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Techniques to Reduce Violence Against Registered Nurses in the Emergency Department

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Disclosure of Conflict of Interest

- The author of this presentation has no conflict of interest to disclose.

- Dr. Michael A. Zielinski II has been a Registered Nurse for over 26 years, a Nurse Practitioner for over 9 years, was Adjunct faculty for three Colleges/Universities and is experienced in Trauma, the Emergency Department, Critical Care Transport, Pain Management, Urgent Care, and Occupational Medicine.
- Dr. Zielinski is also a Police Officer for over 28 years and has been assigned to multiple specialty units & divisions; including the Patrol Division, Traffic Unit, EMS Unit, Bicycle Unit, Police Academy, and the Criminal Investigations Bureau.
- Dr. Zielinski's interest in violence and its precipitating factors in the healthcare workplace stems from his varied background and experience in Nursing, Law Enforcement and the Emergency Medical Service (EMS).

Objectives

- By the end of this presentation the participant will be able to describe the techniques to recognize the various types, signs, and actions of violence.
- By the end of this presentation the participant will be able to describe techniques to de-escalate violent behavior.
- By the end of this presentation the participant will be able to describe the techniques to mitigate violent behavior.

Violence in the News

- A psychiatric patient opened fire inside a Health & Wellness Center in Darby, PA. According to police his case worker was killed and a doctor suffered a graze wound to the head. In the exchange, police tell NBC10 the doctor returned fire with his own gun, critically wounding the suspect. (Philadelphia)

- Patient attacks nursing staff with a metal bed rail. Beating four nurses in the head with the metal bed rail. (Minnesota)

<https://www.youtube.com/watch?v=ZTMKMWjx7zk>

ANA Code of Ethics



- The Code, consisting of nine provisions and the accompanying interpretive statements:
- Provides a succinct statement of the ethical values, obligations, and duties of every individual who enters the nursing profession.
- Serves as the profession's nonnegotiable ethical standard.
- Expresses nursing's own understanding of its commitment to society.
- The Code is particularly useful to in today's health care environment because it reiterates the fundamental values and commitments of the nurse (Provisions 1–3), identifies the boundaries of duty and loyalty (Provisions 4–6), and describes the duties of the nurse that extend beyond individual patient encounters (Provisions 7–9).
- The Code is a reflection of the proud ethical heritage of nursing, a guide for all nurses now and into the future.

Provisions

- (1) The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
- (2) The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
- (3) The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- (4) The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

- ****(5) The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.***
- (6) The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- (7) The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

- (8) The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
- (9) The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain integrity of the profession, and integrate principles of social justice into nursing and health policy.

- Maybe these will help...



Definition of Violence

- ▶ Historically, violence was defined as a spectrum of behaviors ranging from passive aggression to homicide (Perrone, 1999).
- ▶ Violence is defined as “the use of physical force to harm someone or to damage property, the exertion of physical force so as to injure or abuse, an intense turbulent, or furious and often destructive action or force and injury as if by distortion, infringement, profanation or fowl language” (Merriam-Webster, 2014).

Types of Violence

- ▶ **Physical** - hit, slapped, kicked, bitten, sexually assaulted, subjected to physical contact intended to harm (Pinar & Ucmak, 2010).
- ▶ **Verbal** - any use of language that aims at intimidating, frightening or harming or yelling or swearing or other words intended to control or hurt (Pinar & Ucmak, 2010), 97-100% of the ED staff will experience some form of verbal abuse.

Signs and Actions of Violence

- ▶ Aggravation
- ▶ Anger
- ▶ Disgust
- ▶ Cursing
- ▶ Combativeness
- ▶ Facial expressions
- ▶ Tone of voice



Techniques for Recognizing Violent Behavior



- ▶ Step 1- **M**onitor for signs or activity of violence
- ▶ Step 2 - **A**ssess the physical actions and environment
- ▶ Step 3 - **R**eport - Alert others, Document & report violent behaviors, Flag medical record for past actions

Techniques for De-Escalating Violent Behavior

▶ Step 1- **A**ssess the Situation



▶ Step 2 - Remain **C**alm (Focus, Honesty, Communication)

▶ Step 3 - **A**cknowledge concerns

Techniques for Mitigating Violent Behavior

- ▶ Step 1- Professional Demeanor
- ▶ Step 2 - Bed side Manner
- ▶ Step 3 - Administrative and Environmental readiness (work as a team with violent patients)



Every Day Practice

- ▶ Know what violence is
- ▶ Recognize violent behaviors
- ▶ Use skills to de-escalate the violent behaviors
- ▶ Use knowledge and skill to mitigate (lessen) the severity of the violent behaviors
- ▶ Continue to reapply the steps of recognition, de-escalation, and mitigation of the violent behaviors



Education



- Educating the public on the operation of the Emergency Department (Anderson, FitzGerald, & Luck, 2010)
- Educate the Registered Nurse on how to recognize, de-escalate and mitigate violent behavior
- Educate the Registered Nurse using realistic situations that are actually experienced in the Emergency Department

Techniques to Reduce Violence Include

Education on...

- ▶ Recognition
- ▶ De-escalation
- ▶ Mitigation



Followed by...

- ▶ Commitment to reduce violence
- ▶ Reporting acts of physical or verbal violence
- ▶ Zero Tolerance

New Jersey Law



- Under NJ law if an act of simple assault (i.e. a push, smack, pinch, spat upon, etc.) is committed upon a nurse or other healthcare provider during the performance of their duties, the act is automatically elevated to an aggravated assault with enhanced penalties, increased fines and possible incarceration (NJSA:2C:12-1b(1)(5)(C)).

Penalties



- Third Degree Crime (Bodily Injury)
Fines: (not to exceed) \$15,000 + Court Cost & Mandatory Assessments
Jail: 3-5 years (Mitigating) & 5-10 years (Aggravating)
- Fourth Degree Crime
Fines: (not to exceed) \$10,000 + Court Cost & Mandatory Assessments
Jail: 3-5 years
- Mandatory Sentencing Guidelines will apply if a “deadly weapon” was used during the commission of the crime & also if the defendant is a Repeat Offender.





“
A PATIENT WITH AIDS
once pulled out his IV and tried
TO SPLASH HIS BLOOD ON ME.
 ”

Jonathan Bestwick, registered nurse

“
 She grabbed my **STETHOSCOPE**
and started to tighten it
AROUND MY NECK.
 ”

Maria Guytan, registered nurse

NURSES
 MOST ETHICAL
 MOST HONEST
 MOST **ABUSED**

#EndNurseAbuse



#EndNurseAbuse
 It's not acceptable, it's ABUSE

ANA
 AMERICAN NURSES ASSOCIATION

NURSES are at greater risk of workplace violence than police officers or prison guards.

TEXT **PLEDGE** TO 52886
 SUPPORT • REPORT • SHARE

© American Nurses Association

1 IN 4 NURSES
HAS BEEN PHYSICALLY
ASSAULTED AT WORK.

THAT'S NOT OK.

#EndNurseAbuse



IT'S NOT PART OF THE JOB

STOP
WORKPLACE
VIOLENCE

Workplace violence is a leading cause of injury and illness for nurses. It is a preventable workplace safety issue that can be reduced through the following:

- patient safety
- workplace safety
- workplace violence
- workplace safety
- workplace safety
- workplace safety

THIS SHOULD NOT BE PART OF THE JOB FOR A NURSE.

PROTECTING NURSES FROM WORKPLACE VIOLENCE IS THE RESPONSIBILITY OF EVERYONE WHO WORKS IN HEALTHCARE. WE CAN PROTECT OUR NURSES AND OUR PATIENTS FROM WORKPLACE VIOLENCE BY TAKING ACTION TODAY.

GET INVOLVED TODAY! [www.ana.org](#)

WNA
 WORKPLACE NURSES ASSOCIATION

A NURSE SHOULD
NEVER BE AFRAID AT
WORK.

#EndNurseAbuse



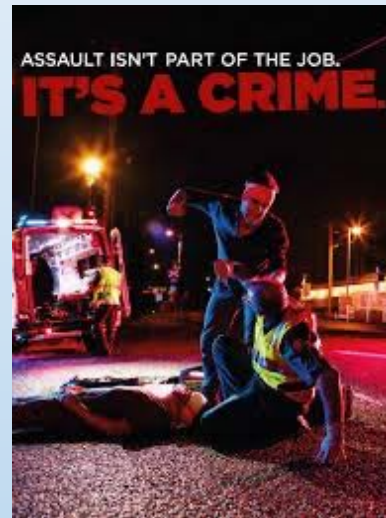
6 Risky Misconceptions
 About Workplace Violence

by Amy Sherry, Executive Director of the National Nurses Union

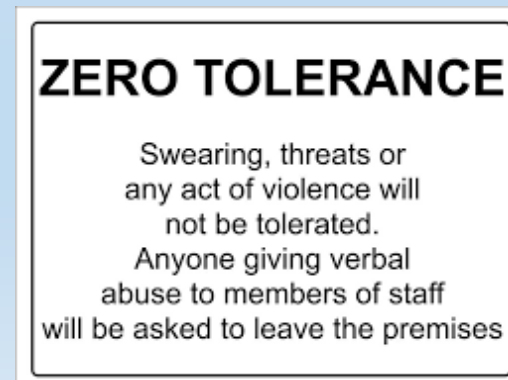
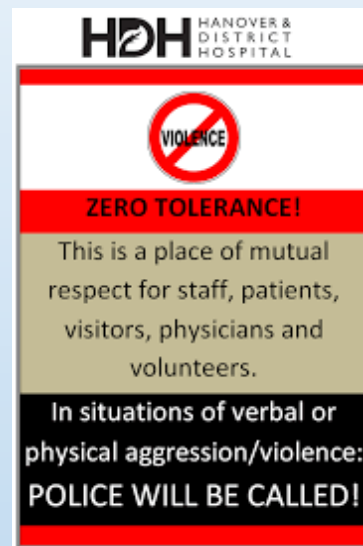
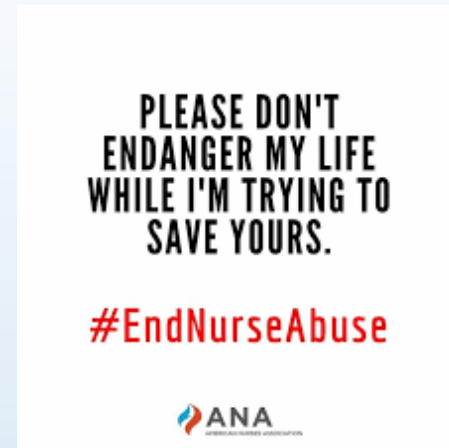
- "It can't happen here."
Workplace violence can happen anywhere, anytime.
- "Workplace violence is about murder."
The truth is, workplace violence is about fear, not just about death.
- "Potentially violent people can be 'profiled' and screened out."
Research shows that most workplace violence incidents are committed by people who are not "profiled."
- "Violent perpetrators just 'snap' with no warning or clues."
Most workplace violence incidents are preceded by some form of warning or clue.
- "Only 'crazy' people commit workplace violence."
Workplace violence is a workplace safety issue, not a mental health issue.
- "Security guards and metal detectors will keep us safe."
Security guards and metal detectors are not a substitute for workplace safety.

Use the full guide to learn more about workplace violence and how to prevent it. [www.coatingspro.com](#)

CoatingsPro



- Maybe these will help...



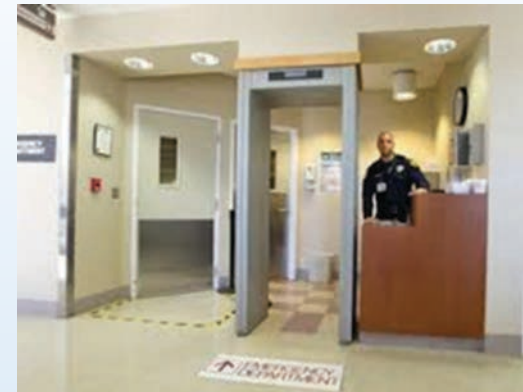


**WE CALL
POLICE**



**JUST
BE
NICE**





Something to Think About #1

- Conveyor Belt Medicine - Symptoms or a Diagnosis can lead to the initiation of an automatic treatment plan.
- How can this process affect patients, their families and friends?

Something to Think About #2

- New Jersey (06/11/2019) - Enacted a law that requires hotels to provide “Panic Button” devices to “House Keeping Staff” to ensure their safety while on duty.
- What about “Health Care Staff”?

Conclusion

- Violence has established itself as an everyday occurrence against ED registered nurses. An on-going and realistic education program on how to recognize, de-escalate and mitigate violent behaviors has been an effective method to reduce violence against nurses. It is important to have continued support of healthcare administration, legislation and policies to eradicate violence from the healthcare workplace. This will allow ED registered nurses to provide excellent care to their patients while enjoying a safe work environment.

Summary

- Violence is a global issue (Sterling et al., 2001)
- Reduce violence through education
- Registered Nurses who work in the Emergency Department are frequently at increased risk of violence due to the number of patients and visitors being seen.
- The success of the de-escalation process depends upon the nurse's commitment to resolve any issues and maintain a calm and safe environment (Cowin et al., 2003).
- Zero Tolerance - Violence is not part of the job

Questions?

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