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Verbal Abuse of Pediatric Nurses by Patients and Families

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Background

Verbal abuse is the most common form of workplace violence against nurses resulting in declining morale and productivity. Verbal abuse negatively impacts nurse turnover and quality of patient care.

Methods

The study employed a concurrent triangulation strategy using mixed methods. The 162 nurses who volunteered participated in 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 a few hours (16%), a day (34%), or a week or more (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 (22 per 1,000 workers) than any other healthcare professional (Durhart, 2001). Studies have demonstrated that nurses are subjected to physical, emotional and verbal abuse in their workplace settings by patients, patient's families, physicians, administrators, fellow nurses and other healthcare workers (Laukkos-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 (Crichly, Chaboyer, & Creedy, 2004, Henderson, 2003, Levin, Hewitt, & Minser, 1998, Rowe & Sherlock, 2005).

Abuse among nurses in the pediatrics field has been studied by researchers on both sides of the Atlantic (Lanza & Kayne, 1995, Libscomb & Love, 1992, Roach, 1997, White, 1998). A multi-site study conducted by Flit.water and Meyer (1999, 2000) and Walrath, Dang, and Nyberg (2010) reported that 48% of the nurses interviewed in focus groups knew of a nurse who had transferred to a different unit or department because of experiencing verbal or physical abuse. In their sample, 50% 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 purpose will be addressed by answering the following research questions:

1. How often do nurses practicing 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 to obtain data. The study was reviewed by the organization’s Institutional Review Board and determined to be exempt from further review. Nurses were recruited from one pediatric hospital to participate in the qualitative and/or quantitative components. The Institutional Review Board approved the study protocol for the quantitative component, and the focus groups were conducted by non-hospital personnel to facilitate unbiased data collection and analysis.

Sample

Registered nurses (RNs) employed full or part time in direct care roles were invited to participate in the study by placing survey packets on every nursing unit. Potential participants were encouraged by their unit managers to complete the survey packet and return it to the research office. Participants for these focus groups were solicited by non-hospital employee members of the research team and the unit nursing staff and the research team was present for each focus group. Participants for these focus groups were solicited by non-hospital employee members of the research team and the unit nursing staff and the research team was present for each focus group. Participants for these focus groups were solicited by non-hospital employee members of the research team and the unit nursing staff and the research team was present for each focus group.

Instruments

Two instruments were used to collect quantitative data from the sample. A 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 originally developed and validated by Lanza and Kayne (1995, 2000) which explored the types, frequency and responses to verbal abuse. The study instrument was modified and studied by others (Owies & Diabat, 2005, Pejc, 2005) which explored the types, frequency and responses to verbal abuse, emotional reactions to the verbal abuse, cognitive appraisal of the encounter, the coping behaviors used, the effectiveness of the coping, and the long-term reactions to verbal abuse.

Results

Since nursing staff were asked to complete the survey during their working shift, the present study used data from the second paper and pencil instrument for the frequency of verbal abuse, emotional responses and coping behaviors. Furthermore, participants were asked to complete the survey in the context of verbal abuse by patients and families rather than other healthcare providers. Eight separate types of verbal abuse were listed on the frequency subscale. Respondents were asked to indicate the frequency with which they experienced each type of verbal abuse in the previous 12 months on a 0-6 scale (Never, 1=once per six months, 2=once per month or less, 3=several times a month, 4=once per week, 5=several times a week, 6=every day). Seventeen emotional responses were listed and subjects were asked to rate the degree to which they reacted emotionally when they experienced verbal abuse from a patient or family member on a 0-6 scale (0=Not at all, 1=Very mild feeling, 2=Mild feeling, 3=Moderate feeling, 4=Strong feeling, 5=Very strong feeling, 6=Extreme feeling). Finally, twelve coping responses were listed and subjects were asked to indicate the degree to which their thinking was similar to the thoughts listed as they evaluated the verbal abuse on a 0-6 scale (0=Not at all, 1=Very mild feeling, 2=Mild feeling, 3=Moderate feeling, 4=Strong feeling, 5=Very strong feeling, 6=Extreme feeling).

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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 spreadsheet 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 read. Thematic analysis was begun immediately and findings from a previous FG session were used to triangulate quantitative findings.

Results

A total of 162 nurses representing all areas of the hospital and all shifts completed the surveys. Their mean age was 36.6 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 a 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 encountered 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%), helplessness (16%) and embarrassment (11.7%) (see Figure 2). Eighty-two percent (82%) continued to think about the incident for a few hours (22%), 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 coworker 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. Participants stated that they look to their colleagues for support, and were aware of other resources available such as risk management, pastoral care, and employee assistance.

Discussion

Both the quantitative and qualitative analyses lend support to the research stating that verbal abuse has a negative impact on morale and job satisfaction, and can affect job performance and the quality of patient care. It further supports that verbal abuse can have an impact on the organization through increased staff turnover and poor retention rates (Anderson, 2002, Bowers et al., 2006, Cameron, 1998, Gates et al., 1999, Gerberich et al., 2004, Peic, 2005, Ryan et al., 2008).

Nurse participants described feeling that no change would occur with the reporting of verbal abuse due to the prevailing attitude that the customer is always right. This supports previous findings from the literature documenting that only one in five incidences of verbal abuse is ever reported (Duncan et al., 2001, Jonker, Goossens, Steenuits, & Oud, 2008).

Findings from the focus groups were used to guide the implementation of hospital wide solutions. Participants provided suggestions that ranged from use of multi-disciplinary teams to de-escalate an abusive situation, to personal strategies on how best to handle these events. One staff nurse stated, "...I urge any staff member to report verbal abuse when it happens or the culture will not change. There needs to be documented evidence to support the incidence of abuse in order for those not at the bedside to know the gravity of the problem."

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...
action would be taken. Managers reassured nurses that they would be supported, and encouraged them to report any verbally abusive situations. The chief nurses and directors met with all directors and managers to have 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 nurse 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, which is used 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 interactions nurses can 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 new 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


