Around half of nurses and midwives report workplace aggression in the past month: 36% report violence from patients or visitors and 32% report bullying by colleagues

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Around half of nurses and midwives report workplace aggression in the past month: 36% report violence from patients or visitors and 32% report bullying by colleagues

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Implications for practice and research

- Interventions are needed to help work teams recognise the signs of bullying and take steps to address the behaviour.
- Continued attention is required to address organisational responses and protective systems for occupational violence (OV) and workplace bullying (WB).
- Further research is required with nurses exposed to OV and WB to establish the efficacy of intervention programmes and nurses satisfaction with these programmes.

Context

Workplace violence in its various forms is an issue of major concern to nursing. Over the course of their working life, few nurses escape this violence, and many are vulnerable to harm or injury stemming from exposure. Though a growing body of research has drawn attention to the many forms of violence and aggression experienced by nurses, there is little empirical evidence about effective responses, and few large sample studies have appraised nurses’ perceptions about the types of responses they find most useful.

Methods

Farrell and Shafie compared nurses’ experience of OV and WB employing a self-administered postal survey in a randomised sample of 5000 union members in Victoria, Australia. Respondent’s views were canvassed on contributory factors for OV and WB and the nature of organisational responses (ie, the types of actions taken and how helpful these were).

Findings

Over half of the 1495 respondents (52%) reported exposure to violence (OV and WB). The majority rated their handling of OV as good or very good and had access to workplace training programmes that addressed emergency response procedures. Those who had experienced OV and WB were significantly more likely to rate training programmes as marginally or not effective. Only a little over half of the respondents had training in communication and de-escalation skills and those who experienced OV and WB reported less satisfaction with training programmes than those not exposed. The vast majority of respondents primarily turned to colleagues for support (OV 92%, WB 81%), and this support was rated by far the more helpful form of support available. Other common forms of support were from family members (OV 56%, WB 62%) or from a supervisor (OV 62%, WB 58%), with the majority finding family more helpful for both OV and WB than managers. Another notable finding was, of the 26 workplace safety systems assessed, only 2 systems were in place in more than 80% of workplaces and 13 of the systems were in place in less than 65% of workplaces.

Commentary

Studies such as this one can provide insight into nurses’ perspectives on the problem of workplace violence and offer a focus for continued efforts to improve the safety of nurses. Generally, management intervention, policy development and education programmes about the nature of OV and WB are positioned as the primary solution to this problem. The lack of satisfaction with support programmes and management interventions in this study, particularly for the group who experienced OV and WB, indicates much work is still required to develop effective interventions.

In contrast, colleagues clearly made a difference in the work-life of nurses exposed to OV and WB. By providing a safe and accepting environment to discuss highly distressing events, peer support can provide comfort and help determine the best response. Though it is important that peers offer support, it is vital that they have the skills to provide constructive as well as helpful advice. The finding that 83% of respondents reported bullying was a feature of personality suggests that messages from colleagues, while supportive, may have served to reinforce stereotypical understandings rather than encouraging frank and open repudiation of the behaviour.

As nursing research matures in this field, it is important to develop programmes that enable bystanders to take action when they witness bullying. Interventions are needed to help work teams to recognise the signs of bullying and to take steps to help those targeted address the behaviour. Developing team-based responses that aim to mitigate abusive workplace behaviour through peer messages of unacceptability possibly provides our best hope for tackling this problem.

One of the strengths of the present study is that a reasonably large random sample was employed. The findings must be viewed with some caution, as no detail is provided (either in this study or the earlier study by
Farrell et at\(^2\) regarding the reliability and validity of the measures. Nor was sufficient detail provided to discern the features of OV and WB measured.

Competing interests None.

References