



**PSYCHIATRIC NURSES' EXPERIENCES OF WORKPLACE VIOLENCE AT ST. GILES  
PSYCHIATRIC HOSPITAL IN FIJI**

Psychiatric nurses' and workplace violence in Fiji

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## **PSYCHIATRIC NURSES' EXPERIENCES OF WORKPLACE VIOLENCE AT ST. GILES PSYCHIATRIC HOSPITAL IN FIJI**

### **Abstract**

### **Introduction**

Mental health nurses work in psychiatric wards which is challenging and stressful for the nurse who must provide nursing care holistically, by showing the right attitude, patience, and passion because most patients may be unpredictable and unstable upon admission.

### **Methods**

A qualitative, phenomenological, and interpretative methodology was used to explore the experiences of workplace violence on registered nurses in the psychiatric hospital in Fiji. Data was collected by a moderator.

### **Results**

Data analysis revealed five (5) major themes where registered nurses enjoyed working in the wards. However, they were stressed, challenged, felt they were in danger every time, they were scared and feared an outburst any time in the ward. Registered nurses cared for unpredictable violent and aggressive patients, who would act out on the staff, which happens throughout a normal working day.

Nurses have to take care of challenging, violent, forensic, acute and stable patients who are sometimes nursed in common areas due to improper facilities and infrastructure, and lack of manpower where violence would occur anytime. Nurses revealed that inadequate support was provided to them during a violent or aggressive act by the patient and when provided it would be too late. The number of years the nurses spent in the ward played a significant role in how they managed aggressive and violent patients. Most of the nurses interviewed voiced the desire to stay on in the field of psychiatry.

### **Discussions and conclusion**

The welfare of staff in terms of a well-deserved pay, proper working conditions, and a safe environment is essential to keep a well-functioning organization. Registered nurses face various challenges in the psychiatric setting, having to deal with aggressive patients, and forensic clients, working extra hours without a proper

meal, poor security, and an unsafe environment are some of the issues highlighted in the study results.

### Key Words

Violence at workplace

Mental Health Nursing/Psychiatric Nursing

Phenomenological study

Qualitative research

Experiences

## **PSYCHIATRIC NURSES' EXPERIENCES OF WORKPLACE VIOLENCE AT ST. GILES PSYCHIATRIC HOSPITAL IN FIJI**

### Introduction

Mental health nursing is a unique path chosen by nurses who work in psychiatric wards. Experiences of nurses working in mental health facilities can be challenging and stressful who must provide care holistically. Health professionals face the highest risk of workplace violence and registered nurses are the most affected during workplace violence (Z, Y Lim et al 2023). Nurses are present as frontline health practitioners among the 207 nursing facilities in Fiji (Singh, Mohammadnezhad & Tamani, 2022). Working in high acuity environments can place nurses in vulnerable situations; which caused by numerous factors (Koinis, Giannou, Drantaki, Angelaina, Stratou, & Saridi, 2015). Workplace violence can be detrimental and negatively affect health professionals, patients, and organizations by causing them to have physical and psychological consequences. The nurse may feel fear, anger, shame, and self- guilt and acquire post-traumatic disorders in addition to anxiety, insomnia, irritability, poor self confidence and self-esteem at the workplace (Stevenson, 2014; AbuALRub and Al-Asma, 2024 as cited by Z.Y. Lim et al., 2023).

Psychiatric nurses who are the forefront of care in a mental health facility find caring for suicidal behavior in clients as challenging (Hagen, Knizeh & Hjelmekland, 2016; Toftthagen, Talseth, & Fagerstrom, 2014). Work-related stress is more common in

psychiatric nurses as they deal with the changing behavior, which turns violent at times (Itzahki, Peles- Bortz, Kostisky, Barney, Filshtinsky, & Bluvstein, 2015).

Some studies mentioned that patients with dual diagnosis of a mental disorder coupled with substance abuse and those who hear commanding voices are at a higher risk of being violent. Moreover, nursing forensic patients could also threaten the safety of nurses in the wards and persons who suffer from mental disorders sometimes behave aggressively (Bowers, et al., 2011). The World Health Organization report that "there was an increase in the number of forensic patients admitted in the psychiatric hospital in Fiji. There are no separate forensic wards available for them" (WHO, 2013, p. 22). Transitions in the types of psychiatric disorders have occurred with the use of substances adding to the unpredictability and behavioral changes, causing the patient to be more violent and aggressive in behavior.

It was reported by (Hassankhani, Parizad, Gacki-Smith, Rahmani, & Mohammadi, 2017) that emergency departments, psychiatric and intensive care units are the environments where the highest rate of workplace violence occurs. However, while there is an increasing amount of research exploring patient violence, there is lack of literature on the topic of inpatient violence in acute psychiatry in Fiji. Therefore, this prompted the need to carry out this research to find out the types of violence registered nurses experience while they work in acute in-patient psychiatric settings in Fiji.

This study aimed to investigate the experiences of workplace violence amongst registered nurses working in the psychiatric hospital in Fiji. This study provides platforms for future planning for registered nurses workforce at the psychiatric hospital, the support which needs to be provided to registered nurses from team leaders and fellow workers in caring for psychiatric patients. It provides information to the management of the hospital and MHMS on issues such as infrastructure, safety of the workers at the hospital and the psychological issues faced by registered nurses at the hospital.

Registered nurses reported positive and negative experiences and several types of violence that occurs in the wards every day, with the different category of patients

being admitted they mentioned stress, anxiety, lack of support from management, improper facilities to work in and unfair Mental Health Decree that is patient focused.

This report will focus on the background information, the methods used to collect data and the results of the focus group interview of registered nurses at the psychiatric hospital. Furthermore, it will suggest some discussions of the results and recommendations for further research.

## Background Information

Psychiatric inpatient care for mentally ill patients is located at St. Giles hospital in Fiji. From its establishment in 1884, St Giles Hospital has served patients from within Fiji and the region. Initially, treatment comprised of separation and restraining patients and was cared for by wardens until more revolutionized treatment methodologies came into effect. Procedures such as Electro-convulsive therapy (ECT) and phenothiazines were introduced, which assisted in the recovery of the inpatients (Chang, 2011).

Psychiatric care has gone through many transitions, with many improvements in nursing care for in-patients. Significant reduction in hospitalization time focusing more on community-based care. People with severe mental illnesses are getting admitted to the hospital for a short period (McAndrew, Chambers, Nolan, Thomas, & Watts, 2014).

The St Giles Hospital serves as the national specialist hospital located in Suva, Fiji. Currently, it has reduced the bed occupancy rate from a 190-bed capacity to approximately 76 beds capacity to date. There are more registered nurses employed in the field of psychiatric nursing in Fiji. In the past, medical orderlies would outnumber the registered nursing staff to care for the inpatients.

Registered nurses' roles are therapeutic in nature, they also have to manage violent, aggressive patients, prevent self-harm, and nurse suicidal patients in a safe environment. Psychiatric nursing as a profession has specific responsibilities and opportunities (Garielsson, Tuveesson, Gustin & Jormfeldt, 2020) and aid the mentally ill person with the recovery process.

To date, there is scarce literature in Fiji which explores the experiences of registered nurses in a psychiatric setting. Therefore, the aim of this research arose from the thought of investigating the experiences of registered nurses in Fiji's mental hospital.

## Methodology

### Study Design

A qualitative, phenomenological, and interpretative methodology was used to explore the experiences of registered nurses in the psychiatric hospital. A qualitative approach allows the researcher to begin with assumptions and use interpretive/theoretical frameworks that inform the study of research problems (Creswell, 2013). As Yilmaz (2013) describes, qualitative research as a means to understand phenomenological studies by capturing and communicating with the participants' experiences using their own words through observation and interview.

### Study Setting

This study was conducted at St Giles Psychiatric Hospital in Fiji, the only psychiatric facility in Fiji specialized for mental health care.

### Target Population

The registered nurses were purposively selected and a total of fifteen nurses took part in the study.

### Methods and Tools

Data was collected through Focus Group Discussions (FGD) by moderator.

### **Ethical consideration**

Ethics approval was sought from the College Human Health Research and Ethics Committee (CHHREC 089-19). Written approval from the Medical Superintendent and the Director of Nursing at the Hospital was also sought before commencing the research interview.

### **Data analysis**

Analysis of the data from all focus groups was carried out by comparing the results of each focus group, looking for themes, which emerge from each question, and then

having an overall assessment of the themes. Important segments were clustered together into thematic codes.

Data was transcribed verbatim by the principal investigator for data analysis, and it included all notes and observations as well. Data are kept safely in password locked computers only available to the researchers. Transcribed data was read several times to understand the meaning, to code them together and highlight the key concepts. The codes were then grouped into overlapping categories, which were then organized into similar and meaningful clusters.

Data coding was done to give each focus group a unique number, for instance: FGD 1 as FGD-1.

## Results

Data analysis revealed five (5) themes: (i) experiences, (ii) Types of Violences, (iii) Types of patients in the wards, (iv) support, (v) Number of years of experience in the wards, Sub themes were as follows: (vi) Infrastructure, (vii) Mental Health Decree, (viii) Impact on Self as a Person While Working in The Psychiatric Wards, (ix) Staying on in Mental Health

### Experiences

Registered nurses enjoyed working in the wards by learning each day to understand patient care. "Learning was like a process."

However, they had few negative experiences such as being in the ward was stressful, extremely challenging, dangerous, scary at times, and they expected an outburst anytime. They also experienced been physically, mentally, and verbally abused every day.

"Not one day passes that we are not abused by the patient, and no one listens."

The study findings by (Singh et al, 2022) report "workload and stress, having a busy and pressurized environment, financial issues and lack of investment of staff's wellbeing and health, no proper counseling and psychological support as major challenges in their development" (p.12).

## Types of Violence

Violence and aggression were experienced every day, forensic clients are more dangerous, as they are admitted through a criminal order, handling them is also difficult and some staff members have been punched during this phase. The World Health Organization report that "there was an increase in the number of forensic patients admitted in the psychiatric hospital in Fiji with no separate forensic wards available for them" (WHO 2013, p. 22). Stevenson (2014) explored nurses in acute care psychiatric inpatient wards and reported verbal violence, in the form of abuse, swears, threats, intimidation, and gestures, to sexually inappropriate comments to mean spiteful, confrontational or demeaning incidents, emotional and psychological violence, were common occurrence in the wards.

Insufficient staffing during this crucial time can be detrimental for the registered nurses. As Kindly et al. (2005) mentioned, a lack of support from management, a decrease in staffing, and a lack of knowledge on client characteristics with unsafe environments to work as factors that contribute to the violence. Zarea et al. (2012) found that nurses struggled to control challenging behaviors of psychiatric patients, having to deal with their safety, psychological, and emotional needs. RNs in this study mentioned feeling worried about patients who were suicidal or homicidal, having to prevent these patients from committing suicide.

"We go through violence every day, every single day".

"In terms of aggressive and violent patients, whom we need to defend and protect ourselves first, during this time we get punched".

Kindy, Peterson, & Parkhurst, 2005; Hagen, Knizek, & Hjelmekland, (2016), also report that nurses expressed sadness while caring for suicidal patients, feeling a strong sense of responsibility while they care for these patients.

## Types of patients admitted into the ward.

Patients are admitted with various diagnosis, most presenting with substance use and criminal charges. Forensic patients are also nursed in the psychiatric wards for



observation and assessments with difficult and unpredictable behaviour who can change their mood at any time. They claim to hear voices, become abusive and hostile, show anger and frustration or demand to be nursed in the open whilst they are clear about their criminal offences. Forensic clients must be nursed under the forensic protocol. Forensic clients are always abusive and have a threatening demeanor, so they become difficult while they go through the treatment protocol.

As mentioned by one RN:

“We must give PRN medications, where somebody would hold them to control them and put them into seclusion/room. There is no support provided, which we have been requesting for so long.”

Health professionals need sufficient breaks during the eight (8) hour shifts. RNs who do 1:1 nursing for suicidal patients should be frequently changed so that they are relieved of any stress which they could incur while taking care of a depressed suicidal patient. The welfare of the RN should always be taken into consideration.

## Support



Kindly et al., 2005, mentioned that there was a lack of support from management, a decrease in staffing, and a lack of knowledge on client characteristics with unsafe environments to work as factors contributing to the violence. In addition, Singh et al, 2022 mentioned that team leaders need to provide support to the RNs so that they could carry out their duties effectively and efficiently. However, the authors also mentioned that appropriate support is usually not provided which leaves nurses disappointed. When appropriate support is not rendered it creates barriers and hinders quality service delivery which affects “teamwork and team morale”.

Additionally, when huge patients are admitted, staff mix becomes an issue and the lack of staff in each ward hinders good staffing ratios. However, RNs acknowledged that some staff are always willing to assist when help is needed. One nurse mentioned, “When patients are violent, we don’t get appropriate support, if it comes, it is too late.”

Another mentioned, “I have never seen any support, it never happened, or we are told that it is ok.”

“We are mental health nurses and there is no mental health provided to us.”

One nurse mentioned, that “once we are punched, we will laugh about it the next day.”

Nurses were appreciative of the orderlies who are so experienced in handling the patients. According to the Mental Health Decree, orderlies cannot be rostered in the high dependency areas especially with suicidal protocols therefore, the burden is placed on registered nurses.

Counselling services are often late, and registered nurses decide if they attend the counselling services or not. Counseling should be provided to registered nurses who go through stress and attend violent, aggressive, and suicidal patients. Singh et al, 2022, recommended having “counselors in each subdivision” and that nurses should be provided counseling services, in-service training on stress, anxiety, depression and suicide prevention for nurses and team leaders should be incorporated in the training programs.

Support provided is insufficient compared to the trauma RNs receive during any assaults from the patients. “Even the Police who would arrive late”, usually when the incident is taken under control.

#### Number of years of experiences in the ward.

Due to Covid-19 not all FGDs had taken place and those who were interviewed had at least three to seven years of experience, RNs admitted being in the learning phase, and found it difficult to care for the mentally ill client.

#### Infrastructure

Safe environments foster effective and efficient care with policies in place to prevent violent and aggressive behaviors in the wards (Itzhaki et al 2018; Singh et al, 2022). RNs mentioned lack of library resources for continuous upgrading knowledge and skills on the job which is an essential part of any professional nurse. Continuous support, in-service training, and professional development for the nurses was recommended by Singh et al (2022).

## Mental health Act

The Mental Health Act is mostly patient focused, and emphasizes the importance of “respecting the rights of the patient and be provided high-quality care in a least restrictive manner and that it is an offence to ill-treat patients which can result in imprisonment or fines” (Chang, 2016).

## Impact on Self as a Person While Working in The Psychiatric Wards

The positive impact of working in the psychiatric wards as stated by one RN;  
“I am much stronger now, I can handle situations promptly, having been assaulted many times, now I can handle any situations with the techniques I have learnt here.”  
Working in a mental health facility gives rise to openness and friendliness. This study results show that RNs enjoy being a mental health nurse and serving the mentally ill is satisfying as they deal with compassion and treat patients in a holistic manner. In addition, RNs also mentioned having “nightmares, sleep disturbances, and felt stressed and traumatized”.

## Staying on in Mental Health Nursing

RNs mentioned, “it is good nursing, but some changes need to be made to the place, the security and infrastructure and mental health Act should change.”

One RN mentioned that “we have the passion and love for caring for these patients, and some senior nurses encourage us to stay on, if there was a pay rise, risk allowances, an improved facility to work in, proper resources, and training facilities it could keep us here for even a longer period”.

## Discussion and Conclusion

Registered nurses working at St Giles hospital appreciated the work they provide by learning and upgrading their skills, they would like to serve longer to provide

support to the mentally ill patients. However, nurses provided insightful information about the challenges they face while caring for the patients. RNs are stressed, overworked and abused by patients every day, they work in a risky, poorly maintained infrastructure, and care for patients with diverse clinical diagnoses, forensic and suicidal patients.

Younger RNs find it difficult to cope with the stress while working with a high patient to nurse ratio, with suicidal patients and those who abscond. Appropriate support with better staffing and risk allowance should be given to encourage RNs to stay longer at the hospital.

There is also an urgent need to train all staff, specifically young RNs in handling aggressive, abusive, violent, and suicidal clients and to be properly trained through a mentorship program on handling psychiatric patients. Singh et al 2022, proposed a good mentorship to retain nurses and develop experienced RNs. A proper roster with a fair distribution of staffing should be considered for the efficient running of the wards and “resources and support” should be provided by nurse leaders to promote professional development (Singh et al 2022, p.12). The need for recreational facilities and quiet rooms for staff cannot be emphasized any more. Staff welfare will create opportunities for quality mental health assessment and treatment for the patients who also need a conducive environment to the recovery process.

One nurse mentioned that “The noise is always very loud, and we tend to get angry with it, resting in a quiet room will give us some peace.”

The welfare of staff is important in any organization, which helps the organization in many ways.

1. The staff are happy and satisfied.
2. The staff will produce satisfactory results.
3. Work is efficient and patients recover more effectively.

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Since the completion of this research project, a report was presented in a conference in Fiji in 2023 and it is worth noting that many changes have since been done in the hospital.

## Limitations

One of the limitations for the Focus Group Discussions was the outbreak of Covid-19, which hindered the collection of all the Focus Group interviews as scheduled. Therefore, one pilot study and only three (3) FGDs were conducted.



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