



Implementing Violence Training to Reduce Workplace Violence amongst Registered Nurses and Healthcare Professionals

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Abstract

Workplace violence (WPV) is highly prevalent across the healthcare system, but there is a higher incidence of violence within the emergency department. Healthcare workers have either experienced or witnessed workplace violence such as physical assault, verbal assault, sexual assault, or other discrimination while working. In recent years, workplace violence has gained some potential to identify what can be done to address the issue at hand. This mini literature review is aimed to understand how implementing violence training can benefit emergency nurses' confidence in their training against workplace violence. The need for change and implementation of educational programs is vital for safety of the healthcare staff.



Keywords: Nurses; COVID Pandemic; ICU; Health Care

Abbreviations: WPV: Workplace violence; ED: Emergency Department; ICU: Intensive Care Unit.

Problem Statement

Nurses must take on multiple roles in providing adequate and professional care to their patients. The added functions to nurses with the stress of a COVID pandemic, lack of resources, and the mass exodus of nursing personnel, leads to unprecedented healthcare times. Nurses and the healthcare team have all experienced some type of workplace violence. Workplace violence can include physical assault, verbal assault, sexual assault, or other discrimination. Workplace violence in healthcare is an ever-growing issue, with 25,000

incidents reported annually [1]. It could be assumed that the emergency department (ED) is where the most significant risk of assault may take place. These incidences also occur in the intensive care unit (ICU), psychiatric units, geriatric units, and many other patient care areas. Healthcare staff never report most altercations; unfortunately, this type of confrontation is part of the job. The lack of follow-through for consequences of these actions and support of the healthcare personnel has contributed to nursing and physician burnout and increased turnover rates. Hospitals need to ensure that proper education has been given to staff and that the appropriate measures are in place to protect staff. Appropriate measures could include extra teaching, a panic button similar to a CODE button, increased monitoring of

patients, or any ideas that could preserve the staff-ensuring that a safe environment is created for the patients and staff.



Nursing Theorist

The quality improvement project will utilize the framework provided by Dorothy E. Johnson's theory of behavior system model. The behavior system model can be applied to the current study as it takes behavior modification to deescalate a patient or colleague from an aggressive state adequately. Johnson's theory model defines behavior modification as "an external regulatory force that acts to preserve the organization and integrate the patient's behaviors at an optimum level" [2]. Behavior modification allows healthcare workers to deescalate a patient and safely treat them. Through applying Johnson's theory to the healthcare providers, patients are in much more capable and safer hands because these providers have the confidence and skill to manage aggressive behavior either physically, emotionally, or mentally.

Mini Literature Review

A review of the literature was conducted to examine workplace violence in healthcare using the following keywords: workplace violence, workplace violence training, nursing, hospital training, aggression, violence, colleague violence, ED violence, physician violence, healthcare provider, physician, nurse, doctor, and violence N2 training. The following databases were searched: CINAHL, MEDLINE, and PubMed. The search was limited to 2016-2022 to ensure the most recent and highest quality evidence was examined. The search included only articles written in English. Two hundred sixty-two studies were analyzed and reviewed before choosing 15 studies that contained meaningful information for this research study. Below is a literature review of the data discovered in the search categorized by prominent themes.

Underreporting

Underreporting affects every study involved with workplace violence (WPV) and continues to be a global

problem. Babiarczyk, et al. [3] reported that in a survey of 1089 registered nurses, 54% stated that they had been exposed to non-physical violence, and 20% were exposed to physical violence. This study also reported that 70% of these cases had no action against them because the study group deemed them useless or insignificant. In a study conducted by Ramacciati, et al. [4], it was found that 90% of emergency department nurses experienced WPV in the past year. This high prevalence is regarded as part of the job and inevitable by these participants within the study [4].

Solutions to combat underreporting are continuously being addressed, trying to eradicate this ongoing inaccuracy in current data. Ramacciati, et al. [5] completed a study with 384 registered nurses who took part in a reporting system within a smartphone app. The study revealed that the application eased the reporting burden and overall increased reporting. Although this study proves that underreporting can be diminished with the help of technology, it is not enough to solve the problem altogether.

Factors Influencing Workplace Violence

One of the most understudied circumstances surrounding WPV is the factors that lead to the violence and the factors that happen due to the violence. Bayram, et al. [6] conducted a research study on 713 physicians that revealed that age, current position, level of experience, rotating shifts, the number of patients visiting the hospital, and the type of hospital all influenced the likelihood of being subjected to violence. Two studies both pointed out that one of the most influential factors involving WPV is the appropriate legislation that applies protection to healthcare workers, such as in Turkey and India, where the legislation is lacking [7].

When considering factors of violence, it is crucial to include the violence that can occur from colleagues. A study conducted by Najafi, et al. [8] reported that nurses' lack of adequate clinical competence, poor stress management, and perception of nurses all lead to incidents of violence. This study points out the importance of examining the factors to develop better programs to prevent these incidents [8]. Ayakdas, et al. [9] completed a study on colleague psychological violence that pointed out the factors after the violence, such as being stressed, tired, eating disturbances, depression, changes in blood pressure, and social isolation.

Another study that evaluated Italian nurses saw similar effects when nurses had experienced WPV with sleep disturbances [10]. The study also saw an impact on the care they provide to their patients because of depressive episodes that lead to decreased work efficiency [10]. The information gathered from these studies allows individuals to understand

that violence has consequences that are not just associated with humiliation or shame.

Implementation of Training

Implementing training will help healthcare professionals develop skills to prevent violence and decrease workplace violence. Al Ali, et al. [11] conducted a study that consisted of 100 registered nurses working across three shifts, which revealed a general concern among nursing staff about workplace violence. The concern confirms that there needs to be a prevention education program to help healthcare providers deescalate the problem [11].

Another study conducted by Ayhan, et al. [12] in a psychiatric setting found poor management of violence. There was a lack of confidence in their de-escalation skills, and helplessness seemed to emerge, making the participants feel the only option left was physically and chemically restraining the violent perpetrator. This reveals a more significant need for training to help gain confidence in healthcare providers to ensure their safety and their patients. Story, et al. [13] conducted a study that implemented workplace aggression and violence prevention training program to 43 participants. This study showed that with implementing the WPV prevention program, awareness of WPV, recognizing and preventing aggression or violence, staff's confidence increases dramatically [13].

Understanding behavior management techniques increases and gives the participants more confidence to perform these techniques in practice. A study completed by Al Shaban, et al. [14] revealed that the implementation of a WPV training program increased the confidence in the staff and demonstrated to the hospital administrators how vital this program was to continue for the health of their team. Ming, et al. [15] conducted a study with the implementation of simulation violence training that significantly increased the confidence of the nursing staff after its implementation. The study showed progress for future activities such as incorporating simulation teaching, continuously adjusting the program according to current research, and developing an online program to ensure it is flexible for all participants.

Effectiveness of Evidence and Impact

Current research points to evaluating the effectiveness of the evidence associated with training for workplace violence that has been discovered thus far and the implications it brings to the current nursing staff. Spelten, et al. [16] completed a study that evaluated the effectiveness of implementing WPV training and the flaws that come with these programs. This study revealed that although the training was effective in helping healthcare providers feel confident in their ability to

manage a violent situation, it did not adequately address the factors associated with preventing the problem from initially escalating.

To further explain the need for effective research, a study was completed by Lamont, et al. [17], which describe the implications that if WPV training programs were taken seriously in all facilities, then the administrative team may be able to address recruitment and retention, sickness, absence, and burnout issues because these factors would be decreased with happier and healthier employees. The most significant impact for change is the amount of quality evidence, so when looking at WPV, there need to be more quality studies completed to ensure that we can eradicate WPV.

Implications for Future Practice

The implications of workplace violence for the current and future healthcare professionals are astronomical. Although bedside nurses are thought to be the only victims of workplace violence in the healthcare industry, other healthcare staff including Nurse Practitioners are still at risk for workplace violence due to their contact with many different patients and diagnoses [18]. This issue has recently gained national attention and has introduced risks of being a healthcare worker, so more is to explore. The healthcare community has the ability and opportunity to conduct successful studies to provide a significant amount of evidence that demonstrates the violence that healthcare workers experience. The evidence allows individuals to form legislation and make changes for generations to come.

Conclusion

There is a profound amount of evidence growing around workplace violence within the healthcare setting; it is crucial to understand the amount of violence and how it affects these healthcare workers. This research attempted to show the significance in confidence when appropriate training was completed, but there was a low response rate to determine those factors. It is essential to highlight the significance of increasing the population size by including all departments and healthcare workers to contribute to work going forward with workplace violence evidence.

As healthcare providers, they must provide sound care to their patients, but they also should ensure their community is safe from the populations they serve. Healthcare workers may never remove workplace violence, but they can surely decrease by showing evidence of healthcare workers' incidences and experiences. Providing evidence helps solidify legislation to be formed and fundamental change to take effect. The more sound and reliable research can be produced, the better future generations of healthcare

workers can become.

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