

Violence in health sector: the un-Stoppable pandemic

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Certain words have an enduring emotional impact that transcend temporal and geographical boundaries and elicit an unwavering and increasingly evocative response. Among these words, the term "pandemic" stands prominently. Recognizing that there is a pervasive phenomenon on a global scale, that progressively resembles a "pandemic", has the potential to incapacitate us and lead us once more into a state of denial and rejection. This relates to the issue of violence, which includes not only the violence associated with conflicts and wars, but also domestic or local incidents that have extensively received media attention.

Workplace Violence¹ is an "endemic" kind of violence which particularly encompasses the health sector. Despite the proactive measures undertaken by well esteemed international institutions (e.g., the International Labour Office, International Council of Nurses, World Health Organization, and Public Services International), by means of guidelines issued since 2003 to address workplace violence in healthcare settings², this problem continues to persist on a global scale. Italy is especially affected by workplace violence, as demonstrated by the recent CEASE-IT study involving researchers from various Italian universities led by the University of Genoa. Preliminary data from this national study released by the National Federation of Nursing Professional Orders (FNOPI)³ highlights that emergency and intensive care services, and medical areas, are the healthcare sectors most exposed to violence, with a prevalence ranging from 27.3% to 28.4%, respectively. In the CEASE-IT study the prevalence of violence in Emergency and Intensive Care services amounts to 59.4%, which is a high percentage but still lower when compared to another national survey dedicated to emergency nurses, where 91.5% of the nurses reported being victims of acts of violence (verbal, physical, or both) during the last 12 months before the survey was administered⁴.

The rapid proliferation of violence within the healthcare sectors necessitates of extensive research in order to understand its prevalence and impact⁵. However, despite concerted efforts, the interventions designed to counteract this pressing issue exhibit questionable efficacy or lack sufficient scientific evidence⁶, as highlighted by the concerning rates of violence in the healthcare settings. Urgent and comprehensive global actions are imperative to effectively combat this pervasive problem and ensure the safety and well-being of both healthcare workers and patients.

"Urgent" and "comprehensive" are two words that have been chosen intentionally. The urgency characteristic stems from the precarious state of the healthcare systems worldwide, rendering them exceptionally vulnerable. The resilience displayed by these systems can be largely attributed to the commendable dedication and self-sacrifice of the healthcare personnel and workers, whose unwavering commitment is universally recognized. However, frontline workers, particularly nurses and physicians across Western and Eastern nations, are adversely affected by the expansion of violence within the healthcare sector. An array of international studies has consistently found a statistically significant association between frequency of exposure to workplace violence and occurrence of severe health outcomes such as post-traumatic stress syndrome, burnout, and premature attrition from the profession^{7,8}.

Taking care of healthcare personnel is not merely a moral obligation of the societal collective within one nation but a categorical imperative to ensure the survival of the healthcare systems. Moreover, a comprehensive approach is crucial for effectively counteracting this phenomenon. This is why, a few years ago, Ramacciati, Ceccagnoli & Addey developed the conceptual model of the "Global Approach to

Violence towards Emergency Nurses” (GAVEN)⁹. This model, which encompasses four domains of violence, has garnered recognition from esteemed scholars like Timmins et al.¹⁰, Yıldız & Tok Yıldız¹¹, and Yin et al.¹². The GAVEN framework not only analyzes the triggers of violence against emergency nurses but also provides a comprehensive depiction of the factors determining the violence, included within four domains: “Internal” (pertaining to the

characteristics of the emergency nursing staff), “External” (pertaining to the characteristics of patients, family members, and visitors), “Environmental” (pertaining to the structure of the emergency room), and “Organizational” (pertaining to the characteristics of the emergency department and hospital organization, such as work shifts, presence or absence of a security service, and procedures) (see Figure 1).



Figure 1. The “Global Approach to Violence towards Emergency Nurses” – GAVEN framework

The violence against emergency nurses expounded by this model is substantiated by the existence of 24 theoretical frameworks elucidating violence against emergency workers, as highlighted in a previous narrative review of theories and frameworks conducted by Ramacciati et al¹³. Starting from the awareness of the complexity and multidimensionality of the phenomenon, the GAVEN framework takes into account several variables.

The GAVEN framework takes into account internal factors related to emergency nurses, which includes gender, age, level of working experience, professional titles, roles within the ED, and the specific shift types they undertake. Understanding the composition and number of the ED team, as well as the nature of their employment (full-time or part-time), further enriches the framework's insights.

External aspects of the GAVEN framework regard the dynamics concerning patients and visitors in the ED. Their gender, age, socio-cultural conditions, and existing health conditions, such as alcohol or illicit drug abuse, mental illness, brain injuries, Alzheimer's or senile dementia, and various neurological and biochemical conditions, are integral components of the analysis. Furthermore, patient and visitor behavior, encompassing ED presentation in terms of triage code, waiting times, and length of stay, is carefully considered.

Organizational factors play a pivotal role with a special focus on regulatory measures and security protocols in order to address violence within the ED. Measures such as multi-language information displays, access restrictions, "Zero Tolerance" signs condemning violence, and the use of pass or identification cards for visitors and accompanying

individuals are also highlighted. Robust security measures, including closed-circuit surveillance, direct access to hospital security or police services through alarm bells, and the presence of bulletproof or shatterproof glass, reflect the emphasis of the GAVEN framework on safety. Incorporating a violence-reporting system and a rapid response team further strengthens EDs against potential violent incidents. Comprehensive procedures for managing aggressive patients or violent acts, supported by the pivotal role of a Stuart, a pivot nurse, are central to the framework's preparedness.

Additional concerns related to overcrowding or boarding, as well as the provision of specific training to counteract violence or aggressive behaviors, are essential components of the GAVEN framework. The recognition of support for the victim and de-escalation services further exemplifies the framework's comprehensive and compassionate approach.

Beyond human factors, the framework extends its scope to the organizational climate and environmental elements, including architectural measures. These may involve emergency unit entrance checks with no automatic door opening, enclosed nursing stations, bright lighting throughout the ED, examination rooms equipped with internal locks and alternative exits, and various comfort measures such as automatic food and drink dispensers, televisions or monitors displaying information, access to reading materials, and background music.

Finally, the GAVEN framework anchors its analysis with the critical variable of the annual number of patients treated in the ED, substantiating its data-driven approach. By encompassing such an extensive range of variables, the framework effectively addresses the pressing issue of violence within the ED setting and lays the foundation for designing evidence-based strategies and interventions to mitigate and manage this complex challenge.

While numerous violence risk assessment tools are currently available, the GAVEN-Score represents a predictive measurement tool that not only focuses on the antecedent and precipitating factors of violence but also encompasses parameters linked to the level of anti-violence approaches and the degree of comprehensiveness. The term "approach" encompasses a broad spectrum of skills, interventions, systems, and organization. The use of the term "global" underscores the need for finding comprehensive solutions that simultaneously address all risk factors associated with managing and mitigating workplace violence. The scores

derived from the various subscales of the GAVEN-Score will enable the evaluation of both the level and extent of strategies aimed at containing violence. This approach aims to facilitate the implementation of precise and resolute interventions¹⁴. However, attaining this objective necessitates a multifaceted endeavor. All stakeholders, including physicians, nurses, administrators, managers, unions, scientific societies, lawyers, jurists, journalists, occupational safety and clinical risk managers, police and security forces, the general public, and policymakers, must collectively sustain this challenge¹⁵.

The enduring and unstoppable pandemic of violence in the healthcare sector demands to be stopped. While it may seem daunting, we possess the capacity to overcome it. It is only through the collective efforts of all stakeholders that we can effectively combat and eradicate this affliction. Together, we will succeed.

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