WORKPLACE VIOLENCE AS PROVOCATION FOR NURSING PROFFESSION

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Abstract: Workplace violence is a devastating issue worldwide. Incidents of workplace violence towards nurses are common in every healthcare setting. The consequences of workplace violence include a range of physical health and psychosocial problems. It also undermines the quality of health services provision. Further, the perception of an unsafe workplace has been found to lower staff morale and lead to increased staff attrition. **Aim of study is to** investigate the extent of workplace violence, targeting internship student nurses in clinical areas. **Design.** Cross-sectional descriptive study. **Setting.** The study was carried out in the Main University Hospital, El- Shatby Hospital in Alexandria, the General National Institute in Damanhur and General Hospital in Kafr El-Doaar. In which the students were spend their internship's year. **Participants.** All nursing students in the internship year at academic year 2011-2012. **Tool**. A structured questionnaire sheet was used to collect necessary data. **Results.** A total of 220 nurses' internship students, their age ranged from 21-25 years, students confronting non-physical violence more than physical and sexual. It was found that intensive care units experienced high prevalence of violence, while the majority had experienced violence from nursing staff. As a result of workplace violence the nursing students hate nursing and being humiliated and embarrassed. **Conclusion and Recommendations:** workplace violence against nurses is a significant problem in health care settings all over the world and in Egypt. Findings of this study reveal that nurses at high risk of workplace-violence and most have been victims at one time or another. Although most violence is verbal, physical abuse and sexual harassment are not uncommon. So, there is a need to heighten awareness of the problem among health service managers and the general public, and further large-scale studies should be conducted to examine the problem

Key wards: workplace violence, non-physical violence, sexual harassment, nursing students.

Introduction

Today, there is increasing evidence of nursing staff being exposed to violent behavior in the workplace; indeed, it is now considered a major occupational hazard worldwide**.** Workplace violence has many forms according to the definition of the World Health Organization (WHO) and may include physical assault, homicide, verbal abuse, bullying/mobbing, sexual and racial harassment, and psychological stress.[(1)]

Violence is present in all work environments but nurses are on the frontline of the health care system and have the closest contact with patients and their relatives. Thus they are at greatest risk of being abused in the hospital environment. Physical abuse is reported to occur within health care facilities 4 times more often than all other industries combined.[2]

Workplace violence in health care is a worldwide phenomenon. In nursing, the nature of workplace violence is predominantly non-physical in nature. Literature reveals the devastating consequences for the individual nurse, both physically and /or emotionally, depending on the nature of the violence. The consequences for the organization / institution and the profession are equally devastating, manifesting in reduced standards of patient care and increased attrition from the profession. The pervasiveness of this problem indicates that to date, remedial and protective measures have been unsuccessful. [3]

Kisa (2008) found that anger, hurt; shock, embarrassment, powerlessness, fear, shame, hostility and intimidation are some of the more common emotional responses to verbal abuse that led to negative self-evaluation and increased potential for re-victimization.[4, 5, 6]

Sources of violence against nurses include patients, patients' relatives, peers, supervisors, subordinates and other professional groups. [7,8] The increase in violence by patients and their families in health care settings can be seen as a type of "ward rage" precipitated by frustration and dissatisfaction with the quality of care received. Such abusive behavior contributes to the high rates of nurse burn-out.[9,10] Interestingly, study done in Egypt 2012 found that 19% of registered and licensed practical nurse respondents had reported verbal abuse from sources other than the above, for example housekeeping, radiology, volunteers and pharmacy.[11]

Victims of violence experience immediate, short, or long term trauma, which is exacerbated by an increased frequency and severity of incidents. Clearly, the individual may experience actual physical injury, following physical assault. The results of a survey yielding 303 registered nurse respondents across the US showed that bullying resulted in significant emotional and physical distress. In this particular study, 95% of respondents had experienced anxiety, whilst 72% had experienced headaches, or gastrointestinal symptoms as a result of bullying. [12, 13]

Nurses taking part in a study on verbal abuse in a hospital in Turkey also reported feelings of dejection, confusion, hopelessness, hatred and anxiety .Similarly, in a large survey in a multihospital system in the North East USA, reported that emotional response to verbal abuse were anger, feelings of powerlessness, harassment and embarrassment.[14,15]

Organizations have been facing increased absenteeism and staff turnover, increased sick leave, increased security and litigation costs and decreased productivity. Several factors are reported to be associated with an increased risk of

violence at the workplace, both at the individual and organizational level, such as younger age, medical department and understaffing. [16]

Under reporting of workplace violence is a major barrier to successful management of the problem in nursing. Understandably, student nurses are loath to report incidents of violence, because of the relative powerlessness they experience when having to confront the behavior of, for example, registered nurses / superiors. Also, student nurses do not report incidents of assault, because of breaches in confidentiality and because they feel unsupported by senior staff. [2, 11]

Otherwise, there are few articles and documented data on the prevalence and forms of workplace violence toward students' nurses in Egypt. Therefore **the aim of this study** was to investigate the extent and nature of workplace violence targeting internship student nurses.

Research question

The research question underpinning this study was: "What is the extent and nature of workplace violence targeting student nurses?

Material and Methods

Research design

Descriptive design was used for conducting this study.

Settings

The internship students in Faculty of Nursing, Damanhur University spent their training year in Alexandria and El-Behera Hospitals. So, the study was carried out in the Main University Hospital, El-Shatby, Maternity and Pediatric Hospital in Alexandria, the General National Institute in Damanhur and General Hospital in Kafr El-Doaar.

Subjects

Sample in time was conducted by enrolled all nursing students of the academic internship year 2011-2012 at Faculty of Nursing. Damanhur University, the total number of students was 220. (All students accepted to be enrolled in the study)

Tool of data collection

Tool of assessing workplace violence developed by **Hewett D 2010**[17] was used by the researchers in order to collect the necessary information. A structured questionnaire sheet compiled with the assistance of a statistician was utilized to gather data from the respondents. It was administered to the respondents during their shifts in hospital and in their breaks from shifts. Items to be included in the questionnaire were guided through insights obtained from an analysis of the literature.

The questionnaire including 4 sections.

Section A: inquired about demographic information, gender and, age in order to describe the sample and to establish any relationships with other research variables. ***Section B***: this section focused on aspects of workplace violence. In section B the questions addressed the frequency of different types of workplace violence under three main headings, namely **non-physical violence** (intimidation, bullying and verbal abuse), **physical abuse** and **sexual abuse**.

Section C: investigated to who the perpetrators were the most common locations in hospitals where violent incidents occurred, and the consequences of workplace violence.

***Section D*:** gave respondents the opportunity to make recommendations regarding the management of workplace violence.

In the questionnaire, Likert-type statements, consisting of predominantly four scaling categories, required respondents to select a response from a list of four options, in order to establish the type and frequency of workplace violence,(never- occasionally – sometimes-often)

Methods of Data Collection

1. A permission to conduct the study was obtained from the directors of Hospitals.
2. Tool of data collection was translated into Arabic and was tested for its content validity and relevance by a jury consisted of three academic staff in community Health Nursing at El- Mansoura, Alexandria, and Damanhur University. The necessary modifications were performed based on Egyptian culture.
3. **Test- retest reliability** was conducted on 30 students and after 10 days the retest was conducted on the same 30 students. Correlation coefficient was: r=0.949.
4. **The pilot study** was conducted on 22 of internship students from faculty of nursing, Alexandria University in order to ascertain its clarity and feasibility.
5. The purpose of the study was explained to each respondent, prior consent was obtained and a questionnaire was handed out to the selected respondents. They were encouraged to complete the questionnaire on the same day.
6. The questionnaire was distributed to the students to answer the questions. Each sheet took 15-20 minutes to be answered. Data collected in the last four months from internship year starting in April 2012 until August 2012 in which students spent eight months in hospitals in order to gain experience in workplace.
7. **Ethical consideration**; all participants interviewed for explaining the purposes and procedures of the study, and they have the right to withdrawal from the study any time during the study. Verbal consent to participate was obtained by attendance of filling questionnaire sheet. Privacy was maintained during process

of collecting data. Confidentiality of students' response was guaranteed during the study.

Statistical analysis:

After data were collected, they were coded and transferred into especially designed formats to be suitable for computer feeding. Following data entry, checking and verifying processes were carried out to avoid any errors during data entry. Frequency analysis, cross tabulation and manual revision were all used to detect any errors.

- Data was analyzed using PC with Statistical Package for Social Sciences (SPSS) version 16.0.
- The following statistical measures were used:

A- Descriptive statistics:

Count and percentage: Used for describing and summarizing quantitative data, Arithmetic means Standard deviation (SD) and range: They were used as measures of central tendency and dispersion respectively to summarize quantitative data.

B-Analytical statistics:

- Paired t test: was used to test correlation, between two quantitative variables not normally distributed or dichotomous qualitative variable.
- Statistical significance level was set at 5% ($p \leq 0.005$) was considered statistically significant.

RESULTS

Sample characteristics: -As indicates in (**Table 1)**, the majority of the respondents were females. However, 73.2% girls and 26.8% boys represented the gender distribution of the target population. The table shows that the mean age was 22.14± 0.75 years, their age ranged from 21-25 years.

Table (1):Distribution of studied sample as regard to demographic data

Studied sample	No (N=220)	%
Gender		
Boys	59	26.8
Girls	161	73.2
Total	**220**	**100.0**
Age of respondents		
Min. – Max.	21.0 – 25.0	
Mean ± SD	22.14 ± 0.75	

Figure (1) : illustrates respondents regarding non –physical violence as arranged in matrix , within which respondents had to indicate his/her level of exposure to various forms of non-physical violence. It was observed that nonverbal work place violence

was a common experienced, with 36.4% of students experienced such behavior occasionally, sometimes 30.5%. Moreover, according to **figure 1,** 32.3%of respondents had not been sworn, shouted or yelled, with 30.5%had occurred occasionally and 32.7% had been harshly judged or criticized occasionally.

While 40.9% never ignored or neglected, 38.2% of students had been target of being unfairly treated regarding on/off duty schedules occasionally. However, given unfair work allocation had reported by 37.7%occasionally and 18.7%often (for more than 5 times). Also, 31.4%hadnotreceived acknowledgment for good work occasionally happened. While, nearly the same percent 37.3%&37.7% respectively were found regarding hadn't been denied learning opportunities and being treated as part of team. Moreover, 31.4%of them reported that they always threat by total evaluation grades occasionally.

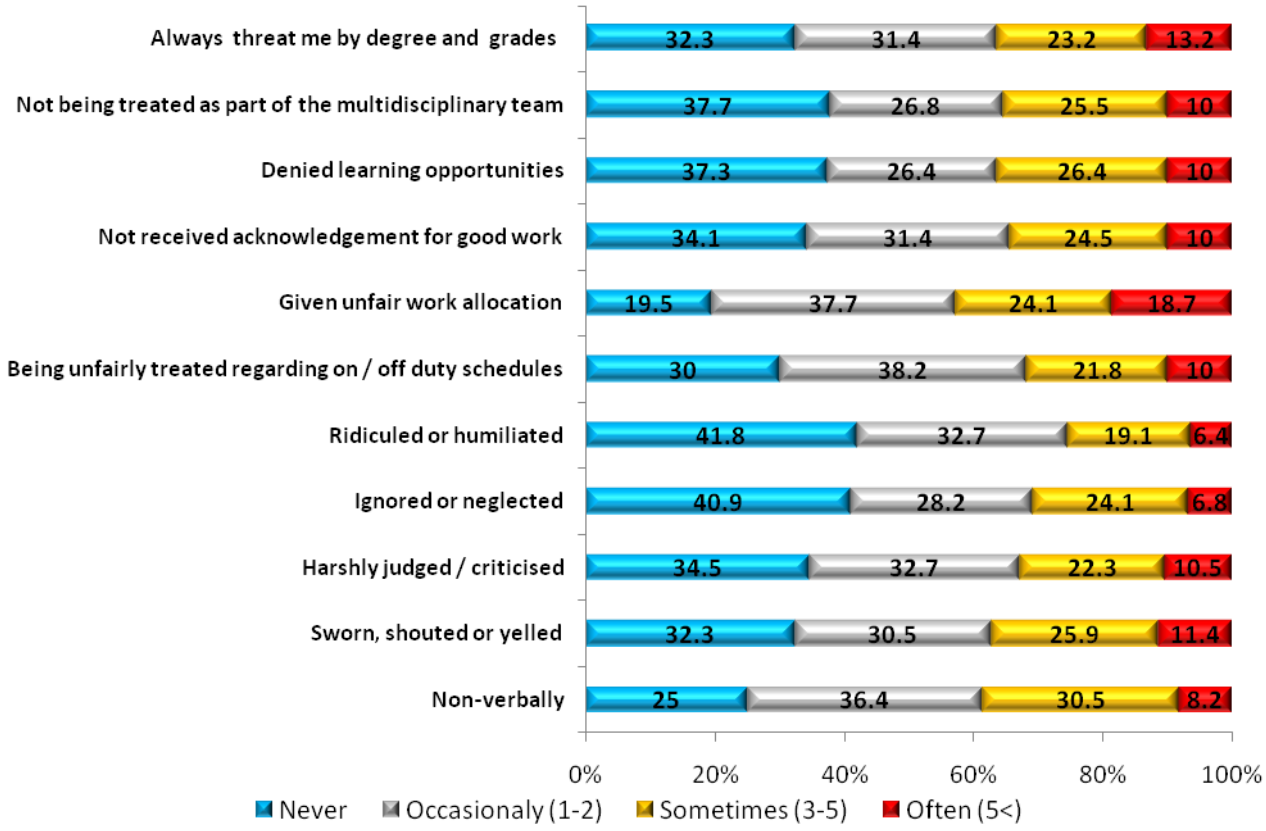

Figure (1): Non-physical workplace violence as reported by the studied sample.

The majority of respondents have never been exposed to physical violence. A relatively small number (8.6%) pushed or shoved occasionally followed by 5.5% threatened with physical violence occasionally. The students reported that 5.9%of them were sometimes hit with something. **(Figure 2)**

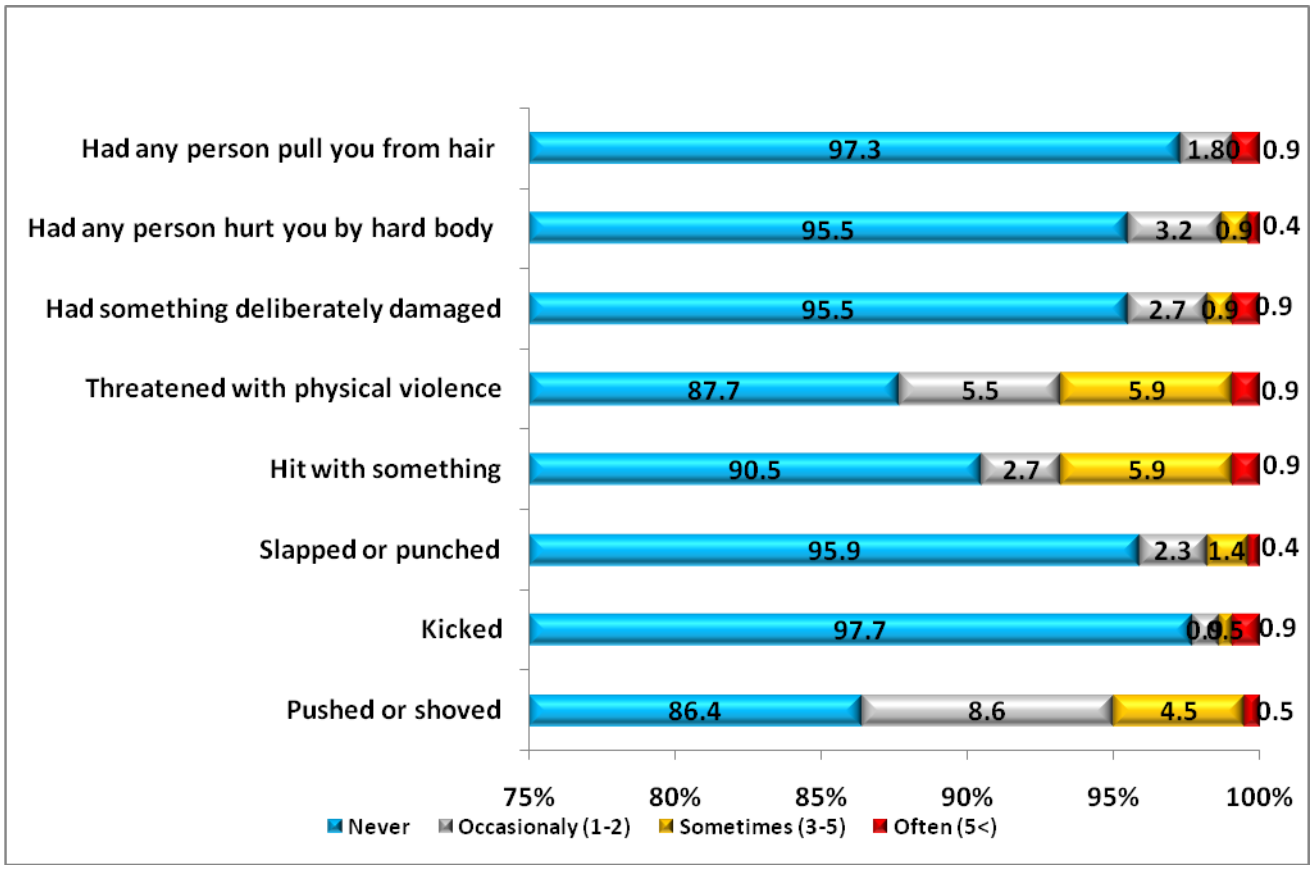

Figure (2): Physical workplace violence as reported by the studied sample.

Figure (3): indicates level of exposure to various forms of sexual abuse. The respondents reported that although 84.1% of them have never been exposed to inappropriately touched, 10.5%had occasionally been subjected to such behavior. As depicted in figure 3, being threatened with sexual assault had not been commonly experienced by the majority of students. While, 3.7% had sometimes experienced sexist cues directed at them and 5%of them had been subjected to suggestive sexual gestures occasionally.

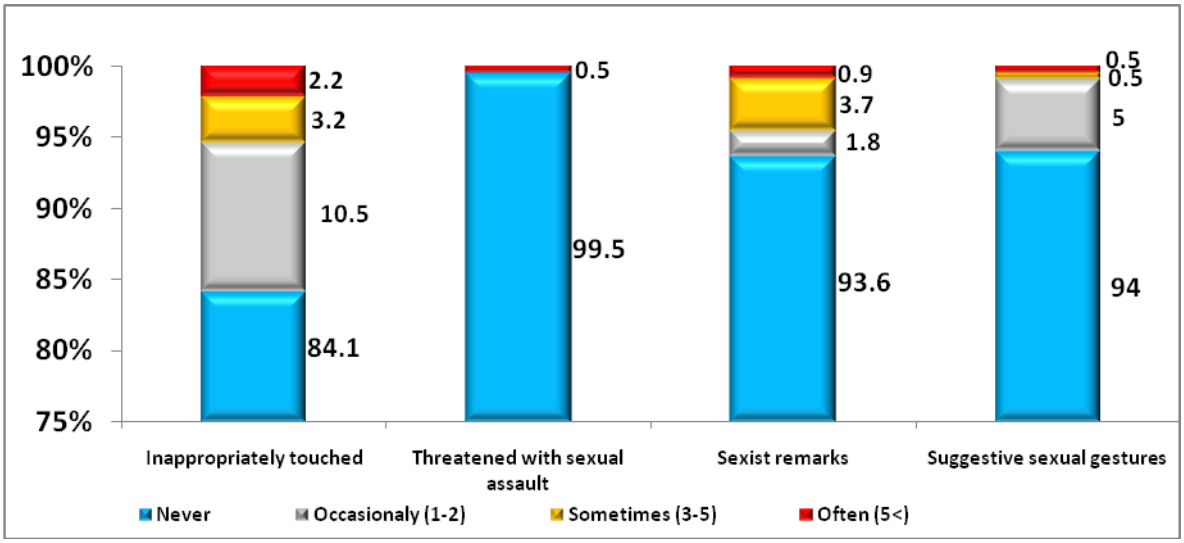

Figure (3): Sexual workplace violence as reported by the studied sample.

Figure (4) indicates prevalence of workplace violence in which less than three quarters of respondents (71.4%) experienced workplace violence in intensive care units followed by hospital wards 50.9%. The lesser place for experiencing violence as reported by respondents was outpatients' clinic (4.5%).

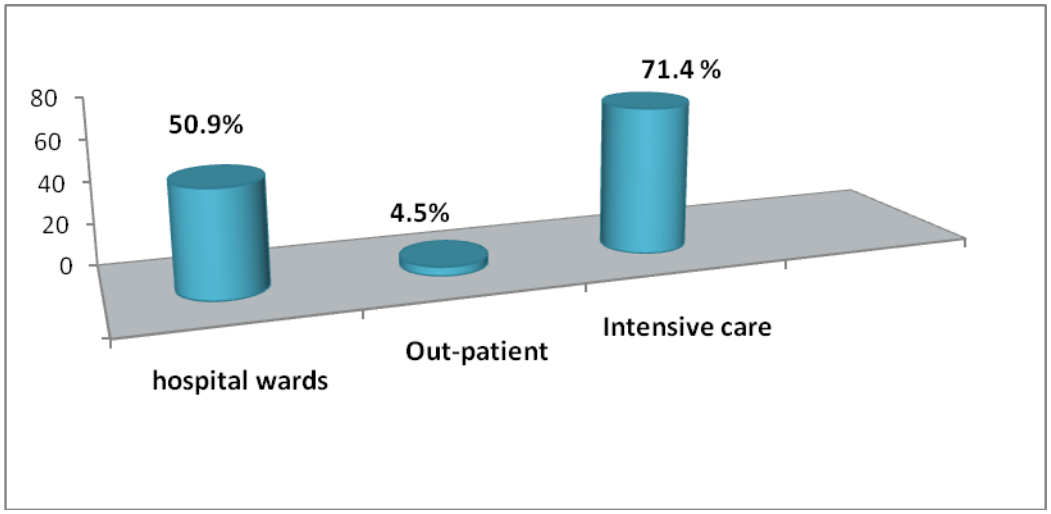

Figure (4): Prevalence of workplace violence as reported by the studied sample.

Figure (5): shows perpetrators of workplace violence as reported by studied sample, in which the majority of respondents (92.7%) have experienced violence from nursing staff. While, about one third (32.3%) of them reported doctors and approximately one quarter (26.4%) mentioned patients relatives.

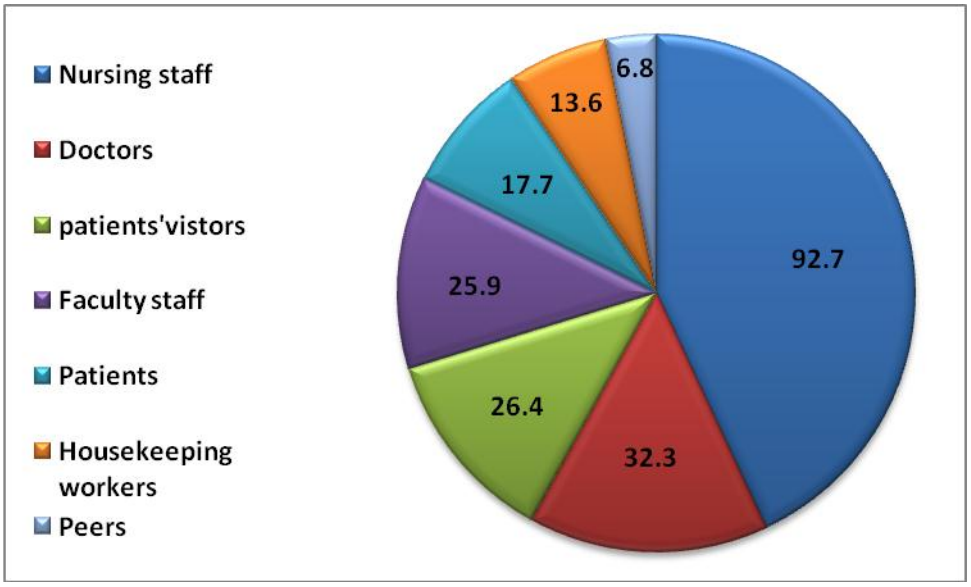

Figure (5): Perpetrators of workplace violence as reported by studied sample

Table (2): shows the consequences of workplace violence on students' nurses' profession and personality. Less than two thirds (61.1%) of respondents hate nursing as a result of work place violence, while 34.8% increase their absenteeism and sick leaves from work, and one quarter of them (25.8% & 26.8% respectively) planned to change their nursing career and negatively affected standard of patient care. On the other hand, the work place violence negatively affected their personality in which about half (51.2%) of the respondents have reacted to work place violence with experiencing humiliation and embarrassment followed by 43.9% with anger and 34.1% demonstrated that anxiety and scare, resulting from work place violence.

Table (2): Consequences of workplace violence on students' profession and personality

	No (N=220)	%
On Work*		
Hate nursing	121	61.1
Change nursing career	51	25.8
Increase absenteeism& sick leaves	69	34.8
Negatively affected standard of patient care	53	26.8
On personality*		
Anger	18	43.9
Depression	6	14.6
Humiliation /embarrassment	21	51.2
Anxiety / scare	14	34.1
Confusion	10	24.4
Feelings of inadequacy	9	22.0
Negative effect on personal relationships	1	2.4

*** Not mutually exclusive**

Although all respondents qualified, **Figure 6** indicates that, the majority (80%) of respondents had been unaware of any policy in the clinical areas addressing workplace violence.

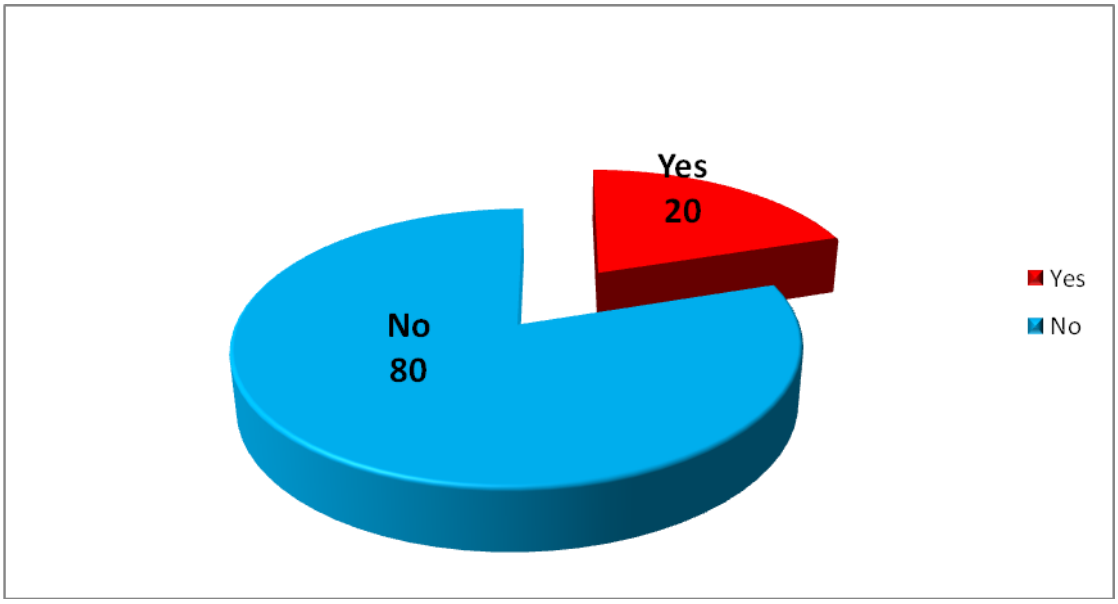

Figure (6): Students' awareness of workplace policy

Their sources of their knowledge regarding workplace violence were nursing education curricula reported by more than half of them (59.1%) followed by mass media in about one third (33.6%) of respondents and family mentioned by less than one tenth (7.3%) of students. **(Figure 7)**

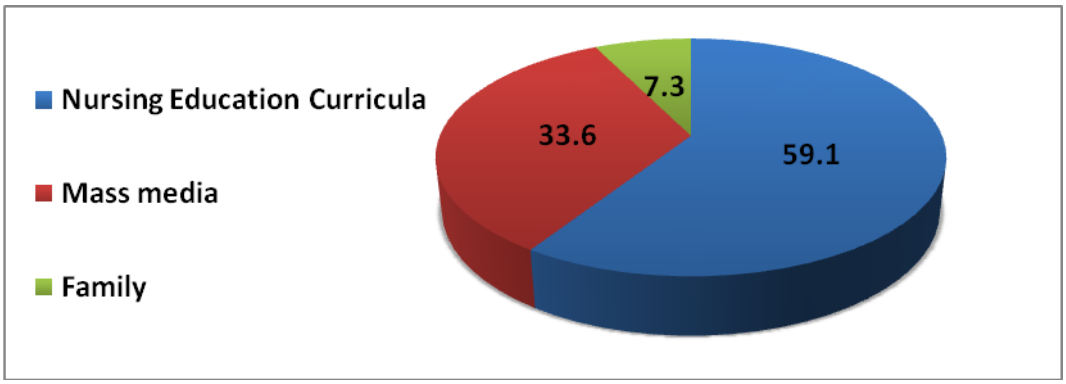

Figure (7): Sources of students' knowledge regarding workplace violence

Figure (8) shows the students' recommendations to prevent work place violence, the most general suggestion 22.7% of respondents needed an immediate corrective action and avoid neglecting in solving problems regarding violence. Another fairly common proposal related to nursing staff, made by 15.5% of respondents, was that orientation of students' rights and responsibilities before internship year, so that they could learn how to treat each situation. Many recommendations were related to the role of faculty in which the faculty staff should be presence in hospital shift (15%) to manage workplace violence in clinical areas. Several respondents (11.8%) suggested that policies relating workplace violence should be widely disseminated among students to

increase their awareness and 12.3% suggested that they need increase respect of nursing discipline, while 8.6% recommended that job description of internship year should be clearly defined to all students in hospital.

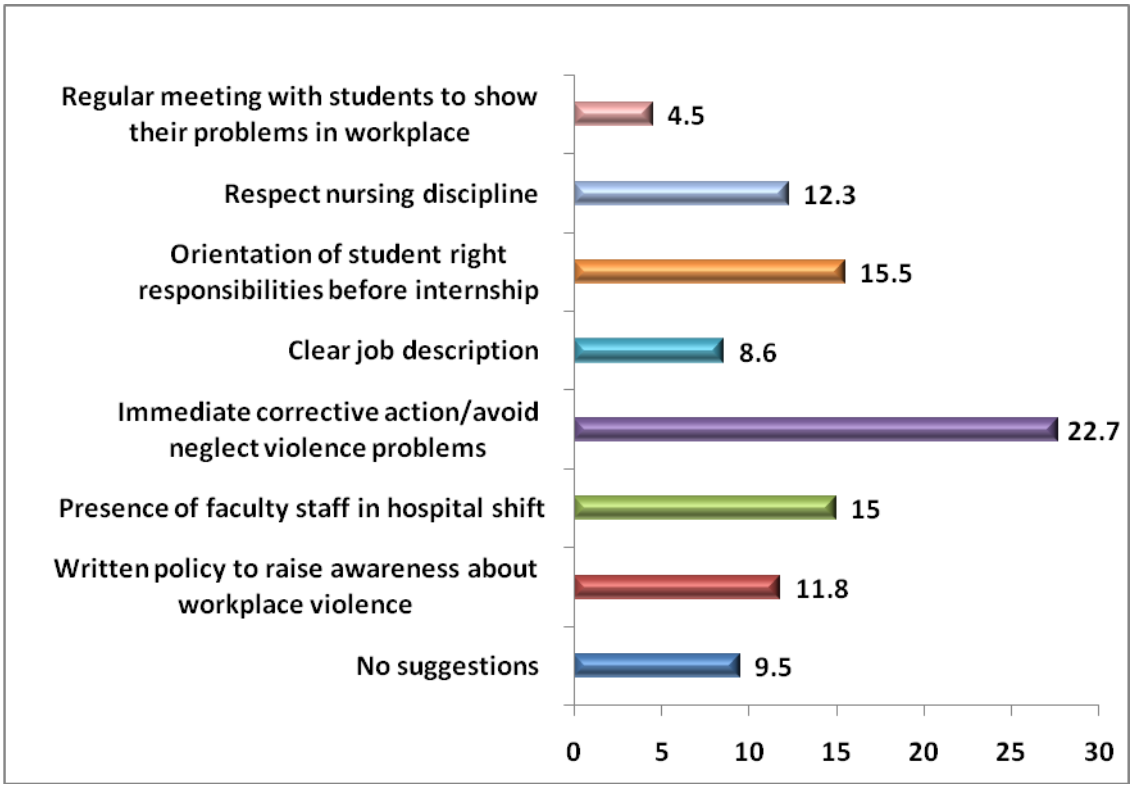

Figure (8): Recommendations of studied sample to avoid problems of workplace violence

Figure (9): indicates correlation between gender and highest mean of different type of work place violence. It was observed that, there was no significant difference correlation regarding non-physical violence (given unfair work allocation) and gender p=0.726. While, there was statistical significant difference between gender and most frequent type of physical workplace violence (threatened with physical violence) p=0.001. Moreover, it was observed that there was significant difference regarding gender and most frequent sexual workplace violence (inappropriate touch) p=0.044.

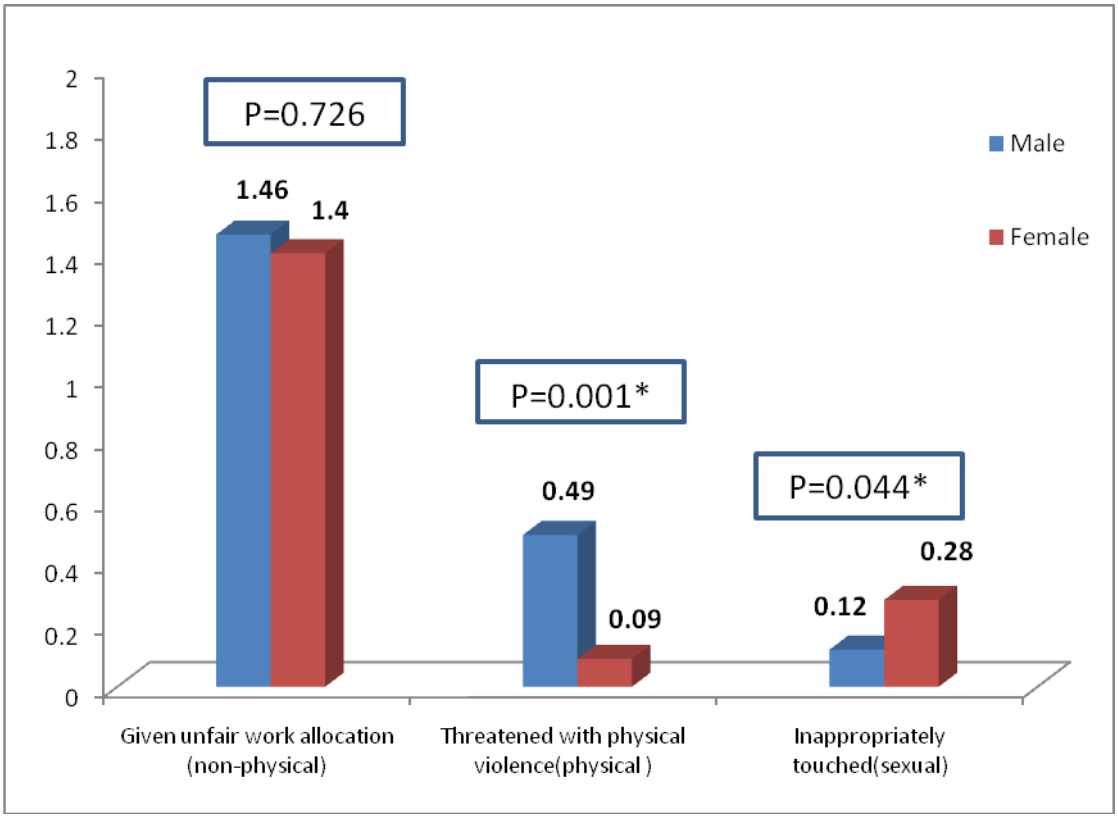

Figure (9): Correlation between gender & highest mean of workplace violence

Discussion

Violence at work has become an alarming phenomenon worldwide. The real size of the problem is largely unknown and recent surveys show that current figures represent only the tip of the iceberg. Being alert to these behaviors and their risk factors may help nurses predict that an incident of workplace violence is likely to occur. Today, there is an increased evidence that nursing staff is at such a high risk of exposure to violent behaviors in the workplace.[18] International studies have reported that the prevalence of workplace violence against nurses in the hospital setting varied from 10% to 50%, and even up to 87%.[19, 20]

Workplace violence towards nurses has increased during the last decade with serious consequences that may extend beyond individual nurses to an entire health care organization. [15, 20] In the current study, the total number of the studied population was 220 student nurses both boys and girls, but, the majority of the respondents were girls. However, the gender distribution of 73.2% girls and 26.8% boys represented the target population. Mean age was 22.14 ±0.75 years, their age ranged from 21-25 years. This result is in accordance with findings from study done in USA 2012, [21] in which the female constitutes more than half of the sample and their age ranged from 20-26 years.

Non-physical violence may take many forms, including psychological, verbal, and emotional. Non-physical abuse may include excessive criticism, humiliation,

name-calling, threats, intimidation and not allowing them to work or socialize because of the stigma and often covert and on-going nature of this type of abuse. [3, 12]

The findings from this study indicated that almost student nurses had frequently encountered acts of non-physical violence in all of the eleven forms of non-physical violence being surveyed. The most common experience was given unfair work allocation. These results coincide with those of other study in Hong Kong (2006) [22] which revealed that about three quarters of nurses faced non-physical violence. Moreover, the high number of students who had experienced non-physical workplace violence matched the findings of study done by Khalil 2009. [23] Contradictory with these results, the study done at 2005 by Findorff [24] represent that about 40% of health care employee were confronting nonphysical violence. This may be attributed to difference between natures of sample in which this study reported nurses' students only.

Physical abuse covers a broad range of behaviors that may include something as simple as pinching a person to something as frightening as choking or assaulting with a weapon. When defining physical violence, the distinction is often made between real experiences of actions and threats of violence. The incidence of such threats often tends to be higher than exposure to actual physical abuse. According to the fourth European Working Conditions Survey–EWCS (2010) about 6% of European health workers reported being exposed to threats of physical violence against 5% reporting having been personally subjected to actual acts of physical violence in the previous 12-month period.[25]

Regarding physical violence, the findings of this study clearly showed that this had occurred far less frequently than non-physical violence. Although there had been isolated incidences of more frequent exposures to physical violence, the principal trend was that respondents had been rarely subjected to act of physical violence. The most common experience was threatened with physical violence followed by pushed or shoved. It was found that, there was statistically significant regarding gender and physical violence in which the mean of male higher than mean of female. This may be attributed to considering of females' nature in our Egyptian culture.

This result similar to study done by Lanza (2006) [26] which revealed that, about 21.3% from health care setting reported physical violence. All studies done on workplace violence had investigated the prevalence among qualified nurses. In a rare study done amongst student nurses, Hinchberger (2009) [27] found that 100% of respondents reported having been exposed to workplace violence. These researchers similarly found that actual physical assault had been a rare event in nursing. Conversely, study in Taiwan (2005)[28] found that in, the hospital workplace environment had been perceived by registered nurses to have deteriorated regarding sexual harassment and physical violence occurrences.

Similar to physical violence, the present study revealed that, the majority of students never confronting sexual abuse, the relatively rare incidences of exposure to sexual abuse reported by them in the clinical areas. The most frequently mean

experienced form of sexual violence was inappropriately touched. Similar to this finding, the study done in Australia at (2012) [29] revealed that 7%of health workforce reported sexual harassment. Conversely to that, Boyle at (2007) [30] found that 17.3% of medical students reported sexual harassment. This may be attributed to different in culture between countries that prevent girl students to communicate this issue with any persons. This study showed that, there was statistical significant regarding gender and sexual violence in which females more exposing to sexual violence than male.

Regarding place of violence reported by students in this study, it is clear from the findings that respondents generally experienced intensive care units as the location where they most often experienced workplace violence. It may be attributed to stressful conditions regarding nature of intensive care work in which there are a lot of emergency situations with harsh time in addition to students 'lack of experiences.

Although many researchers, for example, Rowe and Sherlock (2005) [31] found that patients had most often been the perpetrators of violence, thereby confirming the observation Hader (2008)[32] that nurses were particularly at risk of violence from recipients, or clients of the service provided in the workplace, the findings of this study, targeting student nurses, indicated otherwise. Despite being identified by 44.1% of respondents as perpetrators of violence, patients and relatives were not the biggest source of workplace violence targeting student nurses. This number was exceeded by the high percentage of respondents who had experienced violence from nursing staff (92.7%). Other categories of fellow-workers identified as perpetrators of workplace violence by the respondents, were doctors, faculty staff, peers and housekeeping staff.

The consequences of non-physical violence were investigated from two perspectives. Firstly, in accordance with previous studies, work performance consequences were examined, whilst secondly, personal consequences, related to workplace violence, were observed. Regarding work performance consequences, it was found that, more than half of participants reported that workplace violence had made them hate nursing profession. This finding coincides with result of study done by Mckenna (2003) [33] Conversely, Rosenstein and O' Daniel (2005)[34] reported other consequence of workplace violence, in which the highest percent in their study reported negative standard of patient care.

Institute of Safe Medication Practices at 2004 approved that, workplace violence had made them scared to check orders for patient care. Nevertheless, the findings still emphatically indicate that workplace violence had resulted in negative personality consequences. [35]

The findings of this study indicated that workplace violence most commonly, in order of frequency, had resulted in anger, feelings of humiliation or embarrassment, feelings of inadequacy, confusion, anxiety / scare, depression and negative effects on personal relationships. Humiliation or embarrassments were also found to be the most common emotional response, in studies on verbal abuse in Turkey (2008) [4] as well as

in the North East USA [21] interestingly, although 60% of respondents had felt anxiety following episodes of workplace violence.

Although the presence of a written policy will inform employees about such behavior (e.g., intimidation, bullying, harassment) that management considers inappropriate and unacceptable in the workplace. It also encourages employees to report such incidents and will show that management is committed to dealing with incidents involving violence, harassment and other unacceptable behavior.[36] This study indicated that 80% of the respondents had been unaware (and consequently disempowered) of any policies addressing workplace violence. This finding was emphasized by the fact that the National Institute for Occupational Safety and Health (2006)[37] had identified factors such as lack of worker empowerment and lack of written policy, as common barriers to the implementation of strategies to prevent workplace violence.

It was not surprising that some of the more common recommendations reported by nearly one third of students that, take immediate corrective action and avoid neglecting in solving problems regarding work place violence. The second recommendation that reported by 15.5% of student was orientation of students rights and responsibilities before internship year followed by presence of faculty staff in hospital shifts. Respondents revealed that they had felt exposed and unsupported in the clinical areas and in need of protection.

Today, violence at work often is considered a reflection of a more general, pervasive pattern of violence in society as a whole. Twenty-five percent of American workers will be victims of a workplace violence incident. Each day, more than 5,000 incidents occur in the United States, with only one in five incidents being reported, also in the United States, 20 workers are murdered each week. In other countries, violence is endemic and the leading cause of death among males aged 15–34. The burden of violence is disproportionately borne by young people and women. Gender violence is considered a universal plague even though it continues to be grossly under reported. [21]

Findings of this study reveal that nurses are at high risk of workplace violence and most have been victims at one time or another. Although most violence is verbal abuse, physical abuse and sexual harassment are not uncommon. Job security is always needed supervisor support that may decrease the amount of violence at work. Collecting data on the nature of workplace violence in addition to identification of risk factors will help development of sound policies and practical approaches to address workplace violence in the health sector. Moreover, there is a need to heighten awareness of the problem among health service managers and the general public, and to carry out further studies in this area.

CONCLUSION & RECOMMENDATIONS

The conclusion arising from the study is that student nurses, in accordance with a worldwide trend amongst all categories of nurses, are the targets of workplace

violence in the clinical areas. The most common violence being encountered by student nurses is of a non-physical nature. The most common perpetrators are fellow nurses, particularly professional and sub-professional categories of trained nursing staff, followed by patients. Student nurses are negatively affected by workplace violence and the standard of patient care is jeopardized, because of intimidation and emotional responses, such as anger. Generally, student nurses fail to report episodes of workplace violence.

The overall **recommendation** is that education and training provider management should assume responsibility for the comprehensive management of the problem of workplace violence targeting student nurses, and not solely rely on policy, existent to a lesser or greater degree, in the clinical facilities. The recommendations also aim at highlighted the role of management and the influence of the organizational climate in the prevention of workplace violence. Moreover, education and training provider management should take cognizance of the pervasiveness of the problem and assume chief responsibility to address the problem of workplace violence that targets student nurses in the clinical areas.

Finally, empowerment of student nurses further implies that they will know how and where to report workplace violence.

Acknowledgment

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