

**Workplace Violence affecting Quality of Care in the Emergency Department: Quality
Improvement**

Kaitlyn Goodrum

Lakeview College of Nursing

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Workplace violence against nurses in the emergency department (ED) has been steadily increasing, affecting the care they can give their clients. Nurses working in the emergency department are on the front lines and experience a barrage of issues daily. One of the most unfortunate issues nurses in the emergency department encounter is violence by the client or a visitor. Unfortunately, these violent incidents in the emergency department have only increased during the pandemic (Hsu et al., 2022). This potentially traumatic event a nurse experiences can and will affect them in more ways than one. The **purpose of quality improvement** on this matter is to reduce the number of violent incidents against ED nurses so the care of other clients is unaffected. Discussing the category of knowledge under the QSEN Competency of Quality Improvement with the purpose stated just before, nurses need to know and understand their institution's policy for dealing with a combative client. Such policies could be a reason for nurses to take the initiative to change their institution's policies or process of care (QSEN Institute, 2020). Discussing next, the skills category under the QSEN Competency of Quality Improvement with the initially stated purpose, nurses would be given additional education on de-escalation tactics. Based on the new training the nurses underwent, measurement and evaluation can be completed to see the effects of the change (QSEN Institute, 2020). Moving on to discuss the category of attitudes/behaviors under the QSEN Competency of Quality Improvement with the initially stated purpose, nurses experiencing trauma due to a violent incident should seek help through their employer if offered. This action will help nurses understand and appreciate how unwanted change affects their care (QSEN Institute, 2020). The nursing-specific topic is quality

of care and how violence towards nurses in the ED affects patient care. These incidents are a domino effect on nurses leading to many more issues within the department; if hospitals can cut the number of incidents down in the ED, they might be able to retain more of their nurses, reducing some of the stress and anxiety aspects of the job and ultimately leading to better care for their clients.

Article Summary

Introduction

Dilemmas and Repercussions of Workplace Violence against Emergency Nurses: A Qualitative Study is a peer-reviewed article focusing on ten nurses who worked in the emergency department and had experienced physical violence within the last year. This article aims to highlight how violence affects nurses in the ED and how it also affects the care other patients receive. The research focused on five themes, which included: (1) various causes and provocations of patient visitor violence; (2) the nurse's experience following the violence; (3) being internally confused and struggling with the professional role of nurse; (4) being critical of oneself and adjustment; and (5) needs of organizational efforts and support after the violent incident (Hsu et al., 2022). The study expanded its approach to ask how psychological trauma could be destructive to a nurse's well-being and the care they give to the patient (Hsu et al., 2022). This article demonstrates several aspects of why violence in the ED can lead to a lesser quality of care for other patients.

Overview

The article spoke about many issues that stem from the violence nurses in the ED may experience at work. Nurses who experience violent incidents from a patient are more likely to be

diagnosed with Type 2 Diabetes, PTSD, anxiety, and be physically injured, and are more likely to feel disrespected and lose confidence (Hsu et al., 2022). They are also likelier to miss work and possibly quit, increasing the nationwide nurse shortage. These factors can and will affect the quality of care other patients in the ED receive. This article displays a need for quality improvement for nurses in the ED to improve the quality of care they give to all. The desired quality improvement for this nursing topic can be executed by monitoring nurses who experience violence, evaluating their care, and implementing deescalation techniques to improve their communication.

Quality Improvement

Implementing quality improvement efforts would best suit hospitals with emergency departments and intensive care units (ICU). According to the study, ICU and ED personnel are at a higher risk for occupational situations than other departments (Hsu et al., 2022). During the pre-implementation stage, collection of data on the number of violent incidents that occurred in the last year and the names of the nurses involved; staff requires education on how and where to file incident reports; and staff will need to review policy and procedures on combative clients. During the intra-implementation stage, a survey needs to be created for clients to measure the quality of care they receive; personnel needs to go through deescalation classes to enhance communication skills; depending on the institution, personnel can go through self-defense classes; hire additional security officers for night shift; and institutions need to make help readily available to those nurses after the incident. During the post-implementation stage, log all further violent incidents to evaluate whether implementation has helped; give surveys to clients to help determine the quality of care from nurses; and offer nurses seeking therapeutic services surveys to measure their progress.

The changes listed recently would have an overall positive effect on an institution. The nurses would gain more confidence in dealing with an aggressive client after deescalation and possibly self-defense training. The nurses would also benefit from having therapy to help with their anxiety and confidence issues. Those two factors alone would boost nurse satisfaction and nurse safety. Assuming that the implementations work, the deescalation training should reduce the number of violent incidents, increasing patient safety and patient satisfaction since fewer nurses will be affected by violent incidents. The only burden to discuss is the financial factor, which is the only negative. The institution would need to be responsible for paying for the deescalation classes, possibly the self-defense classes, hiring a couple more security officers, and creating, unless one already exists, therapeutic services for the nurses who experience violent incidents.

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