



Original Article

Prevalence of Workplace Violence against Female Nurses at Tertiary Care Hospital Karachi, Pakistan

Yasir Ali¹, Saeeda Khan^{1*}, Aisha Alamgir², Muhammad Younas³ and Sidra Qayyum⁴¹Qatar College of Nursing, Sindh Government, Qatar Hospital, Karachi, Pakistan²School of Public Health, Dow University of Health Sciences, Karachi, Pakistan³Allied Institute of Nursing and Health Sciences, Karachi, Pakistan⁴Institutes of Nursing & Midwifery, Dow University of Health and Sciences, Karachi, Pakistan

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Qatar College of Nursing, Sindh Government, Qatar Hospital, Karachi, Pakistan
saeeda.17112@zu.edu.pkReceived Date: 7th June, 2023Acceptance Date: 26th June, 2023Published Date: 30th June, 2023

ABSTRACT

The appearance of workplace violence against nurses is on the rise everywhere in the world. Workplace violence (WPV) against female nurses has increased in a worrying way. **Objective:** To determine the Prevalence of work place violence among female nurses. **Methods:** This was the cross-sectional study conducted at tertiary care hospital of Karachi. Study was completed within four months from July, 2021 till October, 2021. Convenience sampling technique was used to collect data. To assess the prevalence of workplace violence a valid and modified questionnaire was used to collect data from participants after taking their consent. Sample size was calculated by using software Open Epi version 3.0 with 95% confidence level and 5% of margin of error. **Results:** Majority of the nurses 27.8% had less than one year of experience, 25.6% had 1-5 year of experience, 17.8% had 6-10 years' experience, 24.4% had 11-15 years of experience, and 4.4% nurses had 16-20 years of experience in the field of nursing. 88.8% have experienced some form of violence (verbal, physical) at workplace in past 12 months. Majority of the perpetrators 33.7% were staff members, similarly, 33.7% attackers towards nurses were patients. **Conclusions:** Workplace violence is a very vast, sensitive, and significant issue among nurses which is badly ignored. Nurses have the right to work in a secure environment that is free of physical, verbal, and sexual abuse. The need of avoiding and inhibiting workplace violence must be emphasized.

INTRODUCTION

Violence is described as "the intentional use of physical power or force, threatened or actual, against oneself, another person, or against a group or community, which either results in injury or has a high likelihood of resulting in death, by the World Health Organization [1]. However, because of physical, social, cultural, and traditional constraints, women are one of the most vulnerable groups in any culture. They might come into contact with issues like gender-based violence and violations of human rights. Violence against women is defined as "any act of gender-based violence, including threats of such acts, coercion, or

arbitrary deprivation of liberty, whether occurring in public or in private life, that results in, or is likely to result in, sexual, physical, or psychological harm to, or suffering from, women [2]. Due to their responsibilities, nurses experience the majority of violent assaults in medical facilities and are around three times more likely than workers in other occupations to experience workplace violence. Additionally, they are more likely to experience verbal, emotional, physical, and even sexual abuse [3]. According to the Occupational Safety and Health Administration (OSHA), nurses' encounters with patients

account for 80% of serious violence in medical facilities additionally; nurses may be more vulnerable to abuse because of their close relationships with patients and their families. Additionally, nurses spend more time with patients than other staff do [4]. The physical and mental health of healthcare professionals is seriously endangered by workplace violence, a global public health risk. Furthermore, workplace violence negatively affects the behavior of healthcare worker, According to International Labor Organization (ILO), nurses are on the front lines of the healthcare system, due to this, and they experience more violence than other healthcare professionals. There is a serious problem with workplace violence against nurses everywhere, including Pakistan [5, 6]. Workplace Violence is one of the most damaging practices. It affects all job types and occurs in a variety of settings, including healthcare facilities. Violence is defined as any act that is designed to harm another person. In addition, there is a serious lack of respect for the nursing profession in Pakistan, which has a substantial impact on workplace violence against nurses [7]. There are many distinct types of workplace violence in the healthcare industry. The World Health Organization (WHO) states that there are two types of workplace violence: physical and psychological. Physical violence is described as the use of physical force against another person, such as punching, hitting, slapping, pinching, and biting, which can lead to damage [8, 9]. Workplace violence is defined as any act or threat of physical assault, harassment, intimidation, or other threatening disruptive behavior at work. It is a common and ubiquitous issue among health care professionals. Being exposed to violence at work has a negative impact on nurses, causing them to lose focus, let moral standards drop, miss work frequently, give patients insufficient attention, and be dissatisfied with their jobs. Verbal abuse, threats, and harassment are all forms of psychological violence that can harm a person's mental development [10]. Numerous studies have established that workplace violence negatively affects nurses' physical and mental health. Unease, drug abuse, worry, dread, depression, and frequent sick days are the few examples of mental impacts [11]. In Pakistan, numerous research studies on workplace violence against nurses have been undertaken. Although both sexes were included in the studies, there was no study in Karachi that specifically looked at the prevalence of workplace violence against female nurses. As a result, the purpose of this study is to investigate the prevalence of workplace violence against female nurses working at Tertiary Care Hospital Karachi, Pakistan. Several of the studies conducted in Pakistan, specifically, workplace violence against nurses is an increasing problem. There are numerous types of workplace violence that occur in the

healthcare industry. Workplace violence can be both physical and psychological, according to the World Health Organization. Physical violence is described as the use of physical force against another person, such as punching, slapping, biting, pinching, or hitting [12].

METHODS

Cross-sectional Study design was used in this study. The Study was completed within four months from July, 2021 till October, 2021. All female nurses working at Tertiary Care Hospital were the targeted population. Convenience sampling technique was used to collect data. All the registered female nurses working in tertiary care hospital were included while all male nurses and those female nurses who have not PNC licenses. Moreover, nursing interns were also excluded in this study. To assess the prevalence of workplace violence a valid and modified questionnaire was used to collect data from participants after taking their consent. Sample size was calculated by using software Open Epi version-3.0 with 95% confidence level and 5% of margin of error. Data were collected via using an open access, accepted, and updated questionnaire. This questionnaire has also been utilized in several other worldwide research projects. The questionnaire has three sections. The first section contained demographic data such as age, marital status, designation, and year of experience. The second section contained questions concerning physical violence, while the third section contained questions about workplace verbal aggression. Through an online Google form, data on workplace violence was gathered from female nurses. In addition, Emails and what's up app groups were used to distribute a study tool among hospital nurses. Prior to beginning the questionnaire, each study subject was required to complete a consent form. Only female nurses who signed the consent form were allowed to continue to the questions. Their participation was entirely voluntary. The information was gathered within a week. The statistical package for social sciences (SPSS) version 26.0 was used to analyze the data. For data analysis Chi-Square Test was used to assess the association with demographics characteristics and prevalence of violence in the workplace assessed in terms of frequency tables.

RESULTS

Table 1 shows the demographic characteristics of the participants. In this study female gender was prominent and total 90 participants were included. According to the marital status majority (48.1%) of the participants were single. The major and prominent designation among the nurses (57.8%) were the staff nurses. It was found that majority of the nurses (27.8%) had less than one year experience and (24.4%) of the participants had 11 to 15 years

of experience respectively.

Table 1: Demographics and workplace characteristics

Demographic Variables	Respondents N (%)
Gender	
Female	90 (100)
Marital status	
Single	48 (48.1)
Married	42 (41.9)
Designation of Nurses	
Staff Nurse	52 (57.8)
Internees	17 (18.9)
Head Nurse	10 (11.1)
Shift In charge	9 (10)
Team Leader	2 (2.2)
Years of Experience	
< 1 Year	25 (27.8)
1-5 Years	23 (25.6)
6-10 Years	16 (17.8)
11-15 Years	22 (24.4)
16-20 Years	4 (4.4)

Table 2 shows the frequency of verbal violence according to the participant's experience. It was found that out of 90 participants only 22 (40%) nurses who had been working for more than 11 years affected by verbal violence irrespective of designation and 17 (30.9%) nurses having less than one-year experience respectively. On the contrary 23 (65.7%) participants with the experience of 5 years did not report any verbal violence. Only 4 (7.27%) female nurses having more than 16 years of experience reported verbal violence at workplace. Meanwhile, (36.3%) participants affected by patients' verbal violence and (29%) were confronted by staff members respectively. Among all of them (36.3%) female nurses' endeavor to ignore the assailant's verbal violence. Few of them (9%) strive to take action against assaulters.

Table 2: Frequency of Verbal Violence

Years of Experience	Verbal Violence	
	Yes	No
	N (%)	N (%)
< 1 Year	17 (30.9)	8 (22.8)
1-5 Years	0 (0)	23 (65.7)
6-10 Years	12 (21.8)	4 (11.4)
11-15 Years	22 (40.0)	0 (0)
16-20 Years	4 (7.27)	0 (0)

Table 3 shows frequency of physical violence according to year of experience among nurses. Majority of the participants (84%) possess experience of 15 years were exposed to physical violence. On the other hand (38.5%) female nurses having experience less than 1 year reported that they did not face any kind of physical violence. Besides all these (20%) participants were confronted with armaments. Among those assaulters (44%) were staff

members. In response to the confrontation about (16%) participants strive to protect themselves.

Table 3: Frequency of Physical Violence

Years of Experience	Physical Violence	
	Yes	No
	N (%)	N (%)
< 1 Year	0 (0)	25 (38.5)
1-5 Years	0 (0)	23 (35.4)
6-10 Years	0 (0)	16 (24.6)
11-15 Years	21 (84.0)	1 (1.5)
16-20 Years	4 (16%)	0 (0)

DISCUSSION

This cross-sectional study involved 90 female nurses of tertiary care hospital in Karachi, Pakistan. Female participants were selected to provide the information regarding workplace violence, for this purpose consecutive sampling technique was proposed. The overall frequency of workplace violence was 88.8% accounted for both verbal and physical violence experienced by the participants regardless of their designation and job experience. The difference between the prevalence and type of violence has been found among the different nursing roles. The reason behind the high prevalence might be the resistance in taking action against the assaulters [13]. Similarly, Havaei *et al.*, reported high prevalence of physical violence compared to verbal violence [14]. In contrast to our study, Sinh Minh Do *et al.*, revealed the low prevalence of physical violence in nurses while the verbal violence was common similar to our study [15]. According to international research workplace violence against nurses has major serious consequences for the victim's physical and emotional health, hospital team work, and patient safety [16]. The rate of verbal abuse towards female nurses was very high in our study which is clearly indicated that female nurses are not being respected. 27.7% female nurses were subjected to physical violence in the past 12 months 20% of them physically assaulted with weapons. The majority of the perpetrators were staff members, and patients. In the recent research by Lei *et al.*, reported higher prevalence of nonphysical violence in China than Pakistan [17]. Similarly, Abdallah *et al.*, reported the similar findings in which verbal violence is more prevalent than physical violence [18]. The findings of other research are particularly concerning because of the possible effects they may have on future professional skills. The way in which female nurses who experienced workplace violence saw their isolation, stress, and organizational unfairness may change how they approach their profession in the future [19]. Several studies had shown the similar findings associated with perpetrators and any type of violence [20]. Furthermore, violence has commonly been inflated due to

factors such as threats, shouting, insult and aggressiveness of patients' relatives [21]. There is a need to overcome this prevalent violence and essential to work together to develop nursing policies to end violence against nurses in the workplace. Moreover, this data suggests that less experienced female nurses were less likely to experience physical violence.

CONCLUSIONS

Workplace violence is a vast, sensitive, and significant issue among nurses which is badly ignored. The overall frequency of workplace violence was 88.8% accounted for both verbal and physical violence. Nurses have the right to work in a secure environment that is free of physical, verbal, and sexual abuse. Workplace violence among female nurses was very high in this study. This study also found that no action was taken against violence towards nurses.

Authors Contribution

Conceptualization: YA

Methodology: SK, SQ

Formal Analysis: AA

Writing-review and editing: YA, SK, AA, MY

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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