

Purpose

The purpose of this Evidence-based (EBP) Practice change project was to help nurses in the ED gain knowledge on how to recognize, de-escalate, mitigate and report violence encountered while working in the ED. This will enhance their daily practice, make the workplace environment safer, and improve patient outcomes. The financial benefit to the institution is intended to increase job satisfaction, decrease lost time from staff injuries, call-outs and staff turnover (i.e., having to orient new staff). Educating the nurses and maintaining a safe and secure work environment is beneficial to all: the nurses, their patients, patient families, and visitors.

Background

Historically, violence has been described as a spectrum of behaviors ranging from passive-aggression to homicide (Perrone, 1999). Violence, whether physical or non-physical, has become a common event against ED workers (Gates et al., 2006). Since 2002, violence in the ED occurred frequently, becoming a large concern for administrators, hospitals, and staff (Fernandes et al., 2002). Today, violence continues in the ED, which is now identified as a high-risk setting for workplace violence and has become increasingly common in the United States (Kowalenko et al., 2012). Since 2004, experts have seen violence as an occupational threat that nurses and other healthcare providers face daily in the ED (Crilly, Chaboyer, & Creedy, 2004; Kennedy, 2005). Research has shown or demonstrated that education and training can be effective management tools in combating violence in the ED. According to Kowalenko et al. (2012), educating and training healthcare staff will help with the early recognition of patients and or visitors with a potential to become violent. Techniques for de-escalation, non-violent crisis intervention and the importance of getting early assistance with potentially violent patients and visitors, is essential to ensure the safety of the healthcare staff, patients, and visitors.

Significance

Violence against ED staff is a significant global problem (Stirling, Higgins, & Cooke, 2001). With long wait times, crowded waiting areas, numerous sick people, and co-morbid diagnoses, the ED may exhibit a stressful environment. Moreover, these emotional and concerned family members allow tempers to flare and emotions to explode causing people to respond to the evolving medical event and emotionally charged atmosphere with verbal and physical violence. Nurses, as the largest component of the healthcare workforce (Catlette, 2005; Foley, 2004), have a significant risk for becoming a victim of the violence within the ED.

Strategy and Implementation

An education program was designed to provide nurses with the knowledge and skills needed to recognize, de-escalate, and mitigate violent behaviors. Educational modules were developed and presented to the ED nurses over a 10-week period, which they were able to view on the hospital's NetLearning System. A new module was available every two weeks, for a total of five education modules. The first education module (*What is Violence?*) was available week-one of the project implementation. A participant cover letter, a demographics survey and a pre- and post-survey was attached to each educational module for access by the participants. Each participant had two weeks to access the educational module and complete the demographics survey, the educational module and the pre- and post-surveys. Educational modules two through five were uploaded for access every two weeks thereafter. The additional education modules were: module two (*How to Recognize Violent Behaviors*), module three (*How to De-Escalate Violent Behaviors*), module four (*How to Mitigate Violent Behaviors*) and module five (*Bringing It All Together*). At the end of the 10-week implementation period, the data from the surveys was aggregated and analyzed to determine if knowledge increased after each educational module.

Evaluation

This EBP change project evaluated the effect of an educational intervention on ED RNs knowledge of violent behaviors. Studies support that continuous, realistic education for the nursing staff is the most appropriate way to decrease incidents of violence (Gates, Ross, & McQueen, 2006). Education that is relevant to the RNs daily clinical work place is essential to increasing the RNs' knowledge and the reduction of violent behaviors (Fernandes et al., 2002). The data indicates that ongoing, relevant education can increase a nurse's knowledge base to manage patients, their family members, and visitors exhibiting violent behaviors.

Implications for Practice

The implication of this EBP change project is the continued implementation of realistic violence-reduction education programs, which will help ED nurses to recognize, de-escalate, and mitigate violence. Violence against nurses is an endemic problem in healthcare (Gillespie, Gates, & Berry, 2013) that affects nurses worldwide. Efforts to prevent violence and promote work place safety are ongoing. These efforts should include a focus on workplace design modifications that provide for the safety of the healthcare staff and patients. Risk reduction efforts should also equally target all patients and visitors as possible perpetrators of violent activity (Gillespie et al., 2013), as anyone can reach their limit of stress and lose control at any moment. These efforts will lead to safe and secure workplace environments and the continued provision of quality care.

Education Module's

Pre and Post Survey Results

Module	Pre	Post
I*	58%	58%
II	84%	91%
III	82%	91%
IV	76%	77%
V	93%	100%

*Typographical error in Education PowerPoint presentation caused erroneous results.

References

- Crilly, J., Chaboyer, W., & Creedy, D. (2004). Violence towards ED nurses by patients. *Accident and Emergency Nursing*, 12, 67-73.
- Fernandes, C. M. B., Raboud, J. M., Christenson, J. M., Bouthillette, F., Bullock, L., Ouellet, L., & Moore, C. (2002). The effect of an education program on violence in the ED. *Annals of Emergency Medicine*, 39(1), 47-55.
- Gates, D. M., Ross, C. S., & McQueen, L. (2006). Violence against emergency department workers. *The Journal of Emergency Medicine*, 3(3), 331-337.
- Kennedy, M. P. (2005). Violence in EDs: Under-reported, unconstrained, and unconscionable. *The Medical Journal of Australia*, 183(7), 362-365.
- Kowalenko, T., Cunningham, R., Sachs, C. J., Gore, R., Barata, I. A., Gates, D., ... McClain, A. (2012). Workplace violence in emergency medicine: Current knowledge and future directions. *The Journal of Emergency Medicine*, 43(3), 523-531.
- Perrone, S. (1999). Violence in the workplace - Australian institute of criminology. In Anderson, L., FitzGerald, M., & Luck, L. (2010). An integrative review of interventions to reduce violence against ED nurses. *Journal of Clinical Nursing*, 19, 2520-2530.
- Stirling, G., Higgins, J. E., & Cooke, M. W. (2001). Violence in accident & emergency departments: A systematic review of the literature. *Accident and Emergency Nursing*, 9, 77-85.