



# Tarra Kerr, DNP, RN, NEA-BC Jennifer Sanders, DNP, RN, NEA-BC



### Introduction and Background to Problem

- Workplace Violence (WPV) is defined as physically and/or psychologically damaging actions that occur in the workplace or while on duty (NIOSH, 2002).
- Linked to higher risk of medication errors & patient infections (Rogers et al., 2004).
- Emergency Center (EC) RNs: 12% experience physical abuse, 59% verbal abuse in a 7-day period (ANA, 2014).
- Pediatric EC: 43% of staff concerned for personal safety & security; 30% report feeling fearful several times a month (Shaw, 2015).
- Following a WPV event, 37% of nurses report negative productivity scores and lower cognitive performance (Gates et al., 2011).
- \$4.2 billion spent annually on WPV across all professions, with nursing ranked 2nd to law enforcement (Gallant-Roman, 2008).
- Local problem: WPV cited as primary concern in the organization's hazard vulnerability assessment & increasing number of disturbance calls for 5 consecutive quarters.

## Aim Statement/ Intended Outcome

• Increase EC nursing care team members competence and confidence when responding to WPV and their perception of environmental safety as indicated by a 5% increase in post-test scores over baseline assessment scores.

# Methods and Implementation Plan

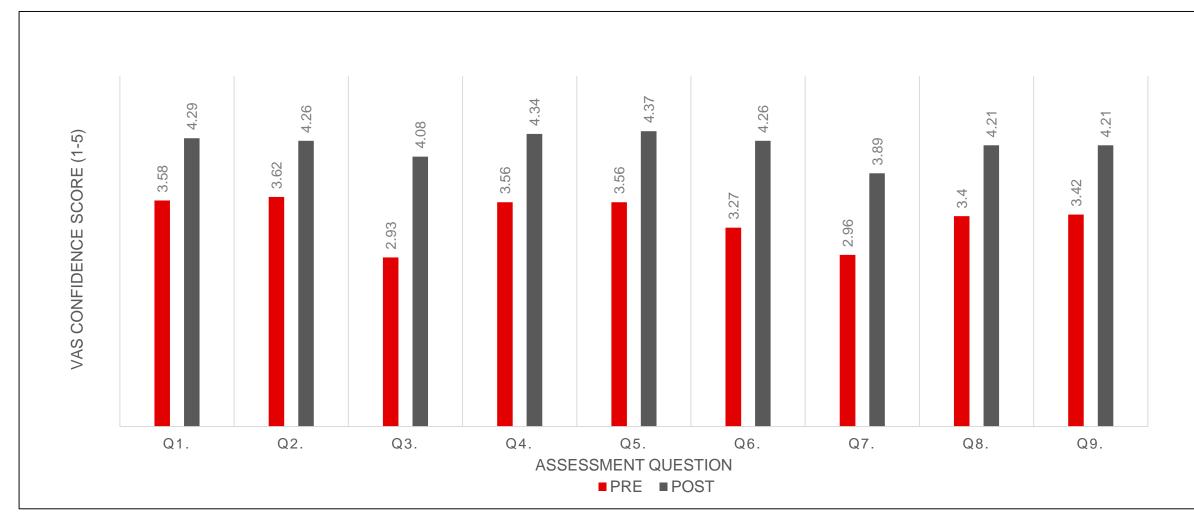
- Utilized IHI Model for Improvement.
- Multi-factorial intervention, including an environmental risk
  assessment utilizing a tool obtained from the Emergency Nurses'
  Association & a three-step intervention containing a required
  online, evidence-based computer module; an interactive, didactic
  session, and simulation scenarios.
- Pre and post assessment utilized to evaluate desired outcomes.

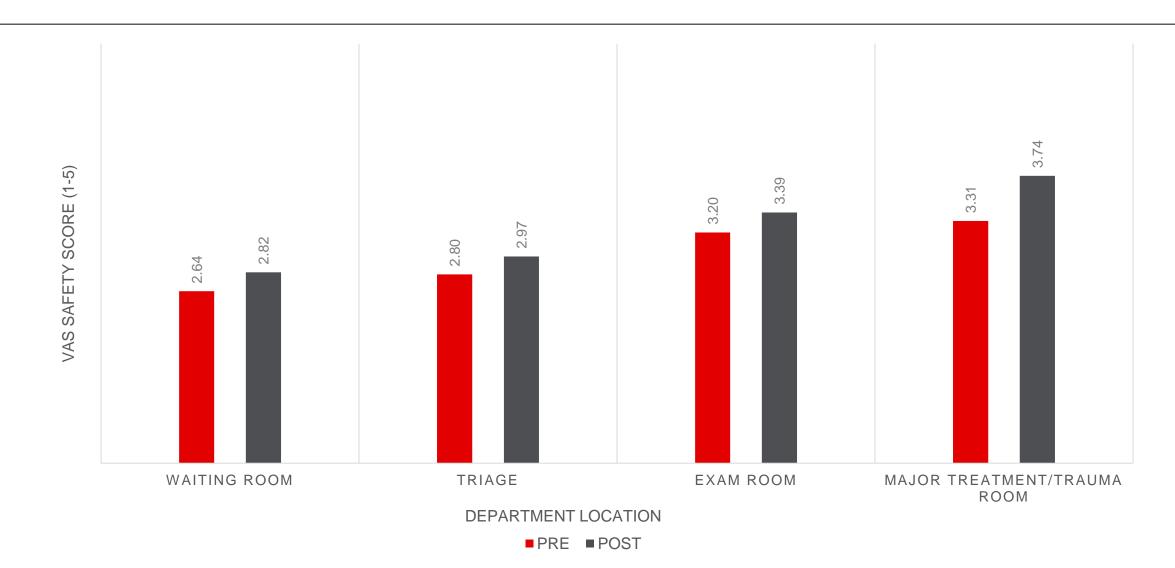
NIOSH computerbased module

Didactic course

Simulation scenarios

**Environmental** assessment





Evaluation Metric – Aggregate Scores	Mean	Median
Pre-Competence	66.6	77.0
Post-Competence	81.4	92.0
Competence Difference	+14.8	+15.0
Competence Percent Change	22.4%	19.4%
Pre-Confidence	3.37	3.41
Post-Confidence	4.21	4.24
Confidence Difference	+0.85	+0.83
Confidence Percent Change	25.1%	24.2%
Pre-Safety	2.99	3.00
Post-Safety	3.23	3.18
Safety Difference	+0.24	+0.18
Safety Percent Change	8.1%	6.0%

### Results

- Program completion rate: 91.5%.
- Competence scores: mean increase of 22.4%.
- 9 of 20 questions on competence pre/post assessments, significant at p-value < 0.05.
- Confidence scores: mean increase of 25.1%.
  - 9 of 9 questions on confidence pre/post assessment, significant at p-value <0.05.
- Environmental safety scores: mean increase of 8.1%.
  - 1 of 4 questions on environmental safety pre/post assessment significant at p-value <0.05.

#### Discussion

- WPV is a known risk to employees, patients, & visitors and is costly to organizations and those experiencing violence.
- While the project aim was a 5% increase in performance as compared to baseline, the changes in mean levels of confidence, competence, and perception of safety far surpassed this goal.
- A comprehensive intervention can lead to significant improvements to address WPV competence, confidence, and safety perceptions.
- Multifactorial interventions to enhance staff confidence and competence with WPV episodes should be implemented in hospital ED's.
- Conducting this training with non-nursing disciplines within the ED would ensure consistent practice and escalation of events by all team members.
- Expansion of WPV interventions to other departments and locations should be considered, as WPV occurs in many locations.
- Partnership for WPV training with professional organizations of all types should be considered, as WPV events can occur in numerous locations within the healthcare setting.