

PASS: PREVENT AGGRESSION AND SUPPORT SAFETY IN WORK AND LIFE

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Overview

- Our Research Team
- Prior Studies
- New Study Background, Rationale, and Method
- Innovation and Significance
- Hospital Evidence-Based Practice
 - Focus on supervisor skill building
 - Prevent patient to staff aggression, staff to staff conflict
 - Prevent work-life stress

PASS Research Team

- Nanette Yragui, PhD
 - SHARP Research, WA Dept. Labor & Industries
- Liu-Qin Yang, PhD
 - Portland State University
- Leslie Hammer, PhD, Ryan Olson, PhD
 - Oregon Health & Science University
- Susan McCurry, PhD
 - University of Washington

Research Team Preliminary Studies

Dr. Nanette Yragui, Principal Investigator

- Developed supervisor training in hospitals
- Research found positive effects of supervisor support
 - Reduced patient aggression and coworker conflict
 - Also reduced burnout, stress-related somatic symptoms, turnover

Yragui, N. L., Demsky, C. A., Hammer, L. B., Neradilek, M. B., & Van Dyck, S. (2016). Linking Workplace Aggression to Employee Work and Well-being: The Moderating Role of Family-Supportive Supervisory Behaviors (FSSB). *Journal of Business and Psychology*.

Research Team Preliminary Studies

Measure development – Aggression and Conflict prevention

Dr. Liu-Qin Yang, PI

- Focus on preventing patient to staff and staff to staff conflict in hospitals
- Higher supervisor support led to fewer conflicts within teams

Yang, L. Q., Caughlin, D. E., & Garcia, A. (2016). Aggression-preventive supervisor behavior: Implications for workplace climate and employee outcomes. *Journal of Occupational Health Psychology*.

Research Team Preliminary Studies

Dr. Leslie Hammer, PI

- Work, Family, & Health Network intervention studies
- Family-supportive supervisor behavior training reduced work-family stress to improve health of workers and families
- Established the training was effective – reduced stress, improved sleep

Hammer, L. B., et al., (2015). Intervention effects on safety compliance and organizational citizenship behaviors: Evidence from the Work, Family, and Health Study. *Journal of Applied Psychology*.

Research Team Preliminary Studies

Dr. Ryan Olson, PI

- COMPASS - Social support intervention with behavioral self-monitoring (BSM) in home care workers
- Demonstrated improved worker health and safety outcomes

Dr. Susan McCurry, PI

- RCT study - behavioral and physical activity interventions improved sleep and reduced pain in older adults

Olson, R., et al., (2015). The COMPASS pilot study: A Total Worker Health™ intervention for home care workers. *Journal of Environmental Medicine*

McCurry, S.M., et al., (2011). Frequency of co-morbid insomnia, pain, and depression in older adults with osteoarthritis: Predictors of enrollment in a randomized treatment trial. *Journal of Psychosomatic Research*

New Study Rationale

- Strong need for evidence-based interventions to address workplace violence and care provider conflict prevention¹
- PASS research examines a specific resource for prevention
 - Supervisor skill building for team coaching
 - Topics – patient conflict, coworker conflict, work nonwork stress
- We offer a research partnership to a hospital system that will benefit employees and the organization

¹ Phillips, 2016

Hospital Opportunity

- Assess employee retention, engagement, safety and well-being resulting from our customized initiative.
 - Examine link to patient safety.
 - Return on Investment analysis.
 - Managerial tools to assist supervisors with managing their teams for aggression prevention and work-nonwork effectiveness.
 - Organizational diagnosis of current employee issues.
 - Technical reports detailing workforce demographics and link to aggression incidence and reduction over time
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Workplace Aggression - Definition

TYPE

Physical

Psychological

Vicarious -Observed

SOURCE

Supervisor
Coworker
Client

Organizational
Supervisor
Coworker
Client

Organizational
Supervisor
Coworker
Client

Key Stressors in Healthcare

Workplace Aggression Stress

- 87.7% of nurses and nursing assistants were exposed to physical aggression from patients¹
- 37.4% of nurses were exposed to nonphysical aggression or interpersonal conflict from healthcare staff¹

Work-Nonwork Stress

- Management practices influence work environment stress related to lack of social support, and pervasive work–nonwork conflict²

¹Spector, Zhou & Che, 2014

²Goh, Pfeffer & Zenios, 2015

The Problem of Work Stress Is Significant

Healthcare organizations and their employees are uniquely challenged.

- Complex and changing work environment
- Full-time jobs – 12 hour shift
- Little social support^{1,2}
- High exposure to patient aggression and coworker conflict^{2,3}
- High exposure to work-nonwork stress[□]

All these may contribute to poor health and safety outcomes.

¹ Yragui, Silverstein, Foley, Smith & Spann, 2009

² Yragui, Demsky, Hammer, Van Dyck, & Neradilek, 2016

³ Yang, Spector, Chang, Gallant-Roman & Powell, 2012

□ Leineweber, Westerlund, Chungkham, Lindqvist, Runesdotter, & Tishelman, 2014

Important Health Effects – Burnout

Burnout is characterized by exhaustion and cynicism:

- Exhaustion - emotionally, physically, and cognitively exhausted by work
- Cynicism – emotional hardening, compassion fatigue, indifference
- Burnout linked to depressive cognition¹
- Chronic work stress is associated with burnout²
- Workplace patient aggression and coworker conflict linked to burnout³

¹Bianchi & Schonfield, 2015

²Bedi et al., 2013

³Yragui et al., 2016

Important Health Effects – Sleep

Sleep deficiency:

- Sleep impairment and burnout may contribute to workplace aggression and conflict and work-nonwork stress
- Poor sleep linked to supervisor conflict - Increases turnover¹
- Increases the risk of adverse events, patient safety²
- Increases risks to patient and care provider injury³

¹Holm et al., 2015

²Lockley et al., 2007 Intern's attentional failures reduced when sleep increased

³Zhang et al., 2014

Patient Physical Aggression

Has been linked to:

- Injury^{1,2}
- Burnout^{1,2}
- High levels of job stress³
- Job dissatisfaction^{1,4}
- Turnover intentions^{1,4}

¹ Yragui et al., 2016

² Speroni et al., 2014 Guidroz, Wang & Perez, 2012;

³ Fagin et al., 1996; Lasalvia et al., 2009

□ Merez, Drabek, & Mościcka, 2009; Lasalvia et al., 2009

Coworker Interpersonal Conflict

Has been linked to:

- Burnout, depressive symptoms, stress physical symptoms^{1,2}
- Impaired well-being and sleep^{1,2,3}
- Job dissatisfaction^{1,□}
- Turnover intentions^{1,5}

¹ Yragui et al. 2016

² Hansen, 2006; Guidroz, Wang & Perez, 2012

³ Bowling & Beehr, 2006; Holm et al., 2015

□ Rosenstein & O'Daniel, 2008

⁵ Guidroz, Wang & Perez, 2012

Coworker Conflict Linked to Patient Violence

- Patient physical aggression and coworker conflict are strong stressors for care providers¹
- Coworker conflict is a risk factor for patient physical violence in healthcare²
- Employees with an incidence of coworker conflict were **7.17 times** more likely to experience patient physical violence²

¹ Spector, Zhou & Che, 2014

² Lanza, Zeiss, & Rierdan, 2006

Work-Nonwork Stress

- Employees must manage two domains – work and nonwork
- Also referred to as work-nonwork conflict, a type of conflict where work and family or nonwork roles are incompatible¹
- Meta-analysis research identifies the difficulties in combining work and nonwork as a top stressor impacting workers' lives today²
- Pressure on women and men to have it all . . . and do it all well

¹ Greenhaus & Beutell, 1985

² Goh, Pfeffer & Zenios, 2015

PASS Intervention Overview

Supervisor team coaching for **prevention** training topics:

- 1) Patient aggression/violence
- 2) Coworker conflict
- 3) Work-nonwork stress

Integrates four proven training strategies:

- 1) Interactive e-learning training session on computer for content knowledge (1 hr)
- 2) Facilitated meeting to discuss relevant issues and choose behaviors (1 hr)
- 3) Behavioral self-monitoring to support training transfer - 5 min per day – 7 days
- 4) Supervisor peer-to-peer learning sessions for continuous learning and transfer (6 hrs)

Yragui, N. L., & Hammer, L. B. (2014). *PASS: Prevent Aggression and Support Safety in work and life*. Supervisor Training Intervention. SHARP Research, Olympia, Washington.

Behavior Change - Self-Monitoring Activity

- Self-Monitoring is a way to:
 - Choose your own behavior change goals
 - Record your progress over time
 - Get feedback on your progress
 - Instill in yourself the behaviors as habits
- Choose specific behaviors - Set goals
- Track behaviors for 4 weeks
 - Weekly feedback & coaching

Supervisor Daily Self-Monitoring Card

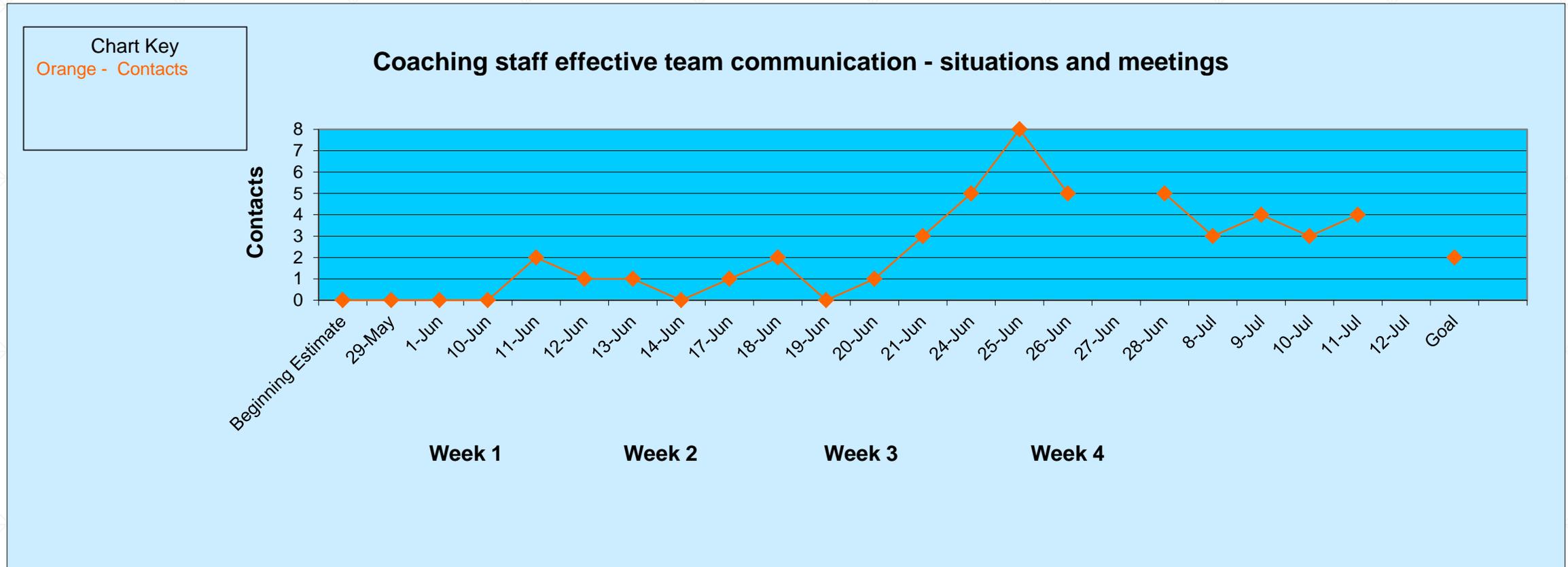
Day___ Date___ Name_____

Unit_____ Shift_____ #Patients _____ #Staff_____

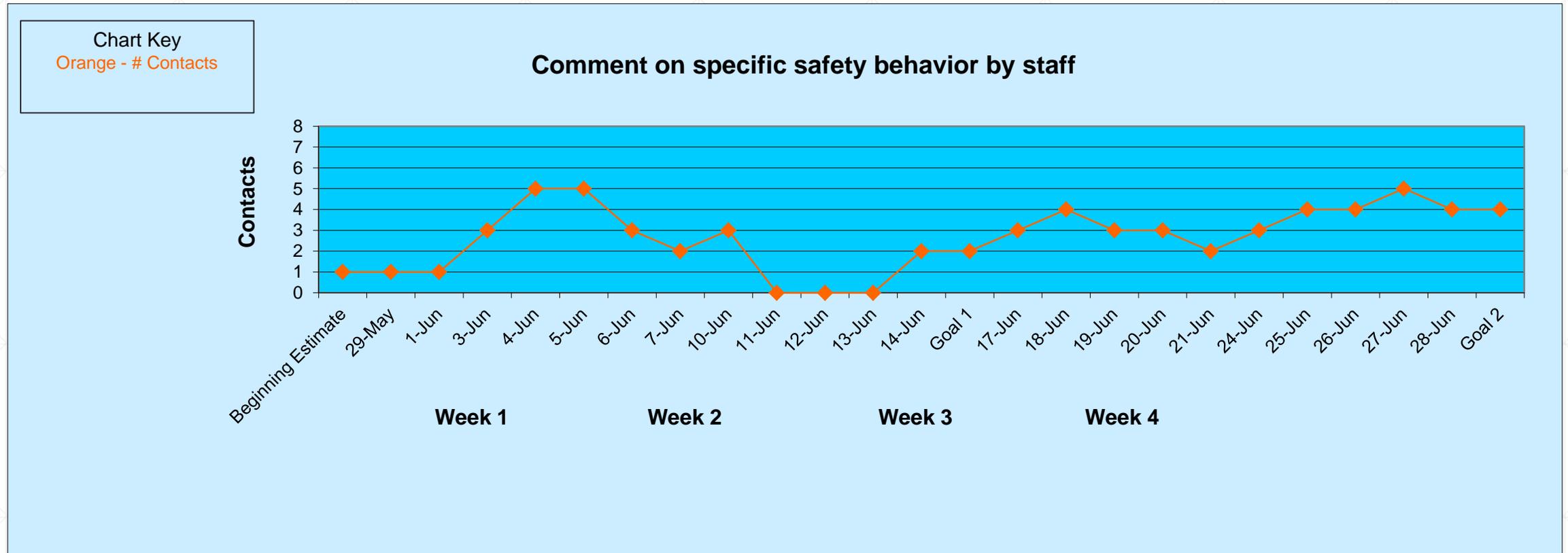
Coached staff on a team patient safety behavior
 Introduced a pulled staff to my regular staff
 Role model professional, respectful behavior for staff
 Asked if a staff needed help to switch schedules

Record to tally each time you used a behavior on your card.
 Example: IIII IIII II

Behavior Feedback



Behavior Feedback



PASS Project Goal: Test the Intervention Effectiveness

Guided by findings from our prior pilot studies, measure validation work, and intervention studies

- **Year 1:** Develop a supervisor-targeted intervention and test via a group-randomized field experiment, RCT - gold standard of research
- **Year 2:** Deliver Supervisor training to:
 - Reduce workplace patient aggression, coworker conflict, and work-nonwork conflict, improve employee and organizational well-being
- **Years 2-4:** Collect self-monitoring, survey, sleep data, analyze data for results

Overall SHARP PASS Project Deliverables

1. Identify critical supervisor coaching behaviors*
Design a training that meets the needs of hospitals;
2. Provide supervisors with skills and tools. Test the effectiveness of the supervisor training -- increase coaching skills for team safety behaviors;
3. Write up results in reports and make training available to hospitals.
4. Provide a Return on Investment (ROI) analysis report for study partner hospitals

*Supervisor specific behaviors to work with teams to prevent patient aggression, coworker conflict and work-nonwork conflict.

Study Design Overview

- 1 pilot site hospital for the training development in year 1
- 4 acute care hospitals – within one healthcare system preferred
- Supervisors/units randomly assigned
- Survey assessment at baseline, 6, 12 mo. post-intervention (3x)
- Sleep actigraphy - subsample for 7 workdays at two time points

Strength and Significance

1. Addresses simultaneously three serious workplace stressors

- Few existing tested work stress interventions exist on these stressors
- Care providers often encounter patient aggression, coworker conflict and work-nonwork conflict that jointly contribute to stress and safety and health problems that impact care providers as well as patients

¹Yragui, N. L., Demsky, C. A., Hammer, L. B., Neradilek, M. B., & Van Dyck, S. (2016). Linking Workplace Aggression to Employee Work and Well-being: The Moderating Role of Family-Supportive Supervisory Behaviors (FSSB). *Journal of Business and Psychology*.

Strength and Significance

2. Burnout and Sleep Impairment

- Objective and subjective measures (survey self-report, actigraphy)
- Link to workplace aggression, conflict, and work-nonwork conflict
- Link to medical error and patient safety, worker safety and injury
- Builds on prior research linking supervisor support to improved care provider safety, health, sleep, and work outcomes^{1 2 3} □

¹ Yragui et al., 2016

² Yang et al., 2016

³ Hammer et al., 2015

□ Olson et al., 2015

Why Provide Supervisor Team Coaching to Employees?

- Reduce work stress and burnout
- Improve engagement, job satisfaction and retention
- Improve organizational commitment and safety behaviors
- Improve physical & psychological well-being and sleep
- More consistent, well coordinated team safety performance
- Cost effective – reduce health claims, wc claims, medical error
- **Improve Patient Safety and Care Provider Safety**

PASS: Prevent Aggression and Support Safety in work and life

Our hospital study partnership will result in:

An evidence-based managerial
practice that will impact teams
and improve care provider and patient
safety, health, and well-being

Questions and Discussion

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