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Verbal Abuse of Pediatric Nurses by Patients and Families

Ann Truman  
*Kosair Children’s Hospital*

Myra Goldman  
*University of Louisville*

Carlee Lehna  
*University of Louisville*

Jill Berger  
*Norton Healthcare*

Robert V. Topp  
*Marquette University, robert.topp@marquette.edu*

Objective
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 decline of morale and need to cognitively impact nurse turnover and quality of patient care.

Methods
The study employed a concurrent triangulation strategy using mixed methods. The 162 nurses who voluntarily filled out the 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 (34%), a few days (46%), or a week or more (12%). Nearly half reported feeling angry or powerless and 14% said they thought of leaving their position.

Conclusions
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 violence than in any other healthcare profession (Durhart, 2001). Studies have demonstrated that nurses are subjected to physical, emotional and verbal abuse in their workplace settings by patients, family members, and/or visitors. Nursing administration, concerned about the increased emphasis on patient safety, has placed nurses at the forefront of patient care and consequently at an increased risk of abuse.

In a recent review of the literature on verbal abuse, it was found that nurses are subjected to verbal abuse from patients and their families. Several studies have been conducted 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:

How often do nurses practicing in a pediatric hospital encounter verbal abuse by patients and families?

What are nurses’ reactions and responses to this abuse?

Methods
Design
To address these research questions, a descriptive study was conducted using quantitative and qualitative methods. The study was reviewed and conducted under the guidance of the Institutional Review Board and determined to be exempt from further review. The study sample included nurses who voluntarily participated in the study and the quantitative component anonymously completed two questionnaires. These questionnaires included a background questionnaire and a paper and pencil instrument concerning the degree, type, frequency and outcomes of verbal abuse they experienced. The quantitative component included several questions to assess nurses’ reactions to verbal abuse in the previous 12-month period. Nurses reported abuse, 40% had experienced verbal abuse from a family member or a patient, and 22% reported physical abuse within the previous 12-month period. Nurses were asked to indicate the degree to which they reacted emotionally to the verbal abuse.

Sample
Registered nurses (RNs) employed full or part time in children’s care roles were recruited to participate in the study by placing survey packets on every nursing unit. Potential participants were recruited by RNs at team meetings and were asked 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 in the study by completing and explaining the study. Following this explanation membership of the group invited to participate in the group focus.

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 used by others to study verbal abuse and was studied by others (Oweis & Diabat, 2005, Pejic, 2005) which explored the types, frequency and responses to verbal abuse.

Participants for these focus groups were solicited by non-hospital employee members of the research team, including unit-based nursing managers and explaining the study. Following this explanation membership of the group invited to participate in the focus groups.

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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 patients and parents 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 and customers, 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 (Duncan et al., 2001, Jonker, Goossens, Steenhuis, & Oud, 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 incidents of verbal abuse is ever reported (Duncan et al., 2001, Jonker, Goossens, Steenhuis, & Oud, 2008).

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 officers and all directors and managers have 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 presented to the hospital’s Safety and Executive teams. These teams expressed concerns over the need for 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 tool to ensure RAP. 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, 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 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


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