A Nursing Education Intervention for Patient-initiated Verbal Aggression (PIVA)

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Purpose

This study explored differences in Patient-initiated verbal aggression (PIVA) knowledge, approaches to confronting PIVA, barriers to confronting PIVA and the use of de-escalation behaviors following participation in an advanced practice nurse (APN) led PIVA program for nurses working in medical-surgical (M/S), acute-care, inpatient units.

Nurse comfort level and willingness to confront PIVA, along with personal and professional characteristics were also explored with the long-term goal of improving the quality of care by creating a culture of safety, protective workplace for nurses and patients.

Background

Patient-initiated verbal aggression (PIVA) is becoming a common method of communication in acute healthcare settings. Verbal aggression presents in the forms of abusive language, shouting, threats, racism, being argumentative and/or being verbally challenging.

Patient behavior may change abruptly and often verbal aggression, a leading indicator of pending conflicts, is not confronted by nurses because there is a lack of skills and knowledge to safely care for patients exhibiting PIVA.

Literature is sparse when searching for a reliable and effective manner to teach nurses how to identify and understand their own conflict-resolution behaviors, to recognize cues that lead to PIVA, for the use of ‘as-needed’ medication and de-escalation techniques to manage PIVA.

Evidence-Based Questions

(EBQ)

1) Is there a relationship between personal characteristics, PIVA knowledge, comfort level to confront PIVA, willingness to confront PIVA, approaches to confront PIVA, barriers to confront PIVA, and de-escalation behaviors for nurses working in M/S environments?

2) Is there a relationship between professional characteristics, PIVA knowledge, comfort level to confront PIVA, willingness to confront PIVA, approaches to confront PIVA, barriers to confront PIVA, and de-escalation behaviors for nurses working in M/S environments?

3) Is there a difference in PIVA knowledge, comfort level to confront PIVA, willingness to confront PIVA, approaches to confront PIVA, barriers to confront PIVA, and de-escalation behaviors following participation in an APN-led PIVA education program for nurses working in M/S environments?

Method/ Sample

Study method was a pre-experimental, pre-test/post-test (immediate & 4 weeks post) design with a convenience sample of M/S, acute-care, inpatient nurses.

Majority of participants worked on a M/S - Telemetry unit (85.7%), reported full-time status (97.6%), practiced as a nurse < 6 years (90.5%) and years at HonorHealth < 6 years (97.6%)

Only one group of nurses (n = 42) received the APN-led PIVA education program.

Participants were predominantly female (83.3%), Caucasian (54.8%) with a Bachelor’s in Nursing (76.2%) and a mean age of 36.6 years (SD = 10.9) with a minimum of 22 years and a maximum of 66 years.

Spearman’s rank correlation coefficient used for relationships between study variables and Paired samples t-tests used for differences between groups.

Results

EBQ #1

- Significant positive correlation between personal characteristic of age and approach to confront (r = .360, p < .05) & between age and barriers to confront (r = .343, p < .05)

EBQ #2

- Significant negative correlation between professional characteristic of years practicing as a nurse and approach to confront (r = - .392, p < .05)
- Significant positive correlations for years practicing as a nurse and de-escalation behaviors (r = .415, p < .01) & work status (full-time) with willingness to confront (r = .309, p < .05)

EBQ #3

- Immediate and four-week post study participant results from the APN-led PIVA education program about self-efficacy influences, de-escalation techniques and the consideration of administering ‘as-needed’ medications demonstrated statistical significance for participants’ comfort-level and willingness to manage PIVA which has not been readily available in current literature review.

- These results may assist with enhancing the quality of nursing care by teaching nurses how to effectively manage PIVA while creating a safer workplace for nurses and patients.