

'I was told to return to work as soon as I regained consciousness.' Why few assaulted nurses report it to police

November 15 2023, by C.J. Cabilan



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Violence against nurses is pervasive. They are [more likely to experience physical violence](#) than any other health-care professionals. Violence

against nurses occurs in the context of [violence against women](#), with [87.5% of Australia's nursing workforce](#) identifying as women.

[Nurses report](#) being punched, hit, struck, having objects or [body fluids](#) thrown at them, being kicked, grabbed, spat on, threatened, pushed, slapped, strangled, scratched, bitten, or sexually assaulted by [patients](#). These actions are assault, which is a crime. In recent years Western Australia, Queensland, South Australia and Northern Territory have [implemented tougher penalties](#) for those who assault nurses on the job as a deterrent.

But nurses don't feel empowered or supported to [report](#) these crimes and patients are not being held accountable for their actions. Harsher penalties alone aren't enough to protect nurses.

Unhelpful responses from employers and police

We surveyed 275 nurses as part of [our research](#). About 83% had been assaulted by patients. Around a third of the nurses in our study reported experiencing more than one form of assault.

But only about one in three assaulted nurses report attacks to the [police](#). Nurses say the support they receive from their employers and police is generally poor, and they feel discouraged from proceeding with the reports they do make. Nurses said, "I felt like the decision was taken away from me and my management didn't do anything in support of me. I did not pursue charges as [there was] pressure from police to drop charges and no further support from my department in doing so."

Assaults still seen as 'part of the job'

Nurses in our study spoke about how they see assaults as "part of the

job." As one said, "I was told to return to work as soon as I regained consciousness [...] I had to look after the same patient because 'there aren't enough staff to replace you, and this is part of nursing [...] There is only four hours left of your shift. Then you can go home and sleep it off.'"

Another nurse said assaults were common: "[...] this sort of treatment from patients happens often and no one reports it. There's this sort of culture that you just move on and get over it [...] I have been physically and sexually assaulted a few times over the last year but not reported to police as I feel like I'm wasting time and resources and my claim isn't important enough."

This self-limiting culture appears to be longstanding, and reinforced by substandard responses from their employer and police.

Nurses don't report based on misconceptions

In [our research](#) nurses thought patients who are intoxicated or have a [mental illness](#) wouldn't satisfy the requirement of a guilty mind ([mens rea](#)) required for conviction. Or that, they have to be physically hurt for assaults to be seen as an offense.

But patients who are intoxicated or have mental illness can be held accountable.

In legal terms, neither intoxication or mental illness [equate to a lack of capacity](#) to know what is right or wrong. And to say someone cannot be held responsible for their actions due to mental illness, can be seen as stigmatizing or unjust. It is not up to a nurse, employer or police to decide a person's mental capacity. Every person is to be presumed of "sound mind" unless proven otherwise during prosecution.

Another misconception is that nurses have to be physically hurt for assaults to be reported. As one nurse said, "I didn't think that it was worth reporting it to the police as there was no visible harm done to me."

Harms from assault can be physical, emotional or psychosocial (impact on one's thought and how they interact with others). However, [assault is not characterized by its impact, but rather the act itself](#). A patient can be guilty of [assault](#) if they physically attack a [nurse](#) or if they threaten to do so.

Benefits of reporting to the police

Laws help set standards of what is right or wrong in society. To enforce the law, nurses must first report and make a statement to the police, so charges can be laid against a patient who commits violence. Police can then present this evidence to a prosecutor, who makes a decision if there is sufficient evidence for conviction.

Reporting to the police could have far-reaching impacts including:

- enforcing a culture of respect and safety, improved staff retention and well-being
- helping patients learn their rights to seek [health care](#) must be balanced with nurses' rights to a safe workplace
- setting a consistent standard of acceptable behaviors in society that includes health-care settings.

Many nurses have been assaulted by patients, but only few are reporting to the police. Employers and authorities must work together to empower and support nurses to report assaults. It is through this collective effort that we can hold patients to account, and ultimately keep [nurses](#) safe from harm.

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