Workplace Violence Against Healthcare Providers: Literature Review

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6/25/2021

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Workplace violence in healthcare has reached an all-time high worldwide. The overwhelming amount of violence against healthcare providers has led many nurses and providers to feel burnt out and lower quality patient safety. Education and intervention on what to do when a healthcare provider experiences assault should be implemented among all facilities. Education on de-escalating violent situations could decrease the number of cases seen each year involving healthcare providers and assault (Vento et al., 2020).

Frequency and Barriers of Reporting Workplace Violence in Nurses: An Online Survey in China

Nurses in China participated in a study that surveyed how many providers experienced workplace violence and how often it was reported—of the two hundred and sixty-six nurses surveyed, the research found that 64.7% of nurses experience some violence within the previous year. However, only 45.5% of incidents were reported. Over half of participants stated they were unaware of correctly reporting incidents or what qualified as an appropriate type of incident to report. In addition, 50.6% of participants felt greater attention was paid to the patients rather than the safety of the staff members (Song et al., 2020).

Key Points

By recognizing the lack of reporting knowledge by staff and intervention by management, it allows room for improvement in the willingness to report incidents of assault towards healthcare providers. Clarifying the types of violence that should be reported can allow nurses to have a uniform understanding of what violence is to make reporting easier. Supportive

management gives nurses and other providers the courage to stand up for themselves and provide opinions on ways to decrease the chances of assault. Making report systems simple to use can increase the number of reports written, leading to an overall change of care to maintain safety amongst healthcare staff (Song et al., 2020).

Assumptions

Simplifying report systems can encourage healthcare providers to be more vocal about the types of violence experienced while working in a facility. In addition, education on the types of violence would help providers understand that not all behaviors are acceptable or just "part of the job." More involvement from leaders encourages staff to complete a written statement about the violent experience. Finally, developing a follow-up plan to ensure the victim of a violent incident is being treated mentally and physically can influence the willingness to fill out reports in the future (Song et al., 2020).

Deficit/Conclusion

The amount of workplace violence is rising in the healthcare world. Lack of understanding, lacking support from management, and complicated reporting systems all play critical roles in the hesitancy behind documenting assaults among nurses by their patients (Song et al., 2020). Providing better definitions of violence in the workplace, bettering management involvement, and simplifying report systems can reinforce the importance of documenting violent events. Interventions stated should be implemented to decrease the amount of workplace violence. Failure to report violent incidents can lead to burnout among healthcare providers and a decrease in interest in the profession, leading to further staffing issues causing a decrease in patient safety.

Educational and Managerial Policy Making to Reduce Workplace Violence Against Nurses: An Action Research Study

Emergency department nurses in Iran participated in a study from October 2012 to March 2014. This eighteen-month study was completed to gauge whether or not a workplace violence prevention program would be proven effective. A prevention program was designed to reduce the violence of patients and their family members against nurses. The workplace violence program was broken into four phases over the eighteen-month course of the study. The first phase included the diagnosing phase, which included a quantitative and qualitative approach. The second and third phases included designing and implementation of the prevention program. The last phase included an overall evaluation of frequent family/patient violence (Hemati-Esmaeili et al., 2018).

Key Points

Healthcare facilities need to find workplace violence prevention programs that benefit their facilities and implement them. Implementing prevention programs that work for emergency departments is just as equally, if not more, critical. Emergency department nurses are three times more likely to experience violent behaviors than other departments (Hemati-Esmaeili et al., 2018). A questionnaire was administered to sixty-eight nurses to assess the level of violence nurses experienced in the emergency department. The research found that 16.3% of nurses in the emergency department experienced physical violence, 85.7% experienced verbal violence, and 61.2% experience mob-like behavior or bullying. Only 16.7% of nurses stated they reported the act of physical violence to a higher authority, only 8.5% reported to higher authority for verbal violence, and 10.2% reported bullying behavior. 82.4% of nurses felt reporting violence was

ineffective, so no reports were made. After research was found, educational seminars were held to inform nurses of workplace violence, stress management, anger management, and conflict resolution. After developing a prevention program and implementing it, nurses felt more equipped to handle violent patients and their families. In the Iran emergency department, a workplace violence prevention program proved to be effective by increasing reports from staff to a higher authority and decreasing violence reported due to learned de-escalation methods (Hemati-Esmaeili et al., 2018).

Assumptions

Developing a workplace violence prevention program can aid nurses in feeling safer in their workplace and help de-escalate situations that may lead to violence. Developing a program that best suits particular facilities can lead to a decrease in overall violence facility-wide. Yearly educational courses can keep nurses and staff up to date on methods that reduce violence. All persons must contribute to their roles in reducing violence, including managers, security, and physicians (Hemati-Esmaeili et al., 2018).

Deficit/Conclusion

Workplace violence in the nursing profession continues to show an uphill trend. Patient safety is a primary concern, but the safety of healthcare workers should also be considered a primary concern. Mental and physical health tends to decline in nurses who face terrible workplace environments like violence, understaffing, and unsupportive management (Hemati-Esmaeili et al., 2018). Preventative measures should be required in all healthcare facilities to prevent workplace burnout of nurses. Not only can reducing violence in a healthcare facility benefit the staff, but it can also benefit other patient's care. Failure to implement preventative

programs can lead to more nurses leaving the profession and prevent new graduates from entering the profession, leading to more staffing shortages and an increase in dissatisfaction with patient care and safety.

Nursing Students' Experiences of Violence and Aggression: A Mixed-Methods Study

Not only are nursing staff being physically, verbally, and mentally abused, but so are their nursing students. Two nursing Birmingham Universities participated in a study to help identify violence and aggression while on clinical rotation. Researchers surveyed 129 nursing students who have had at least one clinical rotation. Research showed that about one-third of the students reported non-physical violence, while only about half reported physical or sexual harassment (Hallet et al., 2021).

Key Points

Violence against healthcare workers was linked to increased burnout, call-ins, and physical and psychological trauma. Often, nursing students are subjected to verbal and physical assault from patients or their family members, peers, and colleagues. Because nursing students are viewed as the bottom of the totem pole, they experience more bullying from their preceptors because the preceptors or other Registered Nurses feel superior. Nursing students rarely report these incidences because they feel as though they will not see a changed outcome. According to the study, 81.4% of nursing students experienced non-physical violence. Out of the 81.4%, only 37.1% reported the assault. Studies also showed that 55.8% experience physical and 39.5% experienced sexual assault. Of those nursing students involved in physical or sexual assault, 13%

sustained an injury. Many students felt nothing was done when reported, and those acts of violence were normalized (Hallet et al., 2021).

Assumptions

Requiring nursing students to participate in the prevention and management of violence and aggression (PMVA) can increase the knowledge and confidence of students who may find themselves in situations where a de-escalation technique should be used. Providing students with a good foundation can help build resilience to manage workplace violence and colleague bullying better. Universities must be proactively trying to help their students by educating them and advocating for them as well. Educating the students on the importance of reporting these incidents can build a better rapport between the student and the university, but it allows the university to better help the student with long-term effects that may stem from an incident (Hallet et al., 2021).

Deficit/Conclusion

Violence toward nursing students can deter them from furthering their careers in the healthcare world. Universities must make every last-ditch effort to prepare the students with knowledge on handling escalating situations and reassure the students that violence is not just an occupational hazard that one signs up for when joining the healthcare world. Creating a safe work environment allows nurses and nursing students to do their duties without increasing anxiety and disruption to patient care (Hallet et al., 2021). If universities fail to establish this rapport and trust with their students, it could lead to a decline in interest in the program. If there is a decline in the desire to join the nursing profession, ultimately, it causes a ripple effect of

even more significant staff shortages, an increase in allocation for units, and a decline in patient care and safety.

Conclusion

The nursing profession is subjected to one of the highest risks for workplace violence (Hallet et al., 2021). Violence towards healthcare workers and their students should not be recognized as an everyday thing. There needs to be more involvement from the management staff and higher-ups regarding acts of aggression towards healthcare staff. Healthcare facilities should be setting protocols for these kinds of incidents and following through with them. Healthcare facilities should provide mandated safety courses that include prevention strategies and the definition of the types of assaults. Nurses should feel like their safety is a priority when coming to work. Providing safety measures to healthcare workers can lessen the burnt-out effects and more desire to join the profession. Universities owe it to their students to provide a safe learning environment in the classroom and during clinical rotations.

Providing a safe environment for nurses and students can lead to better and safer patient care. Nurses who feel safe are not as anxious and can be more attentive to the patient's needs. Healthcare facilities should perform their quantitative research on workplace violence and how the staff feels supported. By each facility performing their research, there can be a better understanding of areas that need improvement. Once data is collected, it allows healthcare facilities to cater to their staffing needs. Catering to staffing needs can include more education on the reporting system, more education on de-escalating situations before they become too violent, and how the management can provide better support to workplace violence victims.

References

Hallett, N., Wagstaff, C., & Barlow, T. (2021, June 19). Nursing students' experiences of violence and aggression: A mixed-methods study. *Nurse Education Today*, 105024. https://www.sciencedirect.com/science/article/pii/S0260691721002811?dgcid=rss_sd_all.

Hemati-Esmaeili, M., Heshmati-Nabavi, F., Pouresmail, Z., Mazlom, S. R., & Reihani, H. (2018). Educational and managerial policy making to reduce workplace violence against nurses: An action research study. *Iranian Journal of Nursing and Midwifery Research*, 23(6), 478-485. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6178581/.

Song, C., Wang, G., & Wu, H. (2020, December 3). Frequency and barriers of reporting workplace violence in nurses: An online survey in China. *International Journal of Nursing Sciences*, 8(1), 65-70. https://www.sciencedirect.com/science/article/pii/S235201322030171X.

Vento, S., Cainelli, F., & Vallone, A. (2020). Violence against healthcare workers: A worldwide phenomenon with serious consequences. *Frontiers in Public Health*, *8*, 570459. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7531183/.