

COMPARING INTENSIVE CARE UNIT AND EMERGENCY DEPARTMENT NURSES AT  
RISK FOR WORKPLACE VIOLENCE ON THEIR PERCEPTION OF SAFETY

A RESEARCH GRANT PROPOSAL

Presented to the faculty of the School of Nursing  
California State University, San Marcos

Submitted in partial satisfaction of  
the requirements for the degree of

MASTER OF SCIENCE

in

Nursing

Family Nurse Practitioner

by

Michael Amadeo

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PROJECT SIGNATURE PAGE

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Abstract

of

COMPARING INTENSIVE CARE UNIT AND EMERGENCY DEPARTMENT NURSES AT  
RISK FOR WORKPLACE VIOLENCE ON THEIR PERCEPTION OF SAFETY

by

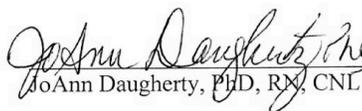
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*Statement of Problem*

While the risk of workplace violence exists for healthcare workers in emergency departments and has been described, little is known about the perception of WPV among intensive care unit nurses. Furthermore, the incidence of workplace violence among ICU nurses has not been explored.

*Sources of Data*

The research described in this grant proposal is part of a project to determine nurses' perception of safety from workplace violence. The sample subjects are registered nurses who work in either the intensive care unit or the emergency department at an urban Level II trauma center. The survey tool was developed by the Occupational Health and Safety Council of Ontario (OSHCO), it will be utilized to determine the unit employees' perception of safety. Other sources of data will be collected via a basic demographic sheet.

 Committee Chair  
JoAnn Daugherty, PhD, RN, CNL

4/11/14  
Date

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## TABLE OF CONTENTS

<b>ACKNOWLEDGEMENTS</b> .....	vi
<b>LIST OF TABLES</b> .....	viii
<b>ABSTRACT</b> .....	1
<b>CHAPTER 1: INTRODUCTION</b> .....	2
Background.....	2
Significance to Nursing.....	2
Specific Aims.....	4
Problem Statement.....	4
Purpose of the Research.....	4
<b>CHAPTER 2: METHODOLOGY</b> .....	5
Research Question.....	5
Alternative Hypothesis.....	5
Identification of setting.....	5
Research Design.....	6
Population and Sample.....	6
Variables.....	6
Measurement Methods.....	7
Data Collection Process.....	10
Data Analysis.....	10
Limitations of the Study.....	12
<b>CHAPTER 3: BUDGET ANALYSIS</b> .....	13
Summary .....	12
References.....	14
Appendix A. (Workplace Violence Survey).....	19
Appendix B. (Demographic Sheet).....	23
Appendix C. (IRB Application).....	24
Appendix D. (Biosketch).....	25

**LIST OF TABLES**

Table 1 (Timetable) .....	28
Table 2 (Line Item Budget) .....	29
Table 3 (Potential Sources of Funding Reviewed) .....	30

**Abstract**

The concept of Workplace Violence (WPV) is relatively old, and spans across a multitude of disciplines. With the recent study on Emergency Department Violence by Gacki-Smith et al. (2010), new information has highlighted its effect on nursing. While studies regarding the impact of WPV in nursing are limited to date, there is evidence that employing an awareness of types of violence in nursing to the intensive care unit settings provides a number of safety advantages. These advantages include increased employee satisfaction, and increased patient safety. According to Kansagra (2008), “the efficacy of violence prevention education in reducing the actual number of events is an area that clearly deserves further study” (p. 1273).

This study was designed to compare two hospital units that are at risk, the intensive care unit (ICU) and the emergency department (ED) for violence with the unit employees’ perception of safety. The Occupational Health and Safety Council of Ontario's (OSHCO) WPV Survey will be utilized to determine the unit employees’ perception of safety. Workers who did not express a perception of safety at their unit are hypothesized to have experienced a higher incidence of violence. WPV can have a profound effect on the employee and should be regarded as a potential patient safety hazard.

## **Introduction**

### **Background**

On September 11, 2001 a shockwave of vulnerability struck at the core of every American's soul. 9/11 was a day in history that changed the perception of every American's idea of being safe at work. "Prior to this date, the perception of being subject to workplace violence was thought to only occur with significant others or disgruntled employees" (Rugala & Isaacs, 2003, p. 23). The widespread media coverage that has become so rampant in our world means that the number of witnesses will expand to include those not even present for the attacks.

The National Institute for Occupational Safety and Health (NIOSH) is an organization that creates standards for workplace safety. According to NIOSH (1996), "on average 20-work related homicides and 18,000 assaults occur while at work each week" (Foreword section, para. 3). WPV can impose significant economic consequences to an organization. In a lecture given by Flesher (2008), an Assistant Regional Administrator for OSHA, the economic impact of WPV "Cost 500,000 employees 1,175,100 lost work days each year" (p. 8). Morbidity and mortality may be the extremes, but the apprehension an employee feels can hinder employee morale and ultimately the productivity, therefore increasing company cost indirectly.

### **Significance to Nursing**

According to the Bureau of Labor Statistics (BLS), "from 2006 to 2010, an average of 551 workers per year were killed as a result of work-related homicides. A total of 77 of those were multiple-fatality homicide in the workplace. Shootings accounted for 78 percent of all workplace homicides in 2010" (BLS, 2013, n.p.). The

Bureau of Labor and Statistics suggests that healthcare professionals are more likely to be assaulted on the job than any other workers. According to the OSHA fact sheet (2002):

Over 2 million American workers are victims of WPV each year. WPV can strike anywhere, and no one is immune. Some workers, however, are at increased risk. Among them are workers who exchange money with the public; deliver passengers, goods, or services; or work alone or in small groups, during late night or early morning hours, in high-crime areas, or in community settings and homes where they have extensive contact with the public. This group includes health-care and social service workers (p. 1).

Nurses are witness to numerous acts of violence and at times may have a diminished perception of safety. In 2004, the Occupational Safety and Health Administration (OSHA) developed guidelines that ensure physical safety in the hospital that can help guard against violence committed by outside perpetrators. Other areas of focus for OSHA included but were not limited to developing training programs, with specific aims at increasing staff awareness and protection. California has state legislation chaptered in 1993 in effect that requires healthcare organizations address WPV and develop detailed plans for WPV prevention, this includes yearly education for staff, “to conduct a security and safety assessment and to develop a security plan” for the rest of the hospital (California Assembly Bill 508). According to data provided by the United States Department of Justice (2011), the average annual rate of WPV for medical personnel (39.4 violent crimes per 1,000 employed persons age 16 or older) is approximately 8 times the total rate of WPV per 1,000 employed persons age 16 or older (p. 4). Ironically, the people with the mission to care and cure are at the highest risk for

injury from WPV. Even though Assembly Bill 508 is set forth to protect ED nurses, it does not hold the hospital to the same standard for nurses assigned to work in other areas of the hospital, including the ICU.

Unfortunately, no systematic attempt has been made to compare the ICU and ED nurses at risk for violence with their perceptions of safety. Workplace safety is important to employees' satisfaction with their jobs and with their work productivity (Barling, Kelloway, & Iverson, 2003, p. 279). Surprisingly, there is not a great deal of research published about workers perception of safety and incidence of violence to these workers. While there has been some study of emergency room nurses, no study has compared WPV among emergency department nurses to WPV among intensive care unit nurses. This study compares ICU and ED nurses at risk for violence with their perception of safety by utilizing the Occupation of Health and Safety Council of Ontario (OHSCO) WPV Survey.

### **Specific Aim**

#### **Problem Statement**

While the risk of WPV exists for healthcare workers in emergency departments has been described, little is known about the perception of WPV among intensive care unit nurses. Furthermore, the incidence of WPV among ICU nurses has not been explored.

#### **Purpose of the Research**

Conventionally, workplace safety was attributed to exposure to dangerous substances or surroundings in the workplace. According to Taylor et al. (2012) "Safety climate was associated with both patient and nurse injuries, suggesting that patient and

nurse safety may actually be linked outcomes. The findings also indicate that increased unit turnover should be considered a risk factor for nurse and patient injuries” (p. 109). Violent acts committed by other human beings are noted to be at the top of the list for threats to nurse safety. Over the last 25 years, threats to workplace safety have been noted to come predominantly from acts of violence.

A scarcity of current research involving intensive care unit nurses and WPV was noted; furthermore, what little research was found contained numerous disparities. The purpose of this study is to compare intensive care unit and emergency department nurses’ perception of safety and the occurrence of WPV.

## **Methodology**

### **Research Question**

The purpose of this study is to compare ICU and ED nurses’ perception of safety.

The research questions are:

- 1.) What is the incidence of WPV amongst nurses in the intensive care unit and emergency department employed at a Level II trauma center in an urban area?
- 2.) Will intensive care unit nurses and emergency department nurses perceive WPV differently?

### **Alternative Hypothesis**

There will be no difference in the perception of safety between intensive care unit nurses and emergency department nurses.

### **Identification of Setting**

The study will take place in an urban Level II trauma center with over 2,000 employees located in Southern California. Today, the hospital provides care for more

than 130,000 patients each year, and is equipped with 382 licensed inpatient beds. The ICU service includes 9 general ICU inpatient beds, 12 Surgical Intensive Care Unit inpatient beds, 6 Medical Intensive Care Unit inpatient beds for patients requiring more long-term nursing care, and 12 Cardiac Care Unit inpatient beds for open heart surgery patients.

The Emergency Department (ED) has a total of 20 monitored beds. In addition, patients may be evaluated by a consulting trauma surgeon at the request of the attending Emergency Department physician in either of the two trauma resuscitation beds located in a separate area of the Emergency Department.

### **Research Design**

This is a descriptive, quantitative cross sectional study using a self-administered survey tool developed by the OHSCO.

### **Population and Sample**

The sample subjects are registered nurses who work in either the intensive care unit or the emergency department at an urban Level II trauma center in Southern California. The inclusion criteria for this study are all registered nurses of any age, race or gender who work in an emergency department or intensive care unit. The nurses work either full-time, part-time, per-diem or casual relief. Those eligible that have six months experience as a registered nurse are qualified for the study. Exclusion criteria were all other staff employed at the hospital and including staff physicians, visitors, and patient family members. Personal communication with the content expert for this study revealed the importance of surveying individuals with at least six months of experience to allow for the nurses to formulate their own opinion and to be off of orientation.

**variables.** The variables examined in this study are:

1. ICU Nurse: An intensive care unit nurse is a licensed professional nurse who is responsible for ensuring that acutely and critically ill patients and their families receive optimal care in the ICU setting. (AACN, 2013).
2. ED Nurse: a licensed nurse who uses the nursing process to treat people of all ages requiring stabilization and/or resuscitation for a variety of illnesses and injuries (ENA, 1999).
3. Perception of safety (operational): environmental safety measures which are measured by question 1-3 on the OHSCO WPV Survey. “Do you feel safe at work?” (Appendix A).
4. WPV: any physical assault, threatening behavior, or verbal abuse occurring in the work setting (OSHA, 2002).
5. Independent Variables: Age, Sex, Years in nursing, and Years on unit, Level of Degree, and Unit.

**measurement methods.** There is no standard tool is available on to evaluate the presence of WPV, therefore a self-report survey instrument created by the Occupational Health and Safety Council of Ontario (OHSCO) for this study (Appendix A) was utilized. Validity and reliability test results are not available for the instrument. For content validity purposes of this study, the instrument will be evaluated by two MSN prepared nurses with expertise in ICU and two MSN prepared nurses with expertise in ED nursing.

The survey instrument contains a total of 25 items. There is a calculated total score (range, 25–50). WPV score was classified arbitrarily as no violence (45-50), mild (35-44), moderate (30-34) and severe violence (25-29) respectively. The survey

instrument is in the form of a series of yes or no questions and a section for comments. Points may be given as follows to yes answers two (2) point and no answers one (1) points. Questions 4, 5, 6, and 7 are reverse coded and for those items yes answers one (1) points and no answers two (2) point will be given to maintain consistency in the scoring method.

Although the scoring range can vary a few points depending on the nurses' experience with violence, the total possible score is 50 points. The higher the score, the lower the chances of experiencing WPV and the better equipped the unit is to deal with the situation if WPV should occur.

This survey will be used to ask nurses about their perception of their safety in the workplace. Questions 1 (Appendix A, Workplace Violence Survey) ask respondents whether they feel safe at work. Questions 2 & 3 ask respondents "yes or no" questions about the physical environment of their workplace. If the respondent answers No to any of the previous questions, they will be asked to indicate whether certain areas require improvement.

Questions 4-8 of the survey instrument (Appendix A, Workplace Violence Survey) inquire about incidents of WPV. Five questions asking nurses about their experiences with workplace violence. Included in this section is a question pertaining to the nurses opinion, and asks what steps could be taken to make your workplace safer? If the nurse answers yes to question 4-7 of the survey instrument then there will be a series of 4 questions that will not be scored regarding:

- Where did the threat occur?
- Did you report the threat?

- How did you report the threat? (Orally or in Writing)
- Who threatened you? (Patient, Spouse/ Ex-Spouse, Visitor, Manager/ Supervisor, Co-Worker, or Other)

The information that will be obtained in this section will be utilized to determine if there are areas of interest that need to be trended in future studies. Such as, to determine the reasons why nurses report or do not report these violent events.

Questions 9-10 of the survey instrument (Appendix A, Workplace Violence Survey) inquire about policy and program. Depending on how respondents answer question 9 and 10 will determine if they have further questions to answer. Included in this section is a free text area nurses may insert questions about procedures in the workplace that they consider critical, such as how to call for help, how to de-escalate a situation, how information about a client's behaviour is communicated to workers, etc.

Questions 12-18 of the survey instrument (Appendix A, Workplace Violence Survey) inquire about workplace incident reporting and follow-up. Included in this section the respondent is asked have they ever not reported a physical/verbal assault?

Questions 19-24 of the survey instrument (Appendix A, Workplace Violence Survey) asks about training in the workplace. Respondents may also free text questions regarding how to call for help, how to de-escalate a situation, how information about a client's behaviour is communicated to workers, etc.

The tool will be assessed for clarity, relevancy, and comprehensiveness. After content validity is assessed the tool will be pilot tested on a sample of 5 nurses for reliability. In keeping with California State University at San Marcos Institutional Review Board (IRB) requirements for the study information sheets and consent forms

will be provided to all participants. Questions 1-7 of the survey instrument (Appendix B) provide the demographic characteristics of the respondents.

**data collection process.** The survey instrument will be distributed to the emergency department and intensive care unit nurses by the principal investigator via email as an invitation to take part in an electronic survey. For participants who do not wish to answer via electronic survey, they will be given the option of filling out a paper version of the study and returning it to the principal investigator via mail. A self-addressed envelope with prepaid postage will be provided.

The principal investigator will contact nurses from the emergency department and intensive care unit via e-mail to encourage participation in the study. Follow up emails will be initiated to nurse managers and charge nurses to enlist voluntary participation amongst their workforce. Participants will be given the option to complete the demographic sheet and survey at their own convenience. The completed surveys will be kept in a locked file cabinet at California State University San Marcos School of Nursing office and will be destroyed with a paper shredder 36 months after completion of the survey.

**data analysis.** Responses to the survey will be analyzed using descriptive statistics and chi squared statistics. Pearson's chi-square analysis will be used to test the differences in exposure to WPV according to respondents' characteristics. Odds ratios will be used to assess potential associations between exposures to WPV (yes/no) and respondents' characteristics including gender, age, Full-Time, Part-Time, Per-Diem status, years in nursing, years on unit, degree and hospital department.

Descriptive statistics will include frequencies percentages, means and standard deviations for the respondents' characteristics including age, years in nursing, and years on unit. In regard to work characteristics, gender, age, Full-Time, Part-Time, Per-Diem status, hospital unit worked, and degree will be reported as percentages. Descriptive statistics also will be used to show how most nurses feel their respective departments physical environment affects their safety. Relationships between the respondent's answers to the physical environment questions and their answers to the nurses' perceptions of safety questions will be evaluated for statistical significance. The study will determine the type and amount of physical environmental safety factors and the effect on nurses' perceptions of safety.

In order to calculate a sample size sufficient to detect perception of safety amongst nurses the following parameters for Chi-square goodness of fit were utilized. This study will use  $\alpha = 0.05$  with a 95% confidence interval to determine statistical significance. The null hypothesis for this study is there is no difference between intensive care unit and emergency department nurses in their perception of WPV. A power analysis was performed to determine the extent to which the proposed sample size would be adequate to detect the hypothesized effects. The estimated total sample size is 150 ICU nurses and approximately 75 ED nurses. It is expected that an overall sampling of approximately 175 nurses will provide sufficient power ( $1-b > .88$ ) for detecting the effects of interest. An effect size of 0.25 with allowance of an 18% loss factor will be utilized to account for nonresponse.

**Limitation of Study Design**

The instrument used in this study lacks reliability and validity testing; therefore, bias can be formed criticizing results of the testing. In order to ensure maximum benefit from the survey certain words will be changed. When a participant refers to Client/ Customer the survey will be changed to Patient. Partner/ Ex-Partner will be changed to Significant Other; Member of the Public will be changed to Visitor. All other selections will be left unchanged. The Canadian origin of the research tool adds a possible limitation to the study for US nurses. It is necessary to consider the possible limitations of using an existing WPV survey tool within different ethnic groups; however, according to Waugh (2011), “Canadians and Americans are more similar than most people assume” (Canadians And Americans Are More Similar Than Assumed section, para. 2).

**Summary**

This study will compare ICU and ED nurses’ perception of safety and identify the incidence of WPV on the ICU and ED. Are the nurses of ICU and ED perceiving WPV in the differently? This study is designed to address this identified gap in the research; it is expected to take approximately two years to complete (Table 1). Even though WPV has been extensively researched, and its relationship with WPV prevention programs well documented, no attempt has been made to compare the difference in perceptions of safety between ICU and ED nurses.

### **Budget Analysis**

The WPV in nursing grant proposal will require a projected budget of \$6,057.00 (Table 2). This funding will be distributed between fees for data analysis, consultant fees, travel (mileage), equipment, supplies, and software, which will be included in direct and indirect operating expenditures. In addition the projected budget will incorporate recruitment, collection of data, daily management of study, data entry, and reporting the study's findings.

Staff salaries will include a per-diem research assistant and a statistician; both positions will be paid hourly rate, which gives more control over the cost of services. A full-time accredited Master of Science in nursing principal investigator will not receive a salary.

The budget includes the purchase of a personal laptop computer or equivalent tablet device the rationale is explained in the justification table. Minimum system requirements will meet needs for SPSS Statistics software program and Survey Gizmo to operate.

Supplies will include, but are not limited to: paper, envelope, stamps, flash drive, and a tamperproof box. For participants who do not wish to answer via email, they will be given the option of filling out a paper version of the study and returning it to the principle via mail to the California State University of San Marcos School of Nursing.

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## Appendix A

Extract from *Developing Workplace Violence and Harassment Policies and Programs: A Toolbox*  
Occupational Health and Safety Council of Ontario (OHSCO)  
April 2010

### **Workplace Violence Survey**

(Based on material from the Ontario Safety Association for Community and Healthcare.)

**This survey is provided as an example of a survey that can be used by workplaces. However, use of this survey, or any particular survey, is not required under the *Occupational Health and Safety Act*.**

**Employers choosing to use this survey are encouraged to reproduce and/or customize it to meet the particular needs of their workplace.**

This survey may be used to ask workers and management about their perception of their safety in the workplace. It can also be used as part of Step 1 in *Developing Workplace Violence and Harassment Policies and Programs: What Employers Need to Know*.

Before distributing this survey, add an introduction that outlines the purpose of the survey, how the results of the survey will be reported, with whom the results will be shared, and how it will be used. The survey should be anonymous.

#### **Physical Environment**

Do you feel safe at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your workplace been designed to protect you from workplace violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In your opinion, are there adequate measures to protect you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered No to any of the previous questions, please indicate whether the following areas require improvement:	Yes	No	N/A
Lighting			
Security checks or protocols (identification checks, sign-in sheets, etc.)			
Restrictions on public access to work areas (secured elevators, stairwells, etc.)			
Security in areas used to store personal belongings (locker rooms, etc.)			
Security staff			
Security of restrooms			
Security of parking lots			
Communication procedures (for example, when and how to call for help)			
Layout of work areas (visual obstructions, unsecured objects and furniture, etc.)			
Security devices (surveillance equipment, silent or sounding alarms, panic buttons, personal alarms, telephones, cell phones, etc.)			
Other:			

Extract from Developing Workplace Violence and Harassment Policies and Programs: A Toolbox  
Occupational Health and Safety Council of Ontario (OHSCO)  
April 2010

**Incidents at Work**

Have you been hit, pushed, physically assaulted, or otherwise attacked while working at this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes:	
• Where did the incident occur?	
• Did you report the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• How did you report the incident? <input type="checkbox"/> Orally? <input type="checkbox"/> In Writing?	
• Who physically assaulted or otherwise attacked you? <input type="checkbox"/> client/customer <input type="checkbox"/> member of the public <input type="checkbox"/> co-worker <input type="checkbox"/> partner/ex-partner <input type="checkbox"/> manager/supervisor <input type="checkbox"/> other:	
Have you been sexually assaulted or been the target of a sexual incident while working at this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes:	
• Where did the incident occur?	
• Did you report the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• How did you report the incident? <input type="checkbox"/> Orally? <input type="checkbox"/> In Writing?	
• Who assaulted you? <input type="checkbox"/> client/customer <input type="checkbox"/> member of the public <input type="checkbox"/> co-worker <input type="checkbox"/> partner/ex-partner <input type="checkbox"/> manager/supervisor <input type="checkbox"/> other:	
Have you been threatened with physical harm (orally, in writing, or otherwise) while working at this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes:	
• Where did the threat occur?	
• Did you report the threat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• How did you report the threat? <input type="checkbox"/> Orally? <input type="checkbox"/> In Writing?	
• Who threatened you? <input type="checkbox"/> client/customer <input type="checkbox"/> member of the public <input type="checkbox"/> co-worker <input type="checkbox"/> partner/ex-partner <input type="checkbox"/> manager/supervisor <input type="checkbox"/> other:	

Extract from Developing Workplace Violence and Harassment Policies and Programs: A Toolbox  
Occupational Health and Safety Council of Ontario (OHSCO)  
April 2010

Have you been harassed (sexual harassment, insults, or bullying) while working for this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes:	
<ul style="list-style-type: none"> <li>Where did the harassment occur?</li> </ul>	
<ul style="list-style-type: none"> <li>Did you report the harassment?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>How did you report the harassment? <input type="checkbox"/> Orally? <input type="checkbox"/> In Writing?</li> </ul>	
<ul style="list-style-type: none"> <li>Who harassed you?                             <ul style="list-style-type: none"> <li><input type="checkbox"/> client/customer <input type="checkbox"/> member of the public <input type="checkbox"/> co-worker</li> <li><input type="checkbox"/> partner/ex-partner <input type="checkbox"/> manager/supervisor <input type="checkbox"/> other:</li> </ul> </li> </ul>	
In your opinion, what steps could be taken to make your workplace safer?	

**Policy and Program**

Is there a written workplace violence policy and program for your workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have procedures for violence prevention been set out for your work area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are they easy to understand and follow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever seen a written copy of the procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>Here, employers may insert questions about procedures in the workplace that they consider critical, such as how to call for help, how to de-escalate a situation, how information about a client's behaviour is communicated to workers, etc.</i></b>	
Comments:	

Extract from Developing Workplace Violence and Harassment Policies and Programs: A Toolbox  
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April 2010

**Workplace Incident Reporting and Follow-up**

Are you required to report threats and violence at your workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, can you do so without fear of retaliation (revenge or punishment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a system for reporting threats and violence at your workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it easy to understand and follow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your supervisor or manager investigate incidents promptly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your supervisor or manager take suitable corrective action promptly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are police and emergency services called immediately when a criminal incident occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are support programs in place to help you if you are directly or indirectly affected by workplace violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: Have you ever not reported a physical/verbal assault?	

**Education and Training**

Do you know what workplace violence policies and programs exist in your workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know how to report a threat or a violent incident, and to whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received training in recognizing, preventing, and dealing with workplace violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received training on the security devices available to you (such as surveillance equipment, silent or sounding alarms, panic buttons, personal alarms, telephones, cell phones, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you think you are prepared to handle a violent situation, a threat, or escalating behaviours exhibited by clients/customers while at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received training or information about domestic violence in the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>Here, employers may insert other questions about training in the workplace, such as how to call for help, how to de-escalate a situation, how information about a client's behaviour is communicated to workers, etc.</i></b>	
Comments:	

**Appendix B**  
Demographic Sheet

1. Gender:       Male                       Female                       Transgender
  
2. Age: (fill in the blank with the age in years) \_\_\_\_\_
  
3.  Full-Time               Part-Time               Per-Diem Status:
  
4. Years In Nursing: (fill in the blank with the number of years) \_\_\_\_\_
  
5. Years On Unit: (fill in the blank with the number of years) \_\_\_\_\_
  
6. Degree Obtained:  ADn                       BSN                       MSN
  
7. Hospital Department: (check box for ICU and ED)               ICU               ED

## Appendix C



The image part with relationship ID r1031 was not found in the file.

Appendix D

**Biographical Sketch**

Provide the requested information for the project’s key personnel and consultants. Begin with the Principal Investigator and prepare a **separate** biographical sketch for each person. You may use the National Institutes of Health [Biosketch](#) instead of this form.

**PLEASE DO NOT SUBMIT RESUMES OR CURRICULUM VITAE**

Amadeo CCRN	Michael	MSNc, RN,	Registered Nurse
Last Name	First Name	Credentials	Position/Title
<b>Role in Study:</b> <input checked="" type="checkbox"/> <b>Principal Investigator</b> <input type="checkbox"/> <b>Mentor</b> <input type="checkbox"/> <b>Consultant</b> <input type="checkbox"/> <b>Other</b> (Specify)			
<b>EDUCATION:</b> Begin with initial nursing education and conclude with highest level of education attained.			
Institution & Location		Degree	Year Awarded
University of Texas Pan American 1201 West University St Edinburg, Texas 78539		BSN	2000
Institution & Location		Degree	Year Awarded
California State University San Marcos 333 S Twin Oaks Valley Rd, San Marcos, CA 92078		MSN	pending Spring 2014
			Field of Study
			Family Nurse Practitioner

Institution & Location	Degree	Year Awarded	Field of Study
Institution & Location	Degree	Year Awarded	Field of Study

**PROFESSIONAL EXPERIENCE:** List, in chronological order, previous employment ending with present position, experience and honors.

Dates	Position/Employer/Experience	Honors
<b>From:</b> 01/2001  <b>To:</b> 9/2001	Registered Nurse/ Memorial Sloane Kettering, Thoracic Oncology Unit, New York, New York	n/a
Dates	Position/Employer/Experience	Honors
<b>From:</b> 9/2001  <b>To:</b> 12/2003	Brookhaven Memorial Hospital, Emergency Department, Patchogue, New York	n/a
Dates	Position/Employer/Experience	Honors
<b>From:</b> 12/2003  <b>To:</b> 5/2005	Emergency Department, Travel Nurse with American Mobile & Cross Country Trav. Corp	n/a
Dates	Position/Employer/Experience	Honors
<b>From:</b> 4/2005  <b>To:</b> 3/2014	Trauma Nurse Team Lead, Scripps Memorial Hospital, La Jolla	na/

**PUBLICATIONS:** List, in chronological order, the titles & complete references of all publications during the past three (3) years and any earlier publications pertinent to this application.



**Tables**

**Table 1. Timetable:**

ACTIVITY	FY1				FY2				PERSONNEL RESPONSIBLE
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
DEVELOP SURVEY	■								P.I.: MICHAEL AMADEO
REVIEW & REVISE ITEMS W/ MSN NURSES	■	■							2 MSN ED/2MSN ICU NURSES
PRETEST WITH POPULATION SAMPLE		■							P.I.: MICHAEL AMADEO
PROGRAM SURVEY MONKEY		■							P.I.: MICHAEL AMADEO
IRB (SCHOOL & HOSPITAL)		■	■	■	■				P.I.: MICHAEL AMADEO
RECRUIT/TRAIN SURVEY ASSISTANT				■	■				P.I.: MICHAEL AMADEO
PREPARE SURVEY SITE FOR STUDY				■	■				SURVEY ASSISTANT
RECRUIT STUDY SUBJECTS					■	■			P.I./SURVEY ASSISTANT
STATISTICAL ANALYSIS OF DATA						■	■		STATISTICIAN
PREPARATION & SUBMISSION OF ANALYZED DATA							■	■	P.I./SURVEY ASSISTANT

**Table 2. Line Item Budget:**

ICAN  
ASSOCIATION  
CAL-CARE  
NURSES

**GRANT PROJECT BUDGET & BUDGET JUSTIFICATION**

Please specify direct and indirect costs for your project. Provide justification for each numbered budget item under "Justification" below. (Enter information into the blank cells. Excel will calculate the totals. Move through the document using the Enter or Tab key.)

Applicant Name: Michael Amadeo  
 Title of Proposal: Comparing Intensive Care Unit And Emergency Depart  
 Grant Name: AACN-Sigma Theta Tau Critical Care Grant

**PERSONNEL** (Unless restricted by grant requirements)

Item #	Position/Title	Total # of Hours	Hourly Rate	Total
Example	Research Assistant	50	\$15.00	\$ 750
1	Data collection and analysis	40	\$60	\$ 2,400
2	Research Assistant	40	\$15	\$ 600
3	Statistician	4	\$40	\$ 160
4				\$ -
5				\$ -
<b>Personnel Total</b>				<b>\$ 3,160</b>

**CONSUMABLE SUPPLIES** (Include only if not provided by institution)

Item #	Supplies	Costs	% Tax	Total
Example	Printing of instruments	\$100.00	6.5%	\$ 107
6	Paper	\$34.00	8.0%	\$ 37
7	Envelope	\$10.00	8.0%	\$ 11
8	Stamps	\$98.00		\$ 98
9	Tamper Proof Box	\$41.02	8.0%	\$ 44
10				\$ -
<b>Consumable Supplies Total</b>				<b>\$ 190</b>

**PERMANENT EQUIPMENT** (To be kept by institution after study is done)

Item #	Equipment	Costs	% Tax	Total
Example	Portable Cardiac Monitor	\$7,000.00	10.0%	\$ 7,700
11	Computer (Laptops, Printers, etc.)	\$1,200.00	8.0%	\$ 1,296
12	Flash Drive	\$10.98	8.0%	\$ 12
13				\$ -
14				\$ -
15				\$ -
<b>Permanent Equipment Total</b>				<b>\$ 1,308</b>

**TRAVEL** (Related only to conduct of study)

Item #	Mileage/Gas/Parking Fees/Etc.	Costs	% Tax	Total
Example	Mileage to subjects (10.0 X 0.33)	\$3.30	0.0%	\$ 3
16	Mileage/Gas/Parking Fees (2 people) = (70 miles round trip * 5 trips) @ \$0.50/mile	\$350.00		\$ 350
17				\$ -
18				\$ -
19				\$ -
20				\$ -
<b>Travel Total</b>				<b>\$ 350</b>

**OTHER COSTS**

Item #	Miscellaneous Costs	Costs	% Tax	Total
Example	Poster materials	\$25.00	6.5%	\$ 27
21	SPSS Program	\$139.00		\$ 139
22	Survey Monkey	\$300.00		\$ 300
23	Telephone and Fax	\$60.00		\$ 60
24				\$ -
25				\$ -
<b>Other Costs Total</b>				<b>\$ 499</b>

**BUDGET TOTALS**

<b>Sub Total</b> (Personnel, supplies, equipment, travel, and other costs)	\$ 5,507
<b>% Indirect Costs</b> (Limit to 10% for those institutions requiring indirect funds. If not required enter "0%")	10%
<b>Indirect Costs</b>	\$ 551
<b>TOTAL PROJECT BUDGET REQUEST</b>	\$ 6,057

**JUSTIFICATION**

Item #	Describe justification for budget items here.
Example	Research assistant will collect data from each subject in subject's home. Responsible for data entry and maintenance. 12 hours/week @ \$10.00/hr. for 41 weeks = \$5,000
1	Staff salaries and consultant fees will include a full-time accredited Master of Science in Nursing principal investigator budget will incorporate recruitment, collection of data, daily management of study, data entry, and reporting the study's findings.
2	Research assistant will aid in recruitment of subject at the hospital. Responsible for data entry and maintenance. 10 hours/week @ \$15.00/hr. for 4 weeks = \$600.00
3	A statistician paid at an hourly rate, which gives more control over the cost of services. The statistician will be utilized to analyze the data in order to draw accurate conclusions about the data. 4 hours @ \$40.00/hr. for 1 weeks = \$160.00
6,7,8, 9	For participants who do not wish to answer via email, they will be given the option of filling out a paper version of the study and returning it to the principle via a secured box.
11,12	The budget includes the purchase of a personal laptop computer or equivalent tablet device. The laptop/tablet device will be utilized to run the application SPSS and log in to Survey Monkey to process the data.
16	Local travel is necessary to incorporate recruitment, collection of data, daily management of study, and data entry. Mileage rate is based on the standard mileage rate for business by the Internal Revenue Service. Mileage/Gas/Parking Fees for 2 people = (70 miles round trip * 5 trips) @ \$0.50/mile
21	SPSS is a comprehensive and flexible statistical analysis and data management system.
22	Survey Monkey will be utilized to create and publish online surveys.
23	Will be utilized to keep in contact with research assistant, statistician, and research site. Rate will be based on a local telephone company for the use of its local network.

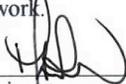
Agency Name	Department	Web address	Level, state	Priority areas:	Reason to choose agency
Agency for Healthcare Research and Quality	U.S. Department of Health and Human Services	<a href="http://www.ahrq.gov/fund/">http://www.ahrq.gov/fund/</a>	Federal	health care practice & policy	To improve the quality, safety, efficiency, and effectiveness of health care for all American nurses. Change policy at National Level
Robert Wood Johnson Foundation Grants	Philanthropy devoted exclusively to health and health care	<a href="http://www.rwjf.org/grants/">http://www.rwjf.org/grants/</a>	Private	public health	Public health; quality/equality; vulnerable populations
American Association of Critical Care Nurses	Community of Nurses	<a href="http://www.aacn.org/wd/practice/content/grant-applying-for.pcms?menu=practice">http://www.aacn.org/wd/practice/content/grant-applying-for.pcms?menu=practice</a>	Private	Intensive Care Unit	Creation of healing, humane environment
Emergency Nurses Association	Community of Nurses	<a href="http://www.ena.org/foundation/grants/Pages/Research.aspx">http://www.ena.org/foundation/grants/Pages/Research.aspx</a>	Private	Emergency Department	To advance the field of emergency nursing and emergency care through research and evidence-based programs.

**Table 3.** Potential Sources of Funding Reviewed:



**STUDENT AGREEMENT**

I certify that, if appropriate, I have obtained a written permission statement from the owner(s) of each third party copyrighted matter to be included in my thesis/project, allowing distribution and access as specified in the above section. I certify that the version I will submit electronically to the library is the same as that approved by my advisor. I understand that I am responsible for ensuring that my files are compliant with campus, CSU, and ADA (American Disabilities Act) policies. I hereby grant California State University San Marcos and its agents the non-exclusive right to archive and make accessible my thesis/project/dissertation now or hereafter known under the conditions specified in this form. I retain all ownership rights to the copyright of this thesis/project. I also retain the right to use in future works (such as in articles or books) all or part of this work.

 \_\_\_\_\_ Michael Amadeo \_\_\_\_\_ 04/11/2014 \_\_\_\_\_  
STUDENT signature Printed name Date

STUDENT EMAIL ADDRESS: mamadeo@gmail.com  
(Note to students: please use your permanent email address.)



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