

Exemplary Professional Practice

Bridging Cultures through Shared Values in a Professional Environment of Partnership

EP15EO – Culture of Safety

EP15EO: Provide one example, with supporting evidence, of an improved workplace safety outcome for nurses, specific to violence (e.g., physical or psychological violence, threats of incivility) toward nurses in the workplace.

- Provide a copy of the organization's safety strategy.
- Nurse-specific outcome data must be submitted in the form of a graph with a data table.

Example: Improvement in Reported Workplace Psychological Violence towards nurses in the Cardiac Catheterization Laboratory

Problem

Although workplace violence is not something new, it is seen to be on the rise in healthcare settings, particularly against nurses (Havaei, et al., 2020). Havaei found that the most common type of workplace violence was emotional abuse and that 23.1% of emotional abuse on staff nurses originated from management.

Violence at work can have a significant consequence on the efficiency and effectiveness of the healthcare system while being an important occupational hazard for healthcare workers (Jatic, et al., 2019). **Evidence EP15EO.1 APP-76 Management of Code White Incidents**

Cardiac Catheterization Laboratory (CCL) is a procedural unit where both nursing and non-nursing staff are practicing. that The unit has experienced some reported instances of bullying and abusive behavior directed at nursing staff. Data was collected through the incident reporting system, Quality Information System, used within the organization to collect data on nursing reported incidence rates for workplace violence. In the third quarter of 2019, results for the CCL showed a reported incidence rate of 11.1% per nursing assaults in Cardiac Catheterization Laboratory to total hospital nursing assaults.

There had been no incidents of nursing assault in CCL from January to July 2019. Nojoud Abu Alsaud, MSN RN, CCL Head Nurse, noted a trend in nursing assaults occurring in CCL, with incidents reported in August and September 2019.

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Goal Statement

Reduce the rate (expressed in %) of reported workplace violence incidents towards nurses in CCL.

Participants

Table EP15EO.1 below presents the team involved in resolving the issue of workplace violence towards nurses in CCL.

Table EP15EO.1 Team Addressing Reported Workplace Violence towards nurses in CCL

Name & Credentials	Job Title	Department
Staff Nurse X, BSN RN	Staff Nurse (SN)1, Clinical Nurse	CCL
Nojoud Abu Alsaud, MSN RN	Head Nurse	CCL and Radiology
Tini Kaitharan Ephraim, BSN RN	SN1, Clinical Nurse	CCL
Kristine Corpuz Reyes, BSN RN	SN1, Clinical Nurse	CCL
Ayham Mansi, BSN RN	SN1, Clinical Nurse	CCL
Jinumol Rosamma, BSN RN	SN1, Clinical Nurse	CCL
Rami Abu-Seif, BSN RN	SN1, Clinical Nurse	CCL
Sarah Arellano, BSN RN	SN1, Clinical Nurse	CCL
Wissam El-Zein, BSN RN	SN1, Clinical Nurse	CCL
Agapito Recio, BSN RN	SN1, Clinical Nurse	CCL
Suzette Belanio, BSN RN	SN1, Clinical Nurse	CCL
Hussam Hoblous, BSN RN	SN1, Clinical Nurse	CCL
Lee Yu Kheng, Dip.N RN	SN1, Clinical Nurse	CCL
Ahmed Mohammed, BSN RN	SN1, Clinical Nurse	CCL
Ayham Mansi, BSN RN	SN1, Clinical Nurse	CCL
Ahmed Mohammed	SN3	CCL
Wadea Beheri, PhD RN	Deputy Executive Director	Nursing Affairs
Manager X	CCL Manager	Clinical Services
Youssef Alsaid, M.D.	Deputy Executive Director	Medical And Clinical Affairs (MCA)
Ahmed Jamjoom, M.D.	Chairman	Cardiovascular Diseases Department

Omer Elamine, M.D.	Consultant	Cardiovascular Diseases Department
Ruel Venales	Radiographer	Clinical Services
Ebrahim Sandokji	Senior Technologist, CCL	Clinical Services
Abdulah Madah	Technologist, CCL	Clinical Services
Samuel Go	Senior Radiographer	Clinical Services

Description of the Intervention

Case Example from the CCL

The Nurse Clinician, CCL position was advertised for internal promotion with Staff Nurse X, SN1, Clinical Nurse, CCL applying for and being selected as one of the top candidates. Then bullying behavior was evidenced from the CCL Manager (non-nursing staff), another staff nurse, and a technologist (non-nursing staff) towards Staff Nurse X to prevent him from gaining final approval for the Nurse Clinician position. Emails were sent to senior management alleging abusive behavior by Staff Nurse X.

Upon investigation by CCL Head Nurse, Nojoud Abu Alsaud, MSN RN, no evidence was found to support the allegations. Unfortunately, this issue created a feeling of distrust and dissatisfaction among the staff in CCL, with many emails received daily from other staff to the management team.

Staff Nurse X submitted his resignation as he could not take the pressure in the unit and felt insecure in the environment. Staff Nurse X felt that if he continued to work in the same department, he might lose his job and his nursing license due to the threats and bullying he was receiving.

This case example demonstrates an unhealthy environment in the workplace and, as a result, affected the overall health status of the staff in the unit. Nojoud escalated this problem to the Deputy Executive Director Nursing Affairs, Wadea Beheri, PhD RN.

Dr. Beheri approached the Deputy Executive Director for Medical and Clinical Affairs, Youssef Alsaid, M.D. for his assistance in managing the issue between nursing and clinical services staff. Subsequent meetings were arranged with Dr. Beheri and Dr. Alsaid, and included Staff Nurse X, Nojoud, the CCL Manager, all CCL nurses, Ahmed Jamjoom, M.D., and Omer Elamine, M.D., for identifying a resolution and developing a long-term plan for reducing bullying and psychological violence towards nursing staff in the unit.

All the intervention activities occurred in the fourth quarter of 2019. The plan was completed, and strategies were implemented to resolve the issue of bullying and

psychological violence towards nurses in CCL by increasing communication, education, and resetting goals to improve the workplace environment for all nursing staff.

The strategy included the following activities:

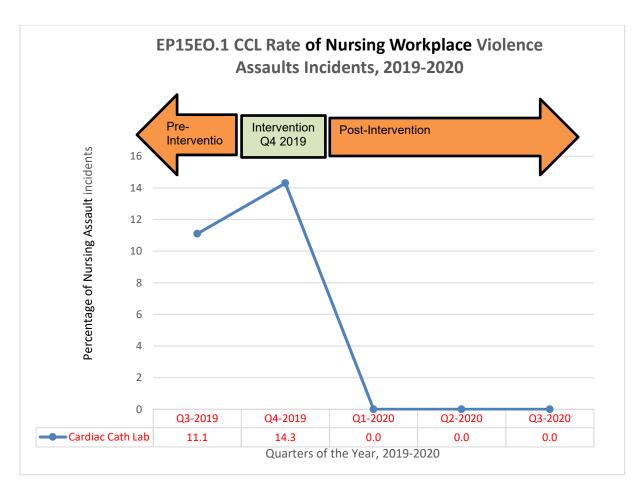
- Weekly meetings between the Head Nurse and the CCL Management to discuss concerns and work improvement plans.
- Two-weekly meetings with the Head Nurse and staff to discuss their concerns.
- Monthly meetings with the CCL Management, staff, and Head Nurse.
- Daily unit huddles were implemented to improve communication among the staff.
- Attending and presenting communication skills, listening skills, conflict management skills workshop by all the CCL staff. Education of all staff about zero tolerance for bullying and abuse.
- Escalation plan to senior leaders was shared to assist in the resolution process for workplace violence towards nurses and assist in problem solving.

By putting an action plan in place and learning from the workplace violence towards nurses that occurred with Staff Nurse X, improvements were made in the practice environment in CCL.

Outcome

The goal was achieved with the rate of reported workplace violence towards nurses incidents being reduced to zero by the third quarter of 2020 as shown in Graph EP15EO.1 below.

Graph EP15EO.1 below represents the percentage of nursing assaults in Cardiac Catheterization Laboratory to total hospital nursing assaults.



Graph EP15EO.1 Rate of Reported Workplace Violence Towards Nurses Incidents in CCL, 2019-2020

References:

Havaei, F., MacPhee, M., & Ma, A. (2020, June). Workplace violence among British Columbia nurses across different roles and contexts. In *Healthcare* (Vol. 8, No. 2, p. 98). Multidisciplinary Digital Publishing Institute.

Jatic, Z., Erkocevic, H., Trifunovic, N., Tatarevic, E., Keco, A., Sporisevic, L., & Hasanovic, E. (2019). Frequency and forms of workplace violence in primary health care. *Medical Archives*, 73(1), 6.