City University of New York: Hunter

Developing Benevolence:

Clemency for Patient-Related Violence in Psychiatric Settings

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Asian American / Asian Research Institute

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According to Confucius, the virtue of benevolence is defined as guiding interpersonal interactions with a sense of good, grounded in moral judgment that considers both the self and others (Stanford Encyclopedia of Philosophy). It emphasizes unselfishness formed by moral judgment that is rooted in empathy and compassion (Stanford Encyclopedia of Philosophy). Kohlberg's Theory of Moral Development suggests that people actively make decisions throughout their lifetime to master this value, progressing through stages that reflect increasing awareness of others' needs. As a psychiatric nurse consistently exposed to workplace violence, I am confronted daily with the challenge of practicing benevolence, especially in the face of aggression and abuse.

Healthcare workers in psychiatric settings are three times more likely to experience workplace violence (WPV) than those working in other service industries (Amara 1185). WPV includes, but is not limited to, "physical assault, aggression, sexual harassment, bullying, verbal abuse, and threats" (Olasoji et al. 2102). When patients engage in such behaviors, they are reacting from a place of emotional distress, understood by Kohlberg's first level of moral thinking. In pre-conventional morality, individuals are egocentric, focused on seeking pleasure and avoiding pain, with little understanding or concern for the interests of others (Yilmaz 1). As a human being with my own thoughts and feelings, I admit that it can be infuriating to receive such treatment, especially, when my main motive is of beneficence and not maleficence. I

remind myself that, at one time, I, too, existed in this stage of moral development, unable to fully comprehend the impact of my actions on others.

I reflect on moments in my life when I acted out of desperation or frustration, perhaps motivated by misunderstanding, pain, fear, or the like. Factors contributing to aggression in psychiatric settings – such as unmet patient needs, poor communication, and perceived lack of respect from staff – are issues I empathize with (Amara 1191). Under these circumstances, I see myself in these patients. Their reasons become my reasons. In acknowledging their struggles, I make my way into Kohlberg's second stage of moral development, which places significance on awareness of others' needs (Yilmaz 1). This conscious recognition permits me to practice benevolence, responding to patients not with anger, but with compassion.

Exhibiting benevolence provides me with immense satisfaction. I take pride in being respected for modeling moral character and compassion at work. I envision myself as a benevolent leader – someone who is just and fair in her decisions and cultivates an aura of respect and harmony. In a previous version of myself, I too was guilty of protest behaviors. I had felt that learning to attune to the needs of others was my penance. A desire for atonement led to a journey of moral growth and self-actualization may have unconsciously attracted me to psychiatric nursing.

The work of a behavioral health nurse is undeniably challenging. Annually, over 7,800 assaults and almost 7,000 related injuries occur in mental health settings. (Amara 1185). In April of this year, I unfortunately became a part of this statistic when a patient physically assaulted me, resulting in an injury and a temporary leave of absence. WPV negatively impacts the mental and physical health of nurses, including psychological distress, PTSD symptoms, stress, and burnout (Newman et al. 1202). In the aftermath of the assault, I found myself wrestling with a vindictive compulsion to categorize the assailant, to allow implicit bias to take over and judge every human

with a similar diagnosis, appearance, or demeanor. How could I possibly show mercy to someone who threatened my safety?

At this time, my commitment to benevolence was under scrutiny. I asked myself what kind of nurse I wanted to be. Was psychiatry the field I was meant to practice in if I applied the hatred and fear of my assailant to the patients that I am responsible for? Kohlberg's third stage of moral development, post-conventional morality, helped me to answer that. This stage is marked by adherence to universal principles, such as justice or benevolence, beyond more than personal feelings and others' subjective experiences (Yilmaz 2). Although I was angry and upset by the assault, I valued my inner peace more. I realized that holding onto these negative emotions would only hinder my personal growth and professional aspirations. Ultimately, my goal to become a nurse practitioner who embodies the virtue of benevolence, outweighed my feelings.

The true test of one's character often presents in times of high stress. In the presence of agitated or aggressive patients, I have the choice to revert to earlier stages of moral development: selfishness and cynicism. I may seek to exact justice by escalating intervention methods directly to restrictive practices, such as chemical or physical restraints, or locked seclusion. However, I also have the option of transcending those impulses and deciding to honor human dignity, regardless of the actions of others and my own personal feelings. I may address the situation from a place of curiosity and attempt to verbally deescalate the behavior.

Several months have passed since the assault, and I have mostly finished processing that experience. I still report to work on the psychiatry unit and continue to pursue my master's degree in psychiatric mental health nursing. When I am faced with tough moments, I aim to answer with benevolence by being mindful of my trauma and commit to providing equitable care. To me, benevolence means not just understanding the pain of others but actively choosing

not to perpetuate suffering. I honor compassion, empathy, and curiosity as the guiding principles in my practice.

Throughout this journey, I have learned that benevolence is a virtue that is strengthened through challenges; one such being that of violence in the workplace. As a nurse and as a person, I have grown to find comfort in the ability to respond to obstacles with empathy, even when it exhausts my physical, mental, and emotional well-being. I am continually motivated to build myself in the service of others, because I genuinely believe in the good of humanity and their ability to progress.

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