

WORKPLACE VIOLENCE AMONG NURSES IN GENERAL HOSPITALS IN OSUN STATE, NIGERIA

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ABSTRACT

Background: Workplace violence is gradually becoming a concern in the most work environments. It is even so in the health sector and may be adversely affecting service delivery. However, in Nigeria there are limited data on the magnitude of the problem. This study was to determine the prevalence of workplace violence among nurses in General Hospitals, Osun State, Nigeria.

Methodology: In this descriptive cross sectional study, data was collected via self-administered questionnaires among 200 consenting nurses of the Clinical Services Division of three selected hospitals to assess their level of awareness and experience of workplace violence. The responses of all 200 were returned and analyzed.

Results: Most (89%) of the respondents were aware of workplace violence and majority had experienced (66%) workplace violence with more than half (86%) of all violent incidents occurring at the Emergency and Out-Patient Departments and especially during the night shifts. Verbal abuse (55%) was the most prevalent while sexual harassment (6%) was the least. Approximately (89.5%) of the violence experienced were not reported due to the lengthy reporting process.

Conclusion: There was workplace violence among nurses in General Hospitals in Osun State, Nigeria. The violence was both verbal and physical. It is recommended that there be increased public enlightenment and education on workplace violence among health workers and the public just as nurses are to be trained on client relationship.

Key words: Nurses, Workplace, Violence, Hospitals.

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INTRODUCTION

Workplace violence (WPV) is a rising phenomenon especially among health care workers (HCWs). WPV is defined by the National Institute for Occupational Safety and Health (NIOSH) as: violent acts, including physical assaults, directed towards a person at work or whilst on duty. Verbal abuse through words, manner or tone, leaves the recipient feeling personally or professionally humiliated, attacked or devalued. Verbal abuse leaves no visible scars, but the emotional damage can be devastating. The

definition further provides description of actions that constitute each of the various types of violence. Physical violence, includes beating, slapping, shooting, pinching, scratching, and biting that cause physical, sexual or psychological harm to the worker¹⁻³.

Workplace violence may be classified as being one of four types, based on the perpetrator's relationship to the workplace³.

Type 1: Refers to violent acts committed by criminals who enter the workplace to commit a crime. These individuals do not have a legitimate reason to enter the workplace.

Type 2: Refers to violent acts committed by those who are the recipients of the services provided in the workplace. These

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individuals have a legitimate relationship with the workplace.

Type 3: Refers to violent acts by worker to worker, where current or past employees are the agents of violence.

Type 4: Refers to violence committed in the workplace by a non-employee who has a relationship with a worker.

Physical abuse is reported to occur within health care facilities four times more often than all other industries. Among health care personnel, emergency workers are at a greater risk of violence than other hospital personnel, perhaps due to their frontline nature of work and their 24-hour accessibility - the high-stress environment, and lack of visible or trained security staff compared to other health care specialties³⁻⁴. Experiencing violence at work has many negative impacts both at the organizational and individual level, such as increase in burnout, decreased job performance and job satisfaction, poor mental health, hostile work climate and suboptimal care of patients⁵.

Nurses due to their first hand closeness in the management of patients are exceptionally vulnerable to WPV⁶. The prevalence of WPV vary among countries. In Egypt, the prevalence of verbal abuse and physical abuse among nurses was 69.5% and 9.3% respectively. In Saudi hospitals, more than two-thirds (67.4%) of HCWs reported they were victims of violence and nurses were more likely to be exposed to WPV than physicians ($p < 0.001$). In Jordan, 75% of nursing staff in emergency departments some form of violence. In Palestinian public hospitals, the majority of HCW (80.4%) reported exposure to violence in the previous 12 months; 20.8% physical and 59.6% non-physical. In Turkey, 72.3% (141/195) of emergency staff had experienced some form of violence. Although WPV touched high numbers of

HCWs, studies show that 80% of the affected didn't report it. Some reported reasons are fear of lack of support from the hospital authority or the absence of institutional reporting policies, the perception that violence is a part of the job and reporting will not benefit them⁸⁻¹³.

Workplace violence has become an endemic problem in health care¹⁴, and nurses are particularly at a higher risk of abuse¹⁵⁻¹⁷. About a quarter of the world's workplace violence occurs in that sector¹⁸. Numerous studies conducted across different countries such as Australia, Japan, United Kingdom, Switzerland and South Africa suggest that workplace violence is a problem for health care workers in both developed and developing countries¹⁷⁻²⁰. Workplace violence against nurses may vary across departments/units with emergency, psychiatric, and intensive care units reputed to have the highest rates of physical assaults²¹. This has been attributed largely to the nature of cases that these units usually attend to. Depending on the unit where nurses work, they may experience more physical violence than other nurses within the same hospital²².

There are albeit erroneous beliefs that assaults may be viewed as worker negligence or poor job performance. As WPV even when it occurs is not usually reported - hence most workers suffer in silence²³. Violence against HCWs is a varied and complex phenomenon. Some studies have reported factors relating to personal characteristics, such as being under the age of 30²⁴⁻²⁷. Other studies found that work-related factors, including: lack of communication, waiting time, lack of resources, medication error and lack of hospital policy against violence²⁸⁻²⁹. Triage area was the place where violence was most likely to occur, because it is the place of first encounter between the patient or family and

HCWs. Different studies were conducted in many countries to find out the prevalence of WPV and identify the factors associated with it among HCW, but there appears to be a lack of data to determine its magnitude especially in Nigeria³⁰⁻³¹. Therefore, this study was to determine the prevalence and causes of workplace violence against nurses in General Hospitals in Osun State, Nigeria.

MATERIALS & METHODS

Study Area: Osun State is an inland state in south-western Nigeria. Its capital is Osogbo. It is bounded in the north by Kwara State, in the east partly by Ekiti State and partly by Ondo State, in the south by Ogun State and in the west by Oyo State. It has three senatorial districts namely; Osun central, Osun west and Osun east with thirty Local Government Area. Osun is home to several of Nigeria's most famous landmarks, including the campus of Obafemi Awolowo University, Nigeria's pre-eminent institution of higher learning. The university is also located in the ancient town of Ile-Ife, an important early center of political and religious development for Yoruba culture. Other important cities and towns include the ancient kingdom capital of Oke-Ila, Ila Orangun, Ijebu Jesa, Ede, Iwo, Ejigbo, Modakeke, Ibokun, Ode-Omu, Ifetedo, Esa-Oke, Ilesa and Igbajo.

Study Population: This study was carried out among nurses - male and female within the age range of 20 -50 years with at least Registered Nursing (RN) certificate in the employ of public hospitals in Osun State with typical applicable health sector civil service conditions of service.

Scope of the Study : This study was among nurses in General Hospitals in Osun State, Nigeria - albeit three sampled General Hospitals in the three geo-political senatorial zones (Oshogbo, Ikirun and Ilesha).

Study Design / Inclusion Criteria: This was a descriptive cross sectional study. Respondents were General Hospital employee nurses in Osun State for at least 2 years.

Sample Size: The sample size using the formula for mean (and allowing for non-response rate of 5%) was 200.

Sampling Method: A multistage sampling comprising clustering, stratification and simple random sampling was applied in the selection of the 200 respondents.

Stage 1: The Osun State has three geopolitical senatorial zones viz Osun Central, Osun West and Osun East which were assigned as Clusters.

Stage 2: One Local Government Area was balloted (simple random sampling) for, from each geopolitical zone viz Oshogbo, Ilesha East, and Ifelodun Local Government Areas.

Stage 3: One General Hospital in each Local Government Area was balloted for i.e. General Hospital Oshogbo, General Hospital Ikirun and General Hospital Ilesha.

Stage 4: In all of the selected General Hospitals, 200 eligible nurses who met the inclusion criteria were therefore selected first, by stratified and then simple random sampling (balloting) according to arrive at the sample size.

Study Instruments: This included an adapted checklist of a structured, close-ended, self-administered questionnaire which looked at social demographics, occupational history, prevalence, awareness, risk factor for workplace violence and behaviour. The questionnaire was pre-tested at Federal Medical Centre Owo, with necessary adjustment made.

Data Collection : Working with 2 trained research assistants 200 copies of the questionnaire were distributed by the researcher during the shift handover

periods (8 a m , 2 p m a n d 6pm) morning, afternoon and night shift respectively. The procedure for filling the questionnaire was explained to the respondents prior to the administration of the questionnaire. Filled questionnaires were retrieved on the spot.

questionnaires were crosschecked for completeness and data entered into Statistical Packages for Social Sciences (SPSS) Version 21. Data was processed using frequency distributions, percentages, mean score, standard deviation and charts was computed and tabulated. Data were then presented in tables and graphs.

Data Management: Retrieved

RESULTS

Two hundred questionnaires were distributed and all retrieved (- 100% retrieval rate). Questionnaires were properly filled by the respondents.

Table 1: Socio-Demographic characteristics of the respondents

Variable		Freq.(n=200)	Perc.(%=100)
Age (years)	20-30	33	16.5
	31-40	78	39.0
	41-50	60	30.0
	51-60	29	14.5
Sex	Male	27	13.5
	Female	173	86.5
Religion	Christianity	142	71.0
	Islam	47	23.5
	Traditional	11	5.5
Tribe	Yoruba	170	85.0
	Igbo	15	7.5
	Hausa	8	4.0
	Others	7	3.5
Marital status	Married	177	88.5
	Single	23	11.5
Years of practices	1-3 years	105	52.5
	4-10 years	78	39.0
	>10 years	17	8.5
Employment status	full time	188	94.0
	Contract	12	6.0
Academic qualification	RN	72	36.0
	RN with specialty	79	39.5
	B.Sc	49	24.5

how long have you work in your current department	2-4 years	85	42.5
	5-10 years	52	26.0
	> 10 years	63	31.5
hours spend providing primary care in the last month	< 10 hours	26	13.0
	> 10 hours	174	87.0

Table 2: Facilities and work nature among the respondents

Variable	Facilities	Freq(%=200)	Perc(%=100)
Department/unit/area did you work	Operating/Recovery Room	11	5.5
	Intensive Care	36	18.0
	Psychiatric/Behavioral	31	15.5
	Obstetric/Gynecologic	54	27.0
	Emergency	21	10.5
	Home Care	17	8.5
	Family Practice	18	9.0
	Education/Research	12	6.0
primary professional activity in the 12 months	Provided patient care	119	59.5
	Administration	69	34.5
	I split my time equally between two or more activities	12	6.0
Workplace violence prevention training taken in the past 12 months.	None	186	93.0
	Other	14	7.0

Table 3: What do you understand by workplace violence

Variables	Frequency	
Percentage		
Violent act directed to someone	180	90%
Disrespecting bosses at work	5	2.5%
Saying something bad about someone at work	15	7.5%
Total	200	100%

WORKPLACE VIOLENCE EXPERIENCE

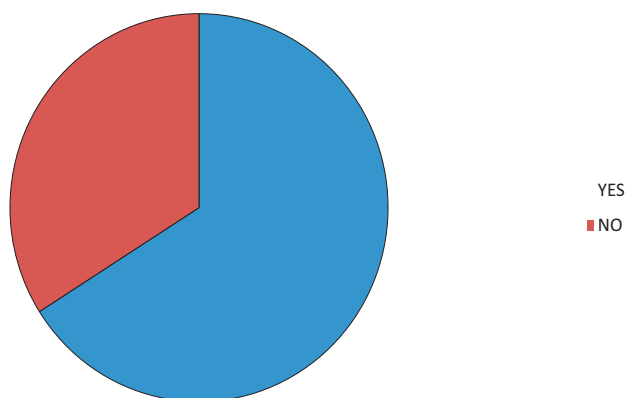


Figure 3: Have you experienced any form of workplace violence?

Yes = 67%

No = 33%

TYPE OF WORKPLACE VIOLENCE EXPERIENCED

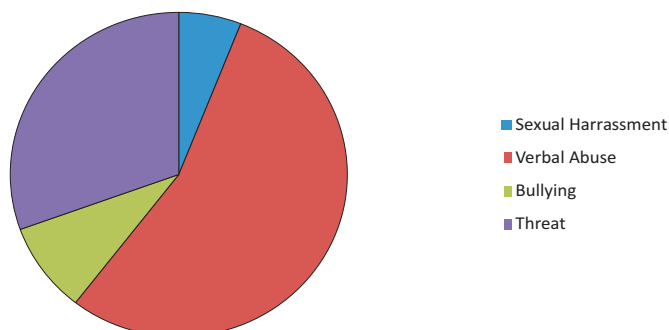


Figure 4: Type of Workplace Violence experienced

≥ Sexual harassment = 5.3%

≥ verbal abuse = 60.7%

≥ Bullying = 8.5%

≥ Threat = 25.5%

Table 4: Frequency of the type of workplace violence experienced

Variables		30-50 years	51 years and above	Total	Pearson Chi-Square	df	P value	
Threat	never	8	56	12	76	23.731	6	0.001
	rarely	3	14	11	28			
	occasionally	4	15	0	19			
	frequently	18	53	6	77			
Sexual Harassment	never	25	92	17	134	2.073	2	0.355
	rarely	8	46	12	66			
Verbal Abuse	never	8	33	2	43	23.963	6	0.001
	rarely	0	21	10	31			
	occasionally	13	39	2	54			
	frequently	12	45	15	72			
Physical Violence	never	26	105	28	159	6.170	2	0.046
	occasionally	7	33	1	41			

Table 6: Work place violence experience over the course of career among the respondents

Variables		30 years	30-50 years	51 years and above	Total	Pearson Chi-Square	df	P value
Threat	Never	27	105	28	160	6.354	2	0.042
	Rarely	6	33	1	40			
Sexual Harassment	Never	30	131	26	187	1.533	2	0.465
	Rarely	3	7	3	13			
Verbal Abuse	Never	1	25	0	26	10.427	2	0.005
	Occasionally	32	113	29	174			
Physical Violence	Never	29	124	26	179	0.112	2	0.946
	Rarely	4	14	3	21			

SHIFT WORKPLACE VIOLENCE IS MORE EXPERIENCED

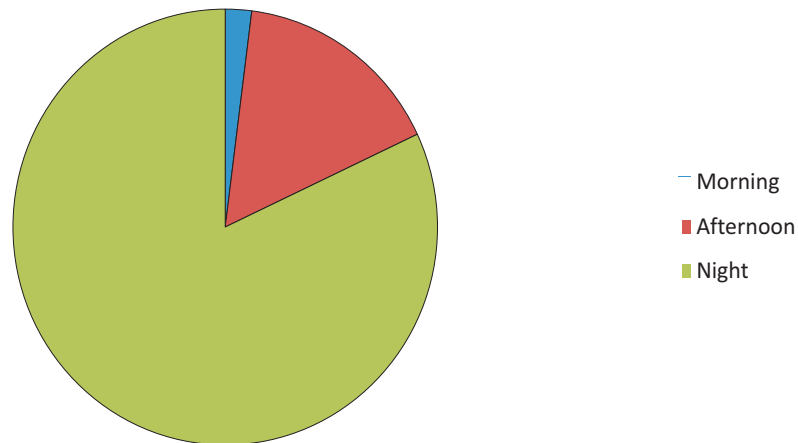


Figure 6: What shift do you experience workplace violence more often?

- ≥ **Night = 79.1%**
- ≥ **Morning = 3.1%**
- ≥ **Afternoon = 17.8%**

Table 8: Behaviour/Response to violence experienced in your work place

Variables Responses		Frequency	Percent
number of days absence from as a result of violence experienced	None	200	100.0
change experienced in work situation as result of violence	None	179	89.5
	restriction or modification of work	21	10.5
Did you report the incident through your organizational	Yes	74	37.0
	No	126	63.0

reasons you decided not to report	Time constraints	74	37.0
	Process too complicated	37	18.5
	Lack of follow up/response from management	3	1.5
	Fear of lack of support from colleagues	12	6.0
	Nil	74	37.0

Table 9: Risk factors responsible for workplace violence

Responses	Percentage	Frequency
≥ Lack of Communication		52
≥ Long Waiting Time		30
≥ Shortage of Staff		25
≥ Absence of strong violence prevention Programs and protective Regulations		35
≥ Misperception by patients or visitors of staff behaviour		58
Total		200
		100%

DISCUSSION

A major finding of the study was that workplace verbal violence and perceived respect were statistically significant predictors of nurses' job satisfaction. Nurses who were exposed to verbal abuse were less satisfied with their job. This finding is consistent with the findings of other studies which have reported a negative association between workplace violence and nurses' job satisfaction. If job satisfaction is about the way people think and feel about their work, then how individuals think and feel about certain experiences associated with their jobs such as verbal violence and

interactional justice, can impact their satisfaction levels³⁻⁸.

The most common form was verbal abuse and the primary perpetrators of reported incidents were patients' escorts/relatives and even patients themselves. The Outpatient Department reported most violent incidents. Qualitative feedbacks from participants attributed the perceived reasons of workplace violence mainly to attitude of nurses (occasioned by stress due to understaffing) and management lukewarm attitude towards workplace violence^{9,11-13}.

Findings from interviews with participants indicate that miscommunication between providers (nurses) and care seekers (patients and their escorts) often culminate in wrangling. This may be attributed to the inability of some nurses to understand and respond appropriately to patients' needs; a situation that often triggers aggressive reactions from patients and their escorts. The plausible explanation for such poor service behaviors could be lack of training as more than two third of participants indicated not receiving any form of training on violence recognition, prevention and management¹⁶.

Training is an essential element of an effective violence prevention program. Their findings showed that training could reduce the risk of verbal abuse by 40%. Similarly, a study on workplace violence against nurses in (Center for Nursing Workforce Studies, 2016) also revealed that staff training/education/awareness as one of the most successful strategies for preventing workplace violence directed towards nurses. Our study further revealed that nurses may have put themselves in the line giving room for patients to abuse them by making offensive utterances to patients. Patients and escorts often come to health care facilities in stressful states; if nurses are not prepared to accommodate such emotions with restraint, it often results in aggressive confrontations between them and care seekers^{4,7,18-23}.

Majority of the events (59.5% of verbal abuse, 47.4% physical violence and 50% of threat incidents) occurred at the Outpatient Departments (OPD). This could be due to the sheer number of patients seen in the OPDs as compared to other units that exist in public secondary health care facilities. Besides, in Nigeria, the Outpatient Departments in public secondary health care facilities attend to accident and

emergency victims in addition to regular outpatient care/services. Many studies recognized outpatient and emergency departments as particularly violent environments²⁴⁻²⁷. These departments are usually attended by aggressive and stressed patients who are more likely to commit violence against health workers. In this study, married nurses were more likely to report verbal abuse than respondents who were single. More than two third of the respondents were married women are expected to take care of the domestic front in addition to their job demands, which may account for this difference. Additional reason accounting for this difference could be that married nurses are generally more assertive. In contrast, a study in Lebanon reported that single nurses were more likely to have been exposed to verbal abuse as compared to married nurses²⁸.

This study highlighted that larger percentage of health care workers did not report violent events, reasons being: fear of retaliation from aggressor and his/her family, inadequate reporting system, process may be too complicated, time constraints, lack of follow up or responses from the management, feelings of shame related to being the subject of aggression, or addiction to WPV considered an integral part of job. Also, being female, among professionals, did not favor the denouncing of violence, probably due to cultural reasons²⁹⁻³⁰.

Conclusion: Workplace violence exists among nurses in General Hospitals, Osun State, Nigeria. With the exception of sexual harassment, worry about work place violence turned out to be a significant correlate for all other kinds of abuse considered in this study. **Recommendation:** It is recommended that the Government undertakes a vigorous mass education of the populace against violence on healthcare

workers. Also put in place prevention, reporting and resolution processes - if and when they occur. There also need for continuous training of nurses on how to prevent and control violence at work.

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