

# Examining the Impact of De-escalation Training Among Emergency Department Nurses



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## Background/Significance

- Workplace violence is a growing issue particularly in the emergency department (ED) impacting healthcare workers both physically and psychologically.
- Health care workers are five times more likely to be injured by workplace violence than all other workers in total.
- 31% of nurses report physical violence and 62.3% of nurses report non-physical violence within a 12-month period.
- De-escalation training is effective at reducing instances of workplace violence while creating a safe and therapeutic environment.

## Purpose

- The purpose of this study was to determine if there were psychological and organizational advantages to providing emergency department nurses with de-escalation training.

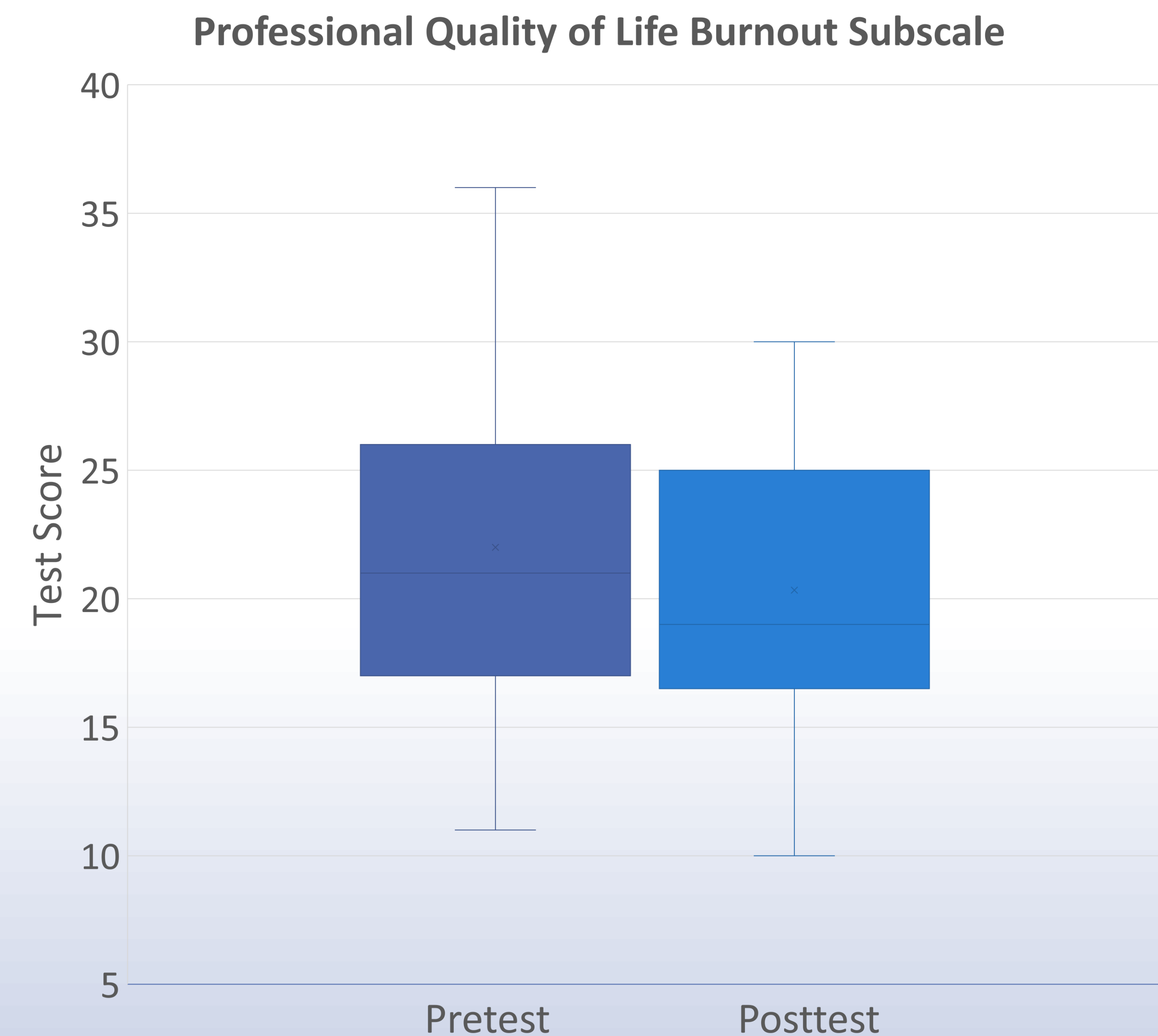
## Methods

- A pre-experimental, pretest/posttest study design was used to evaluate participants' confidence in coping with patient aggression, caregiver resiliency, professional quality of life, and intention to stay with their organization before and after receiving de-escalation training.
- Participants were emergency department nurses from Jefferson Torresdale Hospital, Jefferson Bucks Hospital, and Jefferson Frankford Hospital in Northeast Philadelphia.
- The Wilcoxon signed-rank test compared the difference in scores between the pretest survey and posttest survey.

Sample Demographics	Matched Pairs	
	N	%
Gender		
Male	7	78
Female	2	22
Ethnicity		
White	7	78
Asian	1	11
African American	1	11
Other	0	0
Employment Status		
Full Time	8	89
Part Time	1	11
Other	0	0
Licensure		
RN	9	100
Other	0	0
Department		
Emergency	9	100
Other	0	0

## Results

**RQ1:** Is there a difference in professional quality of life scores before and after participating in de-escalation training?



### Findings

- Nurses that received de-escalation training showed a statistically significant decrease in the Professional Quality of Life Burnout subscale ( $p=0.016$ ).

**RQ2:** Is there a difference in nurse resiliency before and after participating in de-escalation training?

### Findings

- No statistically significant difference found.

**RQ3:** Is there a difference in nurse confidence in coping with patient aggression scores before and after participating in de-escalation training?

### Findings

- No statistically significant difference found.

**RQ4:** Is there a difference in nurse intention to stay scores before and after participating in de-escalation training?

### Findings

- No statistically significant difference found.

## Conclusions

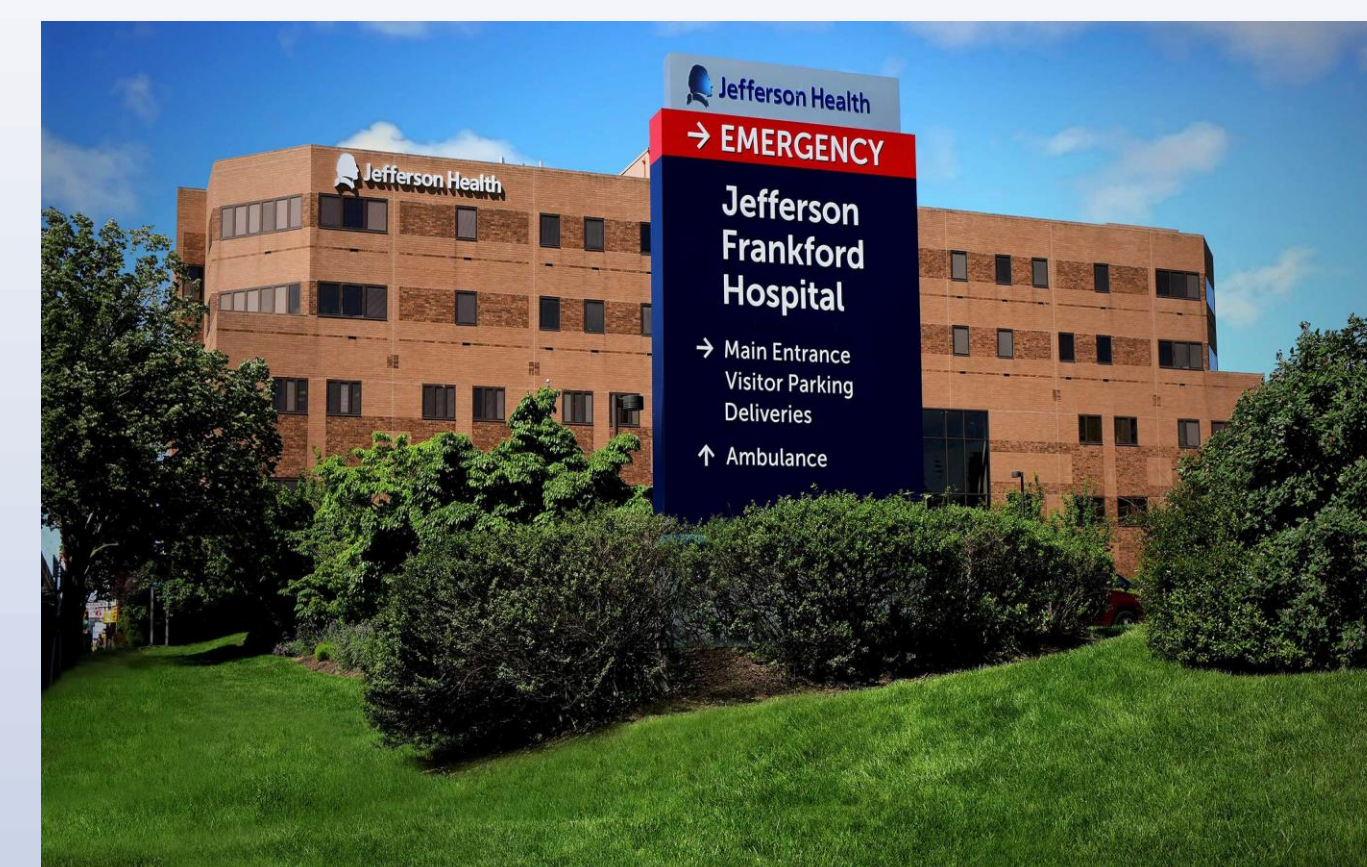
- The study found that de-escalation training for emergency department nurses significantly reduce nurses' measured levels of burnout
- The study did not find significance between pretest and posttest scores on the measures of clinician confidence in coping with patient aggression, intention to stay, resilience, compassion, and secondary traumatic stress.

## Limitations

- The study was limited to a small sample size of 9 due to COVID-19 recruitment difficulties
- Findings may not be generalizable to the larger population of ED nurses.
- Study conducted over a compressed period due to IRB delays
- Follow-up studies are needed to determine the long-term impact of de-escalation training among RNs in the ED setting.
- Further studies should explore the effectiveness of in-person versus video class training.

## Setting

- Jefferson Torresdale Hospital
- Jefferson Frankford Hospital
- Jefferson Bucks Hospital



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