A literature review on Workplace Violence in Mental Health Services

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Abstract

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It has been identified that the occurrence of Workplace Violence (WPV) towards staff in UK mental health services is significant (National Audit Office, 2003). Moreover, findings from the NHS Security Management Service (NHS SMS) suggest that between 2008-9 54,758 NHS staff were victims of reported physical assault, with 38,958 instances occurring in mental health and learning disability establishments (NHS SMS, 2009). To address deficits in existing evidence the National Institute for Clinical Excellence (NICE) has called for the development of a richer evidence base regarding the experiences of both staff and service users exposed to violence (NICE, 2005, p.109). Currid (2009, p.46) posits that greater study needs to be done to establish the lived experiences of nurses exposed to violence and address the data deficits in this important area.

Key words: workplace violence, mental health

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Introduction

This article aims to review the literature pertinent to the effect violence in the workplace has on psychiatric nurses. In doing so it intends to capture the intricacies of a systematised approach to collating, analysing and synthesising evidence. The literature review method will be described and discussed before moving onto an appraisal of the evidence base to establish trustworthiness. Emergent themes elicited from the literature will then be explored to identify ramifications for practice and potential academic gaps in knowledge for further study.

The Search Strategy

Polit and Beck (2006, p.136) suggest that the generation of a research question assists in the development of keywords likely to yield pertinent literature. Given the topic background, the search strategy was driven by the question: Workplace Violence: What are the experiences of psychiatric nurses? Three initial search terms were taken from the title, namely workplace violence, psychiatric nurses and experiences. To limit focus patient aggression was included in the search terms. The existing paucity of evidence in relation to nurses established by Currid (2009) prompted the addition of the term carers to widen the search results and the term experiences supplemented by the word impact.
It has long been established that qualitative methodology is an appropriate approach to explore the phenomenon of the lived experience (Straus and Corbin, 1998, p.11, Bowling, 2009, p.380). Since the review was interested in the effect of WPV on psychiatric nurses, the appropriateness of the research methodology was important to the inclusion process. As such qualitative was added as the final keyword.

Once keywords were established, the search terms were entered into the EBSCO, CINAHL, British Nursing Index (BNI), Medline, Psychology and Behavioural Sciences Collection and SocIndex databases. To ensure a degree of currency and methodological quality to the yield, search limiters and expanders incorporated a date range for full text articles between January 2004 and February 2010, and requested papers only from peer reviewed journals.

**Critical Appraisal of Research Articles**

Greenhalgh (1997, p. 672) found that peer reviewed journals do enhance the likelihood of methodological quality of evidence based articles. However, Pope & Mays (2000, p.50) suggests that researchers cannot make assumptions of quality based on this variable alone. To increase the trustworthiness of the literature review each qualitative article was appraised using a tool to aid systematic analysis of qualitative research articles developed by the Public Health Resource Unit (PHRU) and structured using the Critical Appraisal Skills Programme or CASP (PHRU, 2006). The detailed outcomes of the CASP review can be found in Appendix F.

Abstracts are consistent throughout the literature sample though the presentation is dependent upon the limitations of publication formatting. The research aim or question was apparent in all studies each focusing on an exploration of the experiences of staff assaulted within the workplace and incorporates an array of qualitative methodologies to elicit rich data. All studies utilize phenomenological methodology an inductive, interpretive process used in social science seeking not test hypotheses or generate theory but to uncover meaning (Flood, 2010, p.7).

Although a literature review is presented in all six studies, recognised safe guards designed to foster a systematic search are less apparent. None of the studies give details of the search strategy. It is acknowledged searching the literature prior to commencing a qualitative study is contentious given the danger of engendering bias in the researcher (Law, 2004, p.58). Despite this, Bowling (2009, p.149) argues that a rudimentary search of literature is expected to at least establish justification for the study.

Four studies included in the literature review acquired participants purposefully. Two used convenience sampling, using local media to acquire volunteers. Bowling (2009) suggests that such methods are appropriate in qualitative study but cautions that any findings cannot be considerable generalisable based on the non-random nature of selection. Sample sizes ranged from 8 participants to 22 participants yet the low sample is synonymous with qualitative inquiry and is indicative of the study’s purpose to reach data saturation and elicit information accordingly (Polit and Beck, 2006, p.273).

Consistent with qualitative methodology, all studies used semi-structured, in-depth interviewing, detailing length of interview and listing questions asked of participants. One study used a qualitative survey supported with follow up one on one in-depth interview (Deans, 2004). Interviews were conducted in areas conducive to providing participants with a supportive, convenient environment.

Any critique of the quality of data analysis in a phenomenological study must take into account the balance between the researcher’s philosophical perspective and the appropriateness of methods sensitive to finding relevant meaning from the participants’ lived experience (Kleiman, 2004, p.18). In phenomenological study the perspective is often defined by the researcher’s precise focus (Bowling, 2009, p.139) and involves either a humanistic approach, where the focal point is that of the individual and the influence of social context, or an interpretive approach which propagates the notion that meaning emerges through the inquiry process.
All studies described a qualitative, interpretive method of analyzing the data, reducing the potential for bias and uncritical thinking associated with humanistic phenomenology (Bowling, 2009, p.139). Every article cross referenced the interpretive data with study participants in keeping with phenomenological methods of validity. Qualitative safeguards for limiting bias, for example triangulated methods of data collection, are evident throughout. The level of detail varied from study to study, some authors perhaps influenced by the editorial limitations of their chosen publication, though each study was explicit in its methods of attaining data saturation.

With all chosen studies, presentation included raw data in the form of narrative vignettes. The findings were then discussed and areas of further study highlighted. Not one of the six articles made any claims of generalisability. Two articles failed to provide study limitations but both recommended replication with a larger sample group (Chapman et al, 2009, Deans, 2004).

There is wholesale scientific consensus that those who agree to participate in research study should be protected from the process and potential exploitation by the researcher (Bowling, 2009, p.176). Ethical considerations need to be made explicit in the reporting of any study to uphold the values expected from the scientific community (Polit and Beck, 2006, p.84). The selected articles all give a clear indication that ethical approval was sought and achieved. Not all however give a clear indication as to how this was maintained throughout the research process with the exception of informed consent which was cited in all studies; reassuring given such a facet is considered the foundation of ethical research (Bhutta, 2004, p.771). Only four articles discuss the application of expected methods to promote confidentiality, for example coding to ensure anonymity and methods of data disposal post findings.

**Literature Review**

Two broad themes were extracted from an analysis of the literature: The effect of WPV upon the practitioner and the effect of WPV upon their practice. The first theme can also be divided into two sub-categories, that of: Personal effects and Professional effects.

**Personal Effects**

Fear, guilt and anger are noted as the primary emotions experienced by psychiatric nurses following episodes of WPV (Bimenyimana et al, 2009, Chapman et al, 2009, Chen et al, 2007, Kindy, Petersen & Parkhurst, 2005, Deans, 2004). Kindy, Peterson & Parkhurst (2005, p.172) found that nurses report a hyper vigilant state post assault that is prone to fuel a sense of hopelessness influencing their desire to care. Conversely, Chen et al (2007) found several study participants who did not experience fear when working in the aftermath of a violent assault, attributing such attitudes to a traditional perspective of psychiatry prevalent in Taiwan during the course of the study.

Victims of WPV also report feelings of powerlessness and helplessness (Bimenyimana et al, 2009, Chapman et al, 2009, Chen et al, 2007). In some instances such variants were linked with the nurses’ perceived inability to prevent the incident from occurring in some way resulting in low self esteem and associated feelings of negativity (Currid, 2009, p.43).

The migration of emotional issues into the nurses’ home life is noted as another area of conflict (Kindy, Petersen & Parkhurst, 2005, p.171). Currid (2009, p.44) found victims of WPV recounting instances of pre-occupation whilst in the company of loved ones, whilst Chapman et al (2009, p.1258) uncovered examples of practitioners being effected to the degree where emotional frailty created arguments and tensions in the home. Currid (2009) also concluded that there is scant evidence as to the impact WPV incurs in a nurses’ domestic sequelae. Having little or no control over both the instance of WPV and its aftermath is prevalent in the literature, influencing not only the nurses’ personal effects but also aspects of their professional persona (Deans, 2004).
Professional Effects

Overwhelmingly the literature supports the concept that nurses consider WPV to be inherent to their role as carers. It could be argued that such perceptions may be an extension of the professional’s sense of hopelessness, but some literature suggests that participant’s expectation of violence in mental healthcare assists them in coming to terms with the assault and working with the perpetrator after the event (Chen et al, 2007, p.314).

Many nurses see the occurrence of WPV as a reflection on professional competence (Chapman et al, 2009, p.1258). Fears of criticism from colleagues and senior management were considered influential in the nurses’ ability to maintain confidence in both their actions in current and further episodes of WPV (Deans, 2004, p.35). Deans (2004, p.34) also noted that the link between fears of being deemed incompetent and a failure to officially report its occurrence is significant. This lack of self-assurance is suggested to extend beyond the practitioner to the organization itself as a loss of faith in an institution’s capacity to support can foster feelings of resentment, leaving the victim feeling that they are having to cope in isolation (Chen et al, 2007, p.315). But organizational shortfalls were not the only matter of concern. Kindy, Petersen & Parkhurst (2005, p.172) reported study participants felt their low self esteem and lack of confidence was compounded by the lack of understanding from their peers. Deans (2004, p.35) suggested that such dynamics result in a short term reticence to disclose true feelings to colleagues who it would seem adopt a tolerance to violence under the notion that it was part of the job.

Long term exposure to WPV is established as having a significant influence on job satisfaction (Bimenyimana et al, 2009, p.8). Where recipients of WPV chose to stay the reasons influencing the decisions were multifarious and not merely related to a desire to remain effective and caring clinicians. Chapman et al (2009, p.1259) suggested nurses remained in situations of high stress fearing ramifications for their economic stability and social standing. In contrast Kindy, Petersen & Parkhurst (2005, p.173) found that risks of serious injury were a motivator for some nurses to move jobs rather than incur long term sickness and economic uncertainty. Furthermore, Bimenyimana et al (2009) concluded that such ideals were prevalent in nurses where the organization was found wanting in terms of post incident support.

There is strong evidence in the literature to support the statement that nurses feel remote from any form of organizational support (Bimenyimana et al, 2009, Chapman et al, 2009, Currid, 2009, Kindy, Petersen & Parkhurst, 2005, Chen et al, 2007, Deans, 2004). Bimenyimana et al (2009, p.7) discovered that nurses felt the incident of WPV was secondary to an organization’s desire to retain covert control over its prevalence for fear of economic reprisal, placing culpability for any occurrence on the victim. This notion of a blame culture increases the likelihood of under reporting (Deans, 2004, p.35). Bimenyimana et al (2009, p.9) found study participants used alcohol and illicit substances as a way of coping in the absence of post incident support, in some instances before going on duty. In the literature reviewed there is consensus amongst nurses that a lack of organizational support can compound the sense of isolation and inadequacy prevalent in those exposed to WPV. Chapman et al (2009) suggested that study participants felt that this was a re-enforcer of the belief that WPV was inherent to the role of being a carer.

The Effect of WPV upon the Practitioner's Practice

The literature sustains the view that the therapeutic alliance suffers in the aftermath of an episode of WPV, increasing the propensity of nurses to manage their anxieties by avoiding the perpetrator of the assault (Chapman et al 2009, Currid, 2009). Kindy, Petersen & Parkhurst (2009, p.173) found that avoidance behaviours by staff extended beyond the assailant to encompass other service users with a trend towards aggression.

The employment of active withdrawal is explained as a demonstration to service users that staff were not intimidated by previous episodes of violence when the converse was more often true (Deans, 2004, p.34). Chapman et al (2009, p.1259) discovered some nurses admitted maladaptive dynamics within the therapeutic milieu increased the likelihood of an increasingly punitive regimen. In some instances this went as far as staff ignoring requests of help from aggressive service users (Chapman, et al, 2009, p.1259). Bimenyimana et al (2009, p.9) found that some participants had even
contemplated assaulting the perpetrator post incident.

This subsequent fracturing of the therapeutic alliance is reported to perpetuate the role conflict inherent in victims of WPV (Kindy, Petersen & Parkhurst, 2005, p.171). Role conflict is by definition antagonistic to the victim’s ongoing desire to be a competent and caring nurse (Currid, 2009, p.44). Nurses interviewed by Deans (2004, p.35) could not see any resolution to the emotional and professional complexities of WPV. For many nurses the literature suggests that withdrawal and an emotional blunting towards future episodes of WPV is a constant response to persistent, unresolved exposure.

There is evidence that quality of care becomes another casualty in an incident of WPV (Currid, 2009, Deans, 2004). As the nurse battles with the emotional and professional repercussions of assault, the ongoing traumas manifest in the types of behaviours that can only harm the therapeutic milieu (Bimenyimana et al, 2009). Furthermore, concomitant with the nurses’ anxieties of regaining emotional and professional control is a tendency to foster the types of environments more often employed in facilities conducive to containment rather than care and increasing the unhealthy divide in the nurse-patient relationship (Deans, 2004). Chapman et al (2009, p.1259) established that nurses became increasingly frustrated with aggressive service users taking up so much of their emotional and therapeutic time at the detriment of others in their care. Nurses in the study by Kindy, Petersen and Parkhurst (2005) suggested that the consequence is poor quality care for all parties.

In terms of the experiences of psychiatric nurses and WPV general gaps in academic knowledge and the implications for evidence based practice began during the literature search process when the yield for papers of relevance were remarkably low. This is an issue of significance given the statistical evidence that a psychiatric nurse is four times more likely to be assaulted during the course of their work than their nearest NHS colleague (NHS SMS, 2009). Qualitative studies exploring the lived experiences of this forgotten group of people are needed to gain more understanding of the personal effect and professional effect and the ramifications for practice.

Internationally, support mechanisms are currently inconsistent and may reflect a lack of understanding as to the needs of care staff based upon the evidence shortfall. Future studies into the experiences of this group of staff are therefore pivotal the development, design and delivery of appropriate support mechanisms.

As noted by Deans (2004, p.32) there is a dearth of studies surrounding the impact WPV has upon the nurses’ domestic sequelae and in turn the implications for practice. Conducting the literature review indicates that such deficits remain in 2010. This also extends to the concept of the impact repeated exposure to WPV can have upon the therapeutic milieu and care quality. As highlighted by Bimenyimana et al (2009) a lowering of care standards and controlling environments are considered an upshot of care staff who do not find successful resolution post incident. An exploration of such correlates is a key factor in understanding the interaction between a nurse’s maladaptive coping strategies and the influence this incurs on the therapeutic environment and subsequent quality of care.

An increase in the generation of evidence relating to the nurses’ lived experience of WPV can also provide rich data on how the victim copes in the aftermath of an event. Such data is useful in generating support strategies that are more likely to succeed based on appropriateness and relevance. As identified by Deans (2004, p.34) appropriate support structures have propensity to promote incident reporting and indicate the true nature of risk incurred by staff.

In the limited evidence available, there is little to suggest the effect an episode of WPV has on colleagues who witness the event. Whilst this is unsurprising given the level of deficit in the main topic area, it is quickly becoming accepted as a dynamic that is inherent to all episodes of violence (Versola-Russo, 2006, p.79). Further study as to the lived experience of those who witness instances of WPV is needed to ensure parity in the support process.
Conclusions need to be balanced against the limitations of the assignment’s literature review. Despite the application of the CASP assessment tool, the literature had a single reviewer and only electronic databases and a rudimentary hand search were involved in collecting the articles for review and therefore cannot be considered exhaustive.

Overall the chosen studies have appropriately applied qualitative methodology, incorporating triangulated approaches to the management of data to improve rates of trustworthiness. No studies have claimed generalisability to findings. Considerations need to be given to the study containing the lived experiences of generic as well as psychiatric nurses. The identified themes in this article cannot therefore be seen as wholly representative of psychiatric nurses. It does indicate, however, the urgent need for further research to address the current evidence deficit in a topic of great significance.

References


