CALL FOR IMPLEMENTING WORKPLACE VIOLENCE SIMULATION TRAINING

To the Editor:

I am writing this letter in response to the article, “Implementing a Workplace Violence Simulation for Undergraduate Nursing Students: A Pilot Study,” which appeared in the October 2017 issue of the Journal of Psychosocial Nursing and Mental Health Services (Martinez, 2017).

I found myself agreeing with much of the article. Simulation of potentially aggressive patients is necessary and should be a mandatory part of nursing school curriculum, and not just for behavioral health or psychiatric rotations. By writing this letter, I hope I can further cement the need for such training based on my experience as a new behavioral health nurse.

For my nursing education, I had approximately 6 weeks of psychiatric nursing. For preparation, we were certified in Mental Health First Aid Training. Although a great course, it does not address workplace violence (WPV). In fact, I do not recall a time when WPV was discussed during my nursing program. As far as working with patients with mental illness during clinical rotations, we were always told we could not work with patients who were wearing blue paper scrubs.

I believe nursing schools try to shield students from some of the “less glamorous” sides of nursing. Although schools have a sense of duty to protect students from harm, they also cannot realistically expose students to everything. However, in my opinion, they have a duty to teach students skills to maintain their safety, as well as patients’ safety, if a WPV situation arises during clinical rotation. During the behavioral health rotation, students are taught the basics of safety: do not go into a patient’s room; do not have your back to a patient; always let someone know where you are; and yell “help” if you find yourself in trouble. Although these are good common-sense basics, they do not address the potential for WPV and how best to respond to said violence.

A study by Hanson and McAllister (2017) discusses this phenomenon of developing graduates ready to hit the floor, but not preparing them for adversities such as WPV.

At the time I started clinicals, a patient had snatched off a nurse’s glasses, scratching her face in the process. The patient had a negative connotation toward glasses due to past trauma. Our school’s response to the incident was that students could not wear glasses, which proved to be burdensome for some students. I believe that reactionary response, and the basic rules of safety, unintentionally negatively reinforced stereotypes that patients with mental illness are to be avoided and feared. However, I do not think the school did anything different than what most schools would do when it comes to students’ safety. It, like other colleges, does the best it can with the available resources.

I have been a practicing behavioral health nurse for approximately 6 months. During this time, I have been verbally assaulted, been physically threatened, and had items thrown at me. In those instances, it was almost like mistreatment was a part of the job and I was subconsciously waiting for some form of WPV to happen. That “waiting for the other shoe to drop” feeling is similar to experiences reported by many behavioral or emergency department (ED) nurses (Wolf, Delao, & Perhats, 2014). In their study, Wolf et al. (2014) demonstrated that WPV has become an accepted part of work for ED nurses and other health care personnel.

I believe a simulation program, such as the one piloted in the article by Martinez (2017), would be a great addition to a nursing program and should be expanded, introduced at the start of the nursing program, and repeated as necessary, and not just for behavioral health rotations.

Although the study had some limitations in the small sample size and uneven gender distribution (Martinez, 2017), the simulation is a great tool. Hopefully, more WPV simulation training will be provided to students, practicing nurses, and other health care providers. WPV can occur more often in behavioral health and ED settings, but patients and/or families committing WPV against staff can occur in any aspect of health care, so it is important that simulation be performed early in training and repeated often.

I was fortunate and did not experience WPV during my time as a nursing student, but having training prior to starting my behavioral health position would have been one more layer of knowledge I had to protect myself from WPV. I am hopeful that this simulation training is used in more nursing school programs.
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REFERENCES

Amber Taylor, MPH, RN
RN-BSN Student
Wilmington, North Carolina
The author has disclosed no potential conflicts of interest, financial or otherwise.

Reply:
Thank you for your comments regarding the pilot study (Martinez, 2017) and how workplace violence (WPV) affects behavioral health nurses. Your personal and vicarious experiences of WPV depict the negative impact that these incidents can have on practicing nurses. The real-life incidents of WPV during your training exemplify some forms of violence that nursing students can be exposed to during their clinical rotations.

As an educator and psychiatric nurse, I emphasize the importance of shaping nursing education curricula in nursing schools. Inclusion of evidence-based simulations aiming to prepare students to prevent and manage WPV can be a useful approach to provide skills that may promote students’ safety during their clinical rotations. Incidents of WPV can affect entry-level nurses as well as graduate-prepared nurses. Therefore, WPV training tailored for nursing students should be made mandatory across all levels of education, including undergraduate and graduate curricula.

I also concur that WPV affects nursing across various clinical settings, not only psychiatric units. Your views about WPV being part of the job highlight how this phenomenon creates a misperception among nurses. The message to all practicing nurses is that WPV is not part of the job. The pilot study disseminated this knowledge to participants by indicating that although this phenomenon affects nurses, it should never be considered “part of the job” (Martinez, 2017).

Efforts to mitigate this phenomenon and provide WPV training in health care facilities are ongoing. A report from the Occupational Safety and Healthcare Administration (2015) highlighted that, in 2015, nine states required health care facilities to provide a form of WPV training. State and national polices to make educational WPV training mandatory in nursing schools should be enacted as an effort to combat this unwanted phenomenon.

REFERENCES

Angel Johann Solorzano Martinez, DNP, MSN, MBA, RN, CNS
Psychiatric Nurse and Psychiatric Nursing Clinical Instructor
San Francisco, California
The author has disclosed no potential conflicts of interest, financial or otherwise.

doi:10.3928/02793695-20180521-02