



Violence Against Healthcare Workers by Mentally Ill Patients: Impact on Staff in Dementia Wards at Julian Hospital, Norwich

Dr Ruzaika Jafer¹, Dr Amal Baby¹ and Dr Minfas Affan²

¹Norfolk and Suffolk NHS Foundation Trust, Norwich, United Kingdom and ²St Helens and Knowsley Teaching Hospital NHS Foundation Trust, Norwich, United Kingdom

doi: [10.1192/bjo.2025.10379](https://doi.org/10.1192/bjo.2025.10379)

Aims: This study aims to explore the risk factors, impact, and support systems related to violence against healthcare staff by mentally ill patients. It examines the psychological, physical, and professional effects on staff, while assessing the effectiveness of current reporting mechanisms. Addressing the global issue of underreporting violence against healthcare staff, the study seeks to raise awareness, promote safety, and advocate for stronger preventative measures.

Methods: This study surveyed healthcare staff across three dementia wards at Julian Hospital in Norwich, using both online and paper questionnaires.

Results: The study received 38 responses. The majority were women (23), with 15 men. A large portion of the workforce was younger, with 20 aged 20–35, 15 aged 35–50, and only 3 over 50. Racially, most were Caucasian (21), followed by African (9), Asian (5), and 3 categorized as “other”. Clinical support workers made up 31% of respondents, highlighting their frequent patient interaction. These patterns suggest that younger, female, and front-line staff, particularly clinical support workers, are more vulnerable to workplace violence.

The study found high prevalence of verbal aggression, with 55% of respondents experiencing it almost daily, 21% 2–3 times weekly, and 10% weekly. Physical violence was also significant, with 21% facing it nearly every day and 23% 2–3 times weekly.

The emotional and psychological impact varied among staff. While 45% reported no significant emotional effect, 40% experienced reduced motivation, 10% considered changing jobs, and 5% contemplated changing careers. In terms of mental health and wellbeing, 44% had no effect, 40% reported mild and 16% reported severe psychological strain.

Regarding reporting and organizational support, 75% of participants found the reporting procedure effective, though 92% agreed it was time-consuming. After incidents, 67% felt supported, while 33% did not. Most (75%) felt organizational training provided to handle violent or aggressive situations was adequate, though 25% disagreed. These results highlight areas for improvement, particularly in streamlining reporting and enhancing post-incident support.

Conclusion: The study highlights the prevalence and impact of workplace violence on healthcare professionals in mental health hospitals, with younger, female, and front-line staff being most vulnerable. Verbal aggression was reported daily by many, with physical violence also frequent. The impact varied, with some showing resilience, while others faced emotional distress and psychological effects. Although reporting mechanisms and training were generally effective, their time-consuming nature and gaps in post-incident support point to areas for improvement. Addressing these issues with targeted interventions and enhanced support systems is crucial for ensuring the safety and well-being of healthcare workers.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Medical Record System Redesign to Enhance Efficiency and Safety in Psychiatric Inpatient Care

Dr Abeer Jawed, Dr Anjani Atigadda, Dr Rahimat Adebayo, Dr Lara Jayatilaka and Dr Solomon Wong

Central and North Western London NHS Foundation Trust, London, United Kingdom

doi: [10.1192/bjo.2025.10380](https://doi.org/10.1192/bjo.2025.10380)

Aims: Efficient medical record systems are vital for improving workflow, ensuring data accuracy, and maintaining staff satisfaction. At Eastlake and Ferneley psychiatric wards, the medical record system, ‘SystmOne’ proved to be inefficient and fragmented, with essential functions scattered across interfaces. This led to excessive administrative burden, detracted from patient care, and frustrated staff. A pre-implementation survey revealed issues such as excessive time spent on documentation and difficulties locating multidisciplinary input, underscoring the need for systemic change. The aim of this project was to reduce administrative time and improve user satisfaction by 30% by December 2024 through a consolidated visualisation tool.

Methods: A before and after study was carried out and Plan-Do-Study-Act (PDSA) cycle methodology was used. A new consolidated visualisation tool was designed to streamline key workflows, including admissions, ward activities, and discharges. Healthcare professionals (doctors and nurses) working across two psychiatric wards were participants on this study. Baseline data was collected including quantitative data on time taken to do daily tasks, and number of clicks; as well as qualitative data in the form of user satisfaction surveys. Training sessions were carried out to enable the staff to proficiently use the visualisation, followed by a roll-out of the visualisation on SystmOne. Post-implementation metrics were collected, including the number of clicks, time per task, and user feedback from follow-up surveys to evaluate the intervention’s impact.

Results: The intervention resulted in a 92% reduction in clicks and a 62% reduction in time taken to do daily tasks for doctors, and an 89% reduction in clicks and 87% reduction in time for nurses. Pre-implementation, most tasks took 35–40 minutes, whereas post-implementation tasks were completed in under 5 minutes. Annually, this equated to saving 304 hours for doctors and 440 hours for nurses. Qualitative feedback emphasized ease of use, reduced errors through a traffic-light system, and improved data accessibility. Staff reported increased job satisfaction and less frustration, allowing more time for patient care.

Conclusion: The system redesign significantly enhanced workflow efficiency, data quality, and user satisfaction, with clear implications for improved patient safety and care within psychiatric inpatient wards. These findings highlight the value of streamlining documentation systems to reduce administrative burden, enhance staff wellbeing, and foster patient-centred care. Wider rollout of the tool is recommended, alongside iterative refinements and ongoing evaluations to ensure sustainability and adaptability to evolving clinical needs.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.