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Workplace violence among nurses of a teaching hospital

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Abstract

Introduction: Workplace violence is a significant issue in the health sector with high prevalence. Workplace violence among nurses is an alarming and fundamental human rights issue with its negative impacts on nurses as well as organizational achievement. This study aimed to explore workplace violence among nurses.

Method: Cross-sectional study design with a total enumerative sampling technique was used to find out the prevalence of workplace violence among 402 nurses of a teaching hospital in Lalitpur, Nepal. Data was collected by using “Workplace Violence in the Health Sector country case studies research Instruments” from September 2019 to November 2019. Collected data were analysed based on objectives using Statistical Package for Social Science version 16. Descriptive statistics were used to find out the prevalence, types of violence, perpetrators, and socio-demographic information.

Result: The prevalence of workplace violence was 227(56.47%); among which verbal abuse was 215(94.5%), physical violence 40(17.6%), and sexual harassment 9(4%). Among the perpetrators, 107(40.53%) of workplace violence was done by patients’ relatives, 77(29.16%) by patients, 64(24.24%) by staff, and 16(6.06%) by management.

Conclusion: The prevalence of workplace violence is high. Verbal abuse is the dominant type of violence, followed by physical violence and sexual harassment. The main perpetrators of workplace violence were patients’ relatives. Management was also found to be the perpetrator in a small fraction of violence.

Keywords: physical violence, sexual harassment, verbal abuse, workplace violence

Introduction

Workplace violence (WPV) is a widespread problem throughout industrialized as well as transitional and developing countries.¹ WPV in medical occupations represented 10.2% of all workplace violence incidents.² Among nurses, WPV is a significant issue in healthcare settings all over the world with prevalence ranging from 26.7% to 95.5%.^{3,4} In the United Kingdom 42.18% of nursing students faced violence in their workplace.⁵ In China 65.8% of nurses experienced WPV.⁶ Similarly in Bangladesh 64.2% of nurses encountered violence in their workplace.⁷ Likewise, 75.88% of Indian nurses faced WPV.⁸ In Nepal around 64.5% of nurses experienced workplace violence, among which verbal abuse is the most common type of violence among nurses, followed by physical violence and sexual harassment.⁵ The main perpetrators of physical violence and verbal abuse were relatives of patients, whereas sexual harassment was coworkers.⁹

Workplace violence among nurses is an alarming and fundamental human rights issue with its negative impact on nurses' physical as well as psychological health and in organizational achievement. That condition leads to compromised quality nursing care for the patient and increases psychological problems among nurses. Despite being a noteworthy problem there is a limited study conducted in Nepal and victims of violence are hesitant to report the incidence of violence due to various reasons like job insecurity, shame, fear of repeated violence, and lack of support from family members and concerned authority. Hence, this study aimed to explore the existing workplace violence among nurses.

Method

This cross-sectional study was conducted amongst registered nurses working in Patan Hospital, Lalitpur, Nepal. This study was conducted from 1 September to 29 November 2019. A total enumerative sampling technique was used, and the sample size was 402. Nursing supervisors and above designation

and nurses on leave at the time of the study period were excluded from the study.

Data was collected using "Workplace Violence in the Health Sector country case studies research Instruments"¹⁰ which was developed and validated by the World Health Organization (WHO), International Labor Office (ILO), International Council of Nurses (ICN), and Population Service International (PSI) in 2003. The Instruments used in this study contained 4 sections; viz., Section A: Personal and workplace related questions; Section B: Physical violence related questions; Section C: Verbal Abuse related questions, and Section D: Sexual harassment related questions.

Ethical approval was obtained from the Institutional Review Committee (IRC) of Patan Academy of Health Sciences (Ref: PNW1906141256). Similarly, prior approval was taken from the Nursing Director of Patan Hospital, and the ward In-charge before the commencement of the study. First of all, the list of nurses was prepared based on the available duty roster of all departments. Based on that, the researcher met the respondents and explained the objectives of the study, written consent was taken from each of them, and a self-administered questionnaire with a code number was given to each respondent. Respondents were allowed to fill up the questionnaire at home and suggested to bring it the next day. The filled questionnaire was collected from each respondent by the researcher herself. The collected information was entered in SPSS and forms were stored securely on the researcher's laptop which is protected with a password. Through this process, confidentiality was maintained and respondents' information and response were not shared with others. Collected data was edited, coded, and entered in Statistical Package for Social Science (SPSS) version 16.0 for the descriptive analysis (frequency, percentage, mean, and standard deviation) based on the objectives.

Result

Among 402 nurses, the majority (246, 61.2%) were between the age group 21-30 y (30.54 ± 6.78), 334(83.1%) were staff nurses and 155(38.9%) had 1-5 y work experience (6.90 ± 6.82), Table 1. One or more types of violence were experienced by 227(56.47%) within 12-month periods, Figure 1. There were 264 incidences of violence among them, of which 215(94.5%) were verbal abuse, Table 2.

Out of 40 incidences of physical violence, 19(47.50%) happened during the night shift,

Figure 2. Among 402 nurses, there were 203(50.49%) permanent and 199(49.51%) temporary nurses; among the temporary nurses, most of them, 129(60.30%) experienced workplace violence, Table 3. Similarly, more nurses who performed rotational duty experienced workplace violence, 226(57.50%) than those who performed fixed duty, Table 3. Among 264 incidences of workplace violence, 107(40.53%) were done by patients' relatives and 16(6.06%) by the management, Figure 3.

Table 1. Socio-demographic characteristics of nurses of Patan Hospital (N=402)

Characteristics	Frequency	Percentage (%)
Age Group		
≤20 years	2	0.5
21-30 Years	246	61.2
31-40 Years	131	32.6
41-50 Years	15	3.7
≥51 years	8	2
Mean ± SD=30.54 ± 6.78		
Designation		
Staff Nurse	334	83.1
Senior Staff Nurse	45	11.2
Ward In charge	23	5.7
Work experience		
< 1 Year	64	15.9
1-5 years	155	38.9
6-10 Years	92	22.9
> 10 Years	91	22.6
Mean ± SD=6.90 ± 6.82		

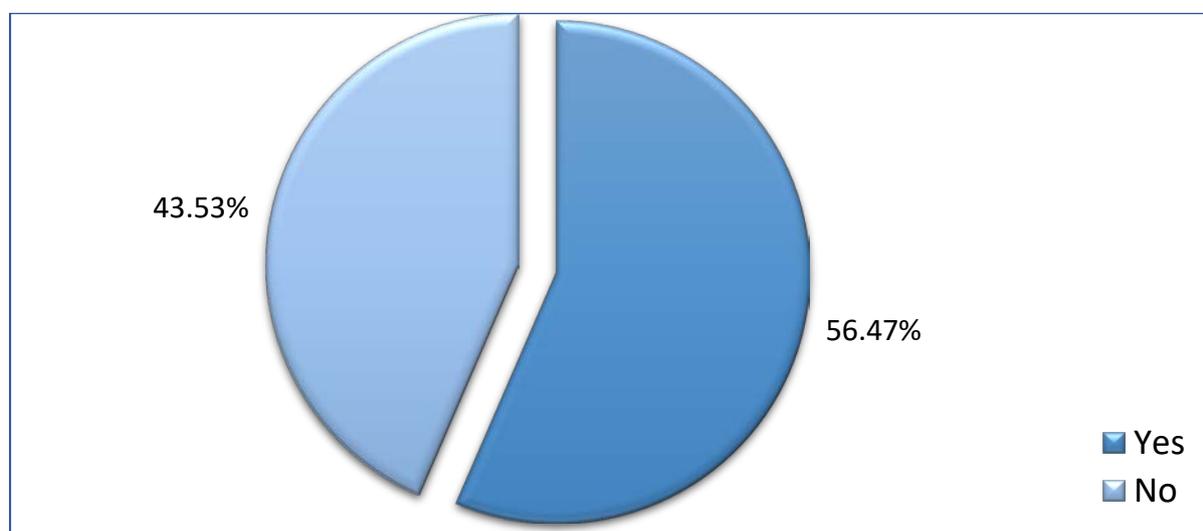


Figure 1. Prevalence of workplace violence among nurses of Patan Hospital (N=402)

Table 2. Types of workplace violence experienced by Nurses of Patan Hospital (N=227)

Variables	Frequency	Percentage (%)
Type of Workplace Violence ^a		
Physical Violence	40	17.6
Verbal Abuse	215	94.5
Sexual Harassment	9	4

Note: Multiple response^a

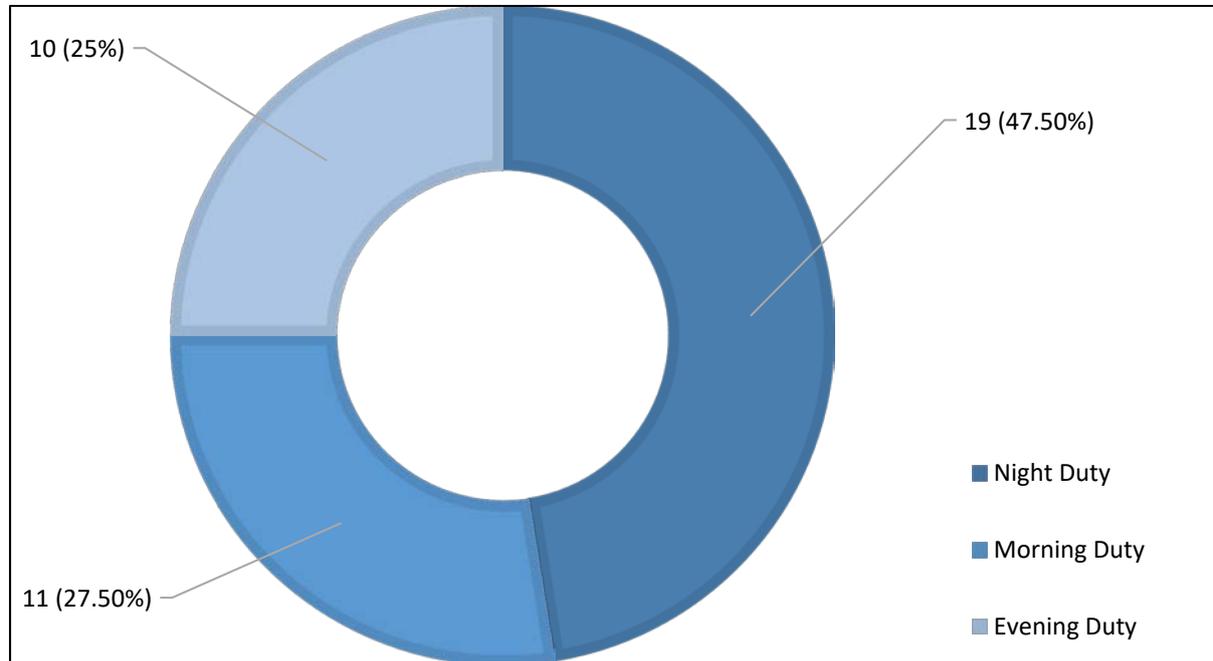


Figure 2. Duty shift in which physical violence occurred against nurses of Patan Hospital (N=40)

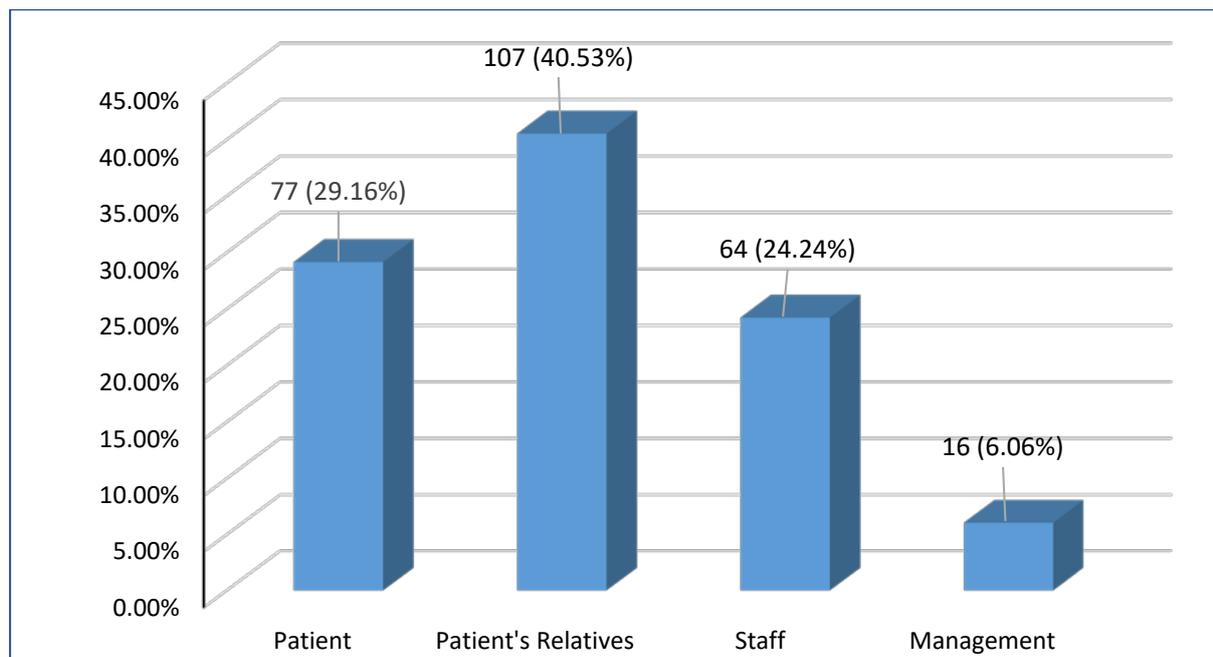


Figure 3. Perpetrators of workplace violence experienced by nurses of Patan Hospital (N=264)

Table 3. Workplace-related information and experience of workplace violence of Nurses of Patan Hospital N=402)

Characteristics	Workplace Violence		
	Yes Frequency/%	No Frequency/%	Total Frequency/%
Job type			
Permanent	107/52.70	96/47.29	203/50.49
Temporary	120/60.30	79/39.69	199/49.50
Work on Shift			
Rotation duty	226/57.50	167/42.49	393/97.76
Fixed duty	1/11.11	8/88.88	9/2.23
Perform night duty			
Yes	215/56.72	164/43.27	379/94.27
No	12/52.17	11/47.82	23/5.72

Discussion

The present study revealed that more than half the nurses who participated in the study had experienced some type of violence in their workplace in the last 12 months, the prevalence being 227(56.47%). This finding is similar to the study done in Pokhara, Nepal which also showed a high prevalence of 64.5 % of workplace violence.⁹ Similarly the high prevalence of workplace violence was also seen in other studies, 65.8% in China⁶, 65% in North America¹¹, 67% in Italy¹², 73.1% in Pakistan¹³, and 76% in Greece¹⁴. But it was unusually high in Korea with a prevalence of 95.5%.⁴ This may be due to the difference in the study setting and different socioeconomic conditions of various countries. There were contradictory findings with low incidences of workplace violence, 29.9%¹⁵ and 26.7%³ in Ethiopia, 42.18% in the United Kingdom⁵, and 44.6% in Hong Kong¹⁶. Patan Hospital is a busy tertiary-level hospital in Lalitpur district, Nepal, providing emergency services to 38,491 persons and in-patient service for 21,458 persons per year.¹⁷ Similarly, this hospital also provides outpatient and other services for a large number of people. High patient flow might have led to delays in receiving service. Long waiting times, high patient flow, and workload nurses are the contributing factors to workplace violence.¹⁸

The reason behind the high prevalence might be high patients flow, and less concern of administrative authority regarding workplace violence management as well as prevention

strategies, which was reflected by investigating the causes of violence incidence in a few cases (18.34%) only. Staff shortages and the absence of strong workplace violence prevention programs and protective regulations might be the causes of workplace violence.

Among the three types of violence in their workplace experienced by the study population in this study, verbal abuse was the dominant type with 215(94.5%) whereas 40(17.6%) was physical violence and 9(4%) was sexual harassment. This shows that the majority of the nurses experienced one or more workplace violence in their workplace. This finding is similar in pattern although the figures are different, to the study from Pokhara, Nepal, which also showed a higher prevalence of verbal abuse 61.5% followed by physical violence 15.5%, and sexual harassment 9%.⁹ Similarly these findings were supported by other studies which showed similar patterns of violence, namely, verbal abuse was highest at 63.8%, then physical violence at 22.3%, and sexual harassment at 19.7% in Korea¹⁹, 84% verbal abuse and 57% physical violence in Iran²⁰, 89.58% verbal abuse, 18.22% physical violence and 13.02% of sexual harassment in Ethiopia¹⁵, 70.6% verbal abuse, followed by 11.0% physical violence, and 6.6% sexual harassment in Malaysia²¹. But the findings of this study are contradictory to the findings of the study from Hong Kong which showed a lower prevalence of verbal abuse 39.2%, physical violence 22.7% and sexual harassment 1.1%.¹⁶ A study from

Pakistan showed that 57.3% of nurses faced verbal abuse followed by physical violence 53.4% and sexual harassment 26.9%.¹³ Although the figures show dissimilarity, the pattern of types of violence was similar.¹³

Another study from China showed that 68.9% encountered verbal abuse, followed by sexual harassment at 12.8%, and physical violence at 7.5%.²² Sexual harassment was found to be the second most prevalent violence among the three types which was different from the findings of our study. The reason might be the difference in the study area and different sociocultural backgrounds. Nurses' attitudes towards patients, visitors, and attendants might have led to violent incidents. Nowadays in Nepal, people hear news related to violence against healthcare workers. Similarly, it is difficult to prove incidences of verbal abuse due to the lack of evidence, and the findings may have been based on a variety of incidences, small or large, some of which may be just simple arguments being portrayed as verbal abuse. This is one of the possible reasons why the findings show verbal abuse as the most common type of violence.

The finding of the present study reveals that the most common perpetrators of workplace violence are relatives of patients 107(40.53%) followed by patients 77(29.16%) and staff 64(24.24%). This study shows that some of the violence i.e. 9(6.06%) was committed by the management also. The present study finding is consistent with the result of the study from Pokhara which showed that the relatives of the patients were the main perpetrators in two types of violence 41.9% in physical violence and 51.2% in verbal abuse.⁹ Similarly, the results are similar to the findings from the studies which revealed the majority of perpetrators were relatives of patients, 47.7% in Bangladesh⁷, 58.5% in Ghana²³, and 60.2% in Ethiopia³. A study from China showed that 85.2% of workplace violence was done by relatives of patients and 26.7% by patients.⁶ In the context of Nepal, relatives of the patients were the main caretakers at the time of illness. They take all responsibility for their patient. Due to the hospitalization of the patient, the

regular lifestyle of the relative taking care of the patient takes a drastic change. On the one hand, they may lose their income; on the other hand, hospital expenses take a toll on their already stretched financial burden. This might have led to their high expectations from nurses, which might have led to violent and aggressive behavior when not satisfactory from their perspective. Similarly, this study was conducted among front-line nurses who were directly involved in patient care whereby they have to deal with all sorts of caretakers, making the patients' relatives the main perpetrators. A few of the other reasons for the violence might be the attitude of nurses, communication style, empathy, overwork, working conditions, long waiting time, unsecured public access^{14,22,24} which might have acted as a catalyst for the aggressiveness and violent behaviors of patients, and their relatives. But this finding is contradictory to the findings of the study from Hong Kong, in which the most common perpetrators were patients 36.6%, relatives of patients 17.5% followed by staff 7.7%.¹⁶ Likewise, the result of the present study is not consistent with the findings of the study from Ethiopia where the most common perpetrators were patients, accounting for about 45%.¹⁵ The possible reason might be different study settings and different socioeconomic and cultural backgrounds.

In the present study, among 40 incidences of physical violence, the majority of incidences, 19(47.50%) occurred during the night shift. This finding is contradictory to the finding of the study from Ethiopia which reflected that 50% of physical violence occurred during the evening shift.¹⁵ Another study from Gambia showed that the majority of the incidences, 68.4% occurred during the Morning shift and few incidences occurred during the night shift.²⁵ Violence in the workplace was caused by insecure public access, inadequate security staff, and less staff allocation in the night shift and workload.^{14,22,24,25} Majority of respondents of this study (215, 56.72%) who experienced violence performed night duty too. These findings might be due to less staff allocation in the night shift, and workload which might have

led to failure in meeting clients' expectations. Similarly, patients with alcohol intake and insecure public access might be other factors associated with violent incidents during the night shift rather than during the morning and evening shifts.

This study has some limitations. Firstly, the study was confined to only one hospital, which limits the generalization of study findings. Second, the questions about violence were based on past incidents, which would depend on the memory level of the participants, leading to the high possibility of recall bias.

Conclusion

The majority of the nurses experienced workplace violence. Verbal abuse is the dominant form of violence experienced by nurses, followed by physical abuse and sexual violence. The major perpetrator of the violence was the patients' relatives. The management, which is responsible for resolving these issues, unfortunately, has been also involved in a small percentage of violence. A multi-centric study with questions that minimizes biases may be able to reflect more clearly on the issue pertinent to workplace violence, which will help formulate tactics to minimize the risk of violent incidences.

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Conflict of Interest

None

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Reference

1. Nelson R. Tackling Violence against Health Care Workers. World Report. The Lancet. 2014 Apr 15;383(9926):1371-4. | [DOI](#) | [Weblink](#) |
2. Occupational Safety and Health Administration. Guidelines for preventing workplace violence for healthcare and social service workers. Washington DC: U.S. Department of Labor Occupational Safety and Health Administration; 2016. | [Weblink](#) |
3. Tiruneh BT, Bifttu BB, Tumebo AA, Mekonnen M, Degefaye K, Anlay Z et al. Prevalence of workplace violence in Northwest Ethiopia: a multivariate analysis. BMC Nurs. 2016;15:42. | [DOI](#) | [Weblink](#) |
4. Choi SH, Lee H. Workplace violence against nurses in Korea and its impact on professional quality of life and turnover intention. Journal of Nursing Management; 2017, Oct;25 (7) 508-518. | [DOI](#) | [PubMed](#) | [Weblink](#) |
5. Tee S, Uzar Ozçetin YS, Westhead MR. Workplace violence experienced by nursing students: A UK survey, Nurse Education Today., 2016;41: 30-35. | [DOI](#) | [PubMed](#) | [Weblink](#) |
6. Shi L, Zhang D, Zhou C, Yang L, Sun T, Hao T et al. A cross-sectional study on the prevalence and associated risk factors for workplace violence against Chinese nurses. BMJ Open 2017;7(6):e013105. | [DOI](#) | [Weblink](#) |
7. Alam M. K, Latif A, Mallick D.R, Akter M.K. Workplace Violence among Nurses at Public Hospital in Bangladesh. East African Scholars Journal of Nursing and Midwifery. 2019;1 (5)148-154. | [DOI](#) | [Weblink](#) |
8. Mishra S, Chopra D, Jauhari N, Ahmad A , Kidwai NA. Violence against health care workers: a provider's (staff nurse) perspective. International Journal of Community Medicine and Public Health. 2018;5(9):4140-4148. | [DOI](#) | [Weblink](#) |
9. Pandey M, Bhandari TR, Dangal G. Workplace Violence and its Associated Factors among Nurses. Journal of Nepal Health Research Council. 2017;15(3), 235-241. | [DOI](#) | [Weblink](#) |
10. International Labor Organization/International Council of Nursing/World Health Organization/Population Service International. Workplace Violence in the Health Sector: Country Case Studies Research Instruments Survey Questionnaire (English). ILO/ICN/WHO/PSI Joint Programme on

- Workplace Violence in the Health Sector, Geneva. 2003. | [Weblink](#) |
11. Fasanya BK, Dada EA. Workplace violence and safety issues in long-term medical care facilities: Nurses' Perspectives. *Saf Health Work*. 2016 Jun;7(2):97-101. | [DOI](#) | [PubMed](#) | [Weblink](#) |
 12. Ferri P, Silvestri M, Artoni C, Di Lorenzo R. Workplace violence in different settings and among various health professionals in an Italian general hospital: a cross-sectional study. *Psychology Research and Behavior Management*. 2016;9:263–75. | [DOI](#) | [Weblink](#) |
 13. Jafree SR, Workplace violence against women nurses working in two public sector hospitals of Lahore, Pakistan. *Nursing Outlook*. 2017;65(4): 420-427 | [DOI](#) | [PubMed](#) | [Weblink](#) |
 14. Fafliora E, Bampalis VG, Zarlus G, Sturaitis P, Lianas D, Mantzouranis G. Workplace violence against nurses in three different Greek healthcare settings. *Work*. 2015;53:551–60. | [DOI](#) | [PubMed](#) | [Weblink](#) |
 15. Fute M, Mengesha ZB, Wakgari N, Tessema GA. High prevalence of workplace violence among nurses working at public health facilities in Southern Ethiopia. *BMC Nursing*. 2015;14:9. | [DOI](#) | [Weblink](#) |
 16. Cheung T, Yip Paul S. F. Workplace violence towards nurses in Hong Kong: prevalence and correlates. *BMC Public Health*. 2017; 17: 196. | [DOI](#) | [Weblink](#) |
 17. Department of Health Services (DoHS). Annual Report 2076/77. Ministry of Health and Population. 2021; 257,262. | [Weblink](#) |
 18. Ghareeb NS, El-Shafei DA, Eladl AM. Workplace violence among healthcare workers during COVID-19 pandemic in a Jordanian governmental hospital: the tip of the iceberg. *Environmental Science and Pollution Research*. 2021;28, 61441–61449. | [DOI](#) | [Weblink](#) |
 19. Park M, Cho SH, Hong H. Prevalence and Perpetrators of Workplace Violence by Nursing Unit and the Relationship between Violence and the Perceived Work Environment. *Journal of Nursing Scholarship*. 2015; 47:1, 87–95. | [DOI](#) | [PubMed](#) | [Weblink](#) |
 20. Chaloshitari SD, Ghodousi A. Factors and characteristics of workplace violence against nurses: A Study in Iran. *Journal of Interpersonal Violence*. 2017; 1(14). | [DOI](#) | [PubMed](#) | [Weblink](#) |
 21. Zainal N, Rasdi I, Saliluddin SM. The risk factors of workplace violence among healthcare workers in public hospital. *Malaysian Journal of Medicine and Health Sciences*. 2018;14(SP2):120-7. | [Weblink](#) |
 22. Jiao M, Ning N, Li Y, Gao L, Cui Y, Sun H et al. Workplace violence against nurses in Chinese hospitals: a cross-sectional survey. *BMJ Open*. 2015;5: e006719. | [DOI](#) | [Weblink](#) |
 23. Boafu IM, Hancock N. Workplace violence against nurses. *SAGE Open*. 2017;7(1), 215824401770118. | [DOI](#) | [Weblink](#) |
 24. Occupational Safety and Health Administration. Workplace violence in healthcare: Understanding the challenge. OSHA. 2015 Dec;3826(12):2105. | [Weblink](#) |
 25. Sisawo, EJ, Ouédraogo, SY, Huang SL. Workplace violence against nurses in the Gambia: mixed methods design. *BMC Health Serv Res*. 2017(17):311. | [DOI](#) | [PubMed](#) | [Google Scholar](#) | [Weblink](#) |