

## Guest Editorial

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# Workplace Violence in Healthcare Settings

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Workplace violence includes acts of incivility, bullying, verbal and physical aggression, threatening words or actions, sexual harassment, and physical assaults; and is a profound problem for healthcare workers. Although the number of published articles addressing workplace violence has increased in recent years, there was a lack of opportunities for researchers studying workplace violence in the United States' healthcare sector to meet and share theories, models, findings, and prevention programs and their evaluations. As a result, there became a critical need for a domestic conference to be held where innovators, educators, and researchers could come together to network, build inter-professional teams, and share strategies, potential solutions, educational materials, best practices, programs, policies, and findings related to the prevention, management, and recovery associated with workplace violence.

In May 2012, the National Conference for Workplace Violence in Healthcare Settings was held in Cincinnati, Ohio. At the 2<sup>1</sup>/<sub>2</sub> day conference, four keynote, 20 paper, and 23 poster presenters delivered relevant and timely content with direct implications for healthcare policy. From this cadre of presentations, we invited presenters to submit papers for this special issue.

We are now excited and honored to present this special issue of Workplace Violence in Healthcare Set-

tings for *WORK: A Journal of Prevention, Assessment and Rehabilitation*. Eleven articles were peer-reviewed, revised, and ultimately accepted for publication in this special issue. The following paragraphs provide an introduction to each article included in the special issue.

The issue opens with a focus on coworker violence, in particular, bullying amongst healthcare workers. Armmmer and Ball examine the relationship between being bullied and registered nurses' intent to leave their current employer. They provide an overview of oppression theory as an explanation for the bullying that occurs against nurses, a predominantly female profession in the United States. Purpora, Blegan, and Stotts also studied workplace bullying committed against nurses. Their study is quite novel in providing evidence of the consequence of bullying: as bullying increases, the quality of registered nurses' patient care decreases. These scholars discuss the need for supportive work relationships as a mechanism for reducing bullying behaviors and increasing the quality of patients' care.

The next four articles focus on workplace violence enacted by patients and visitors. Ridenour, Lanza, Hendricks, Hartley, Rierdan, Zeiss, and Amandus describe the risk factors associated with the verbal and physical violence that occur against registered nurses in locked psychiatric units. Their multisite study evaluated risks based on staff training history, work shift, time of week, and types of patients on the unit at the time of the violent events. Next, Renker, Scribner, and Huff report their findings from a mixed-method study with a sample of emergency department workers. Based on the study's findings, they call for conse-

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quences to be imposed for aggressors, consistency with the implementation of departmental policies, and continued support by administrators for violence management. Burchill presents a new and valid instrument designed to measure the perceptions of workplace safety. In addition, the author describes the genesis of the survey items. Hill, Lind, Tucker, Nelly, and Daraiseh conducted a quality improvement project aiming to reduce the incidence of injuries from physical assaults by patients sustained by mental health workers in a pediatric psychiatric unit. In addition to the description of the quality improvement process, readers may be interested in the authors' Key Driver Diagram which visualizes the conceptual relationship for the prevention of staff injuries.

There are two clinical papers addressing workplace violence. The first is by Hartley, Ridenour, Craine, and Morrill who provide an indepth description of an online workplace violence prevention course. The course includes nine modules and five case studies illustrating a variety of healthcare settings and contexts allowing healthcare workers to learn how to prevent similar violent events. Bresler and Gaskell challenge the current paradigm for determining risks for patients enacting workplace violence. Following the presentation and analysis of three case studies, Bresler and Gaskell posit that determining risk for a specific patient may be a futile exercise due to the high potential for false positives. They recommend that interventions be adopted to reduce overall risks for workplace violence.

Two articles relate to violent event reporting and changing the physical work environment. Arnetz, Hamblin, Ager, Aranyos, Essenmacher, Upfal, and Luborsky conducted focus groups with hospital stakeholders to assess the need for a universal reporting system. The merits of a universal reporting system are aptly described. Shaw accounts the impact of a pediatric patient found to possess a firearm. The resulting changes to the physical environment of the pediatric emergency department and the workers perceptions of fear of future violence are depicted.

The final article presents a synthesis of the recommendations of the special issue authors for the prevention of workplace violence. Gillespie, Gates, and Fisher relay this synthesis using a Social-Ecological Model and categorize the recommendations at the individual, relationship, workplace, and societal levels.

We greatly enjoyed working with the contributors to this special issue of *Workplace Violence in Healthcare Settings*. We thank the contributors for sharing their findings and insights with us and the readers. We also thank Drs. Evelyn Fitzwater, Terry Kowalenko, and Donna Martsolf for serving as initial peer reviewers of the article submissions. We hope that after reading the articles in this issue you are able to translate the information from these articles to the needs of your healthcare settings; thereby, creating and maintaining a safer work environment for your co-workers, employees, and patients.