WORKPLACE AGGRESSION & VIOLENCE PREVENTION TRAINING PROGRAM

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INTRODUCTION

Background & Significance
- 74% of nonfatal injuries, violent events, and occupational assaults occurred within health care and social services.
- Workplace violence is highly prevalent, yet often underreported for health care workers, especially nurses.
- Workplace aggression/violence consists of assaults, threatening, harassing, coercive behavior, & emotional/verbal abuse.
- Patients & visitors, perpetrate most of the violence inflicted on health care workers.

REVIEW OF LITERATURE

WVP training benefits for participant’s
- Workplace violence risk awareness, and ability to manage aggression, & understanding for aggression causes.
- Improvement in workplace violence knowledge, confidence, & skills.
- Staff felt more supported by administration; lessening some staff anxiety, with decreased patient anxiety; thus, decreased events.
- Decreased events benefited were demonstrated by improved skills, knowledge, and confidence.
- Decreased by 5% events & 40% worker’s compensation.
- Due to a lack of standardization in training, definition, instruments, & setting the findings were inconclusive and more studies were needed.

PICOT/PURPOSE STATEMENT

PURPOSE: Quality improvement project to evaluate how WVP training affects nurses’ perception of aggression/violent events in adult inpatient hospital setting.

METHODS

Population Sample Recruitment
- Registered Nurses (RN) working in AHC and participants of WVP training
- Recruited by MUHC Nurse Managers
- Convenience sample of all eligible (n = 930) & willing AHC nurses resulted in sample size of 43 participants. Twenty-two participants completed all survey stages (pre-, post-, & 3-mon post-)

WVP Training
- WVP training two-hour sessions
- Training components included WVP types, policy, risks, aggression/violence recognition with prevention strategies, behavior management techniques, response plan, & event reporting/tracking
- Training design based on ANA, CDC, ENA, FEMA, NIOSH, OSHA, TJC, and WHO recommendations

Evaluation
- Pre-, post-, & 3-month post-training measurement
- Thackrey’s (1987) Confidence in Coping with Patient Aggression (CCPA) instrument
- 10 question 11-point Likert-scale survey

RESULTS

Mean Response to each question:

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<th>Mean Response to each question (Thackrey, 1987)</th>
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<td>Mean Response to CCPA Instrument at Pre, Post, &amp; 3 month post-training (Thackrey, 1987)</td>
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<th>Mean Response to each question (Means &amp; Standard Deviation)</th>
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CONCLUSIONS

QI objectives were met with statistically significant improvement, which is consistent with other WVP training studies.

Findings suggest WVP training has benefits and can make a difference in confidence in coping with aggressive patients.

These benefits are encouraging and support the continuation of training after enhancement of training and materials.

REFERENCES

ACKNOWLEDGEMENTS

The project director would like to offer many thanks to Dr. Amy Vogelmoore (Committee Chair), Dr. Robin Harris (Committee Member), Dr. Susan Scott (Committee Member), Dr. Jian Sherman, Dr. Richard Madison, Dr. Mary Beck, Dr. Michael Thackrey, and the MU Health Care experts and leaders: Mr. Jonathan Carubbile, Mr. Robert Schaal, Mr. John Hermoe, Ms. Marla Smith, Ms. Melissa Jost, Mr. Steve Ferrand, Mrs. Stephanie Hunt, and Mrs. Cora Word.