



Workplace violence against nurses – Prevalence and association with hospital organizational characteristics and health-promotion efforts: Cross-sectional study



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ABSTRACT

Purpose/objectives: To determine the prevalence of workplace violence and explore the role of hospital organizational characteristics and health promotion efforts in reducing hospital violence among nurses in Taiwan.

Design: Cross-sectional survey.

Setting: One hundred hospitals across Taiwan.

Sample: The final sample in our study comprised responses from 26,979 nurses.

Methods: The data were obtained from a nationwide hospital survey, *Physical and Mental Health and Safety Needs in Full-Time Health Care Staff*, which was developed and conducted by the Bureau of Health Promotion, Taiwan, in 2011.

Main research variables: The main dependent variable was whether nurses had experienced violence within the past year. Physical violence, threatened or intimidated personal safety, verbal violence or sexual harassment were all included.

Findings: Of the 26,979 nurses, 13,392 nurses (49.6%) had experienced at least one episode of any type of violence in the past year; 5150 nurses (19.1%) had been exposed to physical violence, and 12,491 nurses (46.3%) had been exposed to non-physical violence. The prevalence of having experienced any violence varied widely and ranged from the highest (55.5%) in an emergency room or intensive care unit to the lowest (28.3%) among those aged 55–65 years. After adjusting for other characteristics, younger nurses were significantly more likely to be exposed to any violent threat. Nurses working in public hospitals had a significantly higher risk of workplace violence than those working in private hospitals. Significant variations were also observed among work units. Although nurses working in a certified health promoting hospital (HPH) did not have a lower risk of workplace violence, those working in an outstanding HPH had a significantly lower risk of workplace violence. A similar pattern was observed for non-physical violence.

Conclusions: Workplace violence is a major challenge to workplace safety for nurses in hospitals. This large scale nurse survey identified individual, work and hospital characteristics associated with workplace violence among hospital nurses. Preventive efforts in reducing hospital violence shall be targeted these high risk groups and settings.

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Implications for nursing: This nationwide nurse survey assisted us in more clearly understanding the scope of the hospital violence facing nurses and identifying critical risk factors. The findings not only identified the most common locations of violence in hospitals but also suggested that extensive investments and efforts by hospitals in health promotion are crucial.

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What is already known about the topic?

- Workplace violence is a rising concern and a major threat to nurses.
- Previous investigations of factors influencing hospital violence are mostly limited to individual characteristics or to specific care settings, such as a single hospital, department (e.g., psychiatry), or the emergency room.
- Few, if any, studies have investigated the influence of organizational characteristics and management styles of hospitals on workplace violence among nurses.

What this paper adds

- Hospital violence was prevalent and varied among nurses working in hospitals of different ownership. Nurses who worked in public hospitals were significantly more likely to experience either physical or non-physical violence than those who worked in private hospitals.
- The findings potentially consistent with a dose–response relationship was observed between improved performance in hospital health-promotion activities and reduction in hospital violence among nurses. Nurses who worked in outstanding health promoting hospitals had a significantly lower risk of experiencing either physical or non-physical violence.
- The findings not only identified the individual risk factors and most common locations of violence in hospitals, but also suggested that extensive organizational efforts by hospitals in health promotion or management may be an effective strategy in reducing hospital violence.

1. Introduction

Workplace violence is a rising concern and a major threat to professionals in the health care sector (Abualrub and Al Khawaldeh, 2013; Kitaneh and Hamdan, 2012; Sato et al., 2013; Winstanley and Whittington, 2004). According to the Bureau of Labor Statistics, Census of Fatal Occupational Injuries, the World Health Organization (WHO) reported that nearly a quarter of workplace violence occurred in health care institutions and that health care professionals were 16 times more likely to be attacked than the personnel of other industries were (Elliott, 1997). The prevalence of hospital violence reported in Canada, the United States, the United Kingdom, Saudi Arabia, Jordan, Japan, Hong Kong, and Taiwan ranged from 36% in Japan to 81% in Taiwan (Abualrub and Al Khawaldeh, 2013; Algwaiz and Alghanim, 2012; Chen et al., 2013; Duncan et al., 2001; Fujita et al., 2012; Kwok

et al., 2006; Lepping et al., 2013; Spector et al., 2014; Speroni et al., 2013). Workplace violence is one of the most complex and dangerous occupational hazards in the health care work environment (McPhaul et al., 2013); nurses are one of the professional groups most exposed to physical aggression, verbal abuse, and threats because nurses have more frequent and longer contacts with patients or families and are responsible for providing direct care (Catlette, 2005). Previous studies surveying nurses of 4–5 public hospitals in Jordan, Palestine and members of the Nurses Association in Taiwan on workplace violence have indicated that more than 50% of nurses have experienced violent incidents in their workplace (AbuAlRub and Al-Asmar, 2014; Kitaneh and Hamdan, 2012; Pai and Lee, 2011). Based on a quantitative review of 136 articles on the topic of nursing violence, which provided data on 151,347 nurses from 160 samples, Spector et al. (2014) reported that more than 50% of nurses had experienced violence globally (50.5%) and in Asia (57.6%).

Violence includes both physical and psychological aspects. Physical violence includes physical assault and physical threats. Psychological or non-physical violence includes bullying, verbal abuse, and sexual harassment. A systematic review of 136 nursing studies on workplace violence indicated that physical violence accounted for one-third of violent incidents and non-physical violence accounted for approximately two-thirds. Also, more than one-third of nurses reported having been physically injured in an assault (Spector et al., 2014). According to mostly cross-sectional studies of nurses working at specific settings, the prevalence of physical violence ranged from 13% among public hospital nurses in Jordan to 63% among nurses in six medical wards of general hospitals in the United Kingdom. One larger-scale study in United States revealed that of a random sample of 6300 nurses from all licensed RNs and LPNs in the State of Minnesota, 13.2 (95% confidence interval [CI]: 12.2–14.3) per 100 people per year had experienced physical violence and 38.8 (37.4–40.4) had experienced non-physical violence (Gerberich et al., 2004). Of all the above mentioned studies, they are mostly cross-sectional surveys and limited to specific types of hospitals or work units. More larger-scale assessments of violence among hospital nurses across different types of hospitals or work settings are needed.

Workplace violence compromises not only health care professionals' physical well-being but also their psychological well-being. The victims may suffer physical and mental stress and a high degree of anxiety (Mantzouranis et al., 2014; Pai and Lee, 2011). A survey by the British National Health Council in 2009 revealed that the daily count of physical violence occurring among medical staff

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