



Report of the Survey Results:

Verbal Abuse Toward Nurses by Patients/Clients, Families and Visitors

Wisconsin Nurses Association
Workforce Advocacy Council

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Results of WNA Verbal Abuse Toward Nurses Survey November 27, 2021

Overview

During the past year, reports of verbal abuse toward nurses by patients/clients, family members and visitors of health systems has increased. The Wisconsin Nurses Association (WNA) Workforce Advocacy Council is interested in offering support and strategies to nurses that are being confronted with these unacceptable behaviors. This factor will contribute to nurses decreasing their stress levels and dissatisfaction in their workplace.

Purpose

A survey was developed by the WNA Workforce Advocacy Council. The Workforce Advocacy Council is a structural unit of WNA. The purpose of the survey was to better understand WNA members and other licensed nurses in Wisconsin experience, impact, and thoughts on how to address the issue of verbal abuse by patients/clients, family members and their visitors. The results of the survey will be reported to nurses and key stakeholders so that strategies can be developed for decreasing the incidents and improving nurses' well-being and practice satisfaction.

Survey

Electronic messages were forwarded to WNA members and other nursing associations requesting their participation in the online survey. The survey was available from November 7, 2021 until November 16, 2021. The responses to the survey were tabulated using frequencies and percentages. Open-ended responses were categorized into four major categories: responding to patients, responding to family/visitors, employer action, and tools for nurses.

Results

The number of nurses responding to the one-week survey was 346.

The nurses with the highest response worked in schools, followed by clinic and hospital care settings. It is worth noting that the nurses responding, practiced in a variety of settings. Figure 1. shows the information below.

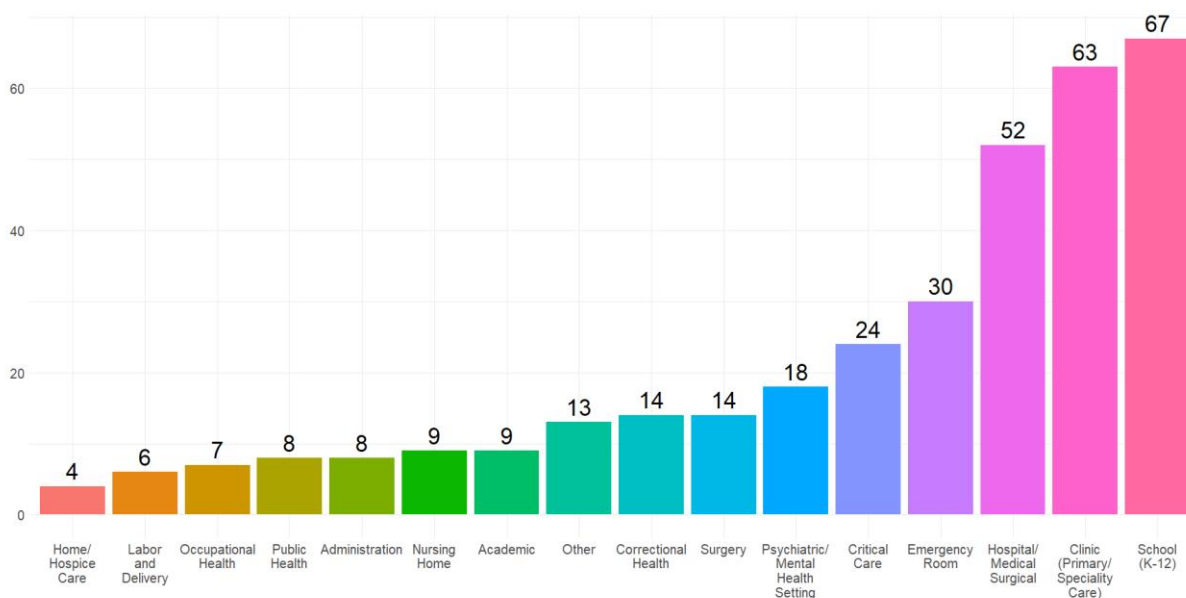


Figure 1. Number of Nurses Responding by Work Setting

Nurses reported that the most frequent verbal abuse behavior exhibited by patients/clients, family members and/or visitor was swearing, berating, insults, or criticism. The other responses by highest numbers were, making false accusations, and yelling slanderous comments. Other behaviors reported by the nurses included: threatening to cause physical harm, legal threats, sexual innuendos, threatening loss of license, and Inappropriate racial comments. Refer to Figure 2.

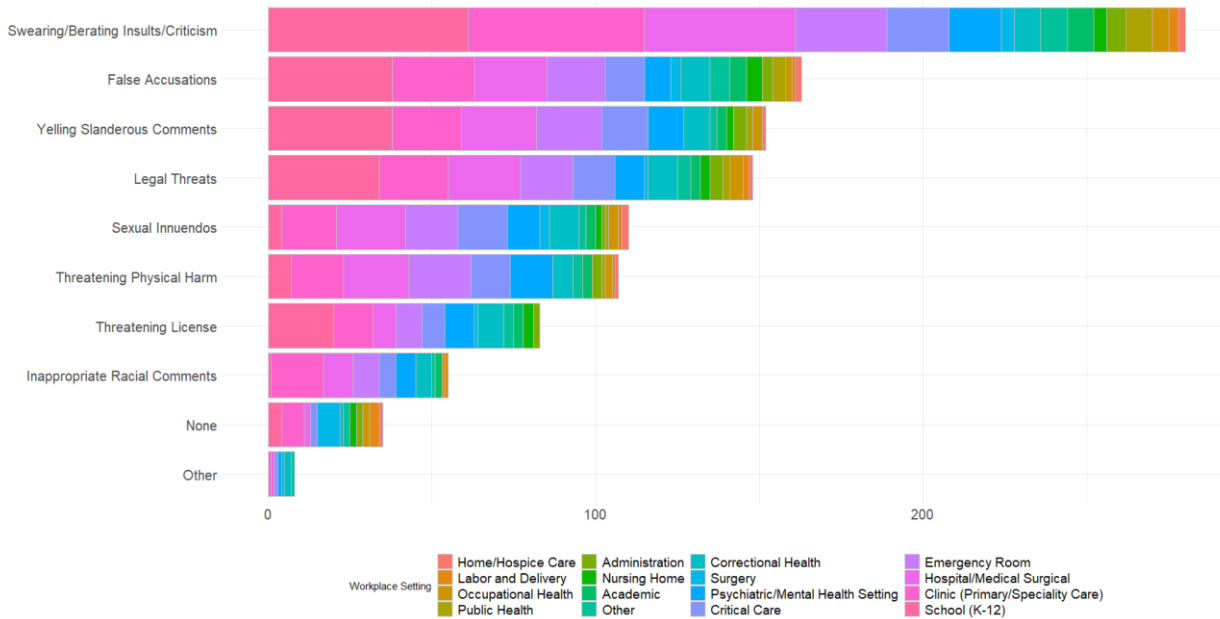


Figure 2. Type of Verbal Abuse by Work Setting

WNA wanted to know if nurses saw a change in number of episodes of verbal abuse toward them by patients/clients, families or visitors over the past year. 193 or 56% of the nurses responded that episodes of verbal abuse toward them increased. Figure 3 shows the responses below.

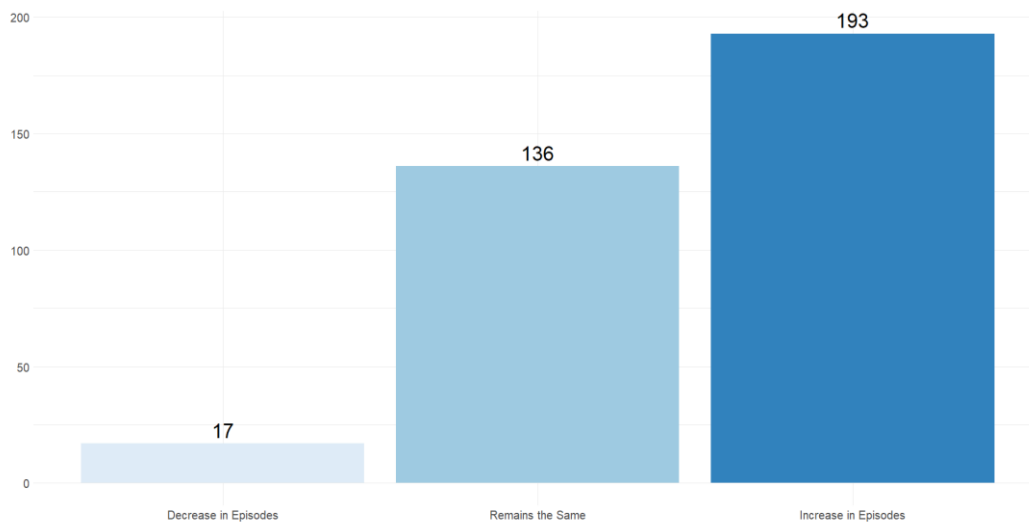


Figure 3. One Year Change in Episodes of Verbal Abuse

Other than a change in the frequency of verbal abuse, WNA also asked nurses the number of episodes that they experience over the year period. The most frequently reported episodes were eight episodes or more this was reported by 102 responders. There 44 of the responders reporting no episodes. Refer to Figure 4 below.

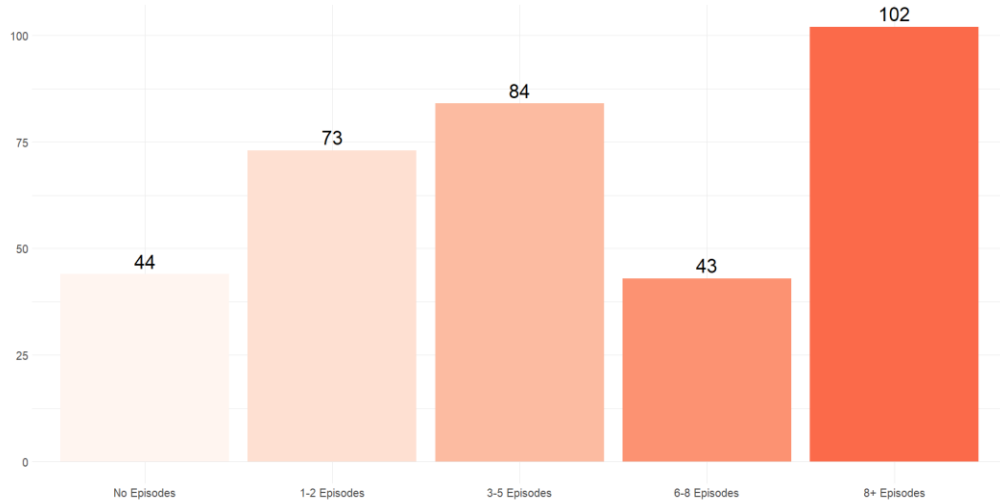


Figure 4. Number of Verbal Abuse Episodes

WNA wanted to know why nurses chose to not report verbal abuse incident. The most frequent response to the question; *“If you did not report verbal abuse toward you by patient/client, parents, or visitors, was it due to any of the following?”* The most frequent response 169 or 31% was, *“It is part of the job”* followed by 26% or 141 reporting, *“Thought nothing would be done”*, and 91 or 16% reporting *“Lack of time”*. Refer to Figure 5 to view all of the responses.

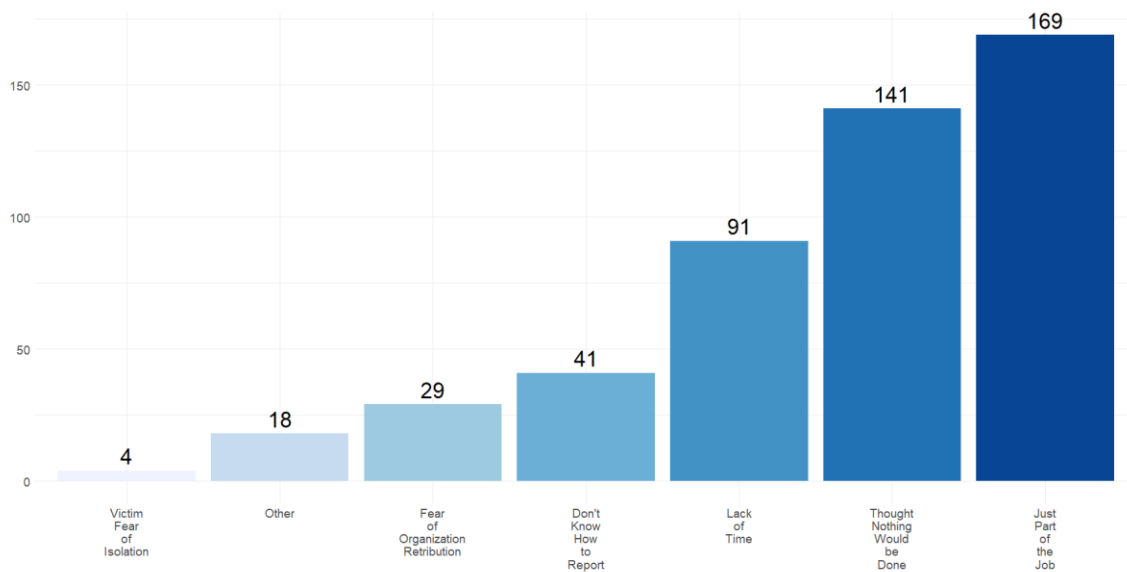


Figure 5. Reason for Not Reporting Verbal Abuse

Figure 5 shows the impact of the verbal abuse on the nurse: Twenty-two (22) percent or 133 responded, “Considered leaving the profession of nursing”, “Hypervigilance in the practice setting” 104 or 18%, followed by “Traumatic stress”, 81 or 13%. The number of nurses reporting “No effect” was also 13% followed by 13% responding to “Difficulty checking on the abuser as much as I should have”. Other reports included seeking mental health services and leaving the practice setting because multiple verbal assault incidents.

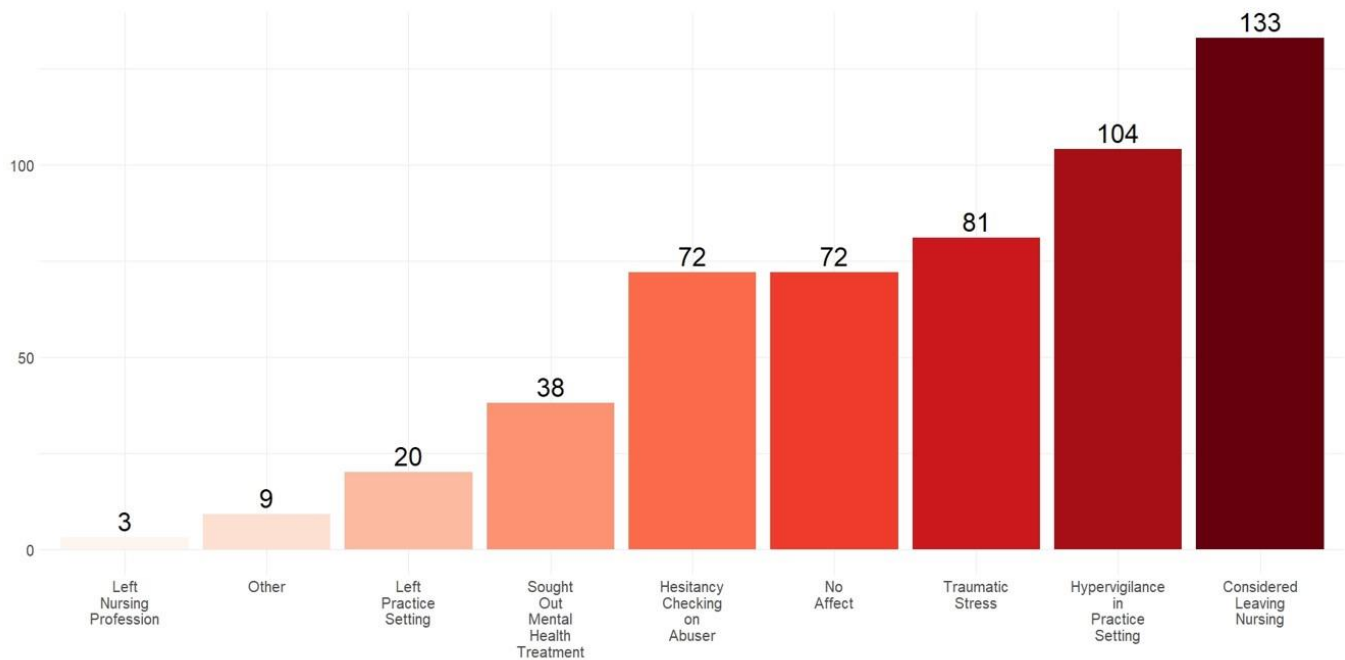


Figure 6. Impact of Verbal Abuse Toward Nurse

The final survey question asked, “Please describe any strategies that can be used to navigate verbal abuse by patients/clients, family members, or visitors.” This was an open-end question. The responses resulted in four main categories, patient approach strategies, family approach strategies, employer action strategies and nurse action strategies. The responses are below.

Strategies for Approaching the Patient

Empathy: Patient vulnerable, other issues going on in the patient’s life, treat with mutual respect and allow them to share frustration.

Unacceptable behavior: Be direct, explain what is unacceptable, set limits if appropriate, redirect as possible, share institutional policies. Articulate boundaries, leave immediate environment if possible if abusive behavior continues.

Communication: Share and explain the patient’s plan of care and update. Allow time to ask questions and respond to questions. Speak in a slow, definitive tone and inform the person of their options for care. Let them know you need to step out of the room and will come back in 5 mins.

Response: Wait 15 seconds before replying, remain calm. Pause until they are silent. Hand them a glass of water-often automatic to take a drink, interrupts abuse, allows pause to deescalate.

Reset: Allow patient an opportunity to reset and start over. How we can make this right. Start conversations by being sincere.

Strategies for Approaching Families

Communication: Open communication approach. Describe the care to be delivered by you, keep them updated, allow them time to ask questions and allow family to refuse care if they have the authority.

Unacceptable behavior: Calmly let them know behavior is inappropriate and won't be tolerated. Set limits; share protocol, procedures and those rules apply to all. Treat nurses right.

Education: Guardians and family members need information about the patient condition. Utilize best-practice teaching materials, protocols, policies and resources that are available.

Response: Initial interactions try to de-escalate situation and remain calm and professional. Refer the family to supervisor/administration to handle complaints. Document the refusal and notify attending. Document behavior in the patient's medical record.

Empathy: Allow them to finish, tell them you see that they are not happy with response and explain. How to assist them.

Employer Action Strategies

Technology: Tracking in Electronic Record, Violent patient flags in the EMR and on doorway, document what happened right away so you don't forget details. Ignore the repeated abusive emails.

Personnel: Supervisor availability and action, visible support from administration, security or police availability, human resource, Employee Assistance Program, someone available to speak to the patient, or family other than nurse being affected. Having resources available in the immediacy including other staff present so I am not alone; public safety visible by rounding on units, screening stations, parking lots/structures and informed of consequences. More staffing in areas where the data shows verbal abuse is tied to not enough staff. Assure there are enough team members available to provide support. Provide employee advocates that can support the nurse.

Communication: Report: ASAP, verify that administration is working on this issue, notification of policies at time of admission or first clinic. Putting information in patient rooms which indicates it is not acceptable to be abusive toward staff. Education to the public that insults, and accusations are not the way to communicate. Management involved and addressing the client. Utilize an alert system that can be used for verbal abuse incidents when support is needed. Increased awareness of security protocols/mechanisms to alert others of immediate safety needs. Sending information to insurance carrier regarding the behavior. Termination of patient provider services.

Legal: Documentation of incident, report harassment, document what happened right away so you don't forget details, policies and procedures developed, and followed. Zero tolerance policies. It would be great if counselors and managers didn't excuse the bad behavior of the patients and actually hold the patients accountable for their actions. There should be consequences for verbal abuse and it should not be tolerated in the professional environment. Back up the staff reporting the abuse or wanting to file a police report

Education: Provide de-escalation training regularly and with each episode. Help nurses understand patient satisfaction scores and relevance to verbal abuse. Offer strategies for staff to safely work with physical and verbally abusive patients. Develop and train direct care staff members to develop individualized behavioral care

plans to promote safe care for patient and providers. Crucial conversation training. Using and AIDET model can help. Nonviolent crisis intervention training and de-escalation communication.

Nurse Action Strategies

Personnel: Staff available to help provide a united front. Talking events over with peers, like critical incidence debriefings. Encourage mediation through the charge nurse. May need to involve police. Having another staff member come into the room when approaching the person again. Call security. Talk with colleagues about appropriate response of solidarity regarding verbal abuse while it is happening. Ask for signs. Report to management immediately.

Psychological: You can't let it get to you as a nurse, or don't take it personally. Do not internalize comments. Safe place to discuss incident. We do care for people at some of the most stressful times and understanding that is part of the job.

Legal: Vigilant-documentation of safety concerns/aggressive behaviors in patient chart with auto-alerts for future caregivers. Visual aids on door frames to alert others

Nurse Behavior: Stay calm, show no emotion, acknowledge they have a choice for care or not to receive care. Help patient address their issue in a respectful manner. Acknowledge, validate, and attempt to resolve the issue. Apologize and explain you understand their frustration and anger, listen to them and their concerns. End phone conversation. Ask if they would like to speak with my supervisor. Addressing it immediately with patient/client when it happens and not allowing seemingly small comments slide by. Stop conversation and ask individual that we could resume the conversation once they could discuss in a calm manner. Trying to find common ground, something to bond over. I do not deserve to be spoken to that way and I will return when they can treat me better. Maintain professionalism. Immediately set expectations. Maintain eye contact during communication. Be aware of my body language and tone of voice. Always show respect for concerns/complaints but be honest about what they can expect from me and what I expect from them. Honesty re staffing shortage in the hopes patients/families will understand we are truly doing our best. Stick to the facts, do not engage. Try to de-escalate by empathizing, redirecting. Report, report, report.

Education: Training to new nurses on how to stop the behavior, tips and tricks on language and phrases to use. They don't have to be "patient pleasers".

Conclusion

Nurses are concerned about verbal abuse toward them by patients, families, and/or visitors in their workplace. Nurses need support related to education/training, emotional support, employer action, and public awareness of the impact of this inappropriate behavior.

WNA will share this information with the nursing community and other stakeholders via webinars and scheduled meetings. WNA is interested in partnering with other nursing groups and other stakeholders for reducing or eliminating these incidents of verbal abuse.

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