

Workplace Violence Experienced by Nurses in Universiti Kebangsaan Malaysia Medical Centre

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ABSTRAK

Penambahan kejadian keganasan tempat kerja merupakan masalah yang memerlukan perhatian yang serius yang dihadapi oleh pihak pengurusan di sektor jagaan kesihatan diakhir-akhir ini. Kajian ini telah dilakukan untuk mengenalpasti pengalaman keganasan tempat kerja yang dialami oleh kakitangan kejururawatan di Pusat Perubatan Universiti Kebangsaan Malaysia. Ianya mengenalpasti kategori kejururawatan yang mengalami kejadian keganasan tempat kerja yang paling tinggi, mereka yang melakukan keganasan dan jenis keganasan yang biasa berlaku. Kajian ini berbentuk keratan rentas yang dijalankan dalam masa tiga bulan iaitu dari bulan Januari hingga Mac, 2004. Jumlah responden, seramai 55 orang, telah menjawab soal selidik dengan penyertaan secara sukarela. Satu set soal selidik telah digunakan untuk mengumpul data berkaitan demografik dan insiden keganasan tempat kerja. Ujian kebolehpercayaan yang dilakukan menggunakan 'Cronbach Alpha' menunjukkan 0.872. Keputusan kajian menunjukkan kaganasan tempat kerja dikalangan jururawat adalah 3.7 peratus dengan purata 1.2 peratus dalam masa sebulan dan seorang jururawat mengalami keganasan selang sehari. Jururawat terlatih adalah kumpulan yang paling ramai mengalami keganasan dan mereka yang melakukan keganasan ini adalah pesakit (40.6%) dan diikuti dengan saudara-mara pesakit (37.5%). Jenis keganasan yang paling kerap dilakukan adalah secara 'verbal' (55.6%) yang terdiri daripada penderaan 'verbal' (31.9%) dan ugutan 'verbal' (23.7%). Keputusan ini menunjukkan keganasan tempat kerja adalah satu masalah yang serius dan memerlukan perhatian pihak pengurusan. Ini adalah untuk memastikan persekitaran tempat kerja yang selamat bagi para jururawat dan ini akan memastikan penjagaan berkualiti pada pesakit.

Kata kunci: keganasan tempat kerja, jururawat, penderaan fizikal, penderaan verbal, UKMMC

ABSTRACT

Lately, increasing workplace violence is a problem that requires serious attention by the management of the healthcare sector. This study was carried out to examine workplace violence experienced by nurses in the Universiti Kebangsaan Malaysia Medical Centre. It aimed to identify the category of nursing staff who formed the

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highest number of victims, the perpetrators and the common types of workplace violence. This was a descriptive cross-sectional study carried out over a three month period on 55 nurses who had participated voluntarily in this study. The demographic data and data on the violent incident were collected by using a 21-item questionnaire. The reliability and validity with Cronbach's alpha was 0.872. Information on the most common types of violence, victims and the perpetrators was also collected. The study revealed that workplace violence among the nursing staff was 3.7% with an average of 1.2% being abused per month and one nurse being abused every other day. The study also revealed that the staff nurses were the most common victims and the perpetrators were mainly the patients (40.6%) and the patients' relatives (37.5%). The most common forms of violence were verbal abuse (31.9%) and verbal threat (23.7%). Physical violence was experienced by 44.4% of the victims. These results suggest that workplace violence is a serious problem which should be addressed in order to create a safe environment for the nurses.

Key words: workplace violence, nurses, physical abuse, verbal abuse, UKMMC

INTRODUCTION

The increasing number of incidents of violence in the workplace internationally has only recently been recognized as a serious safety and health hazard because of the many horrific incidents that have been reported in the media lately. (International Labor Organization 2000). Many people were aware of the existence of violence but only a few voiced out their concerns until the International Labor Organization started publishing its reports about violence. Workplace violence is a substantial contributor to occupational injury and death and is increasingly causing concern to government bodies, health and safety professionals, employers and employees in many countries. This is the second leading cause of fatal occupational injury in the United States (McDonald 2001). According to Summers (1999), for nonfatal assaults, the highest risk occupations are those pertaining to service-oriented organizations such as hospitals, nursing homes, residential facilities and social service agencies.

In the healthcare setting, workplace violence has brought to light the real threat that these personnel face in their daily working lives, and employees within the hospital setting are potential victims of any form of workplace violence by patients, visitors or colleagues, causing them to suffer from extreme mental and physical stress. Surveys carried out by healthcare staff, especially nurses worldwide, have demonstrated that violence in the healthcare workplace is widespread and nurses as front line caregivers are often involved in dealing with victims of violence and the perpetrators of violent acts (Worthington 2000). According to Jackson et al. (2002), the health sector is also facing serious problems in the recruitment of students into nursing, and new graduates into the workforce, and retaining experienced nurses especially in specialized areas such as critical care, emergency and mental health to name a few because of workplace violence.

Workplace violence in the healthcare setting in Malaysia is also a serious problem (Department of Statistics 2002)

but there has been very limited amount of research done to bring this matter to light. Nurses are said to be more likely to sustain injuries at work compared to any other professional group and a substantial number of these injuries are the result of assaults or aggression (Carter 2000). According to May & Grubbs (2002), nurse assault or abuse reduces confidence on the job, the ability to function and cope and has also brought about conflicts with patients, family members, visitors and co-workers. DelBel (2003) found that 42 per cent of nurses felt that verbal abuse had a great impact on the turnover of nurses while 36 per cent believed that it contributed to absenteeism to a great extent.

This study was carried out to determine the prevalence of workplace violence and to obtain more information on workplace violence experienced by nurses in the Universiti Kebangsaan Malaysia Medical Centre (UKMMC). It was also carried out to determine the category of perpetrators and the common types of workplace violence.

MATERIALS AND METHODS

The study was conducted in UKMMC over a three month period from January till March 2004, using the descriptive cross-sectional design. Approval to conduct the study was obtained from the Medical Research and Ethics Committee (Project Code No. FF/001/2004, dated 8th January, 2004).

The definition of workplace violence adopted in this study was according to the United States National Institute for Occupational Safety and Health (NIOSH) (1996), which was "Any physical assault, threatening behavior or verbal abuse occurring in the work setting, it includes but is not limited to beatings, stabbing, suicides, shootings, rapes, near homicides, psychological trauma such as threats,

obscene phone calls, an intimidating presence, and harassment of any nature such as being followed, sworn at or shouted at" (NIOSH 1996).

Recruitment of participants was done through poster advertisements inviting all nurses who had experienced workplace violence during the study period to participate and it was on a totally voluntary basis. Only nurses who had experienced workplace violence during this three month period were allowed to participate in this study. Confidentiality was maintained throughout the study. A total of 59 nurses participated in the study but only 55 questionnaires were completely answered and could be used. The respondents comprised of staff nurses, nursing students and male nurses. All 55 had experienced workplace violence from various disciplines and areas of work in UKMMC.

Data was collected via self prepared questionnaires which had been tested for validity and reliability. The Cronbach's Alpha obtained on the questionnaire was 0.872. The self administered questionnaire comprised two parts, Part A and Part B. Part A collected the personal data from the participants such as age, gender, ethnic background, marital status, professional status, the place of work and years of experience. Part B collected the data about the violent incident itself such as when, where and what form of violence that had taken place and who was the perpetrator.

Data entry and analysis was done using the Statistical Package for Social Science (SPSS) software version 11.

RESULTS

The total number of nursing staff in UKMMC at the time of the study was 1502 and of this 55 (3.7%) reported workplace violence experienced during the three month study period. Therefore,

an average of 18.3 (1.2%) of the nursing staff had experienced workplace violence per month.

The majority of the victims were within the age group of 23-27 years (n=36 or 65.5%) and of Malay ethnicity (n=44 or 80.0%). This was followed by Indians (n=10 or 18.2%) and 'others' (n=1 or 1.8%) who was a foreign nurse from India. There were no Chinese respondents. The majority of the nurses who took part in this study were females (n=53 or 96.4%) and the largest group of participants were the staff nurses (n=45 or 81.8%) (Table 1).

According to place of work, the most respondents were from the surgical wards (n=11 or 20.0%) followed by the emergency department (n=10 or 18.2%) and critical care areas (n=10 or 18.2%). The medical wards and psychiatric department recorded the same number of respondents (n=9 or 16.4% each), followed by the operating theatre (n=4 or 7.2%) and Obstetrics & Gynecology Department (n=2 or 3.6%). Forty-seven (85.5%) of the respondents had between 1-5 years, five (9.1%) 6-10 years, one (1.8%) 11-15 years and 2 (3.6%) more than or equal to 21 years of work experience (Table 2).

The largest number of violent incidents took place in the surgical areas (n=12 or 21.8%) followed by the Emergency Department, Psychiatric Department and critical care areas each experiencing ten (18.2%) incidents. The Medical wards had eight (14.5%) incidents, Operating Theatre three (5.5%) and Obstetrics & Gynecology two (3.6%) incidents. The total number of perpetrators was 64 of whom 26 (40.6%) were females and 38 (59.4%) were males. The greatest number of violent incidents perpetrated against nurses was by patients (n=26 or 40.6%) followed by patients' relatives (n=24 or 37.5%). Eight (12.5%) were doctors (n=4), head nurses (n=2) and

nurse managers (n=2). Four (6.3%) of the perpetrators were peers and two (3.1%) were non-relative visitors.

Table 1 : Number of participants by age, ethnic group, gender and professional status

Demographic Data	n(%)
Age	
18-22 Years	9 (16.4)
23-27 Years	36 (65.5)
28-33 Years	8 (14.5)
34-39 Years	0 (0.0)
40 and above	2 (3.6)
Ethnic Group	
Malays	44 (80.0)
Chinese	0 (0.0)
Indians	10 (18.2)
Others	1(1.8)
Gender	
Male	2 (3.6)
Female	53 (96.4)
Professional Status	
Staff Nurse	45 (81.8)
Medical Assistants/Male Nurses	2 (3.6)
Student Nurse	8 (14.6)
Nurse Manager	0 (0.0)
Head Nurse	0 (0.0)

Table 2 : Number of respondents according to place of work and years of experience

Place of Work	n(%)
Surgical Wards	11 (20.0)
Emergency Department	10 (18.2)
Critical Care	10 (18.2)
Medical Wards	9 (16.4)
Psychiatric Department	9 (16.4)
Operating Theatre	4 (7.2)
Obstetric & Gynecology	2 (3.6)
Years of Work Experience	
1-5 Years	47 (85.5)
6-10 Years	5 (9.1)
11-15 Years	1 (1.8)
16-20 Years	0 (0.0)
21 Years and above	2 (3.6)

There were altogether 64 perpetrators for the 55 victims. Eight nurses had experienced violence from two perpetrators at one time and one nurse from three perpetrators at the same time (Table 3).

The 55 respondents experienced different forms of violence 97 times during the study period. This is because some respondents experienced two or three forms of violence at the same time.

The most common form of violence was verbal abuse (n=31 or 31.9%) followed by verbal threat (n=23 or 23.7%). The most common form of physical violence was 'being pushed' (n=15 or 15.5%); other forms included being 'slapped' (n=2), 'pinched' (n=4), 'scratched' (n=3) and 'spat at' (n=2), which totaled 11.3% (n=11); hit with an object (n=6 or 6.2%); kicked (n=3 or 3.1%); grabbed (n=3 or 3.1%); bitten (n=2 or 2.1%); sexually assaulted (stroked thigh) (n=2 or 2.1%) and strangled (n=1 or 1.0%). There were no incidents of being hit with a fist or cut by a knife (Table 4).

DISCUSSION

The main objective of this study was to determine the incidence of workplace violence in UKMMC, which to our knowledge has not been studied earlier. During the study period of three months (90 days), 55 nurses (3.7%) experienced workplace violence which translates to an average of 18.3 (1.2%) nurses per month and 0.6 nurses each day. This means that approximately one nurse is being abused every other day in UKMMC.

Forty-five (4.1%) out of 1091 staff nurses experienced workplace violence during the 90-day period. In other words, in every two days, one staff nurse is abused.

Therefore, according to the findings of this study, staff nurses experienced the most number of violent incidents. Anderson & Stamper (2001) found that 90% of staff nurses experience at least

one incident a year of abusive anger, condescension or being ignored by a physician and every two to three months 30% experience sexual abuse, ranging from lewd remarks to inappropriate touching.

The majority of the victims in the present study were in the relatively younger age group of 23-27 years (36 or 65.5%) followed by the age group of 18-22 years (9 or 16.4%). Astrom et al. (2002), also found that more of the younger staff (less

Table 3 : Number of violent incidents in various workplace, gender and perpetrators

Violence in Various Workplace	n(%)
Surgical Wards	12 (21.8)
Emergency Department	10 (18.2)
Critical Care Units	10 (18.2)
Psychiatric Department	10 (18.2)
Medical Wards	8 (14.5)
Operating Theatre	3 (5.5)
Obstetrics & Gynecology Units	2 (3.6)
Gender of Perpetrators	n(%)
Male	38 (59.4)
Female	26 (40.6)
Type of Perpetrators	n(%)
Patients	26 (40.6)
Patients' Relatives	24 (37.5)
Other Categories	8 (12.5)
Peers	4 (6.3)
Visitors	2 (3.1)

Table 4 : Number and Forms of violent incidents

Form of Violence	n (%)
Verbal Abuse	31 (31.9)
Verbal Threat	23 (23.7)
Pushed	15 (15.5)
Hit with an Object	6 (6.2)
Kicked	3 (3.1)
Grabbed	3 (3.1)
Sexual Assault	2 (2.1)
Bitten	2 (2.1)
Strangled	1 (1.0)
Others	11 (11.3)

than 40 years) reported exposure to violence than older staff (more than 40 years). Female victims (53 or 96.4%) outnumbered the male victims (2 or 3.6%). This could be explained by the fact that in UKMMC there are only 43 male nurses compared to 1459 female nurses which gives a female to male ratio of 34:1. When the percentage is calculated by gender, 3.6% of the female nurses and 4.6% of the male nurses reported violence during the study period.

The male nurses in UKMMC are mostly posted to the emergency department and the psychiatric areas. This could be the main reason why the male nurses have reported more exposure to workplace violence. Senuzun & Karadakovan (2005) indicated that nurses working in these areas are more exposed to workplace violence.

The majority (85.5%) of the respondents who experienced workplace violence were those with 1-5 years of work experience. This may be because they are still new in their jobs and they are much less experienced. This observation was also made by Astrom et al. (2002), who found that inexperienced young staffs were most likely to be exposed to violence than those who had been working for a long time.

Our study revealed that workplace violence was widespread and not confined to any particular area. O'Connell et al. (2000), also reported that violent incidents are not confined to the commonly acknowledged high-risk areas such as the emergency and psychiatric settings but also occur at a high frequency in the general wards. In our study some of the perpetrators were peers and other professionals, comprising colleagues such as doctors, nurse managers and head nurses. O'Connell et al. (2000) found that medical staff and nurses themselves were one of the most frequent causes for the intimidation of nurses. Dalphond et al. (2000) and O'Connell et al. (2000) found that patients and their relatives are the

most common source of verbal and physical aggression to nurses, which was also a feature in our study.

Verbal abuse and threat was the most common form of violence in our study. Lee (2001) also reported that nurses experienced verbal abuse more commonly than physical violence. The types of physical violence in this study were similar with those reported by O'Connell et al. (2000), who also found that physical violence included being chased, stabbed with scissors, being urinated or defecated on and having their hair pulled.

Our results were obtained only through those respondents who had willingly taken part in this study. It could not be confirmed that all the nurses who had experienced workplace violence during this study period had participated in this study. However, the low prevalence rate at UKMMC could be due to the general unwillingness of nurses to participate in this study.

CONCLUSION

This study confirms that workplace violence remains an important issue among nurses, which calls for more effective measures to overcome this problem. It is also high time that nurses demand a safe working environment for themselves so that quality nursing care can be provided to patients. As mentioned earlier in relation to difficulty in retaining nurses in this profession, a safe working environment can be an encouraging factor for nurses to remain in this profession.

The main limitation of our study was that it relied only on voluntary reporting by the victims. The reported prevalence of violence is probably an underestimation of the true violence prevalence.

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