Nurses' perception on factors responsible for workplace violence against nurses in selected hospitals in Ilorin, Kwara State

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Abstract
Violence in the workplace is a public issue globally. In the health sector, nurses have been found to be the main victim of this menace and if not controlled, it may have detrimental impact on nursing services. This study investigated the forms of workplace violence experienced by nurses and their perception on factors responsible for it in selected hospitals in Ilorin, Kwara State. A descriptive research design using self-administered questionnaire was employed and a purposive sample technique was used to select a simple size of 285 registered nurses for the study. Results showed that 55.8% of the nurses had been assaulted at their workplace and the commonest form was verbal assault from patients' relatives and 25.3% did nothing about the assault. The major factors responsible for workplace violence identified by nurses were alcohol abuse or substance abuse 224 (78.6%), long waiting hours 222(77.9%), highly stressed patients and relatives, 213 (74.8%), language or culture difference 204 (71.6%), inappropriate staff attitude 198 (69.5%), staffs' frustration 197 (69.2%) and negligence of duty 196 (68.8%). There was no significant difference found between perceptions of workplace violence among nurses in the selected hospitals. Therefore, policy makers should implement policies for reporting and addressing workplace violence and as well as gear up the security level of hospitals. Nurses should improve their skill in human relations and learn how to identify indicators of violence and avert potential violence.

Key Words: Perception, Factors, Workplace, Violence, Nurses, Hospitals

Introduction
Workplace violence is a public phenomenon which cuts across all work settings and occupational groups in developed and developing countries. It constitutes a threat to effective and efficient service delivery in every occupational setting (Agunwa, 2018). Violence, aggression and harassment exist in virtually all workplace and this does not only affects the individual's health and morale, it has a negative effect on productivity due to reduced self-esteem and motivation (Abodunrin, Adeoye, Adeoni & Akande, 2014).

Globally, about a quarter of workplace violence occurs in the health sector (Di Martino 2003; Azodo, Ezeja, & Ehikhamenor, 2011). Numerous studies conducted across countries reported that workplace violence is a problem for health care workers in both developed and developing countries (Boafo & Hancock, 2017; Berry, 2013; Nelson, 2014).Workplace violence has been recognised internationally as a major public health and human right issue, in a Joint Programme launched by International Labour Organisation (ILO), the International Council of Nurses (ICN), the World Health Organisation (WHO) and Public Services International (PSI) to develop sound policies and practical approaches for the prevention and elimination of violence in the health sector (WHO, 2019).
Workplace violence in the health care sector may lead to poor quality of care, increased rate of absenteeism of healthcare professionals; affect availability of health services to the general public, unhealthy work environment, improper societal behaviours, increasing health costs, and deterioration of staff health (Rayan, Qurneh, Elayyan, & Baker, 2016).

Unfortunately, there is increasing evidence of workplace violence in the health care sector and all categories of healthcare workers are at risk of violence, though at different degrees with the nurses having up to three times higher than others (Abodunrin, Adeoye, Adeoni&Akande, 2014;WHO, 2019). Abusive behaviour or workplace violence in the health sector is so toxic that nurses increasingly report that it is one reason they abandon active practice (Samir, Mohammed, Moustafa, & Abousaif, 2012).
Moreover, violence against nurses is a multifaceted and tenacious occupational hazard

facing the nursing profession. This violence can take the form of intimidation, harassment, stalking, beatings, stabbings, shootings and other forms of assault. Nurses are among the most assaulted workers in the Nigerian workforce (Udogwu, 2016). Sources of violence against nurses include patients, patients' relatives, peers, supervisors, subordinates and other professional groups. The increase in violence between nurses and patients and their families in health care settings can be seen as a type of "ward rage" triggered by frustration and discontentment with the quality of care received. Such abusive behaviour contributes to the high rates of nurses' burn-out (Sisawo, Yacine, Ouedraogo& Huang 2017). Violence in the health care sector can be categorised as either 'Vertical' occurring between health care professionals and the care recipients, or 'Horizontal' occurring among health care professionals. Vertical violence may be from care recipients toward carers or from carers toward care recipients. Horizontal violence occurs among carers for example in the concept of bullying (of a junior staff by a senior) (Needham, Kingma, O'brien, Mckenna, Tucker & Oud, 2010).

Nurses' role in health care services and management cannot be over-emphasised. They are the most exposed population to workplace violence in the health care industry due to their direct, frequent and lengthy contact with the patients, their relatives and also, other health professionals, they serve to connect all the arms of the health team together and their role is pivotal. Several studies have been conducted in Nigeria, on the forms and prevalence of workplace violence against health care professionals (Abodunrin et al, 2014) but not much has been done on the perception of nurses who are the top victims of workplace violence in the health care sector, in Nigeria. Anecdotal reports have been given on incidents of workplace violence against nurses in Nigeria but without real statistical evidence to prompt necessary actions from relevant quarters. Hence, violence against nurses have persisted and been on the rise. This has therefore, necessitated this study on the perception of nurses on factors responsible for workplace violence against nurses in selected government hospitals in Ilorin, Kwara State, Nigeria.

Research questions

What is the socio-demographic variable of the nurses in the selected hospitals?

What are the forms of violence experienced by nurses in the selected hospitals in Ilorin, Kwara State?

What are the perceived factors responsible for workplace violence against nurses in the selected hospitals in Ilorin, Kwara State?

What are the perceived effects of workplace violence on nurses' job performance in the selected hospitals in Ilorin, Kwara State?

Research Hypothesis

There is no significant difference between perception of workplace violence among nurses at the two selected hospitals

Methodology

A cross-sectional descriptive survey was adopted to assess the perception of nurses on the factors responsible for workplace violence against nurses in two selected government hospitals in Ilorin, Kwara State. Out of the five government hospitals located in Ilorin, two hospitals were randomly selected using the fish bowl method. One tertiary and one secondary health institutions were selected. The target population for this study is the registered nurses licensed by the Nursing and Midwifery Council of Nigeria (NMCN) who are employed and working at the selected government hospitals. The total population of nurses in the tertiary institution was 714 and 55 nurses in the secondary institution. The sample size was determined using fisher's formula as follows;

$n = \frac{z^2 pq}{d^2}$, where n = Number of sample, Z = 1.96, P = prevalence = 53.5% (Abodunrin et al, 2014), q = 1-p, d = 0.05. Purposive sampling technique was used to select a sample size of 298 respondents. The inclusion criteria consist of registered nursesworking in the selected hospitalsand were willing to participate in the study while registered nursesin the selected hospitals that were on leave throughout the period of data collectionwere excluded from the study. The instrument for data collection was

structured questionnaire developed by the researchers to suit the purpose of the study.Face and content validity of the research instrument was done by experts in the field of study, while the reliability of the instrument was tested using split half reliability test using Pearson Product Moment Correlation co-efficience and a score of 0.77 was obtained which was considered reliable. The instrument was administered over a period of four weeks and the completed questionnaires were coded and analyzed using SPSS version 21. The results were presented using both descriptive and inferential statistics. Descriptive statistics in form of frequency and percentage tables. Inferential statistics in form of student t- test was used to test the hypotheses formulated at 0.05 (5%) level of significance.

All related ethical issues were addressed during the conduct of this study. Ethical principles of autonomy, anonymity, confidentiality, beneficence and non-maleficence were all duly considered. Ethical clearance was obtained from the Hospital's Ethical Committee before the commencement of data collection, informed consent was obtained from each participant before their participation in the study and the participation was made voluntary. The names of the respondents were not requested to ensure confidentiality. No one was deceived or coerced into participating in the study and withdrawal from the study at any stage was allowed without any form of discrimination or penalties.

Results

Table 1: Socio- Demographic Characteristics of Respondents (n=285)

Socio-demographic variables	Frequency	Percent
Age in Years		
20-30	127	44.6
31-40	98	34.4
41-50	41	14.4
51-60	19	6.6
Gender		
Male	33	11.6
Female	252	88.4
Religion		
Islam	136	47.7
Christianity	149	52.3
Marital Status		
Single	80	28.1
Married	205	71.9
Ethnicity		
Yoruba	241	84.6
Hausa	8	2.8
Igbo	14	4.9
Others	22	7.7
Type of Hospital		
Tertiary	243	85.3
Secondary	42	14.7
Years of Experience		
1 – 5 years	78	27.4
6 – 10 years	135	47.4
11 – 15 years	33	11.6

16-20	15	5.2
20 And Above	24	8.4
Professional Cadres		
Nursing Officer II	71	24.9
Nursing Officer I	63	22.1
Staff Nurse	30	10.5
Senior Nursing Officer	66	23.2
Principal Nursing Officer	16	5.6
Assistant Chief Nursing Officer	5	1.8
Chief Nursing Officer	30	10.5
Assistant Director Nursing Services	4	1.4

Table 1 shows that 127 (44.6%) of the respondents were between 20-30 years, 98 (34.4%) were between 31-40 years, 41 (14.4%) were between 41-50 years while 19 (6.6%) were between 51-60 years. Majority of the respondents 252 (88.4%) were female while 33 (11.6%) were males. 149 (52.3%) of the respondents practiced Christianity while 136 (47.7%) practiced Islam. Majority of the respondents 205 (71.9%) were married while 80 (28.1%) were single. Majority of the respondents 241 (84.6%) were Yoruba, 22 (7.7%) belonged to other ethnic groups, 14 (4.9%) were Igbo while 8 (2.8%) were Hausa. Majority of the respondents 243 (85.3%) identified tertiary hospital as the hospital where they work while 42 (14.7%) identified secondary hospital as the hospital where they work. 135 (47.4%) of the respondents had 6-10 years of working experience, 78 (27.4%) had 1-5 years of working experience, 33 (11.6%) had 11-15 years of working experience, 24 (8.4%) had above 20 years of working experience while 15 (5.2%) had 17-20 years of working experience. 71 (24.9%) of the respondents were NO II, 66 (23.2%) were SNO, 63 (22.1%) were NO I, 30 (10.5%) were NO, 30 (10.5%) were CNO, 16 (5.6%) were PNO, 5 (1.8%) were ACNO while 4 (1.4%) were ADNS.

Table2: Forms of violence experienced by nurses (n=285)

Variables	Frequency	Percent
Have you been Assaulted in your workplace?		
YES	159	55.8
NO	126	44.2
Who Assaulted you?		
Superior colleague	44	15.4
Doctor	23	8
Pharmacist	11	3.9
Med. Lab. Scientist	5	1.8
Patient	27	9.5
Patient's relative	49	17.2
Never assaulted	126	44.2
Nature of the Assault		
Physical	16	5.6
Verbal	118	41.4
Others	25	8.8
Never assaulted	126	44.2

Respondents' Reaction to Assault		
Did nothing	72	25.3
Reported to the Officer in Charge	46	16.1
Retaliated	31	10.9
Others	10	3.5
Never assaulted	126	44.2

Table 2 shows that 159 (55.8%) of the respondents stated that they had been assaulted at their workplace while 126 (44.2%) of the respondents stated that they had never been assaulted, 49 (17.2%) of the respondents stated that they had been assaulted by patient relatives, 44 (15.4%) of the respondents stated that they had been assaulted by superior colleagues, 27 (9.5%) of the respondents stated that they had been assaulted by patients, 23 (8.0%) of the respondents stated that they had been assaulted by Doctors, 11 (3.9%) of the respondents stated that they had been assaulted by Pharmacist while 5 (1.8%) of the respondents stated that they had been assaulted by Med. Lab. Scientists. 118 (41.4%) of the respondents were verbally assaulted, 25 (8.8%) of the respondents stated that they were assaulted in other forms while 16 (5.6%) of the respondents stated that they were physically assaulted. 126 (44.2%) of the respondents were never assaulted, 72 (25.3%) of the respondents stated that there was no reaction to the assault, 46 (16.1%) of the respondents stated that they reported to the OC, 31 (10.9%) of the respondents stated that they retaliated while 10 (3.5%) of the respondents stated that they had other reactions.

Table 3: Perceived factors responsible for workplace violence (n=285)

Variable	Responses	Frequency	Percent
	Strongly agree	65	22.8
Irritating or inappropriate staff attitude	Agree	133	46.7
	Undecided	62	21.8
	Disagree	25	8.8
	Strongly agree	93	32.6
long waiting hours	Agree	129	45.3
	Undecided	44	15.4
	Disagree	19	6.7
	Strongly agree	68	23.9
stressed patients and relatives	Agree	145	50.9
	Undecided	44	15.4
	Disagree	28	9.8
	Strongly agree	97	34
Alcohol abuse or drug/substance abuse	Agree	127	44.6
	Disagree	61	21.4
	Strongly agree	59	20.7

language or culture difference	Agree	145	50.9
	Undecided	41	14.4

	Disagree	40	14
	Strongly agree	73	25.6
Access to guns and other dangerous arms	Agree	98	34.4
	Undecided	40	14
	Disagree	56	19.6
	Strongly disagree	18	6.3
staff frustration	Strongly agree	64	22.5
	Agree	133	46.7
	Undecided	38	13.3
	Disagree	42	14.7
	Strongly disagree	8	2.8
Role conflict between co-workers	Strongly agree	64	22.4
	Agree	119	41.8
	Undecided	45	15.8
	Disagree	57	20
Bad leadership	Strongly agree	91	31.9
	Agree	92	32.3
	Disagree	88	30. 9
Negligence of duty	Strongly disagree	14	4.9
	Strongly agree	69	24.2
	Agree	127	44.6
	Undecided	32	11.2
	Disagree	57	20.0

Table 3 Presents perceived factors responsible for workplace violence in selected hospitals. .Alcoho labuse or drug/substance abuse 224 (78.6%), long waiting hours 222(77.9%), highly- stressed patients and relatives, 213 (74.8%), language or culture difference 204 (71.6%),inappropriate staff attitude198 (69.5%), staffs' frustration 197 (69.2%), negligence of duty 196 (68.8%),bad leadership 183 (64.2%), role confusion between co-workers 183 (64.2%)and access to guns and other dangerous arms were the factors responsible for workplace violence

Table 4: Perceived Effects of Workplace Violence on Nurses' Job Performance (n=285

Variable	Responses	Frequency	Percent
High rate of burnout	Strongly agree	78	27.4
	Agree	117	41.1
	Undecided	28	9.8
	Disagree	48	16.8
	Strongly disagree	14	4.9
Leaving/increased nurses' intention to leave the job resulting in understaffing	Strongly agree	80	28.1
	Agree	104	36.5
	Undecided	31	10.9
	Disagree	60	21.1
	Strongly disagree	10	3.5
post-traumatic stress disorder causing low productivity	Strongly agree	74	26
	Agree	141	49.5
	Undecided	10	3.5
	Disagree	50	17.5
	Strongly disagree	10	3.5
Negative attitude towards co-workers/other professionals	Strongly agree	84	29.5
	Agree	112	39.3
	Undecided	17	6
	Disagree	54	18.9
	Strongly disagree	18	6.3
Negative attitude and poor tolerance to clients/relatives	Strongly agree	69	24.2
	Agree	132	46.3
	Undecided	32	11.2
	Disagree	44	15.4
	Strongly disagree	8	2.8
Poor communication and discontinuity of care	Strongly agree	90	31.6
	Agree	112	39.3
	Undecided	22	7.7
	Disagree	45	15.8
	Strongly disagree	16	5.6

Table 4 shows that 117 (41.1%) of the respondents agreed that high rate of burnout is one of the effect of workplace violence on nurses' job performance, 78 (27.4%) strongly agreed, 48 (16.8%) disagreed, 28 (9.8%) were undecided while 14 (4.9%) strongly disagreed. 104 (36.5%) of the respondents agreed thatw o r k p l a c e v i o l e n c e c a n r e s u l t i n leaving/increased nurses intention to leave the job resulting in understanding, 80 (28.1%) strongly agreed, 60 (21.1%) disagreed, 31 (10.9%) were undecided while 10 (3.5%) strongly disagreed. 141 (49.5%) of the respondents agreed that post-traumatic stress disorder causing low productivity is also one of the effect of workplace violence, 74 (26.0%) strongly agreed, 50 (17.5%) disagreed, 10 (3.5%) were undecided while 10 (3.5%) strongly disagreed. 112 (39.3%) of the respondents agreed that negative attitudes towards co-workers or other professionals can occur due to workplace violence, 84 (29.5%) strongly agreed, 54 (18.9%) disagreed, 18 (6.3%) strongly disagreed while 17 (6.0%) were undecided. 132 (46.3%) of the respondents agreed that negative attitude and poor tolerance to clients/relatives can occur due workplace violence, 69 (24.2%) strongly agreed, 44 (15.4%) disagreed, 32 (11.2%) were undecided while 8 (2.8%) strongly disagreed. 112 (39.3%) of the respondents agreed that poor communication and discontinuity of care is one of the effect of workplace violence, 90 (31.6%) strongly agreed, 45 (15.8%) disagreed, 22 (7.7%) were undecided while 16 (5.6%) of the respondents strongly disagreed.

Table 5: Showing Statistical Illustration of Difference in the Nurses' Perception of Workplace Violence in the Two Selected Hospitals

Variable	N	Mean	Std. Deviation	t-value	Sig.
Tertiary hospital	243	5.97	7.761		
Secondary hospital	42	2.46	4.012	8.739	0.686*

*not Significant at 0.05 level

Table 5 shows that there is no significant difference between perception of workplace violence among nurses at the two selected hospitals with (t-value = 8.739, p-value = 0.686 >0.05). Therefore, the null hypothesis was accepted.

Discussion of Findings

Socio-demographic Characteristics of Respondents

This study revealed that majority of the respondents were between the ages of 20-30 years old with the mean age of 32.6years which shows they were majorly young adults. Most of the respondents were females and were married which is expected of working class women in Nigeria. More than 80% of the respondents work at the tertiary hospital. This may be due to the fact that tertiary health institutions usually have a larger structural facilities and workforce than secondary hospitals. Majority of the respondents had 6-10 years' experience and were NOII, NOI and SNOs. This is expected because other cadres that are higher than SNO were more involved in administrative responsibilities than clinical assignments and may not be involve in direct patient care.

Forms of Violence Experienced by Nurses

The findings from this study revealed that more than half of the respondents had been assaulted at their workplace and the assaults were mainly from patients' relatives. It was also found, that the commonest form of assault experienced was verbal assault. This corroborates with studies conducted in Gambia, China, South-western Nigeria and Cairo, Egypt where the commonest form of assault reported were verbal assaults and were mainly from patients' relatives. (Sisawo et al, 2017; Xing et al, 2015; Abodunrin et al, 2014; Samir et al, 2012). Furthermore, about one quarter of the respondents who had been assaulted did not react to or report the assault. This is similar to findings of Higazee and Rayan,

(2017) where victims of workplace violence did not report assault because they felt it was useless. However, the percentage in this study is lower compared to their study where 70% did not report the assaults. Agunwa (2018) buttressed that most incidence of workplace violence still go unreported and undocumented. This could be as a result of nurses viewing assaults or violence at the workplace as 'part of the job' as indicated by Ahmad, Masadeh, Al-Rimawi, and Atoum, (2015) who stated that majority of the nurses felt there was no need to report violence since there were no physical injuries involved and that violence was a normal part of the job. In another study by AbuAlRuband and Al-Asmar, (2014) it was revealed that nurses did not report violence because there was no procedure to report such incidents in the workplace for fear of losing their job or fear of adverse effect on customer service or due to inefficient responses received from previous reports which discouraged the nurses. Further Sato, Wakabayashi, Kiyoshi-Teo, &Fukahori, (2012) argued that lack of uniformity in accepted definition of violence has contributed to underreporting of workplace violence.

Perceived Factors Responsible for Workplace.
In this study, alcohol abuse or drug/substance abuse 224 (78.6%), long waiting hours 222(77.9%), highly stressed patients and relatives, 213 (74.8%), language or culture difference 204 (71.6%), inappropriate staff attitude 198 (69.5%), staffs' frustration 197 (69.2%), negligence of duty 196 (68.8%), bad leadership 183 (64.2%), role confusion between co-workers 183 (64.2%)and access to guns and other dangerous arms were the factors responsible for workplace violence. This is in line with the findings of Ulutasdemir and Tanir, (2017) who listed alcohol or substance abuse, long waiting hours, inappropriate staff attitude, stressed/frustrated patients and relatives as well as access to dangerous arms as factors precipitating the demonstration of violent behaviours.

Perceived Effect of Workplace Violence on Nurses' Job Performance
In this study, the results revealed that post-traumatic stress disorder, poor communication and discontinuity of care, negative attitude towards co-workers or other professionals as well as patients and relatives were the major perceived effect of workplace violence identified by respondents. Similar to the finding of this study, Shaw, (2015) and Blythe, (2018) reported decrease work productivity, impaired job performance and reduced confidence on the job burnout, low morale, physical and emotional distress and job dissatisfaction as effect of workplace violence. Similarly, Reichert (2017) listed, increased intent to leave the organization, decreased job satisfaction, guilt, shame and avoidance as psychological consequences of workplace violence.

Statistical Relationship between Perception of Nurses at the Selected Hospitals
This study revealed that there was no significant difference between perception of workplace violence among nurses in the two selected hospitals, with p value of 0.686 >0.05. This is in contrast to the study conducted in Ghana by Boafo and Hancock, (2017) where significant relationship was found between type of hospital and workplace physical violence.

Implication to Nursing Practice
Nurses interact directly with people of different backgrounds, needs, social class and personalities. In the course of giving care or rendering nursing services they are frequently exposed to various hazards amongst which is violence which could be from a co-professional, a superior colleague, a patient or patient's relative, a total stranger or other health workers or staff. Nurses therefore need to have an adequate knowledge and skill in human relations, assertiveness, stress and anger management, which will go a long way in preventing violence. Nurses also need to learn the identification of indicators of violence and know the potential hazards or sources of violence in the workplace, breakaway or de-escalation strategies, and identification of emergency escape routes in case of a violent incidence. This will help protect the nurses against potential or actual violence and minimize violence related injuries, post-traumatic stress disorder, and other

psychological consequences of workplace violence.

In this study, effort has been made to discuss the factors responsible for workplace violence against nurses in selected government hospitals in Ilorin, Kwara State.

Conclusion

This study has been able to establish the forms of workplace violence experienced by nurses and the perceived factors responsible for it, as well as the effects of workplace violence on nurses' job performance. The study revealed that more than half of the respondents had been assaulted at their workplace and the assaults were majorly from patients' relatives. The commonest forms of assault experienced by respondents were verbal assaults. The major factors responsible for workplace violence were language or culture difference, high level of stress in patients and relatives, inappropriate staff attitude, staffs' frustration, substance abuse, long waiting hours, negligence of duty, and bad leadership as the major factors responsible for workplace violence. Therefore, there is need for government and hospital authorities to provide appropriate interventions to address these factors. Furthermore, there is need for reorientation of health care workers especially nurses on concept of workplace violence, as well as policies and procedure for reporting workplace violence and the ways to prevent it in health care setting.

Recommendations

Based on the findings of this study, the following are therefore recommended to the relevants t akeholders; Intervention to boost nurses/patient communication skills should be embarked upon to address the reported language/cultural issues capable of fueling violence. It is important that nurses always render quality care services to their clients and communicate effectively at all times to prevent anger and frustration. In addition, actions focusing on minimizing nurses' stress and burnout should be advocated for to reduce their frustration. Besides, supervision and monitoring of nurses by nurse leaders should be encouraged. This will checkmate the inappropriate attitude and long waiting time. Nurse leaders should be committed to leading by good examples to junior colleagues. Policies and regulations should be put in place to address workplace violence and serve as a deterrent to potential violators. Cases of workplace violence should not be taken with levity in other to prevent future occurrences. Also, nurses should also always report cases of workplace violence and know when a situation is about to result in violence and prevent such escalation. Nurses should always involve the relatives in their care and carry them along on every development in the management of the client.

Moreover, clients and their relatives need to be oriented to the hospital routine, visiting hour, environment and protocol to prevent conflict and transfer of aggression. Furthermore, nurses should also communicate effectively with other health professionals that they work with and maintain good inter and intra-professional relationships. The hospital management should generate and implement policies against workplace violence and provide appropriate procedures for reporting violence and punishing the offenders. Also, there should be adequate security in place to protect the workers and clients from violence. Long waiting hours and payment before treatment policy should be addressed so as to provide emergency care to clients in dire need and prevent delays which could result in the death of patients and result in relatives' violence against the health workers. The recommendations should be in line with objectives and findings. They must be achievable and with action words. Although the result is faulty from analytical point of view, when corrected, the recommendations and findings must align.

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