

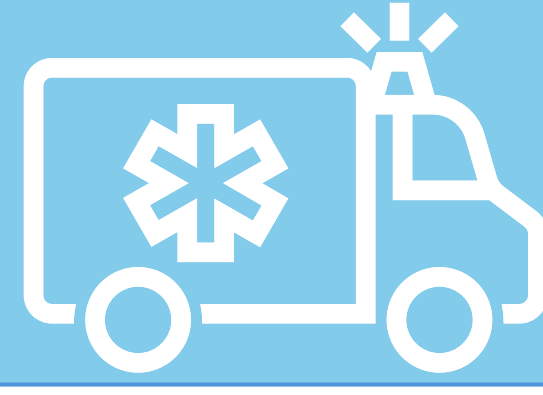
MANAGEMENT OF AGGRESSIVE BEHAVIORS IN THE EMERGENCY SERVICES

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2023-2024



1. INTRODUCTION

What is it?

Workplace violence is when employees suffer from abuse or threats, related to their work, posing a challenge to their safety and well-being (1).
The unique features of the emergency services contribute to the prevalence of conflicts (3).

Who does it affect?

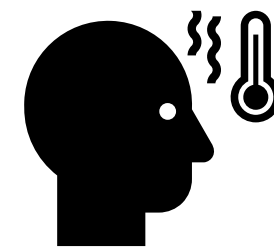
Nurses



Sanitary system



Patient



How does it affect?



Decrease high-quality patient care due to the consequences of the aggressions (2).



Receive worse care, longer discharge times, worsen of conditions (3).



Staff burnout, extended sick leaves (higher costs) (2).

2. OBJECTIVE

Identify interventions for nurses to manage aggressions in emergency settings

4. RESULTS

1) Assessment interventions: used at first contact with the patient. Helps healthcare personnel identify patient's level of agitation (4).

↳ **BARS (Behavioral rating scale):**
Provides a scale to rate the patient's behavior. Afterwards the scale offers a list of interventions for managing the patient based on their level of agitation (4).

1

No agitation

-

7

Extreme violence

2) Early interventions: used in patients who exhibit a low level of irritability. Aim to prevent escalation of aggressive behaviors. Not use of strength.

↳ **Verbal de-escalation skills:**
Communication techniques to calm patients and rebuild empathy, aiming to reduce aggression (5,6,7,8,9,10).

ACTIVE LISTENING

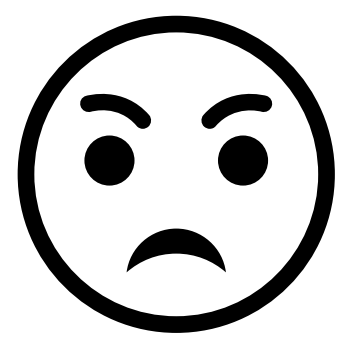
RESPECTFUL LANGUAGE

CLEAR COMMUNICATION

MOTIVATING ATTITUDE

Diversional activities:

↳ Redirect focus through distraction techniques, recreation therapy, and occupational engagement (8,9,10).



I hear you, now tell me about you so I can give you the best care possible.

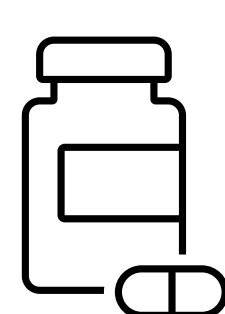


Tolerance and escape:

↳ Initially tolerating aggression, then calling security for assistance and leaving the situation if necessary (7,11).

3) Late interventions: used when early interventions fail or not enough time to apply them because of rapid escalation of aggression. Aim to ensure safety.

↳ **Pharmacological intervention:** Calm the patient without sedation. Oral tablets (5,7,9,12).



↳ **Physical restraint:** Restrict an individual's movement to prevent harm. Used when the patient is a danger for himself or others (5,7,8,12).

4) Evaluation interventions: To enable nurses to assess and reflect their management. Useful to provide insights for future improvements (6).

3. METHODOLOGY

What are the interventions for nurses to use to manage the different types of aggression occurring in emergency services?

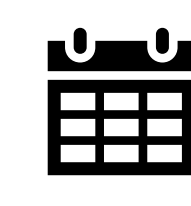
	population		intervention		context
term	nurses	AND	interventions	AND	aggressions AND emergency department
synonyms	nurses OR nursing	AND	interventions strategies management	OR OR	aggressions "workplace violence" AND "emergency department"
tesauro/Mesh	nursing	AND			aggression AND "emergency nursing"



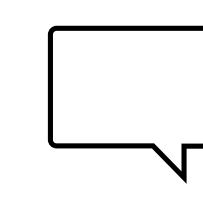
PubMed Clinahl PsycINFO



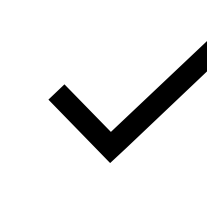
-Nursing
-Interventions
-Aggressions
-Emergency department



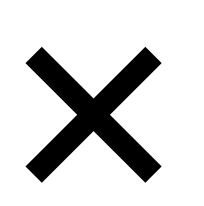
2013-2023



English and Spanish



-All types of aggressions
-Healthcare personnel



-Psychiatric patients
-Prevention interventions



126 articles



36 articles



9 selected articles

5. CONCLUSIONS

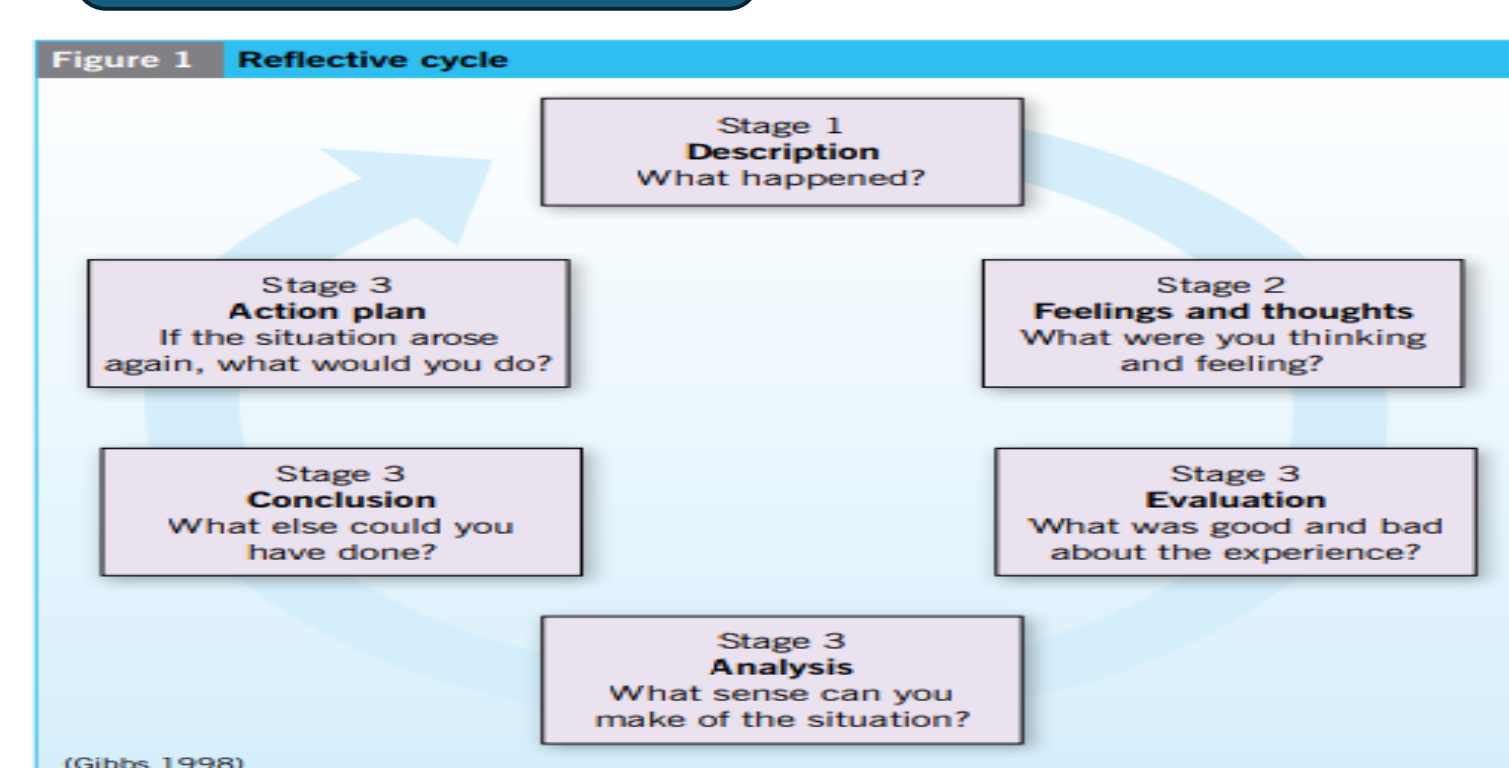
- Early interventions should be the first step for initiating patient management.
- Late interventions pose greater risks for the patient.
- The professionals' attitude is key for effective management and prevention of its escalation.
- Provide training for nurses in school or workshops.
- Use of BARS in the clinical practice.
- Explore more options to avoid physical restraint.



Late interventions

Early interventions

FIGURES



(6).

BARS Assessment		
<input type="radio"/> 7-Violent	<input type="radio"/> 6-Extremely Agitated	<input type="radio"/> 5-Mild Agitation/Calm
<input type="radio"/> 4-Calm/No Agitation	<input type="radio"/> 3-Drowsy/Responds	<input type="radio"/> 2-Asleep/Awakens
<input type="radio"/> 1-No Response		
BARS (Behavioral Activity Rating Scale)		
1=Not Dangerous. Verbal abuse, oppositional behaviors. Calms with instructions.		
2=Quiet and Awake. Normal level of activity.		
3=Drowsy. Arouses to verbal stimuli/gentle shaking, follows simple commands.		
4=Asleep. Awakens to verbal or physical stimuli to follow commands, may move spontaneously.		
5=Minimal or no response to noxious stimuli, does not communicate or follow commands.		
Intervention(s)		
<input type="checkbox"/> De-escalation	<input type="checkbox"/> Diversional Activities	<input type="checkbox"/> Medications
<input type="checkbox"/> Restraints	<input type="checkbox"/> Other (List in Notes)	
For Diversional Activities and Medications, please list in Notes		
Notes		
List any de-escalation steps taken, interventions implemented, notifications made due to assessment results, etc.		
BARS Re-Assessment		
<input type="radio"/> 7-Violent	<input type="radio"/> 6-Extremely Agitated	<input type="radio"/> 5-Mild Agitation/Calm
<input type="radio"/> 4-Calm/No Agitation	<input type="radio"/> 3-Drowsy/Responds	<input type="radio"/> 2-Asleep/Awakens
<input type="radio"/> 1-No Response		
Post Intervention BARS Score		
Use same scale as for initial assessment. Document scale after de-escalation/diversionary activities have been implemented.		

(4).

6. BIBLIOGRAPHY

