anj clinicalupdate 76 OCTOBER 2004

By Helen Walters and Richard Kay

Developing a compassionate control strategy

About the authors
Helen Walters, Psychiatric Nurse Consultant, Austin Health, Melbourne, Victoria
Richard Kay, Principal, Dynamic Training, Melbourne, Victoria

Introduction

Incidents of violence and aggression in our hospitals toward health care practitioners, and in particular nurses, are increasing.[1,2] Almost every nurse in the public hospital system has been the victim of at least one physical attack, and has often been frightened and intimidated in the workplace.[3] In a recent report in a Melbourne newspaper, Melbourne University research fellow Dr Marie Gerdtz said: 'Nurses are recognised by the Australian Institute of Criminology as a major "at risk" group in terms of occupational violence. There are many incidents of nurses being stalked, incidents of property damage and physical violence.'[4] It is therefore imperative that managers of health care facilities address issues relating to the safety of staff in the workplace, particular in mental health and emergency settings.

A healthcare setting in Melbourne, Victoria, has developed an aggression management program which has been successful in reducing both aggressive incidents and days lost to workplace assault.

Designing a program

While Austin Health had a well-established suite of programs offering basic aggression management and conflict resolution strategies for a variety of clinical situations, nursing staff in the mental health area were concerned these programs did not fully address the aggressive situations they faced. In recognition that a new program, tailored to the specific needs of nurses was required, management and education staff undertook to develop a program that would meet the needs of clinical nurses.

Training needs analysis

The first step was to identify where there was a need for improved personal safety in the workplace, both in the hospital environment and in residential homes where nurses undertook home-care visits.

To determine this, surveys were distributed to nursing staff, and clinical incidents and WorkCover issues and cases were analysed.

The process also involved defining the need for training from the perceptions of the nursing staff. This was achieved by establishing an Aggression Management Committee, an internal action group comprising representatives from the occupational health and safety team, the psychiatric nursing development and education centre, and the manager of the mental health clinical services unit.

The committee consulted extensively with nursing staff and management and found a direct correlation between skill deficiency and workplace practices and incidents.

All parties agreed there was a need for a customised program that focused on equipping nurses with the knowledge and skills to enable them to take responsibility for their own personal safety and well-being, while fulfilling their role as care-givers to others.

Program development

Programs from several aggression management providers were assessed but were deemed inappropriate because they offered too rigid an approach, or lacked the flexibility to create a new program. Austin Health eventually chose an experienced government-accredited training provider which was prepared to customise its program to meet the specific needs of Austin Health.

Initial stages involved extensive liaison between Austin Health and the training provider, with Austin Health providing a baseline of workplace requirements and standards of operations which became the program framework.

The training provider then developed a package consisting of two key elements:

1. A program designed to provide nursing staff with the skills and knowledge to confidently disengage from or manage aggressive incidents within the workplace;
2. A 'Train the Trainer' component to train volunteer 'facilitators' from various mental health settings within Austin Health to run the program autonomously in the workplace, ensuring ongoing skill development.

Program content

All practical skills were based on the following key principles:

- simple yet effective - must work in the workplace when used by nursing staff;
- lawful - must adhere to legal parameters for controlling aggression;
- medically safe - must ensure no harm is done to those requiring control, thereby adhering to *compassionate* control principles;
- administratively feasible - management must be able to evaluate and review the program's effectiveness in the workplace, relative to staff safety and patient well-being

The content was divided into four sections designed to follow a progressive continuum:

1. Control theory

Outlined the core theory behind the practical components and included legal parameters of controlling aggression and the psychology and physiology of violence.

2. Personal safety

Contained the key principles for self-protection and fundamental principles of control, and included self-protection strategies and techniques against common attacks at close quarters, based on the premise that if nurses were not comfortable with their own safety, they would not be able to manage the control of others effectively.

3. Restraint and control

Presented strategies and techniques for the management of aggressive people. The strategies for containment and teamwork were devised to integrate existing policy and practice. Participants learned to apply the basic skills individually, then in three and five person practice settings. Communication was an integral component of all practical applications.

4. Scenarios

This involved extensive application of the program's content to common workplace scenarios. Each class was invited to put forward scenarios for situations they had been involved in or witnessed in the workplace.

Program implementation

The program was then presented in four key phases:

1. Facilitator training

The core group of 11 facilitators from mental health clinical settings attended an initial two-day program. This involved a detailed breakdown of organising, presenting and evaluating the program. The facilitators were also required to complete project work in their own time, for the nationally accredited module *Train Small Groups* from *Certificate IV in Assessment and Workplace Training*, in addition to attending a minimum of two programs to assist in developing their skills in presenting in the workplace.

2. Staff training

Nursing and other key staff attended the program which was delivered as two sessions per week for eight weeks. Over 160 staff completed this phase from a variety of areas within Austin Health, including 153 psychiatric nursing staff.

Nursing staff were encouraged to participate in common workplace scenarios where they could apply their clinical and procedural knowledge with the new skills learnt during the program.

Each scenario involved a debriefing of the program content effectiveness relative to workplace expectations and conditions.

On completion of each program, the trainer conducted verbal evaluations where staff openly discussed their own experiences, in addition to submitting written evaluations on the program's content, delivery and relevance to their workplace.

3. Program evaluation

On completion of the training phase, the facilitators attended an evaluation session to analyse and discuss outcomes of the program against stated objectives and current Austin Health policy, procedures and practices. This resulted in another review and modification of the basic program to better meet workplace requirements.

4. Workplace integration

Facilitators conduct refresher training for psychiatric nursing staff within the workplace. New staff are now required to undergo the one-day program, and existing staff who have previously completed the training are required to attend a two hour refresher session every year.

Program outcomes

The program outcomes were derived from nursing staff evaluations and facilitator review.

1. Nursing staff evaluation

The feedback from nursing staff was resoundingly positive, with three main points evident:

1. Nursing staff attained a feeling of increased confidence and personal empowerment through the program content. Most participants felt they could apply the knowledge in the workplace.
2. A strong sense of satisfaction that Austin Health supplied the program in response to their requests – an overall impression that 'the organisation is listening to us'.
3. Staff were happy that Austin Health was scheduling ongoing workplace development of the program and opportunities to constantly refresh skills and revise procedures.

A key issue raised by some participants was that of a perceived conflict between their role as a 'care-giver' and the skills they were being taught. This was resolved by relating the program to:

- the right of every worker to be safe at work;
- occupational health and safety issues of reducing downtime due to injury/trauma;
- knowing control strategies increase their capacity to provide care.

2. Facilitators' evaluation

The facilitators' evaluation of the program was consistent with nursing staff and highlighted the following key issues to be addressed in the workplace:

- the need to update current workplace policy and practice;
- the importance of scheduling regular ongoing refresher sessions in the workplace;
- the importance of continually reviewing the program to keep it relevant to the workplace; and
- the need for ongoing workplace evaluation, to monitor (against anticipated outcomes):
  - any increase in staff retention rates;
  - any reduction in the number of violent incidents occurring in the workplace;
  - any reduction in the number of WorkCover claims as a direct result of nursing staff having skills to protect themselves and control violent situations if required;
  - any increase in staff morale.

Workplace outcomes

The program was run in the first half of the 2002/03 financial year. Pre and post course evaluations were conducted comparing statistics drawn from the 2001/02 and 2002/03 financial years. These evaluations show:

- a 30% reduction in the number of aggressive incidents in the mental health clinical service (Table 1);
- a 99% reduction in the number of days lost due to workplace assaults (Table 2); and
- an 83% reduction in the number of vacancies in the mental health services from 18 in December 2002 to three in June 2004 (Table 3).

These figures are impressive, but they should be considered within the broader context. For example, the dramatic reduction in aggressive incidents and resultant reduction in staff injury in the mental health services may also be attributed, to some degree, to a variety of support and educative initiatives which were being introduced concurrently, such as clinical supervision. It could also be argued that the increase in regular permanent staff may be a factor in the reduction of aggressive incidents.

However, on the basis of these outcomes, it is important for the program to continue, and to constantly evolve in order to meet the needs of nursing staff and hospital administration.

Table 1
Mental Health CSU Assaults 2001/02 to 2002/03

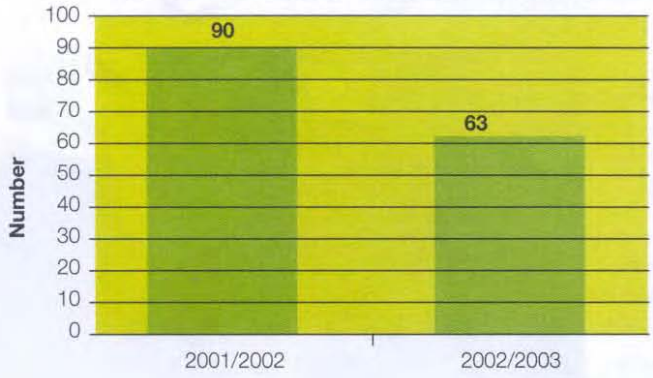


Table 2
Mental Health CSU Days Lost Due to Assaults

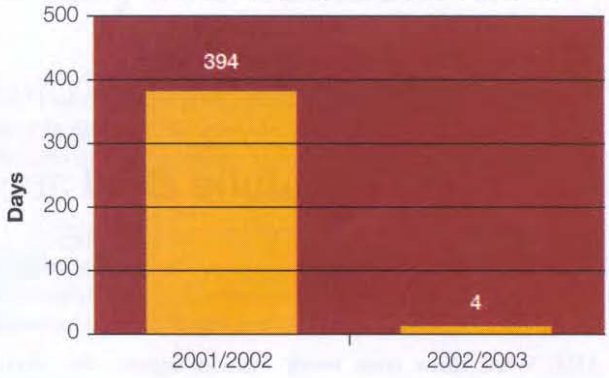
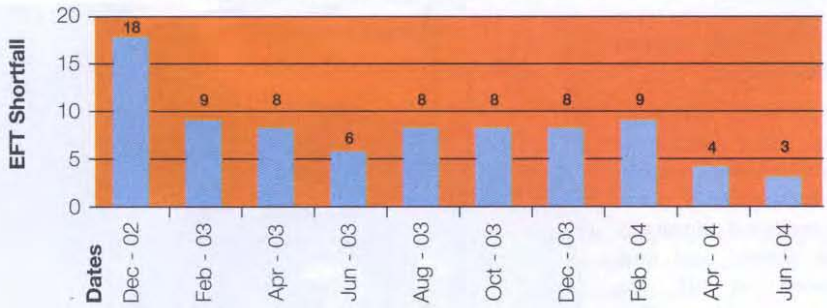


Table 3
Mental Health CSU Nursing Staff Vacancies Dec 02 – June 04



References

1. Atwneh, F. A., Zahid, M. A., Al-Sahlawi, K. S., Shahid, A. A. and Al-Farrah, M. H. *Violence against nurses in hospitals*, British Journal of Nursing, 2003, 12:2, p.102.
2. Scott, H. *Violence against nurses and NHS is on the increase*, British Journal of Nursing, 2003, 12:7, p.396.
3. Healy, P. *NHS urged to upgrade training against violence*, Nursing Standard, 2002, 17:9, p.7.
4. Papadakis, M. *Nurses hit by violent attacks*, Sunday Herald Sun, 8 February 2003, p.4.