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## Occupational violence against staff in the perioperative environment

Occupational violence is a common problem in many workplaces, including health service organisations. In the perioperative environment, we are acutely aware of the problem of lateral violence, such as bullying, harassment and incivility. But as a specialty we rarely acknowledge violence perpetrated against us by patients, relatives or visitors. Anecdotally, this violence has been steadily increasing over the past decade and peaked during the current COVID-19 pandemic. Perioperative nurse leaders must be aware of the risks and implement appropriate mitigation strategies.

As a former anaesthetic and recovery nurse, I can recall several situations where I or one of my colleagues was threatened by a patient or one of their family or visitors. The most dramatic situation I recall resulted in a lock-down of the department after police informed us of a planned gang retaliation against a patient undergoing emergency surgery. More common, however, was verbal and sometimes physical abuse from patients who were confused or delirious on emerging from the anaesthetic.

Something that is frequently overlooked is the fact that occupational violence harms both the person it is directed at and anyone witnessing it. As a result, it has a significant impact on the workplace and adversely affects workers' physical and mental wellbeing. This has been shown to result in high economic, psychological and social costs for workers, organisations and the wider community. It is not a surprise that preventing occupational violence has become a priority for health services, unions and occupational safety bodies in Australia and globally.

Occupational violence can take many forms, including verbal abuse (swearing or yelling), threatening behaviour (pacing or glaring) and

physical violence or sexual assault.<sup>1</sup> In hospitals, nurses are the most at risk because we provide close personal care to patients 24 hours a day. International reports indicate that up to 80 per cent of nurses have experienced verbal or physical assault in the workplace.<sup>2</sup> A recent systematic review found that Australian and New Zealand nurses reported higher occupational violence rates than those in European countries and North America.<sup>3</sup>

Certain hospital departments are known to have a higher incidence of occupational violence, these include emergency departments, maternity wards, paediatric wards and mental health units.<sup>3</sup> These areas typically have high volumes of visitors in emotive and stressful situations. In the perioperative environment, there is limited information on the prevalence of occupational violence. The area has restricted access with few visitors, which may reduce the risk. However, family and visitors experiencing emotive and stressful situations do congregate at the entry and exit points.

In some cases, occupational violence is perpetrated by people with a history of criminal or antisocial behaviour. This type of perpetrator is the most reported. In many cases,

however, the violence is due to a patient's medical condition such as emergent delirium, dementia, mental illness or hypoxia. I don't think there would be a perioperative nurse alive who has not been grabbed, scratched or hit by a patient emerging from the anaesthetic. Although common, these incidents are very rarely reported unless they result in significant injury to the patient or staff member.

The violence committed by patients because of their medical condition is frequently normalised in nursing and perceived as part of the job. Although there may not be intent on the part of the patient, this violence can still have adverse impacts on staff. I remember being punched in the nose by an elderly man who was confused in recovery. I saw stars and it brought tears to my eyes. I played it down at the time, but I do remember flinching for the next

few weeks anytime a patient raised their arm. Although these assaults are considered benign, we don't know what cumulative psychological impact they are having on staff.

There are things we can do to reduce the risk of occupational violence. The layout and management of the environment can significantly contribute to risk.<sup>4</sup> For example, poorly manned and secured access points, isolated or obscured workstations, permissive admission policies, inadequate family communication processes and a lack of duress alarms may increase the risk.<sup>2</sup> I would encourage perioperative nurse leaders to conduct a risk assessment in their departments and instigate any necessary safety improvements. Hospital security services are a good resource and are usually eager to offer advice in this area.

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