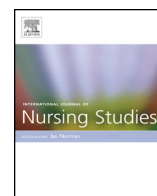




ELSEVIER

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

A communication skills intervention for community healthcare workers reduces perceived patient aggression: A pretest-posttest study



Nicola Swain*, Christopher Gale

Department of Psychological Medicine, Dunedin School of Medicine, University of Otago, New Zealand

ARTICLE INFO

Article history:

Received 26 November 2013

Received in revised form 29 January 2014

Accepted 30 January 2014

Keywords:

Communication
Aggression prevention
Violence prevention
Community nursing
Healthcare

ABSTRACT

Background: Previous studies have shown that healthcare workers experience high levels of aggression from patients. Prevention packages to address this have received little research support. Communication skills have been shown to influence individuals' experience of aggression and are also amenable to training.

Objectives: This study aims to deliver a communication skills training package that will reduce the experience of aggression in the workplace for healthcare workers.

Design: An interactive, multimedia communication skills package was developed that would be suitable for community healthcare workers. The training consisted of four workshops, including teaching, discussion and DVD illustrative examples. These were based on research and clinical experience.

Settings: This intervention was delivered in two community care organisations over several months.

Participants: Fifty-six community healthcare workers took part in the trial in small groups. There were 46 females and 10 males with a median age of 45–54 years.

Methods: For each group a series of four communication skills workshops were given. Measurements of perceived aggression and wellbeing were taken before the workshops, at the end of the workshops, one month after and two months after.

Results: Results show statistically significant reductions in perceived aggression one and two months after baseline measures ($p < 0.01$). Results also suggest reductions in distress and increases in general mental wellness ($p < 0.01$). Evaluation of the programme by participants was positive.

Conclusions: A brief communication skills training programme is both enjoyable and shows decreases in perceived aggression, distress, and increases in general mental wellness. A full RCT of this intervention is warranted.

© 2014 Elsevier Ltd. All rights reserved.

What is already known about the topic?

- Patient aggression towards healthcare workers and community nurses is prevalent and well recognised internationally.

- Prevention of aggression by patients is difficult and not well studied.
- One factor that contributes to the experience of aggression is communication.

What this paper adds

- A multimedia communication skills training programme for healthcare workers was developed.

* Corresponding author at: PO Box 913, Dunedin 9054, New Zealand.
Tel.: +64 3 474 7007x7299; fax: +64 3 474 7934.

E-mail address: Nicola.swain@otago.ac.nz (N. Swain).

- The short intervention was effective at reducing aggression and improving wellbeing.
- Rates of aggression towards healthcare workers are high, but the majority of workers showed low or moderate levels of distress and reasonable wellbeing.

1. Introduction

Workplace violence and aggression is a hazard in many professions. Healthcare workers, however, seem particularly vulnerable to acts of aggression (Jackson et al., 2002; Winstanley and Whittington, 2004). Recent New Zealand data suggests 94% of nurses' report experiencing verbal aggression in the previous year (Greenwood et al., 2014). A recent review of research reported a more conservative 15–75% of respondents in clinical medical practice experienced verbal aggression in the previous 6–24 months (Hills and Joyce, 2013). A review of patient initiated violence towards GPs in Australia and New Zealand reported between 15 and 62% of GPs had experienced verbal abuse in the previous year (Parker et al., 2010). Data from community health workers suggests a similarly high rate of verbal aggression (66%; Gale et al., 2009).

Many things can cause a patient to become aggressive. A meta-analysis reported that most violent incidents in in-patient psychiatric settings were caused by staff–patient interactions (Papadopoulos et al., 2012). Within these interactions, limiting patients' freedoms was the most frequent precursor of incidents. The conclusion that staff contribute towards triggering an aggressive act, leads to the conclusion that prospective interventions increasing the skills of staff could potentially reduce aggression. Parker et al. (2010) concluded that, in the case of Family Doctors/General Practitioners, patient frustration may be the major cause of verbal abuse, but the only available management was to implement physical safety measures.

Research on aggression prevention in healthcare is scarce. A review suggests our best preventative efforts will be gained from improvements in environmental policies, administrative and management strategies, and organisational policy changes (Hills and Joyce, 2013). In some countries there is mandatory training aimed at reducing violent incidents, but the effectiveness of these programmes has not been established (Bowers et al., 2006). Only 30% of workers in a recent study felt the organisation they worked for had prepared them well for aggression from patients (Franz et al., 2010). A review by Hills and Joyce (2013) suggests that although education and training initiatives to reduce aggression are universally recommended, research in the area is generally absent or poor and "there remains a need for more rigorous evaluation research on aggression minimisation training in medical and other health professions" (p. 563).

Such workplace anti-violence training or more general communication skills training has been found to be an important variable in the risk of aggression (Gale et al., 2009; Gillespie et al., 2010). Several other studies have identified particular communication styles as a trigger for conflict (Rew and Ferns, 2005; Papadopoulos et al., 2012). Some research using communication skills training to reduce

conflict is beginning to emerge and, although still in pilot stages, shows promising results (McLaughlin et al., 2013).

It is evident that more research is needed into the effectiveness of aggression prevention training programmes. To address this research need and also a practical need for effective training we developed a communication skills workshop package for community based healthcare workers. Previous research suggests that a didactic approach to skill acquisition is less effective than more multimedia types of approaches (McLaughlin et al., 2013). Our hypothesis is that a brief multimedia, interactive, communication skills training programme will lead to a decrease in experience of aggression towards a group of healthcare workers. We also hypothesise that general mental health will improve along with a reduction in the impact of stressful events on the community healthcare workers following the communication skills training programme.

2. Method

2.1. Recruitment

Four community healthcare organisations in the local area were consulted. Two refused, and two consented to take part. Participants were approached at a regular staff meeting and invited to participate in the research. Numbers who responded and locations led to the formation of six groups, consisting of between 7 and 12 people. There were 56 participants, 46 of whom were female. Ages ranged from under 25 to over 65 with a median and mode of 45–54 years. Twenty-four worked in physical disability, 46 in intellectual disability, 48 in mental health, 16 in old age care – meaning most people worked in more than one care area. Only 10 participants worked less than 35 h per week. Fourteen healthcare workers had a degree level qualification.

2.2. Instruments

2.2.1. POPAS-NZ

The perception of patient aggression scale (POPAS) is a brief outcome scale for interventions around the perceived level of violence. It asks 12 questions related to the experience of aggression in the previous year. Answers correspond to how frequently each type of aggression was experienced.

Before beginning our intervention a test of the psychometric properties of this measurement instrument was conducted. 227 participants who worked in a hospital setting were recruited for this trial. The POPAS-NZ was tested twice, four weeks apart. A Spearman's Rank Order correlation was run to determine the relationship between each POPAS-NZ test. There was a strong, positive correlation between the POPAS-NZ at each time period, which was statistically significant ($r_s = .65, p < 0.05$). It was also tested against a well validated test of aggressive behaviour, the MOAS (Sorgi et al., 1991; Oliver et al., 2007) and there was again a strong positive correlation, which was statistically significant ($r_s = .65, p < 0.05$). The POPAS scale has high internal validity, with Cronbach's alpha of 0.89.

Download English Version:

<https://daneshyari.com/en/article/1076210>

Download Persian Version:

<https://daneshyari.com/article/1076210>

[Daneshyari.com](https://daneshyari.com)