An Exploratory Study to Assess the Occurrence, Pattern and Impact of Workplace Violence and Misconduct on Nurses in Selected Hospitals of Hyderabad

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Abstract

An assault on health professionals in the workplace is a public health and legal problem. Violence against nurses is a silent epidemic. Until relatively recently, little attention had been paid to this problem. *Objectives:* The objectives of the study were to assess the pattern & impact of workplace violence and misconduct on nurses and to seek out the association between selected demographic variables and impact of workplace violence and misconduct on nurses. *Materials and Methods:* Quantitative research approach with non-experimental exploratory survey design was selected for the present study. The sampling technique chosen was purposive sampling technique for a sample size of 60 nurses who fulfilled the criteria through structured questionnaire. The sample chosen was nurses from General hospitals of Hyderabad. The tool consisted of Part A demographic profile with 10 variables. Part B consisted a three-point Likert Scale to assess the pattern of workplace violence. Part C consisted of a three-point Likert Scale to assess the impact of workplace violence and misconduct. Part D consisted of a Checklist to assess the Pattern of misconduct on nurses. We analysed the scores using descriptive and inferential analysis. Association between them was performed using Pearson correlation. Statistical significance was taken to be p < 0.05. *Results:* The study results revealed that majority of the nurses were under the age group of 21-30 years and most of them were females, also they had 2-3 years of work experience followed by larger portion of them pursued Post Basic BSc nursing and surprisingly study subjects reported that they have been suffered from workplace violence from colleagues and patient's attenders. The study subjects have undergone workplace violence and misconduct at workplace such as bullying (100%), physical (28.3%), verbal (100%) and sexual violence (50%) followed by official (100%) and sexual misconduct (55%). The study subjects also revealed that major proportion of the nurses experienced bullying, verbal violence, sexual violence and physical violence under the pattern of workplace violence and suffered from mild, moderate and severe impact due to workplace violence. Of the 60 nurses, all of them had suffered from official misconduct at workplace followed by 33 of the study subjects had experienced from sexual violence at workplace and faced mild, moderate and severe impact from misconduct. There was a no significant association between impact of workplace violence with selected demographic variables like age, gender, religion, years of work experience, marital status, education, department, designation, shift timings, relationship with abuser. Also, there was no significant association between impact of misconduct and the selected demographic variables. Conclusion: Implementing prevention programmes will help the nurse to be free from difficulties and can reduce the statistics of workplace violence and misconduct.

Keywords: Attitude; Information Booklet; Adult; Mental Illness.

Introduction

Today, concerns are rising about the escalating levels of violence against nurses. Nurses are the frontline personnel's and are more likely to encounter violence because of the amount of time spent in direct patient care. Most nurses are not trained to manage explosive situations. Also, the nurses are not vocal about violence experienced in the workplace due to fear of their employers because the employers may reciprocate their action in the form negligence or poor job performance on the part of the reporting employees. In addition, some nurses consider violence as part of their job. Violence against nurses impairs job performance after the incident. It also reduces job satisfaction and may compel nurses to quit their jobs.[1]

The Indian Medical Association has reported that 75% of healthcare workers face verbal or physical abuse in hospital premises and fear of violence was the most common cause for stress for 43% of the health care workers. The highest number of violence was reported at the point of emergency care and 70% of the cases of violence were initiated by the patient's relatives.[2]

In hospitals, nursing homes, and other healthcare settings, possible sources of violence include patients, visitors, intruders, and even co-workers which include verbal threats or physical attacks by patients, a distraught family member who may be abusive or even become an active shooter, gang violence in the

emergency department, a domestic dispute that spills over into the workplace, or co-worker bullying.[3]

Since there was substantial evidence of workplace misconduct occurring in the hospital and nurses were severely affected. The investigator developed interest in carrying out research to explore the incidents, patterns and its effect on the nurses. The investigator through empirical evidences found that Indian Nurses were hesitant of reporting the same and were not being assertive presumably due to the fear of job loss or reprimands. So, researcher found this as a topic that needs to shed more light.

The objectives of the study were to assess the pattern & impact of workplace violence and misconduct on nurses and to seek out the association between selected demographic variables and impact of workplace violence and misconduct on nurses.

Materials and Methods

Quantitative research approach with non-experimental exploratory survey design was selected for the present study. The sampling technique chosen was purposive sampling technique for a sample size of 60 nurses who fulfilled the criteria through structured questionnaire. The sample chosen was nurses from selected General hospitals of Hyderabad.

The tool consisted of Part A- demographic profile with 10 variables.

Part B consisted of a tool to assess the pattern of workplace violence marked on a 3-point Likert Scale.

- 1-16: mild pattern of workplace violence.
- 16-33: moderate pattern of workplace violence.
- 32-48: severe pattern of workplace violence.

Part C consisted of a tool to assess the impact of workplace violence and misconduct on a 3-point Likert Scale.

- 1-6: Mild impact of workplace violence.
- 7-12: Moderate impact of workplace violence.
- 13-18: Severe impact of workplace violence.

Part D: consisted of a Checklist to assess the Pattern of Misconduct on Nurses. 0 indicated absence of occurrence of misconduct.

- 1-2: Mild occurrence of misconduct.
- 3-4: Moderate occurrence.
- 5-6: Severe occurrence of misconduct.

The analysis was done using descriptive and inferential analysis.

Results

Table 1: Frequency and percentage distribution of nurses by their sample characteristics.

n=60

Sample Characteristics	Frequency	Percentage
Age		
20-31 years	49	81.6%
31-40 years	11	18.4%
41-50 years	-	-
>51 years	-	-
Gender		
Male	1	1.6%
Female	59	98.4%
Others	-	-
Religion		
Hindu	39	65%
Muslim	7	11.6%
Christian	14	23.4%
Others	-	-
Work experience		
0-1 years	14	23.4%
2-3 years	22	36.6%
3-4 years	12	20%
>4 years	12	20%
Marital Status		
Married	26	43.4%
Unmarried	33	55%
Widowed	-	-
Divorced	1	1.6%
Highest Education		
GNM Nursing	17	28.4%
Post Basic BSc Nursing	25	41.6%
BSc Nursing	15	25%
MSc Nursing	3	5%
Designation		
Staff nurse	44	73.4%
Ward in charge	15	25%
Nursing superintendent	-	-
Nurse educator	1	1.6%
Department		
In-patient department	34	56.7%
Out-patient department	4	6.6%
Psychiatric department	6	10%
Emergency department	16	26.7%
Shift timings		
8 am to 2pm	15	25%
2pm to 8pm	20	23.4%
8pm to 8am	19	31.6%
I don't remember	9	10%
Relationship with abuser		
Patient	10	16.6%
Patient's attenders	24	40%
Doctor	2	3.6%
Colleagues	24	40%

Table 1 shows that 49 nurses were under the age group of 21-30 years and 11 of them were aged between 31-40 years. Majority of them were females i.e., 98.4% and only 1.6% were males. Most of the nurses were Hindu by their religion (65%), followed by Christians (23.4%) and Muslims were (11.6%). Many of the nurses i.e., 22 had 2-3 years work experience, 14 nurses were having under 1-year work experience, followed by 12 nurses had 3-4 years of work experience and 12 nurses were having >4 years of work experience. Of all the study subjects, 26 nurses were married, 33 of them were unmarried and 1 of the study subjects was divorced. Out of 60 nurses 17 nurses pursued GNM as highest education, 25 of them pursued Post Basic BSc nursing, 15 nurses pursued BSc nursing and 3 of them pursued MSc nursing as highest educational qualification. Majority of the nurses were staff nurse (73.4%), ward in-charge (25%), nurse educator (1.6%) according to the designation. According to the department wise categorisation, out of 60 nurses, 34 nurses were working under inpatient department, 16 were in emergency department, 6 of them were working in psychiatry department and 4 of them were working in out-patient department. Major number of nurses i.e., 33.4% encountered workplace violence in the shift timings of 2pm-8pm, 31.6% nurses encountered workplace violence in 8pm-8am shift, 25% of them in 8am-2pm shift, followed by 10% of the nurses don't remember the shift timings in which they encountered workplace violence. Under the category of relationship with abuser 24 nurses reported workplace violence from their colleagues, 24 of them reported workplace violence from patient's attenders, 10 of them reported workplace violence by patients and 2 of the nurses reported workplace violence by doctors.

Fig. 1: Frequency and Percentage on Occurrence of workplace violence.

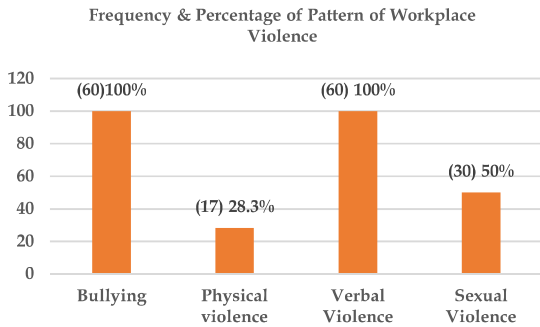Figure 1 shows that all the 60 study subjects (i.e., 100%) had undergone workplace violence.

Fig. 2: Frequency and Percentage on Pattern of workplace violence.

Figure 2 shows that larger portion of the nurses reported bullying (100%) and verbal violence (100%), followed by (50%) of the nurses reported sexual violence and the least percentage (28.3%) of the nurses reported physical violence under the pattern of workplace violence.

Table 2: Domain wise Mean of Pattern of workplace violence and Rank Order of Nurses.

Pattern of Workplace Violence	Mean	Modified Mean	Rank Order
Verbal Violence	6.05	1.21	1
Bullying	3.8	0.76	2
Sexual Violence	1.41	0.176	3
Physical Violence	0.5	0.083	4

Table 2 shows the Mean score of Pattern of workplace violence and further Rank order of the pattern of workplace violence. The highest modified mean score was found to be Verbal violence with domain (1.21) whereas the least modified mean was found in Physical violence with domain of (0.083). The descending order of Pattern of workplace violence domain wise order was Physical violence (0.083), Sexual violence (0.176), Bullying (0.76), Verbal violence (1.21).
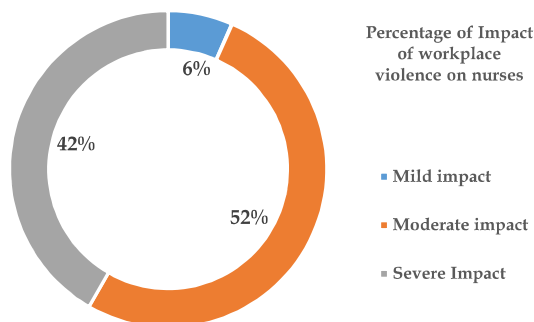

Fig. 3: Percentage of Impact of workplace violence on nurses.

Figure 3 represents that 6.6% of nurses had mild impact of workplace violence, 51.7% of the nurses suffered from moderate impact of workplace violence and surprisingly 41.7% of the nurses had severe impact of workplace violence.

Table 3: Impact of Workplace violence on Nurses.

n=60

Group	Possible Range of Score	Obtained Range of Score	Mean	Median	Mode	Standard Deviation
Nurses	1-18	4-16	11	11	14	3.23

Table 3 highlights that the impact of Workplace violence on nurses with possible range of scores were from 1-18, obtained range of scores were from 4-16 with average mean score of 11, median was 11, mode was14 and Standard deviation was 3.23.

Table 4: Occurrence of Misconduct on nurses.

n=60

Occurrence	Frequency	Percentage
Yes	60	100%
No	0	0

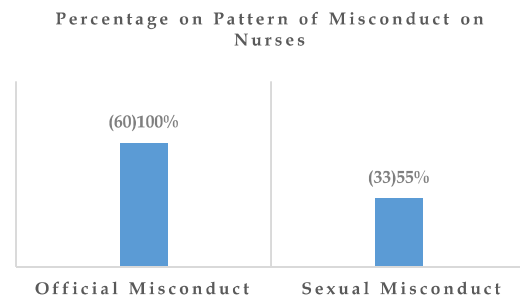Table 4 shows that all study subjects had experienced misconduct at workplace.

Fig. 4: Frequency and percentage on Pattern of Misconduct on nurses.

Figure 4 represents those 60 nurses (100%) had suffered from official misconduct at workplace and 33 of the study subjects (55%) had suffered from sexual violence at workplace.

Table 5: Findings related to Frequency and Percentage on Impact of Misconduct.

n=60

Impact of Misconduct	Frequency	Percentage
Mild Impact	29	48.4%
Moderate Impact	27	45%
Severe Impact	4	6.6%

Table 5 represents that (29) 48.4% of nurses had mild impact related to misconduct, (27) 45% of the nurses suffered from moderate impact due to misconduct and surprisingly (4) 6.6% of the nurses reported severe impact as a consequence of misconduct.

Table 6: Impact of Misconduct on Nurses.

Group	Possible Range of Score	Obtained Range of Score	Mean	Median	Mode	Standard Deviation
Nurses	1-18	3-13	7.1	7	5	3.73

Table 6 illustrates that the impact of Misconduct on nurses with possible range of scores from 1-18, obtained range of scores were from 3-13 along with average mean score of 7.1, median was 7, mode was 5 and Standard deviation was 3.73.

Table 7: Association between the Impact of Workplace violence with selected demographic variables.

n=60

Demographic Variables	Chi Sqaure	Degree of Freedom	Table Value	Level of Significance
Age	4.717	6	12.59	NS
Gender	1	4	3.84	NS
Religion	0.948	6	12.59	NS
Years of work experience	10.495	6	12.59	NS
Marital status	1.374	6	12.59	NS
Education	3.52	6	12.59	NS
Designation	8.59	6	12.59	NS
Department	1.86	6	12.59	NS
Shift timings	1.75	6	12.59	NS
Relationship with abuser	2.45	6	12.59	NS

Table 7 highlighted there was no significant difference between impact of workplace violence, the selected demographic variables like age, gender, religion, years of work experience, marital status, education, department, designation, shift timings, relationship with abuser as the Chi square value is lesser than the obtained table value.

Table 8: Association between the Impact of Misconduct with selected demographic variables.

N=60

Demographic Variables	Chi Sqaure	Degree of Freedom	Table Value	Level of Significance
Age	0.22	6	12.59	NS
Gender	0.57	4	9.49	NS
Religion	6.116	6	12.59	NS
Years of Work Experience	6.09	6	12.59	NS
Marital Status	0.917	6	12.59	NS
Education	4.198	6	12.59	NS
Designation	0.841	6	12.59	NS
Department	2.28	6	12.59	NS
Shift Timings	9.56	6	12.59	NS
Relationship With Abuser	1.885	6	12.59	NS

Table 8 shows that there was no significant difference between impact of misconduct and the selected demographic variables like age, gender, religion, years of work experience, marital status, education, department, designation, shift timings, relationship with abuser because the table value was greater than the obtained Chi square value hence there was no association and results illustrated that it was Not Significant.

Discussion

The present study revealed that majority of the nurses reported bullying 60 (100%) and verbal violence 60 (100%). Additionally, (30) 50% of the nurses reported sexual violence and the remaining percentage 17 (28.3%) of the nurses reported physical violence at workplace which are in line with the study of Teris Cheung & Paul S. F. Yip[5], he highlighted that the most common forms of Work Place Violence were verbal abuse/ bullying (39.2%), then physical assault (22.7%) and sexual harassment (1.1%).

The current study also assessed the perpetrator of violence on nurses were mainly their colleagues (40%), patient's attenders (40%), doctors (3.6%) and patients (16.6%) which is in accordance with the study of Asmaa Alyaemni et al[6] where perpetrator of violence on nurse found to be their recipients of care that is patients (82.4%) and their relatives (64.8%) who proved to be the instigators of violence.

The present study shows that, there was no significant association between impact of workplace violence with selected demographic variables. Also, the present study revealed that there was no significant association between impact of misconduct and the selected demographic variables.

Conclusion

Workplace violence is normally associated with mental disorders, and it can be limited by factors such as job control, social protection and justice[4]. Despite the importance of the role of nurses, health systems and specially hospitals, have been unable to ensure the safety of frontline nurses against workplace violence, which is important since they are in close proximity with the patients and their relatives.

So, every hospital should have a separate workplace violence prevention programme and follow legal acts in order to deal with the problems that nurses are facing in delivering nursing care. Implementing prevention programmes will help the nurse to be free from difficulties and reduce the statistics of workplace violence and misconduct.

References

1. Mohamed AG. Work-related assaults on nursing staff in riyadh, Saudiarabia. J Family Community Med. 2002;9(3):51–56.

2. Violence against healthcare profession by country. (internet) (cited 2019 June) Available from https://en.wikipedia.org/wiki/Violence_against_health care_professionals_by_country#India.

3. Occupational Safety and Health Administration (OSHA). Guidelines for preventing workplace violence for healthcare and social service workers. 2015.

4. Teymourzadeh E, Rashidian A, Arab M, Akbari-Sari A, Hakimzadeh SM. Nurses exposure to workplace violence in a large teaching. Int J Health Policy Manag. 2014; 3: 301–305.

5. Cheung T, Yip PS. Workplace violence towards nurses in Hong Kong: prevalence and correlates. BMC Public Health. 2017;17(1):196.

6. Workplace violence against nurses in the emergency departments of three hospitals in Riyadh, Saudi Arabia: A cross-sectional survey. (internet)(cited 2016 Oct). Availablefrom:https://www.sciencedirect.com/science/article/pii/S2352900816300140?via%3Dihub.