## **Oral Defense Announcement**

University of Missouri – St. Louis Graduate School

An oral examination in defense of the dissertation for the degree Doctor of Nursing Practice with an emphasis in Psychiatric Mental Health Nurse Practitioner

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## Reducing Restraint Use and Workplace Violence with the Broset Violence Checklist

Date: October 11, 2024 Time: 10:00 a.m. Place: Remote

## Abstract

*Problem:* Workplace violence is a growing problem in healthcare. Psychiatric mental health nurses are particularly at risk due to the acuity of patients they care for. Aggression can be attributed to various psychiatric disorders. When aggressive behavior cannot be resolved verbally, physical methods such as restraints may be utilized. Restraint use can result in unwanted consequences for both the patient and the nurse. Predicting risk of violence can be useful at reducing violence and restraint use through early risk identification.

*Methods:* The Broset Violence Checklist (BVC) was implemented as a way to predict aggression risk in an in-patient psychiatric unit within a mid-western hospital. This study utilized a pre and post intervention approach to data collection and was guided by the Plan-Do-Study-Act framework. A pre and post intervention medical record review was conducted to gather the rates of restraint use and workplace violence.

*Results:* During the pre-intervention period there was a total of 41 restraint events with a restraint rate of 2.7%. During the intervention period there was a total of 34 restraint events with a restraint rate of 2.0%. The rate of workplace violence increased slightly during the intervention period from 2.38% to 3.63%. Non-parametric statistical testing looked for a relationship between patient risk level for violence at the time of restraint and their risk the following shift. No significant relationship was found among these variables (p=1.00).

*Implications for Practice:* Findings support that formal aggression screening tools may be effective in reducing restraint use among in-patient psychiatric patients. Prior to this project there was no protocol for predicting aggression in patients. When successfully implemented aggression screening tools, such as the BVC, may reduce the need for physical restraints by creating awareness among staff.

## **Defense of Dissertation Committee**

Chairperson, Brittania Phillips DNP, APRN, PHMNP-BC Committee Faculty Member, Candace-Rae Davis DNP, APRN, ACCNS-P, CPNP-PC/AC Committee Faculty Member, Amanda Miller MSN, RN