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Verbal Abuse of Pediatric Nurses by Patients and Families

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Background

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

Methods

The study employed a concurrent triangulation strategy using mixed methods. The 182 nurses who volunteered completed a paper and pencil instrument concerning the degree, frequency of verbal abuse, emotional responses, and coping behaviors. Analysis of the data was performed by the research team attending unit-based nursing council meetings.

Conclusions

The findings of this study describe 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 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, families, administrators, fellow nurses, and other healthcare workers (Hutson-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 (Crlilly, Chaboyer, & Creedy, 2004, Henderson, 2003, Levin, Hewitt, & Misner, 1998, Rose & Sherlock, 2005).

Abuse among nurses has been studied by researchers on both sides of the Atlantic (Lanza & Kayne, 1995, Libscomb & Love, 1992, Rouach, 1997, Whelton, 1992). A number of studies conducted between 1997 and 2000 compared the incidence of abuse between psychiatric nurses in the United Kingdom, United States, Canada and South Africa. The results of this study found that a majority of the sample (75%) reported being physically abused at least once during their careers. Only 62% responded that they felt safe in their work environment most of the time. These findings indicate that nurses are clearly justified in being concerned for their physical safety and well-being. Additionally, research supports that incidents of physical abuse against nurses are underreported (Lanza & Kayne, 1995, Libscomb & Love, 1992, Post, 2006).

Verbal abuse is the most common form of abuse experienced by nurses. Duncan et al. (2001) noted that nurses report only one in five incidents of verbal abuse. Cameron (1998) found that 85% of nurses reported experiencing verbal abuse in their job. 45% of whom had experienced such abuse in the past 15 years. A national survey found that over 50% of front-line nurses had been verbally abused and 22% reported physical abuse within the previous 12 months. A recent study (Pejic, 2005) found that 50% of nurses who experience verbal abuse by cognitively impaired patients or patients undergoing substance withdrawal experience verbal abuse at work in the last month. In a study that surveyed 2,487 Australian nurses, 65% reported experiencing emotional abuse in the last 5 shifts they had worked, with the majority of abuse coming from the patients under their care (Roche, Dufeld, & Catling-Paul, 2010). Jonker, Goossens, Steenhuis and Oud (2006) examined the incidence of abuse experienced by nurses practicing in the Netherlands. They found that younger and less experienced nurses were more likely to experience verbal abuse at work compared to their more experienced counterparts. A study conducted in the United States by Whittington (1997) found that 62% of nurses had experienced verbal abuse by cognitively impaired patients or patients undergoing substance withdrawal. In another study, addition, 48% noted that they had never filed any written reports regarding verbal abuse from family members and/or visitors.

Conclusion

Sample

Registered nurses (RNs) employed full or part time in direct care roles were recruited to participate in the study by placing survey packets on every nursing unit. Potential participants were encouraged by others of the study team to complete the survey. A box was placed on each unit to collect the anonymously completed surveys. Twenty nurses from throughout the institution volunteered to participate. Participants for these focus groups were solicited by non-hospital employee members of the research team. Focus groups were scheduled and explaining the study. Following this explanation members of the group were invited to participate in the focus groups.

Instruments

Two instruments were used to collect qualitative 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 developed by Poster (1994) and studied by others (Oweis & Diabat, 2005, Pejic, 2005) which explored the types, frequency and response to verbal abuse.

The instrument employed by Rowe & Sherlock combined the Verbal Abuse Survey developed by Cox (1994) to explore the extent to which nurses practicing in a pediatric hospital encounter verbal abuse by patients and/or their families. Nurses who volunteered to participate in the study were asked to complete the survey during their working shift. The present study employed only 3 of these subscales to study emotional reactions to the verbal abuse, cognitive appraisal of the encounter, the coping behaviors used, the effectiveness of the coping, and the long-term negative effects of the abuse. Since nursing staff were asked to complete the survey during their working shift, the present study employed only 3 of these subscales to study 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 time or less per year, 2-6 times per month or less, 3-7 several times a month, 4- once per week, 5- several times a week, 6- every day). Frequency, 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 their family. Emotional reactions to verbal abuse, the emotional reactions to the verbal abuse, cognitive appraisal of the encounter, the coping behaviors used, the effectiveness of the coping, and the long-term negative effects of the abuse.

Use of qualitative data

Three focus groups consisting of 6-8 different registered nurses lasting no more than an hour each were conducted to collect qualitative data to aid in the research questions. Six open-ended questions were used to stimulate discussion in the focus groups. These included:

1. Describe some of the most frequent forms of abuse to nurses seen at this hospital?
2. Tell me about the worst abuse you believe nurses perceive they are abused?
3. What are the nurses’ most common responses to being abused? Please describe an example.
4. Why do you see most often abusing the nurses?
5. Abuse causes what to the nurses?
6. Are there any situations that help prevent abuse to the nurses?

Focus groups were held at the hospital in meeting rooms, with nurses and other healthcare providers. The sessions were conducted by non-hospital personnel to facilitate candid discussion.

Verbal Abuse of Pediatric Nurses continued on page 7
were used to triangulate quantitative findings. The top four reactions were anger (25.9%), determination to problem solve (23.5%), powerlessness (16%) and embarrassment (11.7%) (see Figure 2). In total, 120 nurses (72.4%) of the sample reported that they have contemplated leaving their position after a verbally abusive incident. Seventy-five percent of the sample felt that they handled abusive situations well, citing the use of 3 techniques: basic assertiveness (30%), conflict resolution (31%) and "I can handle it" (25.9%).

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 lead 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. 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 incidents of verbal abuse is ever reported. Participants provided suggestions that ranged from use of multi-disciplinary teams to de-escalate an abusive situation, to personal training 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 nursing director and all directors and managers had discussions 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 to ensure RN's 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 scripts, learners 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 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 PSIRS.

**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 effects of the past two years have made an impact on nurses' coping strategies and perceived support from nursing leadership.

**References**


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