

DOI: 10.21767/2574-2825.100028

Consequences and Control Measures of Workplace Violence among Nurses

Manal Zeinohm Ahmed Higazee^{1*} and Ahmad Rayan²¹Department of Nursing Management, Menoufia University, Egypt²Department of Psychiatric and Mental Health Nursing, Zarqa University, Zarqa, Jordan***Corresponding author:** Manal Zeinohm Ahmed Higazee, Associate Professor, Department of Nursing Management, Menoufia University, Egypt, Tel: +2048 2224216; Fax: +2048 5752777; E-mail: mahmed215@yahoo.com**Received date:** November 13, 2017; **Accepted Date:** December 03, 2017; **Published Date:** December 08, 2017**Citation:** Higazee MZA, Rayan A (2017) Consequences and Control Measures of Workplace Violence among Nurses. J Nurs Health Stud Vol. 2:No.3: 22.

Abstract

Background: The exposure to violence at workplace can result in post-traumatic stress disorder symptoms, anger, anxiety, shame, guilt, and self-blame among nurses. Workplace violence is associated with nurse absenteeism, medical errors, decreased job satisfaction and burnout.

Aim: To examine the workplace violence, its negative consequences and the measures used to control it among nurses.

Methods: A descriptive research design using self-administered questionnaire was employed. A convenient sample of 107 nurses from three hospitals completed the study. In order to assess negative consequences of violence at workplace and measures used to control it, an instrument was adopted for the purpose of this study.

Results: About half of the participants were subjected to workplace violence in the last 12 months. About 39% of the participants reported that no action was taken to investigate the causes of violence. In addition, the most frequently reported consequence of violence was "verbal warring". Overall, most of the participants were not satisfied in the way in which the violence was handled. Only thirty percent of the participants who witnessed incident of violence in workplace reported it. The most commonly reason for not reporting violence is because it is "useless" which was reported by 26.2% of the participants. The most frequently reported measure performed to decrease the violence incidences was increasing staff number.

Conclusion: Policy makers should develop specific policies to report violent incidences. Using specific security measures to decrease the violent incidences is also highly recommended.

Keywords: Workplace violence; Consequences; Control measures; Nurses

Introduction

Workplace violence against nurses and health care professionals leads to serious negative consequences for nurses, patients, and the health care organization (International Labour Organization, International Council of Nurses, World Health Organization, and Public Services International [1]. Workplace violence might include aggression, assault, abuse, or threatening of health care providers at work or in circumstances related to their work [2]. In recent years, violence at workplace has gained special attention and is now a major concern in both developing and developed countries [3].

Workplace violence is very costly, with estimated costs of billions of dollars yearly [4], and result in hundreds of workplace homicides each year [5]. Violence at workplace might also be associated with serious personal, emotional, physical, professional consequences. Workplace violence against nurses and health care professionals might result in absenteeism from work or leaving nursing altogether [6].

The exposure to violence at workplace can result in post-traumatic stress disorder (PTSD) symptoms, anger, anxiety or fear, shame, guilt, and self-blame among nurses [7,8]. In addition, it is associated with nurse absenteeism, medical errors, decreased job satisfaction and burnout [9]. In some situations, violence at workplace might result in severe physical health consequences include injuries and disabilities [10].

Literature suggested that nurses are at a higher risk of experiencing violence in the workplace compared to other healthcare providers [7,8]. Some studies found that up to 80% of nurses have reported experiencing violence by the patients [7,8,11]. In addition, many of violence incidences are underreported.

To date there are limited studies in the Middle East Region regarding the negative consequences of violence at workplace and the measures used to control it. To develop effective intervention programs to control violence at workplace in the Middle East Region, baseline data investigating various factors related to workplace violence among nurses are needed. Subsequently, the purpose of this study was to examine the

workplace violence, its negative consequences and the measures used to control it among Jordanian nurses.

Methods

Research design

A descriptive design was used for this study employing a survey method to investigate the workplace violence, its negative consequences and the measures used to control it among Jordanian nurses. Data regarding the sociodemographic variables and measures to control violence at workplace were obtained from the participants.

Research questions

1. What are the consequences for nurses and attacker after the violence?
2. Why nurses did not report the incidences of violence?
3. What are the policies that have been developed by your employer in your workplace?
4. Which measure to deal with workplace violence exists in your workplace? To what extent these measures were helpful?
5. What are the changes occurred in the workplace in the last two years?

Data collection

For the purpose of this study, the researchers collected the data from three hospitals located in Amman, the capital city of Jordan. The researchers targeted three settings including psychiatric and mental health settings, the emergency departments, and one elderly home in which care is provided by nurses. Nurses employed in these settings are providing care for patients from all over the country.

Ethical considerations

An approval of the study protocol was obtained from the Institutional Research Board (IRB) committee in Zarqa University. The researchers have also obtained the IRB for the ethical approval form the three hospitals where data were collected. Data collection was started in June, 2015 and completed in January, 2016. The inclusion criteria for the current study are: being a Jordanian nurse, who is able to read and write in Arabic language; having experience of at least one year, and currently working in a Jordanian hospital. The purpose of selecting these criteria is to assure that the participants are able to complete the study questionnaires and to guarantee that they could have experienced violence at workplace. Nurses who met the inclusion criteria were invited to complete the study. Data were collected by the original researchers who provided a description about the study protocol to all nurses who completed the study. The researchers explained the purpose of the study to all participants and assured the confidentiality for their data; the

researchers informed them that the data would be used for the research purpose only. Completing all the questionnaires in the study took 15 minutes.

Participants

A convenient sample of 107 nurses completed the study including 49 males (45.8%) and 58 females (54.2%). Most participants have bachelor degree in nursing (n=84, 78.5%). About half of the participants have experience of less than 5 years in nursing practice. Most participants were employed in the emergency departments (n=73, 68.2%), followed by psychiatric and mental health care settings (n=26, 24.3%), and elderly home (n=8, 7.5%). The sample characteristics are presented in **Table 1**.

Table 1 The sample characteristics.

		Frequency	Percent
Gender	Male	49	45.8
	Female	58	54.2
Education	Associate degree	17	15.9
	Bachelor degree	84	78.5
	Master degree	6	5.6
Experience	Less than 5 years	56	52.3
	5 to 10 years	37	34.6
	More than 10 years	14	13.1
Marital status	Single	52	48.6
	Married	52	48.6
	Divorced	3	2.8
Experience in the current ward	None	9	8.4
	1 to 5	66	61.7
	6 to 10	21	19.6
	11 to 15	1	0.9
	More than 15	10	9.3
Work setting	Psychiatric	26	24.3
	Emergency	73	68.2
	Elderly home	8	7.5

Instruments

The current study used two instruments to investigate the workplace violence, its negative consequences and the measures used to control it among Jordanian nurses. These instruments include the demographic questionnaire and the modified scale about the negative consequences and the measures used to control it.

The modified scale about the negative consequences of violence at workplace and the measures used to control it

In order to assess negative consequences of violence at workplace and the measures used to control it, an instrument was adapted for the purpose of this study. The instrument was originally developed by the Public Services International (PSI) and the International Council of Nurses [12]. In addition, the instrument was finalized in collaboration with the World Health Organization (WHO) and the International Labor Office (ILO). This measure focuses on various problems and complaints nurses experienced after attack, the consequences of violence to attacker, the reasons of not reporting violence incidents, policies on various aspects associated with workplace, the measures to deal with workplace violence, and changes occurred in the workplace in the last two years.

Data analysis

Data were analyzed using SPSS program (version 22). Descriptive statistics including frequencies and percentages were used to describe the sample characteristics. Descriptive statistics were also used to describe the problems and complaints nurses experienced after violence, the consequences to attacker, reasons for not reporting the incidences of violence, and the policies and measures used to control workplace violence.

Results

The experience of violence, its types, and its preparators

A total of 51 (47.7%) participants were attacked in the last 12 months. A total of 28 (26.2%) participants took time off from work after attack. Thirty nine percent of them reported that no action was taken to investigate the causes of incident. About 38.3% of the investigations were conducted by the employer, while 9.3% were conducted by police.

Problems and complaints nurses experienced after attack

Table 2 presents the frequency and percent of various problems and complaints nurses experienced after attack. A total of 62 (47.9%) participants reported disturbing memories, thoughts, or images, 87 (81.3%) reported being super alert, 91(85%) reported avoid thinking or talking about the attack, and 85 (79.4%) reported feeling everything they did was an effort.

Table 2 Problems and complaints after attack.

		Frequency	Percent
Disturbing memories, thoughts, or images	Not at all	45	42.1

	A little bit	38	35.5
	Moderately	14	13.1
	Quite a bit	4	3.7
	Extremely	6	5.6
Being super alert	Not at all	20	18.7
	A little bit	23	21.5
	Moderately	42	39.3
	Quite a bit	13	12.1
	Extremely	9	8.4
Avoid thinking or talking about the attack	Not at all	16	15
	A little bit	40	37.4
	Moderately	38	35.5
	Quite a bit	8	7.5
	Extremely	5	4.7
Effing everything you did was an effort	Not at all	22	20.6
	A little bit	29	27.1
	Moderately	43	40.2
	Quite a bit	8	7.5
	Extremely	5	4.7

The consequences of violence to attacker

The consequences to attacker are reported in Figure 1. No action was taken for 32.7% of the violence incidences. The most frequently reported consequence of violence was "verbal warring issued", which was reported in 32.7 of the violence incidences. Only 10% of the participants were satisfied in the way in which the incident was handled.

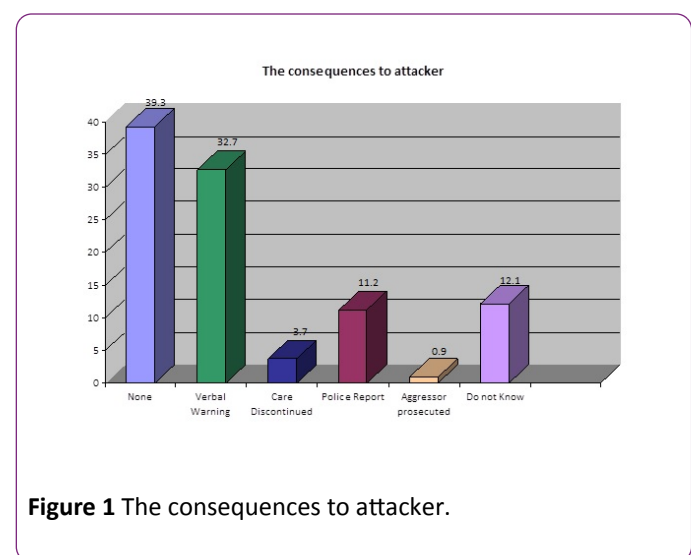


Figure 1 The consequences to attacker.

The reasons of not reporting violence incidents

A total of 42 (39.3 %) of the participants witnessed incident of violence in workplace in the last year. However, only 33

(30.8%) of the participants have reported the incident of workplace violence that they witnessed or experienced in the last year. **Table 3** presents the reasons of not reporting violence incidents as reported by the participants who did not report the incidences of violence. The most commonly reason for not reporting violence is because it is "not important" and "useless" which was reported by (28% & 26.2%) of the participants respectively.

Table 3 Why did not report the incidences of violence.

		Percent
It was not important	No	72.0
	Yes	28.0
Felt a shamed	No	82.2
	Yes	17.8
Felt guilty	No	84.1
	Yes	15.9
Afraid of negative consequences	No	90.7
	Yes	9.3
Useless	No	73.8
	Yes	26.2

Policies on various aspects associated with workplace

Presence of specific policies on various aspects associated with workplace violence is presented in **Table 4**. These aspects include safety, physical workplace violence, bullying/mobbing, and threat.

Table 4 Have your employer developed specific policies on workplace violence.

		Frequency	Percent
Safety	No	32	29.9
	Do not know	31	29
	Yes	44	41.1
Physical workplace violence	No	33	30.8
	Do not know	32	29.9
	Yes	41	38.3
Bullying/mobbing	No	38	35.5
	Do not know	32	29.9
	Yes	36	33.6
Threat	No	29	27.1
	Do not know	34	31.8

	Yes	44	41.1
--	-----	----	------

As shown by **Table 5**, the percent of participants who reported presence of specific policies for all of these aspects was less than 50%.

The measures to deal with workplace violence

The measures to deal with workplace violence in workplace are presented in **Table 5**. These measures are security measures, improve surroundings, restrict public access, patient screening, patient protocols, increased staff numbers, changed shift or rotates, reduced periods of work alone, training, and investment in human resource development. Only 4.7% of the participants reported absence of all of these measures in their workplace.

Table 5 What measures to deal with workplace violence exist in your workplace?.

		Frequency	Percent
Security measures	No	46	43
	Yes	61	57
Improve surroundings	No	69	64.5
	Yes	38	35.5
Restrict public access	No	89	83.2
	Yes	18	16.8
Patient screening	No	82	76.6
	Yes	25	23.4
Patient protocols	No	77	72
	Yes	30	28
Increased staff numbers	No	86	80.4
	Yes	21	19.6
Changed shift or rotates	No	82	76.6
	Yes	25	23.4
Reduced periods of work alone	No	88	82.2
	Yes	19	17.8
Training	No	85	79.4
	Yes	22	20.6
Investment in human resource	No	94	87.9
	Yes	13	12.1
None of these	No	102	95.3
	yes	5	4.7

As presented by **Table 6**, the most helpful measure to control workplace violence was "Restrict public access" which was reported by 95.3% of the participants.

Table 6 The extent to which these measures were helpful.

		Frequency	Percent
Security measures	Not at all	7	6.5
	Little	8	7.5
	Moderate	29	27.1
	Very	63	58.9
Improve surroundings	Not at all	6	5.6
	Little	22	20.6
	Moderate	38	35.5
	Very	41	38.3
Restrict public access	Not at all	5	4.7
	Little	21	19.6
	Moderate	50	46.7
	Very	31	29
Patient screening	Not at all	10	9.3
	Little	16	15
	Moderate	47	43.9
	Very	34	31.8
Patient protocols	Not at all	6	5.6
	Little	24	22.4
	Moderate	40	37.4
	Very	36	33.6
Increased staff numbers	Not at all	9	8.4
	Little	16	15
	Moderate	38	35.5
	Very	43	40.2
Changed shift or rotates	Not at all	15	14
	Little	29	27.1
	Moderate	30	28
	Very	32	29.9
Reduced periods of work alone	Not at all	12	11.2
	Little	17	15.9
	Moderate	31	29
	Very	47	43.9
Training	Not at all	15	14
	Little	18	16.8
	Moderate	38	35.5
	Very	36	33.6
Investment in human resource	Not at all	15	14
	Little	20	18.7
	Moderate	32	29.9

	Very	40	37.4
--	------	----	------

Changes occurred in the workplace in the last 2 years

To decrease the violence incidences, many changes have occurred in the workplace. The most frequently reported change was "Increased staff numbers " which was reported by 25 participants (23.4%). However, it is noteworthy to mention that about 27.1 % of participants who experienced violence incidences reported "None" of these changes occurred in the workplace in the last 2 years (**Table 7**).

Table 7 Changes occurred in the workplace in the last 2 years.

Changes occurred	Frequency	Percent
None	29	27.1
Restructuring/reorganization	12	11.2
Staff cuts	17	15.9
Increased staff numbers	25	23.4
restriction of resources	1	.9
Additional resources	1	.9
Do not know	21	19.6

Discussion

The purpose of the current study was to examine the workplace violence, its negative consequences and the measures used to control it among Jordanian nurses. Although the prevalence and sources of workplace among Jordanian nurses were reported in literature [13], data regarding the consequences of workplace violence and the measures used to control it have yet to be established.

About half of the participants were subjected to workplace violence in the last 12 months. This percent is consistent with the previous literature in this area of investigation [13]. Nurses who were exposed to workplace violence had various psychological disturbances after attack, including disturbing memories, thoughts, or images, being super alert, avoid thinking or talking about the attack, and feeling everything, they did was an effort. Unsurprisingly, violence at workplace was reported to cause serious consequences on nurses [6].

About 39% of the participants reported that no action was taken to investigate the causes of violence. In addition, the most frequently reported consequence of violence was "verbal warring". Overall, most of the participants were not satisfied in the way in which the violence was handled. In addition, this could be due to the absence of specific policies regarding workplace violence in the selected setting [14].

Only 33 (30.8%) of the participants who witnessed incident of violence in workplace reported it. The most commonly reason for not reporting violence is because it is "useless" which was reported by 26.2% of the participants.

Subsequently, there is a need to establish a specific and uniform reporting system for all incidents of violence at workplace.

The security measures (i.e. prevent unwanted visitors, establish clear policies regarding access to sensitive areas, and video surveillance) were the most frequently reported measures to deal with workplace violence. Excellent security measures might enhance working conditions for nurses and alleviate the risks of violence at workplace. Previous research has emphasized on the role of these measures to reduce workplace violence in health care facilities [15].

The most frequently reported change to decrease the violence incidences was "Increasing staff number". Increasing nurse-to-patient ratios was found to be a significant predictor of violence among nurses [15]. However, it is noteworthy to mention that about 27.1 % of participants who experienced violence incidences reported "No" changes at workplace to decrease violence. This indicates a need for taking specific actions to control violence at workplace.

Conclusion

The current study concluded that most of the participants were not satisfied in the way violence was handled, the most commonly reason for not reporting violence is because it is "useless", and the most frequently reported measure performed to decrease the violence incidences was increasing staff number. Therefore, future research may want to examine the effectiveness of specific interventions to control violence at workplace. In addition, using the qualitative approach to explore the lived experiences of nurses who were exposed to various types of violence is recommended. Additionally, Policy makers may want to develop specific policies to report violent incidences. Using specific security measures to decrease the violent incidences is also highly recommended as it was reported by most of the participants.

Limitation of the Study

The most important limitation of the current study is using a convenience and relatively small sample. A future research with a larger and more representative sample is recommended.

References

1. International Labour Organization, International Council of Nurses, World Health Organization, & Public Services International. (2002). World report on violence and health. Geneva, Switzerland.
2. Boyle MJ, Wallis J (2016) Working towards a definition for workplace violence actions in the health sector. *Safety Health* 2: 4.
3. Spector PE, Zhou ZE, Che XX (2014) Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: A quantitative review. *Int J Nurs Stud* 51: 72-84.
4. Lanctôt N, Guay S (2014) The aftermath of workplace violence among healthcare workers: A systematic literature review of the consequences. *Aggress Violent Behav* 19: 492-501.
5. Gacki-Smith J, Juarez AM, Boyett L, Homeyer C, Robinson L, et al. (2009) Violence against nurses working in US emergency departments. *J Nurs Adm* 39: 340-349.
6. Warren B (2010) Workplace violence in hospitals: safe havens no more. *J Healthc Prot Manage* 27: 9-17.
7. Arnetz JE, Hamblin L, Essenmacher L, Upfal MJ, Ager J, et al. (2015) Understanding patient-to-worker violence in hospitals: A qualitative analysis of documented incident reports. *J Adv Nurs* 71: 338-348.
8. Nolan P, Dallender J, Soares J, Thomsen S, Arnetz B (1999) Violence in mental health care: The experiences of mental health nurses and psychiatrists. *J Adv Nurs* 30: 934-941.
9. Sofield L, Salmond SW (2003) Workplace violence: A focus on verbal abuse and intent to leave the organization. *Orthopaedic Nursing* 22: 274-283.
10. Pai HC, Lee S (2011) Risk factors for workplace violence in clinical registered nurses in Taiwan. *J Clin Nurs* 20: 1405-1412.
11. Jonker EJ, Goossens PJJ, Steenhuis IHM, Oud NE (2008) Patient aggression in clinical psychiatry: Perceptions of mental health nurses. *J Psychiatr Ment Health Nurs* 15: 492-499.
12. ICN I (2003) WHO. Workplace violence in the health sector country case studies research instruments. ILO/ICN/WHO/PSI.
13. Ahmed AS (2012) Verbal and physical abuse against Jordanian nurses in the work environment. *East Mediterr Health J* 18: 318-324.
14. Rayan A, Qurneh A, Elayyan R, Baker O (2016) Developing a policy for workplace violence against nurses and health care professionals in Jordan: A plan of action. *Am J Public Health Res* 4: 47-55.
15. Duncan SM, Hyndamn K, Estabrooks CA, Hesketh K, Humphrey CK, et al. (2016) Nurses' experience of violence in Alberta and British Columbia hospitals. *Can J Nurs Res* 32: 57-78.