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Editorial

Editorial: Addressing the persistent epidemic of violence against nurses



In countries worldwide, the rate of violence towards healthcare providers is four times higher than that towards other public-facing occupational groups (Nelson, 2014). Workplace violence is defined as a psychologically or physically damaging event that occurs while in a place of employment or while on the job (National Institute for Occupational Safety and Health [NIOSH], 2020). For instance, workplace violence may include verbal or written threats; physical or verbal harassment; direct physical assaults (with or without weapons); and homicide (Occupational Safety and Health Administration [OSHA], 2015). Healthcare providers account for approximately 50% of all victims of workplace violence (American College of Emergency Physicians, 2021). Among healthcare providers, nurses are attacked more often than physicians. For example, 47% of emergency room physicians reported having been physically assaulted on the job, compared to 70% of emergency nurses (American College of Emergency Physicians, 2021).

Workplace violence toward nurses has been increasing since the COVID-19 pandemic. In November 2020, National Nurses United surveyed 15,000 registered nurses across the United States (US) and found that 20% reported increased workplace violence (National Nurses United, 2020). Workplace violence has had a detrimental effect on nurses. Researchers have found that workplace violence adversely affects the quality of patient care and reduces nurses' organizational commitment and job satisfaction (Duan et al., 2019). Since workplace violence against nurses is escalating, fundamental reforms are needed to protect nurses, including enhanced enforcement, education, and policy.

Educational efforts are just one way to address workplace violence against nurses. It has been shown that education intervention and education using simulation significantly improved nurses' self-perception and confidence in their ability to cope with workplace violence (Ming et al., 2019). Moving forward, clinical nurse educators could use more simulations for specific medical units such as emergency, psychiatric, home care, medical-surgical floors, and outpatient clinics. Additionally, clinical nurse educators could integrate simulation training into the regular workplace violence prevention programs of hospitals and update these programs periodically to meet the latest needs. Faculty in nursing programs should provide educational opportunities for students to capture the essence of workplace violence and teach how to respond in these situations. Finally, podcasts and online courses on workplace violence prevention need to be created to allow learning through real stories and interactive processes for nurses to learn prevention strategies online (Ming et al., 2019). Although education efforts are needed, they are intended to treat the reaction to workplace violence and do not help protect nurses from the violence occurring in the first place.

To mitigate the acts of violence, policies need to be created or there needs to be better enforcement of existing policies to protect nurses. In

Missouri, HB 1022 is an excellent example of a first step in helping to curb workplace violence toward nurses. This bill established provisions relating to the filing of certain petitions by a special victim and established the offenses of interference with a healthcare facility and ambulance service. This bill allows for minor penalties for infractions but still gives police a statute to cite and justify removing violators before the situation escalates into violence. This bill has been adopted by the Missouri State Legislature and serves as a model for other states or governmental entities. The Missouri Nurses Association anticipates that this bill will ensure that the care area is more therapeutic, safe, and free from distractions that can lead to not only fear of harm but medical errors.

The problem of violence against nurses is escalating globally. Researchers report that the vast majority of nurses fall victim to workplace violence during their careers (American College of Emergency Physicians, 2021; Nelson, 2014). Workplace violence challenges nurses' moral and ethical obligations, which may result in difficult decisions needing to be made in order to protect themselves or their patients. The power and support of educators and policymakers is essential for tackling this workplace violence and protecting nurses. Implementing simulation education on workplace violence and governmental policies that protect nurses are constructive steps that will decrease violence against nurses.

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