PERCEPTIONS OF NURSING TEAM ABOUT PATIENTS WITH AGITATED BEHAVIOR AND / OR AGGRESSIVE

ABSTRACT

Objective: recognizing the perceptions of the nursing staff on agitated and / or aggressive behavior manifested by patients. Method: a qualitative exploratory study conducted in a hospital Emergency Care in Curitiba / Paraná, in 2013, with 17 nursing professionals. The data were produced through the technique of Group Discussion and analyzed by the proposed operative qualitative analysis. The research project was approved by the Research Ethics Committee, CAAE 02215612.2.0000.0096. Results: The subjects reported difference between psychomotor agitation and aggressive behavior and that an agitated patient may become aggressive. Answering agitated and aggressive patients can be characterized as emergencies. Conclusion: the difference between agitated and / or aggressive behavior is recognized by participants from their professional practice. There is a need for continuing education in hospitals to subsidize nursing care to patients under agitated and / or aggressive behavior. Descriptors: Nursing Care; Psychomotor Agitation; Violence; Aggression.

RESUMO

Objetivo: conhecer as percepções da equipe de enfermagem sobre o comportamento agitado e/ou agressivo manifestado por pacientes. Método: estudo qualitativo exploratório realizado em um Pronto Atendimento hospitalar de Curitiba/PR, em 2013, com 17 profissionais da enfermagem. Os dados foram produzidos por intermédio da técnica de Discussão de Grupo e analisados pela proposta operativa de análise qualitativa. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 02215612.2.0000.0096. Resultados: os sujeitos referiram diferença entre agitação psicomotora e comportamento agressivo e que um paciente agitado pode-se tornar agressivo. O atendimento de pacientes agitados e agressivos pode-se caracterizar como situações de emergência. Conclusão: a diferença entre comportamento agitado e/ou agressivo é reconhecido pelos participantes a partir de sua prática profissional. Há a necessidade de educação continuada no espaço hospitalar para subsidiar o cuidado de enfermagem aos pacientes sob comportamento agitado e/ou agressivo. Descritores: Cuidados de Enfermagem; Agitação Psicomotora; Violência; Agressão.
INTRODUÇÃO

Commonly, health professionals working in general hospitals, mainly in emergency services, encounter patients with psychomotor agitation or aggressive behavior. It is estimated that about 5% of visits to the emergency services is to patients with behavioral disturbances, part of which are due to psychomotor agitation and / or aggressive behavior. In Brazil, emergency care due to mental disorders is around 3% of total attendance in general hospital, and about a quarter of that, motivated by agitated or aggressive behavior.¹

Although the tables of psychic and behavioral changes are historically and socially connected to people with mental disorder, its etiology is also due to other situations, for example, a patient with encephalopathy, neurological diseases, postoperative state, metabolic and electrolyte disorders, reaction drug, among other.² ⁴

The psychomotor agitation often precedes manifestation of aggressive behavior. In general, these patients are considered to be “difficult” for the service.² ⁴ Yet, there are outreach team who consider that severely agitated patients who fail in collaborating and are at risk of violent behavior need specific care, which is a challenge for the health care team.⁵

Agitation can be defined as excessive motor or verbal activity in large part unproductive associated with a subjective experience of tension. It is observed motor acceleration and increased arousal, which causes the patient to walk from one side to the other, gesturing and demonstrate constant restlessness. Such behaviors may be accompanied by symptoms such as irritability, hostility and aggression, extremely frequent psychopathological signs and relatively nonspecific.⁵

In some situations it is difficult to predict aggressive behavior, but the more specific predictions can be excessive alcohol intake, history of violence or criminal activity in prisons and history of childhood abuse. The professional must assess the risk for aggression, which must consider ideation, desire, intention, violent plan stressors manifests as marital conflict, real or symbolic loss.¹ ² ⁵

Various medical and psychiatric conditions can progress to agitated behavior. It is important to understand that some of these causes are life threatening situations the patient. Thus, it is essential that health professionals being able to differentiate the causes of agitation so that they can plan and develop appropriate care and treatment timely.¹ ⁵

Whereas the manifestation of patient's aggressiveness stems from symptoms that require actions of professional care, the nursing staff must be qualified and targeted in order to recognize early signs of agitation and aggression and develop competence in decision-making, attitudes and therapeutic interaction with views to the care that meets these specificities.¹

The causes leading to patient care under psychomotor agitation and / or aggression in general hospital or psychiatric emergency should be investigated in patient assessment and considered relevant to this; it requires comprehensive knowledge of the professionals on the various etiologies and possible diagnoses. Thus, knowledge about aggressive behavior, violent, psychomotor agitation, delusions, confusion those could be expressed by patients with clinical conditions and those with psychiatric comorbidities are essential to the development of nursing care.¹ ⁵

OBJECTIVE

- Recognizing the perceptions of nursing staff on agitated and / or aggressive behavior manifested by patients.

METHOD

This is an exploratory qualitative study in an Emergency Department (PA) of a large general hospital in Curitiba/PR, from January to June 2013.

All 54 nursing professionals were invited to participate in the study, whose recruitment occurred through individual invitation during work shifts. Inclusion criteria to participate in the study were: the nursing staff of PA and attend the meeting in which it discussed the object of study, to sign an informed consent form (ICF). There were eligible to participate in the study 20 subjects. Three auxiliary nurses, who initially accepted the invitation but, latter, did not attend the group were excluded. Thus, subjects in this study were 17 workers: four nurses, three nursing technicians and 10 nursing assistants.

The production of empirical data occurred through Discussion Group⁶ for two meetings lasting two hours each, one in the morning and another in the afternoon, in order to enable the AC output of nursing professionals of jobs.

The Group Discussion is a technique for data collection, which considers relevant opinions, perceptions and values of the
participants related to a specific topic. This strategy should happen with a limited number of informants - from six to 12 - usually with the presence of a coordinator, called animator. This makes interventions during the development of the group in order to focus, strengthen and keep alive the discussion by encouraging the participants to express their opinions and ideas, seek and resume incomplete statements, pay attention to non-verbal communication and the pace employee by the group.

The Discussion Group developed in this order: initially, was presented the topic, the objective and the methodology of the research; then launched a question for participants to expose their ideas: "How do you perceive the agitated behavior and aggressive behavior manifested by a patient?" The issue was discussed to ensure that the information had exhausted all the participants. The discussion was recorded on audio.

The data obtained from the transcript of the recording of meetings with the subjects were analyzed using the Operation Proposal qualitative thematic analysis.

This study had obtained the written authorization of the Board of the functional unit, which belongs to the PA and the signature of the subject in the IC under Resolution 196/1996. To ensure confidentiality and anonymity, the subjects were coded with the letters "S": Subject 1, Subject 2 (…) Subject 17 This project was approved by the Ethics and Research, Clinic Hospital, Federal University of Paraná, in the opinion number: 34769, CAAE: 02215612.2.0000.0096.

RESULTS

The results of the transcripts of meetings with participants were organized in empirical category: conceptions of agitated and aggressive behavior expressed by the patient.

Agitated and aggressive behavior concepts expressed by the patient

There is a difference between psychomotor agitation and aggressive behavior. The agitated patient moves excessively, try to move, disconnect materials and equipment, have difficulties to heed to verbal communication, interferes with the environment and the behavior of other patients, but not aggressive. Moreover, these patients represent a higher risk to the physical safety and health than to own the other.

The agitated patient walks from one side to the other, does not speak any sense sometimes does not meet the guidelines we try to do. Here in emergency always picked either agitated patient (S.13).

The [...] busy all try to boot, remove the probes, remove everything, he does not want to harm the aggressive patient (S.5).

The busy often transforms the whole environment, stirring just until patients are calm, turmoil raises, just changing the behavior of others (S.8).

It is necessary to the staff be attentive, because the agitation of the patient may progress to aggression, but the agitated patient receive adequate verbal approach from the staff, he rarely commits aggressive acts:

[...] it is a patient who does not respond appropriately to verbal commands, it is restless [...] often the patient is agitated, pulls the monitor and start all [...] usually are those that we have to keep an eye on, because it can trigger aggression [...] is very rare patient arrives, we talk to him a good and then be aggressive, who is busier, more of a focus on it because it may display aggression. The agitated patient does not try to throw objects such as aggressive (S.6).

The patient with aggressive behavior lies outside itself and therefore comes to represent risk for him and others who are in the same environment. Physical assaults, verbal, objects, equipment tips, struggles. This behavior occurs when the patient verbally assaults people and physical form and against objects:

[...] Aggressive swears, is aggressive in words, gestures, physically, he wants to harm you in any way (S.5).

The aggressive patient kicks the door, throws the chair (S.4).

The aggressive patient parts often for the attack. You realize that he wants to hurt you, kicking, then he is already aggressive [...] is one who seeks to harm another patient or staff to (S.6).

Aggressive behavior is a risk for him and for those around him. Most often it happens to be aggressive with himself, falls out of bed, drops the monitor on his head or hurt the team (S.7). Often you control assaulting him physically, but verbal aggression, because this patient screams, swears not, bites, spits. It is shaking the whole unit (S.8).

The subjects reported that when a patient presents stirring cannot always identify whether this framework is due to a mental disorder, as there are difficulties in the certainty of this information in the initial investigation. Thus, all agitated or aggressive patient is treated in the same way,
understanding that if he sought a ready clinical care is because their reason for seeking care is due to general medical conditions like diabetes, hypertension or even some endocrine grievance, among others:

[...] Whenever a patient comes to us at the entrance, is a clinical patient. If he has a psychiatric component, you do not know at that time, will know later, but initially, it came to be heard because of a pain. Sometimes, it is the patient who is being treated for depression or other pathology and that moment cannot know [...]. Immediately it is a normal patient is a patient who may be agitated by lowering the level of consciousness, pain for hyperglycemia, hypoglycemia (S.4).

[...] Can be a clinical exacerbation, a process of disease, liver failure, for example, causes confusion, neurological patient, all that aggression has a cause (S.6).

[...] Happens to get many people with wrong dosage of medication and this is the cause of agitation (S.5).

The agitation of the patient can be triggered by issues beyond affections for mental disorder, general medical conditions, and discontinuation of psychotropic medication. This may be due to discomfort, stress, tiredness itinerary in search of definition for your health problem, influence of other agitated patients in the same environment, fear of not being met:

It’s happened to come a psychiatric patient, she had taken the medication at the clinic where she makes the control [...] She came very exciting and even a little aggressive, she and her mother came it was old lady [...] she was so out of it in a state that could not, would not leave the room, I was shaking too [...] talking to the mother and she took the medication, I looked at the label and noticed the dosage was all right, but when she told me as he took the medicine concluded that took half the prescribed dose, then that amount was not sufficient for her. I explained and then she stopped and said, so that’s why I’m not okay (S.3).

[...] Was the lack of definition of it problem [...] Is that diagnostic tests and rule out the possibility, still in pain and say that this disease is not well that there is another rule that possibility, returns there again. Passes the effect of medication and has to go back to [...] go home, come here, do it the other way again, then the lack of definition left her shaken and cried a lot (S.2).

[...] To see how long it is already in that condition, he comes from a clinic, or a 24 hour and that his illness did not start yesterday, it is a long time that will and comes and he is already stressed and busy with our health care system (S.7). [...] They will become more aggressive, angry because they will wait twelve hours to be evaluated by another specialty (S.2).

Aggressive behavior can be expressed for secondary gain and handling the team:

[...] aggression comes when he doesn’t get everything he wants [...] sometimes demanding things, and eventually becomes aggressive. Get agitated, then, if you can’t or even his frame is not resolved he becomes aggressive (s. 8).

[...] cry, the person will talk with you and says such a thing, by the time it arrives in front of the doctor she says something else and begins to cry, to get that service is satisfactory to her, then she leaves the room looks at you and says that until he answered, she cried, I mean manipulated (s. 3).

DISCUSSION

By the speeches of the participants it was possible to verify that they theoretically know of the definitions of agitation and aggression described in the literature, in which agitation is a state of tension in which anxiety is manifested psychomotor hyperactivity area through whose frame can be accompanied generally a disorganized mental state. Psychomotor agitation can be identified in depression, schizophrenia, chemical dependency, in exogenous intoxications in craniocerebral trauma, in clinical conditions like hyperthyroidism, hypoglycemia, brain tumors, among others.¹,²

As stated by the participants of this research, psychomotor agitation is characterized by restlessness, increased psychic excitability, heightened response to stimuli, increased inappropriate and repetitve motor and verbal activity.³ Depending on the degree of agitation, these patients represent a risk to the integrity physics itself, the other patients and staff of health professionals.¹

When subjects relate the risk of agitated patients to withdraw catheters, monitors overthrow situations those are corroborated to a study in the Intensive Care Unit of the Hospital San Carlo in Madrid, which describes the agitated patients are at greater risk of other diseases produce related to therapeutic procedures considered as the removal of probes, drains, catheters and endotracheal tubes.⁴

Aggression consists of feelings, thoughts, or hostile actions or in the form of anger, directed at a person or object. Approximately 75% of all patients with diagnoses of mood

English/Portuguese
J Nurs UFPE on line., Recife, 8(7):1868-75, July., 2014
disorders in manic episodes exhibiting aggressive behavior or threatening. However, no consensus on the definition of aggression or aggressive behavior, but the guys understand that this is a behavior resulting in personal or property damages, which are intended to hurt the other. Thus, aggression is a framework with behavior directed directly to the object that is intended to destroy, in order to providing the other injuries. This statement is in accordance with the above described in lines of S.4 subject, S.5, S.6, S.7 and S.8, the perceived as aggressive behavior voiced by the patient in their work environment.

Aggressiveness can be understood as a lower threshold that the person has to tolerate frustration and threats, and negative emotions such as fear and anger. These results in the activation of aggressive responses to external stimuli, without proper awareness or consideration about the harmful consequences those may result from such behavior, confirming previous statements of the subjects of this research, aggressive behavior may present with hostility by of injury or even destructive attitudes.

Some forms of aggression can be considered intentional and may occur with the use of objects that the subject chose to succeed in his intent. What comes to strengthen the participants’ speech to extern various forms of aggression these were observed during the visits to the Emergency Department. Aggressiveness can be identified by the following characteristics: verbal or physical threats, changes in voice and intonation, swing, fast or hesitant speech, comments of disrespect, throwing objects in the air or even hit with objects or people, suicidal or homicidal ideation, self-harm, invasion of personal space, significant increase in agitation or irritability, disturbance of thought, perception, incorrect interpretation of stimuli, disproportionate anger at an event.

Subjects reported the attack as aggressive behavior in physical or verbal, with force directed to objects or others. These behaviors are described in the literature as violence acts against another person, however, results in aggressive intent to injure another, or may not end with a violent behavior. Thus, violence and aggression can consist of physical and/or mental acts against himself or others.

The speeches of the participants validate the literature that discusses the aggressive behavior be classified as follows: as the target, in which aggression can be self-directed or directed at someone else; as to how it can be physical or verbal, direct or indirect; and the cause: clinical and/or organic.

Professionals working in emergency departments should consider a wide range of clinical conditions that could explain the signs and symptoms presented by patients seeking the service. There are the most common complaints of the categories of anxiety, depression, mania, and thought disorder. However, these conditions can overlap and have multiple causes.

Agitation and aggression are however nonspecific complex psychopathological manifestations, may be from a variety of clinical conditions, which require professionals to have the knowledge base of differential diagnoses as: hypoglycemia, hyperglycemia, infections, uremia, liver failure, hypoxia, sepsis, hypothyroidism, meningitis, stroke. These etiologies described in the literature, which present agitation and/or aggression, are part of everyday life as the subject of this research, its reporting.

In such reports, in general, patients who come to be treated in the emergency room are not known by the staff. However, an important aspect to be considered in evaluating a patient with agitated or aggressive behavior is the fact that these behavioral changes may occur due to conditions that are not necessarily a mental disorder. Thus, the agitated behavior often does not follow a previous mental disorder, being that the quest for clinical data and evaluation are complex for professional service jobs, but skills are required for the elucidation of psychomotor agitation at the time of investigation.

Drug therapy and other biological treatments for mental disorders can be defined as attempts to modify or correct behaviors between the physical state of the brain and its functional manifestations (behaviors, thoughts and moods), which are highly complex and imperfectly understood. Nevertheless, the various parameters of normal and abnormal behavior such as perception, affect and cognition may be affected by changes in the central nervous system. One can say, therefore, that treatment with psychotropic enables a more intense work of professionals with person who has a mental disorder to know their reactions and behaviors. Abrupt discontinuation or even incorrect use of most psychoactive drugs causes severe and unpleasant symptoms to patients.

Psychomotor agitation and increased anxiety arise in up to 15% of patients in the...
first few days of use of psychiatric medications; and this can cause patients to discontinue treatment.\textsuperscript{13} It is noteworthy that according to observation and ability to S.3, one can realize the importance of this professional nursing care in which presented knowledge, communication and patience focused on patients with mental disorders, was admitted to the emergency unit of a general hospital. This had a positive and professional attitude when considered appropriate patient and family throughout the service; a fact that proves to be sensitive and depending on the multidimensionality of the human being.

It is noteworthy that care does not end the dialogue between professional and patient, because as you talk about S.2, S.7 and S.8 and also based on the literature, the difficulties relating to the institutional functioning,\textsuperscript{15} as delay in queues, excess demand and lack of resources for diagnosis and treatment are issues that have great impact on professionals working in institutions and people who seek care, becoming entangled in a structure that seems to play against each other,\textsuperscript{13} confirming aspects reported by S.8.

According to the argument S.2, the literature emphasizes that the lack of adequate information on the health condition of the patient significantly increases anxiety, the feeling of powerlessness and helplessness felt by him.\textsuperscript{14} No other way of finding out there fears and feelings which most affect and afflict the patient, the meaning and the difficulties that the illness brings to that person, unless the hearing with available time, uncritically to the person who is ill.\textsuperscript{13} Through his speech, S.8 expressed his willingness to listen and understand how the patient gets stressed in service and, through its professional attitude, tries to calm him.

The providence of information, the extent of the need and understanding of the patient is essential. Should be explained the nature and reason of the various routes to be followed, the procedures that will be submitted and misconceptions that have this about his health condition, treatment, health system among others, should be corrected by Professional.\textsuperscript{13}

Inappropriate behavior manifested by patients, which may progress to agitation or aggression are common in attendance of a general hospital. In response to a need, they can get to act seductively with respect to professional and often show great emotional and intimate in their interactions with professionals. This type of behavior is called or even histrionic behavior characteristic.

The psychological defense of patients mechanisms with personality disorder are used as a behavioral response; he may have arrogant attitudes and need for increased demand for care, and a variety of small to large demands, without recognizing the efforts of the team in his health care. Some features found in these patients who often hinder or prevent its adaptation are, for example, disregard for others, violation of the rules of social life, repeated accusations and threats, people tend to handle.\textsuperscript{13}

It is called a demanding and impulsive behavior when the patient has difficulty in delaying gratification. Therefore, it can become extremely picky about the immediate relief of their discomfort, getting frustrated easily and becoming flippant or even angry and aggressive. These attitudes are evident most clearly when you do not get what they want at the same time. To enhance the speech of S.8, the literature indicates that behind this pattern of behavior may be the fear of never getting what the other needs evolve, thus inadequately aggressively.\textsuperscript{8}

CONCLUSION

The subjects recognized from their professional practice the difference between patients with agitated and/or aggressive, having given that there are several factors that can foster an environment of hostility behavior. Although, in their speeches, it is observed that the lack of protocols and discussions on the theme that provides the care provided by nursing staff, these patients also present with weakness and without consensus. They realize the aggression and aggressive behavior intensely, but somewhat different definitions of literature.

The dialogue established in the meetings highlighted a thinking team researched how to perceive the patient with agitated and/or aggressive behavior, the context in which the team is entered in the institution, with colleagues and himself. Furthermore, it allowed the researchers and participants to mobilize for meaningful learning of reality which is dynamic and complex.

The various readings and the study of the theoretical framework allowed direct and sustain the actions and progress of this work, support and guide the experiences that participants and researchers experienced in dating, facts that resulted in the construction of a Data Monitoring Physical Restraint in Unit Emergency Care, whose validation is intended.
to do with other studies to be undertaken subsequently.

This fact allows a reflection on this need in view of the changes of policies meant to patients with psychiatric comorbidities and the need for continuing education in the hospital setting, to promote meetings of reflections and discussions about the daily actions of health professionals serving as allowance for thinking and doing in nursing care.

REFERENCES


