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**Submitting author:** Mr Chun Yiu TSE  
**Post title:** Registered Nurse, Tai Po Hospital

**Management of Violence by Enabling Recovery (MOVER)**  
*Tse CY, Lee TK, Wong YC, Ng CF, Hui KM, Chew SW, Wong KH*  
*Department of Psychiatry, Tai Po Hospital*

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**Introduction**  
MOVER is an innovative pilot program that enables an atmosphere of recovery for patients to empower their effective self-management of emotional problems for meaningful life, and enhance involvement with our patients and their carers to have collaboration and autonomy on making choices for emotional regulation. In order to facilitate the empowerment and positive practice environment, “Join Us Management Plan” (JUMP) for patients and carers is designed consisting of emotional regulation sessions with tailored booklet, patient-led focus group, carers support forum and ward orientation visit; ward staff are strengthened their skills in conflict resolution and recovery-orientated care.

**Objectives**  
(1) To empower patients and carers to have effective self-emotional management throughout the recovery journey; (2) To strive the culture of recovery-orientated approach regarding emotional regulation; (3) To enhance department service on emotional regulation practice.

**Methodology**  
Targeted participants were male inpatients with history of emotional problems and their carers. A mixed method approach was adopted. Pre-test & Post-test were used for outcome measurement, using questionnaires with quantitative segment of 6-point Likert scale to evaluate their self-efficacy and knowledge of emotional regulation; and qualitative segment to collect feedbacks of the program. Nurses were asked to complete questionnaires to evaluate their confidence to provide recovery-oriented care regarding emotional regulation and conflict resolution skills. The number of patients required restraint, close observation and its average duration were targeted to evaluate outcome of the program.

**Result**  
From Sep 2016 to Jan 2017, 31 paired of patients and carers were engaged. T-test showed significant improvement (p<0.05) in the mean score of patients (37.2 to 39.3)
and carers (33.4 to 35.6). Most of them expressed that more autonomy and involvement in emotional regulation were empowered by staffs. We received some suggestions on promoting self-emotional management from patient-led focus group. Over 84.7% staff showed their confidence in management of patient violence by enabling recovery-orientated approach.

To compare prior period (Apr to Aug 2016), the number of patients required restraint dropped from 136 to 90; the number of patients required close observation decreased from 69 to 51 and its average duration decreased from 19.5 days to 13.1 days. Since the effectiveness of MOVER, it is planned to promote and disseminate in the department presently.