

Work-related factors and violence among nursing staff in the European NEXT study: A longitudinal cohort study

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Received 5 January 2007; received in revised form 10 January 2007; accepted 17 January 2007

Abstract

Background: The occurrence of workplace violence is rather frequent within the nursing profession, with well-known consequences on the psychological health of victims.

Objectives: This study is aimed at assessing the relationships between relevant individual, organizational, and psychosocial factors, and the frequency of several types of workplace violence; the direct as well as the interactive impact of violence and psychosocial factors on organizational commitment and perceived health.

Design: Questionnaire-based cross-sectional and longitudinal survey designs were employed for the two study objectives, respectively.

Setting: Five hundred and sixty-five healthcare institutions from eight European countries participated in the Nurses' Early Exit Study.

Participants: The 34,107 participants were nursing staff holding different qualifications. The response rate was 55.1% in the cross-sectional part and 40.5% in the follow-up phase. At baseline, the respondents were mostly female (89.3%), in the age group 30–44 years (52.9%), registered or specialized nurses (67.0%), working mainly in medico-surgical wards (36.3%), and employed full-time (72.8%).

Methods: In the cross-sectional analysis, the relationship between the predictor variables and frequency of violence was assessed by means of a hierarchical multiple linear regression. In the longitudinal analysis, main direct and interactive effects of violence and psychosocial factors on perceived health and organizational commitment were assessed by means of hierarchical multiple linear regression analyses with interaction terms.

Results: Higher levels of adverse work-related factors were significantly associated with higher frequency of the distinguished types of violence. Significant interactions were found between psychosocial factors and violence only in predicting organizational commitment, even if effect sizes were very low. No interactions were observed for perceived health. The prevalence of the distinguished types of violence varied across the participating countries according to the presence of adverse work- and non-work-related factors.

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Conclusions: These findings suggest the necessity of interventions both over working conditions conducive to violence and violent behaviours themselves.

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Keywords: Workplace violence; Nursing; Work-related factors; Organizational commitment; Perceived health; Teamwork

What is already known about the topic?

- The risk of workplace violence in nursing is higher compared to other occupations.
- Individual, organizational, and psychosocial factors are related to the risk of workplace violence.
- Workplace violence harms both the individual and the institutions.

What this Paper adds

- Cross-cultural comparative analysis indicated that prevalence of violence varies across countries according to the presence of specific working conditions.
- Several significant interactions between psychosocial factors and different types of violence were observed in the prediction of organizational commitment.

1. Introduction

1.1. Workplace violence

1.1.1. Extent of the problem

Today, there is increased evidence that nursing staff is at such a high risk of exposure to violent behaviours in the workplace, that this is now considered to be a major occupational hazard worldwide (Rippon, 2000), Europe included (Arnetz et al., 1996; Bjorkly, 1999; Saarela and Isotalus, 1999). Moreover, research indicates that the risk of workplace violence in nursing is higher compared to other occupations, both inside and outside healthcare (Carter 2000; Lawoko et al., 2004). In most studies, observed prevalence of workplace violence (mostly non-physical) indicated that more than half of the nursing staff are generally involved in the problem. In a study by Elliot (1997), the risk of violence from patients and/or from clients was 16 times higher among healthcare workers than among other service employees. While already high and continuously increasing, observed prevalence of violence in nursing may be even underestimated owing to the so-called ‘underreporting’ bias (Farrell and Cubit, 2005).

1.1.2. Consequences of violence

The occurrence of workplace violence may cause damage both to the individual and the institutions.

Individual nurses may incur severe psychological consequences, such as post-traumatic stress disorders (Rippon, 2000), anxiety, sleep disturbances, and loss of self-confidence, while organizations may face increased absenteeism, sick leave, property damage, decreased performance and productivity, security costs, litigation, worker’s compensation, and increasing turnover rates, which are detrimental especially in current times of nursing shortage (Jackson et al., 2002). In different care situations, violent episodes of both physical and verbal nature were indeed found to increase intent to leave nursing (Ito et al., 2001; Sofield and Salmond, 2003). Relationships between both violence and adverse psychosocial environment on the one hand, and poor health and low commitment in nursing on the other hand are also well established (see for example Lawoko et al., 2004).

1.1.3. Definition of violence within nursing

Both the World Health Organization and the EU Commission recommend an extended approach towards violence wherein all circumstances and forms (both psychological and physical) of its occurrence are considered (Cooper and Swanson, 2002; WHO, 1995). Workplace violence is a multifaceted problem, which may take on several forms such as verbal abuse, physical assaults, aggression, harassment, bullying, intimidation, threatening, as well as obscene behaviours. Violent acts are perpetrated against nurses from various quarters, including patients, relatives, peers, supervisors, subordinates, and other professional groups (Cooper and Swanson, 2002).

As shown in a study conducted among a large and representative sample of 6300 Minnesota nurses, most of the physical events experienced by nurses (96.8%) result from interactions with patients and/or clients (Gerberich et al., 2004), while non-physical events, like threats and verbal abuse, apart from the patients themselves, are also perpetrated by supervisors (10.4%), colleagues (10.9%), physicians (12.8%), and patients’ visitors (11.0%). In some studies, the physician was found to be the main source of verbal abuse followed by patients and patients’ families (Sofield and Salmond, 2003).

1.2. Factors associated to workplace violence

Literature identifies several individual, organizational, and psychosocial characteristics of the job in relation to the risk of violence at the workplace.

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