



Breaking the Cycle of Violence:
Emergency Department Staff
Perceptions of the Navigator Programme

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Abstract

Background and Aims

Navigator is an Emergency Department (ED) based support programme for patients presenting to the ED with conditions related to violence or associated social issues such as alcohol, drugs, homelessness, or combinations of these issues. Developed in response to the volume of such patients presenting to the ED, it harnesses the circumstances around their attendance, offering a novel, opportunistic violence reduction intervention. Presentation to the ED is a recurrent event for patients with chaotic lifestyles and offers a 'reachable' moment where support to change may be accepted. The aim of this study was to determine the views of the ED staff on the service.

Methods

A qualitative methodology was employed. We conducted semi-structured interviews with a purposive sample of a cross section of ED staff at Glasgow Royal Infirmary to determine their views on the impact, benefits and direction of the intervention. Interviews were transcribed and analysed using inductive thematic analysis.

Results

Three main themes were identified: the ease with which the Navigators connected with service users, the support provided and the stability offered which empowered service users to break away from the cycle of violence and create positive and meaningful changes in their lives.

Conclusions

We present a model of the Navigator programme describing the staff views of the characteristics of the service group and strategies implemented to achieve change. On-going evaluation is triangulating this with service user experiences and descriptive analytics to determine those patients who would experience the most benefit from the programme.

Key Words: Violence; Violence Prevention; Public Health;

Introduction

Violence in Scotland is currently at a 42-year low [1]. The inception of the Scottish Violence Reduction Unit (SVRU), an innovation unit of Police Scotland, in 2005 saw the introduction of a wide range of violence reduction measures in Scotland using the public health approach championed by the World Health Organisation [2]. The public health focus may have contributed to the reduction in violent crime down by steering young people in particular away from involvement in violence [3]. However, in the past 2 years violence in Scotland has started to rise [1] and this has prompted efforts to find new ways of addressing it.

Emergency Departments (ED) in Scotland now deal with fewer victims of violence [4] but still see a cohort of patients with chaotic and disordered lives. Their issues may include alcohol or drug issues, domestic abuse, homelessness or a combination thereof. Frequent re-attenders place an increased strain on already pressured NHS services and resources [5,6]. While ED

staff are experts at dealing with physical issues, they have neither time nor expertise to deal with the complex social issues which underlie these repeated presentations.

The Navigator programme has been embedded in the ED of one of Scotland's busiest hospitals since the end of 2015. The programme is an opportunistic intervention that harnesses both the hospital setting and the 'reachable moment' [7], a time when people may be more open to intervention because of the circumstances surrounding their attendance or re-attendance. The Navigators are support workers with lived experience of some of the issues faced by their clients and offer continued support in the community. The programme can also connect clients with other statutory and relevant third sector organisations.

During their first year of operation the Navigator program provided support to 199 patients (133 male: 66 female) whose ages ranged from 15-80 years (male age range 15-80, mean 31.95 years: female age range 16-61, mean 32.9 years). The service has a high voluntary uptake by patients, 71% of male patients and 80% of female patients. [8].

Aims

The aim of this qualitative study, that forms part of a wider evaluation of the impact of the Navigator programme, was to determine the views of the ED staff on perceived benefits to the ED patient cohort.

Methods

Qualitative methodology using semi-structured interviews was used to assess staff perceptions and experience of the Navigator programme.

Ethics

Confirmation was obtained from the local NHS ethics service that ethical approval was not required for this study, it was classed by them as part of a wider service evaluation. Permission was obtained from the Clinical Lead for the Emergency Department.

Setting

The study was conducted at Glasgow Royal Infirmary (GRI); a major teaching hospital in Scotland's largest city. The ED in GRI is one of the busiest in Scotland: 180 staff (60 medical; 120 nursing) and 95,000 patients annually. The hospital is located in the East End of Glasgow, an area of high socioeconomic deprivation [9]. Navigator has been operating within the ED since December 2015.

Participants

Study participants were recruited by purposive sampling of ED staff on duty. This helped to ensure representation from a broad range of clinical roles and grades. All staff gave their informed consent to participate. Seventeen staff were interviewed, representing approximately 10% of the workforce.

Three additional interviews were carried out with Navigators to allow thematic triangulation and a deeper understanding of their role in the management of ED patients [10].

Data Collection

Data was collected via detailed semi-structured interviews with individual staff members (7 doctors, 10 nurses) lasting approximately 15 minutes. Though a topic guide was used (Table 1), there was flexibility for exploration of emerging themes. The interviews were conducted by one author (JJ), with another (DL or CG) observing. After each interview and data analysis and coding [11] the team broke to discuss and reflect, to ensure questions were open and helped to identify the point of data saturation. Interviews were recorded and data was transcribed by a professional transcription service.

Table 1. Topic Guide

Challenges posed to staff by ED patients with complex social issues
Staff perceptions of the role Navigator played within the ED
An exploration of which patient groups staff referred to Navigator
An exploration of why staff referred those patient groups
Staff perceptions of the impact of Navigator on the patients they interacted with
Staff perceptions of the impact of Navigator on the ED as a whole
Staff views on how the Navigator programme could be improved

Data Analysis

Participants were anonymised and referred to by letter. A process of inductive thematic analysis was used, ensuring that the codes were generated directly from the data; preserving the richness of the data and minimising the role of the researcher [12]. This was carried out individually and then reviewed collectively to agree a final set of coding categories and key themes.

Results

Staff views of the Navigator service were grouped into several major thematic areas with supporting minor themes (Table 2). Staff identified the ‘cycle of chaos’ due to combinations of social factors such as violence, alcohol, drugs, domestic abuse, homelessness and mental health issues, as a reason for recurrent presentation

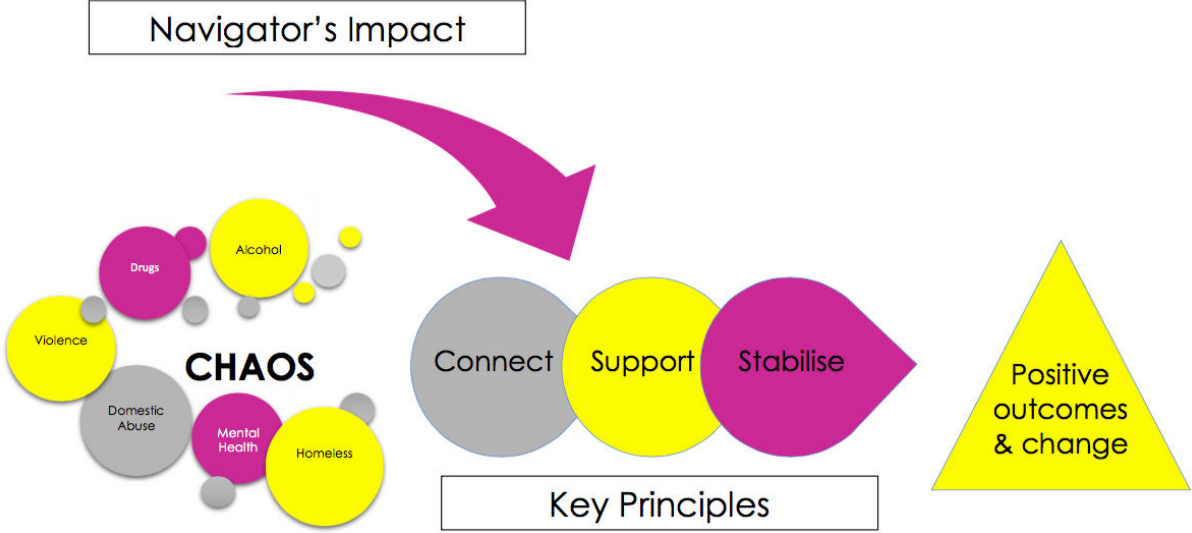
“a good amount of the workload has to do with alcohol abuse or drug abuse, erratic lifestyle.... or certain neglect...”

Table 2: Major themes and supporting minor thematic factors associated with the Navigator service identified by clinical staff.

Major Themes	Minor Themes
Chaos/recurrent presentation	Violence
	Alcohol
	Drugs
	Domestic abuse
	Homelessness
	Mental health issues
Connection with patients	Time
	Lived Experience
Support for patients	Capitalisation of the ‘reachable moment’
	Community follow-up
	Referral to services
Support for staff	De-escalation and facilitation of treatment
	Targeting recurrent attendances
Facilitation of stability	Holistic approach
Positive outcomes and change	Breaking the cycle by addressing the social determinants of violence
Opportunities for improvement	Extended service
	Improved feedback

The major themes, the ability of the Navigators to connect with this group of patients; to provide support and foster stability have been incorporated into a model describing the journey from ‘chaos’ to positive outcomes and change (Fig. 1).

Figure 1: Staff perceptions of Navigator



Connection: Time

The majority of participants felt that the fact that Navigators had dedicated time to explore the social factors underpinning the ED admission was pivotal to the program. Both doctors and nurses expressed the wish to spend time exploring the issues underlying recurrent attendance, but lack of time and competing priorities prevented this.

“I personally do not look at it singularly as a medical issue. I always try to take into account the social parameters as well, but obviously in the very frantic environment of A&E it’s a very difficult thing to do.”

Connection: Lived Experience

Many participants emphasised the ease with which the Navigators were able to build rapport with a group of patients who are traditionally difficult to engage. It was felt that their own lived experiences gave them credibility when communicating with patients.

“I think certainly to have previous experience, life experience, that allows them to speak at a level to people that they understand”

Support for patients: Reachable moment

Most staff felt that Navigators should work alongside clinical staff in the department. They recognised that the ‘reachable’ moment often arises soon after an incident of violence when patients are at their lowest ebb and have time to reflect on the events which necessitated ED attendance.

“I think they provide them with an opportunity to appraise themselves...”

However, one participant felt that the concept of a reachable moment was undermined by the intoxicated state of many victims of violence which limited the patient’s ability to be reflective.

“They often present in the acutely intoxicated state, which research has suggested that’s a reachable moment, I have yet to see it have any positive or any evidential impact whatsoever...”

Support for patients: Community follow-up

Many participants emphasised the importance of the follow up work in the community to enable meaningful change to occur in patients’ lives.

“It’s not just seeing them in the department, they follow it up, they see them in the community... I think it gives the person more support...”

Support for patients: Referral to Services

Several staff highlighted that a vital element of the program was the Navigators’ knowledge of and connection to appropriate community based support and statutory services.

“They obviously know how the system works as well, who they can put people in touch with to help them. So they’re really useful that way.”

Support for Staff: De-escalation and facilitation of treatment

There were also unforeseen benefits of the Navigator program to the ED staff. All nursing staff and clinical support workers interviewed and some doctors shared experiences where Navigators had stepped in to de-escalate the situations with abusive, agitated patients, often facilitating medical assessment or investigation.

“We had a patient a couple of weeks ago who wouldn’t let anybody near her....one of the Navigators went in and had a chat with her and she calmed down It was helpful because it meant the nurses could then go in and take bloods and do different things.”

Support for Staff: Targeting recurrent attendances

Many staff recognised the role of Navigator in decreasing recurrent attendances:

“You get the same people in and involved again and again... from the patient’s point of view that’s brilliant if you can get lifted out of that life and maybe into a different kind of life altogether. But also that means we’re getting less admissions, seeing hopefully less violence-based admissions and less addiction-based admissions. So that’s good for us as well.”

Several staff also discussed the negative impact that recurrent attendances have on the morale of staff in the department, and the positive impact of Navigator:

“I think I’m very grateful to the Navigator programme for offering some hope that we might be able to break this cycle of hopelessness.”

Facilitation of stability: Holistic approach

A recurring theme was that the Navigator program offered patients a holistic approach which increased the likelihood of long term positive change:

“It seems to be quite a holistic approach, so it’s looking at all the different things. So if someone’s got an addiction they help with that but also looking at getting folk into work ... is it’s easy to get someone detoxed but if you’ve no connection, if you’ve no meaningful work there’s not much to keep you sober.”

Positive outcomes and change: Breaking the cycle by addressing the social determinants of violence

Several staff members cited specific evidence of meaningful, long-term change in patients’ lives that had occurred through involvement with Navigator and their work to address the social determinants of violence:

“There was a boy put out the house, he was sexually abused [,] he was only seventeen and he was on the streets and he took to drinking, and he had access to drugs. And they got him into accommodation and then started on a work program with him. He wasn’t getting paid for it but it was getting him a skill. He is now in a job and in a flat and working. And I think that’s fantastic. They’ve turned that boy’s life around.”

Opportunities for improvement: Extended Service

The majority of participants felt that extending the time that Navigators were present in the ED would benefit both patients and the department.

“The problem is that we can’t offer that the whole time because their time here is quite limited. And quite often one finds oneself on a shift going “that would have been a perfect case for the Navigators.”

Several also discussed the possibility of extending the coverage to the other Glasgow hospitals.

“I think they should be getting dotted about all the other hospitals, start bringing it in to all the other ones”

Opportunities for improvement: Improved feedback mechanisms

Most staff felt that the Navigator program could be improved by better feedback to staff about the outcomes of patients. Although a few staff felt that feedback to the department was adequate, many staff reported that the feedback from the Navigators was too informal and opportunistic and would prefer a more formalised system

“I feel I could probably do with getting a lot more feedback...you’ll hear people talking saying “oh, did you hear that chap...” that kind of thing. So there isn’t any kind of formal feedback.”

Discussion

We present a model of staff perceptions of the Navigator programme, an innovative violence prevention programme based in the ED. This model summarises the staff views of the Navigator program following its first year of operation.

Previous studies have demonstrated the benefit of initiating public health interventions targeting alcohol, drugs and mental health within the ED [13, 14]. While acknowledging the ED role in violence prevention [15-18], development of cohesive strategies has been slow and focused on youth violence [7]. The Navigator programme is timely and unique: a violence prevention programme aimed at people of all ages, targeting the social determinants of violence to bring about sustainable change.

Initiating a violence prevention initiative within the ED capitalises on the “reachable moment” when people more open to intervention [18]. Most staff attributed the effectiveness of the Navigators to their physical presence in the department during the ‘reachable moment’ coupled with their ability to follow-up on patients.

One participant notably rejected the idea of a ‘reachable moment’ as they felt that acute intoxication minimised the likelihood that patients would be amenable to intervention. Conversely, many studies demonstrate success of interventions because patients can directly relate their injury to their problematic drinking [19]. This is something that the Navigators

recognise and mitigate by rapid face-to-face or phone follow up for those patients. Staff views on the efficacy of an intervention at this time may be influenced by the fact that they did not witness subsequent Navigator interactions with the patient but also by their perception that intervention will be ineffective because their experience is that patients frequently return to the ED with similar presentations [6]. The high rate of uptake of this intervention by patients suggests that many do have insight into their situation and want to change. Inevitably there will be patients for whom the Navigator intervention is less successful thus further work is required to identify those most likely to benefit from the Navigator intervention to ensure resources are targeted effectively.

There were several unexpected benefits of the programme: The Navigators defused situations with aggressive or uncooperative patients, thus facilitating medical treatments. Violence in the workplace is a significant problem in the ED [20], impacting staff retention and morale; clearly supporting staff in challenging situations improves morale. Staff also commented on the additional workload posed by recurrent attendances and therefore the beneficial impact of any reduction in this burden. Navigators challenged the concept of the ‘unreachable’ patient, reminding staff members that positive outcomes for this group of patients are possible. These halo benefits suggest the impact of the Navigator programme is wider-reaching than initial predictions.

The majority of staff voiced the need to improve feedback and share positive outcomes for patients; it is hoped that this would help maximise the benefits of the Navigator programme on staff morale.

Almost all staff noted that the Navigators were only present in the department for specific time periods, which resulted in missed opportunities to recruit service users. At present, there is insufficient funding to extend the hours of the Navigators. If additional funding became available, identification of key times would ensure highest rates of patient recruitment and maximise programme benefit.

Limitations

There are several limitations of this study. The majority of respondents were very positive about the Navigator programme. We utilised purposive sampling but it is possible that only those with positive views felt comfortable participating.

It is also important to note that this is only part of the evaluation of the programme, focussing on staff perceptions and acceptability of the programme. Evaluation of the experience of service users and a cost benefit analysis are planned to fully assess service impact and effectiveness. Triangulation of these studies will highlight the benefits of the program and aid planning of violence prevention services.

Conclusion

The Navigator programme is a new support and violence prevention intervention, piloted in a busy ED. We present a model of staff perceptions of the Navigator program following its first year of operation. The views expressed demonstrated acceptability of the service and provided insight into the strategies implemented to achieve meaningful change. Further work is underway to evaluate its impact and effectiveness.

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