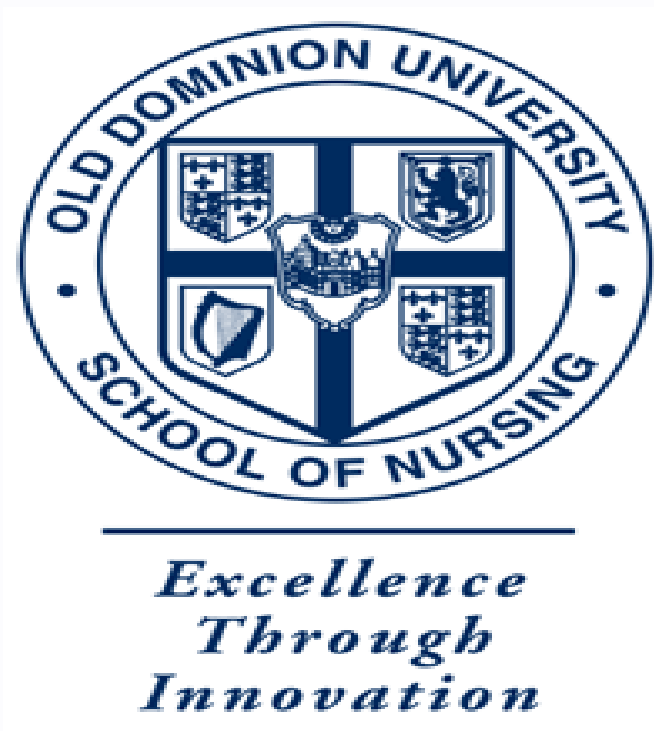


A Nursing Education Intervention for Patient-initiated Verbal Aggression (PIVA)



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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 of both 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** ($r = .415, p < .01$) & **years at HonorHealth and de-escalation behaviors** ($r = .304, p < .05$) & **work status (full-time) with willingness to confront** ($r = .309, p < .05$)

EBQ #3

Differences in PIVA Constructs Immediately Following Program Participation	Pre-Education		Post-Education		t-test	p value
	M	SD	M	SD		
Knowledge PIVA	95.7	7.0	93.9	7.7	1.350	.185
Comfort to Confront	3.2	1.0	4.1	0.6	-6.000	<.001
Willing to Confront	3.9	0.7	4.3	.05	-3.543	.001
Approach to Confront	28.9	6.9	32.2	6.2	-5.536	<.001
Barriers to Confront	44.9	8.0	46.2	8.1	-1.136	.263
De-escalation Behaviors	39.2	6.1	42.9	1.1	-3.988	<.001

Differences in PIVA Constructs Four Weeks Post Education	Pre-Education		4 Week Post-Education		t-test	p value
	M	SD	M	SD		
Knowledge PIVA	95.7	7.0	95.0	6.1	.662	.512
Comfort to Confront	3.2	1.0	3.9	0.7	-4.617	<.001
Willing to Confront	3.9	0.7	4.2	0.6	-2.147	.038
Approach to Confront	28.9	6.9	31.4	6.2	-2.195	.034
Barriers to Confront	44.9	8.0	46.0	9.8	-.620	.539
De-escalation Behaviors	39.2	6.1	42.5	6.0	-3.536	.001

Conclusions/ Implications

- 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.