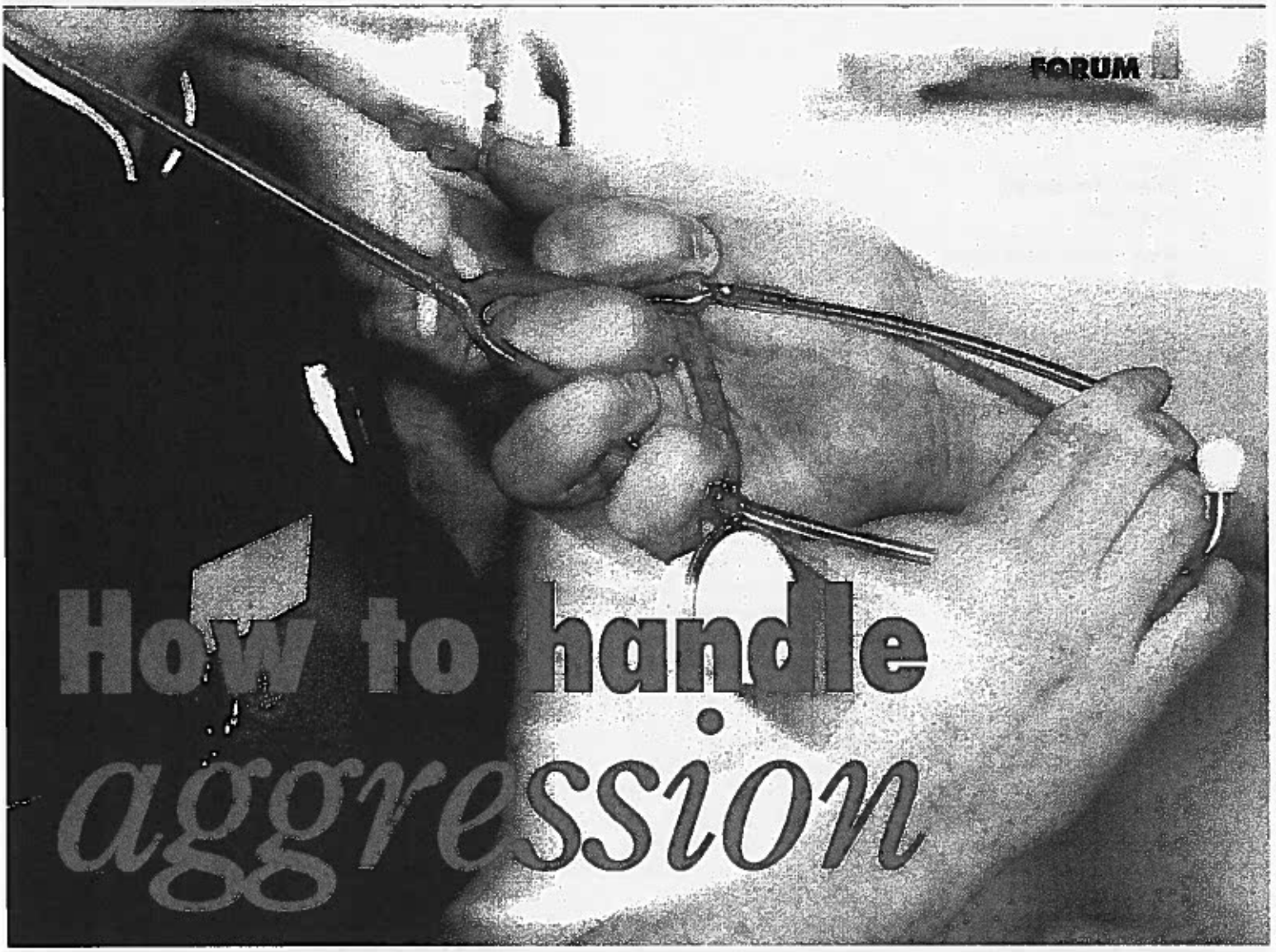

How to handle aggression

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Violence and aggression is now recognised as a major hazard for staff within the health care sector. Barbara Neades describes the strategies to recognise and deal with aggression within A&E.

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The A&E nurse will care for all sorts of human conditions and problems every day of his or her working life, most of which will be a result of sudden illness or injury. The nature of these events will produce intense emotions and reactions, some of which will be displayed as aggression (1). Whittington and Wykes (2) demonstrated that verbal abuse and minor injuries can have a significant effect on the individuals involved, this includes staff and other individuals who witness or are involved in an incident.

If staff are to attempt to resolve aggression in A&E as professionals, it is necessary to assess and manage the problem from a holistic and caring viewpoint, maintaining the safety and dignity of everyone involved. This requires the nurse to identify the factors which influence aggression in the A&E situation, develop strategies designed to prevent it occurring and manage the aggressive situation effectively when it does occur, protecting the patient, staff and any other individuals involved.

Assessing the source of an aggressive situation in the A&E department offers particular difficulties as a number of factors may influence its development. The A&E department can appear a very hostile and threatening place to a patient or relative in an emotionally charged state. From a psychological perspective, the occurrence of a sudden crisis resulting from a serious illness or accident with the hurried removal of an individual to an A&E department, can often trigger strong emotions (3). These emotions of fear, anxiety, confusion and loss of control often result in stress reactions within the patient or relative and can be displayed in a variety of ways.

Contributing physiological factors in the development of aggression in A&E include the consumption of alcohol or drugs. Intoxication with these drugs not only reduces ones capacity to understand and interpret events but also reduces inhibitory responses in times of stress.

Other organic reactions seen in acute confusional states, metabolic disorders, such as diabetes, together

Table 1. Recognising aggression.

- Patient appears tense and agitated
- Voice pitch and volume increases
- Replies to questions abruptly, very often using abusive gestures
- Pupils may become dilated
- Body posture may alter demonstrating muscular tension in the face and limbs
- May make fists with hands
- May bang fists against palm of opposite hand or hit objects within reach
- May use obscenities and sarcasm when discussing the staff

with hypoxia resulting from a head injury, may all result in an altered perception for the patient. The frustration of not understanding may then result in aggression as a self-defence mechanism.

Hostility may also be a response to pain, the severity of which often increases with long waits to see medical staff in A&E (1). The frustration which results from unrealistic expectations of the A&E service can often produce conflict confrontation between the nurse and the patient/relative.

From an organisational perspective, the A&E department itself can also influence the level of aggression displayed by patients and relatives who attend. Lack of information about the well-being of a loved one or long waiting times for treatment as a result of poor staffing levels, can lead to frustration and anger. Poor waiting environments with lack of stimulation have also been suggested as being influential in developing aggression (4).

The nurse may have only seconds to assess the cause of the frustration or aggression he or she senses in the individual.

Judgmental attitudes adopted by staff and poor understanding of the individual's emotional state can also result in confrontation between nurse and patient or relative and nurse. In particular, a sense of lack of control in the individual may precipitate aggression (5). Berkowitz suggests that people are more likely to behave aggressively if cues for aggression are provided by others (6).

It is clear that not all aspects of aggression in A&E are preventable, although a number of influential factors do prevent aggression occurring. If nurses are to resolve the problem of aggression, a comprehensive review of the preventable factors must be undertaken.

The environment to which the patient or relative is received can have a major effect on the response to the stressful events experienced. Simple measures that provide the patient/relative with information, such as clear displays of waiting times and comfortable surroundings in which to wait, can relieve the anxiety and tension that so often results in aggression. Careful consideration of seating arrangements and decor of the A&E department can also help reduce stress while waiting to be treated.

Triage system

In recent years, the increased number of departments providing a nurse triage system has been invaluable in improving the communication between nurses and those attending in the A&E department. During triage the patient can be assessed and gain information with regard to the illness or injury and the expected waiting times.

This initial assessment allows a relationship to be formed between the nurse and the patient and can provide an opportunity for the nurse to reduce the stress experienced by the patient. Access to the triage nurse keeps the patient or relative in constant communication with his or her progress through the department, further reducing stress and anxiety.

Recognising the potential for aggression requires the A&E nurse to have an awareness of the contributing factors in the development of aggression. In addition, he or she must also have an ability to spot physical signs of impending aggression in order to manage it successfully. Aggressive outbursts in A&E departments rarely occur without warning. Jones and Littler (7) suggest there are often signs of impending aggression both verbal and non-verbal that, if left unheeded, may result in violent outbursts (Table 1).

Inexperience and lack of skill in some nurses in dealing with aggression may result in avoidance of the agitated person by the staff until a violent situation occurs. Even in a situation involving an experienced nurse there are sometimes only seconds for the nurse to assess the cause of the frustration or aggression within the individual (5).

Good verbal communication with the aggressive individual is vital in defusing the situation. This attempt to engage the aggressive patient or relative should be undertaken only after summoning assistance either verbally or via an agreed call system. No nurse should approach an agitated individual unsupported.

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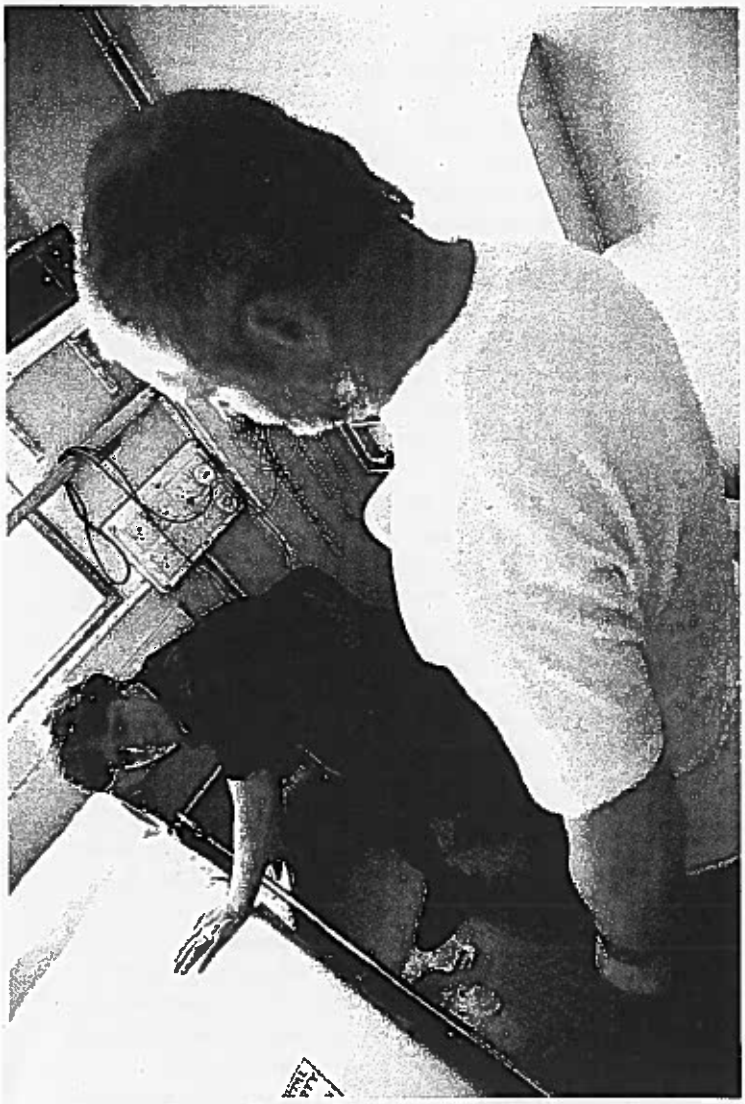

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Aggressive outbursts in A&E departments rarely occur without warning.

A calm, confident non-threatening attempt to engage the individual in conversation is viewed as the first step to restoring order to the situation. Wright (8) suggests an empathetic approach is useful, listening carefully to the individual's complaint in a private but safe area away from an audience. During this attempt to deal with an aggressive individual, the nurse's voice pitch, volume and tone needs to remain within normal conversational range.

If the aggressive individual is confused or under the influence of alcohol or drugs, the nurse may have to repeat the message several times before being understood.

The nurse should listen carefully to the complaint and attempt to offer an explanation or agree a plan of action with the individual to resolve the situation. The use of solutions which are unachievable or the use of inaccurate information to pacify the individual is to be avoided. When these promises are not forthcoming, further aggression is likely.

Walsh (9) warns against engaging in communication with large groups of people in an attempt to defuse aggression. He suggests aggression is amplified by large groups of people, especially in large groups of young males anxious to demonstrate their position within the group through acts of bravado. The aggressive individual should be interviewed in a quiet area offering privacy and dignity, allowing him or her to express the source of grievance.

In approaching an agitated patient or relative an oblique posture is less confrontational to the aggressive individual. The nurse should also be aware of personal space, standing at least an arm's length away from the individual, allowing means of escape should it be required. Positioning the feet slightly apart, with the body weight on the slightly flexed back leg allows quick escape, this position posing minimal threat to the aggressive individual.

Direct eye contact with the individual can also be interpreted as being provocative to the aggressive individual. The nurse's attention is best concentrated away from the face to just below the larynx area. This suggests interest to the individual and allows good peripheral vision for the nurse. It is also important for the nurse to be aware of the danger in being trapped in an enclosed area while this conversation is in progress. The nurse should always ensure there is a clear method of exit should it be required.

The room where the interview is conducted should be free of objects which could be used as weapons. Sharp objects carried by the nurse, such as, scissors, can be easily grabbed and used against the nurse. Neckchains, ties, an inappropriately draped stethoscope, can all quickly become weapons and should be removed before approaching the individual.

If violence does erupt while the nurse is alone, it is not wise to attempt to restrain the individual. Assistance from other departmental staff, security or local police should be summoned via agreed methods. Until help is available the nurse should make every attempt to avoid physical contact, even if this means there is some damage to property.

If assistance is not forthcoming it is better for the nurse to withdraw and observe the individual than engaging the individual alone. This can only be done without putting other patients and staff at risk. If a member of staff is attacked, there should be an attempt made to break away, endeavouring not to put anyone else at risk in doing so.

Show of strength

If the situation escalates and restraint is required to contain the aggressive individual, this should be carried out in a co-ordinated manner with a minimum of four staff. A show of strength is often enough to

subdue some agitated individuals. One staff member should be nominated as team leader and maintain verbal communication with the aggressive patient/relative throughout the response. The individual should be invited to place any weapon in a neutral location.

No attempt should be made to grapple with a weapon. The aggressor should be approached in force and moved to the ground as quickly as possible. The method of restraint will vary, depending on the incident. Clothing rather than limbs should be held to restrain. If limbs need to be grasped, the following points are useful to remember:

- Pinion the aggressive individual's arms to his or her sides, with a bear hug from behind
- Legs and arms should be grasped near major joints. This may require a staff member at each limb
- Weight should be placed on hips and abdomen by lying across the body
- If there are attempts at biting, the head should be grasped firmly and held still
- If possible, the aggressive individual should be moved to a quiet environment
- The individual should only be released on the assessment of the team leader that it is safe to do so.

Restraining the patient in this manner will reduce the possibility of dislocation or fracture and the long-term discomfort caused. The individual's dignity will also be respected while reducing the risk of harm to the staff involved.

Throughout this procedure, it is the team leader's responsibility to maintain communication with the individual, providing clear instructions and support which may help to resolve the situation, and to observe the patient's airway and physical status throughout the restraining procedure.

Physical restraint should be used for the minimum amount of time required to control the individual. The decision to release him or her must be made by the team leader and carried out in a controlled, co-ordinated fashion to minimise risk of injury to the individual and to staff.

Staff injured in the attempt to restrain a violent individual must also be reviewed by a doctor at the earliest opportunity and made aware of their entitlement to criminal injuries compensation, if appropriate. In accordance with good professional practice, procedures and nursing accountability, any aggressive or violent incidents should be reported to the senior nurse/medical officer and recorded appropriately within the nursing documentation. Most accident and emergency departments also require completion of an incident form specifically designed to record verbal or physical abuse of the staff.

Psychological care

In addition to the care of the aggressive individual, the A&E nurse also has a responsibility for the psychological care of the staff and patients who may have been involved or witnessed the incident. Distressed staff or patients/relatives should be afforded an opportunity to discuss their fears and anxieties arising from the incident. It is not a sign of weakness or failure to admit the need for this support to overcome the trauma of such incidents.

There should be a co-ordinated approach to dealing with aggression and violence in A&E departments similar to the co-ordinated approach adopted in dealing with a critically ill patient or a cardiac arrest situation (10).

For this to be achieved there must be a planned policy of response to a violent or aggressive outburst which is known to all the staff within the department and practised on a regular basis.

Its purpose must be to control the violent or aggressive outburst as efficiently as possible, thereby minimising the danger to the aggressive individual, other patients/relatives and to the staff involved.

The achievement of this objective has staffing and educational implications for the A&E management team.

The ability to respond effectively to aggressive or violent incidents in the A&E department requires the provision of adequate levels of experienced staff. Failure to provide the proper staffing levels in effect renders any policy to deal with aggression redundant.

The knowledge and skills required by the nurse to deal with such incidents are not commonplace among A&E nurses. These must be developed through experience and by undertaking specialist training designed to build confidence in the A&E nurse to cope professionally with these incidents for the betterment of staff and patients.

Undertaking these measures will not eradicate the problem of aggression in the accident and emergency department but they will offer the accident and emergency nurse the means to deal with the situation in a professional and appropriate manner ■

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