

Non-physical violence can be most harmful to nurses

A new study recommends a stronger focus on preventing non-physical assaults in the health care sector, finding that these have greater effects on nurses than physical violence from patients.

The American study aimed to identify the magnitude of the violence problem in the health care industry and potential risk factors for abuse.

The researchers surveyed all licensed registered and practical nurses in Minnesota, finding:

- there were high rates of both physical (13.2) and non-physical violence (38.8) per 100 persons per year respectively;
- males were more likely than females to experience violence, which may relate to differences in exposures;
- younger workers were more likely to be assaulted;
- working in a nursing home, long-term care or rehabilitation facility carried the highest risk of assault;
- patients/clients were the most frequent source of physical (96%) and non-physical (67%) violence;
- perpetrators were more likely male, but were more often male for non-physical than physical violence; and
- working with geriatric populations increased the risk for physical violence and was suggestive for non-physical violence.

The study found the consequences of non-physical violence appeared to be more severe than for physical violence. But, they said, rather than minimise the problem of physical violence, this highlighted the fact that the effects of non-physical violence must not be neglected.

Individuals who experienced non-physical violence and endured feelings or symptoms over time were at risk for acute stress disorder or post traumatic stress disorder, and were more likely to require modified work, quit, transfer or obtain a leave of absence.

Because 33 per cent of perpetrators of non-physical violence (such as verbal abuse, threats and sexual harassment) were supervisors, physicians, visitors and other employees, the study suggested a need to create a culture of respect in the workplace through relevant strategies.

The researchers said that given that physical assaults are perpetrated almost exclusively by patients - the majority of whom were impaired and aged 66 or older - patient care activities for the relevant subgroup of nurses should be investigated closely for specific risk factors and potential interventions (such as flagging the chart of a violent patient, assigning two care providers, or using appropriate strategies for a combative patient).

An epidemiological study of the magnitude and consequences of work related violence: the Minnesota Nurses' Study, S G Gerberich et al, USA. Occupational and Environmental Medicine, Volume 61, Number 6, June 2004.