

Capstone Project- Workplace Violence against Nurses

## Capstone Project

### PICOT

According to the World Health Organization (WHO) workplace violence involves incidents where staff are abused, threatened or assaulted in circumstances related to their work, or involving an explicit or implicit challenge to their safety, well-being or health. In a Joint commission by the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA), highlight that about 70% of emergency nurses report being hit and kicked while on the job (American College of Emergency Physicians, 2018; Emergency Nurses Association, 2018). The prevalence of workplace violence has been rising in the past decade with the National Nurses United (NNU) (2016) highlighting that between 2005 and 2014, rates of workplace violence incidents have increased 110% in private industry hospitals. The vulnerability of nurses in the clinical settings varies with Emergency nurses and other ED staff and psychiatric nurses having a higher occupational risk for WPV, including both verbal and physical assaults (NNU, 2016).

Even though violence from patients or visitors toward nurses falls under Type II of National Institute for Occupational Safety and Health (NIOSH) classification of WPV violence in healthcare, incidents are underreported and remain inevitable for most nurses (Benyon, 2016). A study by Vrablik et al. (2019) indicates that Nurses and the other ED practitioners have accepted that WPV is an almost daily occurrence, and physical abuse is common. The study points out that the violence had an effect on care provision as the nurses felt burn out, fatigued, worn out, and faced mental stressed daily. The a Joint commission (2018) by ACEP and ENA suggests the use of Interventions and Response training modules to educate, train, and prepare nurses, and managers on how to recognize and mitigate all types of violence.

**PICOT Question**

For emergency nurses and staff (ED);

(P) Does the use of Interventions and Response training Courses (I) help in recognizing and mitigating all workplace violence (O) compared to the existing no-training approach (C)?

Population Problem: Emergency nurses and staff (ED):

Intervention: Interventions and Response training Courses

Comparison: No preoperative use of education and training on workplace violence.

Outcome: Reduce the number of all workplace violence.

Time: Within a period of 30 days

**Qualitative and Quantitative Research Critiques****Article Summary**

Workplace violence is one of the main challenges nurses face in the modern healthcare workplace. In a qualitative study, Henderson, Kamp, Niedbalski, Abraham, & Gillum (2018) explore nurse's perspectives on patient and visitor violence. The study underlines the prevalence of violence to nurses and nursing students to be up to 43% for verbal and physical assaults. To effectively investigate on the issue, the study engages 19 registered nurses through open-ended questions and follow up probes to understand their perspectives on patient and nurse violence. The study uses a qualitative phenomenon approach to answer the questions on the extent and experiences of nurses with workplace violence.

Patent care is intrinsically linked with the safety and well-being of healthcare providers. Vrablik et al. (2019) investigate how workplace violence affects patient care by identifying the cognitive and behavioral processes affected by workplace violence. The study, through 23 ED practitioners, investigates why workplace violence has a variable impact on individual healthcare workers. Vrablik et al. (2019) focus on the ED because over 78% of health care workers in ED have experienced a physical assault by a patient or patient visitor in their career. Hence through interviews, the study gathers the experiences of nurses and nurse assistants on workplace violence.

Hemati- Ismaeli et al. (2018) study is informed by the need to address the increasing research of workplace violence, which according to the findings, has increased by almost 30% to rise from 68. % to 98.8% across various healthcare settings, of which the ED is a part. The article's significance in nursing is that its implementation is bound to create a safer environment not just for patient care but also lead to a reduction in WPV unleashed on nurses by either the patient or their families within the ED. The purpose and overarching objective were to plan a WPV prevention program.

On the other hand, Shi et al. (2017) conducted a cross-sectional study on WPV were just like their counterparts in this paper found that in China, WPV had risen to 96% up from 90%. The purpose and primary objective of the study was to explore the features of WPV encountered by nurses in China at tertiary and county-level hospitals. The study sought to conduct identification and analysis of risk factors for WPV and then develop the grounds for its future preventive strategies.

**How do these articles support the nurse practice issue you chose?**

Henderson et al. (2018) and studies offer an in-depth qualitative analysis of the issue of workplace violence. Findings from qualitative methods often offer insights from real experiences and could help formulate effective nursing practices (Henderson et al., 2018). The findings point out the high incidence rates of workplace violence, and the adverse effects violence has on nurses. The findings and recommendations of these studies can sufficiently inform and guide organizations on developing frameworks to equip nurses with skills and protect them from violent events. One of the key findings is that nurses should receive crisis intervention training as well as behavioral management skills to help in navigating the high-risk clinical settings such as the ED and mental health institutions (Vrablik et al., 2019). The finding not only equips organizations but also sets apart the practices that could make the healthcare environment safer to nurses and patients alike. Further, the findings are also critical in guiding the conduct of nurses in violent situations and the importance of nursing managers and supervisors to follow up on occurrences.

Hemati- Ismaeili et al. (2018) and by Shi et al. (2017) underline that it is useful in answering the pertinent issue of WPV directed against nurses working in the ED because by establishing the risk factors associated with Chinese nurses as indicated by Shi et al. (2017) one could use these as the basis for advancing an evidence-based intervention. The prevalence rates would be useful as the baseline to assess and evaluate the success of the PICOT Question-based intervention. Similarly, Hemati- Ismaeili et al. (2018) findings would play a significant part in the formulation and implementation of the EBP project since it delves into the efficacy of some of the educational and managerial policy interventions which have been proposed and their

success in decreasing WPV against nurses stationed at the ED. The two are relevant in answering my research question of using an education intervention to reduce WPV.

### **Method of Study**

In Henderson et al. (2018), the researchers take a qualitative phenomenological approach that enables the researchers to collect first-hand experiences with workplace violence. However, the use of the study design limits the study by limiting analysis and interpretation as there are lower levels of validity and reliability. Vrablik et al. (2019) also takes a qualitative approach to review data for secondary cognitive appraisals. Some participants underlined that they lacked adequate resources to overcome the challenge, especially when they felt less skilled or susceptible in violent situations.

Shi et al. (2017) used the cross-sectional study as their research methodology which involved the use of stratified random sampling to collect data spanning two years from Dec 2014 to Jan 2016. This contrasts with the Iranian scholars Hemati-Ismaeli and others used a combination of both quantitative as well as qualitative. Since in the proposed research, the researcher will use qualitative methodology, it is imperative to note that one of its benefits is that it produces an in-depth description of the participants' experiences, there and opinions which helps a lot during the interpretation of their actions. However, on the flip side, the use of a qualitative approach in research has the limitation of glossing over contextual sensitivities, which may lead to undue attention being focused more on meanings and experiences.

Shi et al. (2017) use of cross sectional study, as quoted in this paper has the advantage of not being demanding in terms of financial costs and time needed to research from beginning to end. Its main disadvantage is that since it only captures data at a specific point in time, it cannot be used for behavior analysis over a long period. Lastly, Hemati- Ismaeli et al. (2018) research,

which used a mixed-method approach, has the merit of having the combined strengths of both quantitative and qualitative studies. For example, researchers using this method can use numbers to add specificity to words, pictures or even narratives. However, critics of the mixed-method approach point out that one of its demerits is that it leads to much duplicity of content making it difficult for one researcher to use this method.

## **Results**

The findings of Henderson et al., (2018) show that constant exposure to workplace violence results in long term emotionally effects, such as being anxious inside and outside of the hospital. The findings also highlighted that education and training for violence intervention have helped the nurses handle violent situations (Henderson et al., 2018). The participants who had received the Crisis Prevention Institute (CPI) training and behavioral management training noted that they were able to de-escalate situations. Nurses also cited that the support of the organization has helped them deal with violent situations. However, six nurses noted not receiving assistance from supervisors or security with violent events and having a hard time addressing the event. ). Further, the findings shows that the primary cognitive appraisals of participants varied from harm and threat appraisals to challenge appraisals.

Vrablik et al. (2019) reported that harm appraisals were manifested through negative emotions such as sadness and anger, threat appraisals as emotions of fear and anxiety, as well as a threat to their safety and challenge appraisals as positive emotions of growth and learning from stressful events. The study acknowledges its selection bias as all participants had all experienced some level of workplace violence (Vrablik et al., 2019). However, through the research, the study shows that workplace violence is a frequent occurrence, and practitioners approach the

issue differently. The study urges organizations to actively institute measures to reduce the incidence rates of workplace violence and curtail the harmful effects of workplace violence.

Shi et al. (2017) results indicated that the prevalence of WPV stood at 66%, of which 65% was verbal violence. With verbal violence taking the top slot, physical violence was ranked second at 12% while sexual harassment stood at 4%. After going through Hemati- Ismaeili' et al. (2018) findings, their results indicated that before the implantation of WPV, verbal violence stood at 5.7% but decreased to 57.1 % once the program was proposed. The implications of these findings to nursing are that due to its widespread nature and cutting across all healthcare settings. It is the responsibility of all stakeholders to develop and ensure that effective control strategies of WVP are put in place from the individual to the hospital up to the national levels.

### **Ethical Considerations**

The studies collected personal and professional information from nurses. The privacy and confidentiality of participants have to be maintained, and approval of the College Institutional Review Board obtained. The study has to provide written consent forms to participants. The collected data is recorded without identifiable information and stored in secure systems. Dealing with qualitative studies requires critical ethical considerations, especially on not collecting identifiable information, ensuring the participants are not in distress, and obtaining written consent.

### **Outcomes Comparison**

The anticipated outcomes of the PICOT Question-based EBP project which entails the use of interventions and training courses, will improve the identification and mitigation of all forms of WPV. This will be evidenced by a decrease in the fall of incidence rates in terms of percentages and also help in mitigating the adverse effects WPV has on the performance, health



and works satisfaction among ED nurses. These outcomes compare to those of the two articles herein critically analyzed in that it uses an educational intervention approach that has been demonstrated to be effective.

### **Proposed Evidence-Based Practice Change**

The research articles offer an extensive understanding of the scope of the problem of workplace violence and the interventions that could help reduce and mitigate the occupational hazard. The existing research supports the use of interventions and response training courses to assist nurses and health practitioners safeguard other patients and themselves from violence. Vrablik et al., (2019) noted that nursing respondents who had received the Crisis Prevention Institute (CPI) training and behavioral management training noted that they were able to de-escalate situations. The findings and recommendations of these studies can sufficiently inform and guide organizations on developing frameworks to equip nurses with skills and protect them from violent events (Henderson et al., 2018; Shi et al., 2017; Hemati- Ismaeili et al., 2018). Hence based on these findings, the study proposes an Evidence-based practice change to include an intervention and responses training courses to prepare nurses for the challenging nursing workplace.

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