Aggression and Violent Behavior 19 (2014) 502–514

Contents lists available at ScienceDirect

Aggression and Violent Behavior

Violence prevention in inpatient psychiatric settings: Systematic review of studies about the perceptions of care staff and patients

Nutmeg Hallett [a,c], Jörg W. Huber [b], Geoffrey L. Dickens [a,c,*]

[a] School of Health, University of Northampton, Boughton Green Road, Northampton NN2 7AL, United Kingdom
[b] Centre for Health Research, University of Brighton School of Nursing and Midwifery, 266 Mayfield House, Village Way, Falmer, Brighton BN1 9PH, United Kingdom
[c] St. Andrew's Academic Department, St. Andrew's, Billing Road, Northampton NN1 5DG, United Kingdom

ARTICLE INFO

Article history:
Received 19 March 2014
Received in revised form 23 July 2014
Accepted 23 July 2014
Available online 31 July 2014

Keywords:
Aggression
Violence
Prevention
Inpatient
Mental health
Psychiatry

ABSTRACT

Primary and secondary violence prevention can reduce conflict in inpatient psychiatric settings. We aimed to review the empirical literature about how patients and staff in these settings perceive violence prevention. We conducted a systematic review using comprehensive terms to search multiple electronic databases. Thirty-seven studies were identified; all used either qualitative methods, quantitative cross-sectional surveys, or mixed method combinations. There are currently no adequate psychometric tools that can measure the perception of violence prevention in the inpatient setting. No studies have established a link between perceptions about inpatient violence prevention and violence preventive behaviors. The results from included studies were synthesized into a narrative review guided by thematic analysis. Important themes related to patient factors, care staff factors, and organizational and environmental factors. The narrative review can provide the basis for an empirically-based, descriptive, middle range theory of attitudes to violence prevention. However, further theoretical and empirical development is required to link conceptual developments from the current review to models that explain the role of perception in behavior in general and violence prevention behavior specifically. Future work should develop methods to measure the violence prevention climate in psychiatric settings and interventions to increase preventive behaviors.

Contents

* Corresponding author at: School of Health, University of Northampton, Boughton Green Road, Northampton NN2 7AL, United Kingdom.

http://dx.doi.org/10.1016/j.avb.2014.07.009
1359-1789/

1. Introduction

Aggression is common in inpatient psychiatric hospital settings. Data suggest that between 30% and 76% of psychiatric care staff have been assaulted by a patient at least once in their career (Campbell et al., 2011; Hatch-Maillette, Scalora, Bader, & Bornstein, 2007; Poster & Ryan, 1994). The financial cost of patient assault is significant in terms of consequent staff illness or injury (Carmel & Hunter, 1993; Hillbrand, Foster, & Spitz, 1996; Lanza & Milner, 1989) and in terms of the implementation of managerial measures (Flood, Bowers, & Parkin, 2007). There has been considerable research into inpatient aggression, much of it aimed at identifying individual demographic and clinical risk factors, and at determining its situational and environmental antecedents (Bowers et al., 2011; Gadon, Johnstone, & Cooke, 2006; Papadopoulos, Bowers, Quirk, & Khanom, 2012). There has also been some examination of the perceptions held by psychiatric care staff about managing patient violence (Bilgin & Buzlu, 2006; Bock, 2011; Chen, Wang, Lew-Ting, Chiu, & Lin, 2007; Cutcliffe, 1999; Gordon, Gordon, & Gardner, 1996; Kealeboga, 2009; Martin & Daffern, 2006; Poster & Ryan, 1989, 1994; Spokes et al., 2002; Zuzelo, Curran, & Zeserman, 2012). These studies have often been based on the premise that these attitudes influence care staff's management of aggressive patients (Jansen, Middel, & Dassen, 2006; Needham, Abderhalden, & Halfens, 2005), a concept consistent with the theory of planned behavior (Ajzen, 1991). A number of studies have extended the investigation of the role of perceptions by comparing those of care staff and patients (Dickens, Piccirillo, & Alderman, 2012; Duxbury, Hahn, & Needham, 2008; Duxbury & Whittington, 2005; Pulsford et al., 2012). The current review focuses on the existing literature on the perceptions of staff and patients about one focused area of the management of aggression and violence in the inpatient setting, namely violence prevention. The term 'perception' is used to describe the attitudes, beliefs and perspectives that staff and patients hold.

Violence prevention can be viewed from a public health, or disease prevention, perspective that recognizes the aggressor (analogous to the disease), the victim (disease victim) and the context; the latter comprising the environment, the local culture, and the attitudes, beliefs and skills of the individuals involved (Satcher, 1995). In this model, violence prevention, like disease prevention, comprises three tiers (Paterson, Leadbetter, & Miller, 2004; Sethi, Marais, Seedat, Nurse, & Butchart, 2004). Primary prevention of violence is those actions which are taken to stop violence in advance of its occurrence (Paterson et al., 2004). In a public health model, secondary prevention is the early detection of disease (Department of Health, 2005); Paterson et al. (2004) described secondary violence prevention as the actions that are taken to stop imminent violence. Tertiary prevention in the public health model comprises the actions taken to reduce the impact of disease; in violence prevention it is the interventions that occur during and following an episode of violence to reduce its impact and minimize the harm to the individuals involved (Paterson et al., 2004). The World Health Organization's definition of violence prevention is compatible with this three tier model: "a means to stop acts of interpersonal violence from occurring by intervening to eliminate or reduce the underlying risk factors and shore up protective factors, or to reduce the recurrence of further violence and its ill effects" (Sethi et al., 2004, p.7).

Primary and secondary prevention strategies are often the focus of violence reduction interventions. The six core strategies for reducing seclusion and restraint developed by the US National Association of State Mental Health Program Directors (Huckshorn, 2005) are: leadership towards organizational change, the use of data to inform practice, workforce development, the use of seclusion and restraint tools, consumer roles in inpatient settings, and debriefing techniques. The first five are based on primary or secondary prevention principles with a focus on organizational change. Implementation of these strategies has been shown to reduce not only seclusion and restraint episodes, but also conflict more generally, suggesting that organizational change plays an important role in violence prevention (Azeem, Aujla, Rammerth, Binsfeld, & Jones, 2011; Hardy, Patel, Bonecutter, & Kaplan, 2005; Wale, Belkin, & Moon, 2011). In the UK, the Safewards Model (Bowers et al., 2014) comprises 10 nursing interventions aimed at reducing conflict and containment, all based on primary and secondary preventive measures. Initial results from a cluster randomized trial suggests that implementation of these interventions significantly reduces both conflict and containment (Safewards, n.d.). Despite this evidence suggesting that primary and secondary prevention measures are effective in the reduction of violence and aggression, much of the research into the prevention of violence and aggression has focused on tertiary prevention strategies, particularly seclusion and restraint (Happell & Harrow, 2010; Hui, Middleton, & Völlm, 2013; Nelstrop et al., 2006; Stubbs et al., 2009).

Given the substantial problem of violence and aggression in inpatient mental health facilities (Bowers et al., 2011), the importance of preventive measures (Huckshorn, 2005) and the potential role of perception in the selection and implementation of such measures, further investigation and clarification of the current state of knowledge is warranted. We have conducted a systematic review of the empirical literature in order to consolidate current knowledge and as the starting point for future research and theoretical development. The specific aim of the study is to identify what the current literature says about psychiatric care staffs' and patients' perceptions of the prevention of inpatient violence and aggression with particular focus on primary and secondary measures.

2. Methods

2.1. Review protocol

The systematic literature review was undertaken in accordance with the relevant sections of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Moher, Liberati, Tetzlaff, & Altman, 2009).

2.2. Search strategy and study selection

The aim of the literature search was to identify all quantitative and qualitative empirical studies about the perception of primary and secondary violence prevention measures in inpatient psychiatric settings. All studies, including those in the grey literature (unpublished doctoral dissertations, Master's theses, conference presentations and government reports) were eligible for inclusion. Multiple computerized databases (British Nursing Index, CINAHL, Embase, Medline and PsychINFO) were