

Workplace Violence among Nurses

Bhagawati Kalikote

Author(s) Affiliation

Child Health Nursing Department, Maharajgunj Nursing Campus

Correspondence: bkalikote1@gmail.com

ABSTRACT

Introduction: Work Place Violence (WPV) is a issue faced by the nursing professionals all over the world. Systematic review findings have added insight for addressing the issue.

Methods: A total of 40 original and reviewed articles were searched through electronic databases like Pubmed, Google Scholar and Research Gate. Among them, 21 relevant articles (14 original research & 9 review articles) were selected and analyzed, cited and prepared a reference list by using Zotero software. After thoroughly reviewing those articles related to workplace violence were summarized.

Results: A total of 23 articles were included. The majority of the studies showed that Nurses are at great risk of violence because of the nature of their work and the usual contact with patients and their relatives. Most of the cases are not handled and reported properly and these incidents include verbal abuse, physical assault, bullying/mobbing and sexual harassment. Verbal violence is commonly compared with physical abuse and sexual harassment. WPV is directly related to decreasing job satisfaction, burnout, humiliation, guilt, emotional stress, intention to quit a job, and increased staff turnover. A significant proportion of nurses faced violence while providing care at health facilities.

Conclusion: Intervention is needed to protect nurses and provide them safe hospital workplace environment. Nurses should be educated appropriately on hospital policies against WPV and be encouraged to report any incidence.

Keywords: Workplace, Violence, Nurses

INTRODUCTION

Violence is any aggressive behaviour aimed at inflicting harm on other people. World Health Organization (WHO) defined workplace violence as “incidents where staffs are abused, threatened, or assaulted in circumstances related to their work involving an explicit or implicit challenge to their safety, well-being or health.” This definition incorporates all the forms of workplace violence such as physical violence, verbal violence, sexual abuse, and so on. Workplace violence (WPV) is defined as “The intentional use of power, threatened or actual, against another person or a group, in work-related circumstances”.¹

Workplace violence is vastly understudied in the healthcare industry. Workplace violence includes

physical, verbal, and psychological abuse. As many as one in 5 healthcare workers encounter physical abuse, and verbal abuse is even more common. Workplace violence has significant institutional and personal repercussions affecting the quality of care. Physical and psychological WPV results in several consequences, including disturbing emotion, burnout, job dissatisfaction, substance addiction and other psychological effects, which ultimately endanger the victims' well-being and result in poor performance and lost productivity.^{2,3} Workplace violence against healthcare workers is a widespread phenomenon. Violence affects all work categories and takes place in various settings. About 25% of violent accidents at work occur in the health sector, and more than 50% of health workers have

already experienced violence. Nowadays, hospital violence against healthcare providers, especially nurses, is a significant concern in every healthcare setting in the world.⁴ According to the International Labor Office (ILO) report, nurses faced more violence than other healthcare workers. Nurses as front-line care providers serve in a wide variety of settings caring for individuals who face all types of trauma, suffering and life-altering events.⁵

Nurses are at the most risk of workplace violence (WPV) among health care providers. Studies showed that nurses are three times more likely to experience violence than any other professional group. International Council of Nurses (ICN) claimed that globally more than two-thirds of nurses did not feel safe at the workplace in 2004.⁶ Nearly 22% of nurses experienced frequent violence with patients and their relatives in European countries as well. It varied from place to place ranging from 10 to 95 percent in many countries worldwide.⁷ The frequency rates of physical and verbal violence during were equal. In both types of physical violence and verbal violence, the nursing station was the most common place of violence. In both physical and verbal violence, the most common perpetrator was the patient's family. Most physical violence and verbal violence occurred in the night shifts. The study results indicate the seriousness of workplace violence against nurses. It is necessary to adopt a global approach along with providing sufficient manpower and psychological empowerment of nurses. Violent incidents in the healthcare environment can be destructive, negatively influencing nurses' personal and professional lives and the quality of care. These features include, for example, decreased productivity, increased absenteeism, burnout, turnover, and financial losses, decreased staff morale and reduced quality of life, emotional reactivity such as anger, sadness, frustration, fear, self-blame, decreased job satisfaction, changes in the relationship with the co-worker and family, and feelings of incompetence and guilt, leaving the profession and direct/indirect financial burdens for the health economy and society as a whole.⁸

The prevalence of violence varied with the age of the nurses, marital status, tenure of experience, position, nature of job/duties, working organization, working time, reporting procedures and working ward. Separated/divorced/widowed and working rotational shifts and night shifts nurses experienced more violence i.e. physical verbal and sexual. Working and stations/wards were significantly associated with physical violence. Moreover, the consequences of workplace violence in nursing affect the entire employer health care institution, for it affects its employees, which may lead to workforce reduction, illness or team impairment, compromise the quality of care provided, and generate costs.⁷

Although healthcare providers are increasingly concerned about the escalating incidence of workplace violence, there is a lack of evidence to support this concern due to low violence reporting rates. Nurses need to self-report the violent incidents that occur in their working environment. Violence prevention policies and strategies, safety measures, education and training and adoption of protective factors such as an adequate number of security guards, alarm systems, and restricted visiting times could reduce the incidence of workplace violence among nurses in the hospital. There is a need to increase awareness of problems among nurses, health service managers, the general public and relatives in European countries as well. It varied from place to place ranging from 10 to 95 percent in many countries worldwide.^{7,9}

METHODS

An extensive literature review of publicly available Studies focusing on Workplace Violence among Nurses was done. The articles are assessed through electronic databases like Pubmed, Google Scholar and Research Gate using keywords such as Workplace, Violence and Nurses. A total of 40 original and reviewed articles were searched, among them, 21 relevant articles published during 2000-2020 were selected and analysed, cited and prepared a reference list by using Zotero software. After Thoroughly reviewing those articles related to workplace violence

among nurses around the world were organized and summarized in this article.

DISCUSSION

Nurses are at the frontline due to the nature of their job and therefore at an increased risk of experiencing WPV compared to other health care personnel. The quality of patient care is directly related to nurses' performance, which depends on the environment in which they work.¹⁰

Health workers are at high risk of violence all over the world. Between 8% and 38% of health workers suffer physical violence at some point in their careers. Many more are threatened or exposed to verbal aggression. Most violence is perpetrated by patients and visitors. Also in disaster and conflict situations, health workers may become the targets of collective or political violence. Categories of health workers most at risk include nurses and other staff directly involved in patient care, emergency room staff and paramedics.¹¹

Globally, it is a serious issue of concern as a recent study in 40 countries revealed that 600 cases of violence against nurses in the wake of Covid-19 pandemic.¹² The extent of WPV varies from place to place ranging from 24.7% to 88.9%. The National Health Service (NHS) of England revealed 56,435 cases of physical violence against nurses between 2016 and 2017. (for instance) reported that 30% of nurses have experienced or witnessed cases of violence in the workplace. Studies from other countries also show a high prevalence of violence against nurses. It is serious in emergency, geriatric and psychiatry departments of health facilities.^{13,14} Even though, different studies indicate that violence against Nurses is growing, 80% of workplace assaults among registered nurses went unreported formally.¹⁵ Lack of reporting mechanism, and policy framework; lack of trust in the management system or fear of being blamed were some of the reasons for underreporting of the incidents.¹⁶ Colleagues, supervisors/directors, physicians, patients and patient's relatives were the primary perpetrators of WPV.^{13,14}

A study in the US among registered nurse members (3,465) showed approximately 25%

of respondents reported experiencing physical violence more than 20 times in the past 3 years, and almost 20% reported experiencing verbal abuse more than 200 times during the same period. Respondents who experienced frequent physical violence and/or frequent verbal abuse indicated fear of retaliation and lack of support from hospital administration and Emergency department (ED) management as barriers to reporting workplace violence.¹⁷ This data were increased in past 10 years, roughly 70% of emergency nurses say they've been hit and kicked on the job and 47% of emergency physicians say they've been assaulted, in a 2018 survey by the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA).¹⁸ In 2019, U.S. hospitals recorded 221,400 work-related injuries and illnesses, a rate of 5.5 work-related injuries and illnesses for every 100 full-time employees. This is almost twice the rate for private industry as a whole.¹⁹

An institution-based study in Southern Euthopia revealed the prevalence of workplace violence was 29.9% of which physical violence accounted for 36 (18.22%), verbal abuse for 172 (89.58%) and sexual harassment for 25 (13.02%). Female sex, youth age, and short years of work experience had a positive association with the incidence of workplace violence. (Fute et al., 2015). A study in Jordan of 227 nurses found that more than three-quarters of the nurses (75.8%) were exposed to at least one type of violence. The number of incidents of verbal violence was approximately fivefold that of the number of incidents of physical violence. Among the perpetrators of verbal violence, patients' relatives were the primary perpetrators.²⁰

A study in Palestine on workplace violence against physicians and nurses showed that the majority of respondents (80.4%) reported exposure to violence in the previous 12 months; 20.8% physical and 59.6% non-physical. The assailants were mostly the patients' relatives or visitors, followed by the patients themselves, and co-workers. The consequences of both physical and non-physical violence were considerable. Only half of the victims received any type of

treatment. Non-reporting of violence was a concern, the main reasons were lack of incident reporting policy/procedure and management support, previous experience of no action taken, and fear of the consequences.⁹

A cross-sectional survey in Saudi Arabia on workplace violence against nurses in the emergency departments showed Most participants (89.3%) had experienced a violent incident in the past 12 months, among them 74.1% had experienced verbal abuse and 18.5% had faced verbal and physical violence during the past year. The type of violence was associated with gender and educational level. Patients (82.4%) and their relatives (64.8%) were the most common instigators of violence. Most nurses (72.3%) expressed dissatisfaction with how incidents were handled²¹. In a Study in China among 1831 registered nurses, 49.4% reported having experienced any type of violence in the past year. The frequencies of exposure to physical and non-physical violence were 6.3% and 49.0%, respectively.²²

A hospital-based study in Pokhara, Nepal among 200 nurses found that two-thirds (64.5%) nurses experienced some type of violence in the last six months at their workplace. The proportion of verbal violence was higher (61.5%) compared to physical violence (15.5%) and sexual violence (9%). Most perpetrators of the violence were the relatives of patients and hospital employees. The age of nurses and working stations had a statistically significant association with workplace violence (p -value < 0.05).⁷ Another study in Baglung, Nepal showed that two-thirds of respondents (64.9%) reported exposure to at least one type of violence in the previous 12 months: physical-11.3%, verbal-59.8% and sexual-11.3%. The perpetrators of all three types of violence were mostly the relatives of patients. Less than half of the respondents reported the availability of violence-reporting procedures in their health facilities.²³

CONCLUSION

Workplace violence towards nurses is increasing day by day and organizations fail to provide

satisfactory preventive measures to protect the nurses from violence which include verbal abuse, physical violence with/without weapons, bullying/mobbing and sexual harassment. Nurses are physically and verbally abused by patients and their family members. WPV has negative emotional and physical impacts on nurses and the majority of nurses are unable to report the incidents. Nurses are considered as backbone of any health care system globally because without nursing staff a health facility cannot perform its functions properly. Working in a safe, sound and healthy environment is the fundamental right of nurses to make autonomous decisions to provide quality patient care so policymakers need to take preventive measures to protect nurses from violent patients and their relatives. There are insufficient policies regarding violence worldwide. Nurses have to do more research studies to identify the causes and prevalence of the actual causes, and they have to make a difference in the policies, regarding reporting, and follow-up incidents, and use legislation to support being in a safe environment.

REFERENCES

1. WHO: Framework Guidelines for Addressing Workplace Violence in the Health Sector, Geneva. https://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVguidelinesEN.pdf. (Accessed on 08 Jan 2023). 2002 (This is Framework developed by WHO which was followed till now)
2. Ma PF, Thomas J. Workplace Violence in Healthcare. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK592384/>
3. Boyle MJ, Wallis J. Working towards a definition for workplace violence actions in the health sector. *Safety in health*. 2016;2(1):1-6
4. Marziale MHP. VIOLENCE IN THE HEALTH SECTOR.
5. Fute, M., Mengesha, Z. B., Wakgari, N., & Tessema, G. A. (2015). High prevalence of workplace violence among nurses working at public health facilities in Southern Ethiopia. *BMC Nursing*, 14(1), 1-5. <https://doi.org/10.1186/s12912-015-0062-1>

6. ILO/ICN/WHO/PSI: Workplace Violence in the Health Sector - Country Case Studies Research Instrument- Survey Questionnaire. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector; 2002. (ILO workplace violence in Health Sector Research Instrument Using till now)
7. Pandey, M., Bhandari, T. R., & Dangal, G. (2017). Workplace Violence and its Associated Factors among Nurses, *15*(3), 235–241.
8. Janatolmakan M, Abdi A, Rezaeian S, Framarzi Nasab N, Khatony A. Violence against Emergency Nurses in Kermanshah-Iran: Prevalence and Associated Factors. *Nursing Research and Practice*. 2023 Jan 13;2023: e9362977.
9. Kitaneh, M., & Hamdan, M. (2012). Workplace violence against physicians and nurses in Palestinian public hospitals: a cross-sectional study. (it was used to compare findings between 10 years)
10. Buriro, A. (2017). Workplace violence towards nurses of intensive care areas and emergencies at civil hospital Karachi, *8*(4).
11. Preventing violence against health workers [Internet]. [cited 2023 Jul 2]. Available from: <https://www.who.int/activities/preventing-violence-against-health-workers>
12. Frontiers | Prevalence of Workplace Violence Against Healthcare Workers During the COVID-19 Pandemic: A Systematic Review and Meta-Analysis [Internet]. [cited 2024 Jan 25]. Available from: <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2022.896156/full>
13. Spector, P. E., Zhou, Z. E., & Che, X. X. (2014). Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: A quantitative review. *International Journal of Nursing Studies*, *51*(1), 72–84. <https://doi.org/10.1016/j.ijnurstu.2013.01.010>
14. Hassankhani H, Parizad N, Gacki-Smith J, Rahmani A, Mohammadi E. The consequences of violence against nurses working in the emergency department: A qualitative study. *International Emergency Nursing*. 2018 Jul 1;39:20–5.
15. Safety of Workplace violence in healthcare. (2017). Understanding the challenge. 2015. OSHA 3826.
16. Fagan K, Hodgson M. Under-recording of work-related injuries and illnesses: An OSHA priority. *Journal of Safety Research*. 2016 Dec 16;60.
17. Gacki-smith, J. (2009). Violence Against Nurses Working in US Emergency Departments, *39*(7), 340–349. . (it was used to compare findings between 10 years)
18. Violence in Emergency Departments Is Increasing, Harming Patients, New Research Finds [Internet]. [cited 2023 Feb 25]. Available from: <https://www.emergencyphysicians.org/press-releases/2018/10-2-2018-violence-in-emergency-departments-is-increasing-harming-patients-new-research-finds>
19. Worker Safety in Hospitals | Occupational Safety and Health Administration [Internet]. [cited 2024 august 25]. Available from: <https://www.osha.gov/hospitals>
20. Boafo IM, Hancock P. Workplace Violence Against Nurses: A Cross-Sectional Descriptive Study of Ghanaian Nurses. *SAGE Open*. 2017 Jan 1;7(1):2158244017701187.
21. Alshehri, F. A. (2016). Workplace violence against nurses working in emergency departments in Saudi Arabia: a cross-sectional study.
22. Chen, X., Lv, M., Wang, M., Wang, X., Liu, J., Zheng, N., & Liu, C. (2018). Incidence and risk factors of workplace violence against nurses in a Chinese top-level teaching hospital: A cross-sectional study. *Applied Nursing Research*, *40*(107), 122–128. <https://doi.org/10.1016/j.apnr.2018.01.003>
23. Rajbhandari, R., Subedi, S., & Kaphle, H. P. (2015). Workplace Violence against Health Workers: A Cross-Sectional Study from Baglung District, Nepal, *2745*(2).