Safety and Health at Work xxx (2017) 1–6

Contents lists available at ScienceDirect

Safety and Health at Work

journal homepage: www.e-shaw.org

Review Article

Workplace Violence Toward Mental Healthcare Workers Employed in Psychiatric Wards

Gabriele d'Ettorre [1,*], Vincenza Pellicani [2]

[1] Health Unit of Occupational Prevention and Protection, Local Health Authority of Brindisi, Brindisi, Italy
[2] Department of Mental Health, Local Health Authority, Lecce, Italy

ARTICLE INFO

Article history:
Received 1 April 2016
Received in revised form
19 September 2016
Accepted 12 January 2017
Available online xxx

Keywords:
assaults
psychiatric inpatients
risk assessment
risk management
violence

ABSTRACT

Background: Workplace violence (WPV) against healthcare workers (HCWs) employed in psychiatric inpatient wards is a serious occupational issue that involves both staff and patients; the consequences of WPV may include increased service costs and lower standards of care. The purpose of this review was to evaluate which topics have been focused on in the literature and which are new in approaching the concern of patient violence against HCWs employed in psychiatric inpatient wards, in the past 20 years.
Methods: We searched for publications in PubMed and Web of Science using selected keywords. Each article was reviewed and categorized into one or more of the following four categories based on its subject matter: risk assessment, risk management, occurrence rates, and physical/nonphysical consequences.
Results: Our search resulted in a total of 64 publications that matched our inclusion criteria. The topics discussed, in order of frequency (from highest to lowest), were as follows: "risk assessment," "risk management," "occurrence rates," and "physical/nonphysical consequences." Schizophrenia, young age, alcohol use, drug misuse, a history of violence, and hostile-dominant interpersonal styles were found to be the predictors of patients' violence.
Conclusion: Risk assessment of violence by patients appeared the way to effectively minimize the occurrence of WPV and, consequently, to better protect mental HCWs. We found paucity of data regarding psychologic sequelae of WPV. According to these findings, we suggest the need to better investigate the psychologic consequences of WPV, with the aim of checking the effective interventions to assist HCW victims of violence and to prevent psychologic illness.

Introduction

Workplace violence (WPV) by patients against healthcare workers (HCWs) who work in acute psychiatric inpatient wards is a worldwide concern that has significant implications for both patients and staff [1,2]. A recent systematic meta-analysis of studies conducted by Iozzino et al [3] showed that almost one in five patients admitted to acute psychiatric units may commit an act of violence; male gender, diagnosis of schizophrenia, substance use, and a lifetime history of violence were linked with violence. Violent attacks may not only cause somatic injuries, but can also have psychological consequences with high rates of stress and other sequelae for mental health staff and for the organization [4,5]; anger, fear or anxiety, post-traumatic stress disorder symptoms, guilt, self-blame and shame [6], decreased job satisfaction and increased intent to leave the organization [7], and lowered health-related quality of life [8] were found to be the consequences of workers' short- or long-term exposure to WPV. Organizational-level outcomes of WPV may include high staff turnover and difficulty with nurse retention [9,10], decreased morale, hostile work environments [11], absenteeism, more frequent medical errors, more workplace injury claims [12,13], economic costs due to disability leaves, and reduced quality of patient care [14]. The economic burden of physical and psychological consequences of WPV against HCWs is significant, and accounts for approximately 30% of the overall costs of ill health and accidents [15]. Moreover, workers' disability and the consequent need of temporary staff increase service costs and have been linked to lower standards of

* Corresponding author. Unit of Occupational Prevention and Protection, Local Health Authority of Brindisi (ASL Brindisi), Di Summa Square, Brindisi 72100, Italy.
E-mail address: gabriele.det@libero.it (G. d'Ettorre).

2093-7911/$ – see front matter
http://dx.doi.org/10.1016/j.shaw.2017.01.004

Please cite this article in press as: d'Ettorre G, Pellicani V, Workplace Violence Toward Mental Healthcare Workers Employed in Psychiatric Wards, Safety and Health at Work (2017), http://dx.doi.org/10.1016/j.shaw.2017.01.004

care [16]; in fact, the perceived threat of violence may result in greater use of coercive measures such as seclusion, restraint, and enforced medication, which patients often describe as traumatic [17] and can, in turn, trigger aggressive responses from patients instead of engagement and cooperation with treatment [18,19]. Although they have been highlighted the potential predictors of patients' violence at workplace, such predictors have more limited value in emergency clinical settings compared with community or forensic settings [3]; in fact, in the emergency setting with acute admittance of unknown patients, these predictors are often unknown.

The purpose of this review was to evaluate which topics have been focused on in the literature and which are new in approaching the concern of patients' violence against HCWs employed in psychiatric inpatient wards, in the past 20 years.

Materials and methods

We sought articles from two common literature databases: PubMed and Web of Science. Selected keywords were used to identify articles for the purposes of this review. The keywords were as follows: violence, psychiatric inpatient ward, mental healthcare worker, assault, prediction, prevalence, occupational risk, safety measures, risk assessment, and risk management. The keywords were systematically combined together in order to conduct the literature search. For example, "mental healthcare worker," AND "violence" AND "occupational risk" was one combination. There were a total of 45 combinations of keywords, and all combinations were applied to each of the two databases. We aimed to identify original research articles (i.e., nonreviews) using the above-mentioned keywords with the following exclusion criteria: (1) studies not written in English; (2) studies not published after January 1996 (the year 1996 was chosen with the aim to analyze the research studies of the past 20 years); (3) studies not regarding acute psychiatric inpatient wards; and (4) studies that were not full reports (i.e., letters to the editor). Every full-text article that met the inclusion criteria was reviewed and categorized into one or more of the following four categories based on its subject matter: risk assessment (articles aimed at the identification of the potential hazards of patient violence as well as the likelihood that they will occur), risk management (articles targeted on the way to reducing the hazard to an acceptable level to protect workers), occurrence rates (e.g., incidence or prevalence of patient violence), physical/nonphysical consequences (e.g., injuries or mental disorder following patient violence). According to the Health and Safety Executive, the work-related violence was defined as follows: "Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks" [20].

Results

Our search of the two literature databases resulted in a total of 85 publications that matched our inclusion criteria. Twenty-one of these were removed because they were deemed irrelevant (i.e., conference proceedings or not concerning HCWs of psychiatric wards). Therefore, 64 papers remained in the study. The topics, discussed in order of frequency from highest to lowest, were the following: "risk assessment," "occurrence rates," "risk management," and "physical/nonphysical consequences," Forty-five papers focused on risk assessment, 19 on occurrence rates, 17 on risk management, and six on physical/nonphysical consequences. Eleven papers discussed both occurrence rates and risk assessment,; five papers focused on both risk assessment and risk management, one paper targeted the topics risk management and physical/nonphysical consequences, one paper focused on occurrence rates and risk management, two papers discussed occurrence rates and physical/nonphysical consequences, and two papers targeted the topics occurrence rates, risk assessment, and risk management (Table 1).

Discussion

Risk assessment of WPV

The findings of our study suggest that in the last 20 years, the main topic of the checked papers focused on risk assessment, with the aim to identify the potential hazards of patient violence as well as the likelihood that they will occur. Among the 45 studies targeted on risk assessment, 19 focused on the predictors of violent psychiatric patients, 10 focused on the determinants within the psychiatric wards, nine analyzed the predictability of the decision support tools for assessing acute risk of violence in patients, five focused on violent psychiatric patients' gender, and two found it impossible to assess the WPV risk. Regarding the predictors of violence perpetrated by patients, schizophrenia, young age, alcohol use, drug misuse, a history of violence, and hostile-dominant interpersonal styles were found to be the predictors of aggression toward HCWs. The determinants of violence within the psychiatric wards were identified as follows: inadequate HCW–patient relationship, relationship with on-call work and with additional nursing hour per patient day, and a high anxiety level among the staff. The predictability of the tools with regard to patients' violence was analyzed in nine papers: all the nine checked studies claim the predictability of the suggested tools (Violence Screening Checklist (VSC), Historical, Clinical, Risk Assessment-20 (HCR-20), Hare Psychophaty Checklist-Screening Version (PCL-SV), Braset Violence Checklist (BVC), French version of the Dynamic Appraisal of Situational Aggression (DASA-Fr), Clinical risk Assessment Screen of Inpatient Violence (V-Risk 10), Brief Psychiatric Rating Scale (BPRS); furthermore, the adoption of decision support tools for assessing acute risk of violence in patients appeared effective to assess the risk and, consequently, to minimize the occurrence of incidents. In fact, Abderhalden et al [56] observed a relationship between the adoption of a nurse-administrated structured short-term risk assessment during the first days of treatment, and the reduction in severe aggressive incidents (−41%) and decline in the use of coercive measures (−27%) in psychiatric inpatient care. This evidence has been confirmed by Van de Sande et al [80], who observed a significant decrease in the numbers of aggressive incidents (relative risk reduction = −68%, $p < 0{,}01$ compared with the controls), number of patients engaging in aggression (relative risk reduction = −50%, $p < 0{,}05$), and time spent in seclusion (relative risk reduction = −45%, $p < 0{,}05$). Studies that focused on violent patients' gender did not show concordance: two papers revealed a higher prevalence of violent behavior among females, two revealed the prevalence among males, and one did not check gender differences.

Risk management of WPV

Among the 17 papers focusing on this topic, 16 papers discussed the management interventions targeted to the staff, with regard to training, and one paper focused on the way to minimize the risk factors present in the environment through worksite analysis to identify potential WPV hazards. The strategic training focuses discussed in the papers were the following: constructing the HCW–patient relationship, improving the workers' communication skills, accurate reporting of each violent incident, and improving the labor context through management commitment and employee involvement in a WPV prevention program. With regard to the

Please cite this article in press as: d'Ettorre G, Pellicani V, Workplace Violence Toward Mental Healthcare Workers Employed in Psychiatric Wards, Safety and Health at Work (2017), http://dx.doi.org/10.1016/j.shaw.2017.01.004