

ORIGINAL ARTICLE

Frequency and pattern of violence towards healthcare workers in a mental health facility

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Received: October 2nd, 2014
Accepted: March 9th, 2015

DISCLOSURES: NONE

ABSTRACT

Background: Workplace violence is a well-recognized concern for healthcare workers and can broadly be divided into physical and psychological types.

Objective: The purpose of this study was to investigate the frequency and pattern of violence towards healthcare workers in a mental health facility in Maiduguri, North-East Nigeria.

Methodology: It was a descriptive study that involved members of staff who belonged to the Departments of Nursing Services and Mental Health, Federal Neuro-Psychiatric Hospital Maiduguri, Borno State, Nigeria. Recruitment was via convenience method over four weeks in the month of December 2013, using a self-administered questionnaire containing 26 questions, with a section for socio-demographic data, adapted from aggression questionnaire designed by Hasan Hüseyin Eker, *et al.*

Results: Overall, 71 out of 114 members of staff (62.3%) belonging to both Departments of Nursing Services and Mental Health of the hospital were involved in the study. More than two-thirds (69.0%) of the participants were males, and more than half (53.5%) reported being exposed to violence in the preceding 12 months. Among those exposed to violence, 92.1% of them reported verbal, and 7.9% physical violence. Nearly a quarter (23.7%) of those exposed to violence reported being negatively affected.

Conclusion: Violence by patients and their relations in this study setting was common but mainly verbal. Exposure to violence may result in negative post-exposure consequences.

Keywords: Maiduguri, Mental Health Department, Nigeria, Nursing Services

INTRODUCTION

Violence in the workplace is a well-recognized concern for health care workers.^{1,2,3} In 1996, a WHO working group defined violence as the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.⁴

Workplace violence can be divided broadly into physical and psychological. Physical violence is the use of physical force against another person or group that results in physical, sexual or psychological harm. It includes beating, kicking, slapping, stabbing, shooting, pushing, biting, pinching, sexual assaults, suicides, rape and attempted suicides.⁵ Psychological violence (emotional abuse), on the other hand, is the intentional

use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development. It includes verbal abuse, bullying/mobbing, harassment, threats or obscene phone calls, intimidation, harassment of any nature, being followed, sworn at, or shouted at and other psychological traumas.⁵

The US Bureau of Labour Statistics revealed that 48% of all non-fatal assaults in the workplace are committed by healthcare patients.⁶ Violence is a major problem in all healthcare settings in all countries. More than one in ten (12%) of National Health Services (NHS) workers in the United Kingdom reported experiencing physical violence from patients or their relatives in a 2008 survey conducted by the Healthcare Commission.⁶ A Turkish hospital study reported that 66.8% of the workers had been exposed to violence and aggression in the preceding one year, and the most frequent type of violence was verbal (86.8%).⁷

Also, over 75% of surveyed emergency department physicians in Michigan said they had experienced at least, one violent act, within the preceding 12months.⁸ Dominic, *et al*, in their study at Federal Neuropsychiatric Hospital Yaba, Lagos reported that more than one in three (33.7%) of the workers had been assaulted at least once within the previous year.⁹ Nurses were most frequently assaulted by individuals in that study (82.3%), whereas doctors were victims in fewer number of these assaults, 17.7%.⁹

Violence threatens the safety of staff, patients, and visitors in hospitals and healthcare organizations of all sizes and settings. Violent incidents can have significant long-lasting effect on affected healthcare workers. Low morale, anger, loss of confidence, burnout, longer time off-work, disability and change in job status have been reported as consequences.^{10,11,12,13} Violence, apart from the numerous health effects it can have on its victims, also, has potentially destructive

social effects. Its impact can be felt on the entire healthcare system and its delivery.¹⁴

Research on this subject with regard to Nigerian psychiatric hospitals was undertaken with the aim of adding information to the scanty literature that is available.

OBJECTIVE

The purpose of this study was to investigate the frequency and pattern of violence towards healthcare workers in a mental health facility in Maiduguri, North-East Nigeria.

METHODOLOGY

Federal Neuro-Psychiatric Hospital is located in Maiduguri Borno State Nigeria. The hospital is meant to run mainly mental health services and has 114 members of staff that belong to Nursing Services and Mental Health Departments. Staff from these two departments who have spent more than 12months in the institution and directly involved with patient care were recruited for the study over four weeks in the month of December 2013.

We obtained ethical approval from the institution's Ethics and Research Committee. The questionnaires were given to 71 out of 114 workers who accepted to participate in the study. Workers from the different professional groups (Consultants, Resident Doctors and Nurses) participated after giving informed consent.

A self-administered questionnaire adapted from "Aggression and Violence Towards Healthcare Providers" questionnaire designed by Hasan Hüseyin Eker, *et al*, was used.⁷ It has a total of 26 questions with a section for socio-demographic data. Modifications made to the original questionnaire included expanding the socio-demographic section, changing words in questions and responses with care so that meaning remains similar.

Participants responded to questions such as:
(1) *Did you suffer from any violence in the course*

of carrying out your duties in the recent one year? (2) Was such violence you were exposed to verbal, physical or sexual aggression? (3) Briefly describe the violent act of aggression you were exposed to? (4) Who carried out the aggression? (5) Location within the institution where aggression occurred? (6) What do you think was the reason or cause of aggression? (7) Where did you mostly work in the recent one year? (8) How long have you worked in the institution? (9) Frequency of exposure to aggression? (10) Was any action taken after the aggression? (11) What type of action was taken? (12) Are there any changes in your post-aggression behaviour towards patients? (13) If your reply is "yes" to the above question, do you think you were negatively affected? (14) Did you officially report incident to the institutions management? (15) What is the usual attitude of your hospital management following such incident? (16) Have you ever witnessed any of your colleagues being exposed to aggression? (17) Frequency of witnessing exposure of colleagues to aggression? (18) How do you evaluate the level of security in your institution?

Respondents were to choose from "Yes" or "No" for questions 1, 10, 12, 13, 14 and 16. Options for the remaining questions are indicated on the questionnaire (Appendix 1). The completed questionnaires were retrieved from participants and results presented using only descriptive statistics.

RESULTS

Overall, 71 members of the clinical staff of the hospital were involved in the study, and more than two-thirds 49 (69%) of the participants were males. Almost half 33 (46.5%) had tertiary education, one third 24 (33.8%) were post-graduates and the rest had secondary education. Majority 55 (77.5%) were married and about one-fifth 15 (21.1%) never married. More than half 38 (53.5%) reported being exposed to violence in the preceding 12 months. Among those exposed to violence, 35 (92.1%) of them said it was verbal in nature. Nearly a quarter 9 (23.7%) of those exposed to violence reported being negatively affected.

Table 1. Location of where violence was perpetrated

Location	N (%)
EMERGENCY UNIT	14 (37)
CLINIC	17 (45)
WARD	7 (18)
TOTAL	38 (100)

Table 2. Acts of violence carried out

Act	N (%)
I was shouted at	16 (42.1)
I was insulted	17 (44.7)
I was threatened	2 (5.3)
Patient held my clothes	2 (5.3)
Patient hit me with the hand	1 (2.6)
TOTAL	38 (100)

Table 3. Frequency of exposure to violence in the preceding year

Frequency	N (%)
Once	17 (45.0)
2 - 5 times	16 (42.0)
6 - 10 times	4 (10.0)
11 and above	1 (3.0)
TOTAL	38 (100)

Table 4. Proportion of staff within the departments exposed to violence in the preceding year

	YES	NO.	TOTAL
MENTAL HEALTH NURSING SERVICES	15 (68.2%)	7 (31.8%)	22
TOTAL	38	33	71

Table 5. Identification of the perpetrators of violence

Perpetrator	N (%)
PATIENT	31 (81.6%)
PATIENTS RELATIVE	7 (18.4%)
COMBINATION	0
OTHER PERSONS	0
TOTAL	38 (100)

DISCUSSION

Study findings, in general, are not easily comparable because of differences in methodology, setting, participant recruitment and operational definitions of variables.

Insult represented much of the violence that was experienced by the study population in the preceding year with 42% recounting being exposed up to 2 - 5 times. Some studies have revealed that 25% to 88% of healthcare providers had been exposed to verbal, physical or sexual assault or aggression during the past year.^{15,16}

In selected oral health facilities in Nigeria, Azodo, *et al*, reported non-physical violence in the forms of loud shouting (50%), threats (22.7%) and swearing (2.3%).¹⁷ In that study, almost one in five of the perpetrators of the violence were patients' relatives/friends. A similar study at Federal Medical Centre Umuahia reported that (88.1%) of the clinical staff had experienced workplace violence. Patients and their relations were the main perpetrators.¹⁸

The frequency of exposure of all staff to violence, identified in this study, is not in keeping with the findings and results from other studies. Dominic, *et al*, in their study at Federal Neuropsychiatric Hospital Yaba, Lagos reported that more than one in three (33.7%) of the workers had been assaulted at least once within the previous year compared to 53.5% in this study. This may be due to differences in methodology and questionnaire used.

In a Turkish study, the frequency of exposure to aggression was more frequent among nurses, followed by general practitioners, and then, specialist medical doctors and other groups of staff.¹⁹ When the types of aggression were compared for the victims of aggression in one year, 92.1% had suffered from verbal and 7.9% from only physical aggression.

No case of sexual assault/harassment was reported. Similar studies carried out in Turkey, reported verbal aggression to be between 46% and 98%, physical aggression was reported to be between 11% and 38.5%, and sexual assault was reported to be low.²⁰⁻²² The present study also shows that most cases of exposure to violence in the preceding year

occurred in the clinic (45%) and emergency units (37%).

A study covering all units of a hospital in Turkey, had reported higher levels of violence in emergency services than any other unit in the hospital.²² Violence may be encountered more frequently in the clinics and emergency units than others since both serve as loci for quick interventions. Also such units can be full of stress for staff, patients and their relatives unlike the wards.

Negative post-exposure effects were reported by some staff (23.7%) among those exposed to violence. In one Turkish study on nurses, concerning post-aggression effects, 74.7% of the respondents reported dispiritedness, 63.5% about intensive stress, and 51.6% about fall in job productivity and efficiency, and 32.6% negative effects on nursing care.

CONCLUSIONS

Healthcare workers are regularly exposed to violence at their places of work. Workplace violence is an industry-wide healthcare problem and not exclusive to any one healthcare organization. Violence by patients and their relations in this study setting was common and most were verbal in nature. Such level of violence may not be different from what obtains in other hospitals. Whether in general medical or stand alone mental health institutions, measures that make the work environment safe and conducive, will encourage better output since exposure to violence may result in negative post-exposure consequences.

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