

Interview Guide: Ambulatory Primary Care (version for: General practitioner (GP))

Introduction

Good morning/afternoon Mr./Ms. ...,

First of all, thank you very much for taking the time to participate in this interview and for sharing your experiences with me.

Before we begin, I would like to briefly introduce myself and our research project so that you have a clearer understanding of its purpose.

- I am a research associate at the Institute for Occupational and Maritime Medicine in Hamburg.
- Our research project focuses on violence and aggression towards healthcare staff in ambulatory primary care settings (e.g., general practices).
- Our aim is to identify existing prevention measures and to explore additional needs and wishes of healthcare staff.

I would like to emphasize two important aspects:

1. Our questions refer to both physical AND verbal violence, including insults or verbal abuse.
2. We are focusing on violence and aggression originating from patients and/or their relatives. Other incidents, such as workplace bullying among colleagues, are not part of this study.

Do you have any questions so far?

As stated in the consent form, we would like to audio-record the interview. This is important for accurate data analysis and to ensure that no information is lost. The recording will be transcribed, and the audio file as well as your name and contact details will be deleted after the analysis.

With your permission, I will now start the recording.

(Start recording)

There are no right or wrong answers. The first section includes a few short questions about you and your professional background. The following questions are open-ended—please feel free to answer in as much detail as you like. Everything you consider relevant is of interest.

If you have no further questions, we will begin with the first section.

Section 1: General Information (GPs)

1. How long have you been working as a general practitioner?
2. How long have you been working in your current practice?
3. What is your role in the practice? (e.g., practice owner, employed physician)
4. What are your weekly working hours? ____ hours
5. Do you provide out-of-hours care (e.g., on-call service, weekends)?
6. How old are you? ____ years

Section 2: Known Measures (GPs)

7. What role does violence prevention play in your daily work as a GP?
8. What preventive measures are implemented in your practice to reduce violence from patients and relatives?
9. Are there structured procedures to identify potentially aggressive patients?
 - (e.g., documentation systems, alerts in patient files)
10. What measures exist for dealing with aggressive patients?

Follow-up (management perspective):

- Are there formal guidelines or SOPs in your practice?
- Are staff trained (e.g., de-escalation training)?
- What importance do you assign to staff behavior and communication?
- How is the practice environment designed with regard to safety?
- Are there technical systems (e.g., alarms)?
- How is work organization structured to prevent escalation?
 - Staffing levels
 - Appointment scheduling
 - Waiting times
- 11. How do you ensure that your team is supported when dealing with aggressive patients?
 - Internal support (team, leadership)
 - External support (security, police)

Section 3: Implementation (GPs)

12. Which measures do you consider particularly effective? Why?
13. Which measures are difficult to implement? Why?
14. What barriers exist in implementing violence prevention measures?
 - Organizational
 - Financial
 - Cultural
15. How would you assess awareness of violence prevention within your team?
16. How do you, as a GP/practice leader, position yourself regarding violence against staff?
17. Do you actively encourage staff to report incidents or suggest improvements?
 - How is this implemented?
18. Are incidents of violence documented?
 - How and where?
 - What challenges exist?

Section 4: Additional Needs (GPs)

19. What additional measures would you consider useful to reduce violence?
20. What support structures would you like to have available (e.g., training, guidelines)?
21. What improvements in practice design or infrastructure would help?
22. What organizational changes could reduce risk (e.g., scheduling, staffing)?
23. What post-incident support structures exist for staff?
 - What is missing?

Closing

24. Is there anything else you would like to add?

Interview Guide: Ambulatory Primary Care (version for: Medical Assistants (MFA))

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(Start recording)

There are no right or wrong answers. The first section includes a few short questions about you and your professional background. The following questions are open-ended—please feel free to answer in as much detail as you like. Everything you consider relevant is of interest.

If you have no further questions, we will begin with the first section.

Section 1: General Information (MFA)

1. What professional training have you completed?
2. How long have you been working as a medical assistant?
3. How long have you been working in your current practice?
4. What are your weekly working hours? ____ hours
5. Do you work evenings or weekends?
6. How old are you? ____ years

Section 2: Known Measures (MFA)

7. What role does violence prevention play in your daily work?
8. What measures are in place in your practice to prevent violence from patients and relatives?
9. Are there ways to recognize potentially aggressive patients early?
 - (e.g., notes in patient files, prior experiences)
10. What happens in your practice when a patient becomes aggressive?

Follow-up (experience perspective):

- Have you received training (e.g., de-escalation)?
 - Do you feel prepared for such situations?
 - What role does your own behavior play?
 - Does the work environment help you feel safe?
 - Rooms, reception area
 - Alarm systems
 - Does work organization help prevent escalation?
 - Waiting times
 - Availability of colleagues
11. Do you receive support when dealing with aggressive patients?
- From colleagues?
 - From physicians?
 - From external services?

Section 3: Implementation (MFA)

12. Which measures do you personally find helpful? Why?

13. Which measures are difficult to apply in everyday practice? Why?
14. What makes it harder to implement prevention measures?
15. How would you describe awareness of violence prevention among:
- Yourself
 - Your colleagues
 - The physicians/practice management
16. Do you feel that your concerns about violence are taken seriously?
17. Can you share suggestions or concerns about violence prevention?
- If yes: how?
 - If no: would you like to?
18. Are incidents reported?
- Do you report them? Why/why not?
 - What would make reporting easier?

Section 4: Additional Needs (MFA)

19. What would help reduce violent situations in your daily work?
20. What kind of support would you personally like?
- Training?
 - Clear procedures?
 - More staff?
21. What improvements in the work environment would help you feel safer?
22. What organizational changes would help?
23. What support do you receive after a violent incident?
- What would you wish for?

Closing

24. Is there anything else you would like to add?