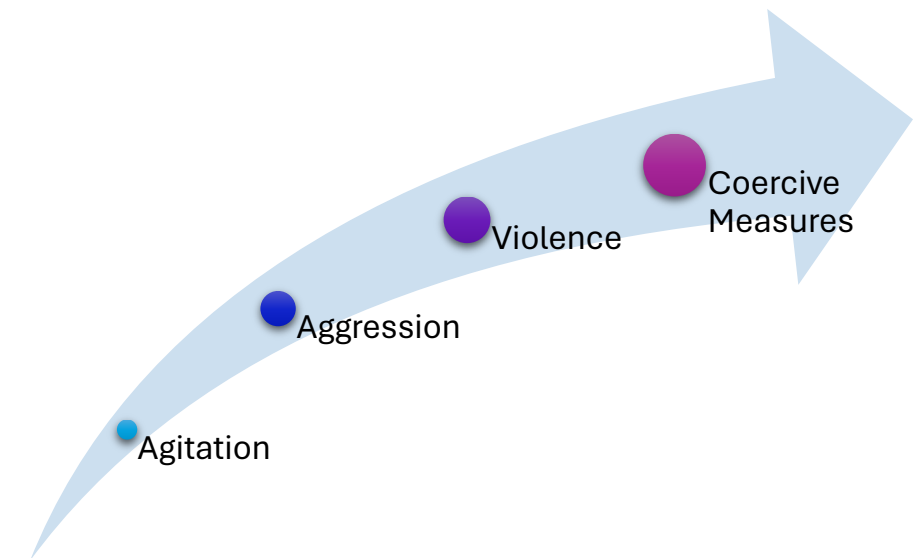
- Such behaviors often stem from interactions between patients and staff, with antecedents being unclear in $\frac{1}{3}$ of incidents⁴
- Antecedents preceding episodes resulting in coercive measures are even less understood
- Negative impacts on patients highlight the global consensus of minimizing coercive practices⁵⁻⁷

Aggression as a Continuum

- Conceptual understanding as aggression as a continuum suggests potential for early intervention^{8,9}

Research Gap, Project Aim and Secondary Aims

- Previous research shows differing perceptions between nursing staff and patients on causes for aggression preceding coercive measures, with no direct comparisons in specific incidents^{10, 11}
- This project aims to explore both perspectives on the antecedents to the same episodes to identify potential elements that triggers these events
 - I. To examine differences in perceptions between nursing staff and patients
 - II. To examine variations in perceptions across patient and nursing staff subgroups
 - III. To explore experiences of other contributory factors and prevention strategies



Design



Telemark Hospital Trust



Vestfold Hospital Trust



Sørlandet Hospital Trust



Innlandet Hospital Trust



Akershus University
Hospital



Haukeland University
Hospital

Approvals

Approved by the Regional
Committees for Medical and
Health Research Ethics;
project number 582707 and
the Data Protection Officer at
Oslo University Hospital

Data Processor Agreement
with each participating
Hospital

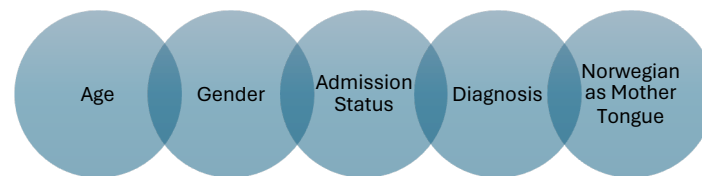
Approvals from the Data
Protection Officers of each
participating Hospital

Sample and Subsamples

Patients

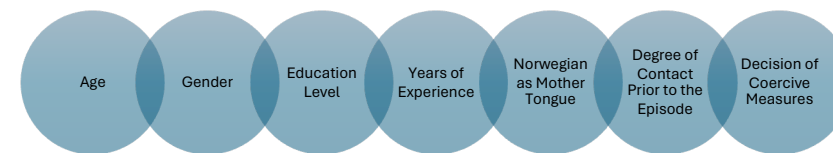
- All patients subjected to coercive measure during their admission, as defined under the Norwegian Mental Health Care Act § 4-8, 1999

1. Seclusion
2. Mechanical Restraint
3. Physical Restraint
4. Forced Medication

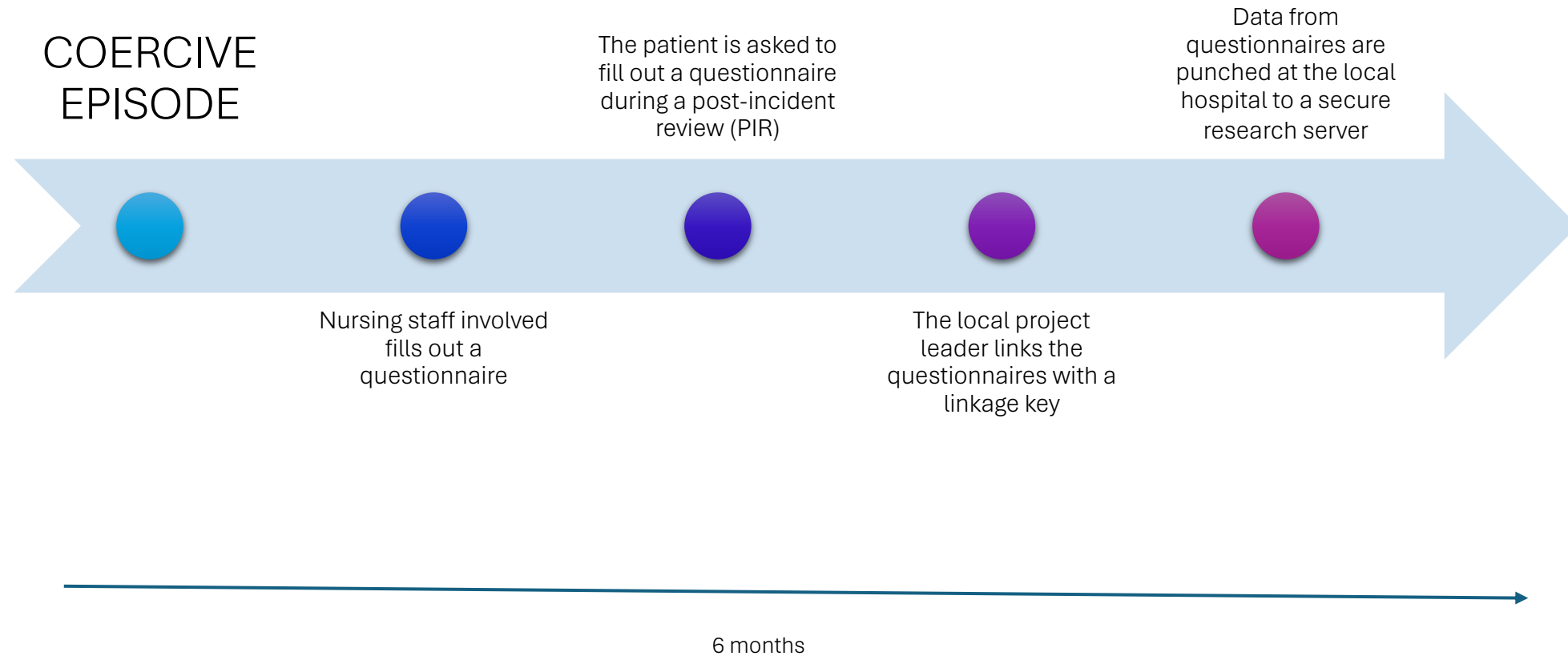


Nursing Staff

- All nursing staff involved in the same episodes of coercive measures, following the the Norwegian Mental Health Care Act § 4-8, 1999



Data Collection Procedure




Development of the Questionnaires


Expert group of Researchers, Clinicians, and
a Service User



Overlapping questionnaires based on 28
statements, categorized by variables
associated with the treatment unit,
treatment, staff and patients

Informed by the latest findings in the
systematic review by Weltens et al., (2021)

Pasientnavn	Fødselsnummer												
Klippes bort etter påført løpe- og prosjektnummer													
 Oslo universitetssykehus HF Klinikk psykisk helse og avhengighet, Avdeling for psykisk helse, nasjonale og regionale funksjoner, Kompetansesenter for sikkerhets-, fengsels- og rettspsykiatri for Helseregion Sør-Øst	Løpenummer: Prosjekt nummer: Episode nummer:												
Miljøpersonals opplevde triggere til episode som ledet til tvangsmiddelbruk <i>Skåringsinstruksjon:</i> Hver faktor skåres fra 1-5, der 1 indikerer helt enig og 5 indikerer helt uenig.													
Skåres fra 1 (helt enig) til 5 (helt uenig):	<table border="1"> <tr> <th>Helt enig</th> <th>Delvis enig</th> <th>Verken eller</th> <th>Delvis uenig</th> <th>Helt uenig</th> <th>Vet ikke</th> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Helt enig	Delvis enig	Verken eller	Delvis uenig	Helt uenig	Vet ikke						
Helt enig	Delvis enig	Verken eller	Delvis uenig	Helt uenig	Vet ikke								
Dårlige lokaler (trange, mørke slitte, dårlig luft, etc)													
Strengt husordensregler													
Pasienten fikk ikke ha eller bestemme over egne eiendeler													
Manglende mulighet til privatliv for pasienten													
For få ansatte på jobb													
Manglende samtale med- eller svar fra behandler													

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Hva medvirket til å utløse episoden som ledet til tvangsmiddelbruk? <i>Skåringsinstruksjon:</i> Hver faktor skåres fra 1-5, der 1 indikerer helt enig og 5 indikerer helt uenig.													
Skåres fra 1 (helt enig) til 5 (helt uenig):	<table border="1"> <tr> <th>Helt enig</th> <th>Delvis enig</th> <th>Verken eller</th> <th>Delvis uenig</th> <th>Helt uenig</th> <th>Vet ikke</th> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Helt enig	Delvis enig	Verken eller	Delvis uenig	Helt uenig	Vet ikke						
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Dårlige lokaler (trange, mørke slitte, dårlig luft, etc)													
Strengt husordensregler													
Jeg fikk ikke ha eller bestemme over mine egne ting													
Manglende mulighet for privatliv													
For få ansatte på jobb													
Jeg fikk ikke samtale med- eller svar fra behandler													

Informasjon om episode							
Dato (dd.mm.yy):		Klokkeslett (tt:mm)		Vold: Nei Fysisk vold Trussel			
Hvilke tvangsmidler etter ble benyttet?	a) Mekaniske tvangsmidler	b) Kortvarig anbringelse bak låst eller stengt dør uten personale til stede	c) Enkeltstående bruk av korttidsvirkende legemidler	d) Kortvarig fastholding			
Ansattkarakteristika:							
Kjønn:	Kvinne			Mann			
Alder:	<- 25	26-30	31-35	36-40	41-45	46-50	51->
Utdanning:	Ufaglært	Hjelpepleier/ Helsefagarbeider	Bachelor i sykepleie	Annen treårig Bachelor i innen helse/sosialfag		Videreutdanning/ master psykisk helsearbeid e.l.	
Hvor mange års arbeidserfaring innen psykisk helsearbeid har du?				ÅR			
Har du norsk som førstespråk?				Ja		Nei	
Besluttet du bruk av tvangsmiddel?				Ja		Nei	
Kan vi kontakte deg ved en eventuell oppfølgingsstudie?				Ja		Nei	
Navn (Bokstaver)				Sign:			
Pasientkarakteristika (FYLLES UT AV LOKAL PROSJEKTLEDER ETTER PASIENT HAR SAMTYKKET):							
Innleggesdato (dd.mm.yy):				Kan forespørres om deltakelse i fremtidig prosjekt:		Nei	Ja
Kjønn:	Kvinne	Mann	Alder:	Innleggesparagraf:	Frivillig	Observasjon	Tvang
Medisinske diagnoser (ICD-10):			Forelå tvangs-behandlingsvedtak:		Nei	Ja	
Norsk som førstespråk:		Ja	Nei	Forelå skjermingsvedtak:		Nei	Ja

Power analyses for paired samples with a two-sided t-test, sig 5%, power 80% = 51 paired questionnaires, conservatively assuming (I) an average in differences in scores = 2.0, (II) SD for average difference = 3.5, and (III) correlation = 0.

Given that 11% of patients are involved in episodes of violence resulting in coercive measures and a response rate of 50%, the above assumptions require 928 admissions to achieve statistical significance.

Planned Analyses

1

Matched pair t-tests applied to each statement given assumptions of normality, Wilcoxon Matched-Pair Rank Sum if not

$$H^0: \mu_1 = \mu_2$$

2

Assuming normal distribution, ANOVA with Post-Hoc tests and Chi-Square tests, Kruskal-Wallis test and Mann-Whitney U-test if not

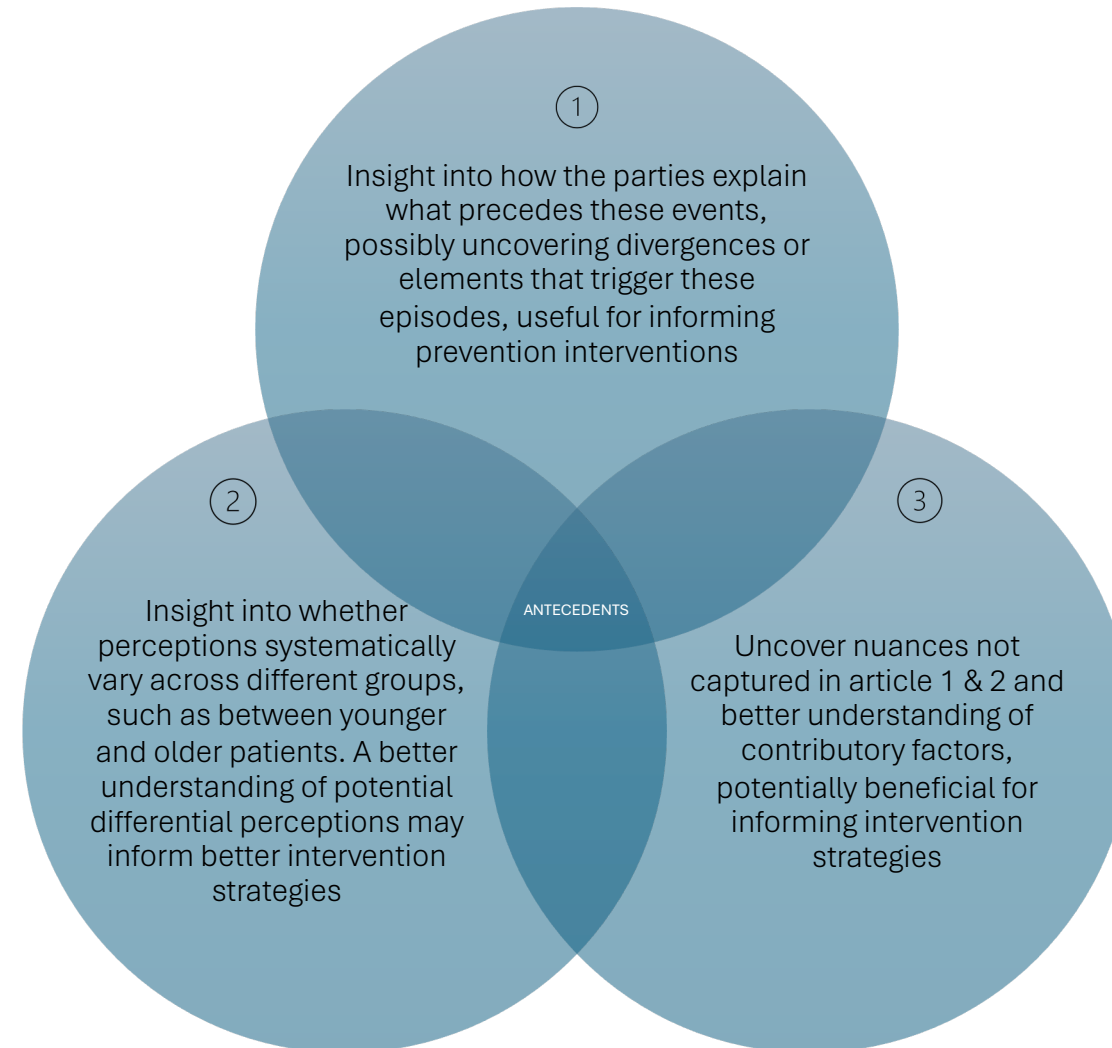
$$H^0: \mu_1 = \mu_2 = \mu_3$$

3

Thematic Analysis by Brown and Clarke¹ (contingency plan of further exploring differences between subgroups)

¹Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
<https://doi.org/10.1191/1478088706qp063oa>

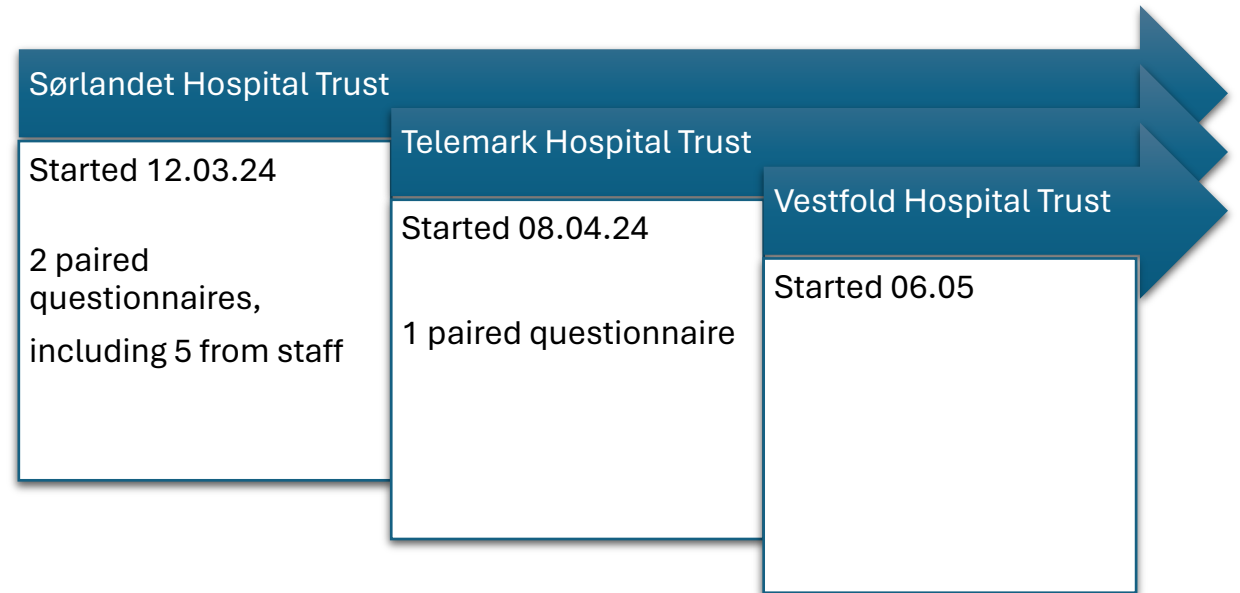
Expected Outcomes





Status

- Data collection is ongoing in three hospitals
- Each hospital have started at different times, approximately 1 month between each unit
- A rather slow pace, now at a total of 3 connected questionnaires
- Two more hospitals will start collecting data very soon



Questions for Discussion

Given the design and objectives of this study as presented, what potential challenges do you foresee in the collection or interpretation of the data?

Would you recommend any adjustments or additional considerations to enhance the robustness and applicability of the research findings?

Thank you very much for you time and valuable insights!