Nurse Empowerment through Violence Prevention

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ABSTRACT   **Published Online: February 07, 2024**

Since emergency departments (EDs) are known to be high-risk environments for occupational violence, violence against hospital emergency department (ED) nurses is a serious concern worldwide. A systematic literature review of the variables influencing nurse aggression in emergency departments was the main objective of this study. Ten English-language studies that were published between 2008 and 2022 were included in the review of the literature. The researcher used SpringerLink, Science Direct, Google Scholar, ERIC, and Academic Search Elite to conduct a thorough literature review on the research problem as it was defined. The literature review revealed several factors that affect violence towards nurses in emergency rooms. Rarely have prior research examined all aspects of nurse hostility as well as efficient preventative strategies across different medical wards. The study looked at the prevalence, kinds, causes, and effects of workplace violence in emergency departments. It also looked into themes like the origins of violence, incident management, and institutional violence prevention measures, as well as population and occupational risk variables related to workplace violence in EDs. This thorough assessment is essential since it will increase nurses' professionalism, career advancement, and confidence, ultimately resulting in patient satisfaction.

STUDY BACKGROUND

Violence against hospital nurses is a major problem throughout the world. The nurses with the highest risk of being subject to violence are those working in the emergency department. They are exposed to patients and patient escorts in a state of panic-induced violent tendencies due to the situation they are in being new to them. While nurses are educated on the current situation these patients are in because "they are angry at emergency department staff, their anger should be understood as displaced emotion masking unresolved internal conflicts" (Walters, 1991). Therefore, patients cannot be expected to understand the stress nurses are exposed to. This makes dealing with patient illness and temper both part of the nurse's responsibility.

Violence in the workplace has been proven time and time again to damage professionals, their patients, and the establishment they are in studies. Security accommodations have proven effective in elevating some incidents according to nurses. Being subject to said violence can only be harmful to both the profession and the establishment they work under.

This harm takes form by negatively affecting the professional's productivity and overall performance. It also affects their career progress and has a chance to traumatize them. Furthermore, if similar traumas happened earlier in the professional's life, it would have "affected their decision to enter social work." (Romp, 1994) in the first place. The health care system has failed at protecting its professionals from coolant incidents so far despite security implementation.

This study aims to conduct a comprehensive literature assessment of the variables influencing violence against nurses in emergency rooms. The full scope of violence against nurses and efficient prevention techniques in all medical specialties have rarely been investigated in a prior study. Because it will boost nurses' self-assurance, job satisfaction, and professional integrity, this thorough review is crucial for ensuring patient satisfaction. The study examines the prevalence and types of workplace violence in emergency rooms, as well as its alleged causes and outcomes. Additionally, it looks at factors such as the origin of the violence, incident management, and institutional violence prevention initiatives, as well as population and workplace risk variables linked to a population's susceptibility to workplace violence in emergency rooms. The frequency and patterns of violence against nurses have been extensively
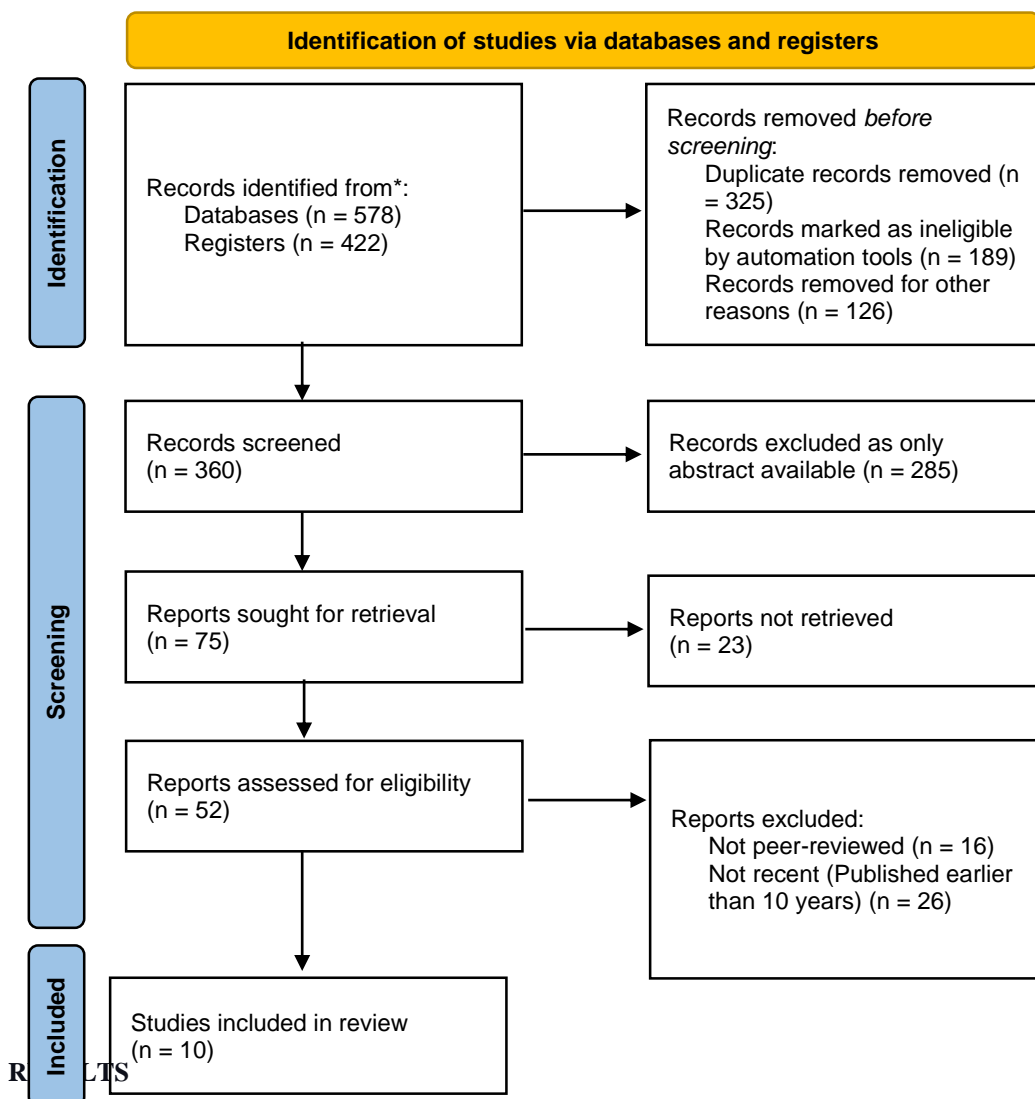
studied; however, there has been comparatively little in-depth research on this subject in emergency rooms in Israeli hospitals. To undertake a thorough literature analysis on the factors influencing violence against nurses in emergency rooms, the study's objective is to identify such elements.

SEARCH STRATEGY

The systematic literature review approach was chosen as the study's preferred methodology (SLR). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines were followed for conducting the SLR. With this approach, the researcher finds, picks, and evaluates the studies that have already been done on the subject under study. Following this, the researcher conducted the following primary and secondary journal article literature search.

The researcher conducted a thorough evaluation of the academic literature on the proposed study problem using SpringerLink, Google Scholar, Science Direct, ERIC, and Academic Search Elite. The researcher combined several key terms using the BOOLEAN operators "AND" and "OR" to find pertinent sources. "Violence," "nurses," "health workers," "violence against nurses," "workplace violence,"

"violence in emergency departments," "factors of workplace violence," and "violence among health workers" were the keywords that were employed. BOOLEAN operators helped to focus the search and increase precision. Articles that had recently (within ten years) been published, as well as those that were peer-reviewed, full-text, and published in English, all met the inclusion requirements. Articles that are more than ten years old, unreviewed, and without the entire text are excluded. There were a total of 1000 journal papers found throughout the initial research phase. When the obtained articles were checked for duplicates, the automation tool removed N=325 items, while N=189 articles were also removed for various reasons, leaving N=126 articles. Additionally, N=285 entries out of the remaining N=360 records were deleted because only abstracts were provided. Only N=23 of the remaining 75 records were not found throughout the search for their retrieval. N=16 and N=26 were omitted because they were not peer-reviewed and were out of date after 52 records were examined to determine their eligibility. Therefore, as shown in the PRISMA below, the researcher only used N=10 in the final study.

Identification of studies via databases and registers

Identification

Records identified from*:
Databases (n = 578)
Registers (n = 422)

→ Records removed *before screening*:
Duplicate records removed (n = 325)
Records marked as ineligible by automation tools (n = 189)
Records removed for other reasons (n = 126)

Screening

Records screened (n = 360)
→ Records excluded as only abstract available (n = 285)

Reports sought for retrieval (n = 75)
→ Reports not retrieved (n = 23)

Reports assessed for eligibility (n = 52)
→ Reports excluded:
Not peer-reviewed (n = 16)
Not recent (Published earlier than 10 years) (n = 26)

Included

Studies included in review (n = 10)

RESULTS

The literature research identifies several variables that influence violence towards nurses in emergency rooms. Seven publications that were published in the English language between 2008 and 2020 made up the literature review. These studies were reviewed using a variety of research methods, including systematic reviews, randomized controlled trials, meta-analyses, descriptive and experimental studies, cross-sectional research, exploratory research, and longitudinal investigations. Most of the papers go on what influences violence against nurses in emergency rooms. The majority of the publications sought to emphasize the relationship between these elements and provide methods for preventing such incidents, maximizing the efficiency of healthcare workers, particularly those in emergency rooms, and ultimately achieving patient satisfaction. Numerous themes connected to the subject under inquiry were found in the literature review.

In their study, Hamblin (2015) employed qualitative content analysis of employee incident reports of workplace violence and rudeness. According to their research, workplace violence and rudeness are brought on by dissatisfaction with employee behavior, organizational policies, or job limits. These event descriptions indicate workplace tension and annoyance brought on by ineffective teamwork and communication, all of which impair job productivity.

Nurses' Point of View

Several medical personnel is unprepared to provide nursing care to women who have endured intimate partner abuse (Sundborg, 2012). One of the results may be the treatment of symptoms, but many women also endure unreported abuse and needless suffering. They suggested that changes are needed both at the organizational and personal levels. According to Ramacciati (2014), hostility and violence in emergency room care are related to environmental and interpersonal factors. Triage was shown to be the area of the ED where animosity is most likely to happen, and waiting durations and a communication breakdown were recognized as contributory factors to violence.

Violence's Effects

The impact of workplace violence on nurses' livelihoods and patient care can be severe in the healthcare sector. Health care providers in emergency departments experience occupational consequences, according to Hassankhani (2018). Initiatives for staff health and safety may not take these implications into account, putting nurses in danger. According to Liu (2020), the association between behavioral problems and compensation outcomes is brought on by the state's involvement, which frequently requires hospitals to make payments when there is serious violence. Nurses' personal and family lives, as well as patient clinical outcomes and attitudes, can be severely impacted by workplace violence.

Violence Occurrence

Studies on emergency medical healthcare services have been hampered by the absence of suitable risk adjustment measures. According to Kansagra (2008), a consensus-derived, diagnosis-based intensity classification system can be used to explore severity-adjusted outcomes across patient groups and is significantly correlated with actual measurements of ED resource consumption. Violence is influenced by interacting factors such as staff behavior, patient attitudes, hospital atmosphere, professional roles, and wait times (Shafran, 2017).

DISCUSSION

Violence in the workplace has a significant impact on professionals, clients, and service prices, according to studies. Nurses claim that keeping security on duty day and night lowers employee risk. Abdallah & Salama (2017), for instance, claim that workplace violence has many detrimental repercussions on both individuals and organizations, such as increased burnout, lower performance and productivity, career development, poor mental health, a high workload, and poor patient safety. According to some sources, the emergency room is one of the high-risk industries because there is a lot of violence against healthcare workers there. This is in line with research by Hamblin et al. (2015) that found that violence harms nurses and, as a result, hurts the standard of care provided in emergency rooms. Incidents of workplace violence and rudeness were indeed brought on by dissatisfaction with employee behavior, organizational standards, or job restrictions. As a result of inadequate teamwork and staff communication, which jeopardizes work productivity, these event descriptions depict workplace tension and aggravation.

The literature claims that emergency nurses experience unfavorable occupational effects. These implications might not be addressed by staff safety and health protocols, putting nurses in danger. This claim that a safe environment and safer clinical management can be achieved by minimizing violence and providing support for nursing personnel is supported by Kansagra et al. (2018). An extensive emergency medical and psychiatric research program is necessary to meet the demand for improved education, monitoring, observation, and ED-initiated treatments for mental health issues. As more patients with severe mental illness pass through the automated doors of EDs, there is an increased opportunity to advance the theory and practice of emergency mental health treatment (Wei et al., 2016). This possibility includes anything from targeted patient intervention initiatives to studies on large-scale epidemiologic monitoring. Effective screening, care, and referrals are necessary for psychiatric patients who present to EDs. Workplace violence by patients and families, coworkers, or executives is influenced by a variety of different factors at the human and organizational levels. Consequently, workplace violence can negatively affect

nurses' personal and family lives, as well as patients' clinical outcomes and attitudes toward the nursing profession.

Limitations and Strengths

While this study clarified the existing literature on the factors that contribute to violent episodes in hospitals, further studies in hospitals with characteristics similar to those in this work are still required. Investigations should aim to represent the diversity of data offered in both the theoretical and practical components, even though no two examples will yield the same results. To give a comprehensive, in-depth assessment of hospital violence, this would include the viewpoints of patients, employees, and security personnel, as well as the high participation rates reached. Hospital administrators must address the crucial problem of underreporting to identify risks, put plans in place, and lessen such occurrences. All training sessions for medical professionals should include a need for workplace violence awareness. Finding the common causes of workplace violence and rudeness in the healthcare industry is the first step in creating specialized treatments for different kinds of abuse.

RECOMMENDATIONS

Healthcare executives must examine the caring environment, develop and educate violence-prevention strategies at the academic and workplace levels, and aggressively oppose any types of violence while doing so. They include a customer-focused mindset, responsibility balance and guidance, an emphasis on individual accountability, awareness of the potential role of employees in violence, and workable methods for preventing and dealing with violent situations. Instead of reassigning duties, the inquiry into how violent events develop, including the involvement of workers, focuses on preventing and improving coping with a worrisome issue that cannot be ignored in the context of hospitals.

Implications

This study identifies important risk factors and sheds light on the extent of hospital violence that affects nurses. The findings identified the most frequent hotspots for hospital violence and suggested that hospitals increase their efforts and financial commitment to health promotion. The identification of common triggers for workplace violence and uncivil behavior serves as the basis for the development of harassment prevention programs that may be utilized to train hospital staff.

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