Workplace Violence: Impact on Nursing Work Performance Mental Health and Resilience

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Introduction

Workplace violence (WPV) in healthcare settings is known to be pervasive and disruptive. Instances of WPV can range in severity from verbal assaults/threats to actual physical violence. Statistics demonstrating the prevalence of WPV are likely not accurate, as many of these events are known to have gone unreported. What is known is that over the last several years, there has been a 55% increase in the number of nurses injured in WPV events. These actions can lead to a multitude of long-term sequalae for the nurse. Performance, mental health and overall resilience are negatively impacted.

Purpose

To demonstrate the prevalence and impacts of WPV on nursing performance, mental health and resilience.

Method

A comprehensive literature review was conducted using the OVID One Search Tool.
Keywords: Workplace, Violence, Well-Being, Resilience , Nurse

Literature Review

- Violence is perpetrated by patients, visitors, family members and other staff
- Increased community violence has a direct correlation to increases in healthcare WPV events
- Healthcare workers represented over 67% of all non-fatal workplace injures secondary to WPV
- Estimates are that only 20% of WPV events are reported
- Nurses are leaving the profession due to prevalent WPV
- WPV disrupts therapeutic environment
- Challenges determining what is considered an act of WPV
- Misconception that WPV is part of the job
- Campaign launched to bring heightened awareness

Conclusions

Healthcare givers encounter violence in the forms of verbal and physical abuse from patients, family members and other staff members on a daily basis. It is essential for the nurse to be able to identify the common trigger and predisposing factors that may set off a violent situation. It is important for the facilities to develop educational programs so that staff can identify triggers that may set a patient off, learn how to de-escalate a situation and how to protect themselves as well.
Nurses can identify a patient's predisposing factor based on a patient's history. Some of the major factors include:
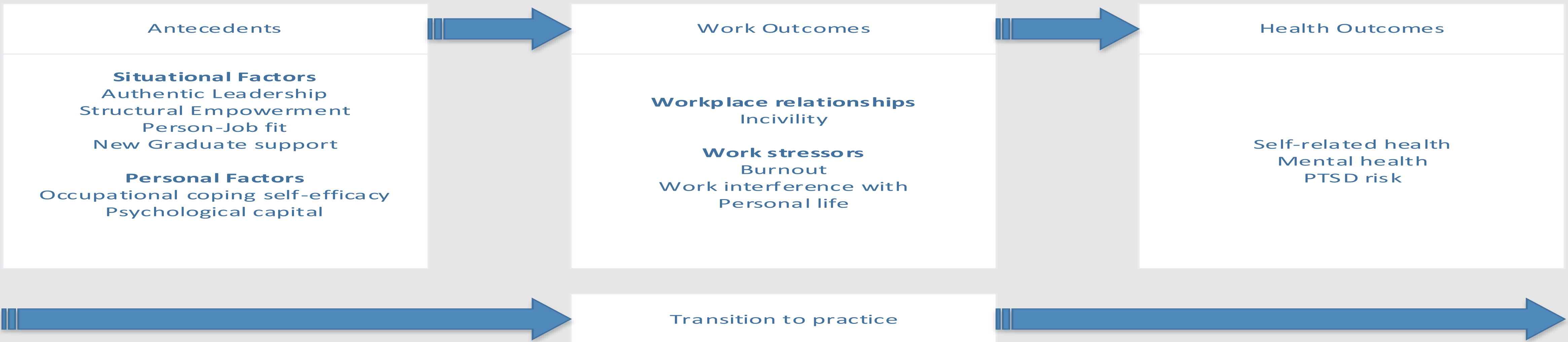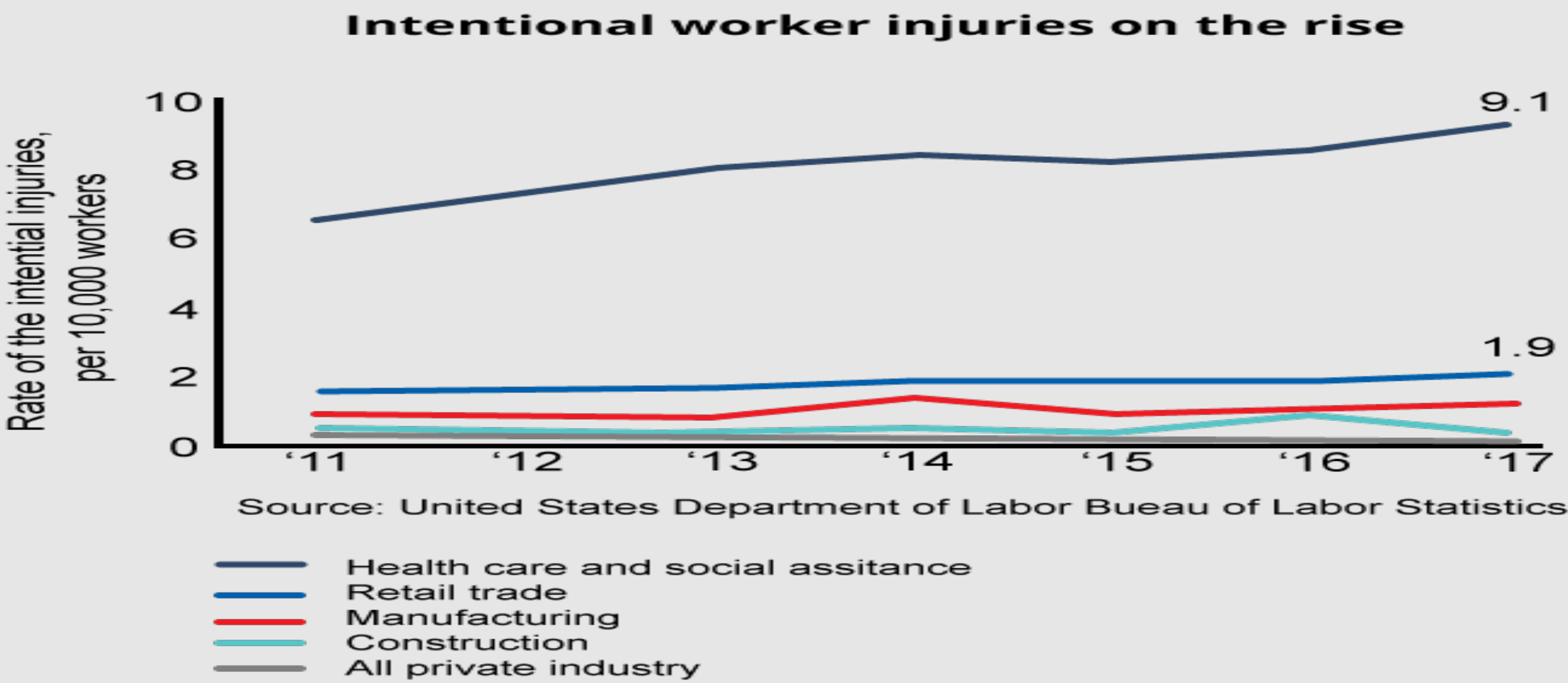-History of alcohol and substance abuse.
-Psychiatric disorders.
-Trauma
-Stressors (financial, relationships, situations).
-History of verbal or physical abuse
(Locke, Bromley, & Federspiel, 2018).
Also, by learning common triggers, nurses can learn to either avoid these triggers or to help the patient learn to adjust to the life consequences:
-Losing control and independence
-Diagnosis, prognosis, or disposition
-History of abuse that may trigger an event or a re-traumatization of the patient.
-Expectations of care not met.
(Locke, Bromley, & Federspiel, 2018).
According to the ANA, it is highly recommended that an education program be developed to help reduce workplace violence.
-Nurses are highly recommended to participate in developing a safety program within their facility.
-They should understand the policies and procedures that are provided by their facilities regarding workplace violence. If there are not any policies in place, they are highly encouraged to help develop these policies.
-The staff need to actively participate in any and all education offered related to the prevention in workplace violence.
-Most important, the staff needs to learn how to de-escalate a situation to ensure the safety of the patient, the staff and anyone else that maybe within the proximity of the patient. If at anytime the caregiver feels that they maybe in danger, they need to know how to leave the room slowly without agitating the patient any further.

Intentional worker injuries on the rise

9.1

1.9

Rate of the intential injuries, per 10,000 workers

'11 '12 '13 '14 '15 '16 '17

Source: United States Department of Labor Bueau of Labor Statistics

— Health care and social assitance
— Retail trade
— Manufacturing
— Construction
— All private industry

Antecedents	Work Outcomes	Health Outcomes
Situational Factors Authentic Leadership Structural Empowerment Person-Job fit New Graduate support **Personal Factors** Occupational coping self-efficacy Psychological capital	**Workplace relationships** Incivility **Work stressors** Burnout Work interference with Personal life	Self-related health Mental health PTSD risk

Transition to practice

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