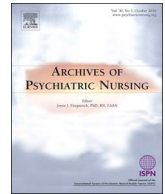




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journal homepage: www.elsevier.com/locate/apnuIncidence, Type, Related Factors, and Effect of Workplace Violence on Mental Health Nurses: A Cross-sectional Survey[☆]Bing Xiang Yang^{a,b}, Teresa E. Stone^c, Marcia A. Petrini^{a,c,*}, Diana L. Morris^{d,e}^a Zhongnan Hospital of Wuhan University, Wuhan, China^b Faculty of School of Health Sciences, Wuhan University, Wuhan, China^c Faculty of Nursing, Chiang Mai University, Thailand^d Frances Payne Bolton School of Nursing, USA^e University Center on Aging & Health, Case Western Reserve University, USA

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ABSTRACT

OBJECTIVE: Workplace violence and its impact on mental health nurses have yet to be thoroughly explored in China. This study aims to investigate the incidence, type, related factors, and effects of workplace violence on mental health nurses as well as identifying coping strategies.

METHODS: A researcher - designed workplace violence questionnaire and the Maslach Burnout Inventory-General Survey were distributed to nurses at a mental health hospital in Wuhan, China.

RESULTS: Most nurses reported a high incidence of workplace violence (94.6%) in the past year ranging from verbal aggression, sexual harassment, to physical attack. The forms of violence significantly correlated with each other ($r > 0.5$, $p = 0.000$). Working on the psychiatric intensive care unit for adult males and being a male nurse placed nurses at significantly higher risk for workplace violence. Providing routine treatment, caring for male patients, and working the night shift increased the risk of sexual harassment. Nurses who believed that workplace violence was preventable experienced a significantly lower incidence of violence. Burnout levels of the mental health nurses were relatively mild, but increased with age, professional title, years of employment and frequency of workplace violence.

CONCLUSION: The incidence of workplace violence among mental health nurses is common, and its frequency is correlated with nurses' level of burnout. Management and clinical nurses should work together on an organization-wide strategy targeting the major identified risk areas to reduce the incidence of workplace violence and minimize its impact on nurses.

INTRODUCTION

Workplace violence (WPV) in healthcare settings has been defined in various ways (McPhaul & Lipscomb, 2004) including “incidents where staff are abused, threatened or assaulted in the circumstances related to their work ... involving an explicit or implicit challenge to their safety, well-being or health” (International Labour Organization, 2002 p.3). WPV ranges from verbal aggression, and sexual harassment to physical attack (Cooper & Swanson, 2002; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Spector, Zhou, & Che, 2014). Of all health workers, nurses are most likely to be the targets of WPV worldwide (Hills & Joyce, 2013; Lanctôt & Guay, 2014; Spector et al., 2014). Verbal aggression is the most common form of aggression in health care settings, and about two-thirds of nurses worldwide experienced this

type (Hills & Joyce, 2013; Spector et al., 2014). Mental health settings are frequently mentioned in the literature as being high risk, both in China and western countries. Several studies have shown that more than half of mental health nurses surveyed experienced verbal aggression, and about a third report experiencing physical attack (Geng, An, & Wang, 2013; Hu, Xu, & Zhang, 2015; Ridenour et al., 2015; Zeng et al., 2013).

Numerous studies have noted that WPV can negatively affect both the physical and psychological status of health care staff (Needham, Abderhalden, Halfens, Fischer, & Dassen, 2005; Zeng et al., 2013), and job motivation and productivity (Lanctôt & Guay, 2014; Zeng et al., 2013; Zerach & Shalev, 2015). Adverse psychological effects may include fear, anxiety, depression, post-traumatic stress disorder, substance abuse, relationship problems, sick leave, and burnout (Chen, Lin,

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Table 1
Reliability and validity of subscales of the WPV questionnaire.

Dimensions	Item number	Content validity	Cronbach's Alpha	Intraclass correlation coefficient (95% CI)
Negative violent events	15	0.915	0.934	0.988* (0.971–0.955)
Perceptions about influencing factors	36	0.883	0.929	0.902* (0.758–0.960)
Perpetrator factors	14	0.895	0.912	0.917* (0.795–0.966)
Management factors	7	0.795	0.791	0.870* (0.679–0.947)
Societal factors	6	0.864	0.895	0.888* (0.725–0.955)
Nurse characteristics	9	0.904	0.943	0.988* (0.972–0.995)

CI: Confidence interval; *: $p < 0.001$.

5-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree.

Ruan, Li, & Wu, 2016; Ferns & Meerabeau, 2008; Lanctôt & Guay, 2014; Zeng et al., 2013). Burnout is a state of mental and/or physical exhaustion caused by excessive and prolonged stress (Peterson et al., 2008). Prolonged work stress and job burnout were found to be associated with increased symptoms of depression and anxiety (Karaniola & Papathanassoglou, 2013; Wang et al., 2015), decreased job satisfaction, and increased turnover intentions (Khamisa, Oldenburg, Peltzer, & Ilic, 2015; Van Bogaert et al., 2013). Several studies in China suggest that mental health nurses have higher levels of work-related stress (Chen et al., 2016; Qi et al., 2014). The quality and costs of health care and patient safety across the entire health care system are compromised due to nurses' levels of burnout (Hall, Johnson, Watt, Tsipa, & O'Connor, 2016; Salyers et al., 2017) and WPV (Gignion et al., 2014; Lin et al., 2015; Phillips, 2016).

WPV toward clinicians is a serious and particular problem and has worsened in recent years in China (Liu et al., 2015; Xing et al., 2016). Nurses are in a particularly vulnerable and challenging position. Limited data is available on WPV against mental health nurses in China, and little is known about the connection between WPV and burnout in mental health nurses: there are gaps in knowledge about risk factors, causes, types, and influencing factors of WPV as well as what coping strategies nurses use. This study aimed to 1) investigate the incidence and type of WPV; 2) explore factors related to WPV; 3) investigate the level of job burnout among mental health nurses and its association with the incidence of WPV; and, 4) explore what types of coping strategies nurses used and their suggestions.

METHODS

SAMPLING

Data were collected from 290 Chinese nurses out of a total of 355 registered nurses employed at a 950-bed mental health hospital in central China. Patients treated in the hospital came from a variety of economic backgrounds and were diagnosed with a range of mental disorders. The majority had a diagnosis of schizophrenia-spectrum and other psychotic disorders and depressive disorders. Other diagnostic categories included substance-related disorders, trauma- and stress-related disorders, eating disorders, and neurocognitive disorders.

RECRUITMENT AND DATA COLLECTION

Permission for the study was obtained from the ethics committee of the university and the mental health institution. A signed informed consent on the purpose and the voluntary nature of the study was obtained from participants before the distribution of the questionnaires and the nurses were assured of their ability to withdraw from the study at any time without any penalty. Participants completed self-administered questionnaires and returned them to a box in the nurses' stations.

MEASUREMENTS

WORKPLACE VIOLENCE QUESTIONNAIRE

Following a comprehensive literature review and a focus group interview of 10 mental health nurses, a questionnaire was developed to investigate the incidence, related factors, and effects of WPV on Chinese mental health nurses. An expert panel was convened to discuss content validity before and after the focus group interview. Participants in the focus group came from five mental health units; two participants represented each unit. Each participant was given a draft version of the WPV questionnaire at the beginning of the interview. After completing the draft questionnaire, participants were asked a series of questions about the design of the questionnaire. It was divided into five parts that include demographic information (9 items), negative, violent events experienced in recent years (15 items), detailed descriptions of the most distressing violent events (11 items), nurses' opinions and suggestions about WPV (7 items), and nurses' perceptions of four influencing factors (perpetrator, hospital management, societal, and nurse factors) related to negative violent events (36 items). Nurses rated factors using a Likert scale from strongly disagree (1 point) to strongly agree (5 points). The questionnaire was administered to 21 respondents in the pilot study group on two occasions across two weeks to ascertain the degree of change in the scores over time. Values of the test-retest intraclass correlation ranged from 0.870 to 0.988 for the 15-item and 36-item subscales. See Table 1 for reliability and content validity for the 15-item and 36-item subscales.

THE MASLACH BURNOUT INVENTORY - GENERAL SURVEY

The Maslach Burnout Inventory-General Survey (MBI-GS) measures job burnout in professional staff and has proven good reliability and validity (Schutte, Toppinen, Kalimo, & Schaufeli, 2000). The MBI-GS has three dimensions: emotional exhaustion (EE, 5 items); depersonalization (DP, four items); and, reduced personal accomplishment (RPA, six items). The three dimensions represent respectively, personal stress, interpersonal situation, and the self-evaluation dimension. Items were rated on a seven-point scale, ranging from 0 (never) to 6 (every day) (Maslach, Jackson, & Leiter, 1996). The Chinese version which has established reliability (Cronbach's Alpha of 0.82 to 0.86) and validity was used in this study (Li & Shi, 2003) after obtaining necessary permissions.

DATA ANALYSIS

Descriptive statistics were used to describe the demographic data and the incidence of WPV. Since the data of workplace violence and the MBI-GS were not normally distributed, non-parametric tests were used. The Kruskal-Wallis or Mann-Whitney U was used to examine factors related to WPV. Chi-square and cross tabs were used to verify percentage differences in coping strategies. Spearman correlation coefficient was used to ascertain the association of WPV and burnout level.

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