Moira G Sim
Toni Wain
Eric Khong

Aggressive behaviour

Prevention and management in the general practice environment

Background
Aggressive behaviour is commonly encountered in the general practice setting and can often be de-escalated using good communication skills.

Objective
This article provides strategies to reduce and manage early aggression in the general practice environment.

Discussion
Aggressive behaviour usually occurs when a person feels unfairly treated. Having a systematic approach to the problem can improve safety for both staff and patients. This includes patient centred practice, identifying and managing the early signs of aggression to prevent escalation, having a plan to seek assistance if required, setting limits using a calm respectful manner and reinforcing limits using behaviour contracts when required. The physical layout of the practice and restraint of aggressive people are beyond the scope of this article.

Keywords: doctor-patient relations; delivery of health care; health services, stress, psychological; mental health

CPD

Recent increased attention to aggressive behaviours in healthcare settings reflects a similar perception of violence in the community.[1] Aggressive behaviour is common in both urban and rural Australian general practice, with verbal abuse the most common form of aggression experienced by general practitioners and practice staff.[2–6] One recent Australian study reported 58% of GPs have experienced verbal abuse by patients.[6]

General practice is by nature accessible, interactive and busy, conveying an inherent risk for aggressive behaviours. Receptionists often have to deal with the competing priorities of multiple patients at the front counter and on the telephone, as well the requirements of GPs and practice nurses.

General practitioners and their staff need to work with challenging behaviours, allowing the provision of therapeutic care while protecting themselves and other patients from psychological and physical harm. Patients also have the right to dignity and respect.

Preventing aggression

Underlying factors in aggression

Aggression does not usually develop suddenly or in isolation. Dollard et al[7] developed the frustration-aggression hypothesis in 1939 – aggression is always a consequence of frustration (experience of being thwarted from reaching an expected goal). Bandura emphasised the impact of social learning in modulating the response to aggression.[8] Aggressive behaviour is more likely if there is a perception that the frustrator deliberately or unfairly attempted to block the goal attainment or the action is viewed as a personal attack.[9] Within the healthcare context aggressive behaviour may be precipitated by a perception of not being respected, not being listened to or being treated unfairly.

Frustration alone does not necessarily result in aggressive behaviour. Personality and prior social learning interacts with situational factors to determine behaviour in a given circumstance.[8–10] Psychological and physical discomfort, such as pain and uncomfortably hot ambient temperatures, are known associations with aggressive behaviour.[9,11] In the emergency department setting, prolonged waiting

periods, crowded waiting rooms, fear of the unknown and circumstances surrounding illness contribute to aggression.[12] Underlying medical conditions may effect behaviour such as metabolic disorders (eg. hypoglycaemia) or neurological disorders (eg. dementia or delirium).[12]

Conversely, pleasant experiences and explanation about mitigating factors, particularly preceding the frustrating experience, are associated with less aggressive behaviour.[9] Good communication and attention to the patient experience has the potential to alter perception and consequent behaviour.

Risk factors for aggression

Young age, a history of violence, severe mental illness (particularly acute psychosis with paranoia and persecutory delusions) and substance abuse are identified risk factors for aggression.[12] However, excessive reliance on these characteristics can be misleading and may lead to assumptions that further alienate already disadvantaged groups. The presence of risk factors suggests that greater patient centredness may be required to reduce risk.[13]

Strategies to prevent aggression

Practice staff with a friendly, patient focused approach that values the patient, acknowledges their individual situations and demonstrates a willingness to help can go a long way to reducing the stimuli for aggressive behaviour.[13] While aggression is never to be condoned, understanding the contributing factors allows a more effective systematic response (*Table 1*).

Systems approaches can reduce the likelihood of long waiting periods and reduce agitation when waiting is unavoidable. Examples include emergency appointment slots, courtesy message systems to alert patients to delays before they leave home, and rescheduling late patients so that their delay does not impact on patients to follow.

Management of aggression

Recognising aggressive behaviour

Body language can signal escalating frustration or anger. Examples include facial signals (staring, frowning), body signals (fidgeting or pacing, clenched fists, crossed arms) and gestures (finger pointing, chin thrusts). Learning to pick up these cues can help alert staff to act before behaviour escalates.[13]

De-escalating early aggression

Responses from others can reinforce feelings, making behaviour worse or it can calm and de-escalate the situation.[13] A focus on addressing individual needs in the interaction can make the patient feel safer and less distressed.[12]

Communication strategies

- Make a conscious effort to stay calm
- Approach in a warm, friendly, open manner, avoiding confrontational body language such as crossed arms and standing too close. Be careful with the use of touch as it may be interpreted as a threatening gesture in some circumstances
- Treat the person respectfully
- Speak softly and clearly with warmth and assurance. Speak in simple language, use short sentences but be careful not to 'talk down'
- Maintain good but nonthreatening eye contact using facial expressions and nodding to convey attentiveness and understanding

Table 1. System responses to reducing aggression in general practice

Factors that increase aggression	Factors that can reduce aggression	Practice system response
Perception of and being treated unfairly, being personally attacked, eg. if a patient perceives that others have been given unjustified priority	Respectful and friendly staff who show understanding of the person and their adverse circumstances and who communicate well, eg. explaining mitigating circumstances to remove concerns about being treated unfairly	Staff training in good communication with all patients
Delays in waiting time	Attention to appointment systems to reduce the likelihood of delays as well as to communication about delays	Consideration of strategies such as different ways of scheduling appointments and patient messaging systems alerting them to delays
Uncomfortable and hot environments	A pleasant environment with materials to distract while waiting	Attention to comfortable seats, reading material, relaxing music and toys
Individual factors: previous tendency to cope with frustration through aggression or patients who are in psychological or physical discomfort	Staff sensitivity to personal factors and demonstration of empathy	Communication systems that ensure staff are aware of patients who have previously been aggressive or have special needs. Communication within the practice to accommodate patient needs, eg. informing the doctor when the patient is in obvious pain

- Where possible avoid distracting activities such as writing or looking at the computer
- Show compassion and use considerate gestures (eg. offer a glass of water). Communicate understanding and willingness to help
- Try to find out what the problem is from the person's point of view. Ask open-ended questions such as 'what can I do to help?'
- Acknowledge frustration and the importance of the issue for the person
- Give clear messages that:
  – you want to help
  – you understand their point of view (which does not necessarily mean you agree with it).

Hearing them out

When people have heightened negative emotions they often cannot rationalise, problem solve or listen to what you are saying. It is important to wait for the emotion to recede before trying to respond. Determining the right time to speak is vital and waiting for silence is a good strategy.

Exploring solutions

Once you have listened it may be possible to explore solutions. Do not promise what you cannot deliver; rather explain why and offer what you can instead (positive redirection), providing choice and using timeframes where possible. For example:

- 'I can get you in to see Dr B this morning. Dr A is already fully booked but he could see you tomorrow afternoon. Which would you prefer?'
- 'I'm afraid I can't prescribe MS Contin to you today as the health department has asked me to check with them before starting this on new patients. They are closed for the day, so I can call them tomorrow morning. Do you want to come back tomorrow after I have spoken with them?'

Ensuring that de-escalation has occurred

In many cases a calm, respectful and helpful approach is enough to de-escalate early aggression.[12–14] Check that the solution is acceptable and that the situation has de-escalated. This may mean following the patient's progress through each part of the practice. For example, if a patient is agitated at the reception desk. The GP should be aware of what has occurred. Where possible, on the patient's return to reception the same staff member should continue the interaction.

Figure 1 provides a roadmap to follow when faced with aggressive behaviours. It uses the concept of a central highway to show that de-escalation is the central highway of management.

Limit setting

Sometimes what the aggressor seeks cannot be given and it is necessary to communicate a different viewpoint. The most common contexts for patient initiated violence in a GP survey in New Zealand were a request for drugs, sexually inappropriate comments, complaints, certification (eg. sickness and benefit forms) and the management of psychosis.[15] A common thread is the mismatch between what the patient wants and what the doctor believes to be appropriate. The aim is to achieve a solution where possible and if not possible, at least an agreed understanding. The mnemonic 'ACR' summarises a good approach:

- Acknowledge feelings and issues raised, demonstrating that you have understood the other person's point of view
- Agree and apologise if possible
- Ask for a change in any unacceptable behaviour. (You may need to use the 'broken record technique', repeating simple instructions when there is no response)
- Communicate limits and consequences of breaching a change in behaviour. Always follow through with the consequence if you have stated you will do so
- Clearly state a different viewpoint, such as what can and cannot be achieved and why
- Choice should be offered where possible
- Repeat what has been agreed and consider using a verbal or written contract
- Reinforce the agreement at subsequent contacts
- Review the incident within the practice to identify what can be learned and improved.

The two-part *Case example* provides an example of how this approach can be used. For effective management of behaviour it is important for all practice staff to be consistent.

In some cases, it may be appropriate to send a follow up warning letter to the patient reinforcing the seriousness of what has transpired and the need to discuss the terms of continued attendance at the practice.

Case example – part 1

An incident at the reception desk

The practice manager hears shouting and approaches to assist the receptionist who has been unable to de-escalate the situation. The following dialogue captures only what is said by the practice manager.

'Hi, I'm Joan, the practice manager. Can I help?' (Acknowledge)

'Please speak quietly. Please stop shouting. Please speak quietly.' (Ask, broken record technique)

'Thank you. Come over here where we can talk more easily. Okay, you seem pretty upset. Tell me what's happening and I'll see what I can do to help.' (Acknowledge)

'So you think that Mary (receptionist) purposely refused to give you an appointment because she doesn't like you. I can see how that would be upsetting if you thought that.' (Acknowledge)

'I'm really sorry it's so hard to get appointments.' (Agree and apologise). But it's just a really busy day for us and there really are no appointments left. If you tell me what you need I will try to help.' (Ask)

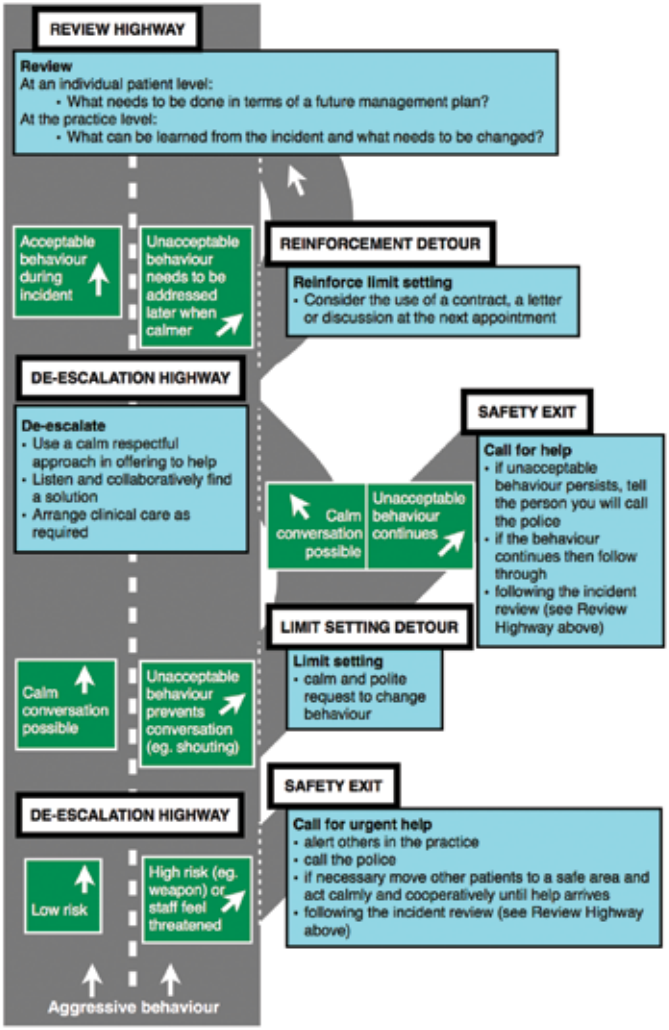

Figure 1. Roadmap to follow when faced with aggressive behaviour

'So the problem is your Centrelink certificate is going to run out today and you're worried that your payments will get cut off if you don't get the form filled in by Dr X today.' (Acknowledge)

'Please speak quietly and please don't swear. When you swear it upsets the other patients here. I can only help you if you speak quietly and politely.' (Communicate limits)

'Let me see what I can do to help you. But first I do need to speak with you about what happened out there. I know you're in a pretty stressful situation but when you raised your voice and shout other people get scared. It is hard for us to help you if you shout and swear at us.' (Ask)

'Thank you for that. (Acknowledge). Now, I'll need some time to catch the doctors as they come out in between patients. Would you like to wait quietly in the waiting room or would you prefer to take a walk and wait out the front for me to come to get you?' (Choice)

'Okay, Dr Y will see you at lunchtime. It won't be a long appointment and it will only be for a short term certificate, but she can at least continue your certificate for a week, and I can make an appointment for you with Dr X early next week. Is that okay?' (Choice)

'Good, so just to be clear on what we've agreed. You've agreed to treat the reception staff with respect and not to shout or swear at them when you come here. Is that right? Good. I've arranged an appointment with you with Dr Y at 1 pm today for the short term certificate and an appointment with Dr X next week for the longer term review of your certificate. Is that okay?' (Repeat what has been agreed, Choice)

Case example – part 2

The follow up appointment

The following dialogue captures what Dr X said at the appointment the following week.

'Okay, before I do the certificate I'd like to talk about what happened last week. Tell me what happened from your point of view... So you thought Mary was being unfair to you.' (Acknowledge)

'I've spoken with Mary and I believe she was just trying to do her job. To be honest they have a hard time out there because if they book too many people we doctors get stressed and tell them off, so they get it from both sides.' (Clearly state a different viewpoint)

'I know you were having a terrible time last week. But regardless of how bad you feel it's not okay to swear or shout at anyone here.' (Acknowledge, ask)

'I would like to be able to keep seeing you at this practice. But if practice staff and patients get scared by you shouting and swearing I won't be able to keep seeing you. So that means if you want to keep coming here, I need to know that you will never swear and shout at the staff again. If it happens again I may not be able to continue looking after you. I am happy to keep seeing you if I know you will not do that again. Or you can choose not to come here anymore. It's up to you.' (Communicate limits, choice)

'Will you promise me to treat everyone with respect and not shout and swear here again in the future?' (Reinforce)

'Thank you, that's great.' (Acknowledge). 'I would like us to agree to that in writing. This is important for the practice. Here's an agreement I'd like to go through with you...' (Ask)

The use of behaviour contracts

Verbal or written behaviour contracts can be helpful tools in modifying behaviour. A behaviour contract is specific to an individual and situation and sets clear expectations (*Figure 2*). It must be specific about the type of behaviour that is not tolerated and what will happen if the behaviour occurs. To be effective all staff need to act consistently and a breach of the contract needs to result in the agreed consequence. A possible consequence is that the practice will no longer provide services to that person. There is a duty of care when immediate medical help is required but practices are under no obligation to provide nonacute services where access to alternative services can be facilitated.

An agreed practice policy will facilitate decisions and action. Practices have to balance duty of care to the individual, to staff and to other patients in the practice. In such cases the person's actions result in the practice setting limits to protect its staff.

A proforma letter to discontinue care, developed by Rowe et al[16] can be adapted for such situations. The Australian Medical Council Code of Conduct for Doctors in Australia states that good medical practice involves ensuring that the patient is adequately informed of the decision and facilitating arrangements for the continuing care of the patient, including passing on relevant clinical information.[17]

If terminating services to a patient or if an aggressive situation escalates so that the police have been contacted, medical practitioners should advise their medical defence organisation. In extreme circumstances, where aggression has been high and recurrent, practices may need to consider a restraining order.

Learning from the situation

Practices can take a whole-of-practice systematic approach to reducing the likelihood of aggression and improving their management of aggressive behaviours. Tools such as a plan-do-study-act (PDSA) cycle, recommended by The Royal Australian College of General Practitioners may be useful (*Figure 3*)[18]. For example, a practice manager may identify that there have been a number of recent incidents where reception staff have been shouted at. It is identified that there are particular times of the day or week when patient waiting times are highest. The PDSA cycle could be used by the practice to identify, trial and review solutions.

In the context of a specific incidence of aggression or violent behaviour, the aim of review is to learn from the incident at clinical and system levels, document the incident, ensure that staff agree on future action relating to the specific incident, and identify further areas for improvement.

Acceptable Behaviour Contract

I, _____(individual) agree to a contract with _____(practice)

As part of this contract I will NOT

- Shout or make offensive remarks;
- Make verbal or physical threats;
- Attend intoxicated;
- Damage or steal property; or
- Act in a manner which is likely to cause harassment, alarm, or distress to others in the general practice;
- _____(other).

Should I breach this contract I understand that:
- I may be asked to leave;
- Police attendance may be requested; and
- My future attendance at this practice may be prohibited and I may have to seek healthcare elsewhere.

DECLARATION

I confirm that I understand the meaning of this contract and that the consequences of breach of the contract have been explained to me.

SIGNED _____

DATE _____

WITNESS _____ (GP, nurse or senior staff member)

DATE _____

Figure 2. An example of a behaviour contract

Figure 3. Plan, do, study, act cycle for managing verbal aggression

In terms of the specific patient, the following should be considered:

- What is documented and where it is documented? Will the computer system and the medical records be flagged?
- Who will discuss the unacceptable nature of the behaviour and reinforce expectations?
- Is there a contract in place? If not, should one be established and who will establish it with the patient? If there is a contract, who will review it with the patient?
- If there were legitimate issues identified by the patient what steps have been taken to address these?

There will also be system issues for the practice to act on. These might include:

- review of staff education on de-escalating aggressive behaviour
- review of how staff communicate with each other about risk
- review of information useful in an emergency, and its accessibility.

Summary of important points

- Aggressive behaviour and violence are common in general practice. Practices can diminish the likelihood of aggression by providing a patient-centred and responsive environment.
- Detection of the early signs of aggression and acting to de-escalate the situation can prevent aggression progressing to violent behaviour.
- A systematic approach is important to improve safety for staff and patients, including a planned system to seek assistance if required, setting limits using a calm respectful manner and reinforcing limits using behaviour contracts when appropriate.
- Regular reflection and review of critical incidents can provide learning points of improvement for the practice.

Authors

Moira G Sim MBBS(WA), PGDipDrugAlcAbStud, FRACGP, FAChAM, is Head, School of Medical Sciences and Director, Systems and Intervention Research Centre for Health, Edith Cowan University, Clinical Associate Professor, University of Western Australia and a general practitioner, Dianella, Western Australia. m.sim@ecu.edu.au

Toni Wain BSc, BA, GradDipHlthServMgt, is Project Manager, SIRCH, Edith Cowan University, Western Australia

Eric Khong MBBS(WA), GradDipPrimHlthCare, GradCertHlthEcons, FRACGP, is Senior Lecturer, School of Medical Sciences, Edith Cowan University, Clinical Senior Lecturer, University of Western Australia and a general practitioner, Duncraig, Western Australia.

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correspondence **afp@racgp.org.au**