Preparing and supporting your team for possible encounters with difficult or abusive patients

For the majority of us, arriving at work consists of a normal daily routine. This was not the case for neurosurgeon, Dr Michael Wong, as he went to start his workday at Footscray Hospital in Western Melbourne on 18 February 2014.

As Dr Wong entered the hospital he was viciously attacked, surviving 14 deep stab wounds across his entire body. One of his patients, later diagnosed as suffering from paranoid schizophrenia, had been waiting for him to arrive before unleashing a delusion-fuelled attack on Dr Wong.[1]

You may think patients attacking healthcare providers occurs 'once in a blue moon', but a 2016 report disclosed that in the 2014-15 financial year more than 3,300 healthcare workers were physically assaulted across Queensland alone.[2]

In March 2016, Remote Area Nurse Gayle Woodford paid the ultimate price for doing her job when she was tragically killed as an on-call nurse in outback South Australia.[3]

While these occurrences are of course shocking and as a collective we hope that violence in any form never happens in personal or professional settings; the sad reality is that it can and does happen at varying levels. It is therefore important that your team isn't blasé about the risk of occupational violence and aggression, or the negative impact dealing with difficult and abusive patients can have on healthcare workers themselves.

With nurses identified as the occupational group most at risk of workplace violence in Australia, it is no surprise that by 2030, Australia is projected to have a shortage of 120,000 nurses[4]. It is not just nurses who face an increased risk of physical violence from patients and visitors in the workplace. The World Health Organisation (WHO) states that between 8% and 38% of health workers suffer physical violence at some point in their careers, with many more threatened or exposed to verbal aggression.[5]

WorkSafe Victoria defines occupational violence and aggression (OVA) as "incidents in which a person is abused, threatened or assaulted in circumstances relating to their work.

OVA includes a broad range of actions and behaviours that can create risk to the health and safety of employees and includes behaviour often described as acting out, challenging and behaviours of concern. OVA can result in an employee sustaining physical and/or psychological injuries and can sometimes be fatal."[6]

While many working in healthcare, including general practice settings, simply consider it just a part of their role, violence and aggression against health workers is unacceptable. Inappropriate behaviour from patients and visitors such as being rude, aggressive, sarcastic, disinhibited or making suggestive comments can negatively impact the worker's psychological, physical and emotional well-being and job motivation, while physical violence can have immediate and often long-term effects on a worker's interpersonal relationships, the organisation and the overall working environment. All of these factors can compromise the quality of care for patients who do the right thing and can cause financial issues for an organisation in terms of employee retention, increased sick days and a loss of patients.

Each state and territory in Australia has a Work Health and Safety Act which outlines that employers have a duty of care to provide a safe work environment for their staff. This includes employees who are visiting your practice for short periods of time such as medical students, specialists, locums or those in temporary administrative roles.

To ensure you are familiar with all your state and territory requirements visit the Australian Government's WHS/OH&S acts, regulations and codes of practice web page:

www.business.gov.au/risk-management/health-and-safety/whs-oh-and-s-acts-regulations-and-codes-of-practice

At times, employers have failed in their duty to provide a safe workplace, resulting in significant short and long term harm to impacted team members. Failure to provide a safe workplace by not implementing appropriate safety procedures, proper training, security steps, or not having other protective measures in place, and neglecting to implement appropriate measures that could have resulted in prevention of the assault, or lacking to provide adequate treatment and support following the occurrence of an event can result in compensation claims.[7]

To keep on top of your provision of a safe working environment, your practice team should undertake a regular service, security, environment and risk analysis to monitor incidents and assess the risk of exposure to aggressive behaviour across different areas of your workplace environment. Your practice team, particularly frontline employees such as reception and administrative staff, should be involved in this process with regular feedback and review sessions held to discuss the effectiveness of measures implemented and opportunities for improvement.

After-hours and home visits can involve much higher risks of exposure to violence. To mitigate this risk, it is vital that these staff are confident in implementing standard protective strategies and that they have familiarised themselves with a practised, well-thought out plan to alleviate tense situations and support them during times when their personal security may be at risk. In addition to having a policy regarding the handling of difficult and aggressive patients, regular training for your practice team should be scheduled. As dangerous, confrontational, tense or abusive situations aren't likely to occur on a daily basis, training which outlines the risk factors for OVA, warning signs indicating when a situation may escalate, strategies for handling these situations, implementation of protective measures, and learning about appropriate self-care, can be central to protecting your team's safety and provides you with an opportunity to remind them of how they should address the presentation of any of these issues. The learnings from this training should be embedded within your practice's processes, with regular refresher sessions held that focus on particular elements as necessary or when reflective learning is required.

Given that healthcare workers deal with people in stressful, unpredictable and potentially volatile situations, they are particularly vulnerable to acts of OVA and therefore being able to recognise the risks of violence early can allow for effective intervention before the situation becomes uncontrollable.

Certain medical, neurological or psychiatric conditions are risk factors for aggressive behaviour such as psychotic or mood disorders, personality disorders, dementia and Alzheimer's disease, substance abuse or intoxication, drug-induced psychosis,

and delirium.[8] Knowing when a patient with any of these conditions has an appointment, while also complying with relevant privacy laws and regulations can enable your team to be more conscious of the situation and take preventative steps if needed, such as placing them in a quiet room away from other patients upon arrival.

Patients with medical conditions are not the only risk factors your team should be aware of. Workplace design including poor delineation between staff-only areas and patient areas, poor lighting, over-crowding, excess noise, and limited access to exits, toilets and amenities as well as protracted waiting times and poor customer service can all increase risk factors for members of your team.[9]

Patients, their family members, friends or carers can become difficult, uncooperative and aggressive for a number of reasons including being sick or in pain, fear, frustration, anxiety or distress, not being able to get an appointment quickly, experiencing communication or language difficulties, unrealistic expectations, previous poor experience with healthcare services, or even guilt at not bringing a sick relative or friend in earlier, the list is endless. Any of these reasons can produce warning signals that your frontline staff should be aware of such as demanding and controlling behaviour, showing aggressive/hostile postures and attitudes, an unwillingness to listen, repeated comments of discontent, irritation or frustration, verbal abuse or threats, alterations in tone of voice, size of the pupils of the eyes, muscle tension or sweating, and physical violence against people or property.

If members of your team notice any of the warning signals mentioned above, the first step is to try and determine why the patient is acting the way they are. Are they genuinely angry about the wait time, for example, or could their behaviour be related to their pain, or feelings of uncertainty regarding their consultation? The only way to find this out is to speak with the patient to draw out what they are feeling. Prior to doing this, the team member should inform other staff about what they are about to do so they can keep an eye on the situation and assist if necessary.

When speaking with the patient, staff should be mindful of their language and tone. Speaking softly, even if the patient is yelling, using positive language, repeatedly validating the patient's feelings and giving the patient time to calm down by adding pauses into sentences can help to deescalate the situation.

Of course, none of the above will help if the team member's body language defies their words. Body cues such as grimacing, twisting or pursing their lips, raising their eyebrows, rolling their eyes, or scowling will be noticed by the patient and may be interpreted

as aggressive which will only exacerbate the situation. Maintaining eye contact without staring, putting some distance between the staff member and patient and keeping hands and arms in front of their body without being crossed is less confrontational and conveys honesty and openness.

Although it may come as a surprise for some, an important part of dealing with difficult or aggressive patients can be in the hands of the team member themselves. Understanding their own mannerisms, behaviours and triggers, is important because actions will play a significant role in the outcome of the situation. Usually, difficult and aggressive patients will try to draw staff into an argument and will attempt to bait them into becoming verbally aggressive in order to feel heard, understood and validated. Becoming angry with the patient will likely escalate the situation further whereas by remaining calm, focused and providing thorough explanations for the situation at hand, it is more likely that the team member will be in a better position to deescalate the situation.

If situations escalate to levels that are unsafe, threating and/or violent and a member of your team is verbally, emotionally, physically or sexually assaulted by a patient it is imperative that the incident is reported to a supervisor and action is then taken to involve the police if appropriate.

Healthcare workers may deny that the situation did not happen and or accept it as 'part of the job', this can cause even more issues moving forward as their fear of an aggressive patient can impact the way the team member reacts in certain situations, or cares for particular patients, placing strain on their own well-being.

For example, if a patient was verbally abusive and threatened physical violence after a long wait, the staff member may subconsciously become alert whenever wait times become long meaning their fight or flight response kicks in as their body prepares to act against the perceived threat or danger. Chronic stress disrupts nearly every system in your body. It can raise blood pressure, suppress the immune system, increase the risk of heart attack and stroke, contribute to infertility, and speed up the aging process. Long-term stress can even rewire the brain, leaving people more vulnerable to anxiety and depression.[10]

To ensure members of your practice team feel confident in speaking up, constant effort needs to be made to maintain and strengthen a safe and supportive workplace culture. Your team should know that if they were to experience a situation that is not acceptable (be it big or small and at any time) they can go to their report whom they trust, know won't pass judgment and will support them by protecting their privacy and taking appropriate action.

Following any incident, a debriefing session with colleagues, supervisors or managers is important as it allows the team member to mentally process the event and can help build team morale. Affected staff should be offered external support services and provided with the option to take time off work to undertake counseling and support services as needed.

While the very nature of healthcare requires constant interaction with others, which immediately increases the risk of OVA, it is important this risk doesn't stop workers doing their jobs. By acting on some of the tips above, and with the support of training by a professional,specific to an individual's role and your practice, staff will be able to continue to enjoy making a difference in their patients' lives for years to come.
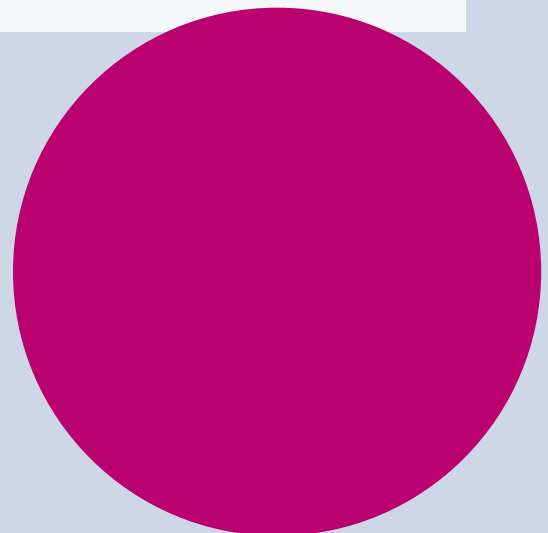
Patient management and staff protection within the RACGP Standards 5th edition

With an increased risk of dealing with difficult and abusive patients in healthcare settings across Australia, the RACGP has incorporated a number of 5th edition Standards requirements linked to supporting the management of these patients and protecting members of your practice team in general practice settings.

These Indicators span across a number of Standards, emphasising the importance of creating a safe workplace and mitigating risk with a variety of systems, processes, policies and training.

As part of your accreditation requirements, the RACGP requires that practice teams must demonstrate compliance with each of these mandatory Indicators. We strongly encourage you to read the specific details of each of the following Indicators which can be found by downloading a copy of the RACGP Standards 5th edition at www.racgp.org.au.

The RACGP has linked the following 5th edition Indicators to supporting patient management and staff protection:

▶ **C2.1>D** Our patients in distress are provided with privacy.

▶ **C3.1>D** Our practice has a complaints resolution process.

▶ **C3.5>A** Our practice supports the safety, health, and wellbeing of the practice team.

▶ **C8.1>A** Our non-clinical staff complete training appropriate to their role and our patient population.

▶ **GP2.4 – Transfer of care and the patient–practitioner relationship**.

GP2.4>A Our practice team transfers care to another practitioner (in our practice or in another practice) when a patient requests the transfer.

GP2.4>B Our practice facilitates the transfer of care of a patient when the practitioner requests transfer of care.

To further support your team with meeting these Indicators and creating a safe environment, AGPAL has a wide range of complimentary resources available for download in QbAY – your Education & Resource Library, accessible by logging in to your AGPAL accreditation hub.

AGPAL resources include:

- Practice safety and security assessment checklist template (C3.5>A)
- Complaint form (C3.1>D)
- Training plan and training register (C8.1>A)
- Request for medical record transfer form (GP2.4>A)

For any personalised accreditation support relating to this topic or any others, contact your AGPAL Client Liaison Officer:

☎ **1300 362 111**   ✉ **info@agpal.com.au**

Please note: this article is an information guide only. As this is a serious topic and at times, some situations can get significantly out of hand and cause extreme harm to staff and/or patients, we recommend that you seek advice and recommendations from trained professionals or legal entities to support the implementation of protective and risk management strategies. In particular circumstances the police must be called by phoning 000 (triple zero) to protect the safety of those in danger and to deal with situations before they escalate.

References

1   Wong, M (23 August, 2017) *I was stabbed 14 times while working at a hospital and survived – to everyone is so lucky.* http://bit.ly/AGPALQN183Ref1

2   Queensland Health (31 March, 2016) *Queensland says no to healthcare violence* http://bit.ly/AGPALQN183Ref2

3   Clark, M. (5 March, 2018) *Never alone: Gayle Woodford's legacy to remote area nurses* http://bit.ly/AGPALQN183Ref3

4   Ward, Adjunct Prof. K. (27 March, 2018) *Zero tolerance for violence against health care professionals* http://bit.ly/AGPALQN183Ref4

5   World Health Organisation (Date unknown) *Violence against health workers* http://bit.ly/AGPALQN183RN5

6   WorkSafe Victoria (June 2017) *Prevention and management of violence and aggression in health services* (Edition No. 2) http://bit.ly/AGPALQN183Ref5

7   Gouldson Legal (11 April, 2018) *Violence Against Healthcare Workers* http://bit.ly/AGPALQN183Ref7

8   Health Insights (17 January, 2017) *Managing patients with challenging behaviour: Acute care setting* http://bit.ly/AGPALQN183Ref8

9   Moylan, S. (December 2017) *Occupational violence and staff safety in general practice* http://bit.ly/AGPALQN183Ref9

10 James, K. (2018, May) *Live and Work Mindfully Workshop* presented at the AGPAL & QIP 2018 Conference, Melbourne, VIC