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ABSTRACT: Empowering nurses against workplace violence

Background

Workplace violence (WPV) in the healthcare environment has not only become commonplace, it is on the rise. Nurses are affected by WPV more than any other healthcare professional as they have the most contact time with patients and families. Consequences of physical and verbal assaults by patients and family members are many, including both physical injury and psychological effects such as feeling unsafe while at work, stress, anxiety, depression, helplessness, hopelessness and burnout. As a result, nurses leave their positions, and sometimes the nursing profession.

Local problem

Like many organizations, Winchester Medical Center (WMC) has a high incidence of client and visitor-initiated violence towards nurses on its medical units. The high number of occurrences of WPV has led to nurse absenteeism due to physical injury as well as psychological trauma, low nursing engagement, high nurse burnout and increased turnover. A major factor contributing to the prevalence of patient and family-initiated WPV on the medical units is the lack of recognition of the early signs of aggression and lack of de-escalation skills by frontline nurses.

Methods

In order to develop a frontline nursing force that is equipped to manage WPV, an educational tool was developed to teach nurses the behaviors and appropriate responses to these behaviors to prevent escalation from agitation to verbal and physical violence. The educational tool was preceded by and followed up with a survey to statistically measure pre-post differences in overall group scores for nursing confidence. The survey, *Confidence in Coping with Patient Aggression Instrument*, was developed by Michael Thackrey and consists of 10 items. The instrument uses an 11-point Likert-type scale and measures from low confidence (1) to high confidence (11). This tool has a high level of internal consistency (Cronbach's alpha = .92). Permission was granted by the instrument developer.

Intervention

Every nurse on medical unit 5 West, whether they completed the pre-survey or not, was provided with education regarding the early signs of agitation and how to effectively de-escalate patients at all stages of agitation/aggression. The educational tool was created in PowerPoint but printed out into packets that frontline nurses can keep on their clipboards so they can easily access the information if needed.

Results

Following the intervention, post-surveys were administered to determine the effectiveness of the educational tool in increasing nursing confidence in recognizing the early cues to agitation as well as how to de-escalate agitated patients. The goal was to increase overall confidence.

Conclusion and implications

Providing nurses with the tools needed to manage escalating aggressive behavior boosts nursing confidence and empowers nurses to be able to prevent WPV. Empowering nurses to effectively manage aggressive patients and visitors increases resilience and decreases absenteeism, stress, depression, burnout and turnover. To keep our nursing staff safe, organizations must invest in WPV prevention programs which include education in managing agitation and aggressive behavior at the bedside.