Improving Identification of Risk for Workplace Violence Toward Nurses with Patient Aggression Assessment

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Introduction

- Nurses are disproportionately impacted by violence in the inpatient health care setting. 1 in 4 nurses report violent physical assault and "38.8 per 100 nurses per year" report non-physical violent events (such as threat, sexual harassment, verbal abuse) (NIOSH, 2020).
- **80% of serious violent encounters in healthcare are a result of interactions with patients (OHSA, 2015).**
- **The CDC estimates that 18-20% of the victims of violence at work required 31 days or more away from the job to recover (2018).**

Violence toward nurses is underreported
(OSHA, 2015)

Background & Significance

- The psychological distress and injuries resulting from workplace violence leads to increased absenteeism and earlier burnout for the profession; the estimated cost to replace a nurse ranges from $27,000-$103,000.
- Over 20,000 employees missed work due to trauma experienced after a workplace violence incidents.
- Of these reported traumas, 73% worked in the healthcare industry, and 70% were female.

Problem Statement

Early identification and prevention of aggressive patient behavior is limited by lack of assessment tools and standardized documentation within the electronic medical health record.

Purpose

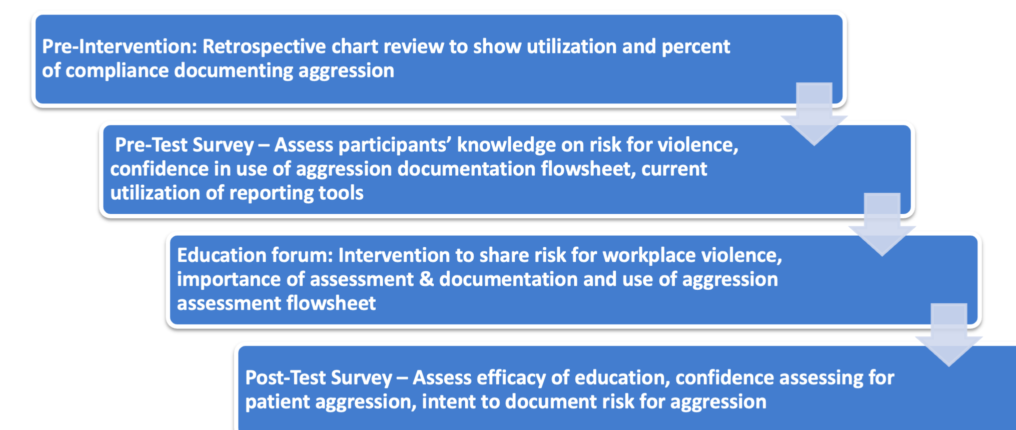
Increase awareness of workplace violence in the inpatient setting, provide education to nursing staff on how to assess the risk of aggression in patients, and utilize the new clinical aggression flowsheet in the electronic medical record

Aims & Methods

Aim 1: Increase nurse documentation in new patient aggression flowsheet and improve early identification of patients with risk for violence.

Aim 2: Educate nurses on risk for workplace violence and importance of assessment to reduce harm.

Setting: Academic hospital, virtual intervention to support public health safety



Results

- 22 registered nurses participated in the project, but after matching pre-test and post-test results, a total of 17 pretest and posttest surveys (N=17) were included in the final analysis. A Wilcoxon signed rank test was used to analyze the survey data.

Figure 1. Nurse Participant Demographics

Demographics	(N=17)
Age: Freq., (SD), %, range	7, (3.35), 41.18, 25-34 years old
Gender: n (%)	
Male	3 (17.65)
Female	11(64.71)
Nonbinary	2 (11.76)
Prefer no answer	1 (5.88)

- Post-test survey scores were higher after the education intervention (Mean = 32.4, n = 17) compared to the pre-test survey provided before education (Mean = 25.9, n = 17) and $p<0.001$.
- Participants showed increased summary scores after the workplace violence education session (see Figure 2), revealing increased awareness of risk for workplace violence and increase in confidence to identify risks.

Figure 2. Difference between pretest and posttest summary scores

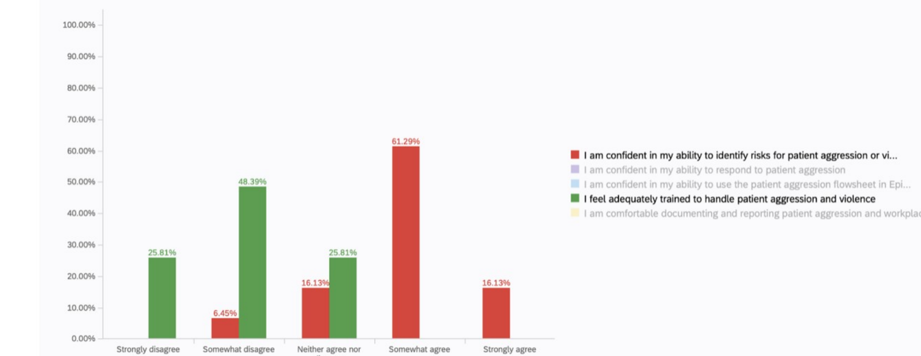
Implications for Practice

Benefits: Increased organization discussion surrounding a need for workplace violence prevention and insight into the need for additional staff education and training opportunities.

Educational Opportunities:

- Nurse participants were confident in their ability to identify risks for patient aggression and violent behavior (after the intervention, see Figure 3), but the same group did not feel adequately trained to respond and manage the patient aggression.
- The project will be used to guide future reporting, education, and workplace violence prevention programs within the organization.
- Survey feedback indicated an interest in enhanced training on workplace violence prevention (de-escalation techniques, enhanced unit protocols, and regular education sessions).

Figure 3. Confidence in ability to assess vs. perception of training for aggression management



Limitations

- Small sample size
- Analysis for Aim 1 limited: Long-term change in use of the clinical flow sheet unavailable during system wide focus on emergency management during the Covid-19 pandemic and staffing crisis

Conclusion

Nurses want to help solve this problem.

- The project highlights the importance of workplace violence in nurses' everyday work and provides opportunities for nurse leadership to collaborate with staff to improve safety and build upon existing workplace violence prevention programs.
- Workplace violence is preventable with an effective, adaptable program that includes staff training and education (OSHA, 2015).

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