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Workplace violence against nurses working in psychiatric hospitals in Jordan

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Introduction

Violence in the workplace is an aggressive epidemic affecting health care workers on a global scale (International Labour Organization et al., 2002). According to the World Health Organization (WHO), country case studies reports state that the percentage of workplace violence (WPV) in the health care sector has reached more than 75% in some countries (Di Martino, 2002). This is an alarming issue which impacts all health care workers, including nurses in health care settings (Whelan, 2008), which will be the primary focus of this study.

Nurses comprise the majority of professional workers in the healthcare system. They spend most of their working time in the direct care of their patients. Usually, they are in direct contact with patients' families; therefore, they often become the victims of workplace violence. Several research reports have shown that nurses are physically and verbally abused in their workplace (AbuAlrub & Al-Asmar, 2011; Ahmed, 2012; Albashtawy, 2013; Al-Omari, 2015; Ayranci, 2005; Chen, Hwu, Kung, Chiu, & Wang, 2008; Hesketh et al., 2003; Kwok et al., 2006; Lin & Liu, 2005).

Nurses working in psychiatric settings are not different from other nurses working in general units. Several studies have reported that they are victims of violence at their workplace settings (Al-Azzam, Al-Sagarat, Tawalbeh, & Poedel, 2017; Niu et al., 2019; Olashore, Akanni, & Ogundipe, 2018). Actually, nurses working in psychiatric settings are more exposed to violence than any other health care workers (Olashore et al., 2018). The findings of a report by Bilgin confirm that the prevalence of WPV against nurses in psychiatric institutions is as high as 100% (Bilgin, 2009).

Workplace violence can take many forms, ranging from offensive language, verbal abuse, and bullying or mobbing, to sexual or racial harassment and threats of physical assault (Wassell, 2009). The World Health Organization distinguishes between physical violence and verbal abuse as follows: physical violence is characterized by the use of physical force (i.e. beating, kicking, slapping, …etc., against another person or group), while verbal abuse is a potentially harmful behavior that includes bullying/mobbing, harassment, and threatening against another person or group. Verbal abuse may be physically, mentally, spiritually, and/or socially harmful to the victim(s) (WHO, 2002). In most cases of WPV against nurses, the perpetrators are patients, families, and/or co-workers (AbuAlrub & Al-Asmar, 2011; Ahmed, 2012; Albashtawy, 2013; Al-Omari, 2015; Ayranci, 2005; Chen et al., 2008; Hesketh et al., 2003; Kwok et al., 2006; Lin & Liu, 2005).

Reports suggest several factors that may lead to the occurrence of violent and aggressive behavior in the workplace. Some of these factors are patient related, such as the previous history of violent behavior, substance abuse, stress, anxiety, frustration, medical illness, and mental illness (Chapman & Styles, 2006; Hodge & Marshall, 2007; Kamuchuchat et al., 2008). Other factors are environment related, involving overcrowding, increased waiting times, and other environmental stressors (Al-Omari, 2015).

Violent and aggressive behavior at the workplace negatively affects the emotional and psychological well-being of the employed nurses. Previous reports indicate that nurses who were victims of workplace violence reported such emotions as rage, anger, disappointment, helplessness, and anxiety following incidents (Franz, Zeh, Schablon, Kuhnert, & Nienhaus, 2010). Other nurses reported feeling hyper-alert, watchful, especially on guard, avoiding thinking or talking about the attack (Al-Omari, 2015). Furthermore, incidents of workplace violence may affect the quality of the care that nurses may provide to their patients. If nurses fear the population they are serving, the quality of care which they deliver may suffer (Cooper & Swanson, 2002).

Violence in psychiatric settings is a common and frequent behavior which has become a serious and complex issue, with some reports describing violent incidences as dangerous as to involve the use of weapons (Chen et al., 2008; Privitera, Weisman, Cerulli, Tu, & Groman, 2005). Further, the WHO confirms in a report entitled "Workplace Violence in the health sector: State of the art" that psychiatric settings are considered "hot spots" for violence, and that members of the nursing profession are mostly at risk for being victimized in violent incidents (Cooper & Swanson, 2002).

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In Jordan, like anywhere else in the world, nurses suffer from WPV. Currently, workplace violence among Jordanian nurses is a major health problem, which yields detrimental negative psychological and physical impacts on them (AbuAlrub & Al-Asmar, 2011; Ahmed, 2012; Al-Azzam, Tawalbeh, Sulaiman, Al-Sagarat, & Harb, 2017; Albashtawy, 2013; Al-Omari, 2015). Little is known about the prevalence, type, and severity of workplace violence among nurses working in psychiatric hospitals in Jordan. Currently, there are three psychiatric hospitals in Jordan, two are governmental and the other one is private. One of the governmental hospitals, which is located outside Amman the capital of Jordan, is considered the largest psychiatric hospital in Jordan. It consists of nine in-patient units; five male and four female units, with a total of 193 beds and 146 nurses. Most of the time, cases admitted to this hospital are considered acute. The other governmental hospital has a smaller number of beds and most of the cases are chronic. The only private psychiatric hospital in Jordan also has a small number of beds and most of the time it deals with acute cases; it has a small number of beds. As mentioned above, little information is known about WPV in psychiatric hospitals in Jordan. Therefore, the purposes of this study are: (1) to examine the prevalence of physical and verbal workplace violence among nurses working in acute psychiatric settings, (2) to investigate the relationship between physical violence, verbal abuse, worries regarding the threat of violence, and selected demographic variables, (i.e. Age, level of education, and years of experience). The dearth of adequate knowledge regarding the factors leading to violence at psychiatric settings will limit the potential for successfully controlling such aggressive behavior.

Methods

Research design

This study employed a cross-sectional correlational design to investigate the prevalence of physical violence and verbal abuse in acute psychiatric hospitals in Jordan. Data were collected from nurses working in acute, in-patient psychiatric units at three different facilities in Jordan: a government-run hospital, a private psychiatric hospital, and a university hospital. The research team collected a snapshot of all the data at one point in time.

Sample and settings

Due to practical feasibility, a convenience sample was used in this study. All nurses working at the hospital during the time of data collection were invited to participate in the study. Nurses who were not in direct contact with patients and those who held administrative positions were excluded from participation.

Data collection

The research team approached the nurses through their department managers. The research team visited the hospital departments during different shifts. The team explained the purpose of the study to the nurses and invited them to participate. After voluntarily consenting to participate, the nurses were asked to read and sign the consent documents. The research team was available to answer questions as needed. Each participant took approximately 30 min to complete the questionnaire. Upon completion, participants were asked to place the completed questionnaire in an envelope and leave it with the unit manager. The research team then approached the unit managers and collected the envelopes. A total of 57 participants completed and returned the questionnaire, and all completed questionnaires were deemed valid for use.

Data analysis

Statistical Package of Social Science (SPSS) version 22.0 (SPSS Inc., Chicago, IL, USA) was used to conduct descriptive correlation statistics and logistic regression tests at a significance level of (alpha) 0.05.

Ethical consideration

Approval to conduct the study was obtained from the Institutional Review Board at the Hashemite University and the three hospitals where the study took place. Total confidentiality was maintained throughout the study. The research team ensured participants' confidentiality and anonymity by excluding questions that inquire about any personal information on the questionnaire. There were no potential risks associated with participation, and nurses were informed that they could withdraw at any time if they preferred not to complete the questionnaire. A set of safeguards were put in place to protect against the potential risks; the first of which is the disclosure of workplace violence to other participants by virtue of participating in the study. The Potential negative effects associated with this risk were minimized through the IRB-approval, consent form, recruitment procedures, and informed consent that clearly conveys the conditions of disclosure of WPV.

Measures

Information about demographic data and physical and verbal workplace violence - were collected using a questionnaire that was developed by the International Labour Office (ILO), International Council of Nurses (ICN), WHO, and the Public Services International (PSI) project “Workplace Violence in the Health Sector Country Case Studies Research Instruments Survey Questionnaire” (International Labour Organization et al., 2003). Permission to use the Workplace Violence Questionnaire (WVQ) was obtained from the WHO prior to data collection. The WPV was previously used in several countries, including Jordan (AbuAlrub & Al-Asmar, 2011; Ahmed, 2012; Al-Omari, 2015), Taiwan (Chen et al., 2008), and Hong Kong (Kwok et al., 2006). The questionnaire used in this study includes three sections: (1) personal and workplace data, (2) Physical workplace violence, and (3) verbal abuse data. Cronbach's alpha α, for all the scales in the WVQ, is between 0.73 and 0.90 in a previous study (Ahmed, 2012).

The study personnel collected the data using an English version of the structured self-reported questionnaires. They used the International Labor Office (ILO), International Council of Nurses (ICN), WHO, and the Public Services International (PSI) (ILO, ICN, WHO, PSI, 2003) nursing departments in the co-investigators' institution. The first part requests nursing personnel data and includes questions about age, years of work experience, the number of staff present in the same work setting…etc.

The second and third parts are close-ended questions that address the last 12 months experiences of physical and psychological violence (yes/no questions). These parts include the physical and psychological workplace attacks during the last 12 months, the typical incidents of WBV, using weapons, the perpetrators, the incident's place, time, and response, the consequences, the time off from work after the attack, the action taken to investigate the causes of the incident, and the consequences for the attacker.

The personal and workplace data section includes the demographic variables, such as age, gender, years of experience, level of education, etc., as well as workplace information, such as the number of staff present in the work setting, procedures for reporting violence, and enough encouragement to report violence in the workplace. Additionally, participants reported how worried they were about violence in their current workplace using a Likert-type scale that ranges from 1 (not worried) to 5 (very worried). The physical workplace violence section consists of yes/no questions gathering descriptive

information of the physical violence incidence, as well as a five-point, Likert-type subscale to assess the degree to which this experience bothered the nurse. This subscale ranged from 1 (*not bothered at all*) to 5 (*extremely bothered*). The verbal abuse section also consists of yes/no questions to describe the verbal abuse experiences, as well as a five-point, Likert-type subscale assessing how bothered the participant was with the incident of verbal abuse- this subscale ranged from 1 (*not bothered at all*) to 5 (*extremely bothered by the incident*).

Results

A total of 57 nurses participated in this study. Female participants comprised the majority of the sample (58.9%). Most of the participants are less than 30 years old (48.2%), married (55.4%), educated at the BSN level (67.9%), and have less than 10 years of work experience (51.8%).

The majority of the sample are registered nurses (85.7%), work full-time (87.3%), work in the selected governmental hospitals (88.9%), provide direct patient care (80%), work during different shifts (81.6%), and work with other health care workers at their settings (94.6%). A significant number of the participants reported being moderately worried to very worried about violence at their workplace (37.5%). However, many of them reported that there are no procedures in place to report an incident of violence, should it occur (45.6%). Additionally, more than half of the participants reported not being encouraged to report the incident (51.9%). Although the majority of the participants reported witnessing 1–4 incidents of physical violence attack during the last 12 months, the majority of them did not report it (74.4%). Further, the information about the sample characteristics is provided in Table 1.

Physical violence

Fourteen nurses (27.5%) reported that they have been physically attacked in the last 12 months. Nearly half of them (46.7%) reported being injured as a result of the incident, and 15.4% of them reported that they need formal treatment after the incident. However, the majority of them never took time off from work after the attack (68%). Most of the perpetrators were the patients (93.3%), and the incident took place inside the health care facility (76.2%). Most of the participants who were attacked reported that they never brought the incident to the attention of their supervisor (72.2%), sought help from the union or association (94.4%), or completed an incident form. On the other hand, 38.1% of them believe that the incident could have been prevented.

As a consequence to the physical violence incident, many of those who have been physically attacked reported that they moderately have frequent memories and thoughts about the incident (45.5%), avoided thinking or talking about it (47.6%), felt super-alert or watchful (57.1%), and perceived everything as an effort (57.1%).

In order to further understand the effect age, gender, level of education, years of experience, and being worried about violence on being physically attacked in the last 12 months, a logistic regression analysis was performed. The result of the analysis is not statistically significant.

Verbal violence

Unlike physical violence, many of the participants (71.9%) reported being verbally abused in the last 12 months. The majority of them (66.7%) reported being verbally abused sometimes and a significant portion of them (22.2%) reported being verbally abused all the time. Most of those who were verbally abused reported that the incident took place inside the health care facility (78%) and more than half of them reported that this is a frequent incident at their workplace. Similar to physical violence, the majority of the participants reported that the predators are the patients (68.3%) and the incident took place inside the health care facility (78%), while the majority of them did not report it to a senior staff member (85.7%), and none of them sought help from their union or completed incident report (100%).

Many of the participants who reported being verbally abused reported being moderately to extremely bothered by: repeated memories and thoughts (45.3%), avoiding thinking about or talking about the abuse or avoiding having feelings related to it (54.8%), being super alert or watchful and on guard (59.5%), and feeling everything they did like an effort (66.7%).

Table 1
Sample characteristics.

	n	Valid (%)
Age (n = 56)[a]		
	27	48.2
● 20–29 years	26	46.4
● 30–39 years	3	5.4
● 40 and above		
Gender (n = 56)[a]		
	23	41.1
● Male	33	58.90
● Female		
Marital Status (n = 56)[a]		
	25	44.6
● Single	54.4	55.4
● Married		
Education level (n = 56)[a]		
	15	26.8
● Diploma or less	38	67.9
● BSN	3	5.4
● MSN or higher		
Years of experience (n = 56)[a]		
	3	5.4
● Less than a year	26	46.4
● 1–5 years	14	25.0
● 6–10 years	9	16.1
● 11–15 years	4	7.2
● More than 16 years		
Position (n = 56)[a]		
	5	8.9
● Unit manager	9	16.1
● Charge nurse	1	1.8
● Supervisor	35	62.5
● Staff nurse	6	10.7
● Other		
Employment sector (n = 54)		
	48	84.2
● Governmental	6	5.3
● Private & other		
Patient gender you work with (n = 52)		
● Male	19	36.5
● Female	22	42.3
● Both	11	21.2
Number of staff you work with (n = 56)		
	3	5.4
● None	39	69.6
● 1–5	10	17.9
● 6–10	4	7.1
● More than 10		
Worried about WPV (n = 56)		
	8	14.3
● Not worried at all	2	3.6
● Moderately not worried	25	44.6
● Neutral	4	7.1
● Moderately worried	17	30.4
● Very worried		
Physically attacked in the last 12 months (n = 51)		
	14	27.5
● Yes	37	72.5
● No		
Verbally abused in the last 12 months (n = 57)		
	41	71.9
● Yes	16	28.1
● No		

[a] Sample size is reflective of subjects with valid data on the variable.

In order to further understand the impact of age, gender, level of education, years of experience and being worried about violence on? Being verbally abused in the last 12 months, a logistic regression analysis test was performed and was not statistically significant.

Discussion

This study investigated the prevalence, the consequences and the contributing factors to the physical and verbal workplace violence on nurses working in psychiatric hospitals. Consistent with other reports, the results of this study confirm that violence incidents are frequent in psychiatric settings (Al-Azzam, Al-Sagarat, et al., 2017; Chen et al., 2008; Niu et al., 2019; Olashore et al., 2018). As expected, compared to physical violence, verbal violence is a more common form of workplace violence. The majority of the participants reported being verbally abused, however, most of them never report it. These are worrisome results, they indicate that nurses view these incidents as part of their job, which is consistent with other results (Al-Omari, 2015; Chen et al., 2008). The main predator of the physical violence incidents and the majority of the verbal violence incidents are the patients themselves, which is consistent with other reports as well (Chen et al., 2008; Privitera et al., 2005).

Anderson and West (2011) explain that mental health professionals rationalize that violence at their work settings is an occupational hazard; they believe that they are equipped to cope with it. Despite these beliefs, as Anderson et al. explain, violence victims suffer physical and psychological consequences. In our study, nurses who reported being physically or verbally abused reported disturbances in their emotional and psychological well-being, which is also consistent with other studies (Franz et al., 2010). The results of this study emphasize the need for a support program. The purpose of this support program is to prevent the occurrence of violence at the workplace and establish an after-violence measure to help victims of workplace violence.

A significant portion of the participants reported being worried about violence at their workplace. It has been reported that the higher the level of anxiety about violence at the workplace, the more vulnerable are the healthcare professionals to be verbally or physically attacked (Chen et al., 2008; Pai & Lee, 2011). Although the logistic regression model did not reveal a significant relationship between worriedness about violence and incidence of violence, there is a need for future research to fully understand the association between being worried about violence and occurrence of violence at the workplace. Understanding this relationship will help hospitals prepare a training program for those who are considered high-risk individuals. Although the results of our study do not reveal a significant relationship between being physically attacked or verbally abused and other demographic variables, they provide valuable information about the prevalence, types, and consequences of WPV in psychiatric settings. There are few studies about this issue in Jordan, the findings of this study will be used to encourage researchers to further explore this phenomenon. In addition, the results of this study can be an incentive for future research by motivating other investigators to conduct further qualitative studies to link the workplace violence phenomenon. Qualitative methodologies may assist in understanding this pervasive phenomenon as it relates to nursing practice. Researchers need to propose a unified operational definition of workplace violence in psychiatric settings, which may lead to developing more valid instruments that accurately measure workplace violence against psychiatric nurses. We also recommend future research to consider all cultural aspects that may impede or improve the patient-nurse relationship.

Study limitations

A major limitation of this study is the small sample size. The sample was collected from major psychiatric hospitals. Since the number of psychiatric settings is very limited, the number of nurses, therefore, is limited. This small sample size affects the ability to detect predictors of violence. Furthermore, it limits the generalization of the results. Moreover, the study is limited to self-reported data which may limit internal validity.

The core strength of the study is that it occurs within a natural setting, which allows decision makers to cast some light on the problems encountered by the nurses in mental health settings. Additionally, this will help decision makers to fully understand the nature of workplace violence issue and, therefore, develop appropriate intervention measures to improve the knowledge and the skills that may prevent the occurrence of violence incidents.

Implications

This study has implications for nursing research, practice, and managers. Further research is needed to fully understand the factors contributing to violence. Most of the published reports focus on factors related to patients, rather than nurses. We need to focus on factors that are related to the nurses themselves, such as training, level of anxiety, and preparation. This will help us design a program targeting nurses at high-risk situations.

Nurses in clinical practice have to be aware of the factors that create workplace violence. Also, nurses need to use prevention intervention measures in situations that are considered at high risk for violence. The work environment also should be prepared for such situations.

Nurse leaders are also required to develop interventions that create a work environment with reduced stressors with a zero tolerance to violence at their work settings. Examples include guidance, emotional support, and tangible assistance. Organizations also should encourage open communication with nurses in order to retain high-quality employees.

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