Original Research Article

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Violence against health care workers: a provider's (staff nurse) perspective

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ABSTRACT

Background: Work place violence has become an endemic problem for health care workers (HCW) worldwide. The staff nurses are the most vulnerable and most assaulted among all the health care workers. The study was conducted with an aim to assess the frequency of violence and factors responsible, the response of the staff nurses after an incident of violence, any association between the socio-demographic factors with the violence against the HCW and to seek the suggestions to stop/prevent such incidents.

Methods: A cross sectional study conducted in a tertiary care private sector hospital in Lucknow. All the staff nurses working in IIMSR (Purposive Convenience). 141 staff nurses consented and were enrolled in the study. A qualified consenting nurse having at least 6 months of professional experience were included in the study.

Results: Approximately three fourth of the nurses have ever been exposed to the violence and verbal abuse was the most common form of violence. The intense workload, high patient expectation and substance abuse were the three important contributing factors. The majority of nurses who suffered violence ever, felt that it was preventable. Ever reporting of violence was high and majority (>80%) of respondents felt that making the waiting room/area comfortable and restricted entry to staff and examination room can stop or prevent the violence.

Conclusions: The violence against health care workers especially nurses is a major problem and can threaten the delivery of effective quality care. These incidents are preventable, provided security; training and communications measures are in place.

Keywords: Violence against health care workers, Staff nurses, Verbal abuse

INTRODUCTION

In the recent decades, violence in all its forms has increased globally and workplace violence is considered to be an important occupational hazard in healthcare settings. The World Health Organization (WHO) defines workplace violence as "Incidents where staff 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 or health". 3,4

Studies across the globe have shown that workplace violence has become an endemic problem for health care workers in both developed and developing countries and about one-fourth of the world's workplace violence occurs in Health care sector. According to International Labor Organization (ILO), health care workers are the second most at risk group for work violence. Exact frequency and rates of these incidents is unknown due to gross under reporting but studies have indicated up to 90% of health care workers reporting exposure to violence at work. The work place

violence can affect any health care worker but the nurses and aides are the most vulnerable and the most assaulted workers in the health care industry due to direct contact with patients and their relatives. Studies have observed the incidence rate of 25 per 10,000 for injuries from assaults and violence for nurses, 15 per 10,000 for social service workers. ¹⁷

Nowadays, the news related to these incidents of violence is becoming increasingly frequent in newspapers and other media instruments and many states in India have adopted medical protection act to curb these incidents of violence.²¹ But any policy or legislation to address the problem must be based on evidence regarding the source, magnitude of problem. It has been suggested by many studies that the failure of the government to collect data on violence accounts for the inability to make effective policies. 22,23 Some studies are available conducted in different countries but their results can be applied to Indian & the state context only to a limited extent due to different organizational structures and different sociocultural context. Further extensive efforts have been made to understand the violence against health care workers in psychiatric settings but evidence is still required in the general health care settings.²⁴

The current study was conducted with the aim to assess the frequency of violence, factors responsible, the response of the staff nurses after the incident of violence, any association between the demographic and other factors with violence against the nurses and to seek suggestions to stop/prevent such incidents.

METHODS

Study design

An Observational cross sectional study conducted at Integral Institute of Medical Sciences & Research (IIMSR), a tertiary care private sector hospital in Lucknow.

Study period

September 2017 to March, 2018.

Study unit

Staff Nurse.

Sampling

Purposive convenience sampling and all the staff nurses in IIMSR were approached to enroll in the study.

Inclusion criteria

Respondent should be a qualified nurse; should have at least 6 months of nursing experience and should consent to be a part of the study.

Exclusion criteria

Non-qualified, less than 6 months in profession or nonconsenting respondents were excluded from the study.

Sample size

During the period of study, 149 eligible staff nurses were working in the hospital out of which 8 didn't responded/consent to be the part of the study. Thus 141 staff nurses (Response Rate- 94.6%) consented for the study and were enrolled in the study.

Study technique

The piloting of the study was undertaken in 15 respondents and necessary modifications/rectifications were done. The Interview of all the eligible respondents was conducted with the help of a pre-tested, preformed questionnaire. The aim of the study was explained to all the respondents, and they were assured of confidentiality. A written informed consent was obtained from each participant. *Data Collection*- was done by visiting the various departments of the hospital at different timings to ensure representation of various shifts of staff nurses.

Questionnaire and definitions

The questionnaire was adopted and modified from The ILO/ICN/WHO/PSI Workplace Violence In The Health Sector Country Case Studies Research Instruments and was reviewed by five professional nurses for face validity, clarity, and sensitivity of items. The study questionnaire was in English and consisted of 3 sections. The Section A sought information about general demographics of respondents (Age, Sex, years of profession etc.). Section B- includes Frequency and factors for violence. Section C- includes response, reporting and preventive suggestions. The definitions used were from the ILO/ICN/WHO/PSI Workplace Violence in the Health Sector Country Case Studies Research Instruments. The sector Country Case Studies Research Instruments.

Variables

Socio-demographics factors such as age, sex, religion, place of residence, years in profession

Outcome

Frequency of violence, contributing factors, Reporting, Prevention Measures

The ethical approval was taken from the Institutional Research and Ethical Committee of IIMSR.

Date analysis

The data was compiled on a MS excel sheet and was analyzed using IBM SPSS Version 20. Frequencies were

used to describe the socio-demographic and workplace characteristics. Chi-square test was used to test the association between and socio-demographic characteristics and violence. The p value of <0.05 was considered to be statistically significant.

RESULTS

Table 1: Showing the demographic profile of the respondents (n=141).

	No	%
Age group		
Below 30	104	73.8
31-50	36	25.5
51 and above	1	0.7
Sex		
Male	26	18.4
Female	115	81.6
Religion		
Muslim	12	8.5
Hindu	127	90.1
Others	2	1.4
Place of residence		
Urban	122	86.5
Rural	19	13.5

The Table 1 shows the demographic profile of the study respondents, in which it is observed that the 73% of study respondents were below 30 years of age, 81% respondents were females mostly of Hindu religion and having residences in urban area.

The Table 2 which shows the distribution of the violence against the health care workers as per the study respondents depicts that the vast majority of respondents (92%) were in the profession of staff nurse from more than one year, out of which approximately three fourth have ever been exposed to the violence(verbal abuse/ threatened/ physically assaulted), The most common form of Violence the study respondents have faced was verbal abuse and in vast majority of the cases (97%), the relatives of the patients were the perpetrators of the violence.

Table 3 depicts that the intense workload on staff nurses (91.5%), high patient expectation and substance abuse (each 50%) were the three important contributing factors as reported by respondents to the violence against the health care workers. Approx. 46% of the respondents affected by the violence ever "took no action" or "tried to pretend it never happened" in response to the violence while around 30% told the incident to the friends and family or reported it to a senior staff member. Only 5% of the respondents told the perpetrator to stop or tried to defend physically. 82% of the respondents were of the view that the violence could have been prevented.

Table 2: Showing the distribution of the violence against heath care workers among the study respondents.

	No.	%
Years in profession (n=141)		
More than 6 months or equal to 1 year	11	7.8
More than 1 year to 5 years	95	67.4
6-10 years	33	23.4
More than 10 years	2	1.4
Ever been verbally abused/threatened/physically assaulted? (n-141)		
Yes	107	75.9
No	34	24.1
If yes then		
Verbal Abuse	107	-
Threatened	1	-
Physically assaulted	1	-
No. of times- verbally abused		
Once	1	-
More than once	106	-
No. of times- threatened		
Once	1	-
More than once	0	-
No. of times- physically assaulted		
Once	0	-
More than once	1	-
Perpetrators of the violence (n=107)		
Patient themselves	1	0.9
Relatives	104	97.2
Others	2	1.9

Table 3: Showing perception among respondents regarding the contributing factors and response of the study subjects to the Violence against health care workers.

	No.	%
Contributing factors (n=141)		
Intense workload	129	91.5
High patient expectation	71	50.4
Substance abuse by patients	71	50.4
Long waiting period	61	43.3
Rejection of demands that cannot be accepted	41	29.1
Sensational reports from media	25	17.7
Lack of communication	13	9.2
Inadequate security	13	9.2
Others	10	7.1
Response to the incident (n=107)		
Took no action	38	35.5
Tried to pretend it never happened	12	11.2
Told the person to stop	4	3.7
Tried to defend myself physically	2	1.9
Told friends and family	11	10.3
Sought counseling	3	2.8
Told a colleague	15	14.0
Reported it to a senior staff member	21	19.6
transferred to another position	1	0.9
Whether the violence could have been prevented? (n=107)		
Yes	88	82.2
No	8	7.5
Don't know	11	10.3

Table 4: Showing the reporting of the violence, reasons for non-reporting and preventive measures according to the study respondents.

	No.	%
Ever reported the violence (n=107)		
Yes	101	94.4
No	6	5.6
Violence was reported to (n=101)		
Hospital Authorities	101	100
Others/police	0	0
Reasons for not reporting (n=6)		
It was considered not important	6	100
Measures that should be taken to stop /prevent the violence (n=141)		
Security beefed up	45	31.9
training on how to tackle disputes	34	24.1
infrastructure like security cameras	17	12.1
Prohibition of fire arms	15	10.6
display of action under the law	68	48.2
waiting rooms should be comfortable	126	89.4
a system that gives regular info on patients	50	35.5
restricted entry to staff and examination room	119	84.4
all the places to be adequately illuminated	55	39.0

Table 5: Shows the association of various socio-demographic factors with the prevalence of violence, preventability and reporting of the violence against the nurses.

					TOTALLY against and murses,		urses.						
Variables	Ever been verbally abused/threatened (n=141)	Ever been verbally abused/threatened/physically assaulted? (n=141)	IIIy assa	ulted?	Do you thi	nk it could	Do you think it could have been prevented? (n=107)	revented	? (n=107)	Have you ever reported the violence to the authorities? (n=107)	er reportec ies? (n=107	d the vio	lence to
	Yes (%)	No (%)	X^2	P value	Yes (%)	No (%)	Don't know (%)	X^2	P value	Yes (%)	No (%)	X^2	P value
Age (in years)													
≤30	77 (72)	27 (79.4)			62 (70.5)	6 (75)	9 (81.8)			74 (73.3)	3 (50)	7.7.0	
31-50	29 (27.1)	7 (20.6)	0.94	>0.05	25 (28.4)	2 (25)	2 (18.2)	0.794	>0.05	27 (26.7)	2 (33.3)	ر: / ۱ د: ۸	<0.05
≥51	1 (0.9)	0 (0.0)			1 (1.1)	0.00) 0	0.00)			0 (0.0)	1 (16.7)	o l	
Sex													
Female	83 (77.6)	32 (94.1)	4 60	300/	69 (78.4)	4 (50.0)	10 (90.9)	7 65	3007	78 (77.2)	5 (83.3)	0.12	20.07
Male	24 (22.4)	2 (5.9)	4.09	CO:0>	19 (21.6)	4 (50.0)	1 (9.1)	4.03	CO:O<	23 (22.8)	1 (16.7)	1	>0.U
Religion													
Hindu	96 (89.7)	31 (91.2)			79 (89.8)	7 (87.5)	10 (90.9)			92 (91.1)	4 (66.7)		
Muslim	9 (8.4)	3 (8.8)	0.64	>0.05	7 (8)	1 (12.5)	1 (9.1)	0.625	>0.05	(6.8)	0.00)	34.5	<0.05
Others	2 (1.9)	0 (0.0)			2 (2.2)	0.00)	0.00)			0 (0.0)	2 (33.3)		
Place of residence	ence												
Urban	93 (86.9)	29 (85.3)	30.0	300	76 (86.4)	8 (100)	9 (81.8)	1 470	300	88 (87.1)	5 (83.3) 0.07	0.07	30.07
Rural	14 (13.1)	5 (14.7)	CO.O	>0.03	12 (13.6)	0.00)	2 (18.2)	1.4/9	CU:U<	13 (12.9)	1 (16.7)	2	>0.UJ
Years in profession	ession												
1≥	6 (5.6)	5 (14.7)			4 (4.5)	1 (12.5)	1 (9.1)			6 (5.9)	0.00)		
>1 to ≤ 5	72 (67.3)	23 (67.6)	3.66	>0.05	50 (56.8)	2 (25.0)	7 (63.6)	4.112	>0.05	56 (55.4)	3 (50.0)	0.57	>0.05
>5	29 (27.1)	6 (17.6)			34 (38.6)	5 (62.5)	3 (27.3)			39 (38.6)	3 (50.0)		

Table 4 points out that approx. 94% of the affected respondents ever reported the violence and all reported to the hospital authorities. All of the respondents who didn't reported considered reporting to be NOT important. More than 80% of the staff reported that making the waiting room/area comfortable and restricted entry to staff and examination room can stop or prevent the violence. Around 48% conveyed that display of action under the law can also stop/ prevent the violence.

Table 5 shows the statistically significant association between the sex of the respondent and the prevalence of violence; age group, religion with the reporting of the violence (p<0.05).

DISCUSSION

The current study reported that around three fourths of the respondents have ever faced the violence and the most common form of violence was the verbal abuse. The findings of our study were in coherence with many studies which indicate that nurses are exposed to high rates of workplace violence. These findings are a cause of concern considering the fact that workplace violence is associated with intentions to leave the profession.^{22,38} The current study indicated that in majority of cases patients relatives were the perpetrators of the violence. Similar findings have been reported by other studies. 26,29,30,39 Our study observed that the respondents perceive that the intense workload, high patient expectation and substance abuse were the important contributing factors to the violence against the health care workers similar to the study conducted in Jordan by Darawad et al in 2015 while some other studies have found factors like Direct contact of HCW with highly stressed patients and families because of illness, unrestricted movements of visitors in the hospitals, overcrowding, lack of staff training in prevention and management of aggression and violence, unsatisfied treatment plan, low staffing level, prevalence of weapons among patients/relatives, communication gap, long waiting periods as some of the contributing factors towards the high prevalence of workplace violence in healthcare settings. 26,33,35-37,40-43

Ever reporting of violence was observed to be very high and encouraging in the current study but more research is required to find out the prevalence of regular reporting of such incidents as the studies globally have shown that only a fraction of these matters are reported. ^{26,28,29,44-46} The current study indicated that the approx. half of the respondents "took no action" or "tried to pretend it never happened" in response to an incident and very low percent of respondents told "the perpetrator to stop" or tried to "defend physically". This is in contrast to other studies in which respondents "telling the perpetrator to stop" or "defend physically" was in the range of 35-45%. ^{47,48} In this study, a high percentage of respondents opined that the violence was preventable and similar findings were also observed by Kumar et al in Delhi in

2016.³³ In our study, a large majority of subjects responded that making the waiting area comfortable, restricted entry to examination room and display of action under the law can be helpful in preventing the violence. Apart from these, adequate security measures, training, camera systems, prohibition of firearms in premises, system on regular info on patients, adequate illumination of all places were also provided as solutions for preventing the incidents. In addition to these measures, certain studies have also suggested that policy by management against violence, educating patients and their families, effective communication, security and alarm systems, restricting public access and controlling visiting times, and adequate staff numbers can also be helpful in preventing the incidents of violence. 33,37,47,49-53 Since most of the respondents in the current study and other studies perceive that the incidents of violence are preventable, this also suggests that there is an unmet need for the protective systems to be in place.³³ The lack of knowledge and the skill to handle these situations has been cited as the reason for violent incidents.³

The current study observed the statistically significant difference between the sex of the respondent and the prevalence of violence. It could be due to the fact that perpetrators feel that they will escape/ there will be no reactions if a female staffer is violated. Since most of the staff nurses belong to the female sex, this necessitates that the tighter security norms are in place at all the hospitals. Ever reporting of the violence was found to be statistically significantly associated with age and religion, the younger staff nurses were reporting the violence, an encouraging finding but should be interpreted with caution as it may also be suggesting that since there has been no actions taken by the authorities in the past, the older staff nurses have stopped reporting or they had started perceiving violence as a part of employment as shown by other studies.⁵⁴ Certainly, no one will report if s/he thinks that nothing will be done after a report is made. Hence it is important that necessary action must be taken against perpetrators of violence, and nurses who report violence against them should be informed of what action has been taken against the perpetrator.³⁹ The association of the religion with the reporting of violence merits further research.

The WHO report on Health Work Force in India cites a dismal nurse population ratio of 61.3 per lakh of population in India, therefore it becomes imperative to address the issue of violence against nurses so that it doesn't exacerbate to become a reason for nurses switching career or leaving the country for abroad. 55 Further the quality of care partly depends on the relationships between the nurse and the patient and nurses cannot deliver high quality services if they are concerned or alert as a result of the experience of violent incident. It has been indicated by research that the violence negatively affects the quality of service provision hence substantiating the formulation of policies to address the problem of violence against health care workers. 30,47,56

CONCLUSION

Violence in any form against the health care workers threatens the delivery of effective, quality care and violates the right of the individuals to personal dignity. The current literature in consistence with the other evidence suggests that the violence against health care workers especially nurses is a major problem. The regular reporting of these incidents is very low and needs further research on the contributing reasons. The study also observed that these incidents are preventable, provided security; training and communications measures are in place.

Limitations

Resource constraints limited the study to a single tertiary care private sector hospital thereby limiting the generalizability of the study.

Recommendations

In view of very high prevalence of violence against nurses, following recommendations are made:-

- Zero-tolerance policies towards violence.
- Measures for reporting and to encourage reporting should be in place.
- Any incident of violence must be acted upon in a timely manner, and affected nurses provided necessary support. They should also be informed about the action taken/outcome of the reporting of an incident
- Comprehensive prevention programs like Boosting of security systems, restricted access and visitor entry etc.
- Training of HCW to handle these situations.

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