When Dialysis Becomes High-Risk: A Case Study and Training Framework for Preventing and Managing Occupational Violence and Aggression

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Renal Society of Australia Conference 2026

Monash Health

Occupational Violence and Aggression (OVA) in Dialysis

- OVA remains a significant challenge in healthcare settings
- Dialysis units are particularly vulnerable due to:
  - Long-term patient relationships
  - Frequent treatment interactions
  - Complex medical and psychosocial issues
- Impact on staff:
  - Anxiety
  - Reduced morale
  - Burnout risk
  - Disruption to patient care



Problem description:
Why this project was needed

- **In our dialysis service:**
  - Recurrent OVA incidents were occurring
  - Staff reported anxiety and fear during patient interactions
  - Behavioral escalation disrupted care delivery
  - Responses to OVA varied between staff members
  - Staff preparedness had not been formally assessed
- **Problem statement:** OVA was negatively affecting staff wellbeing, confidence, and the delivery of safe patient care.



Available knowledge

- What we know
  - Evidence show that OVA can result in:
    - Staff burnout
    - Psychological distress
    - Reduced job satisfaction
    - Increased absenteeism
    - Reduced quality of care
- Effective OVA management programs commonly include:
  - Education and training
  - Psychological support
  - Consistent organisational responses
- Gap:
  - Little local evaluation had been undertaken regarding staff confidence and preparedness within the dialysis environment.

Dialysis Unit Context

- A complex dialysis patient with a prolonged history of aggressive behaviours became a catalyst for change.
- Patient Characteristics
  - 58 year-old male
  - Morbid obesity
  - Previous NSTEMI
  - Chronic infected AV graft
  - Lifelong vancomycin therapy
  - Multiple failed vascular accesses
  - Dependent on lumbar dialysis catheter
- Social History
  - 2 children in their teen
  - Divorced
  - Difficult childhood
  - Financial stress due to illness
- Behavioural concerns
  - Swearing, threatening language
  - Intimidation
  - Throwing belongings
  - Frequent disputes regarding treatment (ultrafiltration targets, treatment plan)
- Impact
  - Staff experienced significant distress and anticipatory anxiety

Why we believe change would work

- Staff discussions identified:
  - Knowledge gaps
  - Variable confidence levels
  - Limited exposure to practical de-escalation training
- Hypothesis:
  - A structured, multidisciplinary education program combining theory, reflection, lived experience and simulation would improve staff confidence and preparedness when managing OVA.



Project Aim

- Aim
  - To improve staff knowledge, confidence, and preparedness in preventing and managing occupational violence and aggression through implementation of a four-stage education program.
- Target:
  - ≥90% of staff will complete all components of the training program by June 2026.



Intervention

- Four-Stage OVA Training Framework
  - Stage 1 – OVA Prevention and Management Theory by OVA Consultant
    - Organisational policies
    - Risk Assessment
    - Intervention strategies
  - Stage 2 – “Be Well” Sessions by Psychologists
    - Reflection
    - Stress management
    - Psychological safety
  - Stage 3 – OVA Champion Interview
    - Shared experiences
    - Practical strategies
    - Peer learning
  - Stage 4 – Scenario Based Role Play by NM and OVA Consultant
    - Realistic dialysis situations
    - Communication and de-escalation practice (hands-on)



Study of the Intervention

- How we evaluated the program
  - Staff consultation
    - Small group discussions
    - Identification of barriers and learning needs
  - Training Evaluation – Stage 4 only
    - Attendance monitoring
    - Participant feedback
    - Confidence assessment
    - Preparedness assessment
  - Ongoing review
    - Six-monthly refresher sessions
    - Annual program evaluation



Measures

- Outcome measures (Stage 4 only)
  - Staff confidence in managing OVA
  - Staff preparedness for escalation situations
  - Process measures
    - Attendance rates
    - Completion rates
    - Feedback participation
  - Balancing Measures
    - Training burden on staff
    - Re-trauma to previous incidents
    - Staff satisfaction with program delivery
  - Target
    - ≥90% completion of all training stages



Role play training

- **Scenario 1:**
- A patient arrives at 6:30 AM expecting dialysis at Casey. Staff realise the patient was actually booked at another dialysis unit but was **never informed of the change**. The patient is frustrated, tired, and demanding dialysis be provided at Casey instead.
- Patient: I was told to come here at 0630AM when I came for dialysis last time. This is ridiculous! Why does it happen to me all the time! You have to find a spot for me here because I am not to that hospital!!! Not a chance.
- **Points to consider:**
- Saying “sorry” is not admission of fault. Acknowledge the persons frustration, including the inconvenience of waking up early. Validate their emotions without assigning blame or referring to policies.
- Use calm voice, low voice and keep sentences short and simple.
- If it is safe to do so, move away from busy areas and maintain appropriate personal space. If needed, ask permission to step away briefly to find a way to address the issue. Do not make promises. If you are struggling to find words, use this time to gather information and support.
- Offer limited and realistic choices where possible, and explain what you are doing as you do it. Set clear timeframes and provide regular, time-bound updates.
- If frustration escalates – slow speech further, keep low voice and set respectful, clear limits.
- Seek team support early by alerting a colleague and escalate as appropriate.

Role play training

- **Scenario 2**
- A patient on dialysis who appears fluid overloaded refuses to have fluid removed and insists staff follow their request.
- Patient: I do not need any fluid off because I am feeling fine. Everytime you remove fluid I get cramps and I can never sleep at night. It takes me 2 days to recover from fatigue and weakness every time you remove the fluid. If you remove fluid, I will get off this chair and leave!
- **Points to consider:**
- Provide clear, simple clinical explanation:
  “I’m concerned because carrying too much fluid can affect your heart and breathing.”
- Offer choices:
  “What amount *would* feel acceptable for you today? Could we aim for a smaller amount together?”
- Use shared decision-making:
  “Let’s work out a plan that keeps you safe while respecting what you’re comfortable with.”
- If refusal persists, escalate safely and document.

Survey Design (Role Play OVA Training)

- **Pre-Training Survey**
  - Completed immediately prior to the education session.
  - Assessed baseline knowledge, confidence, and preparedness.
  - Participants rated statements using a 5-point Likert scale:
    - 1 = Strongly Disagree
    - 2 = Disagree
    - 3 = Neutral
    - 4 = Agree
    - 5 = Strongly Agree
- **Post-Training Survey**
  - Completed immediately following the education session.
  - Used the same survey questions to measure changes in participant responses.

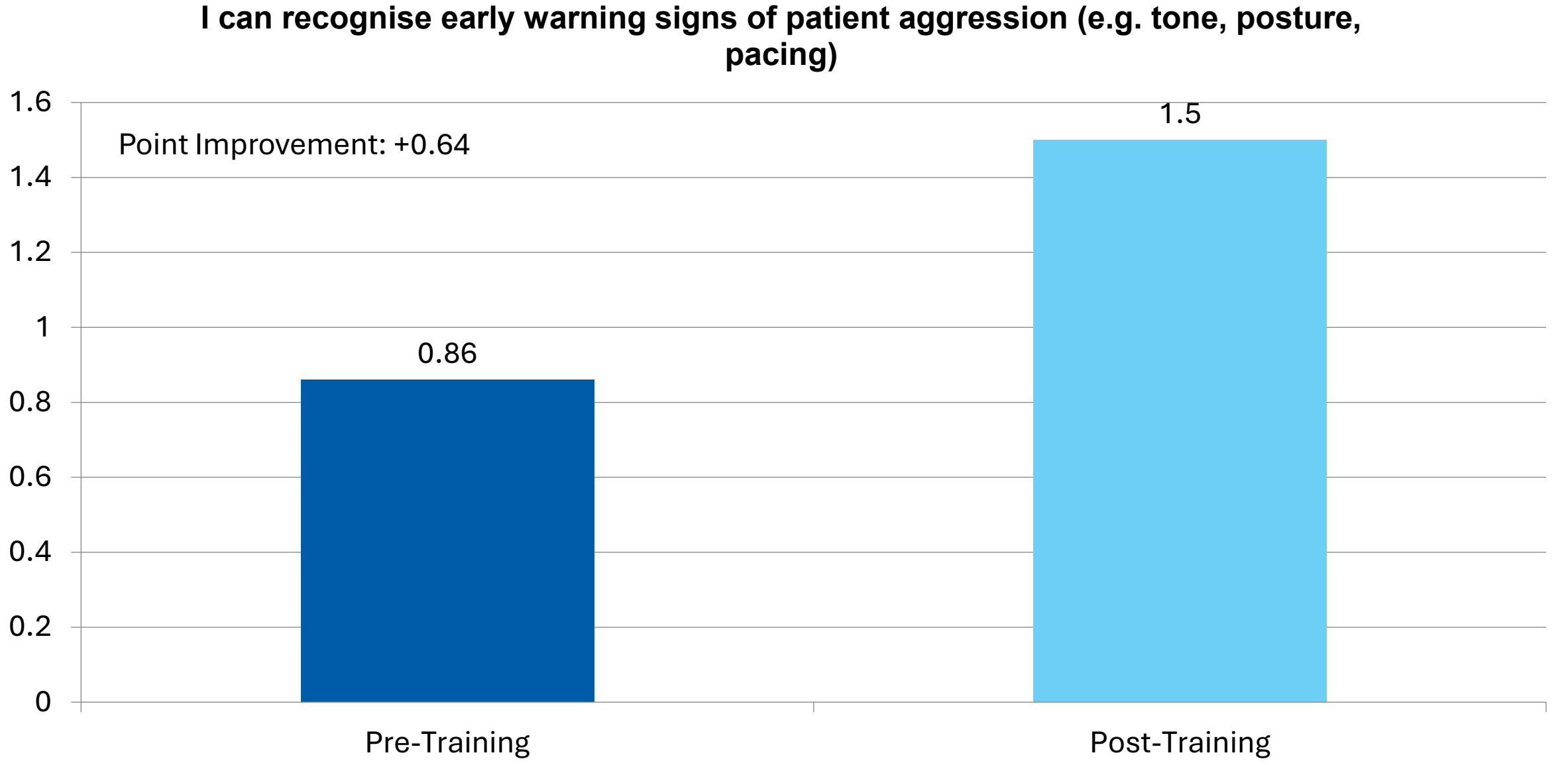
- **Analysis**
  - Mean scores were calculated for each survey statement.
  - Pre- and post-training scores were compared to identify changes in:
    - Recognition of aggression
    - Communication and de-escalation skills
    - Incident management confidence
    - Understanding of escalation pathways and support systems

Survey Results

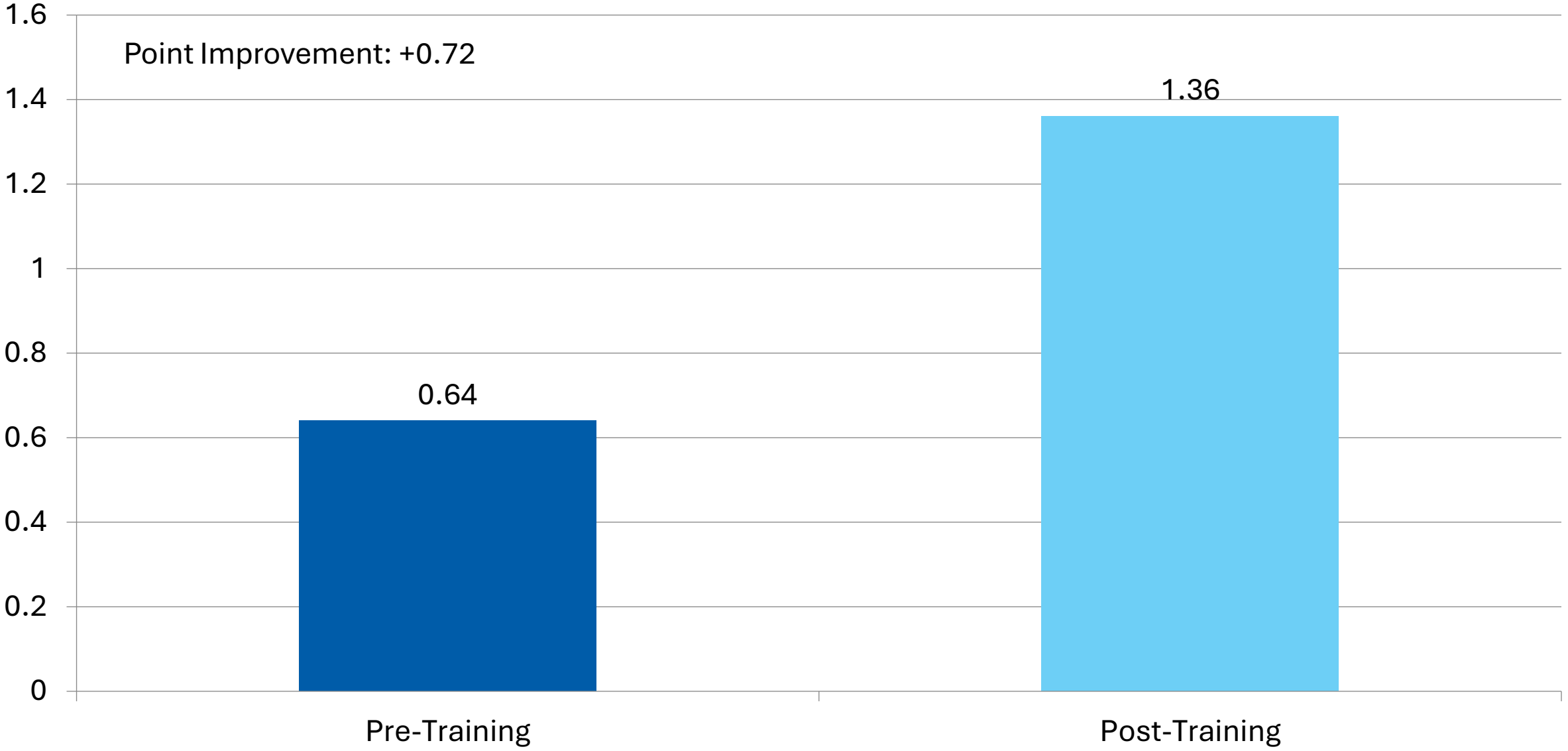
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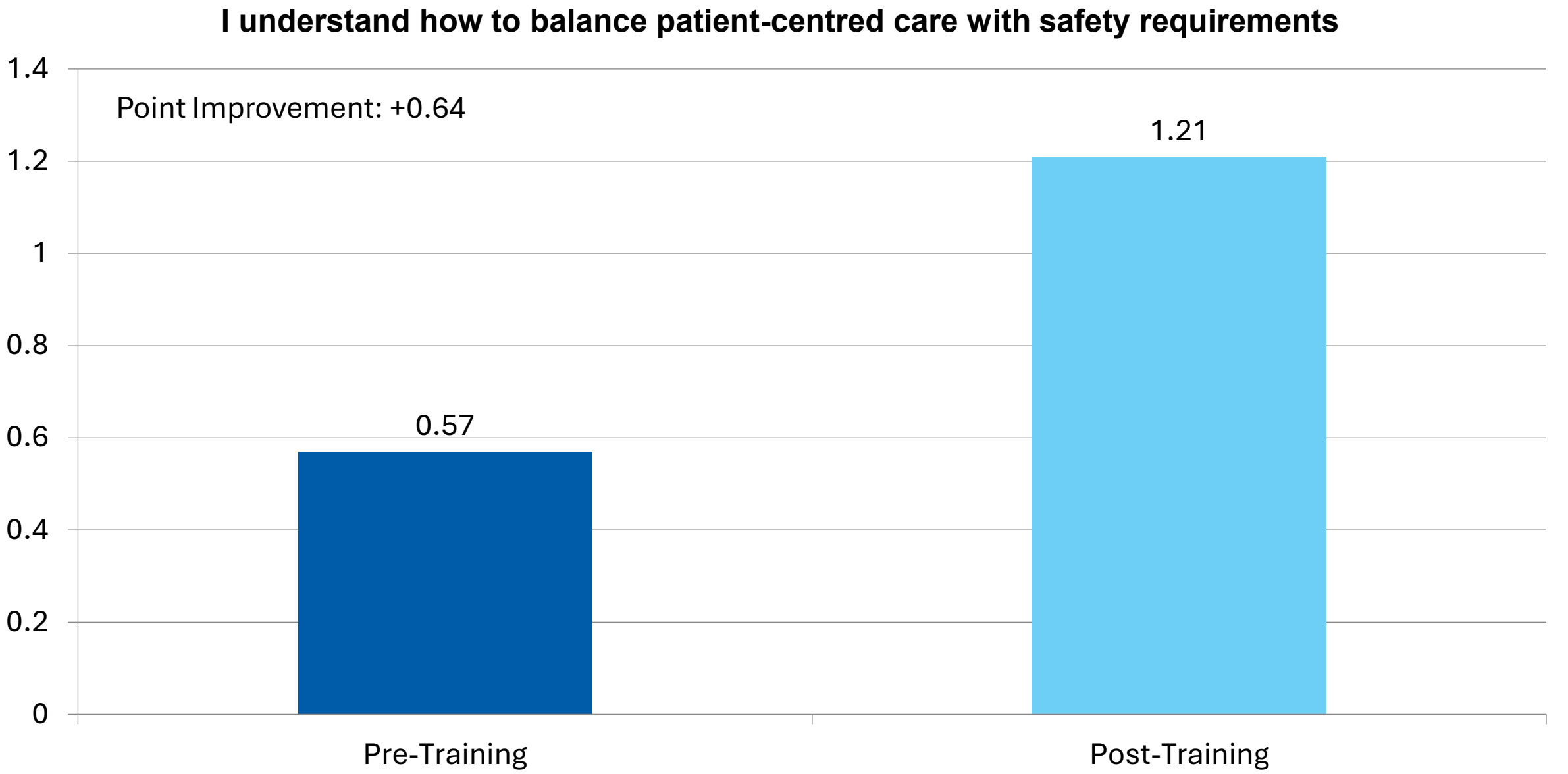
How scores were calculated

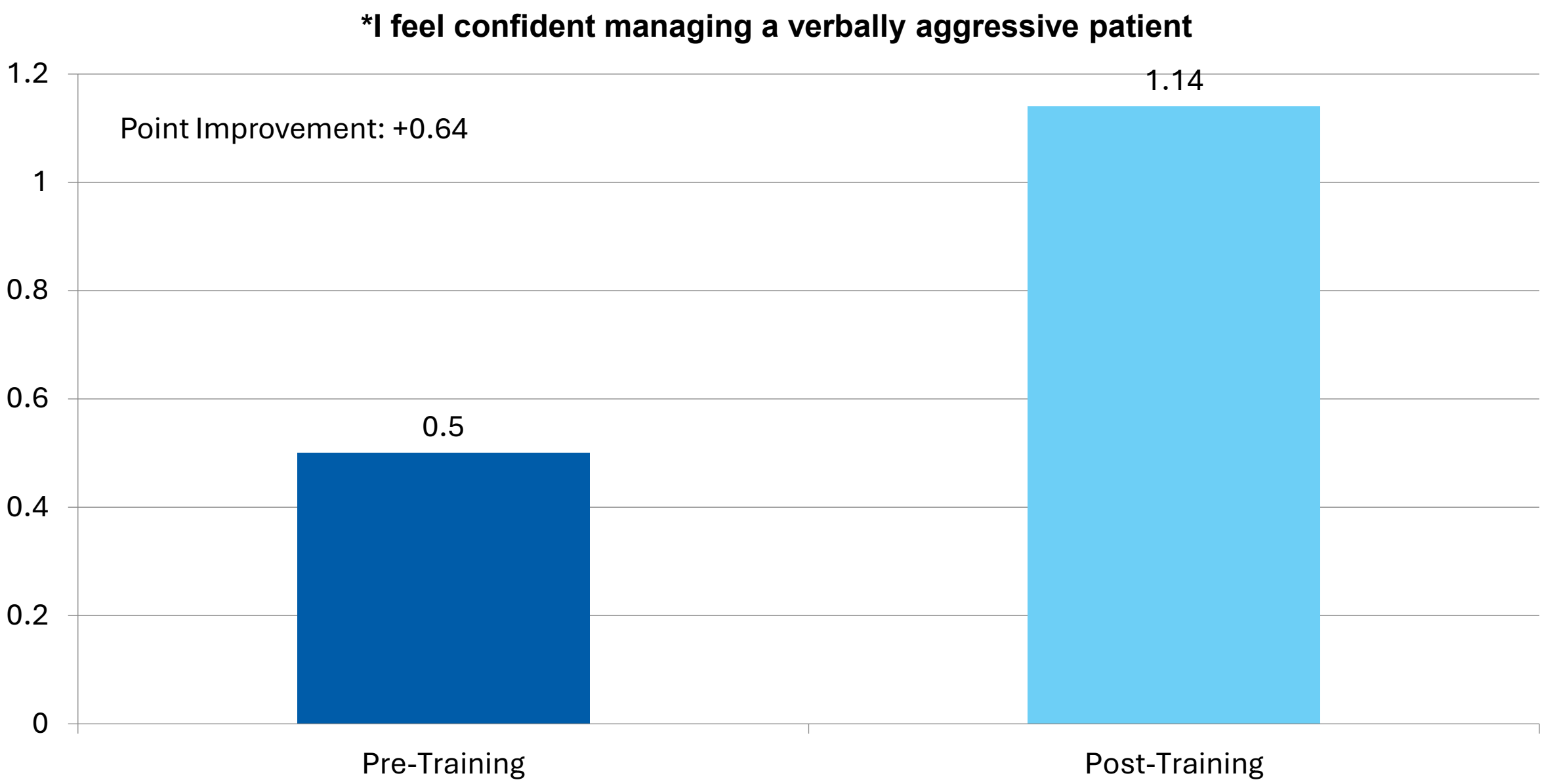
- Responses were recoded:
  - Strongly Disagree = -2
  - Disagree = -1
  - Neither = 0
  - Agree = +1
  - Strongly Agree = +2
  - Mean scores calculated for each survey statement


I can recognise early warning signs of patient aggression (e.g. tone, posture, pacing)
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
Point Improvement: +0.64
0.86
1.5
Pre-Training
Post-Training

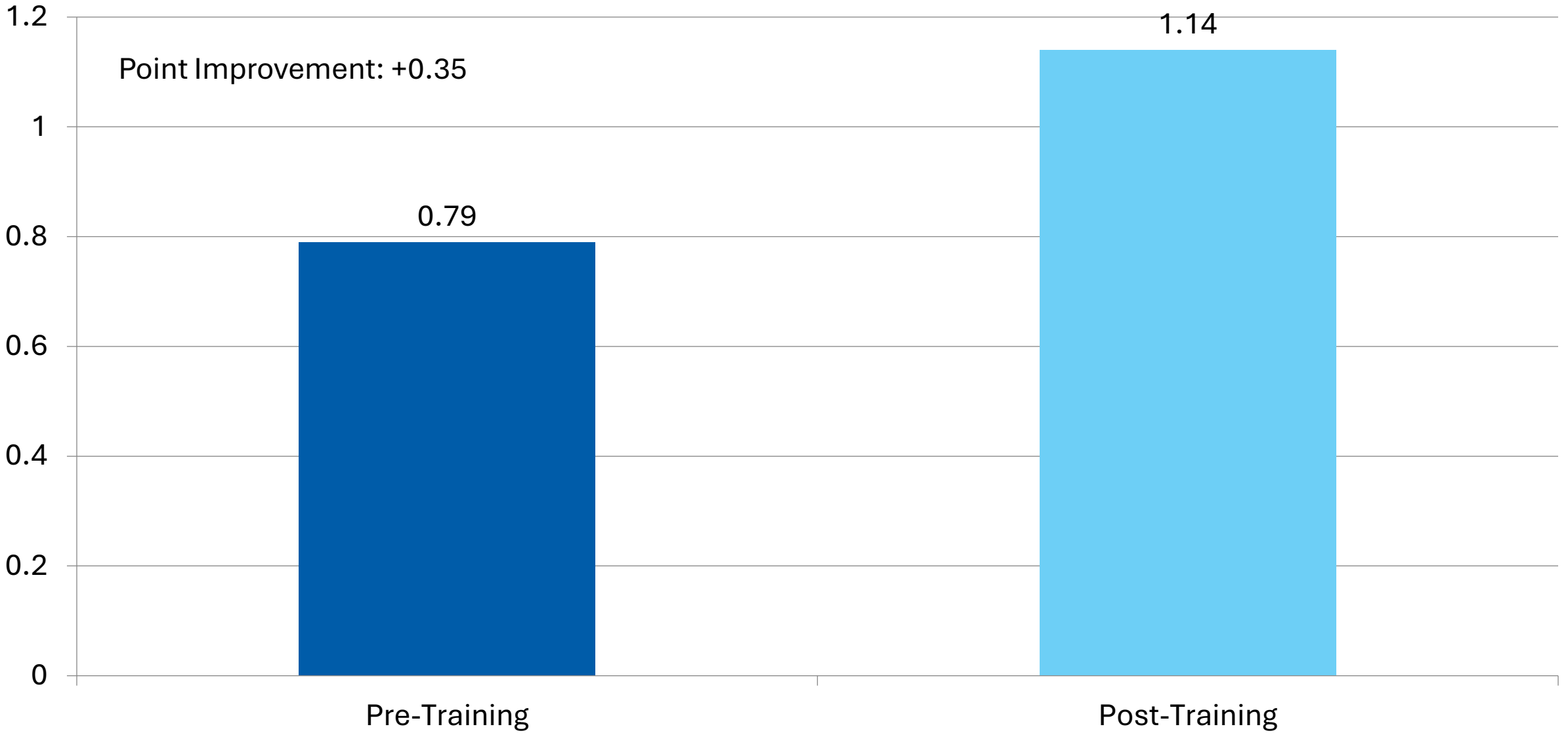
I know when and how to escalate an OVA incident.



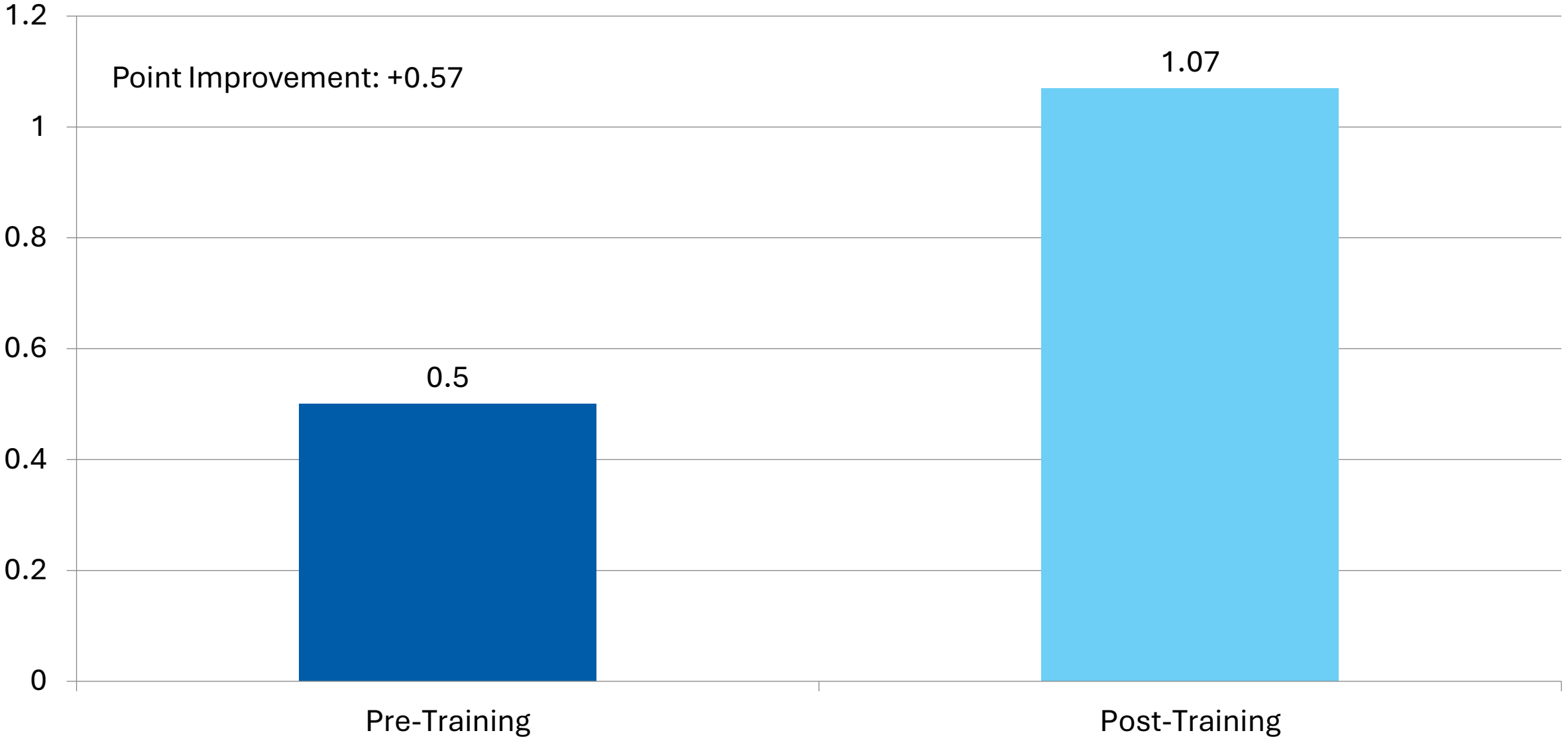

I understand how to balance patient-centred care with safety requirements
Point Improvement: +0.64
1.4
1.2
1
0.8
0.6
0.4
0.2
0
0.57
1.21
Pre-Training
Post-Training

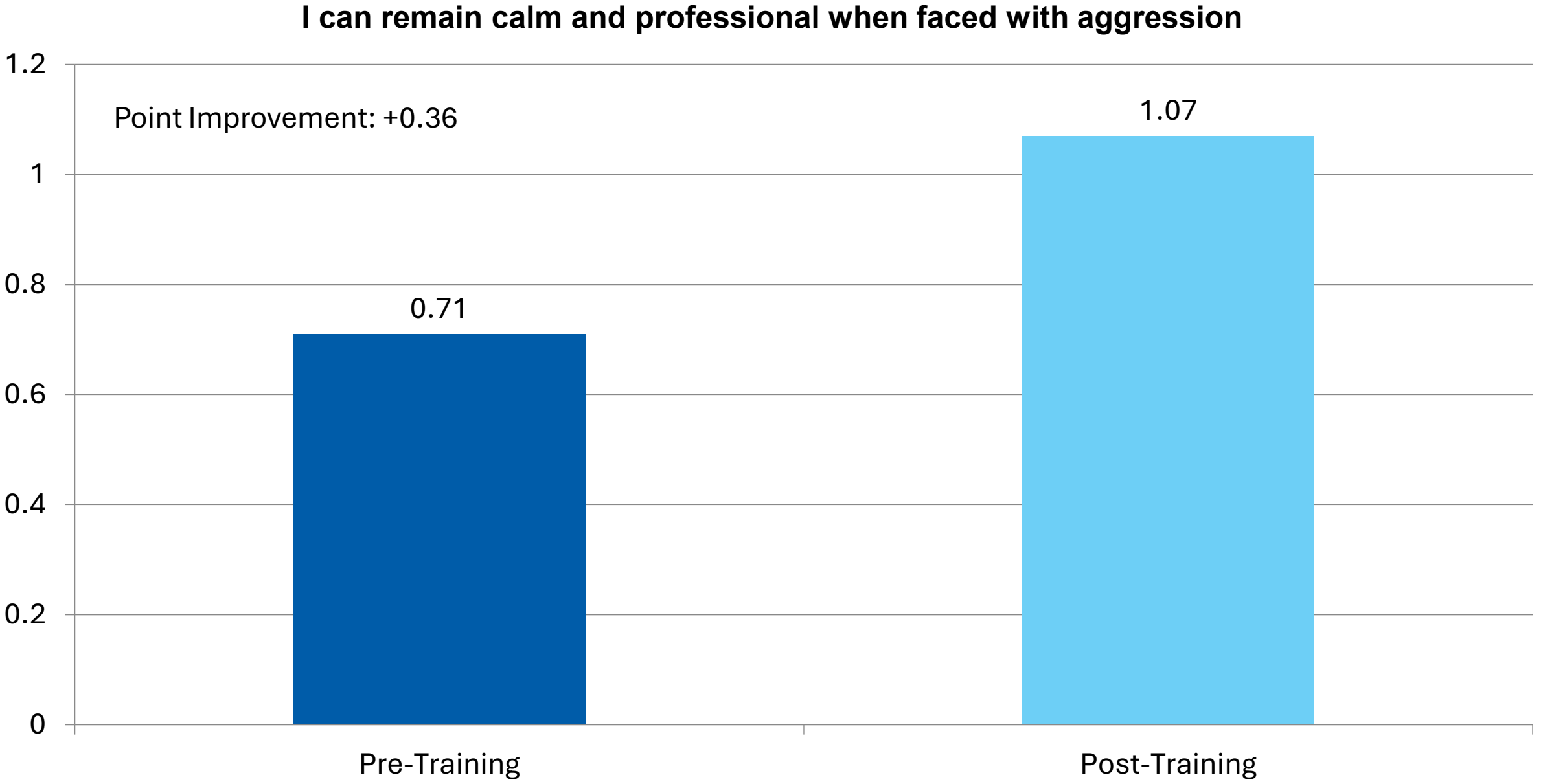

*I feel confident managing a verbally aggressive patient
1.2
1
0.8
0.6
0.4
0.2
0
Point Improvement: +0.64
0.5
1.14
Pre-Training
Post-Training

I feel confident using communication techniques such as empathy and validation

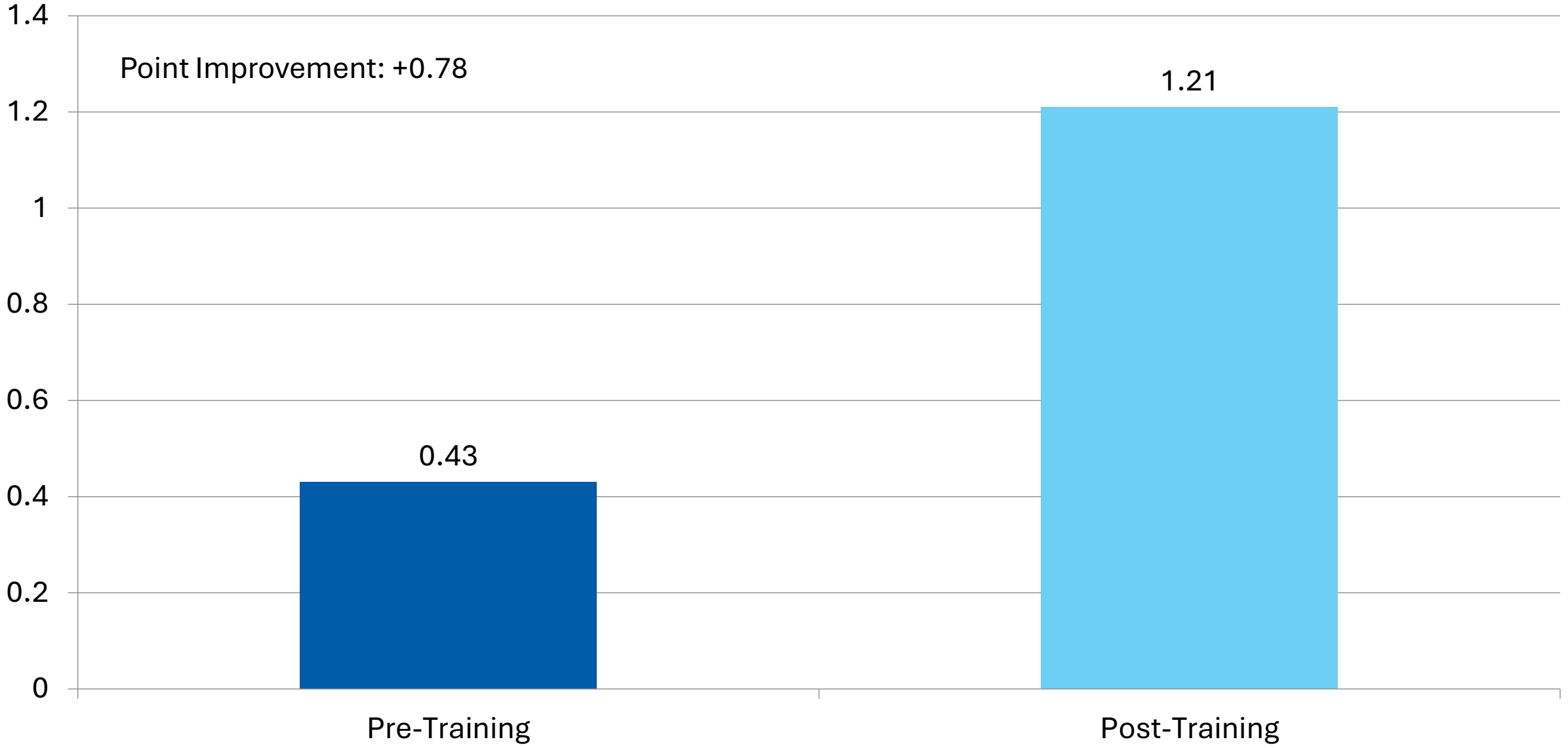


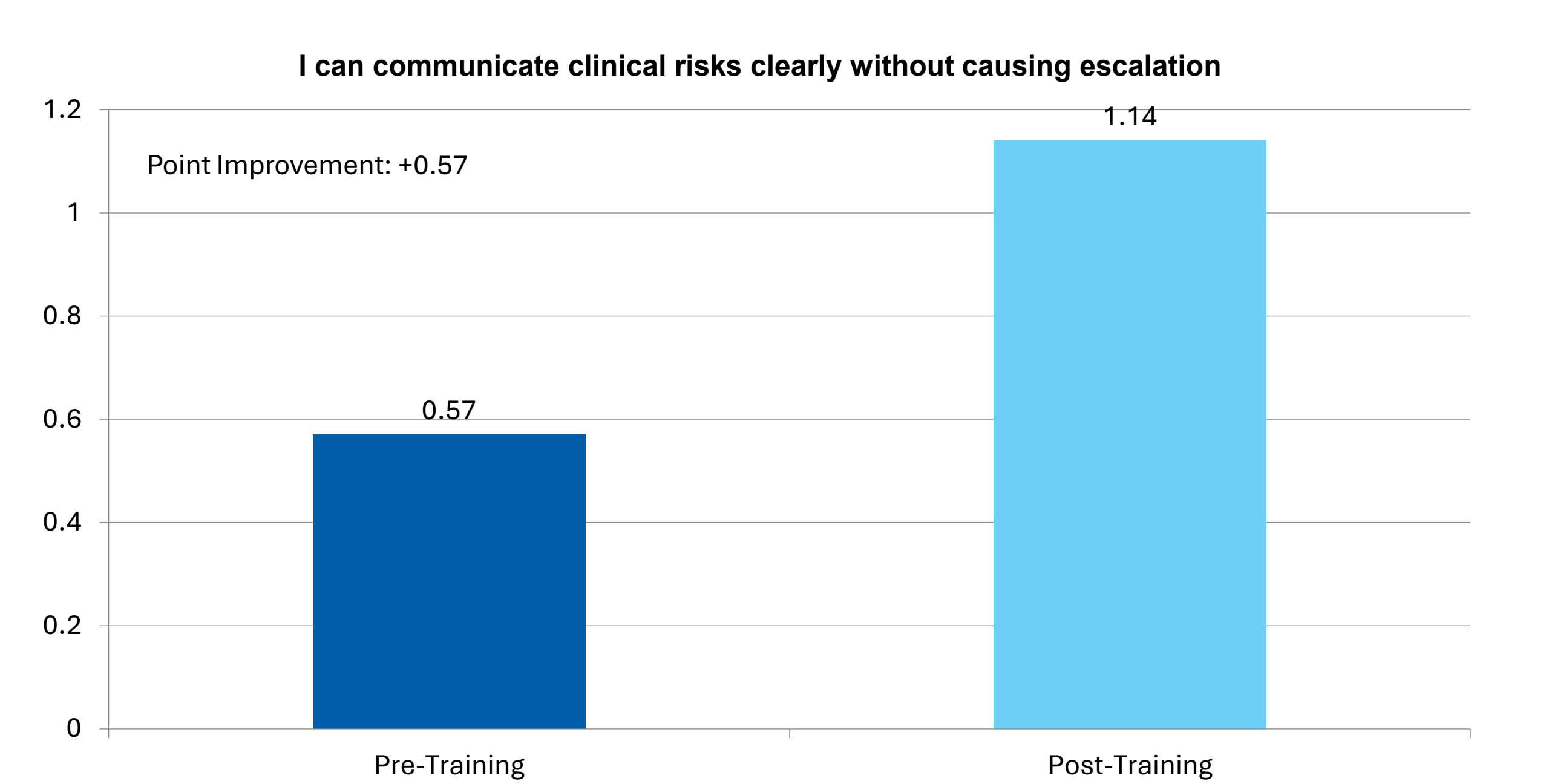
*I feel confident setting boundaries when behaviour becomes unsafe



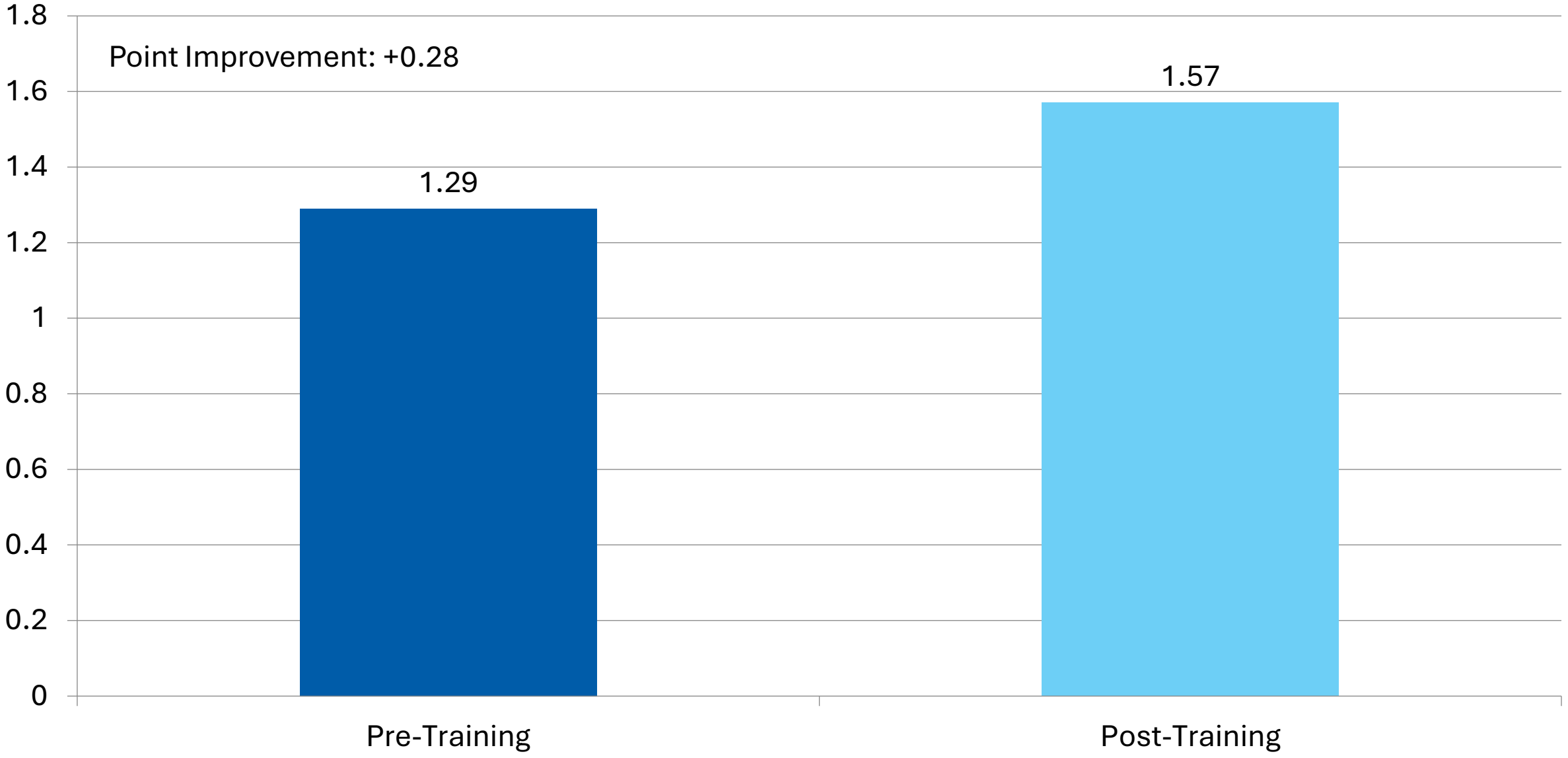

I can remain calm and professional when faced with aggression
1.2
1
0.8
0.6
0.4
0.2
0
Point Improvement: +0.36
0.71
1.07
Pre-Training
Post-Training

I can apply de-escalation techniques effectively in real situations

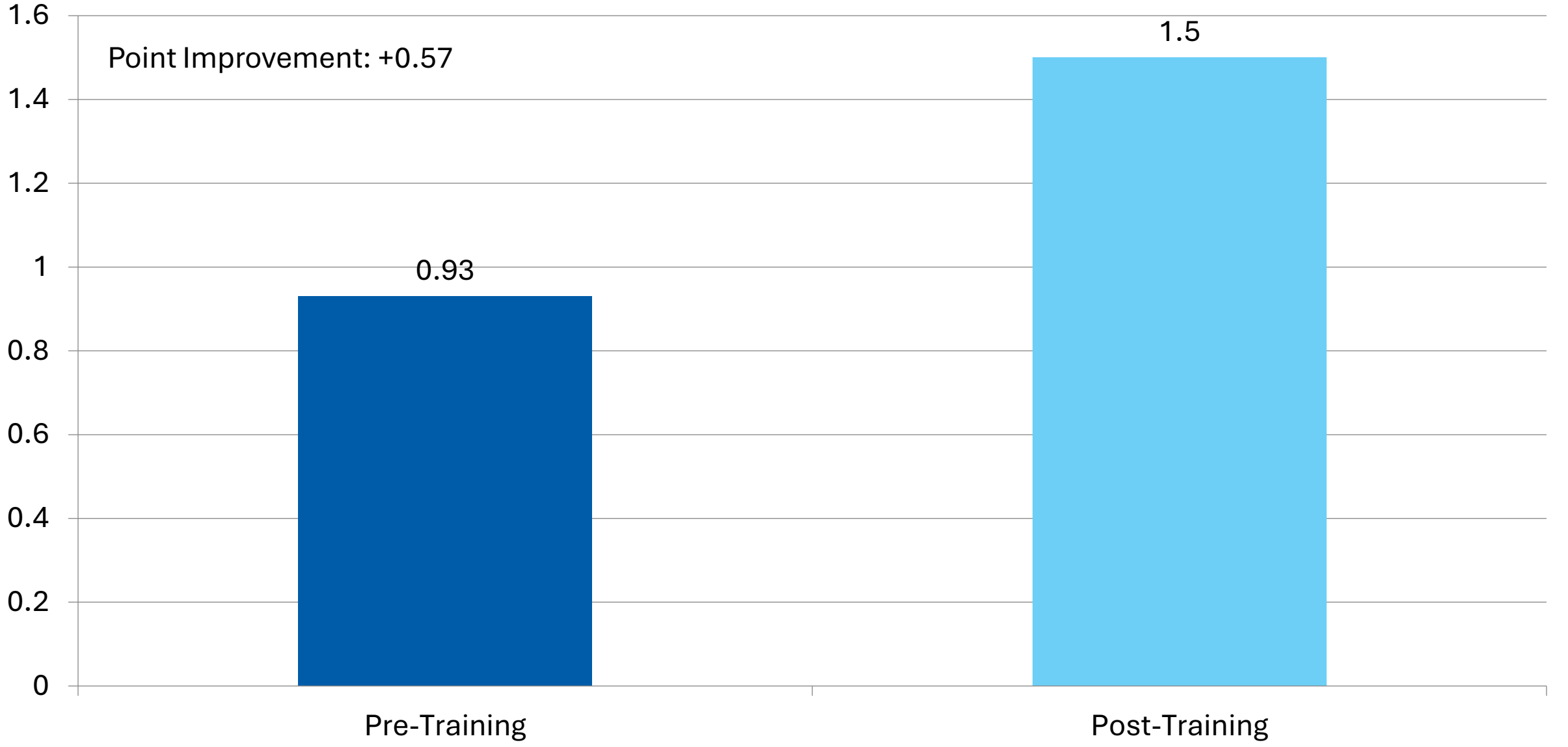


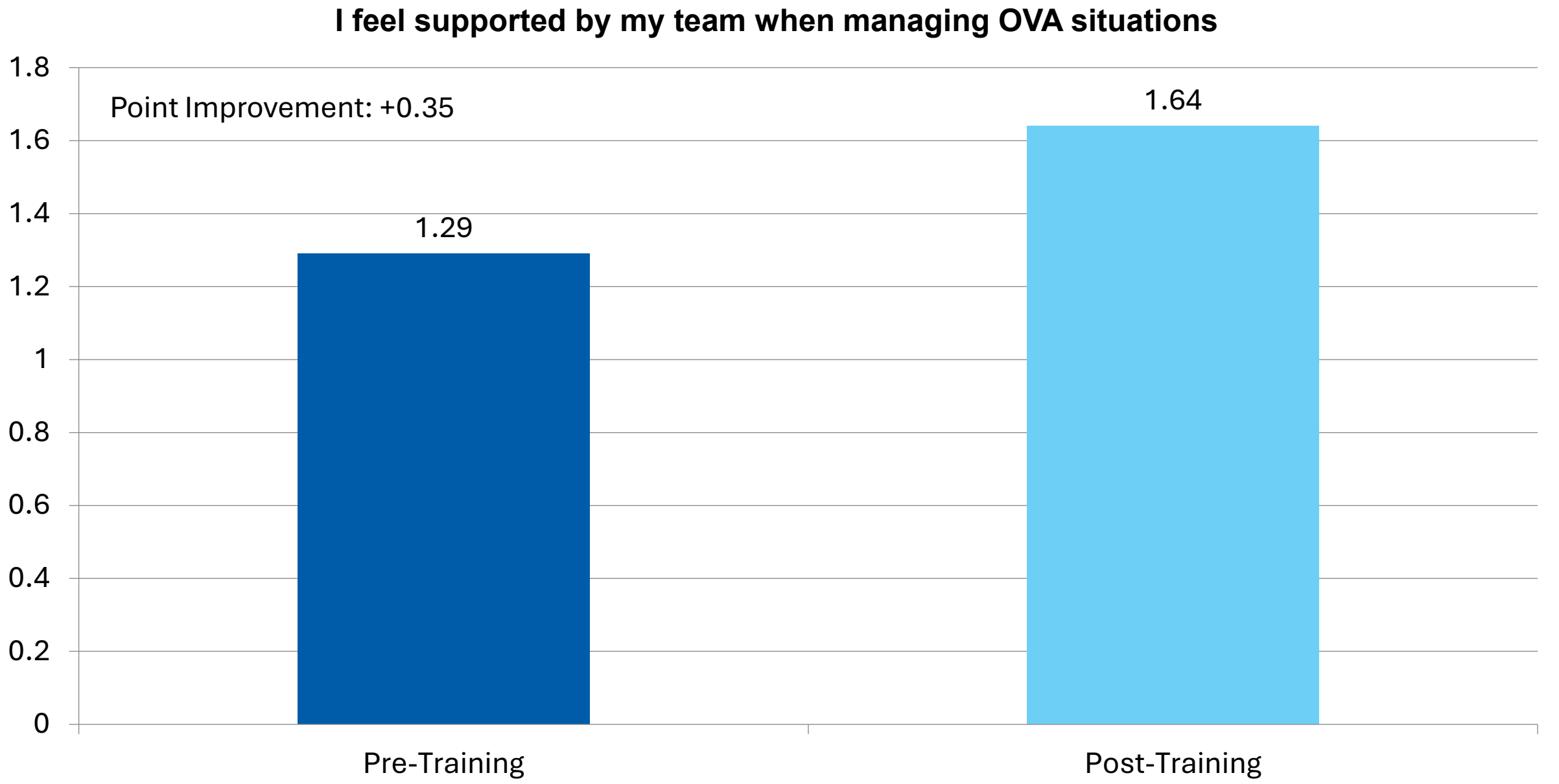

I can communicate clinical risks clearly without causing escalation
1.2
1
0.8
0.6
0.4
0.2
0
Point Improvement: +0.57
0.57
1.14
Pre-Training
Post-Training

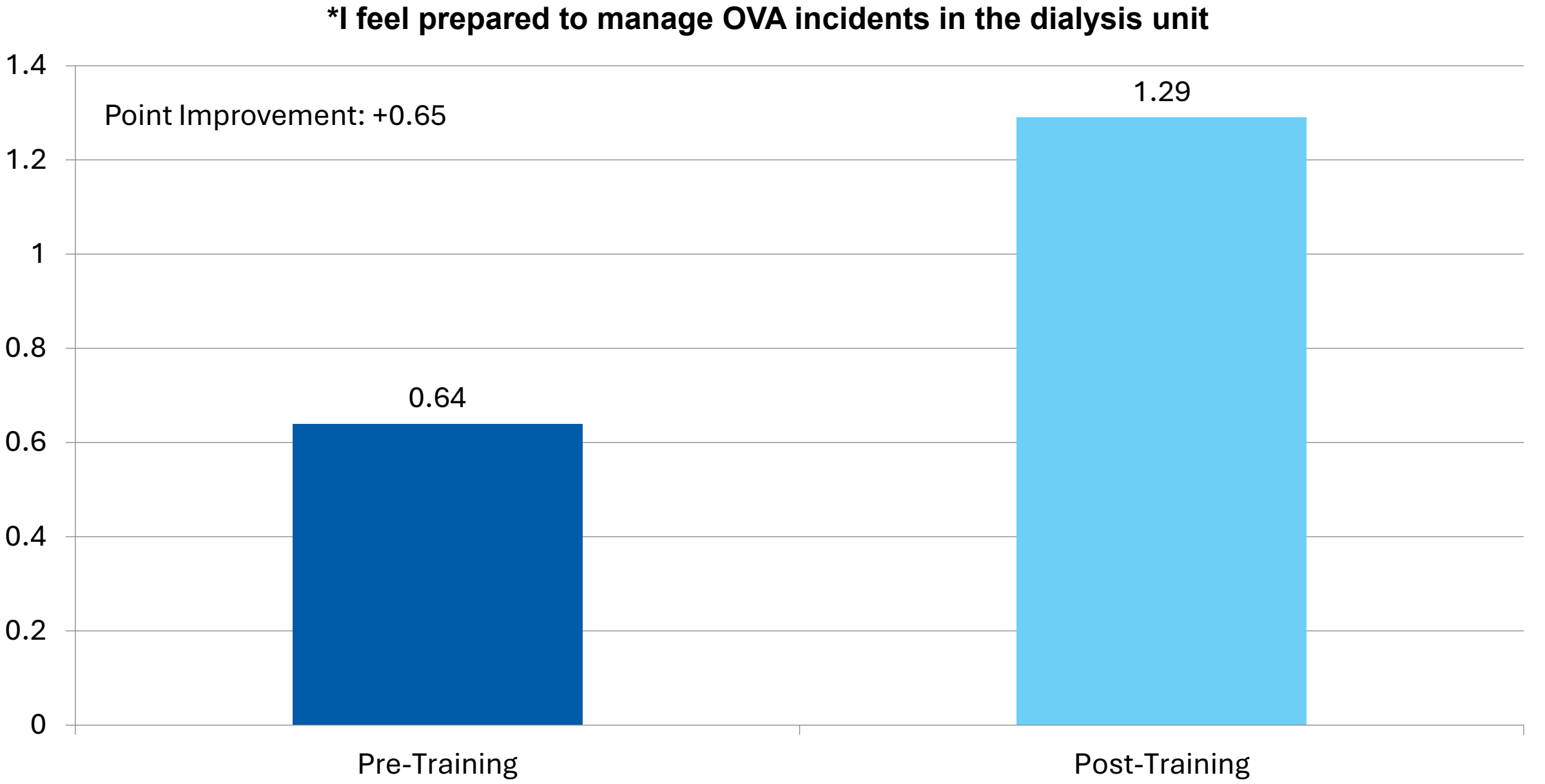
I feel confident seeking help from colleagues when needed



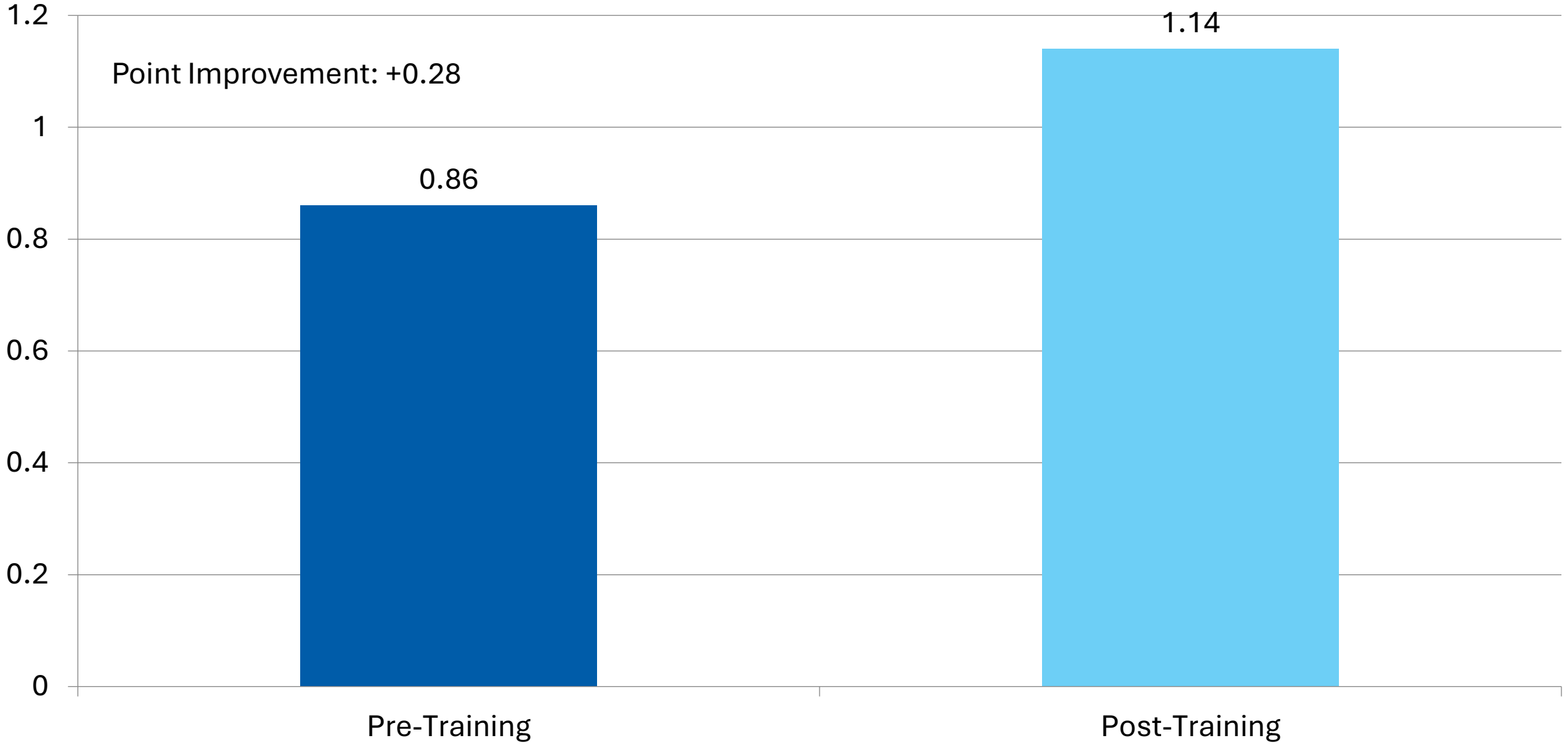
I understand the escalation pathways and available supports



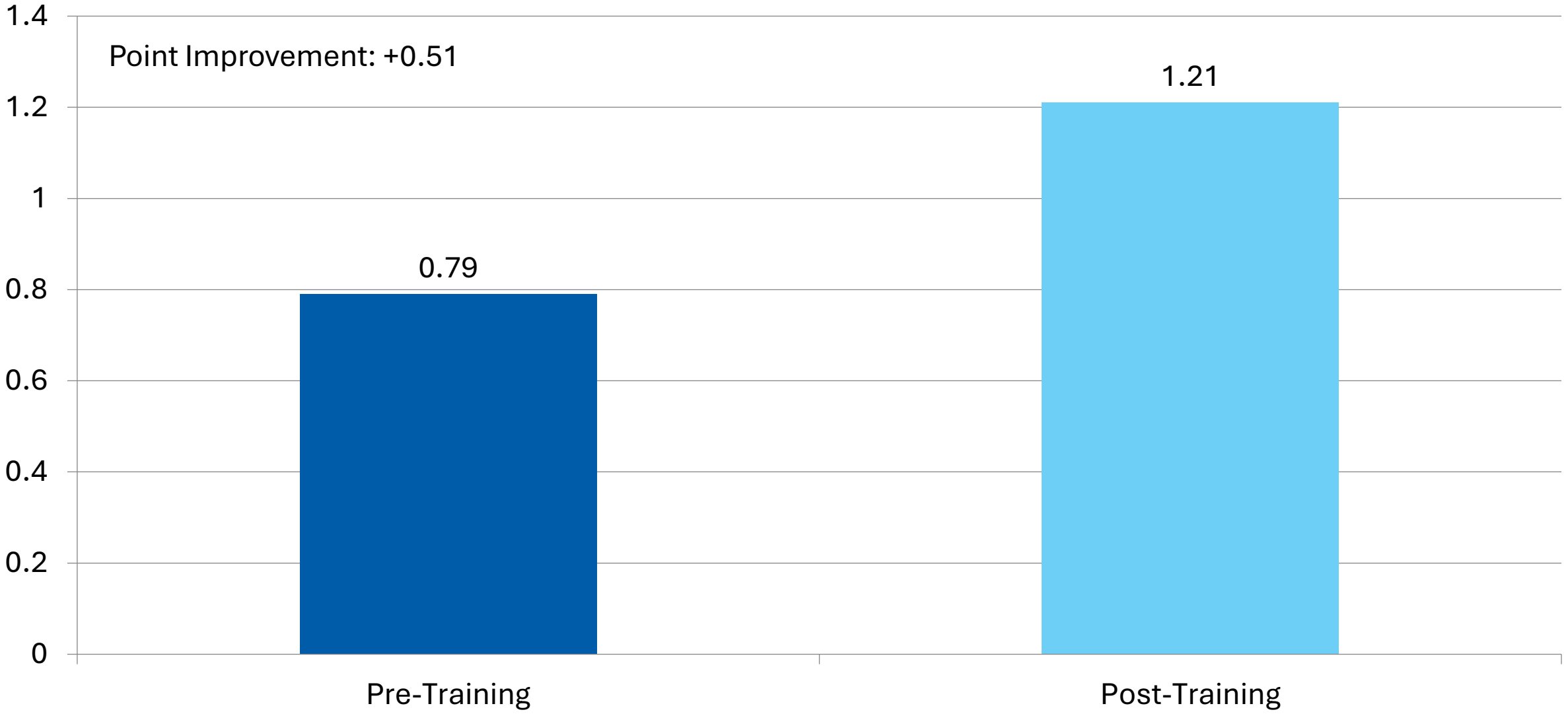

I feel supported by my team when managing OVA situations
1.8
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
Point Improvement: +0.35
1.29
1.64
Pre-Training
Post-Training

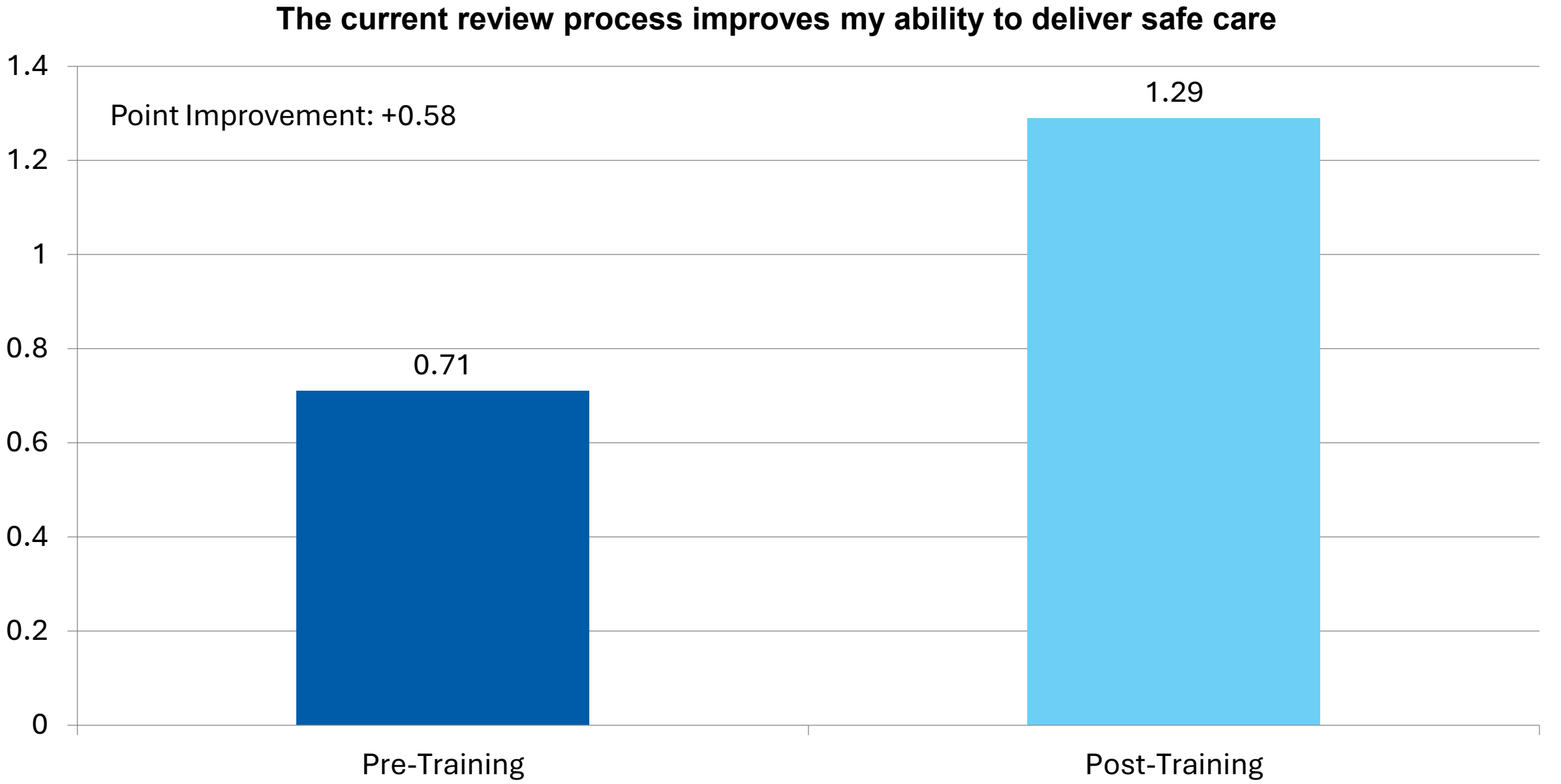

*I feel prepared to manage OVA incidents in the dialysis unit
1.4
1.2
1
0.8
0.6
0.4
0.2
0
Point Improvement: +0.65
0.64
1.29
Pre-Training
Post-Training

I feel capable of preventing escalation where possible.

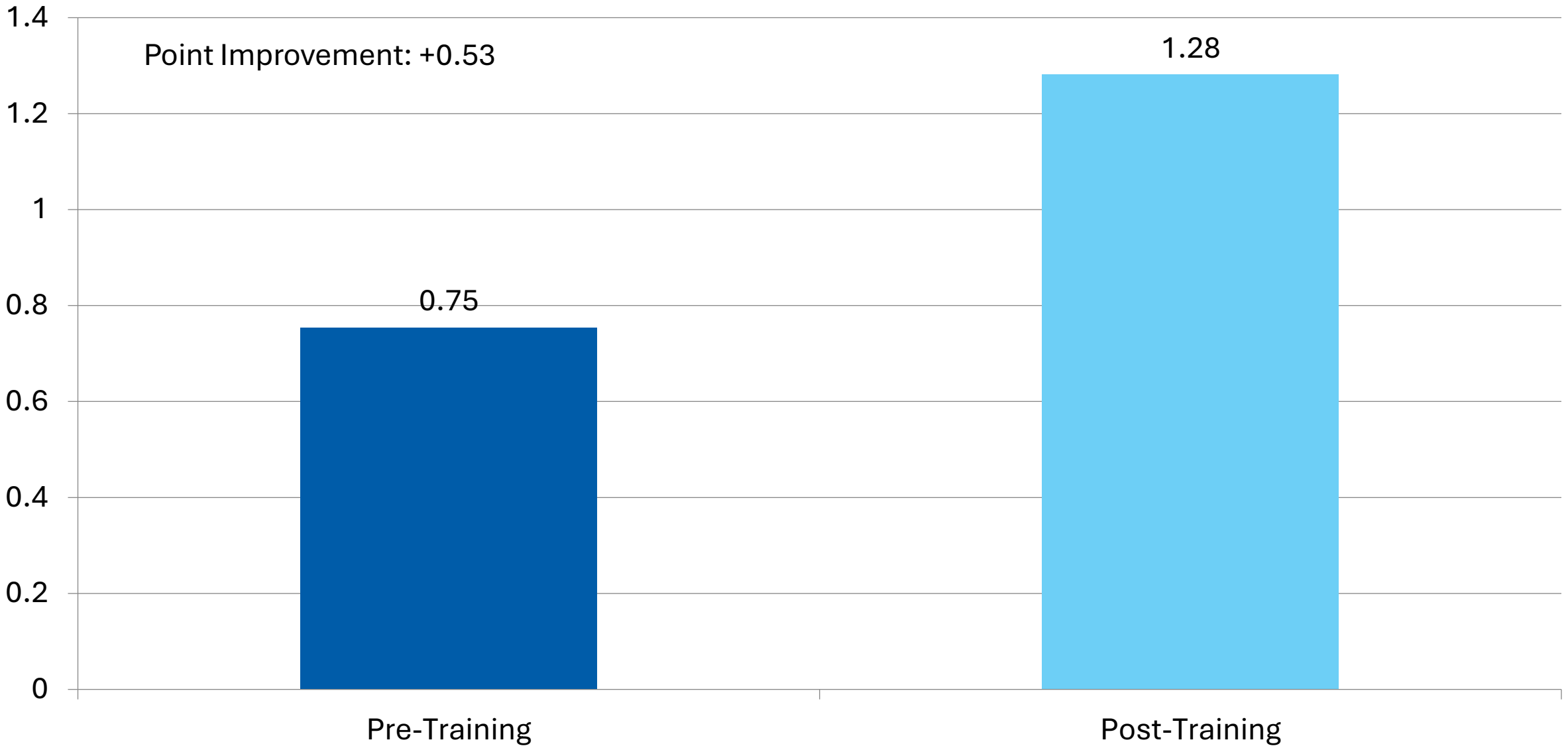


Communication systems reduce frustration related to unresolved issues.




The current review process improves my ability to deliver safe care
1.4
1.2
1
0.8
0.6
0.4
0.2
0
Point Improvement: +0.58
0.71
1.29
Pre-Training
Post-Training

Overall Mean Score



What do you find most challenging about managing aggressive or distressed patients?

- The unpredictability of it, caught me by surprise, usually I freeze. 😅
- My own personality and tendency towards conflict avoidance.
- Not knowing if there are other stressors in their lives that is causing the behaviour.
- Keeping cool and not getting flustered.
- Finding the right words to say and fear that my words may escalate it further.
- Unable to get patient settled.
- Scared to talk to them.
- Getting the patient calm enough to agree/disagree on a common point.
- Second guessing my message or delivery of it will trigger patient more.

What would you do differently in practice after this training?

- Acknowledge difficulties experienced by patient but maintain respect communication between both parties.
- Acknowledge but also set boundaries.
- Don’t promise anything unless we are sure about it.
- Be more confident during escalation.
- Giving patients time/boundary while finding the words to say or just working on the solution.
- Evaluate the situation, ask for some time before making firm decisions.
- Listen, acknowledge, explain actions, negotiate, involve patient with decision making, adjust strategies depending on the scenario and patient.
- Challenge behaviours with respect - "please don't yell".
- Talk to patients about coming to a compromise.
- Stay calm and listen to concerns of patient.

Lessons learned

- Success Factors
  - Leadership support
  - Multidisciplinary collaboration
  - Psychological safety focus (no judgement)
  - Simulation based learning
- Challenges
  - Scheduling staff attendance (1 hour training)
  - Maintaining engagement (after training)
  - Balancing training with clinical workload
- Key Insight
  - Staff benefit most when education combines theory with practical application and reflection.



Sustainability

- Maintaining improvement
- To sustain gains we will:
  - Continue six-monthly refresher sessions
  - Include OVA training in orientation programs
  - Review content annually
  - Maintain access to psychological support
  - Develop local OVA champions



Conclusions

- Occupational violence and aggression can significantly impact staff wellbeing and dialysis care delivery.
- A structured four-stage education framework:
  - Addressed identified learning gaps
  - Improved staff confidence
  - Promoted earlier intervention (prevent escalation)
  - Supported safer care environments
- Take-Home Message
  - Investing in staff capability and psychological safety is essential for preventing and managing occupational violence in dialysis settings.



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