

Baltimore Research Day



Program and Abstract Booklet

**May 9th, 2008
1:30 – 5:30pm**

**Poster Session
Feinstone Hall**

**Oral Presentations
Becton Dickinson**



BALTIMORE RESEARCH DAY
Friday, May 9, 2008 ~ 1:30pm – 5:30pm

1:30 pm **Poster Session**
Feinstone Hall

2:30 pm **Presentations (Session I)**
Sustaining Research and Policy Dialogues -Bernie Guyer (moderator)

Kenrad Nelson, Professor of Epidemiology, Bloomberg School of Public Health
The ALIVE Study of HIV and Other Infectious Diseases in Injection Drug Users in Baltimore, MD, 1988-2008

Andrea Gielen, Professor and Director, Center for Injury Research and Policy, Bloomberg School of Public Health
Innovative Partnerships Drive Home Safety

3:10 pm **Break**

3:20 pm **Presentations (Session II)**
Innovative Community Based Research – Joshua Sharfstein (moderator)

Mary Beth Bollinger, Associate Professor, University of Maryland School of Medicine
Impact of the Breathmobile on Asthma Outcomes in Underserved City Children

Maureen Black, Professor of Pediatrics, University of Maryland School of Medicine
The Three Generation Project: A Home Intervention that Delays the Introduction of Solid Foods and Second Births Among Low-Income African American Adolescent Mothers and Infants

4:00 pm **Closing Remarks**

4:15 pm **Poster Session and Reception**
Feinstone Hall

Note: Abstracts are presented in format submitted

POSTER #14
The Impact of Workplace Violence on Nursing Policy

Partners:

Johns Hopkins Hospital, Baltimore

Howard County General Hospital

Johns Hopkins Hospital, Bayview

Funded by the National Institute of Occupational Safety & Health

Michelle Kanga

Jill Messing, MSW, PhD

Jacquelyn Campbell, PhD, RN, FAAN

Joan Kub, PhD, RN

Sheila Fitzgerald, PhD, RN

Jacqueline Agnew, PhD, RN

Dan Sheridan, PhD, RN, FAAN

Richelle Bolyard

Abstract:

Workplace violence (WPV), including workplace intimate partner violence, has major long-term health and employment outcomes and affects nursing personnel in significant numbers. By affecting productivity, absenteeism and job satisfaction, workplace violence also may significantly affect nursing personnel retention and, therefore, the nursing shortage. However, the risk and protective factors for these outcomes have rarely been examined prospectively with self report data in order to address underreporting issues.

The main objectives of this study were to attain prevalence data on workplace violence within the nursing profession, investigate differences between victims and non-victims of workplace violence, and identify the reporting patterns of workplace violence.

The target population was nurses and nursing personnel at three Hospitals in Baltimore, MD. This study used online self report surveys to identify nursing personnel who have experienced workplace violence during the past year and follow them prospectively. At baseline, 30.3% of the participants reported experiencing physical (19.8%) and/or psychological (20%) WPV in the past 12 months. At this time, selected participants have been followed for 6 months. A case control design was utilized to select 1695 participants for follow-up, including the population of nursing personnel who experienced WPV (cases; n=652) and a random sample of controls (n=1035). The response rate was 81.3% (n=1378). 37% of follow-up participants reported experiencing physical (23.9%) and/or psychological (24.5%) violence in the approximately 6 months between baseline and follow-up surveys. Of those who reported experiencing WPV at follow-up, 21.8% had not reported experiencing WPV at Baseline.

At baseline, 53.7% of those experiencing physical WPV and 25.6% of those experiencing psychological WPV reported this incident through formal channels at their workplace. Logistic regression was used to examine the risk factors for WPV at follow-up. Nurses were more likely

than non-nursing personnel to be the victims of WPV, as were participants who identify as White. Variables regarding hospital unit had the highest adjusted odds ratios; significantly more WPV was reported by nursing personnel who work in the Emergency Department and the Psychiatric Unit. Childhood physical and sexual abuse also were risk factors for experiencing WPV. Those participants who reported being depressed (CESD-10) at baseline were significantly more likely to report WPV at follow-up. Burnout was measured using the Copenhagen Scales at Baseline. Personal Burnout at baseline predicted experiences of WPV at follow-up. However, Client Burnout shows the opposite effect, with nursing personnel who reported Client Burnout at baseline significantly less likely to report WPV at follow-up.

These results have important implications for policy changes in the area of nursing personnel safety, including WPV education, support and prevention. Workplace violence education could be implemented into all Baltimore hospital personnel's training agendas, the importance of sensitivity to this problem could be stressed with hospital administration, and a more friendly system reporting workplace violence could be devised. It is likely that the implementation of these measures could easily be absorbed by hospital budgets and, in some cases, may cost nothing at all. If these steps were taken, the prevalence and negative consequences of workplace violence may decrease in Baltimore area hospitals.

Additionally, results suggest that workplace violence may play an important role in the current nursing shortage, as significantly more victims of WPV indicated their desire to leave their position than did nursing personnel who did not experience WPV. It is essential that policy changes be implemented in order to improve the morale and retention of nursing personnel.

This longitudinal study is ongoing, with a sufficient amount of research funding to survey the participants again in approximately 6 months. It is hoped that this research will have lasting effects on hospital policy and the response to WPV in hospital settings.