

Sağlık Bakım Çalışanlarına Yönelik Şiddet ve Etkileri

Violence and Its Factors Towards Health Care Workers

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ÖZ

Amaç: Dünya çapında işyeri şiddeti çok ciddi bir konudur. Diğer meslek gruplarıyla karşılaştırıldığında sağlık çalışanlarına yönelik şiddet veya saldırganlık riski daha yüksektir. Bu çalışmanın amacı, sağlık çalışanlarının şiddet prevalansını ve demografik faktörleri tespit etmektir.

Materyal ve Metot: Bu kesitsel çalışma Sheikhpura İlçesi Merkez Mahallesi Hastanesi'nde yapıldı. Gönüllü doktor ve hemşireler bu ankete dahil edildi. Veri toplama için İngilizce olarak tasarlanan bir anket kullanılmıştır. Yaş gibi nicel değişkenler ortalama \pm SD olarak sunuldu. Cinsiyet ve diğer demografik değişkenler gibi nitel değişkenler sıklık ve yüzde olarak sunuldu. Niteliksel kısım için temalar, NVIVO kullanılarak verilen cevaplara göre tanımlandı.

Bulgular: Bu çalışmaya katılan toplam katılımcı sayısı 199 idi. Ortalama yaş $30,69 \pm 8,02$ yıl olarak bulundu. En fazla katılımcı (% 61,3) kadındı. En sık görülen tip sözel saldırganlık (% 75,8) idi. En sık görülen şiddet yeri acil servisteydi (% 86,2) ve sabah vakti (% 50,9) idi. Erkek doktorlar sık sık kadınlara göre şiddet davranışları gözlemlemişler, fakat istatistiksel fark anlamlı bulunamamıştır. Şiddet, cerrahi ve tıp bölümünde de daha az deneyime sahip gençlerde olduğu gibi, daha da yaygın olarak gözlemlendi ($P < 0,05$).

Sonuç: Bu çalışmada genç sağlık çalışanlarının daha fazla şiddete maruz kaldığı sonucuna varılmıştır. Toplumun bu davranışı, genç sağlık çalışanlarının ahlakını zedeleyebilir. Bu olayları önlemek için eğitim ve politikalara zaman ihtiyaç duyar.

Anahtar Kelimeler: Doktorlar, hemşireler, işyerinde şiddet, sağlık çalışanı

ABSTRACT

Objective Worldwide work place violence is a very serious issue. Compared with other occupational groups health care workers (HCW) are at a higher risk of violence or aggression. The objective of this study was to identify the prevalence of violence and the demographic factors among HCWs.

Materials and Methods: This cross sectional study was conducted at District Head Quarter Hospital, Sheikhpura. Willing doctors and nurses were included in this survey. An English self-designed questionnaire was used for data collection. The quantitative variables like age were presented mean \pm SD. Qualitative variables like gender and other demographic variables were presented as frequency and percentages. For qualitative portion, themes were identified according to the response using NVIVO.

Results: Total number of participants included were 199 into this study. Mean age was found as 30.69 ± 8.02 years. Maximum of participants (61.3%) were female. Most common type was verbal aggression (75.8%). Most common place of violence was emergency room (86.2%) & morning time (50.9%). Male doctors frequently observed violence behavior than female, however difference was not significant. Also violence was significantly more commonly observed in surgery & medicine department also well as in youngster with less experience ($P < 0.05$).

Conclusion: This study concluded that young health care workers face more violence. Behavior of this society may discourage the moral of young HCWs. Policies & education to prevent these events is need of time.

Keywords: Doctors, Health care worker, Nurses, Work place violence

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Yayın Bilgisi / Article Info:

Gönderi Tarihi/ Received: 16/10/2018

Kabul Tarihi/ Accepted: 11/10/2019

Online Yayın Tarihi/ Published: 30/06/2020

INTRODUCTION

The term “aggression” describes the behavior that is characterized by the intention to harm another person, while violence refers to the assault to a person with the intent to cause harm.¹ Workplace violence is a phenomenon affecting every country, workplace and professional group to such extent that it can be characterized being endemic globally.² So health care workers in particular are faced with the risk of being a victim of violence.³ According to international statistic data, nearly 4% of the total employee population has reported that they have suffered physical violence from people outside their workplace.⁴ More specifically, in health care areas, violence affects one in two healthcare professionals worldwide. However exact prevalence of violence and aggression towards Health Care Workers (HCW) are unknown as under reporting is common.⁵ A study conducted in 2014 reported that that junior male doctors (House officer) & aged between 30-40 years old faced more events of violence.⁶ Another study from china published in 2017 showed that 57% doctors, 30% nurses, 5.4% technologist and 7.4% administration staff had been victim of workplace violence. They also found general medical & surgical wards are most common places where these events occur more frequently than the other departments.³

This article was intended to highlight the reality of HCW facing violence while putting their efforts to provide care their own society & to identify future research areas necessary to address the problem. No such study has been previously published from rural areas of our country where poverty and ratio of uneducated personal is much higher than developed nations. The objective of this study was to identify the prevalence of violence among HCW and to identify the demographic factors among HCWs.

MATERIALS AND METHODS

This cross sectional study was conducted at District Head Quarter Hospital, Sheikhpura; a district in Punjab. Duration of survey was 2 months from October to November 2017. After approval from ethical review board (Ethical board of hospital dated 7th August, 2017) (Date: 7/8/2017, decision no: IRB/27/2017), all the healthcare workers were asked to fill the proforma after verbal consent. As no separate consent form was included for participants, so in order to maintain anonymity, they were told

that filling the proforma mean that they are giving consent to be included in the study. An English self-designed questionnaire was used. The first part of questionnaire was about demographics details including age, gen-der, years of experience in the rural area, educational level and their departments. Next question was, whether they had been exposed to any violent event in the past twelve months or not? Those who answer in the “yes” were requested to answer the further questions regarding that event. The respondents were also requested to explain the possible reasons of the violent act, they had encountered. The 3rd part of questions was about reporting the event & what was the reason behind being not reported anywhere. It was an open ended question & all the respondents were free to count down the reasons. Data was analyzed by using SPSS version 20. The quantitative variables like age were presented mean \pm SD. Qualitative variables like gender and other demographic variables were presented as frequency and percentages. Some questions were stratified for demographic variables using chi-square test and taking P value < 0.05 as significant. For qualitative portion, themes were identifies according to the response using NVIVO.

RESULTS

A total number of 199 participants were included in the study. Mean age was found as 30.69 ± 8.02 years, ranges; 19-56 years. Most of participants (61.3%) were female. The demographic details are given in [Table 1](#). Of 199, 153 participants (76.8%) admitted that they have been exposed to violence in last 12 months.

We also asked for type of violence & most common type was verbal aggression experienced by 116 respondents (75.8%). Most common place of violence was Emergency (ER) reported by 132 respondents (86.2%) & occurring at morning time in 50.9% of cases. Most of the participants mentioned that violence was done by patient's relatives. All details are given in [Table 2](#).

So, the occurrence of violence was stratified for demographic variables. Although violence behavior was more frequently observed by male doctors than female, however difference was not significant ($p=0.120$). Also violence was significantly more commonly observed in surgery & medicine department and in youngster with less experience ($P < 0.05$), details are given in [Table 3](#).

We found that the patient's relatives are most common source of violence. In this survey the thoughts of the participants is that lack of security which was responsible in 58.8% cases., followed by overcrowding 41.1%, negative media impact, 37.9% & shortage of staff 20.2, details are shown in [Figure 1](#).

Our final question to the respondents was "whether you reported the incident, and if no then why?" We found that 24 respondents told the cause of not reporting the incident. The most common theme was found to be the 'lack of interest of administration to take any action' by 37.5% of respondents (n=9), followed by 'due to busy schedule, no time for reporting' by 21.9% of respondents. All the themes are summarized in [Table 4](#).

DISCUSSION AND CONCLUSION

Worldwide work place violence (WPV) is a very serious issue with an increasing trend.⁷ WPV can occur in any organization, against any person and at anytime. However, compared with other occupational groups HCW are at a higher risk of violence or aggression.⁴ According to literature the prevalence of violence & aggression towards HCW ranges between 0.04 to 91%.⁸ It affects not only the emotional or mental well being of the victims but also negatively affect quality of work performance.⁹ In our study, 199 HCW were offered to fill the questionnaire & 153 reported that they faced WPV in last 12 months, which is 76.8 %. An Egyptian author reported that 75% HCW faced violence & aggression; HCW from US & Nigeria reportedly face WPV 75% & 69% respectively.¹⁰ The mean age of our participants were 30.69 ± 8.02 years. Farhan et al conducted a study in similar age group with mean age being 31 ± 7.68 years.¹¹ Age group in present study is also comparable with Chen et al, who found it 27.68 ± 3.42 years.¹² About 75% of respondents who had an experience of violence, observed verbal aggression. Similar percentage of violence type i.e. verbal threats to physician reported by James P.¹³ Another study from Hon Kong showed that verbal abuse is the most common type of violence against doctors (38.3%) & nurses (56.0).¹⁴ Participants having less than five year experience were the most common victims (71%) of violence & aggression while only 6% senior members with experience of 20 years had been victims. A study from 2013 reported that resident nurses & doctors are the most common victims of violence.¹⁵ Our results were comparable

with Rubeena et al, who reported that ½ of the responder facing verbal abuses were less than thirty years of age while those older than this, never faced violence.¹⁶

The study revealed that emergency or trauma center was the most common site of violent events & results were comparable with national & international data. A case study was conducted in Australia which found that nurses of emergency department experienced more episodes of violent events than those working in other departments.¹⁷ According to present study; half participants faced violent events in morning shift. An Indian study disagreed with findings of this study and reported that violent events are common after OPD hours (9am -1pm).⁶ However Nazish et al. reported that more events were seen during morning hours.¹⁸ Another study from United States reported that nurses face violent events more commonly in morning hours (52.1%) compared to evening (13.0), night times (25.7%) and rotating hours (9.2%).¹⁹ This study found that the patient's relatives were the most common source of violence. Similar finding were noted by Imran N et al.¹⁸ Another study reported that in 90.1% of events, attendants of the patients were responsible for violence against health security workers.²⁰ Participants in this survey thought that lack of security was responsible in 58.8% case, followed by overcrowding 41.1%, negative media impact, 37.9% & shortage of staff 20.2%. According to Algwaiz, et al, shortage of staff is main source of violence.²¹

As violence is vast terminology depends upon many factors and stimulations, so assessing such events in quantitative study cannot uncompress the whole spectrum of events. This is the main limitation of the study and a detail qualitative study must be conducted to understand the dynamics of events. However conducting such studies at a secondary care hospital in our county definitely help to understand the magnitude of problems as violence was much prevalent.

In conclusion, this study concludes that young health care workers face more violence during working hours. This behavior of society may discourage the moral of young HCWs. At Government level, policies & education of masses to prevent these events is need of time. Also the laws need to be implemented to prevent the occurrence of such events.

Ethics Committee Approval: Our study was approved by the Ethical committee of District Headquarters Hospital, Sheikhpura (Date: 7/8/2017, decision no: IRB/27/2017).

Conflict of Interest: No conflict of interest was declared by the authors.

Author Contributions: Concept - IA; Supervision - LN, AQ, BF; Materials - RW, HI; Data Collection and/or Processing - IA, LN; Analysis and/ or Interpretation -AQ, BF; Writing - LN, RW.

Peer-review: Externally peer-reviewed.

Acknowledgement: The authors thank to Dr. Khawar Rafiq, Head of Surgery, District Headquarters Hospital, Sheikhpura, for his immense support and guidance.

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Table 1. Demographic details of participants.

Age (Mean ± SD) 30.34 ± 1.12		
	n= 199	Percentage (%)
Gender		
Male	77	38.7
Female	122	61.3
Position		
Doctor	138	69.3
Nursing Staff	47	23.6
Paramedical Staff	15	7.0
Experience (in years)		
< 5 years	143	71.8
5- 10 years	23	11.5
11-20 years	21	10.5
>20 yeas	12	6.0
Department		
Anesthesia	3	1.5
Surgery & allied	65	32.7
Gynaecolgy & Obstetrics	11	5.5
Pediatric Medicine	11	5.5
Medicine & allied	94	47.2
Emergency Department	15	7.5

Table 2. Details of participant's response against violence.

Type of Violence	n=153	Percentage (%)
Physical aggression	14	9.1
Verbal aggression	116	75.8
Threats	14	9.1
Harassment	5	3.2
Verbal & physical	4	2.6
PLACE OF VIOLENCE		
Emergency	132	86.2
Ward	13	8.4
O.P.D	8	5.2
TIME OF VIOLENCE		
Morning	78	50.9
Evening	61	39.8
Night	14	8.4
SOURCE OF VIOLENCE		
Patient's relatives	137	89.5
Co-workers	7	4.5
Patients	9	5.8

Table 3. Violence for demographic variables.

Variables	Violence		p-Value
	Yes	No	
Gender			
Male	64	13	0.120
Female	89	33	
Position			
Doctor	112	26	0.102
Nursing Staff	33	14	
Paramedical Staff	8	6	
Department			
Anesthesia	0	3	0.002*
Surgery allied	46	19	
Gynae & Obs	8	3	
Paeds	7	4	
Medicine & allied	77	17	
ER	15	0	
Experience			
< 5 years	112	31	0.002*
5- 10 years	18	5	
11-20 years	19	2	
>20 yeas	4	8	

* It is statistically significant ($p < 0.05$).

Table 4. Reasons for not reporting the incident.

Reason	N (%)
Lack of interest of administration to take any action	9 (37.5%)
Due to busy schedule, no time for reporting	7 (29.16%)
I don't have any interest in it	2 (8.33%)
Violence is everywhere and a common problem	4 (16.66%)
Nobody takes it serious	2 (8.33%)

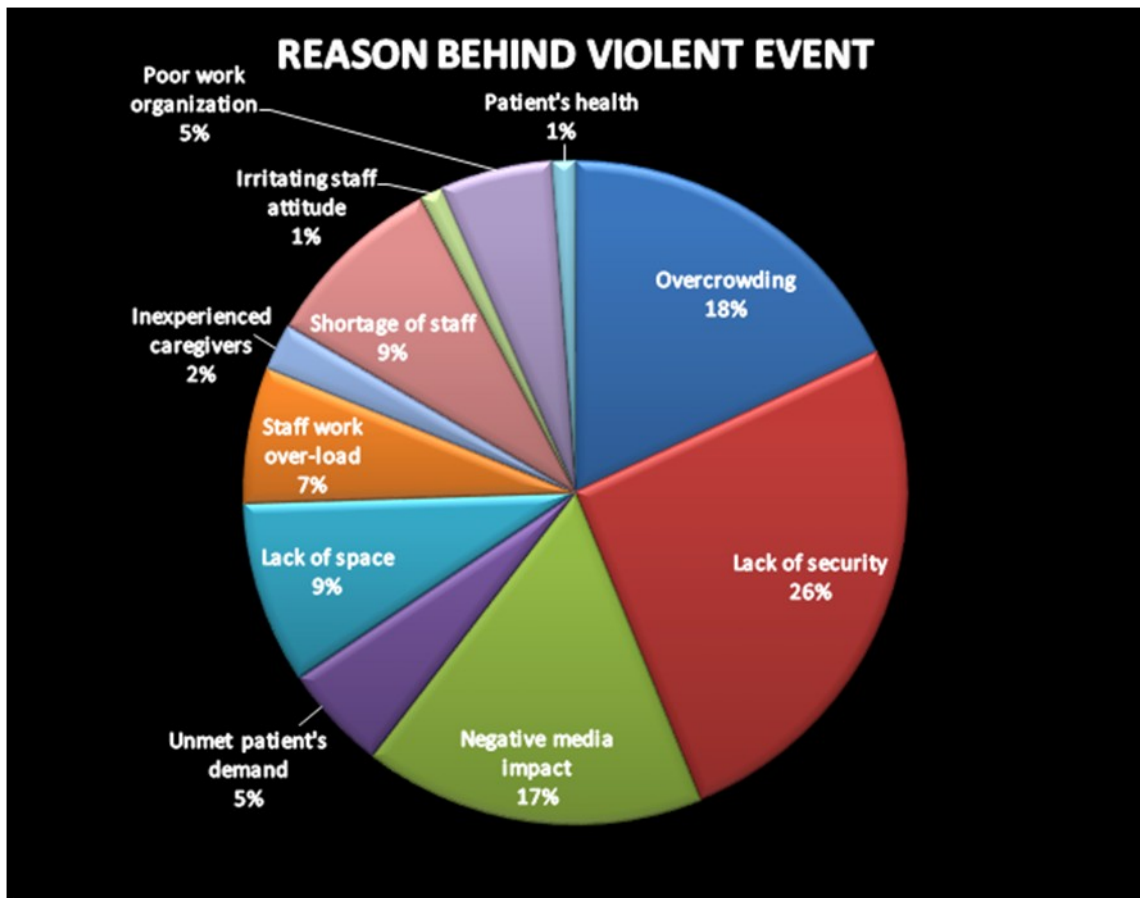


Figure 1. Reasons behind violent event.