OCCUPATIONAL HAZARDS

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Workplace violence

Violence in healthcare settings is increasing, and nurses are often the target. Homicides can make national headlines, but verbal threats, nonfatal physical assaults, and unwanted sexual advances are often underreported or not reported at all.[1]

Part of the problem is nurses' perception that assaults come with the territory.[1,2] Most nurses wouldn't think of reporting a patient with Alzheimer's disease who strikes out as he's being fed. Nor would they report the girlfriend of a young man pronounced dead on arrival, who lashes out because, she believes, "You did nothing to save him."

A tendency to "blame the victim" is another reason nurses do not report workplace violence.[2] The neurosurgeon who belittles the scrub nurse in front of the team for not handing him the right instrument goes unreported because "she deserved it." Add to this a realistic fear of reprisal from a perpetrator[3] and a lack of support from supervisors or employers, and it's no surprise that nurses often remain silent.

As a profession, nursing largely overlooks sexual harassment, too.[4] It's often not considered serious, or it's normalized—viewed as a rite of passage for a young girl, which is reinforced by a "boys will be boys" attitude for males.[4]

Workplace violence in healthcare also goes unreported because it's hard to report what's not consistently defined. Research shows that there's a wide range of what nurses consider violent behavior. For example, research at our institution, the University of Texas at Arlington, shows that nurses view understaffing as a violent act nearly as much as pushing, shoving, or throwing objects, when it's actually a *risk factor* for violence—no matter how abusive it may feel.[5]

Here we'll tell you how the National Institute for Occupational Safety and Health (NIOSH) defines workplace violence, identify who's most likely to assault a nurse, list the factors that increase your risk, and tell you what you should do about it.

Every year, about a thousand people are murdered on the job, and 1.5 million are assaulted. Two-thirds of those incidents occur in healthcare settings. Workplace violence is an occupational hazard that you can't afford to overlook.

Violence is not always physical

According to NIOSH, workplace violence is defined as any physical assault, threatening behavior, or verbal abuse occurring in the workplace. It includes, but is not limited to, beatings, stabbings, shootings, rapes, suicides and suicide attempts, and psychological traumas such as threats, obscene phone calls, and intimidation or harassment of any nature including being followed, sworn at, or shouted at.[6]

While most perpetrators are men and the majority are patients, one in four is a visitor. And a small percentage will have no legitimate reason for being in your facility.[7] Their sole purpose for being there is to commit a criminal act. Some perpetrators, however, will be your co-workers, managers, or physicians.

Research shows that 90% of staff nurses experience at least one incident a year of abusive anger, condescension, or being ignored by a physician.[8] And 30% of nurses experience sexual abuse, ranging from lewd remarks to inappropriate touching, every two to three months.[4]

Risk factors that lead to violence at work

You're most likely to fall victim to an attack if you work evenings or nights, work alone, or work with potentially violent patients such as those who are severely mentally ill. Working in a volatile setting, such as

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an ED or OR, is another risk factor. And if your facility is located in a medically underserved part of the community, where there's poverty and easy access to guns and alcohol, your chances of experiencing workplace violence go up.[1,9]

Waiting a long time in the ED or for a call light to be answered and understaffing are as likely to contribute to violent incidents as "traditional" safety issues, such as poor lighting and inadequate security.

Personal factors that can increase your risk include inexperience and a lack of formal safety training. A history of family violence or other mental health issues often fosters low self-esteem, and leaves a person open to becoming a victim.[9]

Witnesses are also affected

An act of violence creates tension among all staff involved, and the comfort level of the workplace changes, regardless of who the perpetrator is. However, if the abuser is a physician, the aftermath may affect patient care.[8]

For example, a nurse who has been humiliated or embarrassed by a physician—or who has seen a co-worker humiliated or embarrassed—might hesitate to make clinical suggestions to that physician. She may also be reluctant to call that physician in a timely manner, which can put a patient's health at risk.

On the other hand, if a victim fails to recognize an abusive situation, it can cycle in the same manner as domestic violence does. A nurse may find herself stuck in a prison-like environment, feeling degraded, helpless, worthless, and without support.

Even a single violent event can lead to post-traumatic stress disorder.[6,10] Symptoms include fear, depression, and powerlessness. Absenteeism is common, and many victims of workplace violence change positions or clinical areas, or leave the profession altogether. But long-term feelings of vulnerability and low self-esteem linger.[6]

Tips for dealing with angry patients

- Stay at least four arm-lengths away from the patient.
- Position yourself to one side so the patient doesn't feel confined or blocked.
- Remain calm; stand or sit still.
- Assume an open posture with your hands in sight.
- Speak softly when the other person's voice is raised.
- Match eye contact.
- Call the patient by name.
- Do not touch, point, order, scold, challenge, interrupt, argue, belittle, intimidate, or threaten the patient.
- Acknowledge the patient's feelings.
- Request permission to ask questions.
- Try to discern the triggering event and any underlying emotions, such as fear, anxiety, or humiliation.
- Give the patient control over the situation by offering solutions or alternatives.

Source: Zook, R. (1998). Take action before anger builds. *RN, 59*(4), 46.

You can help stem workplace violence

Don't view incidents of violence as isolated events. Harassment, if not reported, tends to escalate in seriousness over time.[1,6]

Because violence gets a lot of attention from the media, it often seems to be sanctioned by society. Don't fall into that trap! Don't become desensitized to abuse; don't minimize, rationalize, or deny it, and don't accept it as part of your job.

Know your options. Learn how to intervene verbally, physically, or chemically—ahead of time.[1,6] This increases your odds of achieving a positive outcome. For example, learn how to set boundaries, know how to apply restraints, and become familiar with tranquilizing medications. (See the tips for dealing with angry patients in the box at left.)

Learn to spot trouble before it starts: Assess patients and their families for violence upon admission. Look for a history of fighting, fire-setting, cruelty to animals, and alcohol or drug abuse. Then flag the chart of a high-risk patient. This lets you alert your colleagues to a potentially violent situation without violating your patient's confidentiality.

Participate in any formal safety training offered by your facility. Learn how to defuse violent situations according to the Occupational Safety and Health Administration's recommendations. For example, learn how to break out of a choke hold.[1]

Finally, if you have witnessed or been a victim of abuse, get counseling. Some hospitals have critical incident teams that can provide immediate emotional support after a violent attack, suicide, or death of a co-worker.[10] The team can help normalize reactions to trauma and foster health promotion and recovery. But don't hesitate to get psychotherapy if you feel you need it.

What your employer can do to help

Ideally, your facility should have a written anti-violence plan that clearly states "zero tolerance" for violence. The policy should apply to patients, employees, and visitors alike. It should include a statement

that says your facility is a "violence-free workplace," as well as one that clearly makes harassment of any type, threats of violence, or weapon possession on the premises grounds for termination.[1]

A special form should be available to document incidents of workplace violence,[1] and nurses should be encouraged to report events without fear of reprisal. It would also be helpful to offer employees who are victims of violence psychological help on an outpatient basis if they leave their employment, and in-house if they intend to stay.[10]

Although it's unlikely that violence in a nurse's workplace will ever be gone completely, good practice and solid support of clear policies can minimize the frequency of abuse and the potential for harm. □

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