ELSEVIER

Available online at www.sciencedirect.com

ScienceDirect

British Journal of Oral and Maxillofacial Surgery xxx (2017) xxx–xxx

BRITISH Journal of Oral and Maxillofacial Surgery

www.bjoms.com

Aggression directed towards members of the oral and maxillofacial surgical team

C.J. Mannion [a,*], C. Gordon [b]

[a] Leeds Teaching Hospitals NHS Trust, Great George Street, Leeds LS1 3EX
[b] University of Leeds, Leeds Dental Institute, Clarendon Road, LS2 9LU

Accepted 22 January 2018

Abstract

Oral and maxillofacial surgery (OMFS) is an acute surgical specialty, and members of the surgical team may be exposed to challenging incidents. We have evaluated the experiences of members of OMFS teams and their experiences of aggressive and abusive behaviour. Education and training in the resolution of such conflicts should be offered to all members of the team to allow a safe and secure working environment.
© 2018 The British Association of Oral and Maxillofacial Surgeons. Published by Elsevier Ltd. All rights reserved.

Keywords: Education and Training; Clinical Governance; Conflict Resolution Training

Introduction

The National Health Service (NHS) has a zero tolerance policy of violence and aggression directed towards its staff. Since 2003, a national strategy has been developed to provide a safe and secure environment for those working within it and those patients seeking its care.

Unfortunately, staff are facing increasing violence, harassment, and threatening behaviour.[1] Violence in the workplace, defined as "any incident in which a person working in the healthcare sector is verbally abused, threatened or assaulted by a patient, member of public or staff during their work",[2] seems to be increasing. Between 2015 and 2016 there were 70 555 assaults reported against NHS staff, which was a 4% rise on the previous year,[3] and a survey by the Healthcare Commission reported that 12% of frontline staff had been subjected to a physical assault by a patient or relative, and 28% of staff had experienced non-physical abuse from patients or their relatives.[4]

To combat this and protect its staff, the NHS Security Management Service (SMS), now known as NHS Protect, was made responsible for the implementation of a National Syllabus for Conflict Resolution Training.[5] It is accepted that this will not prevent abuse from happening, but it aims to give staff the skills to defuse potentially aggressive incidents and was developed and introduced through the NHS SMS together with the British Medical Association, Royal College of Nursing, and the trade union Unison. It provides individual staff with verbal and non-verbal communication skills, the ability to recognise potential warning signs, cultural awareness, and de-escalation techniques. Each organisation was responsible for the delivery of a national curriculum for conflict resolution training.[6]

However, what is the experience of staff working in OMFS? Does physical or non-physical abuse or violence happen in the workplace and, if so, what is the scale of the problem?

We sent an electronic survey to junior OMFS staff, all of whom have worked in the local deanery and who were in close clinical contact with the public. We also questioned clinical nurses and non-clinical members of the team who work in local hospitals, to gauge their experiences.

* Corresponding author. Tel.: +44 113 343 6111.
E-mail addresses: Christopher.mannion@nhs.net (C.J. Mannion), gordonc@tcd.ie (C. Gordon).

https://doi.org/10.1016/j.bjoms.2018.01.015
0266-4356/© 2018 The British Association of Oral and Maxillofacial Surgeons. Published by Elsevier Ltd. All rights reserved.

Please cite this article in press as: Mannion CJ, Gordon C. Aggression directed towards members of the oral and maxillofacial surgical team. *Br J Oral Maxillofac Surg* (2017), https://doi.org/10.1016/j.bjoms.2018.01.015

Table 1
Experiences of abuse in oral and maxillofacial surgery staff (n ∼ 56).

Actual experiences of abuse in OMFS medical staff	= 21
Actual experiences of abuse in OMFS clinical and support staff	= 15
Total	= 36

Table 2
Members of staff experiences of physical and non physical abuse.

Members of staff	Number experiencing abuse
Experience of Physical Abuse (n = 56)	5
Experience of non physical abuse Medical staff (n = 39)	21
Clinical and support staff (n = 17)	15
Total (n = 56)	36
Felt unsafe or threatened whilst at work:	
Medical staff (n = 39)	11
Clinical and support staff (n = 17)	9
Total (n = 56)	20

Methods

We undertook a 10-question on-line electronic survey (surveymonkey), the design of which allowed us to collect both quantitative and qualitative data. The survey was sent to all those involved in either clinical or support roles within OMFS. The survey was designed with a simple yes/no choice of answer and free text answers were allowed for specific questions (question 6, 7, and 10) to allow for the collection of qualitative data (Appendix A). Data were analysed with the "analyse" tool, and manually for specific questions.

Results

All 56 participants completed the survey, and the results are shown in Tables 1 and 2.

The overall frequency of abuse directed at staff was small, 22/31 experiencing it once or twice/year, 6/31 up to four times/year, and 3/31 at least once/month. Most staff dealt with the incidents directly with the patient (or relative) and the security team was called in 21 cases.

Fifteen members of staff were given some form of training in conflict resolution, and 53 of the 56 surveyed suggested that such training should be offered to all staff.

We received free text answers describing experiences from 32 of the 56 respondents in which they described the episodes that they had experienced.

Discussion

It is of prime importance that all NHS staff feel safe in their working environment. If this is not managed effectively it may have a direct effect on the standard of service and the delivery of high-quality healthcare to patients. It forms an essential part of clinical governance and can directly affect staff morale. Ultimately, if they feel safe and secure at work, staff are more likely to remain.

The formation of the NHS SMS in 2003, now known as NHS Protect, and the introduction of Department of Health (DoH) guidance, has placed an emphasis and obligation on NHS organisations to review security arrangements to avoid violence and abuse against its employees. Indeed, NHS Protect has a clear framework for managing security both nationally and locally, with NHS trusts having a defined syllabus for training.

We have surveyed a broad range of OMFS staff and their experiences, with results from clinical staff (39/56) and their clinical and support colleagues (17/56). All staff questioned had been regularly involved in acute care.

We found that a large proportion of OMFS staff had been exposed to non-physical abuse while at work. When compared with the national experience of frontline NHS staff of non-physical abuse, just under a third said they experienced this at work.[7] This is high, and we concluded that staff within OMFS in this study experienced more abuse, but why?

Previous surveys have indicated that staff in the emergency department have a disproportionately larger volume of verbal and physical abuse directed towards them.[8] Our results could reflect this. The OMFS team often work in the emergency department and could therefore be more exposed. The intense emotions and anxiety that often accompany acute problems may manifest in the patient's attitude as aggression. In comparison, the clinical and support staff experienced more abuse (15/17) than the clinical medical staff (21/39), which probably reflects the roles that they have in the management of the outpatient and reception areas. When delays in treatment do occur, they can lead to frustration that presents as aggressive and abusive behaviour. Comments such as: *"Patients not wanting to wait when clinic is running behind (leading to) swearing and aggressive behaviour towards reception staff"* clearly identify flash points of aggression.

Conflict resolution training can introduce simple ideas to combat this, such as improved communication skills with appropriate language that will de-escalate potential aggression, such as when people have been waiting a long time.

Examples of abuse reported in our survey include: abusive patients on the telephone; patients who are aggressive when intoxicated with alcohol and under the influence of illegal psychoactive substances; patients who are aggressive and abusive while waiting in reception and waiting areas; racial abuse directed towards staff; and violence as a result of associated medical issues. Examples provided included patients with head injuries or dementia, and psychotic episodes as a result of mental illness.

The frequency of these incidents range from infrequent with 22/31 reported incidents happening twice or fewer times/year and up to at least once/month in 3/31 cases. However, the acquisition of skills to calm these situations must be welcomed.

Please cite this article in press as: Mannion CJ, Gordon C. Aggression directed towards members of the oral and maxillofacial surgical team. *Br J Oral Maxillofac Surg* (2017), https://doi.org/10.1016/j.bjoms.2018.01.015

Download English Version:

https://daneshyari.com/en/article/8696693

Download Persian Version:

https://daneshyari.com/article/8696693

Daneshyari.com