

## When patients get nasty - dealing with violent or aggressive behaviour

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Violence and aggressive

Photo: Griffith University

behaviour directed towards nurses by patients and their families is underreported, according to literature, most likely due to nurses' high thresholds of tolerance and compassionate nature.

Even so, enough cases are reported to indicate that violent behaviour - both physical and verbal - is a global phenomenon, which can have a long-lasting, negative impact on the nurses at the receiving end.

"Different nurses have a range of different coping strategies to manage aggressive and/or distressing behaviours," says Rhonda Beggs, lecturer with Griffith School of Nursing and Midwifery

"For some extreme cases, managing an aggressive outburst can be demanding emotionally and physically threatening."

Ms Beggs says in some situations, actual violence against the nurse takes place, resulting in injury.



"The impact of verbal and/or physical aggression can have a lasting impact on the individuals who experience this," she says.

"Cumulative trauma can also impact on an individual's long-term well-being."

As such, it is crucial that appropriate responses and support are given to individual nurses after an event takes place.

It's also vital that each incident, once reported, is evaluated in order to implement necessary changes where possible.

One part of this process is recognising why violent and aggressive behaviour takes place in the first place, a complex analysis in itself.

"Aggressive behaviours are influenced by patient factors, environmental factors and staff factors," says Ms Beggs.

Some aggressive behaviours can be influenced by the patient's medical status, for example, a head injury, alcohol and/or drug intake, or their own emotional state, she says.

"A person's own past experiences with health professionals can also impact on their one to one interactions with others at a time of intense need or pain.

"Also, the environment within hospitals can exacerbate some symptoms of psychological distress or mental illness, such as noises, queues, having to repeat your medical history to several different people."

miscommunication.

“Such as misreading signs and symptoms and also skills and knowledge,” she says.

Which is why specific training to deal with negative patient behaviour is necessary, both during university studies and on an ongoing basis within the workplace.

“Nurses are educated about managing these aspects in a number of ways, both as students and then as part of their job induction,” says Ms Beggs.

“Inductions will focus on elements necessary for that area of work.

“On occasions, this may include bespoke training in how to manage situations that may arise in the clinical environment.”

Workplace areas may also provide regular clinical supervision to staff, providing opportunities to discuss issues of concern, as well as personal and professional development.

“Excellent communication skills are key - listening, validating how the patient feels and keeping calm and professional are some examples of this,” says Ms Beggs.

“De-escalation techniques and recognising the 'anger cycle' can also be helpful to staff.”

Ms Beggs says many experienced nurses have developed strategies to recognise and manage people's arousal and can diffuse situations before they arise.

“Recognising potential areas of conflict and intervening before things escalate is helpful,” she says.

“For example, giving patients and their families regular updates on waiting times, treatment options etc, can limit frustration and anguish at a stressful time.”

If nurses do experience a violent or aggressive episode, it's important that they take the necessary steps to look after their own mental health.

“Staff health and wellbeing after the incident is considered paramount and may consist of immediate de-brief with designated other, staff counselling services, health assessment, and support with reporting to the police should the nature of the incident warrant it.

“Any negative experience can have an impact on an individual and impact their own emotional well-being.

“This may be long-lasting or in the immediate aftermath.”

It's important that nurses follow protocols, report incidents as they arise and seek professional support both in the days following, as well as longer term.

“Staff well-being services should be utilised and have a role to play to build nurse confidence after experiencing a negative event.

“Workplace safety for all health care practitioners should be facilitated and is of vital importance both to the individuals who experience distressing events and also to longer-term workforce planning.”

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