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Perceived workplace violence reported by nurses enrolled in B.Sc Nursing degree programme at KIU, Sri Lanka

Ali, I., Shaheedha, H., Ahmed, J., Irufa, A., Ibrahim, S., Dharmarathna, H.H.N.D., Nisansala, M.W.N.

Department of Nursing, Faculty of Nursing, KIU, Sri Lanka

Abstract

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*Corresponding Author: nisansala@kiu.ac.lk

Background: Workplace violence (WPV) can be defined as a violent act directed towards workers, including physical assault, threat of assault and verbal abuse and it is widely recognized as having far-reaching consequences for workers' health and safety. Nurses are the most vulnerable group for WPV. In recent years WPV against nurses has significantly increased, becoming a nationwide phenomenon across the hospital settings. Furthermore, it can impact the quality of patient care and reduce the efficiency and quality of the entire health system. Therefore, this study aimed to determine the perceived workplace violence reported by nurses enrolled in the B.Sc Nursing degree programme at KIU, Sri Lanka.

Methods: A descriptive cross-sectional study was conducted among 306 undergraduate nurses in KIU. A pretested self-administered questionnaire was used to collect data which consisted of demographic information, the prevalence of WPV and factors associated with WPV. Data analysis was done with descriptive statistics and chi-square test using SPSS version 23. Ethical approval was obtained from the Ethics Review Committee of KIU (KIU/ERC/20/05).

Results: The majority of participants were females (97.4%, n=298), aged between 20-30 years (61.4%, n=188) and had working experience of <5 years (63.7%, n=195). The prevalence of workplace violence was 75.5%, n=231. The commonest type of reported violence was verbal violence (87.8%, n=203) followed by emotional violence (65%, n=150), physical violence (15%, n=35), sexual violence (3.8%, n=9) and racial harassment (2.1%, n=5). Medical and Surgical wards (39.6%, n=91) were the most frequent working areas where nurses faced violent behavior. The perpetrators were found to be supervisors (73.1%, n=168), patients' relatives (53.2%, n=122), and patients (52.3%, n=120). The working unit of the nurses ($p < 0.001$), designation ($p < 0.001$), number of night duties per month ($p = 0.019$), and ability to access the ward without permission ($p = 0.042$) were significantly associated with WPV among nurses.

Conclusion: The study concluded that the prevalence of WPV was high among nurses while verbal violence from nursing supervisors was the most common WPV. Therefore, it is mandatory to place appropriate measures to prevent the WPV among nurses.

Keywords: Workplace violence, Nurses, Occupational violence

Introduction

Violence has always been a part of the human experience. The impact of violence can be seen worldwide among all the professions. Each year, more than a million people lose their lives, and many more suffer non-fatal injuries as a result of self-inflicted, interpersonal, or collective violence (WHO, 2003). Workplace violence (WPV) can be identified as a violent act directed towards workers, including physical assault, the threat of assault, and verbal abuse and it is widely recognized as having far-reaching consequences for workers' health and safety (Morphet et al., 2018). It has been a global public health issue and has caused a serious threat to the physical and mental health of the healthcare workers. Moreover, WPV against health professionals has increased in recent years, becoming a nationwide threat across hospitals and clinical working environment. Furthermore, WPV has an adverse effect on the workplace behavior of healthcare workers and impacts on medical personnels, hospitals and society, causing issues such as diminished job performance, decreased job satisfaction, and negative effects on their own physical and mental health (Cheung, Lee, & Yip, 2017).

Among the healthcare professionals, nurses are the regular front-liners who are intersected inline with the patients and their families. As a result of providing patient care to the people who are often in medical and emotional crises, nurses are more predisposed to WPV from patients and their kinfolks (Gabrovec, 2017). Earlier research conducted by Adams et al. (2019) indicated that WPV is an epidemic among nurses in Sri Lanka. Although several employees face WPV in the work setting, this issue is almost ignored due to lack of empirical evidence. A study conducted in Sri Lanka by Liyanage, Hewaitharana, De Silva & Dissanayake (2018) reported that 58% of the participants had been either attacked or threatened with physical violence at the workplace, and most of the victims were nurses and ancillary staff. Study by Liyanage et al. recommends to conduct further studies with a view to enable health care administrators to comprehend the problem better

and to establish guidelines that could increase the security of the workplace of nurses and thereby, to increase job satisfaction, quality care, and patients' safety. This study aimed to determine the prevalence of WPV and to evaluate the factors associated with WPV as reported by nurses enrolled in the B.Sc Nursing degree programme at KIU, Sri Lanka.

Methodology

A descriptive cross-sectional study was conducted to determine the prevalence and factors associated with WPV reported by nurses enrolled in B.Sc Nursing degree programme at KIU, Sri Lanka. Ethical approval (KIU/ERC/20/05) was obtained from the Ethics Review Committee of KIU. The data were collected from May 2020 to August 2020 and there were nearly 1300 nurses registered for B.Sc Nursing degree programme at KIU at the time of data collection. The sampling method was cluster sampling. B.Sc Nursing batches were selected randomly by using the lottery method, and all the B.Sc Nursing students from those selected batches were enrolled till the sample size was reached. The sample size was calculated by using Yamane formula (Yamane, 1967). A sample of 306 nurses who were willing to participate and who gave written informed consent were included in the study. The participants were assessed using a researcher-developed pre-tested self-administered questionnaire. The questionnaire was pretested with 10 nurses who are following the B.Sc Nursing degree programme at KIU and they were excluded from the main study. The questionnaire consisted of three subsections, demographic and work-related factors of the participants (Section 1), prevalence and types of WPV (Section 2), and factors associated with WPV (Section 3). Collected data were entered into a database created using Microsoft excel 2019. After data cleaning, the excel database was exported into the IBM SPSS version 23. Data were analyzed using descriptive statistics. Categorical variables are expressed as frequencies and percentages. The Chi-square test was performed to assess the factors associated with WPV.

Results

In this study, a total of 306 participants completed the questionnaire. The majority of participants were females (97.4%, n=298), aged between 20-30 years (61.4%, n=188). The majority of participants were from teaching hospitals (63.7%, n=195) and medical and surgical wards (35%, n=107). The majority of participants were grade III nursing officers (72.2%, n=221) and had working experience < 5 years as a nursing officer (63.7%, n=195) (Table 01).

Table 01: Sociodemographic information of the participants

Variable	Frequency (n=306)	Percentage (%)
Age		
20-30	188	61.4
31-40	98	32.0
41 years and above	20	6.6
Gender		
Male	8	2.6
Female	298	97.4
Working Hospital		
Teaching Hospital	195	63.7
District Hospital	30	9.8
Base Hospital	46	15.0
Divisional Hospital	9	2.9
Other Hospital	26	8.5
Designation		
Matron/Special Grade	8	2.6
Sister	9	2.9
Nursing officer Grade I	19	6.2
Nursing officer Grade II	49	16.0
Nursing officer Grade III	221	72.2
Area of practice		
ETU	24	7.8
OPD	12	3.9
ICU	48	15.7
Surgical Ward	44	14.4
Medical Ward	63	20.6
Pediatric Ward	12	3.9
Other	103	33.7
Years of experience		
0-5	195	63.7
6-10	59	19.3
11-15	26	8.5
16 years and above	26	8.5

Among the participants, 75.5%, (n=231) were reported being exposed to WPV. Verbal violence was the most common type of violence experienced by the nurses (87.8%, n=203), followed by emotional violence (64.9%, n=150), physical violence (15.1%, n=35), sexual violence (3.8%, n=9) and racial harassment (2.1%, n=5) (Figure 1).

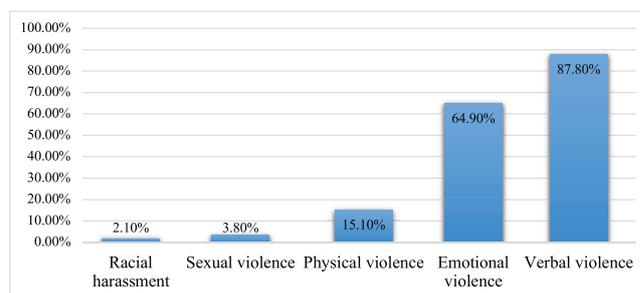


Figure 01: Types of WPV

When considering the nurses who encountered WPV (75.5%, n=231) during their entire working period, majority of the violence was encountered in medical wards and surgical wards (39.6%, n=91) followed by other healthcare units (60.4%, n=140) which includes psychiatric wards, operating theatre, neuro department, ICU, ETU, and pediatric wards. Most of the WPV was experienced by the grade III nursing officers (72%, n=166). Nursing sisters (3%, n=7) and matrons/special grade nursing officers (2%, n=5) were the lowest among those who experienced the violence.

The supervisors/seniors (73.1%, n=168), followed by patient's relatives (53.2%, n= 122), patients (52.3%, n=120), doctors (25.6%, n=59), bystanders (22.9%, n=53) and colleagues (16.8%, n=39) were the main perpetrators of WPV. WPV was higher during the first 5 years of work (87%, n=201).

Statistically significant associations were observed between working unit ($p<0.001$), designation of the nurses ($p<0.001$), number of night duties per month ($p=0.019$), ability to access the ward without permission ($p=0.042$), the inadequacy of nurses in the duty shift ($p=0.022$) and WPV (Table 02).

Table 02: Factors associated with WPV

Factor	P Value
Demographic factors	
Working Unit	<0.001*
Designation	<0.001*
Years of experience	0.830
Organizational factors	
Number of nurses per shift	0.484
Total number of beds per unit	0.333
Patient-related factors	
Delays in attending the patient's/relative's complaints	0.728
Consultations/treatment get delayed	0.126
Nurse related factors	
Heavy workload	0.714
Physically unwell	0.552
Poor communication between coworkers	0.784
Inadequacy of nurses in the duty shift	0.022*
Environmental factors	
Number of night duties per month	0.019*
Ability to access the ward without permission	0.042*
Number of security personnel at the work unit	0.214

*p<0.05

Discussion

Nearly 76% of the nurses have been exposed to the WPV at least once during their entire working period. It is considerably a higher percentage when comparing to the prevalence of WPV reported in developed countries [25% in USA (Gacki-Smith et al., 2010), 44.6% in Hong Kong (Cheung & Yip, 2017)] and even higher than the prevalence of WPV in other low and middle income countries [64.2% in Bangladesh (Latif et al., 2019), 64.5% in Nepal (Pandey et al., 2017)]. There are multiple reasons behind this higher number of WPV cases reported in Sri Lanka. Lack of staff and higher number of patients which elevates the number of shift duties especially night shift duties, physical arrangement of the hospitals where easy access for patients' relatives and outsiders to the working units and more female employment within the nursing profession are some of the contributing factors for this higher number of WPV incidence in Sri Lanka. A study conducted by Liyanage, Hewawitharana, De Silva, & Dissanayake (2018) in Sri Lanka revealed that, 58% were reported of being either attacked or threatened with physical violence at the workplace. When considering the type of violence, verbal violence was identified as the most common type (87.8%), followed by

emotional violence (64.9%), physical violence (15.1%), sexual violence (3.8%) and racial harassment (2.1%). This coincides with the study by Lu et al. (2018) that the estimated prevalence of verbal abuse (61.2%), psychological violence (50.8%), physical violence (13.7%), threats (39.4%), and sexual harassment (6.3%), respectively. Another study conducted by Tsukamoto et al. (2019) revealed the same result as Lu et al. (2018) that the prevalence of verbal abuse (59.1%), physical violence (20.2%), and sexual harassment (12.8%) among nurses in the Southern region of Brazil. When considering the findings reported in Sri Lanka as well as in the other countries, verbal violence is more common among the types of WPV.

In present study, perpetrators were identified as supervisors/ seniors, patient's relatives, patients, doctors, bystander and colleagues. According to the findings, verbal violence from supervisors has been the commonest type of WPV. Negative attitudes towards the junior staff members and intentionally undermining the work performed by the junior staff may be the leading factors for verbal violence among nurses. In addition to the reasons mentioned above, shortage of staff may also be a contributing factor for this. The data collection of this study was conducted during the COVID-19 pandemic. While managing a pandemic situation with the available minimum facilities in the health care sector, higher degree of stress among the nurse administrators may also impact the verbal violence towards their staff members. The second commonest perpetrator was the patients' relatives. High stress among the relatives as their loved ones are being hospitalised, miscommunication between the health care workers and the relatives, unsatisfactory services from the health care facility might be the major contributing factors for WPV in health care sector in Sri Lanka. However, a study done by Tsukamoto et al. (2019) on WPV, emphasized that work colleagues (38.4%) are the main perpetrator followed by supervisors (35.7%), patients and their families (26.9%) and these results differ from the current findings. Further, the current study manifested that the nursing officer grade III had

encountered more WPV than matrons, sisters, nursing officers grade I and grade II. A study in Nepal supports the finding of this study which indicated that staff nurses had encountered more violence than seniors (Shi et al., 2017). Nursing officer grade III is in the lower level of hierarchy with less experience. Lack of experience seriously affects the decision-making abilities of nurses which is directly affecting the quality of patient care. This leads to the errors in patient care and end up with verbal violence from the nurse managers. In the current study, nurses who work in medical and surgical wards (39.6%) were mostly exposed to WPV. These findings are similar to the study done by Kamchuchat, Chongsuvivatwong, Oncheunjit, & Sangthong (2008) which revealed that staff working in high-risk wards such as the outpatient unit, emergency unit, operating room, medical and surgical ward is more likely to experience WPV. The current study found that the night shift staff encountered more WPV when compared to other shifts. This coincides with a study done by Yang et al. (2018) in China which revealed that night shift is significantly correlated with higher frequency of violence. Moreover, study done by Emam et al. (2018) indicated that nurses on the night shift had reported significantly higher incidence of sexual harassment and reported that male patients were more likely to harass them than female patients. Another study conducted in Nepal by Pandey, Bhandari & Dangal (2017) revealed similar results, that the majority of the nurses who worked at the time of 6 pm to 7 am (75%) and in the Intensive Care Unit (84.6%) had experienced more WPV. When considering the above findings, the fact that nursing as a profession with more female employment cannot be ignored. Females are considered as a vulnerable group who are always at risk of being harassed. In addition to that, because of the shortage of staff, nurses have to do frequent night shift duties which will expose them to more WPV. On the other hand, usually unmarried female nurses do more night shift duties than the other nurses and therefore they are more exposed to the WPV by male co-workers as well as male patients.

This study further revealed that, ability to access the ward without permission had an association with WPV. The result was consistent with a study done by Martinez (2016) which proclaimed that, poor security, delay in service, and working closely with potentially dangerous individuals were the most common environmental risk factors. Similar findings were unfolded in a study conducted by Emam et al. (2018) among nurses in Iran and concluded that the lack of security facilities were a predisposing factor for violence (26.5%). It is being observed that during the patient visiting hours the hospitals are overcrowded in most of the hospitals in Sri Lanka as the number of visitors are not limited. All the visitors of the patients are permitted to enter the premises at the same time and security personnels do not restrict the number of visitors in the unit. This severely affects the occurrence of WPV among the health care workers.

Current study findings emphasize that, it is vital to implement appropriate measures to prevent the WPV among nurses in Sri Lanka. Uplift the knowledge on WPV management through continuous education is one of the pillars of preventing WPV among nurses. Even though Sri Lankan nurses have good attitudes towards the continuous education, there are various existing barriers (Jayamaha et al., 2021). Identifying institutional and environmental risk factors for workplace violence (Shi et al., 2017), recognizing behavioral warning signs of violence, employing communication and teamwork skills to prevent and manage violence (Hartley et al., 2019), empower the nurses to report violence incidents promptly and accurately (Locke et al., 2018) and identifying appropriate resources to assist injured nurses are the other known strategies to prevent the WPV among nurses (Hartley et al., 2019).

Conclusion

Majority of the nurses encountered WPV in their work settings, including verbal, emotional, physical and sexual violence which is a major issue in the health care sector in Sri Lanka and it is essential to take the necessary preventive measures. This study revealed that the most

common types of WPV against nurses are the verbal and emotional violence. Further, verbal violence from the supervisors is the commonest WPV among nurses under five years of working experience. Working Unit, designation, number of night shifts per month and ability to access the ward without permission were the determinants of WPV among nurses. Therefore, increasing the number of staff in a working unit, creating necessary security plans especially during the visiting hours are essential in reducing the WPV in Sri Lanka. Further, large scale studies are required to assess the WPV throughout the country.

Furthermore, clear violence reporting procedures must be established by the institutions, and nurses must be encouraged to report the violence against them. Hence, reports of violence must be acted upon in a timely manner, and necessary support should be provided to the affected nurses.

Unfortunately, WPV will probably continue to be a fact for the foreseeable future. Hence, it is the responsibility of everyone who were potentially affected by WPV to collaborate on the eradication of this problem and to make the healthcare institution a safer place to work.

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