

# Workplace Violence against Nurses in Bangalore, India

Laxmi Adhikari

## ABSTRACT

**Background** Research on workplace violence in the health sector in India is emerging. This paper reports on a study on violence against nurses working in hospitals in Bangalore, India.

**Data and Methods** A descriptive cross-sectional study was undertaken with both qualitative and quantitative approaches. The respondents were female nurses working in hospitals in Bangalore city, India. Data was collected through a self-administered questionnaire, completed during the period May–June 2017.

**Results** Of the total 175 nurses requested, 110 (62.8%) consented to participate in the study. Over a six-month period preceding the interview, 33.6% of the respondents faced at least one type of violence. An overwhelming majority (73%) experienced only verbal violence; the rest experienced multiple forms of violence, which included verbal, physical and sexual. The factors associated with workplace violence were stressful conditions, miscommunication, excessive workload, lack of security, and working alone. The majority of the assaults were not reported.

**Conclusion** Policies and intervention programs need to be developed toward making a work environment free of violence.

**Keywords** Workplace violence, nurses, physical violence, verbal abuse, sexual harassment, Bangalore, India

## INTRODUCTION

Workplace violence in the health sector is a worldwide concern. According to the World Health Organization (WHO), workplace violence involves cases in which staff are abused, threatened, or assaulted in circumstances related to their work (or while commuting to and from work), or are involved in explicit or implicit challenges to their safety, wellbeing, or health. Furthermore, the International Labour Organization (ILO) reports violence-related injury as the second leading type of occupational injury.<sup>1</sup>

Exposure to violence while carrying out duties adversely affects nurses, both physically and psychologically, and may lead to a loss of concentration, inattention to ethical guidelines, mistakes on the job, absence from shifts, repeated absenteeism, inattention to patients, dislike of job, reduced job satisfaction, and refusal to work in stressful wards. Nurses experiencing violence in the workplace may opt for transfer or even give up the nursing career entirely.<sup>2,3</sup> Though the problem is widely prevalent, it is often considered as part of the job, and only three out of ten nurses reported incidents of physical violence.<sup>4</sup> Both physical and non-physical violence against nurses is a major problem affecting both their health and productivity; hence, the consequences of workplace violence in the health sector also have a significant impact on the effectiveness of the overall health system.<sup>5</sup>

Each year, in the United States, approximately 900 deaths and 1.7 million non-fatal assaults related to workplace violence are accounted.<sup>6</sup> Based on research conducted in Italian hospitals, among various health professionals—including physicians, nurses and nursing assistants, the most frequently assaulted are nurses (67%), followed by nursing assistants (18%). The incidents of violence most frequently occurred in the psychiatry

department, emergency department, and in geriatric wards, and the most common perpetrators were patients, relatives of patients, and other staff.<sup>7</sup> Workplace violence is usually divided into physical violence, such as beating, kicking, slapping, and scratching; verbal abuse, which includes actions like yelling and cursing; and sexual harassment, including grabbing, hugging and kissing. In 2014, three out of four nurses experienced verbal or physical violence.<sup>4</sup>

In Australia, 36% of nurses and midwives experienced violence inflicted by patients or their visitors. In Italy, 49.4% of nurses reported occurrences of aggression; in China, 50% of nurses were exposed to workplace violence; more than three quarters of Jordanian nurses (75.8%) were exposed to at least one type of violence in emergency departments; and 80.4% of Palestinian nurses faced workplace violence.<sup>8</sup>

In India, only two published studies focusing on workplace violence in health care settings are available. One study<sup>9</sup> was conducted among nurses in a mental hospital in Bangalore, the same city where the present study was undertaken, in 2006. Another study was done in Kolkata,<sup>10</sup> West Bengal, again in 2005–2006. Clearly, research on workplace violence in the health sector has not received the attention it should. The objective of this study is to report on the prevalence of workplace violence against nurses working in hospitals in Bangalore, India.

## DATA AND METHODS

A descriptive cross-sectional study was undertaken with both qualitative and quantitative approaches. The respondents were female nurses working in public, private, and mission hospitals, which were selected purposively, in Bangalore city. Seven health institutions were included; among them, one was a government hospital, one was a religious or mission hospital, and five were private

institutions.

Data was collected through a self-administered questionnaire, undertaken during May–June 2017. The health sector workplace violence questionnaire developed by the International Labour Organization (ILO), International Council of Nurses (ICN), World Health Organization (WHO), and Public Services International was adapted for the study.<sup>11</sup> Sections in the questionnaire which fell outside the purview of the study, such as bullying, racial harassment, and other items, were excluded.

In order to access detailed information regarding the number of nurses working in hospitals, along with their work experiences, secondary data was obtained from the concerned administration in charge with prior approval granted by the hospital administration.

In the study, workplace violence, which was the outcome variable, was divided into three sections. Physical violence was defined as the use of physical force against another person or group resulting in physical harm. It included beating, kicking, slapping, stabbing, pushing or pinching. Verbal abuse was defined as the excessive use of language to damage and/or undermine someone's dignity and security through insults or humiliation in a sudden or repeated manner. Verbal abuse included abusive anger, accusing and blaming, name calling, judging, and criticizing. Sexual harassment was defined as the making of unwanted sexual advances or offensive remarks, including touching, hugging, grabbing, kissing, and fondling. These definitions were included in the questionnaire, and respondents were asked if they had been assaulted in the workplace in the last six months. The explanatory variables included in the study were age, marital status, years of service, duty shifts, perpetrators of violence, and legal channels and mechanisms for lodging complaints.

Verbal consent was taken from the nurses, and the questionnaire was distributed. Nurses with one year or more of experience were included and those with less than one year were excluded. The participants were requested to return the questionnaire in one week. Of the total 175 nurses requested, 110 (62.8%) consented to participate in the study, and in-depth interviews were done with 12 nurses. The quantitative data were assessed using the Statistical Package for Social Sciences (SPSS) software, and a frequency test and chi-square test were done. Ethical clearance for the study was obtained from Padmashree School of Public Health, Bangalore.

## RESULTS

The background characteristics of the respondents are shown in Table 1. The majority of the respondents (59.1%) belonged to the age group of 20–29, and the mean age was 30.4 years. About half of the respondents were single (50.9%). An overwhelming majority worked as nursing staff (88.2%). Just over half of the respondents had only been on the job for 1–5 years. The majority (69%) of the sample respondents were currently working at a for-profit private organization and about one-fourth were working at a public institution.

Over the last six months' period immediately preceding the interview, nearly one-third (33.6%) of the respondents faced at least one type of violence (Table 2).

Verbal only violence was the most common, experienced

by an overwhelming majority (73%). The rest experienced more than one type of violence; three respondents reported having experienced multiple violence—verbal, physical and sexual.

As regards the perpetrators of violence, 24 of all who experienced any form of violence reported the perpetrators to be nurses or other staff members (Table 3). Patients were the perpetrators for eight of the 37 respondents. Among five who experienced physical and sexual violence, the perpetrators were the relatives of patients.

Explaining her experience of workplace violence, a nurse working in a government hospital for several years recalled: "It was so difficult for me when I was young... I got harassed by my own staff." The nurse further confirmed

Table 1. Background Characteristics of the Respondents, Bangalore

Characteristic	Percent	Cases
Age group		
20-29	59.1	65
30-39	27.3	30
40-49	11.8	13
50-59	1.8	2
Marital status		
Single	50.9	56
Married	49.1	54
Current position		
Nursing staff	88.2	97
Ward in-charge	9.1	10
Line-manager	2.7	3
Years of work experience		
1-5	52.7	58
6-10	21.8	24
11-15	8.2	9
16-20	10.9	12
21 or more	6.4	7
Organization		
Private (for profit)	69.1	76
Private (non-profit)	2.7	3
Religious	1.8	2
Public/government	25.5	28
International organization	0.9	1
All	100.0	110

Table 2. Incidence of Violence Experienced by the Respondents at Workplace, Bangalore

Variable	Percent	Cases
Whether experienced violence		
Yes	33.6	37
No	66.4	73
Total	100.0	110
Type of violence experienced		
Verbal only	73.0	27
Verbal and sexual	10.8	4
Verbal and physical	2.7	1
Verbal and physical and sexual	8.1	3
Physical and sexual	5.4	2
Total	100.0	37

Table 3. Perpetrators of Violence and the Respondents' Response to Violence, Bangalore

Perpetrators	Types of Violence (Number of Cases)					All
	Verbal only	Verbal and Sexual	Verbal and Physical	Verbal and Physical and Sexual	Physical and Sexual	
Patients	4	2	1	1	0	8
Relative of patients	2	1	0	0	2	5
Nurse or other administrative staff members	21	1	0	2	0	24
All	27	4	1	3	2	37
Response to the Incident <sup>†</sup>	Number of Cases by Types of Violence					All
	Verbal only	Verbal and Sexual	Verbal and Physical	Verbal and Physical and Sexual	Physical and Sexual	
Took no action	23	0	0	0	0	23
Tried to pretend it never happened	4	2	0	2	0	8
Asked the person to stop	2	2	0	0	2	6
Sought counselling	1	0	1	0	0	2
Shared with friends or family	0	1	0	1	0	2
Reported to senior staff member	3	0	0	0	0	3
All	33	5	1	3	2	44

<sup>†</sup>Multiple response

that verbal abuse was the primary type of abuse faced by nurses: "usually, relatives of patients scold us and say that the care is not on time... you are looking after another patient and not mine... and doctor is not coming on time..." (Case I, Age 50)

Upon probing the 50 respondents who had experienced any form of workplace violence, the majority, 23 of them, said that they "did nothing or took no action" following the incident (Table 3). Another 8 of the respondents "tried to pretend as if it never happened". Only 6 asked the perpetrator to stop. Furthermore, only 2 sought counselling and 3 reported the incident to their senior staff. Very few of the nurses who had experienced violence discussed the incident with their family members or friends.

Upon further probing, it was revealed that most of the respondents facing various forms of violence did not report the incident due to fear of reprisal. A nurse with five years of experience in the private sector said: "It all comes with the job. We are trained and should be responsible for the situation. Patients' care is our main duty... Because they are restless and weak, sometimes they do this out of their disease condition. So, we should forget this and move on. Once in an emergency ward, I was pushed very hard by a patient while I was giving an injection. I even had a cut in my wrist... Of course, I was angry and hurt, but I didn't report this to anyone. It was useless." (Case III, Age 35) Another nurse, again from the private sector, thought bullying was part of their job: "I started my career at 24, and this is my seventh year as a nurse and I've heard of, and even have had, bad experience at the hands of visitors and doctors. I think, being in this profession and getting verbally abused is not surprising. We get them every now and then... I take this as part of the job rather than blaming the visitors." (Case IV, Age 31)

But, a young nurse, aged 28, who had been working as a staff member in a government hospital for a year and a half said: "I don't know where to report and I don't think it helps... Many times, I've cried as it hurts when someone blames you for nothing, but you can't report this to the police... It seems ridiculous to report. Different types of patients and visitors visit this hospital, and they have different sorts of problems... Some have problems with toilets... some are troubled by the medicine they get... some patients think the pain they get is because we don't know anything... they scold us even for the situations we are not responsible for..." (Case V, Age 28)

When questioned about the possible reasons for occurrence of workplace violence, one of the nurses underscored miscommunication as one of the main factors: "A good communication skill is a must for every nurse. You have to be patient and transparent. You need to know how to handle the sick and explain to them nicely... Many incidents that had occurred with me and my colleagues in hospitals are due to miscommunication." (Case II, Age 36)

Most of the nurses who experienced violence at their workplace felt haunted by repeated disturbing memories, thoughts, or images of the attack. Similarly, about half of the responding nurses said that they had had great difficulty in sharing their experience of the incidents without experiencing deep pain. A young nurse with two years of experience felt that any kind of violence in the workplace has adverse psychological effects on them. She recalled being verbally abused in an emergency department. When asked about the incident, she said, "I really felt bad that time, and perhaps the incident won't go out of my mind. A patient's relative shouted at me like crazy. Why? Because I was trying my best and they felt that that was my mistake. I was ashamed of myself and couldn't let go of the incident

for a couple of days. I didn't tell anyone and tried to avoid the situation, thinking that I am not the only one to face such a situation." (Case VII, Age 26)

## DISCUSSION

There are some similarities and dissimilarities between the results found in the current and other studies undertaken in India and elsewhere. Only two previous studies conducted in India on the same topic as that of the current study were found. One study<sup>9</sup> was conducted among nurses in a mental hospital in Bangalore, the same city where the present study was undertaken, in 2006. Workplace violence against nurses in that study was reported to be 87.2%—considerably much higher than what the present study found. The difference could be due to the fact that the previous study was undertaken at a mental hospital, where the violence perpetrated by the patients are generally expected to be higher than at other types of health care settings.

The other study<sup>10</sup> was done among women health care workers in four hospital settings in Kolkata, West Bengal, India during 2005–2006. It was a qualitative study. The verbal abuse among nurses in the study was much lower (28%) and sexual harassment was much higher (68%) than in the current study. These differences could be partly due to the differences in the sample and the methodology used. The differences could also be related to the reference time period. In the present study, the time period was anytime during six months immediately preceding the survey, whereas in the previous study the time period was 12 months.

In the present study, considerably more respondents reported verbal violence than in the other studies done in Karnataka,<sup>9</sup> Kolkata,<sup>10</sup> and Turkey<sup>12</sup> but similar to the study done in Hong Kong.<sup>13</sup> Similar to many studies, staff members and patients' relatives were the common perpetrators,<sup>2,13-17</sup> and the nurses from age 20–29 years and unmarried (42.9%) were the frequent sufferers.

As regards the perpetrators, previous studies<sup>13,17,18</sup> found much lower proportions to be staff members than the current study. The reasons for higher incidence of violence against nurses, which included workload, stressful conditions and miscommunication, have also been reported by other studies.<sup>16,19</sup> Similarly, the underreporting or no reporting of violence considering that it may be part of the job has been reported in other studies.<sup>2,16,20-22</sup> The nurses did not take any action or pretended as if the incident never happened and confined their feelings to themselves out of fear of reprisal from the higher authorities, which are similar to the qualitative findings of the study done in Kolkata.

## LIMITATION

A major limitation of the present study is that it is a descriptive study with a small sample size. As such, the study findings may not be generalized. Furthermore, many who experienced violence may have decided against participating in the study. The potential bias resulting from this cannot be ascertained from the data. Because of the sensitive nature of the topic, it is possible that the study participants did not disclose their private information completely.

## CONCLUSION

Workplace violence was experienced by about one-third of all nurses who participated in the study. Yet, workplace violence remains largely unreported or underreported. The nurses in the study stated that they were less concerned about reporting the violent events, most of them considering the incident as part of their daily job. Underreporting of workplace violence appears common among nurses who participated in the study. Hospital administrators need to play an active role in fostering a work environment free of violence in the workplace. Every hospital should institute a reliable reporting procedure that staff members feel comfortable using. A system could be introduced and established at the hospitals whereby all staffs are given full orientation aimed at reducing or eliminating workplace violence against all workforces, including nurses.

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#### AUTHOR AND ARTICLE INFORMATION

**Corresponding Author** Laxmi Adhikari, MPH; E-mail: lux.anu143@gmail.com; ORCID ID: 0000-0001-8562-3183  
**Author's Affiliation** Laxmi Adhikari is currently a freelance consultant in health projects in Bangalore, India.  
**Author's Contribution** Conceptualization, data collection, analysis, interpretation of data, and preparation of the manuscript.

**Ethics Approval and Consent to Participate** The

paper is adapted from the author's MPH thesis report prepared and submitted to Padmashree School of Public Health, Bangalore. Ethical clearance was obtained from Padmashree School of Public Health, Bangalore, prior to conducting the study. Data was collected through a self-administered brief questionnaire administered to nurses working in seven health facilities in Bangalore; those unwilling to participate in the survey were free to not fill in the survey form. A total of 175 survey forms were distributed, of which 110 returned the survey form.

**Conflict of Interest** None declared by the author.

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