



Nice girls finish last: Acquiescent assertiveness attributed to workplace violence exposure and uncivil nursing encounters

(trigger warning: violence, assault)

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Disclosures & Objectives

Karina Kraevsky-Phillips was the primary investigator; Kate Kemplin was statistician and analyst. Katy Hinds, Kaitlyn Notto, Shannen Perry, Caroline Smith and Julie Stoll formed the research team in August 2018 under Dr Kemplin's guidance. The authors of this study share contributions.

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The learner will be able to critique the investigation of previously unstudied areas of workplace violence exposure in healthcare

The learner will be able to debate the appropriateness of research methods utilized to measure assertiveness and workplace violence exposure in healthcare professionals

The learner will be able to propose future trajectories of nursing science knowledge generation to replicate and/or expand upon this pilot study

The learner will be able to integrate previously held perceptions of assertiveness and workplace violence exposure with current findings to generate ideas of addressing it in workplace settings

Introduction

Nurses experience workplace violence (WPV) and fatal work injuries at rates higher than any other measured professional category aside from law enforcement or the military (United States [US] Bureau of Labor Statistics, 2017 as cited by Ladika, 2018)

Globally, nurses experience workplace violence (WPV) and are more frequently exposed to WPV than other healthcare professions (Centers for Disease Control [CDC], 2015)

Over 20% of nurses and nursing students reported being recently physically assaulted (Ladika, 2018), and 76% of nurses reported exposure to WPV over the course of the previous year (Speroni et al., 2014)

Wolf, Delao & Perhats (2014): “there appears to be an underlying normalization of this phenomenon in both the healthcare and law enforcement systems that prevents effective interventions” (p. 309).

88% of incidents go unreported

The New York Times

The Business of Health Care Depends on Exploiting Doctors and Nurses

One resource seems infinite and free: the professionalism of caregivers.

By Danielle Ofri
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700,000 nurses to fix shortage and 1 million nurses needed to avoid shortage by 2024 (Rosseter, 2018)

Police: Newport News woman arrested after attacking mother's nurse, police officer

911 call: Johnston County nurse 'gushing blood' after being attacked by patient

Nurse Was Raped, Tortured During Delnor Hostage Situation: Attorney

Man arrested after alleged attack leaves Moncton nurse with head trauma, broken nose

Nurses hope colleague getting stabbed in neck doesn't just prompt 'another talk fest'

Sheriff: Man accused of sexually assaulting Terrebonne nurse during home visit linked to 1991 rape case

Utah Nurse Arrested Over Blood Draw: This Shouldn't Happen Again

St. Joe's Patient Grabs Nurse By Ponytail In Room, Police Say



Background

- We found scant literature directly studying nurses' assertiveness levels and exposure to WPV
- Townsend (2015): assertiveness is behavior that “promotes a feeling of personal power and self-confidence.... Becoming more assertive empowers individuals by promoting self-esteem, without diminishing the esteem of others” (p. 235)
- Yoshinaga et al. (2017): assertiveness can help to “reduce [nurses'] interpersonal stress, build effective team relationships and provide sufficient nursing care” (p. 59)
- Assertiveness allows nurses to handle tough situations with ease, decreases burnout (Suzuki et al., 2006)
- Karakaş & Okanli (2015) found assertiveness training helped nurses appropriately express feelings associated with workplace aggression; nurses who are timid encounter aggression more frequently.

Design & Methods

- H_0 : nurses' assertiveness has no bearing on exposure to WPV
- Quantitative comparative cross-sectional design: after institutional approval, initiated electronic recruitment via Twitter, Facebook, Instagram, and email - snowball sampling
- Simple Rathus Assertiveness Scale – Short Form (SRAS-SF) used to measure participants' self-reported levels of assertiveness; Cronbach's alpha of .81 (Jenerette & Dixon, 2010).
- Included demographic questions and asked about participants' exposure to four main types of workplace aggression: verbal, sexual, physical, and 'threatening circumstances' which we described as colleagues gossiping, withholding information, spreading rumors, and/or belittling others
- Data were collected over 2 weeks, then analyzed with Statistical Package for the Social Science (SPSS) version 25, IBM Corporation Armonk, New York

Descriptive Analysis - Workplace Aggressions

- Of 190 participants, 84% identified as female, 67% were nurses, 7% were physicians (MDs)/nurse practitioners (NPs), 10% were unlicensed patient care personnel; non-clinical participants (16%) were excluded
- Participants' assertiveness was below average ($M=41.7$) vs population assertiveness ($M=45$)
- WPV exposure increased with age and experience but decreased among gender; males had 74% less exposure than females to colleague bullying, 81% less sexual harassment, 88% less sexual assault, and 64% less physical assault
- Only 34% reported never experiencing sexual harassment; 56% who had were harassed by a supervisor
- Physical assaults were perpetrated mostly by patients or family members (97%)
- Most participants (67%) experienced threatening circumstances (e.g. bullying) within the past year (68%), perpetrated mostly by colleagues (71%) of whom 64% were not supervisors
- Younger participants reported being bullied more frequently than older participants

Analysis

- Less assertive participants experienced WPV at significantly higher rates than participants with higher assertiveness ($p < .05$; null hypothesis rejected)
- Nonparametric analyses: significant differences between participant assertiveness, with MD/NP reporting higher assertiveness than nurses in several categories ($p=.023, .026$)
- Assertiveness differed among clinical specialty; pediatrics and women's health personnel demonstrated less assertiveness than emergency and internal medicine personnel in several instances ($p=.006, .02, .036$)
- Controlling for age and experience, analyses of covariance (ANCOVA):
 - Significant differences in reported assertiveness and frequencies of verbal harassment ($p=.018$), sexual assault ($p=.036$), threatening circumstances ($p=.026$), but insignificant for physical assault frequency ($p=.775$)
- Post-hoc power analysis 100% for this sample (N=190)
- Internal consistency (Cronbach's alpha) of SRAS-SF decreased to .51, likely due to heterogeneity of participants and modification of the instrument
- Post-hoc statistical power 100%

Limitations

- Did not inquire about assertiveness training or hospital policies
- Small sample size (though statistically powered)
- Replicate using different assertiveness scale (internal validity/decreased stability in this study)
- Methods of analyses (omnibus statistical tests) limit further inferences
- Broader generalizability (external validity) to global nursing would require a larger, international sample
- Internal consistency decreased to .51

**ATTENTION
PATIENTS & VISITORS**

Our clinical setting is a healing environment.

We understand that being treated or having a loved one treated can be a stressful time.

As a way to support you, we have zero tolerance for all forms of aggressive behavior.

Examples of aggressive behavior include:

- Physical assault
- Verbal harassment
- Abusive language
- Sexual language or behavior directed at others
- Threats
- Failure to respond to staff instructions

In order to protect our patients, visitors, and staff, incidents may result in removal from this facility and/or legal action. When appropriate, administration supports any staff member in pressing charges for aggressive behavior they encounter while caring for patients.


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"Aggressive behavior" wall poster
property of Allegheny Health Network

Interpretation & Discussion

- Foucault: power must be investigated from the ground upward (Bradbury-Jones et al., 2008)
- Results indicate power differentials likely exist at nurse-to-nurse ground levels and are similarly disparate at nurse-to-authority levels, as violence exposures diverged further according to role, gender, and clinical specialties
- Exposure to WPV increased with age and tenure, yet younger participants reported being bullied by coworkers the most, indicating nursing is still eating its young
- Healthcare providers (MDs/NPs) were more assertive than nurses, however, average assertiveness in this study was lower than the general population
- Considering the innumerable critical, life-saving decisions required of nurses every hour of every day, milquetoast assertiveness in this sample is troubling
- Physical assault appeared to be equal-opportunity violence, experienced by participants in the workplace regardless of reported assertiveness
- Considering 97% of physical violence directed toward participants was patient- or family member-perpetuated, we believe opportunities present for prevention though its causes are more multifaceted and nebulous and likely beyond the scope of this study

Conclusions & Implications

- Higher assertiveness in this study significant for less exposure to verbal, sexual, threatening circumstances
- Higher assertiveness unrelated to physical assault
- Global nursing shortage will continue if nursing remains a violent profession, even if covariate causes (lack of faculty, pay inequity, etc.) are ameliorated
- Nurses experiencing violence will experience poor health, emotional burnout, and post-traumatic stress if these violent trends continue.
- Assertiveness and violence exposure are likely linked, but we could not make causative connection in absence of longitudinal study
- Most alarming here are substantial reports of nurse-to-nurse lateral violence: microaggressions and belittling behavior
- Nurses – female nurses in particular - continue to experience all-source violence at unacceptably high rates, and reported sexual harassment via supervisors in this study further indicates lack of progress in eliminating professional oppression and subjugation

Recommendations

- Society's #MeToo movement exists in nursing as well: **nursing needs a significant shift in its approach to power and assertiveness**
- Must teach nursing students how to challenge power structures (e.g. **undergraduate research methods: with data**)
- Change comes from within; nurses need to treat each other better
- Assertiveness workshops, simulation for nurses in education and practice
- Public awareness, cultural shift; Public policy to protect
- Eliminate power differentials: likely exist at nurse-to-nurse ground levels and are similarly disparate at nurse-to-authority levels
- Global nursing shortage will likely continue if nursing remains a violent profession



PI met with
Congresswoman Helton
at Tennessee state
capitol, February 2019

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Thank you! Questions?

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