Violence in psychiatric units – impact on individuals and facility.

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Managers and Ethical Decision Making.

- Maintaining balance to achieve a healthy workplace.
- Impact of violence upon the individual nurse/carer
- Impact of violence upon the facility

Background
Exposure to Violence

What the research says...

- nursing is a high risk occupation for violent incidents
- full extent of the problem is poorly understood
- health service workers had a threefold increased risk of violence compared to other administrative occupations (porter, activity worker, doctor, student nurse, nutritionist)
- high risk areas – psychiatry, pediatrics, float staff, long term care
- Highest risk – Care Aids, LPN, RN
- Kling et al. (2009)
• Paucity of research on psychological aspects of nurses who have been exposed to verbal abuse or violence (Makoto et al., 2006. Atawneh et al., 2009. Fagin et al., 1995.)

• Non somatic effects of verbal aggression deemed as petty and not worthy of research (Whittington and Wykes, 1992)

• the effects and consequences of verbal abuse can be devastating and long lasting. Research that has focused upon it’s consequences has found that it is both physically and psychologically damaging (Rowe and Sherlock, 2005)

Impact on the individual

• anger
• anxiety
• fear
• hypersensitivity
• impaired professional functioning
• alcohol abuse

• increased sick time
• self blame
• professional doubt
• embarrassment
• sense of failure

How did this incident affect you?

• “I remember the words used – (over 20 years ago). She said I was old, I was 25”
• “I can see his eyes looking at me when he said I was a f------ bitch . The swearing didn’t impact upon me but the word bitch did”
• “I’m afraid of patients now and it affects my ability to be therapeutic with them”
• “It’s easier to deal with patients with organic disorders- I don’t personalize it and often the patient doesn’t remember the attack”
• “I start to doubt myself professionally – I should have done this or that or shouldn’t have done that”
• “verbal abuse is extremely stressful – it affects you both on a personal and professional level. It’s demeaning and dehumanizing”
Culture – what is it?

- "an organization's culture develops to help it cope with its environment"
- "a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems"
- (Schein, 2010)

Internal integration and external adaptation

Culture

- Showgirls and Superman
- Toggles

Morrison (1990)
Mason (1993)
Impact on the organization

- sick time
- overtime
- workload
- managing challenging patients
- admission and discharge of patients
- workload grievances
- PRF’s
- performance management
- reduced quality of care
- increased number of complaints
- increased workload with unions
- increased workload with Work Safe BC
- supporting other staff
- supporting other patients

5 guidelines for a leader...

- don’t oversimplify culture or confuse it with climate, values or corporate philosophy
- don’t label culture as solely a human resources aspect of an organization
- don’t assume that the leader can manipulate culture as they can control many other aspects of an organization
- don’t assume that there is a ‘correct’ culture or that a strong culture is better than a weak one.
- don’t assume that all the aspects of an organization’s culture are important, or will have a major impact on the functioning of an organization. (Schein 2010)

Strengths

- Team
- Honesty
- Respect
- Supporting each other
- No blame culture
Consider that...
- the culture of an organization is important in managing violent patients and the staff that care for them.
- critical incident stress debriefing can increase the risk of PTSD
- post incident debriefing can be beneficial to staff
- verbal aggression (threats) may have the strongest negative influence on a staff member.
- it’s not the level of physical harm that affects the emotional distress but subjective perception (Kasunick and Talia, 2009)
- professional functioning and the development of emotional injury are influenced by verbal aggression.
- more resources need to be allocated for dealing with theses effects such as treatment programmes for victims of violence.

Conclusion
- The establishment of a therapeutic relationship is the cornerstone of nurses’ moral duty to care (Peplau 1991)

References
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- Educational Action Research 1 (3), 411-423

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