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# Jordanian nurses perception of physicians' verbal abuse: findings from a questionnaire survey

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**Abstract**

The purpose of this descriptive study was to describe the frequency, severity, emotional reactions, and coping behavior of Jordanian nurses working in hospitals in response to verbal abuse. A convenience sample of 138 nurses employed in five hospitals was surveyed using the verbal abuse questionnaire (VAQ), which was developed for this study and received limited testing for reliability (homogeneity) and validity. This instrument measured different aspects of verbal abuse against Jordanian nurses. Findings indicate that the most frequent and most severe forms of verbal abuse reported were judging and criticizing, accusing and blaming, and abusive anger; the most common emotional reactions were anger, followed by shame, humiliation and frustration and most nurses used engaging in negative activities to cope with verbal abuse. Findings of this study highlights the need for hospitals to develop protocols for reporting and dealing with verbal abuse from physicians toward nurses.


*Keywords:* Verbal abuse; Emotional response; Jordan

## 1. Introduction

Concerns are widespread that workplace violence against health-care personnel has been increasing. Among health personnel, nursing staff are often the most at risk of violence (World Health Organization [WHO], 1999). Verbal abuse is a form of workplace violence that leaves no visible scars; however, the emotional damage to the inner core of the victim's self can be devastating (Occupational Safety and Health Administration [OSHA], 1999). Verbal abuse is communicated through words, tone, or manner that disparages, intimidates, patronizes, threatens, accuses, or disrespects toward another (Nield-Anderson and Clarke, 1996). Whether overt or subtle verbal abuse leaves the recipient feeling personally or professionally attacked, devalued, or humiliated. (Copper et al., 1996).

Verbal abuse from physicians and patients accounts for the highest incidents of aggression towards nurses in health-care settings (Copper et al., 1996). Hilton et al. (1999) reported that physicians are the main source of verbal abuse. Research has shown that nurses' experience high rates of verbal abuse, from 82% to 97% (Cameron, 1998; Fernandes et al., 1999). Verbal abuse significantly impacts the workplace by decreasing morale, increasing job dissatisfaction, and creating a hostile work climate (Aiken et al., 2001; Manderino and Berkey, 1997). Furthermore, verbal abuse negates a caring organizational culture and threatens the organization itself by higher turnover rates, increased lawsuits, decreased productivity, increased errors, and overall

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decreased quality of care (Cox, 1987; Bush and Gilliland, 1995). Although multinational studies related to the incidence and severity of verbal abuse against nurses have been conducted in health-care settings, little research has been reported on verbal abuse from physicians toward nurses working in Jordanian hospitals. With overall concerns for workplace safety and employee retention and the lack of studies that address the incidence and impact of physicians' verbal abuse against Jordanian nurses, it is therefore, timely to examine the scope and effect of verbal abuse against Jordanian nurses.

Failure to address verbal abuse places hospitals at risk to increased turnover and cost resulting from decreased productivity and job satisfaction (Aiken et al., 2001; Nield-Anderson and Clarke, 1996). Thus, this study was designed to describe the frequency and severity of verbal abuse, emotional reactions, and coping behavior reported by Jordanian nurses working in hospitals in response to verbal abuse.

## 2. Literature review

### 2.1. Status of professional nursing in Jordan

One of the most challenging struggles for nurses nationally and internationally has been achieving the respect they deserve from other professionals and from the public (Hood and Leddy, 2002). Although Jordan has a well-structured health system, one of the most efficient in the region, nurses still face many professional challenges. Nurses in Jordan, as in other more modern countries, are faced with similar working conditions such as high workloads, conflicts with other professionals, uncertainty regarding treatment decisions, limited clinical autonomy, non-supportive work environments, and feelings of inadequacy (Al-Ma'aitah et al., 1999). These conditions contribute to dissatisfaction, burnout and high rates of turnover and attrition among nurses in Jordan (Armstrong-Stassen et al., 1994). It was indicated that the lack of nursing leadership could be attributed to nursing being predominantly a female occupation in a culture, which has neither expected women to become leaders nor rewarded them financially (Kennedy, 2000; Herdman, 2001). Currently, despite the high numbers of men in nursing, nurses have not been assertive in leadership roles to address issues such as subordination to physicians (Al-Ma'aitah et al., 1999).

### 2.2. Verbal abuse against nurses

According to National Institute for Occupational Safety and Health (NIOSH), workplace violence is defined as any physical assault, threatening behavior, or verbal abuse occurring in the workplace (OSHA, 1999). Several types of violence are now considered "health risks" similar to environmental hazards. Physical injury is the most common outcome measure of violence (WHO, 1999). The effect of threats or verbal assaults may result in severe emotional injury. Although the wounds of physical violence are well known and are readily observable, the wounds of verbal abuse are less well understood and are not easily observed because they do not clearly manifest themselves. However, they may be no less severe (Coombes, 1998; OSHA, 1999; WHO, 1999). The American Nurses Association (ANA) (1994, p. 1) adopts a broad definition of workplace violence which it defines as "a range of behavior from verbal abuse, threats, and unwanted sexual advances to physical assault and at the extreme, homicide." Similarly, the National Institute of Occupational Safety and Health (NIOSH) (1996), states that workplace violence includes but is not limited to beatings, stabbings, suicides, shootings, rapes, near suicides, psychological traumas such as threats, obscene phone calls, an intimidating presence, and harassment of any nature such as being followed, sworn at or shouted at. A press release issued by the American Nurses Association (2000) indicated that nursing homes and hospitals are the settings for nearly two-thirds (64%) of all workplace violence. Some of the causes of verbal abuse in a hospital setting are related to the highly stressful situations and the power differentials or unequal interpersonal relationships that are present. Physicians have been identified in studies as the primary sources of verbal abuse; however, they are not the only source (Cook et al., 2001). Patients and their families, peers, and immediate supervisors have demonstrated verbally abusive behavior toward health-care workers, as well (Braun et al., 1991; Zigrossi, 1992). In examining who the perpetrators of verbal abuse are, Copper et al. (1996) and Hilton et al. (1999) found that physicians were cited as the main perpetrators of verbal abuse (38%, 35%), followed by patients and their families. In contrast, Zigrossi (1992) discovered that patients (58%) were the most frequent source of verbal abuse, followed by patients' families (52%) and then physicians' no percentage ranking for physicians was reported.

Elliott (1997) reported that health-care providers are at 16 times greater risk of violence than other workers. A study of non-supervisory registered nurses showed that 89% of nurses reported verbal abuse in their practice (Hilton et al., 1999). Coombes' (1998) study indicated that 85% of nurses had been verbally abused in the past year. Similarly, another study showed that 85% of 151 nurses had experienced verbal abuse, and 45% had experienced verbal abuse within the last 15 working days (Cameron, 1998). A survey of 105 nurses indicated that 94% of nurses experienced verbal abuse during their careers (Sofield, 2000). Another recent study of nurses