



Violence Against Nurses

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SUMMARY

Introduction: Violence against nurses is a global public health problem that is common in various healthcare institutions at all levels of healthcare. This form of violence can be physical, verbal, psychological or even sexual, and comes from patients, their families and employees. The aim of this article is to inform the professional public about the occurrence of violence in the workplace of nurses at a global level, with the aim of recognizing it in order to adequately address this problem.

Methodology: A systematic literature search was conducted using the SCOPUS, PubMed, and EBSCO databases. Relevant literature from recent years on the topic of violence against nurses at a global level was reviewed. Keywords used in the literature search were: workplace harassment, bullying, violence, nurses, doctors, patients, public health, and others.

Topic: The causes of violence can be linked to the overload of the healthcare system: The shortage of staff and work overload lead to frustration among patients and their families, resulting in stress and tension. Healthcare crises and the emotional burden on patients often result in inappropriate behavior towards medical staff. The lack of security measures: Insufficient security presence and protection in hospitals and clinical centers increases the risk of violence, among other factors. Considering that the nursing profession is classified as highly stressful and high-risk, the responsibility in decision-making, contact with patients, their families, and caregivers, as well as emotional exhaustion of healthcare workers, contribute to the increased morbidity of mental disorders and psychosomatic diseases among employees.

Conclusion: Violence against nurses in their workplace is a major global and public health problem that has been receiving increasing attention in recent years. Further research on this topic is needed, as well as the development of preventive programs and measures to prevent violence, in order to stop such occurrences.

Keywords: Violence, Bullying, Nurses, Doctors, Patients, Public Health

INTRODUCTION

Violence in healthcare facilities affects almost all sectors and groups of workers. It is evident that such violence poses a significant risk to both public and occupational health, with healthcare workers being more likely to experience injury than workers in other sectors, as well as patients and their families [1,2]. Violence against nurses is a global and public health problem that is a common occurrence

in various healthcare institutions at all levels of healthcare, particularly in emergency medical services, urgent care centers, day hospitals, and mental health institutes [3,4]. This violence can take many forms—physical, verbal, psychological, or even sexual, and can be perpetrated by patients, their families, supervising head nurses, doctors, or their colleagues [3]. The issue of violence against nurses in

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cludes serious consequences for their physical and mental health, as well as for the quality of healthcare and the overall healthcare system of a country [3]. Little is known about the psychosocial factors of the perpetrators involved in these violent acts [5]. The literature mentions various psychosocial theories and risk factors for aggression that can be viewed as both a health and a social problem, which the healthcare system encounters [6,5]. The aim of this article is to inform the professional community about the occurrence of violence in the workplace of nurses at a global level, with the aim of recognizing it in order to adequately address this problem.

METHODOLOGY

A computerized literature search was conducted using SCOPUS, PubMed, and EBSCO databases. Relevant recent literature on the topic of violence against nurses employed at all levels of healthcare globally was identified. Keywords used included: Workplace abuse, violence, nurses, physicians, patients, and public health.

TOPIC

The International Labour Organization defines „workplace violence” as „any act, incident or conduct deviating from reasonable conduct in which a person is threatened, harmed, injured in the course of or as a direct consequence of his or her work” [7-9]. The causes of violence can be linked to the overburdening of the healthcare system: Staff shortages and workload lead to frustration among patients and their families, resulting in stress and tension: Health crises and emotional burden on patients often result in inappropriate behavior towards medical staff. Additionally, the lack of safety measures such as insufficient security and protection in hospitals and clinical centers, increases the risk of violence [3].

Types of Violence in Healthcare Institutions

The National Institute for Occupational Safety and Health (NIOSH) classifies workplace violence in healthcare institutions into four types: Type 1 includes criminal intent and refers to situations where the perpetrator commits a criminal act accompanied by violence. Type 2 is the most common form of workplace vio-

lence in healthcare institutions, where the relationship between the service provider and the client is central, and the violence occurs between the victim (healthcare worker) and the perpetrator (patient or their family). Type 3 involves acts of violence committed by another employee, typically manifesting as offensive or humiliating behavior toward a colleague. Type 4 refers to violence arising from a personal relationship with the perpetrator [9]. The International Labour Organization defines „workplace violence” as „any action, incident, or behavior by employees or patients that deviates from reasonable behavior and involves threats, injury, or harm during or as a direct consequence of the employee’s work”. Literature indicates that healthcare workers are frequently at risk of attacks from patients or visitors [10].

Workplace Violence Against Nurses

Workplace violence among healthcare workers, doctors, and nurses is a major professional hazard that can negatively impact individuals, families, healthcare institutions, and the entire healthcare system of a country [10,9]. It is increasingly recognized as an urgent issue in healthcare institutions [10]. A study by Yesilbas H. and colleagues reports that nurses are the most vulnerable category of employees in healthcare and are particularly affected by workplace violence in hospitals. Workplace violence can include aggression, physical harassment, bullying, verbal harassment, and physical violence, and to a lesser extent, sexual harassment and others [11]. Since nurses are on the front lines of healthcare and are predominantly women, unlike their male colleagues, they bear the brunt of physical and verbal abuse from patients, with gender potentially being a contributing factor. Most studies on the gender of victims have shown that female nurses and female doctors are more frequently exposed to violence than male doctors and male nurses [11-14]. In the United States, it has been recorded that due to frequent reports of violence in California hospitals, hospitals are now required to keep records of violent incidents and develop plans to prevent violence [15]. In North America, a study conducted by the Emergency Nurses Association in the United States revealed that one in four nurses surveyed had experienced some form of physical violence, with over 20 incidents occurring

in the previous three years. Almost one in five respondents reported being verbally abused more than 200 times during the same study period [16]. The results of the study Longo J, where the largest number of respondents were women (88.8 %), indicated that nurses experienced verbal violence (75.1% reported this will happen during the last year; 27% reported this happens at least once or more per month); Less than 6% of the sample had experienced a physical threat[17]. In another study, 82% of nurses reported that verbal abuse was the most common form of abuse, 11 while 63.9% of nurses were subjected to some form of verbal abuse by patients [18]. A descriptive study by Sellers, K.F., using the Briles Sabotage Questionnaire, which measures the occurrence of violence, was conducted among 2659 nurses in hospitals in New York, United States. Findings show a significantly higher ($P < .05$) degree of violence in health care communities compared to the non-union group of respondents. The study also suggests that the development of organizational, leadership, and individual conflict resolution interventions helps create a culture of safety in a healthcare facility [19]. In a meta-analysis by Baljohani et al., 26 articles were selected. There were 9072 cases, where 6575 (72%) cases related to verbal violence and 1639 (18%) to physical abuse. Among the included respondents, 2112 (36.5%) were doctors, 3225 (55.7%) were nurses, and 455 (7.8%) were other staff. The overall prevalence of verbal abuse was 0.77, suggesting that 77% of nursing staff reported exposure to verbal abuse [20]. A large European pilot study by Babiarczyk B. and colleagues, conducted in 2019, showed that from 260 nurses across five different countries, 20.4% confirmed that they had been physically attacked at work in the previous 12 months, and 76.9% reported that they were attacked by patients, family members, or visitors at their workplace. This study also confirmed that a large number of nurses had been verbally or physically abused at work in the last 12 months. In most cases, physical and verbal abuse came from patients, and to a lesser extent, from family members of patients, staff, or managers/supervisors [21]. It is important to note that in most cases, no measures were taken in response to nurses' complaints in order to investigate the causes of these incidents [21,22]. A recent large national study in Italy, conducted by Bagnasco A. and colleagues, from January to April 2021, which

included state hospitals, revealed that from a total of 6079 surveyed nurses, they concluded that violence is a very common and concerning problem, especially in public sector hospitals. The results of this study also emphasized that violence against nurses is a universal and increasingly critical problem that requires an urgent response and immediate preventive measures in this country [23]. According to a literature review, no studies on this topic have been conducted in our country and neighboring regions, except for one study in Croatia for a master's thesis by an author from Bišćan, which suggests that violence against nurses was perpetrated by patients (82.9%), more often than by other healthcare professionals, such as doctors (13%) [24]. In many cases, perpetrators are not held accountable for their actions due to health problems and the lack of regulatory bodies dealing with this issue, which exacerbates the problem [3]. Most studies have shown that workplace incidents are more often committed by patients and their relatives, with violence most often occurring in emergency medical services and urgent care centers. Nurses also report sexual harassment more often than doctors, who tend to report verbal abuse [25]. Inadequate communication between employees and supervisors, as well as inadequate communication between employees and patients and their families, plays a significant role in worsening this issue [26,27]. Different definitions and unclear criteria may lead to nurses not recognizing workplace violence due to fatigue, stress, and job overload, which prevents them from reporting incidents of violence [26]. Given that the profession of healthcare workers is classified as a high-stress and high-risk occupation, responsibility in decision-making, contact with patients, their families, and caretakers, along with the emotional exhaustion of healthcare workers, contributes to an increased morbidity of mental disorders and psychosomatic diseases among employees in healthcare institutions [27-29]. The International Council of Nurses (ICN) guidelines for coping with workplace violence recommend that nurses are the most vulnerable and exposed to various forms of violence from patients and their family members [30]. Nurses are up to four times more exposed to violence than most other occupations in the labor market [30]. Any form of violence is more pronounced among healthcare workers with less work experience and younger age,

Reference	Publication Year	Journal
Yesilbas H et al ¹¹	2021	Appl Nurs Res
Park M et al ¹²	2015	J Nurs Scholarsh
Honarvar B et al ¹³	2019	Int J Occup Environ Med
Alsaleem SA et al ¹⁴	2018	J Family Community Med
Ladika S ¹⁵	2018	Manag Care
Babiarczyk B et al ²¹	2019	Int J Nurs Pract
Hallett N et al ¹⁸	2023	Nurse Educ Today
Aljohani B et al ²²	2021	Public Health
Bagnasco A et al ²³	2024	J Clin Nurs
Bambi S et al ³¹	2021	Public Health

Table 1. Systematic reviews of papers published in 10 journals in the last 10 years

i.e., those with less experience in patient care [31]. It has been recorded that the most common health problems reported by victims of violence include anxiety, headaches, gastrointestinal disorders, and, ultimately, typical symptoms related to post-traumatic stress disorder (25% to 55%) [31]. Literature also indicates that victims of workplace violence have a high intent to resign from their positions (50%) and are three times more likely to leave the profession than other employees [31].

Training for Violence Prevention

The American Association of Nurses (AAN) recommends zero tolerance for any form of violence from any source and continuously works on adopting evidence-based strategies to mitigate what can be described as a phenomenon in the 21st century [32]. Violence against nurses results in a series of negative effects that impact all employees in the healthcare system, as well as the users of healthcare services. In light of this issue, the AAN has developed training for de-escalation in healthcare settings where violence is prevalent, as it has been proven that de-escalation training reduces the frequency and severity of aggression in patients [33]. Such preventive measures are often referred to as conversation, conflict management, or calming techniques. De-escalation courses assist in stressful situations using methods such as: employing conflict-free communication, responding with respect and authenticity, body language, and setting boundaries while staying composed, as shown in [33]. A violence prevention program needs to be structured specifically for emergencies to empower nurses by teaching them specific strategies to use when faced with potentially violent situations [34]. Any form of

violence is a crime, and laws must be strictly defined and not only strict but also adequately enforced. It is crucial to implement competent programs for the prevention and suppression of workplace violence, taking into account all risk factors that may contribute to this issue. Healthcare system policymakers in any country must proactively monitor and prevent potential episodes of workplace violence against nurses and other healthcare workers. Nurses in the workplace should feel safe and protected from any form of verbal, physical, or other violence in order to provide high-quality healthcare to patients in a completely safe environment [23,35]. The author, based on his work experience in the health team, as well as on the basis of data from the literature, considers and proposes a joint approach to this problem of violence by doctors and nurses, as well as the presence of psychologists in the health institution. daily work of health institutions of all levels. The psychologist's role should include interaction between patients and healthcare professionals, supported by social workers at the healthcare facility level. Regardless of the fact that there is an evident surplus of nurses and doctors, I believe that retraining produces insufficiently educated staff to work with patients. We support cascading education from nurses to doctors, as it has been shown that a healthy ambition of workers leads to a stronger professional identity within the healthcare field [36-38].

CONCLUSION

Violence against nurses in their workplace is a significant global and public health issue that has been receiving increasing attention in professional and scientific circles in recent years. The lack of a universal definition of workplace

violence within healthcare institutions and the ambiguity regarding what constitutes a violent event currently compromise research on the prevalence and magnitude of this phenomenon. There are various psychosocial theories and risk factors for aggression that can be viewed as both health and social issues that healthcare systems encounter. These issues can be prevented, but they are still not sufficiently recognized and are difficult to isolate due to the sensitivity of the field of work in such a complex profession as healthcare and nursing. The focus could be placed on professional behavior that promotes mutual respect and harmony, which is embodied by the nurse, doctor, patient, and the entire healthcare team. Further research is needed, along with the development of preventive programs and measures to combat workplace violence, particularly in underdeveloped and developing countries, where this issue is often underreported or inadequately addressed.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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Nasilje nad medicinskim sestrama

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KRATAK SADRŽAJ

Uvod: Nasilje nad medicinskim sestrama je globalni javnozdravstveni problem koji je uobičajen u različitim zdravstvenim ustanovama na svim nivoima zdravstvene zaštite. Ovaj oblik nasilja može biti fizičko, verbalno, psihičko ili čak seksualno nasilje, a dolazi od pacijenata, njihovih porodica i zaposlenih. Cilj ovog članka je informisati stručnu javnost o pojavi nasilja na radnom mestu medicinskih sestara na globalnom nivou, s ciljem njegovog prepoznavanja kako bi se ovaj problem na adekvatan način rešio.

Metodologija: Sprovedena je sistematska pretraga literature korišćenjem baza podataka SCOPUS, PubMed i EBSCO. Pregledana je relevantna literatura iz posljednjih godina na temu nasilja nad medicinskim sestrama na globalnom nivou. Korišćene ključne riječi prilikom pretraživanja literature su se odnosile na: uznemiravanje na radnom mestu, maltretiranje, nasilje, medicinske sestre, doktori, pacijenti, javno zdravlje i drugo.

Tema: Uzroci nasilja se mogu povezati sa preopterećenošću zdravstvenog sistema: Nedostatak osoblja i preopterećenost poslom dovodeći do frustracije kod pacijenata i njihovih porodica, što rezultira stresom i povišenom netrpeljivosti. Zdravstvene krize i emocionalno opterećenje pacijenata često rezultiraju neprimerenim ponašanjem prema medicinskom osoblju. Nedostatak sigurnosnih mera: Nedovoljno prisustvo i zaštita u bolnicama i kliničkim centrima povećava rizik od nasilja, između ostalih faktora. S obzirom da je sestrinska profesija klasifikovana kao visoko stresna i visokorizična, koja podrazumeva odgovornost u donošenju odluka, kontakt sa pacijentima, njihovim porodicama i negovateljima, kao i emocionalna iscrpljenost zdravstvenih radnika, doprinose povećanju morbiditeta mentalnih poremećaja i psihosomatskih bolesti među zaposlenima.

Zaključak: Nasilje nad medicinskim sestrama na njihovom radnom mestu je veliki globalni javnozdravstveni problem kojem se posljednjih godina posvećuje sve veća pažnja. Potrebna su dalja istraživanja na ovu temu, kao i razvoj preventivnih programa i mera za sprečavanje nasilja, kako bi se takve pojave zaustavile.

Ključne reči: nasilje, maltretiranje, medicinske sestre, lekari, pacijenti, javno zdravlje

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