

Violence to Nurses by Inpatients in Japan -comparison of General Hospital and Psychiatric Hospital-

Toshihiro Hontake

Saga University Graduate School of Medical Science, Saga, Japan

Abstract

<Objective> It is to clarify the actual condition and characteristics of violence of general hospital and psychiatric hospital.

<Method> The subjects were 257 nurses working in general hospitals and 356 nurses working in psychiatric hospitals. The survey method was carried out on a self-filled questionnaire. The investigation period was from 12th to 26th May 2015. Question items are the basic attributes (age, years of nursing experience, years of current workplace), experienced violence (yes / no), most recently experienced violence (within 3 months, 3 to 6 months, 12 months, 12 months or more).

<Results> 209 (81.3%) of nurses working in general hospitals were experiencing violence by inpatients. 325 (91.3%) of nurses working in psychiatric hospitals were experiencing violence by inpatients. Nurses working at psychiatric hospitals experienced significant violence compared to nurses working in general hospitals.

<Discussion> Psychiatric hospitals had significantly more violent nurses than general hospitals. However, it cannot be overlooked that 80% of nurses working in general hospitals are experiencing violence. It seems that the background to receiving violence by nurses working in general hospitals is related to short age and years of experience. It was also thought that an increase in patients with dementia and delirium also affected the occurrence of violence.

Keywords: violence, nurse, inpatient

Introduction

At general hospital, 58.8% of violence against nurses by patients and families occurred in the emergency room. A nurse working in a recovery room, an anaesthesia room, an intermediate care, a step-down unit (a ward of a serious patient), and an intensive care room experiences significant violence compared with a nurse who works for other departments (Hahn et al., 2012). The reasons for patients' violence are emotional factors such as dissatisfaction with treatment and many inspections [1].

In psychiatric hospitals, factors that cause inpatients to violence are "Ward variable", "Patient variable", "Staff variable" [2]. About 60% of nurses working in psychiatric hospitals experience violence such as screaming. Approximately 30% of nurses are experiencing passive violence such as frustration and refusal. 80% of nurses experience sexual violence such as threatening to rape [3].

The nurse who receives violence from the patient does not want to interact with the patient. And they lead to mental states such as insomnia [4]. Violence causes nurses to consider resigning and

hinders their professional and therapeutic abilities [5]. Physical and non-physical violence leads nurses to burn out [6].

Nurses are experiencing violence by inpatients. And, they experience violence from the patient, the mental state becomes unstable, the relationship with the patient becomes difficult, and they are considering turnover. However, previous studies do not compare the frequency of violence occurring in general hospitals and psychiatric hospitals, and the relationship between basic attributes and violence based on the same questionnaire.

Violence in psychiatric hospitals is considered problematic in Japan. For this reason, professional education of violence including risk assessment, linguistic calming, physical restraint to prevent violence developed independently in psychiatric hospitals. However, countermeasures against violence in general hospitals are limited to support by police and security guards, and enlightenment of prevention of violence by posters.

In order to examine countermeasures against violence in general hospitals, the authors thought that it is necessary to compare the actual condition and characteristics of violence against nurses by hospitalized patients occurring at psychiatric hospitals and general hospitals. Based on this background, this study was conducted with the objective of comparing the actual conditions and characteristics of violence between psychiatric hospitals and general hospitals in Japan.

Method

Participant and procedures

The study was conducted on bearer and self-filled questionnaire. The surveyed facilities are 7 psychiatric hospitals and 2 general hospitals in Japan. Selection criteria for psychiatric hospitals are 150 beds or more, having psychiatric emergency ward / psychiatric acute ward, psychiatric chronic ward, Forensic psychiatry ward. The selection criteria of the general hospital are to have an emergency outpatient and have an internal medicine / surgical ward. The subjects to be surveyed are nurses who have worked at psychiatric hospitals and general hospitals for more than 1 year of experience. The investigation period was from 12th to 26th May 2015.

The survey form was distributed to 917 people. The total number of nurses who responded to the research of this study was 613 people. Among them, 257 nurses at the general hospital (41.9%) and 356 (58.1%) at the psychiatric hospital.

Distribution and collection

After obtaining approval from the university to which the author belongs and the administrator of the survey target facility, it was distributed together with the questionnaire and instruction manual. A collection box was set up in each ward, and the question paper was collected by anonymous.

Measure

Basic attribute for analysis were gender, age, years of nursing experience, years of

Current workplace. The experience of violence was questioned with two choices, "yes" and "no". The time of experiencing violence was questioned with 4 choices "within 3 months, within 3-6 months, within 6-12 months, at least 12 months ago".

Analysis

Analysis was done using χ^2 test. SPSS ver.22 was used as statistical software.

Ethical Considerations

This research obtained approval of the Saga University Medical School Research Ethical Committee. The subjects of the study gave their consent to participate in our study, and written information pertaining to the privacy of data obtained was given to each participant.

Results

Basic Attributes

Table 1 shows the basic attributes.

221 nurses working in general hospitals (86.0%) were female. The average age was 32.80 years old (SD±8.70). The average years of nursing experience 11.01 years (SD ± 8.30). The average years of current workplace 9.19 years (SD±7.30).

226 nurses working in psychiatric hospitals (63.50%) were female. The average age was 40.92 years old (SD±9.81). The average years of nursing experience 16.87 years (SD ± 9.81). The average years of current workplace 7.14 years (SD±6.48).

Table 1 Basic Attributes

Variable	General(N=257)		Psychiatric(N=356)		X 2	df	P
	N	%	N	%			
Gender							
female	221	86.0	226	63.5	38.295	1	<.001 ***
male	36	14.0	130	36.5			
age							
20-29years	116	45.1	47	13.2	91.994	2	<.001 ***
30-45years	115	44.7	194	54.5			
46years and older	26	10.2	115	32.3			
exerience at Nursing							
1-5years	92	35.8	43	12.1	60.751	4	<.001 ***
6-10years	48	18.7	69	19.4			
11-15years	43	16.7	71	19.9			
16-20years	37	14.4	53	14.9			
over 21 years	37	14.4	120	33.7			
experience at current workplace							
0-4years	91	35.4	159	44.7	19.889	2	<.001 ***
5-10yeas	75	29.2	128	35.9			
over 10years	91	35.4	69	19.4			

*p<0.05 **p<0.01 ***p<0.001

Actual state of violence

Table 2 shows the state of nurse’s experience with inpatient violence.

209 (81.3%) of nurses working in general hospitals were experiencing violence by inpatients. 325 (91.3%) of nurses working in psychiatric hospitals were experiencing violence by inpatients. Nurses working at psychiatric hospitals experienced significant violence compared to nurses working in general hospitals.

Table 2 Experience with inpatient violence

Variable	General(N=257)		Psychiatric(N=356)		X 2	df	P
	N	%	N	%			
Yes	209	81.3	325	91.3	13.213	1	<.001 ***
No	48	18.7	31	8.7			

*p<0.05 **p<0.01 ***p<0.001

There was no significant difference in the time of experiencing violence (Table 3).

Table 3 Most recent experience with inpatient violence

Variable	General(N=209)		Psychiatric(N=325)		X 2	df	P
	N	%	N	%			
with Last 3 Months	111	53.1	170	52.3	3.549	3	0.31
with Last 3 to 6 Months	20	9.5	23	7.1			
with Last 6 to 12 Months	39	18.7	52	16.0			
Over 12 months ago	39	18.7	80	24.6			

*p<0.05 **p<0.01 ***p<0.001

N=Number of Nurse who experienced inpatient violence

In the general hospital, nurses with young age and short nurse experience years experienced violence a lot (Table 4).

Table 4 Experience of violence by age, years of nursing experience, years of current work place

Variable	General(N=209)		Psychiatric(N=325)		X 2	df	P
	N	%	N	%			
< Age >							
20-29years	91	43.5	41	12.6	76.953	2	<.001 ***
30-45years	97	46.4	182	56.0			
46years and older	21	10.1	102	31.4			
<years of nursing experience >							
1-5years	69	33.0	36	11.1	44.833	4	<.001 ***
6-10years	37	17.7	64	19.7			
11-15years	40	19.1	69	21.2			
16-20years	29	13.9	50	15.4			
over 21 years	34	16.3	106	32.6			
<experience at current workplace>							
0-4years	71	34.0	140	43.1	18.484	2	<.001 ***
5-10years	61	29.2	120	36.9			
over 10years	77	36.8	65	20.0			

*p<0.05 **p<0.01 ***p<0.001

N=Number of Nurse who experienced inpatient violence

Discussion

Psychiatric hospitals had significantly more violent nurses than general hospitals. This surveyed facility has a psychiatric emergency ward and a Forensic psychiatry ward. These two wards are at risk of patients leading to violence. Many inpatients in psychiatric emergency wards are hospitalized with poor mental condition at the time they come to the hospital. Then the nurse will care for patients with active mental symptoms such as hallucinations, delusions, and manic states. And closed treatment wards are offered for the purpose of reducing safety and irritation to the patient. Isolation and physical restraint may be inevitably carried out for patients when there is a high risk of hurting people or hurting themselves. These behavioural restrictions act as unpleasant stimuli to the patient and become a risk of violence [2]. In other words, nurses working in psychiatric emergency wards are always exposed to the risk of violence by patients in hospital.

Regarding Forensic psychiatry ward, inpatients in the Forensic psychiatry ward of Japan are doing serious other harmful acts depending on the state of mental and physical loss. The judicial ward has been in operation since 2005 and 2992 inpatients are receiving treatment [7]. 84.4% of inpatients are under diagnosis belonging to schizophrenia [8]. Inpatients in the Forensic psychiatry ward must receive mental health care for three years in principle. And medical professionals of multiple occupations are concerned with treatment during hospitalization, and the court is judged to be discharged from the Forensic psychiatry ward [9]. In this way, the judicial ward is a male with a mental illness and a patient with a high risk of violence such as having a criminal record is hospitalized. In addition to this, treatment is extended over time compared to normal mental health care. And as the court involved in the discharge decision does not facilitate the treatment process, it is thought that the risk of patient violence will increase. The authors thought that the peculiarities of psychiatric hospitals as mentioned above are increasing the risk of violence.

In general hospitals, nurses who work in wards requiring emergency wards or intensive care have experienced violence [4,10,11]. However, in Japan, there are few studies on violence against nurses by inpatients in general hospitals. Therefore, the background which is vulnerable to violence is not sufficiently clear in previous research. In considering that point, the authors focused on the difference in basic attributes between nurses working in general hospitals and nurses working in psychiatry departments. In the subjects of this study, nurses who work at general hospitals tended to have more women, lower age, and shorter experience years than nurses working in psychiatric hospitals. Kikuchi et al reveals that the expert autonomy of nurses becomes higher as the years of experience increases and that when the years of experience exceeds 6 years, they can provide nursing according to the patient's needs [12]. About half of nurses engaged in emergency medical centres in Japan have less than 3 years of experience [13]. Also in this study, the nurses who work at general hospitals are significantly younger than the nurses who work at psychiatric hospitals, and the years of nursing experience are also short. Based on these documents, the authors thought that many nurses working in general hospitals are in the process of acquiring professional autonomy. From this, the authors considered that it is difficult for them to carry out nursing according to patient's needs and nurture the relationship

between patients and nurses. It is thought that the relationship between patients and nurses and immaturity of professional autonomy affects the risk of violence. Of course, it would have influenced that nurses working in general hospitals are not provided with professional education on violence prevention. However, based on the fact that about half of the nurses who have more than 10 years of experience are also occupied, the authors thought it difficult to conclude with only basic attributes. Taking a different point of view, at the general hospital, the authors thought that many hospitalized patients had mental symptoms. Our country is entering aging society. 26.7% of the population is over 65 years of age [14], patients with dementia also have 4.62 million people and more than 8 million people including elderly people with dementia precursor status [15]. Because of these circumstances, elderly people and patients with dementia tend to increase. Based on this fact, there are no prior studies or reports by public institutions, but the authors considered that many patients with risk factors for delirium were hospitalized at general hospitals. In Surgical Ward and Intensive Care Unit (ICU), it is reported that severe patients develop delirium frequently [16]. Delirium may lead to behaviour beyond expectation due to emotional disturbances such as irritability, anxiety, fear, depression, anger, euphoria, and desire. And it has been clarified that cases of violence caused by delirium are susceptible to physical violence [17]. Nurses who work in general hospitals are exposed to violence as well as nurses who work in psychiatry in this way, and urgent response is required.

Limit of this research

There are many nurses who are working in psychiatric hospitals, and the subjects of this study are biased. Therefore, it is necessary to be cautious in unifying the results of this research. Moreover, this research cannot clarify what kind of violence nurses received. In addition, there are possibilities that some nurses who received violence multiple times exist in the survey subjects, but it is not clear also on that point. In Japan and other countries, the climate of psychiatric medicine is different, so universalization is difficult.

Therefore, we cannot mention what kind of violence education is necessary for nurses working in general hospitals. More actual condition investigation is necessary in the future.

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This research has analyzed a part of the data of the previous research [18] in more detail.

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