

Triggers of violence and aggression in A&E

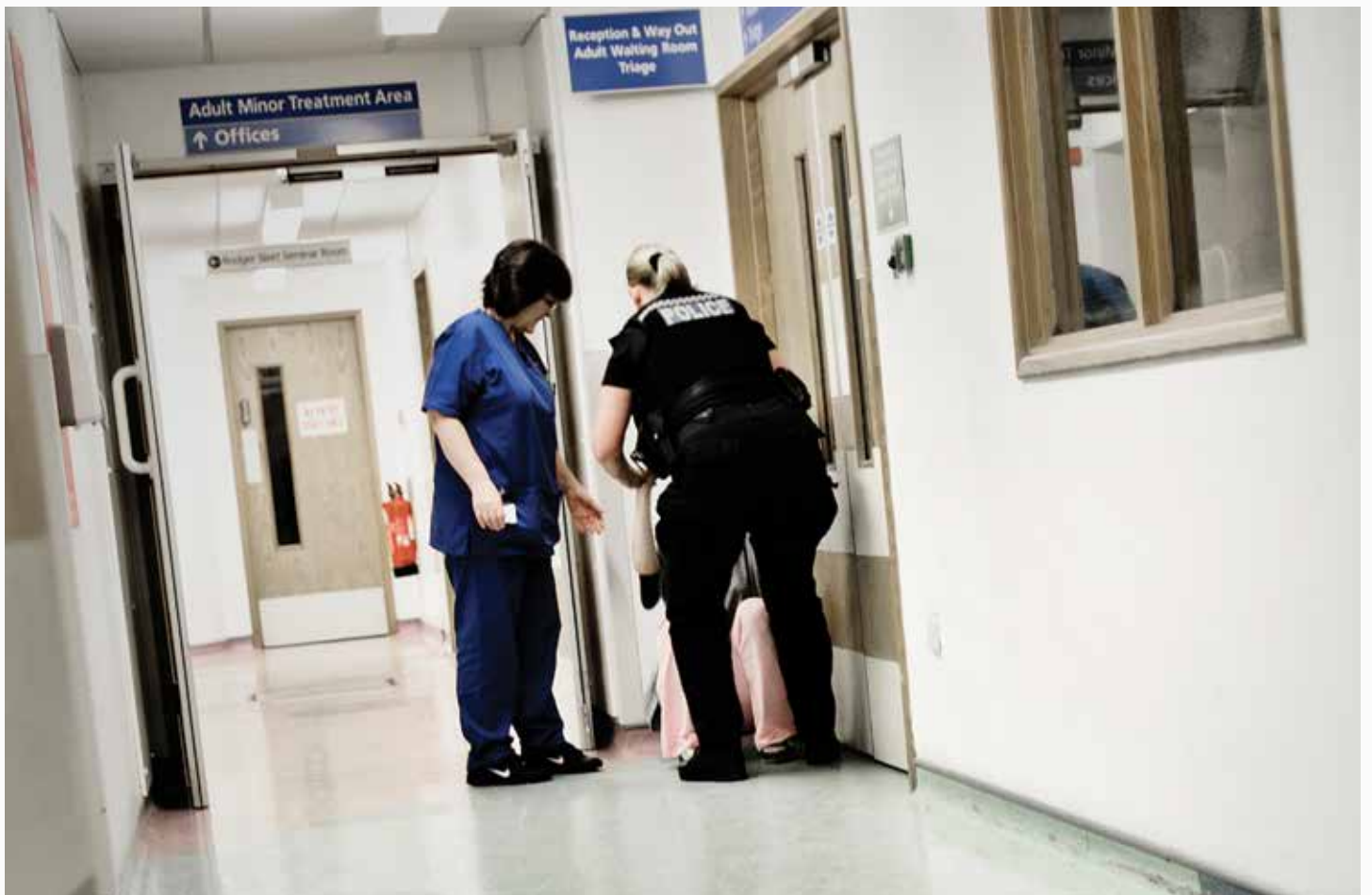
Introduction

In our programme *Reducing violence and aggression in A&E: Through a better experience*, ethnographic research teams conducted several hundred hours of interviews and observations in A&E departments. They identified nine triggers which, beyond the individual characteristics that may make an individual more or less likely to be violent or aggressive, may cause people to react badly.

The main triggers in A&E are waiting times, the way in which patients and other service users feel they are being treated by staff, and patients' feeling of being in an 'inhospitable', 'dehumanising' and 'unsafe' environment.

Individual escalators rarely provoke violence and aggression in isolation. Instead they work together to tip an individual over their tolerance threshold. Therefore, by making a lot of small changes, a big shift can be made to people's experience in A&E, by raising their tolerance threshold.

Clash of people



Many areas in A&E departments are crowded with a range of different people, forced together by difficult circumstances – each undergoing their own stress and dealing with their own complex mix of clinical and non-clinical needs.

Vulnerability

Hospitals are public spaces and in many areas people roam around freely. Vulnerable individuals, such as people in pain, older people, children and pregnant women, often try to find places to sit that offer more privacy, attempting to create divisions and boundaries between themselves and others.

Children

When there are long waits, the waiting room is a very 'still' environment. People sit for hours without moving. With a lack of things to do, children (both healthy and sick) often run around the waiting area. In some hospitals there are no separate waiting facilities for children, which means that adults and children all share the same area. In others, such facilities do exist, but this is not always clearly explained to adult patients accompanied by younger relatives.

Urgency

Sometimes the people sitting in the waiting room look far 'sicker' or more 'urgent' than they are. For example, a person covered in blood may only have a small cut while a person with a life-threatening condition may look completely healthy. Many people experience a sense of disgust and fear at the sight of blood and broken bones.

Contamination

Hospitals are inevitably full of sick people, which can make other patients and visitors tense and anxious. Individuals can feel exposed to others' perceived illnesses, making them feel stressed and defenseless. A&E environments also become dirty, with people constantly arriving from outside, often bleeding, vomiting or emitting other bodily fluids. The longer the stay, the more that some people perceive that they are likely to catch someone else's illness.

Focus of attention

Hospitals cater for everyone in the local community, from the general public to prisoners at the local prison and people spending time in police custody. It is a fairly frequent occurrence for a handcuffed prisoner to be seated in the waiting room with other patients. For many people, this may be the closest they have come to meeting a 'violent criminal' – both exciting, in some senses, and fear-inducing.

Crowding

At busy times, the waiting area can become crowded. Sometimes there aren't enough chairs and people are forced to stand for hours on end. Chairs are also often small and placed very close together, reinforcing feelings of being too close to people with whom you'd rather not be spending time.

Lack of progression



Whilst most NHS Trusts aim to treat 95 per cent of patients within four hours, waiting for any length of time can be a difficult experience. There are few situations in our lives when we are forced to wait for such lengths of time without any sense of progression.

Boredom and anxiety

Boredom and a lack of distractions force people to focus on their immediate surroundings and their condition. People deal with boredom in different ways, but in general there is a sense that as time progresses individuals become more fixated on themselves and they are less able to keep their internal thought processes in check.

False hopes

In this kind of environment, many people 'hang on every word' uttered by staff. Staff often try to be as helpful as possible, providing their 'best estimates' about waiting times. Individuals can find the information that is given to them confusing and misleading, especially when there are multiple waits involved in their patient journey (for example, waiting to book into reception, waiting to be triaged, waiting for X-ray, waiting for a doctor). When this sort of information is exposed as wrong or inaccurate, it can be perceived as deliberate misinformation or lies.

Queuing

Waiting for a long time can make people feel paranoid that they have missed their place or that others are getting special treatment. Patients are often frightened to relax in case they 'switch off' for a second and miss their place in the queue.

Feeling forgotten

After seeing the triage nurse, patients will typically have little contact with any member of staff until they are called through to the treatment area, which is sometimes hours later. Patients can feel isolated, ignored and uncared for during this wait.

Progress

The stillness of the waiting area can give the impression that 'nothing' is happening and nobody is moving forward. This is sometimes interspersed with staff running around, stressed and in a hurry. Individuals can be confused about how no one is progressing, and yet the staff seem rushed and busy.

Uncertainty

People turn up at A&E for many different reasons, and very few are turned away – even if they themselves question being there. Those with the least serious conditions are often made to wait the longest before being sent away, sometimes frustrated that they have invested such a long time in the wait and without receiving any 'treatment'.

Inhospitable environments



Many people describe a dislike of hospitals, not least because they are full of sick people. Beyond the patients, hospitals can be uncomfortable places which are not pleasant to spend time in.

Discomfort

A&E waiting rooms are often designed around the needs of the healthcare staff and others who work in the space. Furniture is selected to be easy to clean, and lighting set at a level which enables high quality CCTV footage. The sum total of the experience can be uncomfortable, not least for individuals who are already in some degree of pain and discomfort.

Lighting

Whatever time of the day or night, A&E environments are brightly lit. At certain times of day or after a long wait, people become tired and want to rest and relax. Intensely bright lights can prevent them from doing so.

Sustenance

Many people arrive at A&E unprepared for a long wait and often need to drink and eat during their visit. Vending machines are frequently broken or empty, and it is not always obvious how to get basics, such as water. Many people also find it incongruous that the only food available in the waiting room is often unhealthy: sweets, crisps and soft drinks.

Maintenance

High footfalls can make even the most well-loved areas appear shabby. Staff make attempts to 'spruce' up areas but often nobody has overall responsibility for maintaining decorative order in specific areas. Dirty, cluttered and unloved sections of the department can be perceived as a sign of unprofessionalism, lack of attention to detail and general lack of care.

Cleanliness

Various kinds of bodily fluids and medical detritus can often be found around the department. Cleaning is a constant job; only nurses are allowed to clean up bodily fluid, and on busy days some can be missed. This can result in blood not being cleaned up for several hours.

Dehumanising environments



When arriving at A&E people can feel 'out of sorts' for a large number of reasons. Sometimes the way patients are managed can further lead to a loss of perspective.

Feeling ignored

People come to A&E to be looked after or treated. For some, the hours of waiting can leave them feeling ignored or uncared for.

Lack of understanding

A&E systems are regimented and difficult for an outsider to understand. People arriving at A&E can feel that they have entered into an 'unknown process' from which they are unable to deviate or leave.

Exposure

The need to treat people quickly can mean that patients are sometimes attended to in places that are relatively undignified or public.

Restrictions

It is often confusing what patients are allowed (or not allowed) to do for themselves in A&E departments. This is the case for even basic needs, such as drinking water (which can have healthcare-related consequences).

Anonymity

Hospital environments afford anonymity to people. The adoption of this new identity may diminish a person's perceived accountability and the perceived likelihood of detection or punishment.

Intense emotions



A&E is a place where people may be experiencing extreme life events, suffering with pain or stress, or having to be party to how other people are coping (or not) with their own stressful experiences.

Mismatched emotional responses

A&E is populated with people experiencing extreme life events and emotions. Staff acclimatisation to 'serious' and 'emotive' issues can create a mismatch between patients' emotions and the practicality of healthcare.

Dignity

Patients can feel that their private medical matters are not given sufficient respect. Sometimes tired staff are more pre-occupied with the practicalities of patient throughflow and saving lives than being empathetic.

Unexpected procedures

Some patients, as a result of their condition, may be less perceptive or aware of things happening around them. Sometimes when staff are attending them or procedures are being conducted, patients may become shocked or surprised (for example, many people have a phobia of needles and can react badly to having a blood test).

Noise

People handle pain, fear and stress differently. Sometimes distressed people make a lot of noise and this can be alarming and provoke anxiety in other patients sharing the same space.

Further implications

A trip to A&E can have many causes (such as domestic violence, car accident, gunshot wounds, stabbing) and a wide number of consequences (for example, loss of work, loss of independence). A visit to A&E can often lead to domestic strife and family stress.

Duty of care

A&E staff are expected to deal with a lot of stress and care for very difficult individuals. Few patients are refused treatment and there can be conflict between the desire to care and the desire to be protected.

Unsafe environments



A&E is typically a very busy environment, with considerable amounts of equipment and large numbers of people using the space. Sometimes these factors can help to trigger or worsen violence and aggression.

Improvised weapons

Throughout A&E there are numerous potentially dangerous pieces of equipment used by clinicians, as well as medical waste (including sharps) waiting to be destroyed. All have the potential to be turned into improvised weapons.

'Imposters'

Hospitals are public spaces and there are typically lots of people wandering around. It can be difficult to know who is supposed to be in a space and who is an 'imposter'.

Releasing tension

People deal with distress and intense emotions in different ways. Some people can release this pent up emotion on equipment or their environment.

Lockable spaces

Toilets and other lockable spaces can create a hazard for staff, especially when people are determined to self-harm, commit suicide, take a hostage or carry out a pre-meditated attack.

Observation

Hospitals typically comprise a complicated network of corridors, rooms and pillars. It can be difficult for staff and security (even using CCTV) to observe people as they move through the space.

Feeling trapped

Lack of escape routes from some areas of A&E can render these spaces unpopular or unusable. When staff do use them they can behave in a defensive manner.

Perceived inefficiency



From a patient's perspective it can sometimes feel as if staff in A&E environments are disorganised and lacking focus. Patients observe themselves and others seemingly waiting for hours, while staff 'busy themselves' with perceived nonessential tasks.

Humour

The odd occasion when staff share a moment of humour – or are perceived to be having 'fun' or doing something other than treating patients – can infuriate patients and visitors, who may find it disrespectful or unprofessional.

Lack of professionalism

Throughout the A&E environment, it is frequently possible to find equipment and signage which looks like it has been 'bodged' together. This can create a feeling of unprofessionalism, lacking authority and consistency of message.

Handover process

For some patients their 'treatment journey' involves a number of handovers between different staff members, especially those who arrive by ambulance. Sometimes these handovers are perceived to be more akin to the delivery of a package, and the transfer of information can lack respect for the patient's privacy.

Redundant equipment

A&E departments are typically full of equipment, some of which is actively used and some of which is no longer functioning. Storage space is at a premium and equipment is often stored in thoroughfares or corridors. Nobody appears to be accountable for keeping areas clear of clutter, and when it is cleared away, it often seems to return almost instantly.

Administration

Paperwork and other more administrative tasks are sometimes perceived as timewasting by the patients, who believe that if healthcare staff aren't interacting with patients then they probably aren't 'treating them'.

Staff signage

Signage aimed at staff can be easily read by patients and visitors. The need to communicate basic information (for example, wash your hands) can undermine the perceived professionalism of staff. Furthermore, staff often become acclimatised to these messages and lose the ability to see them from the patient's perspective.

Orientation

Staff often spend time looking for things or trying to locate the right equipment. This is compounded by a fast rotation of medical students and junior doctors who are unfamiliar with the space and the location of stored equipment. Looking lost or disorganised, or not having the correct equipment to hand, contributes to patients' perceptions of the professionalism of staff.

Inconsistent response



Hospital environments are often tightly controlled by policies, guidance, rules and regulations – much of which is difficult to decipher, inconsistently applied, and can be contrary to what happens in practice.

Security

When a violent or aggressive incident happens, calling security or the police is sometimes the only possible response. However, a security presence can inflame an already tense situation.

Infringing liberties

For a variety of reasons, some patients decide midway through treatment that they want to leave A&E. If clinicians are concerned about that person's welfare they may try to stop the person from leaving which can create conflict.

Unenforced rules

The walls of A&E departments are often covered with rules – such as no smoking, no mobile phones, one family member only. These rules are often unenforced or unenforceable, and inconsistent punishments for breaking rules can trigger or escalate aggression.

Preferential treatment

Some people in A&E are more demanding of staff. Sometimes this behaviour can unfairly result in preferential treatment.

Slow response

Sometimes staff – and potential perpetrators – perceive that security is too far away or will take too long to be of any real help in an incident.

Easy targets

There are many situations in A&E where staff and patients perceive that they are isolated or vulnerable. Some staff members, such as receptionists, are also perceived to be 'easier targets' because of their lack of authority or inability to refuse treatment.

Staff fatigue



Working in an A&E department is highly demanding on staff, many of whom work 12-hour shifts. Over time, staff can become both physically and emotionally tired, struggling to find the energy to deal with the constant flow of patients.

Workload

An A&E department is typically open 24:7 with a fairly unpredictable workload. Weekend evenings and Monday mornings are busy, but staff are always on their feet dealing with a constant flow of patients.

Patience

Many clinicians feel worn down by patients who feel certain of their condition, and demand a certain diagnostic process and course of treatment. Feeling undermined and frustrated can result in staff losing their patience.

Negativity

Working in a pressurised environment over the course of many years will give the average clinician a large number of patient experiences. Unfortunately it is often easier to remember negative experiences, rather than positive ones.

Manners

Some staff feel that most patients in A&E are not polite and do not have good manners. Whatever the reasons for this, it can result in staff perceiving the general public as 'rude' and 'demanding'.

Teamwork

In some busy and noisy environments staff can find it difficult to communicate with each other, sometimes resorting to raised voices or shouting. Frustration can sometimes build when staff members are not able to communicate with each other normally.

To find out more about *Reducing violence and aggression in A&E: Through a better experience* please visit designcouncil.org.uk/abetteraande

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Registered charity number 272099
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