

Introduction

This project aimed to develop a simulation based training course that can equip nurses with the knowledge and skills to de-escalate violent patients and visitors.

Clinical Question-Do participants (P-nursing staff) feel that the scenario or simulation based learning exercise being piloted is comparable to their real-life experiences and do they feel that the training (I) would be an effective tool to prepare nursing staff to encounter violent situations(O) as compared to current training modalities (C)?

**A NURSE SHOULD
NEVER BE AFRAID AT
WORK.**

#EndNurseAbuse



Background & Significance

1 in 4 nurses have been physically assaulted in the workplace. (American Nurses Association, 2019).

76% of nurses reported experiencing violence in their workplace according to survey based research (Speroni et al., 2014).

The price tag for violence in healthcare is over one billion dollars a year in preventative costs and nearly half of a billion dollars a year in direct costs (American Hospital Association, 2017).

The unit of focus in this project has triple the number of violent event codes as any other unit in the hospital facility.

Violent even codes are costly in terms of man hours and patient care costs.

Previous studies have found simulation-based training to be an effective intervention for workplace violence (Krull et al., 2019; Ming et al., 2019; Thompson et al., 2019; Wu et al., 2019; Wong et al., 2015).

Methodology

Design-This pilot study combined a retrospective chart review of those patients who had a violent event code along with qualitative interviews with nursing staff to validate the course and scenarios developed as accurate and beneficial for staff development.

Retrospective chart reviews were utilized to create composite clinical scenarios of violent events most likely to be encountered on a non-psychiatric inpatient unit. All events from June 2019-June 2020 were reviewed.

Sample-Purposive, Nursing Staff Members

Setting-An inpatient medical-surgical oncology unit at a large urban university medical center

Limitations-The implementation phase of the project was carried out with limitations imposed by Covid-19. This prevented an in person real time simulation training exercise. The alternative was a read through of the scripted scenarios.

Analysis-The qualitative interviews were coded for thematic analysis by the primary author.

Results

Retrospective Chart Review

- **Limitation-**The project site upgraded their incident reporting system and not all violent event codes had an associated medical record number (MRN).
- 13 violent events were reviewed which did not include a MRN, 1 event was excluded due to the accusation of violence by a staff member
- 20 violent events were reviewed which included a MRN; 12 total charts were reviewed due to several patients being involved in multiple events; 1 chart was excluded after no documentation of violent behavior found.
- Data collected included patient demographic information, medical diagnoses, and event characteristics (i.e. time of day, reason for event code, and relation to shift change).
- Because the goal was to create composite clinical scenarios instead of achieve statistical significance, evaluation was limited to descriptive statistics including measures of count.

Relevant Findings from Retrospective Chart Reviews

- 12 of 14 individuals were identified as having a substance use disorder.
- One individual caused 5 events, another individual caused 4 events and one person was responsible for 2 events.
- Most common reasons for violent event code: attempted elopement (n=10), disruptive behavior (n=7), and violent behavior (n=6).
- No association was found with relation to time of day, time from arrival on unit, or time relative to shift change.

Qualitative Interviews

- Interview participants were all female and 4 of 5 had greater than 10 years of experience.
- Participants felt that the scenarios developed were accurate and reflected their real life experience.
- Participants felt that the training would have been more beneficial at an earlier point in their careers.
- Participants requested training on personal safety and escape techniques

**NURSES
MOST ETHICAL
MOST HONEST
MOST ABUSED**

#EndNurseAbuse



Course Format

Facilitated discussions around the topic of workplace violence along with video series on de-escalation and personal safety considerations.

Group Practice-partnered practice of personal escape techniques

Small Group Breakout-rotation through three simulation scenarios of violent patients or visitors

- **Scenario One-76yo Male with CHF exacerbation and altered mental status who attempts to leave the unit**
- **Scenario Two-42yo Female with an undisclosed substance use disorder demand narcotics for pain management**
- **Scenario Three-57yo Male with cancer whose family acts out when confronted with end of life decisions**

Discussion & Implications

Nurses are exposed to multiple types of violence in the workplace but there is no standardized training that prepares them to handle violence directed at them by patients or visitors.

This project revealed several opportunities for quality improvement initiatives including: the addition of staff members to the facility's Violence Prevention Committee, consideration for a flag in the EMR system for patients with a history of violent behavior and the review of several facility policies.

Simulation based training is a mainstay of medical and nursing education. This project applied the simulation modality to the problem of violence. Simulation allows for real time practice and feedback of communication and safety techniques. Using the pilot approach allowed for the production of a completed course that is ready to be tested for effectiveness against a wider audience.

Reference List

American Hospital Association. (2017, July 28). Press release: cost of community violence nears \$3 billion in 2016. <https://www.aha.org/press-releases/2017-07-28-cost-community-violence-nears-3-billion-2016>

American Nurses Association. (n.d.) #EndNurseAbuse. <https://www.nursingworld.org/practice-policy/work-environment/end-nurse-abuse/>

American Nurses Association. (2019). Issue brief: Reporting incidence of workplace violence. Nursing World. <https://www.nursingworld.org/~4a4076/globalassets/practiceandpolicy/work-environment/endnurseabuse/endnurse-issue-brief-final.pdf>

Krull, W., Gusenius, T. M., Germain, D., & Schnepfer, L. (2019). Staff perception of interprofessional simulation for verbal de-escalation and restraint application to mitigate violent patient behaviors in the emergency department. JEN: Journal of Emergency Nursing, 45(1), 24–30. <https://doi-org.proxy.libraries.rutgers.edu/10.1016/j.jen.2018.07.001>

Ming, J., Huang, H., Hung, S., Chang, C., Hsu, Y., Tzeng, Y., Huang, H., & Hsu, T. (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). <https://doi.org/10.3390/ijerph16193648>

Speroni, K., Fitch, T., Dawson, E., Dugan, L., & Atherton, M. (2014). Incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. Journal of Emergency Nursing, 40(3), 218–228. <https://doi.org/10.1016/j.jen.2013.05.014>

Thompson, R., Thomson, H., Gaskin, C. J., & Plummer, V. (2019). Nurses' attitudes toward management of clinical aggression: A mixed methods study using actor-based simulation. MEDSURG Nursing, 28(4), 219–233.

Wong, A., Wing, L., Weiss, B., & Gang, M. (2015). Coordinating a team response to behavioral emergencies in the emergency department: A simulation-curriculum. Western Journal of Emergency Medicine, 16(6), 859–865. <https://doi.org/10.5811/westjem.2015.8.26220>

Wu, J.-C., Chen, H.-Y., Lee Hsieh, J., Cliniciu, D. L., & Tung, H.-H. (2019). Enhancing health care personnel's response to ER violence using situational simulation. Clinical Simulation in Nursing, 28, 6–14. <https://doiorg.proxy.libraries.rutgers.edu/10.1016/j.ecns.2018.12.003enhancedinterprofessional>

Contact Information

Chaia McAdams

cem267@sn.rutgers.edu

Faculty Chair-Dr. Rubab Qureshi

qureshru@sn.rutgers.edu