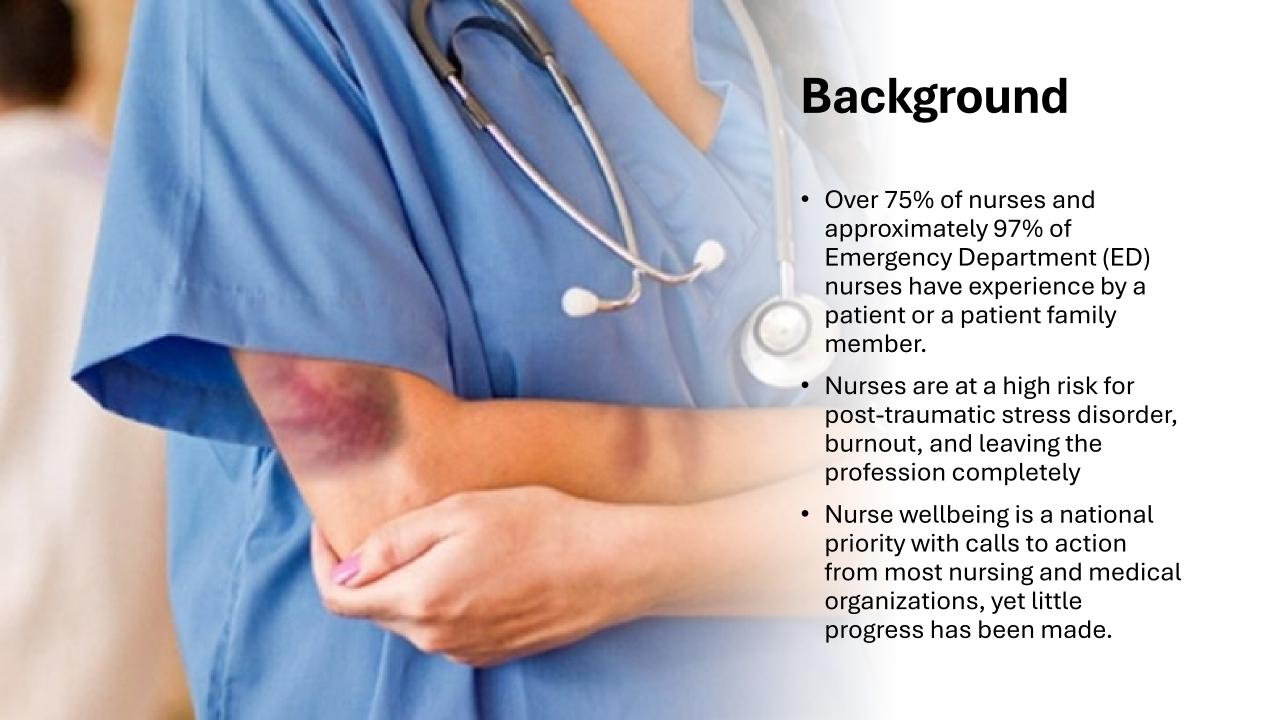
Healing the Hurt:
Reframing Violence
Against Nurses through an
Environmental and Public
Health Lens

Laura Graham PhD, CRNP, PMHNP The University of Alabama in Huntsville's School of Nursing



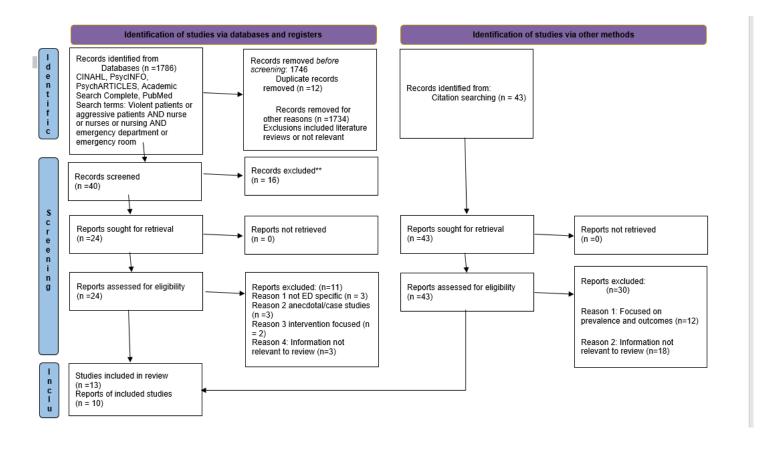




Why is there Violence Against Nurses?

Patients Point of View

Literature Review "Looking for the Answers"

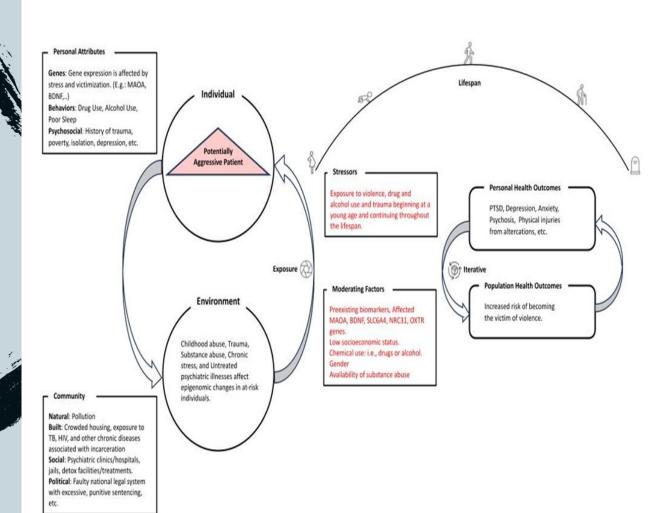


- 23 articles included in the review
- Focused on the Emergency Department related to the higher rates of violence against nurses.



Four Emergent Patterns

- 1) Environment
- 2) Substance Use
- 3) Communication
- 4) Unexpected attacks



Do Individuals Have an Innate Propensity for Violence Upon Arrival?

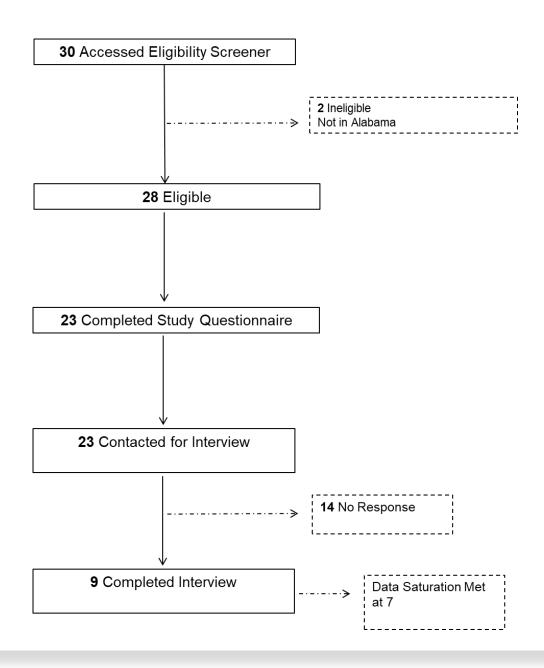
- Genetics
- Substance Use
- Trauma, Poverty
- Psychiatric Illness

An individual's innate propensity for violence can be exacerbated or mitigated by the environment

Research Question

- What are the perceptions of the ED environment and its potential role in patient violence among nurses in Alabama?
- To have participated in this study, individuals must have been: (1) be a nurse working in an Alabama ED; (2) have experienced or witnessed an episode where a patient or patient family member physically or verbally assaulted ED staff within the last 12 months; (3) willing to participate in a one-time individual interview; and (4) English-Speaking.





Consort Diagram

Emergent Themes

Theme		Subtheme		Codes	
The physical environment increases violence risk	a.	Patient location increases risk	1) 2) 3) 4) 5) 6)	Ambulance bay Hall Isolation Privacy Waiting Holding	
	ъ.	The presence of or lack of resources increases risk	1) 2) 3) 4)	Dangerous objects Lack of resources Isolation Shift	
Perception is as important as reality	a.	Nurses' perception of the ED environment	2) 3) 4)	Hectic Interdisciplinary Lack of resources Security Greeting Overwhelmed Protocols Shift Unaware	
	ъ.	Patient perception of the ED environment	3) 4) 5)	Communication Comfort Greeting Inappropriate conversation Noise Crowding Overwhelmed Privacy	
Patient characteristics inform the response to the environment	a. b.	Patient diagnosis Patient attributes	3) 4)	Dementia Mental Health Substance Use	



"there have been incidents where there's an agitated patient in the hallway and there's a lot going on and it tends just to escalate the patient"



"sometimes we don't have pillows, that's such a bare comfort item" "We get a lot of complaints by patient families or patients just complaining about inappropriate language. I think a lot of the staff there just get very comfortable and are very laid back, so they'll say things to cope or just to make a joke or whatever and it's overheard by patients and they'll kind of complain like, oh, their language was inappropriate"





"if it's a psychiatric patient, we need to deal with them and we do know that they are aggressive"



"They don't have a translator, so that makes it really hard"

Strengths and Limitations

Strengths:

- No known similar studies conducted in Alabama.
- Despite the small sample size, data saturation was met.
- Finding were unique to this study and contrary to the reports from the reviewed literature

Limitations:

- One geographical location (Alabama).
- Small sample size
- Findings were unique to this study and contrary to reports from the reviewed literature where the waiting room and triage were identified as the locations most prone to violence.

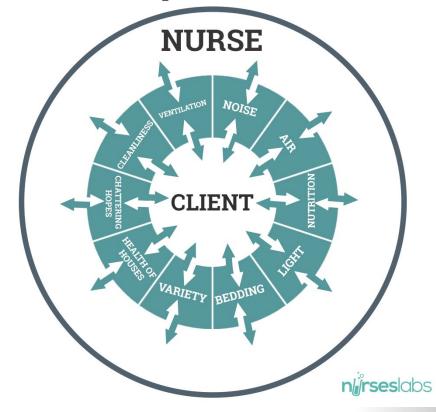




What Does all this Mean for Alabama Nurses?

Back to Basics "Ole Flo"

Nightingale's Environmental Theory Conceptual Framework



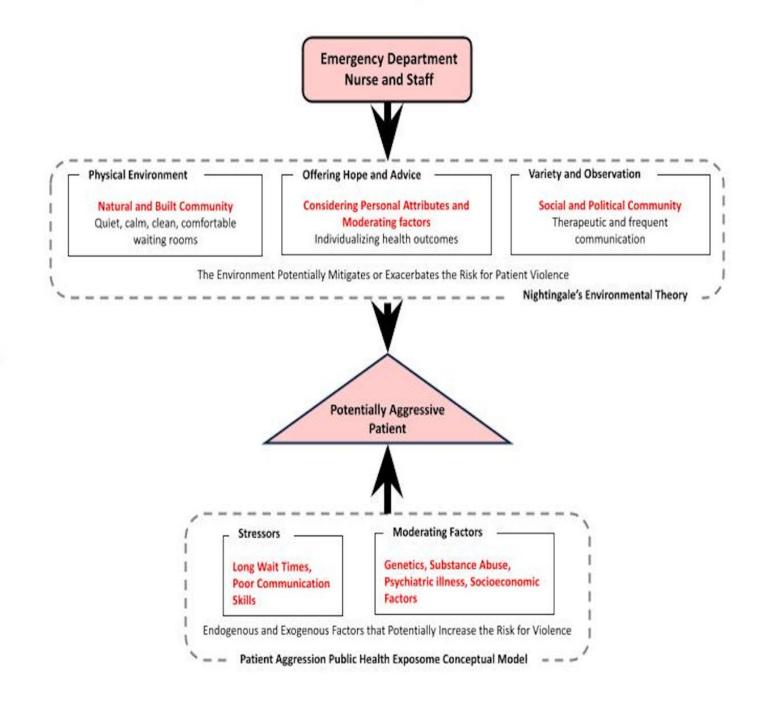




Areas for Environmental Improvement

- 1. Appropriate bed assignments/location
- 2. Decreasing noise and chaos
- 3. Promoting safe communication and care to vulnerable patient populations

The Patient
Violence
Framework





Questions

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