



PROFESSIONAL ISSUE: VIOLENCE IN NURSING

Chelsea Youngman

WHAT IS VIOLENCE IN NURSING?

- Violence in nursing is any act that causes harm to the nurse.



TYPES OF VIOLENCE

- Nurse – Nurse (Horizontal)
- Physician – Nurse
- Nurse – Patient
- Patient – Nurse



HORIZONTAL VIOLENCE

- Griffin (2004) Nurse-to-nurse aggression. Ten most common forms: “non-verbal innuendo, verbal affront, undermining activities, withholding information, sabotage, infighting, scape-goating, backstabbing, failure to respect privacy, and broken confidences.”
- Legal Definition (2008): Oppressed groups/individuals internalize feelings such as anger and rage and manifest these through gossip, jealousy, putdowns, blaming.
- Rowell (2008) That which humiliates, degrades, or otherwise indicates lack of respect for dignity and worth of an individual.
- Alspach (2007) Condescending language, impatience, angry outbursts, reluctance, or refuses to answer questions, threatening body language, and physical contact.
- Bullying Issues Report (2001)
- Bullying: “Offensive, abusive, intimidating, malicious or insulting behavior, persistent, systematic, ongoing, or abuse of power conducted by an individual or group against others, which make the recipient feel upset, threatened, humiliated or vulnerable, and undermines self-confidence and may cause stress. Repeated inappropriate behavior, direct or indirect, verbal or physical, at the place of work/course of employment, which could reasonably be regarded as undermining the individual’s right to dignity at work.”
- Ulrich et al. (2006) Verbal abuse can be blatant or subtle and consist of communication through words, tone, or manner that disparages, intimidates, patronizes, threatens, accuses, or disrespects another person.

(Embree & White, 2010, pg 169)



PATIENT – NURSE VIOLENCE

- Violence can take many forms, including verbal and emotional abuse; physical assault; threats of physical violence; unwanted sexual advances; and harassment. In nursing, it can arise from patients, patients' families, visitors, or colleagues (Roche, Diers, Duffield, Catling-Paull, 2009, p. 14)



PROFESSIONAL ISSUE

- This was an example of verbal and emotion abuse, threats of physical violence and it arose from a patient.



SITUATION

- A patient came into the emergency department with bad back pain. The doctor ordered 60 mg of Toradol for the patient. When the nurse went in to give the patient his medication, he became very upset and irritated. He was yelling and said that was not going to help and he was going to a different hospital. The nursing staff tried to explain to him that he was not able to have a narcotic pain medication because he drove himself. He was told if someone could come get him, he could have a narcotic.



ACTION

- The nurse explained the situation to the doctor. The doctor went in and explained to the patient that because he drove himself, he could not have a narcotic. The patient got up, got dressed, and started to walk out. He kept stumbling and almost fell a couple of times. One of the other nurses stopped the patient because she thought he was drunk or something else was wrong with him. The nurse and doctor taking care of the patient walked down and explained what was going on to the other nurse. The patient proceeded to shout obscenities and threatened to kick the nurses and the doctors “butt”. Another nurse that witnessed the situation called security. The doctor told security to escort him out and not to allow him back in.



OUTCOME

- The outcome of this violent act was a sad thing. A patient was not able to become free of pain and nurses and doctors got treated like crap when they were only trying to help. If the patient would have just listened to the nurses and the doctors and accepted what they were trying to do to help, it could have saved the patient and the nurse/doctor a lot of trouble.



REFLECTION

- Looking back at this, it shows that not all patients are nice and understanding. Some patients are just “drug-seekers” and they become upset if they do not receive exactly what they want. Also, it is a good thing to have security around because what if the patient would have acted on the nurse/doctor instead of just threatening.



DISCUSSION #1

- Have you ever experienced or been a witness to some type of nursing violence and how did it make you feel? Explain.



DISCUSSION #2

- If you were in this type of situation, what would you do and why?
- What would you not do? Why?



REFERENCES

- Roche, M., Diers, D., Duffield C., Catling-Paull, C. (2010). Violence toward nurses, the work environment, and patient outcomes. *Journal of Nursing Scholarship*, 42(1), 13-22. doi: 10.1111/j.1547-5069.2009.01321.x
- Embree, J. & White, A. (2010). Concept analysis: nurse-to-nurse lateral violence. *Nursing Forum*, 45(3), 166-173.

