

# Patient to Nurse Assault

Jake Barnes, Samantha Branham, Michael Dole, Julia Earnest, Grace Wherley, Josie White, and Olivia Williams

## Introduction

Our intentions were to share information on patient to nurse assault with student nurses to help them feel more equipped to protect themselves and address the issue of assault if it were to arise in their clinical experience or future practice. The students benefiting from this information will be starting their first clinical rotation, so this is the perfect time to introduce this information. We hope to see an increase in the students' knowledge of the issue, as well as their confidence in addressing the problem and staying safe in the health care setting.

## Literature Search

Databases: CINAHL, PUBMED

Search Parameters: Peer Reviewed, published 2015 to present, English language

Keywords: Assault, Patient to nurse, Workplace Violence

## Current Evidence

- Evidence provides limited formal education/training about patient-to-nurse violence in courses leading into clinicals as shown in the following statistics:
  - Currently **46%** of nursing students report **≤1 hour of instruction** about sexual assault against nurses or readings without formal instruction (Strunk, 2017)
  - Only **51%** of **first- and second-semester** students received any information about sexual assault (Strunk, 2017)
  - Of all types of patient to nurse assault (physical, psychological, sexual, & emotional), it is shown that on average **61.7%** of nurses **do not report these instances** of abuse due to nothing being addressed or changing from past reported incidents (Kvas & Seljak, 2014)

## Education Plan & Implementation

- We presented to a group of 87 sophomore level nursing students on March 9<sup>th</sup>, 2020 during their fundamentals class.
- Learning Objectives:** **1.** Recognize and identify high-risk situations for encountering potential violence. **2.** Apply strategies for violence prevention/risk reduction discussed in this presentation to real-life situations. **3.** Discuss the importance of reporting patient violence, are aware of the resources available to them regarding reporting and know their rights for reporting patient violence.
- During our education session, we covered many topics including: **the prevalence of sexual assault/violence in the workplace, contributing factors to violence/assault, warning signs of escalation, strategies to prevent assault, reportable situations, and resources for reporting.**
- For this session, we presented a PowerPoint to the learners as well as gave them an infographic that detailed the main points of our presentation.
- The learners were given both a pre- and post-test to evaluate the effectiveness of our presentation, as well as how much knowledge they had of our topic before this presentation.

## Evaluation

Information from the pre- and post-examinations indicates that, following the presentation on patient to nurse assault, sophomore nursing students felt more comfortable addressing patient violence and displayed more knowledge related to risk factors for violence, protective strategies, reportable situations, and protocol for reporting.

Question Asked	Pretest	Post-test
Average <b>comfort level</b> for dealing with patient assault/violence (Uses 0-10 scale where 10=high comfort)	4.58	6.97
Correctly identified all warning signs	20.69%	89.66%
Correctly identified all reportable events of violence/assault	24.13%	49.43%

## Recommendations

Moving forward, we recommend all undergraduate nursing schools provide some form of assault prevention and education to nursing students before entering their first clinical experience. Additionally, much of our literature showed that more research is needed in order to figure out how to best educate students on this topic. Many nursing schools are missing the framework to add curriculum such as this to their didactics. Lastly, across the board, a better reporting system needs to be developed to nurses and nursing students are more aware of the resources available to them to deal with these situations.

## KEY POINTS RELATING TO PATIENT TO NURSE ASSAULT



### 1 STATISTICS

- Highest risk of sexual violence is against college-aged women
- 25% of baccalaureate nursing programs have violence-focused curriculum
- 75% of all workplace assaults between 2011 and 2013 happened in the healthcare setting



### 2 WARNING SIGNS OF ESCALATION

- Long wait times for the patient
- Decreased level of orientation of patient (confusion, sleep deprivation, medication reaction)
- Change in patient body posture and disposition
- Increased frustration, agitation, and raising of patient's voice



### 3 HOW TO DE-ESCALATE

- Establish and maintain a therapeutic relationship with the patient from the beginning
- Monitor patient's mood and be aware of increasing agitation
- Never let the patient get between you and the door
- Stay calm and keep a neutral affect
- Let patient know you are there to help them and keep them safe



### 4 IMPORTANCE OF REPORTING

- Nurses don't report for many reasons (fear of losing job/retaliation by offender, lack of follow-up for offender, lack of knowledge about rights, etc.)
- In order to report:
  - Make sure you know your rights (state laws and Board of Nursing regulations) and the organizational policy
  - Identify a supportive colleague/friend to help you through the situation
  - File incident/serious event/injury reports as applicable

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