Nurses work hard and face workplace hazards on a daily basis during routine performance of our duties. We spend time bending, pulling, standing, and stretching, as well as lifting and moving patients, placing us at risk for fatigue, falls, and back injuries. Additionally, we often are exposed to harmful and hazardous substances, such as diseases, chemicals used for treatment, radiation, and accidental needlesticks. Of greater concern, however, is the risk for injury from workplace violence, a risk that none of us signed up for or were prepared for as a part of our nursing education.

According to the World Health Organization (2002), workplace violence is defined as “incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health” (p. 3).

While 75% of assaults occur in the healthcare setting, only 30% of nurses have reported incidents involving nurse-directed violence due to a perception that workplace violence is part of the job (The Joint Commission, 2018). In 2018, violence accounted for 12.2% of all reported injuries to nurses, occurring approximately three times more often than the rate of violence in other private industry occupations (U.S. Bureau of Labor and Statistics, 2018).

### Identifying Causes of Nurse-Directed Violence

Although risk factors for nurse-directed violence include the presence of certain patient conditions, such as dementia and substance use disorders, all patients may experience stressors beyond their immediate health circumstances. Limited abilities to deal effectively with these stressors, a lack of social support, and other factors can result in other-directed violence, placing nurses at increased risk (Lisk, 2019).

Common factors that lead to nurse-directed violence include extended wait times for services (e.g., treatments, imaging, and physician consultations), environmental conditions such as short staffing, patient perceptions of uncaring staff behaviors, and frustration, fear and feelings of isolation, and loss of control on the part of patients (Najafi, Fallahi-Khoshknab, Ahmadi, Dalvandi, & Rahgozar, 2017; Shafar-Tikva et al., 2017; Shafran-Tikva, Chinitz, Stern, & Feder-Bubis, 2017).

### Protection of Nurses

Laws that impose penalties for violence directed toward nurses have been passed in 36 states, but many of these are location- or specialty-specific. For example, laws in seven states limit penalties to violence directed toward nurses working in emergency departments, one state protects only nurses working in behavioral health areas, and one state limits penalties to violence directed toward nurses in public health arenas (American Nurses Association, 2019).

The Occupational Safety and Health Administration (OSHA, 2016) has published guidelines for healthcare workers to prevent violence. Healthcare leaders are taking steps to protect nurses using increased security measures. Professional organizations have published position statements and have called for effective legislation to do more to protect healthcare workers from violence. Recently, the Workplace Violence Prevention for Health Care and Social Services Workers Act (HR 1309, S 851) was introduced in the U.S. Congress. If passed, it would require healthcare employers to develop and implement plans to prevent workplace violence and protect healthcare and social services workers.

### Impact of Nurse-Directed Violence

Nurse-directed violence has been associated with decreases in productivity (Gates, Gillespie, & Succop, 2011), the quality of care delivery, and nurse satisfaction; and increases in nurse turnover (Lanctot & Guay, 2014; Roche, Diers, Duffield, & Catling-Paull, 2010; Shafran-Tikva et al., 2017). A personal toll also exists, impacting the emotional and psychological well-being of the nurse. Emotional responses include anger, sadness, anxiety, apathy, and self-blame, while psychological responses range from lack of sleep to diagnosis with post-traumatic stress disorder (Gates et al., 2011).

### Nurse-Led Actions Addressing the Issue

The first step to addressing nurse-directed violence is to report all acts of violence, including verbal abuse and low-level battery such as hitting. Without the data, there is no problem. Reporting all incidents will allow a worksite analysis upon which interventions can be developed (OSHA, 2016). Second, we must recognize
one-size solutions will not fit all units or facilities (Phillips, 2016). For example, nurse-directed violence that may occur in a unit designated for care of patients with dementia would be different from the nurse-directed violence on a trauma unit; resultant interventions also would differ. Data collection of unit-specific violence must be integrated into any action plans designed to mediate nurse-directed violence. Arnetz and colleagues (2017) found the use of unit-specific data and development of unit-specific action plans resulted in significant decreases in nurse-directed violence.

Nurses also must obtain safety and health training, such as actions to take in the event of an active shooter as well as methods of de-escalation. Ideally, these would be provided by the employer. However, it is certainly the responsibility of nurses to seek out and attend this type of training. Nurses also can be involved actively in the development and implementation of facility policies and procedures designed to protect them and their co-workers from violence.

As nurses, we also can take the lead in promoting behaviors that mitigate violence. Setting expectations for staff, patients, and families that involve mutual respect, establishment of common goals, and improved communication can decrease the risk for nurse-directed violence (Shafran-Tikva et al., 2017). Reflection on behaviors leading up to and during violent encounters can assist in developing preventative behaviors for the future.

There are no easy answers. However, inaction is not an option. We must advocate for ourselves and our colleagues to address violence effectively in the workplace.

REFERENCES