# Knowledge, Experience and Coping Strategies for Workplace Violence among Nurses in Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria.

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***Abstract*- Background and Purpose:** Workplace violence remains common in Nigeria work settings. Unfortunately, nursing, a profession that builds its practice on compassion while caring for their patients is not spared from this phenomenon of workplace violence. Studies have reported cases of workplace violence among nurses to occur frequently worldwide (Koh, 2016). Workplace violence is prevalent in healthcare organizations.

**Methods:** A descriptive cross-sectional study was carried out on 250 nurses to assess the knowledge, experience and coping strategies for workplace violence among the nurses working in Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria. Data were collected by a self-administered questionnaire. The first part included questions about demographic characteristics. The second part of the questionnaire consisted of 48 items related to the workplace injuries. After confirming content and face validity, reliability of the questionnaire was determined to be 0.79, using Cronbach's alpha test. Data analysis including descriptive and analytical statistics was performed using SPSS Ver. 23. A $p<0.05$ was considered statistically significant.

**Results:** The majority age of the participants was within (31-40) years old and 76% were female. The overall knowledge of the respondents on workplace violence was 71.2%. Communication gap between patients and health care providers (94%), Delay in diagnosis and treatment (94%) and patient's death (90%) were the most common actions resulted to workplace violence among Nurses in Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria. The most psychological attacked experienced by the nurses are verbally abused (76%) and intimidation (68%). Also, the coping strategies that were adopted against workplace violence among nurses were; improving treatment process and shorten waiting time by the hospital management (100%), improving interpersonal relationship between patients and healthcare providers (100%) and provision of training program on violence management by the hospital management (100%). The finding from this research shows there exists a statistical significant relationship between Nurses' Knowledge and Nurses' Experience on workplace violence; also, there was a significant relationship between Nurses' Knowledge and Coping Strategies on workplace violence.

**Conclusion:** Based on the above findings, it can be concluded that Nurses' working in Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria are mostly at high risk of workplace violence especially the once working in some certain units/wards like emergency, intensive care unit and Paediatrics. The above findings also brought out a conclusion that the major cause of workplace violence are shortage of staff, delay in diagnosis and treatment and patients' death. Poor interpersonal relationship between health care providers and communication gap between patients and health care providers are also some of the major causes of workplace violence based on findings.

***Index Terms*-** Violence, workplace, assault/attack, abuse, harassment, patients, intimidations.

## I. Introduction

Workplace violence is not uncommon in Nigeria work settings. Unfortunately, nursing, a profession that builds its practice on compassion while caring for their patients is not spared from this phenomenon of workplace violence. Studies have reported cases of workplace violence among nurses to occur frequently worldwide (Koh, 2016). Workplace violence is prevalent in healthcare organizations. The most common and explicit types of workplace violence in the hospital setting are reportedly verbal and physical abuse from patients and their relatives (Pai & Lee, 2011). However, many studies have also indicated that nurses can potentially be the perpetrators of workplace violence towards their own colleagues, in what is defined as 'workplace bullying' (Koh, 2016).

Violence against nurses is a complex and persistent occupational hazard facing the nursing profession .This violence can take the form of intimidation, harassment, stalking, beatings, stabbings, shootings, and other forms of assault (Ebrima& Song,2017).Nurses are among the most assaulted workers in the Nigeria workforce (Udogwu,2016). Psychological consequences resulting from violence may include fear, anxiety, sadness, depression, frustration, mistrust, and nervousness (Najafi et.all,2018). These consequences can have a negative impact on

nurse retention. Workplace violence — be it physical or psychological — has become a global problem crossing borders, work settings and occupational groups. For long a "forgotten" issue, violence at work has dramatically gained momentum in recent years and is now a priority concern in both industrialized and developing countries. Workplace violence perpetrated against nurses is at least continuing and at worst increasing. Occupational violence has detrimental effects on job satisfaction, retention and recruitment, and the quality and cost of patient care (Udogwu,2016). Workplace violence affects the dignity of millions of people worldwide. It is a major source of inequality, discrimination, stigmatization and conflict at the workplace (Heliyon,2019). Increasingly it is becoming a central human rights issue. At the same time, workplace violence is increasingly appearing as a serious, sometimes lethal threat to the efficiency and success of organizations (Udogwu, 2016).

The occupational health and safety hazard of workplace violence (WPV) has been the subject of extensive research at international level. The World Health Organization ( WHO)define WPV as "incidents where staff 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" (WHO,2010). International studies further identify the Teaching profession, particularly nursing, as one of the occupations at elevated risk of WPV. WPV may be broken down into physical, psychological or sexual violence (or harassment). Physical violence is defined as an intentional behavior aiming to harm another person physically. Psychological violence aims at psychological damage to the victim and is often accompanied by other types of violence. Sexual violence (or harassment) takes verbal and physical forms, and can be construed as unwanted, unreciprocated or unwelcome behavior of a sexual nature tending to humiliate, threaten or embarrass (Teris et al, 2017).

**Materials and Methods**

This cross-sectional study was conducted in the last six months of 2019 on workplace violence in Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria. 250 Nurses that participated in this study includes 68 Nursing Officer II, 50 Nursing Officer I, 65 Senior Nursing Officer, 30 Principal Nursing Officer, 15 Assistant Chief Nursing Officer, 20 Chief Nursing Officer and 2 Assistant Director of Nursing Service who were on duty during the study period. A questionnaire of two parts was prepared as follows: the first part aimed to collect the demographic information of the nurses (i.e. age at last birth, gender, marital status, ethnic background, educational qualification and current professional title). The second part of the questionnaire consisted of 48 items including: level of knowledge, causes, consequences, level of experience, perpetrators and coping strategies adopted against workplace violence among nurses. The reliability of the questionnaire was determined using Cronbach's alpha test (r=0.79). The aim of the study was explained to the nurses. All participants were informed that participation in the study is voluntary, so they could refuse to participate or withdraw from the study at any time. Lastly, the participants who agreed to participate in the study were asked to sign a written consent.

We employed the statistical package for social sciences (SPSS v. 23; SPSS Inc. Chicago, USA) for data analysis. Data analysis was performed using descriptive statistics (frequency, mean and standard deviation for each variable) and analytical statistics (Chi-square and Pearson correlation coefficients). A p-value less than 0.05 (5%) was considered statistically significant.

**Ethical Consideration:** Permission to carry out this research was sought and obtained from the research and ethics committee of the Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria.

**Table 1: Sociodemographic Characteristics of Study Population.**

| Variables | Frequency | Percentage (%) |
|---|---|---|
| **Age at Last Birth** | | |
| 21-30 | 95 | 38 |
| 31-40 | 103 | 41.2 |
| 41-50 | 42 | 16.8 |
| 51-60 | 10 | 4 |
| **Total** | **250** | **100** |
| **Gender** | | |
| Male | 60 | 24 |
| Female | 190 | 76 |
| **Total** | **250** | **100** |
| **Marital Status** | | |
| Single | 22 | 8.8 |
| Married | 186 | 74.4 |
| Widow | 06 | 2.4 |
| Divorced | 36 | 14.4 |
| **Total** | **250** | **100** |

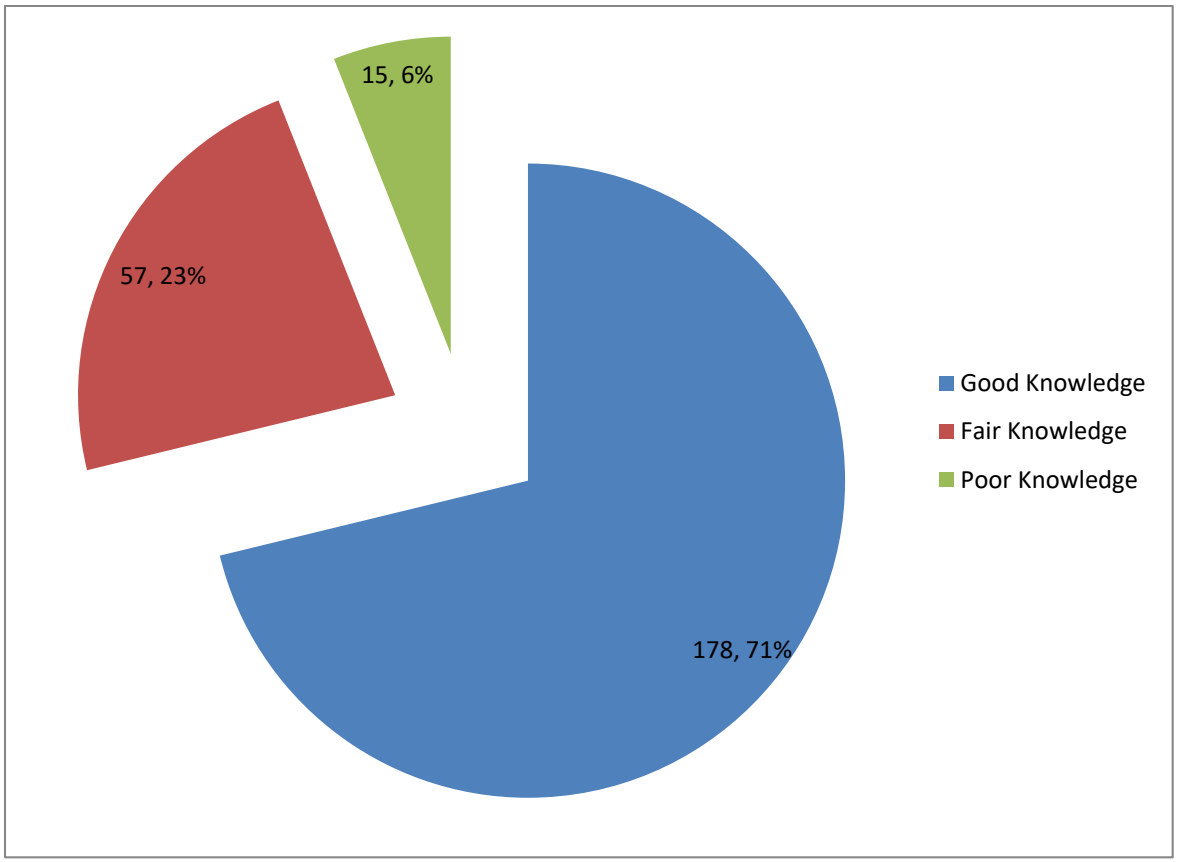
| | | |
|---|---|---|
| **Ethnic Background** | | |
| Yoruba | 195 | 78 |
| Igbo | 35 | 14 |
| Hausa | 20 | 08 |
| **Total** | **250** | **100** |
| **Educational Qualification** | | |
| Nursing Diploma | 75 | 30 |
| Bachelor's Degree | 155 | 62 |
| Master's Degree | 20 | 08 |
| **Total** | **250** | **100** |
| **Current Professional Title** | | |
| Nursing Officer II | 68 | 27.2 |
| Nursing Officer I | 50 | 20 |
| Senior Nursing Officer | 120 | 48 |
| Professional Nursing Officer | 30 | 12 |
| Assistant Chief Nursing Officer | 15 | 06 |
| Chief Nursing Officer | 20 | 08 |
| Assistant Director of Nursing Service | 02 | 0.8 |
| **Total** | **250** | **100** |
| **Duration of Practice (Years)** | | |
| 0-5years | 92 | 36.8 |
| 6-10years | 118 | 47.2 |
| 11-15years | 15 | 6 |
| 16-20years | 20 | 8 |
| Above 20years | 05 | 2 |
| **Total** | **250** | **100** |

## II. Results

A total of 250 nurses participated in the study. The majority of subjects (76%) were females, (74.4%) were married, (41.2%) were within 31-40 years of age while (47.2%) were within 6-10 years of working experience as a Nurse. In terms of education, 30% of the nurses were holding Nursing Diploma certificate, 62% were holding Bachelor's Degree (Tab. 1) while 8% of the respondents were holding Master's Degree certificate.

Nurses included 68 Nursing Officer II (27.2%), 50 Nursing Officer I (20%), 65 Senior Nursing Officer (48%), 30 Principal Nursing Officer (12%), 15 Assistant Chief Nursing Officer (6%), 20 Chief Nursing Officer (8%) and 2 Assistant Director of Nursing Service (0.8%). The major causes of workplace violence includes high cost of treatment (13.6%), Patient's death (17.5%), long waiting time (12.1%), delay in diagnosis and treatment (18.3%), shortage of staff (17.5%), communication gap between patients and health care providers (18.3) and poor interpersonal relationship between health care providers (2.7%). The findings also showed that pushing and shoved, kicked, slapped or punched and hit with something are the major physical attack experienced by the nurses while verbally abused, bullied or mobbed and intimidation are the psychological attack experienced.

**Figure 1: Overall Knowledge of Respondents on Workplace Violence**




The results showed that 178 (71.2%) respondents have good knowledge of workplace violence, 57 (22.8%) have fair knowledge while 15 (6%) respondents have poor knowledge of workplace violence. This implies that majority of the respondents have good knowledge of workplace violence.

**Table 2: Coping Strategies Adopted against Workplace Violence**

| Item | | YES | NO | Total |
|---|---|---|---|---|
| Improved competence in Nursing care | *f* | 195 | 55 | 250 |
| | % | 78 | 22 | 100 |
| Improved interpersonal relationship with other healthcare workers | *f* | 200 | 50 | 250 |
| | % | 80 | 20 | 100 |
| Target training to strengthen competence in responding to violence | *f* | 195 | 55 | 250 |
| | % | 78 | 22 | 100 |
| Improved workplace violence reporting | *f* | 175 | 75 | 250 |
| | % | 70 | 30 | 100 |
| Encourage new ideas to deal with violence | *f* | 230 | 20 | 250 |
| | % | 92 | 8 | 100 |
| Reinforce security personnel in all the department | *f* | 215 | 35 | 250 |
| | % | 86 | 14 | 100 |
| Hospital should provide training program on violence management | *f* | 250 | - | 250 |
| | % | 100 | - | 100 |
| Hospital should improve treatment process and shorten waiting time | *f* | 250 | - | 250 |
| | % | 100 | - | 100 |
| Enact specific legislation/policies for violence | *f* | 175 | 75 | 250 |
| | % | 70 | 30 | 100 |
| Hospital should promote transparency of fee | *f* | 200 | 50 | 250 |
| | % | 80 | 20 | 100 |
| | *f* | 250 | - | 250 |

| | | | | |
|---|---|---|---|---|
| Improved interpersonal relationship between patient and healthcare providers | % | 100 | - | 100 |

**Table 3: Relationship between nurses' knowledge and duration of practice**

| Variables (Duration of Practice) | Total Number | Nurses' knowledge Good | Fair | Poor | Chi-square | Df | P value |
|---|---|---|---|---|---|---|---|
| 0-5 years | 118 | 118 | 0 | 0 | 273.892 | 8 | 0.001* |
| 6-10 years | 92 | 60 | 32 | 0 | | | |
| 11-15 years | 15 | 0 | 15 | 0 | | | |
| 16-20 years | 20 | 0 | 10 | 10 | | | |
| Above 20 years | 5 | 0 | 0 | 15 | | | |
| Total | 250 | 178 | 57 | 25 | | | |

**Table 4: Relationship between nurses' knowledge and coping strategies**

| Variables (Coping Strategies) | Total Number | Nurses' knowledge Good | Fair | Poor | Chi-square | Df | P value |
|---|---|---|---|---|---|---|---|
| Yes | 212 | 178 | 34 | 0 | 143.563 | 2 | 0.000* |
| No | 38 | 0 | 23 | 15 | | | |
| Total | 250 | 178 | 57 | 15 | | | |

Table 4 shows that the p-value (0.001) < 0.05 which is the sig. value. We therefore reject the null hypothesis which stated that there is no significant relationship between Nurses' Knowledge and Nurses' Experience and accept otherwise. This implies that there exists a statistical significant relationship between Nurses' Knowledge and Nurses' Experience on workplace violence. Table 5 also shows that the p-value (0.000) < 0.05 which is the sig. value. The null hypothesis which earlier stated that there is no significant relationship between Nurses' Knowledge and Coping Strategies was rejected and accept otherwise. This implies that there exists a significant relationship between Nurses' Knowledge and Coping Strategies on workplace violence.

## III. Discussion

The demographic data shows that majority of the respondents were found to be within the range of 31-40 years as their age at last birth, female that have married with Nursing Diploma Certificate holder at the rank of NOII, Yoruba and work in shift with nursing occupation that are within the range of 6-10 years' work experience.

**In determining the level of knowledge of respondents on workplace violence among nurses in Federal Teaching Hospital, Ido-Ekiti,** the findings revealed that majority of the respondents are well knowledgeable on workplace violence among nurses in Federal Teaching Hospital, ido-Ekiti. It was also observed from the findings that majority of the respondents accepted the fact that; healthcare providers are at higher risk of workplace violence, workplace violence can occur in any wards/units in the hospital, workplace violence is more prevalent in emergency, intensive care unit and Paediatrics than other units in the hospital, nurses are mostly at risk of workplace violence, workplace violence incident can be prevented and lastly, effective coping strategies may prevent workplace violence. This is similar to a case reported by Nigerian nurses about similar types of violence and exposure to violence as other countries. The findings also revealed that Nigerian patients are the primary source of violence towards nurses and are more likely to be physically violent. Patients' relatives are the next most common perpetrators and are mainly verbally violent (Hila, 2016).

**In assessing the experience of nurses about workplace violence in Federal Teaching Hospital, Ido-Ekiti,** majority agreed that in the last 12 month, verbally abused and being intimidated are the major violence they always experience, some also claimed to have been threatened with physical weapon**.** Though, research also shows that violence can take the form of intimidation, harassment and stalking, beating, stabbing, shooting and other forms of assault (Ebrima & Song, 2017). Findings also revealed that patients/clients are the major causes of physical violence. Younger nurses with less than 15 years of experience were more likely to report physical assault than those with 25 years or more years of experience (Teris et al, 2017).

**In determining the coping strategies adopted against workplace violence by the nurses in Federal Teaching Hospital, Ido-Ekiti,** majority of the respondents agreed with the fact that improving competence in nursing care, improving interpersonal relationship with other healthcare workers, target training to strengthen competence in responding to violence, improving workplace violence reporting, encouraging new ideas to deal with violence and reinforce of security personnel in all the department are the coping strategies of workplace violence in Federal Teaching Hospital, Ido-Ekiti.

Also, the findings revealed that majority of the respondents accepted the fact that hospitals; should provide training program on violence management, should improve treatment process and shorten waiting time, should enact specific legislation/policies for violence, should promote transparency of fee and improve interpersonal relationship between patient and health care

provider. This is related to a finding that states that several management strategies have been used to address workplace violence towards nurses. The main interventions for managing aggressive behaviors in acute care settings include staff training programs, chemical restraints and mechanical restraints (Hila, 2016).

## IV. Conclusion

This study demonstrated a relatively high prevalence of workplace violence among Nurses' working in Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria. Nurses working in Federal Teaching Hospital, Ido-Ekiti, Ekiti State are mostly at high risk of workplace violence especially the ones working in some certain units/wards like emergency, intensive care unit and Paediatrics.

The above findings also brought out a conclusion that the major cause of workplace violence are shortage of staff, delay in diagnosis and treatment and patients' death. Poor interpersonal relationship between health care providers and communication gap between patients and health care providers are also some of the major causes of workplace violence based on findings. Federal Government should implement programs to identify potential risks of workplace violence and to implement corrective measures. The staff should also improve interpersonal relationship between patients and health care provider. Also, Hospital should improve treatment process and shorten waiting time and should target training to strengthen competence in responding to violence. Lastly, Policy makers should develop specific policies to report violent incidences and using specific security measures to decrease the violent incidences is also highly recommended.

**Conflicts of Interest**

The authors declare that they have no conflicts of interest.

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