

Original Research Article

PREVALENCE AND PATTERN OF WORKPLACE VIOLENCE AMONG NURSES AND OTHER HOSPITAL PERSONALS IN TWO SELECTED HOSPITALS IN OGUN STATE.

ABSTRACT

Workplace violence against nurses and other health workers is a complex and persistent occupational hazard facing the healthcare profession. The job sector with the mission to care for people appears to be at the highest risk of workplace violence. Nurses are among the most assaulted workers in the Nigeria workforce. Too frequently, nurses are exposed to violence, primarily from patients, patients' families, visitors and other health care workers. This violence can take the form of intimidation, harassment, stalking, beatings, stabbings, shootings, and other forms of assault. It has been shown that workplace violence affects every professional group in every country and sometimes to an 'epidemic' extent. In the health care sector, all categories of healthcare workers are at risk of violence though at different degrees, hence this study point out some of the violence melted against nurses and other healthcare workers.

Objective: The purpose of this study is to look into the prevalence and patterns of workplace violence exposure and its reported impacts between Nurses and other health practitioners in few but major health-care settings in Ogun State, Nigeria.

Methodology: A quantitative research design was used to adopt the study, a random sampling technique was also used. A total of 372 completed questionnaires out of 1000 were returned after consistent persuasion. Of the 372 returned questionnaires, only 257 were filled. The data

was entered into the Statistical Package for the Social Sciences (SPSS) were analyzed using descriptive statistics, and differences and associations were tested.

The survey revealed that, on average, 41%–45% of nurses suffer workplace violence on a regular basis from senior colleagues, doctors, other health professionals, and outsiders. This ratio suggests that one in three nurses experience violent attacks at work on a regular basis. The most frequent kind of violence faced by nurses was undermining work owing to an unmanageable and unhealthy workload, which was followed by verbal abuse and constant criticism. Despite the fact that attacks by doctors were rather common, their proportion did not statistically differ from attacks by other study participants. The fact that the attackers inflicted no harm is the most depressing aspect of all the sick attacks. Therefore, it is crucial that problematic work environments that might lead to physical abuse and hostile interactions (humiliation and ridicule) at the workplace be checked by policies, while health professionals should be counseled to accept and respect one another.

INTRODUCTION

Workplace violence is an act or threat of physical violence, psychological violence, harassment, intimidation or other threatening disruptive behaviour that occurs at the worksite between and among workers. It ranges from threats and verbal abuse to physical assaults and even homicide (Khoshknab et al., 2012; OSHA, 2015). The workplace violence acts that are committed by patients, visitors, and/or coworkers and many others; usually raises concerns about personal safety of every worker (Papa & Venella, 2012, 2018). Though, many cases of workplace violence are not reported, those reported are substantially disturbing; despite the various violence preventive control that is emplaced; due to so many damaging effects of such violence, which sometimes resulted to the absenteeism of the receiving victims from work (Tribune newspaper,

2020; Guardian newspaper, 2016; NIOSH, 2002). Surprisingly, the health sector accounts for about 25% of all violent workplace accidents, and more than half of all health workers have already been victims of violence attacks (Hahn et al, 2017). According to Clark (2016), nurses are the most attacked group in the health-care industry, accounting for almost 80% of all assaults, a figure that is likely underestimated. Owing that, it is generally agreed that the health care industry is the most susceptible to workplace violence due to rivalry among professionals and a host of unruly or disgruntled patients; it is important to establish policies, awareness, physical security and training that will reduce workplace violence to the barest minimum. Violence at work claims the lives of nearly a million people worldwide (WHO, 2012). While almost a million Britons were victims of workplace violence between 2009 and 2011 (Occupational Safety and Health Administration (OSHA), 2015), Nearly 2 million Americans are victims of workplace violence each year (OSHA, 2015; Wurim, 2016), as many more cases go unreported (United States Department of Labour, 2011; Findorff, McGovern, Wall & Gerberich, 2005 in OSHA, 2015). The situation is similar in Africa, Asia, Latin America and in many developing countries (Wurim, 2016). Workplace violence among nurses varies by country and location, with rates as high as 29.9% in Ethiopian public health facility (Fute et al, 2015) and 86.1% in Egyptian obstetrics and gynecology departments (Samir et al, 2015). Nigeria is no exception when it comes to workplace violence against nurses. In a tertiary hospital in Abia state (Ogbonnaya et al, 2019), alarming rates as high as 88.1% were observed, and 53.5% in a South-Western City (Abodunrin et al, 2014). According to a study conducted in Osun State, there is 67% incidence rate of workplace violence among Nurses within the hospital (ENA, 2016). Hence every establishment, department and unit must maintain a violence free workplace environment, as part of ways of maintaining that, threatening behaviour is not allowed, by providing

preventive guidelines and quick response mission for unforeseen violent accidents (IJPH, 2021; PMJ, 2017; BMC, 2019; Ijamhr, 2020; NJN, 2019).

As a result, the purpose of this study is to look into the prevalence and patterns of workplace violence exposure and its reported impacts between Nurses and other health practitioners in few but major health-care settings in Ogun State, Nigeria.

METHODOLOGY

After seeking for ethical approval from Ministry of Health via the Federal Medical Centre Abeokuta, authority of Registered Nurses and hospital management team; a self-developed questionnaire which aimed at capturing prevalence and pattern of workplace violence was sent to the forum of registered nurses in Ogun state to access a cross section of nurses that can be conveniently sampled. Possibly due to the fact that many nurses don't like reporting violence attack, most especially when there is no temporary or permanent damage, a total of 372 filled questionnaire was returned out of 1000 after consistent persuasion. Out of the 372 returned questionnaires, only 257 were properly filled. The data which was entered into statistical package of social science software (SPSS) version 23, was analyzed via descriptive statistics and tested for differences and association using recently published discrete statistical analysis (Soyinka and Olosunde,2022).The questionnaire which allowed respondents chose from likert scales developed for each of the measured interest in the questionnaire was able to access the prevalence and pattern of violence attack to Nurses by Nurses and other health professionals. The questionnaire which contains some social demographics also imbibed the WHO-CDC workplace violence categorization. An acceptable Cronbach's alpha value of 0.812 was obtained for the questionnaire.

Table 1. Respondents Characteristics

Socio-demographics	Frequency	Percentage
Age		
20-30	131	51
31-40	49	19.1
41-50	57	22.2
>50	20	7.8
Qualification		
Bachelor in Nursing Science	151	58.8
Registered Nurse	36	14
Registered Nurse/ Registered Midwife/ Registered Public Health Nurse	70	27.2
Years of Experience		
1-10	142	55.3
11-20	85	33.1
21-30	14	5.4
31-35	16	6.2
Marital Status		
Married	164	63.8
Single	79	30.7
Widow	14	5.4
Hours per week		
<20	24	9.4
20-40	91	35.4
>40	142	55.3

Data source: Survey

Majority of the respondents were within the age bracket of 20-40 (n=180, 70.1%) with a bachelor of nursing certificate (n=151, 58.8%) and at least 20 years of experience in service (n=227, 88.4%). About 63.8% of the respondents are married and they experienced more than 40 hours of

workper week. The statistics collected showed that 87.5% (225) of the respondents have seen or experienced violence at least once during the course of their job

Prevalence of workplace violence attack based on nurses experienced is presented in table 2

Table 2. Demographic survey results

Socio-demographics							
Age	Nurse	Senior nurse	Health	Doctors	Patients	Patient relative	Security
20-30	48 (53.3)	48 (44)	53 (52)	54 (54.5)	89 (50)	92 (46.7)	26 (33.8)
31-40	8 (8.9)	27 (24.8)	27 (26.5)	25 (25.3)	39 (21.9)	39 (19.8)	27 (35.1)
41-50	34 (37.8)	34 (31.2)	22 (21.6)	20 (20.2)	34 (19.1)	50 (25.4)	24 (31.2)
>50					16 (19)	16 (8.1)	
Qualification							
BNSC	51 (56.7)	53 (48.6)	48 (47.1)	53 (53.5)	97 (54.5)	111 (56)	40 (51.9)
RN/RM/RPHN	22 (24.4)	35 (32.1)	36 (35.3)	30 (30.3)	56 (31.5)	62 (32)	22 (28.6)
RN	17 (18.9)	21 (19.3)	18 (17.6)	16 (16.2)	25 (14)	24 (12)	15 (19.5)
Years of Experience							
1-10	50 (55.6)	51 (46.8)	52 (51)	51 (51.5)	94 (52.8)	99 (50.3)	26 (33.8)
11-20	36 (40)	54 (49.5)	44 (43.1)	40 (40.4)	62 (34.8)	76 (38.6)	47 (61)
21-30	4 (4.4)	4 (3.7)	6 (5.9)	8 (8.1)	8 (4.5)	8 (4.1)	4 (5.2)
31-35					14 (7.9)	14 (7.1)	
Marital Status							
Married	68 (75.6)	85 (78)	68 (66.7)	69 (69.7)	102 (57)	117(59)	61 (79.2)
Single	22 (24.4)	24 (22)	34 (33.3)	30 (30.3)	62 (35)	66(34)	16 (20.8)
Widow					14 (8)	14 (7)	
Hours per week							
<20	2 (2.2)	8 (7.3)	5 (5.1)	5 (4.9)	15 (8.4)	15 (8)	7 (9)
20-40	41 (45.6)	44 (40.4)	30 (30.3)	19 (18.6)	70 (39.3)	68 (34)	6 (8)
>40	47 (52.2)	57 (52.3)	64 (64.6)	78 (76.5)	93 (52.2)	114 (58)	64 (83)

Data source: Survey

ANALYTICAL TERMINOLOGY

The analysis of directionless discrete data in categorical form and directional discrete data in contingency form. Some estimated parameters such as the; shape (b), proportion (p), ratio (q), correlation (r) and non-linear correlation as well as covariance ($\hat{\mu}_{x,y}$), mean ($\hat{\mu}_x, \hat{\mu}_y$), variance ($\hat{\sigma}_x^2, \hat{\sigma}_y^2$), skewness ($\hat{\alpha}_3$) and kurtosis ($\hat{\alpha}_4$) are all that is required to completely describe the inferential implication(s) of the relative frequencies. The practical implication of some of the important parameters are defined as follow:

1. Shape (b) is the shape parameter and is the measure of the behavioural pattern of the relative frequencies in the categorical or contingency outfit. The pattern assume normal distribution when $b = 1$ and thus uses existing methods at that point. In this paper, $b \in \mathfrak{R}$ and so its more general and advantageous.

2. Proportion (p) is the measure of the average proportion in a population that truly experiences the specified event understudy. That is, p is the segment in a population (N) that has the required knowledge at an average; when knowledge is rated over a likert scale.

3. Ratio (q) is the proportion in a population that has the odds or tendency to experience the specified event understudy. Note that a group of respondent may be expected to possess the odds to have a knowledge about something, but when their knowledge is rated over a likert scale, they, may or may not, possess the adequate knowledge.

4. Correlation (r) is the measure of linear association (correlation) between two discrete variables interwoven into a contingency platform. It measures the proportion in a population (N) that experiences changes as the two interacting discrete variables are changing direction by stepping forward (backward) correspondingly.

5. Non-linear correlation (NL) is the measure of non-linear dependence or association between two discrete variables arranged into a contingency outfit. It measures the proportion in a population (N) that experiences changes as the two interacting discrete variables are changing direction haphazardly.

Table 3. Socio-demographics analysis

Statistic	Socio-demographics						
	Nurse	Senior nurse	Health	Doctors	Patients	Patientrelative	Security
Shape (b)	0.9429	0.9394	0.9418	0.9427	0.9420	0.9398	0.93
Proportion (p)	0.421	0.4345	0.417	0.4173	0.422	0.4254	0.4409
Ratio (q)	0.3337	0.333	0.3438	0.3346	0.3383	0.3405	0.347
Mean	5.911	5.9	5.888	5.911	5.898	5.887	5.8485
Variance	53.61	53.58	53.53	53.61	53.57	53.54	53.4
Skewness	2.7234	2.7239	2.724	2.7234	2.7237	2.724	2.7263
Kurtosis	4.9294	4.9344	4.9397	4.9294	4.9347	4.9396	4.96

95% CI (p)							
Lower	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Upper	0.7685	0.774	0.76	0.768	0.765	0.7663	0.7735

From table 3, the study showed that at an average an approximately 41%-45% of the nurses experiences workplace violence regularly from their colleagues, senior colleagues doctors, other health professionals and outsiders; with a ratio tendency that one out of every three nurses is evidently attacked violently at his/her workplace regularly. This violent attack on nurses will definitely continue **on the increase** since $\alpha_3 > 2.72$ and $\alpha_4 > 4.9$. Showing that about 2%-77% of the Nurses are attacked with impunity on what looks like a daily basis, if something drastic is not done urgently to curtail such a bizarre situation.

Table 4. Pattern of Workplace Violence

Statistic	Pattern of Workplace Violence				
	Undermining Work	Verbal Abuse	Physical Abuse	Continual Criticism	Unfriendly engagement
Proportion (p)	0.4167	0.4516	0.3537	0.3495	0.2054
Ratio (q)	0.7715	0.76	0.757	0.7624	0.737
Correlation	0.016	0.0154	0.0261	0.026	0.0582
Non-linear association	0.3645	0.336	0.201	0.2292	0.1513

Keen investigation into the pattern of violence that are more common within the hospital environment showed that, every two nurses from three nurses, about 70% of nurses above, experience various pattern of violence at regular interval across its ranks and file. It is obvious the violence in the hospital environmental is at an alarming rate as this study showed that nobody is spear from attack which ranges from worker to worker attack ($p=0.421$, $q=0.3362$), to attack due to personal interaction ($p=0.422$, $q=0.3426$), and to attack as a result of patients' relative

attack on other health workers ($p=0.4254$, $q=0.3437$), not in the ward; this may be due to perceived hostile, hospital environment or hospital policy. This implies that all the standard categories of workplace violence are present in the hospital setting at almost equal rate.

The pattern of violence the respondents agreed that are common includes undermining work, verbal abuse, continual criticism, unfriendly engagement and physical abuse while sex abuse was almost unanimously agreed to be insignificant. The respondents currently experiencing the different pattern of workplace violence was averagely between 35%-46%. Though the workplace violence was not directed to any particular nurse rank, as all nurses irrespective of status experience various attacks, the range of pattern of workplace violence experienced by nurses from different attackers which are fellow nurses, senior nurses, doctors, health workers, security, patients and patients relative, varies from 15%-37% as presented in the descriptive statistics below.

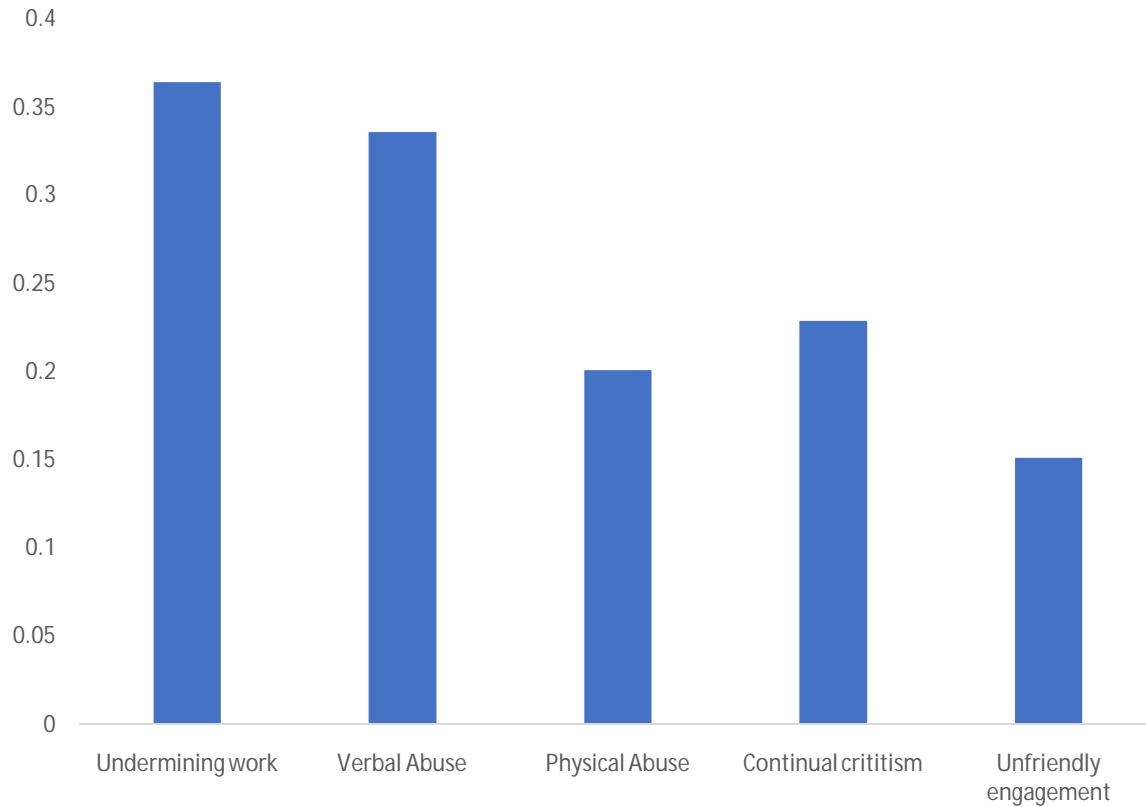


Figure 1. Pattern of work place violence.

Note that patterns like destroying confidence often, ignoring opinions and views, exposing to unmanageable work, humiliation and ridiculing, bullying by patient are all categorized under unfriendly engagement.

CONCLUSION

This study has been able to show that workplace violence is common among the nurses. Undermining work, due to unmanageable and unhealthy workload, was the most prevalent form of violence experienced by nurses followed by verbal abuse and continuous criticism. Though violence from doctors was relatively high, the proportion was however not statistically

significantly different from that of attacks from other party considered in the study. The most disheartening of all the unhealthy attacks is that perpetrators suffered no consequences (ENA, 2016). It is thus important that, problematic environment leading to physical abuses and unfriendly engagement (humiliation and ridiculing) at work place, should be checkmated by policies, while health personals should be advised to tolerate and respect each other.

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