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SimPRENA

Group interview (focus groups) – SimPRENA project – analysing of partners' interviews

Profile of participants: students, academic workers (teaching staff) with clinical experiences, staff in departments of hospitals/elderly homes/psychiatry department, paramedic.

Number of focus groups:	2 from PL
	2 from CZ
	2 from IE
	2 from DE
	3 from CY
	11 in total
Number of participants:	21 from PL
	36 from CZ
	26 from IE
	17 from DE
	8 from CY
	108 in total

The purpose of these focus groups of students and teachers from the partners involved include the need to identify an effective needs analysis and create templates for sharing best practices in topics dealing with aggression and violence in the healthcare setting. All partners together with the leaders VSZ and SSIS has worked cooperatively in WP2 to create strategic possibilities to identify an effective need of analysis and create templates for sharing best practices in topics dealing with aggression and violence in the healthcare setting. These needs will be the basis of the training materials for teachers and students on simulation-based training to promote competencies in dealing with aggression and violence in healthcare settings.

1. **Do you think that aggression and violence against healthcare workers are a common and serious problem? Have you personally encountered acts of violence in the work environment?**

    - It's increasing and it's both physical and verbally.
    - Both groups discussed the fact that relatives were often more difficult as they can be verbally abusive.
    - Risks to healthcare workers but also to others in the environment including vulnerable service users.

    Causes: patients are confused, disturbed, intoxicated; dementia; psychiatric issues; paediatric issues; waiting room – length of stay; cultural factors; fear; lack of information; poor sleep; miscommunication and aggression as a symptom of a disease.

    We may need definitions of terms (aggression, violence, impulsive behaviour, abuse, etc.).

2. **How confident do you feel in dealing with violence and aggression in healthcare? Why?**

    - Mental health team felt more confident in de-escalation at a lower level but not in scenarios where it escalates dramatically i.e. drug induces psychosis.
    - Students and staff who received course have more confidence in managing violent people (they can recognize steps leading to escalation).
    - There is a need of practical training (not only training in verbal de-escalation).
    - In case of dementia students communicate less and think how to avoid physical violence.
    - Students feel unsafe in crisis situations.
    - Confidence grows with the clinical experience and training.
    - Training in de-escalation improves confidence.

3. **Do you think that the issue of preventing aggression and violence against healthcare workers is adequately addressed at the level of vocational/university education and professional work? Have you attended any training courses to deal with violence and aggression?**

    - There needs to be more continuous training (not only one course but any continuous process during 3 years of study)
    - 25 % had a training without repetition.
    - Limitations of training.
    - Underscoring the complexity of the issue.
    - Students think there is not enough time for that kind of training.

4. **Have you had any other type of training linked to this, such as communication skills, de-escalation, or risk management?**

- Students had training in communication techniques, including de-escalation.
- Had minimal training of MAPA or safety interventions.
- No risk assessment training course.
- Communication training and behavioural change intervention.
- Holistic training approach, enhancing patient care.
- 40-50 % had a training but without repetition.
- Simulation training - yes, but not on this topic.
- Practical sessions.
- Simulations with actors.

5. **What types of training could be useful to reduce the number of incidents or reduce the effects of aggression and violence against healthcare workers? Should the focus be on de-escalation of tensions or self-defence? Who should offer these classes (national health authority/universities/enterprises/local government/central government/other)?**
    - Trauma-informed care training.
    - De-escalation.
    - Some level of protection against assault.
    - Crisis management, foster cultural change, developing empathy.
    - Self-defence training.
    - Training must be useful, easy to understand, effective in practice, easy to teach and train, easy to remember.

6. **Have you used simulation-based training previously and what was your opinion of it?**
    - MAPA training.
    - Simulation.
    - Training in a safe environment.
    - Role-play training.

7. **Do you have experience with simulation learning for communication? What kind? Was it helpful?**
    - Positive learning experience.
    - Principles of CRM.
    - Usefulness.

8. **How important are the following topics in your opinion for teaching materials?**
    - Communication with patients and colleagues.
    - Prevention of unsafe events related to violence negotiation of conflict situation in teams.
    - Development of critical thinking.

- De-escalation and conflict resolution with patients, relatives of patients and colleagues.

9. **What types of organizational improvements (employing security guards/restoring drunk tanks/employing more healthcare staff/improving the registration system/other) should be introduced to reduce the problem of aggression and violence against healthcare workers?**
    - Ensuring that healthcare workers are not triggers for violence and aggression.
    - More staff, alarm buttons, regular training (one per week), risks scales, alarm code, registration of patients, training with security officers and the police.
    - Various strategies.
    - Culture resistance to change.

10. **What types of technical improvements (cameras/security gates/better lighting/other) could contribute to reducing the problem of aggression and violence against healthcare workers?**
    - A supportive milieu where people seek to understand what might be going on in case of a distressed individual before escalating the situation, practising control and restraint instead.
    - Emergency exit.
    - More staff, alarm buttons, regular training (one per week), risks scales, alarm code, registration of patients, training with security and police

11. **Do you think that cases of aggression and violence against healthcare workers are more common than statistics indicate? If so, why? Is the response of the police or other services adequate? What legal changes could be introduced to reduce the problem of aggression and violence against healthcare workers?**
    - Negative media coverage of healthcare and mental health as a rule does not help and instils fear in future patients, causing more aggression.
    - Higher penalties are insufficient.
    - Statistics do not reflect real evidence.

12. **Would you like to share any best practice of training or dealing with aggression with us?**

    - Trauma informed care training.
    - Keep distance, avoid provocation of patients/relatives, early call the police.
    - Improve interactions with patients.
    - Early interventions.

13. **Any additional suggestions about the problem of aggression and violence and methods of prevention.**

- Trauma informed care.
- Good examples, early call for help, regular training.
- Summary guidelines from European countries.
- Multifaceted nature of the problem and the need for holistic approach to prevention and intervention.

SUMMARY

In summary, the focus groups proved that repeated holistic training in communication and de-escalation with elements of self-defence is critical and that a simulation-based approach can be a very useful and effective way of learning. Other learning needs identified are trauma informed care training, cultural changes, dealing with aggressive or abusive coworkers, risk assessment based on an assessment of patients' behaviour and their previous records. Every group agreed that healthcare institutions are understaffed. Several groups mentioned that healthcare workers should have access to patients' criminal record and that an additional record should be kept about the patients' behaviour in healthcare institutions to make it easier to assess the risk of escalation. From a preventative management viewpoint, respondents suggested regular training (one per week), risks scales, alarm code, registration of patients, training with security and police (various strategies; culture resistance to change). All groups agree that aggression and violence towards healthcare workers is underreported. Generally, incidents are reported only when they are serious. Cooperation with the police is viewed positively across all groups. In some countries, recent legal changes have made it more difficult for healthcare workers to effectively defend themselves from aggression and violence. For the question of statistical evidence, there is a lack of the utilisation of the scale for prediction of aggression and violence.