

Experience of Workplace Violence Among Nurses in Health-Care Settings*

Sağlık Kurumlarında Çalışan Hemşireler Arasında İş Yeri Şiddeti Deneyimi*

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SUMMARY

Objectives: The aim of the present study was to determine the type, extent, and the effects of workplace violence among nurses in diverse health-care settings.

Methods: A descriptive design was used in the current study. 868 nurses working in general health care settings in Istanbul, Turkey were included in the study.

Results: The prevalence of exposure to violence was 64.1% (n=556). The most frequent perpetrators of workplace violence were visitors/relatives (56.7%) and patients (37.4%). Perpetrators were mostly male (68.2%). The level of violence towards nurses working in the emergency and psychiatric units was higher than that of those working in other areas ($\chi^2=64.54$; $p<0.001$). The level of violence toward high school graduates was higher than that of those with a higher education level ($\chi^2=38.33$; $p<0.001$).

Conclusion: Health care providers, especially nurses, are considered a professional group at high risk for violence. Our results support the notion that violence toward nurses is a universal issue.

Key words: Health-care settings; nurses; workplace violence.

ÖZET

Amaç: Bu çalışmanın amacı, sağlık kurumlarında çalışan hemşirelere yönelik işyeri şiddetinin türü, kapsamı ve etkilerini belirlemektir.

Gereç ve Yöntem: Çalışma, tanımlayıcı olarak yapıldı ve İstanbul'da sağlık hizmeti veren kurumlarda çalışan 868 hemşire çalışmaya katıldı.

Bulgular: Tüm grup içinde şiddete maruz kalma sıklığı %64.1 (n=556) olarak bulundu. İş yeri şiddetini en sık uygulayan hasta (%37.4) ve hasta yakınları (%56.7). Şiddet uygulayanların çoğunluğunun erkek (%68.2) olduğu bulundu. Acil ve psikiyatri birimlerinde çalışan hemşirelere yönelik şiddet daha yüksek olarak belirlendi ($\chi^2=64.54$; $p<0.001$). Yine lise mezunu hemşirelerin şiddete maruz kalma durumu, lisans mezunu hemşirelerden daha yüksek bulundu ($\chi^2=38.33$; $p<0.001$).

Sonuç: Sağlık bakım çalışanları özellikle hemşireler, şiddete uğrama açısından yüksek riskli meslek grubu olarak kabul edilmektedir. Bizim sonuçlarımız da hemşirelere yönelik şiddetin evrensel bir sorun olduğu görüşünü desteklemektedir.

Anahtar sözcükler: Sağlık kurumları; hemşireler; işyeri şiddeti.

Introduction

Violence is a rising global problem that impedes the health and social development of society. The World Health Organization's (WHO) World Report on Violence and Health defines 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, maldevelopment or deprivation".^[1]

While violence occurs everywhere, the workplace is one location where it occurs most frequently. Coll et al. determined that stressors such as reduced co-worker and supervisory support, lack of work group harmony, and layoff worry

were associated with violence outcomes. Similarly, structural variables including work schedule, dealing with the public, layoffs within the past year, and money handling were found to be important predictors of fear of violence, harassment, personal threats, and physical attacks in this study.^[2]

The problem of violence in health-care establishments is not new. However, in recent years, this issue has become increasingly emphasized in the literature. There are various factors that increase the risk of violence in health-care institutions. These factors include 24-hour continuous service facilities, high levels of stress in the relatives of patients, extended waiting times for patients, and low level benefits from health-care services. Furthermore, factors such as understaffing, work overload, a crowded working environment, solitary working conditions, lack of education in coping with violence, lack of security staffing, and an absence of sanctions against violence all increase the risk of violence.^[3,4]

Within the health-care sector, nurses are at a particular risk for workplace violence. Along with the above listed institutional factors, nursing is a female-weighted profession that necessitates direct contact with patients.^[5]

In the last decade, studies have investigated the actual rate of violence among nurses in Turkey. On average, these studies

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have found a prevalence rate of over 50%.^[5,6]

The aim of the present study was to determine the type, extent, and the effects of workplace violence among nurses in diverse health-care settings in Istanbul, Turkey.

Materials and Methods

Sample and selection

A descriptive design was used in the current study. Participants were drawn from a pool of 3,087 nurses at six general hospitals and three university hospitals in Istanbul, Turkey. A total of 1300 questionnaires were distributed of which 868 were returned (response rate of 66.7%). A probability sampling method was used. The minimum sample size was determined to be 342 via the “ $n=Nt2 pq/d2 (N-1) + t2 pq$ ” formulation.

Measurements

The 44-item self-administered questionnaire was based on prior research.^[5-10] The survey consists of two parts: the characteristics of the nurse and specifications of assault incidents. The questionnaire had four categories including verbal violence, physical violence, emotional violence, and sexual violence. The definitions of verbal, physical, emotional, and sexual were given in the questionnaire. The information about the types of violent behavior was provided by the survey and the participants were asked to describe any violence they suffered within the past year. In addition, information on the perpetrator of violence was collected by choosing one of the following: violence by patients, by visitors, by physicians, by nurses, and by others. Questions relating to the experience of violence were in a yes/no format, and the participants were called about the types of exposure to violence “if you were exposed to any type of violence, and you can think more than one occasion” in the last year.

Ethical principles

Participation in the study was voluntary and approved by the hospital administration. Approval was obtained from the ethics Committee of Istanbul University Medical Faculty (2005/1371).

Data Analysis

The percentage, chi-square test, and the Pearson correlation test were used for statistical analysis. Physical, verbal, emotional, and sexual violence experiences and their frequency were dependent variables, while age, marital status, education, clinical setting, job experience, occupational position, and work schedule were independent variables.

Results

The mean age of the participants was 31.86 ± 7.66 years (min-max=18-62), and 83.3% (n=723) were between 19-39 years. All of the participants were female, 54.5% (n=473) were

married, 38.2% (n=332) were college (two years) graduates, and 85.3% (n=740) were staff nurse. The mean working years of the participants was 11.43 ± 7.83 years (min-max=1-41). Of the sample, 30.0% (n= 260) worked in medical wards and 22.4% (n=194) worked day and regular hours.

The prevalence of exposure to violence was found to be 64.1% (n = 556). Of those exposed to violence, 94.2% (524) experienced verbal violence, 40.4% (225) experienced physical violence, 39.9% (n=222) experienced emotional violence, and 4.1% (n=23) experienced sexual violence. Participants could mark more than one option. The most frequent perpetrators of workplace violence were visitors/relatives (56.7%) and patients (37.4%). Perpetrators were mostly male (68.2%). While 51.5% were exposed to violence during a night shift, 27.6% of those incidents occurred while the victim was

Table 1. Experience of violence among nurses (n=868)

	n	%
Experience of violence		
No	312	35.9
Yes	556	64.1
Sources of aggression/violence (n=556)		
Patient	208	37.4
Visitors/relatives	315	56.7
Physician	18	3.2
Nurse	6	1.1
Other employee	9	1.6
Perpetrator gender (n=556)		
Female	177	31.8
Male	379	68.2
Type of violence (n=556)*		
Verbal	524	94.2
Physical	225	40.4
Emotional	222	39.9
Sexual	23	4.1
Time of exposure violence		
Day shift	270	48.5
Night shift	286	51.5
Conditions in which assaults occur*		
When nurses are working alone	240	27,6
During visiting hours	156	18
During discharge	74	8.5
Uncontrolled crowding	184	21.2
Reporting event (n=556)		
Yes	19	3.4
No	537	96.6
Reasons for not reporting assault event (n=537)*		
Thinking of no taking response	233	45.3
Ignoring/ a part of the job	243	43.7
Thinking of losing job	10	1.8
Fear of being charged	21	3.8
Avoiding legal procedures	30	5.4
No reply	32	9.2
Violence training of institution		
No	779	89.7
Yes	89	10.3
Reporting system of violence in institution		
Yes	216	24.9
No	652	75.1

* There are multiple choices and only 'yes' answer.

Table 2. Comparisons between violent experience and job characteristics of nurses (n=868)

	Total		χ^2	p
	n	%		
Clinical settings				
Medical wards	260	30.0	64.54	p<0.001
Surgical wards	142	16.4		
Emergency	127	14.6		
Psychiatric wards	169	19.5		
Oncology wards	43	5.0		
Pediatric wards	82	9.4		
Intensive care unit	45	5.2		
Nursing education				
High school of health	258	29.7	38.33	p<0.001
College (two years)	332	38.2		
College (four years)	227	26.2		
Master/doctorate degree	51	5.9		
Total	868	100		

working alone. The vast majority of nurses exposed to violence (96.6%) did not report the event. The reason most often cited (43.7%) for the lack of reporting was that exposure to violence was considered to be part of the job. In addition, among the nurses exposed to violence, 89.7% said that there was no violence education program in their institution and 75.1% of them said that there was no procedure for reporting violence at their institution (Table 1).

The level of violence towards nurses working in the emergency and psychiatric units was higher than that of those working in other areas ($\chi^2=64.54$; $p<0.001$). The level of violence toward high school graduates was higher than that of those with a higher education level ($\chi^2=38.33$; $p<0.001$) (Table 2).

Among the nurses exposed to violence, 80.3% became angry, 52.7% did not seek help, 65.9% did not consider resigning, and 91.2% did not take a leave of absence. Only 4.1% moved to a different unit while 35.6% of the victims paid more attention to their relationships with patients and spent more time protecting themselves (Table 3).

There was no relationship between the age of the nurse and the level of violence ($r= -0.05$; $p>0.05$). There was no significant difference between marital status, occupational position, or work schedule and violence level ($p>0.05$).

Discussion

About 2/3 of the participating nurses in our study reported that they had been exposed to violence. The prevalence of exposure to violence was 64.1%. These results are in agreement with previous studies reporting that between 37% and 85% of nurses surveyed had been exposed to violence.^[3,4,6-8,11-14] Similarly, Çamcı (2011) found that nurses were exposed to violence 72.6% throughout their lives and 72.4% in the last 12 months.^[15]

Patients and visitors/relatives made up the majority of the perpetrators in our study. Again, these results are consistent with previous studies showing that between 72% and 98% of violent acts towards nurses were committed by patients and their relatives.^[6,16]

Nurses are the primary target for the anxiety, tension, difficulties, and anger experienced by patients and their relatives. Nurses were most at risk during admissions to the hospital and visiting hours because the hospital is most crowded at these times. Our results indicated that acts of violence towards nurses were usually committed by men. It has been previously theorized in terms of biological and social mechanisms that men tend to behave in a more aggressive manner than women.^[17,18]

Results from our questionnaire showed that verbal violence was the most frequent type of violence among nurses in the workplace. Previous studies conducted in Turkey have shown that the prevalence of verbal violence toward nurses was 86.7% (Uzun, 2003)^[19] and 80.3% (Oztunc, 2006).^[20] Boz et al. (2006) found that emergency workers had suf-

Table 3. Responses after violent event

Responses	n	%
Feelings after event (n=556)*		
Not responding	52	9.3
Feeling bad	137	24.6
Disappointment	122	21.9
Having fears	160	28.7
Getting angry	447	80.3
Responding to perpetrator	22	3.9
Support after event (n=556)		
No	293	52.7
Yes	180	32.4
Not needed	83	14.9
Thinking of leaving job (n=556)		
No	366	65.9
Yes	190	34.1
Leave of absence (n=556)		
No	507	91.2
Yes	49	8.8
Reasons for not taking of a leave of absence (n=507)		
For not losing job	58	11.4
Because of unnecessary procedure	362	71.4
Avoiding reactions of managers	21	4.1
Workplace does not give a permission	66	13.1
Effects on assault relationships with patients (n=556)		
Not influenced	195	35.1
Over sensitive for being careful and protecting self	198	35.6
Having fears	29	5.2
Not enjoying job as much as before	134	24.1
Work changes as a result of the event (n=556)		
Yes, I did	23	4.1
No, I did not	533	95.9

* There are multiple choices and only 'yes' answer.

ferred 88.6% verbal violence and 49.4% physical violence.^[21] Similarly, Alexander and Fraser (2004) found that the most frequently experienced form of violence was verbal abuse.^[7] Crilly et al. (2003) reported that 53% of violent episodes consisted of verbal violence and 26% consisted of both verbal and physical violence.^[18]

The incidence of verbal violence is higher than physical violence in this study. Traditionally, in Turkey, nursing is a profession practiced by women. Therefore, it is probable that patients and/or relatives restrain themselves from physically assaulting a woman, but rather express their anger with verbal violence.

Recent studies have reported that sexual and emotional violence are becoming increasingly more frequent. However, these studies are few in number. It has been reported that emotional violence is a source of stress that has become an occupational deterrent for nurses in both the public and private sector.^[22, 23]

Sexual violence is a continuous problem in the workplace. However, this type of violence is known to be under reported, as it is a sensitive subject that is considered taboo, and the victim is at risk to be stigmatized.^[24]

Some studies have noted that exposure to sexual violence among nurses is as high as 7%-76%.^[10,24] In the present study, only 4.1% reported exposure to sexual violence. This low number may be because the nurses did not report the incidents due to the risk of being stigmatized.

Half of the nurses surveyed in our study were exposed to violence during the night shift and about one-third of them were working alone. Similarly, previous studies have determined that the level of violence towards nurses was higher when they were working alone at night or when there were few nurses with a substantial work load.^[9,25]

Individual and occupational characteristics of the nurses and their experience with violence were compared. There was a tendency toward a negative correlation between age and level of exposure to violence, although this result was not statistically significant. Our results are in agreement with others who have found that young nurses have an increased likelihood of experiencing violence as compared to older nurses.^[9,10,26] Young nurses are relatively less experienced, and they may not display a professional response. Therefore, they are most frequently exposed to violence.

As in previous studies, we found that violence was more likely to occur in emergency and psychiatric wards than in other areas of the hospital.^[10,16,18,27-29] Patients and relatives come to the emergency room with complex emotions in emergency situations. Psychiatric patients can exhibit emotional disturbance, and therefore, they are more prone to exhibit aggression.

The frequency of exposure to violence in nurses who graduated from high school is higher than in those who completed higher education. Other studies have indicated either no relation between education and violence^[27,30,31] or that nurses with a low education level are more often exposed to violence.^[32]

Most of the nurses in the current study became angry in response to violence, did not get help after the violent event, did not consider resigning from their job, did not take a leave of absence, paid more attention to their relationships with patients, and spent more time protecting themselves. Only a small ratio of nurses reported the violent act. Of the nurses who did not report the event, half stated that they accepted violence as a part of the job.

Negative events cause emotional problems (e.g., anger, despair and fear). Support from others is one of the most important factors for recovery after a negative event.

A decrease in motivation and job satisfaction along with an increase in burnout rate is witnessed when the necessary assistance is not provided. Therefore, we suggest that reports should be filed regularly and institutions should be highly sensitive to this issue. However, avoidance of reporting violent events and lack of necessary procedures are problems at institutions all around the world. In studies performed in the USA, the UK, Australia, South Africa, and Ireland, it has been shown that nurses and other health-care staff do not tend to report aggressive behavior or take necessary action until there is an incidence of physical injury, despite the presence of official reports.^[28,30,31,33-35] These findings are similar to our findings. These results may indicate that violence against nurses is not accurately reported and that there is no proper institutional system for reporting incidents of violence. In addition, nurses do not take acts of violence seriously, as they consider violence an accepted aspect of their profession.

Raising societal consciousness is critically important in violence prevention. Specifically, there is a need for the implementation of institutional regulations to prevent workplace violence. To this point, in the present study we surveyed institutions where regulations regarding violence were considered strict. However, most of the nurses exposed to violence were not aware of any specific institutional education on violence. In addition, the attitudes of the institutions toward violence were not made clear. Moreover, the nurses were not aware of any protocols in place for reporting acts of violence. In support of our result, other institutional studies have found that for the most part, the staff is not educated about violence.^[31,33,34,36] Furthermore, these studies emphasize the need for education among nurses to prevent exposure to aggression. In addition, it has been suggested that this subject should be a mandatory requirement in nursing educational programs, as

the existing curriculum is inadequate in the prevention and management of violence.^[17,28,33,35-37]

Health care providers, especially nurses, are considered a professional group at a high risk for violence. According to the 2006 study by Ayrancı et al., 50.8% of health care workers had been exposed to violence, and those most frequently exposed were general practitioners (67.6%) and nurses (58.4%).^[6] Our study has shown that violence is a consequence of organizational and individual variables. Our results support the notion that violence toward nurses is a universal issue.

There is a lack of organizational regulations on violence in general. The nursing profession especially is in need of educational programs aimed at identifying and managing all types of violence. Nurses need to develop their ability to protect themselves from violence through such programs. Moreover, nurses who have been victims of violence should be offered professional assistance and support. Our results were limited to Istanbul, and therefore, a generalization to all of Turkey is not possible. However, Istanbul is the largest province of Turkey and receives the highest level of emigrants from different regions of Turkey. Violence towards nurses is a subject that should be studied more adequately, and nurses that are victims of violence should be well supported in occupational and institutional terms.

A limitation of this study is the resistance of hospital administrations. The majority of nurses didn't want to report violence for fear of the response of corporate executives. The limitations of the questionnaire are that the questions about violence were detailed and there were a large number of questions. Because of the large sample size, some nurses experienced difficulties in accessing the questionnaire.

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