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Violence at the Bedside



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ABSTRACT

Calls for security assistance is on the rise in the acute healthcare setting. All staff need to learn how to assess and de-escalate these situations before they turn violent and injury occurs. This DNP student has partnered with OSF Saint Anthony Medical Center in a collaborated effort to teach de-escalation techniques to the combined groups utilizing Benner's Novice to Expert theory as well as Watson's theory of Caring. According to Benner as cited by Gobet and Chassy (2008), "In the "novice" stage, beginners learn through instruction; they acquire domain-specific facts, features, and actions" (p. 131). The learners at the beginning of the experience are novice's and through continued training will become experts. "Actions, words, behaviors, cognition, body language, feelings, intuition, thought, senses, energy field—all contribute to a transpersonal caring connection, a goal that each nurse should establish with every patient" (Vandenhouten, Kubsch, Peterson, Murdock & Lehrer, 2012, p. 326). With the use of transpersonal caring being infused through the patient care process, the patient will benefit through better communication and the staff will benefit through learning de-escalation techniques.

BACKGROUND

- With the increase in violence both intentional and unintentional it is hard to keep health care facilities safe.
- Target population-healthcare staff at acute care settings.
- According to Healthy People 2020 (2013), "Efforts to prevent violence may focus on: Changing social norms about the acceptability of violence, improving problemsolving skills, and changing policies to address the social and economic conditions that often give rise to violence".
- Focus area is educating staff to deal with potentially violent situations before they escalate to violence.
- According to the Institute of Medicine (2010), "Nurses also should be educated with physicians and other health professionals both as students and throughout their careers in lifelong learning opportunities."
- Collaboration within healthcare needs to occur to prevent potentially violent situations from escalating.
- Addressing the issue of will help local healthcare facilities to address the issue of bedside violence.

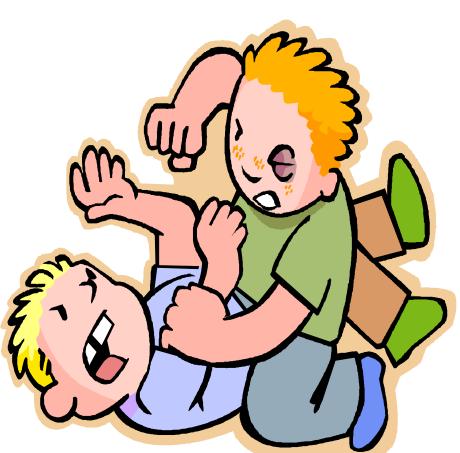
METHODS

- E-learning module with pre-test
- E-learning module with post-test
- Pre-simulation evaluations
- Post-simulation evaluations
- Simulation Training

NEEDS ASSESSMENT

- The needs assessment will be conducted at a local healthcare institution that has seen an increase in potentially violent and violent situations that has escalated into violent situations where security was involved.
- The assessment will include all patient care departments
- Incivility amongst co-workers that can negatively affect patient care.







PROJECTED RESULTS

- Early recognition of potentially violent situations
- Increase in staff satisfaction
- Increase in patient satisfaction
- Decrease in loss work days as a result of injury
- Decrease in security calls
- Improved communication between patients and providers
- Improved collaborative communication
- Improved patient outcomes

LITERATURE REVIEW

- According to the United States Department of Labor (2013), "The average annual rate for non-fatal violent crime for all occupations is 12.6 per 1,000 workers. The average annual rate for physicians is 16.2; for nurses, 21.9; for mental health professionals, 68.2; and for mental health custodial workers, 69".
- "Escalation has been depicted as a linear trajectory of behavioral eruption beginning with agitation ad preceding until the patient is out of control" (Johnson & Delaney, 2007).
- The development of a de-escalation program with simulation will help this population to assess and intervene early, which will help to decrease the injury rate of healthcare workers.

OBJECTIVES

- The learner will understand the process of de-escalating a potentially violent situation.
- The learner will recognize the behaviors that lead to violence.
- The learner will perform de-escalation techniques that lead to a potentially safer work environment.

REFERENCES

- Gobet, F., & Chassy, P. (2008). Towards an alternative to Benner's theory of expert intuition in nursing: A discussion paper. *International Journal Of Nursing Studies*, 45(1), 129-139.
- Institute of Medicine of the National Academies. (2010, October). The future of nursing: Leading change, advancing health. Washington, DC: National Academy of Sciences. Retrieved from
- http://www.iom.edu/~/media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Report%20Brief.pdf
- Johnson, M., & Delaney, K. (2007). Keeping the unit safe: The anatomy of escalation. Journal Of The American Psychiatric Nurses Association, 13(1), 42-52
- United States Department of Labor. (2013). Guidelines for Preventing Workplace
 Violence for
- Health Care & Social Service Workers. Retrieved from http://www.osha.gov/Publications/OSHA3148/osha3148.html
- U.S. Department of Health and Human Services. (2010). Healthy People 2020.
 Retrieved from
- http://www.healthypeople.gov/2020/TopicsObjectives2020/pdfs/HP2020 brochure.pdf
- Vandenhouten, C., Kubsch, S., Peterson, M., Murdock, J., & Lehrer, L. (2012).
 Watson's theory of transpersonal caring: Factors impacting nurses professional caring. *Holistic Nursing Practice*, 26(6), 326-334. doi:http://dx.doi.org.ezp.waldenulibrary.org/10.1097/HNP.0b013e31826ed0e8