
Workplace Violence Against Doctors and Nurses in a Tertiary Hospital in Southern Nigeria

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Abstract

Every workplace has some level of violence and out of all work environments, medical facilities have the highest risk of work place violence (WPV) against their employees. This study sought to determine the types, prevalence, and risk factors of workplace violence experienced by healthcare professionals in a tertiary hospital in southern Nigeria. This is a descriptive cross-sectional study on health care workers (HCWs) (doctors and nurses) in different departments of a tertiary hospital in Port Harcourt, Southern Nigeria. This study comprised 167 healthcare workers (HCWs), 50.9% were females, and 51.5% were aged between 31 and 40 years. The participants included 74.3% doctors and 25.2% nurses. Of the HCWs, 60.48% had experienced workplace violence (WPV) at some point in their career. Among these, 88.1% faced verbal violence, 18.8% faced physical violence, and 3% faced sexual violence. Most violence (60.4%) was perpetrated by patients' relatives, followed by patients (24.8%), senior colleagues (22.8%), and colleagues (2%). Regarding reporting, 45.5% of WPV victims did not disclose whether they reported the incidents, 32.3% did not report, and 22.1% did report their experiences. Of those who reported, 62.2% did so to individuals or bodies outside their department. Workplace violence is a common occurrence in healthcare, affecting employees of all ages. Many experience physical and non-physical assaults from patients, families, and colleagues, but fail to report incidents due to perceived futility or lack of attention. Inadequate regulations and reporting systems in Nigerian healthcare settings discourage reporting, even when perpetrators show remorse. Comprehensive strategies are needed to address and prevent workplace violence in healthcare.

Keywords: low case, comma, paper template, abstract, keywords, introduction

1. Introduction

Violence against medical professionals, including nurses and doctors, is not a recent development. (1) According to the WHO, no sector of the healthcare industry is immune from violence, with up to 38% of health workers having experienced some sort of violence at some stage in their careers. (2) In Nigeria, 31.9%–78% of people experienced work place violence (WPV). (3,4)

Out of all work environments, medical facilities have the highest risk of verbal abuse and threats against their employees. (2,5) It's also necessary to remember that most of these acts of violence are supported by friends, family, and, in certain situations, the patients themselves.

Workplace violence (WPV) refers to any act or threat of physical violence, intimidation, harassment, or other disruptive behavior that poses a threat to employees' safety. It may have an impact on and involve employees, clients, customers, and guests. (6)

WPV is currently regarded as a significant occupational hazard, particularly in the healthcare industry across Africa. This problem is not exclusive to low- and middle-income nations, similar events occur in high-income nations like Australia, the UK, Germany, and many more. (1,7,8) Health care workers (HCWs) are faced with hostile and violent conduct from patients and even patients relation impacting the victim's health, welfare, and overall well-being. (9)

One of the main causes of the low health indices on the continent is the substantial issue of inadequate human resources for health that exists in the majority of African nations. (10) These problems with human resources have been linked to retention, work satisfaction decline, WPV, and underfunding in the healthcare system. (11) Regretfully, due to these problems, a greater percentage of HCWs from Nigeria have left for richer nations in quest of better opportunities. (12,13) The exposure of the remaining few to WPV is growing, which may be the reason behind their unintentional removal from the healthcare system. (14)

This study is aimed at accessing the prevalence, risk factor and types of work place violence encountered by healthcare workers in a tertiary hospital in southern Nigeria.

2. Method

Research design

This is a descriptive cross-sectional study on doctors and nurses in different departments of the University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State, Nigeria.

The inclusion criterion was the engagement of all doctors and nurses irrespective of department and qualification.

Data Collection

The instrument used for measuring WPV in this study is a self-developed WPV questionnaire. Verbal abuse, physical attacks on 167 staff and sexual assaults were included in our definition for violence.

To help the interviewers during the conversation, we created an interview guide. The age, marital status, number of years worked, and original department of the respondents were noted.

Additionally, follow-up questions with no restrictions were used to get in-depth explanations of the HCWs' experiences.

Data analysis

Data were entered in Microsoft Excel version 2020 and analyzed using the STATA (Chicago, IL) version 15. The data were summarized using descriptive statistics such as proportions and frequencies.

Ethical Approval

Ethical approval for this research was obtained from the Ethical Committee of the University of Port Harcourt Teaching Hospital. Eligible respondents were asked for their informed consent, and only those who gave it were enrolled. Participants in the study received guarantees on the privacy and confidentiality of the data collected from them. The study participants did not experience any known harm or injury as a result of their participation.

3. Results

The socio-demographic characteristics of the study population are presented in Table 1. A total 167 HCWs participated in the study of which 50.9% were females, 51.5% of respondents are within 31 – 40 years. Doctors represent a majority 74.3% of the study population and nurses represent 25.2%. Sixty (35.9%) of HCWs have been in practice for 4 – 10 years while 45 (26.9%) have in practice more than 10 years. Among the study population, 101 (60.48%) of HCWs had experienced WPV at some point in the career of which 53 (52.5%) are females (Fig 1 and Fig 2).

According to the mode of violence, a total of 88 (88.1%) were exposed to verbal, 19 (18.8%) physical, 3 (3%) sexual violence and 1 (1%) participant did not specify the mode (type) of violence experienced. Majority 61 (60.4%) of respondents said the violence experienced were perpetrated by patient relative, others are perpetrated by patients (24.8%), senior colleague (22.8%) and colleague (2%). Injuries experience by the victims of WPV include emotional injuries (66.5%), physical injury (6.9%), not specified (37.6%). The exposure of the respondents to WPV according to the mode of violence, assailant and injuries represented on Table 2. Considering the mode of violence (assault) according to gender of respondents, 44.6% of female and 43.6% male experienced verbal assault, 31.7% female and 34.7% male did not specify the mode of assault they experience, physical assault was experienced by 10.9% female and 7.9% male, while 1% female and 2% male experienced sexual assault (Fig 3). 56.4% of assault were

verbal and perpetrated by patient relative, 21.8% are verbal perpetrated by senior colleague and 20.8 are verbal and by patients (Fig 4).

Reporting of assault (violence), 76 (45.5%) of WPV victims did not answer if they reported their experience, 54 (32.3%) respondents did not report while 37 (22.1%) respondents reported their experience (Fig 5). Of the 54 victims who did not report, their reasons for not reporting their experience include: Fear of being victimized (7.4%), Fear of repeat assault (14.8%), Don't want to be labelled a victim (7.4%), Just don't want to report (46.3%), No answer (29.6%). Figure 6. Majority, 23 (62.2%) of the victims of WPV who reported their experience reported such to other individuals or body outside their department, 15 (40.5%) reported to the institution head while 3 respondents (8.1%) reported to the unit head and department head, respectively. The distribution is represented in a bar chat in figure 7.

Table 1: Socio-Demographic characteristics of the respondents

Variable	Frequency (n = 167)	Percentage
Gender		
Female	85	50.9
Male	82	49.1
Age Group (years)		
20 – 30	6	3.6
31 – 40	86	51.5
41 – 50	51	30.5
>50	24	14.4
Profession		
Doctors	125	74.3
Nurses	42	25.2
Years of practice		
1 – 3	35	21
4 – 10	60	35.9
>10	45	26.9
Not specified	27	16.2

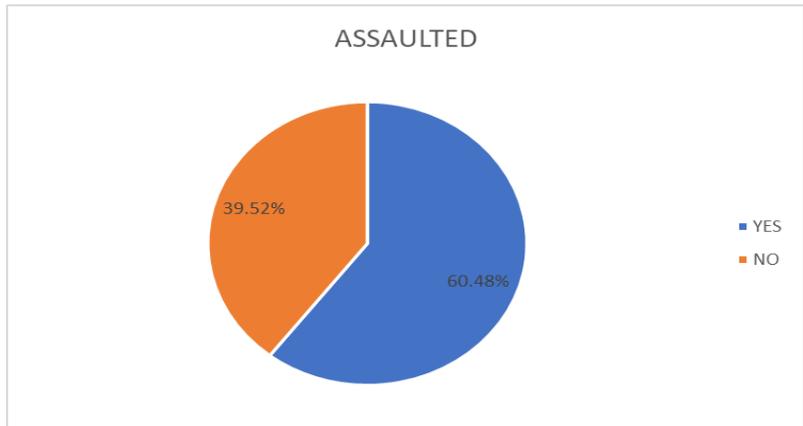


Fig 1: Distribution of respondents based on whether they have experience WPV

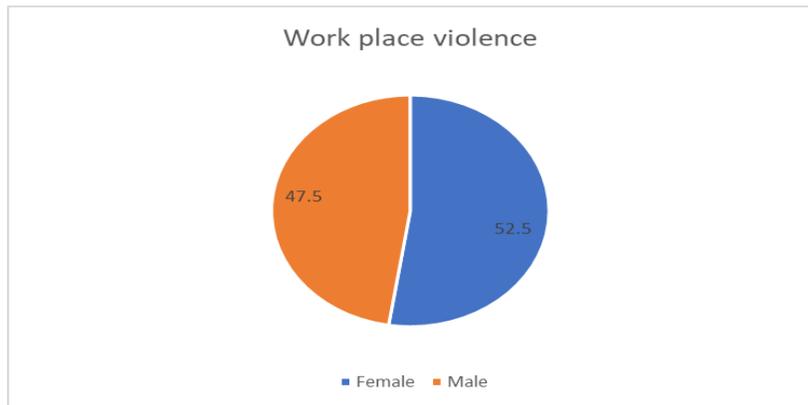


Fig 2: Gender distribution of respondents who experienced WPV

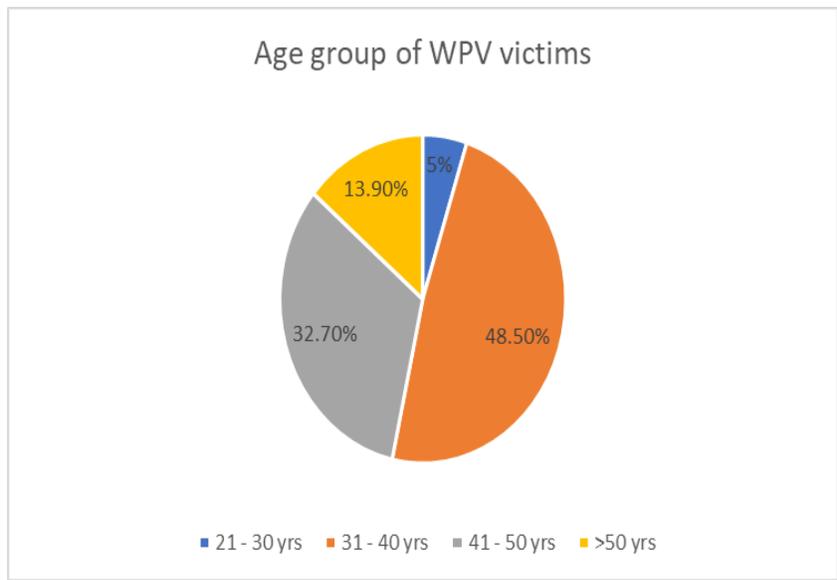


Table 2: Exposure to WPV according to the mode, assailant and injuries

	Frequency (n=101)	Percentage
Mode of violence (assault)		
Verbal	89	88.1
Physical	19	18.8
Sexual	3	3
Not specified	1	1
Assailant (Perpetrator)		
Colleague	2	2
Senior colleague	23	22.8
Patient	25	24.8
Patient relative	61	60.4
Injuries		
Emotional	56	55.5
Physical	7	6.9
Not specified	38	37.6

Table 3: Mode of WPV according to specialties

Specialty	Verbal (n = 89)	Physical (n = 19)	Sexual (n = 3)
Surgery	14	2	-
Paediatrics	2	-	1
Orthopaedic	2	-	-
General Practice	3	-	-
Obstetric & Gynaecology	5	-	-
Ophthalmology	2	-	-
Family medicine	1	-	-
Community medicine	1	-	-
Internal medicine	1	-	-
Dentistry	1	-	-
Anaesthesiology	1	-	-
Public health	3	-	-
Radiology	1	-	-
Psychiatry	1	-	-
Nursing/midwifery	2	4	-
ENT/ORL	2	1	-
House officers	1	-	-
Hematology	2	-	-
Pathology	1	-	-
Endocrinology	-	1	-
Not specified	43	10	2

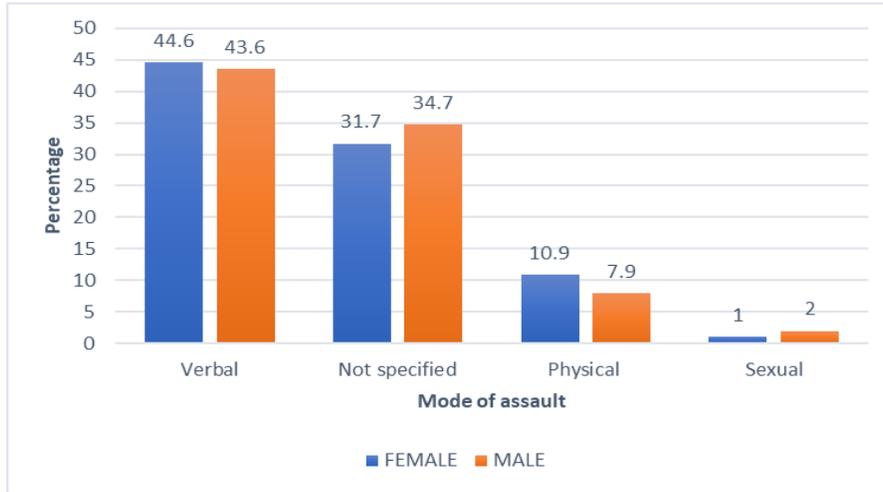


Fig 3: Mode of assault (violence) experienced based on the gender of victims

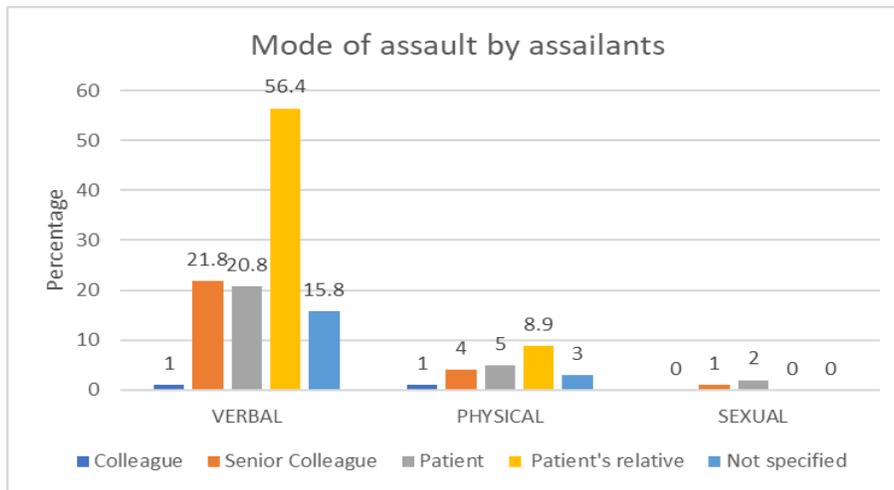


Fig 4: Mode of assault (violence) according to the assailants

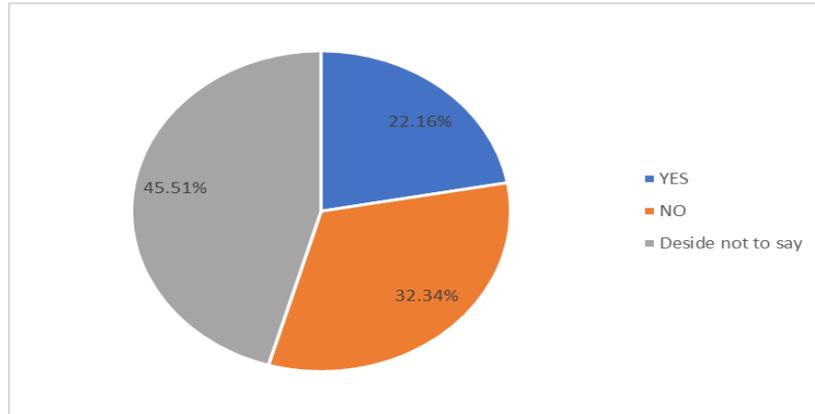


Fig 5: Distribution of WPV victim according to whether assault was reported.

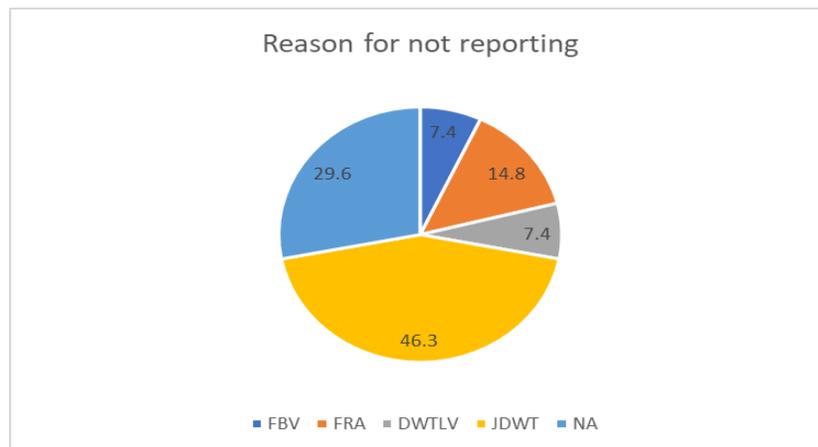


Fig 6: Reason for not reporting the violence (assault) experienced

FBV - Fear of being victimized; FRA – fear of repeat assault; DWTLV – Do not want to be labelled a victim; JDWT – Just do not want to; NA – No answer

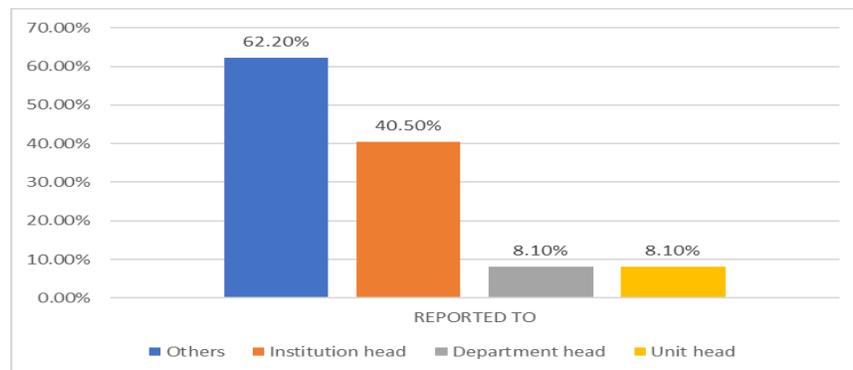


Fig 7: Distribution of the people WPV victims reported their experience to.

4. Discussion

The demographic profile of our respondents reveals a balanced gender distribution, with a predominance of doctors (majority). The majority of respondents (60%) had 4-10 years of experience, followed by those with over 10 years of experience. Notably, the age groups with the highest frequency of workplace violence (WPV) were 31-40 years (48.5%) and 41-50 years (33.7%), which also represented the largest proportion of our sample. This finding is consistent with the expectation that this age range, typically considered the most productive and experienced, may face increased pressure to perform, potentially leading to a higher risk of WPV. This age range is often a key hiring criterion for organizations, which may contribute to their overrepresentation in our study. (15) Interestingly, our findings align with previous research suggesting a positive correlation between age and violence exposure (16) but contradict another study that found no such correlation among Palestinian healthcare professionals. (17)

The prevalence of WPV in this study is approximately 60.5% which is in the range of WPV against HCWs in Nigeria of between 39.1% - 100% and Africa 9% - 100%. (9,13) More than half 101 (60.48%) of respondent have experienced WPV at some point in their medical career and of these victims, 52.5% were females. Thus, it is clear that WPV is a problem in hospital environments. This study revealed that, in contrast to other forms of WPV, there is a high prevalence of verbal and physical violence (assault) among health care workers. Physical violence rates have been found by other studies among HCWs in North-west Ethiopia (60.2%) and the United States (49.8%). (18,19) Majority (88.1%) of these victims have been subjected to verbal assault from patients and patient's relative. Substantial numbers experienced more serious forms such as physical assaults but rarely experience sexual assaults. More worryingly, almost half of the victims surveyed had been assaulted more than twice in the career, and nurses were more likely than doctors in the surgery specialty to have been physically assaulted. Furthermore, a higher proportion of doctors than nurses experienced assaults. This contrasts with other previous researches that indicate a disproportionately high rate of physical assault against nurses. (20,21) The difference noted in this study could be due to the higher number of doctors than nurses who responded. It has been observed that nearly all cases of WPV against HCWs take place within healthcare settings, thus indicating that interventions are expected to be initiated within the workplace environment to protect the lives of HCWs who have sworn to uphold the integrity of providing quality care to their patients against all odds. (13,22)

Majority (60.4%) of the WPV are perpetrated by patient relative followed by the patients themselves (24.8%). This finding is similar to earlier studies conducted in other parts of Nigeria (20,23,24) and other parts of the world. (19,25) Violence committed by patients or their family members has been linked to patient care dissatisfaction, which includes worries about patient care, unfulfilled expectations for care, and/or lengthy wait times for appointments or treatment. (26) Results from participant interviews show that arguments frequently arise from misunderstandings between HCW and patients and their relatives. This could be explained by certain HCWs incapacity to recognize patients' needs and react appropriately to them; this frequently results in angry reactions from patients and their relative. Other studies have proved

that more than two thirds of HCWs reported they had not received any kind of training on violence recognition, prevention, or management, which makes lack of training a likely explanation for poor service practices. (27,28) Also, understaffing, stress, increased work-load and low job satisfaction are some of the factors that exposes HCWs to violence. (24) Training that stresses communication skills and places an emphasis on patient centeredness is needed to prevent violence against patients and visitors and to improve management strategies. Also, health facilities should employ enough staff to prevent understaffing and overworking on the existing staff.

It was observed that working in the surgery specialty poses the most risk for WPV to medical staff. This could be due to the pressure on the workers and patient relation being tensed about what the outcome could be. This finding is in contrast to a study in south west Nigeria which found majority of WPV in the Out-patient department(20) and a systemic review of WPV in Nigeria which identified that working in the neonatal and psychiatric departments posed the most significant risk.(13)

This study identified that larger proportion HCWs did not report the violent events, reasons being: fear of being victimized, fear of repeat assault, do not want to be labeled a victim and some did not want to report for no reason. Other studies also highlighted that inadequate reporting system, process being too complicated, time constraints, lack of follow up or responses from the management as reason for not reporting. (29) Majority (62.2%) of the victims of WPV reported their experience to other individuals or body outside their department. This finding is in variance to a study in Enugu Southeast Nigeria which noted that 87.7% of WPV instances were reported to the professional union (9.2%) or a senior (75.4%). (30) Comparatively, another study in a general hospital in Osun State found 37.0% of them used their organizational heads to report the incidence.(20) In a multi-center nationwide survey, 48.6% of WPV victims reported the occurrence to superiors, 7.6% to a senior colleagues, 87.4% to the head of the department, unit, or management, and 6.8% to the police. (13)

5. Conclusion

This study found that age is not a reliable predictor of workplace violence among healthcare workers (HCWs) in Nigeria. HCWs experience various forms of violence, including physical and non-physical assaults, perpetrated by patients, their families, and even colleagues. Notably, many victims of workplace violence choose not to report incidents, citing futility or lack of attention from authorities. The absence of robust regulations, procedures, and reporting systems in Nigerian healthcare settings further discourages reporting, even when perpetrators express remorse. These findings highlight the need for comprehensive strategies to address and prevent workplace violence in healthcare settings.

6. Limitation

This study is not without limitations. A significant constraint was the reluctance of some respondents to disclose detailed information about their experiences of workplace violence (WPV), including the nature of the abuse, whether they reported the incident, and to whom they reported it. This restraint may have compromised the completeness and accuracy of the data, potentially impacting the validity of the findings. Future studies should consider strategies to foster a more open and transparent reporting environment to overcome this limitation.

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