

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

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Workplace Violence Affecting Quality of Care in the Emergency Department: Quality Improvement

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 de-escalation techniques to improve their communication.

Quality Improvement

Hospitals with emergency departments and intensive care units (ICU) would benefit the most from implementing these quality improvement efforts. 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 de-escalation 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 participating in 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 de-escalation 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 are successful, the de-escalation 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 de-escalation 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.

Application to Nursing

Providing services and training to nurses in the emergency department will effectively improve the quality-of-care patients receive in the ED. Undergoing communication training will give nurses more confidence to handle a violent situation with newly developed de-escalation skills. Therapeutic services will provide nurses a healthy outlet to fully understand what they experienced in the traumatic event and find ways to cope and grow. Violent incidents in the emergency department have always been an issue. However, the number of violent incidents increased during COVID-19. To receive accurate results, collect data post-COVID-19 to ensure successful implementation measures.

Practice

When institutions strive to improve the quality of care given by nurses in the emergency department who have experienced workplace violence, they must concentrate on two goals. The first goal is to reduce the number of violent incidents in the ED, and the second goal is to provide therapeutic services to the nurses who have and will experience workplace violence in the future. For the quality of care of other patients in the ED to improve, nurses must practice their communication skills with patients and other staff. Communication skills include de-escalation tactics and productive communication during therapy for the nurses participating in therapeutic services. Many nurses in the study admitted feeling not adequately trained to prevent incidents of violence proactively (Hsu et al., 2022). With improved de-escalation skills due to the nurse's communication training, nurses should feel more confident dealing with potentially aggressive clients. The goal of the communication skills training will improve a nurse's communication with other healthcare staff (which builds on teamwork), security officers, and patients.

Education

Guidelines for educating healthcare staff on communication should be an ongoing process that nurses participate in annually. Healthcare staff should attend an in-person training for the first time. Afterward, they could utilize online training to refresh their skills and memory. The de-escalation portion of the communication training should be a mixture of methodologies, strategies, and techniques aimed at reducing a client's irritation and hostility. The training should cover topics like recognizing when a patient is aggressive via different assessment tools, various de-escalation models such as the Dix and Page and Safewards models, and ways to defuse aggression (The Joint Commission Staff, 2019). Several of the nurses in the study stated that teamwork among co-workers was insufficient and ineffective at managing violence in the

emergency department (Hsu et al., 2022). The training should allow nurses to act out real-life violent scenarios in groups to improve their communication with co-workers.

The educational training on communication should also provide a nurse with a sense of understanding and comfort if they ever need to utilize therapeutic services after being involved in workplace violence. Going over communication techniques that benefit their mental health will allow the nurses to know how to convey their thoughts productively during therapy. In the study, many nurses reported that their enthusiasm and confidence in caring for individuals had decreased after experiencing workplace violence (Hsu et al., 2022). Educating nurses on different forms of communication can help unload the metaphorical weight they carry on their shoulders. It could lead to them remaining in the nursing profession and improving the quality of care they give to all patients.

Research

The desire to improve the quality-of-care patients in the ED receive from nurses who have experienced violent incidents with their patients requires further study. During the COVID-19 pandemic, emergency departments had to deal with COVID-19 patients and non-COVID-19 patients, which led to an overhaul of the department's staff and resources causing violent incidents to increase (Hsu et al., 2022). Further data needs to be collected as we are now in the post-COVID-19 era to understand the typical number of violent incidents in the ED. Once that data collection is complete for the post-COVID-19 era, researchers can compare that data to numbers during the COVID-19 pandemic. To fully understand the success of the quality improvement goals, researchers must conduct studies on certain hospitals that still need to implement quality improvement measures. Collect the data before implementation post-COVID-

19, and once the measures are in place for at least six months, collect the data and the number of incidents again. Conclude whether the quality improvement measures were successful or not.

The main goal of this study is to demonstrate that there is a need for improvement in the quality-of-care nurses in the ED give to all patients after experiencing workplace violence. Communication improvement is the best way to reach the goal of this study. That includes whether a nurse is using de-escalation skills to prevent an incident from occurring or productively communicating to a therapist to overcome a traumatizing event. Therapy can suggest various options to nurses to overcome the trauma. One successful skill they suggest is called self-reflexivity and adjustment. Many nurses mentioned that self-reflexivity and adjustment allowed them to reaffirm their confidence in nursing care and to handle violent situations better, possibly even reducing the probability of being assaulted again (Hsu et al., 2022). Improving therapeutic services for nurses and communication skills should show an evident decrease in violent incidents in the ED and ultimately show higher retention of nursing staff. Those two positive outcomes should improve the quality of care for patients in the emergency department.

Conclusion

In conclusion, the purpose of quality improvement for this study is to reduce the number of violent incidents towards nurses in the ED so the quality-of-care other patients receive in the ED is not affected. As expressed before, under the QSEN Competency of Quality Improvement, in the knowledge category, nurses need to be familiar with their facility's policies and procedures when interacting with an aggressive patient. 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).

Under the skills category, nurses will receive communication training to develop de-escalation skills. Based on the new training the nurses underwent, measurement and evaluation can be completed to see the effects of the change (QSEN Institute, 2020). Lastly, under the attitudes/behaviors category, therapy services should be offered to any nurse who experiences a violent incident at work. This resource will help nurses comprehend and appreciate how unwanted change affects the care they give to patients (QSEN Institute, 2020). As stated before, the nursing-specific topic is quality of care and how violence against nurses in the ED influences patient care. Implementing the quality improvement measures shows its significance because it will result in fewer violent incidents, more confident nurses, a reduction in mental health issues among nurses, and higher retention of nursing staff, and it will improve the overall quality of care nurses give to patients in the emergency department.

References

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