Building resilience in nursing students: coping with aggression and violence at work

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Aims

• Identify the prevalence and characteristics of workplace aggression and violence experienced by nursing students enrolled in one university’s Bachelor of Nursing program.

• To aid students in the development of coping skills to manage aggression and violence encountered in the workplace through the delivery of focused education strategies.
Methods

• Mixed methods
• Repeated measures quantitative Likert scale and qualitative thematic analysis
• Measuring resilience and positivity
• Sample
  • 2nd (N=97) and 3rd (N=56) year nursing students
• Data collected at baseline, immediately post intervention and post clinical practicum
• Delivery of the Building Resilience to Aggression and Violence Events (BRAVE) pedagogy
## BRAVE Pedagogy

<table>
<thead>
<tr>
<th>Common Factors</th>
<th><strong>Standard Education Session</strong></th>
<th><strong>Cinemeducation</strong></th>
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</thead>
<tbody>
<tr>
<td>Designed to increase resilience and positivity</td>
<td><strong>Influenced by positive psychology and resilience training</strong></td>
<td>Supported with movie clips from modern movies</td>
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<td><strong>Implemented in a core mental health unit</strong></td>
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<td><strong>One 2hr session</strong></td>
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<td>One 2hr session</td>
<td><strong>Three 15 minute support sessions</strong></td>
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</tbody>
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### Differences

- **Didactic plain slides**
- Supported with movie clips from modern movies
Demographics

2nd Years

3rd Years
Physical abuse of nursing students

Qualitative responses of physical abuse from nursing students

‘changing patients clothing, aggression occurred and punches went flying past my head. This has happened numerous times’

‘First one - Scratch on my face, Second - twisted my right wrist’

‘I suffered soft tissue damage to c1-c7, right shoulder injury - torn, lower back strain. Mental stress’

‘During routine care in aged care facility, elderly residents who appeared confused would slap, punch and scratch’
Coping with physical abuse

• Coping strategies employed
  • Talking with:
    • Clinical educator
    • Preceptor
    • Fellow students
    • Patient

• Counselling
• Debriefing from facility
• Learned to stay further away
• Blocked out negative thoughts
Non-Physical abuse of nursing students

Qualitative responses of non-physical abuse from nursing students

‘Intimidation and sexual innuendo’

‘Swearing, belittling, made to feel incompetent’

‘Abusive language, yelling’

‘I was verbally abused. The patient was shouting at me with some racial comments’

‘I was told 'why the f*** would you do that' by a clinical educator’
Coping with non-physical abuse

- Coping strategies employed
- Talking
- Debriefing from facility
- I was well protected by the staff
- Did not take it personally
- These things happen...no way of preventing them
- Nil...
Perpetrators of abuse

Perpetrator of physical abuse
- 2nd year nursing students

Perpetrator of non-physical abuse
- 2nd year nursing students

Perpetrator of physical abuse
- 3rd year nursing students

Perpetrator of non-physical abuse
- 3rd year nursing students
Resiliency

Within group differences

- All students had moderate resilience at all time points - significantly higher than the minimum resilience level (one sample t-test)
- Second year nursing students had statistically significant increase in resilience from Baseline to Post clinical practicum ($p = .043$) ($n=26$)

Between group differences

- There was no statistically significant interaction between the education and time on students’ resilience scores $F(2,13) = 2.655$, $p=.84$, partial $n^2 = .129$. 
Positivity

Positivity measured using I-PANAS-SF in relation to aggressive and violent scenarios

Within group differences

• There was a statistically significant increase ($p = .046$) from baseline to post-clinical practicum in students’ negativity when reflecting on the last aggressive incident they were involved in

Between group differences

• No statistically significant difference at a Bonferroni adjusted alpha level of .017. This was substantiated in the results of independent t-tests of the original responses to the I-PANAS-SF
What does this mean for education?

• The quantitative data provided no between group differences

• The qualitative data:
  • Cinemeducation group provided more positive comments than the standard education group
  • Standard education group suggested the inclusion of media and role play would have enhanced the session
Conclusion

• Aggression and violence prevalent amongst nursing students
• Education can provide nursing students the tools to better cope with aggression and violence
• Cinemeducation appears to be an effective pedagogy for aggression and violence education
• Education influenced by positive psychology and resilience training can increase resilience in the students
• Aggression and violence education needs to be integrated into the undergraduate nursing curriculum in order to increase student safety

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