

WORKPLACE VIOLENCE AGAINST NURSES IN PUBLIC HEALTH SECTORS FAISALABAD

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ABSTRACT

Workplace violence (WPV) is a routine problem faced by majority of health care providers. Nurses are at great risk of violence because of nature of their work and usual contacts with patients and their relatives. **Objective:** This research is aimed to find out the prevalence of physical, psychological and sexual violence against nurses in general hospitals of district Faisalabad, Pakistan and to investigate the association between the types of violence and the various socio demographic variables of nurses. **Study design:** A cross-sectional study design used to collect the data from nurses working in the public sector hospitals of Faisalabad, Pakistan. **Period:** The study is conducted within three months. **Method:** Quantitative method. **Result:** Out of 384 sample size, 4.4% nurses reported physical violence; 47.9% verbal or psychological violence and 7.3% physical as well as psychological violence and 12.2% reported the sexual violence. Violence against nurses is highly prevalent in Faisalabad. **Conclusion:** study reveals that WPV among nurses leads to hostile outcomes like mental illness, impaired job performance, stress, depression, staff turnover and suicidal attempts. Stakeholders, government and management should pro-actively play their role in reducing WPV against nurses with the help of women act rules.

Key words: Workplace Violence, Verbal Abuse, Physical Assault, Bullying/Mobbing, and Sexual Harassment

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INTRODUCTION

WPV is a worldwide distressing situation among nurses. WPV is one of the major problem faced by health sector in terms of its magnitude and frequency in Pakistan. Exact burden of this dangerous situation is not known because studies are showing only the tip of the iceberg.¹

The World Health Assembly (WHA) claims that violence is a global health issue. HAA demanding countries to control the extent of aggression and violence in their area and to send information to this figure to the WHO. Like other countries, there are many victims of torture of workers in Pakistan nurses.²

Due to religious and cultural values in Pakistan, violence incidents are generally not reported. Like Pakistan other countries are not save from the

spell of WPV. A study is conducted in Hong Kong. Questionnaire is distributed in 420 nurse which show 320% abuse of any kind, 73% bullying, 18% physical abuse and 12% sexually abuse.³

Survey of sexual harassment against nurses is conducted in public sector hospital in Peshawar, out of 150 sample size 66% are sexually harassment, 16% neglected by others, 12.7% physically tortured and 5.3% are financially harassment.⁴ Someone says "in Pakistan nurses are sexually harassed because they are female and working outside the home."⁵ Another study is conducted in tertiary care hospital Lahore. Out of 209 nurses 73% reported verbal and psychological violence, 53.4% physically, 57.3% verbal, 26% sexually in last 12 months.⁶

The purpose of this research is to document WPV

as a general health issue by analyzing association with nurse's psychological health and social status or the quality of life. This study demands the observations, experiences, and exhibit strategies of corruption nurses within their workplace settings. Violence can never be attributed to a single factor. Its roots are multiple layers in different stages. Therefore, this research is ideally linked to "social ecological model". This model has individual, relationships, community and socially four levels. A federal agency in the US, CDC, uses a social environmental model to describe violence in a better way.⁷

There has never been a national survey on violence against nurses in Pakistan. A comprehensive national survey on this subject is currently needed.

Prevalence of wpv in developed countries

Studies have been carried out on WPV against HCW in almost all industrialized countries. Some studies are summarized below.⁶

A study is conducted in United States in which 115 worker out of 140 respond to the questionnaire that is 78% suffered any one type of violence, 37% suffered from verbal violence.⁸ HCW reported 60% of violence at any time in the emergency ward, 76% oral violence and 86% physical threat or attack in Canada in 1999.

In Portugal in 2002, 60 percent staff and 37% of the Health Center Complex in the hospital reported any form of violence. In 2003, a study conducted in Britain said that 39.3 percent respondents experienced some kind of violence in the previous year 2012. Last year, verbal abuse faced 95%, 44% risks and 22% physical attacks. In Israel 2005, a study indicated that 56% of the medical staff reported oral violence and 9 percent reported physical violence during the last year. Another research conducted in Germany , has made the fact that in last 12 months, 70.7% of physical and 89.4% verbal aggression had to be encountered.

In Italy, in 2012, 33.3% of healthcare workers reported non-physical violence and 10 percent of the activities reported physical assault in public health care facilities. In Turkey in Denmark, an investigation study said that 88.6 percent HCW experienced violence and 49.4% experienced or monitored physical violence.⁹

Studies from transitional countries

A study consisting of emergency service workers in Iran, 71% of employees were verbal violence and 38 percent were related to physical violence during the previous year.¹⁰ In 2005 a study in Jamaica, one of the 832 journalist work, was 38.6 percent related to oral violence and 7.7 percent of physical violence one year. In the past few years, more than 50% of the respondents who respond to HCW have suffered physical or psychological violence: 61% in South Africa; 75.8% in Bulgaria; 46.7% in Brazil.¹¹

Studies from developing countries

A study is conducted in Thailand out of 444 participant 76.1% complaints any type violence, 35.6% physical, 71.2% non-physical, 69.8% verbal, 48.4% threat, 8.6 sexually harassment. Other participant did not share the information.¹² In 2014, 23.2% of the Palestinians had physical and 62.2 percent of non-physical violence related to the violence.¹³ In 2005, study conducted in 90 Chinese hospitals in Helsingborg Province, 12.6% HCW conducted physical assault in workplace and 46% reported oral corruption. In another study held in China in 2005, in 17 hospitals of Gangong province, between 5061 HCWs, 58.23% of any form of violence, 56.85% of psychological, 12.85 percent of physical and 6.99 percent of sexual violence.¹⁴

Studies from pakistan

Initially, public healthcare facilities conducted in Lahore in 2013 show that initial investigations about Violence against HCW showed that 73.8 percent out of 164 were victims of violence and aggression in the previous year. About 86% of

respondents reported oral corruption and 34.7 percent of the Christian risks.¹³ in another study conducted in Karachi, figures were collected from 354 HCW, and 74.9% HCW had experienced violence. Oral violence was 93.2 percent. Physical violence 15.1% and 3% HCW sexually harassed.¹⁵

Despite the risks of WPV and aggression; even in the UK, only 43 percent of the UK has violence policy in hospitals, legal punishment; 3% specialist training of the hospital's training staff; 50% hospitals have not trained at hospitals. Giving; Only 25% of the hospital's advisory staff on the reporting procedure; and 87% of the worry about WWV and aggression are concerned about HCW.¹⁶ Again the media emphasizes the fact that only the patient's version of this incident and HCW are not given the basic right to protect themselves. Consequently, without any la no right to any hearing, any punishment, and self-protection is not a unique HDW criminal.

In order to understand WPV as well as various health disciplines are agreed. There are different types of violence and occur at different levels. Therefore, this study is ideally rooted in "social ecological model". In this regard, there are several factors related to mutual violence among the four factors on the basis of the sample. Violence and 49.4% experienced or monitored physical violence.

OBJECTIVE

To identify the prevalence of WPV among health professional, which type of violence is most prevalent. Which type of policies should be adopted by government hospital and stakeholder to stop or reduce such type of violence to some extent.

- To find out the prevalence of physical, psychological and sexual violence against nurses in general hospitals of district Faisalabad, Pakistan
- To investigate the association between the types of violence and the various socio demo-

graphic variables of nurses

HYPOTHESIS

This research has four key hypotheses, which were established on the basis of systemic review of literature and were tested by applying diverse statistical tests. These hypotheses are:

- There is an association between WPV and various sociodemographic variables of nurses.
- There is an association between WPV and respondents mental health
- There is an association between WPV and quality of life of nurses.

STUDY DESIGN

Cross-sectional study method is used in current study.

MATERIAL AND METHOD

The research was conducted in district Faisalabad of Punjab province of Pakistan. Pakistan is the sixth most populous country in the world.¹⁷ According to CIA World Fact book the estimated population of Pakistan in July 2016 was 201,995,540 with an estimated population growth rate of 1.45%.¹⁸

According to sample size table, the sample size of population from 2,500000 to 10000000 is 384 with Confidence level 95% and Confidence interval is 5%.

INCLUSION CRITERIA

The inclusion/eligibility criteria for the selection of respondents (nurses) were:

Participants were nurses of any of the following categories:

- Nurses working in Public health Sectors
- Nurses who can understand the Urdu and English
- Nurses who are willing to the consent form?

EXCLUSION CRITERIA

The exclusion criteria for the selection of respondents (nurses) were:

- Nurses who have no physically contact directly with patients.
- Non volunteer nurses were not included.
- Nurses who are not willing to the consent form and not want to share the information.
- Incomplete questionnaire were not included in the study.

The questionnaire is adopted from the thesis WPV against doctors from the university of Punjab, Lahore by Dr. Shoaib Aslam. Formal approval is taken from the primary author to use this questionnaire. The data tool comprises of two sections. In the very start of the structured questionnaire, Flesch-Kincaid reading grade level. Followed by this is the questionnaire ID, which is assigned after the name of the city; the name of hospital; the name of ward and then the number of respondent. Next in this section is the topic of research in bold letters. Followed by the topic of research is the brief consent which states that this survey is completely anonymous and the respondent's participation is voluntary and if a respondent do not want to answer a question, he or she can just skip the question.

Confidentiality and anonymity kept in mind. Participant have rights to skip the at any time.

DATA ANALYSIS

First of all frequencies, means and standard deviations, medians was used to determine the workplace violence against nurses in District Faisalabad, Pakistan. Data is analyzed by SPSS version 21.

RESULT

Each of the research question is addressed separately/individually using relevant statistical techniques. Each of the research question is addressed separately/individually using relevant techniques described in tables.

It is further noted that 15.6% of respondents are fall in age group 21-25 years(15.6%), 26-30 years (24%), 31-35 years(24.2%), 36-40 years(13%), 41-45

year(16.1%), 46-50 year(6.3%) and 0.8% of respondents fall in the age group of more than 50 years.

Demographic of the Study		
Gender	Frequency (n)	Percentage (%)
Female	384	100.0
Age		
21-25	60	15.6
26-30	92	24.0
31-35	93	24.2
36-40	50	13.0
41-45	62	16.1
46-50	24	6.3
More than 50 years	3	.8
Experience		
Under 1 year	21	5.5
1-5 years	150	39.1
6-10 years	68	17.7
11-15 years	36	9.4
16-20 years	58	15.1
More than 20 years	51	13.3
Marital status		
Married	203	52.9
Single	181	47.1

As shown in above tables, out of a sample of 384 respondents, 181 respondents (47.1%) are unmarried and 203 (52.9%) participants are married.

The study shows that over a sample of 384 respondents, 5.5% work experience of less than one year(5.5%), work experience of 1-5 years(39.1%), experience 6-10 years(17.7%), experience of 11-15 years(9.4%), 16-20 years(15.1%) and 13.3% of the respondents have more than 20 years of job experience.

Age of Participant	Mean	Std. Deviation	t	P
Younger age (21-40)	3.60	2.338		
			.063	.000
Older age(41-50+)	3.58	2.240		

Table 1: Result shows that there is significant difference between older age is (M=3.58 and SD=2.240) and younger age (M=3.60 and SD=2.338) t (.063) = .000, p<.01, its show that

Table 2: Marital status associated with workplace violence against nurses (N= 384)

Age of Participant	Mean	Std. Deviation	T	P
Married	2.25	2.286		
			-5.869	.000
Single	3.61	2.269		

younger age nurses face more workplace violence among older age.

Result shows that there is significant difference between married is (M=2.25 and SD=2.286) and younger age (M=3.61 and SD=2.269) $t(-5.869) = .251, p < .01$, its show that unmarried nurses face more workplace violence among married nurses.

Table 3: Violence type experienced by Participants

1-Physical violence	Frequency	Percent
Push	11	2.8
Slap	6	1.6
Total	17	4.4
2-Psychological violence		
Verbal abuse	132	34.4
Threat	19	4.9
Bullying/mobbing	19	4.9
Racial attack	14	3.7
Total	184	47.9
3-Sexual Violence		
Sexual harassment	22	5.7
Touch	25	6.5
Total	47	12.2
4-Physical & psychological	28	7.3
5-No violence	108	28.1
	Total frequency =384	Total percent =100%

Violence type experienced by Participants:

Violence type	Frequency	Percent
Psychological violence	184	47.9
Physical & psychological violence	28	7.3
Physical violence	17	4.4
Sexual violence	47	12.2
No violence	108	28.1
Total	384	100.0

Table 3: presents the prevalence of different types of violence (psychological, physical, physical and psychological and sexual violence at workplace. It can speculated from the above table that 4.4% respondents experienced physical violence, 47.9% experienced psychological violence, 7.3%

facd physical and psychological type of violence and 12.2% of respondents experienced the sexual type of violence. Whereas, 108 respondents out of 384 (28.1%) experienced no violence.

DISCUSSION

Results of this research discovered that a significant percentage of nurses (71.8%) encountered aggression and violence from patients or their attendants during their duties in different wards of hospitals. It is well investigated that health-care workers in the emergency wards have frequently been a target of aggression and violence in Pakistan and across the world.¹⁹

The results of the research revealed that there is a significant relationship between marital status of nurses and violence, the nurses who are unmarried, are more predisposed to WPV against them. Work experience is another variable that is intensely related with violence, the lower the work experience of nurses the greater the WPV they experience and the nurses with more job experience are less predisposed to WPV. This is possibly due to the fact that with the advancement of the job experience, nurses understand and learn the psyche of the patients and their attendants and also learn the coping skill to handle the WPV. With the advancement of the job experience and hence the age also, the mental maturity and the sense of responsibility is also increased which help to avert the workplace violence.

Results of this study also show that nearly all of the abused nurses had been confronting emotional pangs. These emotional distresses lead those to the mental illness likewise 112 out of 384 nurses were suffering from anxiety/ insomnia out of which 85 nurses had experienced any type of violence and 27 had not experienced any act of violence. Similarly, 71 from 384 nurses were victims of social dysfunction, 58 experienced violence and 13 did not experience WPV.

CONCLUSION

It is concluded from the study that the nurses in the public sector hospitals in the settings of Faisalabad are frequently exposed to aggression and violence and it is associated with many hostile outcomes including high levels of hassle and mental illness. Appropriate preventive procedures including legislation, occupational support, media literacy and advocacy are required to make hospitals safer environments.

The increasing amplitude of aggression and violence against nurses in workplace leads to malingering, compromised job performance, decreasing gratification with work and an increasing eagerness in the form of counter attack, displeasure, strike, loss of experienced staffs, out migration and in more severe cases fright, denial, depression, post-traumatic stress disorder, changes in eating and sleeping patterns, marital and family problems and thoughts of suicide. This situation must be handled by prompt action to address the problem with complete political support; combined struggles are mandatory by civil society, medics, health sector employers, law and order enforcement agencies and other formal and informal institutions. All the stakeholders are also needed to pro-actively play their role in reducing workplace violence against nurses in Pakistan and henceforth help minimalize the cycle of violence.

LIMITATIONS OF THE STUDY

Our study has some limitations, which are stated below:

SELECTION BIAS

The current study recruited the participants from the public sector hospitals, the nurses from the private hospitals and the private clinics were not included in the study. There fore this method of recruitment of respondents might exclude a huge figure of serious violent events.

INFORMATION BIAS

In other words our study is the one sided view of the violence between the two parties which is not impartial, but due to time constraints it was not possible to collect data from the patients or their attendants.

RECOMMENDATIONS

Recommendations for the prevention of workplace violence in the health sector are given below:

Security measures

Security measures are of utmost significance in the public as well as private hospitals. The hospital management in private hospitals and government officials in public hospitals should formulate fool proof strategies on the issue of safety and security of the staff and the patients.

Record of the patient

Proper record of each patient should be kept and screening of the potentially violent patients on the next visit should be done to alert the staff. This would also decrease the violence.

Plausible duty hours

As we have seen in our study that the healthcare workers follow prolonged duty hours and often they are exhausted and burnt out. This is also a major cause of violence between healthcare worker and the patient. Therefore the duty hours of healthcare workers should be moderate to handle this issue.

TRAINING IN SEXUAL HARASSMENT AND SELF-DEFENSE

Training of the male and especially female staff for the high awareness of sexual harassment should be a top priority, so that the staff may handle and avert the sexual harassment at workplace. Similarly healthcare workers should know how to handle offenders of emotional violence physically, as well as with psychological skills to resolve the conflict. This can be achieved


by gaining the self-defense training.

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AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
1	Misbah Akram	Conduct study, data collecting, Write article.	
2	Shafqat Inayat	Review lit review. Guide 2 write up of methodology and supervise overall in the research proces	