



Workplace violence against nurses in the emergency departments of three hospitals in Riyadh, Saudi Arabia: A cross-sectional survey[☆]



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ABSTRACT

Background: Emergency department nurses are continuously exposed to violence on the job.

Objectives: This study sought to identify the prevalence and pattern of workplace violence and the consequences of violence on nurses working in emergency departments in Riyadh.

Design: Cross-sectional survey conducted from April to May 2015.

Setting: Emergency departments of three hospitals in Riyadh.

Participants: Nurses participated voluntarily and anonymously.

Methods: Nurses were recruited by advertisement. A self-administered questionnaire with 23 items was given to participants by a head nurse. Violent acts were classified as physical or nonphysical. Descriptive statistics are presented and statistical comparisons were made to evaluate differences by gender, nationality, age, experience and other demographic variables.

Results: Of 150 questionnaires distributed, 121 were returned (80.6%). One hundred were females (82.6%) and 71 (58.7%) had worked in nursing for less than or equal to 5 years. Most participants (n=108, 89.3%) had experienced a violent incident in the past 12 months. Eighty (80/108, 74.1%) of those who had experienced violence had experienced verbal abuse and 20 (20/108, 18.5%) had faced verbal and physical violence during the past year. The type of violence was associated with gender and educational level. Patients (89/108, 82.4%) and their relatives (70/108, 64.8%) were the most common instigators of violence. Most nurses (78/108, 72.3%) expressed dissatisfaction with the manner in which incidents were handled.

Conclusion: Workplace violence was pervasive in the emergency departments of these three hospitals in Riyadh. The data are consistent with other reports of workplace violence in emergency departments in Saudi Arabia and in other countries.

Recommendations: Suitable strategies to deal with the issue include establishing workplace violence management teams and creating appropriate rules and regulations that can improve workplace safety for nurses, while improving patient care quality. Security systems and formulation of violence prevention policies and procedures are mandatory measures in emergency departments. In addition, training programs are needed to help support, teach and provide nurses with the knowledge and skills needed to manage violent situations in the workplace.

1. Introduction

Violence in healthcare systems is one of the most common forms of workplace violence. (“Violence in the Workplace: OSH Answers,” 2016) The Emergency Nurses Association in The United states reported that workplace violence in the healthcare setting is 3.8 times higher than all private industry, and that the emergency department is a particularly vulnerable setting (Emergency Nurses Association, 2008; Gacki-Smith et al., 2009). The Centers for Disease Control and other governmental organizations in the United States and other countries, have long been

aware that violence is a well-recognized occupational hazard of working in hospitals (“CDC – NIOSH Publications and Products – Violence Occupational Hazards in Hospitals (2002-101),” n.d.). As the front door to the hospital for many patients, especially those with the most emergent needs, the emergency department (ED) is where the violent encounter most often occurs. The ED is open at all hours and the nurse is usually the first healthcare provider encountered by the patient. The high rate of victimization among clinical nurses has not abated over time, and remains a key reason for losses from the workforce and an inability to attract new nurses (Chapman & Styles, 2006; Lee,

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Gerberich, Waller, Anderson, & McGovern, 1999).

More than half of healthcare workers have experienced violence in the workplace. (Librarian, n.d.; Lin & Liu, 2005) Stirling and colleagues systematically reviewed studies up to 1996 and found a high prevalence of violent encounters in surveys of hospitals in the UK (Stirling, Higgins, & Cooke, 2001). In a survey of 300 nurses, only 9.1% had never experienced physical violence. In the largest hospital in Dublin, only 27 nurses (7%) were not worried about physical assault (Rose, 1997). The findings of surveys are similar throughout the world. A recent cross-sectional study of EDs in Palestine, in the West Bank and Gaza, the majority of nurses and physicians reported violence in the past year (76.1%), with non-physical assaults predominating (71.2%). At an urban inner-city tertiary care center in Vancouver, most (76%) had witnessed verbal abuse and physical threats or assaults (86%).(Fernandes et al., 1999) Pourshaikhian and colleagues systematically reviewed violence against personnel in the prehospital setting in Iran (Pourshaikhian, Abolghasem Gorji, Aryankhesal, Khorasani-Zavareh, & Barati, 2016).

The instigating factor in most cases seems to be a failure to meet patient expectations, which may be unrealistically high. Outbursts of verbal or physical violence directed toward the staff are the consequence. What are patients expectations? Morrison summarized expectations of the patient and the family: "The provision of information, accessibility to a wide range of services and after-hours service, good discharge planning, a caring and compassionate approach, the time to listen to the patient, patient involvement in decision-making, and quality, timely medical care were priority items. Additional in-hospital expectations included the need to respect privacy, to provide adequate pain management and to keep the family informed (Morrison, 1999). This failure to meet expectations was reflected in a 2016 survey of 227 nurses in Jordan, where nurses reported that the most common reasons for verbal and sometimes physical violence were waiting times, overcrowding and a failures to meet patient and family expectations (AlBashtawy & Aljezawi, 2016).

Because the topic is not well studied in our part of the world, our aim was to determine the frequency and pattern of workplace violence and consequences of violent incidents among nurses in emergency departments in Riyadh, Saudi Arabia.

2. Methodology

The study was a questionnaire-based cross-sectional survey. The target population for this study were emergency department nurses from three hospitals: Al-Yamamah Hospital (310 beds), National Guard Hospital (690 beds), and King Saud Hospital (200 beds) in Riyadh, Saudi Arabia. Nurses were recruited by advertisements and volunteered to participate. Participation was anonymous. The study was conducted from April to May 2015 . A questionnaire for self-administration was designed by the researcher based on similar questionnaires from research into workplace violence (Appendix). (Lin & Liu, 2005). The questionnaire contained 23 questions, 22 closed questions and one open-ended question. The survey tool consisted of three parts: The first part included demographic information such as age, gender, nationality, educational level, years of experience, and training or lack thereof in dealing with violence. The second part consisted of items that addressed the frequency and pattern of workplace violence (frequency of violence, sources of violence, type of violence, place, time and reaction to violence) and the third part consisted of items that addressed the consequences of violent incidents and satisfaction with incident handling.

Types of violence were classified broadly into physical and non-physical assault. Physical assault was defined as deliberate use of force (hitting, kicking, slapping, choking, biting, or pushing). Non-physical assault included verbal harassment and abuse (including threats and sexual comments), including any humiliating and undignified comment based on age, sex, race, colour, disability, language, religion, and

economic or social status. Sexual harassment was defined as any unwelcome and verbal or physical gestures of a sexual nature. Respondents were also asked to identify their reaction to the violence.

After obtaining consent from the hospitals and then from the nurses, the researcher described the study and the data collection process with the head nurses before giving the questionnaire to participating nurses. The questionnaire contained contact information if the participant had questions. Nurses were informed that participation was anonymous and voluntary. The nurses were given one week to complete the questionnaire. Data were collected over a period of three weeks. The Ethical Approval for this study was obtained from King Abdullah international Medical Research Center.

Seeking to minimize the sample size because of time and budget constraints yet ensure that the sample size was reasonable, we based the desired sample size on the fact that the margin of error for a sample of 150 is 8% (.98/sqrt(n) (for a confidence level of 95%), and that 8% is considered a reasonable margin of error in surveys.

Statistical analysis was done using SPSS (IBM Corp. Released 2011. IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp). Descriptive statistics are presented and Pearson's chi square test was used for statistical comparisons of demographic data.

3. Results

Of 150 questionnaires distributed, 121 were returned (80.6%). One hundred were females (82.6%) and 71 (58.7%) had worked in nursing for 5 years or less (Table 1). Most were under 30 years of age (n=75, 62%). About half of nurses were non-Saudi (50.4%) and the non-Saudis were from the Philippines and India. Most respondents were unmarried (62.8%). The largest proportion had a bachelor's degree (n=94, 77.7%) followed by a diploma in nursing (n=25, 20.7%) while only two respondents had a master's degree in nursing. One hundred respondents (82.6%) reported that they had not received any training in handling violence.

Respondents were asked to identify the numbers of times they were exposed to violent incidents in the last 12 months. Among 121 nurses, 108 (89.3%) reported being exposed to workplace violence within the last 12 months, including 23 (21.3%) more than four times (Figure 1). The incidence of violence was the highest in the evening shift (55.6%) and lowest in the day shift (27.8%); only 33 (30.6%) respondents reported workplace violence in the night shift (Table 2). Respondents were asked to identify the perpetrator in the most recent incident of

Table 1
Sociodemographic data on participants (n=121).

	n (%)
Age (years)	
Younger than 30	75 (62.0)
30 to 40	39 (32.2)
40 and older	7 (5.8)
Nationality	
Saudi	60 (49.6)
Non-Saudi	61 (50.4)
Work experience (years)	
≤5	71 (58.7)
6–9	35 (28.9)
≥10	15 (12.4)
Marital status	
Married	45 (37.2)
Other	76 (62.8)
Sex	
Male	21 (17.4)
Female	100 (82.6)
Educational status	
Diploma degree	25 (20.7)
Bachelor degree	94 (77.7)
Master degree	2 (1.7)

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