

2015

Communication Skills of Novice Psychiatric Nurses with Aggressive Psychiatric Patients

Rose Moss
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Rose Moss

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Allison Terry, Committee Chairperson, Health Services Faculty
Dr. Sophia Brown, Committee Member, Health Services Faculty
Dr. Eileen Fowles, University Reviewer, Health Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2015

Abstract

Communication Skills of Novice Psychiatric Nurses with Aggressive Psychiatric Patients

by

Rose L. Moss

MS, University of Hartford, 1996

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

March 2015

Abstract

The transition from novice nurse to a competent psychiatric staff nurse is often associated with major communication challenges, primarily when caring for aggressive patients. Guided by Peplau's theory, this quantitative study assessed the communication skills of novice psychiatric nurses ($N = 25$) who worked 24 months or less in the state psychiatric hospital with aggressive psychiatric patients. Additionally, certain demographic data such as gender, age range, level of education, and length of time working were analyzed to determine their impact on communication skills. The survey consisted of 20 questions which assessed demographic data, communications skills, and hospital-based orientation. Based on ANOVA, novice nurses did not differ on hospital-based orientation based on gender, age, level of education, or length of time working. Novice nurses' communication skills did not differ by gender, age or level of education; however, novice psychiatric nurses who had worked 19-24 months had stronger communication skills than those working less time with aggressive patients ($F = 6.9, p < 0.005$). A communication skills class during hospital orientation to prepare novice nurses to communicate effectively with aggressive patient was recommended to nursing leadership and staff. A communication skills class held during hospital orientation could enhance the nurse-patient relationship, cultivate a safer and secure milieu, and improve patient outcomes. The findings have implications for positive social change for staff development to improve the hospital orientation for novice psychiatric nurses to become better equipped as effective communicators with aggressive psychiatric patients.

Communication Skills of Novice Psychiatric Nurses with Aggressive Psychiatric Patients

by

Rose L. Moss

MS, University of Hartford, 1996

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

March 2015

Dedication

This DNP Project Study is dedicated to my daughters Tyra L. Moss and Jacqueline Moss-Royale for their support and encouragement to achieve this goal.

Acknowledgments

I would like to especially thank Dr. Allison Terry, my DNP Committee Chair at Walden University for her consistent encouragement and support as she has helped me reach this point in my academic career. I would also thank two faculty members at Walden University, Dr. Sophia Brown and Dr. Eileen Fowles for their support and willingness to serve on my DNP Committee. I thank my preceptor, Meari Avery, APRN, Director of Staff Development who assisted me in achieving this goal as well as the Nurse Executive Committee at Connecticut Valley Hospital. I also thank Patricia Oliver who assisted with the statistical analysis. In addition, my colleagues Karin Ciance, DNP and James LaFeir, DNP provided their continuous and unconditional support and encouragement during this entire journey. My cousin Betty Burrus has consistently provided the spiritual support along the way.

Table of Contents

List of Tables	iv
List of Figures	v
Section 1: Introduction to the Study	1
Background of the Problem	1
Problem Statement	3
Purpose Statement	5
Project Objectives	6
Project Question	6
Significance of the Project	7
Significance to Practice	8
Implication for Social Change in Practice	9
Definition of Terms	10
Assumptions	12
Limitations	12
Summary	12
Section 2: Review of Literature and Theoretical Framework	14
Introduction	14
Specific Literature	15
General Literature	21
Theoretical Framework	24
Peplau's Theory	24

Summary	26
Section 3: Methodology	28
Introduction	28
Project Design/Methods	28
Population and Sampling	29
Data Collection (Instrument and Protection of Human Subjects)	30
Data Analysis	32
Project Evaluation Plan	33
Summary	34
Section 4: Findings, Discussion, and Implications	36
Findings	36
Discussion of Findings	43
Implications	44
Project Strengths and Limitations	46
Recommendation for Remediation of Limitations	47
Analysis of Self	47
Summary	49
Section 5: Scholarly Product	51
References	84
Appendix A: Communication Skills of the Novice Psychiatric Nurse Survey	90
Appendix B: Communication with Patients with cancer: A Greek Study	94
Appendix C: Office of the Commissioner Letter of Approval	97

Curriculum Vitae98

List of Tables

Table 1. Hospital-based skills and communication skills.....	37
Table 2. Demographics of hospital-based and communication skills.....	38
Table 3. Analysis of variance.....	40

List of Figures

Figure 1. Average scores on hospital-based orientation and communication skills.....36

Section 1: Introduction to the Study

Background of the Problem

The transition of new nurse graduates from registered nurse (RN) into professional practice is a vital and critical development period (Benner, 1982). Most initial psychiatric or behavioral health experiences of new nurse graduates occur in their clinical rotation within nursing programs. Kramer (1974) described the transition as a “reality shock” (e.g., feeling overwhelmed, angry, depressed, and inadequate despite the preparation for practice during nursing school (as cited in Martin & Wilson, 2011, p. 21). Factors associated with transitioning from new nurse graduate to professional nurse are inadequate clinical preparation, lack of confidence in various skills, conflict issues, unrealistic expectations of self and staff, mixed feelings about responsibilities, role stress, lack of support from staff, and burnout (Jewell, 2013; Morrow, 2009). Similarly, the transition from a medical-surgical nurse to a psychiatric nurse is considered a major change and is often involves significant stressors and challenges.

According to Duchscher (2008), the transitional process can determine the difference between a successful career and abandonment of a profession due to a high level of stress and burnout. Adjusting to a new role, where communication is the core of managing the care of psychiatric patients can be challenging and can create an unpredictable setting that may be difficult for the novice psychiatric nurse to handle. For the purpose of this paper, the term *novice psychiatric nurse* refers to new nurse graduates who are new to psychiatric nursing and nurses who have experience in another specialty in nursing (e.g., medical-surgical) but lack experience in the psychiatric setting.

Inpatient psychiatric units have been considered an extremely stressful environment for direct care staff working with patients with aggressive and unpredictable behaviors (Ward, 2013). Inpatient psychiatric units consist of a number of patients who suffer from various types of mental illnesses. It can be difficult for the nurse to maintain effective communication with such patients. This has been difficult to manage even for the experienced psychiatric nurse. In order for effective communication to occur, the nurse-patient interaction and therapeutic engagement must be established first with the aggressive patient.

The primary function of nursing, which has been considered a dynamic and rewarding job, is taking care of patients. To properly care for them, appropriate communication is essential. Although patient-centered communication is the key that aids in the development of a positive nurse-patient relationship, nurses have been considered poor communicators with patients suffering from various mental illnesses, whether novice or experienced (Sharac, McCrone, Sabes-Figuera, Csipke, Wood, & Wykes, 2010).

Maintaining effective communication between the psychiatric nurse and psychiatric patients has been considered the main core of care in mental health (Peplau, 1952, 1997). The importance of communicating therapeutically with patients has been the cornerstone in nursing practice. Psychiatric hospitals attempt to maintain a safe environment for the patients and direct care staff on the units (Jones, Nolan, Bowers, Simpson, Whittington, Hackney, & Bhui, 2010). Aggressive patients who cause conflict on the unit makes providing care a serious challenge for all frontline nurses

Problem Statement

Communication is the key factor in providing and managing the care of patients with mental illness, especially patients who display aggressive behavior. Peplau (1997) stated that the nurse-patient relationship is the core of mental health nursing and that the behaviors of both nurse and patient interacting together play a significant role in the quality of patient care and its outcome. Although communication is the foundation of the nurse-patient relationship, psychiatric nurses have been criticized for their lack of interaction and therapeutic engagement with patients (Sharac et al., 2010

Psychiatric units, whether acute or long-term, that experience high levels of conflict or unpredictable behaviors from psychiatric patients have shown increases in physical and psychological injuries with staff (Anderson & West, 2011). Psychiatric patients' aggressive behavior has generated high acuity levels causing an unsafe milieu. Aggression by psychiatric patients represents a serious threat to the safety and security of both patients and staff (Jones et al., 2010; Ward, 2013). Work pressure, poor communication skills, stress, and time constraints have all contributed to psychiatric patients' conflict behaviors (Currid, 2009; Ward, 2013). According to Ward (2013), the majority of RNs working in an inpatient psychiatric unit have experienced aggressive or violent behavior by patients at least once in their career. For novice nurses who have experienced various levels of aggressive behavior from patients within their first year of practice resulted in high levels of stress, including significant cost to the organization and job attrition (Lampe, Stratton, & Welsh, 2011; Parker, Giles, Lantry, & McMillan, 2014).

The nurse's attitude towards psychiatric patients has a significant effect on the type of communication that occurs between them (Weight & Kendal, 2013). Novice psychiatric nurses find they lack competence and confidence and that this is perceived by patients with mental illness as negative behavior. In a study of Jordanian nurses conducted by Hamdan-Mansour and Wardam (2009), 60% of Jordanian nurses exhibited negative attitudes towards patients with mental illness. Hamdan-Mansour and Wardam (2009) emphasized that establishing and maintaining appropriate communication can be extremely difficult, especially when nurses perceive mentally ill persons to be "dangerous, immature, dirty, cold hearted, harmful, and pessimistic" (p. 705).

Although patient-related aggressive acts toward the staff on inpatient units had declined from July 2012 to June 2014 at a large state psychiatric hospital in southern New England, these acts seemed to have had an effect on the nurse-patient interaction, particularly with novice psychiatric nurses. At this hospital, novice nurses do not receive a review of basic communication skills during hospital orientation. The ability to approach aggressive psychiatric patients and communicate effectively with has been observed by nursing staff to be a difficult task for novice psychiatric nurses. As a result, I conducted a survey of novice psychiatric nurses which revealed their perceptions of their communication skills. An educational module on enhancing communication skills for novice psychiatric nurses was recommended to be used during future hospital orientation with novice nurses. It would provide the necessary communication skills to facilitate the nurse-patient relationship with the psychiatric patient, especially the aggressive patient.

Purpose Statement

Some obstacles that impeded nurses from communicating with psychiatric patients were as follows: fear of (a) what to say, (b) making the situation worse by acknowledging the patient's behavior, and (c) asking the patient about their suicidal thoughts or feelings of anger. Patients who struggled with depression or hallucinations were often looking for someone to talk to about their thoughts and how they were feeling. Nurses who were not equipped in communicating with psychiatric patients impeded the nurse-patient relationship. The frontline staff's poor communication affected the safety of patient and staff; the staff and patient relationship; and patient and staff satisfaction (Bowles, N., Mackintosh, & Torn 2001; Fleischer, Berg, Zimmermann, Wüste, & Behrens, J. 2009). Developing a relationship involved communication. The relationship and communication concepts were clearly connected.

Some psychiatric patients on an acute inpatient or long-term psychiatric unit who are diagnosed with major depressive disorder, psychotic disorder, or a personality disorder may experience severe psychosis, may be severely depressed, may express suicidal or thoughts of self-injury and display aggressive behavior. These patients need to be maintained in a safe environment. Many novice psychiatric nurses feel that their ability to communicate with, assess, and treat such patients appropriately are inadequate. This creates tension in providing care and hinders the development of the nurse-patient relationship.

The purpose of this needs assessment project was to conduct a survey with novice psychiatric nurses to determine their communication skills. in the following areas:

confidence level in their communication skills as a novice psychiatric nurse; knowledge about mental illness before being hired; communication skills with psychiatric patients; use of communication skills during hospital and unit orientations; feelings about interacting with aggressive patient; the nurse-patient relationship; and communication with nursing staff. The result of the survey led to the recommendation of an educational module on enhancing communication skills during hospital orientation for novice nurses to facilitate the nurse-patient interaction and relationship with psychiatric patients on inpatient psychiatric units.

Project Objectives

This project was developed to achieve the following objectives:

- To survey the communication skills of novice psychiatric nurses within the nurse-patient relationship
- To provide staff development and nursing leadership with insight into novice psychiatric nurses' use of communication techniques with psychiatric patients
- To recommend an educational program on communication skills to facilitate the interactions of novice psychiatric nurses with aggressive psychiatric patients on inpatient units

Project Question

New nurse graduates and nurses who transitioned from another nursing specialty, such as medical surgical nursing, into the psychiatric setting, received the same hospital orientation at this state hospital. The project question was as follows: Are the communication skills of new nurse graduates or nurses with no prior psychiatric

experience satisfactory to interact with aggressive psychiatric patients on inpatient psychiatric units?

Significance of the Project

The translation of evidence into practice represented a powerful tool and an example of how change efforts improved nurse-patient relationships, patient outcomes, nursing practice, and strengthened health care delivery (White & Dudley-Brown, 2012). Therefore, effective communication is essential for the delivery of quality care for all patients. Psychiatric nurses have been criticized for their lack of communication, interaction and therapeutic engagement with patients (Sharac et al., 2010). Nurses' attitude towards psychiatric patients has a significant effect on the type of communication that occurs between the nurse and patient (Weight & Kendal, 2013). Studies have shown that the nurse's approach to the patient, comprehension of the nurse-patient relationship and the behaviors displayed between both play a significant role on the quality and outcome of patient care as well as the safety and security on the unit (Jones et al., 2010; Ward, 2013) Findings suggest that a class on communication skills and techniques for nurses caring for psychiatric patients has improved the nurse-patient relationship and resulted in better patient outcomes (Ak et al., 2011).

To understand the communication skills of the novice psychiatric, a survey was needed to determine the perceptions of novice psychiatric nurses who care for aggressive psychiatric patients. Findings from the survey revealed that although novice psychiatric nurses perceived their communication skills to be satisfactory, their written comments were about a need to integrate communication classes during the hospital orientation that

would equip them to appropriately interact and engage in effective communication with their patients at the start of their working period. Establishing a communication skills class would change staff development hospital orientation curriculum for novice nurses. In turn, a class would provide better prepared novice nurses to manage aggressive patients on the units that would result in positive patient outcomes on safer and secure units.

Significance to Practice

Effective communication, a fundamental component in nursing, is considered an essential requirement in the nurse-patient relationship in which the patient is the focal point in the relationship. Within the framework of that relationship, nurses help patients develop skills that can help them cope with their problems. The combination of what is contributed between the nurse and the patient has more impact on the relationship. Nurses have to balance the safety and security of all patients with improving or maintaining the mental status of each patient.

Nurses need to build a caring and trustful relationship to enable patients to feel more secure and to help them open up and share their true feelings. The nurse-patient relationship should be based on honesty and respect. Studies have shown that nurses in a psychiatric setting and thus work in a fearful setting, value trust and effective communication when developing a therapeutic relationship with their patients (Jacob & Holmes, 2011; Ward, 2013). Effective communication training has the potential to facilitate the nurse-patient relationship that can result in a significant impact on nursing

practice particularly in the manner of approach, communication skills, empathy, and reduction in undesirable events (Ak et al., 2011; Bowles et al., 2001).

Implication for Social Change in Practice

Negative attitudes and biases towards people with mental illness exist in the general population (Hansson et al., 2011). However, among mental health professionals, the current approach towards mentally ill patients, studies have shown a prevalence of negative attitudes that focus on stereotypes and social distance (Hansson et al., 2011). This has resulted to have a profound negative social impact in which the patient's attitudes were overall the same as mental health professionals (Hamdan-Mansour & Wardam, 2009). Mental health professionals' attitudes about mental ill patients can impede communication and therefore have implications on the patient's treatment. Nurses' attitudes and beliefs about patients with mental illness have been shown to influence the way patients are treated and spoken to on an inpatient psychiatric unit. Novice or even experienced psychiatric nurses who possess negative attitudes have the potential to develop poor communication skills which affect the quality of care, patient outcomes, and lower patient satisfaction.

Current practice on inpatient psychiatric units has been associated with overcrowded and chaotic environments; high stimulus atmosphere that contributes to escalating behaviors; conflict over patient's course of treatment; length of time it takes to act on patient's concerns and needs; a lack of contact and emotional engagement with patients; insensitivity to patient's cultural and belief system; and an apathetic attitude towards patients in general (Bjorkdahl, Palmstierna, & Hansebo, 2010).

In order for psychiatric patients to receive quality nursing care, it is imperative that psychiatric nurses use effective communication to establish and maintain the nurse-patient relationship. This was difficult for nurses at this state hospital who work with patients with aggressive or unpredictable behaviors. Working with difficult patients required interventions that would affect safety for both the patient and staff. The aggressive behavior (or behavior that created chaos on the unit) was seen as no excuse for poor nurse-patient communication (Jacob & Holmes, 2011). As mentioned earlier, it is the quality of the communication that determines whether the relationship moves in a positive or negative direction. Implications for positive social change for staff development to improve hospital orientation and for novice psychiatric nurses to become more knowledgeable and better equipped as effective communicators with aggressive psychiatric patients.

Definition of Terms

Aggressive behavior is any verbal or nonverbal, actual or attempted, conscious or unconscious, forceful means of harm or abuse of another person or object (Halter, 2014, p. 672).

Communication skills or therapeutic communication techniques are verbal or nonverbal techniques that encourage exploration of feelings, foster understanding of behavioral motivation and are nonjudgmental, discourage defensiveness, and promote trust (Townsend, 2011, p. 119).

Effective communication is essential to practice and is shaped by open-ended questions, listening, empathy, and assertiveness. It is clear in content and requires an exchange of ideas and common understanding between people (Halter, 2014, p. 151).

Mental or psychiatric illnesses refer to mental disorders with definable diagnosis and are manifested in significant dysfunction in developmental, biological, or psychological disturbances in mental functioning (Halter, 2014, p. 2).

Novice psychiatric nurses are graduate (beginner) nurses or advanced (expert) nurses transitioning from one specialty area in nursing into psychiatric nursing (Benner, 1982).

Nurse patient interaction is the process in which a nurse and a client exchange or share information, verbally or nonverbally. It is fundamental to communication and is an essential component of the nursing assessment (Halter, 2014, p. 132).

Nurse-patient relationship consists of a therapeutic relationship between a nurse and a client built on a series of nurse-patient interactions. The nurse-patient relationship is central to patient satisfaction (Halter, 2014, p. 133).

Peplau's theory focuses on the interpersonal processes and therapeutic relationship that develops between the nurse and client (Peplau, 1952, 1997). It includes three key phases, the orientation, working (which combines identification and exploitation), and resolution.

Psychiatric nurses provide ongoing assessment on the condition of the patient both mentally and physically (Townsend, 2011, p. 161).

Assumptions

Members on the healthcare team desire optimal patient outcomes and are concerned about the aggressive behavior of psychiatric patients on the inpatient units. Although novice psychiatric nurses receive training on non-violent prevention intervention program during hospital orientation, patient aggressive behavior remains significant on the inpatient units. An assumption of this project is that communication skills reviewed with novice psychiatric nurses during hospital orientation would better prepare them to interact with aggressive psychiatric patients resulting in improved nurse-patient relationship and positive patient outcomes.

Limitations

The limitations in this project were minimal. The survey was conducted with only 25 out of 32 novice psychiatric nurses working in a large state hospital in central Connecticut within the past 24 months. The small sample size limited the overall generalizability of the findings to the greater population of private and public psychiatric hospital.

Summary

Novice psychiatric nurses are minimally trained in managing aggressive psychiatric patients. They are challenged by the limited time and resources afforded their hospital and unit-based orientation. Since communication is the key to the nurse-patient interaction and relationship and to the cornerstone of nursing practice, it is essential for novice psychiatric nurses to be well equipped to manage patients with aggressive or unpredictable behaviors within the context of the inpatient psychiatric setting. The

primary purpose of this project was by way of a survey, to conduct a needs assessment of the communication skills of novice psychiatric nurses. The results of the survey led to the recommendation of an educational module on communication skills that could be integrated into the orientation for new nurse graduates. The nurse-patient interaction and nurse-patient relationship impacts patient behavior, patient outcomes, and patient satisfaction.

In Section 2, a comprehensive literature review was conducted that demonstrated the evidence available to support the needs assessment survey of novice psychiatric nurses' communication skills with psychiatric patients.

Section 2: Review of the Literature and Theoretical Framework

Introduction

This section includes specific and general evidence retrieved from a literature search. In addition, a theoretical framework, Peplau's theory on interpersonal relations is described. The theory acted as a guide in this DNP project.

Psychiatric hospitals work hard to maintain a safe environment for patients, direct care staff, and auxiliary staff. The novice psychiatric nurse who is adjusting to a new role where communication constitutes the core of managing the care of psychiatric patients has proven to be challenging in an unpredictable and chaotic setting. Providing such care is difficult even for experienced psychiatric nurses (Jones, Nolan, Bowers, Simpson, Whittington, Hackney, & Bhui, 2010). The nurse-patient interaction must be established and maintained for effective communication to occur with aggressive patients.

The literature search used two electronic databases, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and MEDLINE. Both were searched for literature published within the past 5 years. Key search terms used to identify articles included the following: *novice psychiatric nurses, new nurse graduate, psychiatric nurses, aggressive behavior, nurse-patient interaction, nurse-patient relationship, transitioning nurse, and communication skills.*

In the literature search, it was quite difficult to find articles published within the last 5 years on novice nurses' interaction and care of psychiatric patients. Also scarce were articles addressing the novice nurse working in the behavioral health field or experienced nurses transitioning from another specialty into psychiatric nursing. What I

did find were many older articles from 1995 to 2005 that examined nurses' attitudes, experiences, and managing the care of the aggressive psychiatric patient. These articles were primarily on emergency departments, general medical-surgical units, inpatient units, and forensic settings.

A total of 30 articles were identified, approximately 15 were selected for the literature review. The specific literature pertained to communication skills of nurses or nursing students within the psychiatric setting while the general literature was related to nurses' communication skills within the general hospital or community setting.

Specific Literature

Simulation is a method to enhance training in the psychiatric setting and is being used in many nursing programs. Webster (2013) stated "without effective communication and continuous assessment with reflection of one's own communication techniques, the student is unable to elicit patient values and collaborate with the patient to plan and provide quality care" (p. 646). Webster (2013) described a simulation activity that used the Quality and Safety Education for Nurses (QSEN) competency of patient-centered care to improve therapeutic communication skills in the psychiatric setting. Nursing students were video-taped for 15-20 minutes interacting with actors portraying to have various types of mental illness. The students identified communication techniques used and evaluated their strengths and areas for improvement. Feedback and debriefing regarding knowledge, skills, and attitudes were provided by faculty because the use of therapeutic communication skills has always been essential in providing quality patient-centered care.

Bilgin (2009) described an evaluation of the nurse's interpersonal styles and the influence it has on the behavior of psychiatric patients. The nurse's interpersonal style has been a precursor of aggression and violence on inpatient units. Continuous incidents of aggression interrupted the quality of the therapeutic milieu. Nurses' interpersonal styles and perceptions triggered conflicts with psychiatric patients. The descriptive study examined the relationship of the nurse's interpersonal relationship styles and the assaults by psychiatric patients. The study consisted of 162 psychiatric full-time nurses in a hospital in Istanbul. The participants were given the Interpersonal Style Inventory related to interpersonal involvement; context of socialization; context of autonomy; context of self-control; and context of stability. The findings of the study deciphered that the nurses' interpersonal style increased their likelihood of being a victim of assault (Bilgin, 2009). Nurses who were aware of their environment had the ability to predict patient's aggressive behavior before it escalated and were able to prevent or manage the patient more effectively (Bilgin, 2009).

Stewart and Bowers (2013) conducted a study on verbally aggressive behavior of patients on inpatient psychiatric units. The authors used a "broad definition, ranging from making loud noises to threats of harm" (p. 237). The 522 adult psychiatric inpatients in the first 2 weeks of their current admission were selected by nursing staff from 31 hospitals in the London area. The Patient-Staff Conflict Checklist (PCC) used to collect data counted the conflict (behaviors) and containment (time out, show of force, restraints) of the patient on each shift.

During data collection the patient's medical and nursing records were evaluated to complete the PCC. The final results showed there were 1,365 of verbal aggression from 263 patients during the 2-week study period. The categories of verbal aggression included abusive language, shouting, threats, racism, anger, and unspecified verbal aggression (Stewart & Bowers, 2013). The most frequent type of verbal aggression was abusive language. The most targeted group for verbal aggression was nursing staff. There was a higher incident of verbal aggression with patients with a history of violent behavior.

Bjorkdahl, Palmstierna, and Hansebo (2010) conducted a qualitative study on the nurse's approach when caring for the psychiatric patients in the acute psychiatric setting. The participants included in the study were nineteen staff members who consisted of ten registered nurses and nine nursing assistants. All of the participants in the study were referred to as nurses and the median work experiences were 14 years. The taped interviews lasted no more than 80 minutes and the participants were encouraged to provide examples of situations that occurred on the units.

The data revealed two approaches nurses use in caring for acute psychiatric patients: the ballet dancer and the bulldozer. The ballet dancer approach communicated caring, compassion, empathy, trust, and closeness towards each patient. The bulldozer approach was aligned with safety, security, control, and setting limits to prevent chaos on the unit. The nurses attempted to use the bulldozer approach with sensitivity regarding the patient experience to keep the unit safe and secure.

Ward (2013) explored the nurse-patient relationship, violence, and aggression in acute inpatient psychiatric units. The researcher described how physical, emotional, and psychological aggression were expected on psychiatric units and the manner in which it was managed had become of main concern for psychiatric nurses. A feminist framework guided the study to get a female's perspective on violence, aggression, and nursing practice. Interviews and focus groups were conducted with 13 participants that expressed violence was a part of the job as it was expected when working with psychiatric patients.

The participants identified workplace stressors contributed to the interference of the nurse-patient interaction. Those stressors were: "unsupported involuntary admissions, limited workplace design, poor staffing skill mix, complex patient diagnoses, and inexperienced staff working beyond their scope of practice" (Ward, 2013, p. 283). The environment being unpredictable and challenging heightened the emotional state for both the nurse and the patient. The participants agreed that additional training and education on communication skills was a way to reduce the risk of violence on psychiatric units.

Bowers, Brennan, Winship, and Theodoridou (2010) described the results of a study regarding experienced nurses in their interactions with patients who exhibited acute mental illness. The behaviors of these patients were challenging and perplexing. The perceptual disturbances, the delusions and hallucinations, made it difficult for the nurse-patient interaction to occur. Studies have shown that not much of the nurses' time approximately 8–21% was directed in interacting with patients (Bowers et al., 2010, p. 24).

The authors continued to note that guidance on how to interact with patients in an active psychotic state, withdrawn, agitated and aggressive were inadequate. By means of snowballing, the nurses from three London mental health national health system were identified by their nursing leadership. The 28 nurses were interviewed and analysis discovered seven themes (Bowers et al., 2010): (a) moral foundation (notice the patient and be genuine); (b) interactions (careful observation and choose the right nurse to interact); (c) being with the patient (focus on the patient and not the symptoms); (d) nonverbal communication (tone of voice, caring and quiet); (e) emotional regulation (nurses need to regulate their own responses); (f) getting things done (making suggestions, being flexible, giving positive feedback); and (g) talking about symptoms (listening, accepting and respecting patient's experiences). Therefore, better communication between the nurse and the patient reduced aggression and violence, social isolation for patients who were a risk for suicide, and improved patient outcomes and increased patient satisfaction.

Bowles, Mackintosh, and Torn (2001) evaluated an education training program in solution-focused, brief therapy (SFBT). The SFBT, a new therapy, was utilized as a framework in communication skills training for nurses. Bowles et al (2001) described SFBT as "both a system of communication and a set of assumptions about how best to motivate individuals to change, adapt and grow...is brief...culturally congruent with nursing practice...reduces many of the emotional stresses and constraints that currently inhibit communication" (p. 349). The exploratory study consisted of sixteen RNs from various clinical settings who attended a 4-day training program for 8 weeks (Bowles et

al., 2001). The design involved quantitative and qualitative components. Quantitative data (using pre-and post-training scales) and qualitative data (using a focus group six months after the training) were collected. The findings of quantitative data showed significant changes in the nurse's practice after the training. The qualitative data revealed changes in practice for nurses that centered on rejecting the problem-oriented approach and reduction of their feelings regarding inadequacy and emotional stress. The SFBT was regarded as relevant and useful as a training tool to assist nurses with their communication skills since it was proven "harmonious with nursing values of empowerment, increased patient responsibility and participation in care" (Bowles et al., 2001, p. 353).

Ak et al. (2011) study consisted of 16 emergency department (ED) nurses who attended a communication skills training. The training addressed the following areas on: nurses' current level of communication skills and empathy; level of communication skills and empathy after training; affect the program had on patient satisfaction; and the number of undesirable events between nurses and patients and patients' complaints before and after the program. The program was assessed using a communication skills scale, empathy scale, and patient satisfaction survey. The results showed communication skills training improved ED nurses' communication and empathy skills with psychiatric patients and an increase in patient satisfaction and reduction of the undesirable events and complaints during nurse-patient interactions (Ak et al., 2011).

General Literature

Happ et al. (2011) examined the ability of critical care nurses to communicate and interact with non-speaking critically ill patients by means of various methods and assistive techniques in the medical intensive care and cardiovascular-thoracic units. Ten RNs, 5 from each unit were randomly chosen and 30 patients, 15 from each unit in which three non-speaking patients (due to oral endotracheal tube or tracheostomy) were assigned to each nurse. Data was obtained in a 3-minute video recording sessions of nurse-patient interaction for 2 consecutive days. The data collector used field notes to describe conditions that occurred during the care of non-speaking patients and how writing pads and communication boards were used to communicate with such patients (Happ et al., 2011, p. e32).

Besides computing descriptive statistics, the data analysis measured communication interactions in frequency, initiation, success, quality, ease of communication, and patient's ability to communicate by way of head nod, facial gestures. Communication boards or assistive devices were not observed in this study. The results of the study suggested the areas critical care nurses' needed to improve regarding assistive communication access, communication materials, and communication about pain and other symptoms (Happ et al., 2011).

Pich, Hazelton, Sundin, and Kable (2010) conducted a literature review on patient-related violence against nurses, particularly emergency department (ED) nurses. An extensive search on CINAHL, Medline, and Ovid from 1998 to 2008 was performed. Although the focus was on ED nurses, other relevant information such as in mental health

were also included which totaled 53 references. The ED was identified as the highest-risk areas for aggression and violence in a healthcare facility. With the high percentages of aggression and violence, many nurses have become desensitized of this behavior as this type of patient behavior has become commonplace and accepted as a part of the job.

The article described physical and psychological injuries that resulted from violence impacted nurses regarding significant implications on the quality of patient care. Safety measures such as personal alarms, locked doors, security, cameras, and zero tolerance approach had not been advocated by many health care services as these prevention and control measures had the potential to impede the nurse-patient interaction (Pich et al., 2010). The authors concluded that relying on early assessment skills from ED nurses have identified the risk of patient violent behavior before it escalates. Policy-makers, administrators, and stakeholders have a responsibility to prioritize patient-related violence for preventative action.

Fleischer, Berg, Zimmermann, Wüste, and Behrens (2009) conducted a systemic literature review to define and describe the concept of the nurse-patient communication and interaction. A total of 97 citations were found which key points were extracted and synopsisized according to categories for review. The results of the literature showed that although there was an undefined relationship between communication and interaction the two words are used interchangeably or synonymously.

Fleischer et al. (2009) stated “the main intention of communication and interaction in the health setting is to influence the patient’s health status or state of well-being” (p. 339). Communication is categorized as verbal and nonverbal and it’s the

behavior of the interaction between the nurse and the patient that gives meaning to what has been conveyed. The authors concluded that the nurse and the patient's roles in communication and interaction which is a shared process needed to be taken into consideration and not be ignored.

Martin and Wilson (2011) conducted a qualitative phenomenological study with a purposive convenient sample of seven newly licensed RNs who had been working for one year on various medical-surgical units including specialty units. Each nurse completed a two week transitional program to ease the transition from student nurse to professional nurse. The program consisted of but not limited to communication skills, delegation, conflict resolution, time management, and the importance of self-care. The interviews were audio-taped and the data were analyzed using the Colaizzi's (1978) seven step process. The two themes that emerged were: adapting to the culture of nursing and development of their professional responsibilities (Martin & Wilson, 2011). The nurse-patient interaction or relationship was not mentioned in this study. The emphasis was on collegial relationships between nurse-nurse and nurse-doctor and the challenges it presents during the process of acculturation.

Patterson, Curtis, and Reid (2008) used the phenomenological method to study the skills, knowledge, and attitudes expected of newly graduated mental health nurses in an inpatient setting. The purposive sampling of eight registered nurses participated in individual semi-structured interviews. The four themes that emerged were communication, safety, self-awareness, and treatment. Fourteen competencies were

identified within the four themes. In this study, communication was the most important issue for new graduate nurses (Patterson et al., 2008, 416).

Theoretical Framework

Peplau's Theory

Effective communication has the potential to promote positive change, better patient outcomes, patient and staff satisfaction and provide a safer environment. Peplau's (1952, 1997) middle range theory Interpersonal Relations focused on the nurse-patient relationship through effective communication was utilized to guide this project. The process of communication has been described as respectful, empathetic, trustworthy, and acceptable (Peplau, 1997). Peplau's theory was an appropriate theoretical framework for this project because effective communication has been a primary way to prevent or reduce aggressive patient behavior. Senn (2013) noted that the interpersonal relations' theory had been widely tested and evidence-based practice had evolved through qualitative and quantitative research (p. 34).

Originally, the theory was described in four phases: orientation, identification, exploitation and resolution. Since then the four phases have been revised to three key phases: orientation, working (which combines identification and exploitation), and resolution. Within this theory, the nurse takes on many roles (i.e., stranger, resource person, counselor, leader, surrogate, and teacher).

The orientation phase, the initial step between the nurse and the patient explains the roles, defines the problem, and collaborates a plan between the nurse and patient. It is during the orientation phase that the nurse's behavior denotes a pattern of being receptive

and interested in the patient's concerns and medical/psychiatric problems (Peplau, 1997). For example, when the nurse observes the patient displaying signs of aggressive behavior, the nurse's approach to the patient is to establish trust, define the problem, and both mutually agree on a plan to remedy the situation.

The working phase contains two phases (identification and exploitation). Much of the relationship is performed during this phase. Patient set goals; seeks and draws help; meet needs; gains knowledge about their illness; acquires available resources; fosters personal strength; and begins to function in an independent role. The nurse provides information and assistance to patients while recognizing and sustaining the focus on the work which patients must do in their own interests. The power shifts from the nurse to the patient as the patient becomes more independent. This all occurs during the identification and exploitation phases (Peplau, 1997). For example, nurses attempt to assist the patient to set goals on changing aggressive behavior by providing alternatives from personal preferences on file or asking the patient what usually works to reduce the aggression. When the patient makes a decision to change aggressive behavior and proceeds to change behavior on the information provided by the nurse, the power has shifted and the patient functions independently.

Resolution or final phase is the completion of the relationship between the nurse and patient since the patient's needs have been met and the patient moves forward to discharge (Peplau, 1997). Due to long-term and chronic conditions of many patients with mental illness, the last phase of the relationship may continue for months, years or until death of the patient. For example, when the patient's aggressive behavior becomes non-

aggressive and maintained, this phase of the nurse-patient relationship has been resolved only on the issue of aggressive behavior to non-aggressive behavior but the remainder of the relationship continues until the patient is discharged from the hospital or at death.

The care of patients cannot proceed effectively toward outcomes that are beneficial until the relationship has been achieved. In each phase of Peplau's theory, observation, listening, trust, compassion, empathy and being non-judgmental are key components that equip the novice psychiatric nurse to interact with both aggressive and non-aggressive psychiatric patients on inpatient psychiatric units.

Summary

Based on the literature review, current articles that addressed the novice nurse working in the behavioral health field or nurses transitioning into psychiatric nursing from another specialty were scarce. The search produced many articles that examined nurses' attitudes, experiences, and communication in managing the care and treatment of the aggressive and non-aggressive psychiatric patient that focused on emergency departments, general medical-surgical units, inpatient settings, forensic units, and community settings, but they were more than 5 years. Many of the studies emphasized the importance of training and educating nurses on the use of communication skills in their interaction with aggressive or non-aggressive psychiatric patients because communication facilitates the nurse-patient relationship.

In many of the studies, communication the foundation in nursing and the key component in mental health nursing was most important for new graduate nurses. There has been a plethora of research on the interaction and communication with health

professionals and patients but the disconnection between communication and interaction was evident and still exist today. This disconnection has resulted in patient related violence and unsafe environments for staff. Although studies have concurred that education and training were the most effective way to prevent patient related violence towards nurses on inpatient units, Wassell (2009) noted other studies show no difference in patient related violence after educating and training staff on using appropriate communication skills. Wassell (2009) suggested that more research was needed to identify the important parts of a training program or patient management protocol to protect healthcare workers from patient violence.

The next section of the paper includes the project design, methodology, data analysis and project evaluation plan are described.

Section 3: Methodology

Introduction

The purpose of this project was to conduct a survey with novice psychiatric nurses on their communication skills with aggressive psychiatric patients. This section includes the project design, the method, the target population and sample size, the tool used to collect data, data analysis, and the project evaluation plan.

Project Design/Methods

The approach used for this project was quantitative. According to Terry (2013), quantitative research deals with patterns that are distinctive or unique to a target population. The design used for this project was descriptive. Burns and Grove (2009) explained that a descriptive design “may be used to develop theory, identify problems with current practice, justify current practice, make judgments, or determine what others in similar situations are doing” (p. 237). This was a project that used a survey to get the perceptions of novice psychiatric nurses’ communication skills in dealing with aggressive psychiatric patients. This approach was useful in that the survey identified a problem with the current practice of hospital orientation curriculum. Novice psychiatric nurses felt the current practice of hospital orientation lacked review on communication skills in regards to dealing with aggressive patients.

This approach was appropriate because:

- the structured survey primarily focused on forced-choice
- the surveys were distributed quickly
- the gathering data was done in relatively short period of time

- the project had to be completed within the time frame of the DNP program
- there was no manipulation of any groups or statistical controls
- there were no measurements for cause and effect
- there was limited contact with the participants in the distribution and collection of the surveys

The question that guided the project study was: Are the communication skills of new nurse graduates or nurses with no prior psychiatric experience satisfactory to interact with aggressive psychiatric patients on inpatient psychiatric units?

Population and Sampling

A purposive sample of novice psychiatric nurses was used in this study. Burns and Grove (2009) stated that this type of sampling also known as judgmental or selective sampling targets a particular group of individuals with similar interest. Therefore, the primary goal of the purposive sampling was to concentrate on specific characteristics of novice psychiatric nurses to facilitate answers to the project question. The sample size was based on the number of new nurse graduates and nurses who transitioned from another specialty in nursing and was hired during June 2012 to June 2014. The target sample included 25 novice psychiatric nurses employed at a large state psychiatric hospital in southern New England with approximately 600 beds and 1600 employees. A total of 32 surveys were distributed. Twenty-five surveys (78%) that were returned met all inclusive criteria.

The inclusion criteria consisted of new nurse graduates; nurses transitioning from another nursing specialty (e.g., medical-surgical, home care, skilled nursing setting) to

psychiatric nursing; nurses working as a psychiatric nurse for 24 months or less; and are RNs, full-time, part-time, per diem, durational; and employees who had worked as LPNs, mental health workers, or forensic treatment specialist before becoming RNs. Exclusion criteria included RNs who had worked in psychiatric nursing for more than 24 months or who had worked as a psychiatric nurse in the past.

This project was approved by Walden University Institutional Review Board, approval number 09-11-14-0335788, the Department of Mental Health and Addiction Services (DMHAS) Office of the Commissioner (see Appendix C), and Connecticut Valley Hospital (CVH) Research Committee.

Data Collection

I used the instrument of Georgaki, Kalaidopoulou, Liarmakopoulou, and Mystakidou (2002), a 20-item questionnaire that has validity and reliability that examined nurses' truthful communication with cancer patients (see Appendix B) as a guide in designing this study's 20 questions survey (see Appendix A). I found the questions in Georgaki et al., survey on communication provided guidance in formulating questions for this project survey. Three attempts were made by means of two emails and a letter sent by way of postal service to inform the corresponding author Kyriaki Mystakidou, PhD, MD, in Athens, Greece that their tool (see Appendix B) was used only as a guide to develop this project's survey questions, but no response was ever received.

According to Burns and Grove (2009) "the survey is used to describe a data collection technique in which the researcher uses questionnaires (collected by mail or in person) or personal interviews to gather data about an identified population" (p. 245).

The survey (see Appendix A) consisted of 2 parts. The first section consisted of novice psychiatric nurses demographic data such as gender, age range, level of education, and length of time employed at the psychiatric hospital. In the second part, the nurses were asked to evaluate their communication skills in dealing with aggressive and non-aggressive psychiatric patients which covered their confidence and competent level as a psychiatric nurse; knowledge about mental illness before being hired; thoughts on hospital and unit-based orientation; views about interacting with aggressive patient; assessment skills on psychiatric patients; and the support of nurse preceptors.

To maintain anonymity, any identifying information such as name, race, ethnicity, birthdate, shift hours, assigned divisions, units, buildings or title status (e.g., full-time, part-time, durational, staff nurse, head nurse, nurse supervisor, nurse manager, or per diem) were not listed on the survey. The instructions on the survey were clear about informing the participants not to print or sign their name on any items (i.e., survey and the self-addressed postage paid envelope) returning to the researcher and that completion of the survey implied informed consent and participation in the study.

A folder with the names and assigned units of novice psychiatric nurses hired during the period of 24 months (June 2012 – June 2014) was provided by the director of staff development. The invitation to participate letter, survey, and postage-paid, self-addressed envelope were placed in an envelope, addressed and sealed by me alone and sent out through the hospital's internal mailing system to each novice psychiatric nurse who fit the inclusive criteria.

After 10 business days, I sent an email to each participant as a reminder to complete the survey. Within 30 business days of distributing 32 surveys, 27 surveys (84%) were returned, 2 surveys were eliminated. Twenty-five surveys (78%) met all inclusive criteria and were used in this study.

Data Analysis

Data analysis began 30 days from the survey disbursement using XL Stat 2014 software. The data analysis presented the descriptive statistics and the percentages of the categorical variables using a 4-point Likert scale. Originally, the survey contained a 5-point Likert scale as follows: 1 (*strongly agree*), 2 (*agree*), 3 (*disagree*), 4 (*strongly disagree*), and 5 (*unsure*). The answers of 16 questions by 25 nurses saw only 5 unsure. As it is difficult to rank 'unsure' these choices were removed for the purpose of averaging the Likert scale. This gave a 4-point Likert scale from 1–4 with strongly agree given a 4 and strongly disagree given a 1. There were four questions that were asked in the negatives and they were reversed coded so that a high score indicated a positive position on all the questions. The numbers were then averaged by individual and by questions.

The survey consisted of 20 questions, of which 4 assessed participants' gender, age range, level of education, and length of time working in the hospital to determine their impact on communication skills. The 16 remaining questions on communications skills emerged two major themes, 6 questions related to hospital-based orientation and 10 questions related to novice psychiatric nurses' communication skills working with aggressive on inpatient psychiatric units. Since the questions measured different and

distinct constructs: one specifically about the hospital orientation and one about the nurses' communication skills, I decided to analyze the questions in two groups.

The *t* tests were conducted on the binary variables; gender and level of education, and two ANOVAs were run on the age range and the length of time at the hospital. The higher the score the more agreement there was with the statement indicating a positive view. The questions that had more to do with the specific hospital and unit-based orientation received the lowest scores while novice psychiatric nurses' perceptions of their communication skills with psychiatric patients were higher.

Project Evaluation Plan

Summative evaluations are outcome focused and are conducted at specific intervals of a program or after the completion of a program (Kettner, Moroney, & Martin, 2013). The summative evaluation was used at the completion of the data analysis in this project. The evaluation provided significant information that was most helpful for the hospital's staff development. Based on the written comments on the surveys from the novice psychiatric nurses, an educational module on communication skills was developed to be integrated into the hospital orientation program. The novice psychiatric nurses wrote in the comment section of the survey that they needed less time in the hospital classroom and more time in the unit orientation. I felt that it would be beneficial for this psychiatric hospital to have a review class on communication skills for all new nurse graduates. A review of communication skills has the potential to enhance the nurse patient relationship and better patient outcomes. Studies have shown that nurses improve in their interaction with patients in the psychiatric setting when they have engaged in a

simulation on communication or communication skills training (Ak et al, 2011; Bowles et al, 2001; Webster, 2013).

Summary

The section included the project design, method, target population, sample size, the tools used to collect data, analyzed data, and the project evaluation plan. The quantitative approach, non-experimental descriptive design received a purposive sample of 25 novice psychiatric nurses that was based on new nurse graduates hired at the state psychiatric facility during June 2012 to June 2014. I developed a survey of 20 questions on novice psychiatric nurses' communication skills with psychiatric patients which was guided from the questionnaire on nurses' truthful communication with patients with cancer by Georgaki et al (2002). This needs assessment project was completed with a summative evaluation based on responses and written comments from the surveys received from novice psychiatric nurses.

The purpose of the study was to survey novice psychiatric nurses' communication skills in dealing with aggressive patients. The goal of the project was to provide insight to staff development and nursing leadership of novice psychiatric nurses communication skills since the project question was: *Are the communication skills of new nurse graduates or nurses with no prior psychiatric experience satisfactory to interact with aggressive psychiatric patients on inpatient psychiatric units?* Although the results showed that these nurses communication skills to be satisfactory especially when they had worked for a longer period of time in the hospital, evidence-based studies have shown that nurses can enhance the nurse-patient relationship in the psychiatric setting

when they have attended communication skills training (Ak et al., 2011; Bowles et al., 2001; Webster, 2013). Therefore, an educational module was recommended that should focus on various aspects of the psychiatric nurse regarding communication skills, the nurse-patient interaction and relationship and interventions and management of aggressive behavior with psychiatric patient on inpatient units.

The next section describes the results, discussions, and implications of the study.

Section 4: Findings, Discussion, and Implications

Findings

The purpose of this needs-assessment project was to conduct a survey to determine the communication skills of novice psychiatric nurses' communication skills when dealing with aggressive psychiatric patients in the inpatient psychiatric setting during their employment at the state psychiatric hospital. The survey was made up of 20 questions, 4 of which questions focused on demographics, 6 of which asked about specific aspects of the hospital and unit-based orientation, and 10 of which concentrated on communication skills of novice psychiatric nurses when working with aggressive and psychiatric patients on inpatient psychiatric units.

The findings, discussion, and implications of this project were based on the responses to the surveys. When all questions were averaged, the scores ranged from 2.33 to 3.56, with a mean score of 3.0 (see Figure 1).



Figure 1. Average scores on hospital-based orientation and communication skills

The novice psychiatric nurses gave themselves the highest scores for watching patients' body language when talking to them. Their lowest scores were given to questions regarding hospital orientation.

The difference in average scores between (a) the questions that were 'hospital based and those that were (b) based on the communication skills' of novice psychiatric nurses is striking. It leads to the suspicion that these two different groups of questions measured very different constructs. In fact, a correlation test confirmed that suspicion ($p < .0001$, $R^2 = .079$) (see Table 1).

Table 1

Hospital-based skills and communication skills

Type of Question	Mean	Standard Deviation	P Value
Hospital Based	2.649	0.453	<.0001
Communication Skills	3.216	0.381	
R ² :			
Variables	Hospital Based	Communication Skills	
Hospital Based	1	0.079	
Communication Skills	0.079	1	

Given this finding, it was decided that additional analysis should be run and that the scores should be separated into two groups. Questions 5, 6, 8, 9, 18, 19 dealt with the hospital-based orientation whereas Questions 7, 10, 11, 12, 13, 14, 15, 16, 17, 20 dealt with communication skills.

Separate *t* tests were run to compare the scores of hospital-based questions of males versus females, and then the type of degree showed no statistical significance. Similarly ANOVAs ran between testing the influence of the variables age range and length of time in the hospital showed no statistical significance. In other words, the hospital-based scores did not appear to be affected by the nurses gender, age range, level of education, or length of time in the hospital. There was a slight difference in the communication skills questions as gender, age range and level of education did not show significant difference in score but the length of time in the hospital did show a statistically significant difference in scores.

The variable, the length of time at the hospital consisted of three levels: < 12 months; 12–18 months; and 19–24 months. This demonstrated variability in the mean and in fact the difference was statistically significant $p < 0.005$ (see Table 2). The F score 6.883 was statistically significant (see Table 3). This showed that the length of time spent in the hospital explained about 38.5% of the movement in the dependent variable, average communication skills scores. A similar but not as strong relationship can be seen with all scores but none when the hospital-based orientation scores were tested with length of time working in the hospital, there was no relationship.

Table 2

<i>Demographics on hospital-based and communication skills</i>				
Measure	Variables	N	Mean	<i>p</i> value
All scores	Gender			
	Female	21	2.995	0.343
	Male	4	3.083	

	Degree			
	AD	17	3.048	0.415
	BD	8	2.926	
	Age			
	25 or under	2	2.969	0.469
	26-40 yrs.	14	2.947	
	41-55 yrs.	8	3.07	
	56 & older	1	3.467	
	Time in hospital			
	< 12 mo	8	2.875	0.019
	12-18 mo	6	2.818	
	19-24 mo	11	3.21	
Hospital-Based Questions	Gender			
	Female	21	2.642	0.957
	Male	4	2.651	
	Degree			
	AD	17	2.698	0.427
	BD	8	2.546	
	Age			
	25 or under	2	2.617	0.904
	26-40 yrs.	14	2.648	
	41-55 yrs.	8	2.617	
	56 & older	1	3	
	Time in Hospital			
	< 12 mo	8	2.521	0.579
	12-18 mo	6	2.633	
	19-24 mo	11	2.752	
Communication Skills Questions	Gender			
	Female	21	3.331	0.211
	Male	4	3.194	
	Degree			
	AD	17	3.253	0.513
	BD	8	3.138	

Age					
	25 or under	2	3.15	0.288	
	26-40 yrs.	14	3.116		
	41-55 yrs.	8	3.338		
	56 & older	1	3.778		
Length of time in Hospital					
	< 12 mo	8	3.088	0.005	
	12-18 mo	6	2.97		
	19-24 mo	11	3.473		

Table 3

Analysis of variance

Source	DF	Sum of squares	Mean squares	F	Pr > F
Model	2	1.395	0.697	6.883	0.005
Error	22	2.229	0.101		
Corrected Total	24	3.623			

Computed against model

$Y = \text{Mean}(Y)$

In the last section of the survey, novice psychiatric nurses were asked to write comments on what their areas of concern regarding communication with the psychiatric patient; and how the hospital and unit-based orientation could be improved for future novice psychiatric nurses. The comments were as follows:

- Communication from RN to non-licensed staff is very difficult in psychiatric terminology. (P 2)
- Formal training on communication skills, techniques and psych assessment should be available to novice nursing staff. (P 3)

- I do not have concerns regarding communication with psychiatric patients.
(P 4)
- Time on the unit and in treatment plan reviews (TPRs) would be helpful before classroom review of TPRs. TPR documentation was confusing in classroom before seeing or reviewing it in an actual TPR meeting. Too much classroom time spent before introduction to unit. Information overload in classroom orientation. (P 9)
- I did not have a contact person during my orientation. I believe all new graduate nurses should have a preceptor during the orientation process; not just float around and follow different nurses. It is important to have some consistency during this period of learning and growing. Many nurses aren't always comfortable giving feedback. I think I would have benefited from having one nurse to orient with. (P 12)
- Spending too much time in classroom. Unit-based orientation could be more organized. Progress of orientee should be monitored more closely.
(P 15)
- My concern is more about preparing the novice nurse for dealing with hostile unlicensed staff who think they are here to make all of the decisions. Novice nurses should be prepared to properly communicate with these same people that challenge every decision the nurse makes-thus leading to constant frustration. (P 17)

- Staff just assumes that a new hire should already know what to do. The preceptor had a negative attitude, did not like to teach, and isolated the new hire. Orientation should start by pretending the new hire has never had psychiatric training before and remember what it was like to be new. (P 22)
- I believe that staff that are new to this type of client need more training in how to talk with clients that are dually diagnosed...how to deal with them when they are escalated, and how not to argue with clients. While we are given some info on de-escalation, there can always be more training during orientation with dealing 1:1 regarding how to engage conversation with psychiatric patients. (P 23)
- New nurses should be given hand-outs on behaviors and signs to look for, would help, along with vocabulary to use in charting. (P 28)
- The areas of concerns for me was not getting adequate time in orientation to learn about patients, and the level of aggressive behavior that can be portrayed, and allow new nurses to orient as long as they need to ensure that they can be able to treat the patients effectively. (P 32)

The two issues that surfaced from the comments from the novice psychiatric nurses were their concerns on the lack of knowing how to communicate with their patients or what to observe regarding patients' behaviors and classroom overload in the hospital-based orientation. The participants expressed the need to provide training on communication skills at the beginning of their working period, to equip them to care for

the patient but also prepare them to communicate with staff. The participants also made comments on the need to reduce the time spent in classroom orientation and use some of that time on the units.

In summary, the time spent working in the psychiatric hospital seemed to be the most important factor influencing novice psychiatric nurses's communication skills with aggressive psychiatric patients. The more experience in the hospital the greater the communications skills.

Discussion of Findings

The purpose of this needs assessment project was to conduct a survey to determine novice psychiatric nurses communication skills with aggressive psychiatric patients in the inpatient psychiatric setting during their employment at the state psychiatric hospital. This study showed that communication skills of novice psychiatric nurses who had more time working in the psychiatric setting, primarily 19-24 months, to be satisfactory with aggressive patients. Communication skills received higher scores compared to the hospital-based orientation questions.

The best predictor of novice psychiatric nurses' communication skills with aggressive patients was the length of time working in the hospital. Nurses who worked 19-24 months scored higher in their communication skills which implied that they were more confident and competent in the nurse-patient relationship compared to those nurses who worked less than 19 months at the hospital. The longer nurses worked in the psychiatric setting, the more experienced they became in their assessment of patient's behavior, approach to patients, and more skillful with aggressive psychiatric patients. In

nursing programs, there still remains an inadequacy for nursing students to develop communication skills with psychiatric patients. Therefore, the need for novice psychiatric nurses to attend training or a review class on communication skills during hospital orientation will most likely enhance their communication, increase the time spent interacting with psychiatric patients, improve the nurse-patient relationship, and maintain a safe environment for staff and patients on the inpatient units.

Implications

The implications of communication skills of novice psychiatric nurses on practice, for future research, and social change are described in this section. For years, nurses' communication skills have been criticized for not being compassionate, caring or empathetic. It is critical that novice nurses have the ability to skillfully interact with patients in any setting but most important with aggressive psychiatric patients in the psychiatric hospital. Increasing novice nurses' knowledge and awareness on their communication skills as it relates to the inpatient setting has the potential to reflect on how these nurses interact with people with mental illness outside of their safety zone, such as in the community.

The results of the surveys have provided data that the length of time working in a psychiatric setting is the best indicator in understanding communication skills of novice psychiatric nurses with aggressive psychiatric patients. More time working will improve the novice nurses' communication skills with aggressive psychiatric patients and that will increase the nurse-patient relationship; promote better patient outcomes; and most likely have a positive economic impact on the healthcare delivery system as it can affect the

costs in reducing patient injuries, novice psychiatric nurse turnover and worker's compensation.

The novice psychiatric nurses in this study described a need for training during hospital orientation that would better prepare them to deal with hostile and aggressive psychiatric patients. Nurses who come right out of nursing school into the psychiatric setting bring with them a miniscule amount of communication skills with psychiatric patients. A communication skills class would equip the novice psychiatric nurse to become more proficient and effective in dealing with aggressive and non-aggressive psychiatric patients. The safety of novice psychiatric nurses when it comes to patient aggression is certainly relevant and an on-going issue on inpatient psychiatric units and other health care settings.

Improving novice psychiatric nurses confidence and competence can influence feelings of empowerment. This in turn can result in changes in the nurse-patient interaction/relationship; improve patient outcomes; and best practices for the nurses and psychiatric patients. The benefits of this project are more wide-reaching than meeting novice psychiatric nurses who work in state psychiatric hospitals on inpatient units for it reaches all nurses who work with aggressive patients in any health care venue. Enhancing communication skills has the potential to facilitate the nurse-patient relationship therefore, an educational module on enhancing communication skills for novice psychiatric nurses was recommended for future hospital orientation with novice nurses. The positive social change for staff development would be to improve hospital orientation and for novice psychiatric nurses to become more knowledgeable and better

equipped as effective communicators in the nurse-patient relationship with aggressive psychiatric patients.

Project Strengths and Limitations

The strength of this project will be ongoing since it provides an opportunity to evaluate and make changes as needed in the hospital's orientation program. Twenty-five out of 32 or 78% novice psychiatric nurses were willing to take part in this survey. These nurses were voluntary participants and all submitted the surveys within 30 days of distribution. Staff development and nursing leadership provided me the opportunity to proceed in contacting the novice psychiatric nurses. All the nurses were located on one campus which made it easier to dispense the surveys through the hospital internal mailing system. The researcher, being the sole person to distribute and collect the surveys made it efficient and effective to keep abreast of the data. The results of the data gave better insight to nursing leadership and staff development the need to integrate an educational module on the review of communication skills for new nurse graduates.

The limitations of this study were that there was a small sample size of 25 novice psychiatric nurses who participated in this project. The study was conducted in one state psychiatric hospital which limited the overall generalizability of the findings to the greater population of private and other public psychiatric hospital. The novice psychiatric nurses were at different levels in the time working at the psychiatric hospital (8 worked less than 12 months; 6 worked 12-18 months; and 11 worked 19–24 months). Therefore, it would have been better to have surveyed them soon after they were hired and then 3

months after completing hospital orientation to get an actual comparison of their communication skills.

Recommendation for Remediation of Limitations

The recommendation for remediation of limitations would be to expand the study to other state psychiatric facilities that would provide a larger sample size and increase the overall generalizability. This would provide more insight into the communication skills of novice psychiatric nurses with aggressive psychiatric patients. Provide an evaluation before and after three months completion of the hospital orientation to determine if the review on communication skills module had been effective for the novice psychiatric nurses. Also, survey questions should be properly written as communication skills questions to avoid separate groups of questions to score.

Analysis of Self

I have found this project quite an undertaking but indeed rewarding. This study demanded clarity, accuracy, consistency, and absolute commitment. This project helped me to grow and improve in my teaching abilities as a psychiatric nurse educator. From the beginning, the idea of introducing the project in a state psychiatric hospital system with all the bureaucratic hurdles, I realized that I was taken on a huge endeavor.

After reviewing the state psychiatric hospital orientation program for new nurse graduates and realizing there was no class on communication skills, my thoughts went into gear. I did the research on evidence-based practice regarding training novice nurses on communication skills in psychiatric settings and discovered that such training was useful to facilitate confidence and competence for the novice nurse. After many

discussions with staff development and nursing leadership, I decided to pursue this project. I was able to explain to nursing leadership and staff development that a change in the hospital orientation program would not only be beneficial for the new nurse coming on-board with inadequate communication skills but also the patients they care. This has the potential to reduce the novice psychiatric nurse attrition rate at the hospital. I plan to present the findings of the study and to recommend an educational module on communication skills to the nurse executive committee which includes all nursing managers and the staff development director during a weekly meeting. It will be up to leadership to decide if they will accept my recommendations.

As a DNP scholar, I anticipate publishing the findings of this project in an appropriate nursing journal preferably those on mental health and psychiatric nursing. Oermann and Hays (2011) stated “writing for publication is an important skill for nurses to develop. By communicating initiatives and innovations in clinical practice, findings of research studies and evidence-based practice projects, and new ideas, nurses direct the future of their practice and advance the development of the profession” (p. 3).

As a DNP graduate and educator, I plan to teach new nurse graduates how to enhance their communication skills to help build their self-confidence and competence in their interaction with aggressive and non-aggressive psychiatric patients. I would advocate for improvement in orientation programs for all nurses especially novice nurses employed to work with psychiatric patients in any psychiatric setting since it’s all about working and maintaining a safer environment. Zaccagnini and White (2011) stated “advanced practice nurses, particularly DNPs, are expected to have mastery of essential

information so that the teaching of staff, patients, and communities becomes a key function of the role” (p. 67). Presenting the results of this project at a conference sponsored by the American Psychiatric Nurses Association, New England Chapter conference would be one way to encourage further growth.

As a DNP program developer, the DNP demonstrates leadership qualities in effective communication, fostering learning, promoting new ideas from others, influencing policy and collaborating with policymaker. Nursing leadership and staff development have reviewed the results of the project and decided that it would be appropriate to develop an educational module on communication skills for future novice psychiatric nurses hired. It is imperative that these nurses be knowledgeable about the various communication skills used to be successful in interacting with psychiatric patients. After-all, it’s about safety for all on inpatient psychiatric units and this will most likely prepare the novice nurse at the beginning of their working period to become effective communicators and enhance the nurse-patient relationship and improve patient outcomes.

Summary

In summary, as a new DNP graduate and taking on the role of scholar, educator, leader, and developer has the potential to create an impact on the nursing profession in the future. I envision myself as a transformational leader. I honestly believe I have the ability to communicate, motivate and effectively lead staff to make changes where needed in order to bring about better outcomes for their patients. Between enhancing my knowledge skills and the practicum experience, I feel that I’m well equipped to accept

projects, do research on those projects, work on the project with various team members, and disseminate the results through different venues. As a new DNP graduate I should be an effective leader in advancing nursing practice, creating and supporting policies that will promote quality improvement and improve better patient outcomes in the psychiatric arena.

Section 5: Scholarly Product

This section constitutes a manuscript for publication. I will be preparing to submit a manuscript to the Journal of the American Psychiatric Nurses Association (JAPNA). “JAPNA is the official journal of the American Psychiatric Nurses Association (APNA). The main goal of the journal is to publish research and scholarship that contributes both to knowledge development and the continuum of care from mental health promotion to psychiatric treatment and recovery at primary, secondary, and tertiary levels of prevention across the lifespan. JAPNA publishes important developments and issues applicable to psychiatric-mental health nursing practice, education, research, theory, and policy. Articles, editorials, and special features are encouraged that describe critical and timely analysis of emerging issues and trends and discuss innovative models of practice as they are related to changing systems of healthcare” (<http://www.apna.org>). The example of the manuscript for submission is presented below.

Title

Communication Skills of Novice Psychiatric Nurses with Aggressive Psychiatric Patients

Abstract

The transition from novice nurse to a competent psychiatric staff nurse is often associated with major communication challenges, primarily when caring for aggressive patients. Guided by Peplau's theory, this quantitative study assessed the communication skills of novice psychiatric nurses ($N = 25$) who worked 24 months or less in the state psychiatric hospital with aggressive psychiatric patients. Additionally, certain demographic data such as gender, age range, level of education, and length of time working were analyzed to determine their impact on communication skills. The survey consisted of 20 questions which assessed demographic data, communications skills, and hospital-based orientation. Based on ANOVA, novice nurses did not differ on hospital-based orientation based on gender, age, level of education, or length of time working. Novice nurses' communication skills did not differ by gender, age or level of education; however, novice psychiatric nurses who had worked 19-24 months had stronger communication skills than those working less time with aggressive patients ($F = 6.9, p < 0.005$). A communication skills class during hospital orientation to prepare novice nurses to communicate effectively with aggressive patient was recommended to nursing leadership and staff. A communication skills class held during hospital orientation could enhance the nurse-patient relationship, cultivate a safer and secure milieu, and improve patient outcomes. The findings have implications for positive social change for staff development to

improve the hospital orientation for novice psychiatric nurses to become better equipped as effective communicators with aggressive psychiatric patients.

Keywords: *aggressive behavior, communication skills or therapeutic communication techniques, effective communication mental/psychiatric illness, new nurse graduates, novice psychiatric nurses, nurse-patient interaction, nurse-patient-relationship, nurse-patient Peplau's theory, psychiatric nurses transitioning nurse*

Background and Purpose

The transition of new nurse graduates to registered nurse (RN) into professional practice is a vital and critical development period (Benner, 1982). Factors associated with transitioning from new nurse graduate to professional nurse are inadequate clinical preparation; lack of confidence in various skills; conflict issues, unrealistic expectations of self and staff; mixed feelings about responsibility; role stress, lack of support from staff, and burnout (Jewell, 2013; Morrow, 2009). According to Duchscher (2008) the transitional process can determine the difference between a successful career and abandonment of the profession due to high level of stress and burnout. Adjusting to a new role where communication is the core of managing the care of psychiatric patients can be challenging and such changes can create an unpredictable setting that may be difficult for the novice psychiatric nurse to handle. In this study, the term *novice psychiatric nurses* refers to new nurse graduates who are new to psychiatric nursing and nurses who have experience in another specialty in nursing (e.g., medical-surgical) but lack experience in the psychiatric setting.

Inpatient psychiatric units have been considered an extremely stressful environment for direct care staff working with patients with aggressive and unpredictable

behaviors (Ward, 2013). Inpatient psychiatric units consist of a number of patients who suffer from various types of mental illnesses which can be difficult for the nurse to maintain effective communication with such patients. The nurse-patient interaction and nurse-patient relationship are essential to establish and maintain with psychiatric patients. Maintaining effective communication between the psychiatric nurse and the psychiatric patient has been considered a priority in mental health and that the behaviors of both the nurse and the patient interacting together play a significant role on the quality and outcome of patient care (Peplau, 1952, 1997).

Psychiatric hospitals attempt to maintain a safe environment for the patients and direct care staff on the units (Jones, Nolan, Bowers, Simpson, Whittington, Hackney, & Bhui, 2010). Aggression by psychiatric patients continues to represent a serious threat to the safety and security for patients and staff (Jones et al., 2010; Ward, 2013). Aggressive patients or patients who cause conflict on the unit makes providing care a serious challenge for frontline nurses. Although communication has been considered the foundation of the nurse-patient relationship, psychiatric nurses have been criticized for their lack of interaction and therapeutic engagement with their patients (Sharac, McCrone, Sabes-Figuera, Csipke, Wood, & Wykes, 2010).

Psychiatric units, acute or long-term, that experience high levels of conflict or unpredictable behaviors from psychiatric patients have shown increases in physical and psychological injuries with frontline staff (Anderson & West, 2011). Work pressure, poor communication skills, stress and time constraints of the nurse have contributed to conflict behaviors from the patient on psychiatric units (Currid, 2009; Ward, 2013). According to

Ward (2013) the majority of RNs working in an inpatient psychiatric unit have experienced aggressive or violent behavior by patients at least once in their career. Novice nurses who have experienced greater levels of aggressive behavior from patients within their first year of practice have resulted in high levels of stress, job attrition, and significant cost to the organization (Parker, Giles, Lantry, & McMillan, 2014; Lampe, Stratton, & Welsh, 2011).

The nurse's attitude towards psychiatric patients has a significant effect on the type of communication that occurs between them (Weight & Kendal, 2013). Novice psychiatric nurses find they lack competence and confidence and that this is perceived by patients with mental illness as negative behavior. In a study of Jordanian new nurse graduates, 60% exhibited negative attitudes towards patients with mental illness and found it difficult to communicate because their perception of mentally ill persons to be "dangerous, immature, dirty, cold hearted, harmful, and pessimistic" (Hamdan-Mansour & Wardam, 2009, p. 705). The ability to communicate with psychiatric patients has been a difficult task for many novice psychiatric nurses.

Although patient related aggressive acts toward frontline staff had declined from July 2012 to June 2014 at a large state psychiatric hospital in southern New England, these acts seemed to have an effect on the nurse-patient interaction, particularly with novice psychiatric nurses. The ability to approach and communicate effectively with aggressive psychiatric patients has been observed by nursing staff to be a difficult task for novice psychiatric nurses. At this facility, novice psychiatric nurses do not receive a basic communication skills class during hospital orientation.

The purpose of this needs assessment project was to conduct a survey with novice psychiatric nurses to determine their communication skills with aggressive psychiatric patients. The survey focused on the following areas of the novice psychiatric nurse: knowledge about mental illness before being hired; communication skills with psychiatric patients; feelings about interacting with aggressive patient; confidence level as a novice psychiatric nurse; their thoughts on hospital and unit orientations; and support from nursing staff. The results of the survey led to the recommendation of an educational module on communication skills to facilitate the nurse-patient interaction and relationship with psychiatric patients on inpatient psychiatric units to be used during the hospital orientation program for novice psychiatric nurses. Enhancing communication skills by means of training have shown to improve the nurse-patient relationship (Ak, Cinar, Sutcgil, Congologlu, Haciomeroglu, Canbaz,... Ozmenler, 2011).

Literature Review/Theoretical Framework

The literature search was conducted in two computerized research databases, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and MEDLINE. Both were searched for literature published within the past 5 years. Key search terms used to identify articles included the following: *novice psychiatric nurses, new nurse graduates, psychiatric nurses, aggressive behavior, nurse-patient interaction, nurse-patient relationship, transitioning nurse, and communication skills or therapeutic communication techniques, mental or psychiatric illness, Peplau's theory, and effective communication.*

In the literature search, it was difficult to find articles published within the last 5 years on novice nurses' interaction and care of psychiatric patients. Articles addressing experienced nurses transitioning from another specialty into psychiatric nursing were scarce. There were many older articles from 1995 to 2005 primarily in emergency department and medical-surgical units that examined nurses' attitudes and experiences dealing with aggressive psychiatric patients. A total of 30 articles were identified, approximately 15 selected for the literature review.

Webster (2013) described a simulation activity that used the Quality and Safety Education for Nurses (QSEN) competency of patient-centered care is used to improve student nurses' therapeutic communication skills in the psychiatric setting. Nursing students were video-taped for 15-20 minutes interacting with actors portraying to have various types of mental illness. The students identified communication techniques used and evaluated their strengths and areas for improvement. Feedback and debriefing regarding knowledge, communication skills, and attitudes were provided by faculty because the use of therapeutic communication skills has always been essential in providing quality patient-centered care.

Bilgin (2009) descriptive study examined the relationship of nurses' interpersonal relationship styles and the assaults by psychiatric patients. The study described an evaluation of the nurse's interpersonal styles and the influence it has on the behavior of psychiatric patients. The study consisted of 162 psychiatric full-time nurses in a hospital in Istanbul. The participants were given the Interpersonal Style Inventory related to interpersonal involvement; context of socialization; context of autonomy; context of self-

control; and context of stability. The findings of the study deciphered that the nurses' interpersonal style increased their likelihood of being a victim of assault (Bilgin, 2009). Nurses who were aware of their environment had the ability to predict patient's aggressive behavior before it escalated and were able to prevent or manage the patient more effectively (Bilgin, 2009).

Bjorkdahl, Palmstierna, and Hansebo (2010) conducted a qualitative study on the nurse's approach when caring for the psychiatric patients in the acute psychiatric setting. The participants in the study consisted of ten registered nurses and nine nursing assistants and the median work experiences were fourteen years. The taped interviews lasted no more than 80 minutes and the participants were encouraged to provide examples of situations that occurred on the units. The data revealed two approaches nurses use in caring for acute psychiatric patients, the ballet dancer and the bulldozer. The ballet dancer approach communicated caring, compassion, empathy, trust, and closeness towards each patient. The bulldozer approach was aligned more with safety, security, control, and setting limits to prevent chaos on the unit. The nurses attempted to use the bulldozer approach with sensitivity regarding the patient experience to keep the unit safe and secure.

Ward (2013) explored the nurse-patient relationship, violence, and aggression in acute inpatient psychiatric units. The researcher described how physical, emotional, and psychological aggression were expected on psychiatric units and the way in it was managed had become of main concern for psychiatric nurses. A feminist framework guided the study to get a female's perspective on violence, aggression, and nursing

practice. Interviews and focus groups were conducted with thirteen participants that expressed violence was a part of the job as it was expected when working with psychiatric patients. The participants identified workplace stressors contributed to the interference of the nurse-patient interaction and that the environment being unpredictable and challenging only heightened the emotional state for both the nurse and the patient. Those stressors were: “unsupported involuntary admissions, limited workplace design, poor staffing skill mix, complex patient diagnoses, and inexperienced staff working beyond their scope of practice” (Ward, 2013, p. 283). The participants agreed that additional training and education on communication skills was a way to reduce the risk of violence on psychiatric units.

Bowers, Brennan, Winship, and Theodoridou (2010) described the interactions of experienced nurses with patients who exhibited acute mental illness with behaviors that were challenging and perplexing. Twenty-eight nurses from three London mental health national health systems were interviewed. The study revealed that approximately 8 to 21% of the nurses’ time was actually directed in interacting with patients (Bowers et al., 2010, p. 24). Guidance on how to interact with patients in an active psychotic state, withdrawn, agitated and aggressive were inadequate. Seven themes submerged: moral foundation (notice the patient and be genuine); interactions (careful observation and choose the right nurse to interact); being with the patient (focus on the patient and not the symptoms); nonverbal communication (tone of voice, caring and quiet); emotional regulation (nurses need to regulate their own responses); getting things done (making suggestions, being flexible, giving positive feedback), and talking about symptoms

(listening, accepting and respecting patient's experiences) (Bowers et al., 2010). Better communication between the nurse and the patient reduced aggression and violence, social isolation for patients who were a risk for suicide, and improved patient outcomes and increased patient satisfaction.

Bowles, Mackintosh, and Torn (2001) evaluated an education training program in solution-focused brief therapy (SFBT). Bowles et al (2001) described SFBT as “both a system of communication and a set of assumptions about how best to motivate individuals to change, adapt and grow...is brief...culturally congruent with nursing practice...reduces many of the emotional stresses and constraints that currently inhibit communication” (p.349). The exploratory study consisted of sixteen RNs from various clinical settings who attended a 4-day training program for 8-weeks (Bowles et al., 2001).

The design involved quantitative and qualitative components. Quantitative data (using pre and post training scales) and qualitative data (using a focus group six months after the training) were collected. The findings of quantitative data showed significant changes in the nurse's practice after the training. The qualitative data revealed changes in practice for nurses that centered on rejecting the problem-oriented approach and reduction of their feelings regarding inadequacy and emotional stress. The SFBT was regarded as relevant and useful as a training tool to assist nurses with their communication skills since it was proven “harmonious with nursing values of empowerment, increased patient responsibility and participation in care” (Bowles et al., 2001, p. 353).

Ak et al. (2011) study consisted of sixteen ED nurses who attended a communication skills training. The training addressed the following areas on: nurses' current level of communication skills and empathy; level of communication skills and empathy after training; affect the program had on patient satisfaction; and the number of undesirable events between nurses and patients and patients' complaints before and after the program. The program was assessed using a communication skills scale, empathy scale, and patient satisfaction survey. The results showed communication skills training improved ED nurses' communication and empathy skills and an increase in patient satisfaction and reduction of the undesirable events and complaints during nurse-patient interactions (Ak et al., 2011).

Patterson, Curtis, and Reid (2008) phenomenological study on the skills, knowledge, and attitudes expected from a purposive sample of eight newly graduated mental health nurses in an inpatient setting emerged four themes: communication, safety, self-awareness, and treatment. Within the four themes, communication was the most important issue for new graduate nurses (Patterson et al., 2008, 416).

Theoretical Framework

Peplau's theory on Interpersonal Relations was an appropriate theoretical framework for this project because effective communication has been a primary way to prevent or reduce patient aggressive behavior. The process of communication has been described as respectful, empathetic, trustworthy, and acceptable (Peplau, 1997). Effective communication has the potential to promote positive change, better patient outcomes, patient and staff satisfaction and provide a safer and secure environment. The four phase

theory has been revised to three key phases: orientation, working (which combines identification and exploitation), and resolution.

The orientation phase is the initial step between the nurse and the patient as the nurse observes the patient displaying signs of aggressive behavior, the nurse's approach to the patient is to establish trust, define the problem, and both mutually agree on a plan to remedy the situation (Peplau, 1997). The working phase contains two subphases (identification and exploitation). Nurses attempt to assist the patient to set goals on changing aggressive behavior by providing alternatives from personal preferences on file or asking the patient what usually works to reduce the aggression. When the nurse provides the resource and the patient takes hold of it and proceeds to make the change, this is when the power shifts and the patient begins to function independently (Peplau, 1997).

The resolution or final phase is the completion of the relationship between the nurse and patient (Peplau, 1997) but due to the long-term and chronicity of many patients with mental illness, this last phase of the relationship may continue for months or even years. Therefore, when the patient's aggressive behavior becomes non-aggressive and maintained; this phase of the nurse-patient relationship has been resolved but only at this level of treatment because the remainder of the nurse-patient relationship will continue until discharged from the psychiatric setting.

The care of psychiatric patients cannot proceed effectively toward outcomes that are beneficial until the nurse-patient relationship has been achieved. In each phase of Peplau's theory, observation, listening, trust, compassion, empathy and being non-

judgmental are key components that equip the novice psychiatric nurse to interact with aggressive psychiatric patients on inpatient psychiatric units. Effective communication has the potential to promote positive change, better patient outcomes, patient and staff satisfaction and a safer environment.

Design/Methods

The quantitative approach, non-experimental descriptive design was used for this project. Burns and Grove (2009) stated that a descriptive design “may be used to develop theory, identify problems with current practice, justify current practice, make judgments, or determine what others in similar situations are doing” (p. 237). This approach was useful in that the survey identified a problem with the current practice of hospital orientation. This method was appropriate because:

- the structured survey primarily focused on forced-choice
- the surveys were distributed quickly
- the gathering data was done in relatively short period of time
- the project to be completed within the time frame of the DNP program
- there was no manipulation of any groups or statistical controls
- there were no measurements for cause and effect
- there was limited contact with the participants in the distribution and collection of the surveys.

The question that guided the project study was: Are the communication skills of new nurse graduates or nurses with no prior psychiatric experience satisfactory to interact with aggressive psychiatric patients on inpatient psychiatric units?

Population and Sampling

A purposive sample of 25 novice psychiatric nurses participated in this study. The primary goal of the purposive sampling was to concentrate on specific characteristics of novice psychiatric nurses to facilitate answers to the project question. The sample size was based on the number of new nurse graduates and nurses who transitioned from another specialty in nursing and was hired during June 2012 to June 2014. The target sample included 25 novice psychiatric nurses employed at a large state psychiatric hospital in southern New England with approximately 600 beds and 1600 employees. Although a total of 32 surveys were distributed, 25 surveys (78%) that were returned met all inclusive criteria.

The inclusion criteria consisted of new nurse graduates; nurses transitioning from another nursing specialty (e.g., medical-surgical, home care, skilled nursing setting) to psychiatric nursing; nurses working as a psychiatric nurse for twenty-four months or less; and are registered nurses (RNs), full-time, part-time, per diem, durational; and employees who had worked as LPNs, mental health workers, or forensic treatment specialist before becoming RNs. Exclusion criteria included RNs who had worked in psychiatric nursing for more than twenty-four months or who had worked as a psychiatric or nurse in the past.

This project was approved by Walden University Institutional Review Board, the Department of Mental Health and Addiction Services (DMHAS) Office of the Commissioner, and Connecticut Valley Hospital (CVH) Research Committee.

Data Collection

Finding an instrument that was similar to the content of the study was literally difficult therefore, a 20 questions survey was created (see Appendix A). According to Burns and Grove (2009) “the survey is used to describe a data collection technique in which the researcher uses questionnaires (collected by mail or in person) or personal interviews to gather data about an identified population” (p. 245). The survey consisted of 2 parts. The first part was specific to novice psychiatric nurses data on gender, age range, level of education, and length of time employed at the psychiatric hospital to determine if those variable had any impact on communication skills. In the second part of the survey, nurses were asked to evaluate their communication skills in dealing with aggressive psychiatric patients which covered their confidence and competent level as a psychiatric nurse; knowledge about mental illness before being hired; interaction with aggressive patient; assessment skills on psychiatric patients; thoughts on hospital and unit-based orientation; and the support of nurse preceptors.

To maintain anonymity, any identifying information such as name, race, ethnicity, birthdate, shift hours, assigned divisions, units, buildings or title status (e.g., full-time, part-time, durational, staff nurse, head nurse, nurse supervisor, nurse manager, or per diem) were not listed on the survey. The instructions on the survey was clear about informing the participants not to print or sign their name on any items (i.e., survey and the self-addressed postage paid envelope) returning to the researcher and that completion of the survey implied informed consent and participation in the study.

Georgaki, Kalaidopoulou, Liarmakopoulou, and Mystakidou (2002) questionnaire that examined nurses' truthful communication with cancer patients (see Appendix B) which has validity and reliability was used only as a guide in designing the 20 questions survey (see Appendix A). I found the questions in Georgaki et al., survey on communication provided guidance in formulating questions for this project survey. Three attempts were made by means of two emails and a letter sent by way of postal service to inform the corresponding author Kyriaki Mystakidou, PhD, MD, in Athens, Greece that the tool (see Appendix B) was used only as a guide in this study but no response was ever received.

A folder with the names and assigned units of novice psychiatric nurses hired during the period of twenty-four months (June 2012 – June 2014) was provided by the director of staff development. From there, I addressed and sent out all items. The invitation to participate letter, survey, and postage-paid, self-addressed envelope were placed in a sealed envelope and sent through the hospital's internal mailing system to each novice psychiatric nurse who fit the inclusive criteria.

After 10 business days, I sent an email to each participant as a reminder to complete the survey. Within thirty business days of distributing 32 surveys, 27 surveys (84%) were returned but 2 surveys were eliminated. The remaining 25 surveys (78%) met all inclusive criteria.

Data Analysis

Data analysis began 30 days from the survey disbursement using the XL Stat 2014 software. The data analysis presented the descriptive statistics and the categorical

variables using a 4-point Likert scale. Originally, the survey contained a 5 point Likert scale as follows: 1 (*strongly agree*), 2 (*agree*), 3 (*disagree*), 4 (*strongly disagree*), and 5 (*unsure*). The answers of 16 questions by 25 nurses saw only 5 unsure. As it is difficult to rank 'unsure' these choices were removed for the purpose of averaging the Likert scale. This gave a 4-point Likert scale from 1-4 with strongly agree given a 4 and strongly disagree given a 1. There were 4 questions (questions 10, 11, 14, 15) that were asked in the negative way and they were reversed coded so that a high score indicated a positive position on all the questions. The numbers were then averaged by individual and by questions.

The wording of the survey questions made a difference in the data analysis. The second part of the survey comprised of 16 questions showed two types of questions had been asked. The analysis revealed that out of the 16 survey questions, 10 were related to novice psychiatric nurses' communication skills working with aggressive on inpatient psychiatric units, whereas the other 6 questions were specific to the hospital and unit-based orientation. Because the 16 questions on the survey were not all related to communication skills, it was necessary to look at two types of questions. The two types of questions measured different and distinct constructs, one specifically about the hospital orientation and one about the nurses' communication skills, therefore, the questions were analyze in two groups.

The *t* tests were conducted on the binary variables; gender and level of education, and two ANOVAs were run on the age range and the length of time at the hospital. The higher the score the more agreement there was with the statement indicating a positive

view. The questions that had more to do with the specific hospital and unit-based orientation received the lowest scores while novice psychiatric nurses' communication skills with aggressive psychiatric patients were higher. The only variable that showed statistical significance and moderate effect was the length of time at the hospital using the average communication skills questions as the dependent variable. The average scores for each question were tallied and ranged from a low 2.33 to a high of 3.56 (see Figure 1). The average score for all the questions was 3.0.

The higher the score the more agreement there was with the statement indicating a positive view. The questions that had more to do with the specific hospital and unit-based orientation received the lowest scores while novice psychiatric nurses' perceptions of their communication skills with psychiatric patients were higher. Questions that were asked in a negative way were reverse coded so that a high score indicated a positive position on all the questions.

Summative evaluations are outcome focused and are conducted at specific intervals of a program or after the completion of a program (Kettner, Moroney, & Martin, 2013). The summative evaluation was used at the completion of the data analysis in this project. The evaluation provided significant information that was most helpful for the hospital's staff development. Based on the written comments on the surveys from the novice psychiatric nurses on their lack of communication skills at the start of their working period, an educational module on communication skills was the recommendation to integrate in the hospital orientation program. A review of communication skills has the potential to better prepare novice nurses, enhance the nurse

patient relationship and improve patient outcomes. Novice psychiatric nurses also wrote that less time in classroom and more time on the unit would be beneficial.

Findings

The findings, discussion, and implications of this project were based on the responses of the surveys. The purpose of this needs assessment project was to conduct a survey to determine communication skills of novice psychiatric nurses with aggressive psychiatric patients in the inpatient psychiatric setting during their employment at the state psychiatric hospital. The survey made up of 20 questions which 4 questions focused on the demographics, 6 questions asked about specific aspect of the hospital and unit-based orientation, and 10 questions concentrated on the novice psychiatric nurses' communication skills when working with aggressive psychiatric patients on inpatient psychiatric units. When looking at the average of all questions, the scores ranged from a 2.33 to 3.56, with a mean score of 3.0 (see Figure 1).

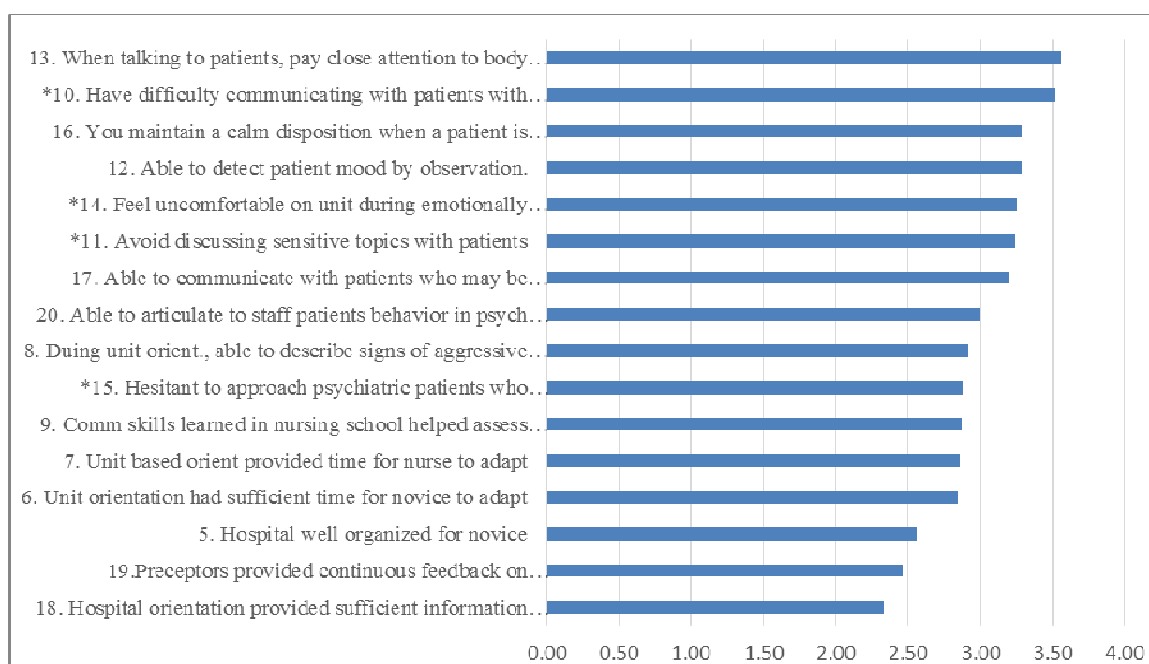


Figure 1, Average scores on hospital-based orientation and communication skills

Novice psychiatric nurses' gave themselves the highest scores for watching patient body language when talking to them. They gave themselves the lowest scores to the questions regarding hospital orientation.

The difference in average scores between (a) the questions that were 'hospital based and those that were (b) based on the communication skills' of novice psychiatric nurses striking. It led to the suspicion that these two different groups of questions measured very different constructs. In fact a correlation test confirmed that suspicion ($p < .0001$, $R^2 .079$) (see Table 1).

Table 1

<i>Hospital-Based and Communication Skills</i>			
Type of Question	Mean	Standard Deviation	P Value
Hospital-Based	2.649	0.453	<.0001
Communication Skills	3.216	0.381	
R ² :			
Variables	Hospital Based	Communication Skills	
Hospital-Based	1	0.079	
Communication Skills	0.079	1	

Given this finding, additional analysis was done and that the scores were separated into two groups. Questions 5, 6, 8, 9, 18, 19 dealt with the hospital-based orientation whereas questions 7, 10, 11, 12, 13, 14, 15, 16, 17, 20 dealt with communication skills. Separate *t* tests were run to compare the scores of hospital-based questions of males versus females and then type of degree which showed no statistical significance. Similarly ANOVAs run between testing the influence of the variables age

range and length of time in the hospital showed no statistical significance. In other words the hospital-based scores did not appear to be affected by the nurses gender, age range, level of education, or length of time in the hospital. There was no significant difference in the communication skills questions as to gender, age range, and level of education but the length of time in the hospital did show a statistically significant difference in scores.

The variable, the length of time at the hospital consisted of three levels: < 12 months; 12-18 months; and 19-24 months. This demonstrated variability in the mean and in fact the differences was statistically significant $p < 0.005$ (see Table 2). The F score 6.883 was also statistically significant (see Table 3). This showed that the length of time spent in the hospital explained about 38.5% of the movement in the dependent variable, average communication skills scores. A similar but not as strong relationship can be seen with all scores but none when the hospital-based orientation scores were tested with length of time working in the hospital, there was no relationship.

Table 2

Demographics on Hospital-Based and Communication Skills

Measure	Variables	N	Mean	p value
All scores	Gender			
	Female	21	2.995	0.343
	Male	4	3.083	
	Degree			
	AD	17	3.048	0.415
	BD	8	2.926	
	Age			
	25 or under	2	2.969	0.469
	26-40 yrs.	14	2.947	
	41-55 yrs.	8	3.07	
	56 & older	1	3.467	
	Time in Hospital			
	< 12 mo	8	2.875	0.019
	12-18 mo	6	2.818	
19-24 mo	11	3.21		

Hospital-Based Questions	Gender				
	Female	21	2.642	0.957	
	Male	4	2.651		
	Degree				
	AD	17	2.698	0.427	
	BD	8	2.546		
	Age				
	25 or under	2	2.617	0.904	
	26-40 yrs.	14	2.648		
	41-55 yrs.	8	2.617		
	56 & older	1	3		
	Time In Hospital				
	< 12 mo	8	2.521	0.579	
	12-18 mo	6	2.633		
19-24 mo	11	2.752			
Communication Skills Questions	Gender				
	Female	21	3.331	0.211	
	Male	4	3.194		
	Degree				
	AD	17	3.253	0.513	
	BD	8	3.138		
	Age				
	25 or under	2	3.15	0.288	
	26-40 yrs.	14	3.116		
	41-55 yrs.	8	3.338		
	56 & older	1	3.778		
	Length of time In Hospital				
	< 12 mo	8	3.088	0.005	
	12-18 mo	6	2.97		
19-24 mo	11	3.473			

Table 3

Analysis of variance

Source	DF	Sum of squares	Mean squares	F	Pr > F
Model	2	1.395	0.697	6.883	0.005
Error	22	2.229	0.101		
Corrected Total	24	3.623			

*Computed against model**Y=Mean (Y)*

In the last section of the survey, novice psychiatric nurses were asked to write comments on what were their areas of concern regarding communication with the psychiatric patient; and how the hospital and unit-based orientation could be improved for future novice psychiatric nurses. Eleven novice psychiatric nurses wrote the following comments:

- Communication from RN to non-licensed staff is very difficult in psychiatric terminology. (P 2)
- Formal training on communication skills, techniques and psych assessment should be available to novice nursing staff. (P 3)
- I do not have concerns regarding communication with psychiatric patients. (P 4)
- Time on the unit and in treatment plan reviews (TPRs) would be helpful before classroom review of TPRs. TPR documentation was confusing in classroom before seeing or reviewing it in an actual TPR meeting. Too much classroom time spent before introduction to unit. Information overload in classroom orientation. (P 9)
- I did not have a contact person during my orientation. I believe all new graduate nurses should have a preceptor during the orientation process; not just float around and follow different nurses. It is important to have some consistency during this period of learning and growing. Many nurses aren't always comfortable giving feedback. I think I would have benefited from having one nurse to orient with. (P 12)

- Spending too much time in classroom. Unit-based orientation could be more organized. Progress of orientee should be monitored more closely. (P 15)
- My concern is more about preparing the novice nurse for dealing with hostile unlicensed staff who think they are here to make all of the decisions. Novice nurses should be prepared to properly communicate with these same people that challenge every decision the nurse makes-thus leading to constant frustration. (P 17)
- Staff just assumes that a new hire should already know what to do. The preceptor had a negative attitude, did not like to teach, and isolated the new hire. Orientation should start by pretending the new hire has never had psychiatric training before and remember what it was like to be new. (P 22)
- I believe that staff that are new to this type of client need more training in how to talk with clients that are dually diagnosed...how to deal with them when they are escalated, and how not to argue with clients. While we are given some info on de-escalation, there can always be more training during orientation with dealing 1:1 regarding how to engage conversation with psychiatric patients. (P 23)
- New nurses should be given hand-outs on behaviors and signs to look for, would help, along with vocabulary to use in charting. (P 28)

- The areas of concerns for me was not getting adequate time in orientation to learn about patients, and the level of aggressive behavior that can be portrayed, and allow new nurses to orient as long as they need to ensure that they can be able to treat the patients effectively. (P 32)

The two themes that emerged from the comments were novice psychiatric nurses' lack of knowing how to communicate with their patients, what to observe regarding patients behavior, and the extreme classroom overload in the hospital-based orientation. The participants expressed the need for the hospital to provide training on communication skills to equip them to care for the patient but also prepare them to communicate with staff. They also commented on the need to reduce the time spent in classroom orientation and to use more of that time on the units. In summary, the time spent working in the psychiatric hospital seemed to be the most important factor influencing novice psychiatric nurses's communication skills with aggressive psychiatric patients. The more experience working in the hospital the better the communications skills.

Discussion of Findings

The purpose of this needs assessment project was to conduct a survey to determine the communication skills of novice psychiatric nurses with aggressive psychiatric patients in the inpatient psychiatric setting during their employment at the state psychiatric hospital. This study showed that the communication skills of novice psychiatric nurses who had more time working in the psychiatric setting were satisfactory in interacting with aggressive patients. Communication skills questions received higher scores compared to the hospital based orientation questions.

The best predictor of novice psychiatric nurses' communication skills with aggressive patients was the length of time working in the hospital. Nurses who worked 19-24 months scored higher in their communication skills which implied that they were more confident and competent in the nurse-patient interaction and nurse-patient relationship compared to those nurses who worked less than 19 months at the hospital. The longer nurses worked in the psychiatric setting, the more experienced they became in their assessment of patient's behavior, approach to patients, and more skillful with aggressive psychiatric patients. Therefore, it's important to better equip novice nurses with the skills to communicate effectively at the beginning of their working period. In many nursing programs, there still remains an inadequacy for nursing students to develop communication skills with non-aggressive psychiatric patients let alone the aggressive patient therefore, the need for novice nurses to attend training or a review class on communication skills during the hospital orientation and before they hit the units will most likely prepare them to increase the time spent interacting with psychiatric patients, improve the nurse-patient relationship, and maintain a safe environment for staff and patients on the inpatient units.

Implications

The implications of communication skills of novice psychiatric nurses on practice, for future research, and social change are significant. For years, nurses' communication skills have been criticized for not being compassionate, caring or empathetic. It is essential that novice nurses have the ability to skillfully interact with patients in any setting and most important with aggressive psychiatric patients in the

psychiatric hospital. Increasing novice nurses' knowledge and awareness on their communication skills as it relates to the inpatient setting has the potential to reflect on how these nurses interact with people with mental illness outside of their safety zone and in the community.

The results of the surveys have provided data that the length of time working in a psychiatric setting is the best indicator in understanding the communication skills of novice psychiatric nurses with aggressive psychiatric patients. More time working will improve the novice nurses' communication skills with aggressive psychiatric patients and that will increase the nurse-patient relationship; promote better patient outcomes; and most likely have a positive economic impact on the healthcare delivery system as it can affect cost savings in reducing patient injuries, novice psychiatric nurse turnover and worker's compensation.

The novice psychiatric nurses in this study described a need for communication training during hospital orientation that would better prepare them to deal with hostile and aggressive psychiatric patients. Nurses who come right out of nursing school into the psychiatric setting bring with them a miniscule amount of communication skills with psychiatric patients. A communication skills class would equip the novice psychiatric nurse to become more proficient and effective in dealing with aggressive and non-aggressive psychiatric patients. The safety of novice psychiatric nurses when it comes to patient aggression is certainly relevant and an on-going issue on inpatient psychiatric units and other health care settings.

Improving novice psychiatric nurses confidence and competence can influence feelings of empowerment. This in turn can result in changes in the nurse-patient interaction, relationship, improve patient outcomes, and best practices for the nurses and psychiatric patients. The benefits of this project are more wide-reaching than meeting novice psychiatric nurses who work in state psychiatric hospitals on inpatient units for it reaches all nurses who work with aggressive patients in any health care venue. The implications for positive social change for staff development to improve hospital orientation by providing an educational module on communication skills for novice psychiatric nurses to become more knowledgeable and better equipped as effective communicators in the nurse-patient relationship with aggressive psychiatric patients.

Project Strengths and Limitations

The strength of this project will be ongoing since it provides an opportunity to evaluate and make changes as needed in the hospital's orientation program. Twenty-five out of 32 or 78% novice psychiatric nurses were willing to take part in this survey. These nurses were voluntary participants and all submitted the surveys within 30 days of distribution. Staff development and nursing leadership provided the opportunity for me to proceed in contacting the novice psychiatric nurses. All the nurses were located on one campus which made it easier to dispense the surveys through the hospital internal mailing system. I, being the sole person distributed and collected the surveys which made it efficient and effective to keep abreast of the data. The results of the data provided insight to nursing leadership and staff development that a need to integrate an educational module on the review of communication skills for new nurse graduates.

The limitations of this study were that there was a small sample size of 25 novice psychiatric nurses who participated in this project. The study was conducted in only one state psychiatric hospital which limited the overall generalizability of the findings to the greater population of private and other public psychiatric hospital. The novice psychiatric nurses were at different levels in the time working at the psychiatric hospital (8 worked less than 12 months; 6 worked 12–18 months; and 11 worked 19–24 months). Therefore, it would have been better to have surveyed them soon after they were hired and then 3 months after completing hospital orientation to get an actual comparison of their communication skills.

The recommendation for remediation of limitations would be to expand the study to other state psychiatric facilities would provide a larger sample size and increase generalizability, get insight of novice psychiatric nurses' communication skills with aggressive psychiatric patients, by providing an evaluation before and after three months completion of the hospital orientation, and to compare the evaluations to determine if the review on communication skills module had been effective. Regarding communication skills questions, they should be appropriately written as communication skills questions to avoid creating two separate groups of questions to analyze.

References

- Ak, M., Cinar, O., Sutçigil, L., Congologlu, D. E., Hacıomeroglu, B., Canbaz, H.,
...Ozmenler, K., N. (2011). Communication skills training for emergency nurses.
International Journal of Medical Sciences, 8(5), 397-401.
- Anderson, A., & West, S. G. (2011). Violence against mental health professionals: When
the treater becomes the victim. *Innovation in Clinical Neuroscience*, 8(3), 34-39.
Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3074201/>
- Benner, P. (1982). Novice to expert. *American Journal of Nursing*, 82(3), 402-407.
- Bilgin, H. (2009). An evaluation of nurses' interpersonal styles and their experiences of
violence. *Issues in Mental Health Nursing*, 30(4), 252-259.
doi:10.1080/01612840802710464
- Bjorkdahl, A., Palmstierna, T., & Hansebo, G., (2010). The bulldozer and the ballet
dancer: aspects of nurses' caring approaches in acute psychiatric intensive care.
Journal of Psychiatric and Mental Health Nursing, 17(6), 510-518.
doi:10.1111/j.1365-2850.2010.01548
- Bowers, L., Brennan, G., Winship, G., & Theodoridou, C. (2010). How expert nurses
communicate with acutely psychotic patients. *Mental Health Practice*, 13(7), 24-
26.
- Bowles, N., Mackintosh, C., & Torn, A. (2001). Nurses' communication skills and
evaluation of the impact of solution-focused communication training. *Journal of
Advanced Nursing*, 36(3), 347-354. Retrieved from
<http://www.ncbi.nlm.nih.gov/pubmed/11686749>

- Burns, N., & Grove, S. K. (2009). *The practice of nursing research: appraisal, synthesis, and generation of evidence* (6th ed.). St. Louis, MO: Saunders Elsevier.
- Currid, T. (2009). Experiences of stress among nurses in acute mental health settings. *Nursing Standard, 23*(44), 40-46.
- Duchscher, J. B. (2008). A process of becoming: the stages of new nursing graduate professional role transition. *Journal of Continuing Education in Nursing, 39*(10), 441-452.
- Georgaki, S., Kalaidopoulou, O., Liarmakopoulou, I., & Mystakidou, K. (2002). Nurses' attitudes toward truthful communication with patients with cancer: A Greek study. *Cancer Nursing, 25*(6), 436-441.
- Halter, M. J. (2014). *Varcarolis' foundation of psychiatric mental health nursing: A clinical approach* (7th ed.). St. Louis, MO: Saunders Elsevier.
- Hamdan-Mansour, A. M., & Wardam, L. A. (2009). Attitudes of Jordanian mental health nurses toward mental illness and patients with mental illness. *Issues in Mental Health Nursing, 30*(11), 705-711. doi:10.3109/01612840903131792
- Jewell, A. (2013). Supporting the novice nurse to fly: A literature review. *Nurse Education in Practice, 13*(4), 323-327.
- Jones, J., Nolan, P., Bowers, L., Simpson, A., Whittington, R., Hackney, D., & Bhui, K.

- (2010). Psychiatric wards: places of safety? *Journal of Psychiatric and Mental Health Nursing*, 17(2), 131-140. doi:10.1111/j.1365-2850.2009.01482.x
- Kettner, P., Moroney, R., & Martin, L. (2013). *Designing and managing programs: An effectiveness-based approach* (4th ed.). Los Angeles, CA: Sage Publishing.
- Lampe, K., Stratton, K., & Welsh, J. R. (2011). Evaluating orientation preferences of the generation y new graduate nurse. *Journal for Nurses in Staff Development*, 27(4), E6-E9. doi:10.1097/NND.0b013e3182236646
- Morrow, S. (2009). New graduate transitions: leaving the nest, joining the flight. *Journal of Nursing Management*, 17(3), 278-287. <http://dx.doi.org/10.1111/j.1365-2834.2008.00886>.
- Parker, V., Giles, M., Lantry, G., & McMillan, M. (2014). New graduate nurses' experiences in their first year of practice. *Nurse Education Today*, 34(1), 150-156. doi:10.1016/j.nedt.2012.07.003
- Patterson, C., Curtis, J., & Reid, A. (2008). Skills, knowledge, and attitudes expected of a newly graduated mental health nurse in an inpatient setting. *International Journal of Mental Health Nursing*, 17(6), 410-418. doi:10.1111/j.1447-0349.2008.00572
- Peplau, H. (1952). *Interpersonal relations in nursing*. New York: G.P. Putnam.
- Peplau, H. (1997). Peplau's theory of interpersonal relations. *Nursing Science Quarterly*, 10(4), 162-167. doi:10.1177/089431849701000407

- Sharac, J., McCrone, P., Sabes-Figuera, R., Csipke, E., Wood, A., & Wykes, T. (2010). Nurse and patient activities and interaction on psychiatric inpatients wards: a literature review. *International Journal of Nursing Studies*, 47(7), 909-917.
doi:10.1016/j.ijnurstu.2010.03.012.
- Townsend, M. C. (2011). *Essentials of psychiatric mental health nursing: Concepts of care in evidence-based practice* (5th ed.). Philadelphia, PA: F. A. Davis Company.
- Ward, L. (2013). Ready, aim fire! Mental health nurses under siege in acute inpatient facilities. *Issues in Mental Health Nursing*, 34(4), 281-287.
doi:10.3109/01612840.2012.742603
- Webster, D. (2013). Promoting therapeutic communication and patient-centered care using standardized patients. *Journal of Nursing Education*, 52(11), 645-648.
doi:10.3928/01484834-20131014-06
- Weight, E. J., & Kendal, S. (2013). Staff attitudes towards inpatients with borderline personality disorder. *Mental Health Practice*, 17(3), 34-38.

References

- Ak, M., Cinar, O., Sutçigil, L., Congologlu, D. E., Hacıomeroglu, B., Canbaz, H.,
...Ozmenler, K., N. (2011). Communication skills training for emergency nurses.
International Journal of Medical Sciences, 8(5), 397-401.
- American Psychiatric Nurses Association. (nd.). *Your resource for psychiatric mental
health nursing*. Retrieved from <http://www.apna.org>.
- Anderson, A., & West, S. G. (2011). Violence against mental health professionals: When
the treater becomes the victim. *Innovation in Clinical Neuroscience*, 8(3), 34-39.
Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3074201/>
- Benner, P. (1982). Novice to expert. *American Journal of Nursing*, 82(3), 402-407.
- Bilgin, H. (2009). An evaluation of nurses' interpersonal styles and their experiences of
violence. *Issues in Mental Health Nursing*, 30(4), 252-259.
doi:10.1080/01612840802710464
- Bjorkdahl, A., Palmstierna, T., & Hansebo, G., (2010). The bulldozer and the ballet
dancer: aspects of nurses' caring approaches in acute psychiatric intensive care.
Journal of Psychiatric and Mental Health Nursing, 17(6), 510-518.
doi:10.1111/j.1365-2850.2010.01548
- Bowers, L., Brennan, G., Winship, G., & Theodoridou, C. (2010). How expert nurses
communicate with acutely psychotic patients. *Mental Health Practice*, 13(7), 24-
26.
- Bowles, N., Mackintosh, C., & Torn, A. (2001). Nurses' communication skills: an

- evaluation of the impact of solution-focused communication training. *Journal of Advanced Nursing*, 36(3), 347-354. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11686749>
- Burns, N., & Grove, S. K. (2009). *The practice of nursing research: appraisal, synthesis, and generation of evidence* (6th ed.). St. Louis, MO: Saunders Elsevier.
- Currid, T. (2009). Experiences of stress among nurses in acute mental health settings. *Nursing Standard*, 23(44), 40-46.
- Duchscher, J. B. (2008). A process of becoming: the stages of new nursing graduate professional role transition. *Journal of Continuing Education in Nursing*, 39(10), 441-452.
- Fleischer, S., Berg, A., Zimmermann, M., Wüste, K., & Behrens, J. (2009). Nurse-patient interaction and communication: A systematic literature review, *Journal of Public Health*, 17(5), 339-353. doi:10.1007/s10389-008-0238-1
- Gacki-Smith, J., Juarez, A. M., Boyett, L., Homeyer, C., Robinson, L., & MacLean, S. (2009). Violence against nurses working in US emergency departments. *The Journal of Nursing Administration*, 39(7), 340-349. doi:10.1097/NNA.0b013e3181ae97db
- Georgaki, S., Kalaidopoulou, O., Liarmakopoulou, I., & Mystakidou, K. (2002). Nurses' attitudes toward truthful communication with patients with cancer: A Greek study. *Cancer Nursing*, 25(6), 436-441.
- Halter, M. J. (2014). *Varcarolis' foundation of psychiatric mental health nursing: A*

clinical approach (7th ed.). St. Louis, MO: Saunders Elsevier.

Hamdan-Mansour, A. M., & Wardam, L. A. (2009). Attitudes of Jordanian mental health nurses toward mental illness and patients with mental illness. *Issues in Mental Health Nursing, 30*(11), 705-711. doi:10.3109/01612840903131792

Hansson, L., Jormfeldt, H., Svedberg, P., & Svensson, B. (2011). Mental health professionals' attitudes towards people with mental illness: Do they differ from attitudes held by people with mental illness? *International Journal of Social Psychiatry, 59*(1), 48-54. doi:10.1177/0020764011423176

Happ, M. B., Garrett, K., DiVirgilio-Thomas, D., Tate, J., George, E., Houze, M.,...Sereika, S. (2011). Nurse-patient communication interactions in the intensive care unit. *American Journal of Critical Care, 20*(2), e28-e40. Retrieved from doi: 10.4037/ajcc2011433

Jacob, J. D., & Holmes, D. (2011). Working under threat: Fear and nurse-patient interactions in a forensic psychiatric setting. *Journal of Forensic Nursing, 7*(2), 68-77. doi:10.1111/j.1939-3938.2011.01101

Jewell, A. (2013). Supporting the novice nurse to fly: A literature review. *Nurse Education in Practice, 13*(4), 323-327.

Jones, J., Nolan, P., Bowers, L., Simpson, A., Whittington, R., Hackney, D., & Bhui, K.

- (2010). Psychiatric wards: places of safety? *Journal of Psychiatric and Mental Health Nursing*, 17(2), 131-140. doi:10.1111/j.1365-2850.2009.01482.x
- Kettner, P., Moroney, R., & Martin, L. (2013). *Designing and managing programs: An effectiveness-based approach* (4th ed.). Los Angeles, CA: Sage Publishing.
- Kramer, M. (1974). *Reality shock*. St. Louis, MO: C. V. Mosby.
- Lampe, K., Stratton, K., & Welsh, J. R. (2011). Evaluating orientation preferences of the generation y new graduate nurse. *Journal for Nurses in Staff Development*, 27(4), E6-E9. doi:10.1097/NND.0b013e3182236646
- Martin, K., & Wilson, C. B. (2011). Newly registered nurses' experience in the first year of practice: A phenomenological study. *International Journal for Human Caring*, 15(2), 21-27.
- Morrow, S. (2009). New graduate transitions: leaving the nest, joining the flight. *Journal of Nursing Management*, 17(3), 278-287. <http://dx.doi.org/10.1111/j.1365-2834.2008.00886>.
- Oermann, M., & Hays, J. (2011). *Writing for publication in nursing* (2nd ed). New York, NY: Springer Publishing Company, LLC.
- Parker, V., Giles, M., Lantry, G., & McMillan, M. (2014). New graduate nurses' experiences in their first year of practice. *Nurse Education Today*, 34(1), 150-156. doi:10.1016/j.nedt.2012.07.003

- Patterson, C., Curtis, J., & Reid, A. (2008). Skills, knowledge, and attitudes expected of a newly graduated mental health nurse in an inpatient setting. *International Journal of Mental Health Nursing, 17*(6), 410-418. doi:10.1111/j.1447-0349.2008.00572
- Peplau, H. (1952). *Interpersonal relations in nursing*. New York: G.P. Putnam.
- Peplau, H. (1997). Peplau's theory of interpersonal relations. *Nursing Science Quarterly, 10*(4), 162–167. doi:10.1177/089431849701000407
- Pich, J., Hazelton, M, Sundin, D., & Kable, A. (2010). Patient-related violence against emergency department nurses. *Nursing and Health Sciences, 12*(2), 268-274. doi:10.1111/j.1442-2018.2010.00525.x
- Senn, J. F. (2013). Peplau's theory of interpersonal relations: Application in emergency and rural nurse. *Nursing Science Quarterly, 26*(1), 31-35 doi:10.1177/0894318412466744
- Sharac, J., McCrone, P., Sabes-Figuera, R., Csipke, E., Wood, A., & Wykes, T. (2010). Nurse and patient activities and interaction on psychiatric inpatients wards: a literature review. *International Journal of Nursing Studies, 47*(7), 909-917. doi:10.1016/j.ijnurstu.2010.03.012.
- Stewart, D., & Bowers, L. (2013). Inpatient verbal aggression: content, targets and patient characteristics. *Journal of Psychiatric and Mental Health Nursing, 20*(3), 236-243. doi:10,1111/j.1365-2850.2012.01905.x
- Terry, A. J. (2012). *Clinical research for the doctor of nursing practice*. Sudbury, MA: Jones & Barlett Learning.

- Townsend, M. C. (2011). *Essentials of psychiatric mental health nursing: Concepts of care in evidence-based practice* (5th ed.). Philadelphia, PA: F. A. Davis Company.
- Ward, L. (2013). Ready, aim fire! Mental health nurses under siege in acute inpatient facilities. *Issues in Mental Health Nursing*, 34(4), 281-287.
doi:10.3109/01612840.2012.742603
- Wassell, J.T. (2009). Workplace violence intervention effectiveness: A systematic literature review. *Safety Science*, 47(8), 1049–1055.
doi:10.1016/j.ssci.2008.12.001
- Webster, D. (2013). Promoting therapeutic communication and patient-centered care using standardized patients. *Journal of Nursing Education*, 52(11), 645-648.
doi:10.3928/01484834-20131014-06
- Weight, E. J., & Kendal, S. (2013). Staff attitudes towards inpatients with borderline personality disorder. *Mental Health Practice*, 17(3), 34-38.
- White, K. M., & Dudley-Brown, S. (2012). *Translation of evidence into nursing and health care practice*. New York, NY: Springer Publishing Company.
- Zaccagnini, M., & White, K. (2011). *The doctor of nursing practice essentials: A new model for advanced practice nursing*. Sunbury, MA: Jones & Bartlett Publishers.

Appendix A: Communication Skills of the Novice Psychiatric Nurse Survey

Communication Skills of the Novice Psychiatric Nurse Survey

Do not print your name or your signature on this survey or on the envelope provided!

Please place a check mark next to the most appropriate answer that describes you and your experience. Completing this survey will imply your consent.

1. What is your gender? Male _____ Female _____

2. What is your age range?
____ 25 or under
____ 26 to 40
____ 41 to 55
____ 56 and older

3. What is the highest level of nursing education you have completed?
____ Diploma
____ Associate Degree
____ Bachelor Degree
____ Master Degree
____ Doctorate Degree

4. How long have you worked as a psychiatric nurse at this hospital?
____ less than 12 months
____ 12 months to 18 months
____ 19 months to 24 months
____ other

5. The hospital orientation was well organized for a novice psychiatric nurse.
____ strongly agree
____ agree
____ disagree
____ strongly disagree
____ unsure

6. The unit-based orientation provided sufficient time for a novice psychiatric nurse to adapt.
____ strongly agree
____ agree

disagree
 strongly disagree
 unsure

7. You had sufficient knowledge in communicating about mental illness before being hired in a psychiatric nurse position.

strongly agree
 agree
 disagree
 strongly disagree
 unsure

8. During the unit-based orientation, you were able to describe signs of aggressive behavior in psychiatric terms to staff.

strongly agree
 agree
 disagree
 strongly disagree
 unsure

9. The communication skills that you learned in nursing school help you to assess patients with mental illness during the hospital and unit-based orientation.

strongly agree
 agree
 disagree
 strongly disagree
 unsure

10. You have difficulty communicating with patients with mental illness.

strongly agree
 agree
 disagree
 strongly disagree
 unsure

11. You avoid discussing sensitive topics with your patients.

strongly agree
 agree
 disagree

strongly disagree
 unsure

12. You are able to detect the mood of a patient just by observation.

strongly agree
 agree
 disagree
 strongly disagree
 unsure

13. When talking to your patients, you pay close attention to their body language.

strongly agree
 agree
 disagree
 strongly disagree
 unsure

14. You feel uncomfortable on the unit during emotionally charged situations with psychiatric patients.

strongly agree
 agree
 disagree
 strongly disagree
 unsure

15. You are hesitant to approach psychiatric patients who exhibit aggressive behavior.

strongly agree
 agree
 disagree
 strongly disagree
 unsure

16. You maintain a calm disposition when a patient is raising their voice.

strongly agree
 agree
 disagree
 strongly disagree
 unsure

17. You are able to communicate with a patient who may be aggressive.

- strongly agree
- agree
- disagree
- strongly disagree
- unsure

18. The information provided during hospital orientation was sufficient to communicate or interact with the aggressive psychiatric patient.

- strongly agree
- agree
- disagree
- strongly disagree
- unsure

19. Nurse preceptors provided continuous feedback on your interactions and communication skills with psychiatric patients on the unit.

- strongly agree
- agree
- disagree
- strongly disagree
- unsure

20. You are able to articulate to staff the patient's behavior in psychiatric terminology.

- strongly agree
- agree
- disagree
- strongly disagree
- unsure

*Please make comments on what are the areas of concerns regarding communication with the psychiatric patient; and how can the hospital and unit-based orientation be improved for the novice psychiatric nurse.

Thank you for completing this survey!

Please keep a copy of this Communication Survey for your records.

There are no potential conflicts of interest in this project study.

Appendix B: Communication with patients with cancer: A Greek study

A. Sex _____ Education _____
 Age ... _____ Place of work _____
 Years of experience _____

B. Please mark with an 'X' the most suitable answer

1. Do you believe that the whole truth should be told to the patients?
 Yes Sometimes No
2. Do you believe that the whole truth should be hidden from the patients?
 Yes Sometimes No
3. Do you believe that the truth should be disclosed to the relatives?
 Yes Sometimes No
4. Do you explain to the patients in lay terms their condition?
 Yes Sometimes No
5. When discussing with the patients do you avoid using the word "cancer?"
 Yes Sometimes No
6. Have you been trained in communications skills?
 Yes Sometimes No
7. Regarding diagnosis, do you transfer the responsibility of information to others (doctors, nurses)?
 Yes Sometimes No
8. Do you believe that in some cases the truth should be revealed to the relatives but not to the patient himself?
 Yes Sometimes No
9. Do you psychologically prepare the patients to accept the truth?
 Yes Sometimes No
10. If the patient is not ready to listen, do you inform the relatives, withholding the truth from the patient?
 Yes Sometimes No
11. Is it difficult for you to have an open conversation with the patients concerning the disease or the potential of dying?

___ Yes ___ Sometimes ___ No

12. Do you believe that the truth is essential for a successful therapeutic relationship between healthcare professionals and patients?

___ Yes ___ Sometimes ___ No

13. Does a fully informed patient have the likelihood to lead him/herself in hopelessness, disappointment and full isolation?

___ Yes ___ Sometimes ___ No

14. Do you believe that the patients should take initiatives/decisions regarding their treatment?

___ Yes ___ Sometimes ___ No

15. Is it possible to increase patients' anxiety by hiding the truth from them?

___ Yes ___ Sometimes ___ No

16. Do you believe that only the doctors should participate in the proceeding of disclosure?

___ Yes ___ Sometimes ___ No

17. Is it easier to talk and disclose the truth to the patients according to:

a) their age? ___ Yes ___ Sometimes ___ No

b) their level of education? ___ Yes ___ Sometimes ___ No

18. Do you announce to the patient that he or she is not to be cured?

___ Yes ___ Sometimes ___ No

19. When the patient denies to accept the truth do you . . . (mark with an 'X')

a) insist? ___ Yes ___ Sometimes ___ No

b) stop the conversation because you feel embarrassed?

___ Yes ___ Sometimes ___ No

c) call somebody else because you believe that it is not your responsibility?

___ Yes ___ Sometimes ___ No

d) give them hope ___ Yes ___ Sometimes ___ No

e) respect their wish and stop the conversation ___ Yes ___ Sometimes ___ No

Appendix C: Office of the Commissioner Letter of Approval



DANNEL P. MALLOY
GOVERNOR

STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH
AND ADDICTION SERVICES
A HEALTHCARE SERVICE AGENCY

PATRICIA A. REHMER, MSN
COMMISSIONER

June 3, 2014

Helene M Vartelas, MSN
Chief Executive Officer
Connecticut Valley Hospital
P.O. Box 351
Silver Street
Middletown, CT 06457

Re: Enhancing Communication Skills of Novice Psychiatric Nurses to Facilitate the Nurse-patient Relationship with Aggressive Patients on Inpatient Psychiatric Units

Dear Ms. Vartelas:

The proposed study "Enhancing Communication Skills of Novice Psychiatric Nurses to Facilitate the Nurse-patient Relationship with Aggressive Patients on Inpatient Psychiatric Units" (Rose Moss, Principal Investigator) has been reviewed by the Office of the Commissioner and approved.

I send my best wishes for a successful research project.

Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Patricia A. Rehmer".

Patricia A. Rehmer, MSN
Commissioner

cc: Frank Baker, Ph.D.
Janet Storey, MSW

Curriculum Vitae

Rose Langston-Moss
 rose1947@hotmail.com

PROFESSIONAL LICENSE: Registered Nurse, Connecticut

EDUCATION:

2014	Doctor of Nursing Practice – Candidate Walden University, Minneapolis, MN
1996	Master of Science in Nursing – Education Track University of Hartford, West Hartford, CT
1988	Masters of Science in Human Services New Hampshire College, Hookset, NH
1985	Bachelor of Science in Human Services New Hampshire College, Manchester, NH
1980	Associate Degree of Science in Nursing Mattatuck Community College, Waterbury, CT
1966	Clinical Specialist Training (MOS – 91C20) Licensed Practical Nurse U.S. Army – Women’s Army Corps.

PROFESSIONAL TEACHING EXPERIENCE:

2011	Community Health Clinical Nurse Instructor – Summer Southern Connecticut State University, New Haven, CT
2010-present	Psychiatric Clinical Nursing Adjunct – Spring Southern Connecticut State University, New Haven, CT
2009	Preceptor for Yale GEPN Psychiatric Clinical – Spring Yale University, New Haven, CT
2008	Temporary Clinical Psychiatric Nursing Instructor-Winter Polk Community College, Winter Haven, FL

2005 – present	Part-time Psychiatric Clinical Nursing Adjunct – Fall Quinnipiac University, North Haven, CT
2003 – present	Psychiatric Clinical/Lecturer Nursing Instructor-Fall/Spring Gateway Community College, New Haven, CT
1996-1999	Adjunct Psychiatric Clinical Nursing Instructor Capital Community College, Hartford, CT

RELEVANT PROFESSIONAL EXPERIENCE:

Served as a clinician, educator, consultant, and research resource person to achieve organizational goals, ensure staff competence, positive patient outcomes, and staff satisfaction through collaboration, coordination, and compromise in the following positions.

2003-2008	Temporary Worker Retiree, Nurse Educator, Addiction Services Connecticut Valley Hospital, Middletown, CT
1995-2003	Lead Nurse Clinical Instructor, Addiction Services Division Connecticut Valley Hospital, Middletown, CT
1999-2003	Per Diem Psychiatric Nurse CT Mental Health Center, New Haven, CT
1997-1999	Certified Nurse Aide Coordinator Naugatuck Valley Community College, Waterbury, CT
1980-1995	Part-time Staff Psychiatric Nurse Fairfield Hills Hospital, Newtown, CT

PROFESSIONAL ORGANIZATIONS:

2014 - present	American Psychiatric Nurses Association - Connecticut Chapter
2012 - present	National Black Nurses Association - Southern CT Chapter
2010 - present	National League of Nursing

LECTURES/PRESENTATIONS:

1999-2006	Various presentations at Connecticut Valley Hospital on Crisis
-----------	--

Intervention Psychiatric Emergencies, Medical Emergencies, Methadone Maintenance, Alcohol Withdrawal, Beyond Collegiality, Suicide Assessment, and Suicide Prevention

- 2009-2011 Lectures at Gateway Community College on crisis intervention, update on substance abuse and dependence, psychiatric disorders, and suicide prevention
- 2005 Presentation at Naugatuck Valley Community College on Substance Abuse and Dependence
- 1996 Poster Presentation on Experiences and Perceptions of American Black Females in Predominantly White Nursing Programs at the University of Hartford

RESEARCH:

- 2014 Project Unpublished: “Enhancing communication skills of novice psychiatric nurses to facilitate the nurse-patient relationship with aggressive patients on inpatient psychiatric units”
- 1997 Thesis Published: “Experiences and Perceptions of American Black Female Nursing Students in Predominantly White Nursing Programs” in the Journal of National Black Nurses Association

HONORS/AWARDS

- 2002 Nurse Leadership Award at Connecticut Valley Hospital
- 1994 Nurse Clinical Excellence Award at Fairfield Hills Hospital

COMMUNITY SERVICE:

- 2005-2006 Provided mentoring to minority students in the nursing program at Naugatuck Valley Community College
- 2002-present Mentor minority nursing students at Gateway Community College
- 1980-present Participate in the field ministry in the towns of Bethlehem, Roxbury, Southbury, and Woodbury, Connecticut