

Workplace Violence among Healthcare Workers: A Review of Causes and Effects

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Abstract

Aggression and violent behavior in the workplace is a growing phenomenon. The aim of the current paper was to review studies related to the causes and effects of WPV among health care workers. The electronic searching method used the Google Scholar database to search for the most relevant studies. The WPV is a significant safety and health issue. The violence risk factors differ among health care settings. The WPV causes are staff-related and clients' related. It is a significant problem that may contribute to a negative effect. Interventional studies that test the influence of specific approaches or programs on reducing WPV are vital.

Keywords: Workplace; Violence; Healthcare Workers

Introduction

According to the World Health Organization (WHO), Workplace Violence (WPV) is an "Incidents where staff are abused, threatened, or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being, or health" [1]. The WPV is psychological and physical damage comprising verbal assault, attacks, bullying and both racial and sexual harassment [1].

Workplace Violence (WPV) is a significant safety and health issue. The violence toward health care workers is considered a global community health concern since they are at the front of the health care system and with the closest contact with patients [2]. They are exposed to WPV [3]. Since the nurses are spending additional time than other health care workers, they are more vulnerable for WPV than others.

Usually, workplaces are supposed to be safer for workers than any other environments. However, aggression and violent behavior in the workplace is a growing phenomenon [4-11].

Health care workers in the emergency departments have more of this problem because of the life-threatening nature of the condition the patient comes in. Some reports revealed that nearly 25% of the workplace incidents were described among health care workers, and 50% of the health care workers have as at least one experience with the WPV, which could be verbal or physical [12].

Aim of the Study

The aim of the current paper was to review studies related to the causes and effects of WPV among health care workers.

Methods

The electronic searching method used the Google Scholar database to search for the most relevant studies. The searching keywords were workplace violence, healthcare workers, nurses, hospitals, and preventive measures.

Papers published between 2012 and 2021 were obtained. Those published in the English language that assesses workplace violence among health care workers were included in the present review. Studies involving types of workers were excluded.

Search outcome

A literature search produced 100 titles designed for review. The last consideration yields 52 studies, excluding studies consisting only of abstracts or unrelated articles.

Results and Discussion

The violence risk factors differ among hospitals and among home care settings, according to setting, scope, and form of care. WPV may happen anywhere in a hospital, nonetheless, the most common in emergency departments, psychiatric units, waiting areas, and long-term care units [13]. Some of the WPV causes are staff related, others are clients' related [14]. Examples of the staff-related causes of WPV; sustained negative attitudes and lack of responsiveness from the establishment regarding the violence toward the staff, are considered the main two reasons for escalating the minor issues into a physical or verbal violence [15-25], other causes staff related; lack of emotional control, anger, stressful job environment, abusive supervision, role conflict, improper leadership models, absent of appropriate policies to deal with violence situations against the staff, and alcohol abuse [15,26-32].

There are many causes that lead to WPV, some of these causes are client-related, and other are staff related. Either ways the workplace violence is a significant problem that may contribute in a negative effect. According to a recent qualitative study, many healthcare workers described that WPV caused a harmful effect on them physically and emotionally. They defined feeling fatigue, exhausted, stressed out and tired as a consequence of frequently being a violence victim [33]. It has a persistent and direct influence in providing effective and safe patient care [33]. Also, according to studies carried out in numerous countries, there are connections between burn-out and WPV [34]. Burn-out is common among health care workers and has been related to increasing medical errors, weakened physical and emotional health, increasing job turnover and absenteeism rates [33]. The impact of WPV on health care workers also includes experienced chronic pain changes in work morale, muscle tension, sleeplessness and nightmares [35].

Finally, the barriers that prevent eliminating WPV among healthcare workers were shortages of staff, increasing patient morbidities, contact with violent persons, and the lack of protective regulations and solid workplace violence prevention programs [13]. Interven-

tional studies that test the influence of specific approaches or programs on reducing WPV are likewise vital [36-45]. Giving the suitable training to the health care workers, to advance their control in the stressed condition, and to increase their communication skills, will decline the incidence of violence, also the appropriate response by the management and authorities will develop the feeling of safety and support the self-esteem of the health care workers [36,46-65].

Conclusion

The WPV is a significant safety and health issue. The violence risk factors differ among health care settings. The WPV causes are staff-related and clients' related. It is a significant problem that may contribute to a negative effect. Interventional studies that test the influence of specific approaches or programs on reducing WPV are vital.

Recommendations

- Healthcare organizations need to work to decline the incidence of WPV and also include efforts to alleviate the negative influence of verbal and physical WPV on health care workers.
- More studies are required to build interventions that alleviate the negative impact of WPV.
- Interventions to reduce WPV must be implemented by health authorities to build a free violence practice environment.

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