

## BACKGROUND

Workplace violence is defined as “any act or threat of physical violence, harassment, intimidation, or other threatening, disruptive behavior from personnel” (American Nurse Association, n.d.). This includes physical, sexual, and psychological assaults as well. Assaults in nursing occur frequently and are entirely unacceptable from patients and colleagues. Approximately two nurses are assaulted every hour, totaling 57 assaults each day, 1,739 per month, 5,217 per quarter, and 20,868 assaults every year. (Lagasse, 2022) To combat the increasing number of assaults, strategies should be implemented to decrease the frequency and extent of harm as a result of these assaults.



## PURPOSE

To educate nurses in identifying violent patients by understanding the physical anatomy of what an assaulter looks like and how they act. The expected outcome is an increase in the identification of threats, resulting in a decrease in the number of assaults and an improvement in nurse safety.

## Identifying A Violent Patient

Methods to know or see an assault include baselining, knowledge about the physical anatomy of an assault, and verbal indicators.

Baselining is observing a person’s behavior when they are normal, and it usually starts as soon as you meet somebody. The baselining is essential because when people deviate from their baseline, it is a sign of something being planned or different from usual.

The physical anatomy of an assault has many characteristics, which are pre-positioning (the assaulter’s position to subject), shedding of clothes (removing restrictive clothing), blading the body (angling the body with the dominant hand to the back), fist clenching, (getting the upper hand on you) boxer stance, (blading causes one foot ahead of the other; bouncing of the knees) pre-positioning the hands, (hands coming to the mid-chest area) spitting, (sign of aggression and disrespect) and finally, facial changes (tight lips and, red/pink to white as blood pools to large muscles). Physical anatomy of assault is one of the most standing out of all of these identifications and can be very helpful to nurses.

One last method is verbal indicators; verbal indicators include inappropriate humor, aggressive statements, and more that show hints of something negative toward a nurse.

**Distribution of the level of feeling worried about workplace violence among nurses working in different hospital wards**

Wards	Level of feeling worried about workplace violence					Total
	Not at all worried	Little worried	Worried	Very worried	Extremely worried	
	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	
Clinic/outpatient	3 (21.43)	4 (28.63)	3 (21.41)	1 (7.11)	3 (21.42)	14 (100)
General medicine	5 (7.91)	13 (20.62)	25 (39.71)	10 (15.88)	10 (15.88)	63 (100)
General surgery	5 (11.11)	9 (20.00)	19 (42.20)	7 (15.58)	5 (11.11)	45 (100)
Emergency	1 (2.21)	6 (12.98)	9 (19.61)	12 (26.11)	18 (39.09)	46 (100)
Operation room	4 (12.11)	8 (24.22)	10 (30.32)	4 (12.11)	7 (21.24)	33 (100)
ICU <sup>Pre-positioning</sup>	4 (9.88)	6 (14.56)	15 (36.54)	12 (29.30)	4 (9.80)	41 (100)
Others	5 (11.58)	7 (16.29)	15 (34.88)	6 (13.95)	10 (23.30)	43 (100)
Total	27 (9.51)	53 (18.59)	96 (33.69)	52 (18.21)	57 (20.00)	285 (100)

ICU= Intensive Care Unit

## Nurse Response To a Violent Patient

In understanding how a patient acts, talks, and their overall behaviors, healthcare providers can identify potentially violent patients early on and decrease the risk for assault.

As the violence in the healthcare setting is increasing, de-escalation techniques are becoming more prevalent to respond to potential violence and aggression in the healthcare setting. De-escalation is a combination of strategies, techniques, and methods intended to reduce a patient’s agitation and aggression.

The following interventions can be used to defuse an aggressive situation in both the ED and inpatient psychiatric setting:

- Use non-threatening body language when approaching the patient.
- Respond to the patient’s expressed problems or conditions to create a sense of trust.

UMC has a zero-tolerance policy towards any act of violence. In the event of a combative or potentially combative person, attempts should be made to de-escalate the situation. In an emergency situation in which prevention intervention is deemed ineffective, employees should follow the UMC’s Code Grey policy and notify the appropriate emergency systems (including calling a Code Grey in the inpatient setting) and protect themselves and patients who are not directly involved.

## CONCLUSIONS

Workplace violence is a common occurrence in the healthcare setting. For the healthcare provider, there are ways to identify a potentially violent patient using body language identification skills, which can help decrease the number of assaults and harm against nurses. Using these skills will improve nurse safety and empower nurses with the skills and confidence to care for their patients.

## REFERENCES

