

Understanding The Clinical Aggression Against Emergency Nurses: A Narrative review

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Key Words: Workplace Aggression, Aggression against Nurses, United Arab Emirates, Narrative review.

East J Healthc, 2 (1), 48- 50

Submission Date: 15/2/2022

Acceptance date:25/02/2022

1. INTRODUCTION

Workplace aggression is a significant problem in the region and internationally. Aggression behaviors against health care professionals in the emergency departments have become very frequent and risky. Emergency nurses are the most at-risk group among all the professionals who have to manage patients' aggression or violence. Emergency nurses should practice and deliver nursing care in a positive, therapeutic, and safe environment. Hospital management and nursing administration should provide emergency nurses with the required training on aggression management strategies to ensure their safety. Most of the current aggression training programs and guidelines concentrate on physical management and crisis intervention. There is deficiency of the specialized aggression training programs that concentrate on the de-escalation and pre-escalation preventive strategies [1].

2. THE EXTENT OF THE PROBLEM IN DHA IN UAE AS AN EXAMPLE

The emergency departments in Dubai Health Authority (DHA) Hospitals receive approximately 1000 admissions every day. Health care providers perceive aggression (mainly verbal) as an expected behavior expressed by distressed patients. Many patients who complain from drug and alcohol addiction visit the emergency departments to seek analgesics or controlled drugs. While dealing with such problems, medical and nursing staff feels uncertain, unsafe, and threatened. Drug related aggression incidents are considered the most complicated one at DHA Hospitals. Aggression and safety issues are considered

one of the most important strategic plans in the year 2019 & 2020. Aggressive behavior presented in DHA Hospitals comes from different sources, including acutely disturbed persons, mental health patients, drug-seekers and situational/ organizational factors. There were more than 300 documented incidents of aggression across DHA hospitals in the year of 2020. The reporting system showed that (87%) of those incidents were happening in the emergency departments against emergency nurses.

3. CAUSES OF AGGRESSION

Emergency patients become aggressive for several internal and external reasons. Wolf (2014) found that "Environmental," "personal," and "cue recognition" were identified as major reasons and triggers for aggression that occur within hospital emergency settings [2]. In another study, Morphet (2014) indicated that long waiting times, drugs and alcohol all contributed to emergency department aggression [3]. Although the emergency nurses are victims of clinical aggression, they may be a trigger for aggression as well. Morken (2016) found that emergency patients become aggressive because of unmet needs, involuntary assessment, and intrusive approach [4]. Triage nurses also indicated that ED staff, including security staff and the triage nurses themselves, could contribute to aggression. An Italian study revealed that nurses feel that aggression episodes are "inevitable" and that they feel they have grown accustomed to high levels of aggression, they suffer feelings of "inadequacy" but also that they are aware that they themselves can trigger conflict with patients [5].

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4. NURSES' ATTITUDES AND PERCEPTIONS ABOUT AGGRESSION

The attitude of emergency nurses toward aggression remains a critical factor affecting their clinical judgment and care of their patients in healthcare settings. It has been shown that nurses viewing violence “positively” (or tolerantly) are more likely to manage it with interpersonal approaches, while nurses with negative attitudes may attempt to use coercive measures, sometimes involving unnecessary physical and chemical restraints. Therefore, understanding nurses' attitudes towards patient aggression/violence becomes vitally important in seeking to formulate an effective approach to managing their disruptiveness in emergency care settings. Nurses' behaviour towards and their style of interaction with aggressive and/or violent patients may be determined by various personal and contextual factors such as age, gender, education, experience, or characteristics of emergency services. One aspect of the attitude of nurses is their perception of the concept of aggression. Another possible factor influencing nurses' behaviour towards aggressive patients may be their perception of aggression or violence. Nurses' attitudes have been examined from a number of vantage points [6]: their experience and prediction of aggression, attitudes towards physical assault, or causal factors and management of aggression [7]. It has been suggested that staff attitudes and behaviour may be the most important factors modulating aggressive behaviour [8]. Morrison found great disagreement between nurses in their perception of the seriousness of various forms of aggression manifested in clinical practice and stressed the need for research on the influence of perception of violence on clinical predictions of dangerousness [9]. Previous research shows a considerable variation of different individual perceptions and definitions among nurses. For example, Needham (2004) found great disagreements between nurses in their perception of the seriousness of various forms of aggression manifested in clinical practice, and stresses the need for research on the influence of perception of violence on clinical predictions of dangerousness [10]. Different perceptions of aggression are discussed as an explanation for the variance in the reporting of aggressive incidents [11]. In Jansen' study (1997) the results revealed three subscales that were interpreted as three different perceptions of aggression: First, aggression is perceived as a normal and acceptable reaction to feelings of anger. Second, aggression is perceived as a form of violence; and thirdly, aggression is perceived in terms of the function it has for the patient and in terms of the effects, it has on his or her treatment [12].

5. MODELS OF CAUSES OF AGGRESSION

There are three different attitude models: the ‘internal’,

the ‘external’, and the ‘situational/interactional’ model. In the ‘internal’ model inherent characteristics of the patients are viewed to be the cause of patient aggression and violence [7, 13]. This common attitude in emergency nursing practice is underpinned by the biomedical model and justifies the use of medical treatment for aggressive patient. The ‘external’ model focuses on environmental factors contributing to the incidence of patient aggression. Sources for patient aggression are seen, for example, in the ward atmosphere[9], overcrowding [14] or the time that assaults occur. The ‘situational/interactional’ model in contrast refers to the overall context in which aggressive incidents occur and incorporates the variables of the ‘internal’ and the ‘external’ models. The staff–patient interaction is seen as an integral part of this model[7, 15]. Emergency nurses' attitudes on the reasons for patient aggression and its management are strongly connected. The ‘internal’ model leads nurses more often to use traditional management methods rather than approaches that reflect the ‘external’ or the ‘situational/ interactional’ models. Duxbury (2002) maintains that certain attitudes of mental health nurses may lead to the use of isolation and mechanical restraint in dealing aggression. Such interventions are judged to be problematic by patients, relatives, and nursing staff alike [16, 17].

6. MANAGEMENT APPROACHES

These studies indicate the necessity to modulate attitudes, which increase the use of preventive measures, communication skills and de-escalation techniques by emergency nurses to help prevent patient aggression. The relevant literature shows that positive perception of aggression has an impact on emergency nurses' attitudes regarding the prevention and the management of patient aggression. However, there is a lack of local studies measuring the perception and attitude of emergency nurses towards the “internal”, “external” and the ‘situational/interactional’ causes of aggression.

7. CONCLUSION

Workplace violence will continue to occur in the healthcare industry but hopefully through research and education measures can be taken to decrease or stabilize the number of future incidents. It is proven that complex interplay between the various factors that contribute to patient aggression. For example, communication factors contributed to aggression in the ED. In addition, organizational and workplace characteristics as well as patient-nurse interactions are important contextual factors that can affect the incidence of patient and visitor aggression.

It appears that implementing effective communication models in the emergency setting can produce change in emergency nurse' perception and attitude toward

aggression and improve nurses' confidence in managing aggressive patient behavior. Moreover, implementing of such models are hoped to minimize aggression rate and reduce the forceful interventions in managing aggression

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