Nurse Leader's Role in Addressing Workplace Violence

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This letter is in reply to the SAGE Open Nursing article "Workplace violence against healthcare workers: A literature review" (Eshah et al., 2024). The article considers the causes, types, and perpetrators of workplace violence (WPV) and explores the effects of violence on healthcare workers' well-being. While the review highlights the crucial role of administrative support in reducing the incidence of WPV, I would like to draw attention to one pivotal observation made by the authors on non-physical violence.

According to Eshah et al. (2024), underreporting of WPV to managers is happening because healthcare professionals are resilient to violence and think it is considered part of their job, especially if they do not get physically hurt. Such accounts are typically referred to as non-physical violence. This notion suggests that there is a greater tolerance for non-physical violence, notably verbal abuse, which is often considered less significant than physical assault (Sammut et al., 2024). This is untrue because the professional dignity of nurses is compromised by any form of violence, regardless of its severity. Professional dignity is important because it describes nurses' worth as professionals and their contributions to others' health should always be respected, acknowledged, and protected (Combrinck et al., 2022). Violence of any kind undermines professional and human dignity (Yesilbas & Baykal, 2021). Not only that, Cao et al. (2023) have emphasized that verbal abuse causes emotional distress, which leads to intense emotional responses such as fear, anger, disgust, and disbelief. Even worse, WPV affects nurses' professional quality of life (Kwak et al., 2020). All of these seem to suggest that healthcare professionals, particularly nurses, are not immune to WPV, contrary to the belief held by most of them.

From here, nurse leaders play a key role in addressing WPV. As was the case in this review, it is crucial for them to be proactive in managing WPV and not be perceived as unhelpful (Eshah et al., 2024). Leaders hold a unique opportunity to safeguard and offer support to their staff. This can be achieved through strategies such as promoting a positive work environment. For example, it would be helpful to challenge the rhetoric that WPV is inevitable or ingrained in healthcare. It is important that leaders also refrain from engaging in any form of violence through their leadership and conduct, such as when they are insensitive to the feelings and worries of their team members (Ofei et al., 2023). They might also demonstrate effective coping techniques instead of expecting resilience from the staff. Sammut et al. (2024), for example, assert a clear distinction between healthy coping mechanisms and internalized acceptance of violence. Finally, Eshah et al. (2024) recommend that nurses receive regular training, including sessions on reporting WPV and helping them cope with WPV stress (Alfuqaha et al., 2022).

In summary, this article has called for greater priority on administrative support and intervention in tackling WPV (Eshah et al., 2024). This is an important step in taking a holistic approach to solving the problem. At the same time, nurses must also receive rigorous education and training on WPV, with a particular focus on non-physical forms of violence, in addition to the current organizational policies in place. In particular, special consideration has to be given to the pivotal role of nurse leaders in fostering tangible and targeted strategies to protect the safety and well-being of nurses. A significant emphasis should be placed on improving the efficiency of management and response to WPV, with a particular emphasis on non-physical forms of violence. Therefore, it is now imperative for nurse leaders to utilize their authority and influence to advocate for the interests and needs of teams, patients, and organizations.

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