Aggression and Violence at Work: Stuff happens – keep calm and carry on!

(Gerry Farrell & Peter Salmon)
Although much has been written about patient aggression & other ‘challenging’ behaviours, its management remains problematic.

Many organisations have adopted a ‘zero tolerance’ type of an approach to deal with it, which risks deskilling nurses.

Nurses need to reclaim their professional role in this important aspect of patient care.
Nurses’ Responses to ‘Challenging’ Behaviours – SOME STORIES!

Rob  (Medical ward)
Rob, a single male in his early 40’s, was admitted to a medical ward following diagnosis of adult T-cell leukaemia. A year earlier his mum, who he had been living with, died. Staff described Rob as shy and rarely giving offence. However, one evening when I visited Rob at the hospital he was very upset. He told me he had been seen by someone from the local psychiatric team after he had shouted at a nurse to give him some anti-emetic medication.

Marlene  (Labour room)
During the final stages of delivery of her first baby, Marlene was tearful and shouted profanities at the midwives and her partner. Throughout, the midwife was soothing and reassuring. Once the baby was born the attending midwife congratulated Marlene and her partner.

Timothy  (Accident &Emergency)
…presented in an acute delirious state to A&E. The hospital security staff were summoned because nurses were concerned he would become aggressive. At the sight of the security personnel, Timothy began shouting and swearing. He was taken to a side room where he was physically restrained.
Why did the nurses behave differently in respect to Rob and Timothy compared to Marlene?

• Don’t have the skills or didn’t feel they had the skills

• Rob and Timothy seen as less deserving, perhaps

• Following hospital protocol

• Roles of staff defined differently – handling CB part and parcel of midwives’ work

• Etc…
Hospital Protocols & Zero tolerance
...lead to maximum intolerance!

- ZT constructs the perpetrators as the problem
- Has its roots in the US’s war on drugs in the 1980s
- A ‘get tough’ policy – aggression and other ‘challenging behaviours’ are unacceptable
- Moves aggression/other ‘challenging behaviours’ outside the nurses’ remit
- Catchy slogans
- A cadre of new experts spawned and...
- Now invades nurses’ clinical lives in a number of ways, often without their awareness...
A sign at the entrance to an acute care inpatient unit.

Please Note...
The following are **NOT** allowed in this Unit:

- Cigarette Lighters & Matches
- Glass (bottles, jars etc)
- Tinned food and drinks
- Mobile Phones
- Weapons
- Illicit Drugs
- Alcohol (including intoxicated visitors)
- Cameras
- Sharp Objects (scissors, needles, razor blades)
- Aerosol Sprays & Cans
- Electrical Equipment (mains powered)
- Plastic Bags
- Violence

...your assistance with the above is appreciated

Note...the lack of a **Welcome!**
NOTE: These rules are often unenforced or, indeed, unenforceable, and when inconsistently applied upset staff, and anger patients and their relatives.
Implications

• At first sight ZT appears to protect nurses’ interests … but consider Rob and Timothy’s story
  – Rob is left feeling angry/alienated
  – Calling in security for Timothy probably fed his paranoia, making it more difficult to develop a therapeutic relationships.
  – Both families upset…
What did Rob and Tim need?

• Rob needed the consolation that the consultant physician provided later that day – a hug and a comment to feel hopeful.

• Timothy needed someone to sit down with him to try and make sense of what was in his mind.
Further implications of a ZT approach

• Outsourcing leaves nurses deskilled in the face of ‘experts’ who own training…circle of dependence

• Therapeutic opportunities lost
• Need to reclaim the management of problems like Rob’s and Tim’s and not accept the status quo.

• Need to see their behaviour as requiring a clinical formulation and response, rather than (immediately) seeking outside help.

  • Current training programs offer a smorgasboard of content, without a clearly defined conceptual framework.

  • Need to….Move away from training that is formulaic and addresses interpersonal skills only.

  • Need training based on the complexity of the needs of patients displaying aggression and other CB.
Training needs to be much more than theoretical learning... instead
- Learners need time (on the job) to develop an acute self-awareness and the requisite interpersonal skills and attitudes so that they can …

- Develop imaginative, productive and the least aggressive ways possible in their relationships with patients (and others).

References


