



# **The essentials of culturally safe de-escalation in acute adult mental health units: An Integrative Review in progress**

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Mahia i runga i te rangimarie  
me te ngākau māhaki

With a peaceful mind and respectful  
heart we will always get the best results



# Plan

- What is an Integrative Review?
- Background
- Method
- Critical appraisal
- Results
- Thematic analysis
- Findings
- Future plans
- Reference list



# The Integrative Review



What is an Integrative Review (IR)?



A structured way of identifying and critically appraise relevant literature



Often associated with nursing research



Wider range of sources than systematic reviews. Include both qualitative and quantitative studies

# Background

Increasing Violence in healthcare

Limited training available

Increasing international evidence,  
but very little specific to Aotearoa  
NZ

Māori continue to experience  
significantly higher seclusion rates  
than non-Māori

## Nurses plead for more staff as violence and abuse surge in hospitals



**NEW ZEALAND**  
**Hawke's Bay DHB increases security to help staff cope with abusive patients**  
Abuse of hospital staff has prompted the Hawke's Bay District Health Board to increase its security presence and install more CCTV cameras. ...  
7 Dec 2020



By [Sophie Trigger](#)  
24 Apr, 2023 05:00 AM 4 mins to read

**NEW ZEALAND**  
**Assault of mental health staffer at Gisborne Hospital prompts workplace violence review**

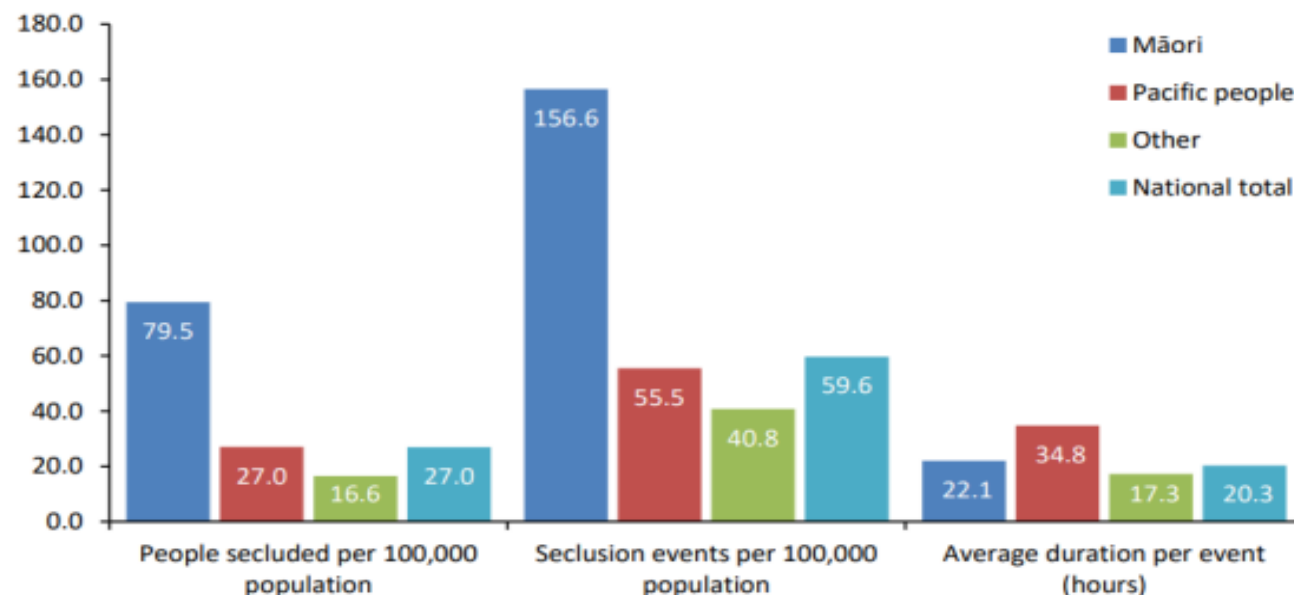
A staff member on Gisborne Hospital's mental health ward was severely assaulted by a patient, prompting a review that found violence on ...  
09 Nov 2021



**NEW ZEALAND**  
**Threats, slaps, kicking: Report highlights extent of violence against health workers**

Violence against hospital workers is a widespread problem, but there's been little effort to address it, a nurses' union says. A nurse ...  
12 Apr 2022

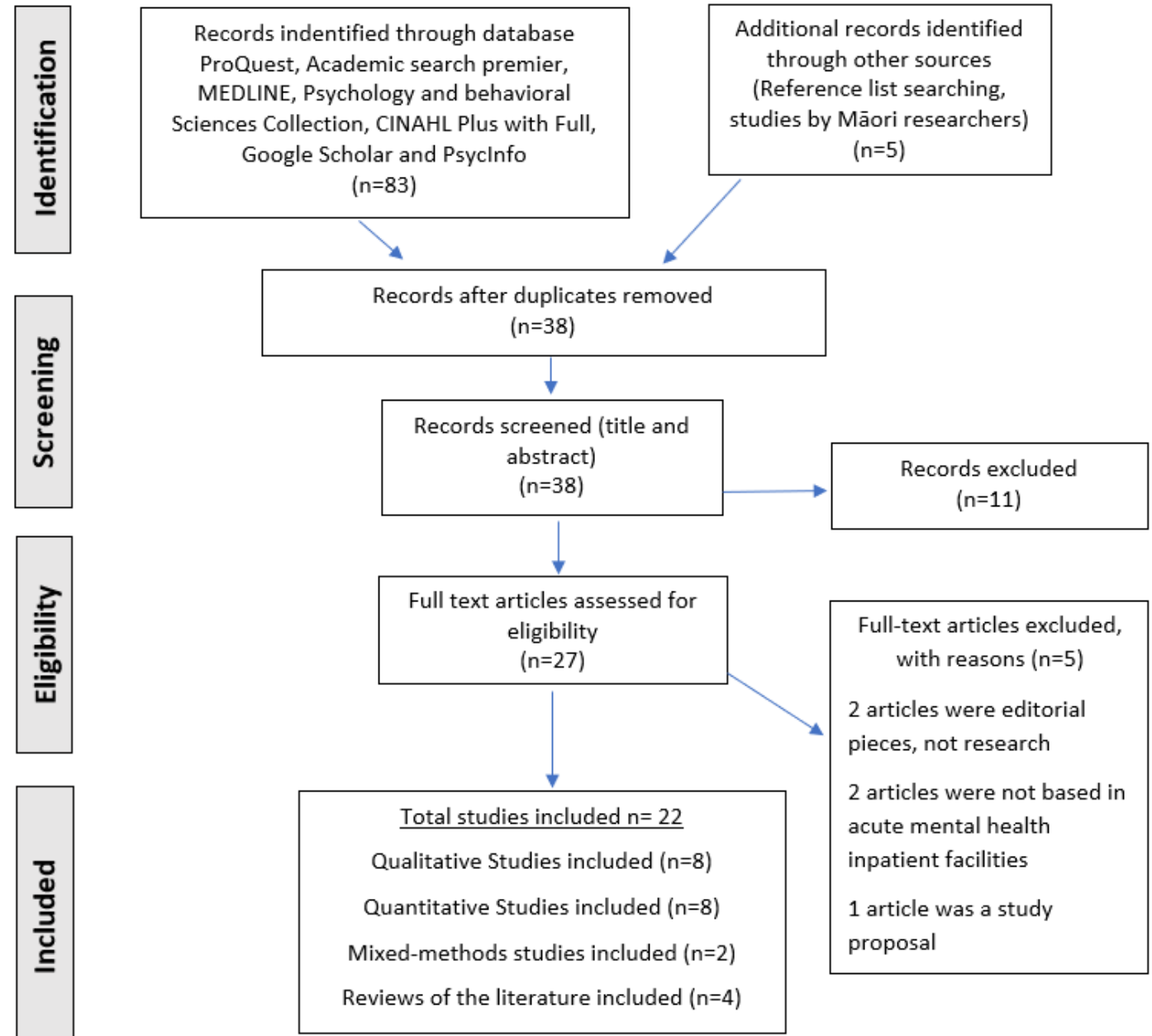
**Figure 3.** Seclusion indicators reported by ethnicity in the Office of the Director of Mental Health and Addiction Services 2020/2021 Regulatory Report (Ministry of Health, 2022).



# Method

## Search of the literature

PRISMA flow diagram



# Critical appraisal

## Included

- Study citation
- Study design
- Setting
- Results
- Critical appraisal utilising Joanna Briggs Institute (JBI) critical appraisal tools.



Study Citation	Study Design	Setting	Results	Critical appraisal
Berring, Pederson, & Buus (2016)	Ethnographic multiple case study (n= 21 patients, n= 20 mental health workers). The research explored both staff and patients' perspectives on violence in inpatient settings and de-escalation practices.	5 mental health units attached to a regional trust in the UK. 1 x ICU 1X Emergency Department 1x medium secure unit 2 x forensic medium secure units.	Perspectives assembled into a model consisting of three stages. - memory and hope - safety and creativity - Reflective moments.  Data indicated both staff and inpatients strive for peaceful solutions and greater understanding of de-escalation can foster shared problem solving.	Strengths: Researcher did identify their theoretical framework in some detail (Symbolic interactionism).  Provided examples of both staff and patient participant voice in the results.  Limitations: Did not identify potential issues around reflexivity.  Patients' ethnicity was not identified in demographics. For staff only age group, gender, and years of experience range.  Staff participants referred to as mental health workers – no identification of whether they are RNs or other health workers.



# Results of appraisal of literature

Ethnicity and cultural differences are poorly represented in the available literature

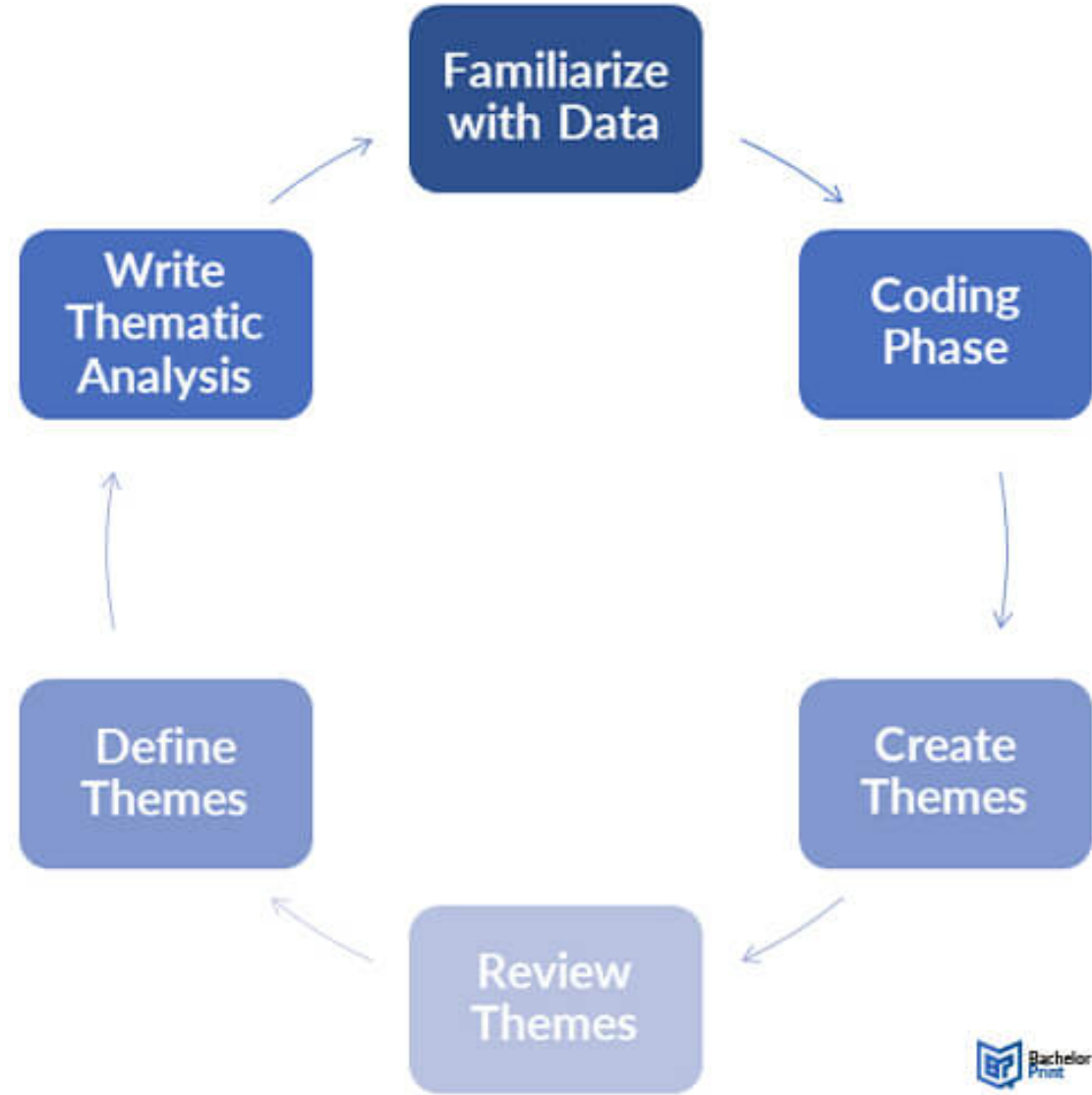
There are only 2 studies available that refer to Māori de-escalation strategies, both from the same author.

All the articles were of fair to good quality

There were twice as many staff participants and a particular underrepresentation of whanau/carers.

# Thematic analysis

Informed by Braun and Clarke (2013)

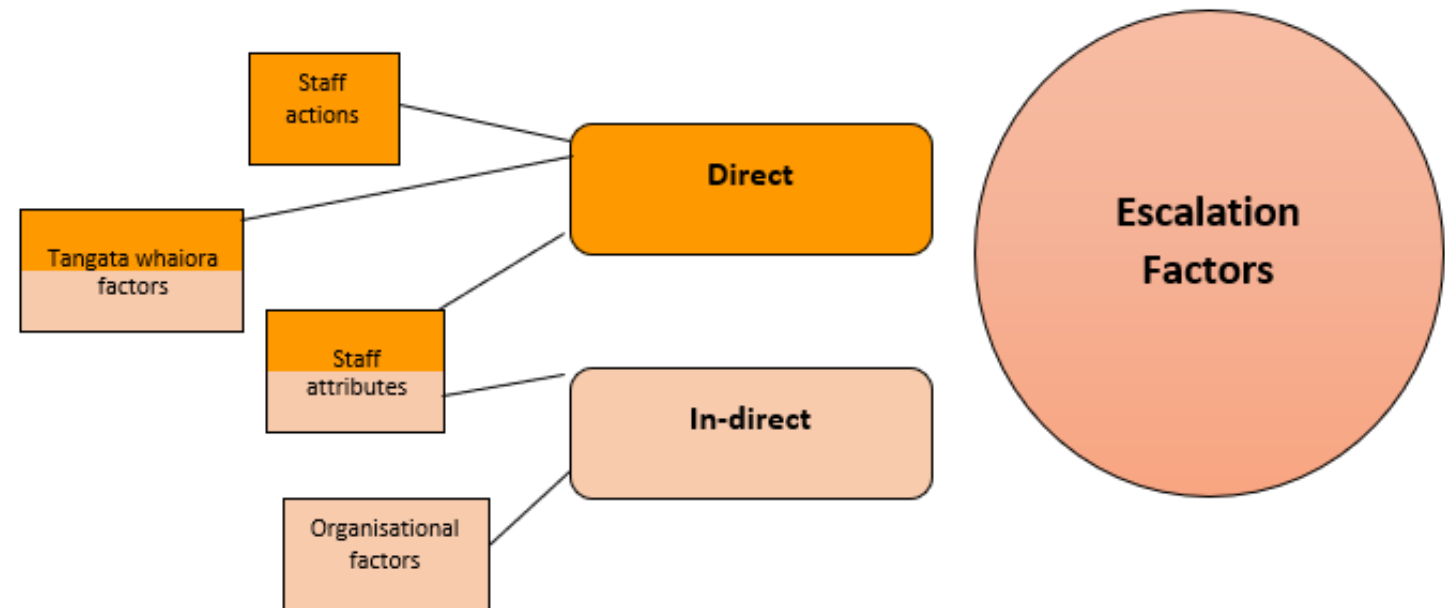
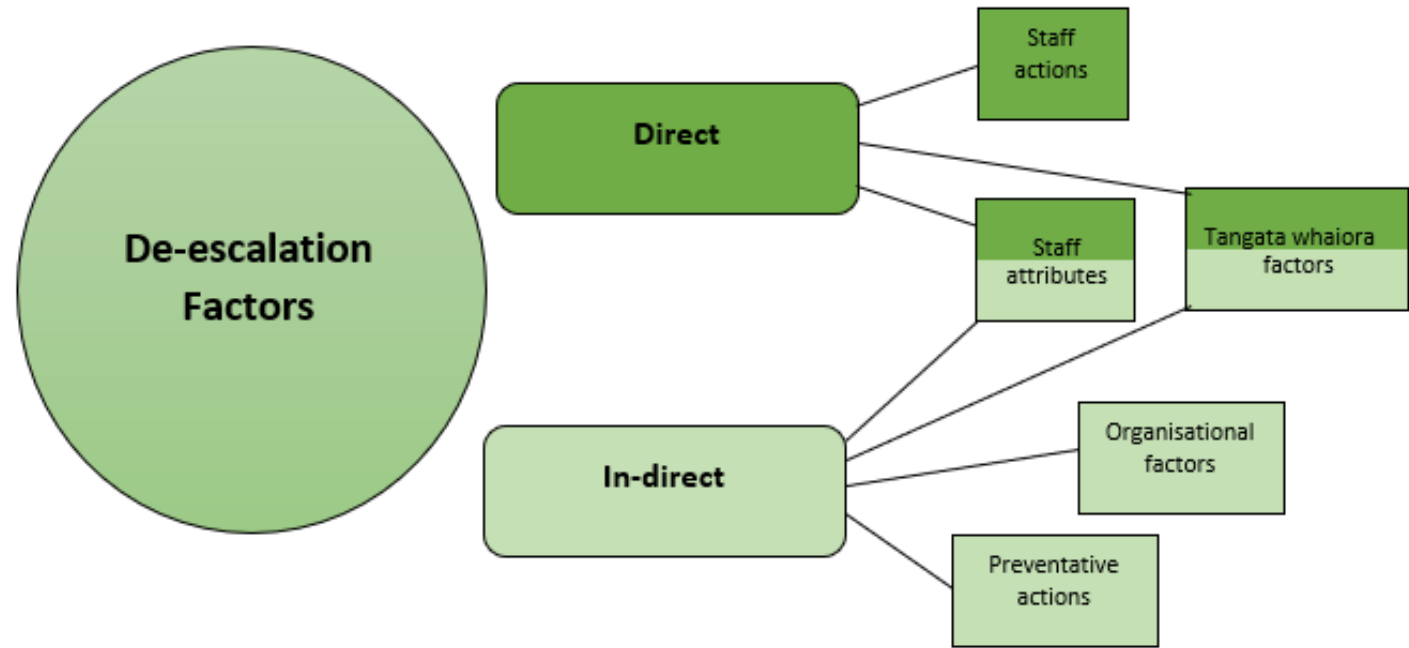


# Results

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2 main themes divided into direct and indirect categories

Strategies were arranged into 9 subthemes which at times were interconnected.



## In-direct De-escalation factors

Staff attributes	
Adaptability and flexibility/rule subversion	Berring et al. (2016), Goodman et al. (2020), Price et al. (2018), Snorrason & Biering (2018), Tucker et al. (2020)
Reflectiveness	Berring et al. (2016), Hallett & Dickens (2017), Price et al. (2016), <u>Wharewera-Mika et al. (2016)</u>
High tolerance towards risk behaviours and ability to engage in positive risk taking.	Goodman et al. (2020), Price et al. ( <u>2018</u> )b
Preventative actions	
whakawhanaungatanga (building respectful harmonious relationships/therapeutic relationship)	Goodman et al. (2020), Hallett & Dickens (2017), John: (2022), Perez-Toribio et al. (2022), Price et al. ( <u>2018</u> )b, (2016), Newman et al. (2018), Snorrason & Biering (20 al. (2020), <u>Wharewera-Mika (2012)</u>
Manipulate the environment or move the people involved to create a safe space.	Berring et al. (2016), Haefner et al. (2021), Hallett & Dickens (2017), Kuivalainen et al. (2017), John: (2022), Newman et al. (2018), Price et al. (2018)a

# Findings

10 direct  
escalation factors

12 indirect  
escalation factors

32 Direct de-  
escalation  
strategies

17 indirect de-  
escalation  
strategies

Some  
factors/strategies  
overlap (both  
direct and indirect)

# Escalation factors- examples

## Direct

<b>Staff actions</b>
Enforced/coerced PRN medication.
Lack of awareness of culture, miscommunications due to this.
<b>Staff attributes</b>
Fear, memories of trauma, stigma
Negative attitudes towards therapeutic interactions including distance and coldness in staff attitudes.
<b>Tangata whaiora factors</b>
Acuity of illness
Lifetime experiences of trauma

## Indirect

<b>Organisational factors</b>
Cultural conditioning to use of restrictive practices including for time efficiency.
Enforced idleness, limited, or restricted access to equipment, resources or meaningful activity.
Lack of staff or busyness
<b>Tangata Whaiora factors</b>
Diagnosis- schizophrenia/psychosis and Substance abuse
History of violence against others
Demographics- age, gender and ethnicity

# De-escalation Strategies- examples

## Direct

Staff actions
whakawhanaungatanga (building respectful harmonious relationships/therapeutic relationship)
Distraction/refocusing
He tangata pumahara (thoughtful, understanding people), empathy, acknowledge thoughts and feelings.
Kanohi ki te kanohi (One to one), human to human interactions and dedicated time for therapeutic engagement.
Staff attributes
Emotional regulation, confidence, self-awareness and personal control

## Indirect

Staff attributes
Adaptability and flexibility/rule subversion
Reflectiveness
High tolerance towards risk behaviours and ability to engage in positive risk taking.
Preventative actions
whakawhanaungatanga (building respectful harmonious relationships/therapeutic relationship)
Manipulate the environment or move the people involved to create a safe space.

# Take home messages

(preliminary!)



Increasing violence, aggression and distress in healthcare settings. Health professionals play a part in the reduction of this.



Tangata whaiora Māori are overrepresented in the use of restrictive practices.



Dearth of literature concerning effective de-escalation strategies for tangata whaiora Māori



To understand de-escalation one must also understand how escalation happens.



There are organisational, staff and individual factors that will directly or indirectly impact on escalation or de-escalation.



# Future plans



Complete IR as part of  
Masters Portfolio  
submission in June  
2024



Submit IR to peer  
review journal for  
publication



Present results back  
to local and national  
mental health  
inpatient units



Results likely to  
influence national  
mental health de-  
escalation training  
package.



# Feedback and ideas to improve

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# References

Kua Mutu

