

The Lived Experience: How ED RNs Resolve Emotional Pain after Patient Perpetrated Workplace Violence

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- The purpose of the study was to examine methods currently used by ED nurses after PPWPV to determine whether or not they are effective in resolving pain.

Purpose

The aims of this study were to:

- Describe the ED RNs' thoughts, feelings, and behaviors when resolving emotional pain resulting from PPWPV, and
- Explore the ED RNs' perceptions of safety and administrative support after experiencing PPWPV.

Specific Aims

- Prevalence
 - Verbal Violence—Over half of RNs surveyed reported physical PPWPV [54.8%, n=1593] (ENA, 2011).
 - Physical Violence—11% of RNs surveyed reported physical PPWPV [11%, n=319] (ENA, 2011).
 - Nurses are exposed to both physical and/or verbal violence, which can have negative effects on their emotional well-being (Hogh & Mikkelsen, 2005).
 - Up to half of ED RNs either considered leaving or left the profession after PPWPV (Celik, Celik, Agurba, & Ugurluoglu, 2007; Estryn-Behar et al, 2008; Farrell et al, 2006).
 - Only 2 of the 24 studies discussed effective methods of resolving negative feelings (Kwok et al, 2006; Pinar & Ucmak, 2011).
- There is a gap in knowledge concerning how ED RNs constructively resolve emotional pain after PPWPV.

Significance of Study

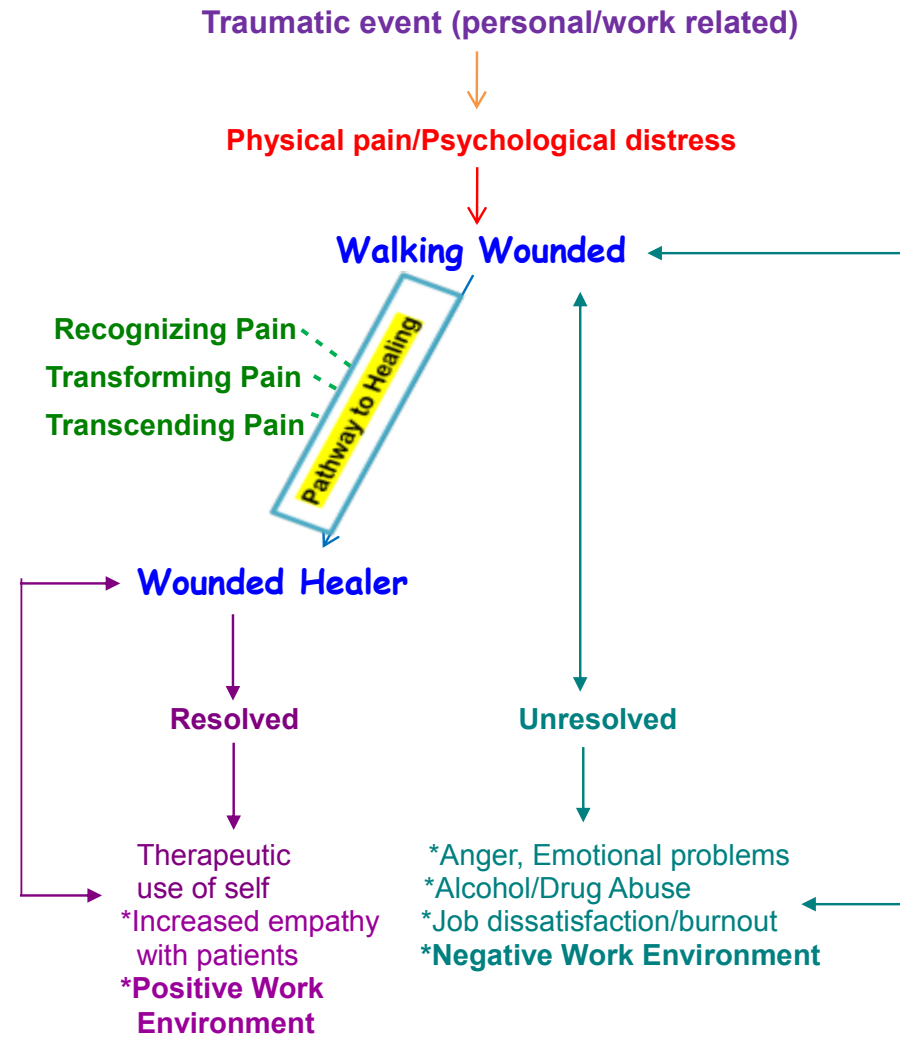
Global studies chart



Country	Authors	Total # HCW in study	ED nurses in study # (%)	ED RNs Verbal Violence # (%)	ED RNs Physical violence # (%)	ED RNs Verbal & physical # (%)
Australia	Chapman et al, 2009	113	26 (23%)	**	**	**
	Luck et al, 2007	20	20 (100%)	**	20 (100%)	**
Brazil	Cezar & Marziale, 2006	47	33 (70%)	33 (100%)	*	*
	De Vasconcellos et al, 2012	30	30 (100%)	30 (100%)	16 (53%)	16 (53%)
China	Kwok et al, 2006	420	16 (4%)	16 (100%)	16 (100%)	16 (100%)
Europe (10 countries)	Estryn-Behar et al, 2008	13,820	1621 (12%)	*	584 (36%)	*
Iran	Esmaeilpour et al, 2011	196	196 (100%)	180 (92%)	39 (20%)	*
	Hasani et al, 2010	166	32 (19%)	32 (100%)	5 (16%)	*
Italy	Zampieron et al, 2010	595	38 (6%)	*	*	*
Jordan	Ahmad, 2012	447	76 (17%)	*	*	*
	Kitaneh et al, 2012	240	49 (20%)	29 (59%)	10 (20%)	9 (18%)
Lebanon	Alameddine et al, 2011	256	106 (41%)	85 (80%)	21 (20%)	*
Nigeria	Ogundipe et al, 2012	81	81 (100%)	72 (89%)	53 (65%)	*
Spain	Roldan et al, 2013	315	94 (30%)	*	*	*
Taiwan	Lin & Liu, 2005	205	44 (22%)	17 (39%)	5 (11%)	*
	Chen et al, 2012	791	131 (17%)	*	14 (11%)	*
Turkey	Pinar & Ucmak, 2011	255	255 (100%)	233 (91%)	191 (75%)	*
	Uzun, 2003	467	32 (7%)	31 (97%)	**	**
United States	Catlette, 2005	8	8 (100%)	*	*	*
	Erickson, 2000	56	56 (100%)	*	46 (82%)	*
	Gacki-Smith et al, 2009	3,465	3,465 (100%)	693 (20%)	866 (25%)	*
	Gates et al, 2011	230	230 (100%)	*	*	*
	Gates et al, 2006	242	95 (39%)	93 (98%)	64 (67%)	*
	Kansagra et al, 2008	3518	1935 (55%)	*	*	*

*Denotes not reported

**Denotes not applicable to that study

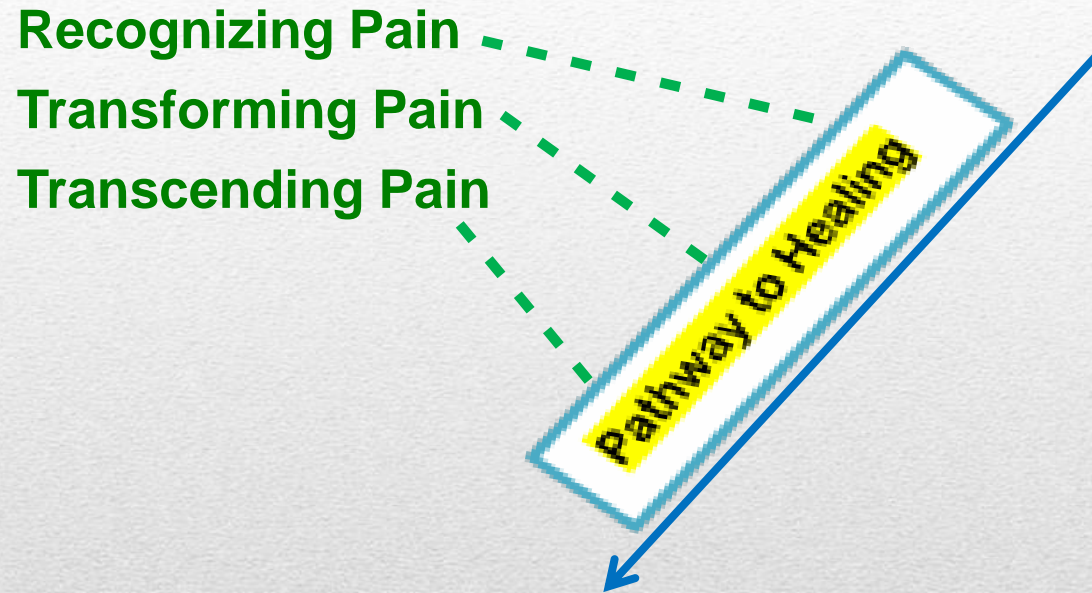


Theory of the Nurse as Wounded Healer

Developed by Marion Conti-O'Hare (2002).

Diagrammed by Wanda Christie (2013©).

Walking Wounded



Wounded Healer

Research Design

- Qualitative study
- Phenomenology
 - Direct description of the human experience (Lincoln & Guba, 1985)
- IRB approval

Methods



Sampling and Study Participants

Inclusion
criteria

Exclusion
criteria

Not under
therapist or MD
r/t this incident

Returned to
work

Assaulted by a
patient in last
24 months

RN over the age
of 18

Never diagnosed
with major
psychiatric
disorder (DSM-
IV)

Study Participants



Demographics

Characteristics		No. (%) of subjects
Gender	Male	4 (31)
	Female	9 (69)
Age (average 43.9)	25-34	2 (15)
	35-44	4 (31)
	45-54	5 (39)
	55-60	2 (15)
Ethnicity	Caucasian	11 (85)
	American Indian	2 (15)
Education	Associate degree	4 (31)
	Diploma degree	2 (15)
	Bachelor degree	7 (54)
Years in nursing (average 14.3)	2-5 years	4 (31)
	6-10 years	2 (15)
	11-20 years	4 (31)
	21+ years	3 (23)
Years in ED (average 10.5)	2-5 years	4 (31)
	6-10 years	4 (31)
	11-20 years	2 (15)
	21+ years	3 (23)

Consents and Demographics

- Demographic form
- General consent form
- HIPAA consent form

Taped and transcribed Interviews

- Private area of subject's choice (on campus)
- Lasted from 45 minutes to 2 ½ hours
- Transcribed verbatim by transcriptionist

Procedures

Discussion		Source of the Question: Theory of the Nurse as Wounded Healer
Opening Statement	I'm trying to understand how ED nurses cope with patient violence.	Overview Coping with own pain
Questions	Tell me about events surrounding the violence. Describe when you were assaulted. How did the assault make you feel? What was happening just before the assault?	Recognizing pain
	What happened after the violence? How did you cope? How did your peers respond? What kind of immediate follow-up did you receive? **[RNs all used this opportunity to talk about management support after assault, although they were not specifically asked about management]	Transforming pain
	Tell me about working in the ED since the incident. Has anything changed?	Transcending pain

Interview Questions Guide

Credibility

- Truth value
- Pilot study
- Member checks

Transferability

- Generalizability
- Can findings be applied to other settings

Dependability

- Consistency of research process
- Kept detailed records of data collection and decision making during coding and analysis

Confirmability

- Neutrality of the process
- Documented with audit trail
- Bracketing by PI

Trustworthiness

Level One

- Three main areas: thoughts, feelings, and coping behaviors
- Ethno 6 program for organizing and regrouping
- Codebook used to define all 28 key concepts.

Level Two

- Condensed and regrouped, looking for similarities
- Developed 4 major themes
- Provided exhaustive description of phenomena

Themes

- Feelings
- Working in the ED
- Changes
- Coping

DATA ANALYSIS

First Theme	Number of reporting (N=13)	Raw data quotes
Feelings	Feeling it (13)	<ul style="list-style-type: none"> • Part of me wants to cry, and I think I should be crying now... • I was so pissed off! I guess it [anger] just burned up working the rest of the shift.
	Not feeling it (13)	<ul style="list-style-type: none"> • I can kind of feel myself detach, I just want to get away from the situation. • I have to care in order for it to hurt me, and I don't care. • I got to the point where I don't, I don't feel it. I don't think; I don't feel. I just don't want to go inside anymore, you know? I don't...I don't know; I just don't.

Four Major Themes

Second Theme	Number of reporting (N=13)	Raw data quotes
Working in the ED	Part of the job (12)	<ul style="list-style-type: none"> • That's just part of the job, but it's really not. It's not a part; it shouldn't be a part of the job. • You've made it through the initial confrontation, the attack, verbally, physically, whatever, but you still have to endure it, because the patients still there. • This may sound terrible, but it's kind of like working with an animal, you expect them to strike back and hurt you.
	My peers; my friends (13)	<ul style="list-style-type: none"> • I always felt that it takes a lot of courage to come back and work in this environment on a daily basis, which is the reason why a lot of us stay, because we're the most courageous people that we know. • These people are like you and really understand you, and you understand them.
	Call the Police (13)	<ul style="list-style-type: none"> • They threaten to kill us all of the time, they threaten to hurt us, they say, let me catch you outside; let me, all the time. I walk to the car with my pepper spray out; I don't talk on my phone or anything. • This guy's a jackass, call the PoPo. He's doing terroristic threatening.
	The "Suits" upstairs (12)	<ul style="list-style-type: none"> • I think it opens their eyes to what we really deal with, but they're safe in their offices. I'm like, come on y'all, y'all should have known that, come on. We're not immune to this stuff. I mean, no one is superheroes, we're human beings. We hurt, bleed, cry, just like everybody else. • Patient satisfaction will always take precedence, unless someone comes in here and shoots one of us in the head, and that still might not make a difference. Every staff meeting you go to, patient satisfaction, patient satisfaction.

Third Theme	Number of reporting (N=13)	Raw data quotes
Changes	Emotional toll (13)	<ul style="list-style-type: none"> • (Crying) How do you fix a broken nurse? How do you fix this? Who fixes it? • My job has changed me, and it's not the person I want to be. • Everybody takes that ER nurse tune, because of our mentality, they take it as, oh, nothing ever bothers you, or you're such a strong person; what they don't know is on the inside you're barely keeping your head above water. You are just treading water before you just finally drown.
	Physical changes (10)	<ul style="list-style-type: none"> • I was just so physically and mentally exhausted. • It affects us to a degree where we start having physical symptoms, and attitudes change and they spiral out of control and can sometimes even lose their jobs.
	Job dissatisfaction (10)	<ul style="list-style-type: none"> • They warned me from the get go, there's gonna be a day you wake up and you're just not gonna wanna to do it anymore. • You can call it compassion fatigue; it's not compassion or fatigue, you are just tapped out.

**Fourth
Theme**

**Number of
reporting
(N=13)**

Raw data quotes

Coping

Effective
(13)

- After you get done talking about it, you kind of, okay, I feel better.
- It's kind of a game you play with each other; you all know that you're suffering from things that have happened, so you make jokes.
- The good Lord is either going to take care of me or take me home. To be separate from this world is to be present in the next, either way, I'm okay.

Ineffective
(13)

- We're too fat, we drink too much, we smoke, and we don't take care of our bodies, our minds. We don't take care of anything.
- If it's been a really bad day, I run with my headset on and I run and cry.
- I find myself just trying to sleep; I have trouble sleeping anyway.

- Completed in a metropolitan hospital in the Southeast United States.
- Relatively small study of 13 and only emergency nurses were included in this study.
- Due to the nature of the study, informants had to self-select in order to have experienced the phenomena under study.
- Cultural beliefs or geographic locations may also lead to other mechanisms of coping with violence.

Limitations

- Nurses support each other, but need more debriefing or counseling to achieve effective resolution after PPWPV.
- Emergency nurses want increased safety and more management support.
- Nurses want management to take a visible stand against violence by developing policies and protocols and utilizing strict enforcement.

Implications

- Emergency nurses report unresolved feelings related to experiencing patient violence.
- The NWH theory promotes:
 - recognition of emotional pain,
 - followed by transforming and
 - transcending negative feelings.
- Studies are needed that focus on effective resolution of emotional pain after patient violence.

Conclusions

**This is Not The
End-
We're just
getting
started!**

Questions?

