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Violence toward nurses, the work environment, and patient outcomes

The World Health Organization (WHO) has defined violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation”. WHO has produced guidelines for dealing with violence in the workplace Violence from relatives and friends of patients may occur as a result of frustration with a perceived lack of care or communication. For example, discussing how relatives waiting with their loved one to be seen in EDs may initiate this behavior. Pain, anxiety, loss of control, powerlessness, and disorientation may result in aggressive incidents from patients to nurses.

Sometimes the tasks nurses must do may initiate or exacerbate these feelings and precipitate violent outbursts. Some have observed that experienced nurses are more likely to preempt situations that may lead to violence. For example, offering regular pain relief medication can avoid deterioration and discomfort that may manifest as aggression. Specialized nurses may have learned how to predict violence, especially in patients with brain injuries or those with psychiatric problems. In the United States, some hospitals have implemented a “code” for violence that evokes a response like that of a rapid response team.

Kingma (2001) proposed that the societal tolerance of violence toward nurses might extend to nurses themselves, who may feel that a degree of violence is “part of the job.” Duxbury (2003) found that nurses attributed patient-related violence to patients’ treatment states. Nurses who felt that their managers were not able to improve the situation felt powerless. The effects of violence can spread distress among staff, patients, family, and friends, and if there is no active management of the incident, there can be lasting damage.

There is an alarming reluctance of nurses to report violence in the workplace. Lyneham (2000) reported over 70% of incidents in New South Wales, Australia, hospital EDs were not referred to authorities. In the United Kingdom this phenomenon has led to change management strategies to improve the work environment.

In Ireland, Rose (1997) reported that 29% of nurses had not reported their latest physical assault, and most verbal abuse was not reported at all.

In a study of policy implications and recent trends in the international migration of nurses, Buchan, Kingma, and Lorenzo (2005) reported that nurses are three times more likely to be the victims of violence than other health personnel. Foster, Bowers, and Nijman (2007) calculated that in any given 12-month period, nurses working in acute psychiatric units in the United Kingdom had a 1 in 10 chance of receiving an injury as a result of patient aggression, while Wells and Bowers (2002), also in the United Kingdom, found a similar rate of violence (with or without injury) against general nurses. In addition, one NHS Trust found that nurses caring for the elderly were more likely (65% vs. 42%) to experience an incident of violence or aggression than occupational therapists or physiotherapists.

Findings: About one third of nurses participating (N=2,487, 80.3% response rate) perceived emotional abuse during the last five shifts worked. Reports of threats (14%) or actual violence (20%) were lower, but there was great variation among nursing units with some unit rates as high as 65%. Reported violence was associated with increased ward instability (lack of leadership; difficult MD and RN relationships). Violence was associated with unit operations: unanticipated changes in patient mix; proportion of patients awaiting placement; the discrepancy between nursing resources required from acuity measurement and those supplied; more tasks delayed; and increases in medication errors. Higher skill mix (percentage of registered nurses) and percentage of nurses with a bachelor of science in nursing degrees were associated with fewer reported perceptions of violence at the ward level. Intent to leave the present position was associated with perceptions of emotional violence but not with threat or actual assault.

Conclusions: Violence is a fact of working life for nurses. Perceptions of violence were related to adverse patient outcomes through unstable or negative qualities of the working environment. Perceptions of violence affect job satisfaction.

Vocabulary:

Violence toward nurses, the work environment, and patient outcomes

Threatened: Amenazado

Either : Cualquiera

likelihood: Probabilidad

Injury : Lesión

Powerlessness: Impotencia

Outbursts: Arrebatos

Likely: Probable

Preempt: Adelantarse a

Evokes: Evoca

Toward: Hacia