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 (6). 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

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.

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 medical center.
- Staff meeting with a discussion of some WPV challenges that the Medical/Surgical nursing staff encounters
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CONCLUSIONS

Nursing staff working on the Medical/Surgical unit desire 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.

EXPECTED OUTCOME

- Increased knowledge of WPV will reduce patient to nursing staff incidents and injuries.
- Nursing staff confidence and reduce incidence of WPV.
- 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
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REFERENCES

6. Otgonbayar Carter, BSN, RN, MSN Student, (2019). 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.
7. The model helps to gather and interpret evidence to develop a concise clinical problem and define the scope of the project.
8. 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.

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.

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