Verbal Abuse of Pediatric Nurses by Patients and Families

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Abstract

The purpose of this study was to determine the extent to which practicing in a pediatric hospital encounter verbal abuse by patients and families and their reactions to this abuse.

Background

Verbal abuse, the most common type of workplace violence against nurses results in declining morale and can negatively impact nurse turnover and quality of patient care.

Methods

The study employed a concurrent triangulation strategy using mixed methods. The 162 nurses who volunteered to participate completed a questionnaire, and a subgroup participated in one of three focus groups.

Results

Eighty-two percent of subjects reported verbal abuse an average of 4 times per month. The majority of these continued to think about the incident for the following month (34%), or the following 3 months (12%). Nearly half reported feeling angry or powerless and 14% said they thought of leaving their position.

Conclusions

The findings of this study described the nature and scope of the problem, and prompted improvement in processes and education to support nurses.

Review of the Literature

The threat of violence is an increasing concern for nurses in the workplace. Between 1993 and 1999, nurses in the United States experienced a higher rate of work-related violence (222 per 1,000 workers) than any other healthcare professional (Durhart, 2001). Studies have demonstrated that nurses are subjected to emotional and verbal abuse in their workplace settings by patients, patient’s families, physicians, administrators, fellow nurses and other healthcare workers (Lutkins-Cohn, 2010). While a majority of studies have focused on abuse of nurses in the emergency and psychiatric settings, this is a problem that affects nurses across all specialties and settings (Crilly, Chaboyer, & Creedy, 2004; Henderson, 2003; Levin, Hewitt, & Minser, 1998; Rowe & Sherlock, 2005).

Verbal abuse of nurses has been studied by researchers on both sides of the Atlantic (Lanza & Kayne, 1995; Libscomb & Love, 1992; Roach, 1997; Whiteside, 1998). A multinational study by Judkins-Cohn (2010) compared the incidence of verbal abuse among nurses in Turkey that found 86% reported having verbally abused within a year period. In addition, Yerden and Yen (2007) surveyed 182 nurses from the United States by sending them a questionnaire that found 50% of nurses who experience verbal abuse by cognitively impaired patients or patients undergoing substance with the abuse. In addition, 48% noted that they had never filed any written reports regarding verbal abuse from family members and/or visitors.

The literature on abuse indicates that verbal abuse experienced by nurses may negatively impact their morale and job satisfaction, sometimes resulting in turnover (Anderson, 2002; Cameron, 1998; Gates, Fitzwater, & Meyer, 1999; Pejic, 2000). Walrath, Dan, and Nyberg (2010) reported that 48% of their study groups knew of a nurse who had transferred to a different unit or department because of experiencing verbal or physical abuse. In addition, 20 nurses from throughout the institution stated that they knew nurses who had left the organization due to experiencing abuse. Turnover is costly to organizations and can negatively impact the quality of patient care.

Purpose and Research Questions

The purpose of this study was to determine the extent to which nurses practicing in a pediatric hospital encounter verbal abuse by patients and families and their reactions to this abuse. This paper will be addressed by answering the following research questions:

1. How often do you practice in a pediatric hospital encounter verbal abuse by patients and families?
2. Among nurses practicing in a pediatric hospital who encounter verbal abuse, what are their reactions and responses to this abuse?

Methods

Design

To address these research questions, a descriptive study was conducted using quantitative and qualitative approaches. The study was reviewed and approved by the research career and collaborated with the evaluation of the study by the Institutional Review Board and determined to be exempt from further review. Participants were recruited from a single pediatric hospital to participate in the qualitative and/or quantitative components of the study. Participants who volunteered to participate in the qualitative component completed two questionnaires. These questionnaires included a background questionnaire and a qualitative component. The qualitative component included a four-item questionnaire to assess the frequency and severity of verbal abuse by patients and their effects. The qualitative component of the study was conducted by non-hospital personnel to facilitate the study. Following this explanation members of the group were invited to participate in the focus groups.

Instruments

Two instruments were used to collect quantitative data from the sample. An 10-item questionnaire was used to collect background information about the subjects. Data about verbal abuse by patients and/or their families were gathered through the nurses completing a second paper and pencil instrument. This second instrument was adapted from the tool used to collect information about work-related stress by nurses and studied by others (Owes & Diabat, 2006, Pejic, 2005) which explored the types, frequency and response to verbal abuse. The instrument developed by Rowe & Sherlock (2000) compared the incidence of abuse between states by sending them a questionnaire that found 50% of nurses who experience verbal abuse by cognitively impaired patients or patients undergoing substance abuse. In addition, 48% noted that they had never filed any written reports regarding verbal abuse from family members and/or visitors.

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were used to triangulate quantitative findings. The top four reactions are anger (25.9%), determination to problem solve (23.5%), powerlessness (16%) and embarrassment (11.7%) (see Figure 2). Eighty-two percent (82%) continued to think about the incident for a few hours (25%), a few days (30%) to more than a week (12%) (see Figure 3). In addition, 14% of the sample reported that they have contemplated leaving their position after a verbally abusive incident. Sixty-five percent of the sample perceived that they handled abusive situations well, citing the use of 3 techniques: basic assertiveness (30%), conflict resolution (31%) and co-worker support (20%).

Focus group results

Major thematic units corresponded directly with quantitative subscale findings and previous research. Participants reported feeling that abusive behavior has increased in recent years. They related that the focus on patient satisfaction has led to a belief among nurses that administration would always side with the patient or family in a dispute. This belief leads to an increased sense of powerlessness to set limits and assertively handle abusive behavior. Participants relayed an understanding that parents and patients are stressed when in the hospital, but stated that over time they lose the ability to be the outlet for that stress. Many in the group felt that verbal abuse caused decreased job satisfaction, low self-worth and burnout, and reported that they have known nurses who quit their jobs in response to repeated verbal abuse.

Nurses’ Reactions to Verbal Abuse

Implications for Nursing

A presentation of the research study and findings at a hospital nursing grand rounds resulted in a frank discussion between bedside nurses and nurse managers about the current work environment. Nurses reinforced the research findings and agreed that many times the verbal abuse by patients and families was not reported because nurses felt no

Data Analysis

Quantitative Data Analysis

Once the questionnaires were collected a codebook was developed for closed ended questions to provide numerical results for analysis. Data were transcribed from questionnaires to excel spreadsheets and double entered to identify transcription errors. Descriptive statistics, including frequencies and percentages, were calculated to describe the demographics and verbal abuse experienced by the sample.

Qualitative Data Analysis

Focus groups (FG) were held shortly after the surveys were collected. The senior qualitative researcher recorded field notes upon completion of the first FG session. Subsequent sessions were conducted by two qualitative researchers. After each FG session, the audio-taped dialogue was transcribed verbatim; transcriptions were verified for accuracy by listening to the tapes at the same time the transcriptions were recorded. Thematic analysis was begun immediately and findings from a previous FG suggested additional questions for the next session.

Credibility was determined through member checking. This allows for the participants in subsequent groups to verify thematic responses found in previous sessions (Cresswell, 2008, Lincoln & Guba, 1985). Descriptions from collected data were used to triangulate quantitative findings. Researcher biases were minimized by presenting the results to the members of the nursing research council. Peer debriefing enhanced the accuracy of the participant responses. These methods ensured the trustworthiness of the qualitative findings.

Results

A total of 162 nurses representing all areas of the hospital and all shifts completed the surveys. Their mean age was 38.6 years. They had been nurses an average of 13.7 years and employed in this hospital an average of 10.81 years. Participants were predominately female (98%) with the majority holding a baccalaureate degree (61%), working full time (73.5%) and on day shift (63%). The 29 nurses participating in the focus group reported a mean age of 41 years. They had been a nurse an average of 17.95 years and in their current position an average of 7.27 years.

In answer to research question 1, "how often do nurses practicing in a pediatric hospital encounter verbal abuse by patients and families?" the median response was 2 times per month (see Figure 1). Twenty-five nurses (15.4%) reported no instances of verbal abuse. Ninety-three nurses (57.4%) reported 1-3 instances per month. There was no difference between day shift and night shift for frequency of verbal abuse (p=0.018). There was no difference between units.

Research question 2 asked, "among nurses practicing in a pediatric hospital who encounter verbal abuse, what are their reactions and responses to this abuse?" The top four reactions are anger (25.9%), determination to problem solve (23.5%), powerlessness (16%) and embarrassment (11.7%) (see Figure 2). Eighty-two percent (82%) continued to think about the incident for a few hours (25%), a few days (30%) to more than a week (12%) (see Figure 3). In addition, 14% of the sample reported that they have contemplated leaving their position after a verbally abusive incident. Sixty-five percent of the sample perceived that they handled abusive situations well, citing the use of 3 techniques: basic assertiveness (30%), conflict resolution (31%) and co-worker support (20%).

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action would be taken. Managers reassured nurses that they would be supported, and encouraged them to report any verbally abusive situations. The chief nursing director and all directors and managers had discussion with staff on their units in formal and informal meetings to assure nurses that verbal abuse will not be tolerated and should be reported. The findings of the study were also presented to the hospital’s Safety and Executive teams. These teams expressed concerns over the nurses for not reporting verbal abuse situations and attempting to manage these on their own. These groups suggested several educational programs and resources to assist the nurse in these situations. Nurses are now encouraged to formally report a verbal abuse encounter through the Patient Safety Reporting System to ensure RN Management and nurse leaders are aware of the incident and can provide follow up with the nurse as needed.

In the two years following the study several educational programs were developed and made available to staff to assist them in the management of verbally abusive encounters. An interactive program was developed which teaches nurses and physicians how to communicate difficult information with patients and families. This program helps healthcare providers to strengthen and hone their communication skills in difficult situations by using actors to portray family members and videotaping simulated patient encounters. Through critique of the tapes the nurses learn better strategies to manage difficult conversations or deescalate angry behavior (Peterson, Porter, & Calhoun, in press).

Additional programs at nursing grand rounds have focused on de-escalation, crisis prevention, personal safety and how to set limits with patients and families. These programs give nurses information on how to handle an abusive situation, who they can call for help, and what resources are available to assist nurses to deal with negative feelings after a verbal abuse encounter.

In an effort to strengthen the nurse’s skill level and understanding, the orientation lecture on Service Excellence was enhanced. In addition to emphasizing the importance of giving patients and families the best experience possible, the educator points out that nurses have a right to be treated with respect and are not expected to tolerate verbal abuse or threatening behavior. If any type of abuse occurs, the nurse should seek consultation with the assistant nurse manager or nurse manager and report the abuse in PSRS.

Conclusion

The hospital’s intense focus on increasing patient satisfaction scores was interpreted by the nursing staff as “the patient is always right, no matter what.” Consequently, nurses involved in encounters of verbal abuse rarely reported them, so nurse leaders were not aware of the extent of the problem. This study provided nursing leadership with valuable information about the extent of the problem, as well as the impact and possible steps to correct it. Several educational and process measures have been implemented since completion of the study. A second shorter survey is under consideration to determine if the efforts of the past two years have made an impact on nurses’ coping strategies and perceived support from nursing leadership.

References


