Original Article

A Study on Workplace Violence Against Health Workers in a Nigerian Tertiary Hospital

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ABSTRACT

BACKGROUND

Workplace violence is a common phenomenon which cuts across all work settings. Its prevalence is particularly high in the health sector and adversely affects service delivery. However, in Nigeria there are limited data on the magnitude of the problem. In this study, we aim to describe the prevalence of workplace violence against health workers in a tertiary hospital located in Abia state, Nigeria.

METHODOLOGY

In this descriptive cross-sectional study, data was collected using self-administered questionnaires distributed to 395 health workers of the clinical services division of the hospital to assess their experience of workplace violence in the preceding year. The response of 303 was returned and analyzed.

RESULTS

Most (88.1%) of the respondents had experienced workplace violence with more than half (54.4%) of all violent incidents occurring in the wards. Psychological violence was more prevalent than physical violence. Verbal abuse (85.4%) was the most prevalent while sexual harassment (4.5%) was the least. Approximately one quarter (25.1%) of all the respondents had been physically assaulted in the preceding year. Patients and their relations were the main perpetrators of physical assault and threats. Senior colleagues were the main workplace bullies.

CONCLUSION

The prevalence of workplace violence was high in this hospital.

KEY WORDS: workplace violence, perpetrators

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INTRODUCTION

Workplace violence is a common phenomenon which cuts across all work settings and occupational groups in developed and developing countries. It constitutes a threat to effective and efficient service delivery in all occupational settings. Recently it has gained momentum internationally as a major public health and human right issue prompting the International Labour Organization (ILO), the International Council of Nurses (ICN), the World Health Organization (WHO) and Public Services International (PSI) to launch in the year 2000 a Joint Programme to develop sound policies and practical approaches for the prevention and elimination of violence in the health sector[1]. Workplace violence has been defined 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".[2]The World Health Organization (WHO) defines it as, "The intentional use of power, threatened or actual, against another person or against a group, in work-related circumstances, that either results in or has a high degree of likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."[3]

Four categories of workplace violence have been described:[4]

- Type I or "external" violence, where the perpetrator is neither an employee nor a client and the aim of attack is cash or some other valuable commodity.
- Type II or "client-initiated" violence, which involve some form of assault by a person who is either the recipient or the object of a service provided by the affected workplace or the victim and,
- Type III or "internal" violence, where an assault is perpetrated by a fellow worker.
- Type IV (Personal Relationship): The perpetrator usually has a personal relationship with an employee (e.g., domestic violence in the workplace).

Most incidents of workplace violence experienced and reported in health-care settings fall under the type II classification.[4,5]

Health workers are all people whose main activities are aimed at enhancing health. They include the people who provide health services -- such as doctors, nurses, pharmacists, laboratory technicians - and management and support workers such as financial officers, cooks, drivers and cleaners.[6] They are prone to violence from multiple sources- clients, family members of clients, co-workers, and outside assailants. Almost one quarter of all violent incidents at work occur in the health sector and more than 50 percent of healthcare workers have been victims of workplace violence.[7] It has been estimated that health-care workers face 16 times the risk of violence from patients/clients than other service workers face.[8,9]

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The negative impact of violence against health workers is enormous. Both the employer and employee are usually affected. It can lead to accidents, illness, disability and death, absenteeism, attrition of staff, reduced work performance, damage to image of organization, decreased motivation and morale, lower levels of creativity and an insecure work environment.[10] Regardless of the global public health significance of violence against health workers, the magnitude of the problem in Nigeria is not clearly understood as there are limited data on the subject in the country's healthcare sector. This study was carried out to determine the frequency of, and describe the nature of workplace violence against health workers in a Nigerian tertiary healthcare institution.

METHODOLOGY

This descriptive cross-sectional study was conducted at the Federal Medical Centre-a 300 bed multi-discipline specialist tertiary health institution located in Umuahia the capital city of Abia State. Three hundred and ninety five self-administered questionnaires were distributed to health workers of the clinical service division of the hospital selected by simple random sampling. 303 completed questionnaires were returned and analyzed.
The questionnaire used for this study was adapted from the one developed by the ILO/ICN/WHO/PSI[11] joint task force. The questionnaire was pretested at the University of Nigeria Teaching hospital (UNTH), Enugu and a General hospital in Abia state. After the pre-test, substantial modifications were made to suit the peculiarity and purpose of this study.

For the purpose of this study, psychological violence included verbal abuse, threats, bullying and sexual harassment. Their definitions were given in the questionnaire to guide respondents. Threats was defined as, "Promised use of physical force or power (i.e. psychological force) resulting in fear of physical, sexual, psychological harm or other negative consequences to the targeted individuals or groups." sexual harassment was defined as, "any unwanted, unreciprocated and unwelcome behaviour of a sexual nature that is offensive to the person involved, and causes that person to feel threatened, humiliated or embarrassed." Bullying meant any repeated and over time offensive behaviour through vindictive, cruel or malicious attempts to humiliate or undermine an individual or groups of employees. Physical assault was defined as the use of physical force including pushing, slapping, beating and kicking a health worker with an intention to cause harm. Patients' relation included persons other than the health worker providing care for patient, who are either family members or friends of the patient.

The information collected included health staff's demographic characteristics and experience of violence in the preceding twelve months. The respondents were also asked to identify the primary perpetratorsof violence against them and about their response to violence. Data was collected between April and June 2009.

The data was analyzed using Epi-Info version 3.5.1 (CDC, USA). Chi squared test was used to compare categorical variables and the p-value for statistical significance was set at less than 0.05.

Before the study was conducted, ethical clearance was sought for and obtained from the hospital's research and ethics committee.

RESULTS

Of the 395 questionnaires distributed, 303 (76.7%) were returned and analyzed.
The demographic characteristics of the respondents are shown in table 1. The sample consisted of 85 (28.1%) males and 218 (71.9%) females. More than half of the respondents were below 40 years and 11.8% were 50 years or older. One hundred and eighty seven (61.7%) were married, ninety eight (32.3%) singles and fifteen (4.9%) widowed. Only 1% of them were divorced or separated. Nurses were the largest professional group in this study accounting for 57.8% of the sample. The doctors made up 26.4%, pharmacist 6.9% and laboratory staff (5.9%). Others including medical technologist accounted for 3.0% of the sample. The study showed that almost half (45.2%) of the respondents spent over 50% of their time at work in the wards; 26.1% did so in the outpatient clinics. A significant proportion (71.4%) of the sample belonged to the senior staff cadre. The remaining 28.6% were junior health staff.

EXPERIENCE OF VIOLENCE

The participants in this study were asked of their experience of violence in the preceding twelve months (figure 1). Most (88.1%) of them reported at least an experience of violence in the past one year. More than half (54.4%) of all the violent incidents occurred in the wards; 27.5% took place in the outpatient clinics. More violence occurred in the morning hours (37.1%) and nights (29.6%) than in the afternoon (20.6%). Some (12.7%) of the victims could not remember the time of occurrence of violence. Gender variations in the experience of violence were also observed. Eighty one per cent of the males and 87.2% ofthe females were verbally abused; 40 percent ofthe males and 34.9 per cent of the females were threatened. For physical assault, 21.2 per cent of the males and 26.6 per cent of the females were victims. Psychological violence was evidently more prevalent than physical violence. Psychological violence (verbal abuse, threats, bullying and sexual harassment) alone was reported by 72% of the victims while physical assault alone was reported by 0.7%, and both forms by 27.4%. Approximately one

quarter (25.1%) of all the respondents have been physically assaulted in the preceding year. Of those who experienced physical assault, 64.5% were nurses, 19.7% doctors, and 6.6% pharmacists. The difference in experience of physical assault between doctors and nurses was not statistically significant (p= 0.2).

In this study, verbal abuse (85.4%) was the most prevalent followed by threats (36.7%) and bullying (25.8%) for all respondents. Sexual harassment (4.5%) was the least reported. Of those who were verbally abused, 66 (28.9%) were doctors, 159 (69.7%) nurses and 16 (7.0%) pharmacists.

Figure I. Graph showing health workers experience of workplace violence

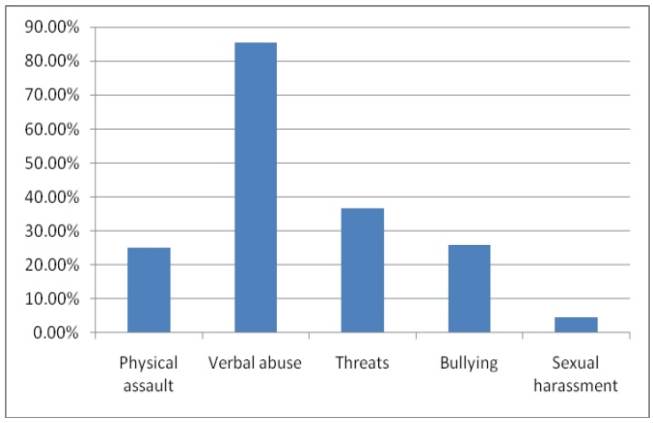


Table 1. Demographic characteristics of respondents

Characteristic	Number	percent
Gender		
Male	85	28.1%
Female	218	71.9%
Age		
0-24	18	5.9%
25-29	57	18.8%
30-34	52	17.1%
35-39	36	11.9%
40-44	45	14.9%
45-49	59	19.5%
50-54	36	11.9%
55-59	0	0.0%
Marital status		
Single	98	32.3%
Married	187	61.7%
Divorced/separated	3	1.0%
Widowed	15	4.9%
Professional group		
Doctor	80	26.4%
Nurse/midwife	175	57.8%
Laboratory scientist	18	5.9%
Pharmacist	21	6.9%
Others	9	3.0%

PERPETRATORS OF VIOLENCE

It is believed that physical violence is usually initiated by clients while verbal violence is often associated with health workers' behaviours. In this study, as shown in figure ll, patients' relations were identified as the main perpetrators of all forms of violence. They accounted for 56.7% of physical assaults, 69.3% of verbal abuse, 52.7% of threats, and 42.3% of bullying. On the other hand, patients were perpetrators of 35.8% 0f physical assault, 26.6% of verbal abuse, 21.6% of threats and 15.4% of bullying. Patients were surprisingly the main perpetrators of sexual harassment as reported by 33.3% of the victims of sexual harassment.Type III workplace violence[4] was also reported with workplace bullying as the most prevalent followed by sexual harassment. For this type of violence[4], senior colleagues were the main perpetrators of workplace bullying (38.5%), verbal abuse (19.3%), and threats (16.5%). One quarter (25%) of victims of sexual harassment identified a fellow worker (not a senior) as the perpetrator.

There was a clear disparity in the gender of the perpetrators of violence. Male clients were identified to be the main perpetrators of all forms of violence. They were reported to be responsible for most of the physical assaults (66.7%), verbal abuses (62.4%), threats (81.2%), bullying (80.8%) and sexual harassments (66.7%).

Figure II. Graph showing main perpetrators of workplace violence as reported by victims of violence

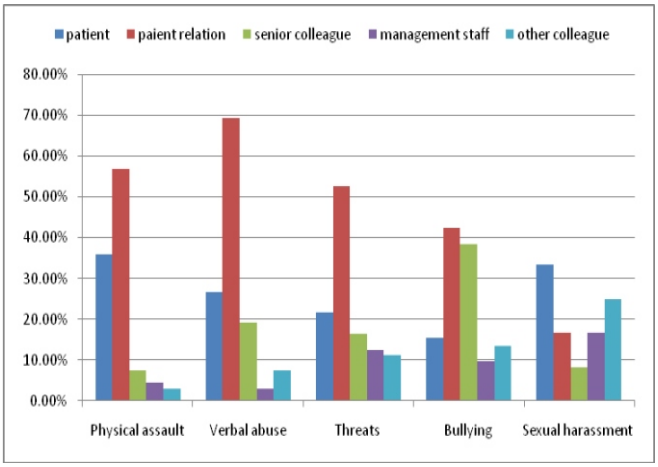


Figure III. Graph of health workers' response to violence

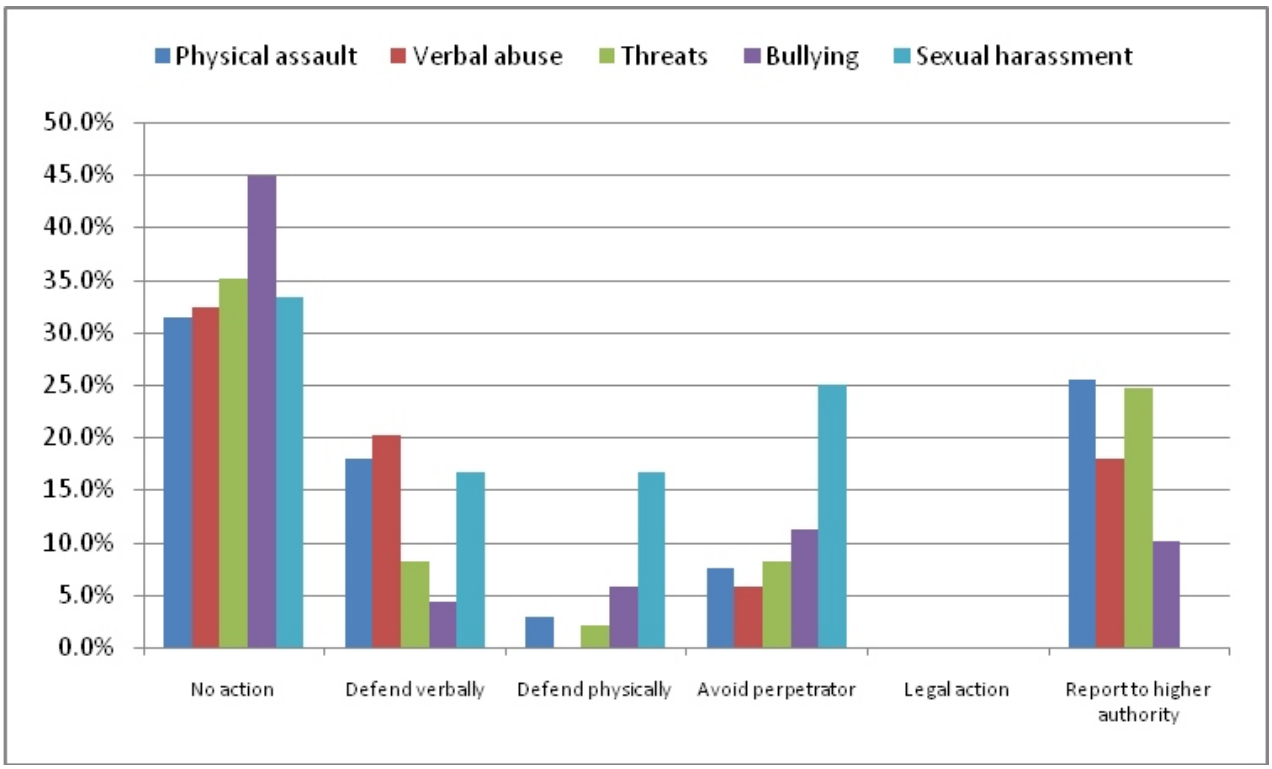
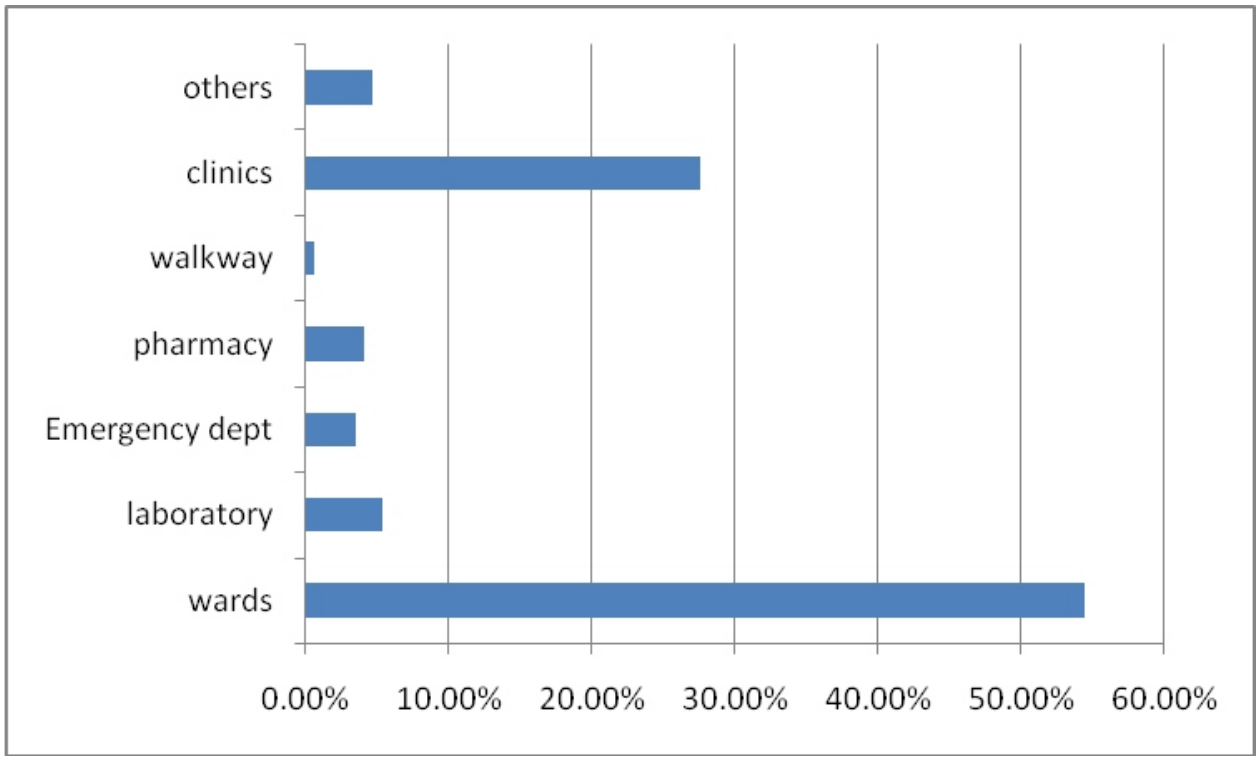


Figure IV. Graph showing location violent events



DISCUSSION

This study has shown that workers in the health sector in Nigeria are experiencing violence in the workplace. This is a serious occupational health issue that needs urgent attention from relevant stakeholders. Although the study did not include all categories of health workers, those included in the sample are the ones who usually make contact with those seeking for health care services in a hospital. Both psychological and physical violence was reported in this study. Repeated psychological assault can have a devastating impact on the victim. Data on violence in the health sector from other countries show that psychological violence is more prevalent than physical violence, with verbal abuse at the top of the list[7].

This was similar to our finding. However, experience of verbal abuse (85.1%) by health workers in this study was higher than what has been reported in other countries. In Brazil 39.5 per cent of the health workers had experienced verbal abuse in the last year; 32.2 per cent in Bulgaria; 52 per cent in South Africa with 60.1 per cent in the public sector; 47.7 per cent in Thailand and 40.9 per cent in Lebanon.[7] An author in Jamaica reported that 38.6 per cent of health workers in that country had experienced verbal abuse in the preceding year.[10] Experience of verbal abuse (91.4%) by nurses in this study was also higher than what has been reported among nurses in Hong Kong (73%).[12] The higher experience of verbal abuse by health workers in this study may be explained by a cultural tendency of Nigerians to express rage by verbal abuse. The experience of physical violence (18.7%) by doctors in this study was similar to that in Australia(17.5%)[7], but higher than that of doctors in Brazil (5.7%).[7]

There are gender variations in patterns of occupational violence. Reports show that female health workers tend to experience higher levels of verbal abuse while their male counterpart tends to receive more threats and physical assaults.[13] This tendency was not observed in this study. The experience of verbal abuse, physical assault, bullying and sexual harassment was higher among females than males. This may be explained by the concentration of female health workers in jobs that involve greater face-to-face contact with clients[14] and confirms their general vulnerability to all forms of assault and abuse. With respect to threats only, the experience was higher among males. However, the observed differences in the experience of all forms of violence between the male and female respondents were not statistically significant.

In most occupational settings, clients and/or their relations are the main perpetrators of violence.[15]This study showed a similar pattern. We also found out that patients' relations perpetrated more violence than the patients. Surprisingly, patients (33.3%) were the main perpetrators of sexual harassment compared to their relations (16.7%) and senior colleagues (8.3%). A Rwandan study on violence in the healthcare sector showed that patients accounted for 10.5% of sexual harassment whereas friends or acquaintances of the patients were not reported to have perpetrated any act of sexual harassment.[16] More research is needed to find an explanation for this.

Most of the violence reported in this study occurred in the wards (53.2%) (figure IV) and during the morning hours (37.1%). This suggests that the wards may be the highest risk area for violence than the accident and emergency room of this hospital. A possible explanation for this could be the presence of security personnel at the Accident and Emergency unit and a hospital policy that ensures patients are promptly admitted to the wards after presenting at the Accident and Emergency unit. Also patients' relations are not usually allowed into the Accident and Emergency facility. This finding may also be due to the fact that almost half of the respondents in this study spend over 50% of their time in the wards.
Most of the violent incidents in this study occurred in the morning hours than at night. The high influx of patients and their relatives in the morning hours, the prolonged waiting hours at the Medical Records department and delays at the outpatient department may be a possible explanation for this finding. By the time the patients get to see the doctor, their potential to become violent is increased.

It has been observed that most health workers have come to view violence as a normal "part of the job".[16] Studies have also shown that most victims of violence do not do anything after the incidents have occurred and do not report incidents as often as they should.[17] When asked of their response to violence against them, more than half of the victims in this study did nothing. Not many of them reported to a higher authority (figure III). We did not investigate whether this health facility had any policy on violence against its employees or whether the employees were aware if such policy existed. For all forms of violence, there was no report of any legal action taken against a perpetrator (figure III). These findings suggest that the health workers in this setting appear either uninterested or helpless in dealing with violence in the work place. Our study did not probe why victims of violence did not take any meaningful action to address the issue.

RECOMMENDATION

Generally, violence in the society is both predictable and preventable.[3] Most (82.8%) of the health workers in this study believe that workplace violence is preventable but there were few or no measures in place to protect them from violence. In view of this we recommend that a *pre-planned, multi-faceted* and *organization-wide* approach

be adopted by managers of healthcare facilities to prevent occupational violence against healthcare workers. This approach must include the application of all the hazard control and disease prevention measures in occupational health and safety viz elimination through design and engineering, Substitution, enclosure, reducing risk through administrative controls, and training of health workers. Strict enforcement of anti-workplace violence policies and regulations may help.

CONCLUSION

This study has shown that violence against health workers is prevalent in the Nigerian healthcare sector. It should be viewed as a serious occupational hazard that requires urgent and pragmatic measures to address. Also there is need for a country-wide survey to determine the magnitude and determinants of violence against healthcare workers as well as to identify ways to manage victims.

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