Exposure of Mental Health Nurses to Violence in Mental Hospital : a Systematic Review

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Abstract

Shortage of nurses and declining interest in becoming a mental health nurse are often attributed to workplace distress and violence. These have become global issues and believed that shortage of nurses decreases the quality of health care services. It leads distress among nurses, which is exposure to violence and traumatic experiences. In addition, nurses are also accused of seizing the rights of patients and committing violence against a patient. This paper focuses on the violence that occurred in mental health nurses during working in unpredictable situation. A literature search of systematic review through the CINAHL, Medline, Google scholars and PsycInfo databases, the empirical report using a nursing sample includes data on rates of violence exposure including violence, aggressive behavior, bullying, and sexual harassment. The result, a total of 400 articles provide data on 2742 publications indicates near all of nurses in mental health experienced verbal abuse in the past month, furthermore, most of respondents' ever experienced psychological abuse, and less of respondents experienced physical violence and sexual harassment. Rates of exposure vary by world region (Developed countries, Asia, Europe and Middle East), with the highest rates for physical violence and sexual harassment in the USA, Australia, United Kingdom, New Zealand region, and the highest rates of psychological violence and bullying in the Middle East. The presence of violence signals an "alarm" that violence against nurses calls for special attention in many countries. Essentially, the world must give a "priority" to handling violence against nurses.

Keywords: Violence, mental health nurses, shortage.

Terpaparnya Perawat Jiwa terhadap Kekerasan di Rumah Sakit Jiwa : Sistematik Review

Abstrak

Berkurangnya perawat jiwa dan menurunnya minat untuk menjadi perawat jiwa sering dikaitkan dengan stress dan kekerasan di tempat kerja. Hal tersebut telah menjadi isu global. Di satu pihak, diyakini bahwa menurunnya kualitas pelayanan di rumah sakit jiwa sebagai hasil dari berkurangnya jumlah perawat jiwa dan distress diantara perawat-perawat jiwa yang dikaitkan dengan kekerasan dan pengalaman traumatik perawat, di pihak lain justru perawat dianggap telah melanggar hak-hak azasi pasien dan melakukan tindakan kekerasan pada pasien di rumah sakit jiwa. Sistematik review ini berfokus pada kekerasan yang terjadi pada perawat kesehatan jiwa selama berada dalam situasi yang sulit diprediksikan di rumah sakit jiwa. Metode yang digunakan dalam pencarian literature dengan sistematik review dilakukan menggunakan media eleltronik CINAHL, Medline, Google Scholar dan PsychoInfo databases. Laporan empiris menggunakan sampel para perawat jiwa yang meliputi data yang berfokus pada terpaparnya perawat pada kekerasan yang meliputi kata kunci; *Violence, Aggressive Behaviour, Bullying, and Sexual Harassment*. Hasil penelitian dari total 400 artikel yang didapatkan, memperoleh data sebanyak 2742 artikel pada perawat, menunjukan bahwa hampir semua perawat di rumah sakit jiwa pernah mengalami kekerasan verbal, sebagian besar pernah mengalami kekerasan psikologis dalam satu bulan terakhir. Hanya sedikit dari responden mengalami kekerasan fisik dan seksual selama ia bertugas. Angka terpaparnya kekerasan sangat bervariasi di berbagai wilayah yang terbagi dalam Negara maju, negara-negara Asia, Eropa dan Timur Tengah. Angka tertinggi kekerasan fisik dan pelecehan seksual banyak terjadi di USA, Australia, United Kingdom dan wilayah New Zealand. Sedangkan angka tertinggi untuk kekerasan psikologis dan bullying terjadi di Timur Tengah. Munculnya kekerasan pada perawat merupakan sebuah "*Signal*" bahwa ancaman terhadap perawat jiwa membutuhkan perhatian di beberapa negara. Secara khusus dapat dikatakan bahwa dunia harus memberikan "prioritas" untuk mengatasi kekerasan pada perawat jiwa.

Kata kunci: Kekerasan, perawat jiwa, berkurang.

Introduction

Shortage of nurses and declining interest in becoming a nurse are often attributed to workplace distress and violence. These have become global issues. Dissatisfaction of patients and their families with the condition of mental hospitals is considered to be the trigger. On the one hand, nurses are often held responsible for the abuse of patient's rights. On the other hand, psychiatric nurses are at risk of suffering traumatic experiences so that proper coping and skill are required to build a therapeutic communication and formulate therapeutic goals together with patients. Essentially, traumatic experiences in dealing with "hostile personality" needs to be faced using "Alliance".

Method

The method was considering of restrict search to articles and manuscripts results in the period of 2012–2016 or in the last ten years. Focus the search on the cases of nurses in mental hospital (violence against mental health nurses) and does not apply to violent incidents in public hospitals or community settings. Searched articles related to the situations where the patient's condition difficult to predicted (Unpredictable situation in mental hospital), for example in the psychiatric emergency room, acute or chronic ward in the case of schizophrenia. Discussion selected and based on the thought of two important points, the first; the traumatic experiences, which is stimulate emerge of predisposing factors mental health disorders (Traumatic experiences creates a mental disorder). Second, the condition of mental health disorders can lead to threats of violence and traumatic experiences for others. These conditions led to the shortage of mental health nurses in the mental hospital, so the therapeutic communication becomes very important in the prevention process. A literature search of systematic review through the CINAHL, Medline, Google scholars and PsycInfo databases, the empirical report using a nursing sample includes data on rates of violence exposure including violence, aggressive behavior, bullying, and sexual harassment.

Result

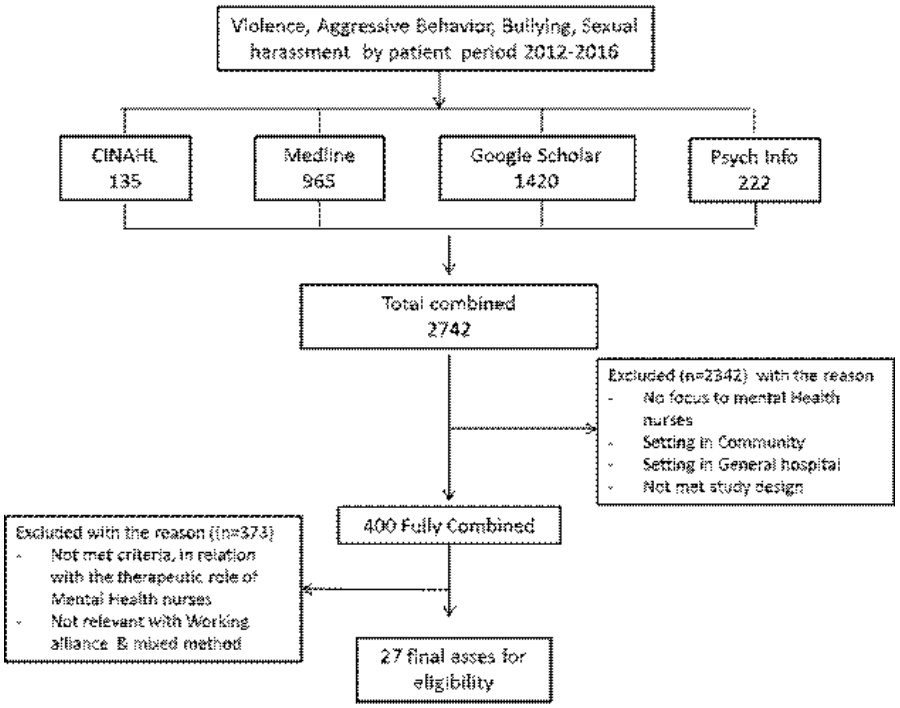
Databases (MEDLINE, CINAHL, Google scholar & Psych Info were searched using key words: Violence, Aggressive Behavior, Bullying, Physical, Psychological and Sexual harassment by patient period 2012-2016. It has resulting in 2742 titles and abstracts. Articles selected using criteria: focused to the mental health nurses in which have experienced to give service in mental hospital, especially in ward room, emergency room or Polyclinic unit, not in community setting (n=2342). After removal of duplicates and non-relevant titles, 400 papers were read in full. To find final asses for eligibility, the article excluded (n=373). With the reason not met the criteria: in relation with the therapeutic role of mental health nurses, not relevant with working alliance & quantitative descriptive, qualitative explorative or mixed method. Physical aggression was found to be most frequent in mental health, nursing ward and emergency departments, while verbal and Psychological aggression was more commonly experienced by mental health nurses. Nurses exposed to verbal and physical abuse often experienced a negative psychological impact. (See figure 1).

Discuss

a. Violence against Mental Health Nurses

Shortage of nurses has become a worldwide issue (Chan *et al*., 2013; Nardi & Gyurko, 2013; Yun, Jie, & Anli 2010). Such shortage is worsened by the increase in violence against nurses (Vessey, DeMarco, & DiFazio, 2010). In USA, for example, shortage of nurses has been reported in 50 states (Juraschek *et al*., 2012); while in United Kingdom, it was reported between 2000 and 2007 using the terms 'nursing shortage, nursing turnover', by Duvall and Andrews (2010). A research in Malaysia reports a nursing shortage issue that requires 'a safe and supportive work environment' (Barnett, Namasivayam, & Narudin, 2010). In addition, 'a critical shortage of trained nurses working as nurses in Australia' has also been reported (Shacklock & Brunetto, 2012). Meanwhile, there is a different statement that in fact, Australia is faced with a surplus of nurses due to 'Nurse migration' (Ohr *et al*., 2010;

Figure 1. Diagram of Literature Selection Process



Smith, Fisher, & Mercer, 2011). Anyhow, if a nurse is exposed to violence, she/he will leave her/his profession as a nurse (Brown & Burns, 2013; Sofield & Salmond, 2003). In short, the state of "shortage" is exacerbated by violence against nurses.

At present, the interest in nursing has dropped, which is signified by shortage of nurses in many countries. Such condition is associated with occupational stress and burden of workload. This statement is confirmed by the study of Xie, Wang, and Chen (2011), showing that nurses have a high level of 'emotional exhaustion'. In line with that study, O'Mahony (2011) reported more than half of nurses in an emergency department experience 'high levels of emotional exhaustion'. This finding is supported by a research reporting that role stress is an important predictor of 'burnout' of nurses (Garrosa *et al*., 2011). In addition, there is also a report that most of emergency nurses have 'moderate to high levels of burnout' (Jourdain & Chênevert, 2010). Furthermore, properly skilled and education nurses are required in order to satisfy the consumer's demand (Hooper *et al*., 2010). On the contrary, many students in several developing countries like Indonesia and the Philippines have chosen nursing as their profession despite the fact that many of them left their countries, which is known as the phenomena of "nurses leaving developing nations for western countries" (Muula et al., 2003). Nevertheless, it can be summarized that there are "shortage and emotional exhaustion" in the field of nursing.

Violence against nurses at workplace is now rampant all over the world. Workplace violence is an issue that recognizes no national boundaries. Nurses face a higher than average level of violence in the healthcare institutions. More than a half of nurses in Taiwan were reported having experienced physical violence and verbal abuse (Lee, Pai, & Yen, 2010). A literature search was conducted by Spector, Zhou, and Che (2014) through the CINAHL, Medline and PsycInfo databases. The empirical report using a nursing sample includes data on rates of violence exposure including bullying and sexual harassment. A total of 136 articles provide data on 151,347 nurses from 160 samples. Furthermore, the

study report indicates that there are five types of violence namely physical, non-physical, bullying, sexual harassment, and combined. Overall, violence exposure rates are 36.4% for physical violence, 66.9% for non-physical violence, 39.7% for bullying, and 25% for sexual harassment, with 32.7% of nurses reporting having been physically injured in an assault. Rates of exposure vary by world region (Anglo, Asia, Europe and Middle East), with the highest rates for physical violence and sexual harassment in the Anglo region, and the highest rates of non-physical violence and bullying in the Middle East. On the contrary to the above description, nursing is considered as a profession with high salary and attractive to many people in developed countries (Chang *et al*., 2015; Mcmenamin, 2013; Spetz, 2003), amidst the different conditions in developing countries like Indonesia, the Philippines and Malaysia. However, the presence of violence signals an "alarm" that violence against nurses calls for special attention in many countries. Essentially, the world must give a "priority" to handling violence against nurses.

The factor responsible for the increasing violence against nurses is dissatisfaction of patients and their families. The high rate of violence in nursing is ascribed to discontent with nursing performance, mainly in communication and interpersonal relation aspects (Purpora & Blegen, 2015; Speroni *et al*., 2014). Meanwhile, a study shows that an annual average of 1.7 million incidents was recorded during the period of 1993-1999. It reports further that 32% of the figure occurred in the health care setting. The study concludes that 'the annual incidence rate for violence against nurses is 22 incidents per 1,000 nurses' (Brown & Burns, 2013). The cause is dissatisfaction with the nurses (Fakhr, Movahedi *et al*., 2011; Lyndon, Zlatnik, & Wachter, 2011), especially in connection with communication and interpersonal relationship as affirmed by the study of Manojlovich (2010), which regards nurse-patient communication as 'barrier & unsafe communication'. The conclusion is that the resentment of patients and their families about the communication aspect stimulates them to commit violence against nurses (Kamchuchat *et al*., 2008; Swanson *et al*., 1998). Briefly, it can be said that "unsatisfied stimulates unsafe" in mental hospitals.

Lateral violence and intimate partner violence receive attention, as does the violence against nurses. Intimate partner violence has also become a global issue (Dudgeon & Evanson, 2014). However, in spite of continuous development, its handling is not yet optimal (Jack *et al*., 2012). On the other hand, Mejdoubi *et al.* (2013) has reported that nurse home visiting on intimate partner violence (IPV) using the nurse-family partnership (NFP) method is effective in reducing the violence (Mejdoubi *et al*., 2013). While (Routson & Hinton, 2010) reported that "parish nurse" is the keyword in handling violence against nurses. In short, IVP is not only a nursing problem but also a "mutual problem". The evidence suggests that Lateral Violence is part of hospital violence that raises the nurses' motivation to leave their profession. It is not only patient-to-nurse violence but also nurse-to-nurse lateral violence, i.e. nurse-to-nurse aggression overtly or covertly directing dissatisfaction toward another. The research reports that the actual problems include role issues, strict hierarchy, oppression, disenfranchising work practices, low self-esteem, powerlessness perception, anger, and circuits of power (Embree & White, 2010). Although nurses are victims of violence, however, several studies have reported the phenomena of "Raising the Level of Awareness of Nurse-to-Nurse Lateral Violence in the Hospital" (Embree, Bruner, & White, 2013). But still, Brown and Burns (2013)'s study reveals that nurses left their career due to lateral violence. The study explains that almost all nurses (91%) experienced verbal abuse in the past month. The physician is the most frequent source of verbal abuse, followed by patients, patient families, peers, supervisors, and subordinates. Ironically, more than 50% of the nurses said that they did not feel competent in responding to verbal abuse. In general, therefore, it can be concluded that lateral violence has oppressed the nurses to quit their jobs.

b. Unpredictable situation in mental hospital

Unlike the general hospital, the mental hospital has a specific phenomenon where nurses are deemed responsible for violation

of patients' rights such as isolation, drug administration without informed consent and exercising restraint over patient's aggressive behaviour. Several studies disclose that half of patients with mental illness face harsh treatment such as the use of legal force known as "a show of force" (Alegría *et al*., 2008; Birnbaum, 2012; Lawn *et al*., 2014; Lidz *et al*., 2014; Tingle, 2015). On the other hand, it is patients who are seen dangerous to nurses, mainly patients with raging, furious, aggressive or threatening condition under the influence of addictive substances (Mcvicker, 2010; Schultze, 2008; Sofield & Salmond, 2003; Valenti *et al*., 2015; Williams, 2008). In other words, nurses are frequently faced with difficulties at the mental hospital. Nevertheless, violence is actually a fact of working life for nurses. Similar to previous researches, Roche *et al*. (2010b)'s research on psychiatric nurses concludes that "perceptions of violence affect job satisfaction", while Lützén *et al*. (2010) reported that nurses working within the mental health environment face experience of 'moral burden'.

Traumatic experiences at the psychiatric hospital become interesting terminology in relation to violence, because almost all mental health patients are related to past trauma or stressor (Van der Kolk & McFarlane, 2012). Furthermore, there are three interesting things related to mental hospital violence. First, Psychoanalytic school of thought believes that what happens to psychiatric patients now results from the unsettled past trauma (HaciogluYildirim *et al*., 2014; Simões *et al*., 2014). Second, aggressive behaviour as the reflection of past trauma. Third, mental health nurses may undergo traumatic experiences because trauma may happen to anyone exposed to violence (HaciogluYildirim *et al*., 2014; Simões *et al*., 2014). Ironically, it is predictable that mental health nurses with traumatic experiences will have a difficulty in healing traumatic patients at the mental hospital or in facilitating patients to adapt to various stressors (growth facilitating process). In other words, before healing the traumatic patients, the nurses must be able to heal their own traumas and to communicate properly in a potentially unpredictable, traumatic situation, particularly violence committed by patients. Furthermore, Cleary *et al*. (2012) described that in unpredictable events, nurses need communication and personal skills designed specifically for this challenging setting. Shortly speaking, a mental health nurse needs to be adept at "self-introspection" before becoming a therapist.

c. Traumatic experiences creates mental disorder

A good coping to trauma guides someone to adapt properly. Conceptually, one of causes of mental disorder is the presence of past trauma. This is justified by the study of Read *et al*. (2005), stating that 'childhood trauma increases risk for psychosis' or 'childhood trauma is aetiologically important in psychosis' (Morgan & Fisher, 2007), or 'early adverse life events in adults relate to psychotic symptoms' (Read *et al*., 2001). Most patients cannot adapt to maladaptive coping that is associated with psychosocial stressors in schizophrenia (Horan & Blanchard, 2003; Lee *et al*., 2011). In addition, several researchers mentioned that youth at risk for psychosis report using more maladaptive coping strategies (Jalbrzikowski *et al*., 2014). Another research reports that physical neglect in childhood is associated with higher hostile dominance and aggression (Podubinski *et al*., 2015). However, almost all nurses have once experienced trauma in their life. The presence of problems in life is natural. Although it is impossible for life to be free of physical and mental traumas, many people live well and do not suffer from mental disorder. The wise opinion is that traumatic experience plays a key role in mental illness amidst other factors. In principle, someone's mistake in responding to traumatic situations (maladaptive coping mechanism) will bring a serious impact on the person's mentality. Specifically, an adaptive coping response for nurses in the case of violence may be analogized to the case of 'exposure to the terror', as the study reported by Bleich, Gelkopf, and Solomon (2003) concludes that 'the most prevalent coping mechanism is active information search about loved ones and social support'.

Barriers in therapeutic communication may trigger patient's violence. Even though nurses have been equipped with knowledge about how to identify patient's aggressive behaviour, nurses often become the victims of patients'

violence (Araujo & Sofield, 2011; Roche *et al*., 2010b; Speroni *et al*., 2014; Vessey, DeMarco, & DiFazio, 2010), where environmental and communication factors contribute to violence and aggression (Angland, Dowling, & Casey, 2014). In addition, there are various factors contributing to patient's violence at the mental hospital. The research conducted by Swartz *et al*. (2014) unveils that most of violence at the mental hospital happen to mental health nurses due to alcohol or other drug abuse problems combined with poor adherence to medication, so that its handling requires mutual commitment by both nurses and patients. This is supported by the result of research of Ilkiw-Lavalle and Grenyer (2014), concluding that all patients emphasize the need for improved staff-patient communication. On the other hand, there is a study showing contradiction between staff and patient's perceptions concerning the causes of aggression (Ilkiw-Lavalle & Grenyer, 2014). Many staff members perceived the patient's illness as the cause of the aggression, In contrast, patients perceived that illness, interpersonal factors, and environmental factors as being almost equally responsible for their aggression. Thus, the conclusion is that violence occurs because of nurse's inability to build “therapeutic communication”.

Violence committed by mental health patients is viewed as reasonable. This statement is supported by research findings that psychopathy and clinical factors are strongly correlated with the frequency of violence (Doyle *et al*., 2012). Another study mentions that patients carry out most violence with schizophrenia at the time of auditory hallucination. (Bucci *et al*., 2013; Scott & Resnick, 2013). On the contrary, patient's violence is intolerable because it may deteriorate the nurse's condition and may cause trauma to the nurses. If nurses experience trauma, their function as facilitators in restoring patient's health will be affected. Therefore, Whittington (2002) proposed the idea of “zero tolerance to violence".

d. Essential aspect of ttherapeutic communication

Nurse's low motivation to perform therapeutic communication and "uniform approach" may be seen as a communication barrier and low trust of mental health patients (Sharkey, 2012). Such decreased trust prevents patients from communicating their problems to the nurses. Consequently, patients tend to choose violent ways. If nurses stay away from patients after violence, then the nurses' goals are not achieved. The approach initiated by Cortes *et al*., (2009) concerns the importance of “activated patient” as something essential in empowering patients to build active communication with nurses. Literature review of 23 papers about qualitative studies concludes that sophisticated communication, subtle discriminations, ordinary communication are essential at the mental hospital indicating the importance of “highly developed communication” in managing violence-related patients. It can be explained further that continuous communication with patients requires alliance including goal and task aspects as well as strong engagement between nurses and patients (Chao, Steffen, & Heiby 2012; Misdrahi *et al*., 2009). It can be concluded in summary that a special approach is required in communication with aggressive patients in order to minimize violence against nurses, regardless of nurses' feeling threatened. In short, "alliance" is the key word worthy of consideration in maintaining nurses' motivation.

Naturally, nurses will avoid dangerous patients, but their professional attitudes will encourage them to maintain communication with patients. In brief, it can be mentioned that mental health nurses will keep distance from "hostile personality". Furthermore, it is predicted that there are three response variations nurses will make after experiencing violence at the mental hospital. First, they will continue to communicate with and help patients. This is known as professional response. Second, nurses keep distance with harmful patients and focus on harmless ones. Third, nurses focus on themselves and avoid contact with patients. Many opinions say that nurses have received adequate training to face aggressive behaviors in both emergency and nursing rooms. It is impossible for nurses to experience trauma. On the contrary, if nurses undergo trauma after exposure to violence, they will stay away from the patients. If nurses keep distance with patients, their functions as facilitators will not work, which may lead to increased nursing time and even

increased rate of patients' relapse due to lack of patients' interaction with their therapists. The conclusion is that nurses' willingness varies in maintaining the interaction intensity after violence exposure.

In the case of violence, nurses need to build partnership and formulate their therapeutic goals with patients (Spiers & Wood, 2010). Research concerning the importance of this partnership is supported by the results of a systematic review study using comprehensive terms to search multiple electronic databases. Thirty seven studies have been identified using qualitative methods, quantitative cross-sectional surveys or mixed method combinations. Nurses must be oriented to the importance of seeing violence based on 'patient factors perception and nursing staff factors perceptions' (Doyle *et al*., 2012; Spiers & Wood, 2010). In addition, Hegarty *et al* (2015) proposed the idea regarding the importance of 'engagement' with psychiatric patients, because after committing violence, it is possible for patients to avoid communication with nurses due to guilty feeling. Nurses must also be oriented to the tasks of achieving an optimum health degree for patients (Allen *et al*., 2015). The question is whether or not there is a correlation between nurses exposed to patients' violence and nurses' desire to formulate mutual goals, to keep working well, to cooperate in communication, and to perform engagement.

Conclusion

Generally, there is an important question: following exposure to patient's violence, will nurses remain capable of maintaining their professionalism by building alliance? An in-depth research is required with regard to traumatic experiences of nurses exposed to violence of mental health patients and the correlation between such experiences and the commitment to perform alliance with patients, which must be perceived from the perspectives of both nurses and patients.

Implications for Psychiatric Nursing

The experience of nurses exposed to violence will have implications for the nursing practice, both globally and regionally, especially in Indonesia. To avoid trauma, a mental nurse will develop the "specific coping" and more focused on "their own safety". That coping is very detrimental to the patient, because mental health nurses have an essential role as a "facilitator". Nurses will 'keep a distance' with the patients. On the other hand, globally ordinary people already keep a distance with mental patients and giving a negative stigma on patients. If the mental health nurse keeps a "distance" from the patient, then it will be a "barrier" to therapeutic communication. Furthermore, many mental health nurses who are more comfortable when the patient are 'locked' or 'isolated' rather than to communicate with the therapist. This finding is to provide answers to why patients with mental disorders tend to prefer to communicate with "themselves" or 'withdrew' from the environment and are stuck in a 'hallucination'. In general, not only in Indonesia but worldwide in Asia, Europe and the Middle East, such as developed countries of USA, Australia, United Kingdom, New Zealand region, to eliminate the dependence of patients on the 'hallucinations' would be very difficult.

Recommendation

It is proposed to develop a protection and insurance program for nurses in addressing physical, psychological, verbal, and sexual violence. The importance of an electronic system to develop that will facilitate nurses when they ask security team for help, if needed, or when patients are under noisy, nervous conditions threatening their life and environment. CCTVs are necessary in each room to monitor potentially damaging, aggressive patients and as evidence when lawsuits of both patients and their families are filed. For hospital management, it is proposed to assign their male nurses to accompany their female counterparts in each night service, particularly in acute noisy, nervous, emergency rooms. Besides that, It is proposed to develop a psychological rehabilitation program for nurses suffering from trauma. Also, proposed to plan secure psychiatric treatment for patients and their environment in satisfying

basic needs such as eat, drink, defecate, bathe, sleep, rest, and communication. It is proposed to provide legal protection for nurses from lawsuits harming nurses and to establish an ethic team that can protect nurses' rights and patients' rights. It is proposed to develop clearly technical guidelines and "standard procedure" for decision making under conflict, dilemmatic conditions.

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