

## ABSTRACT

Healthcare workers experience a higher risk of injury from workplace violence (WPV) compared to other professions, and it is a persistent and underreported problem that is often ignored. Reducing the patient to nursing staff violence in healthcare and creating a safe work environment is essential in providing quality patient care. Patients with a history of violence are emotionally strained and agitated; many times, the situation is exacerbated by medications' influence. Nursing staff caring for these patients are vulnerable to unpredictable patient behavior during stressful conditions. Studies show that WPV training can increase nursing staff confidence and reduce incidence of WPV.

## PICO QUESTION

In the acute care setting, how does computer-based education for nursing staff for recognition of potentially violent behavior and de-escalation techniques, compared to not educating nursing staff, affect the rate of patient to nursing staff violence and related injuries?

## LITERATURE REVIEW

- In a recent American Nurses Association survey, it was found that twenty-five percent of registered nurses and nursing students included in the study over three years reported being physically assaulted by patients or a patient's family member <sup>(1)</sup>.
- The most incidences of violence occur between patients and nursing staff with patients most likely to be the aggressor due to dissatisfaction with their care, or they are not in the right state of mind due to sickness. Patients may become verbally abusive or even violent <sup>(2)</sup>.
- Some nursing staff may even leave the profession due to the higher risk of WPV <sup>(3)</sup>.
- Organizations must ensure funding to provide WPV training. It can cost an organization \$22,000 to replace a new nurse and up to \$64,000 to replace an experienced nurse <sup>(4)</sup>.
- Violence management training in a medical unit significantly increased nursing staff knowledge of how to manage escalations, aggression, and actual violent behavior <sup>(5)</sup>.

# WORKPLACE VIOLENCE PREVENTION TRAINING TO REDUCE PATIENT TO NURSING STAFF VIOLENCE

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## PROJECT METHODOLOGY

Due to an increasing number of patients to nursing staff violence in a Medical/Surgical unit at Intermountain Medical Center, it is recognized that there is a lack of WPV training for nursing staff in this unit. A study shows that nurses lack training in handling patients showing aggressive behavior towards them, which causes an increase in WPV <sup>(6)</sup>.

This project aims to discover the effects of providing computer-based training (CBT) to Medical/Surgical nursing staff on recognition of potentially violent behavior and de-escalation techniques. Initially, this training will be mandatory and conducted on an annual basis. Surveys will be administered pre- and post-training to determine the effectiveness of this training and if any changes are necessary.

## Lesson Plan

- Staff meeting with a discussion of some WPV challenges that the Medical/Surgical nursing staff encounters
- Nursing staff will be administered a survey pre-WPV training
- Nursing staff will then be trained on how to report WPV incidents by using Intermountain Medical Center's incident report forms
- Nursing staff will be given WPV de-escalation technique pocket handouts
- Nursing staff will then be educated about the concept of WPV and the use of de-escalation techniques through the CBT course
- Nursing staff will be administered a survey post-WPV training

## Teaching Strategies

- Self-paced CBT will be assigned to all nursing staff with a due date of three months from the assigned date.
- It can be taken at any location within the facility and whenever the nursing staff has time to complete it before the due date.
- Challenge nursing staff to apply new knowledge and skills regarding WPV prevention and de-escalation over 6 months.
- Challenge nursing staff to report WPV incidents over 6 months.

## Evaluation

- Nursing staff knowledge of WPV and de-escalation techniques will be evaluated by comparing results of pre-and-post-training survey.
- The survey contains sixteen quantitative questions on a Likert scale. This is a five-point scale one through five which is used to allow the nursing staff to express how much knowledge (one-low) or (five-high) is known for a particular statement. Once the survey is completed, each statement will have a numerical value.
- A review of incident reports pre- and post-training to compare the outcomes and a comparison of the pre- and post-surveys will provide information for any revisions or improvements.
- Expected outcome is that nursing staff's increased knowledge of WPV will reduce patient to nursing staff incidents and injuries.



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## THEORETICAL FRAMEWORK

The theoretical framework used for this project is the John's Hopkins Nursing Evidence-Based Practice Model (JHNEBPM). The JHNEBPM was developed to facilitate bedside nurses in translating evidence into clinical, administrative and educational nursing practice.

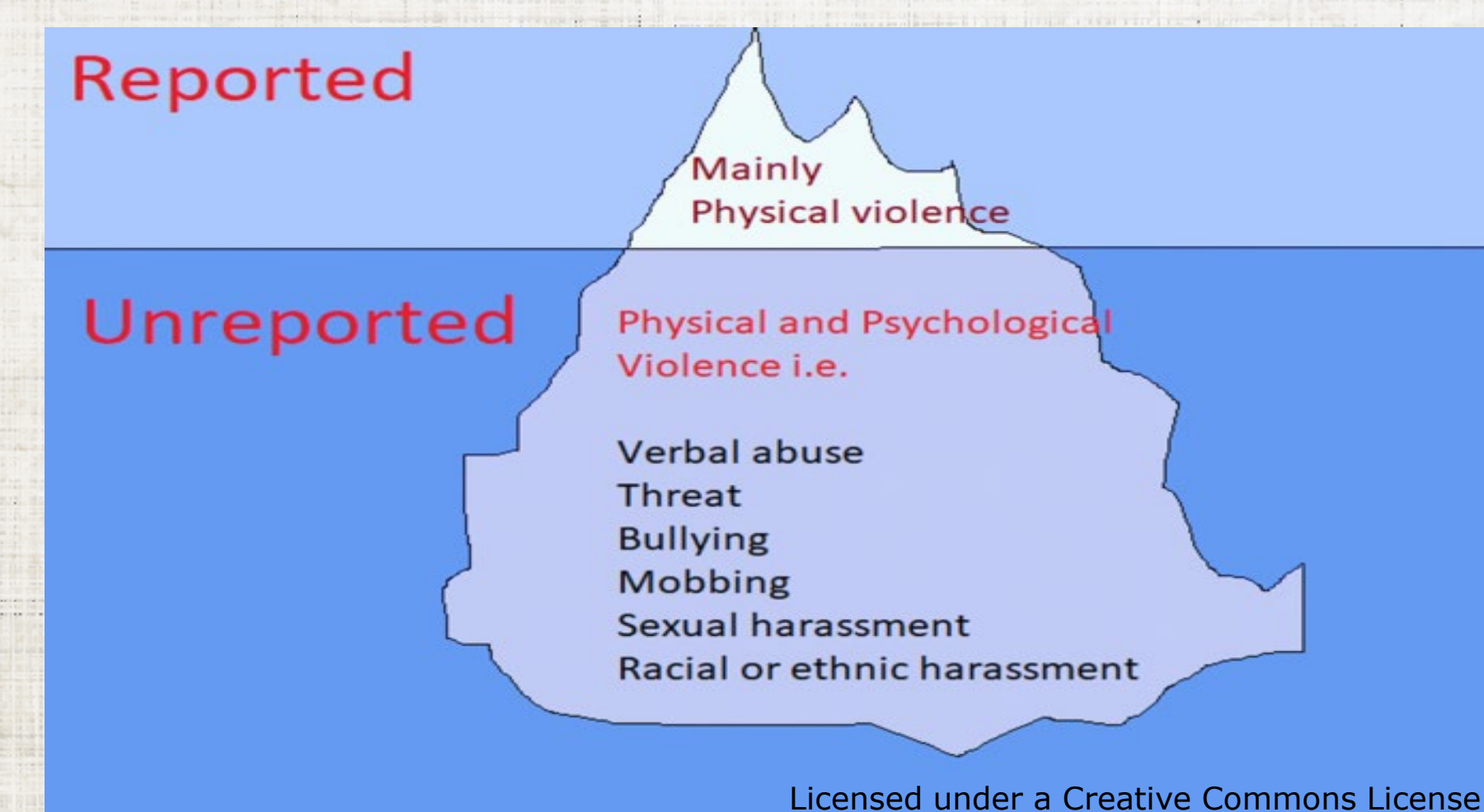
- The structure and organization of this model are compatible with working within an interdisciplinary team.
- The model helps to gather and interpret evidence to develop a concise clinical problem and define the scope of the project.
- It utilizes evidence gathering tools to guide the interdisciplinary team to create and deliver the training to nursing staff and help educate them on how to reduce the occurrences of a patient to nurse violence in the Medical/Surgical unit <sup>(7)</sup>.

## CONCLUSIONS

Nursing staff who work on the Medical/Surgical unit deserve training to reduce WPV. The organization should support the implementation of cost-effective, evidence-based solutions such as this project. It will benefit the nursing community by educating nursing staff about WPV and de-escalation techniques. This training course can be updated and made appropriate for new behaviors exhibited by patients/family members. Positive results from the training will help nursing staff improve patient care and satisfaction while preventing injury that may affect nursing staff's working ability.

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