

Executive Summary

The Manager's Perspective: Perceptions of and Behaviours Towards Patient and Visitor Aggression in Hospitals (PERoPA). An international online survey

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Background

Most people who enter a hospital or other healthcare facility, either to seek help for themselves or for a loved one, enter a world that is alien and possibly intimidating to them. Not everyone is equipped to deal constructively with being in this situation, and some people unfortunately resort to aggressive behaviour.

Patient and visitor aggression (PVA) occurs in all clinical healthcare areas. Furthermore, PVA is an international phenomenon that affects healthcare professionals across the globe, causing considerable human suffering and incurring substantial financial costs (Lanctôt & Guay, 2014; NHS Security Management Service, 2010). International studies show that workplace aggression in healthcare settings can drive staff to change jobs or to abandon an occupation in healthcare altogether (Estryn-Behar et al., 2008; Powell, Dawson, Topakas, Durose, & Fewtrell, 2014). Moreover, aggression reduces patient safety and quality of care (Arnetz & Arnetz, 2001; Roche, Diers, Duffield, & Catling-Paull, 2010). Ensuring high standards of patient safety while managing staff shortages and tight financial budgets is a major challenge for healthcare organizations (World Health Organization, 2014). PVA with its damaging influence on workflows as well as patient and staff safety is therefore a serious problem that requires urgent attention at the policy, organizational, and staff levels (Gallant-Roman, 2008).

Nurse managers are the link between staff and organizational level. They are thus in a key position to engender positive change in various ways: by promoting attention to the issue of PVA within the organization, by acting to secure resources, and by fostering team efficacy, i.e. the ability of nursing teams to effectively and efficiently deescalate potentially violent situations and to debrief after incidents. Team efficacy has been defined as a team's shared belief of being able to successfully complete a task (Bandura, 2000; Gully et al., 2002).

Supportive management and leadership are critical factors for improving team efficacy, workplace safety, job satisfaction and quality of care (Farrell, Touran, & Siew-Pang, 2014; Feather, Ebright, & Bakas, 2015; Gully et al., 2002; Nielsen,

Yarker, Randall, & Munir, 2009). Despite their crucial role, little is known about nurse managers' perception of PVA and team efficacy regarding its prevention and management. The current project aims to address this knowledge gap.

Project description

The STTI International Small Grants (2016/17) supported an international online survey study with nurse managers with nurse managers in German-speaking countries (Switzerland, Austria and Germany). The survey is part of the [PERoPA project](#) (Perception of Patient and Visitor Aggression) an international sequential mixed methods project. Figure 1 shows the project's two sequential studies and timeline.

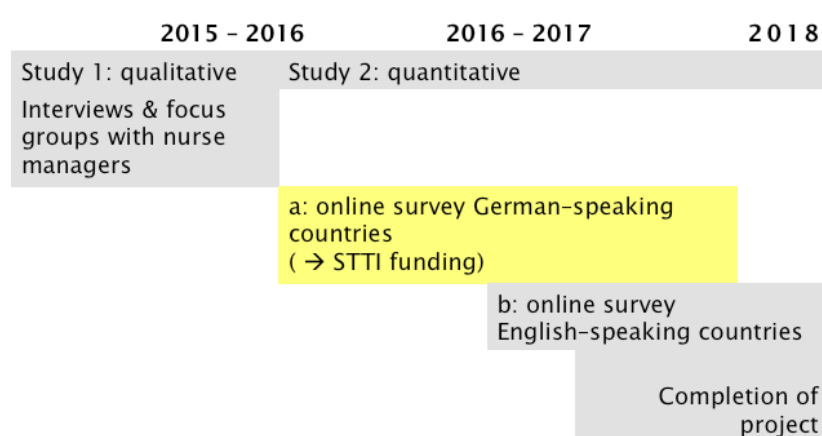


Figure 1: PERoPA project: timeline and studies

Further information about the project is available on the PERoPA website: https://www.gesundheit.bfh.ch/de/forschung/pflege/projekte/aggression_im_gesundheitswesen/peropa_the_nurse_managers_perspective_englisch.html.

Summary of study aims

The aims of the online survey in German-speaking countries were to explore

1. Whether the perception of PVA differs between participating
 - a. countries (Austria, Germany, Switzerland)
 - b. management levels (higher, middle and lower management)
 - c. settings (general hospital and mental health).
2. How nurse managers perceive team efficacy in preventing and managing PVA in association with
 - a. social structural variables (e.g. anti-conflict training provision, communication and incident reporting)
 - b. individual leadership characteristics
 - c. organizational support factors (e.g. availability and implementation of anti-PVA guidelines, organizational attitude towards PVA, organizational staff support, structural features/ care environment).

Theoretical/conceptual framework

The Reasoned Action Approach (RAA) (Fishbein & Ajzen, 2010) provided the theoretical underpinning for the project. The RAA is a comprehensive explanatory model, which assumes that human social behaviour is determined by the interaction of various factors such as personal and social background factors and determinants. This influence intentions to act and, finally, behaviours (Fishbein & Ajzen, 2010, p. 22).

The survey explored background factors that influence managers' perception of team efficacy in the prevention and managing of PVA, specifically, organizational support factors, leadership characteristics, and social structural variables. Salient determinants, intentions and managers' behaviours have been explored in a previous qualitative study and are reported elsewhere (Heckemann et al., in press).

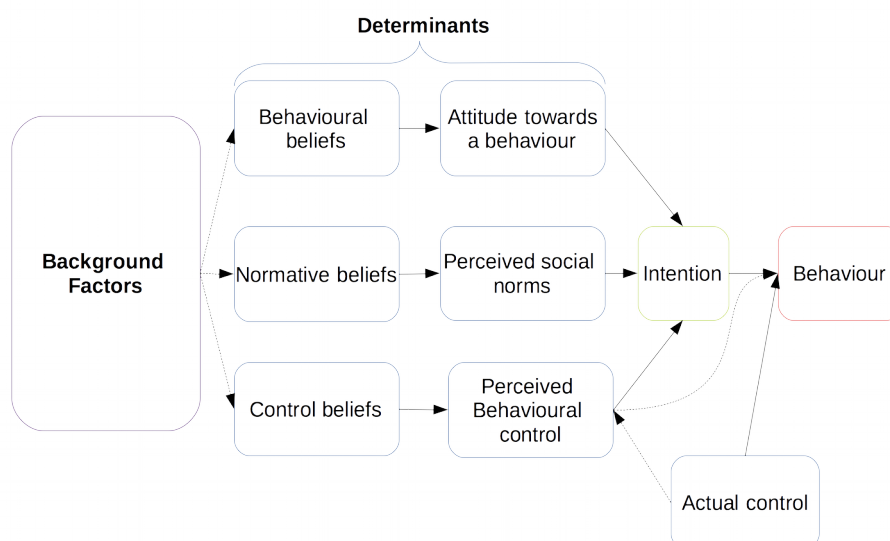


Figure 2: The Reasoned Action Approach (adapted from Fishbein and Ajzen, 2010, p 23)

Methods, procedures and sampling

Design

This study was an international cross sectional online survey.

Sample and sampling

The study population comprised nurse managers in nursing management, either at higher (e.g. Director of Nursing), middle (e.g. divisional manager) or lower level (e.g. ward manager) who were employed in German, Swiss or Austrian general or psychiatric hospitals. The sample was a convenience sample, since the

study was an open survey (Eysenbach, 2004), i.e. it was open all visitors to the website.

Survey tool

The 86 survey items covered 13 domains and comprised psychometrically evaluated tools as well as questions generated through the preparatory interview study.

Table 1 shows the domains and respective instruments.

Domain/ factor	Instrument/ source	Reference
Socio-demographic characteristics	SOVES-G-R (adapted)	Hahn et al. (2011); (Hahn et al., 2010)
Information about the organization	Interview study	Heckemann et al. (in press)
Experience with Aggression	SOVES-G-R	Hahn et al. (2011); (Hahn et al., 2010)
Perception of Aggression	POAS-S	Hahn et al. (2011); Needham, Abderhalden, Dassen, Haug, and Fischer (2004)
Organizational support, policies and guidelines	POIS	Hahn et al. (2011), (Hahn et al., 2010) (Hahn, 2012)
	Literature search	
Organizational Norms	Interview study	Heckemann et al. (in press)
Communication of incidents	Interview study	Heckemann et al. (in press)
Prevention and intervention strategies	Literature search	Hahn (2012)
Consequences of PVA	SOVES-G-R	Hahn et al. (2011); (Hahn et al., 2010)
Team-efficacy	Interview study	Heckemann et al. (in press)
Collaboration	Interview study	Heckemann et al. (in press)
Training and Importance of Intervention Skills	POIS	Hahn et al. (2011), (Hahn et al., 2010)
Attitude towards violence and aggression	MAVAS	(Duxbury, 2003; Hahn, Needham, Abderhalden, Duxbury, & Halfens, 2006)

management levels and settings (mental health and general hospital) were analysed descriptively (frequencies and cross tabulations).

The perception of team efficacy in preventing and managing PVA in association with regards to social structural variables, individual leadership characteristics and organisational support factors was analysed in two logistic regressions.

Summary of findings

This reports provides a preliminary overview of the findings as the data analysis is ongoing. Overall, we observed few differences between countries and management levels amongst our participants in the perception of PVA and team efficacy.

Completion rate

Open survey research using modern technology enables researchers to reach large numbers of potential respondents, who are, however, at full liberty to decline or abandon participation. Furthermore, we do not know how many potential participants we reached with our invitation to take part in the survey. It is therefore impossible to calculate response rates. Instead, we explored completion rates. Of the 646 participants who commenced the survey about three quarters (446) completed it.

Perception of PVA

We investigated whether patient aggression was regarded as a negative or **a** positive force. Data analysis showed that the perception of PVA does not differ significantly between countries or management levels. The majority of managers perceive PVA to be neutral, as neither negative nor positive. However, significantly more managers working in the mental health setting perceived PVA to be a positive force.

Perception of team efficacy

We investigated team efficacy in association with social structural variables, individual leadership characteristics and organizational support factors. Our results indicate that individual leadership characteristics such as age, gender, education and leadership role do not affect perceived team efficacy. However, the analysis of the survey data points towards the importance of particular influencing factors:

- A positive, supportive organizational attitude of the administration board towards the prevention and management of PVA
- Communication and reporting of incidents within nursing teams, i.e. from staff nurses to management, but also within the organization.
- Structural support (sufficient lighting, considered spatial planning: avoidance of isolated areas / blind spots, designated areas to segregate aggressive patients, monitored entrance and exit areas and only accessible for personnel in the evening/at night)

- Working at a psychiatric hospital. The general environment at a psychiatric hospital appears to positively affect team efficacy in dealing with PVA.

Recommendations

The preliminary results of our analysis allow only for tentative recommendations, pending a triangulation with the findings of PERoPA study 1, a qualitative interview study and study 2b, a survey amongst managers in English-speaking countries.

Recommendation 1: Enable nurse managers to influence hospital administration boards and the multidisciplinary team

The results of our survey highlight the importance of a positive organizational attitude towards reducing PVA to increase team efficacy. However, in a climate of fierce competition for resources, this finding stresses above all the importance of the role of nurse managers as the links between clinical practice, the multidisciplinary team, and the hospital administration board. To gain the support and to secure resources for improving safety of work environments, nurse managers have to be able to present PVA as an important issue that affects quality of care and staff retention. This requires solid knowledge about risk factors, incidence and respective cost of PVA at ward level. Nurse managers should receive training to equip them with the necessary skills and knowledge to influence the organisational attitude.

Recommendation 2: Strengthen communication channels

Our results indicate that reporting of PVA incidents is important to strengthen perceived team efficacy. To support nursing staff in the effective prevention and management of PVA, nurse managers have to establish and sustain strong communication channels between nurses in clinical practice, multidisciplinary teams and hospital administrators.

Recommendation 3: Foster exchange and collaboration

Our findings indicate that working in mental health settings is a significant contributor to perceived high team efficacy in preventing and managing PVA. While the mental health sector arguably comes with its unique challenges regarding PVA, an exchange between nurse managers in mental health and general hospital nursing might nevertheless be a fruitful start to improving team efficacy in general hospitals.

Dissemination of findings

- Two publications for submission to international peer-reviewed journals are in preparation.
- The results will be presented in oral presentations at three international conferences:
 - o The 10th European Congress on Violence in Clinical Psychiatry (Dublin, Ireland, 26-28. October 2017)

- o Pflegekongress, (Vienna, Austria 30.11-1. Dec 2017)
- o The High Noon conference (Vienna, Austria, 06-07. Dec 2017)
- The findings will be used to extend the current version of the SAVEinH model (Hahn, 2016; Hahn et al., 2012).

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