



Original Article

Workplace Violence against Nurses in the Emergency Department of Hospital in Khyber Pakhtunkhwa Pakistan: A Cross Sectional Survey

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ABSTRACT

In many countries, there is serious concern regarding workplace violence in the healthcare profession. Nursing is one of the profession in healthcare that is mostly exposed to various types of violence. **Objectives:** To determine the prevalence, experiences, responses, and effects of workplace violence against nurses. **Methods:** A cross-sectional survey was carried out on emergency nurses regarding workplace violence in KPK Pakistan. A survey questionnaire was used to collect the data from June 2 and July 2, 2022. The sample size was 102 and the nurses who worked in the emergency department for six months were included in this study. **Results:** Females made up two-thirds of the study participants (64.7 percent, n = 66). Almost half of the participants (45.1%) had less than five years of experience. Majority of participants (92.2 percent) were verbally abused. More than half of the participants had been exposed more than three times, 35.3% and 31.4% had experienced this in night and morning shifts respectively. Only 39.2% of nurses were counselled by hospital management after workplace violence (WPV). **Conclusions:** The emergency department at KPK Hospital experiences workplace violence quite regularly, according to this study. A major blow to the nursing profession is caused by the poor level of job satisfaction among ED nurses.

INTRODUCTION

One of the most significant reported issue is workplace violence (WPV) happening everywhere in health sector [1,2]. All health care professionals are exposed to any types of violence, however nursing among them are the most exposed group [3]. Many people assume that WPV is a current issue, but research reveals that this is one of the longstanding issue, initially identified in 1824 [4,5]. The common identified areas in the hospital where violence took place are either long stay unit such as Intensive care unit (ICU) and psychiatric unit, or short stay unit such as emergency department (ERD) [6-8]. study has also

revealed that in emergency department the frequency of violence is comparatively greater, this may be due to the inability of completing task on time, work burden, dealing with aggressive individuals, families and crowd [9]. Other encountered aspects are, interruption in providing care, injustice, inexperienced staff and lack of support group by the high authority of the hospital [1,10]. Nurses who are working in emergency department are the frontline staff handle all type of illness, and disabilities, therefore criticized by either patients or their relatives leading to occupational hazard [1,5]. They are at high risk for verbal or

physical abuse due to spending longer time with patients and families [11]. Study reported that the frequency of verbal violence is five times more than physical violence [12]. Some studies also reported deaths or even endless disabilities of nursing professionals [13,14]. The characteristic of violence varies from region to region or country to country, for example in Australia, United States and Taiwan patients and family members are the primary source of violence followed by hospital management staff such as nursing supervisors, managers or even physicians [6]. In developing countries like Pakistan, the workplace violence happened every day but documentation and reporting is not done because of poor management system in many organizations. Lack of documenting and reporting violence behaviors may be assumed as a stigma, or worry of being physically, verbally or sexually harassed [12]. Another study suggested that nurses are highly vulnerable for violence in Pakistani culture and are less respected by the society [13]. Many Pakistani nurses preferred to work abroad instead in the country due to insecurity and low job satisfaction [15]. Study reported that health care professionals are at risk to be attacked than other professionals [11]. In Asian countries more than 57% nurses experienced violence while globally the reported value is 50% [11]. Another study from USA resulted that 97% registered nurses experienced violence while 60% reported negative effects on their career [16]. Another relevant study from Australia reported that 28.6% nurses experienced physical violence, 80% experienced verbal violence while 22.5% were sexually harassed throughout their nursing career [5]. Similar study was conducted in Pakistan in 2015 which resulted that 33% nurses experienced some type of violence in one-year period [15]. Therefore, majority of nurses feel unsafe while working in the front door department of the hospital resulting low productivity, impaired relationship with colleagues and finally saying good bye to their profession [6]. In many hospital, emergency services are available for 24 hours where patients were presented with different complications [17]. Violence against nurses in the emergency department had negative consequences on nurse's personal lives and quality of care [18,19]. Study also revealed that emergency nurses experienced symptoms of post-traumatic stress disorder, aggression, anger and anxiety [6]. Study suggested that due to physical assault in the emergency department four percent nurses had more than one sick day each year [16].

METHODS

The study was conducted on emergency nurses in Pakhtunkhwa regarding workplace violence. A cross-sectional design was applied for this study. The main

objective of the study was to find out the frequencies, experiences, reactions, and consequences of workplace violence against nurses. The data was collected from June 2, 2022 to July 2, 2022 through a survey questionnaire. The nurses working in the emergency department were the study population. Nurses working in the emergency department for more than six months were included in this study. Nursing staff who were unwilling or absent at the time of data collection were excluded. The sample size for this study was 102. The questionnaire consisted of four sections. The first section included demographic information: age group, gender, qualification, marital status, and years of experience. The second section of the tools consists of the questions regarding the occurrence of workplace violence against nurses. The third section consists of questions related to post-violence consequences. While the fourth section consisted of a single open-ended question regarding the recommendation or suggestion for preventing workplace violence in the emergency department.

RESULTS

Two-thirds (64.7 %, n = 66) of the study participants were female and 35.3% were males. Half of the participants were under the age of 30, 48 % were between the ages of 30 and 40, and only 4 % were 40 or older. Almost three-fifths, 58.8 %, of the participants were unmarried, and 41.2 % were married. Almost two-thirds of the participants, 58.8 %, held a generic BSN degree, followed by 23.5 MSN and 17.6 general nursing. Almost half of the participants (45.1%) had less than five years of experience, followed by six to ten and eleven to fifteen years (27.5%) as seen in Table 1.

Demographic details	Total (n=102) (%)
Age (In years)	
<30	50(49%)
30 to 40	48(47.1%)
Above 40	4(3.9%)
Gender	
Male	36(35.3%)
Female	66(64.7%)
Education Level	
Diploma	18(17.6%)
Generic BSN	60(58.8%)
MSN	24(23.5%)
Experience	
<5 years	46(45.1%)
6 to 10	28(27.5%)
11 to 15	28(27.5%)
Marital status	
Married	42(41.2%)
Unmarried	60(58.8%)

Table 1: Demographic Information

More than three-quarters (76%) of the participants have received any type of violence-related training as seen in Figure 1. In the previous year, the vast majority of

participants (92.2 %) were subjected to verbal abuse. 51 % of participants had been exposed more than three times, 23.5 % had been exposed once, and 15.7 % had been exposed twice. A mere 7.8 % of the participants were exposed to physical violence, and most of them had experienced it once as seen in Figure 2.

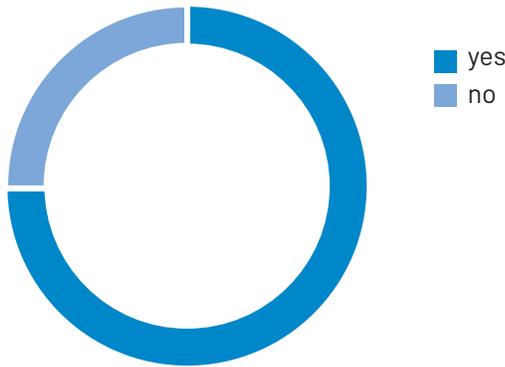


Figure 1: Training of violence received

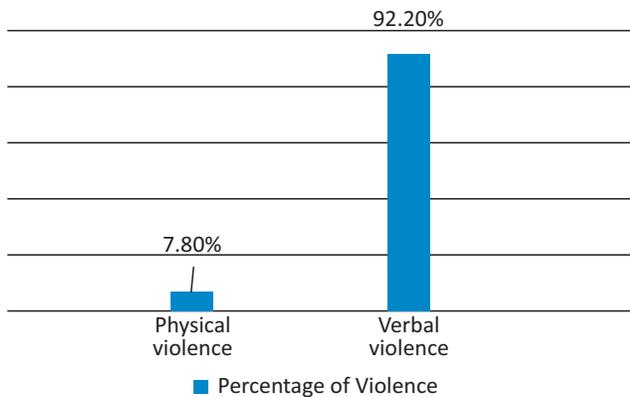


Figure 2: Physical vs Verbal Violence

The participants were also asked about their exposure to workplace violence according to rotating shift work. The majority of participants (35.3 and 31.4 %, respectively) had experienced it during the night and morning shifts, with 21.6 % experiencing it during the evening shift and 11.8 % experiencing it on a public holiday as seen in Figure 3. Patient Relatives: 58.8 % of participants said patient relatives are the most likely to resort to violence. The violence commonly takes place in nursing stations and sometimes at patients' side. Reaction is the normal human response to any type of violence, and most of the study participants answered that they continuously inform the aggressive person to stop and think it would never have happened, while some of the participants defend themselves physically as seen in Figure 4.

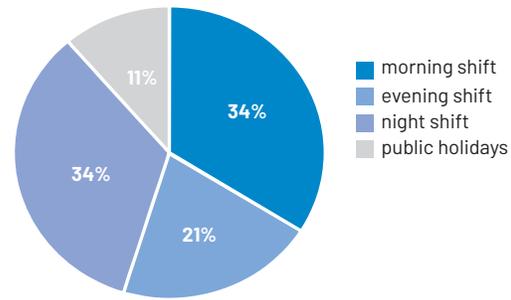


Figure 3: Shift-wise percentage of violence

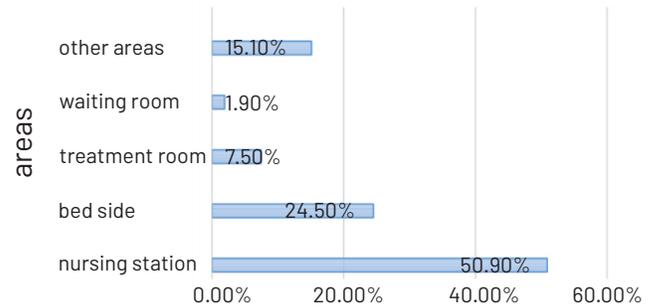


Figure 4: Area-wise percentage of violence

Almost one-quarter (27.5 %) of nurses reported violence to hospital management, but the majority were dissatisfied with how management handled the reported incident. More than one-fourth (27.5 %) did not report the incident to hospital management, and half expressed no interest in reporting, with some claiming that the organization lacks a proper reporting system. Most of the participants stated that hospital management did not conduct any inquiry regarding incidents that were not reported to them. Almost two-fifths of the participants stated that no investigation had been done into the reported incident by hospital administration, while one-quarter responded that an investigation had been conducted by DMS and nursing managers. The study participants have also been asked about the causes of violence in emergency departments. Most of the participants stated that lack of explicit rights and procedures are the main causes of workplace violence, while some participants reported that multiple factors such as communication or language barriers, work burden, extending patient waiting time, severity of illness, inexperienced staff, and lack of team support are the reasons for workplace violence against nurses in the emergency department. Without clear acceptance and support from management, valuable people and knowledge resources will be lost. Some of the participants, 17.6 %, answered that workplace violence extended patient treatment and 11.7 % of staff left duty places as a result of violence, while the majority of the participants did not report any consequences. More than half (54 %) of the respondents stated that workplace violence badly affects their health and they feel anxiety symptoms, followed by disturbed relationships with peers and pain-like symptoms

(22 and 18 %, respectively). In terms of management support for workplace violence, 39.2% of nurses stated that counseling is the most important support they have received in response to workplace incidents. 35.3 % of nurses are given the opportunity to speak about the incident and report it to management. In response to an open-ended question regarding recommendations for the prevention of workplace violence, nurses stated that team work, proper reporting system, involvement of higher authorities, team work, clear instruction for patient attendants, and training and education are the crucial steps needed to be taken.

DISCUSSION

Generally, workplace violence in health care setting is a routine phenomenon but remain unreported especially in the developing countries [5]. Previous research suggests that nurses who already experienced WPV remain alert to prevent violence circumstances again and therefore negatively affect nursing services in emergency situation [20,21]. Sometime patient assault nurses or nurses assault patient but no legal action are taking while studies suggests that both patient and nurses have the right to take a legal action against each other if one physically assault the other [19]. The results of this study showed that 27.5 % of the participants did not report while half of the participants showed no interest to make a report of WPV. Similar study was conducted in China in 2018 which suggested that 92.1% nurses did not report WPV once happens [6]. In addition, no violence reporting system was also discussed by some nurses in many hospital of Khyber Pakhtoon Khwa. Our study resulted 92.2% of the participants have experienced verbal violence in the last year while previous relevant research reported 94.3% verbal violence and 74.4% verbal threat in emergency department [19]. Physical violence has been reported 11.9 % by another study from United State of America [14]. In our study the percentage of physical violence is 7.8%. The study result shows that 50.9% violence happens on the nursing station while other studies reported that 32.5% violence in emergency room and 55% in intensive therapy room²². The frequency of verbal violence experienced one time, two times and more than two time were 23.5%, 15.70% 51% respectively in this study while other study reported this value as, 55.9%, 17.6% and 5.9% respectively [6]. Aside from the above findings no violence or harassment was reported by participants from colleagues in this study but study from Europe reported 5.7% harassment from colleagues in hospital setting after violence [23]. Many national and international studies reveals that violence can seriously damage physical and mental health of nurses [10,21]. In this study 54 % of the

participants reported different symptoms such as anxiety, disturb relationship, pain like symptoms. Similar studies identified several contributing factors for workplace violence such as, work burden, dealing with aggressive individuals, relatives, interruption, injustice, inexperienced staff and lack of support [1,9,10]. Our study identified that poor communication, language barriers, work burden, extending waiting time and severity of illness are the keys

CONCLUSIONS

According to this study, work place violence is frequent in emergency department of KPK hospital. Nurses working in ED have low level of job satisfaction, which is a huge damage to the nursing profession. Therefore, the nursing directors, manager and supervisor need to generate policy and procedure for reporting workplace violence. They also need to provide enough protection to the nurses to improve job satisfaction.

Conflicts of Interest

The authors declare no conflict of interest.

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