



Workplace violence against nurses in Indonesian emergency departments

Anggri Noorana Zahra^{a,*} and Jui-Ying Feng^b

^a Faculty of Nursing, Universitas Indonesia, Depok, Indonesia

^b Department of Nursing, College of Medicine, National Cheng Kung University, Tainan, Taiwan

KEYWORDS

Emergency department;
Indonesia;
Nurses;
Workplace violence

Abstract

Objective: The objective of this study was to examine the experiences of violent incidents by nurses in Indonesian emergency departments.

Method: The World Health Organization's structured questionnaire on workplace violence in the health sector was modified and translated into Bahasa. The study participants were 169 nurses working in emergency departments in six hospitals in Jakarta and Bekasi, Indonesia. The gathered data were analyzed using descriptive and multivariate logistic regression.

Results: Ten percent of emergency nurses reported experiencing physical violence, perpetrated mostly by patients, whereas more than half of emergency nurses (54.6%) reported experiencing non-physical violence, with patients' relative as the main perpetrators. A majority of nurses (55.6%) did not have encouragement to report workplace violence, and very few nurses (10.1%) had received any information or training about workplace violence.

Conclusions: The findings of this study highlighted the seriousness of violence in Indonesian emergency departments. Support from management, encouragement to report violence, and access to workplace violence training were expected to mitigate and manage violence against nurses in emergency departments.

© 2018 Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Workplace violence in health care settings is a serious problem worldwide. The International Labor Office (ILO), International Council of Nurses (ICN), World Health Organization (WHO), and Public Services International (PSI) (2002) defined workplace violence as the use of physical or non-physical power against another person or group that could harm the victim physically, mentally, spiritually, sexually, morally, or socially. Among health care providers, nurses are at higher risk of victimization by violence. Previous studies in

several countries indicated that 50% of nurses have experienced violent incidents (Gacki-Smith et al., 2009; Lin & Liu, 2005; Pai & Lee, 2011; Pinar & Ucmak, 2010; Esmaeilpour et al., 2010), with verbal abuse the most common type of violence.

Nurses working in particular areas in health care settings are more vulnerable to experiencing violence incidents. These areas include psychiatric departments, long-term care departments, intensive care units, and other high-risk areas in emergency departments (Peek-Asa et al., 2009; Barnes, 2011; Howell, 2011; Gacki-Smith et al., 2009). High-

*Corresponding author.

Email: anggri zahra@gmail.com (A.N. Zahra).

ly stressful environments, 24-hour access, and an absence of security guards are factors that make emergency departments at higher risk of violent incidents (Howell, 2011; Gacki-Smith et al., 2009). Therefore, most nurses do not feel safe at all times while working in emergency departments (Pinar & Ucmak, 2010). Furthermore, aggression in emergency departments can negatively impact nurses and health care services.

Emergency departments are the entry point for health care services at hospitals, so violence in emergency departments can be very disruptive and threaten the image of health care services. Furthermore, violence can negatively impact emergency nurses' personal and professional lives, as well as the quality of care they provide. Nurses report moderate levels of anxiety, intrusion, avoidance, hyperarousal, anger, and suffering post-traumatic stress disorder symptoms after experiencing violence (Gates et al., 2011; Pai & Lee, 2011). Regarding the quality of care nurses provide, violence decreases their productivity, changes their relationships with co-workers, and leads them to leave the profession (Gates et al., 2011). Nurses' decision to leave the profession, moreover, can place a great burden on health care services, reducing the availability of health care services and increasing health care costs (ILO, ICN, WHO, and PSI, 2002). Therefore, interventions are needed to create safer working environments in emergency departments in Indonesia.

Appropriate interventions nevertheless depend on the particular characteristics of violence in each country. Regarding perpetrators of violence, for example, the most common sources of violence committed against nurses in several countries including the United States, Taiwan, and Australia are patients, followed by patients' relatives and co-workers (physicians, supervisors, managers, and others who work with nurses) (Lin & Liu, 2005; Gacki-Smith et al., 2009; Findorff et al., 2005). Patients' relatives, in contrast, are the primary perpetrators of violence against nurses in Middle Eastern countries, such as Turkey and Iran (Esmaeilpour et al., 2010; Pinar & Ucmak, 2010). These studies revealed that violence in emergency departments is a universal issue, but its local characteristics may vary across countries. In Indonesia, data on violent incidents experienced by nurses in emergency departments is not available. Therefore, the aim of this study was to examine violent incidents experienced by nurses in Indonesian emergency departments.

Method

Design and sampling

This study used a cross-sectional, descriptive design and convenience sampling. The inclusion criteria were registered nurses who were working full time and had at least three months' experience in emergency departments. The estimated sample size was calculated using G*Power software version 3.1 based on the assumption of $\alpha = 0.05$, effect size = 0.15, power = 0.8 (Cohen, 1992), and 14 predictors. The sample size was over-sampled by 20%, anticipating missing data based on the response rate from the pilot study (100%) and other studies whose settings were emergency

departments (77.9% to 94.8%) (Esmaeilpour et al., 2010; Pai & Lee, 2011). Thus, the minimum sample size was 162 nurses. Invitations to participate in this study were sent to 245 nurses in the emergency departments of six hospitals in Jakarta and Bekasi, Indonesia, and 169 returned the questionnaire for a response rate of 68.9%.

Instruments

The questionnaire used in this study was the Workplace Violence in the Health Sector Country Case Study Questionnaires (WPVHS). The WPVHS was first cooperatively developed by the ILO, the ICN, WHO, and the PSI (2003) regarding workplace violence in the health sector. The WHO granted permission to use the questionnaire in this study. The original English version of the questionnaire was modified and translated into Bahasa (WPVHS_B). The content validity index for scales (S-CVI) of this questionnaire was .88, and the mean of item CVI (I-CVI) was .96. The WPVHS_B was pilot tested for readability and preliminary psychometric properties. Twenty-one emergency nurses with at least three months' experience working in emergency departments in public or central-governments hospital in Jakarta, Indonesia, were recruited. The results for two-week test-retest reliability show kappa coefficients of 1.00 for physical violence and .72 for non-physical violence variable. The modified questionnaire had five parts.

Procedures

Approval from the Health Research Ethics committee, Faculty of Medicine University of Indonesia, Cipto Mangunkusumo Hospital, was obtained before the study. Permission to conduct the study was also secured from six hospital managers and head nurses in each emergency department. The researcher explained the procedures and relevant information about the questionnaire at regular nursing meetings. Nurses willing to participate in the study were asked to sign an informed consent form. A data collector was designated for each hospital and trained to provide information to the nurses if the researcher was unavailable. The researcher's contact information was also provided so that the participants could ask questions. The data collectors ensured that detailed information was provided to the participants and reported any questions to the researcher. Completed questionnaires were collected within one to two weeks. To achieve the best response rate, the researcher contacted the data collectors twice a week and asked them to remind the participants.

Statistical analysis

All the questionnaires were checked for missing data. All data were input into SPSS Statistical Package version 18 for coding and scoring and were checked for accuracy. Descriptive statistics were computed for all the variables. Means \pm standard deviations, and percentages were used to describe the type and frequency of violence experienced by nurses in Indonesian emergency departments. Statistical significance was set at $\alpha < 0.05$. The responses to the open-ended questions were analyzed using content analysis.

Download English Version:

<https://daneshyari.com/en/article/8568984>

Download Persian Version:

<https://daneshyari.com/article/8568984>

[Daneshyari.com](https://daneshyari.com)