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The impact of training program on nurses' attitudes toward workplace violence in Jordan

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ABSTRACT

Background: Nurses' attitudes toward workplace violence are still inadequately explored, and possess an impact in preventing, and managing the violent incidents and the quality of nursing care. Creating a demand for an effective intervention program to improve nurses' knowledge of and attitudes toward workplace violence.
Objective: To study the impact of the training program on nurses' attitudes toward workplace violence in a military hospital in Jordan.
Methods: One group before–after design was employed. A stratified random sample of 100 nurses working in three shifts was recruited. Data were collected earlier and after the preparation program using the Attitudes Toward Patient Physical Assault Questionnaire. "The Framework Guidelines for addressing workplace violence in the health sector", was adopted in this work. The preparation sessions were for one day each week over five weeks. The post-test assessment was over five weeks using the same questionnaire.
Results: A total of 97 nurses completed the survey. The outcomes demonstrated the significant impact of the training program on nurses' attitudes towards workplace violence ($t = 6.62, df = 96, p = 0.000$). The prevalence of verbal abuse by patients and visitors was 63.9% and for physical abuse, 7.2% were from patients and 3.1% of visitors. Most violent incidents occurred during day duty and during delivering nursing care (40.2% and 32%, respectively). Major source of emotional support for abused nurses was from the nursing team (88.7%), while the legal support was from nursing management (48.5%).
Conclusion: The study highlights a general concern among nursing staff about workplace violence. Confirming that violence prevention education for staff is a necessary step forward to deescalate the problem. A significant effect of the training program was evident in this study.

1. Introduction

Workplace violence (WPV) has become a substantial public and occupational health hazards worldwide, particularly in health care settings such as hospitals (Catlette & Miss, 2005; Talas, KocaÖz, & AkgÜc, 2011; Taylor & Rew, 2010). World Health Organization [WHO] (2002) defines workplace violence as, "Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including coming to and from work, involving an explicit or implicit challenge to their safety, well-being or health". According to the International Council of Nurses (ICN), 'Healthcare workers are more likely to be attacked at work than prison guards and police officers' (ICN, 2007, paragraph 8). Workers in healthcare settings are 16 times more likely to experience violence than other service workers, and four times more likely to be injured and missed days of work as a result of workplace violence (WPV) than all workers in other sectors (Bureau of Labor Statistics [BLS], 2013). Globally, previous reports revealed that almost a quarter of violent incidents of workplace violence occur in the health sector, and more than half of health care workers have experienced at least one incident of physical or psychological violence during their professional lifetime. Nurses are three times more than other health care providers vulnerable to be exposed to violent incident during their career (WHO, 2013). WPV programs are required in all health care sectors, however, there are gaps regarding the effectiveness of programs in addressing this issue.

2. Background

Nurses are exposed to violent incidents, mostly during working hours, specifically during day duty hours while delivering nursing care to patients (Ahmad, 2012; Bilgin & Buzlu, 2006; Esmaeilpour, Salsali, & Ahmadi, 2011; Hahn et al., 2012). In health care settings, as much as 70% of abuse toward nurses may be unreported, because nurses

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believed that reporting would be time-consuming, and will not make any difference (Duncan, Estabrooks, & Reimer, 2001).

The effects of workplace violence on nurses are numerous and costly. In the USA, billions of dollars spent each year on security costs, medical and legal expenses, lost time from work and other financial losses as a direct consequence of workplace violence (Federal Bureau of Investigation [FBI], 2002). The emotional and psychological costs are a lot more difficult to quantify and are substantial compared to financial costs. Burnout, depression, fears, post-traumatic stress disorder (PTSD), lack of job satisfaction and reduced ability to perform job role are consequences of the workplace violence (American Psychiatric Nurses Association [APNA], 2008; Ferns & DipHe, 2005). Moreover, most of nurses leave the health care profession as an issue of workplace violence (Emergency Nurses Association [ENA], 2008).

Although previous studies highlighted the significance and the impact of workplace violence on nurses' quality of life, best practices to lessen violence have not been established. Globally the topic of workplace violence in health care has become a significant concern in current policy, research and legislative effort (American Psychiatric Nurses Association [APNA], 2008; ANA, 2006; ICN, 2006). Violence towards nurses in health care settings stems from the interactions of many factors, the patients, the surroundings, and the treatment related factors. Of these factors, nurses' attitudes toward workplace violence have an important effect in the management of violent behaviour (Jansen, Middel, Dassen, & Reijneveld, 2006).

Ajzen (2005) theorizes that beliefs and cognitions are held to affect the attitudes and therefore the behaviours. Previous literature was mainly studied the cognitions that nurses had about violence, however a limited number were emphasised on the attitudes. In this setting, it is significant to draw a distinction between attitudes and behaviours. According to the Theory of Reasoned Action (TRA) attitude is conceptualized as a person's favourable or unfavourable evaluation of an aim. Behaviours therefore are explicit and observable acts, for instance, the management of aggression (Ajzen, 1988). Based on the TRA model Jansen, Dassen, and Jebbink (2005) in their critique of studies about workplace violence categorized the data from reviewing studies into objective data and subjective data about violent behaviour. Information about aggression that is not determined by the person's emotions or personal preconceptions and based on evident phenomena and presented literally, were believed to be objective in nature. Subjective data are contemplated in the respondents' views on perception of aggression because this information developed from, the person's mind rather than from the outside universe.

Existing literature about workplace violence were mainly focused on the contributing factors, and the impact on health maintenance organizations. As up to now a few studies assess nurses' attitudes toward workplace violence and the impact of a training program for their attitudes. The results of previous literature on the effectiveness of the training program, revealed an improvement in nurses' knowledge and a more positive attitudes toward prevention of violence (Bruce & Nowwlin, 2011; Dean, 2004; Oostrom & Mierlo, 2008). A pre- and post-intervention survey by Lipscomb (2006) constitute an improvement in perceived violence, environmental factors, such as management commitment to violence prevention and employee involvement, but there was no change in violence rates. Other studies, found that workers' perception of management commitment to violence prevention was associated with less workplace violence (Lipscomb et al. 2006, 2007, 2012). Nurses who assaulted in their carrier expressed their needs of an educational plan to prevent and cope with the violent situations (Bilgin & Buzlu, 2006). The attitude of nurses towards violent behaviour, takes in a substantial impact on the nature of the interventions that will be carried out to manage the behaviour (Jansen et al., 2005). Therefore, a training program to increase nurses' awareness and attitudes about conflict resolution strategies, predicting signs of violent incidents, and post-incident situation management become of most important (AbuAlrub, Khalifa, & Habbib, 2007; Ahmad, 2012; Talas et al., 2011).

In Jordan, since the launch of "the national safety goals" on 2009, one of the goals of 2013 is "zero tolerance of workplace violence" which stressed on the need of training program for all health care providers to prevent and manage the violent incidents. Although there is an initiative in some organisations and legislations to prevent workplace violence, nevertheless there is shortage in training plans to improve nurses' knowledge and attitudes toward workplace violence.

Among nurses in Jordan, there were a few studies looked into the prevalence of workplace violence and nurses' attitudes; even so, on that point is no study assessed the impact of the training program on nurses' attitudes towards workplace violence. Therefore, the results of this work will contribute to increased nurses' knowledge of workplace violence, its prevalence, its types, and the conditions in which it takes place. The results also will provide a guide to policy makers and administrators in creating policies and instructions to control workplace safety by using an adequate reporting system. Additionally, the outcomes of this work will stress the importance of integrating guidelines for prevention and management of workplace violence in undergraduate curriculum, and to develop and design an educational training program delivered regularly, for all health care providers during orientation programs and better safety measures in health maintenance systems.

3. The aim of the study

This study was conducted to assess the impact of the training program on nurses' attitudes toward workplace violence in a military hospital in Jordan. The second goal of the survey was to assess the prevalence of workplace violence, the circumstance in which it takes place, nurses' responses, sources of support, and coping methods after violent incidents.

4. Methods

4.1. Design and setting

A pre-test, post-test survey of training participants was employed. This study was conducted at King Hussein Medical Centre (KHMC). King Hussein Medical Center is the largest and most prestigious multidisciplinary medical institution in Jordan. Although a military hospital it offers its services to military force and their families equally well as civilian citizens from Jordan and beyond. It consists of five specialized centre with a capacity of 1163 beds. The occupancy rate during working days is 95%, and approximately 1000 registered nurse. The hospital has been enforcing the national safety goals since 2009; and started to achieve its goal of "zero tolerance of workplace violence".

4.2. Sampling procedure

The stratified random sample selection was used in this study, according to working areas (unit). Working areas were divided into four strata; critical care units (ICU, CCU, NICU, Burn unit), medical-surgical wards (Adult, Pediatric), emergency department, and outpatient clinics. Total number of registered nurses in King Hussein Medical Center at the time of the study were 1000 nurses. Based on Cohen power (Cohen, 1992), using conventional power analysis of medium effect size, a power of 0.08, and the level of significance. 05; the calculated sample size was 85. Then sample size increased to have 100 nurses in order to even up for drop rate. Then a simple random selection was applied to take the sample from the computerized running list of all population to each class.

4.3. Participants and data collection procedure

The study was approved by the Scientific Review Board of Jordan University of Science and Technology and the Ethical Committee of Royal Medical Services. A letter of permission from each head of