Deciding Violence by Patients against Staff in an Acute Behavioral Health Inpatient Hospital

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Introduction

• 2 million American workers suffer work-related violence annually and all workplace violence costs the country $120bn per year (National Institute of Occupational Safety & Health, 2020).
• Healthcare workers in psychiatric settings are three times more likely to experience violence compared to workers in other service industries (Edward et al., 2016).
• The Joint Commission (2023) has intensified its advocacy for zero harm in healthcare and made a clarion call for concerted strategies to achieve this safety goal.
• The wellbeing of the care giver is the fourth pillar in the Quadruple Aim in healthcare (Stein et al. 2021) and ensuring the safety of caregivers is an essential component of care-giver wellbeing.

Background

• At project site in 2021, five staff members were assaulted by patients, resulting in serious injury.
• Causes are multifactorial including unmet patient needs and ineffective therapeutic communications.
• Multiple deleterious effects such as high turnover rates at project site, decreased staff morale, increased care cost, trauma for both staff and patients.

Purpose

• The purpose of this evidence-based QI project was to develop, implement and evaluate an education program in therapeutic communications designed to decrease the incidence of violence by patients against staff who care for them.

Aims

• 1. Assess the self-efficacy and knowledge level of participants in the use of therapeutic communication techniques before a 12-week staff education program by administering SE-12 and GITCS-SF instruments.
• 2. Evaluate the effectiveness of a 12-week staff training on the TeamSTEPPS therapeutic communications bundle on increasing staff knowledge in therapeutic communication to prevent, mitigate and manage patient-initiated violence against staff.
• 3. Apply the New World Kirkpatrick’s evaluation model and quality outcome measures such as violence occurrence rates to evaluate the impact of the 12-week education program.

Methods

• Design: Pretest posttest design
• Setting: Inpatient psychiatric hospital (<50 beds)
• Sampling: Purposeful sample of 15 FT staff (5 RNs and 10 BHTs)
• Theoretical framework: Knowledge to Action framework
• Interventions: 12 graduated one-hour per week staff education using TeamSTEPPS communications bundle, discussions, surveys, role play, videos
• Evaluation: Outcome measures were:
  1. Change in level of self-efficacy and knowledge level
  2. Impact of training using New World Kirkpatrick’s impact levels
  3. Change in violence occurrence rates
  4. Anecdotal reports

Results and Conclusions

Table 1 Significance of Change in Staff Self Efficacy

<table>
<thead>
<tr>
<th>Domain</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Paired t test result</th>
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<tbody>
<tr>
<td>Effect size</td>
<td>0.46</td>
<td>0.52</td>
<td>t(1.7), df=11, p=0.033 Effect size 0.74</td>
</tr>
</tbody>
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Anecdotal reports: ‘We should have received this training during orientation before we started working.

Leadership at project site has responded to significance of training by incorporating it into orientation of new hires and annual competency training for all nurses and behavioral health technicians.

Significance and Sustainability

References: Please see appendix 1