

A Post-Intervention Assessment Of Emergency Department Nurses' Perception of Safety Following

A Workplace Violence And De-escalation Training Program

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BACKGROUND

- **Definition of Workplace Violence (WPV):** Act, threat of physical violence, harassment, intimidation, threatening or disruptive behavior that occurs at the worksite (OSHA, 2022)
- Serious global issue
- Legislative actions taken at state and federal levels
- Nurses have one of the highest risks of harm
- Reports of violence by nurses: range 30% to 86.5%
- Violent episodes go largely unreported
- Average of two nurses assaulted every day
- Health system needs assessment:
 - Plan – implement multiple strategies to reduce risk of violence
 - Focus – education and training on workplace violence and de-escalation training
- Evidence supports – education and training protects clinical staff

OBJECTIVES

1. After viewing this poster, the learner will identify the emergency nurses (EN) perceived value of WPV training and education.
2. After viewing this poster, the learner will identify the EN perception of safety after WPV training and education.

PROBLEM

- Significant and increasing frequency of WPV experienced by nurses in the hospital, especially the Emergency Department (ED)
- Violence leads to feelings of fear and perceptions of not being safe in the workplace
- Very little data available about nurses' perceptions about value of education and training on workplace violence and de-escalation.

PURPOSE STATEMENT

To examine emergency nurses'(EN) perceptions of:

- Safety after completion of training
- Value of education and training in WPV and de-escalation

RESEARCH QUESTIONS

- What is the perceived personal workplace safety of ENs who have completed workplace violence training?
- What are EN perceptions of the value of workplace violence and de-escalation education?

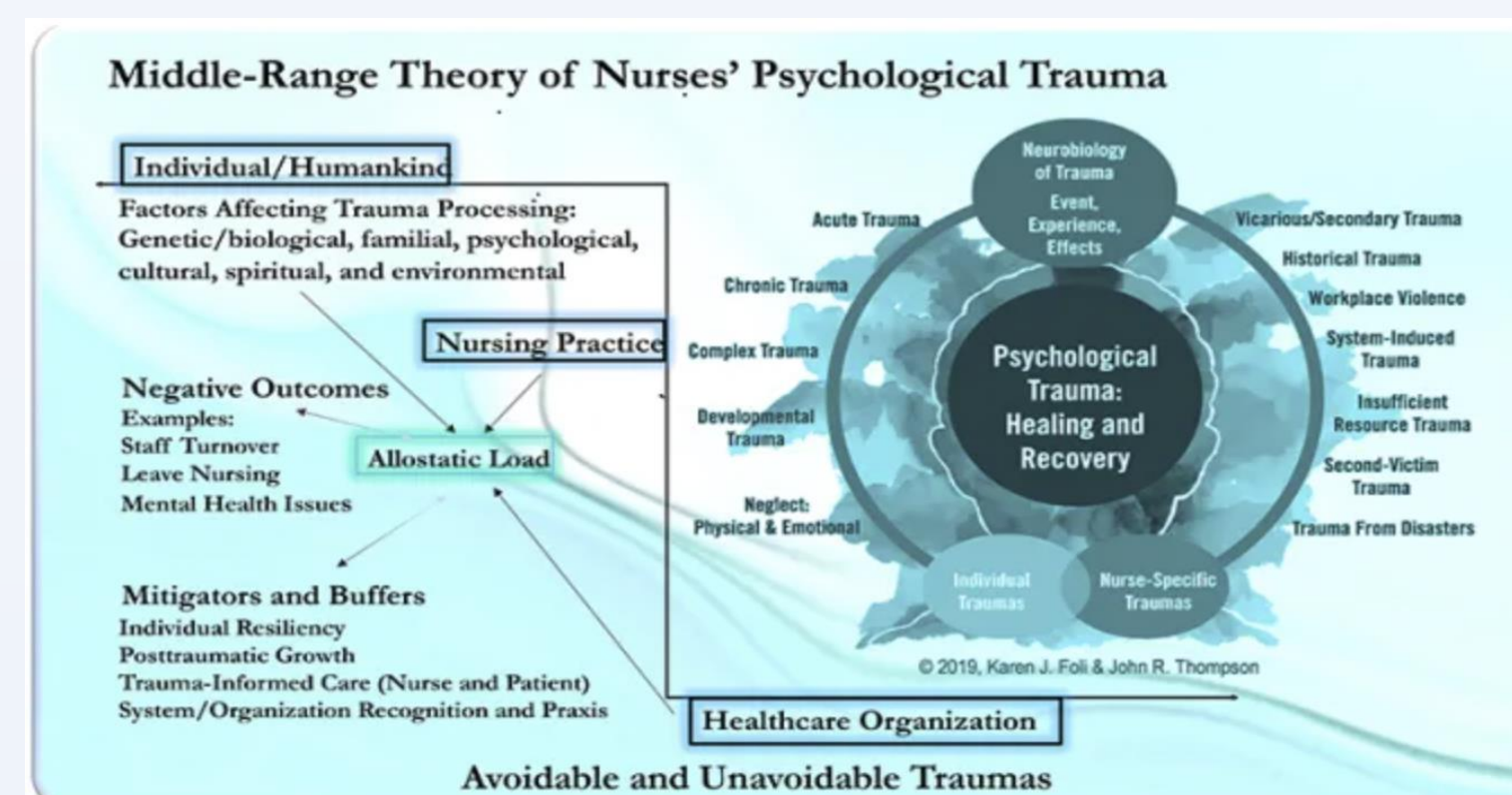
CONCEPTUAL FRAMEWORK

Middle-Range Theory of Nurses' Psychological Trauma – Karen Foli

Acknowledges common types of psychological trauma

Delineates 7 nurse specific traumas:

1. Vicarious/secondary
2. Historical or intergenerational
3. Workplace violence
4. System/medically induced
5. Insufficient resources
6. Second victim
7. Disasters (Foli, 2022)



DNP PROJECT DESIGN

- Post only, quantitative-descriptive design study
- Part of a multi-faceted, quality improvement program
- Data Sources:
 - ENs completed an instrument that measures perceptions of safety
 - Personal Workplace Safety Instrument for Emergency Nurses (PWSI-EN) (Burchill, 2015)
 - ENs also completed one additional question: Discernments of value of educational program

SAMPLE

- ENs from the Virtua health system's seven EDs
- Sample size goal ~100
- Voluntarily completed PWSI-EN (perceptions of safety) and question on value of education on violence prevention and de-escalation
- 58 nurses completed the survey

INSTRUMENTATION

1. The Personal Workplace Safety Instrument of Emergency Department Nurses (PWSI-EN)
 - 23 item survey
 - Likert scale: 1 - 5
 - Six subscales:
 - Support (S), belongingness (B), process (P), trust (T), training (Tr), security (Se)
2. Perception of Value of Educational Program Question:
 - One question on perception of value of education
 - Likert scale: 1 – 5

RESULTS

Positive:

Highest scoring item:

M – 4.0 – I may be blamed for any violent behavior that I report to the hospital or police. (Trust) #18, reverse scored

- This indicates positive feelings of trust in the health system when reporting violent incidents.

3 Items M > 3.5 approaching increased perception of safety:

- 3.52 – I fear retaliation from the perpetrator if I report a violent or threatening incident. (Trust) #8, reverse scored
- 3.53 – My nursing colleagues will be supportive of me in reporting violent incidents to the hospital or police. (Belongingness) #22.
- 3.93 – I may get a bad performance review if I report violence to the hospital or police. (Trust) #19, reverse scored

RESULTS

Negative:

3 Items M < 2.5, approaching decreased perception of safety:

- 2.25 – Reporting abusive language or physical violence will result in changes to our policies and procedures (Subscale - Support) #14
- 2.33 – I understand the process that the hospital will use following the report of a violent incident (Subscale - Processes) #13

Question - what are EN perceptions of the value of the workplace violence and de-escalation education and training interventions: M = 2.58

Demonstrates they perceived little to slight value in the online training

LIMITATIONS

- Only ED nurses
- Only one health system
- Type of facility was not distinguished
- Post-only survey
- Small sample size

CONCLUSIONS/IMPLICATIONS

- Changes/improvements to education and training based on ED nurse feedback with follow up data
- Changes to policy and procedures around WPV for the organization
- More research on strategies to mitigate WPV

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