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Workplace Violence

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In comparison to workers in other professions, nurses have a higher frequency of being exposed to workplace ferocity. Being saturated with females and the greatest healthcare staff, nurses are more likely to be involved in workplace violence, especially where there is an inadequate staff and workload superintendence is a challenge (Manton, 2017). Despite the everlasting outcome of workplace violence for patients, nurses, society and healthcare organizations being studied in length, there ought to be a gap in comprehending the different typologies and workplace cruelty sources regarding nurses in different specialties, geographical areas, roles and sectors.

In a nurse-patient relationship where the nurse has a fiduciary responsibility to the patient, the patient's right to protection from harm does not supersede that of the nurse's right to remain free from harm (Manton, 2017). It is important to first understand that for a nurse to be able to carry out their fiduciary duties or responsibilities to the patient, they should be at peace and free from any form of harm or malice. Therefore, it is right to conclude that both parties should be protected from any form of harm and thus none should be given more preeminence or supersede the other.

The code of ethics for nurses is applied to the issue of violence in psychiatry by nurses analyzing their beliefs regarding the voluntary and involuntary hospitalization of psychiatric patients. Thus, if a patient comes willingly, the chances of violence occurring are minimized. In the case that the patient is not willing to change their behavior and their thinking appears to be irrational or abnormal, then coercion can be used instead of brute means to reduce the violence between nurses and patients (Olson & Stokes, 2016). Social interests can also be served by less restrictive methods such as outpatient therapy.

Most would agree that the importance of respect for patient autonomy is a cornerstone principle in medical and nursing ethics. However, autonomy is never absolute and depends on other factors. For instance, a nurse would not pursue their own goals at the expense of harming patients, but nurses are not mere technicians and medicine is not a technological science. The very nature of medical decision making involves subjective judgments. These may be brightly colored by the nurse's moral view. After all, if respect for autonomy is important it should be applied equally. A better argument would be that nurses should have no leeway in ensuring that the patient is properly informed. It might be that the nurse would not personally comply with all requests, but the nurse would have to guide the patient to another facility that would accede to the patient's request (Nwafor & Nwafor, 2016).

Ethical conflict can occur in balancing a patient's right to autonomy and their right to beneficence. The principle of beneficence implies a moral obligation to act and to offer help for the benefit of others. Although not all beneficence acts are obligatory, this principle establishes an obligation for nurses to help others. This goes to say that there is a delicate balance between the principle of autonomy and beneficence. When a patient exercises his or her autonomy by not letting the nurse do an intervention but wants the nurse to get rid of an illness, in effect, the patient is telling the nurse he/she needs help with this but not with that (Gurney et al., 2017). In the same line, the nurse may refuse to treat the patient but in so doing, they are not adhering to the principle. In conclusion, these principles may conflict with each other and that their use in medical ethics is controversial, moreover the advocates of the principles above do not state how to resolve conflict or violence and balance them to find the best possible solution to a case.

References

- Gurney, D., Gillespie, G. L., McMahon, M. P., & Kolbuk, M. E. (2017). *Nursing Code of Ethics: Provisions and Interpretative Statements for Emergency Nurses*. *Journal of Emergency Nursing*, 43(6), 497-503.
- Manton, A. (2017). *The Issue of Violence in The Emergency Setting*. *Journal of emergency nursing*, 43(6), 495-496.
- Nwafor, G. C., & Nwafor, A. O. (2016). *The Healthcare Providers-Patients Relationship and State Obligations in Times of Public Health Emergency*. *African Journal of Legal Studies*, 9(4), 268-298.
- Olson, L. L., & Stokes, F. (2016). *The ANA Code of Ethics for Nurses with Interpretive Statements: Resource for Nursing Regulation*. *Journal of Nursing Regulation*, 7(2), 9-20.

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