

## **Overview**

- **Violence towards nurses in the workplace**
- **Strategies to deal with aggressive people**
- **Caring for the patient who has experienced a violent episode**

## **Boundaries**

**A boundary is a limit or edge that:**

- **defines you as a distinct person from other people**
- **promotes integrity**
- **is a physical reality e.g. skin**
- **and a emotional and interpersonal reality e.g. invisible circle of comfort**

## **Boundary Violations**

**Boundary violations can occur in two main ways:**

- **Boundary violations of intrusion occur when a physical or emotional boundary is breached e. g. bullying, victimising, intimidation, rape, harassment, physical attacks, stalking, murder, threats, verbal abuse and denigration, offensive messages or gestures, hostile behaviour, over familiarity**
- **Boundary violations of distance occur when emotional and relational closeness is less than appropriate to the relationship e.g. ostracism, lack of appropriate recognition, lack of appropriate warmth, eye contact and emotional validation**

**Sources: ICN Anti-violence tool kit; Katherine, A. (1991) Boundaries: Where you end and I begin. Simon & Schuster: NY**

## **Risk factors for Nurses**

- **availability of drugs and money in hospitals and clinics**
- **dealing with people at times of extreme stress where nurses can be made the scapegoat for overwhelming feelings**
- **long waiting times in health care facilities**
- **low staffing levels due to policies informed by economic rationalism**
- **lack of staff training in recognising and managing aggressive and violent behaviour**
- **isolated work with patients during examinations and treatment**
- **work in remote hospitals and communities that may be disadvantaged and have high crime rates**

**Source: ICN Anti-violence tool kit**

## Strategies

### Organisational (1)

- **appropriate staffing levels**
- **install and maintain alarm systems and reliable response systems**
- **respond promptly to complaints of abuse, harassment and emergencies**
- **place mirrors at hallway intersections or concealed areas**
- **enclose nurses stations**
- **provide waiting rooms that maximise comfort and minimise distress**
- **provide secure and separate bathrooms for staff**
- **install bright lighting and replace burnt out light broken windows and damaged locks**
- **establish good liaison with local police and report and document all threats and incidents of violence**

## Strategies

### Organisational (2)

- **ensure adequate and properly trained staff for restraining violent people**
- **ensure staff are not alone in emergency areas or walk-in clinics, especially at night**
- **safely transfer aggressive patients to restrictive settings**
- **ensure nurses are not alone during examinations**
- **develop and implement policies and procedure for home care nursing**
- **provide staff with security escort to parking areas in evening or late hours and in remote health facilities**
- **establish a daily work schedule for field staff to keep a designated contact person informed of whereabouts**
- **conduct regular risk assessments of violence in the workplace**

Sources: ICN Anti-violence tool kit, Higgins, 2001

## Strategies

### Personal

- **treat personal physical and psychological safety as a fundamental human right and a high priority at all times**
- **identify and constructively resolve historical and current experiences of victimisation**
- **learn to recognise and implement strong physical and emotional interpersonal boundaries**
- **develop zero tolerance for physical and emotional boundary violations from all people in the workplace including more "powerful" other staff members**
- **learn and maintain verbal and physical self-defence strategies**
- **err very strongly on the side of caution and self -protection in taking preventive measures**

Sources: ICN Anti-violence tool kit, Higgins, 2001

## **Consequences associated with violence**

- **Physiological**
- **Cognitive**
- **Self**
- **Emotional**
- **Relationships**
- **Behavioural**



## **ROLE OF NURSE PRACTITIONER? (1)**

- **Ask directly if you suspect violence when the victim is alone and be alert for red flags**
- **Use accurate reflective and empathic listening skills. Do not judge, patronise or try to rescue the victim. The victim is likely to feel helpless, powerless and completely terrified by the violence**
- **Assess suicidal and homicidal risk and negotiate and document contracts**
- **Repeatedly emphasise strengths or signs of initiative and autonomy in the traumatised person including the courageous act of self-disclosure to you. Emphasis the profound violations of basic human rights that are involved in acts of violence**
- **Remember your responsibilities under the legislation for mandatory reporting of suspected child abuse**
- **Emphasise that violence is always the responsibility of the perpetrator irrespective of alleged provocation**

## **ROLE OF NURSE PRACTITIONER (2)**

- **Provide information on the potentially life-threatening nature of domestic violence, its escalating nature and the short and long term damaging impact to the victims including children**
- **Strongly encourage the victim to take personal responsibility to seek physical and psychological safety for all vulnerable family members**
- **Emphasise the resources available in the community to assist eg. police, domestic violence crisis team, refuges, protection orders, experienced mental health professionals, relevant self-help books**
- **Provide information on normal responses to interpersonal trauma and on selecting a mental health professional who is experienced and skilled in treating the complex consequences of violence**
- **Do not judge or abandon the traumatised person. You may be the only support person involved and it may take some time and many attempts before the victim is able to organise to be safe. Be a firm yet gentle anchor providing unconditional regard and ongoing strong encouragement to seek safety**
- **Screen and identify any untreated physical condition, which may reciprocally interact with the intensity of psychological distress experienced by the traumatised person.**