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*Original Research Article*

# Workplace Violence against Health Workers: A Cross-Sectional Study from Baglung District, Nepal

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## ABSTRACT

**Background:** Workplace violence (WPV) in the health sector is a worldwide concern with healthcare workers being at high risk of being victims. This study aimed to assess the magnitude, perpetrators and place of incidence, available violence response, reporting and prevention/control mechanism WPV in health institutions.

**Methods:** A descriptive cross-sectional study was carried out using self-administered questionnaire to collect quantitative data on different aspects of workplace violence against health workers among 123 health workers of 14 selected health institutions of Baglung district between July-December 2013. In-depth interview was conducted among 10 respondents to collect qualitative data.

**Results:** Almost two-thirds of respondents (64.9%) reported exposure to at least one type of violence in the previous 12 months: physical-11.3%, verbal-59.8% and sexual-11.3%. The perpetrators of all three types of violence were mostly the relatives of patients: physical-45.5%, verbal-29.3% and sexual-36.4%. Very few cases were investigated. Less than half of respondents reported the availability of violence reporting procedures in their health facilities and only one third reported any sort of encouragement for reporting. Non-reporting of violence was a concern, main reasons were lack of incident reporting policy/procedure, anti-violence measures and management support.

**Conclusion:** There is an immediate need to address workplace violence by concerned authority though introducing appropriate policy and strategies, enhancement of incident reporting and follow up on reported events as well as providing adequate physical and psychological support to victims of health workplace violence.

***Key words:*** Work place violence, health workers, physical violence, verbal abuse, sexual harassment

## INTRODUCTION

Workplace violence (WPV) in the health sector is a worldwide concern with healthcare workers being at high risk of being victims. Workplace violence in the health sectors is defined as the incidents where staffs are abused, threatened, or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health. [(1)]

Both physical and non-physical violence against health care workers is a major problem affecting their health and productivity. Moreover, the consequences of

workplace violence in the health sector have a significant impact on the effectiveness of health systems, especially in developing countries. [2]

Today, there is increased evidence that health staff especially nursing staffs are at such a high risk of exposure to violent behaviors in the workplace; it is now considered to be a major occupational hazard worldwide. [3]

Known to be a serious problem in many countries in the industrialized world, new research indicates that violence in the health care workplace is actually a global phenomenon. [4] Crossing borders, cultures, work settings and occupational groups, violence in the health care workplace is an epidemic in all societies, including the developing world. [4]

There is varying prevalence and related factors of WPV in health sectors according to the various studies around the world. The country case study carried out by World Health Organization (WHO)/International Labor Organization (ILO)/International Council of Nurses (ICN)/Public Services International (PSI) in Thailand showed 54.1% experienced workplace violence at least once in the previous years. The occurrences of verbal abuse, bullying/mobbing, physical violence, sexual harassment, and racial harassment were reported by 47.7 %, 10.8 %, 10.5 %, 1.9 %, and 0.7 %. [5] In the United States, health care workers face a 16-times greater risk of violence than other service workers. More than half of the claims of aggression in the workplace in the US come from the health sector. [6] More than half of the health personnel in Bulgaria (75.8%), South Africa (61%) and 46.7% of health workers in Brazil have experienced at least one incident of physical or psychological violence in 2001. [7,8]

In most countries studied, due to lack of specific workplace policies in place to prevent or respond to workplace violence, resulted in under-reporting of violent incidents, poor follow-up of reported incidents, no sanction of the perpetrators and dissatisfied victims. [4]

This study aimed to assess the magnitude, perpetrators of violence and place of incidence for different types of workplace violence against workplace violence against health workers working in different health institutions of Baglung district. It also aimed to the available violence response, reporting and prevention/control mechanism from health care worker's perspectives.

## MATERIALS AND METHODS

The study was descriptive cross sectional design using both quantitative and qualitative approach. The study was conducted in Baglung district. The health care workers working Hospitals and Primary Health Care (PHC) level were the study population. The study was carried out during July–December, 2013. Sampling technique adopted in this study was non-probability sampling. The sample size of the study was the total number of health workers who were employed in selected health institutions (2 Hospitals, 2 Primary Health Care Centers and 10 Health Posts) of Baglung district i.e. 123.

The study instrument was prepared on the basis of the questionnaires prepared by WHO/PSI/ICN [5] for the country case study on workplace violence. The instrument was modified to fit the objectives of the study and was translated into Nepali. It was reviewed by experts to enhance its validity. Experts assessed the clarity, relevancy, comprehensiveness, and sensitivity of the tool to the culture. A self-administered questionnaire was distributed to 123 health workers to collect quantitative data and in-depth interview was conducted among 10 respondents to collect qualitative data.

Written permission to conduct the study was obtained from the Public Health Programme of Pokhara University and District Public Health Office, Baglung. Written consent was also obtained from each participant after explaining the aim and assuring the confidentiality of the study. Of the 123 questionnaire distributed; 97 (non response rate 21.1%) questioners were returned with adequately completed. Descriptive analysis was applied to perform statistical output for quantitative data. Analysis was performed using Statistical Package for Social Sciences version 16. For the analysis qualitative data code was used.

## RESULTS

**General characteristics of respondents:** Majority of the respondents was aged 25-29 years (24.7%), female (52.5%) and married (71.1%). Moreover majority of the respondents were working in primary health care (PHCC) level (62.9%); paramedical (51.5%) and having work experience 1-5 years (30.9%). (Table 1)

**Exposure to violence:** In the 12 months prior to the survey**;** 64.9% of the respondents reported exposure to workplace violence of any type at least once. Of the total respondents; 11.3% reported exposure to physical violence, 59.8% reported exposure to verbal abuse and 11.3% reported exposure to sexual harassment respectively.

**Table 1: General characteristics of respondents**

| Characteristics | Frequency(n=97) | Percentage(%) |
|---|---|---|
| Age of respondents | | |
| 20 -24 years | 15 | 15.5 |
| 25- 29 years | 24 | 24.7 |
| 30 - 34 years | 15 | 15.5 |
| 35- 39 years | 19 | 19.6 |
| 40 - 44 years | 16 | 16.5 |
| 45 and above | 8 | 8.2 |
| Sex of respondents | | |
| Male | | 47.4 |
| Female | 51 | 52.6 |
| Marital Status | | |
| Single | 28 | 28.9 |
| Married | 69 | 71.1 |
| Working health institution | | |
| Hospital level | 36 | 37.1 |
| PHC level | 61 | 62.9 |
| Professional Group | | |
| Doctor | 9 | 9.3 |
| Nurses | 9 | 9.3 |
| Midwives | 29 | 29.9 |
| Paramedical | 50 | 51.5 |
| Working experience | | |
| < 1 years | 10 | 10.3 |
| 1-5 years | 30 | 30.9 |
| 6-10 years | 17 | 17.5 |
| 11-15 years | 19 | 19.6 |
| 16-20 years | 12 | 12.4 |
| > 20 years | 9 | 9.3 |

**Perpetrators of violence and place of incidence:** The perpetrators of all three types of violence were mostly the relatives of patients (physical violence-45.5%, verbal abuse-29.3% and sexual harassment-36.4%) followed by staff members and external colleagues as shown in Table 2. Incidents took place mostly inside the health institution for verbal abuse (84.5%) and sexual harassment (81.8%), whereas for physical violence, it took place mostly outside the health institution (54.5%). (Table 2)

**Table 2: Perpetrators of violence and place of incidence**

| Characteristics | Physical violence n=11 | Verbal abuse n=58 | Sexual harassment n=11 |
|---|---|---|---|
| Perpetrators | | | |
| Patients | 0 (0.0) | 9 (15.5) | 1 (9.1) |
| Relatives of patients | 5 (45.5) | 17 (27.3) | 4 (36.4) |
| Staff members | 1 (9.1) | 21 (36.2) | 3 (27.3) |
| External colleague | 2 (18.2) | 5 (8.6) | 0 (0.0) |
| General public | 1 (9.1) | 2 (3.4) | 0 (0.0) |
| Political parties | 2 (18.2) | 4 (6.9) | 0 (0.0) |
| Management/supervisor | 0 (0.0) | 0 (0.0) | 3 (27.3) |
| Place of Incidence | | | |
| Inside health institution | 5 (45.5) | 49 (84.5) | 9 (81.8) |
| Outside health institution | 6 (54.5) | 7 (12.1) | 2 (18.2) |
| In patient's home | 0 (0.0) | 2 (3.4) | 0 (0.0) |

**Respondent's response to violence:** In response to the violence; most of the victims of physical violence reported that they told the perpetrators to stop (72.7%), most victims of verbal violence took no actions (36.2%) and most of victims of sexual violence sought counseling (36.4%). Moreover, no action was taken to investigate most of the cases of violence. (Table 3)

**Table 3: Respondent's response to violence**

| Characteristics | Physical violence n=11 | Verbal abuse n=58 | Sexual harassment n=11 |
|---|---|---|---|
| Response to the incident | | | |
| Took no action | 1 (9.1) | 21(36.2) | 3 (27.3) |
| Tried to pretend it never happened | 0 (0.0) | 5 (8.6) | 0 (0.0) |
| Told the person to stop | 8 (72.7) | 16 ( 27.7) | 3 (27.3) |
| Told friends/family | 0 (0.0) | 2 (3.4) | 1 (9.1) |
| Sought counseling | 0 (0.0) | 3 (5.2) | 4 (36.4) |
| Told colleagues | 1 (9.1) | 7 (12.1) | 0 (0.0) |
| Told senior staffs | 1 (9.1) | 4 (6.9) | 0 (0.0) |
| Action to investigate incident | | | |
| Yes | 1 (9.1) | 6 (10.3) | 0 (0.0) |
| No | 10 (90.9) | 52 (89.7) | 11 (100.0) |

**Reporting procedures and anti-violence strategies:** The availability of reporting procedures and various anti-violence policies and strategies from the respondent's perspectives were also assessed and were further confirmed by observation and in-depth interview. More than half of the respondents indicated absence of procedures for reporting the violence (54.6%) in their health institution. Those with the presence of violence reporting procedure in their health institution (45.5%); majority knew how to report (79.5%). Two-third of the total respondents indicated that there was absence of encouragement to report violence (66%). Among one-third said there was encouragement (34%); managements/employers were reported to encourage more than three-quarter (78.8%) and colleagues (15.2%), own family/friends (3%) and others (3%) respectively.

The result of an in-depth interview with one victim stated: *"…I don't know where to report this kind of incidence. I wasn't ever being oriented by the reporting procedures of WPV before my job or during my job. It isn't that a big issue to call the police. I wish management had some sort of procedures to address these kinds of day to day incidences happening in our health facility. If I ignore this, I know the perpetrators will get encouraged to repeat this sort of violence. I just wish there would be a proper reporting system…"*

**Table 4: Existing measures for violence prevention and control at health facilities**

| Anti-violence measures | Frequency (n=97) | Percentage (%) |
|---|---|---|
| Security measures (e.g. guards, alarms, portable telephones) | 95 | 97.9 |
| Improve surroundings (e.g. lighting, noise, heat, access to food, cleanliness, privacy) | 42 | 43.3 |
| Restrict public access | 38 | 39.2 |
| Patient screening (to record and be aware of previous aggressive behavior) | 0 | 0.0 |
| Restrict exchange of money at the workplace (e.g. patient fees) | 26 | 26.8 |
| Check-in procedures for staff (especially for home care) | 0 | 0.0 |
| Reduced periods of working alone | 24 | 24.7 |
| Training (e.g. workplace violence, coping strategies, communication skills, conflict resolution, self-defense) | 0 | 0.0 |

**Measures for prevention and control**: Among various measures for workplace violence prevention and control explored in this study, the availability of security measures, improvement of workplace surrounding were reported the most. Maximum respondents reported that there were "security measures" (97.9%), more than half reported the availability of "improved surroundings" in their

workplaces (56.7%). More than one-third reported the availability of restriction of public access (39.2%). Only around one-fourth of the respondents reported the presence of restriction in exchange of money at the workplace e.g. patient fees (26.8%) and reduced periods of working alone (24.7%). Other measures like patients screening, check-in procedures and training were reported completely unavailable on those health facilities. (Table 4)

Additional information about various measures obtained through in-depth interviews with the managers/in-charges of the health facilities and observation showed that only hospital had guards at the entrance and all other health facilities didn't have guards. Likewise all the health facilities had availability of telephone either landline or personal cell phone. In general, offices of the government sector, including health settings, are restricted areas but members of the public were found eligible to enter. Cleanliness of the surrounding was maintained regularly according to the in-charge on one Health post.

Screening procedures for aggressive patients were unavailable and there were no written guidelines and screening was not a routine practice in these health facilities. *"…Individual personnel had to be alert and watchful depending on their own knowledge and experience…"* said one of the senior doctors.

One health worker working in Health Post said, *"…no trainings on WPV is given and is overlooked when there is lack of budget for essential trainings related to health procedures…"*

**Opinions of respondents on workplace violence:** According to the opinions given by the respondents, the three most important and frequently addressed contributing factors for physical violence in health care settings were: lack of awareness, information and education regarding WPV; lack of proper implementation of rules and laws against WPV; and absence of reporting system. Likewise the three important and frequently addressed contributing factors for verbal abuse and sexual violence were: lack of awareness, information and education on WPV; misuse of power by supervisors and staff members; and male domination and conservative thinking. Besides these factors, respondents also addressed negative attitude and distrust of patients, bad companion, alcoholism, workload, misunderstandings, communication gap between supervisor and co-ordinates, and political reasons as contributing factors of violence in work setting.

Since awareness, information and education regarding WPV were both the problem and solution in many cases, many subjects suggested the opportunities of awareness programmes, information dissemination and trainings regarding WPV. Provision of strict laws and moreover implementation of existing laws is essential for prevention and control of violence as suggested by many of the subjects. Likewise, improving the workplace atmosphere and cultivating a non-violence tradition as well as social and recreational activities among personnel were also suggested. Counselors and violence reporting facilities should be provided. These are the most frequently suggested measures for violence prevention and control. Nevertheless, positive attitudes, gender equality, reward and punishment system, control of alcoholism and political stability were other measures suggested by few respondents.

## DISCUSSION

The main finding of the study was that 64.9% of the participants indicated exposure to workplace violence of any type at least once in the past 12 months. Despite some differences in the definition of

violence, targeted professional groups, and methodology used, the study results are comparable with previous regional and international studies. In general, health workers in the Baglung district have similar rate of exposure to workplace violence of any kind (64.9%) to some studies. [9] On the other hand it has lower rate to violence of any kind (64.9%), both physical (11.3%) and verbal violence (59.8%) than many other country studies. [2,7,10-12]

The fact that the majority of respondents were exposed to some type of violence is also a matter of concern. According to the perceived reasons for violence investigated by this study, the high level of violence against health workers can be explained by the current state of public services including understaffing and inadequate working conditions, delays in receiving care as well as unmet patient needs/expectations, workload, lack of information, education and communication regarding workplace violence, indecorous use of power by supervisors and mainly the lack of reporting procedures in health facilities. Furthermore, this situation is exacerbated, as the study results indicated, by lack of violence preventing strategies such as policy/procedures, training, and lack of adequate safety measures to protect health workers from violence in health facilities of Baglung district. Evidence from other studies showed that such conditions and factors can result in violence against health workers. [13-16] The dominant political instability of the country could be other important causative factors.

Similar to many of the previous studies the patient's relatives and patients were frequently reported as the main source of violence. [2,9,14,16,17] Nevertheless, a matter of concern was the proportion of violence created by colleagues or supervisors. About 36.2% of respondents encountered verbal violence incidents from their co-workers. This was found to be similar with one previous study [2] and more than some other studies. [2,9,18,19]

Taking no action was the most common individual response towards work place violence reported in this study which may one of the causes for low self reporting. Availability of violence reporting procedure in this study (45.4%) was found less than previous studies. [2,9,13,15] Lack of anti-violence measures and policies in various health sectors can be the source of de-motivation for the victims to report violence in workplace. From the qualitative findings, the respondents attributed their reluctance to report due to lack of clear procedures for reporting and management encouragement to report. Respondents believed that reporting is useless because hospital management will not take any action besides, the fear of consequences such as blame or revenge of perpetrators. However, it is believed that socio-cultural norms and values of Nepalese society have a great impact. From experience it is known that in many cases incidents are not formally reported and disputes are settled through the tribal system rather than going to the court. Moreover, in many cases health workers consider this as part of the job, therefore tolerate the assailants, and do not feel that they should support reporting the events. The Ministry of Health and Population should strengthen the incident reporting system in public hospitals and enforce laws to deter assaults against health workers as well as raising awareness in the community, and empower staff to cope with and report violence.

## CONCLUSION

The presence of workplace violence in the health facilities of Baglung district is a matter of concern. The inadequacy in reporting procedures and anti-violence policies and strategies in those health

facilities might be a challenge to address such problems. There is an immediate need to address workplace violence by concerned authority though introducing appropriate policy and strategies, enhancement of incident reporting and follow up on reported events as well as providing adequate physical and psychological support to victims of health workplace violence.

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