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# Increasing Knowledge of Emergency Department Nurses on Recognizing Aggressive Patient Behavior

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This is to certify that the doctoral study by

Kandee Barnes

has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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MSN, Walden University, 2016

BSN, University of Memphis, 2012



Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice



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Abstract

Emergency department (ED) nurses are exposed daily to workplace violence putting

them at risk for injury from aggressive patients. A gap in practice was identified in an

urban ED in a state in the Southeastern United States. ED nurses at this site do not have

the knowledge to recognize and reduce aggressive patient behavior. The guiding practice-

focused question addressed whether educating ED nursing staff on recognizing

aggressive patient behavior would increase knowledge. To address the gap, an

educational session was developed based on a comprehensive literature search, with the

assistance of an expert panel and using the analyze, design, develop, implement, and

evaluate (ADDIE) model. Eight ED nursing staff voluntarily participated in the project. A

10-question multiple choice pretest was administered, after which the ED nurses watched

a 10-minute video. Participants then completed a 10-question multiple-choice posttest.

The mean pretest score was 70% and the mean posttest score was 92.5%, a 32% increase

in knowledge. A paired-sample $t$ test indicated that scores were significantly higher on

the posttest ($M = 92.5$) than for the pretest ($M = 70.0$), $t(7) = -3.63$, $p = .008$. This project

has the potential to impact social change by helping ED nurses recognize early signs of

patient aggression, which can help to decrease the number of incidences of violent attacks

on nurses by patients.

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Dedication

I would like to dedicate this page to my love (Kenneth), my parents (Reuben and Lula), my children (Kelsee and Kourtnee), my sister (Shunda), my nephews (Kirby and Kolby), and my granddog (Karatee). Thank you all for your immense love and support as I strived to complete one of my biggest life goals of achieving my doctorate in nursing. At the age of 37, I returned to school with two young children. We spent countless hours studying, spending many of those hours every night at Barnes and Noble. When my oldest daughter Kelsee graduated from high school, she gave a speech at her graduation thanking me for being a great inspiration and role model in her and Kourtnee's life. After hearing Kelsee's speech, I was motivated to continue my education in nursing. I wanted my children to see that goals are attainable with hard work, dedication, perseverance, and faith. Thank you to my birth mother (Velma), who passed away in 1998 at the age of 54, for teaching me the importance of leading by example. Thank you to my great aunt (Nannie), who passed away at the age of 87 in 1981, for instilling in me the power of prayer. I know Mama and Nannie are rejoicing in heaven together. I love you all!

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Section 1: Nature of the Project

According to data from the U.S. Bureau of Labor Statistics, incidents of violence against healthcare workers increased more than 60% from 2011 to 2018, and healthcare and social service workers were five times more likely than other workers to experience workplace violence (Pinkstone et al., 2023). OSHA has made protecting doctors, nurses, and other healthcare workers with direct patient interaction from violence a priority under the General Duty Clause in Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970 (OSHA, 2023). Wu et al. (2019) stated that health care professionals, especially registered nurses who work in the emergency department (ED), are at higher exposure and therefore risk of physical and verbal violence. To prevent traumatic violent experiences in the ED it is important for the registered nurse to recognize early signs of aggressive patient behavior. This Doctor of Nursing Practice (DNP) project is a nursing staff education project with the overall intent to increase ED nurses' knowledge on recognizing aggressive patient behavior. As a registered nurse who works in an ED in an urban area in Tennessee, I have seen patient aggression firsthand I have noticed that nurses do not know the early warning signs of aggressive patient behavior, which contributes to many aggressive situations escalating. In addition, most of these ED nurses have not received education on recognizing aggressive patient behavior. Therefore, it is imperative to provide education on increasing nurses' knowledge on how to recognize aggressive patient behavior.

This project has the potential to impact social change by helping ED nurses recognize early signs of aggression from patients, which will help to decrease incidences

of violent attacks by patients in the ED. With increased knowledge through education,

recognizing aggressive patient behavior can help ED nurses react appropriately in these

types of situations and promote a culture of safety in the workplace.

## Problem Statement

As a registered nurse in the ED, I have often witnessed patient aggression in the

project site's busy ED located in a predominantly urban area in Southeastern Tennessee.

It is not unusual for security to be called via the overhead paging system, at least once a

day to a patient's room, to try to calm an aggressive patient. I have seen situations

between patients and ED nurses that quickly escalate from seemingly calm patients to

irate and confrontational patients. I have also seen instances where patients react

aggressively when they do not receive certain types of medications, such as narcotics,

that they request on demand.  Ramezani et al. (2017) stated that ED nurses do not have

the skills to recognize aggressive patient behavior because they do not have the proper

education. This lack of knowledge results in the inability of ED nurses to implement

appropriate measures for the management of patient aggression. Educating nurses on how

to recognize early signs of aggressive behavior can help prevent potentially dangerous

situations such as these from escalating.

Being knowledgeable about aggressive behavior can help increase awareness and

decrease potential violent attacks on emergency room nurses, thereby preventing nurses

from experiencing the negative effects of such incidents. Aggarwal et al. (2019) stated

that when violence by patients is encountered in the ED, nurses experience a significant

amount of physical and mental distress that may interrupt work productivity and patient

care. According to de la Fuente et al. (2019) nurses who experience patient-perpetrated violence can be negatively affected with psychological issues such as nightmares, flashbacks, loss of sleep, and symptoms of posttraumatic stress syndrome. Thus, the literature supports the need to conduct this project.

This project holds significance for nursing practice because nurses and people in leadership positions need to be knowledgeable about how to recognize aggressive patient behavior to help prevent violent attacks on nurses. With early intervention, injury to nurses can be reduced both physically and psychologically. Educating ED nurses on how to recognize early signs and de-escalate aggressive patient behavior can greatly benefit ED nurses and move the nursing profession in a positive direction.

## Purpose Statement

The purpose of this project was to provide ED nurses with the knowledge to help them recognize signs of aggressive behavior in patients. The gap in practice was the inability of nurses, in an ED located in a busy hospital in Tennessee, to recognize signs of aggressive behavior from patients due to lack of knowledge. One example of a gap in practice that I witnessed just recently was an attack on an ED nurse as she stood too close to a patient who was already agitated. Because the patient was denied her request for a particular pain medication, the aggressive patient lashed out at the nurse resulting in an injury. This situation could have possibly been prevented had the nurse been educated on how to recognize signs of aggressive patient behavior. Due to a lack of knowledge on how to recognize signs of aggression, the nurse placed herself in harm's way making it too late to respond appropriately. The guiding practice-focused question for this project

was "Will educating ED nursing staff on recognizing aggressive patient behavior increase knowledge?" Nurse education on recognizing aggressive patient behavior is needed so that ED nurses can best respond to these difficult and often dangerous situations, thereby avoiding personal injury.

This project has the potential to address the gap by identifying issues of aggressive patient behavior and increasing ED nurses' knowledge on how to recognize the signs. By recognizing aggressive patient behavior, potentially dangerous situations can be avoided and can help to create a safer environment for everyone involved.

<div align="center">

**Nature of the Doctoral Project**

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Using the Walden University *Staff Education Manual* (2019), the focus for the project was to provide nursing staff education about aggressive patient behavior using a variety of aligned methods. First, a literature review was conducted. I searched the literature using Walden University's library, Using key words and phrases such as *aggressive patient behavior, de-escalating, patient behavior, staff education,* and *violence in the ED*. The literature search was limited to the past 10 years and to full-text articles written in English language only. Sources to be searched included the Cumulative Index of Nursing and Allied Health (CINAHL), MEDLINE, and ProQuest databases, as well as journals, such as the *Journal of Emergency Nursing*.

Second, after receiving the Institutional Review Board (IRB) approval from Walden University and approval from the project site, I provided a staff education program for ED nursing staff on early recognition of patient aggressive behavior. The components of the educational plan included the definition and identification of

aggression in a hospital emergency room setting, causes and risk factors for patient

aggression in the ED, and methods of de-escalation. The project site and ED nursing staff

were educated on early recognition of aggressive behavior in patients. An expert

workgroup comprised of myself and staff developed the program, which included a

PowerPoint video. The project was built on the premise that the education of nursing staff

about patient aggression would result in a knowledge gain about the importance of early

recognition of potential aggression, to de-escalate and manage aggressive episodes, thus

preventing physical and emotional harm to the ED nursing staff. I utilized the analyze,

design, develop, implement, and evaluate (ADDIE) model to develop the program. ED

nurses were encouraged to voluntarily participate in the project.

Participation was strictly voluntary. Participants could withdraw from the study

either verbally or in writing at any time without any repercussions. The original plan was

to educate 15 nurses in the ED in this facility. However, only eight nurses were available

to voluntarily participate. A pretest and posttest was administered using a 10-question

multiple choice questionnaire. Descriptive and inferential statistics were used to analyze

the data. The unit director was supportive of this project and wanted nurses in the ED to

have staff education on how to recognize aggressive patient behavior. The overall goal of

this project was for ED nurses to use this knowledge to de-escalate aggressive and

potentially dangerous patient situations.

## Significance

Increased knowledge about aggressive patient behavior will help ED nurses to

acquire an additional skill set which will be useful for themselves in the prevention of

personal injury and to assist staff to recognize signs of aggressive patient behavior. By recognizing the signs exhibited by a potentially aggressive patient, ED nurses can decrease the risk of harm to patients, themselves, and others in the environment.

Stakeholders could be impacted by this project by seeing a decrease in adverse events that occur in many EDs because of aggressive patient behavior. The stakeholders may also see a decrease in short-term disability and a decrease in lawsuits filed due to on-the-job injuries that occur of violent attacks by patients. Stakeholders in the project were the ED staff nurses, patients, nursing leadership, families of the patients, patients in the waiting room, security, custodial workers, paramedics, and police officers.

Potential contributions of the project to nursing practice include creating a safer environment for patients, nurses, and other staff who work in the ED. Generally, safer environments promote healthier relationships and produce more desirable outcomes. The transferability of this project can also be useful in minor medical facilities and walk-in clinics, which often do not have on-site security. This usually results in nurses having to defend themselves until law enforcement arrives on the scene. Increasing knowledge can provide nurses with the skills needed to recognize aggressive patient behavior and de-escalate a situation before it becomes uncontrollable.

This project has the potential to impact social change by decreasing incidence of violent attacks by patients in this ED with the goal of creating a safer work environment. By creating a safer work environment, nurses can report to work with increased knowledge on how to effectively de-escalate an aggressive situation. This in turn could

help grow the nursing profession and keep its reputation as one of the best and most trusted professions, while moving forward in a positive direction.

## Summary

In Section 1, I addressed the gap in practice regarding ED nurses' lack of knowledge on how to recognize aggressive patient behavior. The practice-focused question, the approach, and the significance to nursing practice were also addressed. In Section 2, I will address the concepts, model, and theories, as well as the relevance to the nursing practice, and roles of the (DNP) student and project team.

Section 2: Background and Context

**Introduction**

Ramezani et al. (2017) reported that ED nurses do not have the skills to recognize aggressive patient behavior as they lack knowledge in this area. This lack of knowledge results in the inability of ED nurses to implement appropriate measures for the management of patient aggression. The guiding practice-focused question that this project attempted to answer was "Will educating ED nursing staff on recognizing aggressive patient behavior increase knowledge?" The purpose of this project was to provide education to ED nurses to help them recognize early signs of aggressive behavior from patients. In this section, I will discuss the concepts, models, and theories and their relevance to nursing practice, the local background, and the role of the project team.

**Concepts, Models, and Theories**

The model that informed the doctoral project is the (ADDIE) model. For many years, educators have used the ADDIE Instructional Design (ID) method as a framework in designing and developing educational and training programs (Kurt, 2018). With this model, I was able to analyze, design, develop, implement, and evaluate the education that I provided to the ED nursing staff on how to recognize and de-escalate aggressive patient behavior. With the ADDIE model, some examples of questions that can be answered consists of who the audience is and their characteristics (InstructionalDesign.org, 2022).

There are five phases of the ADDIE model: analyze, design, develop, implement, and evaluate (InstructionalDesign.org, 2022). The analyze phase is the goal setting phase (InstructionalDesign.org, 2022); I focused on what the nurses already know and what

they need to know to recognize early signs of aggressive patient behavior. In the design phase, I documented the project's instructional, visual and technical design strategy (see InstructionalDesign.org, 2022). The project was reviewed and revised in the development phase according to any feedback given (see Instructional Design, 2022). In the implementation phase, a procedure for the learners is developed (see Instructional Design, 2022). Formative and summative evaluation are two parts of the evaluation phase where formative evaluation is present in each stage of the ADDIE process, and evaluation consists of providing opportunities for feedback from the users (Instructional Design, 2022). These steps were followed in collaboration with an expert panel.

Terms used in this doctoral project include *workplace violence*, *aggressive behavior*, and *de-escalation*. OSHA (2023) defines workplace violence as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site, ranging from threats and verbal abuse to physical assaults and even homicide, and can affect and involve employees, clients, customers and visitors. Brewer et al. (2017) stated that aggressive behavior is the intention to harm, damage or hurt another person physically or psychologically, verbal abuse, threats or nonverbal gestures expressing the same, and that de-escalation is a technique which aims to either prevent aggression or decrease its intensity.

**Relevance to Nursing Practice**

According to Ramezani et al. (2017), ED nurses do not have the skills to recognize aggressive patient behavior because they do not have the proper education. This lack of knowledge results in the inability of ED nurses to implement appropriate

measures for the management of patient aggression. Of the 5,333 fatal workplace injuries that occurred in the United States in 2019, 761 were cases of intentional injury by another person, according to the Bureau of Labor Statistics Census of Fatal Occupational Injuries (OSHA, 2023).

Aggarwal et al. (2019) stated that when nurses encounter violence by patients in the ED, there is a significant amount of physical and mental distress that may interrupt work productivity, patient care, and personal wellbeing. Budd (2020) stated that de-escalation training should be mandatory and on-going, and that hospitals could do more to protect workers by adding security, cameras, and metal detectors, as well as increasing visitor screening, especially in the ED. While researching a comparison of how some other hospitals manage their emergency room's entrance, I noted that the Cleveland Clinic uses metal detectors, as well as security guards to inspect visitors' bags, staff ID badges that include wireless panic buttons, and plainclothes officers who patrol in the ED (Budd, 2020). At the hospital where this project was conducted, there are metal detectors as well as security guards in the ED. Although these measures have helped improve safety in the ED, providing nursing education on how to recognize and de-escalate aggressive patient behavior will help to close the gap of nurses being physically or mentally abused by patients in the ED.

## Local Background and Context

The relevance of the problem in this community is based on the evidence of violent attacks on ED nurses. Just recently, there was a story featured on the news about a nurse practitioner who was assaulted by a patient in the ED (Broach, 2019). The patient,

who allegedly broke the nurse practitioner's hand and some bones in her neck, has a long

history of assaults and is the same man accused in the attacks on several nurses at two

Memphis hospitals (Broach, 2019). This topic should be examined to help prevent

workplace violence in the ED. The World Health Organization (WHO) and the

International Council of Nurses (ICN) defined *workplace violence* as incidents where

staff are abused, threatened or assaulted in circumstances related to their work, including

commuting to and from work, involving an explicit or implicit challenge to their safety,

well-being or health (CDC, 2020). Between 2011 to 2013, U.S. healthcare workers

suffered 15,000 to 20,000 workplace-violence-related injuries every year that required

time away from work for treatment and recovery (OSHA, 2015).

The setting for my doctoral project was a busy hospital ED in Tennessee. The

hospital is in a predominantly urban area. There are 57 private area beds in the ED which

does not include approximately 20 additional beds that can accommodate more patients.

The ED staffs approximately 6 to 10 nurses per 12-hour shift, which has decreased

drastically since the beginning of COVID-19 in 2020.

The exact problem of violence from aggressive patients in the ED is that nurses

lack education on how to recognize and de-escalate early signs of patient aggression. At

least one nurse in the ED where this project was being conducted experiences at least one

aggressive patient daily. Assault claims are not usually filed because many violent

incidents are not reported. Some nurses in this ED currently deal with these incidents by

expressing their feelings with other nurses in the ED; and depending on the nature of the

aggression, will determine who the incident will be reported to. For example, if a patient

is angry because of a long wait time in the waiting room, then the charge nurse is made aware. If the aggression is due to anxiety, then the ED physician is made aware so that the patient can be medicated. Currently, the policy in this ED is that security be made aware when faced with an aggressive patient. However, I have witnessed in this ED that this policy is not always followed. Nurses have stated that because they are working short staffed, stopping to report an incident is too time consuming, especially if security is busy dealing with other situations.

Hinsliff-Smith and McGarry (2017) stated that EDs are widely recognized as one of the healthcare facilities where domestic violence and abuse survivors will often disclose their experience of domestic violence and abuse. Being a victim of traumatic violence can often lead to repeat offenses. The hospital where this project was conducted commonly serves an underserved homeless population in a large urban setting where many have suffered from traumatic violence themselves. It is imperative for ED nurses to receive education on how to recognize and de-escalate aggressive patient behavior in order to promote a culture of safety. This project impacts OSHA and it impacts Worker's Compensation as the goal will be to reduce the number of violent attacks and assault claims on Registered Nurses in the ED.

### Role of the DNP Student

Currently my role in the ED is as case manager. The area where the case management team sits daily is across from the psychiatric holding room within the ED. Therefore, I witness violence from patients against our ED nurses almost daily. Often, nurses do not know how to recognize and de-escalate aggressive patient behavior due to

of lack of education. My role in this project was to plan, develop, and implement an educational PowerPoint presentation to at least 8 emergency room nurses to help them learn how to recognize and de-escalate aggressive patient behavior. This can help to avoid potentially dangerous situations in the emergency room.

My motivation for this doctoral project was to help protect myself and other nurses in the ED from becoming victims of violence from ED patients. I have witnessed nurses get too close to irate patients to calm the patient down, and often the result is less than desirable. For nurses to have the best outcome in these types of situations, it is imperative to provide education to ED nurses on how to recognize and de-escalate aggressive patient behavior.

The potential bias that I had is feeling that patients who are violent will look and act a certain way. To address this bias, I treat everyone equally and recognize that anyone can display aggressive behavior despite their status or appearance.

**Role of the Project Team**

The role of the project team was to support me in making sure this project is successful with my goal of educating ED nurses to make them aware of how to recognize and de-escalate aggressive patient behavior. The team included ED nurses who have experienced or witnessed aggressive patient behavior, nurse managers, and security who have worked in the ED for many years and have witnessed assaults on nurses on numerous occasions. This group acted as an expert panel in the development of the program.

The role of the nurses was to volunteer to receive education on how to recognize and de-escalate early signs of aggressive patient behavior. A pretest and posttest questionnaire was given to the participants before and after the video. Once the ED nurses completed the numbered pretest questionnaire, they submitted it in the drop-box. Then, a video was provided on steps to take to recognize and de-escalate aggressive patient behavior. The posttest questionnaire was administered immediately after the video was presented.

The nurse leader and security helped facilitate the project as it was being implemented by giving insight to the common problem of assaults on nurses by aggressive patients in the ED.

**Summary**

In Section 2, I introduced the problem regarding nurses not recognizing and knowing how to de-escalate signs of aggressive behavior. I also addressed the concept, model, and theory of the project, the relevance of the project to nursing practice, the local background and context, the role of the DNP student, and the role of the project team. In Section 3, I will discuss the intended project method, the practice-focused question, the sources of evidence, and the analysis and synthesis of the project.

Section 3: Collection and Analysis of Evidence

**Introduction**

ED nurses do not have the skills to recognize aggressive patient behavior because they do not have the proper education (Ramezani et al., 2017). The problem is that this lack of knowledge results in the inability of ED nurses to implement appropriate measures for the management of patient aggression. The gap in practice that this project addressed is a lack of knowledge on how to recognize aggressive patient behavior through nursing education. Nursing education regarding recognizing aggressive patient behavior is needed so that ED nurses can best respond to these difficult and often dangerous situations. With increased knowledge through education, recognizing aggressive patient behavior can help ED nurses to react appropriately in these types of situations which positively impacts social change in healthcare. In Section 3, I will cover the practice-focused question, the sources of evidence, the procedures, protection of participants, and the method for the analysis and synthesis of data.

**Practice-Focused Question**

The guiding practice-focused question was: "Will educating ED nursing staff on recognizing aggressive patient behavior increase knowledge?" The purpose of this project was to increase knowledge of ED nurses on how to recognize and de-escalate aggressive patient behavior. With increased knowledge through education, recognizing aggressive patient behavior can help ED nurses to react appropriately in these types of situations which positively impacts social change in healthcare.

**Sources of Evidence**

One in four nurses are abused in the workplace (American Nurses Association [ANA], 2016). The problem is that few health care employers have engaged nurses and other staff to establish effective plans to prevent workplace violence, putting nurses and others at risk daily (ANA, 2016). Hsu et al. (2022) conducted a study to explore nurses' experience of patient violence in the ED, the impact of patient violence on quality of care, and supports needed after exposure to such incidents. They found that workplace violence in the ED is most likely to occur because of unmanageable conflict that escalates and turns into an impulsive and unplanned physical or non-physical aggression. The study provided insight into the dilemma of patient violence toward nurses in the ED and determined that education and developing research-supporting best practices and guidelines are needed to mitigate and address patient violence in the ED (Hsu et al., 2022). To help prevent traumatic violent experiences in the ED, it is important for the registered nurse to recognize early signs of aggressive patient behavior. Wu et al. (2019) stated that health care professionals, especially registered nurses who work in the ED, encounter higher exposure and risk for physical and verbal violence.

Cleveland Clinic's CEO, Tom Mihaljevic, called the problem of rising violence in the ED "a national epidemic" in his 2019 "State of the Clinic" speech (Budd, 2020). In this article, one of the solutions to the problem of rising violence in the ED is to provide education on de-escalation techniques (Budd, 2020). The author of the article also discussed how Pat Finan, a third-year resident at MedStar Georgetown University Hospital, stated that "training can help healthcare providers work on de-escalating and

use of language that might be inflammatory and exacerbating the problem rather than solving it" (Budd, 2020). Many ED professionals worry not only that violent incidents diminish the quality of care for patients, but also that it's causing physicians and nurses to rethink their careers (Budd, 2020).

Several security guards in the ED where this project was conducted talked about how some nurses aggravate aggressive patients more when the nurse speaks to the patient in a condescending tone. Recently, a nurse in the ED where I work was talking with a patient who became increasingly aggressive and threw his urinal in the nurse's face. The nurse was drenched with urine and had to leave work. Not only was this a physical attack on the nurse, but detrimental to her mental health as well. The nurse took several days off before returning to work. Some of the other nurses in the ED were heard stating that a safer working environment is needed. With the proper nursing education, the nurse may have been able to recognize aggressive patient behavior and demonstrate de-escalation techniques to avoid the situation from escalating.

Workplace violence has a demonstrable negative impact on the nursing profession and the overall health care field (ANA, 2019). Educating ED nurses will help to provide critical response techniques to these potentially dangerous situations.

This is a minimal risk project that was approved by the Walden University IRB and the project site prior to implementation. No patient data or personal information from participants was collected. Results of the pretests and posttests used in this project were anonymous and confidential. They were kept in a locked file cabinet for which only I, the DNP student, will have a key. Results were reported as aggregate data. Informed consent

was obtained from those participating in the project. Eight nurses in the ED voluntarily participated once approval was obtained from the IRB to move forward with this project.

**Analysis and Synthesis**

Participation in this study was strictly voluntary. Participants were able to withdraw from the study either verbally or in writing at any time without any repercussions. Participants were registered nurses in the ED.

The educational program on recognizing behavior was developed by an expert panel using the ADDIE model. I personally asked eight registered nurses whether they would like to voluntarily participate in the program. A numbered questionnaire with questions curated by me was distributed using a physical drop box in the ED, prior to watching a 10-minute video on patient aggression and how to recognize and de-escalate aggressive behavior. The same questionnaire was administered immediately after watching the video to determine if the information increased nurses' knowledge on how to recognize and de-escalate aggressive patient behavior.

Descriptive and inferential statistics was used to analyze the data. I provided staff education via an educational video with a short PowerPoint education from me and from security on how to recognize and de-escalate aggressive patient behavior. Immediately after viewing the demonstration, participants completed a posttest to evaluate whether they could recognize and de-escalate aggressive patient behavior more quickly. The unit director was supportive of this project and would like for nurses in the ED to have staff education on how to recognize aggressive patient behavior. The overall goal of this

project was for ED nurses to use this knowledge to de-escalate aggressive and potentially

dangerous patient situations.

To ensure the safety of the participants' identity, protocols were followed and

adhered to. A solid box with an open slit was provided for the nurses to drop their

questionnaire. This tactic ensured protection for the participants as only I viewed the

answers provided. The box was locked in a file cabinet where only I have the key.

## Summary

The purpose of this project was to provide education to ED nurses on how to

recognize and de-escalate aggressive patient behavior. A literature review revealed that

ED nurses need education to recognize and de-escalate aggressive patient behavior.

Providing education will help close the gap on escalated workplace violence occurrences.

An educational video was provided to ED nurses with steps to take to recognize and de-

escalate aggressive patient behavior. In Section 4, I will discuss the findings and

implications of this project.

Section 4: Findings and Recommendations

**Introduction**

ED nurses are exposed daily to workplace violence putting them at risk for injury from aggressive patients. The gap in practice is that ED nurses do not have the knowledge and skills to recognize and reduce aggressive patient behavior. This lack of knowledge results in the inability of ED nurses to implement appropriate measures for the management of patient aggression. This project focused on providing education to ED nurses via a video on how to recognize and manage aggressive patient behavior. The guiding practice-focused question was: "Will educating ED nursing staff on recognizing aggressive patient behavior increase knowledge?" The purpose of this project was to increase knowledge of ED nurses on how to recognize and de-escalate aggressive patient behavior. Sources used for this project included Walden Library, the Cumulative Index of Nursing and Allied Health (CINAHL), MEDLINE, and ProQuest databases, as well as journals, such as the *Journal of Emergency Nursing*.

Hsu et al. (2022) conducted a study to explore nurses' experience of patient violence in the ED, the impact of patient violence on quality of care, and supports needed after exposure to such incidents. They found that workplace violence in the ED is most likely to occur because of unmanageable conflict that escalates and turns into an impulsive and unplanned physical or non-physical aggression.

With increased knowledge through education, recognizing aggressive patient behavior can help ED nurses to react appropriately in these types of situations which positively impacts social change in healthcare.

**Findings and Implications**

Findings from the research implemented were key factors in conducting this

project. The data consisted of a numbered pretest and posttest completed voluntarily by

eight emergency room nurses, which consisted of five females and three males. There

were 10 multiple choice questions on the pretest and the posttest. The pretest was

administered prior to the ED nurses watching the educational video. After the nurses

watched the video, they were given the posttest, which consisted of duplicate questions

from the pretest, to measure the knowledge gained from watching the educational video.

Each pretest and posttest was numbered at the top with a four-digit duplicate number to

match the results of the participants and to protect their privacy.

A mean pretest score of 70 and a mean posttest score of 92.5 was achieved by the

participants, representing a 32% increase in knowledge (see Tables 1 and 2). The

variance of the pretest score is 428.57, and the variance for the posttest score is 50. Both

samples have eight observations. The correlation between the pretest scores and posttest

scores is 0.585. The number hypothesized is the difference between the two means. Zero

was chosen in this case to test whether there was any difference at all between pretest and

posttest scores. The degrees of freedom for the $t$ test was 7. There were eight

observations and one pair. Therefore, the calculation is $df = 8 - 1 = 7$. The test statistic

was $t = -3.63$. Since $p = .008383805$, which is smaller than alpha $= 0.05$, the null

hypothesis is rejected. The $t$ Critical two-tail is equal to 2.364624251. Since the absolute

value of the test statistic is greater than the $t$ Critical two-tail, the null hypothesis is

rejected. The evidence is sufficient to state that there is a statistically significant

difference between the mean pretest and posttest score.

**Table 1**

*Pretest and Posttest Scores by Participant*

| Nurse ID number | Pretest overall score (Before educational video) | Posttest overall score (After educational video) |
|---|---|---|
| 1111 | 100 | 100 |
| 2222 | 70 | 90 |
| 3333 | 30 | 90 |
| 4444 | 60 | 90 |
| 5555 | 80 | 90 |
| 6666 | 80 | 100 |
| 7777 | 80 | 100 |
| 8888 | 60 | 80 |

**Table 2**

*Paired Sample* t *test for Means*

t-Test: Paired Two Sample for Means

| Statistics | Variable 1 | Variable 2 |
|---|---|---|
| Mean | 70 | 92.5 |
| Variance | 428.5714286 | 50 |
| Observations | 8 | 8 |
| Pearson Correlation | 0.585540044 | |
| Hypothesized Mean Difference | 0 | |
| df | 7 | |
| t Stat | -3.631259632 | |
| P(T<=t) one-tail | 0.004191903 | |
| t Critical one-tail | 1.894578605 | |
| P(T<=t) two-tail | 0.008383805 | |
| t Critical two-tail | 2.364624252 | |

**Recommendations**

After providing education to emergency room nurses on increasing knowledge of how to recognize and de-escalate aggressive patient behavior, it would be my recommendation to show this video to all emergency room nurses during orientation. The strategies shown in this video can help bring awareness to the issue of emergency room violence and help onboarding emergency room nurses know how to recognize and de-escalate aggressive patient behavior. This educational video on how to recognize and de-escalate early signs of aggressive patient behavior can also help to close the gap-in-practice by reducing the number of violent incidents in the emergency room which will help to increase safety in the workplace.

**Strengths and Limitations of the Project**

One of the strengths of this project was having emergency room nurses who were available to voluntarily participate. With the current trend of nurses working short, this has also affected the staff in the emergency room. Another strength of this project was that I had personal experiences of witnessing and de-escalating aggressive patient behavior in this organization, which helped to recognize the need for education in the ED. The original plan was to educate 15 nurses; however, only 8 nurses were available to participate due to time constraints. This would be considered a limitation as there were other emergency room nurses who stated that they would like to participate but did not have time. Some of the ED nurses who completed the questionnaire had to wait until their shift ended, or until they took a break, which sometimes did not happen due to limited

staffing. Another weakness of this project was that some nurses failed to recognize the inappropriateness of aggressive patient behavior, and therefore did not see the need to de-escalate the situation. This is why frequent dissemination of this educational video is imperative for emergency room nurses to increase their knowledge of how to recognize and de-escalate early signs of aggressive patient behavior.

Section 5: Dissemination Plan

The purpose of this project was to provide education to emergency room nurses to increase their knowledge on how to recognize and de-escalate early signs of aggressive patient behavior. The dissemination plan is to provide this educational video to the director of the emergency room and nurse leaders. This educational video will help increase the knowledge of current emergency room nurses, as well as onboarding nurses in the emergency room. This video can also be disseminated on public social media platforms such as YouTube and Facebook. In addition, other emergency rooms or healthcare facilities could also benefit from this educational video.

**Analysis of Self**

When I was a young child, my parents instilled in me the importance of believing in yourself and having a positive attitude. Staying strong in my faith helped me to prevail over any challenges along the way and helped me to continue to move forward in my journey. My parents also taught me to always lead by example. I have practiced this since childhood and even received recognition where I was featured in my organization for going over and beyond the call of duty. Since starting this journey to complete my DNP, I have found that my ability to navigate through work-life-school balance has become less challenging as compared to when I first started. When I first started the program, I was overwhelmed with trying to work, stay in good health by maintaining a proper diet and exercise, and spending time with family while meeting deadlines on classwork. I quickly learned that I needed to achieve a balance between them all to be successful at each one of them. Now that I have neared the end of my journey, I can say that the sacrifice was

well worth it. In addition to staying committed to my journey, I have also advanced in my technological skills and have broadened my research knowledge on gaps in the nursing profession. My goal has always been to help make a positive difference in the lives of others.

**Summary**

After witnessing many assaults on nurses in the emergency room, I determined there was a need for education to increase the knowledge of emergency room nurses on how to recognize and de-escalate early signs of aggressive patient behavior. ED nurses are exposed daily to workplace violence which increases the risk for injury from aggressive patients. The gap in practice is that ED nurses do not have the knowledge and skills to recognize and de-escalate early signs of aggressive patient behavior. This lack of knowledge results in the inability of ED nurses to implement appropriate measures for the management of patient aggression. This project focused on providing education to ED nurses via a video on how to recognize and de-escalate early signs of aggressive patient behavior to help close the gap and move the profession in a positive direction.

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Appendix: Pretest and Posttest Questions

Pretest and Posttest Questions

1. If a patient has a weapon when you walk in, what would you do first? (Correct answer is B)
   A. Tell the patient to drop the weapon.
   B. Alert security.
   C. Restrain the patient.
   D. Take the weapon from the patient and give it to security.

2. If a situation begins to escalate, you should: (Correct answer is A)
   A. Maintain at least 2 arms-length of distance.
   B. Come closer to make sure your patient knows you care.
   C. Stare at the patient to have good eye contact.
   D. Cross your arms when speaking with the patient.

3. If a patient is screaming, crying, and pacing the room when you walk in, what would you do first? (Correct answer is B)
   A. Ask the patient to take a seat.
   B. Remain calm when speaking to the patient.
   C. Ask patient to quiet down to not disturb other patients.
   D. Ask the patient if they have a psych disorder.

4. When de-escalating aggressive patient behavior, you should first: (Correct answer is B)
   A. Match the patient's behavior by getting louder when the patient gets louder.
   B. Stay calm even though the patient is getting angrier.
   C. Call security immediately.
   D. Come closer to the patient to calm them down.

5. In a de-escalation effort, you should: (Correct answer is B)
   A. Speak louder so that the patient can hear you clearly.
   B. Have one trained person talk with the patient.
   C. Have multiple people talk with the patient.
   D. Restrain the patient so they won't hurt anyone.

6. How do you respond to patients who display aggressive behavior? (Correct answer is B)
   A. Let them know they are not your only patient.
   B. Talk in a soothe calming voice.
   C. Speak in a firm tone so they know this behavior will not be tolerated.
   D. Finish your other tasks and then focus on the patient.

7. When a patient's request is simple, such as asking for a phone, you should first: (Correct answer is B)
   A. Get it to them as soon as you have time.
   B. Immediately get a phone to the patient, or call a supervisor and ask if they can get one right away.
   C. Don't respond to this request.
   D. Offer your personal phone.

8. What is the best way to communicate to a scared or confused patient? (Correct answer is C)
   A. State the facts in a firm tone.
   B. Console them and tell them everything will be ok.
   C. Explain what is going on in a calm manner.
   D. Give the patient a pamphlet to read and return to the room later.

9. When a patient is agitated because of hunger, what would you do first? (Correct answer is A)
   A. Respond to the request immediately.
   B. Bring them food as soon as you have time.
   C. Bring food when you finish your lunch.
   D. Let them know that the food tray is coming soon.

10. How do you stay in control of your behavior when faced with an aggressive patient? (Correct answer is D)
   A. Leave the patient alone to allow them to cool off.
   B. Allow the patient to vent while you count to 10.
   C. Close the door to the patient's room.
   D. Focus on the patient first and not yourself.