Executive Summary of Evidence: Workplace Violence in Nursing

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Overview

Workplace violence (WPV) in healthcare is prevalent, underreported, and detrimental to workforce safety and patient outcomes. Nurses are disproportionately exposed to, and victims of, all types of WPV compared to other healthcare workers. Multidimensional interventions with strong policy and leadership support are crucial. Failure to address WPV threatens to exacerbate the growing nursing shortage in Colorado and nationally.

Evidence

Prevalence

Colorado-specific data are sparse, but data from a recent National Nurse Work Environments Survey (Ulrich et al., 2021) and systematic review (Liu et al., 2019) found that up to 80% of currently practicing nurses in the U.S. reported experiencing at least one violent incident in the past 12 months:

- 43-65% verbal abuse; 24-28% physical abuse; 23% discrimination; 13% sexual harassment.
- Additional U.S-based research: up to 76% of nurses reported at least one recent incident of WPV: 85% verbal abuse; 59% physical assault; 56% threats (Perkins et al., 2020; Halm, 2017).
- Some nurses reported almost daily incidences of verbal/physical violence (Dafny & Beccaria, 2020).

WPV rates are significant and increasing globally:

- Australia: up to 95% of the healthcare workforce has been exposed to at least one violent incident with nurses having double the risk of other providers (Dafny & Beccaria, 2020; Pol et al., 2018).
- Canada: 61% of nurses had experienced WPV within the last month (Havaei et al., 2019).
- Israel: 58% of nurses and physicians had experienced WPV within the last 6 months but nurses were twice as likely compared to physicians (Shafran-Tikva et al., 2017).
- South Korea: 99% of ICU nurses reported experiencing WPV (Yoo et al., 2018).
- China: 64% of nurses reported verbal violence, 26% physical violence.

Types of WPV in Healthcare Settings

- From the National Institute for Occupational Safety and Health (2020): Type 1: Criminal Intent (most rare); Type 2: Customer/Client (most common); Type 3: Worker-on-Worker (common); Type 4: Personal Relationship (rare).
- As categorized by nurses in a study from Cheshire et al. (2021): physical versus verbal, active versus threatening, and more versus less severe.
- Analysis of 216,767 incidents (Ulrich et al., 2021): verbal abuse, physical abuse, discrimination, sexual harassment.

Most Common Perpetrators

- Patients are the primary perpetrators of all types of WPV against nurses (Halm, 2017; Mento et al., 2020; Ulrich et al., 2021; Wirth et al., 2021; Yoo et al., 2018).
- Up to 68% of nurses report that family members/visitors are also common perpetrators (Dafny & Beccaria, 2020; Ulrich et al., 2021; Yoo et al., 2018).
    - Relatives regularly engaged in verbal abuse, psychological violence, physical assault, and sexual abuse/harassment of nurses (Mento et al., 2020).

Risk Factors

- All nurses are at risk and perceive systemic violence as being prevalent (Havaei et al., 2019; Perkins et al., 2020), but certain settings experience higher rates. Most violent to less:
    - Emergency/trauma (Ayasreh & Hayajneh, 2021; Dafny & Beccaria, 2020; Liu et al., 2019; Perkins et al., 2020; Pol et al., 2018; Zhang et al., 2017).
        - Nurses in the ED are 5.5 times more likely to experience violence than those in internal medicine (Shafran-Tikva et al, 2017).
    - Psychiatric/behavioral health (Dafny & Beccaria, 2020; Liu et al., 2019; Mento et al., 2020).
    - Intensive/critical care (Dafny & Beccaria, 2020; Perkins et al., 2020; Yoo et al, 2018).
    - Clinics, waiting rooms, pediatric, and geriatric settings (Mento et al., 2020; Perkins et al, 2020; Shafran-Tikva et al., 2017).
- Patient risk factors: head trauma (ALOC, confusion), multi-trauma, drug overdose, cardiac arrest, neuro/psych conditions (Ayasreh & Hayajneh, 2021; Pol et al., 2018; Perkins et al., 2020).
- Nurse risk factors: less experienced, less empathetic, job dissatisfaction, female gender (Powell et al., 2023; Shafran-Tikva et al, 2017; Ulrich et al., 2021; Zhang et al, 2017).
    - Two studies indicated that patients were more violent (physically and verbally) towards male nurses (Dafny & Beccaria, 2020; Pol et al., 2018).
- Organizational risk factors: lack of accurate patient information, insufficient personnel and equipment, communication breakdowns (Mento et al, 2020); increased pressure on EDs to accelerate patient throughput (Pol et al., 2018); lack of support from management and/or ineffective reporting systems (Ayasreh & Hayajneh, 2021; Dafny & Beccaria, 2020; Kim et al., 2020); normalization of WPV (Bauersfield & Majers, 2023; Kafle et al., 2022).

Impact on Nurses

- Increased stress and anxiety; anger, guilt, insecurity; burnout; concerned for personal safety daily (Bauersfield & Majers, 2023; Mento et al., 2020).
- Highly traumatizing for victims; some no longer wanted to be nurses after experiencing a violent event; feelings of betrayal toward organizations or intending to leave (Powell et al., 2023; Ulrich et al., 2021).

- All types of WPV were positively correlated with emotional exhaustion and negatively correlated with patient safety; significant negative correlation between emotional exhaustion and patient safety (Kim et al., 2020).
- Strong positive correlation between nurses' perceptions that their organization valued their health and safety and job satisfaction (Ulrich et al., 2021).

Evidence-Based Interventions to Monitor and Reduce WPV

Comprehensive and innovative programs addressing WPV are urgently needed to address this complex issue (Bauersfield & Majers, 2023; Chesire et al., 2021; Kafle et al., 2022; Pol et al., 2018).

- Improve WPV reporting and communication mechanisms to be streamlined, efficient, and non-punitive (Ayasreh & Hayajneh, 2021; Cheshire et al., 2021; Kafle et al., 2022).
    - Nurses should be encouraged to report verbal abuse, which often goes unreported (Kim et al., 2020) and violence committed by patients with neuro/psych conditions (Perkins et al., 2020).
- Implement WPV training for the whole staff focused on de-escalation skills, violent person/aggression management, resiliency development, and self-defense techniques (Halm, 2017; Mento et al., 2020; Somani et al., 2021; Wirth et al., 2021).
    - Interdisciplinary simulation/table-top exercises have been shown to develop role clarity, adult learning, and organizational support for managing WPV (Brunero et al., 2021).
- Develop and adhere to clear and consistent WPV policies and obtain support from leadership at every level (Pol et al., 2018; Powell et al., 2023; Somani et al., 2021).
- Continually assess stressors, reallocate resources, conduct incident reviews, ensure adequate equipment (e.g., alarms) and personnel (Bauersfield & Majors, 2023; Havaei et al., 2019; Mento et al., 2020); conduct risk assessments, involve all stakeholders (such as security and management), and identify unit-specific needs for preventive measures (Wirth et al., 2021).

Conclusion

Our summary underscores the pervasive and underreported issue of WPV in nursing, emphasizing its detrimental impact on both workforce safety and patient outcomes. The evidence we found reveals alarming rates of WPV globally, with nurses being disproportionately affected, particularly in high-stress settings such as emergency, psychiatric, and critical care. Patients and their families are identified as the primary perpetrators, and various risk factors at the patient, nurse, and organizational levels contribute to the escalating problem.

The negative impact of WPV on nurses is profound, ranging from increased stress and burnout to trauma and intentions to leave the profession. This executive summary highlights the urgent need for comprehensive and innovative interventions at the organizational level, including improved reporting mechanisms, streamlined communication, and non-punitive approaches. Evidence-based recommendations advocate for staff training in de-escalation techniques, resiliency development, and self-defense, alongside the development and adherence to clear and consistent WPV policies with leadership support. Ongoing assessment, resource reallocation, incident reviews, and stakeholder involvement are crucial to effectively address and reduce WPV in nursing, preventing further exacerbation of the nursing shortage crisis.