

Work Place Violence in Nursing

Rajesh Kumar Sharma^{1*} and Varsha Sharma²

¹Himalayan College of Nursing, Swami Rama Himalayan University, Dehradun, India

²Mata Padmavati College of Nursing, Nahan, Himachal Pradesh, India

*Corresponding author: Sharma RK, Assistant Professor, Himalayan College of Nursing, Swami Rama Himalayan University, Dehradun (Uttarakhand) India-248140, Tel: 919927467464; E-mail: rajeshsharma.hcn@gmail.com

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Abstract

Violence against nurses is a complex and persistent occupational hazard facing the nursing profession. Paradoxically, the job sector with the mission to care for people appears to be at the highest risk of workplace violence. Nurses are among the most assaulted workers in Health Care industry. Too frequently, nurses are exposed to violence – primarily from patients, patients' families, visitors, and Health care team members too. This violence can take the form of intimidation, harassment, stalking, beatings, stabbings, shootings, and other forms of assault. Psychological consequences resulting from violence may include fear, frustration, lack of trust in hospital administration, and decreased job satisfaction. Incidences of violence early in nurses' careers are particularly problematic as nurses can become disillusioned with their profession. Violence not only affects nurses' perspectives of the profession, but it also undermines recruitment and retention efforts which, in a time of pervasive nursing shortage, threaten patient care. The purpose of this article is to assess the problems of violence against nurses and discussing the different methods and solutions to stop the work place violence for quality care and safety of patients and Nurses at work place.

Keywords: Violence; Nursing; Depression; Anxiety

Introduction

Violence against nurses is a complex and persistent occupational hazard faced by the nursing profession. This violence can take the form of intimidation, harassment, stalking, beatings, stabbings, shootings, and other forms of assault. Nurses are among the most assaulted workers in the American workforce. Psychological consequences resulting from violence may include fear, anxiety, sadness, depression, frustration, mistrust, and nervousness. These consequences can have a negative impact on nurse retention. Violence or abuse experienced in the workplace among healthcare workers, social workers, mental health workers, and other human service workers is a critical issue that many organizations face. Healthcare professionals had a significantly greater incidence rate of 9.3 per 10,000 for injuries resulting from assaults and violent acts. The rate for social service workers was 15 per 10,000, and for nursing and personal care facility workers the rate was 25. The National Advisory Council on Nurse Education and Practice (NACNEP) explored the nature of violence in the nursing workplace (including statistics, risk factors, violence directed against nurses, inter-staff violence, and violence directed at patients by nurses); violence in the nursing education environment; violence experienced by nurses outside of the workplace; and violence toward patients that is detected, reported, and addressed by nurses. The purpose of this article is to highlight the problem of violence against nurses and put forward recommendations to address the problem.

Healthcare professionals are at increased risk due to their contact with patients or clients who have serious mental illnesses and/or history of violence as well as working in occupational environments marked by stress, burnout, and high turnover. In hospitals, approximately one-half of violent incidents occur in emergency rooms,

where there is often a large flow of traffic of patients, family members, and other individuals from the general public.

In 1973, Aruna Shanbaug is a former nurse from Haldipur, Uttar Kannada, Karnataka in India. While working as a junior nurse at King Edward Memorial Hospital, Parel, Mumbai, she was sexually assaulted by a ward boy and has been in a vegetative state since the assault.

Incidences of violence early in nurses' careers are particularly problematic as they may lead nurses to become disillusioned with their profession. Nurses often feel powerless to deal with a situation in which they have been victimized and, as a result, accept violence as part of the job. Homeyer in 2005 found nurses are often reprimanded or fired if they defend themselves against violence [1].

As job satisfaction decreases as a result of violence, the likelihood of nurses leaving their employment increases with nurses finding different roles within the health care setting or leaving the profession entirely [2]. The lack of support from administrators in addressing problems of violence in the workplace is a contributor to burnout and resignations of even the most seasoned veteran nurses. This is an issue that the profession and health care industry cannot continue to ignore especially in light of the current nursing shortage.

Defining Workplace Violence

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as violent acts directed toward persons at work or on duty. Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting. It is not only physical violence but also psychological violence, abuse, bullying, harassment (racial, sexual) which happens during work at workplace.

Elements of Workplace Violence

Anti-social activities like beatings, Stabbings, Suicides, Shootings, Rapes, Psychological traumas, threats, obscene phone calls, Intimidation are main elements for workplace violence. Harassment of any kind, as well as being sworn at, shouted at, or followed is the elements of workplace. In the mid-1990s, as more researchers were becoming engaged in the study of occupational violence, the California Occupational Safety and Health Administration developed a model that described three distinct types of workplace violence based on the perpetrator's (person committing the violence) relationship to the victim and/or the place of employment.

Later, the typology was modified to define four types of workplace violence, creating the system that remains in wide use today. This typology has proven useful not only in studying and communicating about workplace violence but also in developing prevention strategies [3].

The four types are:

- Type I — Violence by a stranger (sometimes called “criminal violence”)
- Type II — Violence by a customer or client
- Type III — Violence by a coworker
- Type IV — Violence by someone in a personal relationship

Prevalence of Workplace Violence

Prevalence of workplace violence from 1993 through 1999, an average of 1.7 million people per year was victim of violent crime while working or on duty in the United States [4]. In 2008, there were 16,330 cases of nonfatal assaults and violent acts by persons requiring days away from work in private industry.

In the Healthcare Setting

The healthcare sector leads all other industries, with 45% of all nonfatal assaults against workers resulting in lost work days in the United States.

In a survey of over 2,160 nurses, one of the largest U.S. studies to examine the risk factors for workplace violence among nurses, researchers from the John Hopkins School of Nursing found that almost one third (30%) of nurses/nursing personnel experienced workplace violence (19.4% physical, 19.9% psychological). Within the healthcare industry, nearly 50% of lost work time assaults by persons in 2006 were from nursing and residential care facilities, and nearly 30% were from hospitals [5]. According to a 2010 survey from the Emergency Nurses Association, more than half of Emergency Room nurses were victims of physical violence and verbal abuse, including being spit on, shoved, or kicked; 1 in 4 reported being assaulted more than 20 times over the past 3 years.

According to the Bureau of Labor Statistics, healthcare and social services workers have the highest rate of nonfatal assault injuries in the workplace and nurses are three times more likely to experience violence than other professionals. Erickson and Williams-Evans in 2000 and ICN in 2001 reported that 82 percent of nurses surveyed had been assaulted during their careers, and that many assaults go unreported [6,7].

Reporting Workplace Violence

As noted, the magnitude of workplace violence in various human service sectors may be underestimated because incidences of workplace violence are typically under-reported. A study with nurses who have experienced workplace violence indicated that the majority opted not to report the incident [8].

It is estimated that more than 80 percent of all assaults on registered nurses go unreported. Despite the findings of recent studies which document growing incidents of assaults against the country's nurses, hospital violence is still little known to the general public and few states offer specific legal deterrents for assaulting nurses [9].

The most common process for those who did report the incidents was submission of a formal, written statement to the administration. McKoy and Smith [10] conducted an extensive literature review and highlighted reasons that workplace violence is under-reported:

- Lack of clear definition of workplace violence
- Fear of being blamed for the incident or of the incident somehow being attributed to the victim's negligence
- Belief that workplace violence is a normal occupational hazard.
- Fear of jeopardizing one's job or position
- Dissonance between the service providers' professional role and being a victim.

Consequences of Workplace Violence to Individuals

- Physical injury (minor to severe disability)
- Psychological trauma (short- and long-term)
- Emotional distress/anxiety Lowered self-esteem
- Post-traumatic stress disorder (PTSD) Death Intent to leave the job
- Feelings of incompetence, guilt, powerlessness
- Fear of returning to work
- Fear of criticism by supervisors
- Loss of confidence in ability
- Changes in relationships with co-workers
- Secondary impact on personal life (daily activities, emotional issues, economic issues)

To Organizations

- Decreased productivity
- Low employee morale
- Increased job stress
- Absenteeism and lost work days
- Restricted or modified duty (secondary to injury)
- Increased employee turnover with retention issues
- Recruitment challenges
- Distrust of management

Preventing Workplace Violence

Nothing can guarantee that an employee will not become a victim of workplace violence. However, several steps can help reduce the risk:

- Learn how to recognize, avoid, or diffuse potentially violent situations by attending personal safety training programs.
- The increasing presence of gang members, drug or alcohol abusers, trauma patients, or distraught family members.

- Low staffing levels during times of increased activity such as mealtimes, visiting times, and when staffs are transporting patients.
- Isolated work with clients during examinations or treatment.
- Solo work, often in remote locations, with no backup or way to get assistance (i.e., communication devices or alarm systems); this is particularly true in high-crime settings.
- Lack of staff training in recognizing and managing hostile and high-risk behavior as it escalates.
- Poorly lit parking areas.

In the Physical Environment

There are a number of actions that employees can take to minimize the risks associated with security hazards in the work environment. Awareness is the first step. Then:

- Pay attention to your physical surroundings.
- Trust your instincts. Remove yourself from uncomfortable situations if you can.
- If possible, avoid locations that are poorly lit or have poor visibility.
- Carry and use a flashlight if the surroundings are poorly lit or when traveling at night
- Work with a partner or have an effective means of communication, such as a cell phone or pager.
- Use the locks and security systems available to you.
- Report security hazards promptly to a supervisor.

Prevention Measures for Community-Based Employees

- Preparation of daily work plans/itinerary.
- Maintaining periodic contact with others throughout the day.
- Use of a buddy system.
- Use of telecommunication devices.
- Carrying only minimal money.
- Carrying required identification.
- Avoiding traveling alone into unfamiliar locations or situations whenever possible.
- Recognizing potentially dangerous situations ahead of time and initiating backup.

Employer Responsibilities

- Environmental: Secure the environment.
- Organizational/administrative: Develop and implement safe work practices.
- Behavioral/interpersonal: Train employees.

Self-Care for Employees/Staff

Self-care includes an array of activities that touch on the following domains:

- Physical (e.g., exercise, nutrition, sleep)
- Recreational (e.g., play activities, vacation time, hobbies)

- Social support (e.g., interaction with friends, family members)
- Spiritual/religious (e.g., prayer, meditation)
- Practitioners should not merely consider these activities in passing but spend time asking themselves about the self-care activities they are currently undertaking. Practitioners must view self-care as proactive rather than reactive.

Post-Event Response

- Provide medical care to the victim.
- Debrief the victim.
- Provide counseling.
- Report the incident.
- Assist with injury claims.
- Prosecute perpetrators when indicated.

Conclusion

Violence in the healthcare workplace threatens the delivery of effective, quality care and violates individual rights to personal dignity and integrity. Assaults on nurses and other healthcare workers occur in all areas of practice and constitute a serious hazard. Current literature suggests that to ensure a safe and respectful workplace environment, mandatory protections must be provided such as zero-tolerance policies against violence in the workplace, as well as comprehensive prevention programs, reporting mechanisms and disciplinary policies. Workplace violence is primarily a hidden social problem, with negative ramifications for victims and other employees that warrants attention from employees, researchers, and policy-makers to prevent this at workplace among nurses and other health care workers.

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