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Violence in the Workplace: Its Effect and How Nurses Cope

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Violence in the Workplace: Its Effect and How Nurse’s Cope
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Abstract

**Purpose.** The purpose of this study was to determine how often workplace violence occurs in the emergency department, how it effects nurses, and how nurses cope with these acts of violence.

**Background.** Over the past few years, violence in hospital emergency rooms has drastically increased, causing injury to both patients and hospital staff. Often times, this violence has gone unreported and unresolved, leading to the occurrence of even more violent acts. Unfortunately, in stressful environments such as the emergency room, this violence contributes to additional stress for the hospital staff, such as nurses. This stress can negatively affect nurses and prevent them from properly performing their job.

**Method.** Participants were asked to complete an 11 question qualitative questionnaire pertaining to their experiences with workplace violence in the emergency department. This questionnaire examined how often they themselves experience violence and how often they see it. Participants shared their own definition of workplace violence along with the types that they experience on a daily basis. The questionnaire assessed how this violence effects them personally, both physically and psychologically. Participants shared how they cope with this added stress through an open ended answer.

**Results.** 72% of participants reported that they experienced themselves or saw workplace violence occurring every shift they worked. Most violence that occurred was physical violence in which nurses had reported that they are now less compassionate because of it. Many nurses reported that they utilized their coworkers support in order to cope with the violence they experienced.

**Conclusion.** Overall, violence in the emergency department is a serious issue that needs to be
addressed further. Violence occurs daily for many nurses and causes detrimental effects like decreased compassion and burnout, which in turn can affect both nurses and their patients.

**Recommendations.** Further research should be conducted to evaluate this information further. It may also be beneficial for hospitals to provide extra support for nursing and other healthcare staff who experience stress related to workplace violence. More preventative measures should be in place regarding violence prevention.

*Keywords.* Workplace violence, emergency department, coping mechanisms, violence prevention.
Violence in the Workplace: Its Effect and How Nurse’s Cope

In the past few years, workplace violence between patients and nurses has become an overwhelming issue. Workplace violence in the emergency room consists of both physical and verbal violence, and is defined by Stene, Larson, Levy and Dohlman as “any act or threat of physical violence, harassment, intimidation, or other disruptive behavior that occurs at the worksite” (2015, p. 114). It has been reported that “verbal aggression, property damage, and physical violence [are] the most common” types of violence (Opie, Lenthall, Wakerman, MacLeod, Rickard, 2010, p.18). This can cause physical injury to both the patient and nursing staff, as well as mental stress. According to Gillespie, Gates, and Berry, “the rate of physical assaults against emergency nurses was 1.8 assaults per nurse per year” (2013, n.p). This translates to every nurse in the emergency department being assaulted almost twice a year. This rate is nearly “four times greater than the average employee” of other professions (Opie et al., 2010, p. 19). These rates are alarmingly high and can easily add stress to emergency department nurses or can lead to nurse burnout.

Methods

This study was designed to evaluate how often nurses experience workplace violence, what they define workplace violence as, how it effects them individually, and how they manage to cope with the increased stress that experiencing workplace violence may cause. Emergency department nurses were asked to complete an 11 question qualitative survey using the survey software Qualtrics, regarding their experiences with workplace violence (Appendix A). Prior to completing the survey, nurses were asked to sign an informed consent agreeing to be a participant in this survey (Appendix B). This survey was approved by both the Swedish
American Hospital Institutional Review Board (IRB) and the Northern Illinois University IRB (Protocol number HS18-0061).

Results

Nurses were surveyed regarding how often they themselves see or experience some sort of violence in the workplace. Overwhelmingly, 18 out of 25 participants (72%) stated that they see or experience some sort of physical or verbal violence during each shift they work (Appendix C). According to Mendes (2015), almost 86% of nurses have been affected by some form of workplace violence while working. This is an alarming rate and often times, if not prepared, nurses can suffer from physical injuries. Another five out of 25 (20%) nurses reported that they see violence on a weekly basis, not every shift. The final two out of 25 nurses (8%) reported that they do not see violence on a daily or weekly basis, but rather every so often.

When violence presents in the emergency department, there is a likely chance that nurses can get physically injured. According to Spector, Zhou and Xuan (2014), physical violence most commonly occurs in emergency departments, psychiatric and geriatric facilities. In psychiatric and geriatric facilities, patients commonly have an altered state of mind in some way, leading to violent behaviors. In emergency departments, patients may come in for any reason. During this study, nurses were asked which patients commonly exhibit violent behaviors. Many participants confirmed that elderly patients with dementia exhibit violent behaviors, while others with psychiatric illnesses often become violent for various reasons. Nurses also listed many other reasons for violence, such as patients who were intoxicated or under the influence of various drugs. Patients seeking narcotic medications also often became violent if they did not receive an order for a narcotic. According to Powley (2013), “poor interactions between staff and patients are cited as causes of violence and aggression” (p. 28). Other factors that may affect the
occurrence of violence include “a high-stress environment, and lack of visible or trained security staff” as well as “pain, stress, lack of privacy, and long wait times” (Stene et al., 2015, p.113).

Nurses reported experiencing a variety of different forms of violence, including both physical and verbal. As part of the survey, nurses were able to list all the different violent behaviors that they have experienced (Appendix D). The most common responses for physical violence included spitting, kicking, and hitting. Responses regarding verbal violence included foul language, name calling, and threatening. Other common responses included but were not limited to patients biting staff, scratching, and punching them (Appendix E).

Unfortunately, these violent behaviors can negatively affect nursing staff. Not only can nurses get seriously hurt, but it can cause many other detrimental effects. Because serious effects can occur from experiencing violence, nurses that participated in this study were asked to describe how it has affected them. Almost 27% (n = 7) of nurses participating stated that experiencing some form of violence while at work has caused them to become less compassionate towards their patients (see Appendix F). According to Stevenson, Jack, O’Mara, and LeGris (2015), other psychological outcomes that nurses may experience after violence include “anger, fear or anxiety, post-traumatic stress disorder symptoms…decreased job satisfaction and increased intent to leave the organization” (p. 2). In this study, only 3.85% (n=1) of responses listed decreased job satisfaction as a result of violence. 11.5% (n = 3) stated that it has caused them to become more aware of their surroundings and safety precautions that their hospital has in place, and another 11.5% (n = 3) stated that they have had an increase in stress levels because of their experiences. Some also listed they have experienced burnout, while others said they questioned if they should quit nursing entirely. This not only affects nurses, but the
entire nursing community. If large amounts of nurses begin to experience burnout and leave their job, the outcome may be that a nursing shortage occurs.

Since violence affects nurses in so many different ways, it was important to determine what coping mechanisms are often used. Overwhelmingly, 38.1% (n = 16) of responses stated they utilize coworkers for support (Appendix G). This included talking to coworkers about the situation, hanging out with them outside of work, and laughing off the situation that had occurred. Teamwork is incredibly important in nursing and can easily affect how nurses handle certain situations. If nurses are not working with a strong support system of coworkers, they may struggle when coping with the violence they experience. Humor was also frequently mentioned, with participants writing that they may laugh off the violent situations with coworkers or make jokes to lighten the mood.

19% (n = 8) of coping mechanisms reported mentioned drinking some sort of alcohol. Although some nurses found this to be a stress reliever, if not done responsibly can lead to many other issues. Nurses may be impaired at work or may develop alcohol related issues later on if not controlled. Even though this may be helpful at relieving stress in the moment, alcohol may not be the best option long term. Exercise was the third most commonly reported coping mechanism, with a 14.3% (n= 6) response. These nurses stated that exercising helped alleviate their stress and helped them lose weight that may have been gained by stress behaviors or negative coping mechanisms used previously. Exercise allows for the production of endorphins, which in turn can assist in lowering stress levels.

Nurse participants were also asked to share how their coping mechanisms have helped them. Many stated that the coping mechanisms have helped them to move forward and get past the violent event, while some stated that even though coping mechanisms have helped, they are
still burnt out. Multiple participants replied that exercise helped them immensely causing them to lose some weight and relieve their added stress. Very few replied that coping mechanisms have not been effective at this point.

As violence continues to become an issue throughout hospital Emergency Departments across the nation, it is essential that nurses continue to report violence that they have experienced or witnessed. In this study, 80% (n = 20) of participants responded that they do or have previously reported violent behaviors. Although this is a high percentage, that leaves the remaining 20% (n = 5) of violent cases going unreported. If these cases are not reported, staff cannot properly track how often violence is occurring and what caused the situations to occur. If violence is always reported, it may assist in determining ways to prevent violence from occurring. It may also assist in coming up with ways to help these nurses and nursing staff with strategies to cope with the added stress that violence causes.

In these circumstances, violence prevention strategies are crucial in protecting these nurses from physical or mental harm. Because of this, nurses participating in this study were also asked to describe what strategies are in place at their emergency department to prevent violence from occurring. Most responses mentioned that emergency department security officers are crucial to preventing violence. Although security is often available immediately, staff are also able to page a “DR STRONG”, which is code for a violent patient, through their voceras, a communication device each nurse and healthcare staff carry. These alert all staff members so that assistance can be provided immediately. Nurses can administer certain medications such as Ativan or Haldol to aide in controlling the patient if they are violent, however these require a doctor’s order and can be considered a chemical restraint. Chemical restraints commonly are a last resort. It was also reported that staff are required to take a nonviolent training class on how
to diffuse potentially violent situations, however, some staff stated that it is not helpful and does not work. In this case, completing a nonviolent training class once in their career may not be effective. By routinely teaching this course to nurses and other healthcare staff, nurses may begin to feel more comfortable and safer when diffusing violent or potentially violent situations.

**Limitations**

This study does contain limitations. It was completed in only one department in a single hospital, which can limit the sample size. It also did not determine if gender of the nurses played a role in whether or not nurses were affected more or less often based on whether they were male or female. This study also did not examine experience level of the nurses. This would be important to examine as nurses who are more experienced may be able to better predict and prevent violent situations from occurring versus nurses who are newer to the field.

**Discussion**

Due to this being a pilot study, it is generalizable. In order to evaluate this information in further depth, more research studies should be completed regarding violence in the emergency department. These studies should be completed at various emergency departments in order to better compare data obtained.

**Conclusion**

Overall, it is evident that violence in the workplace is a serious issue in the nursing field that needs to be addressed. Nurses can not only be physically affected by this, but emotionally and mentally as well. Experiencing violence can causes nurses to be less compassionate and lead to burnout, which in turn affects both nursing staff and their patients. Violence in the emergency department occurs daily, and many nurses are not properly trained on how to diffuse the situation or cope with the after effects. In the future, it may be beneficial to perform trainings pertaining to
dealing and coping with violent behaviors routinely so that nurses can begin to become more comfortable with being able to handle violent situations.
References


Appendix A

Qualitative Questionnaire Given to ED Nursing Staff

Survey

1. How often do you experience or see workplace violence?
2. How often do you see workplace violence weekly?
3. What is your definition of workplace violence?
4. What types of violence have you experience (i.e. biting, hair pulling, etc)?
5. What effect has workplace violence had on you?
6. What types of patients commonly exhibit violent behaviors?
7. Have you ever worked on another unit? If yes, did you experience violence on that unit?
8. How do you cope with dress (i.e. what coping mechanisms do you use?) caused by the work environment or workplace violence?
9. How have these coping mechanisms helped you?
10. Do you report violent behaviors at work?
11. What strategies are in pace to prevent violence in your workplace?
Appendix B

Informed Consent Given to Nurse Participants

Study Title: Violence In the Workplace: Its Effect and How Nurses Cope

Investigator: Chantal Hielkema

What is the purpose of this study?
Over the last few years, violence towards nurses and other healthcare staff in the emergency room has been increasing. Unfortunately, this often goes unreported and unresolved. Workplace violence greatly impacts nurses and can inhibit them from doing their job properly. This study will help to determine how often this issue occurs, how it effects nurses, and how nurses cope with this added stress.

What will I do if I choose to be in this study?
Participants will complete an 11-question narrative qualtrics (electron) survey regarding their experience with workplace violence and how it has affected them.

Are there any possible risks or discomforts associated with this study?
There are no physical risks associated with the completion of this survey. Please be aware that there is potential for emotional or psychological stress by participating in this survey. If the participant is uncomfortable at any point, they may skip the question or withdrawal themselves from participation.

What are the possible benefits from the completion of this survey?
Responses to this survey will help to evaluate the effect violence has on the emergency room nursing staff. By evaluating the effect, we can identify methods for how to handle this stress and recommend coping mechanisms. We can identify how often this violence occurs and use these findings to put regulations in place that may decrease the occurrence.

What if I do not want to participate anymore? Are there alternatives?
Participants may withdraw from completion of the survey at any point during completion. Participants will not be required to finish. Any questions already answered may be subject to remain in the survey part of the survey data.

Will I have to pay to participate in this study? Will I be paid for my participation?
There is no cost to participate in the study and participants will not be compensated for participating in the study.

What rights do I have in regards to this survey?
When participating in this study, participants will be treated with respect. Participants may stop the survey at any point and this will not affect the relationship with the investigator.
For questions about your rights while in the study, call the SwedishAmerican Institutional Review Board (a group of people who review the research with the goal of protecting the people who take part in the study) at 815-489-4555.

**How will my confidentiality be maintained?**

All information in this study will be kept confidential. Information will be kept on an encrypted drive on a secure network and accessed through a password protected computer. Only the investigators will have access to this file. The file will be encrypted and any participant identifiers such as name and birth date will be removed and not used in the study. After completion of the study, information collected will be destroyed.

**IRB**

This research study will be reviewed by the Northern Illinois University Institutional Review board (IRB) in collaboration with the Swedish American Hospital IRB.

Participant Signature____________________________________________________

Date of consent ____________________________________________________________________
Appendix C

How Often Nurses Experience Violence

How Often Nurses Reported Experiencing Violence

- Every Shift
- Weekly
- Other
Appendix D

Types of Violence Reported

![Bar Chart of Types of Violence Reported](image-url)
Appendix E

Descriptions of Types of Violence Reported

Other Survey Responses to question “What Types of Violence Have You Experienced?”

- My hair has been pulled
- Patients have attempted to bite me
- Private body parts were grabbed
- Bodily fluid thrown at me
- Arms grabbed and twisted
- Stethoscope pulled around neck and choked
Appendix F

Effects of Violence

Effects Violence Has Caused

- Emotionally Draining
- Increased Awareness of Safety and Surroundings
- Less Trusting
- Brushing off Violent Behaviors
- Decreased Tolerance Towards Violence
- Burnout
- Decreased Job Satisfaction
- Decreased Compassion
- Stress
- Dependent on Coworkers
- Hardened Their Personality

26.9%
11.54%
7.7%
7.7%
7.7%
7.7%
3.85%
3.85%
3.85%
Appendix G

Coping Mechanisms Reported

![Coping Mechanisms Reported](image-url)