



University of Kentucky
UKnowledge

DNP Projects

College of Nursing

2023

Staff Perceptions of Workplace Violence in the Emergency Department; Increasing Safety Awareness and Education

Marissa Hibbs
marissa.hibbs@gmail.com

[Right click to open a feedback form in a new tab to let us know how this document benefits you.](#)

Recommended Citation

Hibbs, Marissa, "Staff Perceptions of Workplace Violence in the Emergency Department; Increasing Safety Awareness and Education" (2023). *DNP Projects*. 430.
https://uknowledge.uky.edu/dnp_etds/430

This Practice Inquiry Project is brought to you for free and open access by the College of Nursing at UKnowledge. It has been accepted for inclusion in DNP Projects by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.

Staff Perceptions of Workplace Violence in the Emergency Department: Increasing Safety
Awareness and Education.

Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Nursing
Practice at the University of Kentucky

By:
Marissa Hibbs, BSN, RN
Lexington, KY
2023

Abstract

Purpose: The purpose of this project was to evaluate nursing staff perceptions of safety and workplace violence and increase safety awareness and knowledge in the emergency department of a level 1 trauma center.

Methods: This study was a single site project that used a descriptive non-experimental survey design to evaluate staff perceptions on workplace violence and safety before and after educational intervention. The study was broken down into three parts. After obtaining IRB approval, an invitation to participate in the pre-survey was distributed via email in a private electronic unit-based list server. Then an educational intervention on workplace safety and the mitigation measures and protocols currently in place in the emergency department in the form of a power point presentation was presented while staff was on shift. Then an email invitation to participate in the post survey was distributed to evaluate staff perceptions of workplace safety in the emergency department after the educational intervention

Results: A total of 28 staff members completed the pre-survey, and 7 staff members completed the post-survey after receiving education on workplace violence mitigation measures and prevention procedures. One hundred percent of participants reported experiencing a form of workplace violence, either physical, verbal, or both. Based on the survey over half of participants think that increased safety education is needed, and 100% think that new hires should be trained on workplace violence and safety in the emergency department during new hire orientation or onboarding.

Discussion: Workplace violence continues to occur at high rates in emergency departments across the world. There is a need for continued research and studies to be conducted on effective mitigation measures and prevention policies, and education to increase staff knowledge and awareness, so that there can be a reduction in workplace violence.

Acknowledgements

I would like to thank my family for all the support and encouragement that they provided during the past few years; it would not have been possible without them. Thank you to my committee members who contributed their expertise and guidance. Thank you to Dr. Amanda Wiggins for her help in the statistical analysis of this project. Thank you to Whitney Kurtz-Ogilvie who helped me with grammar and format to develop this manuscript. Thank you to my clinical mentor, Dr. Patricia K. Howard, who has not only helped guide me through my academics and my project but has also been an inspiration in my career. I would also like to thank my advisor, Dr. Sheila Melander, you supported me, encouraged me, but most of all you believed in me, even when I didn't believe in myself. When you took over the role as my advisor you told me you were with me until the end, and you have been there for me every step of the way since. Your guidance has meant more than you will ever know to me. I can't thank you enough for all that you have done.

Dedication

I dedicate my DNP project to all the emergency department staff that show up day after day to help those in need not knowing what they may face. I hope this project can contribute to a reduction in workplace violence on some level. I would also like to dedicate this project to my son, I hope that in watching me complete this he has learned that he can accomplish difficult things.

Table of Contents

Abstract.....	1
Acknowledgements.....	2
Dedication.....	3
Introduction.....	6
Background.....	6
Review of Literature.....	8
Purpose.....	10
Theoretical Framework.....	11
Methods.....	11
Design.....	11
Setting.....	12
Sample.....	12
Congruence.....	13
Facilitators and Barriers.....	13
Measures.....	14
Educational Intervention.....	14
Data Collection.....	15
Data Analysis.....	15
Results.....	16
Sample Characteristics.....	16
Staff Perceptions of Safety and Experience with Violence.....	16
Staff Perceptions on Education.....	17
Discussion.....	17
Limitations.....	18
Implications for Practice, Education, and Future Research.....	18
Concurrent Developments.....	19
Cost Implications.....	20

Conclusion.....	20
References.....	22

List of Tables

Table 1. Pre-survey Demographics.....	28
Table 2. Post-survey Demographics.....	28
Table 3. Participation Demographics.....	29
Table 4. Pre-Survey Staff Perceptions of Safety and Experience with Workplace Violence.....	29
Table 5. Post-Survey Staff Perceptions of Safety and Experience with Workplace Violence.....	29
Table 6. Pre-Survey Education.....	30
Table 7. Post-Survey Education.....	30
Table 8. Literature Review.....	31

List of Appendices

Appendix 1. University of Kentucky Medical Institutional Review Board Approval.....	33
Appendix 2. Letter of Support.....	34
Appendix 3. Pre-survey Questionnaire.....	35
Appendix 4. Education Intervention.....	36
Appendix 5. Post-survey Questionnaire.....	38

Staff Perceptions of Workplace Violence in the Emergency Department: Increasing Safety Awareness and Education.

Introduction

A prevalent and ever-growing problem that is plaguing emergency departments across the globe is workplace violence (Wirth, et al. 2021). Workplace violence can be defined as any incident or circumstance where staff safety or well-being is challenged which includes any threats, assaults, intimidation, or abuse (Al-Qadi, 2021). Workplace violence can be broken down into four types: criminal intent, client on customer, worker on worker, and interpersonal with client on customer being the most commonly occurring in healthcare (Al-Qadi, 2021). The incidence of violent behavior towards healthcare workers is increasing worldwide with an estimated 90% of nurses having reported they have experienced some form of workplace violence during their career (Ayasreh, Hayajneh, 2021), though the accuracy of the true extent of the problem is skewed due to underreporting (Berlanda, et al. 2019). This especially holds true in the emergency department where many factors such as intoxication, altered mental status, high stress, and the environment contribute to occurrences of workplace violence and are seen as just part of the job (Wirth, et al. 2021).

Background

On average 57 nurses are assaulted every day, that is nearly 2 nurses an hour (Putka, 2022). Hospitals found that this especially rings true in psychiatric wards, emergency departments, and waiting rooms, which all had a higher rate of workplace violence incidences (Gacki-Smith, et al. 2009) Nursing staff that experience workplace violence suffer much more than the initial experience. Physical assaults can end in bruises, scratches, broken bones, and even death (Spelten, et al. 2020). Whereas verbal abuse, threats, and intimidation can leave

nurses experiencing stress, anxiety, depression, fatigue, anger, fear, guilt, humiliation, and helplessness following an incident (Edward, et al. 2014). Also, a quarter of nurses have reported being a victim of sexual violence while on the job, which can cause even more emotional stress and potential physical trauma (Vaughn, 2020). This can have prolonged devastating effects on nurses, such as negative effects on their mental health and professional performance (Liu, et al. 2019). This leads to lower job satisfaction, that then leads to poorer quality of patient care and burnout (Edward, et al. 2014). These feelings are directly linked to turnover and are pushing nurses to change positions or leave the nursing field completely (Ayasreh, Hayajneh, 2021) (Vaughn, 2020).

With workplace violence being one of the most serious issues affecting the healthcare sector today, 75% of all reported workplace violence incidences occur in a healthcare setting (Stephens, 2019), healthcare management teams strive to implement practices that aim at mitigating violence against nurses (Pariona-Cabrera, et al. 2020) and create a safe and secure work environment (Grinberg, et al. 2022). The Association of Nursing Leadership and the Emergency Nurses Association both recommend regular safety education (AONL, 2022). While regular safety education is recommended, in a review of the literature it was found that there was limited outcome data on the effectiveness of the safety education. Though some facilities have found that implementing regular training on workplace safety can increase staff knowledge and confidence in dealing with workplace violence (Wirth, et al. 2021). In order to understand the full impact of workplace violence, understanding staff perceptions on workplace safety and violence is needed. Understanding how staff perceive their degree of safety and incidence of violence guides efforts to educate and mitigate safety and violence reduction

strategies. Furthermore, evaluating the effectiveness of safety education and workplace violence prevention programs is also necessary to reduce the incident rate of workplace violence.

Review of Literature

A review of the relevant literature was conducted using PubMed. Keywords included workplace violence, emergency department, and nurse abuse. Inclusion criteria consisted of full article access, English language availability, emergency department setting, and nursing staff included. A total of thirty research studies were utilized: eleven systematic literature reviews, nine quantitative cross-sectional studies, eight qualitative interview studies, and two concept analysis.

Of the thirty research studies all identified workplace violence as a serious and prevalent problem within the healthcare sector (Aljohani, et al.2021; Alkorashky, Moalad, 2016; Al-Qadi, 2021; Ayasreh, Hayajneh, 2021; Berlanda, et al. 2019; Bordignon, Monteiro, 2021; Buterakos, et al. 2020; Copeland, Henry, 2018; Copeland, Henry, 2017; D’Ettorre, et al. 2020; D’Ettorre, et al. 2018; Edward, et al. 2014; Eriksson, et al. 2018; Gringberg, et al. 2022; Hassankhani, et al. 2018; Kafle, et al. 2022; Kvas, Seljak, 2014; Lim, et al. 2022; Liu, et al. 2019; Martinez, 2016; Pariona-Cabrera, et al. 2020; Partridge, Affleck, 2017; Schablom, et al. 2018; Shaw, 2015; Somani, et al. 2021; Spelten, et al. 2020; Tsukamoto, et al. 2022; Wang, et al. 2022; Wirth, et al. 2021; Zhu, et al. 2022). Fifteen of the studies showed high incident rates of violence against nursing staff (Aljohani, et al.2021; Ayasreh, Hayajneh, 2021; Berlanda, et al. 2019; Bordignon, Monteiro, 2021; Buterakos, et al. 2020; Copeland, Henry, 2018; Copeland, Henry, 2017; Grinberg, et al. 2022; Pariona-Cabrera, et al. 2020; Partridge, Affleck, 2017; Schablom, et al. 2018; Shaw, 2015; Tsukamoto, et al. 2022; Wang, et al. 2022; Wirth, et al. 2021). Sixteen of the

studies examined the devastating impact on the physical, psychological, emotional, and social well-being of nurses that experience workplace violence (Al-Qadi, 2021; Ayasreh, Hayajneh, 2021; Berlanda, et al. 2019; Copeland, Henry, 2017; Grinberg, et al. 2022; Hassankhani, et al. 2018; Edward, et al. 2014; Eriksson, et al. 2018; Liu, et al. 2019; Martinez, 2016; Schablom, et al. 2018; Shaw, 2015; Spelten, et al. 2020; Tsukamoto, et al. 2022; Wirth, et al. 2021; Zhu, et al. 2022). These studies delved into the severity of the toll experiencing workplace violence takes such as stress, fear, anxiety, chronic pain, depersonalization, exhaustion, low professional accomplishment, and burnout (Tsukamoto, 2022). They also noted that these implications can often lead nursing staff to resigning (Zhu, 2022). Three addressed the cost of workplace violence and the financial impact that incurs and found that hospitals are spending millions on insurance and medical care due to workplace violence annually, not including the costs of training new staff due to higher turnover rates with workplace violence experience (Al-Qadi, 2021; Alkorashky, Moalad, 2016; Edward, et al. 2014). There were thirteen studies that identified security issues within their healthcare facility that could possibly facilitate workplace violence. They found that there is little research and congruency on appropriate safety measures necessary to prevent workplace violence, and there is a need for healthcare facilities to develop safety plans and protocols to ensure staff safety (Aljohani, et al.2021; Alkorashky, Moalad, 2016; Al-Qadi, 2021; Ayasreh, Hayajneh, 2021; D’Ettorre, et al. 2020; Eriksson, et al. 2018; Grinberg, et al. 2022; Kafle, et al. 2022; Kvas, 2014; Lim ,et al. 2022; Martinez, 2016; Pariona-Cabrera, et al. 2020; Tsukamoto, et al. 2022; Wirth, et al. 2021). Twelve of the studies found that workplace violence is severely underreported, and that there were many reasons for for lack of reporting: too much work to report events, , nothing happens and nothing changes when they report, workplace violence is just an expected part of the job, lack of time to report , and fear of

repercussions (Al-Qadi, 2021; Ayasreh, Hayajneh, 2021; Berlanda, et al. 2019; Buterakos, et al. 2020; Copeland, Henry, 2018; D’Ettorre, et al. 2018; Grinberg, et al. 2022; Kvas, Seljak, 2014; Lim, et al. 2022; Partridge, Affleck, 2017; Somani, et al. 2021; Zhu, et al. 2022). It was also noted that streamlining the reporting process and raising awareness is likely to lead to higher incident reporting rates (Schablon, 2018). Lastly, twelve studies identified education gaps, with staff reporting not receiving any education on how to cope with violence (Ayasreh, 2021), and that implementing educational training increased knowledge and confidence in dealing with workplace violence (Ayasreh, Hayajneh, 2021; Bordignon, Monteiro, 2021; Buterakos, et al. 2020; D’Ettorre, et al. 2020; D’Ettorre, et al. 2018; Eriksson, at al. 2018; Kvas, Seljak, 2014; Pariona-Cabrera, et al. 2020; Partridge, Affleck, 2017; Schablom, et al. 2018; Wirth, et al. 2021). Overall, more research is needed on successful mitigation, prevention, and education on workplace violence.

Purpose

The purpose of this project was to evaluate nursing staff perceptions of safety and workplace violence and increase safety awareness and knowledge in the emergency department of a level 1 trauma center. The specific aims were to:

1. Examine nursing staff perceptions and experience on safety against workplace violence in the emergency department.
2. Increase staff safety awareness and knowledge of workplace violence and mitigation in the emergency department.
3. Assess the impact of the safety education intervention on staff perceptions and the need for further education.

Theoretical Framework

To guide this project the Plan-Do-Study-Act framework was used (O'Donnell, Gupta., 2020). The Plan-Do-Study-Act framework is a four-step process. The planning stage is used to determine objectives and goals. The do stage is for implementing. In the study stage results are examined and the effectiveness of the plan is evaluated. Then in the act stage the process is complete and is monitored if effective, and if ineffective the Plan-Do-Study-Act cycle adjusts and begins again (O'Donnell, Gupta., 2020). During the plan stage, baseline perceptions and experiences with workplace violence as well as a baseline knowledge of workplace safety were evaluated using a survey. During the Do stage an educational intervention was implemented related to workplace safety, and then during the Study stage an evaluation was conducted regarding the effectiveness of increased safety education and its effect on staff perceptions. Finally, in the Act stage of the cycle, the future use is examined so that the study can be adjusted, and the cycle can begin again.

Methods

Design

This study used a descriptive non-experimental survey design to evaluate staff perceptions on workplace violence and safety before and after educational intervention. The study was broken down into three parts. After obtaining IRB approval, the first part took place in November 2022 which consisted of an email invitation to participate in the pre-survey that was distributed to all nurses employed in the department via a private electronic unit-based list serve with a cover letter, informed consent information, and link to the survey through redcap to evaluate staff perceptions on workplace violence and safety in the emergency department. The second part of the study took place in December 2022 and consisted of an educational intervention on workplace safety and the mitigation mechanisms and protocols currently in place

in the emergency department in the form of a power point presentation. The power point presentation was presented three times during am huddles and three times during pm huddles. After the presentations had commenced a copy of the power point was distributed to all nurses employed in the emergency department via email through a private electronic unit-based list server. The third part of the study took place in January 2023 and consisted of an email invitation to participate in the post survey that was distributed to all nurses employed in the emergency department via private electronic unit-based list serve with a cover letter, informed consent, and link to the survey through redcap to evaluate staff perceptions of workplace safety in the emergency department after educational intervention.

Setting

This project was conducted at the University of Kentucky emergency department. The University of Kentucky emergency department is a Level-1 trauma center in central Kentucky, it is one of only 20 in the United States that is verified by the American College of Surgeons as adult and pediatric Level-1 trauma centers. The emergency department is comprised of up to 120 treatment spaces which includes trauma bays, critical care areas, acute care rooms, express care, behavior health rooms, pediatrics, and hallway beds.

Sample

The sample was comprised of approximately 215 registered nurses employed in the emergency department. This included male, female, and non-binary nurses on all shifts, full time staff nurses, PRN staff nurses, emergency department pool nurses, weekend plan nurses, and contracted travel nurses. This sample did not include float pool nurses, paramedics, nursing care techs, EMTs, registration employees, clerical staff, advanced practice providers, residents, physicians, or staff from other departments.

Congruence

University of Kentucky healthcare has implemented the DIRECT (diversity, innovation, respect, compassion, teamwork) value system to help guide its mission of being committed to patient care, education, and research and be committed to creating a healthier Kentucky. The University of Kentucky healthcare is focused on continual learning and improvement to drive positive change. In order to support this goal, the current project assessed staff knowledge and enhanced staff knowledge in an effort to increase staff safety and reduce workplace violence.

Facilitators and Barriers

The main facilitator for completing this project at the University of Kentucky emergency department was the support from management team and director for providing access to the department and nursing staff. A letter of support was provided as well as access to their staff, department, and shift huddles. The department charge nurses also aided with facilitating the educational seminars during shift huddles.

As with all studies there were barriers that threatened the study and needed to be overcome. One barrier to implementing the study was staff support and interest. Due to the principal investigator changing positions and no longer working in the emergency department as a colleague, prior to the start of the study a lot of staff buy in was lost. Another barrier faced during this study was finding time to participate, this is especially challenging in a busy department. Due to the setting of this study being in a university facility where many research studies are being conducted at any given time the barrier of study fatigue was also faced. As with many healthcare setting studies burnout may also be a barrier. To help overcome these barriers all assessment surveys were kept short and were conducted electronically via email, and the education seminars were provided during shift huddles.

Measures

The pre-survey consisted of ten questions, with three demographic questions related to how long they had been a nurse, gender, and how long they had worked in the emergency department at the University of Kentucky. The remaining seven questions used multiple choice selection and were formulated based on the literature review and utilized what other facilities had found important when assessing staff perceptions and experience with workplace violence. Some of these questions included how often they felt safe at work in the department, if they had ever experienced any form of workplace violence, and if they had received workplace safety training when hired (Appendix 3). The post-survey was also ten questions in length and consisted of the same three demographic questions and multiple-choice questions that examined how staff felt since receiving the educational intervention such as if since receiving the education staff felt safer in the department, if they felt the department was adequately equipped to keep them safe after reviewing all the preventative and mitigation measures the department has in place. and if they found the educational intervention beneficial for them and as a possible training tool in the future (Appendix 5).

Educational Intervention

After the initial pre-survey an educational intervention was delivered via an in-person power point presentation seminar during shift huddle by the Principal Investigator. This educational intervention included information on safety protocols and mitigation mechanisms currently in place in the emergency department. This included information such as how to report an incident of workplace violence, the presence of police and security in the department, how to use Vocera devices to access department security and department police, how to use Centrak tracking system and the duress alarm, statistics on the upgraded metal detectors and their

locations, the process in which security is to wand patients, locations of the silent alarms throughout the department, marking patients in EPIC as having a history of violence, how to utilize behavioral contracts, and information on the University of Kentucky being a zero tolerance facility.

After the education intervention was presented, the post-survey was distributed via email through a private electronic unit-based list serve with a cover letter that included the elements of informed consent, and link to the survey through redcap to evaluate if educational intervention improved perceived safety in the workplace. Completion of the survey implies participant consent.

Data Collection

Approval from the University of Kentucky Institutional Review Board (IRB) was obtained prior to data collection. The first part of the data collection took place in November 2022 which consisted of an email invitation to participate in the pre-survey that was distributed via a private electronic unit-based list server with a cover letter, The, and link to the survey through redcap to evaluate staff perceptions on workplace violence and safety in the emergency department. The second part of data collection took place in January 2023, and consisted of an email invitation to participate in the post survey. The post survey was distributed via private electronic unit-based list server with a cover letter, informed consent waiver, and link to the survey through redcap to evaluate staff perceptions of workplace safety in the emergency department after educational intervention.

Data Analysis

The data collected through Redcap was exported into excel so that it could be imported into data analysis software. The statistical analysis was performed using the data analysis

software SPSS version 25. SPSS utilized the descriptive statistic of frequency to analyze survey questions and participant demographics.

Results

A total of 28 department nurses completed the pre-survey, and only 7 department nurses completed the post-survey after the educational intervention. Of the total survey participants, 27 identified as female, 7 identified as male, and 1 preferred not to disclose gender.

Sample Characteristics

Sample characteristics including gender, number of years as a nurse, and number of years working in University of Kentucky's emergency department were collected to represent the pre-survey demographic data (see Table 1). Post survey demographic data can be accessed in Table 2 in the appendices. The majority of participants in the pre-survey identified as female (78.6%) that had been a nurse for greater than 10 years (35.7%) but have only worked at University of Kentucky's emergency department 0-2 years (46.4%). The post survey participants also primarily identified as female (71.4%), with a tie for how many years as a nurse at 0-2 years of experience (42.9%) and greater than 10 years of experience (42.9%), and years employed at University of Kentucky was primarily 0-2% (57.1%).

Staff Perceptions of Safety and Experience with Violence

The pre-survey found that some staff never felt completely safe in the emergency department (7.1%), but the majority of staff felt safe at work most of the time (57.1%). It should also be noted that 100% of staff that participated in the pre-survey experienced some form of workplace violence, physical, verbal, or both (See table 1). The majority (71.4%) of staff complete incident reports after experiencing workplace violence, but over half of participants don't feel that the department is adequately equipped to keep staff safe from workplace violence.

In table 6. The post-survey revealed that after the educational intervention most (42.9%) staff felt somewhat safer than prior to receiving workplace safety education. The post-survey also showed that the majority of participants (85.8%) felt that the department was more adequately equipped to protect against workplace violence after receiving the education on department mitigation and safety protocols.

Staff Perceptions on Education

The data revealed less than half (46.4%) of participants received workplace safety training when hired. Also, the majority (60.7%) of participants felt that safety education was needed in the department and 42.9% of the staff stated they would feel safer with more education (See table 7). The majority of participants (71.4%) felt that there needs to be safety improvements in the department (See table 8). All participants (100%) felt that the educational intervention was beneficial and that there is a need for new hire education.

Discussion

The goal of this project was to evaluate nursing staff perceptions of safety and workplace violence and increase safety awareness and knowledge in the emergency department of a level 1 trauma center. The project looked at the impact workplace safety education had on staff perceptions of workplace safety against workplace violence. Due to poor participation turnout this project did not produce significant outcomes. However, it did reveal that all participants have experienced some form of workplace violence and 92% (table 4) of participants have felt unsafe at work at some point, but not all participants had been educated on the mitigation measures and prevention protocols and policies indicating a need for education. Education about mitigation measures and prevention protocols and policies is needed to adequately prepare staff to work safely in the emergency department. It has been shown that implementing regular

training on workplace safety can increase staff knowledge and confidence in dealing with workplace violence (Wirth, et al. 2021).

Limitations

The primary limitation that affected this study is poor study participation. Out of a possible 215 nursing staff participants, only 35 participated in the study. Because of this the findings may not accurately represent the sample and the setting. Contributing factors to poor participation survey fatigue, high patient volume and acuity, 25% of the staff are travel nurses, and the timeframe of the study taking place during the holiday season and a new graduate hiring phase.

Implications for Practice, Education, and Future Research

Future studies on workplace violence should broaden its inclusion criteria to include all department staff in order to get a larger range of perspectives that may be missed targeting nursing staff, like how front registration staff could bring valuable input on waiting room/lobby safety concerns. Also, utilizing open-ended questions on the survey to get more information, and asking staff where they see gaps in safety and how they think the department could improve on safety would bring in valuable feedback that was missed. To advance this further, a collaboration with the Enterprise Safety Strategic Team, which helps promote and provide a culture of safety within University of Kentucky healthcare, and possibly implementing a sub-committee in the department made up of staff to lend support and knowledge as well as continuous feedback to the Enterprise Safety Strategic Team for real time identification of safety concerns and intervention. Having a sub-committee can lend a voice of the staff nurse to the enterprise team without fear, because administrators are less likely to be assaulted and many staff are fearful of reporting incidents to their administrator (Putka, 2022). This collaboration and sub-committee could

develop a program that orients new staff and travel staff to the workplace environment and introduces the mitigation measures and prevention policies in place to reduce and eliminate the risk of workplace violence. They could also develop an educational training program that improves staff's ability to identify potentially violent situations, implements de-escalation training and possibly self-defense strategies, and teach communication skills that can be utilized to defuse potential situations. A collaboration with the Enterprise team could also work to streamline the reporting process, so that it is easier for staff to report incidences of workplace violence while also still obtaining the data necessary to learn and improve upon these situations.

Concurrent Developments

During the time that this study was taking place The Centers for Medicare and Medicaid's Center for Clinical Standards and Quality released a memorandum and practice guideline. This new practice guideline was put into effect immediately at the end of November 2022. The new practice guideline says that all hospitals are to provide appropriate education and training on identifying patients that are a risk to themselves or others, identifying potentially dangerous environments and situations, and mitigation strategies. This is to include all direct employees, volunteers, and contractors (CMS, 2022). In response to this memorandum the University of Kentucky and the Enterprise Safety Strategic Team conducted a gap analysis on workplace violence in December of 2022 and released the results of this analysis and plans to expand de-escalation training on January 30th 2023. The gap analysis identified gaps in comprehensive training of all staff, volunteer training, and sitter training, and involving a more patient based strategy in risk assessments. The University of Kentucky has already put into effect the de-escalation expansion training as of April 2023 with four level Crisis Prevention Institute

Platform that is required of all employees, volunteers, and contractors and is tailored to their work setting and the needs of that environment.

Cost Implications

The effects of workplace violence can incur a staggering cost. In 2016 health care facilities invested \$1.1 billion in security training on top of additional operating costs (Al-Qadi, 2021). This doesn't include the cost of nurse turnover, or the cost of worker's compensation benefits paid to victims of workplace violence. The national average nurse turnover rate is 17%, and the stress of workplace violence has an influence on turnover intention (Vaughn, 2020). The average cost of nurse turnover is approximately \$48,000 per nurse which can end up costing the average hospital around \$6 million (Vaughn, 2020). This doesn't even account for all the experience and expertise lost when tenured staff leave, you can't put a price on quality experience and years of acquired knowledge. There is a clear need for workplace violence prevention and its role on staff retention as a cost-saving measure.

Conclusion

In conclusion, the findings of this study will bring awareness of the prevalence of workplace violence, and to the need for effective educational training for staff. Nationally 13 per 100 nurses are physically assaulted each year, and 38 per 100 experience non-physical assault each year (NIOSH, 2020). The overall goal of this study was to evaluate nursing staff perceptions of safety and workplace violence and increase safety awareness and knowledge in the emergency department of a level 1 trauma center. The findings of this study identified a need for increased department safety education. In order for workplace violence rates to go down, enterprise administrators, department management, and department staff need to collaborate to implement

training and education so that staff members are better equipped in the setting of workplace violence.

References

- AONL. (2022). *AONL & ENA Guiding principles mitigating violence in the Workplace*.
www.AONL.org. Retrieved April 3, 2023, from
[https://www.aonl.org/system/files/media/file/2022/10/AONL-
ENA_workplace_guiding_principles.pdf](https://www.aonl.org/system/files/media/file/2022/10/AONL-ENA_workplace_guiding_principles.pdf)
- Aljohani, B., Burkholder, J., Tran, Q. K., Chen, C., Beisenova, K., & Pourmand, A. (2021). Workplace violence in the emergency department: a systematic review and meta-analysis. *Public health, 196*, 186–197. <https://doi.org/10.1016/j.puhe.2021.02.009>
- Alkorashy, H. A., & Al Moalad, F. B. (2016). Workplace violence against nursing staff in a Saudi university hospital. *International nursing review, 63*(2), 226–232.
<https://doi.org/10.1111/inr.12242>
- Al-Qadi M. M. (2021). Workplace violence in nursing: A concept analysis. *Journal of occupational health, 63*(1), e12226. <https://doi.org/10.1002/1348-9585.12226>
- Ayasreh, I. R., & Hayajneh, F. A. (2021). Workplace Violence Against Emergency Nurses: A Literature Review. *Critical care nursing quarterly, 44*(2), 187–202.
<https://doi.org/10.1097/CNQ.0000000000000353>
- Berlanda, S., Pedrazza, M., Fraizzoli, M., & de Cordova, F. (2019). Addressing Risks of Violence against Healthcare Staff in Emergency Departments: The Effects of Job Satisfaction and Attachment Style. *BioMed research international, 2019*, 5430870. [https://doi-
org.ezproxy.uky.edu/10.1155/2019/5430870](https://doi-org.ezproxy.uky.edu/10.1155/2019/5430870)
- Bordignon, M., & Monteiro, M. I. (2021). Analysis of workplace violence against nursing professionals and possibilities for prevention. *Revista gaucha de enfermagem, 42*, e20190406.
<https://doi.org/10.1590/1983-1447.2021.20190406>

- Buterakos, R., Keiser, M. M., Littler, S., & Turkelson, C. (2020). Report and Prevent: A Quality Improvement Project to Protect Nurses From Violence in the Emergency Department. *Journal of emergency nursing*, 46(3), 338–344.e7. <https://doi-org.ezproxy.uky.edu/10.1016/j.jen.2020.02.010>
- CMS. (2022, November 28). Workplace Violence-Hospitals. Retrieved April 14, 2023, from <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfo/policy-and-memos-states-and/workplace-violence-hospitals>
- Copeland, D., & Henry, M. (2018). The relationship between workplace violence, perceptions of safety, and Professional Quality of Life among emergency department staff members in a Level 1 Trauma Centre. *International emergency nursing*, 39, 26–32. <https://doi-org.ezproxy.uky.edu/10.1016/j.ienj.2018.01.006>
- Copeland, D., & Henry, M. (2017). Workplace Violence and Perceptions of Safety Among Emergency Department Staff Members: Experiences, Expectations, Tolerance, Reporting, and Recommendations. *Journal of trauma nursing : the official journal of the Society of Trauma Nurses*, 24(2), 65–77. <https://doi-org.ezproxy.uky.edu/10.1097/JTN.0000000000000269>
- D'Ettorre, G., Caroli, A., Pellicani, V., & Ceccarelli, G. (2020). Preliminary risk assessment of workplace violence in hospital emergency departments. *Annali di igiene : medicina preventiva e di comunita*, 32(2), 99–108. <https://doi-org.ezproxy.uky.edu/10.7416/ai.2020.2334>
- D'Ettorre, G., Pellicani, V., Mazzotta, M., & Vullo, A. (2018). Preventing and managing workplace violence against healthcare workers in Emergency Departments. *Acta bio-medica : Atenei Parmensis*, 89(4-S), 28–36. <https://doi-org.ezproxy.uky.edu/10.23750/abm.v89i4-S.7113>

- Edward, K. L., Ousey, K., Warelow, P., & Lui, S. (2014). Nursing and aggression in the workplace: a systematic review. *British journal of nursing (Mark Allen Publishing)*, 23(12), 653–659. <https://doi.org/10.12968/bjon.2014.23.12.653>
- Eriksson, J., Gellerstedt, L., Hillerås, P., & Craftman, Å. G. (2018). Registered nurses' perceptions of safe care in overcrowded emergency departments. *Journal of clinical nursing*, 27(5-6), e1061–e1067. <https://doi-org.ezproxy.uky.edu/10.1111/jocn.14143>
- Gacki-Smith, J., Juarez, A. M., Boyett, L., Homeyer, C., Robinson, L., & MacLean, S. L. (2009). Violence against nurses working in US emergency departments. *JONA: The Journal of Nursing Administration*, 39(7/8), 340–349. <https://doi.org/10.1097/nna.0b013e3181ae97db>
- Grinberg, K., Revach, C., & Lipsman, G. (2022). Violence in hospitals and burnout among nursing staff. *International emergency nursing*, 65, 101230. <https://doi.org/10.1016/j.ienj.2022.101230>
- Hassankhani, H., Parizad, N., Gacki-Smith, J., Rahmani, A., & Mohammadi, E. (2018). The consequences of violence against nurses working in the emergency department: A qualitative study. *International emergency nursing*, 39, 20–25. <https://doi-org.ezproxy.uky.edu/10.1016/j.ienj.2017.07.007>
- Kafle, S., Paudel, S., Thapaliya, A., & Acharya, R. (2022). Workplace violence against nurses: a narrative review. *Journal of clinical and translational research*, 8(5), 421–424.
- Kvas, A., & Seljak, J. (2014). Unreported workplace violence in nursing. *International nursing review*, 61(3), 344–351. <https://doi.org/10.1111/inr.12106>
- Lim, M. C., Jeffree, M. S., Saupin, S. S., Giloi, N., & Lukman, K. A. (2022). Workplace violence in healthcare settings: The risk factors, implications and collaborative preventive measures. *Annals of medicine and surgery (2012)*, 78, 103727. <https://doi.org/10.1016/j.amsu.2022.103727>

- Liu, J., Zheng, J., Liu, K., Liu, X., Wu, Y., Wang, J., & You, L. (2019). Workplace violence against nurses, job satisfaction, burnout, and patient safety in Chinese hospitals. *Nursing outlook*, 67(5), 558–566. <https://doi.org/10.1016/j.outlook.2019.04.006>
- Martinez A. J. (2016). Managing Workplace Violence With Evidence-Based Interventions: A Literature Review. *Journal of psychosocial nursing and mental health services*, 54(9), 31–36. <https://doi.org/10.3928/02793695-20160817-05>
- NIOSH. (2020, February 07). Extent of the problem. Retrieved March 10, 2023, from https://www.cdc.gov/WPVHC/Nurses/Course/Slide/Unit1_6
- O'Donnell, B., & Gupta, V. (2022.). Continuous Quality Improvement. Retrieved August, 11 2022, from <https://pubmed.ncbi.nlm.nih.gov/32644665/>
- Pariona-Cabrera, P., Cavanagh, J., & Bartram, T. (2020). Workplace violence against nurses in health care and the role of human resource management: A systematic review of the literature. *Journal of advanced nursing*, 76(7), 1581–1593. <https://doi.org/10.1111/jan.14352>
- Partridge, B., & Affleck, J. (2017). Verbal abuse and physical assault in the emergency department: Rates of violence, perceptions of safety, and attitudes towards security. *Australasian emergency nursing journal : AENJ*, 20(3), 139-145. <https://doiorg.ezproxy.uky.edu/10.1016/j.aenj.2017.05.001>
- Putka, S. (2022, September 15). *Violence against nurses worse than ever, analysis finds*. Violence Against Nurses Worse Than Ever, Analysis Finds | Journal of Advanced Practice Nursing. Nursing Journals : American Society of Registered Nurses. Retrieved April 3, 2023, from <https://www.asrn.org/journal-advanced-practice-nursing/2828-violence-against-nurses-worse-than-ever-analysis-finds.html>

- Schablon, A., Wendeler, D., Kozak, A., Nienhaus, A., & Steinke, S. (2018). Prevalence and Consequences of Aggression and Violence towards Nursing and Care Staff in Germany-A Survey. *International journal of environmental research and public health*, 15(6), 1274. <https://doi.org/10.3390/ijerph15061274>
- Shaw J. (2015). Staff perceptions of workplace violence in a pediatric emergency department. *Work (Reading, Mass.)*, 51(1), 39–49. <https://doi-org.ezproxy.uky.edu/10.3233/WOR-141895>
- Somani, R., Muntaner, C., Hillan, E., Velonis, A. J., & Smith, P. (2021). A Systematic Review: Effectiveness of Interventions to De-escalate Workplace Violence against Nurses in Healthcare Settings. *Safety and health at work*, 12(3), 289–295. <https://doi.org/10.1016/j.shaw.2021.04.004>
- Spelten, E., Thomas, B., O'Meara, P., van Vuuren, J., & McGillion, A. (2020). Violence against Emergency Department nurses; Can we identify the perpetrators?. *PloS one*, 15(4), e0230793. <https://doi.org/10.1371/journal.pone.0230793>
- Stephens, Wallace. (2019, March 12). *Violence against healthcare workers: A rising epidemic*. AJMC. Retrieved April 3, 2023, from <https://www.ajmc.com/view/violence-against-healthcare-workers-a-rising-epidemic>
- Tsukamoto, S. A. S., Galdino, M. J. Q., Barreto, M. F. C., & Martins, J. T. (2022). Burnout syndrome and workplace violence among nursing staff: a cross-sectional study. *Sao Paulo medical journal = Revista paulista de medicina*, 140(1), 101–107. <https://doi.org/10.1590/1516-3180.2021.0068.R1.31052021>
- Vaughn, N. (2020, October 29). *Nurse turnover rates: How to reduce healthcare turnover*. Relias. Retrieved April 3, 2023, from <https://www.relias.com/blog/how-to-reduce-healthcare-turnover>
- Wang, J., Zeng, Q., Wang, Y., Liao, X., Xie, C., Wang, G., & Zeng, Y. (2022). Workplace violence and the risk of post-traumatic stress disorder and burnout among nurses: A systematic review and

meta-analysis. *Journal of nursing management*, 30(7), 2854–2868.

<https://doi.org/10.1111/jonm.13809>

WHO.(2002). Framework guidelines for addressing workplace violence in the health sector. (n.d.).

Retrieved March 20, 2023, from <https://www.who.int/publications-detail-redirect/9221134466>

Wirth, T., Peters, C., Nienhaus, A., & Schablon, A. (2021). Interventions for Workplace Violence

Prevention in Emergency Departments: A Systematic Review. *International journal of*

environmental research and public health, 18(16), 8459. <https://doi.org/10.3390/ijerph18168459>

Zhu, H., Liu, X., Yao, L., Zhou, L., Qin, J., Zhu, C., Ye, Z., & Pan, H. (2022). Workplace violence in

primary hospitals and associated risk factors: A cross-sectional study. *Nursing open*, 9(1), 513–

518. <https://doi.org/10.1002/nop2.1090>

Table 1. Pre-survey Demographics

Table 1. Pre-Survey Demographics	
Gender	
Male	21.4%
Female	78.6%
Years experience as nurse	
0-2 years	21.4%
3-5 years	25%
6-10 years	17.9%
>10 years	35.7%
Years employed at UKED	
0-2 years	46.4%
3-5 years	25%
6-10 years	10.7%
>10 years	17.9%

Table 2. Post-survey Demographics

Table 2. Post- Survey Demographics	
Gender	
Male	14.3%
Female	71.4%
Prefer not to disclose	14.3%
Years experience as nurse	
0-2 years	42.9%
3-5 years	0%
6-10 years	14.3%
>10 years	42.9%
Years employed at UKED	
0-2 years	57.1%
3-5 years	0%
6-10 years	14.3%
>10 years	28.6%

Table 3. Participation Demographics

Table 3. Participation	
Did you complete the pre-survey	
Yes	28.6%
No	42.9%
Unsure	28.6%
Did you receive the education	
Yes	14.3%
No	85.7%

Table 4. Pre-survey Perceptions of Safety and Experience with Workplace Violence

Table 4. Pre-Survey Staff Perceptions of Safety and Experience with Workplace Violence	
How often do you feel safe at work	
Never	7.1%
Some of the time	28.6%
Most of the time	57.1%
All of the time	7.1%
Have you ever experienced workplace violence	
Physical	3.6%
Verbal	3.6%
Both	92.9%
Never	0%
After experiencing workplace violence did you do an incident report	
Yes	71.4%
No	21.4%
I was unaware of the process	7.1%
Do you feel the department is adequately equipped to keep you safe	
Yes	10.7%
No	50.0%
Somewhat	39.3%

Table 5. Post-survey Staff Perceptions of Safety and Experience with Workplace Violence

Table 5. Post-Survey Staff Perceptions of Safety and Experience with Workplace Violence	
After education do you feel safer at work	
Yes	16.7%
No	33.3%
Somewhat	42.9%
Do you feel the department is equipped to keep you safe	
Yes	42.9%
No	14.3%
Somewhat	42.9%

Table 6. Pre-survey Education

Table 6. Pre-Survey Education	
Do you receive workplace violence training when hired	
Yes	46.4%
No	10.7%
Not sure	42.9%
Do you think safety education is needed	
Yes	60.7%
No	14.3%
Maybe	25.0%
Do you think staff would feel safer with more education	
Yes	42.9%
No	25.0%
Maybe	32.1%

Table 7. Post-survey Education

Table 7. Post-Survey Education	
Do you think the department needs safety improvements	
Yes	71.4%
No	28.6%
Maybe	0%
Do you feel the education was beneficial	
Beneficial	100%
Not beneficial	0%
Somewhat beneficial	0%
New hire safety education	
Yes	100%
No	0%
Maybe	0%

Table 8. Literature Review

Table 8.	Literature Review						
Pertinent literature	Variables of Interest						
	Workplace Violence a Problem	High Incidence rate of workplace violence	Impact of workplace violence	Costs effect of workplace violence	Healthcare setting problems associated with workplace violence	Under reporting	Education gaps
Al-Qadi 2021 CA	x		x	x	x	x	
Wirth 2021SLR	x	x	x		x		x
Edward 2014 SLR	x		x	x			
Martinez 2016 SLR	x		x		x		
Pariona-Cabrera 2020 SLR	x	x			x		x
Ayasreh 2021 SLR	x	x	x		x	x	x
Bordignon 2021 QCS	x	x					x
D’Ettorre 2020 QIS	x				x		x
Liu 2019 QCS	x		x				
Schablon 2018 QCS	x	x	x				x
Grinberg 2022 QIS	x	x	x		x	x	
Kvas 2014 QIS	x					x	x
Alkorashy 2016 QCS	x			x	x		
Tsukamoto 2022 QCS	x	x	x		x		
Spelten 2020 CA	x		x				
Zhu 2022 QCS	x		x			x	

Aljohani 2021 SLR	x	x			x		
Kafle 2022 QIS	x				x		
Somani 2021 SLR	x					x	
Lim 2022 SLR	x				x	x	
Wang 2022 SLR	x	x					
Buterakos 2020 QIS	x	x				x	x
Berlanda 2019 QIS	x	x	x			x	
Copeland 2018 QCS	x	x				x	
Copeland 2017 QCS	x	x	x				
D'Ettore 2018 SLR	x					x	x
Eriksson 2018 QIS	x		x		x		x
Hassankha ni 2018 QIS	x		x				
Partridge 2017 QIS	x	x				x	x
Shaw 2015 QIS	x	x	x				

Key: CA= concept analysis, QIS= Qualitative Interview Study, QCS= Quantitative Cross-Sectional Study, SLR= Systematic Literature Review

Appendix 1. University of Kentucky Medical Institutional Review Board Approval



Office of Research Integrity
IRB, RDRC

Initial Review

Approval Ends: IRB Number:
9/21/2023 74053

TO: Marissa Hibbs, BSN
AGACNP DNP Student
College of Nursing
PI phone #: 8593193986

PI email:
marissa.hibbs@uky.edu

FROM: Chairperson/Vice
Chairperson
Medical Institutional Review Board (IRB)

SUBJECT: Approval of
Protocol DATE:
9/22/2022

On 9/22/2022, the Medical Institutional Review Board approved your protocol entitled:

Staff Perceptions on Workplace Violence and Safety in a Level 1 Trauma Center Emergency Department: Implementing Department Safety Education: A Cross Sectional Study.

Approval is effective from 9/22/2022 until 9/21/2023 and extends to any consent/assent form, cover letter, and/or phone script. If applicable, the IRB approved consent/assent document(s) to be used when enrolling subjects can be found on the approved application's landing page in E-IRB. [Note, subjects can only be enrolled using consent/assent forms which have a valid "IRB Approval" stamp unless special waiver has been obtained from the IRB.] Prior to the end of this period, you will be sent a Continuation Review (CR)/Annual Administrative Review (AAR) request which must be completed and submitted to the Office of Research Integrity so that the protocol can be reviewed and approved for the next period.

In implementing the research activities, you are responsible for complying with IRB decisions, conditions and requirements. The research procedures should be implemented as approved in the IRB protocol. It is the principal investigator's responsibility to ensure any changes planned for the research are submitted for review and approval by the IRB prior to implementation. Protocol changes made without prior IRB approval to eliminate apparent hazards to the subject(s) should be reported in writing immediately to the IRB. Furthermore, discontinuing a study or completion of a study is considered a change in the protocol's status and therefore the IRB should be promptly notified in writing.

For information describing investigator responsibilities after obtaining IRB approval, download and read the document "[PI Guidance to Responsibilities, Qualifications, Records and Documentation of Human Subjects Research](#)" available in the online Office of Research Integrity's [IRB Survival Handbook](#). Additional information regarding IRB review, federal regulations, and institutional policies may be found through [ORI's web site](#). If you have questions, need additional information, or would like a paper copy of the above mentioned document, contact the Office of Research Integrity at 859-257-9428.

see blue.

405 Kinkead Hall | Lexington, KY 40506-0057 | P: 859-257-9428 | F: 859-257-8995 | www.research.uky.edu/ori/

An Equal Opportunity University

Appendix 2. Letter of Support

UK HealthCare

UK Hospital

Marissa Hibbs, BSN, RN
University of Kentucky
College of Nursing

751 Rose Street
Lexington, KY 40536

April 7, 2022 RE:

Marissa Hibbs

To Whom it May Concern,

I am delighted to provide a letter of support for your proposed study: "Staff Perceptions of Workplace Violence in the Emergency Department." The University of Kentucky is a Level I Trauma Center serving pediatric and adult patients from Eastern and Central Kentucky. This study is important to better understand staff perceptions of workplace violence and will work to educate them on the safety mechanisms in place to prevent these incidents. It will also identify the staff perception on the effectiveness of the safety mechanisms we currently utilize to help us understand if changes need to be made to the current system. The University of Kentucky Emergency Department will be pleased to serve as a site for the proposed study. I oversee emergency and trauma care conducted in our department and am willing to support your access to our staff for this study.

The proposed study is vitally important to understand the staff's current perception of workplace violence and provide education in areas of deficiency. I look forward to having you working in the department on this exciting project.

Sincerely,



Josh Bryan, MSN, RN, CEN, CPEN, TCRN

Patient Care Manager
Emergency and Trauma Services
University of Kentucky

1000 S. Limestone St.
Lexington, KY 40536

O: 859-257-8869

Appendix 3. Pre-survey Questionnaire

1. **How long have you been a nurse?**
 - 0-2 years
 - 3-5 years
 - 6-10 years
 - more than 10 years
2. **How long have you worked at UKED as a nurse?**
 - 0-2 years
 - 3-5 years
 - 6-10 years
 - more than 10 years
3. **What gender do you identify as?**
 - Male
 - Female
 - transgender male
 - transgender female
 - gender variant/non-conforming
 - prefer not to answer
4. **How often do you feel safe working in the emergency department?**
 - Never
 - Some of the time
 - Most of the time
 - All the time
5. **Have you ever experienced verbal or physical violence from a patient or their visitors?**
 - Physical
 - Verbal
 - Both
 - Never
6. **If you have experienced verbal or physical violence, did you complete an incident report?**
 - Yes
 - No
 - Was unaware that there was an incident report process
7. **Do you feel that the department is adequately equipped to keep you safe?**
 - Yes
 - No
 - Somewhat
8. **When you were hired, did you receive education on staff safety measures in place to ensure your safety?**
 - Yes
 - No
 - Not sure
9. **Do you think there is a need for workplace violence and safety education in the emergency department?**
 - Yes
 - No
 - Maybe
10. **Do you think that staff would feel safer if workplace violence education was provided?**
 - Yes
 - No
 - Maybe

Appendix 4. Educational Intervention

<h3>Employee Workplace Safety Education</h3>	<h3>Current Safety Mechanisms in Place</h3> <ul style="list-style-type: none">• Police presence• Security Presence• Metal Detectors• Wanding• Centrak• Silent Alarms• Incident Reporting• Epic Alert• Zero Tolerance Policy
--	---

<h3>Metal Detectors</h3> <ul style="list-style-type: none">• What: The CEIA PMD plus is a highly sensitive walk through metal detector that can even detect metal that is inside body cavities and signals the area of the body the metal is located. Each patient and visitor that comes through the front entrance to the adult and pediatric emergency departments is to pass through the metal detector. If a weapon is detected they are given the opportunity to place it in their vehicle, relinquish it, or leave.• Where: There is one located at each visitor entrance to the emergency department, one on the adult entrance and one on the pediatric entrance.	<h3>Security Presence</h3> <ul style="list-style-type: none">• Who: There is at least one UK security officer in the Emergency department at all times• How to contact: Vocera "ED Security" you will be connected with dispatch, give the location in which you need their presence.
---	--

<h3>Police Presence</h3> <ul style="list-style-type: none">• Who: UKPD has an officer in each emergency department 24/7• How to contact: Vocera "UK Police" and at Good Samaritan say "Goodsam Police"	<h3>Wanding</h3> <ul style="list-style-type: none">• What: each patient that poses a threat to staff safety or self harm is to be wanded with a metal detection wand and have their belongings wanded• When: Anytime a patient enters the emergency department that poses a threat to staff or themselves, anytime a patient going on a 72 hours hold and their belongings• How to get: Call "ED security" on Vocera
---	--

Centrak

- What: A wearable staff duress button that gives location of staff member in need by using the call light system in place.
- How to use: Once activated, wear every shift, and test once a shift by walking into a room to see if you Centrak badge acknowledges your location change.

Silent Alarms

- What: There are a number of silent alarms throughout the department that at the push of a button you will have UK Police and UK Security
- Where: There are silent/panic buttons located in Critical, Trauma, Obs, Acute, Peds, and the Dr. box

Emergency Exits

Safety egress is important in the emergency department. You will find that most areas of the department have at least two exit points. All emergency exits are clearly marked with large red/white signs.

Incidence Reports

- What: A brief report that is filed on careweb anytime a staff member is involved in workplace violence. The report gives management a chance to review the violent occurrence and identify gaps in our workplace safety measures in place.

Epic Alert

- Epic gives you the ability to mark a patient of having a history of violence so that future providers can be aware and alert to the possibility that this patient is at an increased risk of violent behavior.

Zero Tolerance Policy

- The University of Kentucky Healthcare system has a Zero-Tolerance Policy for disruptive or aggressive behaviors. These behaviors include verbal abuse, harassment, physical abuse, and threats. These behaviors will not be tolerated and will be dealt with accordingly based on situation.

Appendix 5. Post-survey Questionnaire

1. **How long have you been a nurse?**
 - 0-2years
 - 3-5 years
 - 6-10years
 - more than 10 years
2. **How long have you worked at UKED as a nurse?**
 - 0-2 years
 - 3-5years
 - 6-10 years
 - more than 10 years
3. **What gender do you identify as?**
 - Male
 - Female
 - Transgender male
 - Transgender female
 - Gender variant/non-conforming
 - Prefer not to answer
4. **Did you complete the pre-survey?**
 - Yes
 - No
 - Unsure
5. **Did you receive the workplace safety and violence education in huddle?**
 - Yes
 - No
 - Unsure
6. **Since receiving the workplace safety and violence education do you feel safer working in the emergency department?**
 - Yes
 - No
 - Somewhat
7. **Since receiving the workplace safety and violence education do you feel like the emergency department is adequately equipped to keep you safe?**
 - Yes
 - No
 - Somewhat
8. **Do you feel that the education on workplace violence was beneficial?**
 - Beneficial
 - Not beneficial
 - Somewhat beneficial
9. **Do you think that providing education on workplace violence to all new hires would be beneficial to employee safety?**
 - Yes
 - No
 - Maybe
10. **Do you think that the UK Emergency Department needs to improve staff safety against workplace violence?**
 - Yes
 - No
 - Maybe