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# Introduction

Violence had been a major cause of harm throughout the globe which takes on different forms and, at different times become a cause of serious implications. There had been an increase in the cases of violence and aggression in the emergency departments of hospitals. Among health workers, nurses are mainly involved in incidents related to aggression or violence with patients. There are studies which talk about the incidents involving violence and hostility as part of the daily routine of most nurses. Like in many other workplaces, violence among nurses and health practitioners take different forms such as hostility, anger, harassment, intimidation and bullying. Other than actors in a hospital setting, patients, relatives and persons from different professions perpetrates violence against the nurses. There is wide evidence in the history of patient care which reveals that nurse managers are directly implicated by violence, bullying or aggression of any form. Given arguments, it is right to argue that *there is a direct link between violence penetration and retention of nurses.*

# Review of the Literature

Thomas Rippon has widely researched forms of aggression at workplaces. Many of his research is healthcare centric, as he believes that hospital and health care institutions must employ strategies to proactively fight aggression and violence of any form (Rippon 2000). He has analyzed the magnitude of violence in hospitals both through an academic and operational perspective. He argues that there must be intervention policies which should be standardized to avoid violence and aggression in hospitals. Hamilton (et. al) has written that compassion must be adopted and practised by nurses (Hamilton, Tran, and Jamieson 2016). They believe that depending upon multipronged nature of patients and their relatives, it remains futile to bear pressure and in build compassion, that can benefit both in professional and personal life. A different, yet contemporary approach has been adopted by Jackson (et. al), who argue that workplace violence is a major source of disturbance and hurdle in the job retention of nurses (Jackson, Clare, and Mannix 2002). They have called out for the managerial support and bettering of the workplace environment. Finally, Angland (et. al) have suggested in a qualitative study that nurses' perception about violence and the working environment needs to be drastically reformed (Angland, Dowling, and Casey 2014).

# Critical Evaluation

The literature referred above is the core of literature related to violence and aggression at the workplace of nurses. Depending upon research areas, different scholars analyze violence or perception of violence for nurses in different ways. Interestingly many of them avoid analyzing practice approaches to counter violence against nurses. Some of the contemporary researches have though referred toward violence from the perspective of nurses as well. Those scholars who urge for adopting compassion to nurses, sometimes perceive things narrowly. The form of violence or aggression, the nurses face or went through at the works places, is quite different from other professions. This aggression is coupled with humiliation and bullying, as nurses had to be close to the person in a physical aspect, which invites bad aspects logically. The scholastic narrative therefore sometimes appear ineffectual.

# Strategies to address the issue

The case of Ben comes at a little odd, compared to traditional nursing experience. Being a male, Ben can himself be pre-emptive against any violent or aggressive behaviour towards him by hospital staff or by any other person. Ben's prior experience is related to working in a suburban hospital, which is comparatively quite peaceful, for the fact that patients from such places, often tend to move toward the urban centres. About the academic literature published about violence behaviour at the workplace of nurses, Ben can adopt the following strategies to lower aggression or violence which is limiting his ability to perform his duties.

* A close connotation with the administration of the workplace and timely reporting of the incident to the requisite department.
* Adopting a more patient-centric approach (this can also help in managing time at the workplace effectively).
* Collaborating with peers who induce a similar job related to flair.

# Summary and Implications

Workplaces throughout the world tempt to be not much friendly. There are instances of incidents involving rubbish behaviour towards colleagues and assistants. These instances are always different but their psychological ramifications always remain the same. In nursing and healthcare, violence is perpetrated using torturing mentally or in worst cases b humiliating the job role. The implications of such behaviour tend to be drastic and bad. It also often becomes the reason why nurses opt to leave the profession without getting anything tangible out of it. Such implications can just be avoided if nurses (both male and female) are trained to recognize the exact nature of ridicule behaviour and then to deter it at an individual level. This can be the only way out to secure the workplace for nurse and other health care professionals.

# Conclusion

The nursing profession had existed for quite along. It is included among a few professions which have rightly altered general public opinion about the health industry and health care providers. It is quite an unfortunate fact that the first perpetrators of violence for peers are the hospital administration and other staff. Later on, this role is taken by the patient or in a few cases by their relatives. Whatsoever the form of hostility or aggression is and whosoever is the perpetrator, this is condemnable. The debate presented above, therefore, rightly points toward the reasons as to how nurses' retention is related to violence penetration.

# References:

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