THE PSYCHOLOGICAL IMPACT OF VIOLENCE IN THE WORKPLACE TOWARDS NURSING STAFF IN ELBASAN

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Abstract

Introduction

The violence at the workplace against the medical personnel these days can be defined as a global problem.

The Purpose: The identification of the primary characteristics of the violent episodes against the nurse personnel in the prefecture of Elbasan and the analyzing of its short and long term effects.

Methodology: It is a cross- sectional study conducted through the administration of a structured questionnaire, at the nurse personnel in the Regional Hospital, The Specialties Policlinic and Health Centers in Elbasan. The compilation of the questionnaire was conducted through the use of the Google Forms platform. The duration of the questionnaire was from 18- 20 April 2023. The data was analyzed by the SPSS version.

Results: 84% of the participants in the study were females, and 37% were males. 54% of the surveyed admitted that during their work experience they have encountered violence phenomena. As short term effects are considered: 17.8% agitation/shaking; 21.5% fear; 11.1% calm; 4.0% courageous. The sample has considered as long term effects such as: lack of professional gratification (12.9%); uncertainty during work (16.9%); demoralization (7.7%); stress (17.5%).

Conclusions and Recommendations: The nurse personnel is most likely to experience violence during work. Such phenomena have a deep psychological impact causing demoralization, anxiety, fear and continuous panic even lack of the will to practice their profession. It is of a great importance to prevent this phenomena.

Keywords: violence, Elbasan, nurse, health center, hospital.

Introduction

The violence at the workplace against the nurse personnel actually can be considered as a global problem. These days such phenomena are acknowledged to happen in hospitals or health centers worldwide. World Health Organization has lately defined this phenomenon as an international emergency that mines the foundations of the health system and affects drastically in the provided service and the health of the patients. The abuse of the health personnel can be classified as: physical, verbal and sexual. The consequences can be physical, psychological even death. There are various reasons why such phenomena occur. Such as the insufficient personnel and infrastructure to manage the overload of patients, long time of waiting for the service, low communication between the personnel toward the patient, his family and companions, that causes unnecessary tensions that later can transform into violence.

Purpose: The identification of the primary characteristics of the violent episodes against the nurse personnel in the prefecture of Elbasan and the analyzing of its short and long term effects.

Methodology: It is a cross- sectional study conducted through the administration of a structured questionnaire, at the nurse personnel in: Emergency, Maternity, Surgery, Pediatrics, Psychiatrics, Pathology, The Specialties Policlinic and Health Centers in urban area, Health centers. There were involved 348 nurses in total, but 23 questionnaires were excluded because of irregularities so in the end we analyzed 325 questionnaires. The questionnaire was compiled after consulting the contemporary literature. It is composed of 23 questions through which we aim to achieve our purpose. The compilation of the questionnaire was conducted through the use of the Google Forms

platform. The duration of the questionnaire was from 18- 20 April 2023. This study was focused on analyzing the personal data of the attendants, the description of the violent episode, short term consequences, long term consequences and the possibilities to prevent and manage such episodes. The questionnaire was sent through email, Whatsapp contacts, Messenger. Considering that not all participants had access to internet and possibility to fill it, the questionnaire was printed and they were able to fill it in hardcopy. The data was analyzed by the SPSS version.

The results of the study: In the study participated 325 workers of the health staff nurses in the Pediatrics ward, Psychiatrics, Emergency, Surgery, Maternity, Pathology, The Specialties Policlinic and Health Centers in urban and rural areas.



Figure1. Distribution of the sample according to gender 84% of the participants in the study were females, and 16% were males.



Figure 2. Distribution of the sample according to the workplace Part of the study were: 7.4% surgery; 6.8% maternity; 3.7% pediatrics; 5.2% specialties policlinic; 0.9% psychiatrics; 42.8% rural health centers; 17.5% urban health centers; 3.4% pathology and 12.3% emergency.



Figure 3. Experiencing violence during work 54% of the participants admit that during exercising they have experienced direct violence or have witnessed violence against their coworkers. 46% have not experienced violence in work.

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	Physical violence	23	7.1	7.1	7.1
Valid	I have not experience d any violence	148	45.5	45.5	52.6
	Verbal Violence	154	47.4	47.4	100
	Total	325	100	100	

Chart 1. Distribution according to violence experienced 47.4% of participants admit to have experienced verbal violence, 7.1% physical violence. 45.5% have admitted to not have experienced any kind of violence during work.



Figure 4. Distribution of the sample according to training To the question if they were trained to manage these situations: 41% answered "Yes" and 59% "No".



Figure 5. Distribution of the sample according to the violence reporting It is visible that 31.7% have not reported the incident, 19.7% have reported it, 44.6% have said they didn't know how to act in such cases.



Figure 6. The immediate effects of violence As can be seen from the above picture 17.8% of the participants have experienced agitation/ shaking immediately after experiencing anxiety.0.3% has felt stressed,21.5% has felt afraid right after experiencing violence, 11.1% have been calm, 0.3% have felt worried why this happened, 4.0% courageous, 0.3% have felt guilty after this experience.



Figure 7. Long term effects of the violence Long term effects of the violence are related to the lack of professional satisfaction (12.9%), feel insecurity during exercising (16.9), demoralization (7.7%), stress (17.5%) and never experienced (44.9%).



Figure 8. Distribution of the sample according to the participation in trainings in the last 12 months As can be seen only 11% report of participating in trainings and informative courses during the last 12 months and 89% report they have not participated in trainings.

Conclusions and Recommendations

The health personnel, especially the nurse one is most likely to experience violence during exercising. Such phenomena have a deep psychological impact causing demoralization, anxiety, fear, and continuous panic even lack of the will to practice their profession. This endangers not only the wellbeing of the staff members but also affects the quality of the service offered by him/her. It is of great importance to guarantee the security of the health workers during the exercise of their work. An important role in this aspects have: The encouraging to always report violence. The coordination with the police or other subjects that offer support. The procuring of suitable lightning systems, metal detectors to detect metallic objects that may be used during violent cases. Creating comfortable waiting areas to minimize stressing factors. Providing the work place with alarm systems or security equipment. Besides the organizational-leading interventions, a special importance has the continuous training of the personnel, to prevent violence, in early identification and immediate management of the situation. The mastering of knowledge and the development of fine communicative abilities, is very important because such abilities help in a better the management of these situations.

References

- [1]. Anderson A, West SG. Violence against mental health professionals: when the treater becomes the victim. Innov Clin Neurosci. 2011 Mar; 8 (3):34-9. PMID: 21487544; PMCID: PMC3074201.
- [2]. Xang SZ, Wu D, Wang N, Hesketh T, Sun KS, Li L, et al. workplace violence and its aftermath in China's health sector: implications from a cross-sectional survey across three tiers of the health system. BMJ Open. (2019) 9:e031513. doi: 10.1136/bmjopen-2019-031513
- [3]. Liu J, Gan Y, Jiang H, Li L, Dwyer R, Lu K, et al. Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis. Occup Environ Med. (2019) 76:927–37. doi: 10.1136/oemed-2019-105849
- [4]. Lei Z, Yan S, Jiang H, Feng J, Han S, Herath C, Shen X, Min R, Lv C, Gan Y. Prevalence and Risk Factors of Workplace Violence Against Emergency Department Nurses in China. Int J Public Health. 2022 Aug 4; 671604912. doi: 10.3389/ijph.2022.1604912. PMID: 35990192; PMCID: PMC9385966.
- [5]. Tian Y, Yue Y, Wang J, Luo T, Li Y, Zhou J. Workplace violence against hospital healthcare workers in China: a national WeChat-based survey. BMC Public Health. 2020 Apr 29;20 (1):582. doi: 10.1186/s12889-020-08708-3. PMID: 32349727; PMCID: PMC7189471.
- [6]. Caruso R, Toffanin T, Folesani F, Biancosino B, Romagnolo F, Riba MB, McFarland D, Palagini L, Belvederi Murri M, Zerbinati L, Grassi L. Violence Against Physicians in the Workplace: Trends, Causes, Consequences, and Strategies for Intervention. Curr Psychiatry Rep. 2022 Dec;24 (12):911-924. doi: 10.1007/s11920-022-01398-1. Epub 2022 Nov 29. PMID: 36445636; PMCID: PMC9707179.
- [7]. Yang BX, Stone TE, Petrini MA, Morris DL. Incidence, Type, Related Factors, and Effect of Workplace Violence on Mental Health Nurses: A Cross-sectional Survey. Arch Psychiatr Nurs. 2018 Feb;32(1):31-38. doi: 10.1016/j.apnu.2017.09.013. Epub 2017 Sep 21. PMID: 29413069.
- [8]. Janatolmakan M, Abdi A, Rezaeian S, Framarzi Nasab N, Khatony A. Violence against Emergency Nurses in Kermanshah-Iran: Prevalence and Associated Factors. Nurs Res Pract. 2023 Jan 13;2023:9362977. doi: 10.1155/2023/9362977. PMID: 36687388; PMCID: PMC9859709.
- [9]. Honarvar B., Ghazanfari N., Raeisi Shahraki H., Rostami S., Bagheri Lankarani K. Violence against nurses: a neglected and healththreatening epidemic in the university affiliated public hospitals in Shiraz, Iran. The International Journal of Occupational and Environmental Medicine . 2019;10(3):111–123. doi: 10.15171/ijoem.2019.1556. - DOI - PMC - PubMed
- [10]. Yang B. X., Stone T. E., Petrini M. A., Morris D. L. Incidence, type, related factors, and effect of workplace violence on mental health nurses: a cross-sectional survey. Archives of Psychiatric Nursing . 2018;32(1):31–38. doi: 10.1016/j.apnu.2017.09.013. - DOI - PubMed
- [11]. Öztaş İ, Yava A., Koyuncu A. Exposure of emergency nurses to workplace violence and their coping strategies: a cross-sectional design. Journal of Emergency Nursing . 2022 doi: 10.1016/j.jen.2022.09.002.
- [12]. Fernández-Gómez E., Martín-Salvador A., Luque-Vara T., Sánchez-Ojeda M. A., Navarro-Prado S., Enrique-Mirón C. Content validation through expert judgement of an instrument on the nutritional knowledge, beliefs, and habits of pregnant women. Nutrients . 2020;12(4):p. 1136. doi: 10.3390/nu12041136. - DOI - PMC - PubMed
- [13]. Choi S. H., Lee H. Workplace violence against nurses in Korea and its impact on professional quality of life and turnover intention. Journal of Nursing Management . 2017;25(7):508–518. doi: 10.1111/jonm.12488. - DOI - PubMed