

# **Conducting research into assaults on mental health nurses during COVID-19: A reflection on a professional and ethical dilemma. Helen Ayres, Olga Kozłowska, Sue Schutz**

## **Introduction**

The COVID-19 pandemic has brought a new dimension to the experience and management of physical violence and assault in mental health settings. Being shouted at, having personal space invaded, being physically assaulted – including being spat at – and using physical restraint now incur the additional risk of being infected with coronavirus.

This reflective paper describes dilemmas encountered during the data collection phase of a research project undertaken during the pandemic. The project, exploring assaults on mental health nurses by patients, involved interviewing nurses and asking them to describe their experiences of being assaulted. The prospect of beginning data collection during the pandemic raised ethical considerations for the primary researcher who, as a Matron in a secure mental health service, was acutely aware of the impact of the pandemic was having on mental health nurses. These ethical considerations will be discussed and the resolution and insights shared.

## **The study**

The aim of the study is to improve our understanding of the ways in which mental health nurses make sense of their experiences of being assaulted by patients in secure settings. The high incidence of assaults on mental health nurses has been acknowledged and discussed in the mental health nursing literature with studies demonstrating prevalence, and policy/clinical guidelines directing strategies to prevent and manage violent incidents (Swain *et al.*, 2014; NICE, 2015; Al-Azzam, 2017; Pekurien *et al.*, 2017; DoH, 2018). Links between assaults and nurses' experience of burnout, impaired resilience and adverse mental health outcomes have also been established (Happell, 2008). Whilst individuals' interpretations of their experiences of assault are referred to in some studies, there are none for which this is the central focus. Clinical and leadership experience has informed the view that understanding the meanings individuals attribute to their experiences of being assaulted is important if we are to provide effective support.

The study is an exploratory, qualitative study. Recruitment is taking place via social media. Data is being collected through the use of semi-structured interviews and will be thematically analysed.

## **The ethical dilemma**

Consideration of the ethical issues relating to the project formed a significant part of the planning and preparation for the project. As a mental health nurse undertaking doctoral research, ethical dilemmas associated with carrying out sensitive research and doing so as an 'insider' (Cloke *et al.*, 2000; De Tona, 2006; Kacen and Chaitin, 2006) were at the forefront of my thinking, and it is these issues that were amplified by the pandemic.

I considered being an insider researcher to be a privileged position; I would be talking to 'my own kind' about something that matters to 'us'. Doing so would not however be without its

potential pitfalls, which together with the advantages of insider research, are well acknowledged and debated in the academic literature across multiple disciplines (Lipson, 1984; Cloke *et al.*, 2000; Fontes, 2004; Wilkinson and Kitzinger, 2013). It was recognised at the outset that this position required explicit consideration at all points in the study, and would be a particular focus for ongoing reflection and reflexive activity. What I hadn't anticipated was that the context in which the study was now situated – the COVID-19 pandemic - would pose an ethical dilemma for me as a researcher *and* as a nurse. I was forced to confront the potential impact of continuing recruitment from both perspectives, and questioned whether this was the 'right' thing to do. I was concerned about whether the pressures, stresses and trauma participants may be experiencing might compromise their ability to manage any distress following the interview. I wondered if it was *fair* to ask them to try. I also was conscious about how mental health nurses might view my ongoing attempts to recruit – perhaps it would be seen as insensitive, or selfish.

My instinct was to suspend the process of recruitment. Five participants had been interviewed at the point in the pandemic when the first wave had ended, and after pausing to consider the data, refine the interview schedule and reflect on my interview technique, I was due to resume recruitment as the second wave began. The overwhelming idea that continuing would mean prioritising the progress of the research project over the wellbeing of participants led to my decision not to proceed with further recruitment at this stage.

### **Resolution and insights**

New insights gained through supervision, discussions with colleagues and further reflection led to the recognition and consideration of other perspectives. The questions at the forefront of my mind, relating to the capacity of nurses to be able to think and talk about their experiences of a traumatic event, were rooted in my position as an '*insider-researcher*' and influenced by the projection of my own emotional experiences of clinical practice during the pandemic onto participants. Projection, the unconscious attribution of uncomfortable feelings onto another, is a process recognised in the context of insider research (Corbin Dwyer and Buckle, 2009; Eaton *et al.*, 2019), with authors highlighting the requirement for researchers to be alert to its possible presence. Projection in this case had limited my ability to see the arguments for continuing.

In previous interviews undertaken during the pandemic, participants had said they welcomed the study and thought it was important to highlight and improve the experiences of nurses who had been assaulted. Many had also said that it had felt good talking about their experiences suggesting, as has been acknowledged in the nursing literature, that being interviewed about a sensitive topic can be of benefit to participants (Alexander *et al.*, 2018). Their perspectives reinforced the aims of the study and brought to focus the ethical responsibility I had towards the participants and the mental health nursing community to progress the project and fulfil its aims *in spite* of the pandemic. Not only was there responsibility to afford nurses the opportunity to give voice to their experiences, but also to allow them to decide when it is appropriate to do so.

Assaults on mental health nurses had not ceased during the pandemic - they continued and presented the additional risk of contracting coronavirus. Personal protective equipment was having an impact on communication with patients and colleagues, and this was being acutely felt during situations when de-escalation was required.

The process of recognising personal emotional experiences and separating them from those of potential participants had resulted in the ability to approach the dilemma more objectively; from an etic as opposed to an emic perspective. Prioritising the aims of the study, focussing on the ethical responsibility to complete it and 'listening' to the views of the existing participants informed the decision to resume recruitment as the second wave of the pandemic began to subside. The Twitter and Facebook posts received a higher level of interest than the first phase of recruitment. Participants continued to say that they valued the opportunity to talk about their experiences and contribute to improving both our understanding of the problem and the support nurses receive.

## **Conclusion**

Encountering and reflecting upon this unexpected ethical dilemma during this doctoral research project has resulted in significant and valuable learning. Firstly, the experience has reinforced that as an insider-researcher, it is vital that ongoing attention is paid to actively acknowledging and distinguishing between one's own emotions and those of the participants. Not doing so could in this case have compromised the research project, altering its path and delaying its progress. Secondly, this experience has highlighted the integral nature of ethics in the research process; it is a constant dialogue extending far beyond the ethical approval stage. As a doctoral researcher, pausing to ask questions, reflect and re-evaluate when something doesn't feel 'right' is not only an ethical responsibility but a valuable opportunity to gain new insights into both the study and oneself as a researcher.

My final comment relates to the focus of the study. The COVID-19 pandemic has highlighted the importance of prioritising the wellbeing and personal safety of healthcare workers. This prioritisation should extend beyond the pandemic with the conversation broadening to consider the issues across fields and disciplines that compromise wellbeing and safety. Mental health nurses volunteering to discuss their experiences of being assaulted by patients during this time of crisis demonstrates that this is one such issue that requires prioritisation.

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