



The outcome of a rapid training program on nurses' attitudes regarding the prevention of aggression in emergency departments: A multi-site evaluation



Marie Frances Gerdtz^{a,b,*}, Catherine Daniel^b, Vikki Dearie^b,
Roshani Prematunga^c, Merrin Bamert^d, Joy Duxbury^e

^a Department of Nursing, The University of Melbourne, Victoria, Australia

^b Melbourne Health, Victoria, Australia

^c Centre for Psychiatric Nursing, Faculty of Medicine, Dentistry & Health Sciences, The University of Melbourne, Victoria, Australia

^d Emergency Care Improvement and Innovation Clinical Network, Victorian Department of Health, Australia

^e Mental Health Nursing, School of Nursing & Caring Sciences, University of Central Lancashire, United Kingdom

ARTICLE INFO

Article history:

Received 31 July 2012

Received in revised form 25 January 2013

Accepted 26 January 2013

Keywords:

Aggression

Attitudes

Education

Emergency nursing

ABSTRACT

Background: Patient aggression is a common source of occupational violence in emergency departments. Staff attitudes regarding the causes for aggression influence the way they manage it. The Management of Clinical Aggression – Rapid Emergency Department Intervention is a 45 min educational program that aims to promote the use of de-escalation techniques and effective communication skills to prevent patient aggression.

Objective: We sought to evaluate the impact of the program on staff attitudes regarding the prevention and early management of patient aggression.

Design: A mixed methods approach was used including a pre-test post-test survey of training participants and individual interviews with key stakeholders.

Setting and sample: The setting was public sector hospital emergency departments located in metropolitan and regional Victoria, Australia. A convenience sample of eighteen emergency departments was recruited via the Victorian Department of Health.

Participants: Survey participants were nurses and midwives who were employed at the study sites. Interview participants were a purposive sample of nurse unit managers and trainers.

Methods: The Management of Aggression and Violence Attitude Scale was administered to training participants immediately before and 6–8 weeks after training. Semi-structured telephone interviews with trainers and managers occurred 8–10 weeks after the intervention.

Results: Four hundred and seventy one participants completed the pre-test and post-test. Statistically significant shifts were observed in 5/23 items (Wilcoxon Signed Ranks Test: $p \leq 0.01$). Despite training, participants were undecided if it was possible to prevent patient aggression, and continued to be unsure about the use of physical restraint. Twenty-eight (82.3%) of managers' and trainers' eligible to be interviewed provided their perceptions of the impact of the program. Overall, these perceptions were consistent with the significant shifts observed in the survey items.

Conclusion: There was limited evidence to demonstrate that the program significantly modified staff attitudes towards the prevention of patient aggression using the Management of Aggression and Violence Attitude Scale. Additional survey items that

* Corresponding author at: Emergency Department, Royal Melbourne Hospital, Grattan Street, Parkville, Victoria 3050, Australia. Tel.: +61 39342 4838; fax: +61 39342 8777.

E-mail addresses: Marie.Gerdtz@mh.org.au, gerdtzmf@unimelb.edu.au (M.F. Gerdtz).

specifically measure staff attitudes about the use of restraint in emergency settings are needed to better understand decision making about restraining practices. Further work is indicated to quantify the impact of training in practice.

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What is already known about the topic?

- Patient aggression is a common source of occupational violence in hospital emergency departments.
- Patient aggression represents a barrier to the safety and quality of emergency care.
- Staff attitudes about causal factors influence management strategies

What this paper adds

- A description of emergency nurses attitudes regarding the causes for patient aggression.
- A multi-site evaluation of the outcome of an aggression prevention and training program on staff attitudes regarding causation and management.
- Manager and trainer perceptions of the effect of a rapid training intervention on staff attitudes to the prevention and management of patient aggression.

1. Introduction

Patient aggression is recognised as the most prevalent source of occupational violence in hospital emergency departments (EDs) worldwide, and in this context, threatens the delivery of safe high quality healthcare (Taylor and Rew, 2010). Interventions undertaken to manage episodes of patient aggression may involve the application of physical and mechanical restraint as well as the administration of medications to manage acute agitation (Holloman and Zeller, 2012). For patients there are serious health risks associated with restraining practices including physical injury and death, re-traumatisation of people with a history of trauma, loss of dignity and psychological harm (Huckshorn, 2005; Knox and Hollman, 2012).

In an evaluation of staff and patient views on strategies to manage aggression, Duxbury (2002) described the distinctly different perspectives between groups regarding the causes and management of aggression. She found that patients tended to view staff approaches as unnecessarily 'controlling' and felt environmental and poor communication factors triggered the development of aggression. Staff, on the other hand, mostly attributed aggressive patient behaviour to internal factors (patient related/biomedical).

Staff attitudes regarding the causes for patient aggression are known to influence the way they manage it (Calabro et al., 2002; Duxbury, 2002). In psychiatric inpatient settings, staff who attribute aggression to patient-related factors alone have been found to favour the use of traditional interventions (restraint and seclusion) while, those who consider the role of the environment and the quality of inter-personal interactions that occur within it, more likely to utilise a broader set of management strategies (Duxbury, 2002).

Although staff training programs have long been considered central to preventing patient aggression, a limited number of studies have evaluated the effect of training on learning or organisational outcomes (Beech and Leather, 2006; Farrell and Cubit, 2005; Hahn et al., 2006; Kontio et al., 2011; Kynoch et al., 2009). For example, Beech and Leather (2006) conducted a critical review of published training programs and evaluation models for preventing workplace violence in healthcare settings. These authors found that while training courses were generally available to staff, few were evaluated in terms of observable behavioural change or the relative costs and benefits to organisations. Similarly, Australian authors Farrell and Cubit (2005) evaluated 28 published aggression management training programs against 13 pre-determined criteria derived from the recommendations of a number of leading professional and industrial organisations worldwide, including the International Labour Office and the International Council of Nurses (International Labour Office et al., 2002). They found that few programs were based on a systematic evaluation of organisational outcomes.

To establish best practice in the prevention and management of aggressive behaviours in patients admitted to acute hospital settings, Kynoch et al. (2009) went on to conduct a systematic review. Of the 13 studies that met review criterion, only three evaluated training outcomes. Of these studies, all demonstrated some improvements in the levels of knowledge, skills and attitudes of acute care staff in the management of aggressive behaviour.

The aim of the current study was to measure the outcome of an educational intervention (the Management of Clinical Aggression – Rapid Emergency Department Intervention, MOCA-REDI) on staff attitudes about the prevention and early management of patient aggression. In addition we sought to describe staff perceptions of the impact of the program from the perspective of Nurse Unit Managers (NUMS) and local trainers.

The MOCA-REDI program is based on a theoretical model that divides the causal factors for patient aggression into three categories: internal (patient/biomedical causes), external (environmental causes) and interactional (situational causes) (Duxbury, 1999). Accordingly, this evaluation is structured around the measurement of staff attitudes across three structural domains: the environment, the situation and the patient.

For the purpose of this study we defined patient aggression as: "any client [patient] – initiated incident in which an employee [nurse] is physically attacked or threatened in the workplace" (International Labour Office et al., 2002).

We sought to test two hypotheses.

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