ISSN: 2362-1303 (Paper) | eISSN: 2362-1311 (Online)
JOURNAL OF ADVANCED ACADEMIC RESEARCH (JAAR) September 2022

Experiences of Workplace Violence among Nursing Personnel in Rapti Sub-regional Hospital, Dang District, Western Nepal

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Received Date 26 September 2022
Accepted Date 28 September 2022
Published Date 30 September 2022

ABSTRACT

Background: Workplace violence against (WPV) health care workers is a common and widespread phenomenon. This problem is already high and still continuously increasing. The objective of the study was to explore the experience of workplace violence among nursing personnel.

Methods: A purposive sampling technique was used to select 20 nursing personnel. The qualitative data was generated by using guidelines for (i) Focus group Discussion (FGD), (ii) in- depth interview and (iii) key informant interview. Three FGD were conducted: two groups of staff nurses and one group of ANM, tape recording as well as field note was maintained. In-depth interviews were conducted with 4 nursing personnel who had experienced of workplace violence (WPV), the facial expressions, gesture, tone of voice and emotion experienced by respondents were observed during data collection. Two key informant interviews were carried out among organizational chiefs (medical superintendent) to verify the findings.

Results: All participants had experienced some types of abuse in their lifetime and majority of them had experienced verbal abuse in their workplace, where the perpetrators were team i.e. particularly by doctors. The nature of verbal abuse was insult, threatening and scolding in front of patients and visitors and majority of them reported the common place of violence was maternity ward particularly during night duty. The common cause behind the WPV was due to absence of policy to punish the perpetrators. Among the abused personnel, majority of them reported psychosomatic problems: anorexia, insomnia and depression. The studies revealed that majority of respondents were seeking immediate support from colleagues. In term of preventive measures, majority of respondents reported to give training on self-protection, staffs counseling for abused and developing violence prevention policy in the workplace.

Conclusion: Based on the identified qualitative information, the four themes were developed: low morale, low responsiveness, lack of unity and hazardous work environment which were responsible for increment of WPV. Therefore there identified themes need to be taken in consideration for the violence prevention policy should be developed in the concerned areas to control and prevent the WPV.

KEYWORDS

Experience, Nursing personnel, Workplace Violence

INTRODUCTION

Workplace violence against (WPV) health care workers is a common and widespread phenomenon. (International Labor Organization [ILO], 2006). Violence is present in all work environments but nurses in the health care system are at highest risk as they have the closest contact with patients and their relatives (National Institute for Occupational Safety and Health [NIOSH], 2006).

Workplace violence is one of the most complex and dangerous occupational hazards facing by the nurses working in today's health care environment (Carter, 2000). The risk of violence from patients and/or from clients was 16 times higher among healthcare workers than among other service employees. (Farrell & Cubit, 2005). Violence against women pervades human society, and takes many forms. (Hockley, 2003). Workplace violence is a multifaceted problem, which may take on several forms such as verbal abuse, physical assaults, aggression, harassment, bullying, intimidation, threatening, as well as obscene behaviors. Violent acts are perpetrated against nurses from various quarters, including patients, relatives, peers, supervisors, subordinates and other professional groups. Most of the physical events experienced by nurses result from interactions with patients and/or client, while non-physical events, like threats and verbal abuse, apart from the patients themselves (Sofield & Salmond, 2003). Nurses are three times more likely to be the victims of violence than any other professional group (Keely, 2002). Widespread sexual harassment and abuse were major concerns in South Africa, Ukraine, Kuwait and Hong Kong, China and among others (ILO, 2006). Nurses may incur severe psychological consequences, such as post-traumatic stress disorders, anxiety, sleep disturbances, and loss of self-confidence (Rippon, 2000). In work place violence the organizations may face increased absenteeism, sick leave, property damage, decreased performance and productivity, security costs, litigation, worker's compensation and increasing turnover rates, which are detrimental especially in current times of nursing shortage (Jackson, Clare & Mannix, 2002). Violent episodes of both physical and verbal nature indeed found to increase intent to leave nursing (Houle, 2001). Health care workers' experiences of workplace violence certainly have a negative correlation with job satisfaction and performance (Henderson, 2003). Violence and aggression accounted for 40% of reported health and safety incidents among healthcare workers (Badger & Mullan, 2004; Beech & Leather, 2006).

METHODOLOGY

In this study, qualitative research approach was used. An ethnographic design was adopted to explore the different dimension of WPV experienced by nursing personnel. The investigator had selected nursing personnel for this design in study because the group of nurses who had faced WPV and had their own sufferings and cultural interactions. This research was conducted among the nurses working in Rapti Sub-regional hospital at Dang District, Nepal. Approximately, 50 nurses were working in Dang District during the period of data collection. Among them only 20 nurses were selected for this study. Non-probability, purposive sampling technique was used to select 20 nurses. Two key informants who were the medical superintendents were selected. All participants were selected with their willingness.

The content validity was established by opinion of the subject matter expertise and research advisors. Soon after the interview and focus groups discussion, all the field notes and cassettes were labeled by giving code numbers, date, time and place. To avoid the omission that might happen with the long span of time, the verbatim information given by each participant was transcribed by the researcher as soon as possible along with field notes to supplement the data. For the completeness of the information, the investigator visited the participants more than 7 (seven) in an average. During bracketing of researcher bias was done by using objectivity, researcher reflectivity by shaping the data based on introspection. In order to maintain triangulation by FGD, In-depth interview and key informant interview was carried out for establishing accuracy and credibility.

The formal permission was obtained from Rapti Sub-regional Hospital, Dang to have access the records of working nursing staff and for data collection from them. After receiving the hospital's written

permission letter for data collection, the investigator herself conducted a focus group discussion (FGD) among the staff nurses in two groups with seven members in each group and one group ANM with six members. The participant for FGD groups was selected on the basis of availability of personnel who were currently working at that hospital with the help of attendance register record. The venue of FGD was used meeting hall of the hospital. The investigator used the guidelines for FGD and took about 2 hours for each FGD. The investigator played the role of moderator. Tape recorder was used to record the data. Supportive and comfortable environment was created by arranged sitting in round table. So the participants were encouraged to speak freely by assuring confidentiality of their information.

Four nursing personnel were selected for in-depth interview among the participants of FGD who had experienced of work place violence. Among four nursing personnel, three were staff nurses and one was ANM. The objective of in-depth interview was to explore the culture of victims who had experiences of workplace violence in their work areas. Most of the interviews were taken at home and few of them were in hospital. The investigator completed the in-depth interview with built rapport, clarification and interaction.

The investigator had used open ended questionnaire guideline, audio tape and field note for collecting the data. The investigator had taken the photograph of three focus groups respondents during FGD session but they did not give permission to display in the report. The investigator herself was collected the data in natural and neutral setting. The date and time were fixed according to convenience of respondents. The initial questions were started from grand- tour questions.

The investigator selected two chief of the organization for key informant interview both of them were hospital medical superintendents. The objective of the key informant interview was to verify information given by the respondents in FGD and in-depth interview. One key informant disagreed to record the interviewed information, so just field note was maintained.

The investigator maintained confidentiality of the respondents during and after data collection by using fake name/number used for coding the respondents and assuring them that information given by them will be kept confidential and used only for the purpose of this study. The informed verbal consent was obtained from FGD and key informant participants before collecting information from them in order to ensure the rights of subjects. In in-depth interview, written inform consent had taken before start the interview. Privacy of subjects was maintained by collecting information from them in a separate room according their convenience.

The process of data analysis was started along with the data collection. The phenomenon described by each participant in voluminous form was reduced to statements that were meaningful or significant to the purpose of the study. Extracted special meaning was coded and the certain responses that occurred were noted. The concepts of the study were made by grouping code; the grouping code (concept) was compared in super code (categories). Super code triangulated the themes and only four themes were generated from the study.

The extracted statements were originated under four clusters of themes: (1) Types of WPV, (2) Perpetrators of WPV, (3) Causes of WPV, and (4) Preventive measures of WPV. These clustered themes were prepared after the identification of concepts and categorization from the given information by the respondents. The final themes generated based on the identified categories were (1) Low morale, (2) Lack of unity among nurses, (3) low responsiveness and (4) Hazardous work environment.

RESULTS

Socio-Demographic Characteristics

The socio-demographic characteristics of 20 respondents, one third of the respondents' (8/20) belongs to 20-30 years of age. In terms of marital status, third fourth of respondents (16/20) were married. In terms of ethnic group, half of the respondents (10/20) were Brahmin. In terms of the education, half of the respondents (10/20) had Proficiency Certificate Level (PCL) of Nursing and all respondents were from Hindu religion. The designation of participants was: majority (11/20) were Staff Nurses, more than half

(11/20) had less than ten years length of work experience, less than half (8/20) of respondents worked general ward (G.W.) currently and third fourth (15/20) of respondents had more than five years working experience in current workplace experience. Most (17/20) of the respondents were from within the district.

Focus Group Discussion on Workplace Violence

FGD was conducted with 20 nursing personnel in three groups by using guideline. In FGD, two groups staff nurse with seven member each group and one group ANM with six members. The total six hours' time was needed to conduct the three groups' FGD. The objective was to explore the awareness and viewpoints regarding workplace violence in their working area which had provided lot of information in short duration.

Meaning of workplace violence

Table 1: Respondents Knowledge Regarding Situation of Workplace Violence

n=20

SN	Knowledge on WPV*	No. of Responses
1	Heard about WPV in Nepal	19
2	Heard about WPV in their friends circle	19
3	Heard about WPV in their working district	18
4	Heard about Global WPV status	12

***Multiple responses**

Table 1 reveals that most of the participants had heard about situation of workplace abuse in the national as well as international level. All participants (20/20) had knowledge about workplace violence. Around all respondents (18) had WPV heard with their friends circle and 12/20 was familiar with global workplace violence.

Table 2: Respondents Opinion regarding the Types of Workplace Violence

n=20

S.N.	Types of Workplace Violence*	No. of Responses
1	Psychological torture (mental)	20
2	Physical abuse (biting and assault)	17
3	Verbal abuse (scold and insult)	10
4	Sexual violence (vulgar words)	10
5	Social violence (nursing image)	9
6	Unfair economic benefits	5
7	Underestimated nature	2
8	Imperfect management	1
9	Undesirable activities	1
10	Abuse by visitors	1

***Multiple responses**

Table 2 shows that all most all participants (20/20) ever had experienced workplace violence during their working period as psychological torture (mental torcher in workplace), third fourth of respondents (17/20) perceived physical violence (biting and assault), least of the respondents (2/20) perceived as underestimated nature of personnel (mistrust on nursing knowledge and skill) and a respondent understood imperfect management (improper supervision and evaluation system, ineffective supplied system), undesirable activities (unlike activities in the institution) and quarrel with visitors. The example of a verbal abuse faced by patient as cited below: A respondent (Code - SN2b) said,

> "*I did morning care like bed bath, hair wash and catheter care of a patient. I provided care with the motive of service as it was my responsibility*". *When the male patient was*

discharged he said, "*You cared me a lot, even more than my wife does*." "*I do not know whether he had taken my touch as sexual feelings, but his word tortured me a lot."*

From this kind of patients' perception, the nurses felt a psychological torture and affected the further patient care. In this study, cent percent participants expressed psychological torture as a common effect of abuse.

Table 3: Respondents' Views regarding Perpetrators of Workplace Violence

n=20

S.N	Perpetrators*	No. of Responses
1	Doctors	16
2	Patient's relatives	13
3	Administrative staffs	10
4	Seniors colleagues	9
5	Boss or Chiefs of the organization	6
6	Junior colleagues	5
7	Male staffs (Paramedics)	5
8	Patients	5
9	Community members	4
10	Political leaders	2

Multiple responses

Table 3 shows that the majority of respondents faced abuse (16/20) from doctors followed by patient's relatives and least common was from political members. While among the FGD respondents, the perpetrators of abuse were store keeper (administrative staff), doctors and community members (code SN1d, code - SN2c and code- SN2e) shown below:

"*I've heard of physical abuse on a nursing in-charge by store keeper of Kanti Hospital when she went to the store to take some medicine.*"

"While I was in bathroom, the doctor arrived and took a round alone then he complained to the organizational chief about the absence of staffs in duty station". "The chief himself came and returned after knowing the truth."

"*While I am working at health post, the health post management committee locked my office and transferred me to other district collecting the signature of Female Community Health Volunteers. Later, "I got retransferred to same district but the local members did not allow attending there. Now my post was in health post but I worked in District Health Office."*

Places of Workplace Violence

The FGD revealed that the common places majority of participants had expressed that the most frequent abuse occurred in Maternity and emergency ward than in general ward and the workplace violence was much higher common shift of WPV in the night than in the morning shift. Most of the verbal abuses such as insult the nursing staff take place in front of patient and patient's relatives by the doctors.

Causes of Workplace Violence

The FGD revealed that there were different causes of workplace violence, some were due to (I) Managerial problem: overloaded work, nurses not involved in decision making, inadequate authority according to responsibility, absence of nursing leaders (Matron, sister and senior staffs), biasness in opportunity, no strict organizational rules and regulations, lack of interdepartmental co-ordination and co-operation, unfair in

economic benefits, no support system for abused person, (II) Gender issues: being a female, low social status of nurses, under estimation of nursing services, lack of unity among nursing staffs, low quality nursing leadership and (III) Job related problem: lack of autonomy, low academic preparation, lack of experience, unsafe work environment, no specific job description, low level of nursing procedures inferiority complex among nurses.

Responses of Respondents' toward Workplace Violence

The findings of this study revealed that many types of abuses which often took the workplace. The responses of participants have been categorized to immediate and long term as. In immediate Response, majority of participants reported that the immediate respond of workplace violence were ignore the incident, mood off, changed facial expression, weeping/crying and leave the violence place not speaking with perpetrators but very few of the respondents had counter act with the perpetrators and in the long Term Response Some of the respondents reported very late, some of them shared the event with friends, reported the matter with the in-charge, friends and family members, remained on leave, and changed the working place, developed depression and some of them involved in alternative therapy (meditation). Some had conducted the meeting with the ward staffs to solve the problem and some respondents had complained with chief of the organization (informally) but none of them had case filled formally in practice.

Respondents' Opinion towards the Prevention of Workplace Violence

The findings of three group focus group discussion revealed that actually they had no ideas on how to seek help during abuse from outside the organization, also did not have any idea on how to formally file the case within the organization. However majority of respondents viewed that workplace violence should be controlled within the organization in co-ordination with the higher authority and nursing leaders. Majority of the respondents emphasized that the nursing managerial post need to be fulfilled and there should be unity among nursing professionals, job description should be specified and the nurses need to be empowered by means of academic advancement. According to their responses of the WPV can be minimize if there is co-operation and co-ordination among the nursing staffs. There should be proper evaluation system, power should be delegated to nursing leaders for managing the nursing problem, safety and friendly environment should be established within the organization, should revise the curriculum (WPV) according to job description, should arrange the training for nursing staffs about prevention of workplace violence, should produce quality nursing manpower, should organize the capacity building program for the nursing staff, should establish strong rule and regulation against the violence inside the organization, should manage behavioral changed communication programme to the nurses for positive thinking, should develop the violence controlled policy within the organization, should conduct the regular meeting within the organization, adequate supply of essential equipment and medicines, should appoint the medical person in the store section, should have the administrative knowledge among the nursing staffs, adequate flow of nursing staff according to work load and should establish the nursing division in Ministry of Health.

In-depth Interview on Experience of Workplace Violence

The Respondents' Experience of Workplace Violence

Four participants (three staff nurses and one ANM staff) were selected for in-depth interview from FGD who had experience of abuse and who were interested to share their feelings. The findings of the study revealed that there were different types of abuses in workplace. Four participants of in-depth interview had experience verbal abuse by colleagues, paramedics, store keeper and administrative staffs in different way.

Respondents' Relationship within the Organizational Staffs

According to in-depth interview, poor relation among the staff within the organization was the one cause of abuse. Good interpersonal relation with organizational members like chief, seniors, juniors, coworker etc might prevent the workplace violence. The three participants had good relation with the colleagues but one had not. The three participants had good relation with juniors but one had not.

Respondents' Support System in Organization

According to in-depth interview, all (4/4) participants said that there is no support system within the organization to prevent and control the violence.

Involvement in Decision Making

In term of involvement of the opportunity of nursing staff in decision making was minimal at the organization. Out of 4 participants, 2/4 opinions had not involved in decision making and 2/4 had rarely get involved in decision making. According to 2 of the respondents they sometimes the chief and administration staffs decided for meeting themselves with the relative's staffs, close person or liked person said by two participants. A respondent (Code-AN3c) mentioned that

> *"I am not involved in decision-making role because I am a female," But a male peon may have values in the office not me."*

The organizational member did not give priority and value to the nursing staff in their workplace. They are discriminated on the basis of being a female.

Respondents' Attitude toward Work and Working System

Among the participants, all had positive attitude toward the work but complained about working system and environment. There were no strict rule and regulation for workplace violence. So some workers worked hard and some did not. A respondent (Code - AN3c) said that

> *"I like nursing job therefore I studied this subject and I like to do nursing job but I need a safe working environment."*

The participants' attitude toward work and working system should be positive and supportive because abuse affect in lack of quality services. So, the participants who had negative attitude could be carelessness in their work.

Types of Workplace Violence

All respondents reported that different kind of abuse take place in their workplace. All respondents said that physical assault, psychological torture and verbal abuse, majority (3/4) of respondents expressed that sexual harassment and one expressed negative remarks and political discrimination in WPV. One respondent (Code - SN1c) expressed that hitting fall in physical assault, mental torture in psychological, showing blue picture in sexual harassment and used unpleasant word and hurt by others in verbal abuse. The case of sexual harassment shown below: A respondent (Code-SN1c) said,

> *"I went to Kathmandu to get my transfer. Even after continues attempt I failed. Later, a ministry staff said that "you have to spend 2-3 nights with me to get the transfer."*

Causes of Workplace Violence

According to in-depth interview respondents the causes of WPV were multiple; among them it occurred due to female profession, show of masculine power, no punishment system for perpetrators, underestimation of nursing practice and knowledge, work overload and unsafe work environment. Unsafe working environment means no boundary around the hospital, no security guard, and no channel gate inside the ward and no visitor controlling system. Ineffective leadership and supply of equipment and medicine was the causes of WPV. If we cannot give medicine in time, the patient's visitors were aggressive with the nurses. A respondent (Code-SN1f) said,

"Abuse also takes place when we are undutiful, like; as a ward in-charge, it's their work to check if the toilet and wards are clean and equipment are in proper place. If the in-charge at least asked the peon about his work, much work can be completed. Equipment are not found when working, there aren't enough medicines, once requisition form's medicines one should follow up many time."

Places of Workplace Violence

According to the sample respondents, the common places of abuse were maternity unit and the majority of respondents were faced the abuse in night duty. In night duty, the perpetrators were alcoholic patient's relatives but in morning duty the perpetrators were doctors who often make verbal abuse to the staff in front of patient and visitors.

During night duty, alcoholic visitors enter in the ward and that is no crowd control system. So abuse by alcoholic visitors to the nurses was very high. A respondent (Code -SN1b) said,

"During night duties, patient's relatives came intoxicated with alcohol. While trying to send them out, we have to risk physical assault. Until the visitors are there, we have to stay with fear and mental pressure."

Perpetrators of Workplace Violence

In this study, the perpetrators of abuse were often doctors, administrative staffs, senior nurses, junior nurses, paramedics and store keepers.

The organizational chief could not manage the discrimination in the organization effectively. So, the respondents faced abuse of discrimination shown below: A respondent (Code - AN3f) said,

"The nurses of this hospital are suffering a lot of abuse. The 2nd class nursing officer is dominated by the administration clerk. There is discrimination to the nursing officer, same level doctors' gets a lot of facilities but nurses get fewer facilities."

Immediate Responses toward Workplace Violence

In term of immediate response of abuse, most of the respondents were kept silence toward the abuse in different condition but now a day young nurses do take counter action toward such abuse. Among most (3/4) of them had organized a meeting with nursing in-charge, organizational chief and colleagues, one had sharing the violence with their colleagues, one had counter act with perpetrator herself, one had complained the manager and one were complained the nursing in-charge. Although some action was taken toward the violence, nobody responded effectively in nursing issues. So, all had experience worried and helplessness during expressing violence. Still they had no legal ideas for case filling and formal process of violence. Nobody had filed the cases in the administration section.

Impact of Workplace Violence

The impacts of abuse were divided into two types according to their experiences. One was physical/somatic impacts and another was psychological impact.

Table 4: Respondents' Experiences on Somatic Impacts of WPV

n=4

Somatic Impacts	No. of Responses
Loss of appetite	4
Insomnia	4
Tiredness	2
Headache	2
Heaviness of body	1
Fatigue	1
Heart burn	1

All the respondents reported that somatic symptoms were related to different body systems. They said that they had loss of appetite and insomnia. Two of them experienced tiredness and headache; one respondent reported the experience of heaviness of body, fatigue, and one had one had heart burn. One participant said that it decreased the energy and interest for work and loss of confidence (Table 4)

Psychological Impact

Respondents said that their initial reaction to the workplace abuse was a feeling of mixed emotions which included inferiority complex, feeling like leaving the workplace, lost confidence, increased absenteeism, and stress and had negative thought toward perpetrators, isolation, burnout and frustration, anxiety, negligence, guilt feeling, hopelessness and irritation towards patients/colleagues/family members. Most of the participants said that they lost interest towards job.

Coping Mechanism

The majority of respondents said that they got relieved from their anxiety to some extent by sharing with colleagues, sharing with family member, kept silence and self-healing and seeks for alternative therapy - like engaged in religious activities. A respondent (Code - SN1d) said,

> *"I was forced to do night duty although I had high fever and I was full term pregnant, after duty 3 nights, I had a still birth. I felt guilt after losing my full term baby and could not cope in soon. Then, I became very sad and loss my interest to do the job and remain on leave for long time. My husband and family members supported me and I also join in religious activities. After a week, felt better to some extent and I returned to my work."*

Preventive Measures of Workplace Violence

According to in-depth interview, the views of participants on preventive measure of workplace violence were different. They said there should be positive attitude toward the work, good co-operation and co-ordination, sensitization on WPV; staffs counseling facilities, routinely transfer system to all the staff, unbiased evaluation system, regular meeting, reward and punishment policy, empathetic feeling on staff problem, and provision for professional duty and good system for managing within the organization to prevent and control the WPV.

During the in-depth interview, the investigator took depth information about the events of workplace violence. This information was related to their experiences of workplace violence in different place and types. Out of twenty respondents, the investigator had explored the problem in depth with only four respondents. Among them, three respondents were staff nurses and one was ANM.

Key Informants Interview

For key informant interview, the investigator took two organizational chief from same hospital. Both were them male and from medical profession. There were 25 nurses in the post but only about 20 nurses were working during data collection. It was a regional hospital but human recourses were not up to the regional

level. So, the work load of nursing staff was high. The average nurse-patient ratio was 1:300 yearly according to medical superintendent (20/6000). **Types of Workplace Violence:** According to key informant interview, the types of workplace violence were hitting- physical assault, psychological torture, verbal abuse and sexual harassment. In verbal abuse, the doctors scolded to the nursing staff in front of patient and their visitors. **Causes of Workplace Violence:** According to them the causes of WPV due to inadequate nursing staff, incomplete work (incomplete record by doctor and improper hand over and takes over system), silence by the victim, no specific job description, managerial problem, communication gap between the staff, negative attitude toward the work, low quality and capacity of nursing staff and no work division as well as being female, underestimated or considered low grade nursing activities.
There were inadequate nursing personnel due to high number of patient flow, many staff was on leave and some were on training once in a while. A respondent (Code - AN3b) said,

> "*Here is only one staff but, 40-50 patient and night duty in every 4th day. Sometimes if the staff is ill, night off was not given. The in-charge was in favour of adding staffs but the administration never listen it."*

Perpetrators of Workplace Violence

According to sample respondents, the perpetrators of abuse were organizational chief, paramedics, doctors, senior nurses, junior staff and supporting staffs. A respondent (Code -R) said,

> "*The supporting staff was on leave without informing ward staff, nurses have been added to work for supporting staff. The nursing staff could not complete the work in time and faced violence from doctors or head of the organization*".

Reporting System of Violence among Nurses

According them none of the cases was filed formally but nurses did complain 2 to3 incidence of abuse monthly (informally or verbally) to the organizational chief. Initially, the nurses were complained the abuse to senior nurses, nursing in-charge, nursing team, management team then branch of nursing association to solve the problem. The most frequently complained was abuse from patient and patient's visitors according to key informants.

Violence Management Practice of Organization

According to key informant interview, after complaining the abuse, the manager of the organization conducted a meeting and counseled the perpetrators individually, clarified the job description to staff, worn the perpetrators and solved the problem immediately.

Preventive Measures of Workplace Violence

According to the medical superintendent the preventive measures of abuse had increase the nursing resources, establishing proper hand over and take over system, assigning specific job description, increase the number of staff meeting, involved the nurses in decision making, encouraged the nursing staff to file the case and ensuring proper management of supplies from the administration.

WPV Prevention Plans of Management

In external environment, they build the boundary wall around the hospital and quarters, manage a gate keeper and the channel gate in the maternity and indoor wards and enforce a gate pass system for visiting the patients to prevent over crowd the wards (7-8am at morning and 4-6pm at evening). The internal managements of inside the organization were conducted interdepartmental meeting regularly, maintain the minutes of violence prevention solution, make clear job description in different levels, make timely supply of equipment and medicines, organize the training for positive attitude toward the work, increase the number of working staffs and provide the log book to staff for recording the event of abuse.

Main Theme of the Study

Four major themes were identified by compiling findings of the respondents in this study: Low morale, lack of unity among nursing personnel, Low responsiveness of the work and Hazardous work environment. The four themes are represented the main causes of all kinds of workplace violence. If the work or interventions are focuses to the four themes, most of the violence related problem will be prevented.

DISCUSSIONS

In this study, the meaning of workplace violence was psychological torture, physical torture, sexual harassment and social problem at the workplace. These findings are almost similar with the report of & Bobrowski, (2006) and Mayhew and Chappell (2003). According to them workplace violence includes "physical assault, homicide, verbal abuse, bullying/mobbing, sexual and racial harassment, and psychological stress," racial discrimination and property damage and support by Wynne, Clarkin, Cox, and Griffiths (1997).

In this study, the type of workplace violence was found only three categories like: (i) internal violence: the perpetrators are employees within the same organization e.g. doctors, paramedics, senior colleagues, store keeper (ii) client-initiated violence: when patients/clients and their families act violently towards staff and (vi) staff-initiated violence: this form of violence occurs when staff act violently towards those in their professional care among eight categories within the health care areas followed by Hockley (2003) that (i) internal violence, (ii) client-initiated violence, (iii) organizational violence, (iv) external violence, (v) third party violence, (vi) staff-initiated violence, (vii) traumatic work related events violence and (viii) client to client violence.

In this study, all respondents (20/20) had experienced verbal abuse in their workplace repeatedly. Almost similar findings were reported by Cox (1987) that 82% of staff nurses had experienced repeated episodes of verbal abuse, and 18% of staff nurse turnover was related to such abuse. Cook, Green and Topp (2001) study also supported that the prevalence rate of verbal abuse was reported 91% in preoperative nurses, among them reported cases (45%) were experiencing verbal abuse several times a year, 22.5% once per month or less, 5.6% several times a week and 4.2% every day and Kamchuchat, Chongsuvivatwong, Oncheunjit, Yip, and Sangthong (2008) found that the prevalence of violence experience was 38.9% for verbal abuse, 3.1% for physical abuse, and 0.7% for sexual harassment.

In this study the perpetrators of abuse, most common abuse (16/20) attempted from doctors then 13/20 from patient's relatives and least attempted here made by community members and political leaders. Similar finding were also reported by Sofield and Salmond (2003) in their study that the physicians were found to be the main source of verbal abuse followed by patients and patients' families and Chapman, Styles, Perry and Combs (2009) found that the most frequent was a verbal report to their immediate manager (29%), other senior nursing staffs (14.5%) and/or their friends and colleagues (6%).

In this study, the causes of WPV reported due to showing the masculine power, no punishment system for perpetrators, dominating nature of seniors, underestimated the nursing practice and knowledge, shortage of nursing personnel, work overload and unsafe working environment. Likewise the findings were reported by Hegney, et.al, (2010) in their study that at the time of nursing shortages, variables linked to lack of job satisfaction, such as workload, poor skill, poor communication between staff, poor management support and low morale found to affect the incidence of workplace violence.

In this study, the causes of WPV was job related problem like: lack of autonomy, low academic preparation, lack of experiences, unsafe work environment, no specific job description, low level of nursing procedures, inferiority complex, inadequate nursing staffs etc. Almost similar issues were reported by Kathleen, Mephaul, Jane, & Lipscomb (2004) that most frequent contributing factors to WPV were dissatisfaction with treatment, overcrowding, insufficient staff and inadequate security.

Roche, Diers, Duffield and Paull (2009) also supported this study that the causes of violence were discrepancy between nursing resources require from acuity measurement and those supplied; more task

delayed and increased the medication error. Percentage of nurses with a bachelor of science in nursing degrees was associated with fewer reported perceptions of violence at the ward level.

In this study, the common shifts of workplace violence were at night duty and morning duty. Reasons for violence were: alcoholic visitors at night and doctor scold the nurses at morning round. Similar findings were reported by Belayachi, Berrechid, Amlaiky, Zekraoui, and Abouqal (2010) their study that the violence occurred at night (27%), afternoon (22%), evening (12%), and morning (10%). Reasons for violence were: a delay of consultation or care in (52%) cases, acute drunkenness in (17%) cases and neuropsychiatric disease in (5%) cases.

The respondents having workplace violence reflected many psychosomatic problems such as anorexia, insomnia, anxiety, guilt feeling, loss of confidence, feeling of quitting job, leaving and turning over the job etc. Similar consequences were reported in Canbaz et.al (2008) study that workplace violence was found to have a negative influence on participants' psychological level, and being responsible for anxiety. Violence at work increases anxiety. Stress and violence at work are not isolated individual problems, but structural, strategic issues rooted in wider social, economic, organizational and cultural and also supported by Kamchuchat, Chongsuvivatwong, Oncheunjit, Yip, and Sangthong (2008) that those psychological consequences including poor relationships with colleagues and family members were the major concerns.

Noer (1993) found that Workforce survivors continue to experience symptoms of stress, fatigue, decreased motivation, sadness and depression even five years after their company has under gone a shortage of human resources. Trossman (2008) study exposed that Victims can experience a great deal of anxiety and depression, as well as posttraumatic stress disorder (PTSD). Victims reported losing their self-confidence, self-esteem, sense of worth, and belief in their competency. Arnetz and Arnetz (2001) and Hoel, Sparks, and Cooper (2000) revealed that, workplace violence represents an important financial drawback because of increased absenteeism, early retirement, and reduced quality of care for institutions.

The majority of respondents said that they got relieved from their anxiety to some extent by sharing with colleagues, sharing with family member, kept silence and self-healing and seeks for alternative therapy in this study. It is not consistence with result of Hockley (2003) that nurses initially select three main strategies to accommodate violence. Firstly, they relied on themselves, such as self-awareness, or less frequently, used outside sources, such as counseling. Secondly, they considered socializing as an outlet such as going to parties, taking drugs, or abusing alcohol. The third most common strategy was leaving metaphorically.

In this study, the preventive measures of WPV were co-operation and co-ordination, unbiased evaluation system, safety and friendly environment training quality nursing manpower, strong rule and regulation against the violence, violence controlled policy within the organization, regular meeting regular supply of essential equipment and adequate flow of nursing staff. More similar cases were reported by Oostrom and Mierlo (2008) that education and training are important instruments that can help prevent work related violence and enforce coping strategies. These improvements persisted after the training, indicating that training resulted in enduring changes in knowledge and behavior.

Chappell and Di Martino (2000) suggested occupation-specific guidelines that may help identify training needs and the skills required to prevent or cope with violence. Lin et al (2004) suggested that assertiveness training is included in many workplace violence training programs. Such training is typically directed at helping employees change how they view themselves and establish self-confidence and improved interpersonal communication.

CONCLUSIONS

It was revealed that WPV has contributed adverse effect on physical and emotional health of respondents leading to loss of confidence, absenteeism in work and taking leave/change the job. Based on the identified qualitative information, the four themes were developed: low morale, low responsiveness, lack of unity and hazardous work environment which were responsible for increment of WPV. Therefore there identified

themes need to be taken in consideration for the violence prevention policy should be developed in the concerned areas to control and prevent the WPV.

ACKNOWLEDGEMENTS

The authors would like to express gratitude to Maharajgunj Nursing Campus and Institutional Review Board for providing the golden opportunity to carry out this study and the research advisor, Professor Dr. Sarala Joshi for continue support. The authors would also like to thank the Medical Superintendent, nursing chief and all nurses of Sub-regional Hospital, Dang for the study area and participation in the study. Similarly, the author would like to thank the Nepal Health Research Council and The Ministry of General Administration for providing post graduate grant for the study.

CONFLICTS OF INTEREST

The authors do not have conflict of interest regarding this publication.

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