Workplace Violence: Prevention Strategy in a Level 1 Trauma Center

April Pegram Roscoe

Abstract

Background: Workplace violence (WPV) is a complex and dangerous occupational hazard facing nurses working in today's health care environment. Violence from patients, visitors, and coworkers is often tolerated as part of the job. Prior to the implementation of this evidence based project at the Medical University of South Carolina (MUSC), WPV was simply reported to security when an event occurred. A WPV prevention strategy, which involved campaigning against WPV, education, and other measures, to identify and reduce vulnerabilities in order to prevent workplace violence from occurring was implemented at this facility. The effects of these interventions, were measured through the assaults on nurses National Database of Nursing Quality Indicators (NDNQI) and through the Days away, restricted, or transferred (DART) rate and DART severity rate.

Purpose: The goal of this evidence based project is to decrease overall occurrence of escalating behaviors or violent incidents, allow staff to feel better informed and prepared to care for patients that may have violent tendencies, and to improve communication regarding patients at high risk to improve de-escalation and response, improving efficient mitigation of incidents should these behaviors occur.

Methods: The proposed study will follow the design of a research utilization project as outlined in the University of South Carolina Doctor of Nurse Practice project preparation guidelines. The project consists of two parts: synthesis of the literature related to a practice problem and application of findings in the practice setting. The American Organization of
Nurse Executives and Emergency Nurses Association, proposed eight guiding principles for mitigating WPV and five focus areas for health care organizations: encouraging respectful communication and behavior, establishing a zero-tolerance policy, ensuring ownership and accountability, offering training and education on WPV, and creating outcome metrics of the program’s success. This toolkit and the guiding principles were utilized in implementing and applying useful approaches for systematically reducing patient and family/visitor violence at MUSC. The ADKAR model developed by Prosci, an acronym for Awareness, Desire, Knowledge, Ability, and Reinforcement, will be applied to manage the organizational change aspect of this project. The key to this model is the awareness aspect, which will be a focus in the roll out of this project. The design will be a quasi experiment using the concept of interrupted time-series design, via the MUSC NDNQI Assault on Nursing Personnel results and DART rate. The main empirical objective of this paper is to estimate the causal effect of inspections on workplace safety, healthcare quality, and worker productivity in nursing personnel.

**Results:** There was an overall trend in total assaults in nursing personnel increasing with the interventions of de-escalation training, awareness campaign, and structured reporting process with a WPV policy. With or without interventions in place, the total assaults and assaults with injury remained well below NDNQI benchmark. The substantial difference infers there is severe underreporting of WPV events. However, the number of overall reporting since the implementation of the WPV prevention plan did increase by approximately 18%. The number one factor that influenced an incident’s reporting was the severity of the incident; a second reason for not reporting was fear of retaliation. There was a 60% change in DART rates since program implementation. As of January 2019, for every recordable incident at MUSC, 0 days were lost due to those work-related injuries and illnesses compared to 2.3 days at the beginning
of the study; however, this is just an average. Cultural change in reporting needs to be measured over a longer period of time, and until the culture shifts, MUSC will continue to have underreporting of events.

**Limitation:** Underreporting of WPV is a known problem in the healthcare industry, and MUSC does not have a clearly defined reporting process. There is also a lack of knowledge among staff about what defines workplace violence.

**Conclusion/Implications for practice:** Studies showed that WPV against nurses has been linked to long term psychological effects, such as post-traumatic Stress disorder and burnout. This can contribute to increased nurse turnover and ultimately increased costs for the hospital. To date, nearly 500 clinicians have been educated upon program completion. The reporting of WPV incidents has increased with the positive effect of a decreased in DART rates. Explicit attention to a workplace violence reporting culture and a just culture is clearly vital.