



Workplace aggression, including bullying in nursing and midwifery: A descriptive survey (the SWAB study)

Gerald A. Farrell^{*}, Touran Shafiei

Division of Nursing and Midwifery, La Trobe University, Mental Health Professional Development & Research Unit, Austin Health, Melbourne, Australia

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ABSTRACT

Background: Workplace aggression remains an important source of distress among nurses and midwives and has negative effects on staff health, patient care and organisations' reputation and fiscal health.

Objectives: To report on the nature and extent of workplace aggression, including bullying experienced by nurses and midwives in Victoria, Australia.

Design: A descriptive study design was chosen.

Settings and methods: The Nurses Board of Victoria posted 5000 surveys to the randomly selected registered nurses and midwives in Victoria, Australia, in 2010. The participants were asked about their experiences of violence (from clients) and bullying (from colleagues) within their most recent four working weeks. In addition, the study investigated staff actions following incidents, staff training and safety at work, and what staff believe contribute to incidents. Data analysis involved descriptive statistics, including frequencies and percentages. Chi square tests and P value were used to assess differences in categorical data.

Findings: 1495 returned questionnaires were included in the study (30% response rate). Over half of the participants (52%) experienced some form of workplace aggression. Thirty-six percent experienced violence mostly from patients or their visitors/relatives and 32% experienced bullying mostly from colleagues or from their managers/supervisors. Significant differences were found between those who experienced aggression from patients and those who were bullied in respect to handling of incidents; factors thought to contribute to incidents; and organisations' handling of incidents.

Conclusion: The study suggests that staff are less worried by patient initiated aggression compared to bullying from colleagues. For all types of aggression, respondents clearly wanted better/more realistic training, as well as enforcement of policies and support when incidents arise.

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What is already known about this topic?

- Staff who work in health services have been identified as a group at high risk of being assaulted in their workplace, with registered nurses prominent on the at-risk list.
- Workplace aggression has significant effects on both the personal and professional lives of nurses and midwives,

the patients they care for and organisations' reputations and fiscal health.

- A major source of nurses' distress at work results from poor staff relationships, including bullying.

What this paper adds

- Nurses feel less safe and confident at work because of colleague's bullying than aggression from patients or their relatives.

^{*} Corresponding author.

E-mail address: g.farrell@latrobe.edu.au (G.A. Farrell).

- The factors thought to contribute to workplace aggression differ according to the nature of the incident – bullying by colleagues or patient-initiated aggression.
- Staff report wide discrepancies between what they see as being of high importance for their safety at work and what is available.

1. Background

The popular conception of nursing or midwifery work is of rewarding experiences and a fulfilling career. And for many this is true. However, a significant number of nurses and midwives have profoundly negative experiences because of workplace aggression (WA) – from patients or their visitors or bullying by colleagues. In a 1995/96 report, Australian registered nurses recorded the second highest number of violent-related workers' compensation claims, higher than prison and police officers (Perrone, 1999). Workplace aggression in all its forms is a major problem in nursing and midwifery (Farrell et al., 2006; Rippon, 2000; Rumsey et al., 2007; Saverimuttu and Lowe, 2000). Indeed, it is a 'global problem crossing borders, work settings and occupational groups' (The International Labour Office, International Council of Nurses, World Health Organisation and Public Services International, 2002).

1.1. Patient-initiated aggression

There continues to be an international concern about the level of aggression, including threats of violence and actual physical assault, in nursing and midwifery work settings. In Australia, as elsewhere, staff who work in health services have been identified as a group at high risk of being assaulted in their workplace, with registered nurses prominent on the at-risk list (Mayhew, 2000). The results from the Canadian National Survey of the Work and Health of Nurses (2005) found that 34% of nurses providing direct care to patients reported physical assault and 47% reported emotional abuse (Shields and Wilkins, 2009). A recent NHS staff survey in England reports that 15% of frontline staff experienced physical violence from patients (or their relatives), whereas bullying, harassment and abuse from patients (or their relatives) was reported by 21% of frontline staff (Health Care Commission, 2009). An Australian study, representative of Tasmanian nurses, indicates that patients or their visitors are the most likely perpetrators of verbal and physical abuse (Farrell et al., 2006). Similarly, another Australian study of the Queensland Nurses Union's members found that patients were the major source of workplace violence, with nurses in the aged care and public sectors at highest risk compared to the private setting (Hegney et al., 2010). A recent survey of nursing staff from 94 wards from 21 hospitals in two Australian states, found that physical violence, threats of violence and emotional abuse were experienced by 14%, 21% and 38% of respondents respectively during their last five shifts worked (Roche et al., 2010).

1.2. Workplace bullying

Alongside concerns about not being able to care adequately for patients, a major source of nurses' personal

distress at work results from poor staff relationships, including bullying (Curtis et al., 2007; Farrell, 2003; Hutchinson et al., 2006). As far back as 1987, Cox warned of the insidious nature of verbal abuse in nursing in the USA (Cox, 1987). The problem has not gone away, there or elsewhere. In 2009, 17% of UK NHS staff reported that they experienced abuse from either their line manager or other colleagues, and 2% reported physical violence from other staff. While data from the UK indicates that bullying rates have remained unchanged over the past few years (Health Care Commission, 2009), recent studies in Australia and Canada indicate that the frequency of conflict between nursing colleagues is on the rise (Farrell et al., 2006; Hesketh et al., 2003; Johnston et al., 2010).

Regardless of the source or type of WA there are lasting negative sequelae. In nursing, aggression and violence has been associated with increased sick leave, negative effects on staff's personal lives, with some leaving the workforce (Lyneham, 2000; Whittington et al., 1996; Winstanley and Whittington, 2004). Errors, accidents, and poor work performance can also result (Farrell, 1997). Furthermore, burnout was highest among nurses who reported the greatest degree of conflict with other nurses (Thomas, 2003). A finer-grained analysis by Hershcovis and Barling (2010) suggests that the source of the aggression may result in different outcomes for victims. For instance, LeBlanc and Kelloway (2002) indicate that aggression from co-workers negatively affected victim's emotional and physical well-being and their job commitment, whereas aggression and violence from 'clients' or members of the public predicted fear of future violence and intent to leave work. All of these factors point to negative effects on staff health, compromised patient care, and consequent effects on organisations' reputation and financial health.

1.3. Definition of workplace aggression (WA)

Despite alarm regarding the nature and extent of WA across jurisdictions, a major hurdle in WA research is the lack of a common definition of the concept within and across countries (Farrell et al., 2006; Parzefall and Salin, 2010; Rippon, 2000). Recently a definition of WA, referred to as occupational violence, including bullying was released by the Department of Human Services, Victoria, which was adopted from Worksafe Victoria's definition of occupational violence and bullying. This definition is used across all Victorian public health services (Department of Human Services, 2007). Occupational violence (OV) is defined as "any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment, where ... a person to believe that they are in danger of being physically attacked, and may involve an actual or implied threat to safety, health or wellbeing. ... Neither intent nor ability to carry out the treat is relevant; the key issue is that the behaviour creates a risk to health and safety".

Workplace bullying (WB) "is repeated, unreasonable behaviour directed towards an employee or group of employees that creates a risk to health and safety...and includes actions of individuals or a group...including verbal abuse, excluding or isolating employees, and psychological

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