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Research Article

Workplace Violence and Job Outcomes of Newly Licensed Nurses

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SUMMARY

Purpose: The purpose of this study was to examine the prevalence of workplace violence toward newly licensed nurses and the relationship between workplace violence and job outcomes.
Methods: An online survey was conducted of newly licensed registered nurses who had obtained their license in 2012 or 2013 in South Korea and had been working for 5–12 months after first being employed. The sample consisted of 312 nurses working in hospitals or clinics. The Copenhagen Psychosocial Questionnaire II was used to measure violence and nurse job outcomes. Multiple linear and logistic regression analyses were conducted to examine the relationship between violence and job outcomes.
Results: Verbal abuse was most prevalent (59.6%), followed by threats of violence (36.9%), physical violence (27.6%), bullying (25.6%), and sexual harassment (22.4%). Approximately three quarters of the nurses had experienced at least one type of violence. The main perpetrators were patients and nurse colleagues, although the distribution of perpetrators varied depending on the type of violence. Bullying had a significant relationship with all four job outcomes (job satisfaction, burnout, commitment to the workplace, and intent to leave), while verbal abuse was associated with all job outcomes except for intent to leave. Violence perpetrated by nurse colleagues had a significant relationship with all four job outcomes, while violence by physicians had a significant inverse relationship with job satisfaction.
Conclusions: Workplace violence is experienced by a high percentage of newly licensed nurses, and is associated with their job outcomes.
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Introduction

Nurses have been reported to experience workplace violence, including physical, verbal, sexual, and emotional abuse [1–3]. A recent study reported that 66.9% of nurses were exposed to nonphysical assaults, 36.4% to physical assaults, 39.7% to bullying, and 25% to sexual harassment [3]. Because nurses communicate and coordinate care with their nurse colleagues and other personnel from different backgrounds and disciplines, they face interpersonal conflicts in their everyday practice, which may lead to violence. In particular, newly licensed nurses who transition from school to practice are at high risk of exposure to violence. Experiencing violence may result in decreases in productivity and job performance and lead to depression and other health problems in nurses [4,5].

Violence in hospitals can be perpetrated by patients or their families, or by colleagues. Violence perpetrated in the workplace by peers is known as horizontal violence, lateral violence, or relational aggression [6–8]. Sofield and Salmond [9] found that physicians were the most common source of verbal abuse, followed by patients, the families of patients, and peers. Physicians were also found to be the most common source of sexual harassment toward nurses in Turkey [10]. However, patients and their family members were found to be the most frequent source of all types of violence in other studies [2,3]. Workplace bullying is the most common type of violence that takes place between peers and is known to be more than simple conflict between two individuals [4]. Since workplace bullying is committed repeatedly by a colleague who works in the same environment, and with whom it is necessary to maintain a working relationship, workplace bullying is significantly correlated with effects on job outcomes [5].

Among nurses, new graduate nurses are particularly vulnerable to becoming victims of violence [1]. Many studies have reported that early-career nurses are exposed to workplace violence such as verbal abuse, and bullying [11–13]. Violence toward newly licensed

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nurses is not only horizontal violence, but also can be vertical violence, because it is frequently perpetrated by someone higher in the hierarchy, such as a nurse manager. Read and Laschinger [14] determined that bullying is strongly related to job satisfaction and health outcomes among newly graduated nurses. Workplace bullying also has been shown to negatively affect the productivity of novice nurses [14], and early-career nurses exposed to verbal abuse report lower job satisfaction, less organizational commitment, autonomy, and intent to stay [11].

Newly licensed nurses working in their first job are often already highly stressed due to intense workloads and their inexperience in carrying out the serious responsibilities of their work. Also, they may not yet have the capacity to manage various problems that can occur in hospitals. Given these circumstances, when newly licensed nurses are exposed to violence, they are less likely than the more experienced nurses to possess the requisite coping skills. Many previous studies of nurses have shown that experiencing violence is related to negative job outcomes [5,9]. When the victim is a newly licensed nurse, the negative effects are likely to be worse. Workplace violence toward newly licensed nurses in healthcare organizations should be managed more carefully, because it can affect patient safety as well as the safety of healthcare providers [2].

A high prevalence of workplace violence has also been reported among Korean nurses. A recent study reported that 71.0% of nurses had been exposed to at least one of five types of violence during the previous 12 months; the prevalence of verbal abuse (63.8%) was the highest, and bullying had the lowest prevalence (9.7%) [16]. Workplace incivility that nurses had experienced was related to negative outcomes, such as a defensive attitude toward the organization and colleagues, and eventually, the loss of supportive relationships [17]. The high prevalence of violence among nurses may be attributed to the dominant organizational culture that nurses perceive as hierarchy-oriented in Korean hospitals [18].

Although previous studies have reported the type, prevalence, and perpetrators of violence against nurses in general or newly licensed nurses, little of the previous research has documented the consequences of violence on nurse job outcomes. Deeper investigation of the impact of violence on nurse job outcomes that may vary by the type and perpetrator of violence is expected to provide a better understanding of violence against newly licensed nurses. The purpose of this study was to examine the prevalence, perpetrators, and types of workplace violence experienced by newly licensed nurses and to characterize the relationship between workplace violence and job outcomes among newly licensed nurses.

Methods

Study design

The original research project was designed as a longitudinal study tracking newly licensed registered nurses (RNs) for 3 years, beginning in their first place of employment, in order to examine their work experience and career progression. This study analyzed cross-sectional data collected in the first wave. In South Korea, the RN licensing exam is administered to nursing graduates once annually, and successful examinees receive their RN licenses in February. The study included two groups of RNs, who were newly licensed in 2012 or 2013. The study was advertised through faculty members in nursing schools and through a website popularly visited by nurses and nursing students. A total of 391 and 318 newly licensed nurses participated in the initial registration step of the study in 2012 and 2013, respectively. In this initial step, nurses who had started their first job or were waiting for placement in hospitals or clinics registered for the study by completing the consent form and providing their email address and mobile phone number. The first wave of data collection was conducted approximately 6 months after beginning employment and nurses who had registered for the study received an email and a text message requesting their participation in the study via an online survey.

Setting and samples

Among the 391 nurses who registered in 2012, 187 (47.8%) completed the first wave of data collection, whereas 125 of the 318 nurses (39.3%) who registered in 2013 completed the first wave of data collection. The sample used in the current study consisted of the 312 RNs who had completed the survey and had been working in hospitals or clinics as their first job.

Ethical considerations

The study was approved by the Institutional Review Board of College of Nursing, Seoul National University (IRB 2012-50). Nurses participated in the study on a voluntary basis and completed a consent form prior to answering the survey questionnaires. The email addresses and mobile phone numbers of participants were collected so as to send them an email and a text message about survey participation, a reminder, and a gift card after completing the survey. This personal information was managed in a master file separately from the datasets used for analysis.

Measurements

Workplace violence and job outcomes were measured using the second version of the Copenhagen Psychosocial Questionnaire (COPSOQ II) [19]. The COPSOQ II has been translated into Korean and used with office workers and RNs in South Korea [16,20], and has also been used to examine the psychosocial work environment of nurses in other countries [21,22].

The COPSOQ II includes items dealing with four types of violence (physical violence, threats of violence, sexual harassment, and bullying), and verbal abuse was also added to the survey. Nurses were asked to answer whether and how frequently they had been exposed to each type of violence during the previous 12 months. The response options were as follows: (1) yes, daily; (2) yes, weekly; (3) yes, monthly; (4) yes, a few times; (5) no. When nurses answered “yes”, they were then asked to indicate the perpetrators of each type of violence, using a format that allowed separate responses for the following five groups of perpetrators: patients, the families of patients, nurse colleagues, nurse managers, and physicians.

Job outcomes included the following four variables: job satisfaction, burnout, commitment to the workplace, and intent to leave. The first three variables were measured using the COPSOQ II, with each variable consisting of four items measured with either a 4-point or 5-point scale [19]. The Cronbach α values of job satisfaction, burnout, and commitment to the workplace were .75, .90, and .73, respectively. The variable assessing intent to leave was added to the survey questionnaire by asking whether the participant planned to leave his or her job within 1 year.

Data collection

Nurses who registered in 2012 and 2013 received notifications asking them to participate in the first wave of survey approximately 6 months after employment however, the actual date of participation ranged from 5 months to 12 months after employment. Data

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