Workplace violence against registered staff nurses at a tertiary care hospital of Sindh Province: A descriptive qualitative study

Pir Bux Jokhio[1], Muhammad Yousif Bhatti[2], Shahida Khan[3], Sara Chandio[4], Ahsanullah Qureshi[5], Farida Raja[6]

Pir Bux Jokhio
Masters of Bioethics, **Assistant Professor Nursing**, Begum Bilqees Sultana, Institute of Nursing, Peoples University of Medical and Health Sciences for Women, Nawabshah, ShaheedBenazirabad
Muhammad Yousif Bhatti
Masters of Science in Nursing, **BSN program coordinator,** Indus College of Nursing & Midwifery, Indus Hospital, Karachi
Shahida Khan
Masters of Science in Nursing, **Academic Director**, Advance Health Sciences, Institute of Nursing, Karachi
Sara Chandio
Post RN BSc Nursing, **Nursing Lecturer**, Benazir College of Nursing, ShaheedMuhtarama Benazir Bhutto Medical University, Larkana
Ahsanullah Qureshi
Masters of Science in Nursing, **Assistant Professor, Nursing,** Begum Bilqees Sultana, Institute of Nursing, Peoples University of Medical and Health Sciences for Women, Nawabshah, ShaheedBenazirabad
Farida Raja
Post RN BSc Nursing, **Nursing Lecturer**, Benazir College of Nursing, ShaheedMuhtarama Benazir Bhutto Medical University, Larkana
Corrsponding Author
Pir Bux Jokhio
Masters of Bioethics, **Assistant Professor Nursing**, Begum Bilqees Sultana, Institute of Nursing, Peoples University of Medical and Health Sciences for Women, Nawabshah, ShaheedBenazirabad
E-mail Address:- pjokhyo@pumhs.edu.pk
Cell #:- 0301-3803504

ABSTRACT

Introduction: Violence against registered nurses is a persuasive in nature and ignored for a time. That's why it is termed as a situation that is recognized, but not resolved or mitigated. Moreover, the violence victims' (nurses') voice had rarely been documented. Therefore, this qualitative study aimed to investigate nurses' perceptions of workplace violence in their language'.

Methodology: A descriptive qualitative study was conducted in September 2019. In a one to one (individual/face to face) interview-based research, eleven registered nurses were recruited. A semi-structured (04-item) questionnaire was used to collect the data. All the participants were informed about the aim and objectives of the study and written informed consent was administrated. The thematic analysis was done for data analysis purpose.

Results: Four main themes were extracted through the content data analysis process. According to the participants, violence resulted due to the workload & staff shortage, power struggle, political influence and shortage of medicines.

Conclusion: it is concluded that the main reasons behind violence against nurses are politically rooted and resides in the group dynamics rather than organizational structure. Therefore, it is necessary to change approaches towards organizational culture that help in reducing occupational violence rather than blaming one another.

Keywords: Occupational violence, registered staff nurse, tertiary care hospitals, Registered Staff Nurse, tertiary care hospitals, types of workplace violence, workplace violence,

How to cite this article: Jokhio PB[1], Bhatti MY[2], Khan S[3], Chandio S[4], Qureshi A[5], Raja F[6]. **Workplace Violence Against Registered Staff Nurses At A Tertiary Care Hospital Of Sindh Province: A Descriptive Qualitative Study.** JPUMHS:2020;10(02)151-157.
http://doi.org/10.46536/jpumhs/2020/10.02.309

INTRODUCTION

The *safe-working environment* is a fundamental and undistinguishable right of all organizational affiliates (employees) notwithstanding age, gender, work-related position (grade etc), geographic location, racial and/or religious affiliation, and social status. The health care workers (HCWs) lack awareness related to '*safe working environment*" and it had made them vulnerable. HCWs ought to realize it and elevate their voices. Some HCWs expressed that '*raising voice against violence'* was a futile exercise because the concerned authorities failed to listen and tackle their problems effectively [1]. World Health Organization (WHO) defined *'workplace violence'* (WPV) as "an incident where an employee is abused, threaten, or assaulted in any circumstances related to their work…involving an explicit and/or implicit challenge to their safety, well-being or health" [2].

Nurses are one of the most vulnerable populations and are at a high risk of encountering WPV owing to the landscape of their interaction with patients, their families and other HCWs [3]. The frequency of WPV has increased dramatically. One study conducted in three hospitals of

Amman, Jordan, reported that 51(47.7%) participants faced different types of WPV during their duty hours in their last 12 months of service [3]. Another study conducted in Karachi, Pakistan, reported that the prevalence of WPV was 35.5 % [4]. A third descriptive cross-sectional study conducted in 87 hospitals in Cairo, Egypt, revealed a very high frequency of WPV. The researchers conveyed that slightly more than 86% of the sample (358 nurses) was exposed to WPV [5]. A cross-sectional study conducted among Ghanaian nurses discovered that 53(9.0%) out of 592 participants had experienced physical violence [6].

There are various types of WPV recounted. Among them, physical violence/attacks [1, 2], (physical abuse as with an instrument, pushing and slapping) [5] and sexual harassment [1, 4, 5], and psychological violence as verbal abuse, bullying and mobbing and disrespecting by ignoring nurse's presence [4, 5] were commonly reported. The sources of WPV against nurses were identified as patients (39.3%), peers (39.6%) [6]. Patients and their relatives were the more common instigator of violence against nurses [7] and among peers, doctors used abusive language and threatening gestures as a tactic [6.] The consequences of WPV are innumerable. Experiences of WPV forced nurses' to depart from duty after the attack due to fear of more attacks, deterioration of physical and psychosocial health such as injury, memory loss, attention deficit [3, 7]; their social life becomes difficult due to low self-esteem. Nurses found difficulties to face peers at work when reports of violence spread; quality of nursing care is endangered leading to organizational conflict. Lastly, WPV was also termed as a cause of burnout, aggravating the already existing shortage of nursing professionals [8].

The above evidence-based dialogue posits towards its precarious dimension in the sense that WPV is a grave issue and it must not be abandoned. The importance of the issue invites us to research to explore WPV against nurses in their language. For this purpose, this study was conceptualized. The aim of the descriptive qualitative study was 'to investigate nurses' perceptions about WPV in their own words'. The objectives of the study were 1) how nurses describe WPV if they have experienced it; 2) how they felt when they encountered it and how they reacted to the situation.

METHODOLOGY:

A descriptive qualitative study was carried out 'to investigate nurses' perceptions of WPV. The data were collected in September 2019 at a tertiary care hospital in Sindh Province. The approval of the study was granted from the Ethical Review Committee, Peoples University of Medical & Health Sciences for women, Nawabshah, Shaheed Benazirabad (N.H, SBA) through letter # PUMHSW/ERC/47 dated 08/08/2019. The population for the Study was registered nurses (RN) working in different wards of Peoples Medical University Hospital (PMCH, N.H). The sample for this study was 15-17, initially. Inclusion Criteriawas set as RN, with valid Pakistan Nursing Council (PNC) card and working in PMCH, N.H for the last two years. Exclusion Criteria was determined as RN, with valid PNC card, but were on any kind of leave or deputation during last six months. The sampling technique for this study was purposive sampling. The purposive sampling was appropriate as objectives of the study needed to approach those subjects who have encountered a violence incidence during their services as a staff nurse.

Data were collectedthrough face to faceinterview. A two-part research questionnaire was used to collect the data. The first two authors conducted the interview and the last three authors maintained interview notes. The first part of the questionnaire contained demographic data (name [optional], age, sex, highest education, and services' length as a staff nurse. The second part of the questionnaire contained one closed-ended and three open-ended questions. The questions included (one) Have you experienced or faced an event related to occupational/ job-related violence during your servicers as registered nurse? (Two) Tell me the reasons of that incident (occupational/ job-related violence) which you encountered (Three) how you felt after the incident [your reaction]? And (Four) does you officially reported the incident and what was the response of higher authorities? Open-ended questions were followed by probing questions to clarify more the ambiguous response of the participant. The interview was conducted at a mutually agreed place. Each interview lasted for about 40 (forty) minutes. A written Informed Consent was employed afterinforming the aims and objectives of the study. Research participants were ensured that their anonymity and confidentiality related to information gathered were to be maintained after the interview and publication of the research paper.

The data analysis method used in this study is content analysis. A six strides analytical method proposed by Miles *at al* was used. First of all, all the data were read and re-read by all the researchers involved in the study several times, to develop a general sense of the raw data and main points were underlined. In the second part, data were sorted out to identify similar phrases, patterns, and important features. On the third stage, data were examined for differences in particular points. On the fourth stage, data were managed as different themes and their supporting statements. On the fifth stage, generalizations that hold for the data were decided. At the sixth (last) stage, those generalizations were examined in the light of existing knowledge. In this way, results and discussion were presented [10, 11]. First, three researchers individually sorted out themes and their related codes in two meetings. After discussion, all agreed for themes and codes presented below in the result sessions.

RESULTS

Initially, it was decided to conduct 15-17 interviews but at the 11th interview, all the researchers decided to call it up due to data saturation. The sample included 07(63.3%) females and 04 (37.5%) male registered staff nurses. The age of the participants ranged between 37-48 years. Five of the participants hold a Post RN Nursing degree and a remaining Diploma in General nursing + One-year specialty. The services' length ranged between 06-26 years. From the study participants' narration, four main themes **(see figure # 01)** were extracted which pointed out factors associated with WPV.

Figure # 01:- **Depicts different sources of occupational violence against registered nurses**

(a) VIOLENCE IS DUE TO THE WORKLOAD AND SHORTAGE OF STAFF

The answers of the study participants revealed that verbal abuse by the patients' relatives and/or family members is the main precursor of the violent incidents against RN. All the participants agreed that verbal abuse is an everyday situation. There were two main reasons (heavy workload & staff shortage) which stimulated patients or/and their relatives to be abusive and/or violence. One participant (staff X) expressed an event depicting a cause of violent act and nurse's response in the following excerpt.

She said, *"You know that a nurse has to look after 4-6 patients. But, we are overloaded (manage 60-65 patients). Moreover, there are two emergencies (patients' admission) days every week. On those days, not only, we have to carry out orders of all the already admitted patients, but also to receive and follow first orders of those newly admitted patients. In addition to this, we have to look forwards' cleanses and write and receive daily indent. Those many types of chores made our day hectic and confusing. Most of the patients don't understand our problems. When we request them to wait as we could manage each patient properly, they became aggressive and utter abusive language (a kind of violent behavior). Although this was not for all of the patients, mostly, they blame us for laziness and lack of proper attention to their grieved ones. We understood that they were in a difficult situation and became angry and uncomfortable, when they saw that their patients were not receiving due attention. But, they failed to realize our contextual situation as well."*

(b) VIOLENCE IS DUE TO POWER STRUGGLE

The second main theme identified is '*power struggle*'. Violence has two elements, one is an observed element and other is unobserved (hidden) element. The observed element is one that is when two or more people were angry at each other. They show it that something in wrong in between them. On the other hand, the hidden element is not clear and difficult to trace. Such kind of violence is very difficult to solve as they pose a different dilemma. This became

evident in the following extract of a senior RN Y.

"Management of daily activities of ward is teamwork. If we are able to develop a good team,, we can handle the difficult situations very effectively. My experience of more than 15 years had taught me that we are miles away from developing a comprehensive team. It is very necessary to improve our communication. I believe that trusting relationships are foundational stone to work in a good environment. The main problem is our weak system in which some people are privileged and others suffer. If you are strong enough to raise your voice against this political stuff, you became victim of your vulnerability. I believe that we can develop a good team, if we keep our personal objectives away from professional obligation"

(c) VIOLENCE IS DUE TO POLITICAL INFLUENCE

RNs were victims of violence that had roots in political influence.Some people consider them powerful and try to influence their power or political influence. It is said that the misuse of power is worst type of behavior; therefore it must be dealt with proper plan. Most of the time misuse of power results in violence that is dangerous. The eyewitness account of that type of violence was narrated by two of the research participants in the following statement.

"We were working in an emergency unit at a night shift. There was a seriously injured patient due to a road accident. There were seven to eight people along with the patient. Our duty doctor and we managed the patient quickly and restored him to a stable condition. After a while, the duty doctor ordered me to write down some antibiotics and analgesics to be purchased from outside. As soon as, I handed over-prescription to the accompanied person, he became so angry.Theywished to provide them required medication from the Government store. Duty Doctor and I, both, tried our level best to satisfy them but they didn't saw our arguments worth. They were continuously abusive in their behavior and threaten to make complain against us related to improper treatment. That was very disturbing and we felt low self-esteem for days to come."

(d) VIOLENCE IS DUE TO UNAVAILABILITY OF MEDICINES

The research participants articulated '*the unavailability of medicines'* as a priority concern for most of the patients and their relatives. Patients and/or their relatives became aggressive and abusive, if they didn't receive medicines from hospital main store. According to three participants' accounts, Patients and/or their relatives consider drug shortages (unavailability from hospital store) as a common factor resulting in abusive behavior.

One nurse recalled. *"I had several bad experiences when a prescribed medicine was not available in the unit and it precipitated a violent incident between me and the patient's escort.*

Another nurse narrated' I experienced a bad situation when I said a patient's relative to purchase medications from local store. The patient's relative started arguing me. After some time, he went and brought medications. I indicated him for his behavior. Surprisingly, he didn't consider his behavior as misconduct and told me that he was only putting his point of view before me. It was very uncomfortable for me as some people don't consider their misbehavior as violence"

DISCUSSION

This study represents the descriptive results revolving around the burning topic of 'violence against RN' in the Pakistani context. This study identified the four main themes of violence against RN as violence due to workload and shortage of staff, violence due to power struggle, violence due to political influence and violence due to the unavailability of medicines.

The violence against nurses is a common happening but not explored appropriately. It is not properly explored because of victims' (nurses) inappropriate response. Either they don't report it or they accept it as a routine by remaining silent [12]. The first theme emerged from the data was, *"violence due to workload and shortage of staff"*'. There is a chronic staff shortage in public sector hospitals. Staff shortage creates workload. Patients' relatives became violent when they felt that their loved ones were not being attended by the hospital employees (including nurses) [13]. The findings of the study confirm with a study [14] conducted in Lahore Pakistan. In that qualitative study, it was revealed that there was a chronic shortage of registered nurses. Therefore, student nurses were being used as supporting staff for staff nurses. Some patients refused to accept treatment from student nurses. Patients or/and relatives used abusive and threatening language against both staff nurses and student nurses citing the reason for inappropriate treatment [14]. WPV is a precursor for job dissatisfaction, intention to leave the job.

Therefore, it is very necessary to provide a safe and secure working environment for nurses as they can work satisfactorily in the organization. WPV escalates nurses' job dissatisfaction leading to burning out, aggravating already a shortage of staff problems [15].

The second theme, "violence due to power struggle" is a unique idea unearthed in this study. Power is a complex, ever-changing and multidimensional concept. It assists in creating a mutual relationship, guides involved parties (people) to enhance their sense of control and optimize their independence. It is a helping process, values self and others, and creates an atmosphere of mutual decision making by open communication through the identification of opportunities. In the end, quality of care improves ultimately benefiting the patient and cementing the professional identity of the nurse [16]. In contrast to the aforementioned evidence, the findings of our study reveal that power struggle is a source of conflict and a big hindrance to develop a team. This is duly supported by the finding of a thesis by leary KA (2019). This is concluded that nurses had perceptions and experiences of civilized oppression and violence and claimed that power and ability to influence work environment resided within groups rather than nursing (or an organization). This leads nurses to feelings of powerlessness and ultimately submission and acceptance to lateral violence that inhibits their professional growth and autonomy. That is the reason that nurses failed to discharge their professional obligations competently and the patient's safety and security are compromised [17].

"WPV is not an individual problem but its roots are deeply surrounded by organizational and/or socio-political factors. In addition to this, it is a matter of grave concern because it has remained under-reported" [18]. The third theme, "Violence is due to political influence" is also a unique finding of the study. In a qualitative study conducted in Karachi, it was revealed that there was three main cause of violence against HCWs. These are behavioral, Institutional and socio-political causes. The authors further identified that socio-political cause has many indicators such as illiteracy, lack of awareness, political mafia's role in Institutions, poor law and order situation, consequences of enmity, week judicial system and corruption [19].

According to MacLellan, Levett-Jones, Higgins (2016) impact of politics and political influence is undeniable in nursing as it is going through a transitional period. They called it, 'enemy within' which highlighted the issues of power, powerless and politics dominating nurses' experiences. That is why politically motivated issues faced by nurses push them towards the feelings of powerlessness and they remained ill-prepared to negotiating those challenging situations. That's why many nurses lacked the skills required to cope with the ill behaviors they often encountered in their daily work time [20.]

The fourth (last) theme, "Violence due to unavailability of medicine" is a common factor that increases violent acts frequency. From the perspectives of organizational culture; one of the main reason ' resource scarcity' is the cornerstone of the inadequacy of patients' quality care [20.] There was also a hue and cry about the shortage of staff and the unavailability of life-saving drugs. Moreover, a shortage of medical equipment or/and technical faults making that equipment out of order adversely affect patients' recovery. That's why most of the patient(s) or/and their family members turn to the violent behaviors or acts in the public sector tertiary care hospitals [21]. This can be counted as one of the many weaknesses prevalent in the health care system of Pakistan. If the corruption in the health care system is arrested with a strong political will and reforms in policy revision and true spirit in its implementation, those vertical problems of violence can be reduced or even mitigated [22]. The research has demonstrated that WPV can be eliminated through prevention. For example, nurses should be informed about policies towards WPV reporting and patients must be informed about zero-tolerance policy against WPV [23.] It is time that nurses should raise their voice against WPV by reporting it timely and pursuing authorities to take remedial actions to mitigate this menace against them [24.]

CONCLUSION

WPV against HCWs in general and RNs in special is a common phenomenon. Through this study, descriptions of WPV against RNs working in a tertiary care hospital of Sindh, Pakistan were instrumental to make it visible and more understandable. The study highlighted that violence against RNs is not the result of their direct personal behavior. It is an outcome of the working environment that surrounds them. That's why we can conclude that the violence against RNs is a complex phenomenon and it deeply embedded in the relationship and context, such as public sector hospitals face a big problem of inadequate resources such as staff shortages, unavailability of medicines

and high turnover of the patients. Secondly, patient(s) or/and their relatives come to the public sector hospitals with high hopes related to their treatment and care. The essential gap between two positions is a basic precursor of violence against nurses and its remedy lies in reducing the gap between those two conflicting positions vis-à-vis nurses and patients. Furthermore, qualitative research is warranted to explore the views and opinions of the patients and their relatives about the issue of violence against nurses.

RECOMMENDATIONS

WPV is a physiological as well as psychological disaster. It negatively affects self-confidence, self-esteem, and self-identity. After the episode of violence, a nurse can't discharge his/her duties properly. It results in patient's low care. Therefore, to reduce events of violence against nurses, RNs must be provided with proper security and safety. Moreover, people from political backgrounds must be barred to exercise their undue influence while they accompany a patient to the hospital. Although, it is not an essay the higher authorities must be willing to look this matter beyond their limited objectives. Last, but not the least, the availability of staff and other resources (such as medicines or equipment) must be a priority as without this violence against nurses can't be minimized.

ACKNOWLEDGMENTS

We all the authors of this research paper are highly indebted for the sincerity and cooperation of all research participants as they became agree to share their experiences about this burning issue.

FUNDING

There is no funding granted to complete this study. Therefore, we declare no conflict of interest.

REFERENCES:-

1. Owais S, Hamid S. Employee awareness and perception of sexual harassment at hospitals: An exploratory study. Pak J Public Health. 2015; 5 (4):42-5
2. Boafo IM, Hancock P. Workplace violence against nurses: a cross-sectional descriptive study of Ghanaian nurses. SAGA Open. 2017;7(1): 1-7. [https://doi.org/10.1177/2158244017701187]
3. Aytaça S, Dursunb S. The effect on employees of violence climate in the workplace. Work. 41(2012): 3026-31[doi: 10.3233/WOR-2012-0559-3026]
4. Maaari KH, Amjad CH, Ansari MI, Buriro NA, Zaib A. Workplace violence towards nurses of intensive care areas and emergencies at civil hospital Karachi.*J Uni Med Dent Coll*. 2017; 8(4):36-45
5. Samir N, Mohamed R, Moustafa E, AbouSaif H. Nurses' attitudes and reactions to workplace violence in obstetrics and gynecology departments in Cairo hospitals. East Med Health J. 2012; 18(3): 198-204
6. Kvas A, Seljak J. Sources of workplace violence against nurses. Work. 2015;52(1):177-84[doi: 10.3233/WOR-152040]
7. Alyaemni A, Alhudaithi H. Workplace violence against nurses in the emergency departments of three hospitals in Riyadh, Saudi Arabia: A cross-sectional survey. NursPlus Open. 2016;2:35-41.[https://doi.org/10.1016/j.npls.2016.09.001]
8. Hassankhani H, Parizad N, Gacki-Smith J, Rahmani A, Mohammadi E. The consequences of violence against nurses working in the emergency department: A qualitative study. IntEmergNurs. 2018;39:20-5.[DOI: 10.1016/j.ienj.2017.07.007]
9. Suen LJ, Huang HM, Lee HH. A comparison of convenience sampling and purposive sampling. Hu Li ZaZhi. 2014;61(3):105-11. [doi: 10.6224/JN.61.3.105].
10. Henderson L, Kamp B, Niedbalski K, Abraham SP, Gillum DR. Nurses' Perspectives on Patient and Visitor Violence: A Qualitative Study. Int J Stud Nurs. 2018;3(2):117-26. [https://doi.org/10.20849/ijsn.v3i2.427]
11. Neergaard MA, Olesen F, Andersen RS, Sondergaard J. Qualitative description–the poor cousin of health research?. BMC MedicalResearch methodology. 2009;9(1):52-6.
12. Shahzad A, Malik RK. Workplace Violence: An Extensive Issue for Nurses in Pakistan— A Qualitative Investigation. J impersonal\ violence. 2014; 29(11):2021-34.
13. Jafree SR. Workplace violence against women nurses working in two public sector hospitals of Lahore, Pakistan. Nurs Outlook. 2017;65 (4):420-7.
14. Jafree SR, Zakar R, Fischer F, Zakar MZ. Ethical violations in the clinical setting: the hidden curriculum learning experience of Pakistani nurses. BMC Med Eths. 2015;16(1):16.
15. Nantsupawat A, Kunaviktikul W, Nantsupawat R, Wichaikhum OA,

Thienthong H, Poghosyan L. Effects of nurse work environment on job dissatisfaction, burnout, intention to leave. IntNurs review. 2017;64(1):91-8.[**https://doi.org/10.1111/inr.12342**]

16. Febriana D. Empowerment: A concept analysis. In Proceedings of the Annual International Conference, Syiah Kuala University-Life Sciences & Engineering Chapter 2011; 1(1):176-82.
17. Leary KA. Nurses' Lived Experiences of Oppression and Power Dynamics in the Hospital Setting. Unpublished Ph. D thesis. Walden University.2019. Available at https://pdfs.semanticscholar.org/70e1/49234681d4825a17763a466bb6622af92c63.pdf?_ga=2.54364584.1040631035.1569917659-1326000305.1566985195 (01-10-2019)
18. Cassum LA. Verbal violence at the workplace: A reality from Pakistani context. J NursEduPrac. 2014;4(8): 20-5.
19. MacLellan L, Levett-Jones T, Higgins I. The enemy within Power and politics in the transition to the nurse practitioner. NursPlus Open. 2016;2:1-7.[https://doi.org/10.1016/j.npls.2016.01.003]
20. Jafree SR, Zakar R, Zakar MZ, Fischer F. Nurse perceptions of organizational culture and its association with the culture of error reporting: a case of public sector hospitals in Pakistan. BMC health services research. 2015;16(1):3.[DOI: 10.1186/s12913-015-1252-y]
21. Pappas G, Ghaffar A, Masud T, Hyder A, Siddiqi S. Governance and health sector development: a case study of Pakistan. Internet J World Health Societal Politics. 2009;7(1).[
22. YasminMithani RM, Premani ZS, Kurji Z. An Insight to Opportunities Challenges of Health Care System of Developing Country: A Nurse Educator Perspective. Int Edit Ad Board. 2014 Jul;6(2):153.[10.5958/0974-9357.2014.00625.4]
23. Somani RK, Khowaja K. Workplace violence towards nurses: A reality from the Pakistani context. JNursEduPract. 2012;2(3):148-53.
24. Khan A, Said AB, Shah BA, Islam F. Violence against Nurses at Public Sector Hospital of Peshawar, Pakistan. Int J Innovative Res Dev. 2015;4(5):4-7.