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Prevalence of Workplace Violence Towards Nurses in Acute Care Adolescent Mental Health

Jennifer Yarberry
Arkansas Tech University

PREVALENCE OF WORKPLACE VIOLENCE TOWARDS NURSES IN ACUTE CARE ADOLESCENT MENTAL HEALTH

By

JENNIFER YARBERRY, BSN RN

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Thesis Approval

This thesis, "Prevalence of Workplace Violence Towards Nurses in Acute Care Adolescent Mental Health," by Jennifer Yarberry, is approved by:

Thesis Advisor:

_____
Dr. Shelly Randall
Associate Professor of Nursing

Thesis Committee

_____
Dr. Jennifer Helms
Professor of Nursing

_____
Dr. Terri McKown
Professor of Nursing

Program Director:

_____
Dr. Jennifer Helms
Professor of Nursing

Graduate College Dean:

_____
Dr. Richard Schoephoerster
Dean, Graduate College

Abstract

Workplace violence towards healthcare workers is an increasing problem within the behavioral health nursing profession. Workplace violence is a threat or an act of physical violence or other threatening disruptive behavior that occurs in the workplace (U.S. Department of Labor, 2013). The purpose of this quantitative research study was to identify the contributing factors of workplace violence in an acute care psychiatric facility and to implement a "safe environment" workplace violence prevention program for psychiatric nurses. This convenience sample (N=23) of registered nurses were recruited from an acute pediatric psychiatric setting in Arkansas, treating children ages five to seventeen. Nurses were asked to complete a survey that assessed the different types of violence they had experienced from patients. Participants then attended a "Safe Environment" presentation on risk factors for violence, how violence affects the healthcare worker, training on how to manage aggressive patients, and how to identify safety concerns in the workplace. Nurses then completed an evaluation survey to determine if the presentation was effective in preparing nurses to manage aggressive patients. Data from incident reports on reported hospital employee injuries and restraint records related to patient aggression towards staff were also collected and analyzed. The findings from this study included identifying contributing factors of aggression, the need for support for nurses who have experienced violence, and the need for hospitals to have a workplace violence prevention program in place. The small sample size and lack of current literature on pediatric psychiatric units support the need for additional research.

Keywords: workplace violence, violence towards healthcare workers, aggression towards nurses in workplace

Table of Contents

List of Tables

I. Introduction

Nurses are a critical part of delivering safe and quality care to patients within the United States healthcare system. As rewarding as nursing can be, it is also a very challenging and stressful career. The turnover rate for nursing continues to increase every year, with 30-40% of registered nurses changing jobs within nursing or leaving the profession completely within their first three years of working (Snavely, 2016). The nursing shortage also includes the behavioral health nursing workforce. Current statistics show that by the year 2025, the mental health workforce will be short 250,000 professionals ("apna.org"). One of the contributions to the shortage of psychiatric nurses identified is experiencing workplace violence from patients, which can result in nursing staff being fearful to provide care in a psychiatric setting (Chen, Huang, Hwang, & Chen, 2010).

Workplace violence towards healthcare workers is an increasing problem within the behavioral health nursing profession. Workplace violence is defined as "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site" (U.S. Department of Labor, 2013). A study by Ridenour, Lanza, Hendricks, Hartley, Rierdan, Zeiss, and Amandus, (2015) shows that nurses who work in psychiatric facilities are among the second highest average rates for workplace violence. Assaults against nursing staff continue to rise each year with 71% of annual incidents occurring in mental health services (Greenwood & Braham, 2017). Statistics show that 20% of psychiatric nurses have been physically assaulted, 43% have experienced threats of physical assault, and 55% have been assaulted verbally at least once during their shifts in a work week (Ridenour et al., 2015). Another study shows that

20% of patients who admit to an acute psychiatric unit will become aggressive during their stay (Lantta, Anttila, Kontio, Adams, & Välimäki, 2016).

Statement of the Problem

Nurses are often the recipient of workplace violence from patients in acute psychiatric hospitals. It is important to determine contributing factors in occurrences of workplace violence and to assess what actions management take to support nurses after they experience an aggressive episode. Hospitals then must develop a workplace violence prevention program to effectively manage the patient aggression towards healthcare workers.

Need for the Study

Nurses are often the target of aggression from psychiatric patients. Research was completed on this topic in order to help nurses to manage the aggressive patients on an acute psychiatric inpatient unit.

Contributing Factors of Aggression Toward Nurses. It is important for nurses to know which factors can cause aggression to ensure they are providing safety on the unit. Factors that can contribute to aggression include stressful atmosphere of a locked unit, lack of scheduled therapeutic activities, communication restrictions, lack of appropriate staffing due to heightened acuity, limit setting with patients, and patients presenting with a history of violence. Improving communication between patients and staff could enhance patient safety on the unit (Pelto-Piri, Wallsten, Hylén, Nikban, & Kjellin, 2019). The staff need to be mindful of using service excellence when speaking with patients by using a calm tone (Greenwood & Braham, 2017). Another way to ensure safety is to suggest that the unit be more patient and staff friendly, including staff

not being alone on the unit with patients and giving the patients personal space when intervening in aggressive episodes (Ridenour et al., 2015). Ensuring staffing is appropriate for the acuity of the patients and conducting therapeutic groups that allow for open discussions with the patients regarding violence and aggression are also important to ensure safety (Greenwood & Braham, 2017).

Support of nurses who experience aggressive episodes. It is also important for nurses who deal with aggressive patients and are expected to manage these patients on a daily basis to feel supported by management (Jeffery & Fuller, 2016). Nurses that have experienced workplace violence are at risk for physical and emotional health concerns that could lead to job stress, burnout, and low staff morale (Niu, Tsai, Traynor, & Chou, 2019). Nurses who have been assaulted by patients often experience anxiety, feel unsupported, and have a fear of returning to work after experiencing an aggressive episode with a patient (Jeffery & Fuller, 2016). Nurses may also feel blame for not preventing the aggressive episode and sometimes experience burnout with the profession (Lantta et al., 2016). To prevent burnout and possible loss of nurses, studies suggest that a positive milieu can prevent the number of aggressive episodes the staff may encounter on their shift (Lantta et al., 2016). Also, to help support nurses, it is important for them to know that management places a priority on their safety in the workplace (Jeffery & Fuller, 2016). Management can achieve this support to their nurses by offering continuing education and by checking in with the employees frequently to ask how they are. Finally, after a nurse is involved in an aggressive episode with a patient, it is vital that the employee participate in a staff debriefing (Lantta et al., 2016). This debriefing is an effective tool for staff to reflect on actions in patient care situations, develop plans to

incorporate improvement into future practices, and identify need for any additional training such as milieu management (Lantta et al., 2016).

Workplace Violence Prevention in Healthcare. Prevention of workplace violence through education, training, and effective communication can help to reduce the fear and health issues nurses experience that can lead to staff turnover (Chen et al., 2010). It is also important for nurses to receive proper education and training to know what to do if they encounter any aggression from patients (Niu et al., 2019). Nurses must feel supported to report any incidents of aggression without reprimand from their supervisors (Niu et al., 2019). In addition, nurses must receive proper orientation to know how to manage their milieu. Having these milieu management skills will provide a safer working environment for staff. Research supports the necessity for hospitals to create a violence prevention program, including de-escalation techniques, to give the nurses the confidence necessary to manage aggressive patients (Ridenour et al., 2015).

Bringing awareness to the rise of violence towards healthcare workers and supporting workers who are victims of this violence can be properly addressed through more education research. The purpose of this research study was to identify the contributing factors of workplace violence in an acute care psychiatric facility and to implement a “safe environment” workplace violence prevention program for psychiatric nurses.

Assumptions

In this quantitative study, it may be assumed the participants do not perceive they have personally experienced workplace violence. It can be assumed that all participants will be completely honest when answering the survey questions. It can also be assumed that all participants listened to the "Safe Environment" presentation and answered the follow-up survey accurately based on their perceptions of workplace violence.

Research Question

Was the "Safe Environment" workplace violence prevention program effective in equipping nurses to manage aggressive psychiatric patients?

Limitations

The external validity of the study was limited due to the small sample size for the study. Another limitation of this study is the population identified. The study was limited to children and adolescents so the study would lack generalizability since it would not be applicable to nurses providing care for the adult psychiatric population.

Definition of Terms

The common terms used in this research were workplace violence, verbal aggression, physical aggression, and registered nurses. Workplace violence is defined as "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site" (U.S. Department of Labor, 2013). Verbal aggression is defined as "statements that seek to inflict psychological harm on another through devaluation, degradation, or threats of physical attack" (Ridenour et al., 2015, p. 21). Physical aggression is defined as "actions attempting to inflict pain, bodily harm, or death upon another" (Ridenour et al., 2015, p. 21). A registered nurse is "an

individual who has graduated from a state-approved school of nursing, passed the NCLEX-RN Examination and is licensed by a state board of nursing to provide patient care" ("ncsbn.org", 2020).

Summary

The influx in cases of violence towards healthcare workers has been on the rise and is a cause of concern among psychiatric nurses. There is a need for nurses to feel safe in their environment and to be trained to properly manage aggressive patients. It is also important for management to support nurses who have experienced violent episodes in the workplace. Developing a workplace violence prevention program is vital to provide a safe environment for healthcare workers. A quantitative study was completed to identify the contributing factors of workplace violence in an acute care psychiatric facility and to implement a "safe environment" workplace violence prevention program for psychiatric nurses. The following chapters will provide a literature review, methodology, findings, and conclusions of the research study.

II. Literature Review

A literature review was conducted on identifying the contributing factors of workplace violence in an acute care psychiatric facility and to implementing a workplace violence prevention program for psychiatric nurses. A literature review search was completed using Cumulative Index for Nursing and Allied Health Literature (CINAHL), MEDLINE, Ovid, and ProQuest databases. The databases were searched for keywords such as workplace violence, violence towards healthcare workers, and aggression towards nurses in workplace. Only peer-reviewed articles and literature from the past six years were reviewed. This literature review will also provide the conceptual framework for this study. In addition, this chapter will address three areas related to workplace violence towards nurses in acute care adolescent mental health. The first section will address research related to the contributing factors of aggression towards nurses. The second section will focus on research studies about the support needed for nurses who have experienced aggressive episodes. Finally, the third section will discuss research related to workplace violence prevention.

Conceptual Framework

The Interpersonal Relations in Nursing theory, developed by Hildegard E. Peplau, serves as the conceptual framework for this study. Peplau believed that an important concept in nursing is the nurse-patient relationship which helps to provide therapeutic interventions to patients (McEwen & Wills, 2014). "According to her, nurses cannot be isolated from the therapeutic milieu if they want to be effective. Peplau's belief was that the nurse must interact with the client as a human being, with respect, empathy, and acceptance" (McEwen & Wills, 2014, p. 312). This theory supports this research since

nurses must be able to use the therapeutic relationship to recognize and respond to patients' needs. Maintaining a therapeutic relationship with patients allows the nurse to better manage the aggression of patients in the healthcare setting.

Peplau's theory defined the four developmental stages of the nurse-client relationship as: orientation phase, identification phase, exploitation phase/working phase, and termination phase (Hagerty, Samuels, Norcini-Pala, & Gigliotti, 2017). Hagerty et al. (2017) describes the first phase, the orientation phase, as where the nurse and patient initiate a relationship and become acquainted with another. The authors explain how trust is developed in this first phase, and both roles and boundaries are established between the nurse and the patient in this phase. Hagerty et al. (2017) also found during this stage, it is important that a professional relationship is established, as opposed to a social relationship. For example, this phase is important for establishing the relationship in which rules for the unit are presented. Also, the nurse-patient relationship is created to establish personal space, boundaries, and expectations of staff. Hagerty et al. (2017) explains the second phase, the identification phase, is where patients begin to work on goals for their treatment. The authors also identify this phase is where the nurse must work with the patient to encourage self- participation of the goals. The nurse and patient will develop a behavior modification plan to ensure that the patient understands what is expected to meet their goals. Hagerty et al. (2017) identifies the next phase is the working phase where the patient works to meet their treatment goals. The authors state in this phase the patient learns to trust the nurse and utilizes the nurse's abilities to assist them in their goals. The patient will participate in groups related to aggression, and staff will perform a daily aggression assessment to ensure their behavior modification plan is

being followed. Hagerty et al. (2017) explains the last phase is the termination phase in which the nurse and patient end the relationship after the patient reaches their treatment goals. The authors state this termination usually occurs at discharge from the hospital. The nurse will complete a discharge safety plan and educate the patient and their family on their goals, triggers, and coping skills that they identified while in treatment.

Contributing Factors of Aggression Toward Nurses

To address workplace violence in mental healthcare facilities, it is important to identify the contributing factors leading toward a violent episode. Greenwood and Braham (2017) conducted both a qualitative and quantitative study to determine what factors are associated with violence and aggression in inpatient psychiatric settings. The study took place with patients and nursing staff in multiple inpatient psychiatric hospitals located in England, Sweden, and Australia. To determine these factors, data was collected through interviews of staff and patients, survey designs, focus groups, self-report and comparative questionnaires, observational scale, and content analysis. The results of the study included identifying specific environmental factors that lead to aggression such as working alone or poor communication, high aggression rates in a restrictive environment, including a locked psychiatric ward. Conclusions regarding this study included the need for training for staff on specific environmental factors of working on locked units and staff understanding how their relationship with patients impacts the behavior of patients. Strengths in this study included a large sample of participants in the inpatient psychiatric hospitals. The weaknesses identified in this study included not including the length of stay as a possible factor in incidents and not identifying the reason for admission for the patients interviewed. This research article was important to the

study of workplace violence because of the conclusions in the article. Knowing risk factors for violence and the need for training is important to manage aggression in patients.

Similar to the study above, this study examined the risk factors of patient aggression. The purpose of this study was to determine the relation of demographic data of the nurses and training characteristics to the verbal and physical aggression data of the patients (Ridenour et al., 2015). The setting for the study was in eight acute locked psychiatric units in Veterans Health Administration throughout the United States. The participants consisted of 284 nurses, 41% African American, 37% Caucasian, 14% Hispanic, and 9% other. Nurses were surveyed to collect demographic and training information and also experiences of nurses involved in workplace aggression. Data were collected from hospital records to evaluate risk factors by tracking incidents of aggression by shift through daily incident forms. This research article was important to this current study due to the conclusions of the study. These include healthcare workers that work in behavioral health settings are at high risk for experiencing aggression from patients and that nurses working in behavioral health settings should be educated on risk factors for aggression and receive training on violence prevention. A strength of this study was that staff and patient demographic were compared to aggression rates; it also reviewed both verbal and physical incidents of aggression. Weaknesses included restrictions on data collection, lack of statistical power, and inability to link a specific nurse or patient to a particular assault due to privacy restrictions. Identifying the risk factors prior to entering the work environment and education related to the risk factors is the key to reduce the number of patients to staff episodes.

Support of Nurses Who Experience Aggressive Episodes

Recognizing the impact of workplace violence on a nurse's emotional health and providing a safe environment are both important aspects of this research study. Jeffery and Fuller (2016) conducted a qualitative study to examine the mental health workers' experiences when witnessing aggression in the workplace. The setting for this study was acute mental health facilities and psychiatric intensive care units (PICU). The participants included five females and five males, six being qualified nurses and four unqualified nursing staff. The mental health staff were interviewed for approximately one hour in a private area to obtain their subjective feelings of their exposure to witnessing physical violence. The study used comparative analysis to develop the findings. The Straussarian grounded theory was used to transcribe the data using open coding, line-by-line coding, axial coding, and selective coding. The authors identified five main themes through this study including the participant wanting holistic control of the experience, the staff member feeling responsible for the incident, knowing the right decision was made in the moment, dealing with feelings after experiencing violence, and the need for cohesive support after the experience. A strength was that the study was one of first studies to give insight into the worker's experience of witnessing violence. The study had several limitations including a small sample size, possible bias in interviews, and unequal sampling of qualified and unqualified staff. Jeffery and Fuller's (2016) study was included in this current research study for the implications of practice. These implications included the need for emotional support for the staff and for a debriefing to be held post-incident. Debriefings are important after the nurse experiences violence to

determine if any policies or procedures need to be altered and to educate staff for future encounters.

Another similar qualitative study conducted by Pelto-Piri, Wallsten, Hylén, Nikban, and Kjellin (2019) focused on three questions, including if identified services were necessary for feeling safe, if workers taking responsibility and communication enhanced safety on the unit, and if powerlessness and unpleasant encounters affected safety. The settings for the study were one general psychiatric unit, one addiction unit, and two forensic psychiatric clinics in three different Swedish regions. Participants included 17 adult patients, five women and 12 men. The patients were asked questions of whether they felt safe or not on the different units involved. Data collection were interviews with some optional open-ended questions, including the physical design of the unit, the schedules and rules, the staff's interactions with patients, and the patients feeling safe or unsafe around the other patients. Interviews were analyzed with an inductive approach to gather overall themes for the study. The authors identified three themes for the study, including staff need supportive services to feel safe, communication help to ensure safety, and certain negative encounters between patients and staff could compromise safety on the unit. A strength for the study is the widespread sample in age, ranging from their twenties to age 67. Some weaknesses include no control over the inclusion process of participants or the number of patients that declined to participate, sample size revealed uneven distribution of gender, and some of the patients being triggered with aggressive thoughts during the study. Similar to Jeffery and Fuller's (2016) study, the study by Pelto-Piri et al. (2019) was included in this literature review for the implications for practice findings. Implications for this study included promoting

a safe environment for patients and staff and improving communication between patients and staff help to enhance patient safety. Communication seems to be a key factor to help decrease aggression and should be one area that training should be focused on. Pelto-Piri et al. (2019) states nursing management must support the staff by making sure staffing levels are adequate for safety and to provide positive working environments, which could lead to lower aggression levels of patients.

Workplace Violence Prevention in Healthcare

It is the responsibility of nursing management to ensure there is a workplace violence program in place. Lantta et al. (2016) conducted a qualitative study to determine the climate during a patient's aggressive episode and how to prevent this type of aggression in the workplace. The setting was in a hospital in Southern Finland, and the population were 22 nurses working on the inpatient psychiatric units. Questions were asked in focus groups relevant to the nurse's experiences of violence on psychiatric units. The focus group's interview was transcribed and analyzed using an inductive content analysis. The authors found there are clear warning signs to predict impending violence on psychiatric units. These warning signs include yelling, harsh tone, clenching fists, and invading personal space of nurse, and revealed the need for increased nurse to patient communication. The implications for practice were that policy and procedure are needed to implement when a violent episode has occurred on the unit. It is important to involve the nurses to obtain feedback when they have been directly involved with violence. A strength of the study was that experiences were investigated and feedback occurred regarding violence. Some weaknesses of the study were that the sample was selective due to nurse managers being the one to recruit the participants and that the responses may

have been hindered due to the group setting of the focus groups, which may have limited the sharing of thoughts between co-workers. Lantta et al. (2016) was included in the literature review for this current study because of the author's views on the need for a violence prevention plan which includes ideas on how to prevent violent episodes of aggression on psychiatric units, the need for education and training on managing aggressive patients, and how to maintain a safe environment on the unit.

Another study on workplace violence prevention was conducted by Niu et al. (2019) that examined the number of violent episodes staff experienced in acute psychiatric settings, the post-incident status of the staff attacked, and the workplace violence programs that were implemented. The setting for the quantitative study was acute psychiatric units in northern Taiwan. With 480 questionnaires distributed, 429 registered nurses and full-time nursing staff members with at least six months of experience participated in this study. This cross-sectional study collected data using the native language version of the Workplace Violence Survey Questionnaire. Data were analyzed by statistical analysis using descriptive and inferential statistics. The study by Niu et al. (2019) was included in this literature review for the results of the survey, which include 55.7% of nurses experienced physical violence and 82.1% of nurses experienced psychological violence. The authors revealed another result of the study was it is important for nurses to report incidents of aggression and for nursing management to support the staff after they experience aggression from patients. The study also revealed that nursing management must establish ways to prevent workplace violence, such as safe working environments and the need for staff training on communication skills, self-defense, and conflict resolution. A strength of the study is that the results have greater

generalizability due to the larger number of institutions in the sample size, which included 11 different hospitals. Weaknesses include not taking into account any environmental factors or staffing ratios, the study not being applicable for long-term units or units in rural areas, and possible recall bias. The conclusions of the study include incidents of aggression often are not reported by the staff and that safe working environments should be established to reduce violence in the workplace.

Summary

This chapter presented a literature review that was conducted to identify contributing factors of aggression towards nurses, the support needed for nurses who experience aggressive episodes from patients, and workplace violence prevention. This chapter also presented the conceptual framework for the study, which was Peplau's theory of Interpersonal Relations in Nursing. Greenwood and Braham (2017) and Ridenour et al. (2015) both expressed the need for knowing risk factors for violence and educating staff on how to prevent violence on the unit are important to manage aggression in patients. Jeffery and Fuller (2016) and Pelto-Piri et al. (2019) stress the importance of safe staffing ratios and nursing management supporting nurses who have experienced aggression from patients by encouraging nurses to participate in debriefings and promoting positive work environments. Finally, the literature review also revealed the need for nursing management to ensure a violence prevention plan is in place to reduce aggression towards nurses, including staff training and providing a safe environment.

III. Methodology

Introduction

Nurses in acute psychiatric facilities are often involved in violent episodes from psychiatric patients and sometimes do not feel as though they are safe while at work. It is important to have a plan in place to keep healthcare workers in a safe environment and give them the proper training to handle aggressive patients. The purpose of this research study was to identify the contributing factors of workplace violence in an adolescent acute care psychiatric facility and to implement a "safe environment" workplace violence prevention program for psychiatric nurses. This chapter will discuss the research design, setting, population, instruments, data collection methods, and data analysis used for the study.

Research Design

A descriptive, quantitative research design was used for this study. Quantitative research allows the researcher to collect numerical data from the formal instruments to analyze the data (Polit & Beck, 2017). A descriptive design allows for the researcher to describe and summarize data (Polit & Beck, 2017). The study revealed contributing factors of aggression towards nurses, type of support needed for nurses who have experienced violence, and the need for workplace violence prevention in healthcare. The study helped identify current employees' experiences, views on safety, and their level of comfort in performing Verbal De-escalation and Handle with Care. Handle with Care is the hospital's current behavior management system, which teaches employees safe

holding methods for children and adolescent who are at imminent risk for danger to their self or others.

Setting

The study took place in a pediatric psychiatric hospital located in a metropolitan area in Arkansas. The hospital employs 153 full-time workers (60 nurses and 93 mental health technicians) and 43 current PRN employees (19 nurses and 24 mental health technicians). The hospital has 127 beds and offers a full continuum of psychiatric services to children and teenagers age five to 17 who are suffering from emotional and behavioral issues. These include depression, anxiety, mood swings, grief or loss, attempts to harm self or others, and other high-risk behaviors. This study focused specifically on the acute units, which includes second and fourth floors of the researcher's site. Second floor concentrates on children ages five to 12, and fourth floor concentrates on adolescents up to 17 years of age. The unit averages 200 admissions on a monthly basis with an average census of 32.5 per day.

Population/Sample

The population of interest was all registered nurses working in the acute care units at a pediatric psychiatric hospital. A convenience sample was used to recruit participants. Out of the 60 registered nurses invited to participate in this study, only 23 enrolled. The participants were asked to participate in the study via e-mail, were asked face-to-face by researcher, and were contacted through a communication application used in the hospital facility for employees called Shifthound. Participation was strictly voluntary for this research study. The research study was explained to the participants through a written informed consent distributed via e-mail using Shifthound. Participants were enrolled in

the study after informed consent was obtained by selecting on the "https://www.dcri.org/trial-" which took them directly to the research pre-survey located on the secure QuestionPro website. Participants were then asked to participate in a "safe environment" presentation followed by a post-survey.

Participants were involved in the study for a total of 45 minutes: five minutes to read and complete consent form; 10 minutes to fill out survey; 20 minutes to attend a workplace violence prevention presentation in October 2020; and 10 minutes to complete the post-survey.

Human Subjects

Approval from the Institutional Review Board (IRB) was obtained through Arkansas Tech University and a letter of permission was obtained from the pediatric psychiatric hospital (Appendix A). Informed consent was obtained from the participants which informed them of the risks, time, and benefits of the study (Appendix B). Participants were then enrolled in the study and were allowed to withdraw from the study at any time. Raw data were kept secure in QuestionPro data bank records. Data from incident reports and personal health information was de-identified and kept in a locked file cabinet behind a locked door in the researcher's office with the researcher having the only key.

Instrumentation

The instruments used in the study included two electronic surveys. A 17-question survey (Appendix C) was created to evaluate demographic information, information on orientation and training, and the participants′ perceptions on safety in their workplace. This survey was a self-created survey based on literature and consisted of closed-ended

and Select all that apply (SATA) questions. Question one asked for the participant to develop a code to protect their identity. Questions two and three were demographic questions on age and gender. Questions four and five were questions related to length of nursing experience. Question six determined the participant's status of employment. Question seven asked about the length of orientation when first hired. Questions eight, nine, and 10 determined the participants' experiences with verbal and physical aggression from patients. Question 11 discussed reporting incidents of aggression to the supervisor. Question 12 asked if time was missed from work from incidents. Questions 13 and 14 discussed level of comfort in performing Verbal De-escalation and Handle with Care training. Question 15 determined when the training class was taken. Question 16 asked about concerns with safety in the workplace. Question 17 was directed at determining the process of reporting incidents. After the "Safe Environment" program (Appendix D) was presented, the participants were asked to take a Post-Survey (Appendix E) to determine if the program was effective. The Post-Survey was seven questions and was also a self-created survey based on literature. Question one was the same as the previous survey, asking the participant to develop a code to protect their identity. Questions two, three, and four discussed the level of comfort in handling verbal and physical aggression after the presentation. Question five asked about concerns for safety after the presentation. Question six was asked to question the employee about the process for reporting incidents. Question seven determined if the participant felt the presentation was helpful.

Data Collection

Data were collected from August 2020 to October 2020. The participants completed a 17-question survey on workplace violence. The participants then attended a workplace violence prevention presentation titled "Safe Environment" in October 2020. The presentation defined workplace violence, presented data on recent studies of violence towards healthcare workers, identified risk factors, and ways that violence affects the healthcare worker. The presentation also provided participants with the tools necessary to identify safety issues in the workplace including education, training, and effective communication. After completion of the presentation, participants were asked to complete a seven-question post-survey to determine if the presentation was effective.

Other methods of data collection included employee incident reports of staff being injured by patients and hospital records of restraints due to violence towards employees. Facility incident reports were obtained to determine how many employees were injured by patients in the workplace. These reports were distributed to the researcher through the Human Resources department. Hospital records of restraint data were reviewed to determine contributing factors to the aggressive episodes. Restraint data was provided to the researcher through the Medical Records director. The researcher reviewed both employee incident reports and restraint data from the previous twelve months.

Data Analysis

The researcher contracted with the online website QuestionPro to analyze data from the surveys. Data was analyzed using descriptive statistics in the form of central tendencies. Data analysis is presented in tables to show violence occurrences, effectiveness of training and education, and the nurse's view of the safety culture. The findings were reported in chapter four.

Summary

A descriptive, quantitative research design was used to examine the aggression of psychiatric patients towards healthcare workers. The sample for the study was 23 psychiatric nurses who worked in an acute pediatric psychiatric setting, treating children from ages five to 17, in a metropolitan area in Arkansas. After IRB approval was obtained, data were collected through a self-created electronic survey. Participation for the study was on a voluntary basis. After completing the survey, participants attended a "Safe Environment" presentation and then took a follow-up survey to determine if the presentation was effective in helping nurses manage aggressive patients. The researcher also reviewed incident reports on employee injuries and restraint records related to patient aggression towards staff. Data from the survey were analyzed through QuestionPro using descriptive statistics.

IV. Findings

Introduction

This chapter presents the findings of the study to identify the contributing factors of workplace violence in an adolescent acute care psychiatric facility and to implement a "safe environment" workplace violence prevention program for psychiatric nurses. The chapter discusses the findings of hospital restraint records in which employees were attacked by patients to determine the prevalence of violent attacks on nurses from the pediatric psychiatric patients. Then, the researcher presents the findings of employee injuries related to patient aggression. Lastly, the findings of the initial and post-surveys are presented to determine if the "Safe Environment" presentation effectively helped nurses manage aggressive patients.

Pediatric Patients' Restraint Records

Restraint records from October 2019 to September 2020 were reviewed and are presented in Tables 1, 2, and 3. The restraint records are presented by category of restraint including self-inflicted injury, physical confrontation with another patient, patient out of control, and patient attacked staff. The restraint records are presented total for entire hospital, and total for each floor used in the setting for the study, including the acute child and acute adolescent floors.

Table 1

Restraint Records: Total for hospital

Restraint category	**Total # of Restraints**	**Percentage**
Self-inflicted injury	92	9.61%
Physical confrontation with another patient	143	14.94%
Patient out of control	418	43.68%
Patient attacked staff	304	31.77%
	Total: 957	100%

There was a total of 957 restraints in the hospital for the past 12 months at the hospital. Restraints were utilized in different categories such as self-inflicted injury (n=92, 9.61%), physical confrontation with another patient (n=143, 14.94%), patient out of control (n=418, 43.68%), and patient attacked staff (n=304, 31.77%). The most common restraint category for the hospital was patient out of control followed by the next highest being patient attacked staff.

Table 2

Restraints for 2nd Floor (Acute Child)

Restraint category	**Total # of Restraints**	**Percentage**
Self-inflicted injury	11	3.75%
Physical confrontation with another patient	37	12.63%
Patient out of control	116	39.59%
Patient attacked staff	129	44.03%
	Total: 293	100%

There was a total of 293 restraints on the acute child floor in the past 12 months. Restraints were utilized for self-inflicted injury (n=11, 3.75%), physical confrontation with another patient (n=37, 12.63%), patient out of control (n=116, 39.59%), and patient attacked staff (n=129, 44.03%). Patient attacked staff was the most common restraint category on the acute child.

Table 3

Restraints for 4th Floor (Acute Adolescent)

Restraint category	**Total # of Restraints**	**Percentage**
Self-inflicted injury	38	15.2%
Physical confrontation with another patient	33	13.2%
Patient out of control	135	54%
Patient attacked staff	44	17.6%
	Total: 250	100%

There was a total of 250 restraints that occurred on the acute adolescent floor in the past 12 months. These restraints included self-inflicted injury (n=38, 15.2%), physical confrontation with another patient (n=33, 13.2%), patient out of control (n=135, 54%), and patient attacked staff (n=44, 17.6%). The most common restraint category was patient out of control, with patient attacked staff with the second highest rate.

Employee injury Report

Reports of employees who were injured by pediatric psychiatric patients from September 2019 to October 2020 were reviewed. The results are presented in Table 4 by type of injury, including bit, hit, kicked, scratched, strain during restraint, and other.

Table 4

Employee Injuries

Type of injury	**# of injuries**	**Percentage**
Bit	4	21.05%
Hit	3	15.79%
Kicked	5	26.32%
Scratched	1	5.26%
Strain during restraint	4	21.05%
Other	2	10.53%
Total	**19**	**100%**

There was a total of 19 employee injuries reported for the past 12 months at the hospital. The injuries included being bit (n=4, 21.05%), hit (n=3, 15.79%), kicked (n=5, 26.32%), scratched (n=1, 5.26%), strain during restraint (n=4, 21.05%), and other (n=2, 10.53%).

Demographic Results from Survey

Out of the 60 Registered Nurses invited to participate in this study, only 23 enrolled. The goal of at least twenty nurses participating was met. A 17-question workplace violence survey was created to evaluate demographic information, information on orientation and training, and the participants' perceptions on safety in their workplace. Questions one through six evaluated demographic information and orientation and training information. The results from the survey are presented in Tables 5-10.

Table 5

Age

	Answer	**Count**	**Percent**
1.	Under 25	1	4.35%
2.	25-34	8	34.78%
3.	35-44	8	34.78%
4.	45-54	5	21.74%
5.	55-64	1	4.35%
6.	65+	0	0.00%
	Total	23	100%

Participants in the study were under 25 years of age (n=1, 4.35%), 25-34 years of age (n=8, 34.78%), 35-44 years of age (n=8, 34.78%), 45-54 years of age (n=5, 21.74%), 55-64 years of age (n=1, 4.35%), and 65 years of age or older (n=0, 0%). The majority of participants were between the ages of 25 to 44 (69.5%), with no one reporting over the age of 65.

Table 6

Sex

	Answer	**Count**	**Percent**
1.	Male	3	13.04%
2.	Female	20	86.96%
	Total	23	100%

The majority of the participants were female (n=20, 86.96%), while only three males participated (13.04%).

Table 7

Nursing Experience

	Answer	Count	Percent
1.	Less than 1 year	1	4.55%
2.	1-5 years	9	40.91%
3.	6-10 years	6	27.27%
4.	11-15 years	2	9.09%
5.	16-20 years	3	13.64%
6.	Over 20 years	1	4.55%
	Total	22	100%

Participants who were nurses for less than one year (n=1, 4.55%), one to five years (n=9, 40.91%), six to ten years (n=6, 27.27%), 11 to 15 years (n=2, 9.09%), 16 to 20 years (n=3, 13.64%), and over 20 years (n=1, 4.55%). The majority of the participants had been a nurse for one to five years (40.91%), with only one participant having less than one of year experience and only one having over 20 years of experience.

Table 8

Psychiatric Nursing Experience

	Answer	**Count**	**Percent**
1.	Less than 1 year	1	4.35%
2.	1-5 years	13	56.52%
3.	6-10 years	4	17.39%
4.	11-15 years	3	13.04%
5.	16-20 years	2	8.70%
6.	Over 20 years	0	0.00%
	Total	23	100%

Participants with psychiatric nursing experience with less than one year (n=1, 4.35%), one to five years (n=13, 56.52%), six to ten years (n=4, 17.39%), 11 to 15 years (n=3, 13.04%), 16 to 20 years (n=2, 8.7%), and over 20 years (n=0, 0%). The majority of the participants had one to five years of psychiatric nursing experience, while none of the participants reporting having over 20 years of experience.

Table 9

Work Status

	Answer	**Count**	**Percent**
1.	Full-Time	22	95.65%
2.	Part-Time	0	0.00%
3.	PRN	1	4.35%
	Total	23	100%

Participant's reported their employee status was full-time (n=22, 95.65%), part-time (n=0, 0%), and PRN (n=1, 4.35%). The majority of the participants had a full-time status (95.65%), while no one participated that was part-time status.

Table 10

Length of Orientation

	Answer	**Count**	**Percent**
1.	Less than 1 week	2	8.70%
2.	1 week	13	56.52%
3.	1-2 weeks	8	34.78%
4.	Over 2 weeks	0	0.00%
	Total	23	100%

Participant's length of orientation was less than one week (n=2, 8.7%), one week (n=13, 56.52%), one to two weeks (n=8, 34.78%), and over two weeks (n=0, 0%). The majority of the participants reported having an orientation of one week (56.52%) and no one reported their orientation was over two weeks.

Workplace Violence Results

Table 11

Verbal Abuse Experiences with Patients

	Answer	**Count**	**Percent**
1.	Cursing	22	95.7%
2.	Bullying	16	70%
3.	Insults	20	87%
4.	Threatening	19	82.6%
	Total	77	

Question eight asked the participants if they ever had experienced verbal abuse from a patient. Their responses were cursing (n=22, 95.7%), bullying (n=16, 70%), insults (n=20, 87%), and/or threatening (n=19, 82.6%). The majority of the participants reported that they had experienced cursing (95.7%) and insults (87%) from patients.

Table 12

Physical Harm Experiences with Patients

	Answer	**Count**	**Percent**
1.	Patient posturing	22	95.7%
2.	Objects being thrown at you with intent to harm	23	100%
3.	Verbal threats to physically harm you or your co-workers	22	95.7%
	Total	67	

Participants were also asked if they had ever experienced any physical harm from patients. Their responses were patient posturing (n=22, 95.7%), objects being thrown at you with intent to harm (n=23, 100%), and verbal threats to physically harm you or your co-workers (n=22, 95.7%). All participants experienced not only one physical harm from patients but also "patient posturing" and "verbal threats to physically harm your or your co-workers" except one nurse out of the 23 total nurses.

Table 13

Physical Assault Experiences with Patients

	Answer	**Count**	**Percent**
1.	Hit	20	87%
2.	Kicked	21	91.3%
3.	Spat on	17	73.9%
4.	Hit with an object	22	95.7%
	Total	80	

Participants responded to physical harm such as being hit (n=20, 87%), kicked (n=21, 91.3%), spat on (n=17, 73.9%), and/or hit with an object (n=22, 95.7%). The category reported the least was being spat on by a patient (73.9%).

Table 14

Reporting Incidents to Supervisor

	Answer	**Count**	**Percent**
1.	Yes	19	82.61%
2.	No	4	17.39%
	Total	23	100%

If participants experienced verbal abuse, physical harm, or physical assault from patients, they were asked if they reported these incidents to their supervisor. Nineteen of the 23 reported these incidents to the supervisor (82.61%) while 4 participants did not report to the supervisor (17.39%).

Table 15

Missed Time from Work

	Answer	**Count**	**Percent**
1.	Yes	3	13.04%
2.	No	20	86.96%
	Total	23	100%

Participants were asked if they missed time from work due to incidents above. Only 3 participants responded that they did miss time from work (13.04%), while the other 20 participants did not miss time from work (86.96%).

Table 16

Comfort with Verbal De-escalation

	Answer	**Count**	**Percent**
1.	Yes	22	95.65%
2.	No	1	4.35%
	Total	23	100%

Participants were asked if they felt comfortable verbally confronting a patient who is out of control. Twenty-two of the participants answered "Yes (95.65%), and only one participant answered "No" (4.35%).

Table 17

Comfort with Placing Patients in Physical Hold

	Answer	**Count**	**Percent**
1.	Yes	19	82.61%
2.	No	4	17.39%
	Total	23	100%

When asked if participants felt comfortable putting a patient in a physical hold, 19 answered "Yes" (82.61%), while four answered "No" (17.39%).

Table 18

Last Time Completed Verbal De-Escalation and Handle with Care Training

	Answer	**Count**	**Percent**
1.	Within the last month	1	4.35%
2.	1-3 months ago	2	8.70%
3.	3-6 months ago	7	30.43%
4.	6-9 months ago	7	30.43%
5.	9-12 months ago	6	26.09%
6.	12+ months	0	0.00%
	Total	23	100%

The last time participants completed Verbal De-escalation and Handle with Care training was within the last month (n=1, 4.35%), one to three months ago (n=2, 8.7%), three to six months ago (n=7, 30.43%), six to nine months ago (n=7, 30.43%), nine to 12 months ago (n=6, 26.09%), and more than 12 months ago (n=0, 0%). The majority of the participants reported that the last time they completed verbal de-escalation and handle with care training between three to six months ago (30.43%) and six to nine months ago (30.43%).

Table 19

Safety Concerns

	Answer	**Count**	**Percent**
1.	Yes	10	43.48%
2.	No	13	56.52%
	Total	23	100%

When the participants were asked if they had any concerns about their safety at work, the majority (n=13) answered “No”, while 10 responded “Yes” (43.48%).

Table 20

Reporting Concerns

	Answer	**Count**	**Percent**
1.	Yes	16	94.12%
2.	No	1	5.88%
	Total	17	100%

Lastly, the participants were asked if they answered yes to the previous question regarding safety concerns, did they know who to report those concerns to. Sixteen of the

participants answered “Yes” (94.12%), while only one participant answered “No” (5.88%).

The participants then attended a “Safe Environment” presentation. The presentation defined workplace violence, presented data on recent studies of violence towards healthcare workers, identified risk factors, and how violence affects the healthcare worker. The presentation also provided participants with the tools necessary to identify safety issues in the workplace including education, training, and effective communication. The participants were then asked to complete a post-survey to determine if the presentation was effective in helping nurses manage their aggressive patients. The results are discussed below.

Workplace Violence Post-Survey Results

Table 21

Tools for Verbal Abuse

	Answer	**Count**	**Percent**
1.	Yes	21	91.30%
2.	No	2	8.70%
	Total	23	100%

Participants were asked if after watching the "Safe Environment" presentation, if they felt they now had the tools necessary if verbal abuse were to occur. Twenty-one participants answered “yes” (91.3%), while only two answered “no” (8.7%). This high response rate (91.3%) may have been a result of the “Safe Environment” presentation.

Table 22

Tools for Physical Harm

	Answer	**Count**	**Percent**
1.	Yes	21	91.30%
2.	No	2	8.70%
	Total	23	100%

Participants were asked if after watching the presentation, if they felt they had the tools necessary if a patient threatened physical harm to an employee. Twenty-one of the participants answered "Yes" (91.3%), while only two answered "No" (8.7%). This high response rate (91.3%) may have been a result of the "Safe Environment" presentation.

Table 23

Tools for Violence

	Answer	**Count**	**Percent**
1.	Yes	19	82.61%
2.	No	4	17.39%
	Total	23	100%

After watching the presentation, participants were asked if they felt they had the tools necessary if a patient became violent with an employee. Their responses were "Yes" (n=19, 82.61%) and "No" (n=4, 17.39%). This high response rate (82.61%) may have been a result of the "Safe Environment" presentation.

Table 24

Safety Concerns after Presentation

	Answer	**Count**	**Percent**
1.	Yes, I still have concerns	5	21.74%
2.	No, I do not have concerns anymore	15	65.22%
3.	I did not have any concerns before the presentation	3	13.04%
	Total	23	100%

The participants were then asked if after watching the presentation, if they had concerns about their safety at work. Their responses were "Yes, I still have concerns" (n=5, 21.74%), "No, I do not have concerns anymore" (n=15, 65.22%), and "I did not have any concerns before the presentation" (n=3, 13.04%). The majority of the participants reports that "No, I do not have concerns anymore" (65.22%).

Table 25

Reporting Concerns after Presentation

	Answer	**Count**	**Percent**
1.	Yes	14	100.00%
2.	No	0	0.00%
	Total	14	100%

The participants were then asked if they still had concerns, if they knew who to report those concerns to. Their responses were "Yes" (n=14, 100%), and "No" (n=0, 0%). This high response rate (100%) may have been a result of the "Safe Environment" presentation.

Table 26

Was the Presentation Helpful?

	Answer	**Count**	**Percent**
1.	Yes	20	86.96%
2.	No	3	13.04%
	Total	23	100%

Participants were asked if they thought the "Safe Environment" presentation was helpful, and 20 participants answered "Yes" (86.96%) while three participants answered "No" (13.04%).

Summary

This chapter presented the findings of the study to determine if the "Safe Environment" presentation was effective in helping nurses to manage aggressive patients. The results indicated that at least 70% of the participants had experienced a form of verbal abuse, at least 96% of the participants had experienced a form of physical harm, and at least 74% of the participants had experienced physical assault from the patients. Also, in the initial survey, 96% of participants stated they were comfortable verbally de-escalating aggressive patients and 83% of participants were comfortable placing patients in a hold. Forty-three percent of the participants claimed to have safety concerns at work. After participants attended the "Safe Environment" presentation, they completed a post-survey. Participants were asked in the post-survey if, after attending the presentation, they now had the tools necessary for handling aggressive patients. Ninety-one percent of the participants stated they had the tool necessary for handling verbal aggressions, 91% for physical harms, and 83% for physical assault. Twenty-one percent of the participants stated they still have concerns for their safety at work, while 65% do not have concerns anymore. Eighty-seven percent of the participants felt the presentation was helpful. These high response rates may have been a result of the "Safe Environment" presentation.

V. Conclusions

Summary

The purpose of this research study was to identify the contributing factors of workplace violence in an adolescent acute care psychiatric facility and to implement a "safe environment" workplace violence prevention program for psychiatric nurses. The lack of literature related to violence against nurses in the pediatric psychiatric setting helped lay the foundation for the need of this study. A descriptive, quantitative research design was used for this study. A convenience sample of 60 registered nurses were invited to participate. Only *N*=23 registered nurses in an acute pediatric psychiatric setting, treating children from ages five to seventeen, located in a metropolitan area in Arkansas participated in this study. Nurses were asked to complete a survey that assessed the different types of violence they had experienced from patients. Nurses then attended a "Safe Environment" presentation covering topics of risk factors for violence, how violence affects the healthcare worker, an overview of training on how to manage aggressive patients, and how to identify safety concerns in the workplace. After the presentation, nurses completed an evaluation survey to determine if the presentation was effective in preparing nurses to manage aggressive patients. Data on incident reports on reported hospital employee injuries and restraint records related to patient aggression towards staff were also collected and analyzed.

The findings from this research study will help contribute to the pediatric psychiatric field of nursing by providing evidence of the need for hospitals to have a workplace violence prevention program in place. In addition, this study adds to the limited body of knowledge with regard to the pediatric population by providing types of violence experienced by nurses in the psychiatric setting and the need for support for nurses who have experienced violence. The study also helped identify current employees' experiences, views on safety, and their level of comfort in performing verbal de-escalation and handle with care. This chapter will provide the discussion of the findings, conclusions, implications for future practice, and recommendations for future studies.

Discussion

The findings of this research study revealed that nurses who work in the pediatric psychiatric setting are at high risk of being attacked by patients. The restraint category "patient attacked staff" was one of the highest categories for the acute child floor (44.03%), while this category only accounted for 17.6% of the restraints on the acute adolescent floor. For the total hospital restraints, "patient attacked staff" accounted for 31.77% of the restraints. Comparatively, the restraint findings of Tompsett et al. (2011) study revealed a much higher rate of 64.7% of the restraints, categorized as aggression towards staff.

The findings of this research study revealed that nurses working in the pediatric psychiatric setting will most likely experience some type of violent aggression from a patient. In this study, at least 96% of the nurses experienced a form of verbal aggression and physical harm. The most astounding figure is that 74% of nurses experienced

physical assault with 13.04% leading to missed work. An important finding is when compared to the adult population, the pediatric incidents of violence is much higher. Comparatively, findings of Ridenour et al. (2015) showed 55% have been assaulted verbally, 43% have experienced threats of physical assault, and 20% of psychiatric nurses have been physically assaulted at least once during their shifts in a work week. Also, the findings of this research study are slightly higher than the findings of Greenwood and Braham (2017) which had stated that 72% of nurses had claimed to have been physically assaulted by a patient. The findings in this study are similar to the findings of Pelto-Piri et al. (2019) which states that 83% of nursing staff experienced violence.

Another finding of this study revealed that nurses who work in the pediatric psychiatric setting must receive proper training on managing aggressive patients. In this study, 96% of participants stated they were comfortable verbally de-escalating aggressive patients and 83% of participants were comfortable placing patients in a hold. Comparatively, this is higher than the findings of Niu et al. (2019) which showed that 58.5% had received training in violence management such as self-defense and conflict resolution. According to Peplau's theory of Interpersonal Relations in Nursing, this training in violence management includes communication skills and how to manage a therapeutic milieu which allows the nurse to better manage the aggression of patients in the healthcare setting (McEwen & Wills, 2014).

This study also showed that nurses who work in the pediatric psychiatric setting are likely to report incidents of aggression to their supervisor. When reporting incidents of violence, the findings of this research study showed that 82.67% were reported to their supervisor. Comparatively, the findings of this study are much higher than the findings

of Niu et. al (2019), which showed that only 12% reported physical violence and only 4.8-10.8% reported psychological violence.

Conclusions

Violence towards healthcare workers, particularly nurses, has become an increasing problem in the psychiatric setting. Healthcare workers must learn to properly manage aggressive patients through training on milieu management and maintaining a safe work environment. Developing a workplace violence prevention program is vital to provide a safe environment for nurses working in psychiatric facilities along with other healthcare workers. This research study created and implemented a workplace violence prevention program called “Safe Environment”.

Participants were asked in the post-survey after attending the presentation if they now had the tools necessary for handling aggressive patients, in which 91% of the participants stated they had the tool necessary for handling verbal aggression, 91% for physical harm, and 83% for physical assault. Twenty-one percent of the participants stated they still have concerns for their safety at work, while 65% do not have concerns anymore. The “Safe Environment” presentation may have been related to the decrease in having the tools necessary to manage aggression and the participants having less concerns for their safety at work. The program may have also led employees to feeling more comfortable in reporting violent episodes to their supervisor. Eighty-seven percent of the participants felt the presentation was helpful, which would lead to the

recommendation of this “Safe Environment” program for other acute psychiatric facilities.

Implications

The study shows that hospitals should have a workplace violence prevention program in place in order to prevent violence to healthcare workers. The “Safe Environment” presentation for this study emphasized knowing the factors for aggression and provided an overview of a refresher on verbal de-escalation and handle with care to manage aggression in the milieu. The study also revealed that training employees on contributing factors of aggression, communication, and managing a safe milieu are important to decrease violence towards healthcare workers. The need for violence prevention training is also supported by several recent studies, such as Greenwood and Braham (2018), Lantta et al. (2016), Niu et al. (2019), Pelto-Piri et al. (2019), and Ridenour et al. (2015). Greenwood and Braham (2018) reports the necessity of training employees on the factors of aggression and the need for training on milieu management. Ridenour also stresses the importance of education towards factors of aggression is key to managing a safe milieu (Ridenour et al., 2015). The study of Pelto-Piri et al. (2019) states that is important to promote a safe environment for patients and staff and that improving communication between patients and staff help to enhance patient safety. Lantta et al. (2016) suggests how to prevent violent episodes of aggression on psychiatric units, the need for education and training on managing aggressive patients, and how to

maintain a safe environment on the unit. Niu et al. (2019) revealed that nursing management must establish ways to prevent workplace violence, such as safe working environments and the need for staff training on communication skills, self-defense, and conflict resolution. Nursing management must use this current literature to develop a policy on preventing aggression towards nurses in the workplace. Nursing management also must use these key prevention strategies when training nurses on milieu management and daily operations on acute psychiatric nursing units.

Recommendations

For future studies, a larger sample size should be obtained and the data should be collected over a larger time span. In addition, the population should be expanded to include the adult psychiatric population in addition to the child and adolescent populations. Also, the study did not ask questions specific to communication on the unit nor did it provide details on the safety concerns of the employees. The last recommendation for future studies would be to complete a qualitative study to obtain more information on how violence affects the nurse, such as staff debriefings after a violent episode occurs. The survey for this study did not ask questions to obtain data on the nurse's mental health after experiencing aggression.

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Appendix A

Letter of Permission

3/2/2020

Re: Use of information for thesis project

To Whom It May Concern:

Please allow this letter to be approval for Jennifer Yarberry to utilize de-identified data from employee surveys, incident reports and personal health information collected and maintained by Pinnacle Pointe Behavioral Healthcare Systems.

Sincerely,

Michael Beck, RHIA
Privacy Officer

Appendix B

Informed Consent

The Introductory Paragraph

I invite you to take part in a research study Prevalence of Workplace Violence Towards Nurses in Acute Care Adolescent Mental Health at Pinnacle Pointe Hospital, which seeks to study workplace violence. Taking part in this study is entirely voluntary. I encourage you to contact me to discuss any questions about this study. If you decide to participate in this study you must read this consent form and voluntarily agree to take part in this study.

Section 1. Purpose of the Research

The purpose of this research is to identify the contributing factors of workplace violence in an adolescent acute care psychiatric facility and to implement a "safe environment" workplace violence prevention program for psychiatric nurses.

Section 2. Procedures

If you agree to take part in this study, sign this consent form by selecting "I agree" at the end of this form, which will take you immediately to the survey. You will be asked to attend a presentation in Fall 2020, and you will be also be asked to complete a post-survey after the presentation.

Section 3. Time Duration of the Procedures and Study

If you agree to take part in this study, it will take you approximately 5 minutes to read and complete the consent form. Then it will take approximately 10 minutes to fill out the survey. You will be required to attend a presentation in Fall 2020 on a workplace violence prevention program lasting approximately 20 minutes. You will be asked to take a post-survey that will take you approximately 10 minutes to complete.

Section 4. Discomforts and Risks

Participants might experience minimal anxiety or emotional distress related to their experiences when answering questions about workplace violence on the study. However, they have the right to stop participating in the study at any time.

Section 5. Potential Benefits

Possible benefits to the participant:

The research study will help identify current employees' experiences, views on safety, and their level of comfort in performing verbal de-escalation and handle with care.

Possible benefits to others:

The research study will identify contributing factors of workplace violence in this setting which is beneficial in reducing workplace violence.

Section 6. Statement of Confidentiality

Privacy and confidentiality measures

Your research records that are reviewed, stored, and analyzed through Question Pro, along with de-identified data from incident reports and personal health information will be kept in a secured area in a locked file cabinet in the investigator's locked office at the facility.

In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared. Your participation in this research study is confidential to the extent permitted by law. However, it is possible that other people may become aware of your participation in this study. For example, the following people/groups may inspect and copy records pertaining to this research.

- The Office of Human Research Protections in the U. S. Department of Health and Human Services
- The Arkansas Tech University Institutional Review Board (a committee that reviews and approves research studies) and
- The Arkansas Tech University IRB Office
- The National Institutes of Health, the study sponsor

Section 7. Costs for Participation
a.Costs:
 None
b. Treatment and compensation for injury:
 N/A

Section 8. Compensation for Participation
You will not receive any compensation for being in this research study.

Section 9. Research Funding

- Funding disclosure: None

Section 10. Voluntary Participation

Taking part in this research study is voluntary. You do not have to participate in this research. If you choose to take part, you have the right to stop at any time. If you decide not to participate or if you decide to stop taking part in the research at a later date, there will be no penalty or loss of benefits to which you are otherwise entitled.

Section 11. Contact Information for Questions or Concerns

You have the right to ask any questions you may have about this research. If you have questions, complaints or concerns or believe you may have developed an injury related to this research, contact Jennifer Yarberry at (501) 604-4782.

If you have questions regarding your rights as a research participant or you have concerns or general questions about the research or about your privacy and the use of your personal health information), contact the research participants protection advocate in the Arkansas Tech University's IRB Office at (844) 804-2628. You may also call this number if you cannot reach the research team or wish to talk to someone else. For more information about participation in a research study and about the Institutional Review Board (IRB), a group of people who review the research to protect your rights, please visit Arkansas Tech University's IRB web site at https://www.atu.edu/ospui/human_subjects.php. Included on this web site, under the heading "Participant Info", you can access federal regulations and information about the protection of human research participants. If you do not have access to the internet, copies of these federal regulations are available by calling the Arkansas Tech University at (844) 804-2628.

Signature and Consent/Permission to be in the Research before making the decision regarding enrollment in this research you should have:

- Discussed this study with an investigator,
- Reviewed the information in this form, and
- Had the opportunity to ask any questions you may have.

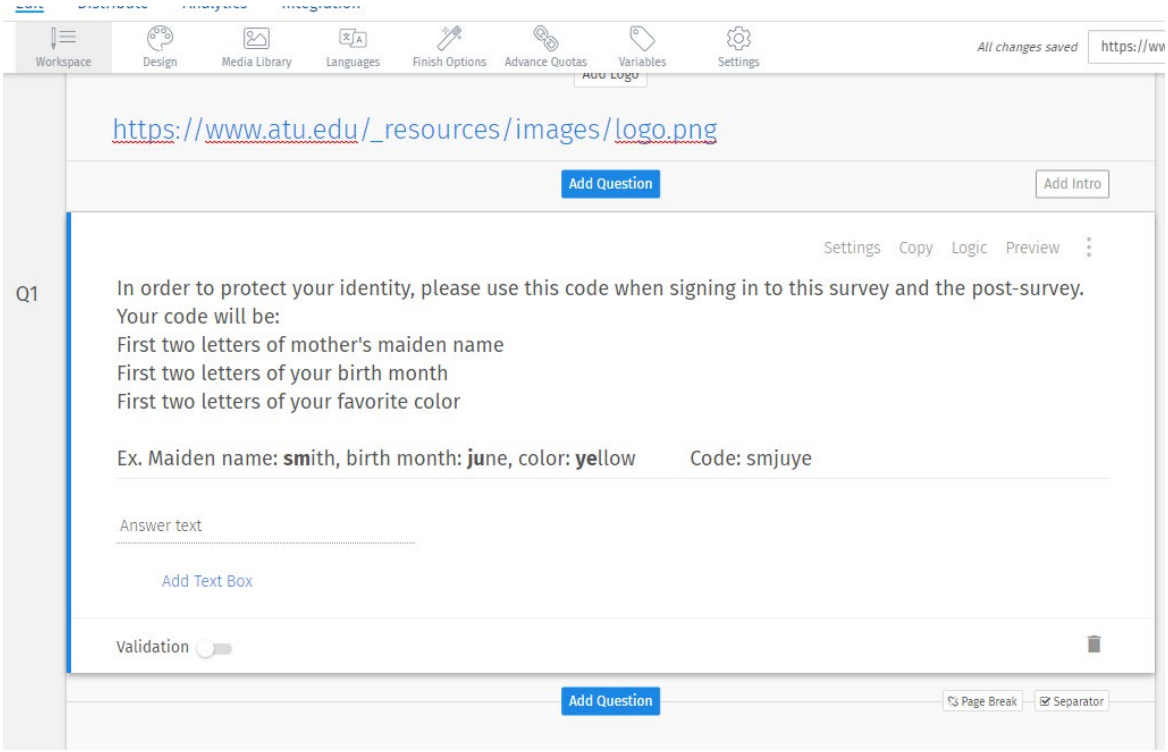
By selecting agree, you are agreeing to participate in the study with an electronic signature. Clicking the link below will take you directly to the survey. https://www.dcri.org/trial-

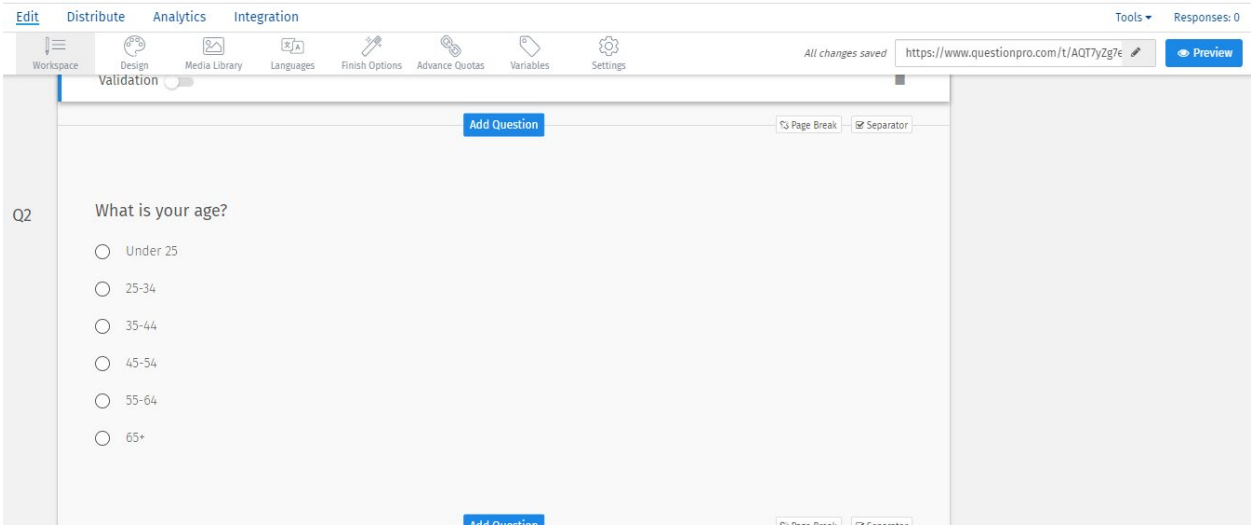
Appendix C

QuestionPro Survey

This document was created using the following resources: CTNBest Practices ctnbestpractices.org

1. I agree
2. I do not agree

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Preview
Validation
Add Question
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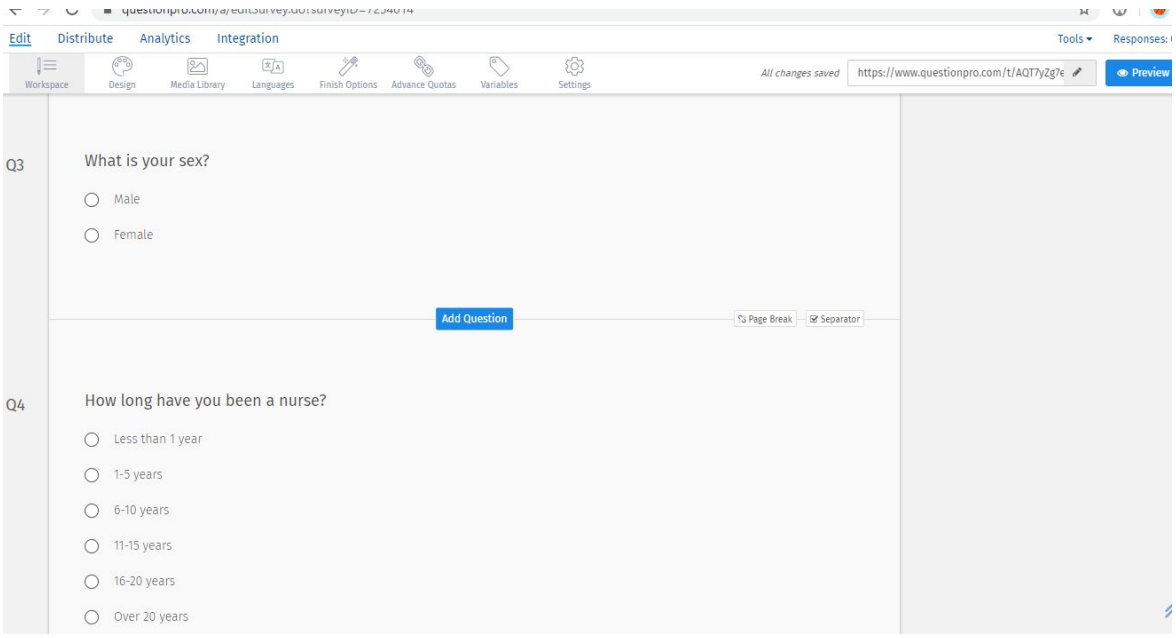
Separator
Q2
What is your age?
Under 25
25-34
35-44
45-54
55-64
65+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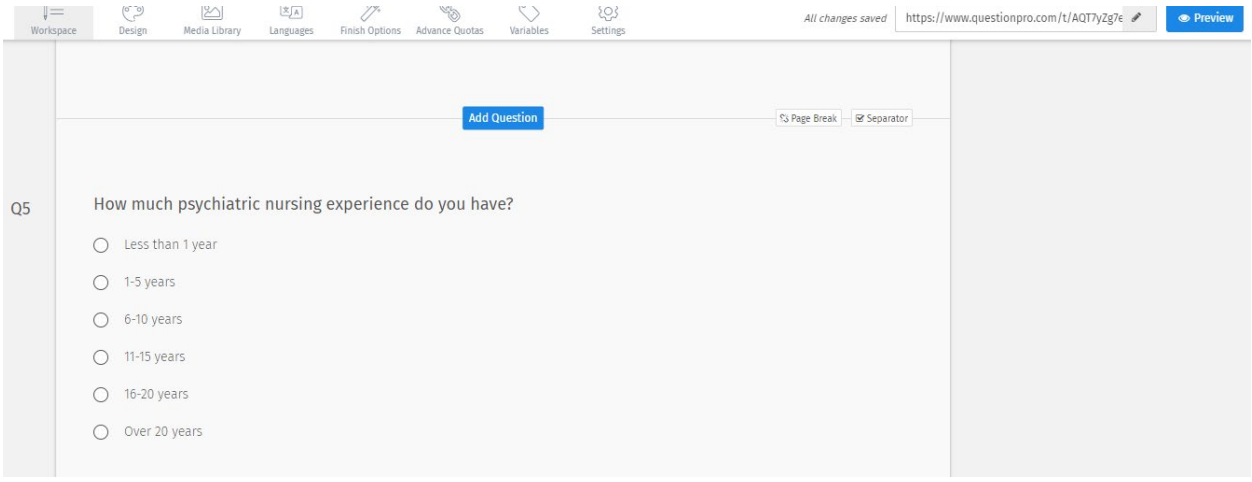
Preview
Q3
What is your sex?
Male
Female
Add Question
Page Break
Separator
Q4
How long have you been a nurse?
Less than 1 year
1-5 years
6-10 years
11-15 years
16-20 years
Over 20 years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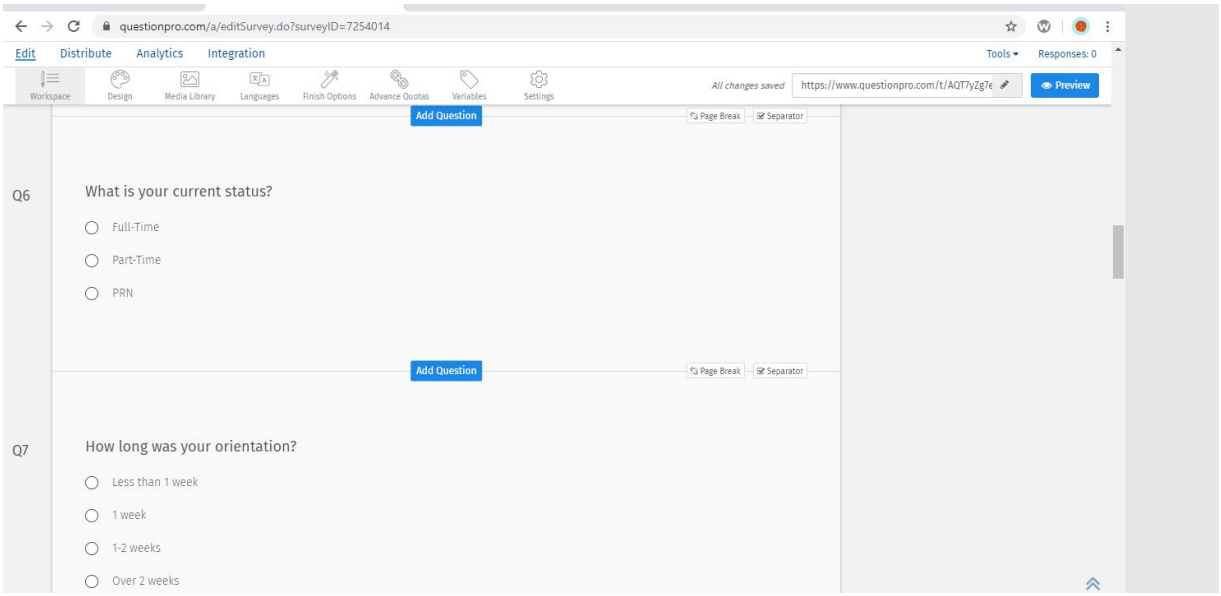
Q5
How much psychiatric nursing experience do you have?
Less than 1 year
1-5 years
6-10 years
11-15 years
16-20 years
Over 20 years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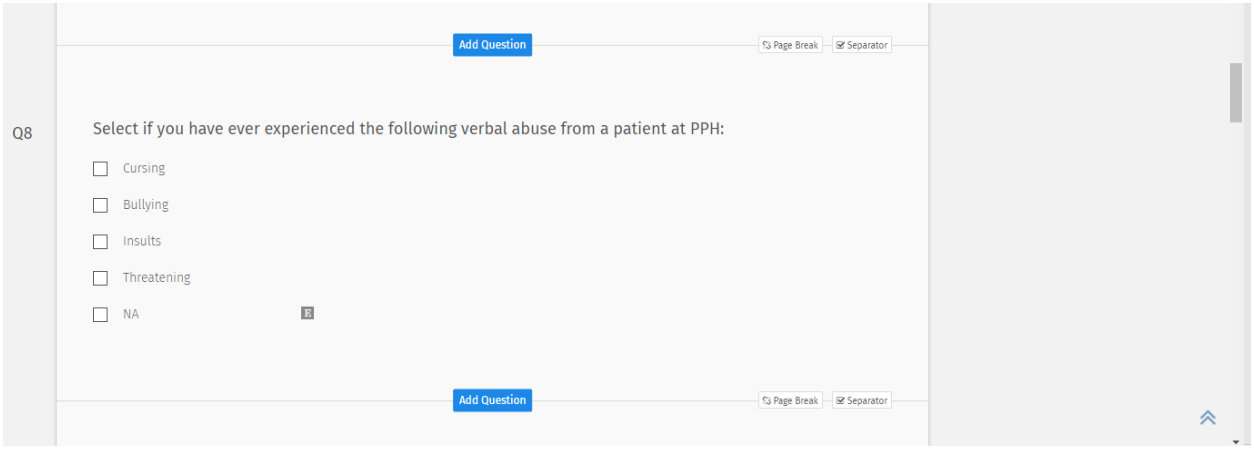
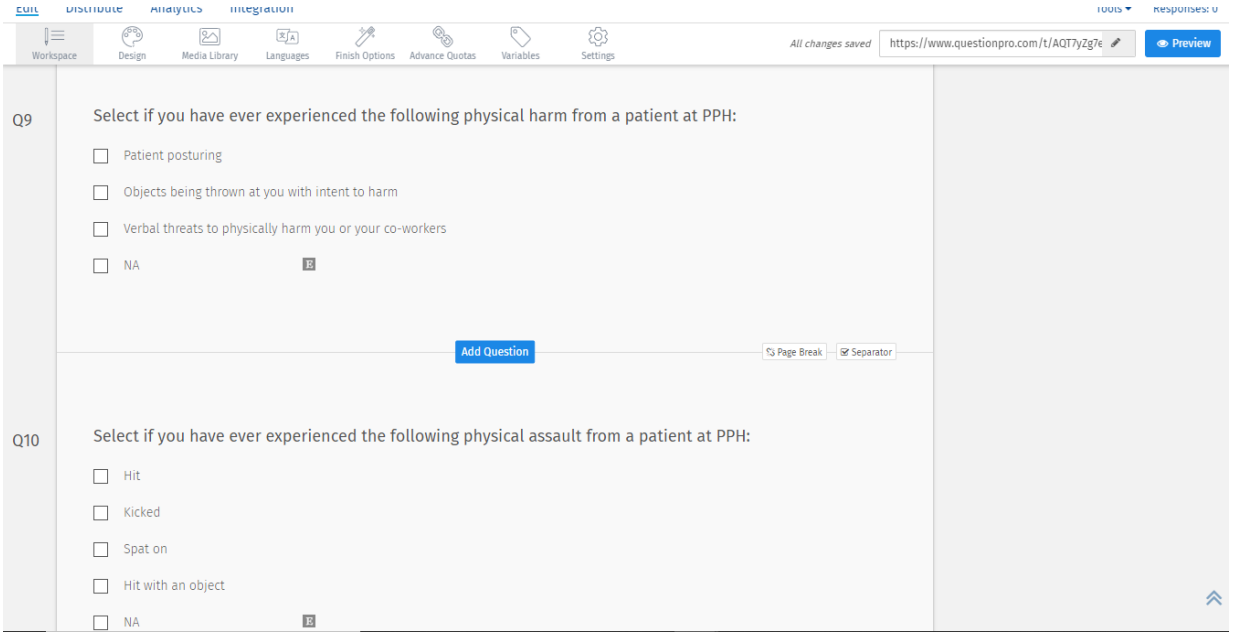
Preview
Add Question
Page Break
Separator
Q6
What is your current status?
Full-Time
Part-Time
PRN
Add Question
Page Break
Separator
Q7
How long was your orientation?
Less than 1 week
1 week
1-2 weeks
Over 2 weeks


Add Question
Page Break
Separator
Q8
Select if you have ever experienced the following verbal abuse from a patient at PPH:
Cursing
Bullying
Insults
Threatening
NA
Add Question
Page Break
Separator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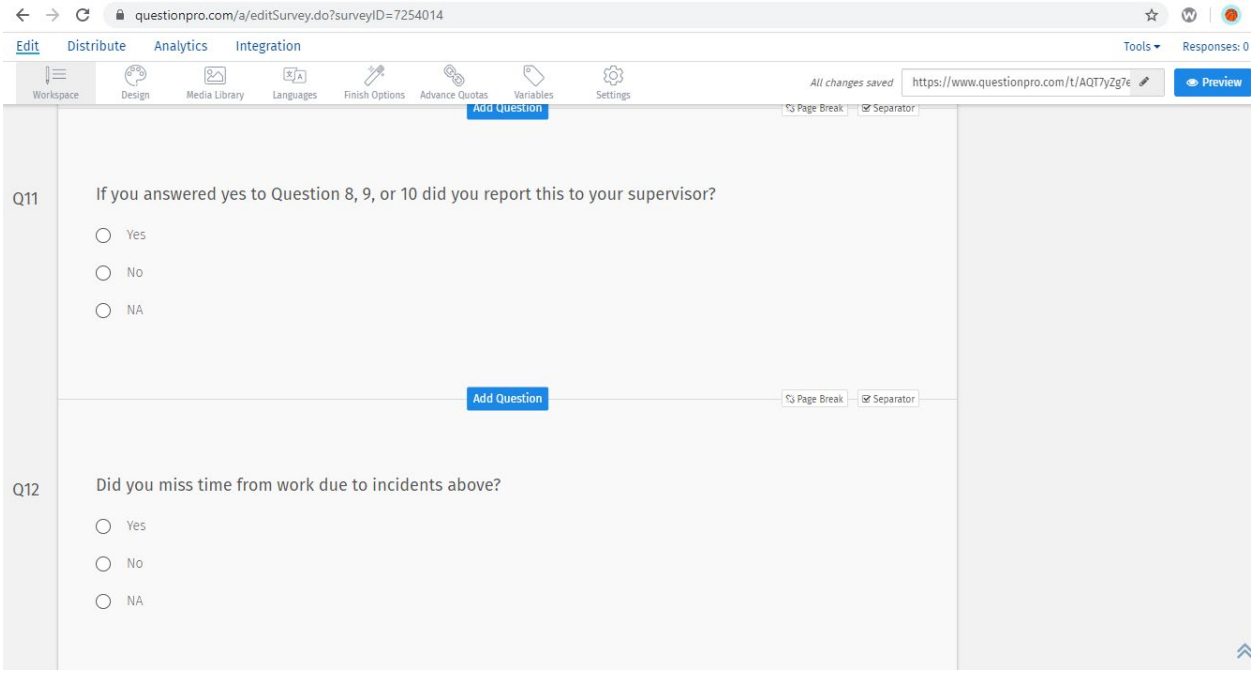
Preview
Q9
Select if you have ever experienced the following physical harm from a patient at PPH:
Patient posturing
Objects being thrown at you with intent to harm
Verbal threats to physically harm you or your co-workers
NA
Add Question
Page Break
Separator
Q10
Select if you have ever experienced the following physical assault from a patient at PPH:
Hit
Kicked
Spat on
Hit with an object
NA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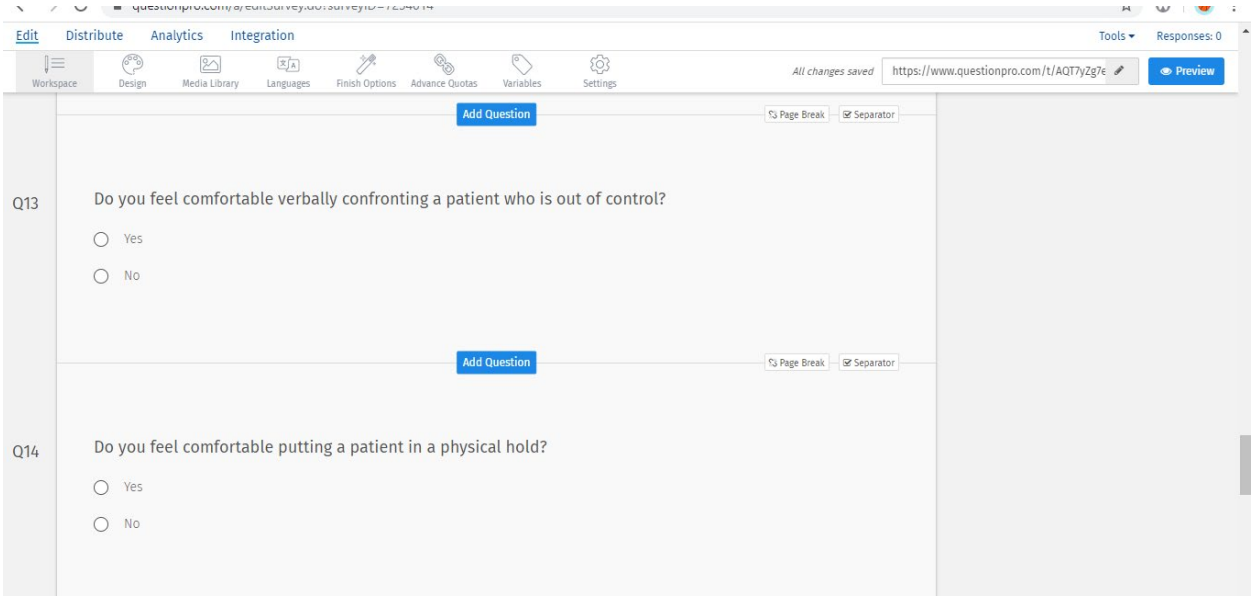
Q11
If you answered yes to Question 8, 9, or 10 did you report this to your supervisor?
Yes
No
NA
Add Question
Page Break
Separator
Q12
Did you miss time from work due to incidents above?
Yes
No
NA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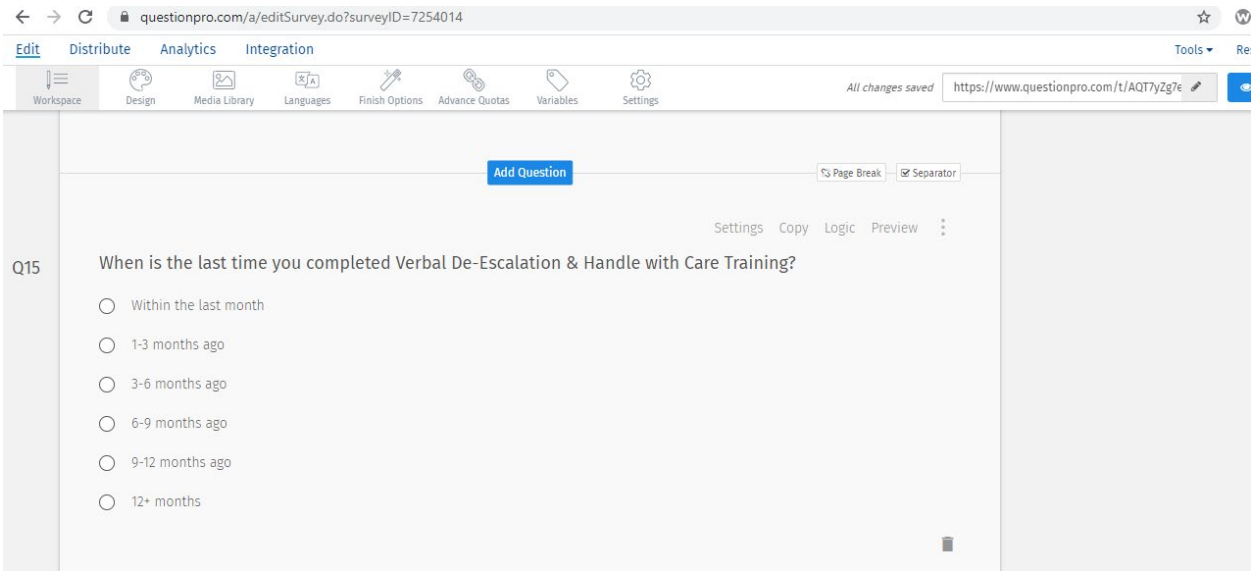
Preview
Add Question
Page Break
Separator
Q13
Do you feel comfortable verbally confronting a patient who is out of control?
Yes
No
Add Question
Page Break
Separator
Q14
Do you feel comfortable putting a patient in a physical hold?
Yes
No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Add Question
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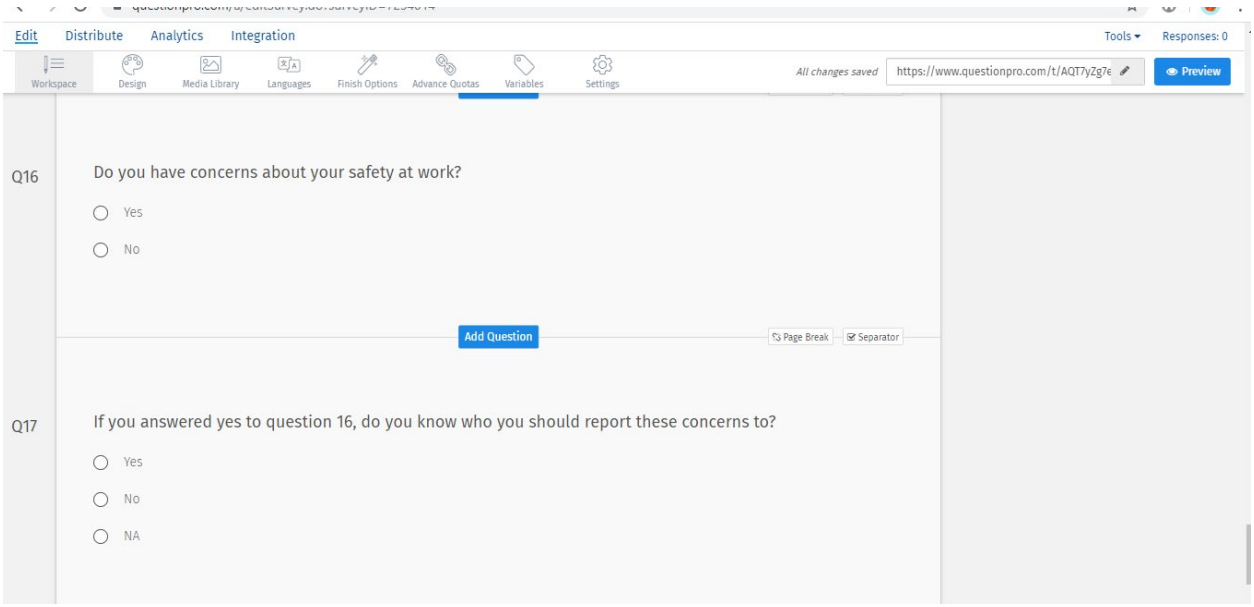
Preview
Q15
When is the last time you completed Verbal De-Escalation & Handle with Care Training?
Within the last month
1-3 months ago
3-6 months ago
6-9 months ago
9-12 months ago
12+ months



Appendix D

Workplace Violence Prevention Program

"SAFE ENVIRONMENT" WORKPLACE VIOLENCE PREVENTION PROGRAM

Arkansas Tech University

Jennifer Yarberry

Spring 2020

WHAT IS WORKPLACE VIOLENCE?

Defined as "expression of physical or verbal force against other people in the workplace" ("businessdictionary.com", 2020)

Can consist of threats, verbal abuse, and physical assault that could cause physical harm

RECENT STUDIES

- Violence towards healthcare workers is an increasing problem within the behavioral health nursing profession.
- Nurses who work in psychiatric facilities are among the second highest average rates for workplace violence.
- According to Ridenour:
  - 20% of psychiatric nurses have been physically assaulted
  - 43% have experienced threats of physical assault
  - 55% have been assaulted verbally at least once during their shifts in a work week

WHO IS MOST AT RISK AND HOW DOES IT AFFECT THE WORKER?

- Factors that may increase the risk of violence:
  - Working with volatile, unstable patients
  - Working alone or in isolated areas
- Workplace violence can lead to behavioral health workers being at risk for:
  - Job stress
  - Burnout
  - Low staff morale
- Fear can lead to shortage of psychiatric nurses
- Workplace Violence could also compromise patient care, resulting in negative patient outcomes

CURRENT PLAN

Pinnacle Pointe currently addresses **employee to employee** violence

The introduction of this new plan will incorporate **patient to employee** or **customer/client** workplace violence

HOW CAN I HAVE A "SAFE ENVIRONMENT"?

- Education, including monthly in-services
- Training, upon hire and yearly, mandatory classes
- Effective Communication

EDUCATION: "SAFE ENVIRONMENT"

- Early assistance:
  - Code Gold
  - Dr. Green
- Know your surroundings
- Proper use of staffing through scheduling:
  - Ratio of 1:9
- Teamwork
- Avoid working alone

TRAINING

- Verbal De-Escalation
  - Limit setting, personal space, adjust based on age/abilities
- Handle with Care
  - Proper technique, safety
- Service Excellence
  - EGO program, Mission statement

EFFECTIVE COMMUNICATION

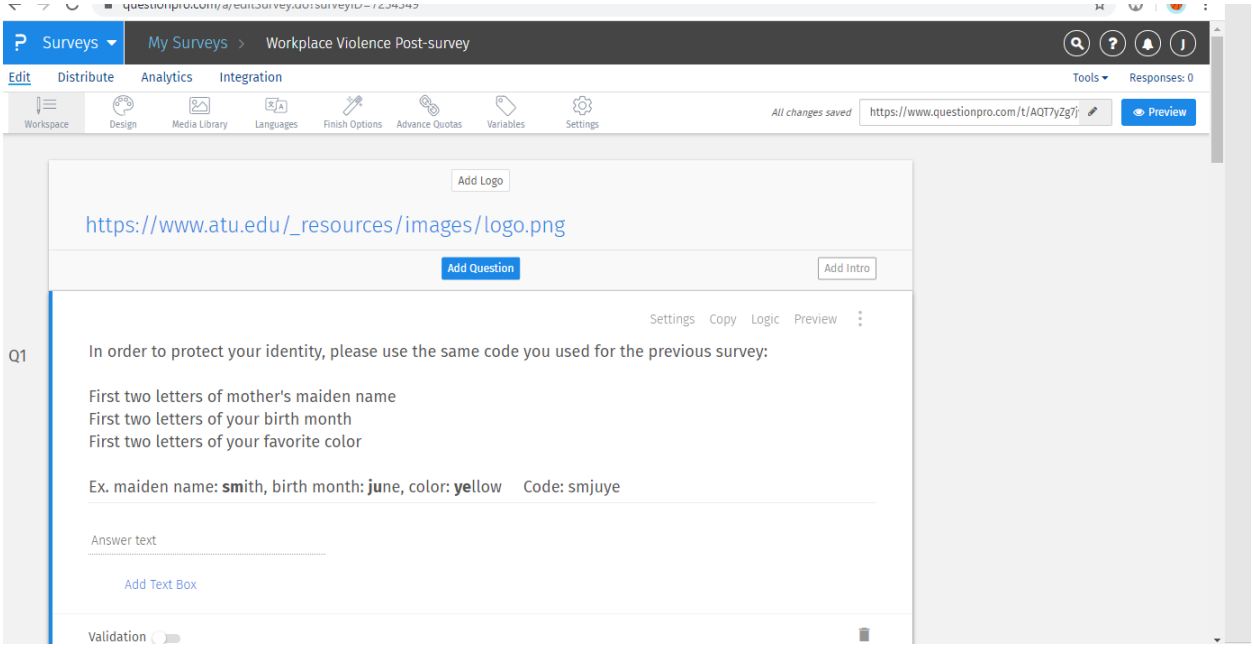
- Ability to identify patients prior to behavioral escalation, observation
- Ability to relate to patient based on their age/abilities
- Handoff communication
- How to report workplace violence

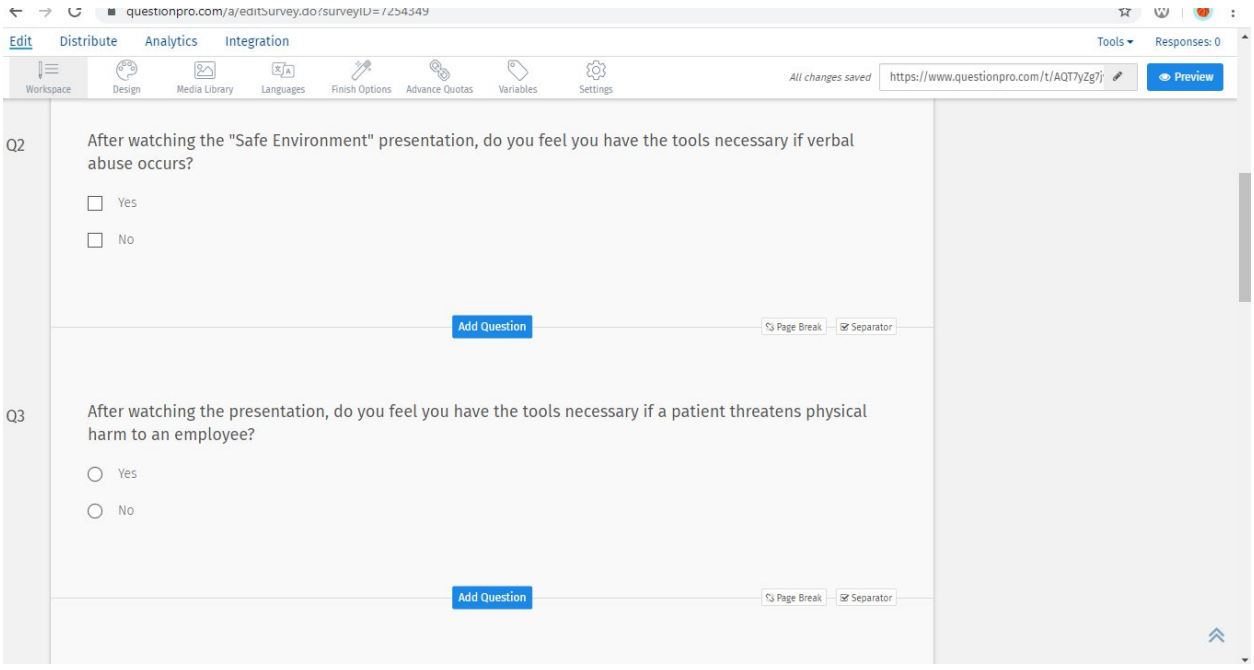
REFERENCES

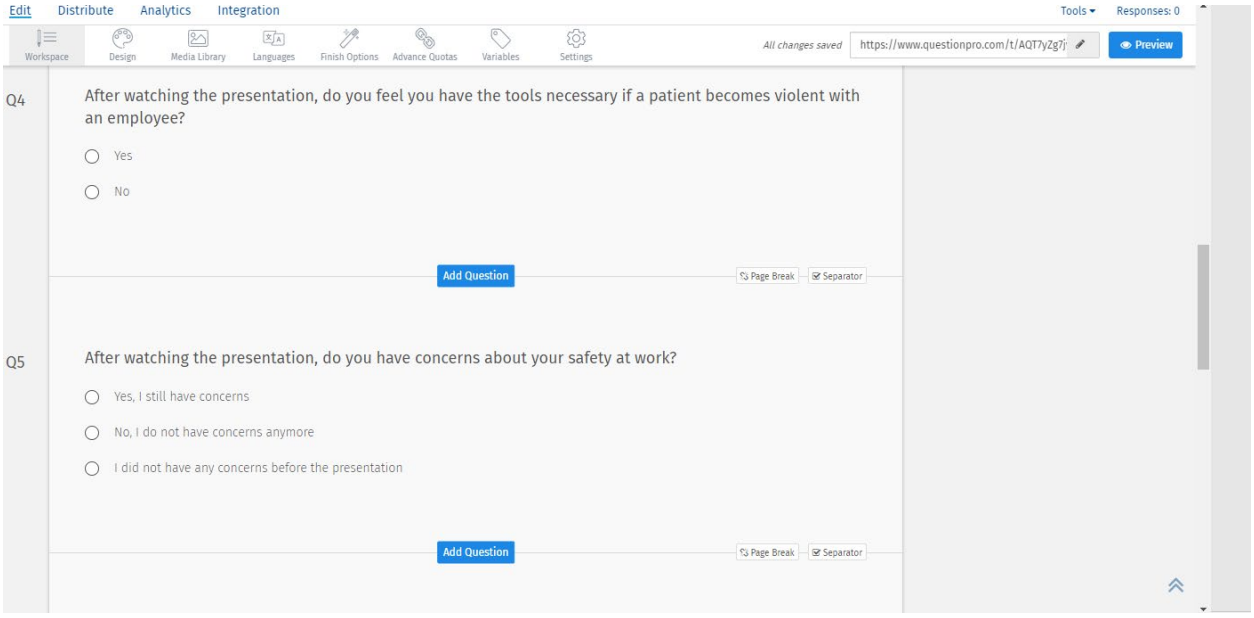
- Chen, W., Huang, C., Hwang, J., & Chen, C. (2010). The relationship of health-related quality of life to workplace physical violence against nurses by psychiatric patients. *Quality of Life Research, 19*(8), 1155-1161. doi:10.1007/s11136-010-9679-4
- Niu, S., Tsai, H., Traynor, V., & Chou, K. (2019). Prevalence of workplace violent episodes experienced by nurses in acute psychiatric settings. PLoS One, 14(1). doi: 10.1371/journal.pone.0211183
- Ridenour, M., Lanza, M., Hendricks, S., Hartley, D., Rierdan, J., Zeiss, R., & Amandus, H. (2015). Incidence and risk factors of workplace violence on psychiatric staff. *Work (Reading, Mass.)*, *51*(1), 19–28. doi:10.3233/WOR-141894
- Workplace violence. (2020, February 11). Retrieved from http://www.businessdictionary.com/definition/workplace-violence.html

Appendix E

Post-survey



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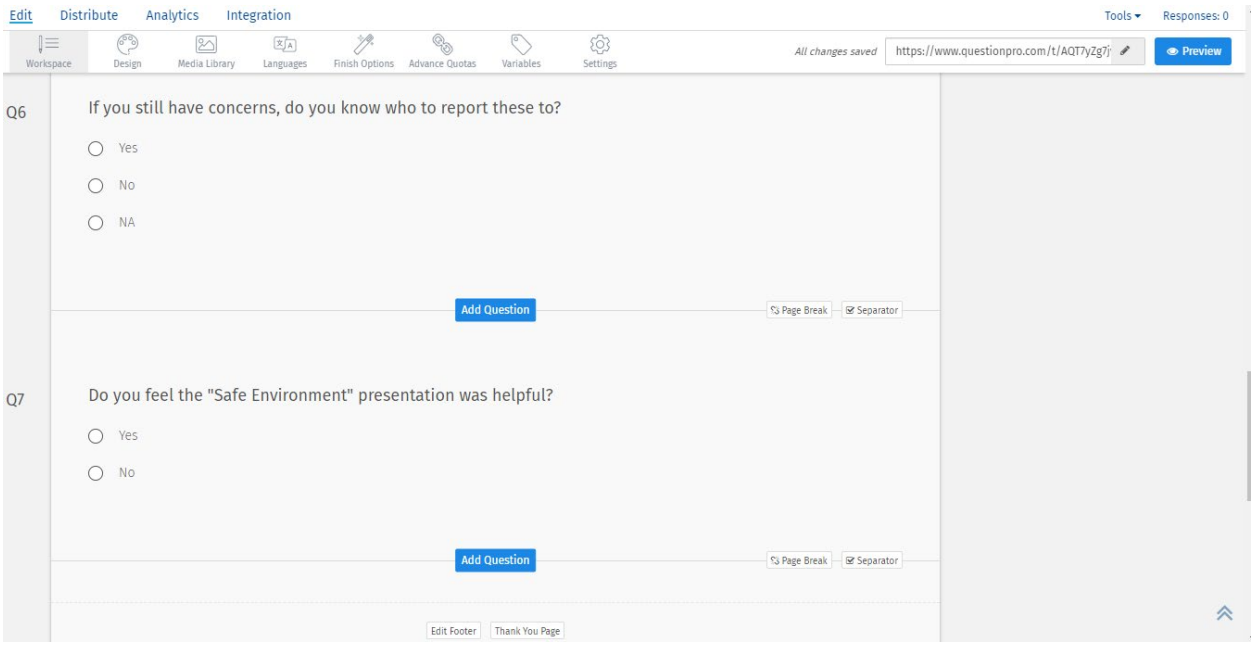
Preview
Q4
After watching the presentation, do you feel you have the tools necessary if a patient becomes violent with an employee?
Yes
No
Add Question
Page Break
Separator
Q5
After watching the presentation, do you have concerns about your safety at work?
Yes, I still have concerns
No, I do not have concerns anymore
I did not have any concerns before the presentation
Add Question
Page Break
Separator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https://www.questionpro.com/t/AQT7yZg7j
Preview
Q6
If you still have concerns, do you know who to report these to?
Yes
No
NA
Add Question
Page Break
Separator
Q7
Do you feel the "Safe Environment" presentation was helpful?
Yes
No
Add Question
Page Break
Separator
Edit Footer
Thank You Page

Appendix F

CITI Training

CITI PROGRAM

Completion Date 07-Dec-2017
Expiration Date 06-Dec-2020
Record ID 25486750

This is to certify that:

Jennifer Yarberry

Has completed the following CITI Program course:

Social & Behavioral Research (Curriculum Group)
Social & Behavioral Research (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Arkansas Tech University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?we5e65c52-d99d-4f79-9ea1-ea054e78eada-25486750

CITI PROGRAM

Completion Date 24-Mar-2020
Expiration Date 24-Mar-2023
Record ID 29889763

This is to certify that:

shelly randall

Has completed the following CITI Program course:

Social & Behavioral Research (Curriculum Group)
Social & Behavioral Research (Course Learner Group)
2 - Refresher Course (Stage)

Under requirements set by:

Arkansas Tech University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w32b60d7d-51fc-4205-9e8a-910d77ef2bc6-29889763