



Volume :2, Issue :4, 450-453
April 2015
www.allsubjectjournal.com
e-ISSN: 2349-4182
p-ISSN: 2349-5979
Impact Factor: 3.762

Raj Kumar Mehta
College of Nursing, Chitwan
Medical College, Tribhuvan
University, Bharatpur-10,
Chitwan, Nepal

Garima Srivastav
Koshi Health & Science
Campus, Purwanchal
University, Biratnagar-13,
Morang, Nepal

Nirmala Neupane
Koshi Health & Science
Campus, Purwanchal
University, Biratnagar-13,
Morang, Nepal

Dev Kumar Shah
Department of Physiology,
Chitwan Medical College,
Tribhuvan University,
Bharatpur-10, Chitwan,
Nepal

Correspondence:
Raj Kumar Mehta
College of Nursing, Chitwan
Medical College, Tribhuvan
University, Bharatpur-10,
Chitwan, Nepal

Work place violence among health personnel in tertiary health care institution of Nepal

**Raj Kumar Mehta, Garima Srivastav, Nirmala Neupane
Dev Kumar Shah**

Abstract

Violence in the health sector has a significant impact on the efficiency and effectiveness of healthcare providers. The study was carried out to identify the physical and psychological form of violence and to find out the existing specific policies to minimize the violence on the health sector employee.

A Descriptive cross-sectional study was carried out in different hospitals of eastern region of Nepal. A total of 100 health personnel were selected by non-probability convenience sampling technique. Data were collected using Workplace Violence in Health Sector Country Case Studies Research Instrument developed by International Council of Nurses (ICN), World Health Organization (WHO), International Labor Organization (ILO) and Public Service International (PSI).

Ten percent of the respondents were physically attacked, 40% were verbally abused and 10% were bullied/ mobbed. Forty two respondents reported that specific policies were developed by their employers to control physical work place violence, 30% reported that there were specific policies to prevent verbal abuse and 62% agreed the existence of specific policies to minimize bullying/mobbing in their workplace.

This study showed that violence in hospitals is a common and a critical issue that should be minimized by formulating specific policies to provide better quality health service.

Keywords: Violence, Abuse, Bully, Mob

1. Introduction

Workplace violence, the incidents where staffs are abused, threatened or assaulted in circumstances related to their work, including commuting to and fro work involving an explicit or implicit challenge to their safety, well being or health, has become a global problem. Workplace violence accounts for approximately 900 deaths and 1.7 million non-fatal assaults each year in the United State.¹ Despite the fact that work place violence affects practically all sectors and all categories of workers; the health sector is at major risk. The consequences of violence at work have a significant impact on the efficiency and effectiveness of health systems at large.²

Between 1993 and 1999, there were 1.7 million episodes of work place related violence annually in the United States and in 12% of these episodes the victim was a health care or mental health worker.³ Studies have found that 35% to 80% of hospital staff has been physically assaulted at least once during their careers.⁴ According to Australian Institute of Criminology Report (1999) the health industry is the most violent industry in Australia.⁵ Violence and assault in the Emergency Department are recognized as significant occupational hazards for nursing professionals.⁶ Erickson *et al.* showed that 82% of nurses had been assaulted during their careers.⁷ This significantly impacts nursing practice and may contribute to physical injuries, psychological trauma, decreased productivity and low morale among nurses.⁸ Violence finds its expression in physical assault, homicide, verbal abuse, bullying/mobbing, sexual and racial harassment along with psychological stress.⁹

Nepal lacks sufficient data on workplace violence in health sector even though violence studies have been done in a few regions of the country.¹⁰ Therefore, this study intends to obtain information on existing workplace violence among health personnel in different hospitals of eastern region of Nepal which will be a contribution to the national database. The objectives of the study were to identify the physical and psychological form of workplace violence among health personnel and to find out the existing specific policies to minimize the violence on the health sector employee.

2. Materials and methods

Descriptive cross-sectional study was carried out in different hospitals of eastern region which were grouped in two strata: governmental and private hospitals. Non-probability convenience sampling technique was used to select a total of 100 health personals (ANM, CMA, PCL Nursing, HA, BN, B. Sc. Nursing and House Officers) working in different hospitals. Ethical clearance for the study was obtained from Institutional Ethical Committee, Koshi Health and Science Campus, Purwanchal University and permission from respective hospital administrative and informed consent from all participants was taken before collection of data. Objectives of the study were explained to every participant.

Date were collected through slightly modified standardized tool, Workplace Violence in Health Sector Country Case Studies Research Instrument developed by ICN, WHO, ILO and PSI.⁹ The variables studied related to workplace violence among health personnel were knowledge, education, stress, experience, ethnicity, socio-cultural factor, low staffing level, long waiting time, substance abuse. The collected data were compiled and analyzed with the help of SPSS version 20 by using descriptive statistical method.

3. Results

The highest percentages of respondents (44%) were of 20-24 years of age group followed by 25-29 years of age group who comprised of 38%. Fifty six percentages of respondents were male and 44% were female. By profession, majority of respondents were nursing staffs (40%) followed by health assistant (24%), medical officer (18%) and others. Fifty six percentages of respondents were from private sector and 44% were from government sector. Forty four percent of respondents were not worried about violence, 36% were worried and 20% were very worried. Half number of respondents reported that there is availability of procedure to report violence in their work place however only 66% of them know how to use it. Surprisingly 34% of respondents did not know about such procedure. Similarly, 16% of them reported that there was no procedure to report violence in their workplace.

a. Physical form of violence

Ten percent of the respondents had been physically attacked. Twenty percent of physical violence took place with weapon. Eighty percent of health personnel were attacked by relatives of patient/client while 20% were attacked by patient/client. Sixty percent of physical violence took palce inside health institution and rest of incidents outside the institution. Majority of physical violence 60% occurred between 6am to 12 mid-day while 20% occurred between 12 mid-day to 6 pm and 20% between 12 mid-night to 6 am. Sixty percent of health personnel who had been attacked told their colleague after the incident, 20 % defended themselves and same percent told the attacker to stop. Twenty percent of health personnel were injured after the violent incident. Only few health personnel i.e. 20% took time off from work after been attacked. Sixty percent of health personnel who were attacked did not know whether any action was taken to investigate the cause of incident or not while in 20% of cases no any action were taken and in same percentage (20%) action was taken to investigate the cause. Forty health personnel had not been physically attacked themselves but had witnessed violence in their workplace.

b. Psychological form of violence

Forty percent of respondents were verbally abused in their workplace. Sixty percent of them suffered sometimes, 35% suffered once and 5% suffered all the time. Maximum abuser (65%) were relatives of patient/client, 30 % were patient/client, 5 % were management/supervisor. Most of the respondent were abused inside health institution which accounts 95%. Thirty percent of the victim told their colleague about the verbal abuse, 20 % reported to a senior staff, 15 % told the person to stop, 15 % tried to pretend as it never happened, another 15 % took no action, 5 % sought help from union. Five percent of respondents reported that action were taken to investigate the cause, 35% of them did not know whether any action were taken or not, while in majority of cases (60%) no any action was taken.

Ten percent of respondent were bullied/mobbed. Relatives of the patient/client shows the highest frequency as a mobber which accounts to 60% while 20% were mobbed by management/supervisor, 20% by patient/client. Most of the incident (80%) took place inside workplace. Forty percent victims reported the incident to the senior staff member, 20% told their colleague, 20 % sought help from union and another 20% pursued prosecution. Most of the respondent who didn't know whether any action were taken or not to investigate the cause accounts 60 % while in 20% of the cases action was taken and in 20% no any action was taken.

c. Specific policies on health sector

The response of participants on specific policies developed by their employer on physical workplace violence (Figure 1), on verbal abuse (Figure 2), on bullying/mobbing (Figure 3) and on threat (Figure 4) have been shown in pie charts.

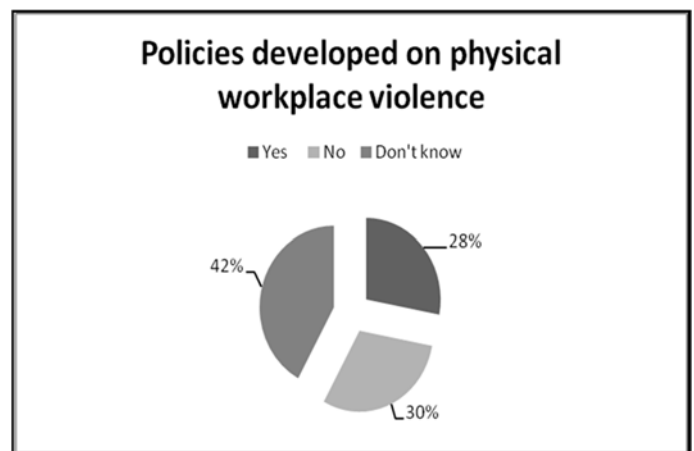


Fig 1: Policies developed on physical workplace violence

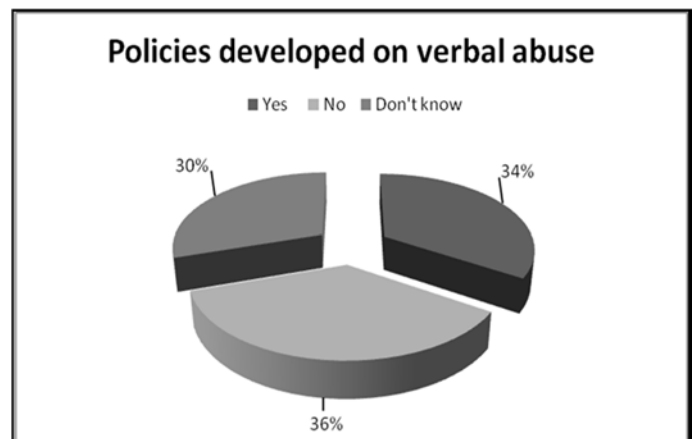


Fig 2: Policies developed on verbal abuse

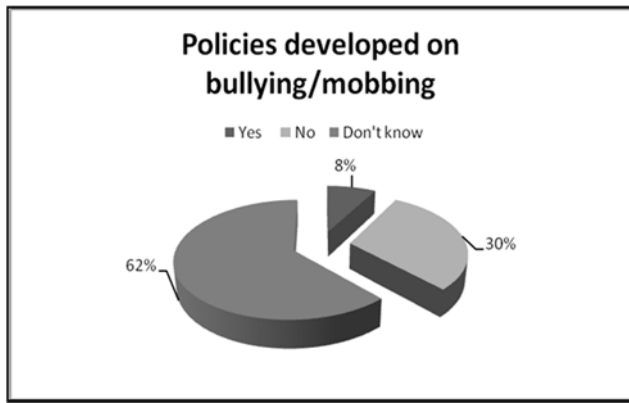


Fig 3: Policies developed on bullying/mobbing

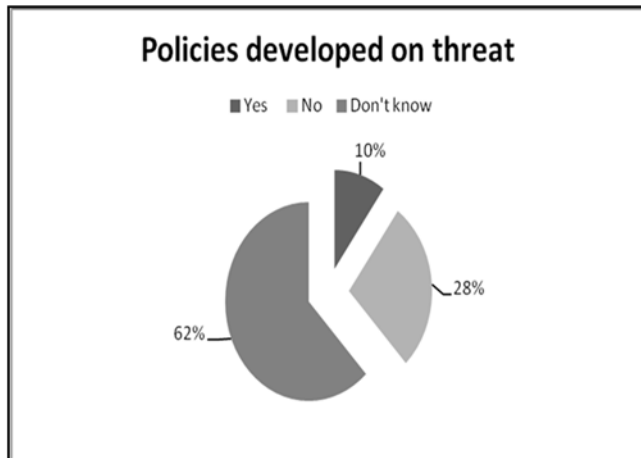


Fig 4: Policies developed on threat

4. Discussion

Workplace violence in health sector is one the major problem in our country. Most of studies conducted in western countries report that violence in emergency department is an important professional issue. In contrast to the findings of those studies, we found that in physical form of violence, 10% of respondent had been physically attacked in their workplace and in psychological form of violence, we studied verbal abuse and bullying/mobbing which accounts to 40% and 10% respectively. Similar study conducted by J Jang C Chen *et al.*¹¹ and reported that in total of 267 emergency department nurses 92% experienced verbal abuse while 30 % experienced physical abuse. Similar study was done by Ashry Gad Mohamed¹² found that 28.1% attempts to physical assault, 32.8% to verbal abuse.

A study by Fernandes C.M., Bouthillette F *et al.*¹³, carried similar study and came to the conclusion that most of the respondent felt the violence includes witnessing verbal abuse (76%) and witnessing physical threats or assaults (86%). Similarly in our study, we found that nearly half of the respondent i.e. 40% had witnessed incidents of physical violence in their work place.

Physical violence took place with weapon accounts to 20% in our study and similar study was conducted by Kansagra S.M. *et al.*¹⁴, and show that 20% of ED reported that guns and knives were brought to ED on a daily and weekly bases. Our study shows that, in maximum cases of physical violence, attacker were relatives of patient/client i.e. 80% and nearly similar in the case of verbal abuse which accounts to 65% and 60% in bullying/moving which is nearly similar with the findings reported by May D.D., Grubbs L.M.¹⁵, and Celik S.S., Celik Y *et al.*¹⁶. In our study, 42% of respondents reported that specific policies were developed by their employers to control

physical work place violence, 30% reported that there were specific policies to prevent verbal abuse and 62% agreed the existence of specific policies to minimize bullying/mobbing in workplace. Presley D. Robison stated that violence and assault in hospital is recognized as a significant occupational hazards⁶ which supports this study.

5. Conclusions

Workplace violence, both physical or psychological has become a global problem. The main objective of this study was to identify the physical and psychological form of violence and to find out the specific policies on health sector employer. In our study, out of 100 respondents 10% had been physically attacked. Twenty percent of physical violence took place with weapons. Forty percent of respondents were verbally abused in their workplace. Ten percent of respondents were bullied/mobbed. Our study also showed that specific policies developed by the employers are not sufficient to prevent the violence in hospitals. Violence in health sector is because of lack of knowledge regarding specific policies, fearlessness of consequences, carelessness, and inadequate idea about proper channel of reporting. In Nepalese context, for the generalization of the result study should be conducted in large scale in depth including all the departments of hospitals to identify and implement appropriate interventions to provide better quality service and to minimize the violence in health sector.

6. Acknowledgments

The author expresses heart felt gratitude to Associate Professor Aiti Maya Chhetri, Principal, Koshi Health and Science Campus, Dr. Rabindra Kumar Yadav, Hospital Director, Nobel Medical College Teaching Hospital and Dr. U.K. Jha, Medical Superintendent of Koshi Zonal Hospital for permitting us to do the study and for their constructive criticisms and constant support. We express our thanks to all study participants for their cooperation.

7. References

1. US Department of Justice, Bureau of Justice statistics National crime victimization survey violence in the workplace 1993-99, 2001. Available at <http://www.ojp.gov/bjs/pub/pof/vw99pdf> Accessed January 7, 2008.
2. Joshisk, Shrestha S, A study on injuries and violence related article in Nepal: 2009 Jul-Sep 48 (175) 209-16.
3. US Department of labor, Occupational Safety and Health Administration. Guidelines for preventing workplace violence for health care and social service worker 2004. Available at <http://www.osha.gov/Publicaations/OSHA3148html#text> 1. Accessed January 7, 2008.
4. Clements PT, De Ranieri JT, Clark K, Manno MS Wolick Kuhn D. Workplace violence and corporate policy for health care setting Nurs Econ 2005 23(3):119-124.
5. Jones J, Lyneham J (2000) Dec 2001. Violence part of the job for Australian nurses? 18(2):27-32.
6. Presley D, Robinson G (2002) Mar. Violence in the emergency department: nurses contend with prevention in the health care arena Nurs Clin North Am 37(1): 161-9.
7. Erickson L, Williams-Evans SA (2000) Jan. Attitudes of Emergency nurses regarding patients assaults, J Emerg Nurs 26(3):210-5.
8. Phillips S. (2007) Jul-Sep Countering workplace aggression: an urban tertiary care institutional exemplar. Nurs Adm Q. 31(3): 209-18.

9. International Labour Office (ILO)/International Council of Nurses (ICN)/World Health Organization (WHO)/Public Service International (PSI), Framework Guidelines for Addressing Workplace Violence in the Health Sector, Geneva, International Office, 2002.
10. Duhart DT, United States Office of Justice Programs. Violence in the workplace, 1993 – 99, Washington DC: US Dept of Justice, Office of Justice Programs, 2001.
11. Poster EC, Ryan JA (1989) Dec. Nurses attitudes toward physical assaults by patients. Arch Psychiatry Nurs 3 (6):315 – 2.
12. Ashry Gad Mohamed Dr PH, Dr Ashry Gad Mohamed (2002) work – related assaults on nursing staff in Riyadh, Saudi Arabia. Family and community Medicine 9 (3): 51-56.
13. Fernandes CM, Bouthillette F, Rabond JM, Bullock L, Moore CF, Christenson JM, Grafstun E, Rae S, Onellet L, Gillrie C, Way M (1999) Nov, Violence in the emergency department: A survey of health care worker.
14. Kansagra SM, Rao SR, Sullivan AF, Gordon JA, Magid DJ, Kaushal R, Camargo CAJr, Blumenthal D (2008) Dec. A survey of workplace violence across 65 US emergency departments.
15. May DD, Grubbs LM (2002) Feb. The extent, nature and precipitating factors of nurse assault among three groups of registered nurses in a regional medical center. J Emerg Nurs 28 (1) 11 – 7.
16. Celik SS, Celik Y, Agirbas I, Ugurluoglu O (2007) Dec Verbal and physical abuse against nurses in Turkey. Int Nurs Rev 54 (4): 359 – 66.