

Occupational Stress and the Management of Violence: Introducing the OSCAR Project

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There is a growing body of evidence to suggest that mental health workers experience considerable stress in the course of carrying out their work, and that stress and burnout not only affect the level of performance and the success of interventions of mental health workers, but also job satisfaction and ultimately their own health (Carson et al, 1996). Increased workloads, understaffing, job insecurity and continuing rapid organizational change have all been put forward as major sources of stress (Fagin, 1996).

An issue, which has often been cited as a particular stress factor is the increasing intensity of work, with more highly disturbed and potentially violent patients (Thomas, 1997). For example, in the UK the NHS Executive has estimated that the average number of violent incidents in mental health\learning disability Trusts is three times the average for all Trusts. Whittington (1994) found an average rate of reported assaults in psychiatric wards of about one in every eleven days. Gournay (2001) found a reported rate for inner London of one every 3.5 days. Ryan and Poser (1993) reported that 26% of their study sample of psychiatric nurses reported having been the victim of assault in the previous month, and that only 8% reported never having been assaulted at any time in their career. In a representative national sample of more than 2600 Swedish nurses, Arnetz et al (1996) found that the relative risk of exposure to violence was 16 times greater for psychiatric compared to general nurses, and 24 times greater for threats of violence.

Efficacy of Interventions

The majority of studies carried out thus far have been cross sectional surveys and cannot adequately address issues of aetiology. Several have had extremely small sample sizes and their findings cannot be generalised. Some studies have not used standardised instruments to measure stress and burnout. Furthermore these studies have been very generalised in their focus and have not addressed specific stressors in depth. For these reasons, research thus far has not been able to specifically examine the aetiology of occupational stress when working with severely ill potentially violent patients. Relatively few studies have attempted to develop an intervention aiming either to reduce the incidence of violence, or to reduce levels of stress in the mental health workplace. Those studies which have evaluated the efficacy of intervention have not had the benefit of an experimental design. For example, both Murray & Snyder (1991) and Flannery et al (1994) reported fewer violent incidents following staff support intervention programmes - neither study had control groups. Infantino & Masingo (1985) found a lower number of injuries among staff with aggression control training, compared to untrained staff. Whittington & Wykes (1996) found a lower rate of assault towards nurses who attended a 1 day training session compared to untrained nurses. The goal of the training was to improve psychological coping strategies in dealing with violent psychiatric patients. However, a recent Swedish study (Arnetz, 2000) did have an experimental design. She explored the effects of continuous monitoring and feedback upon the frequency of reported violence in the workplace, and found that staff in the experimental group reported better awareness of risk situations for violence; of how potentially dangerous situations could be avoided; and of how to deal with aggressive patients.

The Contribution of the OSCAR Project

The OSCAR study holds out the potential for advancing our knowledge and understanding of these important issues on a European basis, by seeking to evaluate the efficacy of intervention with respect both to the reduction of violence in the workplace, and with respect to the related management of occupational stress. The OSCAR project therefore breaks new ground in that :

1 It is the first to consider the specific aetiological linkages between occupational stress and the management of violent clients

2 It is the first to consider these issues from a pan-European and comparative policy analysis perspective

3 It is the first to consider the development of European standards for risk management and the prevention of violence and the consequent reduction in occupational accidents

4 It is the first to develop a problem-solving approach to the development of a common European training programme designed to assist :

" Effective occupational stress management with respect to working with severely mentally ill clients at high risk of violence

" Effective risk management to reduce the incidence of occupational accidents linked to the occurrence of violent behaviour elicited by severely mentally ill clients with co-occurring drug misuse

" High risk patients to increase self management skills with respect to the prevention of violent behaviour, with a view to increasing their quality of life and independence

" It is the first to evaluate the effectiveness of such a training programme

Specifically, its objectives are to:

1) Compare across six European mental health services the levels of occupational stress and burnout of mental health workers in acute hospital and community settings linked to violent incidents among severely mentally ill patients.

2) Evaluate the effectiveness of risk management and assessment strategies on a trans-European basis.

3) Explore in depth the aetiological factors involved in incidents of violence and develop a trans-European profile.

4) Develop a comprehensive assessment tool across the European centres for the needs and disabilities of the severely ill at risk of violent behaviour.

5) Design and develop a standardised trans-European educational package for effective risk management and reduce occupational stress.

6) Evaluate the effectiveness of the educational programme.

7) Disseminate the results of the project on a European basis.

Methodology

The method is a quasi-experimental research study. For each participating European centre, 30 acute inpatient care staff and 30 community mental health staff will be chosen as the experimental group while similar controls will also be identified. There will therefore be 120 staff involved in either the experimental or control condition at each participating European centre, and over 700 staff involved in the study in total. The staff groups will be assessed at baseline, and followed up for occupational stress and burnout. Frequency of incidents of violence will also be systematically monitored throughout the study. The experimental staff groups will then be trained in an intervention specifically designed in response to the baseline measures taken. A follow up evaluation will compare experimental and control staff groups within each site and across the European centres. Outputs include a European data base, standardised and evaluated risk assessment and stress reduction training packages, and an electronic message board for dissemination.

Participating Centres

Number, Name, and Acronym of Participating Centre Area of Expertise

1. Middlesex University, London, UK: Co-ordinator (MU) Occupational stress, Risk Assessment and Management, Design and development of education and training programmes, qualitative and quantitative data analysis: collaborative international research
2. Institute of Psychiatry and Neurology, Warsaw, Poland: Contractor (IPiN) Quantitative and Multi-variate data analysis; Research Methodologies, and Occupational Stress;
- 3 University of Tampere, Tampere, Finland: Contractor (UTA) Qualitative research; quantitative research; evidence based design and development of training packages
4. Chancellor, Masters and Scholars of the University of Cambridge: Department of Psychiatry: Contractor (UCAM-Psych) Set up and design of service-related pan-European outcome studies; Delivery of hospital and community services; supervision for health-related occupational stress for doctors
5. The Social and Psychiatry Department of Stroestrom County, Stroestrom, Denmark : Contractor (SPDS)
Delivery of hospital and community services, research in organisational risk factors in hospital and community care; developing district service data bases for hospital and community teams; evaluating care co-ordination in community services
6. The Psychiatry Department County of Aarhus, Aarhus, Denmark: Contractor (PDCA) Delivery of hospital and community services; linkage of acute in-patient and community services; risk factors in psychiatric hospitalisation; acute care hospital and community service needs analysis; collaborative research
7. The Nordland Psychiatric Hospital Bodo, Norway: Contractor (NPS)
Risk factors for acute admission; design and delivery of training programmes; delivery of hospital and community services, multi-centre collaborative research; compulsory use of admission for violent clients

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