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Workplace Violence towards Nurses and its Impact on Professional Quality of life

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Abstract

Medical professionals play a key role in the better health outcomes of patients at hospitals. Workload and patient ratio create pressure and compromise their life. Furthermore, rising violence at the workplace in the nursing sector ultimately influences their wellbeing. Thus, this study aims to analyze the relationship between workplace violence and quality of life among the nurses of public hospitals. The data were collected from 92 nurses of Jinnah Hospital Lahore through simple random sampling. The results reveal that workplace violence (Physical and Verbal) has a significant negative relationship with the compassion satisfaction of nurses.

Keywords: Workplace violence; Physical violence; Verbal violence; Compassion satisfaction.

Introduction

Violence is a genuine worldwide social issue and has been a serious and imperative issue in health care settings. Violence can be defined in various ways; such as "violence is a condition in which a person or group experience a genuine or potential risk to physical, mental or spiritual property" (Young, 2011). Nolan et al defined violence as "a demonstration that incorporates physical power such as slapping, punching, kicking, gnawing, utilization of a protest as a weapon, forceful conduct for example; spitting scratching and squeezing or a verbal harm including no physical contact"(Nolan *et al.*, 2001).

In health care settings violence is frequently seen in the emergency department due to several factors including the overcrowding of patients, their visitors' medical staffs themselves, and sometimes patient critical condition provoke violent episodes (Crilly *et al.*, 2004). Among the health care workers, nurses experience mostly violent

episodes especially the novice nurses (the newly licensed nurses who shift from school to practice) who are at greater risk (Weaver, 2013). In another study, newly authorized nurses who are freshly authorized from school are at high danger of presentation to violence (Johnson, 2009).

In health settings, violence is done mostly by patients, their relatives, and sometimes by their colleagues and senior physicians. In Turkey, it is reported that physicians were the most common source of sexual harassment towards nurses(Çelik & Çelik, 2007). Violence encountered at the workplace by peers or colleagues is called horizontal violence or parallel violence(Vessey *et al.*, 2011). Research indicates that patients are violent when they are unconscious or not aware of their surroundings, mostly when they are drunk. So, alcohol abuse was a primary or secondary diagnosis in 73% of patients who are seen violent towards nurses or other staff. Besides alcohol, any other substance abuse by patients may precipitate violence (Drummond *et al.*, 1989).

Workplace violence affects the professional quality of life of nurses. Violence at workplaces affects attendance, mental situation, and destruction of property, work disappointment, compensation, turnover, and confidence of nurses. Violence also causes a reduction in profitability, severe mental or physical pain, and poor work performance (Chang & Cho, 2016). Violence can negatively impact safe patient care and customer service. The previous study indicates that the result of the workplace environment continues after a violent event and it badly affects individual personal satisfaction(Gates *et al.*, 2011). A study also indicates that early novice nurses who are exposed to verbal violence bring down less job satisfaction, less authoritative duty, and reduced purpose to stay. Health care specialties who are the targets of violence experience short-term and long-term emotional responses including disappointment, lack of concern, guilty, self-fault, and vulnerability (Budin *et al.*, 2013).

It is known from various studies that violence at workplaces affects the professional quality of life of nurses. ProQoL has two main aspects; one positive called compassion satisfaction, the other negative is called compassion fatigue which further involves burnout and secondary trauma. The overall concept of ProQoL is mainly associated with the nature of the work environment, individual characteristics, and individual exposure and response to violence. Compassion satisfaction generally involves a violence-free environment and the satisfaction you feel from doing your work well (Stamm, 2010). Here we will describe compassion satisfaction, which will describe to how much extent nurses' professional life is satisfied.

The incidence of violent episodes is now recognized as a major health priority by the World Health Organization, the International Council of Nurses, and Public Services International (Magnavita & Heponiemi, 2011). Workplace violence is a serious and global issue for nursing and is confirmed by research that has been directed in Canada (Daiski, 2004), the UK(Hutchinson *et al.*, 2006), the USA (Johnson, 2009), Australia (Cummins *et al.*, 2007), and Pakistan (Lee & Saeed, 2001).

While violence is an individual behavior of patients or visitors towards nurses but organization system characteristics contribute to this behavior (Ironside & Seifert, 2003). There is a serious deficiency in the knowledge of the magnitude of reporting of violence in Pakistan towards nurses because they usually do not report such violence as they tend to expect this as a part of their job or sometimes the violence is from their superiors or colleagues that they are reluctant to report this (Hahn *et al.*, 2013).

According to a report by the US Bureau of Justice Statistics, an expected 1.7 Million specialties are harmed each year because of serious violence at work (Duhart, 2001). The main aim of this research is 1) to look, assess, and explore that workplace violence produces uneasiness or potential animosity in the working environment, 2) to demonstrate the relationship between workplace violence and its impact on quality of life.

Literature Review

Definitions of violence in literature are inconsistent (Bjorkly, 2006). In this contemplate, violence alludes to occurrences in which health care workers are manhandled or violated and attacked in work settings conditions. The World Health Organization (WHO) has defined violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community that either result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation"(Organization, 2002).

A current report announced that 71% of medical caretakers had been presented to no less than one of five types of violence in previous years, the prevalence of verbal abuse reported 63.8% was the most elevated and physical has the least 9.7% (Park *et al.*, 2015).

The international council of Nurses stated that only 20% of violent incidents are reported by nurses. In Australia, the drug most commonly used is Alcohol and alcoholic patients are supposed to be responsible for workplace violence towards nurses (Drummond *et al.*, 1989). So, substance mishandling was a primary or secondary finding in 73% of patients who were violent when exposed to nurses. Moreover, during 2001, 639 work-related homicides occurred in the United States causing homicides as the third leading cause of occupational fatality (Gerberich *et al.*, 2004).

Although various countries have accepted work-related violence and security laws regarding this still various strategies are used to implement this (Chappell & Di Martino, 2006). A European report including nursing staff working in daycare, home care, and facilities crosswise over 10 European Union Nation revealed that caretakers experience violence from patients and their families in France (39%), Germany 28% and Belgium 23% (Estryn-Behar *et al.*, 2008). And this violence is mostly reported in geriatric and ED nurses.

Vincit and White 1994 suggested that half of the nurses in their study had encountered WPV. Workplace Violence consequences include decreased productivity, increased absenteeism, poor economic impacts, and turnover intention. (Mahoney, 1991) in his work stated that ED nurses were at high risk of developing WPV than either the general public or other health care workers (Lin & Liu, 2005). While some studies found that incidence of WPV was higher on day shifts (Mayer *et al.*, 1999)others reported at night (Cembrowicz & Shepherd, 1992) or during both evening or night shifts.

The independent variable in this research is workplace violence and it includes verbal violence, physical threats, and physical violence. Whereas the professional quality of life is the dependent variable primarily depends on the work environment and workplace violence situation. ProQoL involves compassion satisfaction and compassion fatigue. In this research, we will describe the relationship between violence at the workplace among nurses and its effect on compassion satisfaction (Stamm, 2010).

Various factors contribute to WPV towards nurses which include lack of education, personal history of violence, or demographic status such as age, sex as women, etc. (Anderson & Parish, 2003). In Pakistan, very limited literature had been published about workplace violence among nurses. This study will comprehensively bring the violence among nurses and focus on preventive modes against violence.

Methodology

As discussed earlier, the evidence regarding workplace violence among nurses is very limited, especially in Pakistan. The aim of the present study is, therefore, to explore workplace violence among nurses and to identify its impact on the professional quality of life of nurses. It is investigated by the nurses of the public health sector working in different wards of the hospital. This study is co-relational descriptive research. It included a response from nurses of different wards from the public hospital of Pakistan. The study was conducted among the nurses of Jinnah Hospital Lahore, Pakistan. Among the various wards of the hospital, the data was collected mainly from emergency department nurses (ED) including medical and surgical emergency, ICU units, medical and surgical wards of the hospital. I had to use a random sampling technique for data collection among various nurses of these units. A total of 92 sample size was obtained and the response of nurses was collected during their duty hours. This study was approved by Nursing Superintendent from the College of Nursing, Jinnah Hospital, Lahore. The nurses participated in the response voluntarily and their personal information was kept private.

The two variables Workplace Violence as independent and Professional qualities of Life (ProQoL) as the dependent variable are selected and their correlation with each other are studied. A modified questionnaire for workplace violence is used which was developed by (Kim *et al.*, 2007). This questionnaire includes verbal violence (four items), and physical violence (seven items). The questionnaire was based on a five-point Likert scale that measures from strongly disagree to strongly agree. For measuring ProQoL, we used another questionnaire which was developed and modified by Stamn and Lee (Stamm, 2010) which is based on a five-point Likert scale from strongly disagree to strongly agree.

Results

Demographic Data

Table 1 shows the demographic characteristics of the respondent nurses working in various EDs of the Hospital. This table describes the respondents based on their gender (male/female), age (18-25/25-30/30-50/above 50), marital status (single/married), qualification (diploma in nursing/B.sc nursing/other) and stay in an organization (less than 1 year/1-5 year/5-10 year/above 10 years).

Table 1: Demographic data

Characteristics	Frequency	Valid percentage
Gender		
Male	Nil	Nil
Female	89	100
Age group (year)		
18-25	61	68.5
25-30	23	25.8
30-50	4	4.5
Above 50	1	1.1
Marital status		
Single	17	19.1
Married	72	80.9
Qualification		
Diploma in nursing	58	65.2
B.sc nursing	28	31.5
Other	3	3.4
Stay in organization (year)	17	19.1
Less than 1	67	75.3
1-5	3	3.4
5-10	2	2.2
Above 10		

Table 1 describes the demographic status of nurses working in public sector hospitals. According to the results, the whole proportion of the population is comprised of female nursing staff working in the public sector of Lahore Pakistan. The majority of the staff were single (80.9%). The majority of the staffs were young i.e. between the age groups of 18-25 yrs, 25.8% population were between the age of 25-30 years, 4.5% population was between 35-50 years and remaining 1% population was above 50 years. 65.2% of the population was holding a diploma in nursing and 31.5% of the population was B.Sc nursing. Respondents of 75.3% population were mostly having 1-5 years of experience and 19.1 % population have less than 1-year of experience.

Descriptive Analysis

Independent Variables

Physical violence:

Summed scores were used to calculate the range, mean and standard deviation of the independent variable (physical violence at the workplace towards nurses) and it is shown in Table 2. From table 2 we conclude that the mean, median, and range are 1.58, 1.28, and 4.00 respectively. The standard deviation is 0.688 i.e. falls within the normal value.

Verbal violence:

Same as physical violence the descriptive statistics were applied on the verbal violence and the mean standard deviation and range were calculated shown in table 2. The table shows that the mean and median of this variable are nearly equal to each other i.e. 2.62 and 2.50 respectively, range=4 same as physical violence and standard deviation=0.577.

Dependent Variables:

Compassion satisfaction:

The impact of verbal and physical violence at workplace violence against nurses on their professional quality of life varies positively or negatively. The professional quality of life contains compassion satisfaction as its main component. The mean, median, standard deviation, standard error of skewness and kurtosis, and range of this variable are shown in Table 3. It is shown that the mean median is nearly equal i.e. 3.94 and 4.00 respectively, range=2.70 whereas standard deviation is 1.064. The normal values for standard deviation are between +2 to -2, so it is seen that the SD of the variable compassion satisfaction falls into the normal range.

Reliability analysis:

Table 3 shows the overall reliability of the tool that was calculated by Cronbach's alpha. The reliability of physical violence is 0.945 which is not too small but acceptable. Cronbach's alpha value of verbal violence is 0.841 which is correct and acceptable significantly whereas Cronbach's alpha value of compassion satisfaction is 0.869 nearly equal to verbal violence and it is also acceptable.

Validity analysis:

Table 4 shows the variability of the tool that was calculated by KMO Measure of Sampling Adequacy and Bartlett's Test of Sphericity. The KMO normal value should be greater than 0.5 and the significance of Bartlett's test should be above .05. In below table 2.3 the KMO value of physical violence, verbal violence, and compassion satisfaction is 0.901, 0.728, and 0.767 respectively. Similarly, the significance of Bartlett's test of all three variables is .000. From the above values, it is observed that all the values fall within the normal range so the above test applied is valid with their responses.

Table 2: Physical and Verbal Violence

Characteristics	Physical violence	Verbal violence	Compassion satisfaction
Mean	1.58	2.62	3.94
Median	1.28	2.50	4.00
Range	4.00	4.00	2.70
Standard deviation	0.688	0.577	1.064
Standard error of skewness	0.255	0.255	0.255
Standard error of kurtosis	0.506	0.506	0.506

Table 3: Reliability analysis

Variables	Cronbach's alpha
Physical violence	0.945
Verbal violence	0.841
Compassion satisfaction	0.869

Table 4: Validity analysis

Constructs	KMO	Chi-Square	Bartlett's Test of Sphericity
Physical Violence	.901	580.127	.000
Verbal Violence	.728	204.358	.000
Compassion Satisfaction	.767	352.814	.000

Correlation Analysis:

Table 5 depicts the correlation between dependent and independent variables i.e. between physical violence, verbal violence, and compassion satisfaction. The relationship between physical violence and compassion satisfaction is -0.161, this value is insignificant but acceptable. Whereas the Pearson correlation value between verbal violence and compassion satisfaction is -0.280 which is significant and acceptable. From table 5 it can be seen that the independent and dependent variables are closely related to each other.

Regression analysis:

As a result of simple regression is displayed in Tables 6-8. Results revealed that workplace violence significantly affects nurses' professional quality of life. The beta value of .070 showing a significantly negative relationship between physical violence and compassion satisfaction. Whereas the value of adjusted r^2 showing 61% (F=3.873) of variance contributed by the independent variable (physical violence) independent variable (professional quality of life).

Table 8 is showing a significantly negative relationship between verbal violence and compassion satisfaction. Whereas the value of adjusted r^2 showing 61% of variance contributed by the independent variable (verbal violence) independent variable (professional quality of life).

Table 5: Correlations

		PHV	Verbal Violence	CS
PHV	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	89		
Verbal Violence	Pearson Correlation	.358	1	
	Sig. (2-tailed)	.001		
	N	89	89	
CS	Pearson Correlation	-.161	-.280	1
	Sig. (2-tailed)	.131	.008	
	N	89	89	89

Table 6: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.287[a]	.083	.061	.63663	.083	3.873	2	86	.025	1.101

a. Predictors: (Constant), verbal_Violance, PHV
b. Dependent Variable: CS

Table 7: ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	3.139	2	1.570	3.873	.025[b]
	Residual	34.856	86	.405		
	Total	37.995	88			

a. Dependent Variable: CS
b. Predictors: (Constant), Verbal and Physical Violence

Table 8: Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	4.497	.208		21.616	.000		
	PHV Violence	-.067	.106	-.070	-.633	.528	.872	1.147
	Verb Violence	-.157	.068	-.255	-2.303	.024	.872	1.147

a. Dependent Variable: CS

Discussion

Nurses face workplace over the world and this issue has gained much attention so that effective measures can be taken to overcome this. In the present study, we investigated workplace violence against nurses. These findings also indicated that the newly licensed nurses are at high risk of exposure to violence especially verbal violence and bullying perpetrated by their nurse colleagues, senior physicians, or patients. Physical violence especially verbal violence was found to have a strongly negative association with nurses' professional quality of life. In the present study, nurses of EDs of Jinnah Hospital, Lahore were under study and they reported a high prevalence of verbal violence followed by physical violence. It is seen that newly licensed nurses whose work duration is between 1 to 5 years' experience verbal violence more than other nurses. Because they are less skilled than experienced staff and are generally supervised by them. They have usually less contact with physicians. Moreover, the compassion satisfaction of such nurses is very low or unsatisfied. This study also indicates that nurses of EDs have direct contact with patients and their relatives. Medical treatment, hospital environment, patients care according to their condition and nurses' attitudes need improvements to remove conflicts among patients and nurses and improve the hospital environment.

This study although demonstrate workplace violence among nurses but there are certain limitations, such as the study was conducted only among emergency department nurses and ICU nurses due to lack of time, but it should also be conducted on nurses of other departments. Moreover, only compassion satisfaction was studied but compassion fatigue should also be considered. But future research can study both components of professional quality of life against nurses' workplace violence.

Conclusion

From the above study, it is concluded that violence is a significant problem for our nurses especially emergency department nurses and it has negative consequences on their professional life like decrease work productivity and emotional stress, decrease coping and interaction with patients. It should be controlled and minimized to a level to provide the best care to a patient with no emotional stress and fatigued. Foremost, it should not be considered as a part of the job and novice nurses should report to the managerial authority for any type of violence from anyone. Further researches should be conducted on violence and other nursing issues to highlights the unreported issues and to raise the best professional standards for nursing.

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