

Current issues - workplace bullying



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Violence in the workplace is something that should be taken seriously, no matter what form it comes in. In the nursing community, it is hardly acknowledged as more than a day's normal routine. Suggestive looks, unwanted contact, and rude words are only some of the things nurses in this day and age are faced with. To date, there are a startlingly few facilities worldwide that have protocols and emergency procedures when dealing with violence in at work. What nurses are taught, and what they actually do on the job are two different things. A change in procedures should be imminent. The magnitude of this problem is not just encompassing one city, but all over the world. In places like Australia and Cape Town, Africa, the numbers are only increasing. Hundreds of thousands of violent behavior cases are reported every year worldwide, and this situation shows no signs of slowing down. In nursing school, students are taught how to work with patients, but not how to handle a potentially dangerous situation. Nothing prepares them for the angry, suicidal, or panicked patients who go beyond the behaviors expected of them. " Nurses practice in many settings, including hospitals, schools, homes, retail health clinics, long-term care facilities, battlefields, and community and public health centers." (Institute of Medicine, 2010). Because nurses practice in so many different places, their well-being and safety can be easily compromised. When it comes to the IOM recommendations, this isn't properly acknowledged. These recommendations talk of education, training, and residency programs, but fail to mention anything in regard to staying safe in the work place. There is a very real disconnect between what is being taught now, and what needs to be taught. In the United States alone, " nearly 500, 000 nurses each year become victims of violent crimes in the workplace." (Hilton, 2010). Some <https://assignbuster.com/current-issues-workplace-bullying/>

people blame this on the level of education that a nurse has, while others put all the blame onto lack of communications and emergency procedures. According to Maneval, “ historically, associate degree nursing education was crafted as a solution to a national nurse shortage.”(p. 360). The physical consequences of what a victim might go through are one thing, but the psychological issues that arise are often worse. Symptoms of depression, anxiety, and burnout are only a few of the ways these issues are expressed. Not only does violence toward nurses affect them individually, but it also “ affects teamwork within nursing practice areas.” (Khalil, 2009). In places like Cape Town, Africa, where racial discrimination is high, the functionality of teamwork is highly important. There is a large difference between facing an angry and abusive patient alone, and between facing that same patient with two or three other nurses to support you. Recent studies have suggested that men are more likely to elicit physical violence, and women are more likely to resort to verbal abuse. Gillespie (2010) stated, “ men are physically capable of causing more bodily injury when hitting, striking, or pushing.” (p. 178). In November of 2010, New York created a legislation that would make it a felony to harm a nurse. Anyone threatening on duty nurses with violence would be charged with a felony. This law is called Violence Against Nurses. Because nurses considered violent patients part of their every day duties, any biting, spitting, etc. was considered normal, and only rarely were such things reported. There is hope that this New York legislation will spur other countries, states, and provinces to follow in its footsteps to protect nurses around the world. Being taught about lateral violence from a scientist is unacceptable. One such thing happened in Boston, Massachusetts, where 26 nurses, “ were taught about lateral violence in nursing practice.” (Griffin, <https://assignbuster.com/current-issues-workplace-bullying/>

2004). As a new graduate in nursing school, there is a definite possibility that I will have to deal with a violent patient in my career. With no rules or policies in place for such an event, I will have to use my own judgment in order to handle the situation. I feel I will not only need to deal with this situation as a new graduate, but also many years later in my career. Seeing patients acting against co-workers, some of whom may be my friends, is also a very real possibility. The more people who know and understand what is happening in the nursing community as a whole, the better chance there is of something being done about it. Worldwide, violent patients are a very real threat to nurses. Whether they are physically violent or mental, the fact remains that there is a very real need for a solution. The legislation in New York is a beginning, but will it spur other nations on? Research papers and experiments all over the world have expressed an increase in violence. One such paper stated that, “ findings indicate increases in all incidences of reported violence in the workplace between 1995 and 2008.” (Opie) Dealing with violence anywhere in the workplace should never be tolerated. The lives and well-being of employees who help save lives are at risk, and will continue to be unless real action is taken.

References

1. The future of nursing: leading change, advancing health. Institute of Medicine of the National Academies. (2010). Retrieved from http://www.academia-research.com/filecache/instr/t/h/510867_the_future_of_nursing.pdf
2. Griffin, Martha. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of Continuing Education in Nursing*, 35(6), 257. Retrieved from http://www.academia-research.com/filecache/instr/g/r/510867_griffin_intervention_for_newly_licensed_nurses.pdf
3. Khalil, Doris (2009). Levels of violence among nurses in Cape Town <https://assignbuster.com/current-issues-workplace-bullying/>

public hospitals. *Nursing Forum*, 44(3), 207. Retrieved from http://www.academia-research.com/filecache/instr/k/h/510867_khalil_violence_article.pdf

4. Tessa, O., Dollard, Maureen., Wakerman, J., Macleod, Martha., Knight, S., Dunn, S., Rickard, G. Trends in workplace violence in the remote area nursing workforce.. *Australian Journal of Advanced Nursing*, 27(4). Retrieved from http://www.academia-research.com/filecache/instr/o/p/510867_opie_violence_article.pdf

5. Maneval, Rhonda and Teeter, Marilyn (2010). A student perspective on RN-Plus-10 legislation: A survey of associate degree and diploma nursing program students. *Nursing Education Perspectives*. 31(6), 358-361. Retrieved from http://www.academia-research.com/filecache/instr/m/a/510867_maneval_teeter.pdf

6. Gillspie, G., Gates, D., Miller, M., and Howard, P. (2010). Workplace violence in healthcare settings: Risk factors and protective strategies. *Rehabilitation Nursing*. 35(5), 177. Retrieved from http://www.academia-research.com/filecache/instr/g/i/510867_gillespie_violence_article.pdf

7. Hilton, Lisette. (2010). New York law makes assaulting a nurse a felony. *Nurse.com*: A Gannet Company. Retrieved from <http://news.nurse.com/article/20101122/NJ02/311220003>

8. Sellers, K., Millenbach, L., Kovach, N., Klimek, J. (2009-2010). The prevalence of horizontal violence in New York state registered nurses. *The Journal of the New York State Nurses Association*. 40(2), 20-24. Retrieved from http://www.academia-research.com/filecache/instr/f/l/510867_fl_wntr09.pdf