Fall 12-10-2020

Emergency Department Workplace Violence Against Nurses

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Emergency Department Workplace Violence Against Nurses

A Paper Submitted in Partial Fulfillment of the Requirements

For NURS 5382: Capstone

In the School of Nursing

The University of Texas at Tyler

by

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December 3, 2020

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Acknowledgments

I would like to take a moment to thank everyone that has helped me through this educational program. Thank you, Dr. Greer, for all of your inspiring words and continued encouragement throughout this capstone process. Most importantly thank you to my wife. She is not only my rock and support, but she is the smartest person I know. She has been my inspiration and my greatest mentor.

Executive Summary

Emergency room nurses are often thought of as the adrenaline junkies of the nursing world. Emergency nurses interact with a wide array of patients and visitors and are often the first clinician a patient may see upon arriving at an emergency department. With this wide array of patients and visitors, also comes a volatile environment with the increased risks of violence against nurses. This violence could include verbal, physical, and emotional violence from patients, visitors, and even fellow staff members. As violence increases, nursing longevity decreases and thus further increases the expense of nursing on a facility. Therefore, this has led to the current PICOT question: In emergency nursing (P) how does violence prevention training (I) compared to no training (C) affect nurses perspective of violence in the emergency room (O) within the first month of implementation (T)?

Currently there is a lack of training and tools for emergency nurses to deal with violence in the emergency room. Emergency nursing burnout rates are continuing to rise due in part to workplace violence. New tools and management techniques to improve nursing quality of work life must be explored to help increase nursing retention rates. New training programs must be established to continue to train and adapt to the changing environment of the emergency department. Therefore, this benchmark study aims at providing a cost-effective tool to add to emergency departments to aid in the fight against violence. With an initial cost of 3000 dollars, this plan could pay for itself and ongoing training in as little as one year.

Rationale for the Project

Workplace violence has increased in the lives of emergency room nurses recently. This increase in violence has led to a negative impact on nurses' perspectives of work life quality (Elamian, Akbarpoor and Hoseini 2015.). With national nursing shortages, administration teams look for ways to increase nursing retention. Improving nursing perspective and training of workplace violence can be an important tool with improving nursing retention. A study by Ming et al.,., 2019 supported the idea that simulation training improved nurses handling of workplace violence. Workplace violence in addition to the high stress environment of emergency department nursing has a lasting negative effect on nursing quality of life.

Project Goals

The goal of the Benchmark Study was to bring awareness of the growing problem of workplace violence and show the importance of finding tools to help nurses improve effectiveness dealing with workplace violence. With lack of additional violence prevention training, emergency nurses can have a negative perception on dealing with violent incidents (Jouybari, Kalbali, Derakhshanpour, Vakili, & Sanagoo,2018). A change is needed to improve nursing retention, job satisfaction and safety in the emergency department. One change that is needed is with violence prevention training.

Literature Synthesis

Workplace violence in the emergency room can be in the form of physical and verbal abuse. This violence can lead to a negative impact on work life quality of nurses and nursing retention (Elmian, Akbarpoor and Hoseini 2015). With review of literature pertaining to workplace violence in the emergency room, many articles and studies pointed towards a lack of training and reporting of workplace violence. Without a significant intervention for workplace

violence, emergency departments will continue to have nursing shortages. This negative impact on the nurse staffing has been studied by Sachdeva, Jamshed, Aggarwal and Kashyap (2019) where they found a correlation between workplace violence and negative job satisfaction. A meta-synthesis of emergency department staff found that staff members feel isolated from management and lack of consistency to make changes (Ashton et al.,, 2018). Without a significant change there will continue to be a greater nursing shortage. Few tools have been researched in the use of workplace violence for nurses. One such tool using simulation training showed significant improvements in improving nurses' perceptions of workplace violence (Ming et al.,, 2019). Another study that showed to improve nurses' aggression is through anger management training (Jouybari, Kalbali, Derakhshanpour, Vakili, & Sanagoo,2018). For the project to be successful all potential barriers must be identified. One tool that has been shown to have high reliability and consistency is the Personal Workplace Safety Instrument for Emergency Nurses (Burchill, Bena, and Polomano, 2017).

Project Stakeholders

Project stakeholders for this benchmark study include the chief financial officer of the hospital to the emergency room nursing staff. The majority stakeholders would be the chief financial officer, the chief executive officer, and the chief nursing officer. Secondary stakeholders would include emergency department director, emergency department managers and emergency department charge nurses. The nursing educator would be a primary contact for smooth successful project and sustainability. Hospital administration would directly benefit from such a program and would be not only invested from a staffing standpoint but a monetary budget standpoint as well.

Implementation Plan

Implementation of this change would take place in several phases. There must be enough time for the project to succeed (Melnyk & Fineout-Overholt, 2019 pg. 283) Therefore, the initial phases would be one month, and the final phase would be one-month post training. An ED charge nurse, a night shift ED nurse and a day shift ED nurse would be part of the team. First, the ED nurses would complete an initial survey. This survey would use the personal workplace safety instrument for emergency nurses' tool. Next, the surveys would be collected and reviewed by the project team. The team would meet the following week to input all data and plan the CPI training course. The training course would be completed by all sample members within two weeks of the initial survey. This time would allow for several CPI training classes if needed to cover all the sample of night and day shift nurses. This is a simulation training and provides employees with additional tools to deescalate threatening situations. The third phase would be to repeat the PWSI-EN survey and review results.

Timetable/Flowchart

The total time for training and review of project would be two months. For phase one the administrative team would be organized and meet once prior to distributing surveys. This

process would be in week one. In week two all surveys would be distributed to participants. Week three all surveys would be collected and reviewed. Week four would be several days of training all participants in violence prevention training. Week five through eight the administrative team would meet once weekly to collect data on violent incident occurrences. Week eight a post survey would be distributed to participants and reviewed by the administrative team for comparison and outcome results.

Success of this project would be limited if timetable was stopped after eight weeks. For this project to be cost effective, the nursing educator at the facility would need to continue to teach the program to new hires. Yearly follow up training and continuing education would be needed in order to keep staff current on changing ideas and methods.

Flowchart/Timetable

Week 1	Gather administrative team consisting of CNO, ER director, nurse educator, staff ED nurse and one ED charge nurse.
Week 2	Distribution of pre training surveys to participants
Week 3	Collection of surveys and review results.
Week 4	Multiple training sessions to cover all participants.
Week 5	Weekly administrative team meetings to review incident reports.
Week 6	Weekly administrative team meetings to review incident reports.
Week 7	Weekly administrative team meetings to review incident reports.
Week 8	Post training survey distributed and reviewed with administrative team.

Data Collection Methods

Data collection for this benchmark study was completed through a systematic search reviewing studies that including workplace violence, emergency room nurses and prevention training. Data collection of the violence prevention training suggested would be completed using pre and post surveys. These surveys would be completed prior to initiating training and one month after training was completed. The surveys would then be reviewed by the administration team and nursing educator. Data collection would be from current emergency department nursing staff that has had no violence prevention training in the past year. Participants would be voluntary. The Personal Workplace Safety Instrument for Emergency Nurses would be used as the survey tool (Burchill, Bena, and Polomano, 2017).

Cost/Benefit Discussion

There is always an expense to add training to a department and this program would not be indifferent. The benefit of this could be dramatic in the amount of money saved each year if retention of nursing staff is increased by even an average of one year. The cost of this project would be an initial investment of 1000 dollars for the survey tool and materials. The ongoing expense would be for the nursing educator and time spent teaching the program. For initial expense this would cost an extra 1000 dollars accounting for an average of twenty-four hours of training time at 45 dollars an hour.

Currently, many emergency departments have nursing retention of less than 1.5 years. A new nurse to the emergency department normally has one to three months of orientation with another nurse. At a pay rate of 32 dollars an hour that can cost anywhere between 4608- 13824 dollars investing in training a nurse. Increasing nursing retention to 2.0 years could save as

much as 4608 per nurse with room to increase as nursing retention is increased. The amount saved would dramatically outweigh not only the initial cost but the ongoing expense as well.

Discussion of Results

Due to the 2020 national Covid 19 pandemic this study became a benchmark study. This study would hope to show a direct correlation in improved nursing knowledge and ability to deal with workplace violence. Additionally, this study would hope to show a positive correlation in the improvement of nursing retention post workplace violence training. As those are hopes of a traditional study, the study may also leave open ended discussion on the need for more tools to identify better ways or training for workplace violence.

Conclusions/Recommendations

The need for change in workplace violence in the emergency department is ever growing. This study could have the potential to positively impact the work life of nurses while improving negative workplace violence outcomes. Working on the front lines of the emergency department, nurses often have first contact with patients thereby increasing the risks of patient to nurse violence. There is a need for more studies to be performed to better identify the gaps in workplace violence in the emergency department. I hope that this study can one day be conducted in order to help collect much needed data.

References

Adams, J., Knowles, A., Irons, G., Roddy, A. & Ashworth, J. (2017). Assessing the effectiveness of clinical education to reduce frequency and recurrence of workplace violence. *Australian Journal of Advanced Nursing*, 34(3), 6-15.

Ashton, R. A., Morris, L., & Smith, I. (2018). A qualitative meta-synthesis of emergency department staff experiences of violence and aggression. *International Emergency Nursing*, *39*, 13–19. doi: 10.1016/j.ienj.2017.12.004

Berlanda, S., Pedrazza, M., Fraizzoli, M., & Cordova, F. D. (2019). Addressing Risks of Violence against Healthcare Staff in Emergency Departments: The Effects of Job Satisfaction and Attachment Style. *BioMed Research International*, *2019*, 1–12. doi: 10.1155/2019/5430870

Blando, J., Ridenour, M., Hartley, D., & Casteel, C. (2015). Barriers to Effective Implementation of Programs for the Prevention of Workplace Violence in Hospitals. *Online Journal of Issues in Nursing*, 20(1), 1.

Burchill, C. N., Bena, J., & Polomano, R. C. (2017). Psychometric Testing of the Personal Workplace Safety Instrument for Emergency Nurses. *Worldviews on Evidence-Based Nursing*, *15*(2), 97–103. doi: 10.1111/wvn.12265

Eslamian, J., Akbarpoor, A. A., & Hoseini, S. A. (2015). Quality of work life and its association with workplace violence of nurses in emergency departments. *Iranian Journal of Nursing and Midwifery Research*, 20(1), 56-62.

Jouybari, L., Kalbali, R., Derakhshanpour, F., Vakili, M., & Sanagoo, A. (2018). Impact of anger management training on controlling perceived violence and aggression of nurses in

emergency departments. *Journal of Nursing and Midwifery Sciences*, *5*(3), 89. doi: 10.4103/jnms.jnms_46_18

Melnyk, B. M., & Fineout-Overholt, E. (2019). *Evidence-based practice in nursing & healthcare: a guide to best practice* (4th ed.). Philadelphia: Wolters Kluwer.

Ming, J.-L., Huang, H.-M., Hung, S.-P., Chang, C.-I., Hsu, Y.-S., Tzeng, Y.-M., … Hsu, T.-F. (2019). Using Simulation Training to Promote Nurses' Effective Handling of Workplace Violence: A Quasi-Experimental Study. *International Journal of Environmental Research and Public Health, 16*(19), 3648. doi: 10.3390/ijerph16193648

Nikathil, S., Olaussen, A., Gocentas, R. A., Symons, E., & Mitra, B. (2017). Review article: Workplace violence in the emergency department: A systematic review and meta-analysis. *Emergency Medicine Australasia*, *29*(3), 265-275. https://doi.org/10.1111/1742-6723.12761

Price, O., Baker, J., Bee, P., & Lovell, K. (2018). The support-control continuum: An investigation of staff perspectives on factors influencing the success or failure of de-escalation techniques for the management of violence and aggression in mental health settings. *International Journal of Nursing Studies*, *77*, 197-206. https://doi.org/10.1016/j.ijnurstu.2017.10.002

Ramacciati, N., Cecagnoli, A., Addey, B., Lumini, E., & Rasero, L. (2016). Interventions to reduce the risk of violence toward emergency department staff: Current approaches. *Open Access Emergency Medicine*, 17. https://doi.org/10.2147/oaem.s69976

Sachdeva, S., Jamshed, N., Aggarwal, P., & Kashyap, S. (2019). Perception of workplace violence in the emergency department. Journal of Emergencies, Trauma, & Shock, 12(3), 179-184. Retrieved from http://www.onlinejets.org/text.asp?2019/12/3/179/265388.

Appendix A

Appendix

Evaluation Table Template

PICOT Question: : In emergency nursing (P), how does violence prevention training (I) compared to no training (C) affect violent incident rates in the emergency room (O) within the first month of implementation (T)?
PICOT Question Type (Circle): **Intervention** Etiology Diagnosis or Diagnostic Test Prognosis/Prediction Meaning

Caveats

1) The **only studies** you should put in these tables are the ones that **you know answer your question** after you have done rapid critical appraisal (i.e., the keeper studies)
2) Include APA reference
3) Use abbreviations & create **a legend** for readers & yourself
4) Keep your descriptions brief – there should be **NO complete sentences**
5) This evaluation is for the purpose of knowing your studies to synthesize.

Place your APA Reference here (Use correct APA reference format including the hanging indentation):

References

Adams, J., Knowles, A., Irons, G., Roddy, A. & Ashworth, J. (2017). Assessing the effectiveness of clinical education to reduce frequency and recurrence of workplace violence. *Australian Journal of Advanced Nursing*, 34(3), 6-15.

Ashton, R. A., Morris, L., & Smith, I. (2018). A qualitative meta-synthesis of emergency department staff experiences of violence and aggression. International Emergency Nursing, 39, 13–19. doi: 10.1016/j.ienj.2017.12.004

Berlanda, S., Pedrazza, M., Fraizzoli, M., & Cordova, F. de. (2019). Addressing Risks of Violence against Healthcare Staff in Emergency Departments: The Effects of Job Satisfaction and Attachment Style. *BioMed Research International*, *2019*. doi:

Blando, J., Ridenour, M., Hartley, D., & Casteel, C. (2015). Barriers to Effective Implementation of Programs for the Prevention of Workplace Violence in Hospitals. *Online Journal of Issues in Nursing*, 20(1), 1.

Burchill, C. N., Bena, J., & Polomano, R. C. (2017). Psychometric Testing of the Personal Workplace Safety Instrument for Emergency Nurses. *Worldviews on Evidence-Based Nursing*, *15*(2), 97–103. doi: 10.1111/wvn.12265

Eslamian, J., Akbarpoor, A. A., & Hoseini, S. A. (2015). Quality of work life and its association with workplace violence of the nurses in emergency departments. *Iranian journal of nursing and midwifery research*, 20(1), 56–62.

Kalbali, R., Jouybari, L., Derakhshanpour, F., Vakili, M. A., & Sanagoo, A. (2018). Impact of anger management training on controlling perceived violence and aggression of nurses in emergency departments. *Journal of Nursing Midwifery Sciences*, 5(3), 89–94.

Ming, J.-L., Huang, H.-M., Hung, S.-P., Chang, C.-I., Hsu, Y.-S., Tzeng, Y.-M., … Hsu, T.-F. (2019). Using Simulation Training to Promote Nurses' Effective Handling of Workplace Violence: A Quasi-Experimental Study. *International Journal of Environmental Research and Public Health*, *16*(19), 3648. doi:10.3390/ijerph16193648

Sachdeva, S., Jamshed, N., Aggarwal, P., & Kashyap, S. (2019). Perception of workplace violence in the emergency department. *Journal of Emergencies, Trauma & Shock, 12(3)*, 179–184.

Citation: (i.e., author(s), date of publication, & title)	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables Studied and	Measurement of Major Variables	Data Analysis	Study Findings	Strength of the Evidence (i.e., level of evidence + quality [study strengths and weaknesses])

				Their Definitions				
Author, Year, Title	**Theoretical basis for study** **Qualitative Tradition**		**Number, Characteristics, Attrition rate & why?**	**Independent variables (e.g., IV1 = IV2 =)** **Dependent variables (e.g., DV =)** **Do not need to put IV & DV in Legend**	**What scales were used to measure the outcome variables (e.g., name of scale, author, reliability info [e.g., Cronbach alphas])**	**What stats were used to answer the clinical question (i.e., all stats do not need to be put into the table)**	**Statistical findings or qualitative findings (i.e., for every statistical test you have in the data analysis column, you should have a finding)**	• **Strengths and limitations of the study** • **Risk or harm if study intervention or findings implemented** • **Feasibility of use in your practice** • **Remember: level of evidence (See PICOT handout) + quality of evidence = strength of evidence & confidence to act** • **Use the USPSTF grading schema http://www.ahrq.gov/clinic/3rduspstf/ratings.htm**
Adams, J., Knowles, A., Irons, G., Roddy, A., & Ashworth, J. (2017). Assessing the effectiveness of clinical education to reduce the frequency and recurrence of workplace violence. *Australian Journal of Advanced Nursing*, *34*(3), 6–15.	Qualitative	RCT	*Convivence sample* *N=65*	IV=Training DV= survey questions/results	SPSS	SPSS P=.05 Cronbach alpha 0.93	Pearsons r=0.96	• Small sample size • No risk of harm • Feasabile for use in practice • Level C
Burchill, C. N., Bena, J., & Polomano, R. C. (2017). Psychometric Testing of the Personal Workplace Safety Instrument for Emergency Nurses. Worldviews on Evidence-Based Nursing, 15(2), 97–103. doi: 10.1111/wvn.12265	quantitative	Pscychometric analysis	*N=305* *Convience sample from letters*	IV= PWSI-EN DV= Perceptions of safety from PVV	Cronbach alpha	Cronback alpha .912 P> .001	Cronback alpha .912 Unit support 0.92 Belongingness 0.49	• All hospitals were in urban settings • No risk of harm • Feasible for use in practice • Level B

Blando, J., Ridenour, M., Hartley, D., & Casteel, C. (2015). Barriers to Effective Implementation of Programs for the Prevention of Workplace Violence in Hospitals. *Online Journal of Issues in Nursing*, 20(1), 1.	Qualitiative		Random sampling N=27 Member of union familiar with violence *prevention*	IV= Focus groups DV= perceptions of violence	NVIVIO v10 research software tool	Mode of statements	7 Themes identified amoung participants	• Limitations inclue small focus group. • No risk of harm • Feasable for practice • Level C
Ming, J.l., Et al. (2019) Using Simulation Training to Promote Nurses' Effective Handling of Workplace Violence: A Quasi-Experimental Study	Quantitative	Quasi-experimental	*N=66*	IV= Violence prevention training DV= Self confidence in coping with agression	Cronbachs alpha GEE	SPSS GEE Mean Standard deviation	Coping skills pre test 28 +/- 4 Coping skills post test 32 +/-5 Experience of workplace violence Value -2.45 *P* <.001 Experience of workplace violence training -1.58 *P* .02	• No follow up • Limited size of study • No risk of harm • Feasible for practice Quality of evidence moderate Level B

Berlanda,S., M, Fraizolli, M.,& Cordova, F. de (20190. Addressing Risks of Violence against Healthcare Staff in Emergency Departments: The Effects of Job Satisfaction and Attachment by Style	Quantitative	Coorelational Multi Variate	*N*=149	DV= emergency department Patients DV= ED visitors IV=emotional violence IV=Physical violence IV= Sexual Violence	Cronbach Alpha .883 emotional violence .699 physical violence .886 emotional violence visitonrs .804 Physical violence visitors	T test Mean Standard Deviation	Emotional violence Patients M- 1.86 Sd= .55 Physical violence Patients M=1.2 SD= .30 *P*< .001 Emotioanl violence visitors M= 1.75 SD=.58 *P*< .001 Physical violence Visitors M= 1.10 SD= .36 *P* < .005	• Research limited to ED • Small sample size • Voluntary sample • No risk of harm • Feasible to implent in practice Quality of evidence is moderate due to sample size USPSTF Level B
Sachdeva, S., Jamshed, N., Aggarwal, P., & Kashyap, S. (2019). Perception of workplace violence in the emergency department. Journal of Emergencies, Trauma & Shock, 12(3), 179–184.	Quantitative	Coorelational bivarate	N= 235 ED professional Grad student Physician, Nurse,	IV- Ed Staff DV: vebal abuse DV: physical abuse Dv: confrontation	Test Retest Fishers exact test	Chi square Logistic regression analysis	67% of participants experienced VA 17% experienced PA 11% experienced confrontation	• Closed ended questions • Limited to ER No risk of harm Feasable for practice • Evidence is moderate but still strong • Level B
Ashton, R.A. Morris, L., &Smith J.(2018) A qualitative meta-synthesis of emergency department staff experiences of	Qualitiatve approach	Metasynthesis	3603 S, 12 met inclusion criteria, inclusion criteria cut out repetitive reference use	IV: Emergency department staff DV: Violence of patients/visitors	Noblit and hare meta ethnography	Noblit and hare meta ethnography	Inevitibility of violence and aggression	Quality of evidence is good USPSTF B

violence and aggression.								
Kalbali, R., Jouybari, L., Derakhshanpour, F., Vakili, M. A., & Sanagoo, A. (2018). Impact of anger management training on controlling perceived violence and aggression of nurses in emergency departments. *Journal of Nursing Midwifery Sciences*, 5(3), 89–94.	None stated	Quasi experimental Test and control group	S- 112	IV- Anger management training DV- Level of exposure to verbal violence DV- Level of exposure to physical violence.	Cronbachs alpha 0.78, 0.76, 0.87 and 0.80 Test retest reliability	Mann Whitney U	Leveol of violence exposure in test group P= 0.001 Exposure to physical violence test group P= 0.007 Control group P=.91	• Limited to emergency department only • No additional risk of harm from intervention • Feasible to use in practice • Evidence Is moderate due to size of study and limited generalizability

Eslamian, J., Akbarpoor, A. A., & Hoseini, S. A. (2015). Quality of work life and its association with workplace violence of the nurses in emergency departments. Iranian journal of nursing and midwifery research, 20(1), 56–62.	None stated	Descriptive correlational	S- 186	IV- Emergency room nurses DV- Workplace violence exposure DV- work life quality	Cronbachs alpha .93, .917 Test retest reliability	Mean SD Pearson correlation coefficient	Exposure to verbal violence 41.4% P<0.05 Physical 9.1% P<.05	• Limited to emergency department • No risk of harm • Feasible for use in practice • Evidence Is low to moderate for a level of C

Legend: S – Sample ,
VA- Violent abuse
PA- physical abuse
GEE- Generalized estimating equations
PWSI-EN – Personal workplace safety instrument for emergency nurses

Appendix B

Flowchart

Week 1	Gather administrative team consisting of CNO, ER director, nurse educator, staff ED nurse and one ED charge nurse.
Week 2	Distribution of pre training surveys to participants
Week 3	Collection of surveys and review results.
Week 4	Multiple training sessions to cover all participants.
Week 5	Weekly administrative team meetings to review incident reports.
Week 6	Weekly administrative team meetings to review incident reports.
Week 7	Weekly administrative team meetings to review incident reports.
Week 8	Post training survey distributed and reviewed with administrative team.

Appendix C

Instrument

Personal Workplace Safety Instrument for Emergency Nurses

Inventor: Chritian N. Burchhill, PhD

Description: A 25 question survey that measures emergency nurses perceptions of safety from patient-visitor violence. Available for purchas from Cleveland Clinic.