Radiographers’ experience of violence and aggression in a major South Wales accident and emergency department.

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Aim and objectives

To gather radiographers’ opinions on their experience of violence and aggression in the accident and emergency department (A&E) in order to:

- establish the impact of violence & aggression on radiographers;
- identify the type of violence & aggression experienced;
- investigate training and support mechanisms available;
- establish the needs of radiographers regarding training & support.

Background

Violence & aggression in the workplace is a growing problem worldwide (Ng et al. 2009; Mayhew & Chappell 2005; Stathapolou 2007). The healthcare sector is particularly affected with staff in the A&E department being the most at risk (Department of Health 2009). The majority of research is focussed on the nursing and medical setting, but radiographers work in a similar environment and may feel comparable work pressures. They may be exposed to the same risks of violence & aggression, yet there is a distinct lack of research pertaining to radiographers specifically, even though they are part of the front line healthcare team. Violence & aggression training has been found to improve workers’ confidence in dealing with incidents (Grenyer et al. 2004) and in Wales all training provided should be based on the violence and aggression passport, which aims to provide a minimum standard of training to deal with various types of violence & aggression (Welsh Assembly Government 2004).

Method

The survey was conducted using a questionnaire as the research tool. Face and content validity were assured by the use of a focus group and reviewing appropriate literature. Piloting rectified readability issues for the final version. The sample was chosen by convenience, thus the sample group consisted of all radiographers (n=31) in a major trauma centre in South Wales. Scale data was collected by a self administered questionnaire which included categories concerning violence and aggression, namely type, prevalence, confidence in dealing with, training and support. Good internal consistency reliability of the items was found using Crohnbach’s alpha test.

Results

94% (n=29) had experienced violence & aggression at least once in the past 12 months and the figure opposite shows the type. The majority of participants felt that their experiences had affected their performance at work despite support mechanisms being available. Also it seems that there is little knowledge of the Welsh Assembly Government violence & aggression passport and some respondents (n=19) felt that training should have an increased “hands on” approach as opposed to e-learning. Only 12 respondents reported high confidence in dealing with physical aggression due to training.

Conclusions

Violence & aggression is an alarming issue for A&E radiographers and is a greater problem than has been found previously (Winstanley & Whittington 2004). Additionally, it appears that even with training, there is a low level of confidence in dealing with physical violence. Radiographers felt that the training did not adequately meet their needs, therefore methods need to improve and training needs to occur more frequently. This may lead to an increased radiographer confidence in dealing with violence & aggression.

References