



## Original Article

## Characteristics of Workplace Violence on Doctors and Nurses at the Accident and Emergency Department in a Southern State of Nigeria

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## Abstract

**Background:** Violence against healthcare workers is a menace ravaging the health sector and staff of the accident and emergency department are the worst affected. As a consequence, this violence puts health-care provision at risk and compromises the quality of care. This study aimed to determine the prevalence, type, sources and risk factors of violence against doctors and nurses in the emergency department.

**Methodology:** This is a cross-sectional study conducted in March-April 2022 amongst doctors and nurses in the ED using a self-administered questionnaire on the staff.

**Result:** There were 51 respondents in this study comprising 35.3% doctors and 64.7% nurses. Most (72.5%) of the respondents have been victims of workplace violence and 86.2% experienced verbal abuse. Patient relatives make up a majority (83.8%) of the perpetrators of the violence, with lack of communication (41.2%) making up the majority of the perceived reason for the assault. Most of the victims did not make any report about the incident (86.5%). There was a significant relationship between the occurrence of workplace violence and the category of healthcare professionals.

**Conclusion:** Workplace violence is common in the accident and emergency department and nurses are the worst affected. Most victims do not report the incident. Hospital administrators and managers should put policies, deterrents and strategies, such as training on communication skills and an improved reporting system to prevent violence against healthcare workers.

**Keywords:** Workplace Violence; Healthcare Workers; Victim; Perpetrators.

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## Introduction

In general, the hospital environment is not considered a place where health care workers are at particular risk of violence, however, in the healthcare system, workplace violence is a very common occurrence especially those who work in emergency departments (EDs) in public hospitals.<sup>1,2</sup> The World Health Organization (WHO) defined violence as “The intentional use of physical force or power, threatened or actual, against another person or against oneself or a group of people that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”.<sup>3</sup> The potential for violence especially in the high-risk emergency department exist given stressful environment, patient population, and accompanying visitors leading many emergency health care workers to believe that the threat of workplace violence is “part of the territory” of working in the emergency department.<sup>4</sup>

Several studies conducted globally, indicate that physicians, nurses and other hospital staff in the emergency department are frequently assaulted while at work.<sup>5-10</sup> however, its prevalence varies between countries, Shafran-Tikva and co-workers in an Israeli study found a high prevalence of violence in the Emergency department in a single Israeli hospital (74%).<sup>11</sup> while in a Pakistani study, Hamdan and co-worker obtained a prevalence of 76%.<sup>12</sup> Studies done in Sudan and Egypt found prevalence of 50% and 59.7% respectively.<sup>13,14</sup> In a Nigerian study<sup>7</sup> 56.1% was found while Ogundiye et al in a multi-center survey noted a prevalence of 88.2% and 65.0% among nurses in their study.<sup>15</sup>

Healthcare personnel exposure to workplace violence have indicated that nurses experience the most violence, various studies have recorded 90%, 53.5%, 54%, 67%, nurses’ exposure to workplace violence respectively.<sup>11,16,17,18</sup> The most frequent type of violence displayed towards staff is verbal and this finding has been obtained consistent in several studies.<sup>17,19-21</sup> The perpetrators of the assault on healthcare providers in the emergency department are patient’s relatives, the patients and sometimes other staff of the hospital.<sup>22-24</sup> Several studies have found patient’s relatives to be the major perpetrators of workplace violence.<sup>21,24,25</sup> The perceived reasons and risk factors of workplace violence include long waiting hours of patients, dissatisfaction with behavior of health workers, delayed medical provision, overcrowded hospitals, shortage of medicines, and poor working condition of healthcare workers.<sup>6,26-29</sup>

Different emergency departments have developed different strategies for combating the menace of assault on their personnel.<sup>10</sup> Workplace violence is rife in this study center, however, prior to the current study, there was little empirical evidence on these issues. It is therefore necessary that the occurrence of violence in the emergency department be explored to find out its characteristics so that appropriate preventive measures and programs can be developed by hospital administrators and managers. Hence this study investigated the characteristics of workplace violence in emergency department of a tertiary hospitals in Port Harcourt, Nigeria.

## Methodology

This cross-sectional study was conducted in the emergency department of University of Port Harcourt Teaching Hospital. This 782- bed capacity tertiary care hospital located in the Southern state of Nigeria provides emergency care for the general population.

## Data Collection

Based on an updated list of the doctors and nurses currently working in the emergency department obtained from the department secretariat, the researchers approached potential study participants. Participants that enrolled after consent filled out the anonymized questionnaire which was distributed during the monthly departmental meetings March- May 2022. Questionnaires were distributed using purposive sampling to fifty-six participants who met the eligibility criteria, fifty-one questionnaires were returned (response rate of 91.0%).

## Data Analysis

Data analysis was performed using SPSS 25.0 for windows. Descriptive statistics, including frequency distribution and percentages were made for most variables. Chi-Square test was used to examine the relationship between variables, P-values of less than 0.05 of the test measures were considered statistically significant.

## Study Population

All doctors and nurses working at the accident and emergency department that meet the eligibility criteria.

## Eligibility Criteria

The study participants were only doctors and nurses who have worked in the emergency department for a period of at least twelve months, other health workers who have contact with patients but are not directly involved in patient management were excluded.

## Study Instrument

A closed structured questionnaire explained the nature and purpose of the study and a consent form. It was a 16-item questionnaire divided into 2 sections. Section A comprised 6 questions related to socio-demographics. These are age, sex, marital status, highest educational level, category of the healthcare worker, and the duration of employment of the participant in the health facility where the study was conducted. Section B was related to questions on WPV comprising 10 questions. These are exposure, type of WPV and the number of attacks in the last 12 months before when the study was carried out, the identity of the perpetrator, immediate reaction to the attack, the action that was taken, cause of the attack and if the study participant has received any training on WPV.

## Results

There were 51 respondents in this study comprising emergency physicians and nurses, the age range of the study participants was from 20 years to above 60 years. A majority (47.1%) of the study participants were between 30-39 years while the least (3.9%) were older than 60 years. Majority of the participants 35(68.6%) are females while 16 (31.4%) of the study participants being males, 51(100%) had tertiary education, 33(64.7%) of the participants were nurses while 18 doctors made up 35.3% of the participants, 19 (37.3%) of participants which made up the majority had worked less than five years (Table 1)

**Table 1:** Demographic and occupational characteristics

Variable	Frequency N=51	Percent
<b>Age Group (Years)</b>		
20-29	3	5.9
30-39	24	47.1
40-49	13	25.5
50-59	9	17.6
≥60	2	3.9
<b>Sex</b>		
Male	16	31.4
Female	35	68.6
<b>Highest Educational Qualification</b>		
Tertiary education	51	100.0
<b>Category of HealthCare Worker</b>		
Medical doctor	18	35.3

Nurse	33	64.7
<b>Employment Duration (Years)</b>		
<5	19	37.3
5-10years	9	17.6
11-15 years	11	21.6
16-20 years	6	11.8
>20 years	6	11.8

### Prevalence and Pattern of Workplace Violence

The majority 37 (72.5%) of the participants have been exposed to violence at the workplace and verbal abuse was the commonest (86.5%) type of abuse experienced. The majority of the participants (32.4%) have twice been exposed to workplace violence in the past one year, while 13.5% had been exposed more than five times in the past one year. The relatives of the patients in most of the cases (83.8%) were the perpetrators of the violence. Majority of the participants 32(86.5%) did not make any formal report to the management of the hospital. (Table 2)

**Table 2:** Prevalence and Pattern of Workplace Violence

Variable	Frequency N=51	Percent
<b>Exposed to Violent Incidence</b>		
Yes	37	72.5
No	14	27.5
<b>Type of Violence N=37</b>		
Verbal	32	86.5
Physical	5	13.5
<b>Times of Exposure N=37</b>		
Once	6	16.2
Twice	12	32.4
Three times	7	18.9
Four times	7	18.9
≥ five times	5	13.5
<b>Source of Violence N=37</b>		
Patient	5	13.5
Relatives of patients	31	83.8
Supervisor	1	2.7
<b>Reaction to Violence N=37</b>		
Took no action	7	18.9
Pretended it never happened	4	10.8
Told the person to stop	8	21.6
Try to defend self physically	3	8.1
Sought counselling	2	5.4
Told a colleague	2	5.4
Reported to a senior staff	11	29.7

**Submitted Incidence Report N=37**

Yes	5	13.5
No	32	86.5

**Management of Workplace Violence**

The result shows that 17(53.1%) of the participants who did not submit any written report felt that it was not important, while 5(13.5%) submitted a written report about the incident, 21(41.2%) participants reported that the perceived lack of communication by the relatives was the reason for the assault on healthcare workers. Also, 34 (66.7%) of the participants had not received training on workplace violence. Majority of the perpetrators 17 (45.9%) were verbally warned (Table 3).

**Table 3:** Management of Workplace Violence

Variable	Frequency N=51	Percent (%)
<b>Submitted Incidence Report N=37</b>	5	13.5
Yes	32	86.5
No		
<b>Reasons for not Submitting Report N=32</b>		
It was not important	17	53.1
Nothing would be done	11	34.4
Did not know how to report it	2	6.3
Felt ashamed	1	3.1
Afraid of negative consequences	1	3.1
<b>Perceived Reasons for the Assault on Healthcare Workers</b>		
Perceived lack of communication by relatives	21	41.2
Loss of patients	15	29.4
Non-availability of equipment	13	25.5
In patients not been attended to	11	21.6
Perceived intuitive approach	4	7.8
Personality of perpetrator	4	7.8
Non-availability of healthcare workers	4	7.8
<b>Received Training on Workplace Violence</b>		
Yes	17	33.3
No	34	66.7
<b>Consequences for the Attacker N=37</b>		
None	13	35.1
Verbal warning issued	17	45.9
Reported to the police	3	8.1
Care discontinued	1	2.7
Don't know	2	5.4

**Demographics and occupational characteristics with Workplace Violence exposure**

Demographic and occupational features of those who did and did not experience violence are shown in Table 4. The category of the healthcare worker was significantly associated with violence with violence being more frequent with nurses (n=28, 84.8%) than doctors (n=9,50.0%). Age, Sex, marital status, duration of employment, and training did not have any significant relationship.

**Table 4:** Demographic and occupational characteristics with Workplace Violence exposure

Variable	Violence exposure		X <sup>2</sup> (p-value)
	Yes N (%)	No N (%)	
<b>Age Group</b>			
≤40	20(74.1)	7(25.9)	0.067(0.796)
>40	17(70.8)	7(29.2)	
<b>Sex</b>			
Male	13(81.3)	3(18.8)	0.886(0.346)
Female	24(68.6)	11(31.4)	
<b>Marital Status</b>			
No partner	12(85.7)	2(14.3)	1.679(0.195)
Have partner	25(67.6)	12(32.4)	
<b>Category of Healthcare Worker</b>			
Doctor	9(50.0)	9(50.0)	7.102(0.008)
Nurses	28(84.8)	5(15.2)	
<b>Duration of Employment</b>			
≤10 years	22(78.6)	6(21.4)	1.131(0.288)
>10 years	15(65.2)	8(34.8)	
<b>Received Training on Workplace Violence</b>			
Yes	13(76.5)	4(23.5)	0.197(0.657)
No	24(70.6)	10(29.4)	

**Demographic and occupational characteristics with type of Workplace Violence**

There was no statistical relationship between the type of workplace violence and age, marital status, category of the healthcare worker, duration of employment and receiving training on workplace violence. (Table 5)

**Table 5:** Demographic and occupational characteristics with type of Workplace Violence

Variable	Type of Violence			X <sup>2</sup> (p-value)
	Verbal N (%)	Physical N (%)	Sexual N (%)	
<b>Age Group</b>				
≤40	17(85.0)	3(15.0)	0(0%)	0.082(0.954)
>40	15(88.2)	2(11.8)	0(0%)	
<b>Sex</b>				
Male	11(84.6)	2(15.4)	0(0%)	0.06(0.970)
Female	21(87.5)	3(12.5)	0(0%)	
<b>Marital Status</b>				

No partner	11(91.7)	1(8.3)	0(0%)	0.408(0.815)
Have partner	21(84.0)	4(16.0)	0(0%)	
<b>Category of Healthcare Worker</b>				
Doctor	8(88.9)	1(11.1)	0(0%)	
Nurses	24(85.7)	4(14.3)	0(0%)	0.05(0.970)
<b>Duration of Employment</b>				
≤10 years	20(90.9)	2(9.1)	0(0%)	
>10 years	12(80.0)	3(20.0)	0(0%)	0.908(0.685)
<b>Received Training on Violence</b>				
No	21(87.5)	3(12.5)	0(0%)	
Yes	11(84.6)	2(15.4)	0(0%)	0.06(0.970)

## Discussion

Health care workers especially those that working in the accident and emergency are increasing bearing the brunt of workplace violence that has unfortunately become more pervasive in the hospitals.<sup>17,19,20</sup> In our study 72.5% of the participants have experienced workplace violence which is comparable to findings obtained from other studies worldwide.<sup>7,11,12,15,19</sup> Factors such as high patient volumes, lack of communication, long wait times, lack of equipment's have all been linked to increases in workplace violence in the ED.<sup>30</sup> The majority (84.8%) of the victims of workplace violence in this study were nurses which is in consonance with findings obtained from other studies<sup>16-18</sup> Nurses are usually first contact health care personnel to observe and triage patients hence may be more prone to workplace violence, the nurses also make up majority of the participants in most studies.

Verbal abuse which is easy to perpetuate and could not be controlled by any sort of security measures was the commonest (86.5%) type of violence experienced by the healthcare workers in this study, this is similar to results obtained in several studies.<sup>17-21</sup> but contrast findings obtained from a Saudi and an Egyptian study which found physical and sexual violence as the predominant violence experienced in their studies respectively.<sup>31,32</sup> The work environment and security may account for this difference.

In our study, majority (83.8%) of the perpetrators of violence were relatives of patients, while 13.5% were the patients, this is similar to findings obtained from other studies.<sup>8,16,21</sup> this however contrast findings from studies where patients perpetrated most of the violence.<sup>33,34</sup> As a result of shortage of manpower patients are permitted to bring in relatives to assist in their care this might be account for the higher percentage obtained in this study.

Regarding victim's responses to incidences of violence, most of the victims of workplace violence did not make a formal report about the incident, this finding was obtained in our study as majority of the participants 32(86.5%) did not report the incidents with 53.1% of the participants feeling it was not important. Similar findings were reported in previous studies.<sup>14,35,36</sup> The lack of a reporting system, lack of confidence in getting redress and the health care workers perception that violence is part of the working terrain may underpin the underreporting observed in this study.

### Limitations

This study was limited by its observational nature and small sample size that limits its generalizability. However, the present study explored the views of healthcare workers toward the characteristics of workplace violence in similar settings.

The current study included only nurses and physicians, the role and perceptions of other health care workers needs to be addressed.

### Conclusion

Violence against healthcare workers is a menace ravaging the health sector and staff of the accident and emergency department are the worst affected as they are exposed to it in the course of their work. This study investigated the correlates of workplace violence of healthcare workers in the accident and emergency department in a tertiary Nigerian hospital. Emergency nurses were the worst affected and about a third of the respondents have been victims of workplace violence. Companions of patients were the majority of the perpetrators followed by the patients themselves. Verbal abuse was the commonest type of violence experienced by the victims and they experienced at least two episodes of assault in the past year. Most of the victims did not make any report about the incident.

Health administrators and managers need to put measures in place which include policies to prevent violence against healthcare workers. All categories of healthcare workers must be trained in how to prevent and manage aggressive patient's relatives especially improving communication. There should be a reporting system in place as this will encourage the victims to continue to carry out their work diligently providing quality medical care to the sick, this will, in turn, improve the medical healthcare that is been delivered.

### Conflict of Interest

The authors have no competing interest to declare.

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