

VIOLENCE AND AGGRESSION IN HAEMODIALYSIS UNITS

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INTRODUCTION: Disruptive, abusive and violent behaviour by a minority of patients is becoming a significant problem in some haemodialysis units, with literature suggesting that this is an emerging problem both nationally and internationally. Very little is known about what precipitates disruptive behaviour by dialysis patients, with no existing empirical studies on this topic. This presentation will discuss findings from a recently completed research study that has investigated the extent and nature of incidents of violence and aggression in two haemodialysis units in a London NHS Trust.

AIMS: 1) To identify the frequency and nature of aggressive incidents on haemodialysis units; 2) To explore the experiences of staff and patients of aggression on haemodialysis units; 3) To identify appropriate interventions to reduce levels of aggression on haemodialysis units

DESIGN: An exploratory design using mixed methods (quantitative and qualitative). Data collection methods included: Recording of aggressive incidents using an adapted renal version of the SOAS-R (Nijman et al, 1999) over a 12 month period; staff and patient questionnaires; qualitative interviews with staff and patients.

RESULTS: The incident data demonstrate that aggressive incidents are caused by a minority of dialysis patients and relatives. A very small minority of patients, who are involved in a larger number of the incidents, have enduring mental health problems. Temporal patterns to the aggressive incidents have emerged, with more incidents occurring on particular days of the week and certain times of the day. Qualitative interviews conducted with staff and patients provide some explanation for these temporal patterns, as well as perceptions of potential triggers leading to aggressive behaviour.

CONCLUSION: There is a minority of 'disruptive' patients and relatives. Senior staff are placing patients with 'challenging' behaviour on the same days and shifts; this is when the majority of incidents are occurring. Those patients responsible for a greater number of incidents have enduring mental health problems. The provision of effective psychiatric and psychological support for dialysis patients seems to be lacking, as does the provision of education and training around these issues for staff. These findings confirm anecdotal evidence from other haemodialysis units. However, a larger national study is required to provide generalisation of findings and contribute to national policy and practice.

REFERENCE: Nijman et al. (1999) The Staff Observation Aggression Scale-Revised (SOAS-R). *Aggressive Behaviour*, 25, 197-209.