



Research paper

Rates of workplace aggression in the emergency department and nurses' perceptions of this challenging behaviour: A multimethod study



Simone Hyland (DAppSc (Nursing), MClinical Nursing (Emergency))^a,
Joanne Watts (RN, Diploma of Applied Science (Nursing), Graduate Diploma in Critical Care, Graduate Diploma in Clinical Redesign)^a, Margaret Fry (NP BaSc MEd PhD)^{b,*}

^a Emergency Department, Manly Hospital, Northern Sydney Local Health District, Australia

^b Nursing and Midwifery Directorate, Northern Sydney Local Health District, Faculty of Health, University of Technology Sydney, Australia

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ABSTRACT

Introduction: Over the last 10 years, the rate of people presenting with challenging behaviour to emergency departments (EDs) has increased and is recognised as a frequent occurrence facing clinicians today. Challenging behaviour often includes verbal aggression, physical aggression, intimidation and destruction of property.

Aim: The aim of this research was to (i) identify the characteristics and patterns of ED-reported incidents of challenging behaviour and (ii) explore emergency nurses' perceptions of caring for patients displaying challenging behaviour.

Methods: This was a multi-method study conducted across two metropolitan Sydney district hospitals. Phase 1 involved a 12-month review of the hospital's incident management database. Phase 2 involved a survey of emergency nurses' perceptions of caring for patients displaying challenging behaviour.

Results: Over 12 months there were 34 incidents of aggression documented and the perpetrators were often male ($n = 18$; 53.0%). The average age was 34.5 years. The majority of reported incidents ($n = 33$; 90.1%) involved intimidation, verbal assault and threatening behaviour. The median time between patient arrival and incident was 109.5 min (IQR 192 min). The median length of stay for patients was 302.5 min (IQR 479 min). There was no statistical difference between day of arrival and time of actual incident (t -test $p = 0.235$), length of stay (t -test $p = 0.963$) or ED arrival to incident time (t -test $p = 0.337$). The survey ($n = 53$; 66.2%) identified the average ED experience was 12.2 years (SD 9.8 years).

All participants surveyed had experienced verbal abuse and/or physical abuse. Participants ($n = 52$) ranked being spat at ($n = 37$; 71.1%) the most difficult to manage. Qualitative survey open-ended comments were analysed and organised thematically.

Thematic analysis: The survey identified three themes which were (i) increasing security, (ii) open access and (iii) rostering imbalance.

Conclusion: The study provides insight into emergency nurses' reported perceptions of patients who display challenging behaviour. All emergency nurse participants reported being regularly exposed to challenging behaviour and this involved both physical and verbal abuse. This was in contrast to a low incident hospital reporting rate. ED clinicians need to be better supported with targeted educational programmes, appropriate ED architecture and reporting mechanism that are not onerous.

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Introduction

Since 2010, the number of people presenting with challenging behaviour to emergency departments (EDs) has been increasing and is recognised as one of the most problematic issues facing clinicians today [1]. Patients displaying challenging behaviour put clinicians at risk of experiencing workplace violence. EDs are

* Corresponding author.

E-mail addresses: simone.hyland@health.nsw.gov.au (S. Hyland),
joanne.watts@health.nsw.gov.au (J. Watts), Margaret.Fry@uts.edu.au (M. Fry).

regularly exposed to workplace violence, given clinicians are often managing acute medical, social or psychological crises, which can escalate into incidents of aggression, intimidation, violent behaviour or property damage [2,3].

In 2004, the New South Wales (NSW) Ministry of Health (MOH), Australia, launched a “Zero Tolerance to Violence” campaign in response to increasing numbers of reported violent incidents against ED clinicians [4]. Incidents of violence and/or aggression are categorised by the MOH as part of an ‘aggression’ indicator. Despite this state-wide initiative, the aggression indicator rate frequently appears in the top five of incidents across the state [5]. Across the Australian health sector, EDs experience higher levels of behaviourally-challenged patients, and nurses have been identified as the primary victims [2,6–9].

Within the literature, challenging behaviour is described as acts of physical or verbal assault, intimidation and damage to property [10–12]. Patients displaying challenging behaviour have often been identified with having a mental health history especially psychosis or a drug and alcohol condition [7,11,12].

Studies have reported that up to 90% of nurses working in EDs have experienced some form of workplace violence [7,13]. Emergency nurses are often the first clinicians to assess a patient and generally attend to the patient for longer periods of time compared to other ED clinicians. Therefore, nurses are increasingly at more risk of exposure to challenging behaviour [8,9,14]. The effects of challenging behaviour on nurses have been reported to include traumatic physical injury, depression, insomnia, acute stress, decreased job satisfaction and low morale [8,9,15]. However, it remains unclear how emergency nurses report and perceive caring for patients with challenging behaviour.

Aim

The aim of this research was to (i) identify the characteristics and patterns of ED reported incidents of aggression on two hospitals’ incident information management system (IIMS) and (ii) explore emergency nurses’ perceptions of caring for patients displaying challenging behaviour.

Methods

This was a multimethod study conducted at two district hospital EDs in metropolitan Sydney. The annual presentation rate for the sample sites was 24,208 and 30,786 respectively. Hospital One has a designated mental health inpatient unit and an ED capacity of 15 beds whilst Hospital Two has 19 ED beds but no designated inpatient mental health unit. Both hospitals have a drug and alcohol consultancy service available during business hours, but neither have a specific inpatient drug and alcohol ward.

Phase 1: hospital incident information management audit

A 12-month retrospective audit of hospital incidents was conducted across the two metropolitan EDs (1st January to 31st December 2012). The incident information management system (IIMS) is a MOH software database, which is used by public health staff to report and manage incidents. Within NSW this is the only means of identifying challenging behaviour incidents. The IIMS database was audited to identify episodes of challenging behaviour from patients, staff or visitors and was used to explore patient characteristics (gender, age, time of incident) and specific aggressive indicators (verbal aggression, physical aggression, intimidation and destruction of property). IIMS data were then cross-referenced with FirstNet™ (emergency department computer software programme) to obtain clinical characteristics (triage code, time of

arrival, time seen, length of stay, medical history, involuntary scheduled presentation, diagnosis, and disposition).

Phase 2: survey

A paper survey was conducted to explore emergency nurses’ perceptions of caring for patients displaying challenging behaviour. A purposeful sample of emergency nurses was selected. The inclusion criteria for the survey required that nurses needed to have worked in the ED for more than one year. The study criteria were selected to obtain responses from nurses who were likely to have experienced challenging behaviour. As a result, those with less than one year ED experience were excluded.

The survey contained 19 questions in which respondents were asked to provide responses to explore perceptions of challenging behaviour. The survey contained five demographic questions (age, gender, site, years of nursing experience and years of ED experience). There were seven questions that explored the type and frequency of challenging behaviour and a further seven questions that comprised a Likert scale (0–5) (not at all, a little, moderately, quite a lot or very often) to explore confidence, knowledge, and skills.

The survey questions were based on the literature that identified the frequency of acts of violence, rates of exposure to staff, and types of violence. In addition, the Phase 1 audit identified and described the type of incidents, which characterised violent and/or aggressive incidents. These real-life incidents provided respondents with prompts for/of challenging behaviour, which were designed to assist and help focus the nurses’ thoughts and optimise recall of challenging events. The literature and Phase 1 data strengthened content, face and construct validity, thereby ensuring the survey questions were current and relevant to ED nurses.

The paper survey was made available in the ED staff areas and willing participants could return completed surveys to secured boxes. Prior to distribution, the survey was pilot-tested by clinicians ($n = 10$) not involved in the research sites, and only minor changes were made to improve order, flow and readability.

Data analysis

Quantitative data were analysed using IBM SPSS v21™. Descriptive statistics (frequency and percentages) were used to summarise the study. For normally distributed data, mean and standard deviations are presented. For skewed data median and interquartile range (IQR) were used to summarise the characteristics of challenging behaviour, number of incidents reported, incident type, rate, time of day and diagnostic category. Comparison of groups was done using the Pearson Chi-squared test (gender and triage category) or t -test (time of presentation). For the study, statistical significance was set at $p < 0.05$.

Qualitative survey open-ended comment data were analysed and organised thematically. Thematic analysis was used and guided by Gibbs [16] framework which includes: (1) transcription and familiarisation; (2) code building; (3) dis/confirmatory theme development; (4) data consolidation and interpretation. All investigators collaborated and reviewed emerging codes and themes. The analysis framework provided a systematic approach for data interpretation [17,18].

Ethical approval

Ethical approval was obtained from the Human Research Ethics Committee of the Local Health District (LNR/14/HAWKE/91). Consent was considered implicit on return of the anonymous survey.

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