Nurses are at high risk for workplace violence (WPV); 80% of nurses report having experienced verbal or physical abuse from patients or colleagues. Nurses working the night shift have a higher risk of encountering WPV from patients, especially when working in emergency departments, psychiatric units, or critical care units. Nurses with less experience and female nurses have a higher risk of WPV.1

New nurses often meet work challenges until they have the seniority and experience to manage certain situations. They may not have the skills if exposed to these situations as a registered nurse.2 Nurses in school, but they have limited opportunities to put these strategies into practice. Students who are not exposed to the reality of being in clinical settings may report or seek help in dealing with these challenges. This silent behavior is common as nurse’s response to WPV, where nurses under-report violence because they think it is “part of the job” or the client has a medical diagnosis that alters cognitive ability.2

Nursing students who have the opportunity to practice their skills in simulation labs have decreased stress and increased self-efficacy regarding their skills.2 This suggests that a simulation scenario where students can apply de-escalation techniques to deal with WPV could alleviate some stress and increase self-efficacy in their skills exposed to these situations as a registered nurse.

**Methods**

Participants were undergraduate nursing students enrolled in the first semester of a baccalaureate nursing program in the Southeastern United States. Institutional Review Board approval was obtained from the University. Participants completed an online module on communicating with difficult people and de-escalation techniques before? This was obtained from the University. Participants completed an online module on communicating with difficult people and de-escalation techniques. After the simulation the participants completed a post survey that included demographic information, the General Self Efficacy (GSE) scale, the Perceived Stress Scale (PSS) and the Resilience Scale (RS).

Simulation: Drama students were hired to play the part of patients and significant others. The medical situation used was an unresponsive patient brought to the hospital. After Narcan the patient is awake and there is tension between patient and significant other about substance abuse. The drama students reviewed the same online de-escalation module as the students to assure they would de-escalate if the students used the appropriate techniques.

After the simulation the participants completed a post survey that measured PSS and GSE. Students participated in a debriefing and reflective journals for qualitative analysis.

**Quantitative Results**

<table>
<thead>
<tr>
<th>Variables</th>
<th>n (%)</th>
<th>M(SD)</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSE 26 (3.85)</td>
<td>162.00</td>
<td>794.435</td>
<td>0.794</td>
</tr>
<tr>
<td>Post-GSE 23 (3.912)</td>
<td>163.30</td>
<td>215.832</td>
<td>0.452</td>
</tr>
</tbody>
</table>

Table 2. Comparing the results of -ttest for General Self - Efficacy (GSE) & Perceived Stress Scale (PSS) before and after the simulation.

**Qualitative Results**

Of the 47 students enrolled, 36 consented to the use of their reflective journals for qualitative analysis.

**Themes**

**Preparation for aim helpful**

45. “The most helpful part of the presentation was examples of responses to give when you feel like you need to de-escalate and regroup the conversation. This really prepared me for the simulation experience because it gave me a baseline on how to respond.”

**De-escalation aim effective and realistic**

41. “Reading about situations like this is one thing but having to actually react in real time is totally different. Even if I didn’t feel extremely successful in this simulation, I definitely have made no more about best ways to react in situations like these.”

**Simulation reinforced learning:**

8. “Practicing the procedures and interventions may assist in the fluidity of reactions, but people themselves are much more volatile and unpredictable. The simulation reflected this well and provided opportunities to synthesize and modify techniques offered through the learning materials.”

**Use these techniques in my career:**

16. “This activity will change my approach to a conflict. Instead of brushing off an insult or ignoring rude comments, I feel more comfortable facing the patient or family member and addressing the situation in a civil manner.”

**Improve self-confidence:**

34. “Through this exercise, I was able to become more confident in my abilities to minimize and de-escalate uncertain situations. I am grateful for this experience as I think it will be something I can repeat in a clinical setting.”

Consider patient motivation:

21. “One of the techniques mentioned was validation of the patients and family members . . . affect feelings. That played a huge role in diffusing the situation. I realized the goal was achieved during debrief. The actor I worked with said that he immediately felt valued.”

Teach me about me:

11. “If nothing else, I have learned what emotions I might experience in this type of situation so that I can know how I should feel to expect in a real -life situation and how to properly manage my emotions so that they don’t further escalate the situation.”

**Cue on family:**

44. “Also, I recognized that it’s extremely important to address the caregiver, family member or friend in the room so that they feel heard.”

**Conclusion**

Use earlier and throughout nursing program:

29. “I found this to be one of these most beneficial simulations completed in the nursing program . . . This simulation could be a progressive part of the SON that is built upon each semester.”

41. “I believe that more focus should be placed on therapeutic communication and de-escalation techniques early on in the nursing curriculum to prepare students for situations like this that they may encounter in the hospital setting.”

34. “I believe the incorporation of this would better serve our nursing students if implemented earlier in our program. For me, I found myself struggling with overcoming family members most in pediatrics.”

Acknowledgments

This study was sponsored by a grant from ETEAL.