Verbal De-Escalation Program for Nurse Self-Efficacy When Caring for Violent Patients and Family Members

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The objective of this project was to help nurses and health care workers stay safe through increased self-efficacy when caring for violent patients and family members. Nurses and health care providers are not always safe in practice and can be harmed by violent patients and their family members (The Joint Commission, 2010). Injuries to healthcare workers continue to increase because of violence in healthcare (Ison, 2013). The American Nurses Association (2015) wants all nurses to work in a safe environment. The Occupational Safety and Health Administration (2015) reports that over 11,000 assaults happen at work and “almost 19% of these assaults occurred in nursing and residential facilities alone” (para. 1). Violence is an objective that Healthy People 2020 (2017) addresses as a need for change in the workplace.

The PICOT question for this project is “Will nurses and health care workers in a community based medical-surgical unit, using protocol in a verbal de-escalation program have improved self-efficacy when caring for potentially violent patients and family members compared to nurses/health care workers that do not use the verbal de-escalation program?” The comparison in this project is data from employee injury incident reports and code-violent debriefing forms at the clinical site. Both of these forms determined the incidence and levels of violence at the clinical site, in a retrospective study from August 2014 to August 2015. The outcome is improved self-efficacy of nurse and health care workers with a program to de-escalate potentially violent patients and family members. Medical-surgical nurses and health care workers attended a staff meeting where the program was introduced. A pre and post-survey was given to the employees. Based on the comparison between the pre and post survey mean, employees showed significant change in self-efficacy. Significant statistical change, with a 95% statistical confidence, was indicated in 14 of the 15 survey questions. A verbal de-escalation program has implications in practice to be a valuable tool for increased self-efficacy for all employees within health care.

References


Title:
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Keywords:
Safety in nursing, self-efficacy in healthcare and verbal de-escalation

References:


Abstract Summary:
Escalation of violence is an issue in health care. Nurses need to be safe in clinical practice. Violence is a problem at the local, state, and federal level. In this presentation, the author reviews violence in health care, verbal de-escalation program uses in nursing practice, and implications for clinical practice.

Content Outline:
Presentation objectives:
1. The first is to describe the impact that violence has in healthcare and nursing practice today
2. Recognize ways to verbally de-escalate patients and family members that are violent or potentially violent.

Agenda: topic, interest in topic, clinical setting, background for clinical problem, verbal de-escalation program, evaluation and results.

Interest in topic:
- Interview for beginning doctoral class started interest in this topic.
- Nurses and health care workers are not always safe in health care.
- Meaningful project: helping one person stay safe.
- Issue: local, state, national, and international levels

Scope of Violence in healthcare:
- Occupational Safety and Health Administration stated “… over 2 million Americans workers are victims of workplace violence each year” (Papa & Venella, 2015, para. 1).
- Violence is everywhere: local, state, national, international levels
- Healthy People 2020 addresses changing violence in society

ANA Position Statement:
- Position statement: “The American Nurses Association (ANA) upholds that all nursing personnel have the right to work in healthy environments free of abusive behavior such as bullying, hostility, lateral abuse and violence, sexual harassment, intimidation, abuse of authority and position and reprisal for speaking out against abuses” (ANA Nursing World, 2015, para. 2).

Local Scope of Clinical Practice:
- 222 bed non-profit community based hospital
- Retrospective study: August 2014 to August 2015
- Code Violet De-briefing forms - 44 completed forms
- Employee Injury Incident Reports - 26 reports
- Injuries range from: scrapes, wrist injury, scratches to arms, being pushed, arm bruising, shoulder injury, claw, numerous kicks including an abdominal kick with injury, blood contacts, and being hit.

Project Description:
- Verbal de-escalation program for the organization based on Evidence-based practice (EBP)
• Creative teaching strategies: video from key employees, mnemonic, and catch phrase specific to organization
• Pre/Post survey- Dr. Bandura’s self-efficacy theory
• Validation of survey

PICOT Question:

• **Population:** Nurses and healthcare workers in a community based hospital on medical-surgical units
• **Intervention:** Implementation of a program for nurses and health care workers for de-escalation of potentially violent patients and family members
• **Comparison:** before verbal de-escalation program
• **Outcome:** Improved self-efficacy of nurses/health care workers with program to deescalate potentially violent patients/families
• **Timeframe:** 2 months

Implementation:

• Medical/surgical units chosen: new grads and employees, increased violence, manager receptive to change
• Mandatory staff meetings for two medical-surgical sister units: nurses, nursing assistants, unit clerks, team leaders
• 89/99 completed surveys (employees that attended entire presentation)
• Voluntary completion of survey

Key points on Verbal de-escalation program:

• **Face your fears.**
• **Maintain appropriate spacing.**
• **Calm and clear communication.**
• **Set clear expectations/limits safely.**
• **Avoid escalating your patient behavior.**
• **Feelings and needs.**
• **Explain choices in current situation.**

Evaluation:

• 15 questions on communication/work climate for pre/post survey
• 14/15 questions had a \( p \) value of less than 0.05 which is indicative of significant change in the mean between pre and post surveys
• 95% confidence in statistical significance

Slides for evaluation graphs

Nursing and health care implications:

• Key findings: verbal de-escalation education increased self-efficacy
• Implications in practice to be a valuable tool for increased self-efficacy for employees within health care.
• Benefit to all nurses and health care workers
• Safety is health care is key.
• Future research: 6 weeks and 6 months clinical site and other organizations/types of nursing
First Primary Presenting Author

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**Professional Experience:** Dr. Julie Mason Jubb, DNP, RN, CNE has been a nurse for 22 years. Her nursing background focuses on mental health, medical-surgical, community, and nursing education. Julie is an Associate Professor at Chamberlain College of Nursing, Chamberlain University in the RN-BSN Online Option.

**Author Summary:** Dr. Julia Mason Jubb has been a nurse for 23 years. Her clinical expertise is psychiatric/mental health, community, and medical/surgical nursing. She has taught in nursing education for ten years in pre-licensure, post licensure and graduate education for both the traditional and the online environment. She is certified in stress management and as a nurse educator. She values the profession of nursing and truly desires to help keep nurses safe at the bedside.