

Examining the Impact of De-Escalation Training among Emergency Department Nurses

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Abstract : Introduction: Workplace violence is a major concern for nurses throughout the United States and is a rising occupational health hazard that has been exacerbated by both the Covid-19 pandemic and increasing patient and family member incivility. De-escalation training has been found to be an evidence-based tool for emergency department nurses to help avoid or mitigate high-risk situations that could lead to workplace violence. Many healthcare organizations either do not provide de-escalation training to their staff or only provide it sparingly, such as during new employee orientation. There is limited research in the literature on the psychological benefits of de-escalation training. Purpose: The purpose of this study is to determine if there are psychological and organizational advantages to providing emergency department nurses with de-escalation training. Equipping emergency department nurses with skills that are essential to de-escalate violent or potentially violent patients may help prevent physical, mental, and/or psychological damage to the nurse because of violence and/or threatening acts. The hypothesis is that providing de-escalation training to emergency department nurses will lead to increased nurse confidence in dealing with aggressive patients, increased resiliency, increased professional quality of life, and increased intention to stay with their current organization. This study aims to show that organizations would benefit from providing de-escalation training to all nurses operating in high-risk areas on a regular basis. Significance: Showing psychological benefits to providing evidence-based de-escalation training can provide healthcare organizations with the ability to retain a more resilient and prepared workforce. Method: This study uses a pre-experimental cross-sectional pre-/post-test design using a convenience sample of emergency department registered nurses employed across Jefferson Health Northeast (Jefferson Torresdale, Jefferson Bucks, and Jefferson Frankford). Inclusion criteria include registered nurses who work full or part-time, with 51% or more of their clinical time spent in direct clinical care. Excluded from participation are registered nurses in orientation, per-diem nurses, temporary and/or travel nurses, nurses who spend less than 51% of their time in direct patient care, and nurses who have received de-escalation training within the past two years. This study uses the Connor-Davidson Resilience Scale 10 (CD-RISC-10), the Clinician Confidence in Coping with Patient Aggression Scale, the Press Ganey Intention To Stay question, and the Professional Quality of Life Scale. Results: A Paired t-Test will be used to analyze the mean scores of the three scales and one question pre and post-intervention to determine if there is a statistically significant difference in RN resiliency, confidence in coping with patient aggression, intention to stay, and professional quality of life. Discussion and Conclusions: Upon completion, the outcomes of this intervention will show the importance of providing evidence-based de-escalation training to all nurses operating within the emergency department.

Keywords : de-escalation, nursing, emergency department, workplace violence

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