

IN PRACTICE

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VIOLENCE AND AGGRESSION – FOCUSING ON THE SAFETY OF STAFF USING SIMULATION

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Introduction: In the NHS staff survey 2022, 27.8% of staff reported that they had experienced bullying, harassment or abuse in the last 12 months [1].

On a local level, over 75% of staff who attended in-situ simulation sessions reported that they encountered violence and aggression at work ‘often’ or ‘most shifts.’ 24% of staff reported feeling unconfident in managing violent and aggressive behaviour prior to training, with 52% feeling somewhat confident and the remaining 24% feeling confident.

We set out to design a training session to help staff to de-escalate violent/aggressive behaviour, as well as to improve confidence in being able to escalate or stand up to unacceptable behaviour.

Methods: A program of in-situ simulations was carried out over a 2-month period, across clinical areas in the hospital. Key themes addressed using these scenarios were personal safety, de-escalation, involving security and post-event debrief. Scenarios were adapted to fit in with the location and patient group that staff were likely to encounter.

The full multidisciplinary team were invited to these simulations with attendance from security, doctors, nurses, students, therapists, healthcare assistants, and ward clerks.

Scenarios were run in side rooms or staff rooms to protect the wellbeing of other patients nearby. Professional actors were used when available to increase fidelity.

Post-simulation feedback questionnaires were given to staff and then analysed.

Results: A-hundred percent of staff felt the session was ‘very useful’/‘useful’ in improving confidence in managing violence and aggression, and 100% said that they would recommend the training session to a colleague.

Specific learning points from staff included:

- Phrases to use/not to use, supporting verbal de-escalation
- What a panic alarm was and how to use it
- Consideration of positioning and environment for personal safety
- Team support: how best to help with an ongoing or completed incident

Discussion: During these sessions we identified that staff often felt patients had a right to be upset or angry about their care and subsequently tolerated the behaviour. This was fed back to the local violence and aggression working group, to emphasise the need for trust wide communications about behaviour that is not tolerated. Having senior staff and security present at training sessions allowed feedback of what had been done in response to specific situations.

Staff commented on the need for ongoing training, and therefore the aim is to run this session on each ward in the hospital on an annual basis.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

REFERENCES

1. NHS England, Violence Prevention and Reduction. Available from: <https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/violence-prevention-and-safety/>. [Accessed 5 January 2024].