

Managing Conflict and Aggression- A practical guide for general practice teams

Managing patient complaints and dissatisfaction can be an upsetting but certain reality in general practice. Despite best efforts, situations may occur where patients are unhappy and feel compelled to voice their displeasure or concerns. Unfortunately, in some cases, patients' emotions may escalate and they may become aggressive, hostile, or even violent towards practice staff members.

Conflict and aggression in healthcare settings are all too common. Healthcare providers and practice staff members need to be able to handle tense and potentially aggressive/violent situations if they arise. Aggressive situations usually start as a minor disagreement which escalates, if not managed sensitively and appropriately. Work-related violence and aggression is the third highest cause of injuries reported to the Health and Safety Authority from the healthcare sector¹. Understanding the risks of work-related violence and aggression and developing strategies to address such behaviour is an imperative safety and welfare measure for all team members working in general practice. It is important to recognise that no single response will work in every situation. Having an awareness and understanding of the individual patient, their circumstances and the broader context of the situation is essential when responding to escalating behaviour and to achieving a positive outcome/potential solution.

Predisposing factors

The nature of work in general practice means frequent engagement with patients and their families, often in emotionally challenging circumstances. Practice staff members who have a friendly, patient-focused approach that values the patient, considers their individual situations and demonstrates a willingness to help can go a long way to reducing the stimuli for aggressive patient behaviour. Patients may respond aggressively to a situation due to their underlying medical condition, worries/anxieties about existing complaints, medication, or psychological factors.

GPs and practice nurses are particularly vulnerable to aggressive or violent situations as they are regularly consulting with patients alone and often in potentially isolated areas, e.g., when on house calls, and often with patients unfamiliar to them such as in an Out-of-Hours service. Having an awareness of the contributing factors which may give rise to conflict and aggression will assist. The following is a list of potential contributing risk factors:

Patient factors:

- Unmet or unrealistic expectations
- Unexpected outcomes/dissatisfaction with care
- Issues regarding the cost of consultations or treatment
- Communication issues and language barriers
- Underlying psychiatric conditions/ mental health issues
- Physical symptoms: being unwell or in pain
- Alcohol or substance misuse
- Perceived discrimination

Practice and organisational issues:

- Poor communication to patients on how systems operate within the practice
- Delay in answering patient telephone calls

¹ Health and Safety Authority 2014

- Lack of/long waiting times for GP appointments
- Teleconsultations/ inability to see GP face to face
- Delay in accessing other services e.g. radiology, physiotherapy, secondary care waiting lists
- Test results not returned/communicated to patients in a timely manner

Environmental issues:

- Lack of privacy e.g. at reception
- Waiting room issues (heating, ventilation, noise, and seating)

Staff factors:

- Workload, lone working
- Understaffing
- Lack of motivation
- Lack of experience and training in the management of conflict and aggression
- Inconsistent approach adopted within the practice when managing such situations; poor communication, overreacting, failing to apologise when things go wrong- all may contribute to and escalate an aggressive/ conflict situation

Risk reduction strategies: before an incident

The key to handling any incident of conflict or aggression is to be prepared. Preparation involves:

- A risk assessment of the premises
- Educating all team members
- Developing a response plan
- Practising that response

When assessing your premises, have a realistic view of the processes that are already in place. Reviewing policies, past incidents of violence and aggression and data relating to patients with a history of violence and aggression may help you understand the challenges and limitations experienced as you develop a response plan. The following are some practical tips for consideration:

- Provide education and training for all team members on managing conflict and aggression within the practice
- Ensure patients are well informed of how systems operate within the practice to try to manage unrealistic expectations
- Undertake a risk assessment of the practice premises. Ensure all consulting rooms are locked when not in use and consider where patient access should be restricted
- Consider placing a marker/alert on patient files who have a history of violent and aggressive behaviour
- Ensure good external lighting is in place and consider whether CCTV cameras may be useful
- Ensure a system is in place to 'call for help' such as a panic alarm in consulting rooms/at reception etc. and that a response plan is in place when such an alarm is activated
- Check panic alarms regularly to ensure functioning correctly
- Consider developing a protocol for involving the Gardaí, should a situation escalate
- Consider developing a protocol for the removal of violent/aggressive patients from your practice list and ensuring that all patients are made aware that violent/aggressive behaviour will not be tolerated in the practice

Risk reduction strategies: during an incident

Dealing with an aggressive situation requires careful judgement and self-control. When managed effectively it can have positive outcomes such as increased understanding, stronger relationships, and improved self-knowledge and esteem.

There are many different approaches to managing conflict. Here we explain the 4-step C.A.L.M model by Armstrong D (2014) aimed at resolving conflict.

1. **Compose:** Adopt a relaxed pose, keep good eye contact with the person complaining. Use open body language to stay engaged and demonstrate your composure and readiness to respond positively. Remember to focus on the underlying interests, needs, and concerns of the complainant. Remember in most situations you are not being criticised personally.
2. **Attention:** Give the person your undivided attention. Remain focused and avoid any distractions. Avoid interruptions, allow the person to finish speaking. Remember people are much more likely to listen to what you have to say if they feel they have been listened to in the first instance.
3. **Listen:** Use active listening skills so that you understand what the person is saying. Identify key emotional words such as 'angry', 'disappointed', 'hurt'; these emotions may need to be addressed as much as the situation that gave rise to the conflict. Ask questions, paraphrase and summarise what you have heard to confirm understanding such as '*What I am hearing is...*', '*What you are saying is ...*'. In addition, often using the person's name may help to establish a good rapport.
4. **Moving on:** Respond positively to what the person has told you and lay the foundations for moving forward. Where appropriate, apologise and discuss and agree on a way forward to identify what went wrong, whether there is an explanation and what can be done to put things right.

Compose

- Adopt a relaxed pose, take a deep breath, good eye contact
- Open body language, prepare to respond positively

Attention

- Give your undivided attention
- Remain focused, avoid distractions

Listen

- Listen attentively, identify emotions
- Hold your response until they are finished

Moving on

- Apologise for what has gone wrong
- Discuss and agree a way forward. Identify what has gone wrong and what can be done to put it right

Figure 1 Armstrong D (2014)

Ensuring personal safety of all staff members

It is important to consider personal safety in any conflict situation; the personal safety of all staff members should be the highest priority. Paragraph 45 of the Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition, 2024*, available on the Medical Council website, provides:

"Some patients present a risk of harm to others which may or may not arise from clinical causes.

45.1 You should not put yourself or others at risk of harm when assessing or treating a patient.

45.2 If a patient is using violence or threatening to use violence against you, your colleagues or staff, and it is not safe to proceed with an assessment, the patient should be advised that medical care will be provided as soon as it is safe to do so.

45.2 However, in such circumstances, you should make a reasonable effort to conduct a clinical assessment and treatment, taking appropriate measures to protect yourself and others."

The following are some practical tips to consider should there be a conflict situation that escalates to violence:

- Review space settings and furniture arrangements. It is helpful if furniture, particularly in clinical consulting rooms, is arranged in such a way that allows for a quick escape and neither the patient nor the clinician feels trapped
- Consider installing a panic button or alarm system which allows staff members to call for help
- Consider the suitability of fixtures and fittings, including furniture, which potentially could be used as weapons and missiles in a violent situation. If the patient produces a weapon, it is preferable to ask them to put it down rather than to hand it over
- It is always safer to leave the room rather than insisting that the patient leaves
- If possible, consider moving the patient to an area out of public view
- Where necessary, enlist the assistance of security personnel (if available) or the Gardaí

Personal safety on house calls and in an out-of-hours service

It is important when undertaking house calls and working in an out-of-hours (OOH) service that GPs also consider their personal safety. In many instances, such work will involve visiting patients in geographically isolated locations, as well as attending patients they have never met before. The following are some practical tips that you may wish to consider:

- Prior to undertaking any house call either during the day or when working in the OOH, undertake a risk assessment before agreeing to see any patient with a known history of violence, alcohol misuse or psychiatric illness. If there is a potential risk to your personal safety, you may wish to contact the Gardaí for support on your visit, while maintaining patient confidentiality
- Ensure staff members at the practice or out of hours facility are aware that you are undertaking a house call, the location of the visit and your anticipated time of return
- When working in the OOH service, inform the driver of your anticipated completion time of the visit
- Have access to a mobile phone with a speed dial to the emergency services
- Consider carrying a personal alarm
- Park as close as practical to your destination to allow for a rapid exit, if required
- Keep your car locked when not in use
- Consider the safety of prescription pads and medications within your doctor's bag; these items should be locked away and out of public view, e.g. in the boot of a car.

Debriefing after an incident

After any incident of aggression or violence, it is essential to discuss and analyse the incident. This meeting can be cathartic by allowing staff to talk freely about the situation and can also provide an opportunity to discuss the practice's approach and any required improvements in responding to similar incidents in the future. The following is a list of some questions you may wish to include in your debriefing session:

- Was communication clear and appropriate?
- Were roles and responsibilities understood?
- Was situational awareness maintained?
- Was assistance sought if required?
- What went well?
- What should improve?

The effects of a violent or aggressive work-related incident can be traumatic and may linger for those involved. Such incidents can adversely affect staffing levels as a result of lost work time from injuries, decreased job satisfaction leading to absenteeism, low morale, fear of an unsafe workplace and a high staff turnover. Ensuring physical safety and emotional support for practice team members involved in an aggressive/ violent incident is an essential part of processing and recovering from such an interaction.

Summary

Every GP practice should have well-defined plans to address hostile/aggressive patient behaviour. Preparing for potentially violent and aggressive situations requires an investment of time to develop and implement a comprehensive policy. The practice policy does not need to be complex or expensive to implement, but it should be thorough and practiced regularly. This investment of time far outweighs the loss that can occur if all staff members are not alert and adequately prepared to respond to and manage such distressing situations appropriately. While we hope such incidents/interactions will be minimal, it is prudent to be prepared and to have such policies in place within your practice.

Please do not hesitate to contact Medisec for specific advice relating to an aggressive/difficult patient/ challenging interaction. Please also see our factsheets available on our website for further guidance: *Managing Challenging Situations: Doctor / Patient interactions*, and *Breakdown in the Doctor – Patient Relationship*.

"The contents of this publication are indicative of current developments and contain guidance on general medico-legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice".