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

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▶ 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)

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Principal investigator
Study co-ordinator
### Timeline PERoPA (2015-2018)

<table>
<thead>
<tr>
<th>Time/year</th>
<th>Milestones</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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<td>1 2 3 4 5 6</td>
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<tr>
<td>Preparation</td>
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<tr>
<td>Interview /focus groups study</td>
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<tr>
<td>Survey (German)</td>
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<td>Survey (English)</td>
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<td>End of project</td>
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Introduction

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

- 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)

Adapted from Hahn (2012, 2016)
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

Adapted from Fishbein and Ajzen (2010)
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
- Qualitative study
  - Focus groups and interviews
- Findings

Study 2
- Quantitative data collection
  - International survey
- Findings

Integration (reporting level)
- Findings: Converging Complementary Discrepancy

Adapted from Creswell & Plano Clark, 2010
Background factors
- Individual characteristics
- Team factors
- Organizational factors

Determinants
- Behavioural beliefs
- Normative beliefs
- Control beliefs
- Attitude towards a behaviour
- Perceived norm
- Perceived behavioural control

Intention

Behaviour
Methods: interviews and focus groups

Setting, sample, data collection and analysis

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

(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

<table>
<thead>
<tr>
<th>Perception of PVA</th>
<th>• Disruption to ward daily routine, part of nursing, unacceptable</th>
</tr>
</thead>
</table>
| 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

Bandura, 2000; Gully, Incalcetara, Joshi, & Beuien, 2002
The importance of assessing team efficacy

- Lack of organizational interest
- Lack of financial resources
- Lack of communication = lack of knowledge about team needs

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

Sehr geehrte Teilnehmerin, sehr geehrter Teilnehmer,

Patient(innen)- 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(innen) somatischer und psychiatrischer Kliniken zur Teilnahme ein. Da diese Betrachtung 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

Herrlichen Dank für Ihre Teilnahme.

Das Forschungsteam Projekt PErPa

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

<table>
<thead>
<tr>
<th>Design</th>
<th>Web-based, ‘open’ survey</th>
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<tbody>
<tr>
<td>Setting</td>
<td>Mental health and general hospitals in Austria, Germany and Switzerland</td>
</tr>
<tr>
<td>Population</td>
<td>Ward (deputy) managers, Divisional (deputy) managers, Directors of Nursing</td>
</tr>
<tr>
<td>Sampling</td>
<td>Convenience, chain referral</td>
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<tr>
<td>Data collection</td>
<td>Web-based survey (SurveyMonkey®)</td>
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<tr>
<td></td>
<td>86-item instrument, 2016-12 to 2017-02</td>
</tr>
<tr>
<td>Analysis</td>
<td>42 items included in analysis, descriptive statistics and logistic regression</td>
</tr>
</tbody>
</table>
## Results

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Gender</th>
<th>Age</th>
<th>Management Level</th>
<th>Mental Health</th>
<th>General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysed</td>
<td>n=449</td>
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<tr>
<td>Gender</td>
<td>68% female, 32% male</td>
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<tr>
<td>Age</td>
<td>&gt;50% aged 30–49</td>
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<tr>
<td>Management level</td>
<td>255 (57) lower, 108 (26) middle, 86 (20) higher</td>
<td>Mental health</td>
<td>General hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting/participants</td>
<td>178 (40)</td>
<td>271 (60)</td>
<td></td>
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<tr>
<td>Knowledge about PVA risk factors</td>
<td>175 (65)</td>
<td>164 (92)</td>
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<tr>
<td>Perceived high team efficacy</td>
<td>15 (84)</td>
<td>149 (55)</td>
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</tbody>
</table>
Less likely: perceived high team efficacy

**Organizational factors**
- A mostly unsupportive administration attitude* (OR 0.3)
- General hospital setting** (OR 0.9)

**Team factors**
- Insufficient incident reporting** (OR 2)

**Manager factors**
- Higher management level* (OR 0.442)

**P<.001, *P<.05
More likely: perceived high team efficacy

**Organizational factors**
- Allocation of financial resources* (OR 5.9)
- Availability of support after PVA incidents** (OR 1.6)

**Team factors**
- Availability of staff training * (OR 1.8)

**Nurse manager factors**
- Knowledge about PVA risk factors* (OR 1.8)

**P<.001, *P<.05**
## Results: background factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Interview Study</th>
<th>Survey</th>
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<tbody>
<tr>
<td>Organizational attitude</td>
<td>Often unsupportive</td>
<td>55% General hospital</td>
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<tr>
<td>Guidelines</td>
<td>Not (always) available</td>
<td>66% General hospital</td>
</tr>
<tr>
<td>Financial resources</td>
<td>Lacking</td>
<td>75% General hospital</td>
</tr>
<tr>
<td>Staff training availability</td>
<td>Not routinely available</td>
<td>39% General hospital</td>
</tr>
<tr>
<td>Staff support after PVA (availability)</td>
<td>Not always available, mostly managed within the team</td>
<td>40% General hospital</td>
</tr>
<tr>
<td>Communication and incident reporting</td>
<td>Lack of communication about PVA</td>
<td>68% General hospital</td>
</tr>
</tbody>
</table>
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...

▶ All participants – for sharing their expertise and time
▶ The International Research Collaborative on Clinical Aggression (I-RCCA) for the initial and innovative idea to examine the nurse managers’ role
▶ To our sponsors for their financial support
  ▶ Bern University of Applied Sciences, Bern Switzerland
  ▶ Pflegenzet, Austria
  ▶ Sigma Teta Tau International
  ▶ Stiftung Lindenhof, Bern, Switzerland
References

References


References

Thank you for your attention

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