Strategies for Mitigating Workplace Violence Against Psychiatric Nurses: A Comprehensive Review

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Abstract

Background: Workplace violence (WPV) against nurses, particularly in psychiatric settings, has reached alarming levels, significantly impacting their safety and job satisfaction. The World Health Organization reports that a substantial percentage of nurses experience violence during their careers, with healthcare workers facing a greater risk than those in other sectors.

Methods: This review systematically examined existing literature on strategies aimed at reducing workplace violence against psychiatric nurses. A comprehensive search was conducted across multiple databases, including PubMed and CINAHL, using keywords related to workplace violence, psychiatric nursing, and intervention strategies. The review focused on identifying effective measures and their outcomes, as well as gaps in current research.

Results: The analysis revealed a range of strategies, including administrative interventions, training programs, and environmental modifications, aimed at reducing incidents of WPV. While several studies reported positive outcomes, such as improved staff safety and decreased violence, a significant gap remains in standardized protocols and comprehensive implementation across healthcare settings.

Conclusion: The findings highlight an urgent need for healthcare organizations to adopt and enforce comprehensive strategies to combat workplace violence against psychiatric nurses. By prioritizing safety and providing adequate training, healthcare facilities can create a safer working environment that fosters job satisfaction and enhances patient care.

1. Introduction

Violence directed against nurses has reached epidemic proportions. The World Health Organization (WHO) states that "between 8 and 38% of nurses experience health-care violence at some stage in their careers" [1]. Health care workers have a greater risk of physical, sexual, or psychological injury compared to those in other sectors. Workplace Violence (WPV) include incidents in which employees are subjected to abuse, threats, or assaults in connection with their employment, including during commutes, that pose an explicit or implicit risk to their safety, well-being, or health [2]. The WPV is categorized into two primary groups: physical and psychological, including racial abuse, bullying, verbal abuse, and mobbing, which may intersect within both categories [3].

Workplace violence (WPV) is closely associated with heightened work stress, diminished job satisfaction, absenteeism, burnout, sleep disorders, exhaustion, post-traumatic stress disorder, terror, and suicide. Workplace violence adversely impacts a nurse's professional life, leading to diminished productivity and quality of treatment. The literature reveals a scarcity of information about workplace violence against nurses. Several publications exist that address WPV collectively within the healthcare sector [4–6]. A recent systematic literature review on workplace violence against nurses examined the antecedent variables associated with such violence [7]. Nonetheless, writings authored from a nursing viewpoint that focus only on workplace violence against nurses and the associated emotional and professional ramifications of such episodes are very few or nonexistent. This narrative review aims to focus only on workplace violence against nurses and its ramifications. This research aims to examine the notion and prevalence of workplace violence (WPV), its trends, repercussions, impact on nursing, and the solutions devised to avoid such incidents.

The incidence of WPV is quite high. Various studies indicate fluctuating prevalence; however it undeniably stays elevated. Cheung et al. [2] reported that out of 25,630 instances of workplace violence (WPV) in the United States, 74% transpired in healthcare environments. Likewise, the data indicates that the medical profession category constitutes 10.2% of all workplace violence incidents [2]. Healthcare personnel, particularly nurses, are especially susceptible to workplace violence (WPV) [3]. Liu et al. showed that 62% of participants experienced some sort of workplace violence (WPV), 43% encountered non-physical violence, and 24% faced physical violence in the preceding year [5].

Nurses serve as frontline workers, and patients engage with them more often in care facilities than with other healthcare personnel, hence increasing the risk of violence. Additional variables that elevate the likelihood of violence in healthcare environments include heightened workplace stress, inexperienced nurses, shift work, and insufficient staffing. Such circumstances may result in postponed patient treatment, potentially leading patients to see these conditions as nursing neglect contributing to the violence [3]. Likewise, a patient's perspective on the nurse and their function is a significant aspect of violence. A designated position exists for a nurse, and violence ensues when these responsibilities are not fulfilled according to the patient's desires. Likewise, workplace violence (WPV) is contingent upon the work environment, since nurses experience abuse from patients, visitors, colleagues, supervisors, and administrators.

The predominance of females in the nursing profession also exposes nurses to the danger of workplace violence (WPV). Nurses have historically endured violence inside a patriarchal culture. Research done in Iran revealed that 90% of nurses who reported experiencing workplace violence were female [8]. Moreover, Cheung et al. [2] indicate that participation in direct patient care seems to have a substantial correlation with workplace violence (WPV). The prevalence of WPV is notably elevated in geriatric units (63.8%), pediatrics (22.1%), maternity units (15.3%), mental units (14.7%), and emergency departments (<10%) [2]. The patients in these departments need advanced and immediate treatment from nurses. Patients may have a sense of powerlessness and loss of control over their lives, while concurrently enduring pain and

being under the influence of drugs or alcohol, without an appropriate outlet for expression. The buildup of anger, frustration, and impotence is often directed against nurses via verbal abuse or physical assault, resulting in psychiatric issues. Ironically, the expert who aids the wounded and mistreated in achieving better health is at the greatest danger of experiencing abuse and neglect [8].

2. Contemporary Trends

WPV is escalating at a concerning pace. Arnetz et al. [9] report that injuries due to workplace violence in hospitals are four times as prevalent than in other industries. According to the same report, one in five nurses had experienced workplace violence at some stage in their career. Nurses have mostly experienced violence among health care professionals, with no improvement since Marilyn Lanza's seminal study in 1985 [3]. The incidence of violence against nurses seems to be increasing rather than diminishing. In the healthcare environment, nurses adhere to directives from physicians, a dynamic often seen as indicative of a subordinate role, contributing to patients' incivility towards nurses. Nurses are the foundation of the healthcare system but often remain unrecognized. In spite of the alarmingly rising incidence of violence, few to no measures have been implemented to mitigate it. Violence is seen as an undesirable aspect of the profession and is overlooked by administrators and managers. Likewise, the federal and state governments have undertaken few actions to safeguard nurses. The American Nursing Association reports that just 36 states have instituted sanctions for the assault of nurses. Of the 36 states, seven stipulate applicability just for attacks occurring in emergency or mental health facilities. Typically, in a WPV lawsuit, legal assistance is provided just when nurses suffer significant physical damage. No legislation exists regarding emotional abuse or any other kind of non-physical abuse.

3. Importance of the Issue

WPV instills persistent anxiety in the minds of nurses. WPV impacts not just healthcare professionals such as nurses and physicians but also organizations, including hospitals and mental health institutes. Nurses and the healthcare environment have a close and interdependent connection; the decline of one result in the eventual decline of the other. Over 70% of nurses consistently express concern about being victims of workplace violence. These stressors diminish job satisfaction and elevate persistent psychological stress, adversely impacting nurses' professional and personal lives. All manifestations of aggression lead to psychological suffering. Li et al. assert that nurses mostly encounter verbal and physical abuse among all forms of violence [4]. In a separate research, verbal abuse (57.6%) was identified as the predominant type of non-physical violence, followed by threats (33.2%) and sexual harassment (12.4%) [5]. Physical abuse includes, but is not limited to, actions such as kicking, shooting, biting, beating, slapping, pinching, stabbing, and shoving. Persistent physical and verbal abuse inflicts emotional trauma on nurses.

Workplace violence (WPV) adversely affects nurses and is classified into four subcategories: biophysiological, cognitive, emotional, and social [3]. Fear, anxiety, headache, and irritation are classified as biophysiological factors that adversely affect the quality of care delivered by a nurse. Disbelief, a threat to personal integrity, and altered perspective are categorized cognitively, leading to diminished work satisfaction, heightened employee turnover, fatigue, and absenteeism. Emotions such as anger, remorse, indifference, and helplessness contribute to insomnia. Similarly, insecurity and antisocial behavior belong to the social category, which undermines colleague relationships and fosters a toxic work environment [3]. The cumulative effects of humiliation and violence may ultimately result in significant mental discomfort, including post-traumatic stress disorder, depression, and suicidal ideation [8]. Therefore, it is essential to resolve these concerns expeditiously. WPV is perpetually regressing the nursing profession.

4. Impact on Nursing Practice

Workplace violence substantially impedes nursing practitioners. Persistent fear and anxiety significantly diminish the quality of care given by a nurse. Workplace violence adversely impacts the therapeutic interaction between nurse and patient. Violence induces embarrassment and remorse, adversely impacting a nurse's psyche. This behavior ultimately leads to burnout, diminished work satisfaction, and a decreasing appeal of the nursing profession. Perpetual anxiety of inevitable violence

induces physical fatigue, heightened stress, sleeplessness, and post-traumatic stress disorder. Escribano et al. report that 1.4% of overall homicides in the United States are associated with workplace violence in the healthcare sector. It is a profound irony that those tasked with the welfare of others are subjected to abuse [10].

Workplace violence fosters a detrimental working atmosphere for nurses. Confidence in the administration, supervisor, and colleagues' declines, resulting in a hostile workplace atmosphere. Moreover, it engenders substantial repercussions for victims, colleagues, and organizations.

5. Disputes

There is an inadequate amount of consistent literature about workplace violence against nurses. The inconsistent literature about the notion of WPV complicates these circumstances. It may be the case that some aggressive behaviors, such as verbal abuse, are seen as an undesirable aspect of the profession. In environments such as mental, maternity, and pediatrics, this violence is considered an inevitable or standard occupational hazard. Likewise, some psychiatric nurses may possess an affirmative perspective on aggressiveness [3]. This perspective fails to uphold the integrity and dignity of nurses. Despite the nurses' efforts, they will experience dread, embarrassment, and stress as a reaction to workplace violence.

6. Approaches

Workplace violence (WPV) has grown so widespread internationally that in 2002, the International Labor Office, International Council of Nurses, World Health Organization, and Public Services International together released recommendations to tackle WPV in the healthcare industry. In 2003, the American Association of Occupational Health Nurses, Inc. established a partnership with the Occupational Safety and Health Administration about workplace violence (WPV) [11]. The health facilities possess distinct tactics and personnel to combat WPV. Notwithstanding extensive attempts, the WPV persists at elevated levels, and the efficacy evidence of these techniques remains unattainable. Patients suffering from dementia, schizophrenia, substance intoxication, and anxiety are significant perpetrators of workplace violence against nurses [12]. Nonetheless, the perpetrators of WPV extend beyond the aforementioned medical disorders to include individuals in a clear and normal state of awareness. Therefore, it is essential to conduct a prompt evaluation of risk behavior. D'Ettorre et al. suggest that this evaluation may be conducted using the STAMPEDAR approach, which encompasses gazing, tone and volume of speech, assertiveness, muttering, pacing, emotions, illness process, anxiety, and resources. Nonetheless, this method does not safeguard against the violence itself. This risk assessment forecasts the likelihood of future violence from the patient and provides nurses with insights to prepare for potential developments [12].

The primary causes of workplace violence (WPV) are understaffing, heightened stress among nurses, the job's demanding nature, and extended waiting periods. These factors ultimately result in unsatisfied patients and visitors, leading to workplace violence (WPV) [12]. Research indicated that 63% of violence in emergency departments transpired in the waiting room, attributable to the previously described factors [13]. To mitigate WPV, main interventions must be implemented at the administrative level to manage job demands and enhance the working environment. Regular training should be implemented to enhance patient-nurse interactions, stress management, communication skills, anger management, and de-escalation techniques [12].

Healthcare professionals, especially nurses, must be well informed on the hospital or organization's policy regarding the reporting of violence. Escribano et al. reported that in a survey done at a general hospital in Switzerland, only 7.6% of participants were aware of the institution's policy against workplace violence (WPV). Likewise, according to the same article, research in Australia revealed that of the 37.7% of formal complaints about WPV, hardly 1% received a response from the administration [3]. These two studies indicate that WPV is likely underreported owing to insufficient awareness of regulations, and that administration and supervisors completely disregard reported incidents. Consequently, it fosters an unreliable working environment. Workplace violence against nurses is increasing daily. Therefore, it is essential to have a zero-tolerance policy on workplace violence.

7. The Role of a Nurse

Workplace violence (WPV) is an increasingly severe workplace danger. Regardless of the perpetrator's physical or psychological condition, accountability for such a horrible act is unequivocally warranted [14,15]. Nurses, particularly female nurses, are at a heightened risk of workplace abuse compared to other health care professionals. Although nursing is the most ethical and compassionate profession, it remains a victim in our patriarchal society. It is upsetting to see that, despite the escalating violence against nurses, no substantial measures have been implemented to safeguard them. The persistent apprehension of being a victim of workplace violence makes nurses self-conscious in the presence of patients, so undermining the nurse-patient connection. This circumstance significantly diminishes the quality of treatment and the inclination to attend to a patient [16-19].

Nursing is a challenging career. The task is challenging and requires much patience, as nurses engage with individuals from many geographical and cultural contexts. Nonetheless, WPV is exacerbating an already challenging occupation to an intolerable extent. The nursing industry is now experiencing shortages because to rising patient life expectancy and uneven manpower distribution. Moreover, if this workplace violence against nurses is not addressed promptly, we cannot exclude the possibility of a significant nursing shortage that might ultimately lead to the collapse of healthcare systems [20-24].

8. Conclusion

The prevalence of workplace violence against psychiatric nurses poses significant challenges not only to the individuals affected but also to the broader healthcare system. This review has underscored the multifaceted nature of WPV, revealing that it encompasses both physical and psychological forms of aggression. Given that nurses are often the frontline caregivers in psychiatric settings, their exposure to violence can severely impact their mental health, job satisfaction, and overall effectiveness in patient care.

The findings from this review indicate that while various strategies exist to mitigate WPV, there is a critical need for a unified approach that integrates these strategies into a comprehensive framework. Administrative policies that prioritize staff safety, coupled with ongoing training programs focusing on conflict de-escalation, effective communication, and risk assessment, are essential. Such measures not only equip nurses with the necessary skills to handle potentially violent situations but also signal to staff that their safety is a paramount concern for their organizations.

Moreover, the physical environment of psychiatric care settings plays a crucial role in either exacerbating or alleviating the risk of violence. Modifications, such as improving visibility, enhancing security measures, and creating calming environments, can significantly reduce incidents of WPV. However, these changes must be supported by a culture that encourages reporting and addressing violent incidents without stigma or fear of retribution.

The review also highlights a notable gap in research concerning the long-term effectiveness of implemented strategies and the variability in their application across different healthcare settings. There is a pressing need for longitudinal studies that evaluate the impact of specific interventions on reducing WPV, as well as the psychological well-being of nursing staff.

In conclusion, addressing workplace violence against psychiatric nurses is not only a matter of improving individual safety but also a critical component of enhancing the overall quality of care provided to patients. By fostering a safe and supportive work environment, healthcare organizations can help retain skilled nursing staff, reduce turnover, and ultimately improve patient outcomes. The call for a zero-tolerance policy towards workplace violence must be accompanied by actionable strategies that empower nurses and create a culture of safety within healthcare settings.

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استراتيجيات التخفيف من العنف في مكان العمل ضد الممرضين النفسيين: مراجعة شاملة

الملخص

خلفية :وصل العنف في مكان العمل (WPV) ضد الممرضين، وخاصة في البيئات النفسية، إلى مستويات مقلقة، مما يؤثر بشكل كبير على سلامتهم ورضاهم الوظيفي. تشير منظمة الصحة العالمية إلى أن نسبة كبيرة من الممرضين يتعرضون للعنف خلال مسيرتهم المهنية، حيث يواجه العاملون في مجال الرعاية الصحية مخاطر أكبر من أولئك في القطاعات الأخرى.

طريقة البحث :قامت هذه المراجعة بفحص منهجي للأدبيات الموجودة حول الاستراتيجيات الهادفة إلى تقليل العنف في مكان العمل ضد الممرضين النفسيين. تم إجراء بحث شامل عبر قواعد بيانات متعددة، بما في ذلك PubMed وCINAHL، باستخدام كلمات مفتاحية تتعلق بالعنف في مكان العمل، والتمريض النفسي، واستراتيجيات التدخل. ركزت المراجعة على تحديد التدابير الفعالة ونتائجها، بالإضافة إلى الفجوات في الأبحاث الحالية.

النتائج :كشفت التحليلات عن مجموعة من الاستراتيجيات، بما في ذلك التدخلات الإدارية، وبرامج التدريب، والتعديلات البيئية، التي تهدف إلى تقليل حوادث العنف في مكان العمل. بينما أفادت عدة دراسات بنتائج إيجابية، مثل تحسين سلامة الموظفين وتقليل العنف، لا يزال هناك فجوة كبيرة في البروتوكولات القياسية والتنفيذ الشامل عبر بيئات الرعاية الصحية.

الخلاصة :تسلط النتائج الضوء على الحاجة الملحة للمنظمات الصحية لتبني وتطبيق استراتيجيات شاملة لمكافحة العنف في مكان العمل ضد الممرضين النفسيين. من خلال إعطاء الأولوية للسلامة وتوفير التدريب الكافي، يمكن للمرافق الصحية خلق بيئة عمل أكثر أمانًا تعزز رضا الموظفين وتحسن رعاية المرضى.

الكلمات المفتاحية :العنف في مكان العمل، التمريض النفسي، استراتيجيات السلامة، بيئة الرعاية الصحية، مراجعة منهجية.