

Reducing Violence Against Nurses

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Violence Among Nurses Assault Prevalence Rates

- **13.2% for physical violence**
- **38.8% for non-physical violence**

Gerberich et al., 2004

Violence Among Psychiatric Nurses

- **20.3% physically assaulted**
- **43.4% threatened with physical assault**
- **55% verbally assaulted**

Hesketh et al., 2003

Pilot Study

- **Violence Prevention Community Meeting (VPCM) tested in an acute inpatient psychiatry unit**
Average patient census – 30
Average length of stay – 5 days
- **30% reduction in violence from Pre-test to Treatment for the day shift; 50% reduction from Pre-test to Post-test**

Objectives

- **VPCM effectively reduces the risk of patient violence in multiple psychiatric hospital settings**
- **Frequency of community meetings is a factor in reducing patient violence towards psychiatric nurses**

Purpose of Project

- **Compare the effectiveness of three treatment programs**

Violence Prevention Community Meeting (VPCM)

Intensive Traditional Community Meeting (ITCM)

Treatment as Usual (TAU)

VPCM

- **Low-cost violence prevention intervention**
- **Community meetings held 3x/week**
- **Some component of violence is discussed**

ITCM

- **Community issues discussed**
- **Community meetings held 3x/week**

TAU

- **No change in community meetings**

Number of sites

- 9 psychiatric acute locked units

Training

- **Aggression Definitions**
- **Event Recorders**
- **Daily Incident Log**
- **Treatment community meeting**

Aggression Definitions

- **Verbal Aggression**
- **Physical Aggression against Persons**
- **Physical Aggression against Property**

Verbal Aggression

- **Statements that seek or actually inflict psychological harm on another through devaluation, degradation or threat of physical attack**
- **5 levels (0 to 4); increasing levels reflect increasingly personal attacks and increasing risk of physical assault**

Physical Aggression against Persons

- **Action attempting to inflict pain and bodily harm**
- **5 levels (0 to 4); increasing levels reflect increasingly physical violence and bodily intrusion and increasing likelihood of serious injury or harm**

Physical Aggression against Property

- **Deliberate attack on, damage to or destruction of unit property or possessions of self and others**
- **5 levels (0 to 4); increasing levels reflect increasing physicality and increasing damage and destruction**

Event Recorders

- **Clicker with 2 buttons**
V=Verbal aggression
P=Physical aggression against persons and/or property
- **Utilize for 21 weeks of study**
- **Put totals on daily incident log**

Daily Incident Log

- Nurse code
- Date, day of the week, shift, and duty
- Target of aggression
- Circumstances
- Negative staff emotional reaction

Community Meeting Training

- **VPCM Manual**
- **ITCM Manual**

Duration of study

- **21 weeks**

3 weeks pretreatment

15 weeks treatment

3 weeks post treatment

Pretreatment Weeks

- Utilize event recorder
- Fill out Daily Incident Log

Treatment Weeks

- **Event recorder**
- **Daily Incident Log**
- **Conduct community meetings**

Post treatment Weeks

- Event recorder
- Daily Incident Log

Who participates

- All nursing staff
- All patients

Nursing Staff Occupation N=124

Occupation	No. (%)
Registered Nurse (RN)	60 (48)
Nursing Assistant	46 (37)
Licensed Practical Nurse (LPN)	15 (12)
Student Nurse	2 (2)
Other	1 (1)
Advanced Practice RN	0 (0)

Nursing Staff Sex N=124

Sex	No. (%)
Female	86 (70)
Male	37 (30)

Nursing Staff Ethnic/Racial Origin

N=124

Ethnic/Racial Origin	No. (%)
African American	75 (61)
White	27 (22)
Asian American	11 (9)
Other	6 (5)
Hispanic	4 (4)

Nursing Staff Age N=124

Age	No. (%)
<20	0 (0)
20-29	6 (5)
30-39	21 (17)
40-49	34 (27)
50-59	51 (41)
>60	12 (10)

Time in Present Job

Time	No. (%)
Less than 1 year (yr)	35 (28)
More than 1 yr, less than 5 yrs	28 (23)
More than 5 yrs, less than 10 yrs	42 (34)
More than 10 years	18 (15)

Violence Prevention Training

Training Type	No. (%)
Reporting of violent incident	100 (81)
Verbal de-escalation	97 (78)
Communicating with staff	96 (77)
Communicating with patients	93 (75)
Self-defense	89 (72)
Assessing potential assaultiveness	87 (70)

Violence Prevention Training cont.

Training Type	No. (%)
Observation of intervention	83 (67)
Self-aware of reactions	83 (67)
Violence prevention efforts	82 (66)
Other	16 (13)
No training	1 (1)

Experience of Verbal Aggression

Level	No. (%)
1 Shouts angrily	101 (82)
2 Curses viciously	88 (71)
3 Impulsively threatens	77 (65)
4 Repeatedly threatens violence	43 (36)

Experience of Physical Aggression against Persons

Level	No. (%)
1 Menacing gestures	84 (68)
2 Strikes, kicks without injury	60 (49)
3 Attacks causing mild injury	40 (33)
4 Attacks causing serious injury	21 (17)

Experience of Physical Aggression against Property

Level	No. (%)
1 Slams door angrily	90 (73)
2 Throws objects down	68 (55)
3 Breaks objects	32 (26)
4 Sets fires	16 (13)

Patient Diagnoses N=99

Diagnoses	No. (%)
Schizophrenia	29 (29)
Depression	19 (19)
Substance Use Disorder/Detox	18 (18)
PDST	9 (9)
Other	9 (9)
Bipolar Disorder	8 (8)
Cognitive Disorder (dementia)	7 (7)
Personality Disorder	0 (0)

Patient's Sex N=99

Sex	No. (%)
Male	94 (95)
Female	5 (5)

Patient's Age N=99

Age	No. (%)
<20	0 (0)
20-29	7 (7)
30-39	6 (6)
40-49	14 (14)
50-59	40 (40)
>60	32 (32)

Patient's Ethnic/Racial Origin N=99

Ethnic/Racial Origin	No. (%)
White	60 (61)
African American	32 (32)
Hispanic	6 (6)
Other	1 (1)
Asian American	0 (0)

Research Assistant Responsibilities

- Train new employees
- Collect Daily Incident Logs
- Fill out Patient Demographic form
- Fill out Man Hours form
- Send material to NIOSH on a weekly basis

Progress Toward Meeting Objectives

- 5 sites have completed the study
- 4 sites are working on getting IRB approval
- Data collection should be completed by December 2009

Analysis Plan

- **Poisson regression**
- **Generalized Estimating Equation (GEE)**
- **Separate analysis by day, evening and night shifts**

Anticipated Outputs 2010

- **Best Practice Document**
- **Manuscripts**
- **Conference Presentations**

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