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Nurse Managers' Perception of Patient and Visitor Aggression (PERoPA)

Birgit Heckemann, RN, MSc, PhD student ^{1,2} Prof. Sabine Hahn, PhD¹

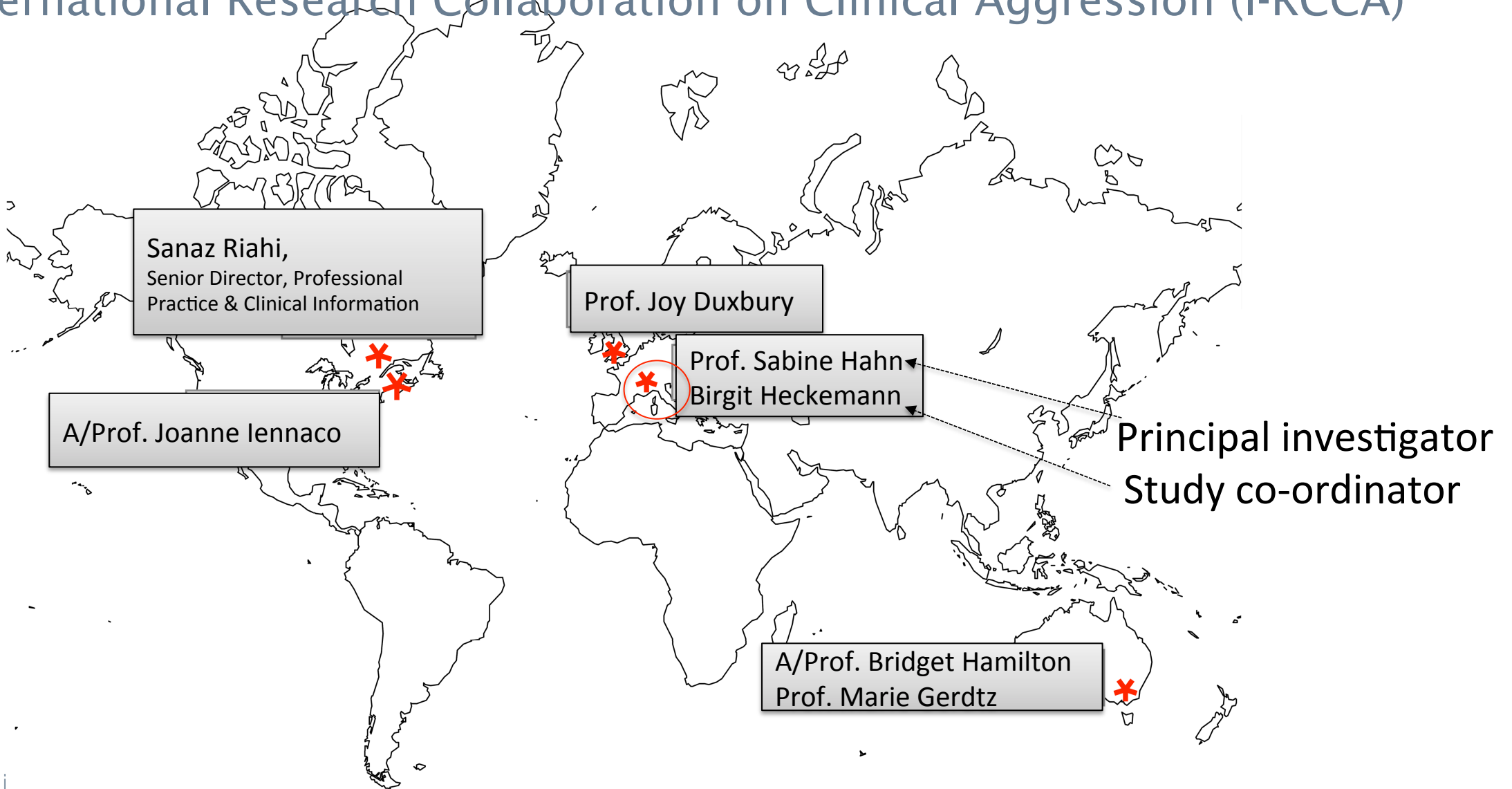
¹Bern University of Applied Sciences, Bern, Switzerland

²Maastricht University, Maastricht, the Netherlands

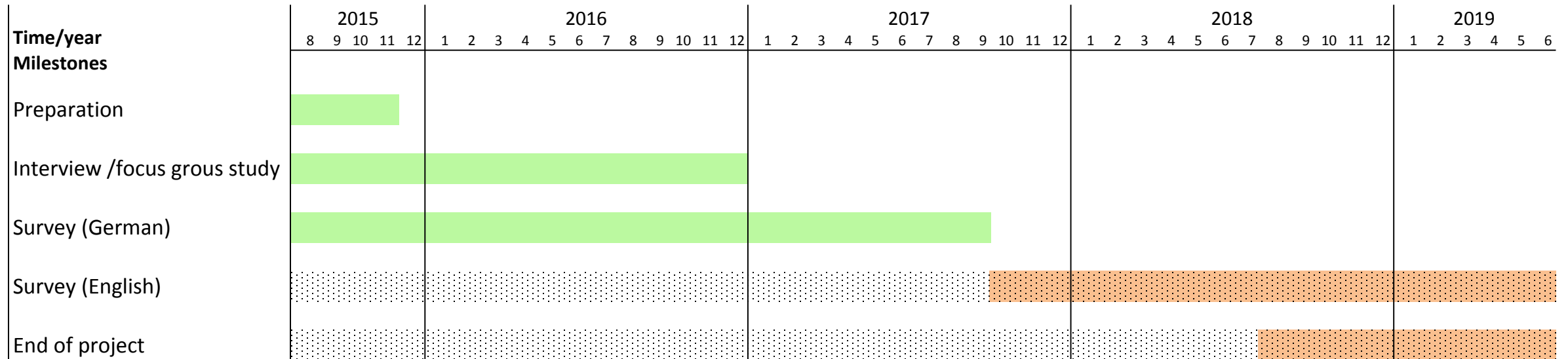
► Health | Applied Research and Development, Nursing, Head Prof. Dr. Sabine Hahn

About PERoPA: Who is involved?

The international Research Collaboration on Clinical Aggression (I-RCCA)



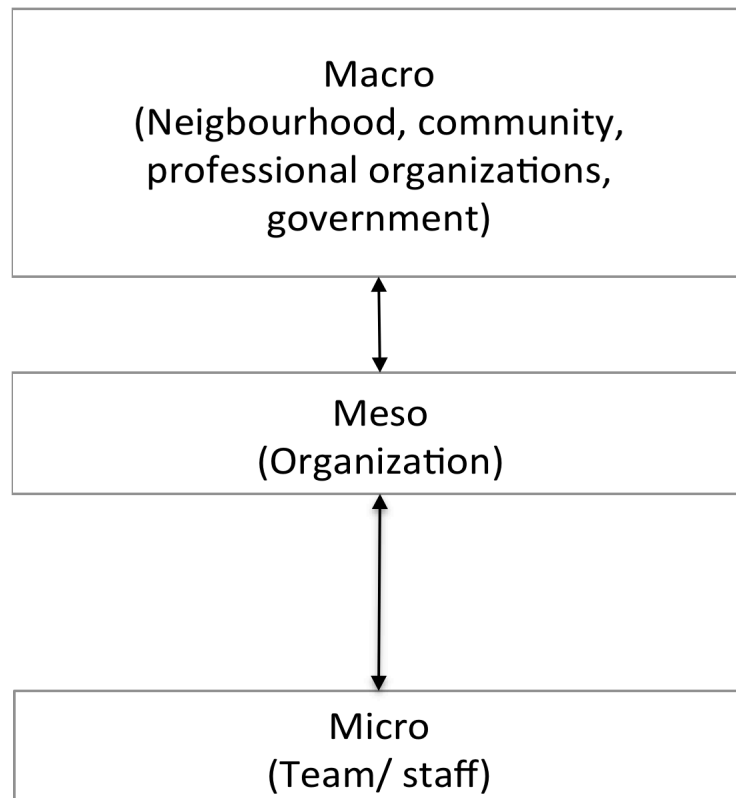
Timeline PERoPA (2015-2018)



Introduction

Strategies for Addressing Patient and Visitor Aggression in Healthcare (SAVEinH) Model

Level



- ▶ Raising awareness for PVA in general public
- ▶ Translation of practice needs into regulations
- ▶ Developing, organizing and implementing PVA prevention and management programs
- ▶ Knowledge and skills (e.g. risk factors, de-escalation, communication, not taking PVA personally)

Nurse managers: linking micro and meso level



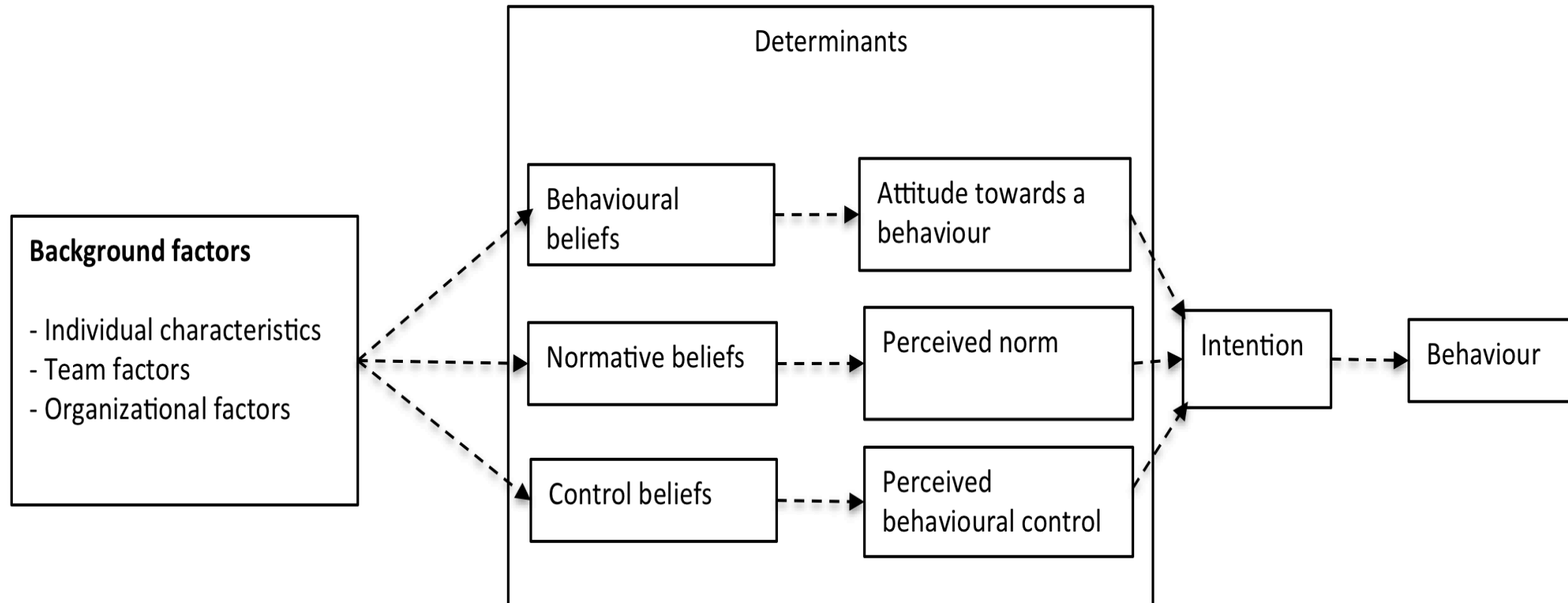
Introduction

- ▶ Managers are key persons for creating low PVA environments
- ▶ Challenges
 - ▶ Culture of acceptance of PVA
 - ▶ Lack of availability and/or implementation of organizational policies

(Farrell et al., 2014; Wolf, Delao, Perhats 2014; Hegney, Tuckett, Parker, & Eley, 2010; Hills, 2008; Paterson, Leadbetter, & Miller, 2005)

Theoretical background

What makes people act? The Reasoned Action Approach



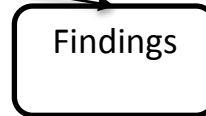
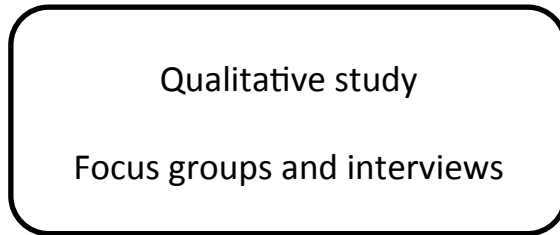
Aims

To explore, with a view to the prevention and management of PVA

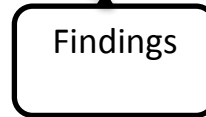
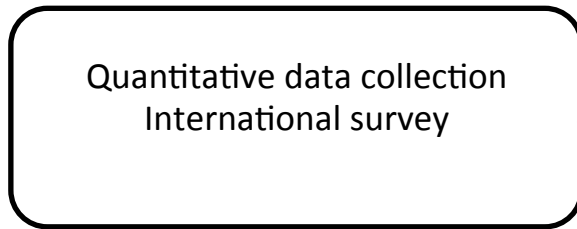
1. ... personal and organisational **background factors** (study 1 & 2)
2. ... nurse managers' **attitudes and perceptions** (study 1 & 2)
3. ... nurse managers' **behaviours** (study 1)

Explorative sequential mixed-methods research design

Study 1

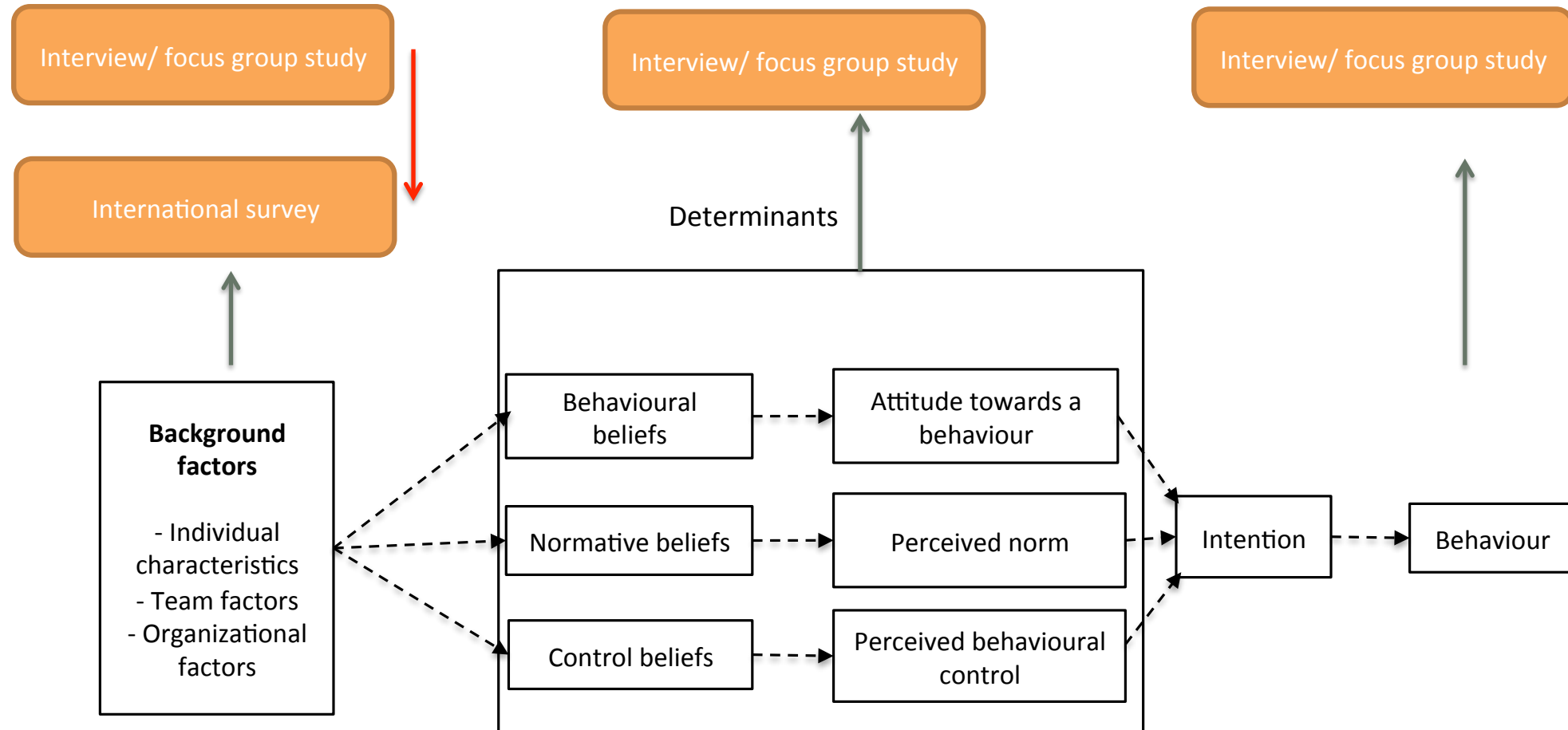


Study 2



Adapted from Creswell & Plano Clark, 2010

Topic areas



Methods: interviews and focus groups

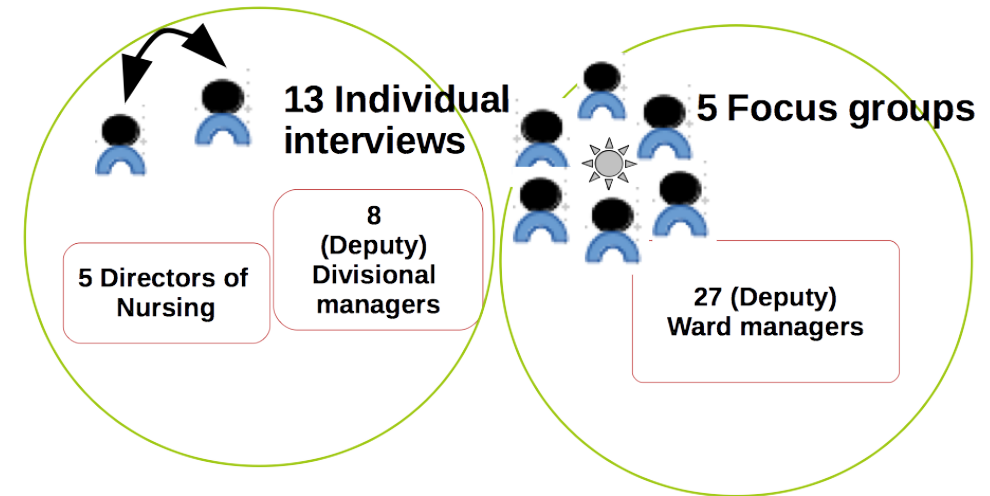
Setting, sample, data collection and analysis

Design	Qualitative interview and focus group study
Setting	General hospitals in Switzerland (German-speaking part)
Population	Ward (deputy) managers, Divisional (deputy) managers, Directors of Nursing
Sampling	Convenience
Data collection	Semi-structured individual interviews and focus groups (2015-10 to 2016-01)
Analysis	Transcription, qualitative content analysis 5 cycles, data managed in MAXQDA® Main coder BH, results reviewed by SH and FSJ.Thilo

(Schreier, 2012, 2014)

Results: socio-demographic/ settings

- ▶ Gender: Female (n=29), male (n=11)
- ▶ ≤10 years of professional experience



Settings

- ▶ General hospitals (n=6)
- ▶ Number of beds: ≤300 (n=3), ≤ 500 (n=2), ≤1000 (n=1)
- ▶ Accident & Emergency, Intensive Care, General Surgery, Palliative Care, General Medical Wards, etc.

Results: determinants and intentions

Perception of PVA

- Disruption to ward daily routine, part of nursing, unacceptable

Attitude (what's important?)

- staff safety and wellbeing (duty of care)
- Communication, reporting, learning from incidents

Normative beliefs

- Staff should only contact manager if unable to deal with PVA independently
- Staff expect manager's support

Control beliefs

- Lack of financial and human resources, interest

Intention to address PVA

- Weak in most managers (challenge) strong in some (internal motivation)

Results: behaviours

Preventing and
managing PVA by

- Providing resources
- Adapting patient care to individual needs
- Communication with patient and visitors
- Analysis and reflection on incidents
- Networking with stakeholders
- Developing environment and processes

Barriers: interview study

- ▶ Addressing PVA is challenging due to a lack of
 - ▶ effective communication/organizational feedback loops
 - ▶ financial resources
 - ▶ organizational interest

The importance of assessing team efficacy



- ▶ High Team efficacy = belief in capability to efficiently and effectively deescalate violent or threatening situations and debrief after incidents

Designing the questionnaire

- ▶ Domains (interview study)
 - ▶ Organizational norms
 - ▶ Communication of incidents
 - ▶ Collaboration
 - ▶ Team efficacy

Designing the questionnaire: Validated tools

- ▶ SOVES-G-R (Survey of Violence Experienced by Staff, German version revised)
 - ▶ Socio-demographic characteristics
 - ▶ Experience with aggression
- ▶ POAS-S (The perception of aggression by nurses - short version)
- ▶ MAVAS (Management of Aggression and Violence Attitude Scale)
- ▶ POIS (Perception of Importance of Interventions Skill Scale)
 - ▶ Organizational support, policies and guidelines
 - ▶ Training and importance of intervention skills
- ▶ Literature search
 - ▶ Prevention and intervention strategies

Duxbury, 2003; Needham, Abderhalden, Dassen, Haug, and Fischer, 2004; Hahn et al., 2006; Hahn et al., 2010; Hahn et al., 2011

The survey

1. Herzlich Willkommen zur Umfrage – PERoPA (Perception of Patient and Visitor Aggression)

Sehr geehrte Teilnehmerin, sehr geehrter Teilnehmer,

Patient(inn)en- und Besuchendenaggression kann in allen Tätigkeitsfeldern im Gesundheitswesen auftreten. Sie betrifft Gesundheitsfachpersonen weltweit und verursacht erhebliches Leid sowie Mehrkosten.

Durch diese Umfrage möchten wir einen umfassenden Überblick über die aktuelle Situation in psychiatrischen und somatischen Kliniken aus Sicht der Leitungspersonen im Bereich Pflege in Deutschland, Österreich und der Schweiz erhalten.

Wir laden Stations-, Bereichs- und Pflegedienstleiter(innen), deren Stellvertreter(innen) sowie Bildungsverantwortliche und Pflegeexpert(inn)en somatischer und psychiatrischer Kliniken zur Teilnahme ein. Da diese Befragung umfassend ist, dauert es ca. 30–45 Minuten den Fragebogen auszufüllen, je nachdem wie viele der Fragen auf Ihre persönliche berufliche Situation und Ihren Arbeitsbereich zutreffen.

Die Studie wird von der Berner Fachhochschule (BFH), Fachbereich Gesundheit, unter der Leitung von Frau

Herzlichen Dank für Ihre Teilnahme.

Das Forschungsteam Projekt PERoPA

Schreiben Sie uns gern bei Fragen oder falls Sie aktuelle Informationen zum Projekt wünschen:

peropa.health@bfh.ch

Weitere Informationen:

https://www.gesundheit.bfh.ch/de/forschung/pflege/projekte/aggression_im_gesundheitswesen.html



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Methods: Survey

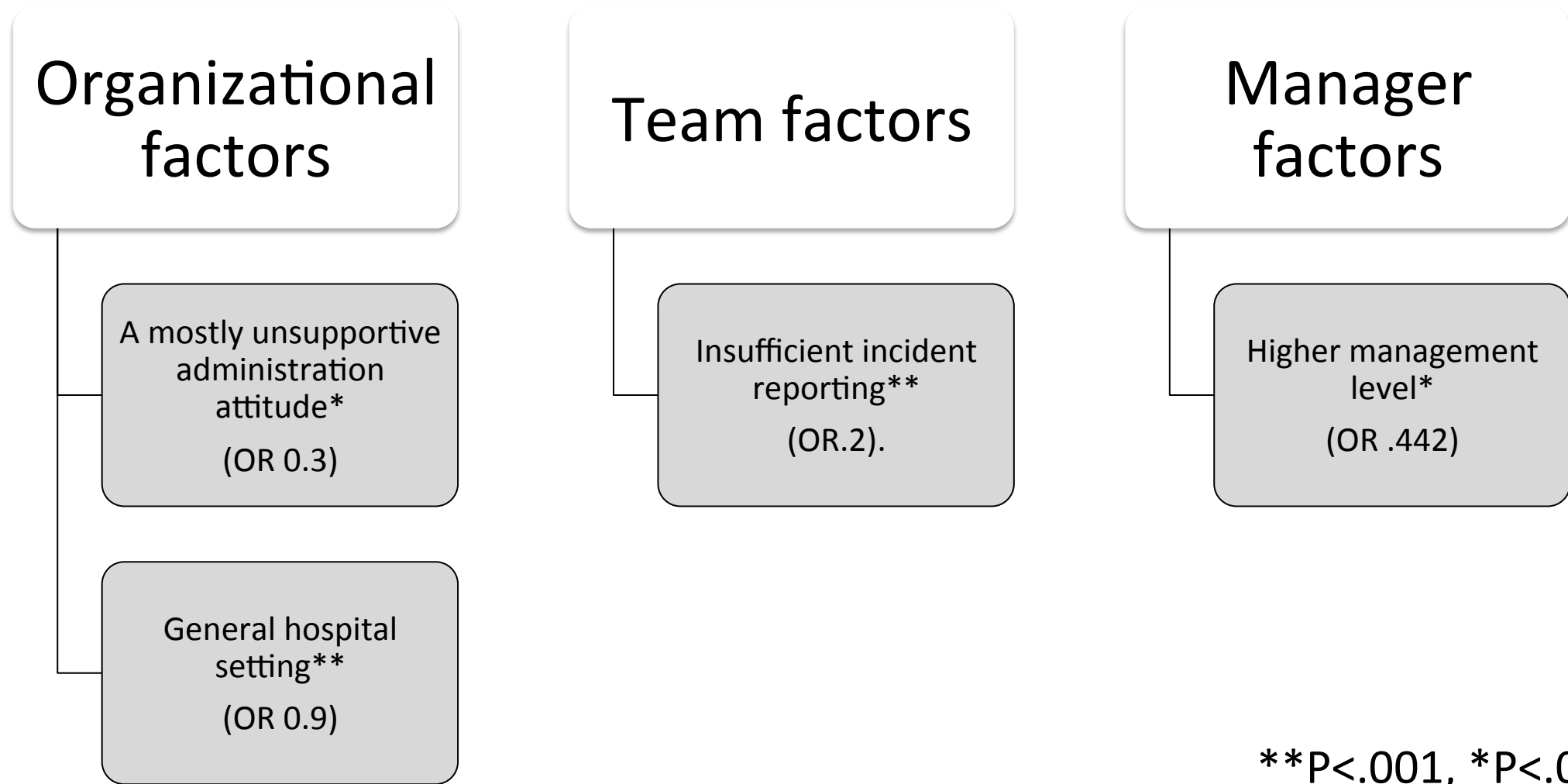
Setting, sample, data collection and analysis

Design	Web-based, 'open' survey
Setting	Mental health and general hospitals in Austria, Germany and Switzerland
Population	Ward (deputy) managers, Divisional (deputy) managers, Directors of Nursing
Sampling	Convenience, chain referral
Data collection	Web-based survey (SurveyMonkey®) 86-item instrument, 2016-12 to 2017-02
Analysis	42 items included in analysis, descriptive statistics and logistic regression

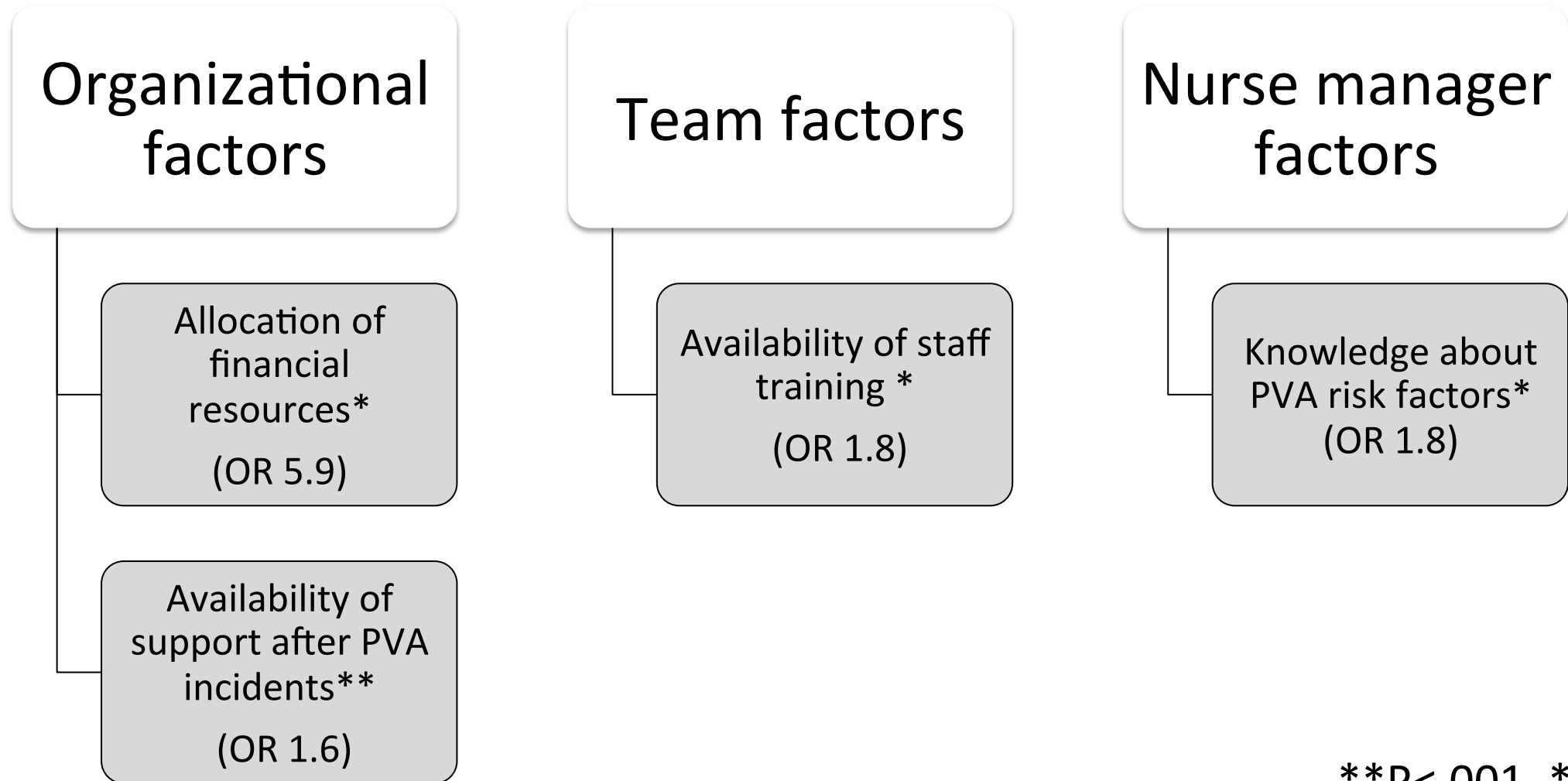
Results

Analysed	n=449	
Gender	68% female, 32% male	
Age	>50% aged 30–49	
Management level n (%)	255 (57) lower, 108 (26) middle, 86 (20) higher	
	Mental health	General hospital
	n (%)	n (%)
Setting/participants	178 (40)	271 (60)
Knowledge about PVA risk factors	175 (65)	164 (92)
Perceived high team efficacy	15 (84)	149 (55)

Less likely: perceived high team efficacy



More likely: perceived high team efficacy



**P<.001, *P<.05

Results: background factors

Factor	Interview Study	Survey	
		General hospital	Mental health
Organizational attitude	Often unsupportive	55 %	29%
Guidelines	Not (always) available	66%	21%
Financial resources	Lacking	75%	40%
Staff training availability	Not routinely available	39 %	5%
Staff support after PVA (availability)	Not always available, mostly managed within the team	40%	11%
Communication and incident reporting	Lack of communication about PVA	68%	35%

Integration of results

▶ Converging

- ▶ Due to insufficient communication managers may not be able to assess team efficacy adequately
- ▶ Managers may lack knowledge about risk factors and how to address PVA within their organization
- ▶ Unsupportive organizational attitude, lack of resources

▶ Complementary

- ▶ Differences between Mental health and General hospital
- ▶ Intention to address PVA influenced by internal motivation and organizational barriers

Discussion: PERoPA...

- ▶ ... confirms current knowledge (lack of reporting, lack of financial support and organizational interest in PVA)
- ▶ ... challenges reports that managers tolerate PVA (e.g. Wolf et al. , 2014):
 - ▶ Nurse managers do not always have the right skills and knowledge to assess team efficacy and the economic impact of PVA
 - ▶ Nurse managers face substantial organizational barriers, which may negatively impact on their intentions to address PVA
 - ▶ Hierarchy

Implications for practice and research

- ▶ Models to enable managers in general hospitals to better address PVA are needed
- ▶ Development of training programs tailored towards nurse managers' needs (including economic assessment of PVA impact and team efficacy)

Acknowledgements

We are very grateful to...

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- ▶ To our sponsors for their financial support
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Haute école spécialisée bernoise
Bern University of Applied Sciences

Thank you for your attention



Birgit Heckemann, PhD student, research associate
Email: birgit.heckemann@bfh.ch

