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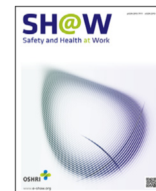

Original Article

Workplace Violence and Safety Issues in Long-Term Medical Care Facilities: Nurses' Perspectives

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ABSTRACT

Background: Workplace violence (WPV) is becoming an issue that needs immediate attention in the United States, especially during this period as more states are adopting the "stand your ground laws to promote worker protection." This study was conducted to investigate how WPV has contributed to an unsafe environment for nurses and nursing assistants who work in long-term medical care facilities.
Methods: A structure questionnaire was used to collect data for the study. Three facilities were sampled and 80 nurses and certified nursing assistants participated in the study. Ninety-two percent ($n = 74$) were female and 8% ($n = 6$) were male. Approximately 62% were black or African American, approximately 33% were Caucasians, and only 2% were from other ethnicities.
Results: We found that 65% of the participants had experienced WPV while 41% believed that management shows little or no concern for their safety. Approximately 23% of respondents believed that reporting supervisor's WPV act is an unsafe action. In addition, 22% of those who reported that they have experienced WPV believed that the work environment is not safe to perform their duties. This significant difference in perception of workplace safety between those who had experienced WPV and those who had not was significant ($t = 3.95$, $df = 158$, $p < 0.0001$).
Conclusion: WPV is an epidemic problem that affects all health-care professionals. The findings of this study could help long-term medical care facilities' management identify the areas to focus on mitigating, controlling, and/or eliminating incidents of WPV.
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1. Introduction

Workplace violence (WPV) in the United States is becoming so alarming that many lives, jobs, and self-esteem are being affected. The menace has also taken a toll on workers' productivity to a drastic extent. According to the American Society for Industrial Security (ASIS) and the Society for Human Resource Management, WPV, in its many forms, presents one of the most challenging security and personnel safety problems that an organization can face [1]. Previous studies have revealed that WPV contributed to workers absenteeism, fear levels, morale reduction, increased health insurance premiums, and increased employee turnover [2]. WPV is a growing concern for employers and employees nationwide. Whereas employees face the physical and the emotional consequences, employers only face the monetary loss due to WPV. The 2011 ASIS Healthcare Security Council report [3] revealed that health-care workers are regularly subjected to minor, as well as, major verbal and physical abuses from patients, visitors, and staff members. In 2011, the Occupational Safety and Health Administration (OSHA) [4] reported that approximately two million Americans were victims of WPV each year, costing businesses up to US $120 billion annually. Every day, on average, two people are killed and 87 are injured as a result of a WPV incident [5]. WPV incidents account for 18% of all violent crimes in the United States [5].

According to the Fidelity Brokerage Investment Services press report [6], the health-care industry is among the top six industries in the United States notorious for WPV. In the health-care sector,

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WPV continues to gain acceptance, as it is widely perceived that nurses are expected to tolerate some degree of violence when performing their nursing duties. In 1998, Morrison [7] concluded in his study that whatever the case may be, the fact remains that health-care workers are unreasonably at risk of WPV. To reduce acts of WPV, many establishments have outlined procedures for investigating and resolving acts of WPV while making employment offers. One of the most common procedures includes employee assistance program, which allows employees who may have suffered WPV to seek help. However, due to the lack of trust in administrative ability to appropriately assess and handle WPV, nurses often fail to report incidents when they occur. It is common for employees to refrain from further educating themselves about their rights due to their fear of retaliation or loss of job. Many caregivers assume that WPV is a part of their job and fail to report such incidences, which prevents health-care facilities' management from developing and implementing further training to educate their employees on how to prevent or address violence. In 2004, McPhaul and Lipscomb [8] discussed the number of serious safety and health hazards health-care workers faced in their work environment including WPV. The OSHA policy on the work environment is that workers have a right to a safe workplace. OSHA also prohibits employers from retaliating against employees for exercising their rights under the law. In a forum discussion about WPV, McPhaul and Lipscomb [8] addressed the risk factors of WPV most presented in the health-care sector and the many approaches to prevent them.

Despite the involvement of governmental agencies, research recommendations, and OSHA policies on attempts to eliminate or reduce WPV, reports on WPV still showed that a significant result is yet to be achieved [5,7,8]. Assaults and violent acts were cited as the 10th leading cause of nonfatal occupational injury in the 2011 annual Workplace Safety Index [9]. These acts represent about 1% of all workplace injuries, which cost US $400 million in that fiscal year. In 2009, the Bureau of Labor Statistic reported "assaults and violent acts" as the third leading cause of fatal work injuries in 2008, constituting 16% of all fatal work injuries. The same report revealed that assaults against workers in state government occurred at a rate of 28.6 cases/10,000 full-time workers, which is much higher than the rates for local government (12.6) and private industry (2.4). In state government, the rate of assaults was especially high in the health-care and social assistance industry, with 122.3 cases/10,000 full-time employees. According to the U.S. Bureau of Labor Statistics, 2006, most of these assaults were injuries caused by health-care patients. A report by the Emergency Nursing Association [10] confirmed that the health-care industry leads all other sectors in the incidence of nonfatal workplace assaults.

In 2014, Kvas and Seljak [11] studied different nursing careers in Slovenia to determine which group of nurses is most frequently exposed to WPV. Their study result showed that 61% of nurses had been exposed to violence within the past year. Victims in the study responded to violence through a formal written method. According to the findings, most nurses did not report sexual violence because of the formal method used to report cases and because of their personal beliefs and fear of losing their job. Likewise, a report on WPV [12] documented that the consistency of reporting violence incidents and the format adopted for reporting them can greatly improve violence monitoring and prevention activities.

Nurses and certified nursing assistants (CNAs) are usually at the receiving end of most of these unlawful acts as their responsibilities center on the entire health-care system. Most workplace assaults within the health-care sector occur in nursing-related facilities and are committed by patients or residents of a health-care facility according to OSHA [13]. Nurses and CNAs are found working very closely with doctors, patients, families of the patients as well as their colleagues. Thus, they are subjected to deal with verbal or physical abuse from the patients. Precipitating factors for the risk of violence include status of the behavioral health patient, patients who are under the influence of drugs or alcohol, high patient volume, and prolonged wait time of the patient [14]. Apart from the violence that nurses' face with patients, Gacki-Smith et al [15] found that "the fundamental lack of respect between doctors and nurses is a huge problem that affects every aspect of their jobs" (p. 6). In 2010, The Emergency Nurse Association reported management activities that provide education and guidance to nurses on how to admit that WPV is a severe occupational risk that requires immediate attention from employers, law enforcement officers, and the community [10].

1.1. *Study significance*

Although several studies have been conducted on WPV in the health-care industry, many of the authors have only based their findings on descriptive analysis. Perhaps, the strongest piece of evidence in support of the need for a situational analysis of violence in the health-care industry, especially long-term medical care facilities, is the demonstrated statistical relationship between violence toward nurses, CNAs, and the involvement of management. In this study, we hypothesized that WPV experienced by the nurses and CNAs' working in long-term medical care facilities will contribute to an unsafe environment while they are performing their duties.

1.2. *Study objectives*

This study addresses the following objectives:

1. To assess the perspectives of nurses and CNAs in long-term medical care facilities on WPV.
2. An analysis of caregivers' responses on WPV in long-term medical care facilities.
3. Identification of common perpetrators of WPV and types of WPV practices in long-term medical care facilities.

2. Materials and methods

2.1. *Study population and sample size*

The study population consisted of nurses and CNAs working in long-term medical care facilities geographically located in the Piedmont Triad region of North Central Carolina. Our sample size included 80 registered male and female nurses and CNAs. Participants were recruited with the help of the participating facilities' management staff along with a support letter from the Institutional Review Board. Informed consent documents and experimental protocol approved by the authors' institution were signed before allowing participants to fill out the questionnaire. Participants were grouped into four age categories 18–25 years (Age Group 1), 26–35 years (Age Group 2), 36–45 years (Age Group 3), and 46 years and above (Age Group 4). Participants identified themselves as black or African American, Caucasians, and others. Access to all caregivers in the selected facilities was restricted because of lack of interest in WPV, fear of their supervisors, and lack of previous knowledge on WPV.

2.2. *Procedure*

Data were collected using a self-developed questionnaire adapted from a standardized questionnaire retrieved from an online material. The self-developed portions of the questionnaire were based on the interview responses with 10 nurses and five

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