

Study to Assess the Knowledge and Attitude regarding Workplace Violence among Nursing Officers in Shri Mahant Indires Hospital, Patel Nagar, Dehradun, Uttarakhand, India

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Abstract: **Background:** "Violence has been going on for a long, long time in emergency departments. And nurses have been told in the past that this is just a part of your job," said JoAnn Lazarus, president of the board of directors for the Emergency Nurses Association. **Objective:** to find out the association of knowledge and attitude with their selected demographic variable among nursing officers in Shri Mahant Indires Hospital, Dehradun, Uttarakhand, India. **Material and Methods:** Descriptive design was used in this study. The study was conducted in Mahant Indires Hospital, Dehradun, Uttarakhand, India. Non probability convenience technique was used to collect data from 100 Nursing Officers both males and females. Data collection was accomplished by using Self Structured Knowledge and attitude related questionnaires. **Result:** The finding shows that the correlation between knowledge and attitude scores showed that there was a statistically significant positive correlation between knowledge and attitude scores ($r = 0.303, P=0.002$). Comparison using Chi-square test showed that there was a statistically significant association between knowledge levels and department ($P=0.049$) and their previous experience of physical violence ($P=0.002$). **Conclusion:** The study concludes that majority of the Nursing Officers had good knowledge regarding workplace violence and attitude towards it.

Keywords: Workplace violence, Nursing Officers

1. Introduction

The majority of individuals associate violence with physical attacks. However, there is a far larger issue with violence and harassment in the workplace. It is any act that involves abusing, threatening, intimidating, or assaulting somebody while they are at work. [1] Despite the fact that legal definitions might differ, the following are commonly considered forms of workplace violence or harassment: threatening actions, such as swinging things, vandalising property, or shaking fists, threats made orally or in writing—essentially, any indication that damage will be done. Swearing, insults, or condescending remarks constitute verbal abuse. [2]

WPV stands for workplace violence, which includes assaults, threats, and other aggressive behaviours that cause resources to be harmed as well as bodily and psychological harm to the victim. WPV is quite widespread in healthcare systems and can cause sufferers to have mental health issues. In turn, this causes problems with interpersonal relationships, anxiety, post-traumatic stress disorder (PTSD), distrust, loss of self-confidence, low self-esteem, increased job stress, absences from work, job dissatisfaction, leaving the workplace, occupational and mental burnout, an increase in clinical and therapeutic errors, disability, and suicide. [3]

The World Health Organisation (WHO) defines workplace violence (WPV) as "incidents where staff are abused, threatened, or assaulted in circumstances related to their

work, involving an explicit or implicit challenge to their safety, well-being, or health." [4]

Workplace violence, according to the National Institute for Occupational Safety and Health, is "violent acts (including physical assaults and threats of assaults) directed towards persons at work or on duty." [5]

2. Material and Methods

Study Design:

The study was conducted at Shri Mahant Indires Hospital, Patel Nagar, Dehradun, Uttarakhand, India, from January 27 to February 26, 2022. A quantitative research approach with a descriptive design was used. A non-probability convenience technique was used for collecting the samples, which comprised 100 nursing officers.

Inclusion Criteria:

- Nursing officers who were willing to participate in this study.
- Nursing officers who would sign the participation consent for the study.

Exclusion Criteria:

- Age group below 20 years of age.
- Nursing officers who were not willing to participate in the study or unwilling to sign the consent form.

Tool Description:

It includes socio demographic variables and Self Structured questioners to assess knowledge and attitude regarding workplace violence among Nursing Officers.

Tool 1: Socio Demographic variables

It includes Nursing Officer's age, marital status, gender, department, professional title, salary, type of institution, experience of physical violence, experience of psychological violence, violence related talk in hospital, work experience and habit.

Tool 2: Self Structured Knowledge and attitude related questioners

Scoring Tools:

In the scale maximum score 3 and minimum score 1. The total score was 30. A score between 15-30 will indicate positive attitude and score 1-14 will indicate negative attitude.

Statistical Analysis:

The data was presented as mean and standard deviation.

Results of the Study: The study included a total of 100 Nursing Officers. Frequency and percentage of demographic variables among Nursing Officers is shown in table no. 1.

Table 1: Frequency and Percentage wise distribution of sample according to demographic variables, N=100

S. No.	Demographic variables	Categories	Frequency	Percentage %
1.	Age (in years)	20-30years	79	79
		31-40 Years	15	15
		41-50 Years	6	6
2.	Marital status	Married	28	28
		Unmarried	72	72
3.	Gender	Male	33	33
		Female	67	67
4.	Department	Emergency	9	9
		ICU	25	25
		Surgical ward	12	12
		Medical ward	18	18
		Psychiatric ward	12	12
		Obstetrics & Gynaecology	8	8
		Private ward	6	6
5.	Professional title	OT	10	10
		In charge	8	8
		Staff nurse	80	80
		Fresher	12	12
6.	Salary (per month in rupee)	Below 10,000/-	8	8
		10000-20000	70	70
		21000-30000	16	16
		31000-40000	6	6
7.	Types of Institution	Private	100	100
8.	Experience of Physical Violence	Yes	30	30
		No	70	70
9.	Experience of Psychological Violence	Yes	52	52
		No	48	48
	IF yes	Verbal violence	49	49
		Bullying/mobbing	2	2
		Racial harassment	1	1
10.	Violence related talk in hospital	Yes	46	46
		No	54	54
11.	Work experience	Fresher	20	20
		1-2 years	41	41
		2-3 years	21	21
		More than 3 years	18	18
12.	Habit	Workout/gym	40	40
		Sports	55	55
		Others	5	5

Table number 1 depicts that the higher percentage, 79% of the nurses, were in the age group of 20–30 years, 15% were in the age group between 31–40 years, and 6% were in the age group of 41–50 years, whereas none of the staff nurses were in the age group of 50 years and above. The majority of staff nurses were unmarried, contributing 72% of the total, leaving the rest (28% of the nurses who were married). 67% of the participants were female, while the rest (33%)

were male nurses. The percentage-wise distribution of nurses in relation to their department shows that about 9% were in the emergency department, 25% were in the ICU department, 12% were in the surgical department, 18% were in the medical department, 12% were in the psychiatric department, 8% were in obstetrics and gynaecology, 6% were in private wards, and the remaining 10% were from the OT department. The percentage-wise distribution of nurses

according to their professional title shows that a majority of participants were staff nurses, comprising 80%; 12% of them were freshmen; and the remaining 8% were in charge. The percentage-wise distribution of nurses in relation to their salary reveals that only 6% of them were earning about 31,000–40,000 per month, and 16% of them were earning between 21,000–30,000 per month. A majority of nurses, comprising 70%, earned between \$10,000 and \$20,000 per month. And only 8% of them earned below \$10,000 per month. None of the participants earned more than \$40,000. 100% of the participants were working in a private hospital. The percentage-wise distribution of nurses in relation to the experience of physical violence faced by them reveals that about 30% of the participants had faced physical violence, while the rest of the participants did not face physical violence. The percentage-wise distribution of nurses shows that 52% of the participants had witnessed psychological violence, and the rest (48% did not witness psychological violence). Among the 52% of the nurses, 49% were the ones who witnessed verbal violence, 2% witnessed bullying or mobbing, and the rest witnessed racial harassment. The percentage-wise distribution of nurses in relation to violence-related talk in hospitals shows that a majority of 54% of them did not face any such violence-related talk in hospitals, whereas the remaining 46% did face violence-related talk in hospitals. The percentage-wise distribution of nurses in terms of work experience shows that about 20% of them were freshmen, 41% of them had 1-2 years of work experience, 21% of them had 2-3 years of experience, and the rest (18% of them had more than 3 years of work experience). The percentage-wise distribution of nurses shows that a majority of them, comprising 55%, were active in some kind of sport, 40% were engaged in workouts or gyms, and the remaining 5% had some other habits.

Table 2 Correlate the knowledge and attitude of nurses regarding workplace violence

Table 2 (a): Descriptive Statistics, N=100

	Mean	Std. Deviation
Knowledge Score	12.92	3.11296
Attitude Score	23.46	2.84061

Table2 (b): Correlation between knowledge and attitude scores, N=100

Knowledge Score	Pearson Correlation	.303**
	Sig. (2-tailed)	0.002

Descriptive statistics for knowledge and attitude scores are given in Table 2(a). The correlation between knowledge and attitude scores (Table 2b) showed that there was a statistically significant positive correlation between knowledge and attitude scores ($r = 0.303$, $P = 0.002$).

3. Discussion

The main aim of this study was to determine and assess the knowledge and attitudes regarding workplace violence among staff nurses. The findings show that the majority of the participants (61%) had good knowledge regarding workplace violence, 36% of the nurses had average knowledge on workplace violence, and only the remaining 3% of them had poor knowledge on workplace violence. The

results tell us that all the nurses showed a 100% positive attitude regarding workplace violence. Comparison using the Chi-square test showed that there was a statistically significant association between knowledge levels, department ($P = 0.049$), and their previous experience of physical violence ($P = 0.002$). Participants posted in emergency (77.8%), ICU (48%), surgical (66.7%), medical (77.8%), and psychiatric (66.7%) wards had significantly higher proportions of subjects with good knowledge compared to those posted in private wards (16.7%). Participants with experience of physical violence (86.7%) had significantly higher proportions of subjects with good knowledge levels compared to those without such experience (50%). Other differences were not found to be statistically significant ($P > 0.05$).

4. Conclusion

The following conclusions were drawn based on the study's findings, which also bring out the study's limitations. The majority of the participants ($N = 61$) showed good knowledge levels. An average knowledge level was observed in 36 study participants. There were only three study subjects with poor knowledge levels. A positive attitude was observed in 100% of the study participants.

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