

# Violence in the health care workplace

Violence is an issue that concerns everyone. It is a generic term that incorporates all acts that cause physical and/or psychological harm. Violence crosses all boundaries, including age, race, socio-economic status, education, religion, sexual orientation, and workplace.

Violence in the workplace refers to any threat, physical and/or psychological in nature, that is directed toward a person while at work.<sup>1</sup> A report<sup>2</sup> by the International Labour Organization concluded that workplace violence has increased dramatically throughout the world in recent decades. Among all occupational groups, health care personnel is a major target or victim of workplace violence. The risk of health care personnel experiencing workplace violence is 16 times greater than the risk for other service workers.<sup>3</sup> Nurses are as much as 3 times more likely to be victims of violence compared with other health care personnel, with female nurses considered the most vulnerable.<sup>3</sup> The Hospital Authority of Hong Kong reported that nurses represent 54% of all documented cases of workplace violence.<sup>4</sup> Yet despite the particular risks that nurses face, attention has only recently been drawn to the problem.

Three basic questions need to be answered: What is the prevalence and nature of workplace violence towards nurses? Does workplace violence affect the quality of patient care provision and the health and well-being of nurses and, if so, how? What can be done to eliminate or reduce these problems?

The article by Kwok et al<sup>5</sup> published in this issue reports that 76% of Hong Kong nurses in the study reported abuse of any kind. The findings concur with the existing literature that reports prevalence of workplace violence against nurses in Taiwan (62%),<sup>6</sup> United States (88%),<sup>7</sup> and Australia (95%).<sup>8</sup> Local and foreign studies were consistent that most cases comprised verbal abuse, followed by bullying, physical assault, and sexual harassment. These findings must nevertheless be interpreted cautiously: the level of reporting varied according to the type of violence. Physical assaults were most often reported (40%) whereas only 29% of verbal abuse and 24% of sexual harassment were reported.<sup>9</sup>

Patients and their relatives are reported to be the main perpetrators in most cases of violence although nursing colleagues have also been identified as other major perpetrators in most studies of workplace violence towards nurses. The latter is seen as a form of horizontal violence that has been described as bullying to nurses by other nurses. While horizontal violence can occur in a variety of situations and between people of equal rank and status, as well as between people who have power and rank

differences, most of such violence in nursing occurs between line managers and their subordinate staff.<sup>10</sup> Horizontal violence appears to have been neglected in our efforts to deal with workplace violence.

In which practice areas are nurses at high risk of violence? Recent evidence indicates that such violence does not occur exclusively in emergency and psychiatric units as previously reported. The problem extends to medical, surgical, and community settings.<sup>9</sup> In addition, while most studies have identified working in male wards as a risk factor, more recent study has revealed nursing homes or long-term care facilities to have increased rates of violence.<sup>7</sup> As our ageing population continues to grow, such information becomes increasingly relevant and important in the planning of appropriate strategies to combat violence in the workplace.

Much has been written about the consequences of work-related violence. It not only jeopardises patient care but also has a devastating effect on nurses. Nurses suffer from post-traumatic stress disorder, anxiety, poor work performance, sleeping difficulties, and family disruption as a result.<sup>11</sup> They also generally feel unsupported by management in relation to workplace violence.<sup>12</sup> The link between workplace violence, sick leave, burnout, decreased morale and poor recruitment and retention cannot be ignored. There are also considerable financial costs associated with the management of violence in the workplace, and these drain resources and draw funding away from direct health care budgets. Workplace violence thus has significant direct and indirect financial implications for the health care system and society as a whole. The need to plan and implement meaningful workplace initiatives to prevent or reduce violence is evident.

The first priority in developing a workplace violence prevention policy is to establish a system for documenting violent incidents in the workplace.<sup>13</sup> Such data are essential to assess the nature and magnitude of the problem and quantify risk. Research in the workplace is also required to uncover specific forms of violence and identify the structures and processes that support violence and allow it to continue. Staff training is advocated as the appropriate managerial response and aims to increase staff knowledge, self-confidence, and competence in managing workplace violence.<sup>14</sup> Such training may reduce the number and seriousness of incidents, as well as improve the response to these incidents and staff morale. Nevertheless identifying appropriate training and trainers is difficult and there is little published evidence of training effectiveness. In addition, nursing students—who are frequent targets of aggression—are less likely to receive specific training.<sup>14</sup>

Violence in society is an increasing problem. Health

care personnel, especially nurses, are known to be at higher personal risk of violence in the workplace. Violence in the health care sector is terribly destructive and has a negative impact on the professional and private lives of personnel as well as the quality and coverage of care they provide. Like any effective occupational safety and health care programme, management commitment is the key to successful prevention and control of violence in the workplace. All levels of management must establish and maintain a zero tolerance to violence culture. Most important, nurses must be committed partners in the campaign against workplace violence.

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