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Abstract

Objective
The purpose of this study was to determine the extent to which nurses practicing in a pediatric hospital encounter verbal abuse by patients and families and their reactions to this abuse.

Background
Verbal abuse, the most common type of workplace violence against nurses results in declining morale and job satisfaction, and can negatively impact nurse turnover and quality of patient care.

Methods
The study employed a concurrent triangulation strategy using mixed methods. The 162 nurses who volunteered completed a 3-part questionnaire, and a subgroup participated in one of three focus groups.

Results
Eighty-two percent of subjects reported verbal abuse an average of 4 times per month. The majority of these continued to think about the incident for a few hours (25%), a few days (36%), or a week or more (12%). Nearly half reported feeling angry or powerless and 14% said they thought of leaving their position.

Conclusions
The findings of this study described the nature and scope of the problem, and prompted improvement in processes and education to support nurses.

This study was motivated by nurses employed at an urban children's hospital reporting increased incidences of verbal abuse by patients and families. These nurses told of negative encounters which produced feelings of frustration. They perceived that the hospital's increased emphasis on patient and family satisfaction prevented them from setting limits on verbal abuse perpetrated by patients and families. Nursing administration, concerned about staff morale, proposed a study that would describe the extent to which nurses practicing in a pediatric hospital encounter verbal abuse by patients and families and their reactions to this abuse.

Review of the Literature

The threat of violence is an increasing concern for nurses in the workplace. Between 1993 and 1999, nurses in the United States experienced a higher rate of work related violence (22 per 1,000 workers) than any other healthcare professional (Durhart, 2001). Studies have demonstrated that nurses are subjected to physical, emotional and verbal abuse in their workplace settings by patients, patient's families, physicians, administrators, fellow nurses and other healthcare workers (Judkins-Cohn, 2010). While a majority of studies have focused on abuse of nurses in the emergency and psychiatric settings, this is a problem that affects nurses across all specialties and settings (Crilly, Chaboyer, & Creedy, 2004, Henderson, 2003, Levin, Hewitt, & Misner, 1998, Rowe & Sherlock, 2005).

Abuse among nurses has been studied by researchers on both sides of the Atlantic (Lanza & Kayne, 1995, Libscomb & Love, 1992, Roach, 1997, Whittington, 1997). A multinational study by Poster (2006) compared the incidence of abuse between psychiatric nurses in the United Kingdom, United States, Canada and South Africa. The results of this study found that a majority of the sample (75%) reported being physically abused at least once during their careers. Only 62% responded that they felt safe in their work environment most of the time. These findings indicate that nurses are clearly justified in being concerned for their physical safety and well-being. Additionally, research supports that incidents of physical abuse against nurses are underreported (Lanza & Kayne, 1995, Libscomb & Love, 1992, Poster, 2006).

Verbal abuse is the most common form of abuse experienced by nurses. Duncan et al. (2001) noted that nurses report only one in five incidents of verbal abuse. Cameron (1998) found that 85% of nurses reported experiencing verbal abuse in their job, 45% of whom had experienced such abuse in the past 15 days of work. In 2001, a Canadian survey found that over 50% of front-line nurses had been verbally abused and 22% reported physical abuse within the previous 12 month period ("Nurses report abuse," 2001). A more recent study in Canada examined verbal abuse among pediatric nurses and found that 94% had been a victim of verbal abuse at least once during a three month period (Pejic, 2005). A study of verbal abuse among nurses in Turkey found that 86% reported having been verbally abused within a 1 year period (Uzun, 2003). Maguire and Ryan (2007) surveyed 87 Irish mental health nurses of which 80% had experienced non-threatening verbal abuse and 54% had experienced threatening verbal abuse at work in the last month. In a study that surveyed 2,487 Australian nurses, 65% reported experiencing emotional abuse in the last 5 shifts they had worked, with the majority of abuse coming from the patients under their care (Roche, Diers, Duffield, & Catling-Paull, 2010). Jonker, Goossens, Steenhuis and Oud (2008) examined the incidence of abuse experienced by nurses practicing in the Netherlands. They found that younger and less experienced nurses were more likely to experience abuse at work compared to their more experienced counterparts. A study conducted in the United States by May and Grubbs (2002) concluded that 50% of nurses who experience verbal abuse by cognitively impaired patients or patients undergoing substance withdrawal overlook the verbal abuse. In addition, 48% noted that they had never filed any written reports regarding verbal abuse from family members and/or visitors.

A limited number of studies have indicated that verbal abuse experienced by nurses may negatively impact their morale and job satisfaction, sometimes resulting in turnover (Anderson, 2002, Cameron, 1998, Gates, Fitzwater, & Meyer, 1999, Pejic, 2005) Walrath, Dang, and Nyberg (2010) reported that 48% of the nurses interviewed in focus groups knew of a nurse who had transferred to a different unit or department because of experiencing verbal or physical abuse Thirty-four percent of their sample stated that they knew nurses who had left the organization due to experiencing abuse. Turnover is costly to organizations and can negatively impact the quality of patient care.

Purpose and Research Questions

The purpose of this study was to determine the extent to which nurses practicing in a pediatric hospital encounter verbal abuse by patients and families and their reactions to this abuse. This purpose will be addressed by answering the following research questions:

1. How often do nurses practicing in a pediatric hospital encounter verbal abuse by patients and families?
2. Among nurses practicing in a pediatric hospital who encounter verbal abuse, what are their reactions and responses to this abuse?

Methods

Design

To address these research questions, a descriptive study was conducted using quantitative and qualitative approaches to obtain data. The study was reviewed by the organization's Institutional Review Board and determined to be exempt from further review. Registered nurses were recruited from a single pediatric hospital to participate in the qualitative and/or quantitative components of the study. Individuals who volunteered to participate in the quantitative component anonymously completed two questionnaires. These questionnaires included a background questionnaire and a paper and pencil instrument concerning the degree, type, frequency and outcomes of verbal abuse they may have experienced by patients and/or their families. Nurses who volunteered to participate in the qualitative component participated in focus groups of 6-8 participants each and discussed their experiences of verbal abuse in a collective setting. Focus groups took place in the hospital away from the nurses' normal work environment. The content of the focus group meetings were audio recorded and field notes were kept by the two research nurses coordinating the focus groups, who were not hospital employees. The focus group discussions were guided by the research questions.

Sample

Registered nurses (RNs) employed full or part time in direct care roles were recruited to participate in the study by placing survey packets on every nursing unit. Potential participants were encouraged by members of the nursing research council to complete the packet. A box was placed on each unit to collect the anonymously completed surveys. Twenty nurses from throughout the institution volunteered to participate in three focus groups. Participants for these focus groups were solicited by non-hospital employee members of the research team attending unit-based nursing council meetings and explaining the study. Following this explanation members of the group were invited to participate in the focus groups.

Instruments

Two instruments were used to collect quantitative data from the sample. A 10-item questionnaire was used to collect background information about the subjects. Data about verbal abuse by patients and/or their families were gathered through the nurses completing a second paper and pencil instrument. This second instrument was adapted from the tool developed by Rowe & Sherlock (2005) and studied by others (Oweis & Diabat, 2005, Pejic, 2005) which explored the types, frequency and responses to verbal abuse of nurses by other nurses. The instrument developed by Rowe & Sherlock combined the Verbal Abuse Survey developed by Cox (1987) and the Verbal Abuse Scale developed by Manderino and Berkey (1997). This instrument yielded six characteristics of nurse on nurse verbal abuse including the type and frequency of verbal abuse, the emotional reactions to the verbal abuse, cognitive appraisal of the encounter, the coping behaviors used, the effectiveness of the coping, and the long-term negative effects of the abuse. Since nursing staff were asked to complete the survey during their working shift, the present study employed only 3 of these subscales to study frequency of verbal abuse, emotional responses and coping behaviors. Furthermore, participants were asked to complete the survey in the context of verbal abuse by patients and families rather than other healthcare providers. Eight separate types of verbal abuse were listed on the frequency subscale. Respondents were asked to indicate the frequency with which they experienced each type of verbal abuse in the previous 12 months on a 0-6 scale (0=never, 1=one to six times per year , 2=once per month or less, 3=several times a month, 4=once per week, 5=several times a week, 6=every day). Seventeen emotional responses were listed and subjects were asked to rate the degree to which they reacted emotionally when they experienced verbal abuse from a patient or family member on a 0-6 scale (0=Not at all, 1=Very mild feeling, 2=Mild, feeling, 3=Moderate feeling, 4=Strong feeling, 5=Very strong feeling, 6=Extreme feeling). Finally twelve coping responses were listed and subjects were asked to indicate the degree to which their thinking was similar to the thoughts listed as they evaluate the verbal abuse on a 0-6 scale (0=Not similar at all, 1=Slightly similar, 2=Mildly similar, 3=Moderately similar, 4=Similar, 5=Very similar, 6=Extremely Similar).

Three focus groups consisting of 6-8 different registered nurses lasting no more than an hour each were conducted to collect qualitative data to address the research questions. Six open-ended questions were used to stimulate discussion in the focus groups. These included:

1. Describe some of the most frequent forms of abuse to nurses seen at this hospital?
2. Tell me about the reasons why you believe nurses perceive they are abused?
3. What are the nurses' most common responses to being abused? Please describe an example.
4. Whom do you see most often abusing the nurses?
5. Abuse causes what to the nurses?
6. What are some suggestions to help prevent abuse to the nurses?

Focus groups were held at the hospital in meeting rooms that were away from the units and were conducted by non-hospital personnel to facilitate candid discussion.

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Data Analysis

Quantitative Data Analysis

Once the questionnaires were collected a codebook was developed for closed ended questions to provide numerical results for analysis. Data were transcribed from questionnaires to excel spread sheets and double entered to identify transcription errors. Descriptive statistics, including frequencies and percentages, were calculated to describe the demographics and verbal abuse experienced by the sample.

Qualitative Data Analysis

Focus groups (FG) were held shortly after the surveys were collected. The senior qualitative researcher recorded field notes upon completion of the first FG session. Subsequent sessions were conducted by two qualitative researchers. After each FG session, the audio-taped dialogue was transcribed verbatim; transcriptions were verified for accuracy by listening to the tapes at the same time the transcriptions were read. Thematic analysis was begun immediately and findings from a previous FG suggested additional questions for the next session.

Credibility was determined through member checking. This allows for the participants in subsequent groups to verify thematic responses found in previous sessions (Cresswell, 2008, Lincoln & Guba, 1985). Descriptions from collected data were used to triangulate quantitative findings. Researcher biases were minimized by presenting the results to the members of the nursing research council. Peer debriefing enhanced the accuracy of the participant responses. These methods ensured the trustworthiness of the qualitative findings.

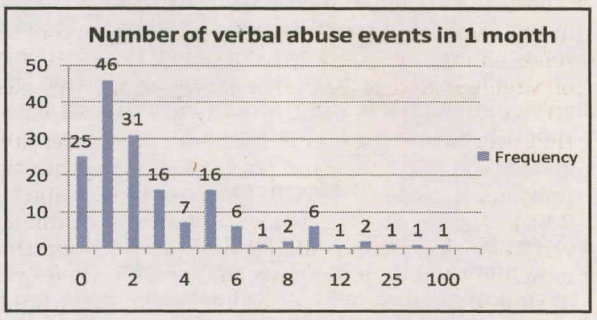
Results

A total of 162 nurses representing all areas of the hospital and all shifts completed the surveys. Their mean age was 38.6 years. They had been nurses an average of 13.7 years and employed in this hospital an average of 10.81 years. Participants were predominately female (98%) with the majority holding a baccalaureate degree (61%), working full time (73.5%) and on day shift (63%). The 29 nurses participating in the focus group reported a mean age of 41 years. They had been a nurse an average of 17.95 years and in their current position an average of 7.27 years.

In answer to research question 1, "how often do nurses practicing in a pediatric hospital encounter verbal abuse by patients and families?" the median response was 2 times per month (see Figure 1). Twenty-five nurses (15.4%) reported no instances of verbal abuse. Ninety-three nurses (57.4%) reported 1-3 instances per month. There was a difference between day shift and night shift for frequency of verbal abuse (p=0.018). There was no difference between units.

Research question 2 asked, "among nurses practicing in a pediatric hospital who encounter verbal abuse, what are their reactions and responses to this abuse?" The top four reactions are anger (25.9%), determination to problem solve (23.5%), powerlessness (16%) and embarrassment (11.7%) (see Figure 2). Eighty-two percent (82%) continued to think about the incident for a few hours (25%), a few days (36%) to more than a week (12%) (see Figure 3). In addition, 14% of the sample reported that they have contemplated leaving their position after a verbally abusive incident. Sixty-five percent of the sample perceived that they handled abusive situations well, citing the use of 3 techniques: basic assertiveness (30%), conflict resolution (31%) and co-worker support (20%).

Figure 1: Distribution of frequency of verbal abuse events per month



Focus group results

Major thematic units corresponded directly with quantitative subscale findings and previous research. Participants reported feeling that abusive behavior has increased in recent years. They related that the focus on patient satisfaction has led to a belief among nurses that administration would always side with the patient or family in a dispute. This belief leads to an increased sense of powerlessness to set limits and assertively handle abusive behavior. Participants relayed an understanding that patients and parents are stressed when in the hospital, but stated that over time they lose the ability to be the outlet for that stress. Many in the group felt that verbal abuse caused decreased job satisfaction, low self-worth and burnout, and reported that they have known nurses who quit their jobs in response to repeated

Figure 2: Reactions of nurses to verbal abuse events

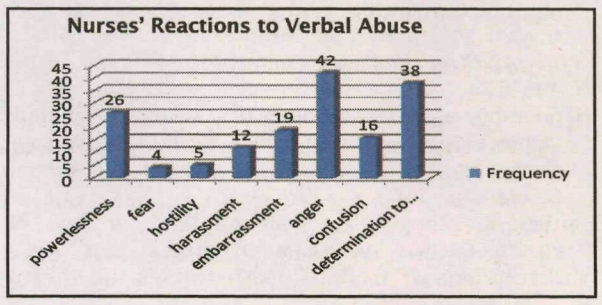
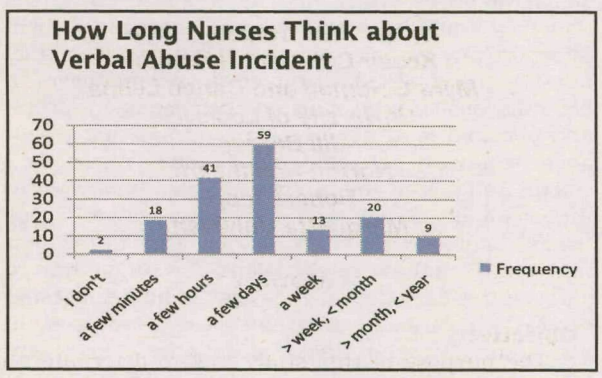


Figure 3: Nurses' report of how long they continue to think about verbal abuse after the incident



verbal abuse. Participants stated that they look to their colleagues for support, and were aware of other resources available such as risk management, pastoral care, and employee assistance.

Discussion

Both the quantitative and qualitative analyses lend support to the research stating that verbal abuse has a negative impact on morale and job satisfaction, and can affect job performance and the quality of patient care. It further supports that verbal abuse can have an impact on the organization through increased staff turnover and poor retention rates (Anderson, 2002, Bowers et al., 2006, Cameron, 1998, Gates et al., 1999, Gerberich et al., 2004, Pejic, 2005, Ryan et al., 2008).

Nurse participants described feeling that no change would occur with the reporting of verbal abuse due to the prevailing attitude that the customer is always right. This supports previous findings from the literature documenting that only one in five incidents of verbal abuse is ever reported (Duncan et al., 2001, Jonker, Goossens, Steenhuis, & Oud, 2008).

Findings from the focus groups were used to guide the implementation of hospital wide solutions. Participants provided suggestions that ranged from use of multi-disciplinary teams to de-escalate an abusive situation, to personal training on how best to handle these events. One staff nurse stated, "...I urge any staff member to report verbal abuse when it happens or the culture will not change. There needs to be documented evidence to support the incidence of abuse in order for those not at the bedside to know the gravity of the problem."

Implications for Nursing

A presentation of the research study and findings at a hospital nursing grand rounds resulted in a frank discussion between bedside nurses and nurse managers about the current work environment. Nurses reinforced the research findings and agreed that many times the verbal abuse by patients and families was not reported because nurses felt no

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action would be taken. Managers reassured nurses that they would be supported, and encouraged them to report any verbally abusive situations. The chief nursing officer asked all directors and managers to have discussion with staff on their units in formal and informal meetings to assure nurses that verbal abuse will not be tolerated and should be reported.

The findings of the study were also presented to the hospital's Safety and Executive teams. These teams expressed concerns over the nurse not reporting verbal abuse situations and attempting to manage these on their own. These groups suggested several educational programs and resources to assist the nurse in these situations. Nurses are now encouraged to formally report a verbal abuse encounter through the Patient Safety Reporting System (PSRS) to ensure that Risk Management and nurse leaders are aware of the incident and can provide follow up with the nurse as needed.

In the two years following the study several educational programs were developed and made available to staff to assist them in the management of verbally abusive encounters. An interactive program was developed which teaches nurses and physicians how to communicate difficult information with patients and families. This program helps healthcare providers to strengthen and hone their communication skills in difficult situations by using actors to portray family members and videotaping simulated patient encounters. Through critique of the videotapes participants learn better strategies to manage difficult conversations or deescalate angry behavior (Peterson, Porter, & Calhoun, in press).

Additional programs at nursing grand rounds have focused on de-escalation, crisis prevention, personal safety and how to set limits with patients and families. These programs give nurses information on how to handle an abusive situation, who they can call for help, and what resources are available to assist nurses to deal with negative feelings after a verbal abuse encounter.

In an effort to strengthen the new nurse's skill level and understanding, the orientation lecture on Service Excellence was enhanced. In addition to emphasizing the importance of giving patients and families the best experience possible, the educator points out that nurses have a right to be treated with respect and are not expected to tolerate verbal abuse or threatening behavior. If any type of abuse occurs, the nurse should seek consultation with the assistant nurse manager or nurse manager and report the abuse in PSRS.

Conclusion

The hospital's intense focus on increasing patient satisfaction scores was interpreted by the nursing staff as "the patient is always right, no matter what". Consequently, nurses involved in encounters of verbal abuse rarely reported them, so nurse leaders were not aware of the extent of the problem. This study provided nursing leadership with valuable information about the extent of the problem, as well as the impact and possible steps to correct it. Several educational and process measures have been implemented since completion of the study. A second shorter survey is under consideration to determine if the efforts of the past two years have made an impact on nurses' coping strategies and perceived support from nursing leadership.

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