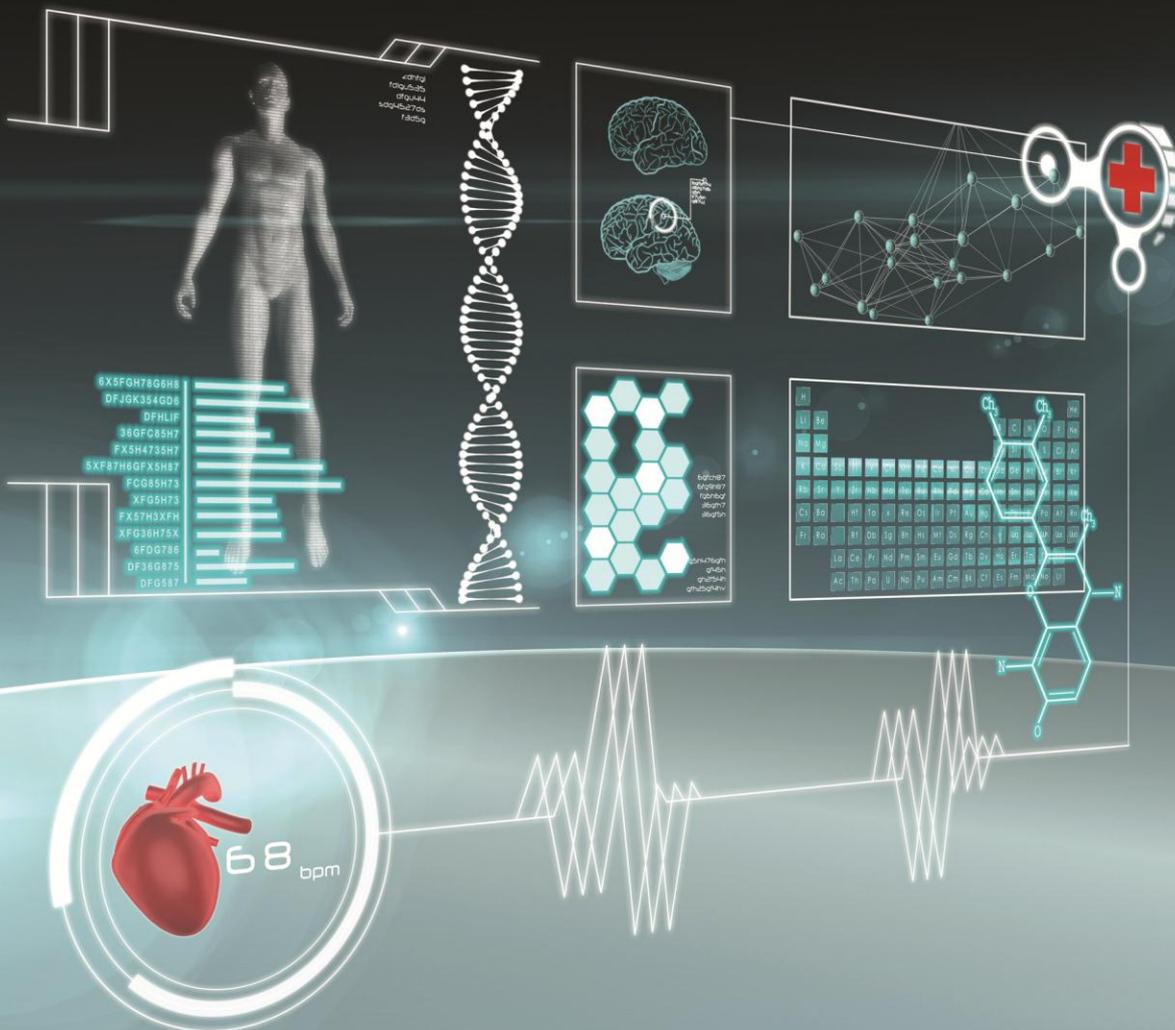


# Al-Razi University Journal for Medical Sciences



## RUJMS

Volume (1) Issue (2) JULY 2018



**RUJMS**

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Bianual Referred Journal

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**Workplace Violence against Nurses at Public Hospitals in Sana'a City-Yemen**

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**Abstract**

**Background:** Workplace violence is a concerning issue. Workplace violence is a serious phenomenon involving the health care settings, and presents challenges to management. Literature indicates that the majority of nurses experience some form of violence during their working lives. **Aim:** to identify the workplace violence against nurses working at public hospitals in Sana'a City-Yemen. **Methods:** A cross-sectional study was carried out from March to April 2017 among nurses in public hospitals of Sana, a city, -Yemen. A predesigned Arabic self-administered questionnaire was utilized. 261 Yemenis nurses were selected for this study by simple random sampling. The nurses were taken as simple random sampling from 4 major public hospitals. **Results:** Their age ranged between 20 and 54 years. History of violence during working hours was reported among the majority of nurses (56%). More than half of violent insults (57.5%) took place during daytime shifts. In most of the cases (83.5%), was psychological violence. According to nurses` perspectives, the commonest reported reason for the violence was no apparent cause (29.5%), followed by the shortage in the number of staffs (24%). More than half (57%) of the nurses reported that they had more than one symptoms and feeling during exposed to violence. (95.4 %) of nurses felt that the workplace violence threatens nurses` dignity followed by (89.7%) were agreed that the violence has psychosocial consequences that threaten nurses` entity. **Conclusion:** workplace violence is a significant problem facing a considerable proportion of nurses in public hospitals in Sana'a city-Yemen.

**Keywords:** Workplace violence; psychological violence; physical violence; sexual violence

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**Introduction**

Workplace violence (WPV) is a serious problem which has many negative impacts both at the organizational and individual level, such as increasing the perceptions of burnout, decreased job satisfaction and performance<sup>1</sup>. Different organizations have defined workplace violence in various ways. The National Institute for Occupational Safety and Health defines WPV as “violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty<sup>2</sup>. Workplace violence has many forms according to the definition of the World Health Organization (WHO)<sup>3</sup> and may include physical assault, homicide, verbal abuse, bullying/mobbing, sexual and racial harassment, and psychological stress. Possible sources of violence against nurses include patients, patients’ relatives, visitors, co-workers, supervisors, subordinates and other professional groups<sup>4</sup>. The Many factors make nurses highly exposed to violence from patients and their companions more than other health care providers such as working long hours, hospitals overcrowded, continuous controlling of conditions all the time, nagging patients and families, lack of personnel, many stressful situations, shortage of nurses, and dealing with special and sensitive topics with patients and their families<sup>5</sup>. In recent years, many studies show that violence against nurses has increased dramatically, and is considered a major health problem<sup>6</sup>. The prevalence of WPV varies between countries. In Egypt, the prevalence of psychological and physical violence among nurses was 69.5% and 9.3% respectively<sup>7</sup>. 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<sup>8</sup>. In Palestinian public hospitals, the majority of HCW

(80.4%) reported exposure to violence<sup>9</sup>. In Turkish, 72.3% of emergency staff had experienced some form of violence<sup>10</sup>.

**The aim of the study:** The aim of the study was to identify the workplace violence against nurses working at public hospitals in Sana'a City-Yemen.

### **Subjects and Methods**

The study was conducted in four major public hospitals in Sana'a city, Yemen (Al-Thowrah, Al-Sabeen, Al-Kuwait and Al- Jomhury hospital). All hospitals provide primary, secondary and tertiary healthcare. The reasons for choosing these hospitals because they are referral hospitals and most community go to these hospitals. A descriptive, cross-sectional study was performed to identify workplace violence against nurses at public hospitals in Sana'a city from March to April 2017. All nurses working in the selected settings were admitted to this study. 261 Yemenis nurses were selected for this study. The nurses were taken as simple random sampling from 4 major public hospitals using a lottery sample. After official approvals were obtained from the previously selected settings, the researchers obtained lists of nurses' names currently working in the study settings, their job titles, and years of work practice. The list was reviewed and nurses meeting the inclusion criteria were included in the study.

The Inclusion criteria were included: Yemeni female nurses, are willing to participate in the study and had a duration of working 1 year and more. The sample size was determined using Epicalc 2000. Taking into consideration the following; Proportion (21.9%) prevalence of physical and verbal abuse reported by nurses in hospitals in Iran.<sup>11</sup>, Precision (5%), and 95% confidence level. The final sample size was 261 nurse.

Data were collected through a self-administered questionnaire developed by the World Health Organization<sup>12</sup> and derived from two surveys: "Sharp Staff Assault Study"<sup>13</sup> and "Verbal Abuse Survey"<sup>14</sup>. The questionnaire was translated into Arabic (native language) and then back to English. The questionnaire consists of 6 parts with a 23-question. The questions elicited the respondents' perception for the following parts: Part I: includes demographic characteristics of the study participants (Age, educational level, marital status, experience in workplace and place of work in a hospital). Part II: Violence toward nurses and its types, cause, and source which includes the following items: Experienced violence, number of violence, the timing of the violent event, type, cause and source of violence. Part III: Forms of different types of violence toward nurses which includes: psychological, physical and sexual violence and IV: nurses' reaction to violence which included a question regarding nurses' reaction to violence which includes 4 questions. Part V: symptoms and feeling during exposed to violence which include 7 questions and Part VI: Nurses' attitude toward workplace violence which included 8 question. The pilot of the questionnaire was performed using the same setting, minimal modifications to the layout and presentation of the instrument were made. The pretest nurses were excluded from the final study population.

Once the questionnaires were collected, a codebook was developed to provide numerical results for analysis. A Statistical Package for the Social Science (SPSS, 17.0) was used for data analysis. Descriptive statistics (frequency and percentage) were used. Approval from the College of Medical Sciences of Al-Razi University was obtained prior to carrying out this

study. A cover letter was sent to principles of hospitals to obtain approval to conduct this study. Confidentiality and anonymity were maintained. Oral consent was taken from all participating nurses in the study.

## **Results**

### **Demographic characteristics of nurses**

Almost more than half 176 (67.4%) of the nurses in aged ranged 20 to 30 years, 74 (28.4%) in aged 31-40 years and 11 (4.2%) in aged 41-50 years. More than half of nurses 142 (54%) unmarried. As regards qualification, 155 (59%) held diploma degree after basic education, 56 (21%) held a bachelor degree in and 46 (18%) held diploma degree after secondary school and 4 (2%) held a master degree in nursing. More than half of nurses 160 (61%) worked in the department/ Unit, followed by 48 (18%) in the emergency department, 21(8%) in the delivery room, 18 (7%) in the outpatient clinic, and 14 (5%) in the operation room. Most of the nurses 109 (42%) had work experience from 1 to 5 years, followed by 77(29%) from 6 to 10 years and 52 (20%) were 15 years and above, and 23 (9%) had work experience from 11to 14 years.

### **Violence toward nurses and its types, causes and source**

Table 1 indicates that the majority of the nurses (56%) had been exposed to violence at work, (57.5%) had been exposed to violence at daytime shift, (76%) had exposed to violence  $\geq 3$  times in that period. As regards to causes of violence 29.5% of nurses were reported that no apparent cause of violence while 24% increased workload and a shortage of nurses was cited as the reason behind the violence. For 59.5% of the nurses, the abuse came from more than one sources followed by 21.2% from patients'

relatives and visitors, Psychological violence was the most common type of violence reported (83.5%) follow by physical violence 14 (10.3%) and sexual violence 9 (6.1%).

#### **Forms of different types of violence**

Table 2 shows that for nurses who reported experiencing psychological violence, 39.3% reported verbal violence as the most common form of psychological violence while 50% of the nurses reporting physical violence, by hand as a form of physical violence. 100% of the nurses reported provocation as the most common form of sexual violence.

#### **Reactively when exposed to violence**

Table 3 shows that 59 (40%) of the nurses were reactive more than one when exposed to violence, 33 (22.5%) were silence and continue the work, 26 (18%) were anger and continue the

work, 23 (16%) were applied formal department and reporting to administration and 5 (3.5%) were anger and left the work.

#### **Symptoms and feeling during exposed to violence**

The findings of this study showed that 83 (57%) of the nurses reported that they had more than one symptoms and feeling during exposed to violence, 16 (11%) had not any symptoms and feeling event during exposed to violence, table 4.

#### **Nurses Attitude toward workplace violence**

The findings of this study showed that 249(95.4%) of nurses felt that the workplace violence threats nurses' dignity followed by 234 (89.7%) were agreed that the violence has psychosocial consequences that threaten nurses' entity. table 5.

**Table 1: Violence toward nurses and its types, causes, and source.**

<b>Variables</b>	<b>F</b>	<b>%</b>
<b>Experienced violence</b>		
• Yes	146	56
• No	115	44
<b>Number of violence exposed</b>		
• Once	12	8
• Twice	23	16
• Three or more times	111	76
<b>Timing of the violent event</b>		
• Daytime shift	84	57.5
• Night time shift	14	9.5
• Both time shift	48	33
<b>Causes of violence</b>		
• No apparent cause	43	29.5
• Lateness coming to shift	2	1.5
• Carelessness/ malpractice	3	2
• Increased workload/shortage of nurses leading to delays in care provided	35	24
• More than one cause	15	10
• Others causes	48	33
<b>Source of Violence</b>		
• Patients	4	2.7
• Visitors/Relatives of patient	30	21.2
• Nurses	7	4.9
• Physicians	5	3.5
• Administration team	12	8.2

• More than one source	87	59.5
<b>Types of violence</b>		
• Psychological violence	122	83.5
• Physical violence	15	10.3
• Sexual violence	9	6.1

**Table 2: Forms of different types of violence among nurses (No=146)**

Variables	F	%
<b>Psychological violence</b>		
• Verbal violence	48	39.3
• Unrespect to nurses	16	13.1
• Threatening	19	15.6
• More than one	39	31.9
<b>Physical violence</b>		
• Violence by equipment*	4	38.6
• Violence by hand	7	50
• Violence by slap	1	7.1
• Threatening by gun	1	7.1
• More than one	2	13.3
<b>Sexual violence</b>		
• Provocation	9	100

\*Such as scissors, forceps, etc.

**Table 3: Reaction of nurses when exposed to violence (No=146)**

Variables	F	%
• Silence and continue the work	33	22.6
• Anger and leave the work	5	3.4
• Anger and continue the work	26	17.8
• Formal department and reporting to administration	23	15.7
• More than one	59	40.4
<b>Total</b>	<b>146</b>	<b>100</b>

**Table 4: Symptoms and feeling of nurses during exposed to violence (No=146)**

Variables	F	%
• Depression	9	6.2
• Fearing and psychological effort	7	4.7
• A headache and fatigue	9	6.2
• Despondently	15	10.3
• Disturbance	5	3.4
• Difficult in sleeping	2	1.4
• More than one	83	56.8
• No symptoms and feeling event	16	10.9
<b>Total</b>	<b>146</b>	<b>100</b>

**Table 5: Attitudes of nurses toward workplace violence (No=261)**

Attitude	Agree		Uncertain		Disagree	
	F	%	F	%	F	%
Workplace violence threats nurses'	249	95.4	8	3.1	4	1.5

dignity						
Verbal violence is more damaging than physical violence	38	14.6	39	14.9	184	70.5
Verbal violence is more damaging than sexual violence	72	27.6	53	20.3	136	52.1
Violence has psychosocial consequences that threaten nurses' entity	234	89.7	17	6.5	10	3.8
Violence affects nurses' behavior	37	14.2	45	17.2	179	68.6
Violence affects nurses' quality of work	202	77.4	25	9.6	34	13
Violence affects nurses' relationships with their work colleagues	177	67.8	42	16.1	42	16.1
Violence increases turnover in nursing staff	197	75.5	33	12.6	31	11.9

### Discussion

A safe and secure work environment is an undeniable right of every nurse and is an essential element of providing quality care. Violence against nurses must not be tolerated; a position of zero tolerance of violence is the optimal approach<sup>15</sup>. Nurses, employers and governments and nursing organizations have a shared responsibility for ensuring a safe workplace. This is not reached unless the nurses' perception of the issue and the prevalence of the risk are initially investigated.

The present study revealed that workplace violence pervades all facets of the health sector. It is not located in just a hospital ward or department; instead, it is an epidemic phenomenon. This is in contrast to many research studies which highlighted that the prevalence is significantly more frequent in emergency departments and psychiatric wards<sup>16,17</sup>.

Our results showed that the majority of nurses had been exposed to violence and most of them had been exposed to violence more than once. Psychological violence was the most common type of violence experienced. Comparable to results reported by RNANS taskforce<sup>18</sup>, the present study reveals that the meaning of workplace violence goes parallel to the types of violence experienced and reported by

the majority of the subjects, and that verbal abuse and psychological stressing behaviors were highlighted as the most frequently experienced types. However, studies showed that between 35% and 80% of hospital nurses have experienced violence while on duty<sup>19-22</sup>.

Our findings revealed that the verbal abuse was the most common form of psychological violence, while violence by hand was the most common form of physical violence. This finding is in line with other studies that found most nurses had experienced psychological violence followed by physical violence<sup>4,23</sup>.

We found that more than one source of violence against nurses, followed by patient's relatives and members of administrative. This finding is in disagreement with other studies which found that the major sources of workplace violence were patients themselves (62.8%) followed by relatives (16.7%) and few colleagues and administrative staff or supervisors committed the abuse. This may due to the low nurse-to-patient ratio and nursing shortages in our hospitals, which may lead to decreased patient stay time and lack of adequate nursing care which may precipitate abuse from patients or their relatives<sup>24,25</sup>.

The present study revealed that 29.5% of the nurses thought that no apparent

cause for violence and follow by an increased workload and a shortage of nursing staff. This may suggest limited experience and poor nursing training among the nurses or limited opportunity to enhance specialty nursing skills but these findings disagree with a Caribbean study which found that the causes of assault by relatives of patients was related to anger at enforcement of hospital policies or were related to the patient's condition (57%), and anger related to the health care system in general (46.5%)<sup>26</sup>. 40% of the nurses in our study used more than one reaction to violence, follow by silence and continue the work reaction.

Other studies have reported that two-thirds of verbal abuse and half of the physical violence were not reported by nurses<sup>27,28</sup>. It is not clear why nurses did not reported verbal violence; it may be due to the fact that the formal system is time-consuming or that the hospital lacks a formal system for reporting violence, or, as reported in an Iranian study<sup>29</sup>, it may be because organizations do not take action when verbal abuse does occur this perpetuating the problem. So, nurses continue to accept verbal violence as they feel that they do not have the power to change it. It may also be because nurses still believe that "assaults are part of the occupation" and they are reluctant to take action after an assault.

Most of the nurses in this study felt that violence threatened the dignity of the nurses and affected both their work performance and their relationship with work colleagues followed by violence has psychosocial consequences that threaten nurses' entity. These findings concur with other studies which concluded that the most common reactions to abusive behavior were anger, helplessness, humiliation, and depression<sup>4,28</sup>

## Conclusion

We conclude that there is a high rate of violence against nurses in public hospitals in Sana'a city, Yemen and it affects the majority of nurses. The majority of the nurses believed workplace violence had the negative effect of on nurses' job satisfaction and performance. Given this high rate of workplace violence and relatively low rate of reporting of violent incidents.

## Recommendations

Public hospitals should develop effective guidelines to restrict workplace violence and protect nursing staff.

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