

Consequences of Workplace Violence on Nursing Staff Who Working in Educational Baghdad Hospital

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ABSTRACT

Background and Objective: Violence at work is becoming an alarming phenomenon worldwide. Affecting the dignity of millions of people, violence is a major source of inequality, discrimination, stigmatization and conflict in the workplace. Therefore, a cross section study was conducted to assess the types of work place violence and to find out the consequences of work place violence on nursing staff who working in educational Baghdad hospital

Material and Method: Sample was selected from intentional nurses those who work in Baghdad Teaching Hospital. (100) of nurses who agreed to participate in this study during the period from February to March 2012 in the city of Baghdad. Data was collected through the filled application questionnaire form, descriptive statistical methods used in data analysis.

Results: the results indicate that the highest percentage (25%) of the study sample in the age group (40-44) years, the mean age and SD of study sample is 36.79 ± 8.70190 . and (59%) of the study sample were male, and the majority (95%) of them living in Baghdad. the highest percentage (47%) of study sample were working in surgical ward. (46%) of study sample were at secondary school level. the highest percentage (77%) of study sample were married. According to Workplace Violence Sources the highest grade (92) at high level of RS of the work place Sources regarding Patient and his Relative refers to Bad Working conditions (excessive heat or cold, noise, bad furniture). Concerning Colleagues or Supervisors the highest grade (94.5) at high level of RS of the work place regarding colleagues or supervisors violence which refers to absence of proper insurance. According to the Consequences of Workplace Violence Level the highest grade (86.5) at moderate level of RS of the consequences on a personal level for nurses which refers to anger. The consequences on work level the highest grade (87) at moderate level of RS refers to Underestimation and disrespect of the profession of nursing in the society. Concerning consequences on health care setting the highest grade (90) at high level of RS refers to .more shortage of healthcare professionals (many healthcare professionals shift to other fields).

Conclusion: The study highlights the sources of workplace on nurses. All study samples had experienced workplace violence either from patient and his relatives or from colleagues or supervisors. Exposure to work place violence often has a great consequences regarding personal, working and health setting level on the satisfaction of nurses and the quality of health care service.

Key words: Consequences, Workplace, Violence, Nursing Staff

INTRODUCTION

Violence at work is becoming an alarming phenomenon worldwide. Affecting the dignity of millions of people, violence is a major source of inequality, discrimination, stigmatization and conflict in the workplace. Increasingly it is becoming a central human rights issue. The enormous cost of workplace violence for the individual, the workplace and the community at large is becoming more and more apparent (International Labour Organization (ILO), 2000). A report from Department of Labor which estimated rate of violence as 38 cases per 10,000 workers for

nursing and personal care facilities. In contrast, private industry reported to have three cases per 10,000 workers, which is relatively very low. This evidence clearly indicates that nurses are the most vulnerable population among health care team members to encounter violence (Henry and Ginn, 2006). A different forms of violence for example, bullying, horizontal violence, oppression, sexual harassment, racism, and physical assault (Jackson, Clare and Mannix, 2004). The oppression and horizontal violence considered as the most common form of violence directed to coworkers (Oxbridge Writers, 2011). Nursing is regarded as caring profession. A nurse is appreciated for her

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holistic approach in providing care to people in need. While nurses take care of the patients in the health care setting, it is administration's responsibility to take care of the care providers. Woelfle and McCaffrey (2007) Concluded that in addition to caring about patients, nurses will have to care about the profession of nursing and find new and innovative ways in their practice to support nursing. As a result nurses may begin to support each other and need to work collectively against violence because it is intolerable.

MATERIALS AND METHOD

A cross section study was conducted to assess the types of work place violence and to find out the consequences of work place

violence on nursing staff who working in educational Baghdad hospital.

Sample was selected from intentional nurses those who work in Baghdad Teaching Hospital. (100) of nurses who agreed to participate in this study during the period from February to March 2012 in the city of Baghdad. Data was collected through the filled application questionnaire form, descriptive statistical methods used in data analysis. The limitations of the study were the first; some of the questionnaire forms are not completely answered so excluded from the sample; the second was not all nurses participate in the study because of morning shift.

RESULTS

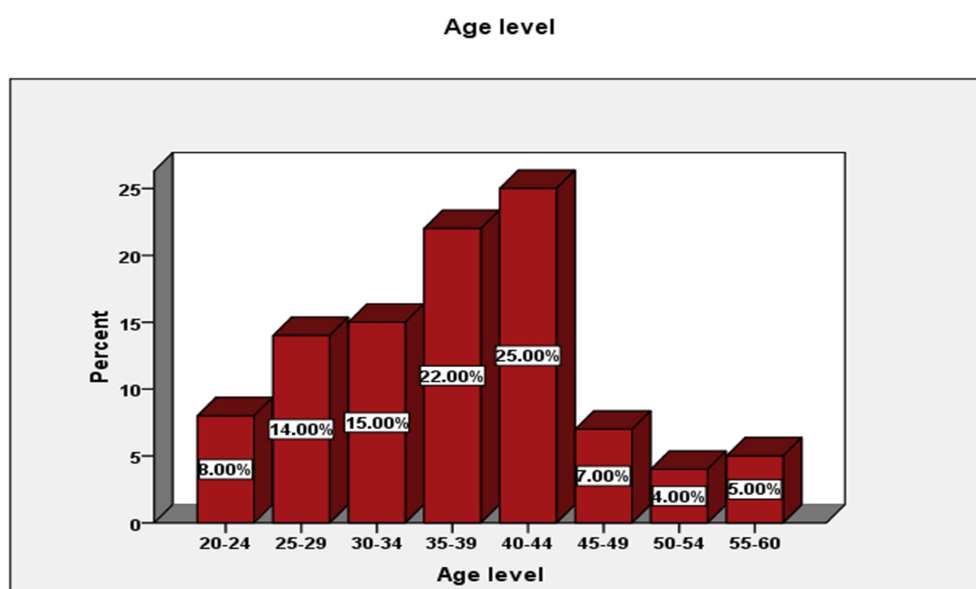


Figure (1): Distribution of (100) Study Sample According to Age Level

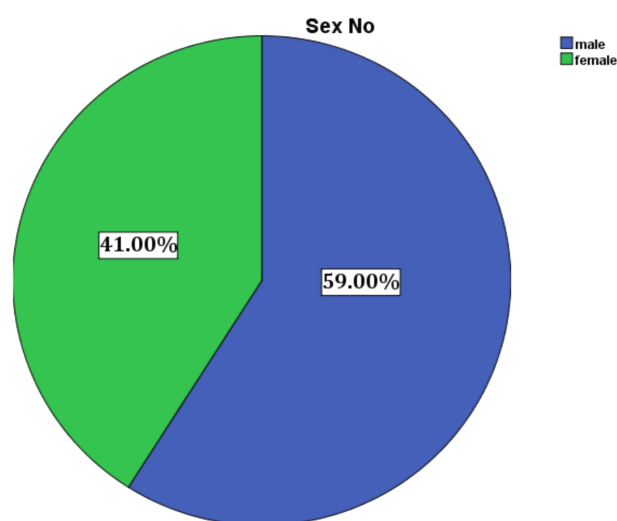


Figure (2): Distribution of Study Sample According to Sex

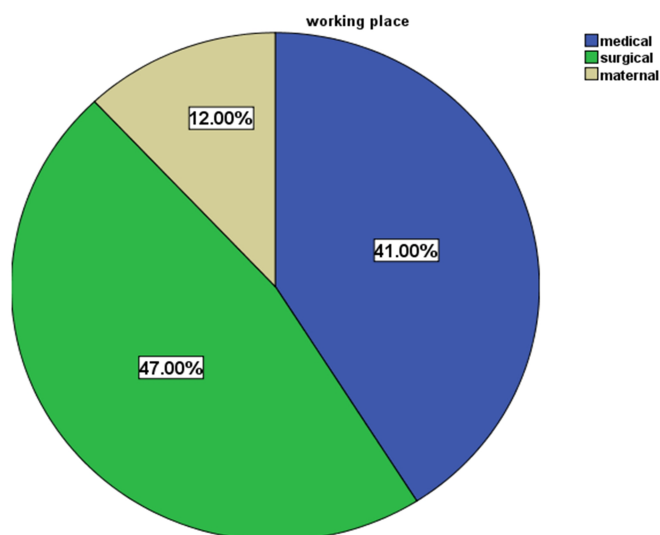


Figure (3): Distribution of Study Sample According to Working Place

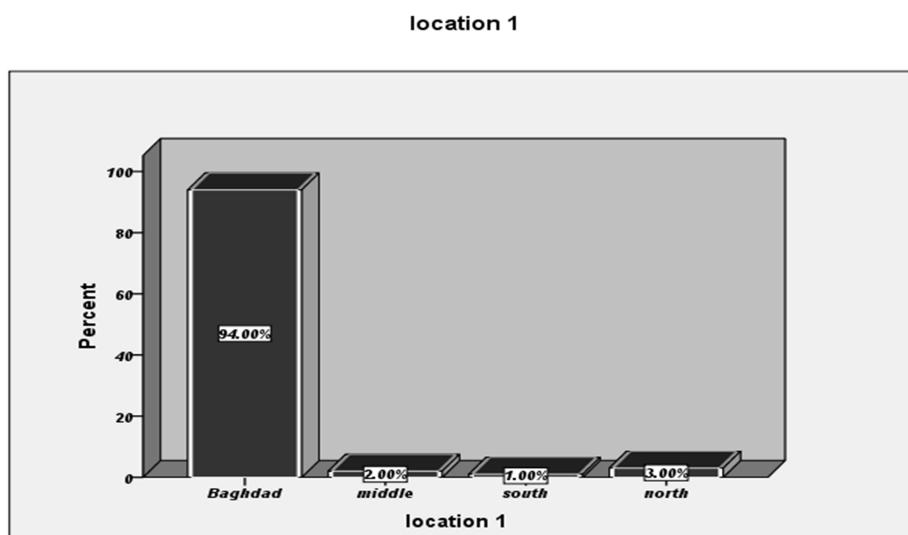


Figure (4): Distribution of Study Sample According to Resident

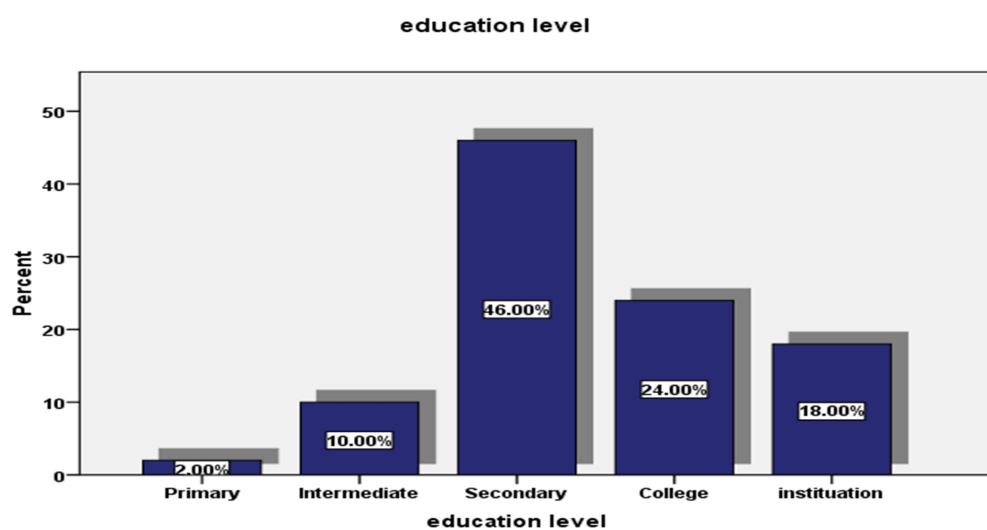


Figure (5): Distribution of Study Sample According to Educational Level

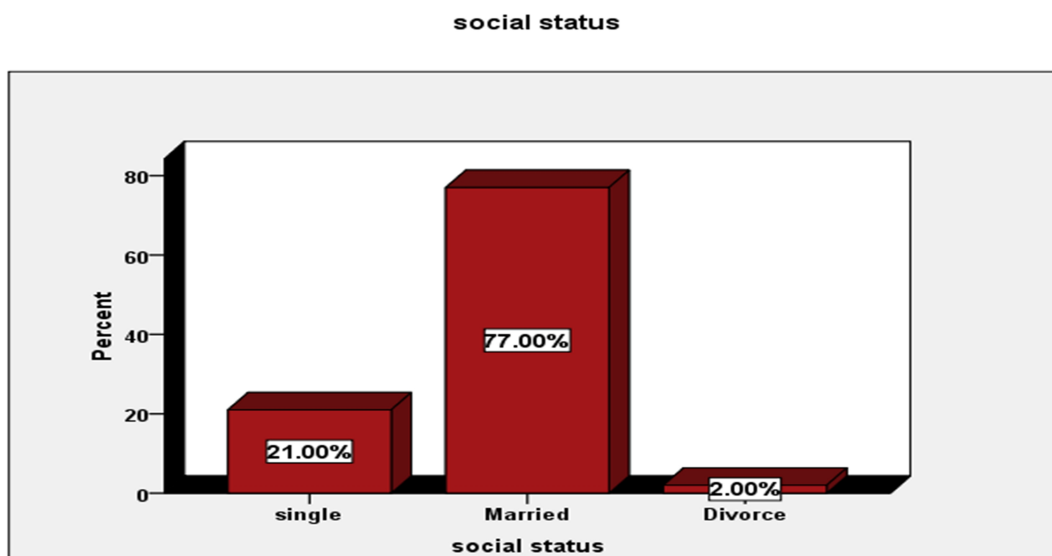


Figure (6): Distribution of Study Sample According to Social Status

Table (1): Distribution of Study Sample According to the Workplace Violence Sources

A- Patient and his Relative	Yes		No		MS	RS	Total
	No	%	No	%			
1.Lack of trust in the competence of the nurses and midwives	51	51	49	49	1.51	75.5	100
2.Lack of compliance	57	57	43	43	1.57	78.5	100
3.Breaking the rules (Not waiting for their turn to arrive)	71	71	29	29	1.71	85.5	100
4.Aggressive and impolite talk	77	77	23	23	1.77	88.5***	100
5.Use unmannered language (insult, offend or abusive language)	71	71	29	29	1.71	85.5	100
6.Disturbing	77	77	23	23	1.77	88.5***	100
7. Offended by the way patients look ,talk and afraid of sexual harassment	44	44	56	56	1.44	72	100
8.Terrifying	54	54	46	46	1.54	77	100
9. interfere with the nurse's work and treatment	82	82	18	18	1.82	***91	100
10. Many nurses were wrongfully accused of stealing	57	57	43	43	1.57	78.5	100
11.Bad Working conditions (excessive heat or cold, noise, bad furniture)	84	84	16	16	1.84	92***	100
12. Tone of voice (authoritarian, degrading, cruel, disrespectful...)	56	56	44	44	1.56	78	100
B-Colleagues or Supervisors							
1.High tone voice	32	32	68	68	1.32	66	100
2.Insult	26	26	74	74	1.26	63	100
3. Offensive talk	30	30	70	70	1.3	65	100
4. Eye contact with despite	27	27	73	73	1.27	63.5	100
5. Hits the table with the fist	20	20	80	80	1.2	60	100
6. Hitting by Hand	*19	19	81	81	1.19	59.5	100
7. Mistreatment	40	40	60	60	1.4	70	100
8. Discrimination between employees	54	54	46	46	1.54	77	100
9. Lack of appreciation and appraisal	46	46	54	54	1.46	73	100
10. Low Salary	83	83	17	17	1.83	91.5***	100
11. Work overload	79	79	21	21	1.79	89.5***	100

12. Hostile unjustified behavior	52	52	48	48	1.52	76	100
13. Poor salaries	75	75	25	25	1.75	87.5***	100
14. Lack of job security	87	87	13	13	1.87	***93.5	100
15. Absence of proper insurance	89	89	11	11	1.89	**94.5*	100
16. Jealousy and competition among colleagues	51	51	49	49	1.51	75.5	100
17. Dissemination gossiping in healthcare settings	55	55	45	45	1.55	77.5	100
18. Lack management skills of the supervisors and directors	70	70	30	30	1.70	85	100
19. Less motivation and reward to work	88	88	12	12	1.88	94***	100
20. Lack training courses to developed nurses competences	86	86	14	14	1.86	93***	100

Cut-off point =1.5 * Low=75, ** Moderate=87.4, *** High=87.5-100

Table (2): Distribution of Study Sample According to the Consequences of Workplace Violence Level

A. On a personal level for Nurses	Yes		No		RS	MS	Total
	No	%	No	%			
1. Resignation of someone from his/her job	27	27	73	73	63.5	1.27	100
2. Physical symptoms (injury, pain, crying, shouting)	29	29	71	71	64.5	1.29	100
3. Punishment including firing employees	19	19	81	81	59.5	1.19	100
4. Suicide (one participant one such case)	7	7	93	93	53.5	1.07	100
5. Isolation	18	18	82	82	59	1.18	100
6. Pity from friends at work	26	26	74	74	63	1.26	100
7. Guilt feeling)	39	39	61	61	69.5	1.39	100
8. Low self-respect	43	43	57	57	71.5	1.43	100
9. Feeling of being threatened	47	47	53	53	73.5	1.47	100
10. Less devotion and motivation to work	46	46	54	54	73	1.46	100
11. Negative effects on team work and interaction	55	55	45	45	77.5	1.55	100
12. Sleeping confusing	66	66	34	34	**83	1.66	100
13. Anger	73	73	27	27	**86.5	1.73	100
14. Frustration	54	54	46	46	77	1.54	100
15. Low productivity	44	44	56	56	73	1.46	100
16. Absenteeism	31	31	69	69	65.5	1.31	100
17. Mental Fatigue	67	67	33	33	**83.5	1.67	100
18. Low morale	67	67	33	33	**83.5	1.67	100
19. Work overloaded	72	72	28	28	**86	1.72	100
20. Deterioration in quality of work as a result of fear	45	45	55	55	72.5	1.45	100
B. On Work Level							
1. Tension at work	64	64	36	36	82	1.64	100
2. Chaos at work	60	60	40	40	80	1.60	100
3. Division of colleagues into two teams (one supporting the aggressor and the other the victim)	53	53	47	47	76.5	1.53	100
4. Underestimation and disrespect of the profession of nursing in the society	74	74	26	26	87	1.74	100
5. Absence of trust among colleagues	51	51	49	49	75.5	1.51	100
C. On Health Care Setting							
1. Low quality of service	70	70	30	30	85	1.70	100
2. Reflection of a bad image of the healthcare setting	78	78	22	22	89	1.78	100
3. Physical damage of the healthcare setting	68	68	32	32	84	1.68	100
4. More shortage of healthcare professionals (many healthcare professionals shift to other fields)	80	80	20	20	90***	1.80	100
5. Feel relatedness to the organization and profession	72	72	28	28	86	1.72	100
6. Conflicts due to unclear job descriptions	75	75	25	25	87.5	1.75	100

Cut-off point =1.5 * Low=75, ** Moderate=87.4, *** High=87.5-100

DISCUSSION

Consequences of violence at work in the health sector have a significant impact on the effectiveness of health systems, especially in developing countries (ILO, 2002). The present study revealed that the highest percentage (25%) of the study sample were at age group (40-44) years old, as shows in Figure (1). The mean age and SD of the study sample was 36.8 ± 8.7 years. However, more years of experience or higher educational qualification didn't appear to protect nurses. Senior nurse unit managers and clinical nurse specialists actually reported more physical assaults than less senior nurses. Age and gender didn't predict occurrence or type of incident either (Chapman et al, 2010). More than half (59%) of the sample were male, this result disagree with ILO (2002), who reported that women are especially vulnerable. While ambulance staff is reported to be at greatest risk, nurses are three times more likely on average to experience violence in the workplace than other occupational groups. Since most health workers are women, the gender dimension of the problem is evident, Figure (2). Figure (3) shows that the highest percentage (47%) of study sample were working in surgical ward. The initiative comes in the face of a mounting problem in hospitals and other health workplaces worldwide, both in developed and developing countries. Research shows that nearly 25 per cent of all violent incidents at work occur in the health sector and that more than 50 per cent of health care workers have experienced such incidents (ILO, 2002). Most (94%) of study sample were living in Baghdad, as shown in Figure (4). Workplace violence affects all professional groups, genders and work settings in the health sector. The highest rates of offences, however, were reported by ambulance staff, nurses and doctors. Large hospitals in suburban are particularly at risk (ILO, 2002). The study revealed that the highest percentage (46%) of study sample were at secondary school level, this result agree with study carried by Golubic et al, (2009) who find that nurses with secondary school qualifications perceived hazards at workplace and shift work as statistically significantly more stressful than nurses with college degree as shown in Figure (5). (77%) of study sample was married as shown in Figure (6). The findings indicated that the highest grade (92) at high level of RS of the work place sources regarding patient and his relative which refers to bad working conditions (excessive heat or cold, noise, bad furniture) as shows in table (1). Studies have shown that working conditions in healthcare environments place nurses and other healthcare

personnel at greater risk of violence. Characteristics such as demanding workloads, inadequate staffing levels, interventions demanding close physical contact, emotionally charged environments, shift work, highly accessible worksites and poor security measures have been associated with increased incidents of violence (International Council of Nurses (ICN). 1999, Occupational Safety and Health Administration (OSHA), 2003). Also the results of the study shown the high RS mostly related to interfere with the nurse's work and treatment, Aggressive and impolite talk and Disturbing (verbal violence), this results agree with a study conducted by Chapman et al, (2010) who concluded that verbal abuse was almost universal, being reported by 92% of respondents. However, only half mentioned the incidents to senior staff or co-workers, and just 16% filed an official report. The reasons for not reporting are many and may include lack of time and management support and the belief that being attacked is 'just part of the job,' as they wrote. Mitus (2011) considered that workplace violence ranges broadly, from offensive or threatening language to homicide. Healthcare patients are the source of more than half of nonfatal workplace assaults, with current and former co-workers accounting for 8% (Wilburn, 2012). Mitus (2011) and Wilburn (2012) considered this type of violence may be constant or even routine. Forty-eight percent of nonfatal assaults in the workplace are committed by patients (National Institute for Occupational Safety and Health (NIOSH), 2002). Deeb (2003), concluded from study that all participants strongly agreed that nurses are the people who are most likely to be victimized in healthcare settings. Concerning colleagues or supervisors the highest grade (94.5) at high level of RS refers to absence of proper insurance, beside this result other results of the study shown the high RS mostly related to less motivation and reward to work, lack training courses to developed nurses' competences and lack of job security. A study conducted by Golubic et al, (2009) identified six major groups of occupational stressors: 'Organization of work and financial issues', 'public criticism', 'hazards at workplace', 'interpersonal conflicts at workplace', 'shift work' and 'professional and intellectual demands'. Less motivation and reward to work. Washington State Nurses Association (WSNA), (2008) considered that the excessive workloads, unsafe working conditions, and inadequate support a form of violence and incompatible with good practice. According to table (2) which shows that the highest grade at moderate level of RS of the consequences on a personal level for nurses refers

to anger, work overloaded, mental fatigue, low morale and sleeping confusing. Various literatures have noted that workplace violence has direct adverse impact on nurses' job performance which includes low productivity, absenteeism, low morale, turnover, demotivation, and anxiety. Hence, it is evident that violence at workplace adversely affects health care professional's personal and professional growth (Oxbridge Writers, 2011). Concerning consequences on work level the highest grade at moderate level of RS refers to underestimation and disrespect of the profession of nursing in the society, tension at work and chaos at work Excessive workloads, unsafe working conditions, and inadequate support can be considered forms of violence and incompatible with good practice (WSNA, 2008). Regarding consequences on health care setting as shown in table (2) the highest grade (90, 89, 87.5) at high level of RS respectively refers to more shortage of healthcare professionals (many healthcare professionals shift to other fields, reflection of a bad image of the healthcare setting and conflicts due to unclear job descriptions, the impact of lateral violence and bullying in nursing were low staff morale, increased absenteeism, attrition of staff, nurses leaving the profession, and deterioration of the quality of patient care due to being distracted, unhappy, or intimidated (American Nursing Association, 2012). There were many reasons behind this problem through my observation during my professional experiences this may be due to weak position of women in the society, to limited knowledge and skills of nursing staff, to disrespect of nursing career, bad nursing image in Iraqi society and finally to lack of effective policy and procedures that can protect nurses in healthcare setting, this led many nurses to looking for other places either at same hospital or other places which be less contact with patients.

CONCLUSIONS

The study highlights the sources of workplace on nurses. All study samples had experienced workplace violence either from patient and his relatives or from colleagues or supervisors. Exposure to work place violence often has a great consequences regarding personal, working and health setting level on the satisfaction of nurses.

RECOMMENDATION

The present study recommends to create stable, safety, security and respectful workplace environment. In addition, it recommends raising the awareness among nursing staff by established violence prevention programs for all nursing employees to decreasing nurses' occupational

violence and to maintaining their work ability. Finally, hospital managers should develop legislations to address and improve the quality of working conditions for nurses in hospitals.

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