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Abstract

This paper explores the need for nurse education on the topic of violence prevention in the workplace. Healthcare has one of the highest incidents of violence and an astronomical amount of resources have been invested in violence prevention and de-escalation training with violence rated continuing to rise. A gap has been identified in nursing education as new graduates are reporting they have not received violence prevention training during their formal education.

De-escalation empowers nurses and provides the nurse with necessary tools to keep themselves and other safe. De-escalation is the preferred method of conflict resolution as opposed to other tactics involving restraints and coercive techniques. De-escalation techniques and strategies are explored in this paper and review of literature.

Key words: Violence prevention, nurse, de-escalation

Continuing Education: Violence Prevention

There are many "ways of knowing" in the profession of nursing including the aesthetic way of knowing, the empirical way of knowing, the ethical way of knowing and the personal way of knowing (Carper, 1978). Each of these "ways of knowing" are inherent to the profession in unique ways, and each is addressed within the context of a baccalaureate nurse's undergraduate education. Despite covering a broad range of "knowings" a significant gap in nursing education exists in preparing nurses for the field today, specifically, nursing education fails to prepare the new nurse to protect oneself from the physical and psychological trauma that regularly occurs when caring for patients. Nurses today graduate and enter a workforce that has one of the highest workplace violence rates amongst all job classifications. This is particularly concerning for inexperienced nurses as they become targets of violence in the workplace, and violence prevention should begin in nursing school (Keely, 2002). With only 22% of nurses receiving violence prevention training or education in nursing school (Blando et. al., 2014) it is critical to address this gap in continuing education offerings for all nurses. In this paper, the author describes the creation of a continuing education course for all nurses on the subject of violence prevention and de-escalation techniques. By completing the course, Nurses become educated and empowered with tools and strategies to protect themselves, their patients and subsequently decrease the incidence of workplace violence.

Background

Workplace violence has a multitude of repercussions on the individual level as well as the institutional level in which violence occurs. Workplace violence is defined by the National Institute for Occupational Safety and Health as "violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty" (Occupational Health and Safety

Administration, 2015). Incidents of workplace violence are on the rise and receiving new, much

needed attention. Healthcare violence incidence rate rose to an astounding rate of 16.2 per

10,000 employees in 2014 (Halm, 2017). The rates of violence in healthcare are also known to

be under-reported for a multitude of reasons. One of the most common, yet startling reasons

healthcare workers do not report violence is the compassionate nature of health care workers.

Healthcare workers do not want to turn patients into criminals. Patients with chemical

dependency, delirium, dementia, and mental health disorders often are overlooked or excused of

their behaviors (Ferguson, 2016). Overlooking the mentioned behaviors results in an under

reported violence rate.

The astronomical cost of violence in the workplace supports the need for education and

efforts to decrease acts of violence in healthcare. The cost of in-facility violence in hospitals

nationally is $429 million. The shocking statistic takes into account the cost of medical care and

staffing needs in association with violence in the workplace (Van Den Bos, Creten, Davenport,

& Roberts, 2017). An additional, less tangible effect of violence in the workplace that can lead

to the rising cost of violence in the workplace is the loss of productivity of healthcare workers.

After an act of violence, not only is there potential for the healthcare worker to have physical

injury, but the healthcare worker may also experience psychological complications such as loss

of sleep, flashbacks and nightmares (Gates, Gillespie, & Succop, 2011). The victims of violence

may also experience complications with short and long term memory as well as feelings of anger

and sadness (Gates, Gillespie, & Succop, 2011). A healthcare worker experiencing the physical

and psychological effects of workplace violence are not able to work to their full potential which

leads to being less productive while working. In the following review, an overview of the

consequences of workplace violence will be explored, as well as strategies to prepare the

workforce to mitigate violent behavior when encountered. This paper will then culminate with a description of a continuing education program that was developed to prepare the nursing workforce for the environments they may be exposed to in their careers.

Literature Review

As noted, the effects of workplace violence have a tremendous effect on the facility in which the violence occurs. The effects workplace violence has on the victim can be detrimental to the individual. A single act of violence, physical and or verbal may leave the healthcare worker with feelings of fear of the workplace. A study of emergency room physicians indicated such fear that lead to the individual acquiring some sort of protection such as chemical spray or a weapon (Kowalenko et, al., 2005). Post-traumatic stress disorder (PTSD) may also be a result of workplace violence (Bonner & McLaughlin, 2007). The effects of PTSD may lead the affected individual to seek new employment, or leave the healthcare profession entirely. The effects of workplace violence on new graduates left 29% of new nurses contemplating leaving the nursing field after experiencing violence on the job (Vogelpohl, 2011). Overall, victims of workplace violence develop fear of the workplace, miss work, and develop feelings of burnout (Phillips, 2016).

The implementation of violence prevention is essential in the efforts to reduce violence in the workplace. Agitation of a patient and or visitor is an acute emergency that requires immediate intervention (Richmond, et. al., 2012). The development of aggression or violence prevention should include tactics that support cognitive, affective, and behavioral outcomes (Halm, 2017). When developing an educational course for nurses, key topics should be addressed. The learner should be able to meet the objectives of: knowledge of the potential cause of violence, use of site specific protocols, situational awareness, use of effective

communication, self-regulation and the management of personal feelings, and behavioral skills such as the use of alarms and de-escalation techniques (Halm, 2017). A plan for the sustainment of education should also be put in place. Aggression prevention is a fluid topic that is ever changing. Continued education should be a priority for all nurses.

There are many reasons violence in the healthcare setting may occur. Stress is one of the top reasons there is a potential for violence in the healthcare setting, especially in hospitals (Keely, 2002). Individuals cope with emotions differently, receiving news of illness or even death may result in the individual acting out in an aggressive way. Another leading cause of violence in healthcare is the lack of knowledge or known history of the individual being treated (Keely, 2002). Many times a patient may be brought to the emergency room with a history of chemical dependency or mental illness and the caregivers do not have access to this information. Healthcare workers are often tasked with giving bad news and thus become the target of violence. Knowing healthcare workers are targets, educating nurses on the warning signs of escalating behaviors potentially gives the nurse the opportunity to recognize and de-escalate potentially violent behavior.

A remarkable amount of work has gone into violence prevention in the workplace. It is estimated that $1.8 billion dollars has been spent on security, violence prevention training, and emergency preparedness (Van Den Bos, Creten, Davenport, & Roberts, 2017). Although each entity will have a different procedure for calling attention to and alarming security of violence and threats of violence, it is vital all nurses are educated on the importance of knowing their site specific codes and policies. Nurses should also be guided to not be afraid to call for help. Calling for help should not be frowned upon and nurses should be given the confidence to call for help in any situation without fear of retaliation.

Situational awareness and management of emotions in a de-escalation situation by the de-escalator will set the tone for aggression prevention. The individual performing the de-escalation should maintain a non-anxious presence. Often times the agitated individual will mirror the body language and tone of others in the immediate area. The de-escalator should also avoid actions that would appear to the agitated individual as not having time, or being in a rush, checking their watch, tapping their foot, or appearing agitated themselves. The de-escalator should not be forceful, but encourage a conversation. Listening and showing empathy towards the agitated individual helps to build a trusting relationship. De-escalation can be emotionally draining; support for those involved in the situation should be available after the situation has been deemed safe.

As the literature review indicates, acts of violence on the healthcare worker may result in PTSD, reduced productivity and the unfortunate circumstance of the nurse leaving the nursing profession entirely. While the topic of violence prevention is taken seriously by healthcare facilities, more is needed to assure that employees feel empowered and prepared. Preparation comes in many forms including drills, simulation, and formal education classes. Regardless of the approach to preparation, it is essential that first and foremost, the nurse be prepared with the cognitive ability to know what to do. This knowing should then be practiced and reinforced through active learning strategies like simulation and drills. In the following section, a description of one educational strategy is presented. This project was created by the author as a means of partially fulfilling the requirements for graduation.

Description of the Project

Violence in healthcare is on the rise. Legislature has taken note of the importance of education as evidenced by the Minnesota Legislature enacting the Violence Against Healthcare

Workers Statute. The statute requires annual education of health care workers to include "A

hospital shall provide training to all health care workers employed or contracted with the hospital

on safety during acts of violence. Each health care worker must receive safety training annually

and upon hire..." (MN Statutes, 2016). The passing if this statute highlights the importance of

education for all healthcare employees that put themselves in danger every day simply by

reporting to work. In the following section, a description of a workplace violence continuing

education project that meets this requirement of education as outlined in the statute is described.

Project Development

The development of a continuing education course for nurses stemmed from an initial

identification of lack of training and orientation for the nursing assistants that were assigned to

monitor potentially violent patients on a one to one basis. Upon further investigation, it was

determined nursing assistants who are assigned to be a safety attendant for violent and or

potentially violent patients received little to no additional training in the areas of de-escalation

and self-defense. The literature strongly supports the need to prepare staff members that are

required to work in situations of potential violence, verbal or physical, with de-escalation

techniques as well as self-defense techniques (Olson, 2017). The identification of the lack of

training for nursing assistants provoked a deeper dive into the education and preparation a nurse

receives. From this exploration, the idea for a continuing education course for nurses was

researched and created.

Based on a thorough literature review, the author determined that the following

objectives for the continuing education course would include: 1) the nurse will be able to

identify barriers to implementing violence prevention, 2) the nurse will be able to articulate the

value of de-escalation, 3) the nurse will recognize potential risk factors for the escalation of

patients/visitors/families, and 4) the nurse will be able to identify self-defense techniques to use in violent situations to protect themselves. The course was developed to allow the nurse to explore statistics related to violence in the work place, potential effects of violence in the workplace and the power that using techniques for de-escalation can have in potentially violent situations. After completing this course, nurses will have a sense of how to de-escalate a situation with the knowledge that every situation is different and a team approach is the best approach.

There are four main objectives when de-escalating a situation: the safety of the patient, staff, and others in the area must be maintained, the de-escalator should help the patient manage their emotions, restraints should be avoided if possible, and the use of coercive interventions should be avoided (Richmond et. al., 2012). With these objectives in mind, the viewer of the continuing education presentation will be taken on a journey that explores background and statistics related to violence in the healthcare setting through a narrated presentation by the author. The presentation moves on to discuss the effects of workplace violence, and perceived barriers associated with the implementation of violence prevention programs. The presentation speaks to the ethical obligations of nurses and provides insight of one health care worker and their experience with being the victim of violence. The presentation concludes with de-escalation and self-defense techniques should de-escalation fail. The de-escalation techniques focus on a non-anxious presence, building a trusting relationship and minimizing the use of restraints if possible. Lastly, the presentation highlights the importance of reporting incidents of violence.

Implications for Nurse Educators

Nurses have the ethical obligation to become empowered and nurse educators have the obligation to educate on the topic of aggression prevention in the workplace. The American

Nurses Association guides nursing care and states all nurse should treat all patients with compassion and respect (ANA, 2015). Section 1.2 of the Code of Conduct speaks to the nurse's obligation to put biases aside in order to treat the patient with respect (ANA, 2015). Moral distress is common in difficult situations and nurses may struggle internally while caring for patients that are violent. The Code of Conduct serves as a good reminder in strenuous times.

The development of a continuing education course is a notable tool for nurses in the workforce to rely on. However, there is a call for change to nursing curriculum across the country. A gap has been identified in the eye opening statistics of nursing school education and violence rates in the workplace. A call for action in nursing education is supported by 22% of new nurses reporting receiving education in nursing school, while 76% of nurses in the United States reporting being recipients of either verbal or physical violence (Halm, 2017). As nursing curriculum is evaluated and designed, violence prevention training should become part of the curriculum.

The call for change is evident, but will take time to be implemented in nursing curriculum. Nurse Educators are encouraged to educate themselves on the topic of violence prevention through the presentation described or by other means that are available. Nurse educators can highlight the importance of a non-anxious presence and the power of de-escalation with their students. More importantly, nurse educators can be a support system for nursing students should they experience violence in training. Nurse educators leave a lasting impression on their students and have the ability to help prepare students for potential acts of violence by utilizing the presentation and having open fluid conversations surrounding violence in healthcare.

Conclusion

The creation of a continuing education module on the topic of violence prevention offers tools to better prepare the nurse to care for patients that are exhibiting escalating behaviors. The Nursing Code of Conduct states all patients should be cared for with dignity and respect without bias (ANA, 2015). Nurses deserve to be empowered with the tools that can be of assistance while caring for patients that may exhibit aggressive behaviors. The continuing education module supports the nurse; however, a gap has been identified in nursing curriculum. Nurse educators have the responsibility to advocate for nursing students in order to prepare them for their nursing career and the potential for violence. Nursing is an ever evolving profession and the art of nursing should include the knowledge and power to maintain safety in the workplace.

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Appendix A

Script for Continuing Education Presentation

Slide 1

Welcome to the violence prevention continuing education course for nurses. You have taken the first step to educating yourself in order to help protect yourself and your coworkers against potential or actual violence in the workplace.

Slide 2

By the end of this course, you should be able to identify effects of violence in the workplace, identify barriers to implementing violence prevention, articulate the value of de-escalation, and recognize potential risk factors for the escalation of patients/visitors/families, and you should also be able to identify self-defense techniques. There is no "do this and this will happen" when dealing with escalating patients, every situation will have a different outcome, but what this lesson will do, is provide you with tools to empower you in difficult situations.

Slide 3

Workplace violence is defined by National Institute for Occupational Safety and Health as "violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty." Approximately two million people die each year as a result of violence. This is an astounding statistic! More than any other profession, nurses are three times more likely to experience violence in the workplace. When you ask most nurses why they became a nurse, most will say "to help people." It is safe to say that when a nurse choses their profession, they are not choosing their profession to become victims of violence.

Slide 4

Violence in the workplace is on the rise. From 2002 to 2013, incidents of serious workplace violence (those requiring time off from work) were four times more common in healthcare. Healthcare violence incidence rate 16.2 per 10,000 employees in 2014. The increasing incidents of violence not only affects the nurses and victims of violence, but brings astronomical costs to the facilities in which the violence has occurred. The national cost of violence in facilities and hospitals is $428.5 million dollars.

Slide 5

Workplace violence has great effect on the nurse. After an incident of workplace violence, the nurse may miss work, and possibly have feelings of decreased job satisfaction. Studies have indicated that a nurse may also become less productive after an occurrence of workplace violence. The nurse may experience flashbacks to the incident and become distracted and emotional while at work. The nurse may also have feelings of burnout, and search for other employment.

Slide 6

Along with decreased job satisfaction, decreased productivity and burnout, the nurse may also become fearful of patients, especially after incidents of physical violence. Any incidence of violence may also lead to feelings of panic and stress. There is no violence that is acceptable, and no matter what type of violence has occurred, the nurse may have feelings of depression, anxiety and decreased self-esteem.

Slide 7

You may find yourself asking…."if violence in the workplace is so prevalent and detrimental, why is there not more being done about it?" Implementing violence prevention tactics in the workplace requires two main things: education and resources. Kudos to you for taking the first step and educating yourself. Education is imperative to the reduction in work place violence. Every single employee in health care should be educated in violence prevention and de-escalation techniques. Unfortunately, education of this magnitude takes incredible resources.

Slide 8

Additional barriers to the implementation of violence prevention education in the workplace are under reporting of incidents of violence as well as a lack of action after reporting. Studies indicate nurses do not report all incidents of violence because they do not want the patient to get into trouble. A profit driven management model with a focus on customer service is also a barrier to violence prevention. Reimbursement models are indicative of patient satisfaction rates, and this, in some cases, inhibits implementation of violence prevention due to the fear of loss of patient satisfaction. One of the biggest barriers to effective violence prevention in the workplace id the weak social services and law enforcement for mentally ill. The lack of services for mentally ill as well as chemically dependent forces patients suffering from these illnesses to flood the emergency rooms across the nation. This supports the increase in violence in hospitals, especially in the emergency rooms.

Slide 9

All nurse should be familiar with the Code of Conduct…..let's take a look at Provision 5. Provision 5 of the nursing code of conduct states the nurse has the responsibility of to care for self as others and the nurse has the responsibility to maintain competence as well as continue personal and professional growth. Self-care helps maintain the nurse's moral character and integrity in order to prepare the nurse to address challenging situations

Go ahead and advance to the next slide and click on the video to take a look at a healthcare worker's experience with violence

Slide 10

View video

Slide 11

One may question how a nurse can maintain their moral character after a situation like this, and it is important to think back to the nursing Code of Conduct. Nurses have the responsibility to care for all patients, and educate themselves to best prepare themselves for situations like this.

So what can contribute to the escalation of a patient, family member or visitor? One of the biggest contributors to escalating behavior is waiting…...how many of you have had a patient that has been NPO for a procedure, had the patient remain NPO all day only to find out the procedure had been cancelled? This can be a very frustrating situation that can lead to escalating behavior from the patient. Patients and families may also escalate after receiving bad news or a poor prognosis. Patients under the influence may also escalate quickly.

Slide 12

Let's talk about the power of de-escalation. The agitation of a patient and or visitor is an acute emergency that requires prompt attention. Traditional methods such as restraints and medications have been replaced with a non-coercive approach known as de-escalation. De-escalation is a combination of verbal and nonverbal actions that potentially allow you to take control of a situation.

Slide 13

There are four main objectives when utilizing de-escalation. The first and possible most important is to ensure the safety of the patient, staff, and others. The second objective is to regain control of the agitated individual, then help the individual manage emotions, and lastly avoid the use of restraints if possible while also avoiding coercive interventions that may escalate the individual.

Slide 14

De-escalation is key to preventing physical violence. One of the most important things you can

do while de-escalating a situation is to maintain a non-anxious presence. Often times the agitated individual will begin to match your non anxious presence. When you are attempting to de-escalate a situation it is important to position yourself in a room so that you have a clear exit path, do not close the door to the room and do not go into the room alone. After you enter the situation, utilize LEAD, which stands for Listen, Empathize, Apologize and Do. It is important to listen to the individual's concerns and what is upsetting them. Use this time to introduce yourself and let the individual know that you are there to help them. It is also important to empathize with the individual to demonstrate that you care about the individual. Apologizing for the situation also helps gain the trust of the individual and lastly do what you say you are going to do, and do what needs to be done to help the situation. Confronting an agitated individual can be very intimidating and stressful…...remember to take a deep breath and utilize the resources you have….security, your leader, charge nurse and other coworkers.

Slide 15

As you prepare to attempt to de-escalate a situation, there are a couple things to remember NOT to do. Don't look away at your watch, this tells the individual that you don't have time for them or are in a rush. Do not tell the individual what to do with instructions such as "come here" or "sit down." Instead, ask the patient to do things in a calm non demanding manner. Do not keep your hands behind your back. This may send the message to the individual that you are hiding something behind your back. Do not maintain staring eye contact with the individual, as this can be VERY intimidating and promote hostility. Be mindful of your hand gestures and do not point your finger at the other person. De-escalation may take time, be prepared to spend time with the agitated individual, and ask for help when needed.

Slide 16

Unfortunately, as hard as you and others may try, de-escalation fails. This is an extremely critical time. Now is the time for you to protect yourself and get out of the room, if for some reason you are not able to leave the room, be prepared to protect yourself. Make noise in any way possible, call for help, push over garbage cans…….whatever you can to make noise and get help.

Slide 17

In the unfortunate situation that a patient is able to place their hands on you, there are a couple of things that you can do to protect yourself. In the next couple of slides, we will go over techniques to protect yourself if someone grabs your hair, chokes you, bites you, or tries to throw something at you.

Slide 18

If your hair is grabbed, it is important to remember not to pull away which may be your natural

reaction. The first thing you should do is place your two hands over the hand that is pulling your hair to stabilize the other person's hand. Next, you should push the hand towards the person that is pulling your hair. This will hyper extend the hand, forcing the natural reaction to release your hair. As soon as your hair is released…...get out of the room.

Slide 19

If someone is able to put you in a choke hold, the first thing you should do is pull down on the person's arm, tuck your chin to protect your airway and call for help. Try to keep the person moving by hip checking them as this will make it hard for the person to keep their balance.

Slide 20

If a patient or individual manages to bite you, try plugging their nose. The natural reaction is for the person to open their mouth to breath. If this does not work, push the body part that is being bitten towards the person to release the jaw bones, similarly to what you would do if a dog bit you.

Slide 21

Hospital rooms are unfortunately filled with objects that can be used as weapons. If the escalated individual pick up a chair for example to throw at you,......run towards the person. You may be thinking…"are you serious?"   yes, run towards the person as this will catch the person completely off guard. As you run towards the person and approach them, give them a hug and spin around them and run!

Slide 22

I would like to take a moment to talk about those pesky stethoscopes…….where do you keep your stethoscope while you are working? Did you answer draped around your neck? This is extremely dangerous…I will never forget the story of a nurse that leaned over her cute little old lady patient with dementia to take her temperature. The confused patient saw the shiny stethoscope dangling in front of her, grabbed it and choked the nurse. The nurse was able to kick over a garbage can as she was not able to call for help…...a very scary situation that I hope you can avoid.

Slide 23

I challenge you after this lesson to learn your workplace codes and violence policies if you do not already know them. I would also like to challenge you to have a conversation with your

leader about resources that are available to you…..resources for further education as well as resources for support if you have been or become a victim of violence. You are not alone, and you are not to blame.

Slide 24

So now that you know how to protect yourself, what can you do to help your coworkers? COMMUNICATION! Communication is key. If you are handing a patient off that escalated throughout the shift, let the oncoming nurse know, and let them know what interventions were helpful and which interventions were not beneficial in de-escalating the patient and or individual.

Slide 25

As mentioned earlier, one of the barriers to implementation of violence prevention in the workplace is under reporting. Organizations need to have a true understanding of the magnitude of the incidence of violence, and the only way for this to happen is to report ALL incidents of violence, verbal, physical and any threat.

Slide 26

All nurses should be empowered with the knowledge of de-escalation techniques. Unfortunately, even with education, violence may still occur. If you are a victim of violence, you are not alone and you are not to blame. There is no excuse for violence against healthcare workers. Please share your knowledge, report, use your resources and communicate.