

The Aftermath of Violence: The Lived Experience Phenomena of Assault in Nursing APNA 30th Annual Conference

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ABOUT PENN MEDICINE

The University of Pennsylvania Health System was created in 1993 and consists of five hospitals (Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center, Pennsylvania Hospital, Chester County Hospital, Lancaster General Hospital), a faculty practice plan, a primary care provider network, multi-specialty satellite facilities, home care, hospice and a nursing home.

| | |
|-------------------|-----------|
| Licensed Beds | 2,503 |
| Total Employees | 31,235 |
| Admissions | 118,445 |
| Outpatient Visits | 4,734,948 |
| Physicians | 5,314 |
| Nurses | 6,793 |

Disclosure

The presenters for this presentation have disclosed no conflict of interest related to this topic.

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2

Assault in Nursing: The Lived Experience



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3

Learning Objectives

- Discuss the epidemic of physical violence against nurses in the workplace.
- Examine the lived experience of nurses returning to work post-assault by a patient, with a focus on resiliency concepts.
- Explores tools that can be utilized to foster healthy adaptation in nurses who experience adverse events in the workplace.

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3

Violence in the Workplace

- 80% of nurses do not feel safe at work (Peek-Asa, et al., 2009).
- Of those working in health care, nurses are the group most frequently assaulted in the workplace (Findorff, et al., 2004).
- Among all health care workers, nurses have the highest rate of violent victimization at work with over 30,000 reported incidents of violence reported in the United States (Harrell, 2011).
- 73% of nurses experienced some form of violence occasionally, 17% reported violence often, and 1.7% described workplace violence as always being experienced (Hader, 2008).

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4

Impact on the Individual Nurse

- Physical Impact
 - From 1997 to 2009 there were 130 documented workplace homicides in the health care and the social assistance industry (NIOSH, 2012).
- Psychological Impact:
 - 17% met criteria for Post-Traumatic Stress Disorder (PTSD) immediately after the assault and, after 6 months 10% met the criteria for a diagnosis of PTSD (Richter & Berger, 2006).
 - 78% of workers exposed to work related violence experienced at least one adverse symptom that included anger, irritation, sadness, or depression (Findorff, McGovern, & Sinclair, 2005).
 - Long term stress and trauma after an assault can have a cumulative effect leading a nurse to experience symptoms including apathy, flashbacks, crying spells, intrusive thoughts, and nightmares (Phillips, 2007).
 - Exposure to violence can promote fear and can cause intent to leave the organization where the violent episode took place (Rogers & Kelloway, 1997).

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7

Current State

- There are few studies that explore the lived experience of a nurse returning to work after assault.
- There has been no universal standard or benchmarked intervention that prevents workplace violence.
- Organizational commitment has focused on prevention, however workplace violence prevention programs have not shown to be consistently effective across all health care organizations (Ferrell & Cubit, 2005).
- Even in organizations that provide "Employee Assistance Programs" (EAP) for violence exposure, research has found most employees do not utilize the resources (Caldwell, 1992).

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10

Impact on the Organization

- Absenteeism, productivity, and dissatisfaction with the work environment are losses that are not easily measured.
- Research demonstrates workplace violence may contribute to low morale, decreased productivity, and increased errors (Ozge, 2003).
- Incidences of assault can contribute to burnout. "Burnout" syndrome is characterized by depersonalization which can manifest as withdrawal from work, both emotionally and behaviorally, and can effect the quality of patient care (Winstanley & Whittington, 2002).
- It has been estimated that the cost of violence in the workplace is \$4.3 million annually or approximately \$250,000 per incident, excluding hidden expenses experienced by the victim and/or their families (Murray, 2008).

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8

Purpose of Research

- Gather an in-depth understanding of the lived experience of a registered nurse, employed in a high risk area, returning to work after experiencing an assault by a patient while on duty.
- Empower nurses by providing them a voice.
- Address gaps in the literature related to the post-assault needs of nurses.
- Explore how to employ resiliency concepts to foster healthy adaptation in registered nurses after traumatic events at work.

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11

Impact on the Profession

- Research indicates that nurses are ambivalent about violence, particularly the notion of zero tolerance, suggesting that a degree of violence is, while not acceptable, is tolerated (Lovell & Skellern, 2013).
- Violence is a social justice issue of because it is directed at members of a group simply because they are members of that group (Dubrosky, 2013).



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9

Building Resilience in Healthcare Professionals

Life
is not about how fast
or how high you climb
how well you bounce



Figure 1. A model for community disaster resilience.

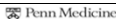
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12

Research Design


- Qualitative Phenomenology approach using "lived experience"
 - Appropriateness of research method
 - Appropriateness of research design
- Study Population
 - Strategy
 - Sample Size
 - Recruitment & Participation
 - Inclusion criteria
- Ethical Consideration
- Instrumentation
- Data Collection Procedures
- Data Analysis Procedure

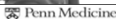
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Research Questions

Question 2 – Positives:

What are the positive experiences when returning to the workplace after the assaultive incident?

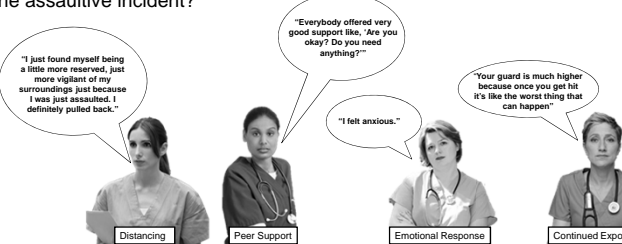


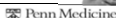
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Research Questions - Providing the Registered Nurse a Voice

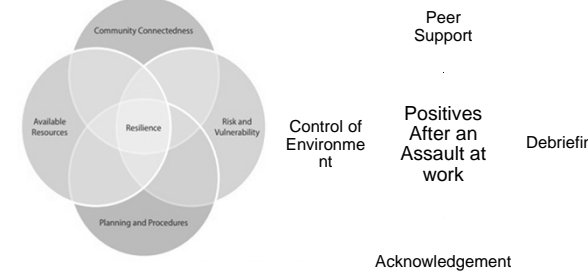
Question 1 – Returning to Work:

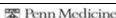
Describe in detail what it was like when you returned to the workplace after the assaultive incident?



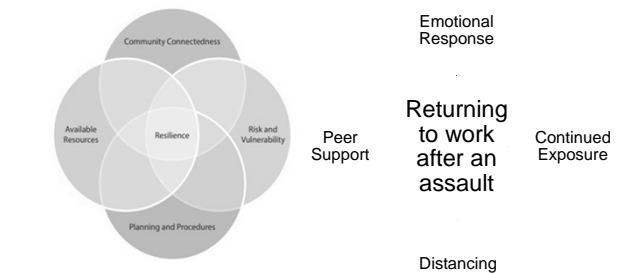
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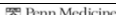
Thematic Analysis – Question 2



 16

Thematic Analysis – Question 1

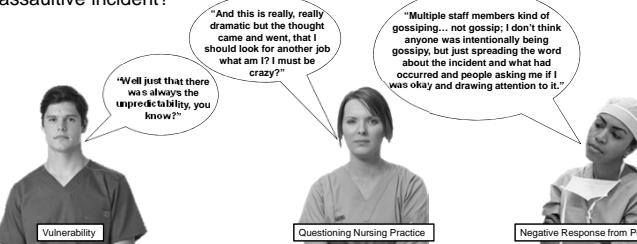



 17

Research Questions – Question 3

Question 3 – Negatives:

What are the negative experience when returning to the workplace after the assaultive incident?



 18

Thematic Analysis – Question 3

Negative Response from Peers

Negatives After an Assault at work

Questioning Nursing Practice

Vulnerability

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Application of Conceptual Framework: Resiliency

How did the interviewed nurses overcome the impact of their assault by applying the conceptual framework of resiliency?

- Social relationships influence coping
- Role of self-efficacy and sense of coherence after episodes of violence
- Finding meaning in the experience
- Active coping strategies enhance resiliency

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Research Questions

Question 4 – Impact on Practice:

How have the assaultive incidents affected nursing practice?

"Being more keyed into the triggers of when violence can happen."

"You have to think quickly because I know when that happened we had to make the unit safe because there is a lot you can't control, and we had to focus on certain elements after that assault."

"I know it's a possibility that these things happen and I think around here we're like... hey, it happens... so you just keep pushing."

Focus on Safety

Awareness

"It's a part of the job."

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Recommendations for Practice

- Provide a "voice" for registered nurses after an assaultive incident
- Workplace violence is a critical incident
- Acceptance that violence is "part of the job"
 - Zero tolerance approach is unrealistic
- Need for proactive approach
 - Resiliency can be fostered
- Need an algorithm for post-event debriefing
 - Separate debrief focused on emotional well-being of nurse and team (ideally 2 weeks out, after time to process incident)

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Thematic Analysis – Question 4

Focus on Safety

Impact on Nursing Practice

Awareness

"It's a part of the job."

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Recommendations for Future Research

- Additional research into the role of peer culture of safety.
- Development of a post-incident nursing/team focused debriefing tool (moving focus from patient to nurse/team).
- Further examination on the impact of assault in the health care setting by level of severity of assault.
- Deeper exploration into the role of resiliency on the well-being of health care workers.

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Summary

- Workplace violence is a significant issue for registered nurses practicing in the hospital setting.
- Workplace violence strategies have focused on prevention.
- Registered nurses have the potential to demonstrate resiliency effective coping strategies.
- Acknowledgement can improve self-efficacy.
- Resiliency can be fostered by building a peer supported culture.

Questions?

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