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Prevalence and Associated Factors of Workplace Violence among Nurses Working in Selected Hospital of Chitwan District

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ABSTRACT

Background: Workplace violence represents an escalating global challenge that is not only a public health concern but also a significant social issue. The objective of this study is to find the prevalence and associated factors of workplace violence among Nurses of selected hospital.

Methods: A hospital based cross-sectional study was carried out among nurses working various hospital of Bharatpur, Chitwan between November 2022 to March 2023. A self- structured questionnaire was used for data collection using Google form. Descriptive and analytical study were used to analyze data. Frequency and percentage were used for categorical data while mean and standard deviation were used for continuous variables. Chi-square test were used association between workplace violence with sociodemographic. p-value <00.05 was considered as statistically significant.

Results: Prevalence of work place violence is 43.6% (with 95% CI as 36.7% to 50.40%). Majority of the nurses were victim from verbal abuse (71.91%) followed by physical violence (21.34%) and least (6.75) were suffered from sexual violence. Also, 53.93% violence were occurred inside the health institution Age (p-value=0.017), ethnicity (p-value=0.042), marital status (p-value=0.0209) and position in the hospital (p-value=0.033) was found to be statistically significant with the prevalence of violence.

Conclusions: The existence of workplace violence within the healthcare institutions in this region is a pressing issue and a social challenge. Verbal abuse is more prevalent than physical aggression and sexual harassment in the majority of hospitals.

Keywords: nurses; physical violence; sexual violence; verbal abuse; workplace violence.

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INTRODUCTION

Workplace violence is a pressing and multifaceted global concern with far-reaching implications for both public health and society. The issue has garnered increasing attention in recent years due to its immediate and long-term impact on the well-being of workers. It is essential to recognize that there is no universally accepted definition of workplace violence, which can complicate efforts to address and mitigate it. In the context of the present study, workplace violence is understood as a complex, multifactorial concept arising from the interplay of individual attributes, interpersonal relationships, cultural influences, and environmental conditions. It encompasses actions, incidents, or behaviors that deviate from conventional expectations within a professional setting, ultimately leading to workers feeling threatened or harmed as a direct consequence of their occupation. This multifaceted nature of workplace violence underscores the necessity of a comprehensive approach to studying and addressing the issue. WHO define violence as "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal development or deprivation".[1] Violence has been explicitly identified as a significant public health problem globally.[2] Workplace violence (WPV) in the health sector is a worldwide concern with healthcare workers being at high risk of being victims. Workplace violence in the health sectors is defined as the incidents where staffs are abused, threatened, or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being

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or health.[3] Workplace violence can be classified as vertical or horizontal depending on how it is structured. Whereas horizontal violence only happens between healthcare professionals or patients, vertical violence involves both patients and healthcare staff. Moreover, incidents can be classified depending on their form as expressions of either physical or psychological aggression. Assaults, beatings, spitting, kicking, or even murder are all examples of physical violence. On the other hand, psychological violence includes acts of intimidation, coercion, defamation, slander, blackmail, verbal and non-verbal threats, verbal and non-verbal abuse, mobbing, and sexual harassment. It can be further classified into verbal abuse, bullying, sexual harassment, and racial discrimination. The use of words (insults, swearing, or screaming) to cause injury was classified as verbal violence in the current study, whereas mobbing was characterized as the outcome of slander, defamation, or libel.[4] Although workplace violence is a concern across various industries, it is believed to be especially widespread in the healthcare sector. This is attributed to various job-related factors, including extended work hours, shift work, frequent interactions with deceased individuals, and shortages of staff, supplies, and equipment. Certain healthcare personnel, such as those working in psychiatric, geriatric, and emergency departments, are considered to be at higher risk of encountering workplace violence. Factors that increase the risk of patients and their families being exposed to occupational violence include close interactions with individuals with a history of violence or substance abuse, working in poorly illuminated environments with inadequate safety measures, and being located in neighborhoods with high crime rates.[5] Violence against healthcare workers, whether physical or non-physical in nature, poses a significant challenge that detrimentally affects their well-being and work productivity. Furthermore, the repercussions of workplace violence in the healthcare sector have a substantial influence on the overall efficiency of healthcare systems, particularly in developing nations.[6] Violence encompasses any aggressive actions intended to harm others. Workplace violence (WPV) is specifically characterized by incidents in which staff members endure abuse and threats while performing their job duties. Both developing and developed nations report instances of nurses experiencing various forms of violence. This issue is recognized as a troubling and substantial concern within the global nursing profession.[7] Research has indicated that nurses are at a significantly higher risk, approximately three times more, of encountering violence compared to other professional groups. The International Council of Nurses (ICN) reported that in 2004, over two-thirds of nurses worldwide did not feel secure in their workplace. Furthermore, in European countries, nearly 22% of nurses have frequently experienced violence from both patients and their relatives.[8] Currently, there is a growing body of evidence highlighting the elevated risk faced by healthcare workers, particularly nursing staff, when it comes to encountering violent incidents in their workplaces. This issue has now gained recognition as a prominent occupational hazard on a global scale. While it has long been recognized as a significant problem in numerous industrialized nations, recent research suggests that workplace violence in the healthcare sector is not limited by borders, cultures, work environments, or job categories; it is indeed a worldwide phenomenon. This epidemic of workplace violence in healthcare spans across all societies, including those in the developing world. [9] Violence against healthcare workers, whether physical or non-physical, represents a significant issue that impacts their well-being and work efficiency. Furthermore, the repercussions of workplace violence within the healthcare sector have a substantial influence on the overall effectiveness of healthcare systems, particularly in developing nations.[6] The objective of this study is to find the prevalence and associated factors of workplace violence among Nurses of selected hospital.

METHODS

A hospital based cross- sectional study was carried out among nurses working various hospital of Bharatpur, Chitwan. The research was carried out

between November 2022 to March 2023. This study was conducted among nurses working in different hospitals (Private hospitals, Public hospitals and Government hospital). A research conducted by Pandey et. al in 2017 showed that 64.5% of nurses, or around two-thirds, reported having encountered violence at work in the previous six months.[10] By taking 95% confidence interval, 7% margin of error sample size was calculated by using following formula.

Sample size (n) = Z^2pq/e^2

$=1.96^2 *0.645*0.355/(0.07*0.07)$

$=1.96^2 *0.645*0.355/(0.07*0.07)$

$=0.879/(0.0049)$

$=180$

By taking 10% non-response rate this research was conducted among 180+18=198 nurses. A self-structured questionnaire was used to collect the information from nurses using Non probability purposive sampling technique was used for data collection. In this research dependent variable was work place violence while independent variables were age, ethnicity, religion, marital status place of residence, position in the hospital, type of health institution, year of experience, type and nature of job, precaution and safety measures. Descriptive and analytical statistical tools were used for the analysis of data. In the descriptive statistics categorical variables were expressed in frequency and percentage while mean and standard deviation were used for continuous variables. In the inferential statistics to find the association between workplace violence with sociodemographic variable chi-square test were used. Data was analyzed by using SPSS-20. p-value <00.05 was considered as statistically significant.

RESULTS

Out of 204 respondents regarding age majority 46.6% respondents belongs to age group of (25-35) years and least 2.9% respondents belongs to above 35 years of age group. Mean value and SD of age were 26.9±4.05 years. Regarding ethnicity majority of respondents were Brahmin/Chhetri (58.3%) followed by Dalit/ Janajati (17.2%) and least were others ethnic group. In religion Most of the respondents were from Hindu (90.2%). In marital status, 47.1% respondents were married while 54.5% were unmarried and most of the respondents were from urban (68.1%) (Table 1).

Table 1. Socio-demographic information of respondent's. (n=204)

Variables	Frequency(%)
Age	
<25	81(39.7)
25-30	95(46.6)
30-35	22(10.8)
>35	6(2.9)
Mean±SD = 26.9±4.05	
Ethnicity	
Brahmin/Chhetri	119(58.3)
Dalit/Janajati	35(17.2)
Gurung/Rai	10(4.9)
Newar	20(9.8)
Others	7(3.4)
Terai/Madhesi (Terai caste)	13(6.4)
Religion	
Buddhist	11(5.4)
Christian	4(2)
Hindu	184(90.2)
Others	5(2.5)
Marital Status	
Married	96(47.1)
Unmarried	107(52.5)
Widow	1(0.5)
Place of residence	
Rural(Municipality)	65(31.9)
Urban(Metropolitan/sub-Metropolitan)	139(68.1)

Most of the respondents were staff nurse (76%) followed by Senior Staff Nurse (14.2%) and least were Senior ANM. Regarding the work place, all most all the respondents were working in hospital (94.6%). Regarding professional experience, 77.9% respondents had less than 5 years' experience while 73% respondents were working in this position with less than 2 years. Regarding the type of organization, 56.9% respondents were working in private hospital while 3.4% were working in public institution, and

89.7% were full time job holder and 77% were involved in rotation duties (Table 2).

Table 2. Respondent's work place information. (n=204)	
Variables	**Frequency (%)**
Position in the hospital	
Staff Nurse	155(76)
Senior Staff Nurse	29(14.2)
ANM	6(2.9)
Senior ANM	1(0.5)
Others	13(6.4)
Working health institution	
Hospital level	193(94.6)
PHC level	11(5.4)
Professional experience (year)	
< 5	159(77.9)
> 5	45(22.1)
Experience in current position (year)	
<2	149(73)
2-4	35(17.2)
>4	20(9.8)
Type of organization	
Government	71(34.8)
Others	10(4.9)
Private	116(56.9)
Public	7(3.4)
Job status	
Permanent	52(25.5)
Temporary	152(74.5)
Nature of job	
Full time	183(89.7)
Part time	21(10.3)
Nature of duties	
Fixed duties	47(23)
Rotation duties	157(77)

This shows that the prevalence of work place violence is 43.6% (with 95% CI as 36.7% to 50.40%) (Table 3).

Table 3. Prevalence of work place information. (n=204)			
Prevalence of work place Violence	**Frequency (%)**	**95% CI**	
		Lower	**Upper**
No	115(56.4)	36.7	50.4
Yes	89(43.6)		

This pie chart shows the prevalence of work place violence among the respondents which showed that the burden of work place violence among respondents was found to be high (Figure 1).

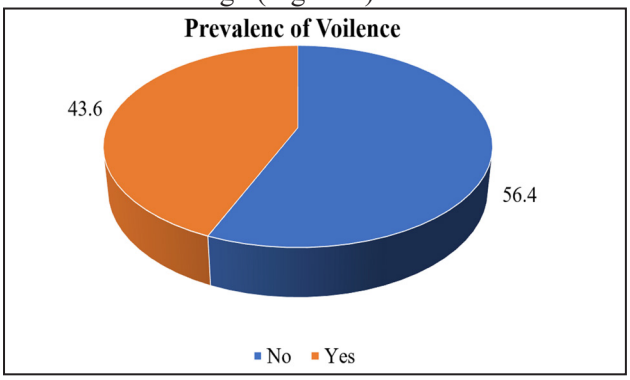

Figure 1. Prevalence of voilence.

This shows that, majority of the violence was occurred inside the health institution. Most (87.75%) of the respondents didn't take any action on this type of violence whereas only 12.3% respondents take action on this incidence. Regarding the action, 56% scold and informed them don't do like this, 24% informed to concerned authority and 20% informed to guard (Table 4).

Table 4. Information on work place violence. (n=89)	
Place of violence	**Frequency (%)**
Inside health institution	48(53.93)
Outside health institution	41(46.07)
Any action to investigate this short of violence	
No	64(87.75)
Yes	25(12.3)
If yes, mention what you did (n=25)	
Scold and informed them don't do like this	14(56)
Informed to guard	5(20)
Informed to concerned authority	6(24)

Association between prevalence of violence with selected sociodemographic variables is shown in the following table, which imply that age (p-value=0.017), ethnicity (p-value=0.042), marital status (p-value=0.0209) and position in the hospital (p-value=0.033) was found to be statistically significant with the prevalence of violence (Table 5).

Table 5. Association between prevalence of violence with selected sociodemographic variables. (n=204)				
Variables	**Violence**		**Chi-square**	**p-value**
	No	**Yes**		
Age (year)				
<25	44(54.3)	37(45.7)	4.016	0.017
25-30	56(58.9)	39(41.1)		
30-35	11(50)	11(50)		
>35	4(66.7)	2(33.3)		
Ethnicity				
Brahmin/Chhetri	68(57.1)	51(42.9)	10.95	0.042
Dalit/Janajati	25(71.4)	10(28.6)		
Gurung/Rai	2(20)	8(80)		
Newar	12(60)	8(40)		
Terai/Madhesi	5(38.5)	8(61.5)		
Others	3(42.9)	4(57.1)		
Religion				
Buddhist	6(54.5)	5(45.5)	3.66	0.3
Christian	4(100)			
Hindu	103(56)	81(44)		
Others	2(40)	3(60)		
Marital Status				
Married	58(60.4)	38(39.6)	3.34	0.0209
Unmarried	57(53.3)	50(46.7)		
Widow		1(100)		
Place of residence				
Rural	36(55.4)	29(44.6)	0.038	0.84
Urban	79(56.8)	60(43.2)		
Position in the hospital				
ANM	5(83.3)	1(16.7)	6.57	0.033
Senior ANM		1(100)		
Senior Staff Nurse	14(48.3)	15(51.7)		
Staff Nurse	90(58.1)	65(41.9)		
Others	6(46.2)	7(53.8)		
Working health institution				
Hospital level	36(55.4)	29(44.6)	0.038	0.84
PHC level	79(56.8)	60(43.2)		
Professional experience (year)				
< 5	94(59.1)	65(40.9)	2.21	0.137
> 5	21(46.7)	24(53.3)		
Experience in current position (year)				
<2	85(57)	64(43)	0.105	0.94
2-4	19(54.3)	16(45.7)		
>4	11(55)	9(45)		

Opinions of respondents on workplace violence (qualitative response)

Workplace violence (WPV) is a pervasive and concerning issue that affects various industries, with healthcare settings being particularly susceptible. Survey participants have identified several critical factors contributing to physical violence in healthcare environments, as well as verbal abuse and sexual assault. These factors reflect the complex nature of WPV and highlight the need for comprehensive solutions. The most frequently cited factors contributing to physical violence in healthcare settings are a lack of awareness, education, and information regarding WPV. Employees and healthcare professionals often face situations where they are ill-prepared to recognize or respond to potential violent incidents. In addition to this, inadequate enforcement of laws and regulations pertaining to WPV exacerbates the problem. The absence of a robust reporting mechanism further compounds the issue, as individuals may hesitate to report incidents for fear of retaliation or lack of faith in the reporting system. Verbal abuse and sexual assault in healthcare settings are also significant concerns. Respondents highlighted a lack of understanding, information, and education on WPV as a prominent contributing factor. The abuse of authority by staff members and supervisors is another distressing aspect, where power dynamics are exploited, leading to verbal abuse. The persistence of male dominance and conservative attitudes in healthcare settings adds to the vulnerability of certain individuals, making them more susceptible to sexual assault. The survey participants further noted various other variables contributing to workplace violence, including suspicion of patients, poor working conditions, alcoholism, busyness, and misunderstandings. Inadequate communication between coworkers and superiors can lead to tensions that may escalate into violence. Moreover, political agendas and external factors can also play a role in creating a hostile work environment. To address these issues, respondents emphasized the importance of increasing awareness, knowledge, and education about WPV. They recommended implementing awareness campaigns, sharing information, and providing comprehensive WPV training to employees. Additionally, many participants stressed the significance of enforcing strict rules and regulations to control and prevent violence effectively. Enhancing the workplace atmosphere and fostering a history of non-violence were also suggested. Encouraging employees to participate in social and leisure activities can help build a sense of community and reduce tension. Creating a reporting mechanism for violent occurrences and ensuring access to counselors are critical steps to support victims and address the aftermath of incidents. A small percentage of respondents raised additional elements, such as promoting positive attitudes, achieving gender equality, establishing reward and punishment systems, addressing alcoholism issues, and ensuring political stability. These multifaceted approaches underscore the need for a comprehensive and holistic strategy to combat workplace violence effectively. In conclusion, the survey findings highlight the urgent need for a multifaceted approach to address workplace violence, emphasizing the significance of education, awareness, strict regulations, and fostering a safe and supportive work environment.

DISCUSSION

Almost half (43.6%) of the working nurses reported experiencing workplace violence; the 95% confidence interval for this finding is from 36.7% to 50.4%. Just 12.3% of the nurses decided to take action in reaction to such situations, but a vast majority of them (87.75%) did nothing. Of those that intervened, 24% reported the event to the appropriate authorities, 20% told a security officer, and 56% chastised and counseled the aggressor not to participate in such behavior. On the other hand, almost two-thirds of nurses reported having experienced some kind of workplace violence in the previous six months, according to a study done by Pandey et al. In their study, the majority of nurses (61.5%) reported having experienced verbal abuse at work. In a different survey conducted in the Baglung area of Nepal, Rajbhandari found that over two-thirds of participants (64.9%) said they had been the

victim of violence of some kind in the preceding 12 months, with physical violence accounting for 11.3% of cases, verbal abuse for 59.8%, and sexual violence for 11.3%. With rates of physical violence at 45.5%, verbal violence at 29.3%, and sexual violence at 36.4%, the perpetrators of all three categories of violence were primarily the relatives of the patients. Regretfully, not many of these.[11] The reported prevalence of physical violence in the workplace stands at 15.5%, while the prevalence of sexual violence is reported at 9%.[10] Likewise, a different research conducted within Palestinian healthcare facilities revealed that a substantial majority (80.4%) of nurses encounter workplace violence.[6] Research carried out in Hong Kong revealed that within the past year, 76% of nurses have encountered workplace violence.[12] and higher than the studies conducted in Northwest Ethiopia, Southern Ethiopia (29.9%) and Egypt (27.7%).[8] This variation may stem from the absence of effective violence prevention strategies, including policies, procedures, training, and adequate safety measures in hospitals, as well as potential underreporting of such incidents. A study carried out by Kitaneh in Ghana highlighted that a significant portion of respondents (80.4%) reported experiencing violence within the preceding 12 months, with 20.8% being physical and 59.6% non-physical in nature.[6] A research of Tiruneh in Ethiopia showed that, the overall prevalence of workplace violence was 26.7 %. [13] Study conducted by Kamchuchat in Southern Thailand showed the prevalence of violence experience was 38.9% for verbal abuse, 3.1% for physical abuse, and 0.7% for sexual harassment. [3] In a study conducted by Boafo, Hancock[14], it was found that 12% of nurses experienced at least one instance of sexual harassment, with 52.2% being exposed to verbal abuse. Notably, medical doctors accounted for a significant portion (50%) of the perpetrators of sexual harassment, while relatives of patients were the most common source of verbal abuse (45.5%). Additionally, 7.8% of the nurses reported experiencing physical violence, and 71.9%. The study's findings indicated that a significant proportion of respondents experienced various forms of violence, with 71.91% reporting incidents of verbal abuse, 21.34% enduring physical violence, and 6.75% subjected to sexual violence. It's noteworthy that 53.93% of these violent incidents occurred within the healthcare institution itself. Surprisingly, a majority of respondents (87.75%) did not take any action in response to these acts of violence, while only 12.3% chose to take action. Among those who did take action, 56% reprimanded and informed the perpetrators not to engage in such behavior, 24% reported the incidents to the relevant authorities, and 20% informed the security personnel. [15] In contrast, the study conducted by Rajbhandari, Subedi[11] revealed that in all three categories of violence, the primary culprits were typically relatives of patients, with physical violence accounting for 45.5%, verbal abuse at 29.3%, and sexual harassment at 36.4%. Following relatives, staff members and external colleagues were also identified as perpetrators. Furthermore, incidents primarily occurred within the health institution for cases of verbal abuse (84.5%) and sexual harassment (81.8%), whereas physical violence was more likely to happen outside the health institution (54.5%). In contrast, the study conducted by Rajbhandari et al. in 2015 revealed that in all three categories of violence, the primary culprits were typically relatives of patients, with physical violence accounting for 45.5%, verbal abuse at 29.3%, and sexual harassment at 36.4%. Following relatives, staff members and external colleagues were also identified as perpetrators. Furthermore, incidents primarily occurred within the health institution for cases of verbal abuse (84.5%) and sexual harassment (81.8%), whereas physical violence was more likely to happen outside the health institution (54.5%). Non-reporting of workplace violence was a significant concern, and the primary reasons for this included the absence of incident reporting policies and procedures, inadequate anti-violence measures, and a lack of support from management. In contrast, the study conducted by Kamchuchat, Chongsuvivatwong[3] revealed that common factors contributing to incidents of violence included psychological factors,

the health condition of the perpetrators, miscommunication, and alcohol use.[16] Furthermore, research conducted by Tiruneh in Ethiopia indicated that factors independently associated with workplace violence included age, the number of staff on the same work shift, working in a male ward, a history of previous workplace violence, and marital status.[13] Boafo, Hancock[14] found statistically significant associations between gender and the intention to leave the nursing profession due to workplace violence. Specifically, nurses who worked rotating shifts were 3.668 times more likely to experience physical violence (with a 95% confidence interval of 1.275 to 10.554) and 1.771 times more likely to experience non-physical violence (with a 95% confidence interval of 1.123 to 2.792) when compared to nurses working fixed day shifts.[19] Furthermore, higher anxiety levels related to workplace violence and the nature of work were correlated with experiencing violence. [15] Nevertheless, a majority of factors, including age, marital status, respondents' positions, the type of organization, professional experience, the nature of the job, job status, the nature of duties, working night shifts, working in specific wards, and the presence of reporting procedures within the institution, were not found to have a statistically significant association with workplace violence, whether it be physical violence, verbal abuse, or sexual harassment. [10]The absence of anti-violence measures and policies within several healthcare sectors may be a key reason for the reluctance of victims to come forward and report incidents of workplace violence. Respondents have explained that they hesitate to report due to the lack of clear reporting procedures and insufficient encouragement from management. Many believe that reporting is futile because hospital management seldom takes any meaningful action, and there is a genuine fear of potential consequences, including blame or retaliation from the perpetrators. Additionally, it's worth noting that Nepali sociocultural norms and values play a significant role in shaping this issue. Traditionally, disputes are resolved through tribal systems rather than formal legal channels, and incidents often go undocumented. Moreover, healthcare professionals often regard workplace violence as an unfortunate but inherent aspect of their job, leading them to accept such incidents and not feeling compelled to encourage reporting. To address these complex issues, it is imperative that the Ministry of Health and Population takes action to improve the incident reporting process in public hospitals, enforce legislation aimed at preventing assaults on medical personnel, raise community awareness, and provide healthcare employees with the necessary tools and support to effectively address and report incidents of violence.

CONCLUSIONS

Prevalence of workplace violence in healthcare facilities in this area is high and a serious problem. Verbal abuse seems to be more prevalent than physical aggressiveness and sexual harassment. Work place violence varies according on the age, marital status, ethnicity, and position of the nurses at the hospital. There is inter relationship between physical violence and the work environments. It's critical for nurses to proactively report violent incidents that take place in their workplace in order to address this issue. It is imperative that nurses, health service management, and the general public be made aware of these difficulties. Poor reporting systems and a lack of strong anti-violence programs and policies in certain healthcare facilities may make it difficult to address these problems. It is essential that the appropriate authorities address workplace violence as soon as possible. This entails putting in place suitable rules and tactics, improving the reporting procedure and making sure that events are thoroughly investigated, as well as giving victims of workplace violence the required psychological and physical support.

Limitations

This study is based on non-probability sampling so, the finding of this research is not possible to generalize the population. Data was collected by using Google form so, there might be respondent’s bias.

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