



Abstracts

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Violence Against Caregivers: An Intervention Study

D. Gates (1), E. Fitzwater, (1), Succop, P. (1)

University of Cincinnati

Problem: The worker most commonly assaulted in the workplace is the nursing assistant (NA) working in long-term care and the perpetrator most often is the patient. There are physical, emotional and economical costs related to violence in healthcare settings.

Purpose: The investigators conducted a quasi-experimental study to test the effectiveness of a violence prevention intervention, based on Social Cognitive Theory.

Methods: One hundred thirty eight NAs from 3 intervention and 3 comparison homes participated. A baseline questionnaire was used to obtain information on demographics, employment, and past violence experience. At pre and post intervention all subjects recorded the following information on an Assault log during 80 hours of work: time of assault, resident's diagnosis, type of assault, caregiving activity being performed, and whether an injury occurred. T-test was used to determine if significant changes in assaults occurred in the intervention group.

The mean number of assaults for the homes ranged from 1.57 to 8.42. A total of 624 assaults were experienced by 94 NAs; 44 NAs (29%) did not encounter any assaults. The mean number of assaults for NAs was 4.52 and 6.64 for NAs who were assaulted at least once. The number of assaults per caregiver during the 80 hours ranged from zero to 64. Thirty one injuries resulted from assaults (5%) during the 80 hours of work. On the baseline questionnaire 59% of the NAs reported that they are assaulted by residents once a week and 16% reported that they are assaulted by residents every day. Additional questionnaire findings regarding lifetime prevalence rates included: 1) 51% reported that they have been injured by a resident, 2) 38% reported that they have received medical attention for an injury from a resident, 3) 10% reported that they have been assaulted by a co-worker, and 4) 4.3% reported that they have been assaulted by a family member. There was not a significant decrease in the assaults for the three intervention homes. However, data analysis excluding the third intervention home showed a significant decrease in the incidence of assaults ($p < .05$).

Summary: The rate of assaults from residents was not surprising and supported findings from previous studies. However, the lifetime prevalence rates of injury and medical care related to assaults from residents were unexpectedly high. The assault rates from co-workers and resident's family members were astounding when compared to other work settings. Although the intervention was significant in its ability to decrease assaults in the first 2 intervention homes, the inability to do so at study completion is probably due to two factors. First, the intervention homes had a much lower assault incidence at baseline making it more difficult to show a significant decrease. Secondly, during the intervention for the third nursing home, two major events occurred that affected the intervention: an attempt to unionize NAs and an unexpected state licensing inspection. More research is needed to study the incidence of all types of violence experience by NAs, as well as interventions to decrease the incidence of violence in this work setting.

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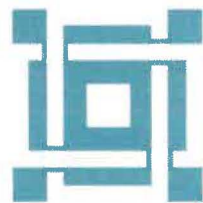
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