

DOES THE ATTITUDE MATTER? A SURVEY ON PSYCHIATRIC NURSES' VIEWS ON VIOLENCE RISK ASSESSMENT

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Attitudes of nurses and nurse managers towards violence risk assessment and management: A cross-sectional study in psychiatric inpatient settings

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- Catchment area 2.2 million citizens
- 26 psychiatric inpatient units, both general and forensic
- Clinicians from 3 units + experts-by-experience involved in the co-design process

Clinical challenge year 2022:

Violence common in inpatient settings

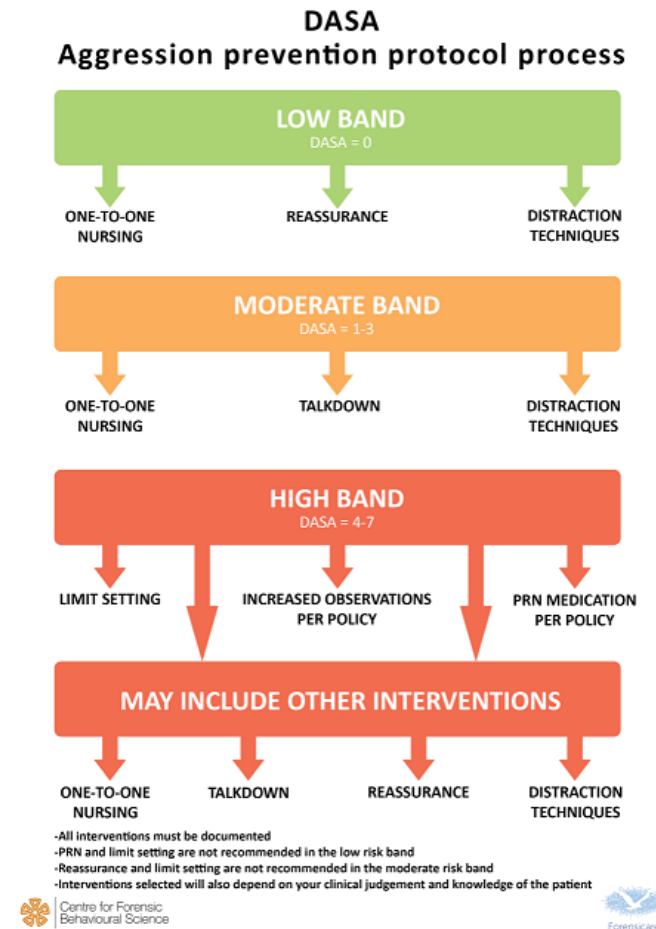
Traditional management of violence

Most units do not use validated tool for short-term violence risk assessment



We chose eDASA+APP to address this challenge

- We wanted to have an intervention that could be integrated into the electronic health records (HER, EPIC-based)
- Electronic DASA (Dynamic Appraisal of Situational Aggression, Ogloff & Daffern 2006)
- Aggression Prevention Protocol (APP)
- Based on two Australian studies, the use of the eDASA + APP reduces **incidents of aggression** and **restrictive practices**



Consolidated Framework for Implementation Research (CFIR) 2.0

In this project, we focus on making implementation sustainable – that's why we started with individuals

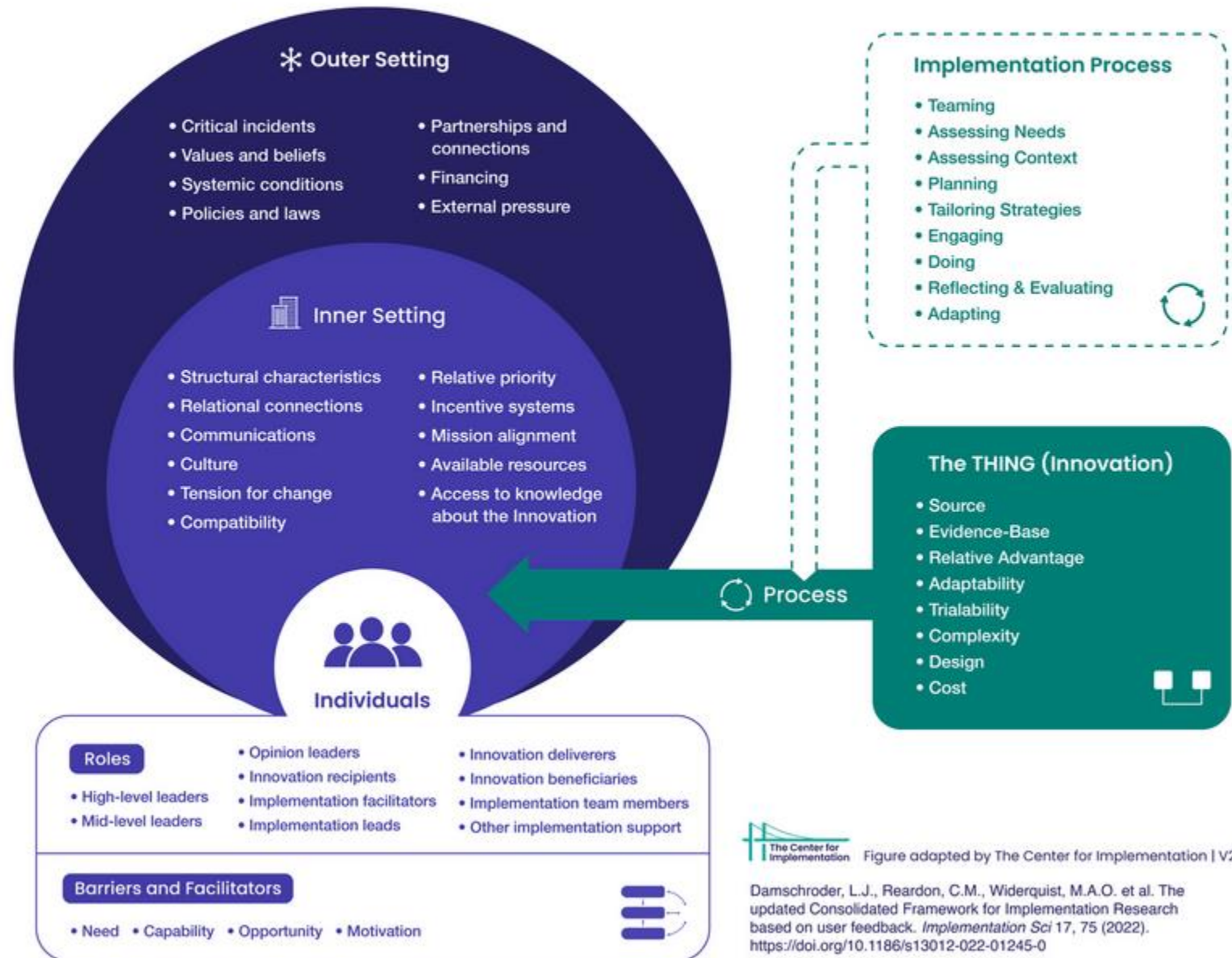


Figure adapted by The Center for Implementation | V2024.01

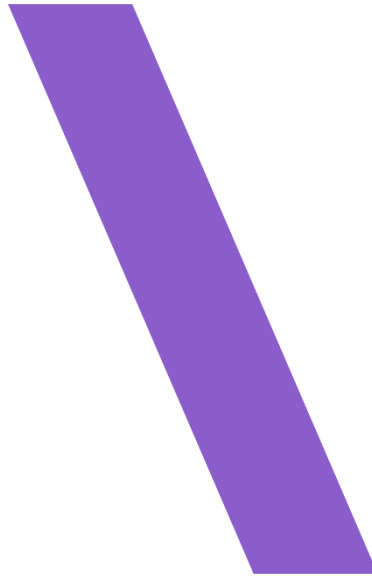
Damschroder, L.J., Reardon, C.M., Widerquist, M.A.O. et al. The updated Consolidated Framework for Implementation Research based on user feedback. *Implementation Sci* 17, 75 (2022). <https://doi.org/10.1186/s13012-022-01245-0>

Attitude survey at the beginning of the project

- "Mental health nurses' attitudes towards risk assessment, risk assessment tools, and positive risk" (Downes et al. 2016)
- 13 statements
- 26 adult psychiatry inpatient units
- Nurses and nurse managers
- Statistical analysis methods



Participants



- 142 replied (response rate 24%)
- 57% women
- 47% nurses, 13% managers
- Work experience in the field of mental health on average 13 years

What did the responses tell us?

1. Almost all felt that risk assessment was their responsibility and that risk management plans were important
2. 1/4 felt that the assessment is the responsibility of the doctor
3. More than half preferred their own assessment over validated scales or had not formed an opinion
4. A similar distribution when asked whether scales are effective in identifying those at risk
5. Older respondents and nurse managers had more positive attitudes vs younger respondents and staff nurses



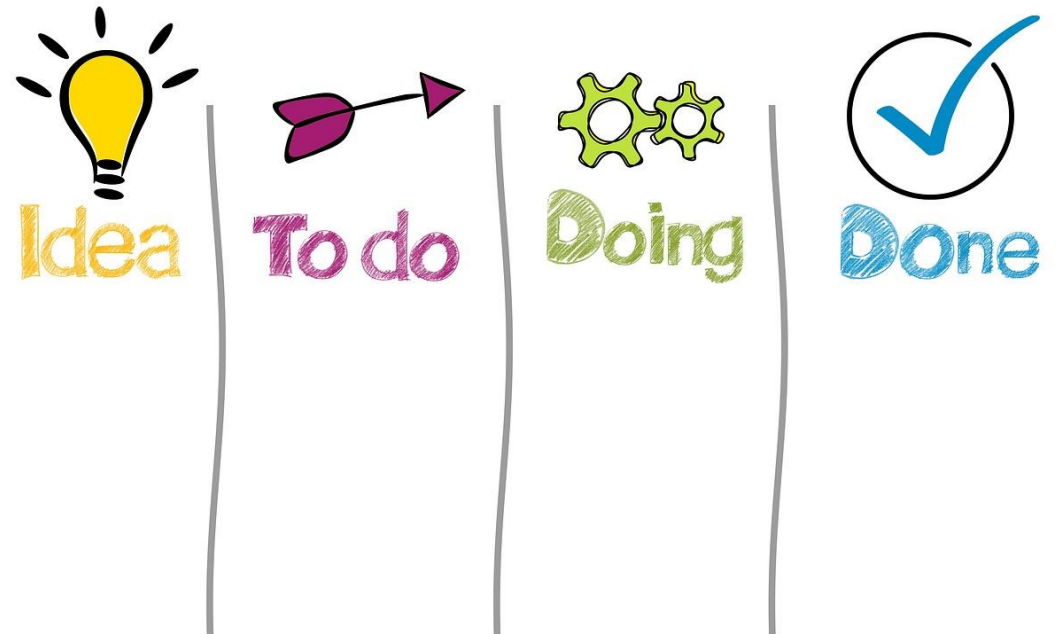
Reflections on the results



- The results are partly contradictory: the risk assessment of violence is considered essential, but not by using validated scales
- The results may be partly due to the tradition of mental health nursing to treat with one's own personality
- Noteworthy young nurses' negative attitudes

What have we done with the results?

- Research evidence about benefits of using validated scales during eLearning module
- Co-design workshops to make the eDASA+APP suitable for HUS Psychiatry
- We focused contact training on nurse managers and champions= their role is crucial in supporting implementation
- The survey will be repeated in Nov 2024, when the eDASA+APP has been in use for about 4 months





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Thank you for your attention!

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