

Original Research Article

Analysis of the correlation between overtime and workplace violence on nurses at Aceh Provincial Government Hospital

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ABSTRACT

Background: Nurses are one of the professions that are prone to violence. In many cases, violence against nurses often goes undetected because they are not reported and do not have a compliant institution. Violence against nurses in the workplace can negatively affect performance and service quality. One aspect related to the incidence of violence is the excessive number of working hours (Overtime). Overtime is thought to have caused fatigue in nurses and reduced concentration, resulting in violent incidents. Therefore, it is necessary to research the relationship between overtime and workplace violence (WPV) (Physical violence and psychological violence) against nurses at Aceh Provincial Government Hospital.

Methods: This research uses a quantitative method with a cross-sectional study design. The research was conducted at Aceh Provincial Government Hospital from May 31 to June 14, 2022. Of a total sample of 161 respondents, 127 could participate in this study, so the response rate was 78.9%. Thirty-four samples were excluded from prospective respondents because they did not meet the inclusion criteria. Sampling used a total sampling technique, all nurses working in the emergency room, pediatric room, pediatric surgery room, internal medicine for men, and internal medicine at Aceh Provincial Government Hospital. Data analysis used univariate and bivariate.

Results: The study found a relationship between overtime and psychological violence against nurses at Aceh Provincial Government Hospital ($p=0.000$). Meanwhile, there was no physical violence relationship between nurses at Aceh Provincial Government Hospital ($p=0.290$).

Conclusions: Overtime working hours are related to incidents of psychological/non-physical violence against nurses working at Aceh Provincial Government Hospital.

Keywords: WPV, Overtime, Nursing

INTRODUCTION

Workplace violence (WPV) is a severe problem and a common phenomenon worldwide. Exact figures on WPV are challenging to measure because this problem is often underreported.^{1,2} Based on several studies, violence in the workplace in the form of physical violence ranges from 4.9%-83.3 % and verbal violence from 66.2%-95.1%.^{3,4} Although violence occurs in all workplaces, nursing professionals are three times more likely to experience violence than other health workers. WPV can change nurses' attitudes towards the nursing profession and

reduce their motivation, quality of care, and career.⁵⁻⁸ Other effects can reduce the victim's performance and mental and physical disorders mainly due to physical violence.⁹ Violence against nurses in the workplace increases job dissatisfaction and fatigue, thus affecting patient safety.¹⁰ Violence against nurses in Indonesia is also quite alarming. Some research results reported that 10% of nurses experienced physical violence, while 54.6% reported experiencing non-physical violence. The patient's family carried out the majority of the violence, and as many as 55.6 % of nurses did not have the urge to report it.¹¹ Several pieces of literature and studies have classified four basic types of violence against nurses,

namely criminal intent type I, type II customers/clients, type III workers, and personal relationships type IV.¹²⁻¹⁴

Type I, namely, the perpetrator has no relationship with the organization or employee who is the target but often commits crimes related to violence. Type II customer/client violence includes patients and their families or visitors (patient and visitor violence) that is the perpetrator, a current or past employee at work. The factors are often interpersonal or work-related conflicts. Type IV means that the perpetrator has a personal relationship with the victim (nurse) outside of work but has no relationship with the workplace. Type II, in the literature the most common form of violence against health workers.^{15,16} However, another aspect related to the incidence of violence is working an excessive number of hours (Overtime). Nurses who had more overtime reported greater levels of burnout, greater incidence of violence and impact of violence, and more intragroup conflict.¹⁷ The adverse effects of overtime are increased fatigue, loss of alertness, unbalanced decision making, and decreased ratings of quality and safety in services.¹⁸ Health workers who are exposed to younger shifts and who work overtime 40 hours per week have a higher risk for all types of physical and non-physical violence.¹⁹ The central executive Board of the Indonesian national nurses association (INNA) reported that during 2020-2021 there were eight cases of violence in the form of mistreatment of nurses. The perpetrators were civilians to officials in several areas, including Samarinda, Cianjur, Ambon, Central Java, Lampung, South Sumatra, and Aceh. In the province of Aceh, physical violence incidents have become viral in several districts/cities. Among them occurred at the Bener Meriah regional general hospital in 2014, a nurse was slapped twice by local officials, as reported by the official Aceh media Tribunnews.com.²⁰ The same thing also happened to a nurse who worked at one of the East Aceh regional hospitals in 2019 who was allegedly kicked by unscrupulous officials while on duty at the hospital. Related research conducted at the Banda Aceh city hospital reported that as many as 53.1% of nurses in the hospital experienced non-physical violence in the form of bullying.²¹ Aceh Provincial Government Hospital is a provincial referral hospital in Aceh. At the final referral center, patients and their families have high hopes for services that high expectations of patients and families for services trigger Violence. The results of a brief interview with the head of the emergency room at Aceh Provincial Government Hospital found that the emergency room nurse was c credentialed; however, based on initial data, there are still nurses who work more than 40 hours per week, and there is no center for handling violence as part of the safety climate. Excess working hours or overtime of more than 40 hours per week can cause exposure to violence, both physical and non-physical. Based on the problems above, the purpose of this study was to determine the relationship between overtime and WPV (Physical violence and psychological violence) against nurses at Aceh Provincial Government Hospital.

METHODS

This research uses a quantitative method with a cross-sectional study design. A cross-sectional study design is an observational study that analyzes variable data collected at a certain point in time throughout the sample population or a predetermined subset. The research location was conducted at Aceh Provincial Government Hospital, from May 31 to June 14, 2022. The study population was all nurses who worked in the emergency room, the male internal medicine room, and the female internal medicine room, pediatric ward, pediatric operating room, and male digestive surgery room Aceh Provincial Government Hospital with a total of 161. Sampling used a total sampling technique: all nurses working in the emergency room. Pediatric ward, pediatric surgery room, male internal medicine, and female internal medicine Aceh Provincial Government Hospital is essential. Of a total sample of 161 respondents, 127 could participate in this study, so the response rate was 78.9%. Thirty-four samples were excluded from prospective respondents because they did not meet the inclusion criteria. Data collection in this study was carried out using a questionnaire measuring instrument distributed to all respondents. The violence questionnaire used in this study was the WPV. In the health sector country case study (WPVHS) developed by the ILO, ICN, WHO, and PSI which had previously been modified by the authors. Data analysis in this study used univariate, bivariate, and multivariate approaches. Univariate analysis was carried out with descriptive statistical tests to analyze over time. The chi-square test statistical test used the bivariate analysis to see the relationship between the independent variable (free) as well as the dependent variable (the bound).

RESULTS

Univariate analysis is carried out to analyze each variable from the research results. The univariate analysis in this study describes the research results descriptively regarding the frequency distribution of demographic data and initial data on violence, the prevalence of violence in the workplace in general, and both physical and psychological/non-physical violence. Demographic data, violence data, and characteristics of respondents in this study can be seen in Table 1 below.

Table 1: Frequency distribution of average age and monthly income.

Characteristics respondents	Mean±SD
Age (Mean±SD) (years)	32.64±4.167
Monthly income (IDR)	4,570,362±2,042,943.3

Based on the table above, it is known that the average age of the respondents is 32.64±4.167 and the average monthly income of respondents is 4,570,362±2,042,943.3.

Table 2: Frequency distribution of demographic data and initial data on violence.

Characteristics and data of respondents	F	Percentage (%)
Gender		
Man	38	29.9
Woman	89	70.1
Marital status		
Marry	103	81.1
Not married yet	23	18.1
Divorced	1	0.8
Employment status		
Civil servant	43	33.9
Contract employees	84	66.1
Last education		
D3	82	64.6
Nurse	45	35.4
The working period at RS (Years)		
1-5	45	35.4
6-10	58	45.7
>10	24	18.9
Experience in the current room (Years)		
1-5	53	41.7
6-10	71	55.9
>10	3	2.4
Worries about violence		
Very no worry	19	15
Just worry	27	21.3
Not worry	21	16.5
Worry	31	24.4
Very worried	29	22.8
Willingness to report violence		
Available	79	62.2
Not available	48	37.8
Know how to report violence		
Yes	79	62.2
Not	48	37.8
The urge to report violence		
There is	120	94.5
There is not any	7	5.5
Getting training to deal with violence		
Once	5	3.9
Never	122	96.1

Table 2 above shows that of the 127 nurses who were respondents at Aceh Provincial Government Hospital, the average age of nurses was 32.64 years, as many as 89 nurses (70.1%) were women, as many as 82 nurses (84.6%) were educated. DIII nursing, as many as 103 nurses (81.1%) are married, as many as 84 nurses (66.1%) employment status as contract workers, the overall hospital tenure is 6-10 years as many as 58 respondents (45.7%), and as many as 71 nurses (55.9%) experienced 6-10 years in the room when studied. A total of 31 nurses (24.4%) expressed concern about the occurrence of violence in the workplace, several 48 nurses (37.8%) revealed the unavailability of the

reporting flow for violence in the workplace, and the majority of 120 (94.5%) nurses expressed their encouragement to report violence and most of the nurses as many as 122 (96.1%) had never attended training in dealing with violence in the workplace.

Incidents of violence in the workplace

The distribution of violence in the workplace can be seen in Table 3 as follows:

Table 3: Frequency distribution of violence in the workplace.

Violence data	F	Percentages (%)
Incidents of WPV	76	59.8
Physical abuse	10	7.9
Non-physical violence	72	56.7
Verbal harassment	38	52.8
Bullying/mobbing	25	34.7
Racial harassment	4	5.6
Verbal harassment and bullying/mobbing	4	5.6
Bullying and racial harassment	1	1.4

Table 2 shows that as many as 76 nurses (59.8%) experienced violence in the workplace in various forms. A total of 10 nurses (7.9%) experienced physical violence, and as many as 72 nurses (56.7%) experienced violence in non-physical forms. The most non-physical violence was in the form of verbal abuse, as many as 38 nurses (52.8%), followed by bullying/mobbing by 25 (34.7%) and racial harassment by 4 (5.6%). In addition, 4 (5.6%) nurses experienced verbal harassment and bullying/ mobbing, and 1 (1.4%) nurse experienced bullying/ mobbing accompanied by racial harassment.

Prevalence of overtime working hours

Overtime is an excess of work or an extension of working hours, namely hours outside of regular working hours, including additional hours and overtime, if any, which is not calculated or paid/or compensated with leave as a substitute. The distribution of overtime (overtime) can be seen in Table 4 as follows:

Table 4: Overtime frequency distribution.

Overtime	Frequency	Percentage (%)
Yes	86	67.7
Not	41	32.3

Based on Table 4, it is known that there are 86 nurses (67.7%) who experience overtime working hours. According to operational work standards in Indonesia, the maximum working hours of nurses with civil servants is 150 hours per month, and that of non-civil servants is 160 hours per month.

Bivariate analysis

Bivariate analysis was conducted to determine the relationship between the independent variable, namely, overtime, and the dependent variable, namely physical violence (physical violence) and psychological/ non-physical violence (psychological violence), a bivariate analysis was carried out with the following results;

Overtime relationship with physical violence (physical violence)

The analysis to determine the relationship between overtime and physical violence in the workplace is as follows:

Based on the Table, it is known that from 86 nurses who worked overtime, 5 (5.8%) nurses experienced physical

violence. the results of the correlation test with the chi square method obtained $p=0.290$ so it can be said that there is no relationship between overtime and physical violence

Overtime relationship with non-physical violence (psychological violence)

The analysis to determine the relationship between overtime and psychological/ non-physical violence in the workplace is as follows in Table 6.

Based on the Table 6, it is known that of the 86 nurses who work overtime, 59 (68.6%) experience psychological/ non-physical violence. The results of the correlation test with the chi square method obtained $p=0.000$, so that a significant relationship can be found between overtime and physical violence.

Table 5: Relationship of overtime with physical violence.

Overtime	Physical violence				Total	Percentage (%)	P value
	Yes	%	Not	%			
Yes	5	5.8	81	0.290	86	100	0.290
Not	5	12.2	36	87.8	41	100	
Total	10	7.9	117	92.1	127	100	

Table 6: Relationship of overtime with psychological/ non-physical violence.

Overtime	Non-physical violence				Total	Percentage (%)	P value
	Yes	%	Not	%			
Yes	59	68.6	27	31.4	86	100	0.000
Not	13	31.7	28	68.3	41	100	
Total	72	56.7	55	43.3	127	100	

DISCUSSION

Overtime working hours have the potential for violence, especially psychological/non-physical Violence to nurses at Aceh Provincial Government Hospital. This has been proven from the research results, which show a significant relationship between overtime and violence, especially psychological/non-physical violence, with a $p<0.05$ ($p=0.000$). The results showed that the majority of nurses' overtime working hours were 86 nurses (67.7%) and 59 (68.6%) nurses who worked overtime experienced psychological/non-physical Violence. On the other hand, it was also found that there was no relationship between overtime and physical violence ($p=0.290$). Working overtime causes fatigue in nurses and reduces concentration, which will affect the quality of nursing services and impact service satisfaction. Extended working hours positively correlate with patient outcomes, such as patient identification errors, pressure sores, communication errors, patient complaints, and nurses' emotional exhaustion.²² Nurses working overtime per week reported higher exposure to workplace bullying; another finding reported that working more than 41 hours per week was a predictor of bullying at work overall and on the personal and work-related bullying subscales.²³

Long over time can also affect cooperation between health professionals in patient services. It takes a strict policy from policymakers to arrange the working hours of nurses appropriately so that patient safety can be achieved. Various studies reveal that the consequences of Violence on health organizations are pretty significant when considering absenteeism due to work injuries or sick days, absenteeism, fatigue, and decreased job satisfaction, all factors that significantly affect work quality, budget, and costs.²⁴ Commitment from stakeholders in the health sector, especially hospital executives and managers, is needed. Good collaboration among health workers will result in good service quality so that violence in the workplace can be avoided. In particular, working more than 12 and 40 hours per week should be prohibited. The importance of limiting long daily and weekly working hours among nurses to improve patient safety and prevent adverse patient outcomes.²⁵ Many nursing professionals face huge stressors in the work environment. Most of these stressors are associated with working overtime, dealing with pain, loss, and emotional suffering, caring for dying patients, and providing support to families.²⁶ In order to improve nurses' control in stressful conditions and communication skills, it is necessary to provide appropriate training to

nurses to reduce the incidence of violence in the workplace. In addition, it is also essential that there is an appropriate response from management and authorities to develop a sense of security and support the improvement of nurses' self-esteem.

CONCLUSION

The results above can be said that there is a relationship between overtime hours and psychological/non-physical violence, especially verbal harassment and bullying/mobbing. Working with overtime hours which causes fatigue in nurses so that it can reduce concentration at work so that it will affect the quality of service which will have an impact on the satisfaction of service recipients which in turn can cause workplace violence.

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