

Violent behavior tracking format (VBTF): An accurate means of recording patients' violent behaviors

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Introduction: "Violence is an expression of anger, fear or despair through an extreme and forceful delivery of actions and emotions, inflicting harmful or damaging effects. Violence could take the form of actual physical assault on a target, intense verbal or written threats and/or damage to property" (Steve Morgan, 2000). "Aggression/Violence may represent the lowest incidence of all the broad risk indicators, but it holds the potential to attract most attention through its ability to tap into personal and collective fear of assault" (Steve Morgan, 2000). Such fear certainly has a great deal of effect on staff's performance and effectiveness and the need to keep accurate record of such behaviors that has the capacity to create enormous fear among clinicians cannot be over emphasized. Clinical violence risk assessment and management with the aid of structured instrument has become an integral part of mental health nursing practice. It is therefore needful to also keep an accurate record of clinical violent behavior with the aid of a structured format. Before now, nurses and other members of the health team gave verbal reports of violent attacks in the course of their practice. And it has never been easy getting accurate figures out of these reports. Hence, there is a pressing need to give scientific approach to whatever we do, especially in the management of violent behaviors and be able to substantiate reports of violence in our day to day practice with the aid of accurate figures (statistics). Since the introduction of Aro Clinical Risk Assessment Tool (ACRAT); a multi-risk assessment tool to the mainstream of clinical practice in NPH, Aro, the author have always seen the need to keep clear and accurate records of these risks (including violence) and the way they are managed. Hence, the creation of Violent Behavior Tracking Format (VBTF) by the author is a timely undertaken. This format is the result of experience, observations and extensive literature search. The need to understand clinical violence risk: The pattern, frequency, management methods and the efficacy of such methods underscore the importance of this format.

The format covers the following aspects of clinical violence and management:

Patient's details, Nature of aggression/violence, Target of aggression/violence, Action(s) taken by staff, Results of action(s) taken, Appraisal of action taken, Date, time and shift incident occurred, Name and signature of duty staff, Name and signature of witness.

This format was designed to allow for easy statistical analysis of clinical violence behavior. And it is hoped that quality statistical reports of violent behaviors from patients will be generated with it. This will further help employers to make informed decisions in the following areas (not exhaustive):

Nature of update courses for staff, Methods of reducing staff injury due to patient's violence, Staff welfare and motivation, Staff insurance, increased hazard allowances, and Creating and empowering crisis intervention team. Developing protocol to reduce patients' self-harm to barest minimum.

If employees ask for any of the above and have them supported with figures (statistics), it will be more likely to receive the blessing of employers than when such demands are made without viable figures.

General uses of VBTF: Generally, this format is multi-purpose in nature. It could be used for the followings: Record keeping, Developing statistics (figures) on violent behaviors, Research purposes, Quantification of employee's (nurses') duty.

The introduction of VBTF has not come to eliminate the traditional incidence reporting method but to complement it, even as the new format is much easier to process with statistical tools. The way we have reported incidences over the years, hardly allowed for scientific processing of such information. VBTF have been developed to help us generate scientific figures in reporting clinical violent behaviors. The nursing department of Neuropsychiatric Hospital, Aro, will however, allow any institution or individual to use the format once the following conditions are met:

That formal permission is requested from the department, That commitment is given by the institution/individual not to alter any part of the format and That a softcopy of the format is obtained from the department.

All these could be arranged through electronic mails.

Conclusion: It is hoped that the use of this format will bring a new spirit into the way and manner we manage and record clinical violence behavior. Also, I am looking forward to a time when staff and students will develop interest in researching into clinical violence behavior with aid of this format and other related ones.

Biography

Francis Itua is a high rank Psychiatrist at Neuropsychiatric Hospital, Aro in Nigeria. His research interests mainly include people and consequences related to patients with Anger, emotions and behavioral disorders. He has huge contributions in mental health treatments.

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