Exploring staff experience of organisational support after experiencing or witnessing consumer aggression in an acute mental health setting

Authors: Lim E, Gillman L, Dillon M, Spears, J, McArtney A, Griffiths R, & Newton M.
Institution: Royal Perth Bentley Group, Perth, Western Australia
Don't include author details in submission

ABSTRACT

Introduction/Background

In an acute setting, aggression may be displayed by as many as one in five mental health consumers. Aggression may be triggered by personal, external (e.g. involuntary admission) or interpersonal factors. Staff who experience or witness consumer aggression may have direct or vicarious impacts on their wellbeing and ability to deliver quality care.

Aim/Purpose of the project

To explore mental health staff experience of organisational support following exposure to occupational aggression.

Methods/Process/Who is being studied

Focus groups with staff working in all inpatient mental health units in RPBG were conducted from November to December 2018 as part of a quality improvement (QI) activity. Participants gave verbal consent to participate, with questions exploring staff experience of organisational support, the nature of support they had received, or would enhance support for staff following workplace aggression. Data saturation was reached when no new information emerged from subsequent focus groups. The constant comparative method of analysis central to the grounded theory was used and guided the coding process, and construction of categories that were rich in the participants' experience.

Results

Data saturation was achieved after nine focus groups were conducted (n=24 participants). Overall, the participants were negative about their experience of organisational support following occupational aggression. Three categories emerged from data: 1) Feeling undervalued by the Service; 2) Being abused by consumers is a part of the job; 3) Realising that we may need to heal on our own.

Recommendations/Conclusion

This project has highlighted the importance of including stakeholders in the assessment, planning and evaluation of organisational policies relating to occupational aggression. Strategies identified to strengthen organisational support included implementing a post incident checklist for managers responding to workplace aggression, providing resource packs to impacted staff, implementing team 'check ins' to monitor staff wellbeing, and promoting engagement in clinical supervision and mentorship.

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