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RURAL DIALYSIS NURSES' EXPERIENCES WITH CHALLENGING PATIENTS: A QUALITATIVE DESCRIPTIVE STUDY

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ABSTRACT

BACKGROUND

This study explored the experience of nurses encountering challenging patient behaviour while working at a rural hospital-based haemodialysis unit.

METHODS

Focus groups were conducted with haemodialysis nurses at a rural hospital. Five participants across two focus groups were asked questions regarding their experiences of challenging patients, including impacts that the experiences may have had on their ongoing professional practice. Transcripts of the focus groups were analysed thematically.

FINDINGS

Three themes arose from the focus group discussion: experiencing challenging behaviour, long term relationships with patients and nursing professionalism Participants described challenges arising when caring for patients who were aggressive, did not comply with self-management or caused avoidable logistical challenges. Long term caring relationships presented challenges as patients could become emotionally dependent upon one nurse, making it difficult to share workloads with other nurses. Participants reported decreased confidence, being near tears, angry and experiencing 'burnout' when caring for patients with difficult behaviour over extended periods. Participants managed challenging behaviours by identifying triggers, allocating staff to specific patients and trying to understand the patient's motivation for action. 'Not taking work home' and 'not taking things personally' were ways in which nurses attempted to look after their own wellbeing, although this was not always possible. Participants stressed the importance of working as a team and having supportive management and inter-professional relationships.

SIGNIFICANCE

Participants' perceptions of working in the nursing profession were more related to their ability to work as a team and manage challenging behaviour exhibited by patients in a supportive environment than the presence of patients exhibiting challenging behaviour.

KEY WORDS: dialysis; haemodialysis nurses; rural health; challenging patient behaviour.

INTRODUCTION

Challenging and aggressive patient behaviour is an issue for healthcare professionals in Australia and globally (Lanctot & Guay, 2014; Najafi et al, 2017). Healthcare workers are 16 times more likely to experience violence at work than other comparable service workers (Lanctot & Guay, 2014). As nurses are in direct contact with patients, they are often the primary target of abuse and violent behaviour (Najafi et al., 2017). Nurses are more likely to be assaulted or attacked at work than either police officers or prison guards (International Council of Nursing [ICN], 2009). The nursing environment provides continuing exposure to a wide range of potentially stressful situations resulting in the need to frequently manage challenging patient behaviours (Karkar et al., 2015). This paper examines the experience of nurses who encounter challenging patient behaviour in a rural haemodialysis unit.

Background

Challenging behaviour is seen to encompass difficult, disruptive and violent behaviours, uncooperative actions and personality conflicts (Addison & Luparell, 2014; Lanctot & Guay., 2014). Addison and Luparell (2014) defined disruptive behaviour as behaviour that undermines communication, patient care and safety. The many definitions of challenging behaviour and violence, used in research, limit the ways incidents of violence can be accurately recorded and reported (Roche et al., 2009). This study adopted the term 'Challenging Behaviour', in order to encompass the wide variety or violent, and non-violent, acts by patients that staff may find difficult or stressful to manage in their daily roles as nurses.

There is a strong correlation between the prevalence of violence in healthcare facilities and the quality of healthcare provided (Chang et al., 2018; Roche et al., 2010; Zhao et al, 2018). Experiencing challenging behaviours at work can have flow on impacts to nurses' mental health and their ability to provide quality healthcare (Najafi et al., 2017). Nurses report feeling fearful, frustrated, anxious, depressed and experiencing low levels of professional satisfaction when faced with ongoing challenging patient behaviours (Addison & Luparell., 2014; Karkar et al., 2015; Lanctot & Guay., 2014). Surprisingly there is little existing research that looks at the long term implications of challenging behaviours in the healthcare sector (Lanctot & Guay, 2014). It is important to have an understanding of the consequences that a behaviour may cause in order to work to promote an appropriate solution or management strategy (Najafi, 2017).

Healthcare workers in different areas of health services are exposed to different types and levels of challenging behaviour. Haemodialysis nurses have a unique relationship with their patients who require repeated and ongoing care over a prolonged period of time (Hayes & Bonner, 2010) This results in them having different perceptions of hospital stressors to other groups of nurses (Thomas-Hawkins et al., 2003). Patients undergoing haemodialysis also have significant stressors and may be frustrated by the limitations of living with kidney failure, causing them to 'lash out' (Murphy, 2004). Nurses may also feel patients behaviour is challenging when they refuse to comply with self-care (Jordens & Montgomery, 2018).Nurses working in rural areas are also at risk of violence (Murphy, 2004). Rural communities have higher levels of interpersonal connections, with nursing staff more likely to know patients across multiple social and non-professional settings, resulting in an increased pressure to ensure that interpersonal exchanges are conducted appropriately (Addison & Luparell, 2014). Combine working in haemodialysis units with rural areas, and the experience of challenging patient behaviour becomes even more complex.

Quantitative techniques have been used to investigate and quantify the number of instances of reported challenging behaviour exhibited towards health professionals, but there is very limited data exploring the qualitative experiences of rural haemodialysis nurses exposed to ongoing challenging behaviour (Lanctot & Guay., 2014; Najafi et al., 2017). There is a gap in the existing literature relating to the experiences of rural nurses, particularly those caring for patients who exhibit challenging behaviour and require ongoing care. By understanding the experiences of nurses working with patients who exhibit challenging behaviour, it is possible to create strategies to better support and manage patient care and enhance staff wellbeing. This project aimed to explore the experiences of rural haemodialysis nurses working with patients exhibiting challenging behaviour.

METHODS

This research utilised a qualitative descriptive design. This approach facilitated the exploration of the perceived experience of individual nurses working with patients exhibiting challenging behaviour (Lopez & Willis, 2004). The rural hospital contained a nine-chair, in-centre, haemodialysis unit which employed 12 permanent registered nurses.

Participants

Registered Nurses working in the haemodialysis unit for more than 12 months were invited to participate in the study via an email sent by a hospital intermediary. Previous experience with challenging patients was not a pre-requisite for participation. Participants were recruited via an email from a nurse educator at the hospital that provided the contact details for the researcher to contact if they were interested. In order to facilitate open discussion, line management or supervisory staff were not invited to participate. Seven nurses responded to the invitation and five were recruited into focus groups.

Data Collection

Two focus groups were held in a room located conveniently to the hospital, in order to meet the needs of staff timetabling. The focus groups each met for a period of approximately one hour. Semi-structured questions were used to guide discussion (Table 1). The questions were broad and the interviewer was requested to allow the participants to lead the discussion. Audio of the focus group was recorded electronically. Data was transcribed verbatim by the researcher and participants de-identified.

Ethical considerations

Ethical approval was obtained from Edith Cowan University Human ethics committee (number XXXXX) and also from the hospital where the study was conducted. Participant data was de-identified on transcription.

Data analysis

In line with the descriptive qualitative approach, commonalities were sought in participant's responses using thematic analysis (Lopez & Willis, 2004). Open coding identified individual experiences and perceptions of participants. These were then compared between participants and organised into units of meaning and thematic categories. Data analysis was confirmed by consensus of two researchers in order to ensure trustworthiness.

FINDINGS

Data analysis revealed three main themes: the experience of challenging behaviour, long term relationships with patients and nursing professionalism.

Theme 1. Experience of challenging behaviour

All participants had experienced challenging behaviour whilst caring for patients. The theme included three subthemes: aggression, lack of self-management and logistical challenges.

Aggression

Aggression from patients was experienced by all participants and was seen to include being rude, inappropriate, and verbal or physical aggression. Some patients were seen as '*just an angry patient*' (P4) and not behaving '*how a normal person would behave'* (P1). Participants noted that *'We've had verbal and physical aggression and threats of violence from [challenging] patients in the past'* (P3). Participants shared the story of an incident that occurred at a Christmas party:

> 'He was in my face […] He was yelling and screaming at me […] Other patients actually stepped in because they were fearful he might hit me' (P3).

Despite experiencing the behaviour, participants sometimes justified the challenging behaviour by statements such as '*when patients first come [to dialysis], they're scared and they might, might put up barriers'* (P3) and it *'is just part of the grief process where they are in denial' (P4).*

Lack of self-management

Participants found it challenging when patients would neglect their self-management by ignoring advice, denying issues or not paying attention to diet restrictions. Lack of self-management was challenging because it was viewed as detrimental to the patient and would increase the workload on staff. This was expressed in comments such as *'then we have to go out of the way to really get their treatments sorted' (P5).* An example of this was:

> 'A patient recently who was not well, and we wanted him to go and see the GP, and he refused [… he] ended up in [a large city] in hospital virtually unconscious. That was challenging because we could see that he wasn't well, but he wasn't acknowledging what we could see, so therefore wasn't acting on the advice.' (P3)

Logistical challenges.

Patients could also present logistical challenges in not attending to appointments in a timely manner and demanding care at specific times. Logistical challenges were associated with

challenging patients by participants because they saw challenging patients as more likely to intentionally, or unintentionally, cause logistical difficulties for staff that could impact patient care. One participant suggested that when patients are *'not turning up to treatment, or turning up late and then making it hard for the next patient'* (P5) this leads to logistical challenges in managing their care. Participants commented on the difficulty in managing patients who did not keep appointments:

> 'If you've got someone who doesn't turn up in the morning session and you've got to try and squeeze them in that afternoon, it definitely impacts on the other patients. You are just messing with their times and sessions' (P5).

Demanding patients also caused logistical problems. Participants told the story of a demanding patient who '*exactly on 10 o-clock she will ring her buzzer. We know that she has coffee or whatever due at that time but she always beats us to the buzzer*.'(P2). This behaviour caused a strong emotive response in one participant who said that '*it makes you angry that they are not thinking about other patients. But then again, it is all about them*' (P4). Other participants were more understanding of this behaviour, stating that chronically ill patients often '*become very focused on themselves, and rightly so*.'(P2).

<u>Theme 2. Long term relationships with patients</u>

The long-term relationships experienced when nursing patients over extended time periods was challenging for haemodialysis nurses. This theme had two subthemes: patient dependency and nurse's self-care.

Patient dependency

As patients were undertaking treatment over extended period of times, participants felt that patients *'can become dependent on you'* (P4) and '*they just want [care from] people they know'* (P4). Participants found it difficult as the preferred nurse may not always be available or busy with other patients. As one participant stated patients:

> 'are relying on you, and then they say 'I want you to needle me [to connect me to dialysis machine ….] and sometimes that can be challenging for us to walk away and say 'well no, you can't dictate to us where you sit, what you do, who is going to put you on'.' (P4)

Participants shared examples of patients who had been '*in the healthcare system for probably 40 plus years. So that's all they've really known*'(P2). Patients who are undergoing ongoing haemodialysis treatment can become *'very institutionalised […] very regimented in [their] thinking.*'(P2). This can lead to patients who *'learn the system'* (P5) and *'they can be manipulative'* (P4).

The dependency of some patients on familiar nurses at times caused other nurses to feel a lack of confidence in their clinical skills. One participant recounted that;

> 'having patients that […] because you are new, will sort of make you feel like you are not really capable of doing that, or doing their needles. Then you have this sort of anxiety around doing it […] but that's just the patient doing that, it's not anyone else.' (P5).

Despite their belief that patients should not become dependent on a particular nurse, participants felt that knowing a patient's personality was important because '*personalities respond differently to different personalities, so sometimes you'll find one patient will click with a particular nurse*' (P3). Explaining why accommodation was made for one specific patient, a participant said that '*it might seem pandering to him in one respect to […] But I said 'why aggravate a situation if you don't have to'*" (P2). However, matching staff to patients was not seen as being a panacea for challenging events because participants felt that the patient was still aggressive to all staff.

Participants spoke about the way that their relationships with patients changed over time. One participant recounted that;

> 'I used to actually go and pick [a challenging patient] up and bring him to dialysis and things. But by the end, it got to, you know, after you've sat outside the house waiting and he hasn't shown up. Or towards the end, where I just, I'd feel frightened, so I wouldn't, I just wouldn't do it anymore' (P2).

Nurses Self-care

In an effort to manage the emotional response to patients whose challenging behaviour could undermine their confidence, participants shared that they would '*try not to personalise the behaviour'* (P3) and *'try not to take it personally, even if it is directed at me* (P3). Other participants refused to '*take work home with me at all*' (P1). The ability of one participant to not take work home surprised some of the other participants, leading to the following exchange:

P4: *[you don't take work home] 'even when you had that aggression? And it was you that was in that aggression?'*

P3: *'Yep, I didn't personalise that.'*

P4: *'You didn't take that home? Because I would!'*

One participant explained that '*even after all these years I still think about patients who have been particularly bad, if you can say bad […] I try not to, but then again, it doesn't always work*' (P4).

Participants were aware of the potential for burnout as a consequence of long-term relationships with patients. '*When you are dealing with it 3 times a week, 3-4 times a week for years and it is just getting worse, and yeah, I absolutely [get burnout]*' (P2). While some participants found that patients and staff, could '*get used to [them] over time as well*' (P1), other participants found that there '*becomes a bit of a limit in how much you can actually tolerate anymore. That you can only make so many excuses for somebody's behaviour*' (P2). Another participant found that on some occasions challenging behaviour brought them '*almost to the point of tears … It undermines your confidence*' (P2).

Participants felt supported by the hospital through the presence of a confidential and free support line available for staff experiencing distress. Participants reported that staff education on management of difficult patients was increasingly common and '*there is more education now than what there was years ago. Even 5 years ago*' (P4). Participants had attended education programs where they were taught '*how to handle it, how to manage it and to call for help*' (P3).

<u>Theme 3. Nursing Professionalism</u>

Despite facing challenging behaviour from patients, participants were aware of their professional responsibilities. This theme had two subthemes of professional responsibility and team work.

Professional responsibility

All participants reiterated that they maintained professional care regardless of a patients' behaviour stating '*we still have a duty of care, and that underlines everything*' (P2). Participants suggested that a patient's behaviour can impact on their desire to care for them '*cos you don't want to go near him*' (P4), yet they repeatedly outlined their professional commitment to '*Treat everybody exactly the same regardless*' (P2).

Participants were aware of the hospital policy for caring for patients exhibiting challenging behaviour, recounting a story of one patient where;

> 'It wasn't safe to go near him. And the policy is not to, when he's aggressive. So all we could do was take him off the machine and send him home' (P3).

While hospital management were seen as supportive by staff, the patients interest was always prioritised. One participant recounted that management had '*discussed [a patient exhibiting challenging behaviour] being sent to other units, but there were just too many issues surrounding that*' (P2). Participants reiterated that the patient's best interests were paramount because

> '*It doesn't matter how bad they really are; we do have to [care for them]. And to send him off somewhere else was not necessarily meeting that*' (P2).

Team work

Participants emphasised the importance of working as a team when dealing with patients who exhibit challenging behaviours. Participants suggested that '*Everyone else will try, and if it doesn't work, then you'll go back to the one that had the most success. That's team work really*' (P3) and '*we're a team, so where one has failed, another one can come in. I think it works well*' (P4).

Participants found that when it came to challenging behaviour from patients '*people are speaking up about it. There is less tolerance for it*' (P5). Participants did not feel like they were required to put up with challenging behaviour, saying that '*You are not expected to just cop it now, like you did. … now there is no expectation of that, in fact you are told not to cop it*' (P3). Participants appreciated the support of the nurse unit manager and hospital management as part of the team in dealing with challenging behaviour.

> 'the hospital well and truly knew the challenges we were facing because there have been meetings with all, within the hospital setting … Any strategies that could be put in place. You know, he'd been given forms that he had to agree to this particular behaviour and sign, and this was the agreement' (P2).

Despite the supportive hospital environment, one participant stated that:

> ‘I think in health. The healthcare system is on the patient’s side. It is not really on the nurse’s side. We are there to, as somebody once put it to me ‘we are there to rise above it all’’ (P1).

DISCUSSION

Aggression, causing avoidable logistical challenges and lack of self-management were all reported by participants as forms of challenging behaviour. When defining challenging behaviour, the participants mentioned more verbal and psychological aggression than physical. Many of the behaviours were explained away or justified by the participants. This is in line with the findings of Stevenson et al. (2015) that suggest healthcare workers often allow more leeway for the behaviour of seriously or chronically ill patients because they can intellectualise it as being an emotional response to the illness.

Participants in this study focused more on the emotional ramifications of patient’s behaviour than on the threat of physical violence. This is in contrast to studies by Dermody et al. (2008) and Addison & Luparell (2014) who found that nurses working in smaller satellite dialysis centres were more concerned with physical security than their hospital-based counterparts. Difference of opinion regarding the emotional impact of aggression were identified between participants. One nurse who witnessed a patient behaving aggressively towards another nurse was more impacted by the patient’s behaviour than the nurse the aggression was targeted towards. Witnessing violence towards other staff members has been reported to have a significant impact upon job satisfaction and the intention of nurses to remain in their roles (Chang et al., 2018).

Non-adherence with care was seen as a challenging behaviour. Participants recounted stories of patients who failed to follow advice for care and deteriorated significantly. Patient non-adherance with healthcare advice may be unintentional and linked to feelings of confusion or disempowerment (Skelton et al., 2015). Chronically ill patients, such as those undergoing dialysis, face a burden of complying with dietary and lifestyle restrictions (Skelton et al., 2015). Patient non-adherance was sometimes linked to the patient’s understanding of instructions. This is consistent with the literature that shows patients may have difficulty in complying with instructions for their own care, emphasising the importance of providing individualised care and providing simple, easy to understand requests (Skelton et al., 2015). Participants showed their understanding of the complexity of healthcare adherence and attempted to rationalise what they

saw as outliers or patients having the occasional ‘good weekend’, while still finding the behaviour challenging to care for.

Participants were less understanding of non-adherant behaviour when it was ongoing. Nurses found it difficult to care for patients who chose to not adhere to care suggestions and became seriously unwell which could have been avoided. One of the ways that the participants managed their emotions when patients did not adhere to care was by reminding themselves of their role as health carers, and the limits of their nursing role. Dermody and Bennett (2008) found that being able to maintain the boundaries between caring for patients professionally and being involved in their personal lives is a difficult but essential skill for haemodialysis nurses to master.

Duty of care to patients was seen as more important than participants own personal wellbeing. Nurses are required to balance the risks associated with specific behaviour against the importance of achieving care objectives (O’Keeffe et al., 2016). This can lead to conflict between how nurses perceive themselves as care givers and the duty they have to ensure their own safety while at work (Stevenson et al., 2015). This finding is consistent with O’Keefe et al. (2016) who found that nurses set flexible boundaries around acceptable safety risks and moved those boundaries in order to achieve what they saw as trade-offs in patient care (O’Keeffe et al., 2016). Workplace violence and aggression is seen to have a two-fold impact on nursing staff, with aggression impacting on both patients care and on nurses’ perceptions of their role in providing that care (Najifi et al., 2017). However, this finding may need to be taken with caution as Morrow et al. (2016) have found that when management is not clear about being open to hearing ideas that nurses may lack confidence in their ability to provide suggestions for treatment plan alterations (Morrow et al., 2016).

Finding strategies to assist with the management of patients who exhibit challenging behaviour can be difficult (Zhao et al, 2015). Working as a strong team is a strategy that can assist nurses to effectively manage the care of patients exhibiting challenging behaviours. Nurses value the creation of healthy team environments as being a positive step towards being able to balance patient care and health worker safety (Stevenson et al., 2015). Strong team work can also be used as a way to alleviate moral distress that could arise from facing complex challenges in care (Bruce et al., 2015). Bruce et al. (2015) reported that healthcare workers facing challenging behaviour use team work in order to ensure that no one person was trapped dealing with a situation that could be morally distressing and that staff were moved between patients in order to give them breathing space from challenging situations (Bruce et al., 2015). This is similar to the behaviour of the participants in this study who reported sharing the care of patients whose

behaviour was known to be challenging. O'Keeffe et al. (2016) have found nurses are able to maximise their physical, emotional and cognitive resources and achieve higher care objectives when they enlist the help of each other. Team work can also be used to bolster a sense of professionalism and shared experience, particularly in situations where nurses are facing patient aggression (O'Keeffe et al., 2016).

Positive teamwork involved the hospital's management staff. Support from employers following an incident of aggression can lead to better outcomes for the nurses involved, which flow on to the care of patients (Roche et al., 2009). Participants reported an awareness of hospital support services, including debriefing sessions and a free telephone counselling service. Debriefing following challenging situations can assist in not only managing personal emotional reactions but also in building strong and empathetic team networks (Bruce et al., 2015). Development of strong teams is particularly important in rural areas, where staff turnover is already seen as being a significant issue (Russell et al., 2017). The quality of the nurses' work environment and whether they are supported through dealing with patients exhibiting challenging behaviour has been shown to be connected with nurses' intention to leave the workforce (Chang et al., 2018).

LIMITATIONS

The focus groups in this study comprised of participants who self-selected. The dependability and the reliability of the findings may have benefited from a more in depth analysis of individual participants experiences and perspectives of challenging patients. The study was conducted in a single rural setting and the findings may not be generalizable to other settings.

CONCLUSIONS

Nurses working in a rural haemodialysis unit identified challenging behaviour exhibited by patients as an ongoing issue in their workplace. Participants found it challenging when patients were rude, aggressive, non-compliant with self-management or consistently turned up late to appointments. Challenging behaviour was not reported to impact on the quality of care provided, although it impacted upon the willingness of nurses to provide additional care. Experiencing challenging behaviours from patients was not seen to negatively impacted upon nurses perception of the nursing profession. By focusing on the positive elements of working in a supportive team environment, participants were able to maintain positive perceptions of their work and the nursing profession.

RECOMMENDATIONS

Findings from this study can be used to better understand the experience of nurses working with challenging behaviour from long term patients and identify strategies to mitigate burnout and reduce ongoing stressors. Team work was an important aspect of assisting staff manage difficult behaviour. Managers should ensure that structures are in place to assist staff with debriefing and troubleshooting methods to assist with the management of patients with challenging behaviour. The impact of patient adherence with care on the long term wellbeing of staff may require further in depth exploration. This study included the views of experienced nurses, so it may be beneficial to conduct a similar study on the impact of challenging patient behaviour on new graduates and inexperienced nurses. Further studies may benefit from incorporating the views of clinical managers.

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