

Safety Starts with U: Mastering Workplace Violence Through Interprofessional In-Situ Simulations

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Introduction

- Workplace violence (WPV) can occur to all workers and ranges from verbal abuse to physical assaults
- Between 2021 and 2022, the incidence rate of workplace violence was 2.9 cases per 10,000 full time employees; of which 71.6% of nonfatal cases resulted in at least one day away from work and the rest required a median of 13 days of job transfer or restriction (US. Bureau of Labor Statistics, 2024)
- Workers of any type should be equipped with the knowledge and skill to identify disruptive/violent behaviors and use de-escalation strategies to ensure their own safety

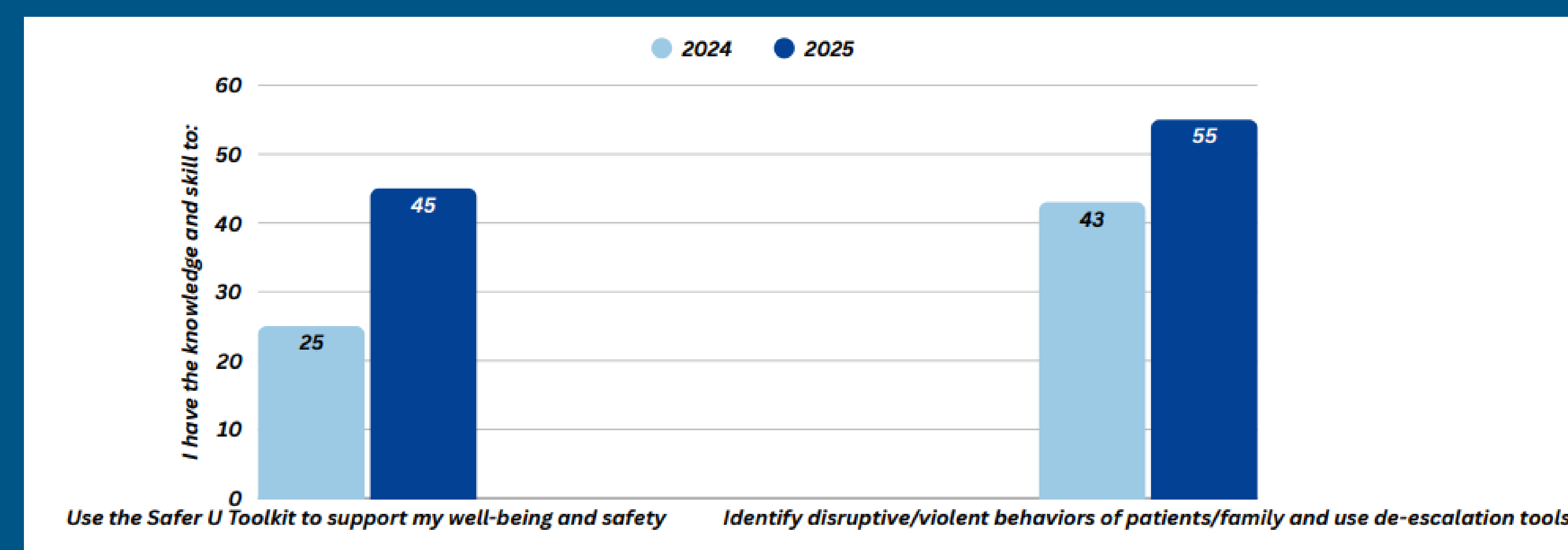
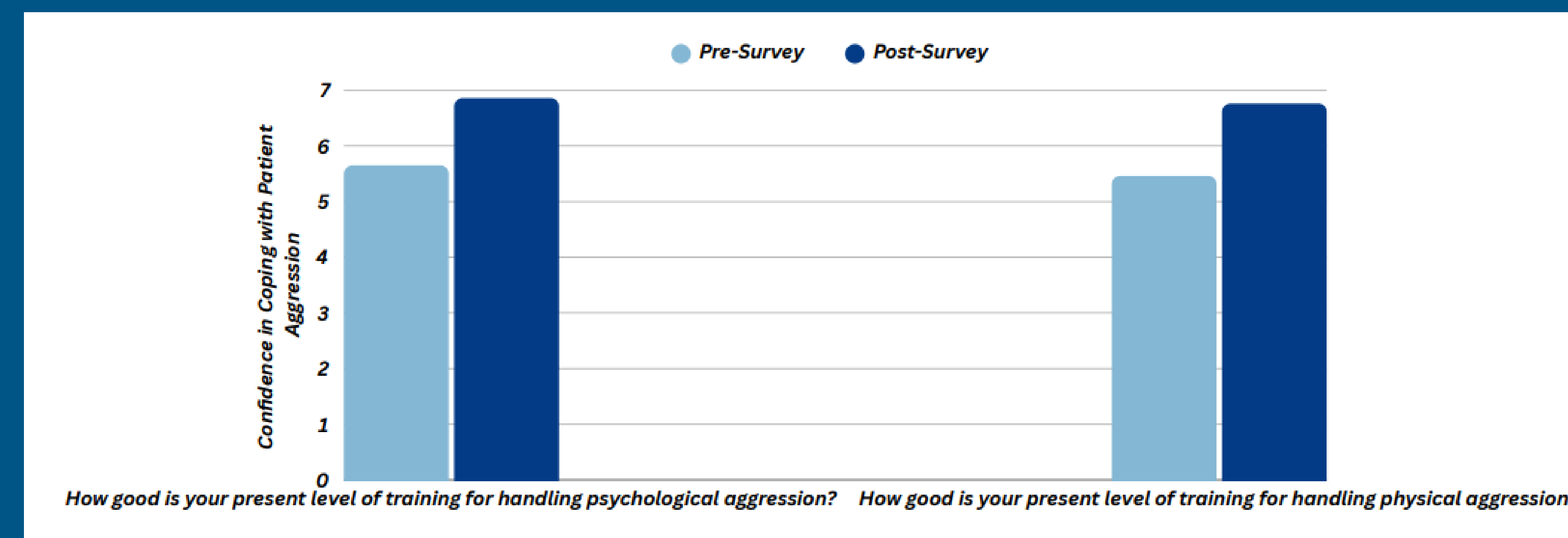
Practice Change and Implementation

- An annual organizational learning needs assessment revealed that only 43% of staff had the knowledge and skills to deal with WPV
- To address the identified gap, adult learning theory and the pathway of change were employed to design a 4-hour class that was implemented over a 3-month period
- The class incorporated a didactic portion on evidence-based de-escalation strategies, following by two interprofessional in-situ simulations
- Scenarios were built around true-life events and conducted with a standardized patient by adhering to the INACSL Healthcare Simulation Standards of Best Practice
- Debriefing was facilitated by trained facilitators after each simulation

Outcome Measures and Results

The Aggressive Behavior Risk Assessment Tool (ABRAT), administered pre-intervention and 6 months post-intervention, was used to assess staff confidence in coping with patient aggression. Post intervention data showed staff confidence in coping had an overall increase of 21.2% across all categories. There was a 22% increase in staff confidence of their present level of training for handling psychological aggression and a 24% increase in staff confidence of their level of training for handling physical aggression.

Compared to 2024, the 2025 staff learning needs assessment indicated a 20-percentage point increase for staff strongly agree they have the knowledge and skill to use the Safer U toolkit with 96% selecting either strongly agree or agree they possess the knowledge and skill to use the Safer U toolkit. In addition, there was a 12-percentage point increase for staff strongly agree they have the knowledge and skill to identify disruptive/violent behaviors of patients/family and use de-escalation tools and 100% of staff indicated they either strongly agree or agree they have the knowledge and skill to identify disruptive/volent behaviors of patient/family and use de-escalation tools



Conclusion and Recommendations

- Organization leaders must provide WPV training to staff members to promote workplace safety and staff welling
- Recommendation was made to adopt and spread the intervention
- Since the initial course, multiple populations throughout the health system have held WPV trainings with in-situ simulation built around area-specific events
- Course was also modified for unit leadership to provide a multi-layered supportive approach to WPV training in the health system

References

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- US. Bureau of Labor Statistics (2024). Injuries, illness, and fatalities. Workplace violence 2021-2022. Retrieved from <https://www.bls.gov/iif/factsheets/workplace-violence-2021-2022.htm#:~:text=There%20were%20524%20fatal%20injuries,83.0%20percent%2C%20of%20the%20total>

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