Patient and Visitor Aggression in General Hospitals

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Valorisation

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In this chapter, the potential value of the findings for stakeholders and society are discussed. The chapter concludes with a description of activities for the utilization and translation of this dissertation's findings into clinical practice and research.

Introductory remarks / relevance of thesis

Patient and visitor aggression is an unfortunate phenomenon that has many adverse effects. It reduces patient safety and quality of care and jeopardises the physical and psychological health of individual staff members, particularly nurses. Negative effects on organisations include staff leaving their jobs and increased absence due to sick leave.[1,2] Numerous studies have examined the staff experience, prevalence, and incidence of patient and visitor aggression in various healthcare settings. In particular, causes and triggers for patient and visitor aggression have been investigated.[3,4] A plethora of guidance on how to reduce aggression at the organisational level is available.[5-8] However, the proposed strategies to address patient and visitor aggression in healthcare often fail, and patient and visitor aggression remains a problem in most areas of healthcare.[9] This PhD research examined *why* current strategies against patient and visitor aggression fail, seeking to identify relevant factors at the team/staff (micro-) level as well as at the organisational (meso-) level. The focus was specifically on general hospitals, where the problem has to date been addressed insufficiently.

Target groups

Nurses and nurse managers were the prime target group of the research. Nurses are not only the largest staff group in healthcare but also the group with most exposure to patient and visitor aggression. Nurse managers are responsible for the wellbeing of staff nurses in the workplace. Nurse managers also interact with all areas and levels of service delivery within a healthcare organisation and are thus key persons to address patient and visitor aggression. A further stakeholder group were patients and visitors, although their point of view was not explicitly included in this research. Patient and visitor aggression has been shown to negatively impact on patient safety and quality of care. Addressing patient and visitor aggression effectively therefore contributes to ensuring the safety and quality of healthcare service delivery.

Main findings

First, this project identified a number of barriers (e.g. financial, unsupportive attitude) to the effective prevention and management of patient and visitor aggression. The findings underscore that an all-organisational commitment, which is necessary to reduce patient and visitor aggression successfully is often

lacking in a real-life setting. Second, we elucidated two important leadership roles for addressing patient and visitor aggression: supportive and proactive leadership. Nurse managers provide support for their staff by exercising supportive leadership. Nurse managers are also in a key position to address unsupportive organisational attitudes towards patient and visitor aggression. This requires proactive leadership, yet this project demonstrated that nurse managers often lack the adequate skills and competencies to provide both proactive and supportive leadership. Furthermore, this project showed that collaborative teams are important for dealing with patient and visitor aggression. However, team efficacy in dealing with patient and visitor aggression is not consistently and systematically fostered in general hospitals. Training entire teams rather than individuals and teaching nurses the necessary skills to better deal with the emotional impact of patient and visitor aggression appears promising to empower teams to deal with aggression more effectively.

Value for stakeholders and society, further research directions

The societal value of this project lies in its potential to address patient and visitor aggression in healthcare organisations more openly, systematically and therefore successfully. This research project identified barriers and opportunities to the successful prevention and management of patient and visitor aggression at staff/team and organisational level. The findings were integrated into a theoretical model, the Strategies Addressing Violence in Healthcare Extended (SAVEinH-x) model (Chapter 7). SAVEinH-x is an extension of the original SAVEinH model.[5,10] The SAVEinH model[5,10] was conceived to assist the diagnosis of risks, the reflection on causes and incidents of patient and visitor aggression, and to provide a toolbox of appropriate prevention and intervention strategies. However, the original SAVEinH[5,10] did not provide pointers on *how* to overcome organisational barriers to addressing patient and visitor aggression in clinical practice. The SAVEinH-x model addresses this shortcoming. The SAVEinH-x outlines how proactive and supportive leadership behaviours can help to overcome organisational barriers to addressing patient and visitor aggression. In addition, the SAVEinH-x model facilitates the identification of specific learning or educational needs to foster staff/team efficacy and the management skills required to dealing with patient and visitor aggression more effectively.

The findings will also contribute to the development of products and services, i.e. a training programme for nurse managers. This programme will initially be designed for the German-speaking part of Switzerland, but potentially be made available in other countries, such as Austria and Germany. Preliminary discussions to design a tailor-made program will take place in April 2018. The actual development of a dedicated program for nurse managers will

commence in the summer of 2018. The program will be developed in collaboration between one of the main Swiss sponsors of this study and the University of Applied Sciences Bern, Switzerland. While the program will initially be available in German, the development of further international programs in English language is planned. It is expected that the focus on specifically educating nurse managers and, indeed healthcare managers at large, on how to address aggression, will contribute to the successful creation of low-aggression care environments. Low-aggression care environments will be beneficial for patient safety, as well as staff wellbeing and increased quality of care.

The research reported in Chapters 5 to 7 of this thesis was conducted in the German-speaking countries Germany, Austria and Switzerland. This research is embedded in an ongoing international research project, the Perception of Patient and Visitor Aggression (PERoPA).[*] PERoPA explores patient and visitor aggression from a nurse manager point of view. The project is scheduled to be completed by the end of 2018, when data have been collected from Australia, Canada, United States of America and the United Kingdom. The data collection in the English-speaking countries is currently being prepared. With its international perspective, PERoPA will enable a comparison on how patient and visitor aggression is managed in various countries and foster learning from the diverse experiences and approaches on how to deal with the problem. Furthermore, PERoPA will establish a unique body of knowledge in the international field of aggression in health care. The format of data collection, an open electronic survey using chain referral,[11] is a relatively rarely employed approach to data collection in nursing research. The experiences gathered from conducting the study in the participating German-speaking countries is therefore valuable to the preparation of the international study, but also to inform methodology of future nursing research on other topics.

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[*] PERoPA website: https://www.gesundheit.bfh.ch/?id=4091

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