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WORKPLACE VIOLENCE AGAINST STAFF WORKING IN THE EMERGENCY DEPARTMENT IN WEST BANK, PALESTINE

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ABSTRACT

Workplace violence against staff in emergency departments (EDs) has reached catastrophic proportions, and has become an endemic problem affecting nurses in all settings. The aims of this study were to investigate the prevalence of violence experienced by Palestinian staff in EDs, the types of violence, its sources, and factors affecting violence experiences, and reporting the incidence. This descriptive cross-sectional study was conducted between Jan and May 2016 in the emergency department of four hospitals in West Bank, Palestine. Data were collected from 91 staff working in various emergency settings. The instrument was a 42-item questionnaire on types of violence, its sources, feelings, and ways to cope with violent behaviors. Descriptive statistics and chi-square tests were used for data analysis. The results showed 74.7% of participants had been exposed to at least one kind of violence: 26.4% to physical assault, 60.4% to verbal abuse, and 13.2% to both (physical and verbal). Patients' family (79.4%) was identified as the primary perpetrators of violence. The most common coping method among participants (61.2%) for violence was to report to a manager. Based on results of the study, Workplace violence against nurses is a significant problem in Palestine. The impatience that accompanies waiting times may have a cultural element. Lessening waiting times and providing more information to patients and families could reduce the rate of violence, Policy and decision-makers are urged to use study findings for policy and practice interventions to create safe work environments conducive to nurses' productivity and retention.

KEYWORDS

Emergency hospital service, Palestine, Violence, Workplace and Emergency Department.

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INTRODUCTION

Workplace violence (WPV) in Emergency Departments (ED) has reached catastrophic proportions, and has been considered as a serious public health issue in every healthcare setting in the world[1-3] that can happen anywhere in a hospital than in primary health care centers[4]. EDs are recognized as high risk areas of violence due to long wait times, staff shortages, drug and alcohol intake of patients,

lack of visible security guards, a highly stressful environment and treatment of psychiatric patients[5-7].

Although health workers in ED have a pivotal role in the quality of services provided for the patients; health systems and specially hospitals have been unable to ensure the safety of frontline health workers against workplace violence, which is important since they are in close contact with the patients and their relatives. Violence can be defined as any physical assault, behavior that threatens, or verbal abuse that occurs in the workplace (American Nurses Association [ANA])[8]. It is estimated that between 52% and 82% of emergency nurses will experience physical violence and 100% of emergency department nurses will experience nonphysical violence in their careers[9,10].

However, these estimates under-represents the true extent of emergency department violence[11-13]. The underreporting of violent episodes occurs for a variety of reasons, which includes: varied or contrasting definitions of violence[7,14,15], multiple reporting systems[11,16] and the perception of emergency department nurses that violence is an expectation in the emergency department setting[9,17].

Increasing incidents of violence against health workers have negative consequences on their job satisfaction and work performance[18]. According to Gross *et al.*[19], exposure to threats or verbal and physical violence toward health workers can have negative effects on their physical and mental health. It creates a negative association with job satisfaction and job retention (e.g., decreased productivity, increased turnover intention). In addition, violence negatively affects institutions by increasing turnover, absenteeism, and decreasing quality of health care, influence staff' personal and professional lives, increase stress and mistrust of administration, and increase burnout and staff turnover[20,21].

Although the international committees and governing bodies had acknowledged that workplace violence is a significant and serious problem in the nursing population, there is a limited body of empirical research examining the experiences of emergency department health workers and violence in the workplace in Palestine. This study investigated Palestinian health workers' experience and perception of violence in Palestinian EDs. The specific purposes of this study were to (a)determine the percentage of health workers who have experienced verbal and physical violence while working in Palestinian EDs, (b)identify responses of these health workers, (c) determine the causes of violence against ED health workers from health workers' perspectives, (d) explore Palestinian health workers' thoughts about violence and legal procedures, and (e) identify differences in violence experience based on health workers' demographic characteristics.

METHODOLOGY

Design

A descriptive cross-sectional study design using a self-administered questionnaire was performed to collect data from Palestinian ED health workers including physicians, and nurses between March and May 2016.

Setting and Population

This study was conducted in EDs of four hospitals (two private and two government hospitals) in south of West Bank, in Palestine. The study population included all the nurses and physicians working in major hospitals that had the biggest EDs in the randomly sampled cities. Before data collection, the necessary approval was obtained from the Ethics Committee of the Nursing Department at Al- Quds University. Administrators of the private hospitals and EDs to be studied were informed about study and its purposes, whereas, permission to collect data from government hospitals was granted by the Palestinian Ministry of Health.

Sample

The researcher first randomly selected participating hospitals from all Palestinian hospitals in south of west bank stratified as governmental and private hospitals using simple random sampling techniques. Participants were recruited from the population of health workers (nurses and physicians) who met the eligibility criteria. The eligible health workers in this study included those who had earned a diploma (nursing assistant) or bachelors or master's degrees (registered nurse) in nursing, physicians and worked in an ED for at least 3 months. A contact nurse and

physician administrators were designated at each ED and made responsible for distributing and collecting the questionnaires in a plain white envelope. Before handing out the questionnaire, the physicians, and the nurses were informed about the study by the contact nurse or the physician administrators; only staff members who were willing to participate in the study were given the questionnaire.

The study population was all staff members working in the ED. The sample was recruited with convenience sampling. Although 104 staff agreed to participate in the study, 91 (87.5%) completed the questionnaire and returned it to the contact nurse and physician administrators.

Instrument

The 42-item close-ended questionnaire used in this study was guided and developed by reviewing the literature for related work conducted worldwide; the questionnaire was then pre-tested and modified for face and content validity by a panel of experts in the field. It was then revised on the basis of the results of a pilot study of 20 emergency staff nurses who were excluded from the final analysis of this study. Furthermore, item consistency and reliability was assessed using Cronbach's alpha coefficient test. The total consistency for all items was 0.86.

The questionnaire have five main sections: the first section covered the participants' demographical and professional characteristics included participants' ages, gender, marital status, titles, job category, education levels, years of experience in nursing and in ED, and training about violence management; the second part measured the incidence of verbal (e.g., shouting, threatening) and physical (e.g., slapping, kicking) violence, and the conditions associated with those incidents (e.g., how many times, shift of incidence, perpetrator identity); the third part explored responses of the affected health workers (e.g., sick leaves, incident reporting); the fourth part assessed causes of violence against health workers from health workers' perspectives; and the fifth part assessed health workers' beliefs about violence and legal procedures.

Statistical procedure

Data analysis was performed using SPSS (Version 23.0; SPSS Inc., Chicago, IL, USA) for Windows. Descriptive statistics and chi-square test were performed. A level of $p < .05$ was considered statistically significant.

RESULTS

Sample Description

A total of 104 nurses and physicians were invited to participate in the study; 91 participated for a response rate of 87.5%. As shown in Table1, the mean age of the participants was 30.17 ± 7.17 years, 41.8%were single and 57.1% were married, and 45.3% had earned a bachelor degree in nursing, followed by a 2-year diploma 46.9% had diploma and then a master's degree 7.8%. The participants were either nurse (71.1%), or physician (28.9%). Almost 74.4% of the participants had practiced in the ED less than 5 years. Almost two-third of the participants 62.6% felt unsafe in the ED, and only 46.2% reported learning how to manage violence in the workplace.

Violence Experience

When participants were asked about violence experience, the majority of them (74.7%) reported experiencing workplace violence in the past 3 months. The prevalence of verbal physical and both (verbal and physical) abuse was 60.4%, 26.4% and 13.2%, respectively. Most of the incidents occurred in the previous 3 months, which indicated that violence occurred frequently in the ED. Also, more than half (50.5%) of the incidents occurred during the evening shift, and patients' relatives were the most frequent perpetrators (59.4%).Finally, approximately one-third of the participants (35.2%) reported violence one to three times. Details of violence experiences are illustrated in Table No.2.

Response to Violence

Regarding their response to violence, almost one-third of the participants (39.7%) reported these incidents via written formal statements, and 57.4% of nurses reported dissatisfaction with the reporting procedures. Reasons given for not reporting included legal procedures not accomplished (31.6%) and reports not considered (57.9%). Surprisingly, only 6.3% of the study participants reported taking sick leaves as a result of the inquiry.

Causes of Violence

Regarding the causes of violence reported by participants (Table No.3), the most common cause of violence cited in the ED was crowding/workload (79.1%), followed by shortages of both nursing and medical staff (76.9%). However, the least common cause of violence in the ED was the care of patients with dementia or Alzheimer's disease (57.1%) and ED procedures (51.6%).

Differences in Violence Experience Based on Nurses' Demographics

Chi square was used to examine the association between participants' frequency of violence experiences by their age group, gender, health care sector (private or public), educational level for nurses and doctors and time of incident. The results showed a statistically significant difference in emergency experience and educational level for nurses, (P=0.040) and (P=0.047), respectively. However, the other demographic characteristics showed no relationship between the frequency of violence and age group, gender, health care sector, educational level for doctors or time of incident, p = 0.652; p = 0.127; p = 0.943; p = 0.461, respectively (Table No.5).

DISCUSSION

Findings in this study showed the prevalence of violence against staff in EDs in south of West-Bank in Palestine. In this study, a large proportion of staff in EDs (74.7%) experienced at least one type of WPV during their practice, either verbally or physically. Although workplace violence is generally confined to verbal abuse, physical abuse is not uncommon. The findings of this study are in line with other previous studies examining workplace violence, where verbal abuse occurs more often than physical violence[22-25]. Furthermore, the study findings were congruent with other regional and local studies, which revealed that the most common form of workplace violence experienced by nurses was verbal violence followed by physical violence[23-26].

It is worth mentioning that the findings of the current study revealed that the major sources of workplace violence are Patients' companions followed by patients themselves, the primary people with whom nurses interact every day. These results were supported by other previous studies[23,25,27,28], which supports the international endemicity of this problem[29].

Understanding the nature of work within Palestinian EDs, and the family structure of people living in Palestine could explain the rate of violence and the similarity with the previous study. In general, work environments are not secured in Palestinian EDs, where access to the patient treatment area is not controlled. Patients' companions, violent patients and visitors were able to gain entry to the treatment area, which can produce an aggressive volatile environment exposing emergency staff to either verbal abuse, physical assault, or other forms of violence[30-32].

In addition, the family bonds of people living in Palestine are traditionally strong. This means that patients are accompanied in the ED by many relatives as if they were also patients when someone is ill, and generally they wait beside their patient until recovery, which can produce an aggressive volatile environment[25,28].

More than half of the violent incidents happened during the evening shift (from 3 pm to 11 pm) for different reasons: high expectations of clients and their families, overcrowding and high workloads during the evening shift compared with other shifts due to the large numbers of patients who visit the emergency department in the afternoon, because there are no outpatient clinics during evening and night shifts, where patients have no choice other than the emergency department. This is consistent with results reported in other studies[25,33-35].

In emergency departments, waiting time for non-urgent cases may be increased while nurses try to triage patients' cases to either urgent or not urgent. Despite that this professional management is correct from the medical perspective; it is definitely neither accepted nor understood by a large proportion of patients and their companions because of the psychological state resulting from the hospitalization of their loved ones[34]. Therefore, the security infrastructure (e.g., doors, receiving system, and

security guards) must be reconstructed to overcome this problem.

The most of the contributing factors to the high rates for any kind of violence during the evening shift at Palestinian hospitals EDs in this study pertained to "crowdedness/workload in [high number of patients seen during evening shift] ED" as the most common cause followed by "staff shortage," and excessive waiting time for examination and treatment, and lack of adequate explanations by the physician and nurses to patient relatives due to the time limitation. Our findings supported the findings of other researchers who conducted similar studies in other countries[36,37]. Whereas, causes of violence in this study were different than those reported by Gacki-Smith *et al.*[6] who found "patients being under the influence of alcohol" and "illicit drugs" as major causes.

In this study, more than half of the participants reported that they did not report violence after the incidents because they consider violence as one part of their job, no physical harm has happened to them. It is clear from these results that even if a nurse reports violent incidents to administrative personnel, any resulting judgment will not be in favor of the nurse. The study findings are congruent with similar previous studies in other countries[23,25].

Table No.1: Demographical and Professional Characteristics of the Sample (n = 91)

S.No	Characteristics	n (%)
Gender		
1	Male	69(75.8)
2	Female	22(24.2)
Age group (year)		
3	< 30 years old	60(65.9)
4	Between 30-40 years old	22(24.2)
5	> 40 years old	9(9.9)
Type of Hospital		
6	Government	52(57.1)
7	private	39(42.9)
Marital status		
8	Single	38(41.8)
9	Married	52(57.1)
10	Other	1(1.1)
Educational level (nurses)		
11	Diploma	30(46.9)
12	Bachelor	29(45.3)
13	Master	5(7.8)
Years of experience in EDs		
14	< 5 years	38(41.8)
15	5-10 years	37(40.7)
16	11 years and above	16(17.6)

Table No.2: Details of Violence Experience

S.No	Item	n (%)
Violence experienced during career		
1	Yes	68(74.7)
2	No	23 (25.3)
Number of violent incidents		
3	1-3 times	32(35.2)
4	4-9 times	24(26.4)
5	10-15 times	3(3.3)
6	>16 times	9(9.9)
Time of incidence		
7	Morning shift	14(15.4)
8	Evening shift	46(50.5)
9	Night shift	8(8.8)
Perpetrator		
10	Patient	12(17.6)
11	Family	54(79.4)
12	Others	2(2.9)
Type of violence		
13	physical	24(26.4)
14	verbal	55(60.4)
15	Both	12(13.2)

Table No.3: Causes of Violence in Emergency Department

S.No	Item	Disagree	Neutral	Agree
1	Crowding/ work loud in ED	5.5	15.4	79.1
2	Shortage of ED staff (nurses and physician)	4.5	17.1	78.4
3	Emergency Department procedures	6.6	16.5	76.9
4	Patients/visitors under influence of alcohol	8.7	22.3	69.0
5	Patients/visitors under influence of illicit drugs	5.2	31.1	63.7
6	Care of psychiatric patients in ED	12.1	30.8	57.1
7	No/poorly enforced visitor policy	7.7	28.6	63.7
8	Poor communication between healthcare provider and patient/family	16.5	22.6	60.9
9	Patients/visitors' perception that staff is uncaring	12.1	25.4	62.5
10	Care of patients with dementia/Alzheimer disease in ED	22.0	26.4	51.6

Table No.4: Comparisons between Violence Experience and Dichotomous Demographics

S.No	Variable	Physical assault	Verbal abuse	Both (physical and Verbal)	P value
		n (%)	n (%)	n (%)	
Gender					
1	Male	43(62.3)	15(21.7)	11(15.9)	0.127
2	Female	12(54.5)	9(40.9)	1(4.5)	
Age group (year)					
3	< 30 years old	34(56.7)	18(30.0)	8(13.3)	0.652
4	Between 30-40 years old	15(68.2)	5(22.7)	2(9.1)	
5	> 40 years old	6(66.7)	1(11.1)	2(22.2)	
Type of Hospital					
6	Government	32(61.5)	13(25.0)	7(13.5)	0.943
7	Private	23(59.0)	11(28.2)	5(12.8)	
Educational level (nurses)					
8	Diploma	22(73.3)	5(16.7)	3(10.0)	0.047
9	Bachelor	14(48.3)	12(41.4)	3(10.3)	
10	Master	3(60.0)	0(0.0)	2(40.0)	
Educational level (doctor)					
11	General doctor	8(57.1)	4(28.6)	2(14.3)	0.850
12	ED doctor	4(80.0)	1(20.0)	0(0.0)	
13	Others	4(66.7)	1(16.7)	1(16.7)	
Years of Emergency Department experience					
14	<5 years	34(53.1)	21(32.8)	9(14.1)	0.040
15	Between 5-10	14(87.5)	1(6.2)	1(6.2)	
16	>11 years	4(66.7)	0(0.0)	2(33.3)	
Time of the incident					
17	Morning shift	22(73.3)	1(3.3)	7(23.3)	0.461
18	Evening shift	27(90.0)	0(0.0)	3(10.0)	
19	Night shift	6(75.0)	0(0.0)	2(25.0)	

CONCLUSION

Workplace violence in Emergency Departments is a major problem that is affecting ED staff that needs serious measures to be taken to mitigate this growing phenomenon. Policy and decision-makers are urged to use study findings to have an obligation to prevent violence against ED staff by providing safe and secure working environment, efficient administrative procedures, combined with training of ED staff members to deal with violence in the workplace and those policies and procedures for reporting violent events be developed together with increasing the number of staff working in emergency departments to overcome the causes of this phenomenon.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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