Creating Healthy Work Environments VIRTUAL 2021

Using an Evidence-Based Approach to Mitigate Workplace Violence Hannah Crement, BSN, RNC-OB, RNC-MNN¹

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Purpose:

Long before the advent of COVID-19, an "epidemic" of workplace violence (WPV) infiltrated healthcare organizations across the country. While WPV is not a new problem, it has become more pervasive in recent years (Laskowski-Jones, 2017). Violence can occur in any setting, but the highest number of instances typically occurs in emergency department and inpatient psychiatric settings (Phillips, 2016). Unfortunately, some nurses do not report WPV because they view it as "part of their job." Numerous research studies have shown correlations between WPV, job dissatisfaction, burnout, and turnover intention (Duan et al., 2019). Sadly, panic buttons, metal detectors, police presence, and de-escalation education have become as routine to mitigate WPV as personal protective equipment has with COVID-19. Like many healthcare organizations, our facilities have not been immune to employees' encounters with threatened or actual violence and concerns about personal safety. A team of nurses working at the point-of-care initiated dialogue with nurse leaders and interprofessional colleagues to decipher best practices to address the problem head-on. The parent team was divided into three groups to identify prevention, evasion and containment, and post-event recovery strategies. While information was derived from national sources (e.g., American Nurses Association, OSHA) and experiential knowledge, the team wanted to also conduct an evidence-based practice project in order to provide a three-pronged approach for assimilating best evidence.

Methods:

The following PICO question was developed to guide the retrieval of salient literature: "Among healthcare professionals employed in an acute care inpatient setting (P) what evidence-based and multidimensional strategies (e.g., guiding principles, foundational behaviors, educational pedagogies) positively impact (I) or impede (C) the mitigation of workplace violence across the spectrum of early identification and implementation of deescalation techniques (pre), evasion and containment measures (intra), and an interprofessionally-driven and collaborative culture that nurtures and promotes non-punitive reporting, post-event recovery, and a safer work environment (post) (O)?" Results:

Literature (N=137) was retrieved from three electronic sources, including Nursing Reference Center Plus, PubMed, and CINAHL. After eliminating duplicates, and screening of titles, abstracts and key words, 20 of the articles met specific inclusion criteria and were independently appraised by at least two team members. The Johns Hopkins Evidenced-based Practice criteria were used for the appraisals. Scoring discrepancies were resolved by team consensus. Appraisal ratings included: (Level 1 [3 experimental]; Level 2 [1 quasi-experimental]; Level 3 [4 non-experimental; 4 qualitative; 1 mixed methods]; Level 4 [2 systematic reviews; 3 clinical practice guidelines]; and Level 5 [1 expert opinion; 1 literature review]).

Conclusion:

Anxiety, fear, PTSD symptoms, and self-blame can affect victims of WPV (Stevenson, Jack, O'Mara, & LeGris, 2015). A number of authors recommended developing a toolkit; supplementing commercially-available training materials with facility-specific information (Arbury, Zankowski, Lipscomb, & Hodgson, 2017). Simulation education has shown effectiveness in improving perception and confidence of nurses in averting and surviving violent events (Ming et al., 2019). Myriad evidence-based and multidimensional

strategies show promise in delineating guiding principles, foundational behaviors, and education to mitigate WPV across the spectrum from early identification to post-event recovery.

Title:

Using an Evidence-Based Approach to Mitigate Workplace Violence

Keywords:

Collaborative culture, Educational pedagogies and Workplace violence

Abstract Summary:

A comprehensive evidence-based practice project was implemented by clinically-based nurses to identify multidimensional strategies to mitigate the detrimental effects of WPV across the trajectory from early identification to post-event recovery.

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obstetrics and maternal newborn nursing. Hannah began her nursing career at Harris Health in 2013, is currently a nurse clinician III, and serves as a preceptor, charge nurse, and resource in labor and delivery. Hannah is currently enrolled in Texas Tech University's MSN program for nurse midwifery.

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Author Summary: Emily Townsend has been a Registered Nurse for 7 years specializing in Neuro Critical Care. She became a victim of workplace violence early in her career and has made it her mission to discuss the necessary steps to help prevent and/or alleviate any type of violent events within the hospital setting.

Sixteenth Author

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Author Summary: Deandria Winchester has worked in the nursing field for 14 years. She has exemplified characteristics of leadership and selfless service as a bedside and charge nurse. She has been an active member of her local AACN chapter and has been an impactful leader of her organization's shared governance serving tirelessly as the chair and co-chair. Deandria has received many awards for her exemplary work.

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Author Summary: Dr. Kirksey has served as director for two multi-hospital research enterprises for 15 years. He earned baccalaureate, master's and doctoral degrees, and completed a post-doctoral fellowship at the University of California. Kenn has been a member of STTI since 1988, a member of the International HIV Nursing Research Network, board certified as an Adult Health Clinical Nurse Specialist, and is a Fellow of the American Academy of Nursing.