

UNDERREPORTING OF WORKPLACE VIOLENCE by Nurses in a Regional Hospital in South Africa

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Background

Studies across the globe have highlighted the alarming incidence of workplace violence perpetrated against nurses. Evidence also suggests that the incidence is underestimated due to underreporting.

According to literature, nurses underreport acts of violence as they perceive it as part of their job, they were not physically harmed, it is too time consuming, there is a lack of proper guidelines for reporting acts of violence, and it does not lead to change. Underreporting of violent acts, if unattended to, could compromise care of patients, as nurses may develop a change of attitude towards patients who have been aggressive and tend to avoid these patients.

In South Africa, it was found that most hospital human resource managers could not provide statistics on the incidence of acts of violence in the workplace. Without accurate data, the true extent and nature of the problem cannot be assessed and interventions cannot be developed to enhance nurses' safety and well-being while on duty. Although the researcher observed acts of violence against nurses in the study hospital, no statistics of these acts of violence could be found, as the nurses did not report it to management.

Purpose

The purpose of the study was to determine and describe why nurses in the selected hospital in Mpumalanga Province, South Africa underreport violent acts against them.

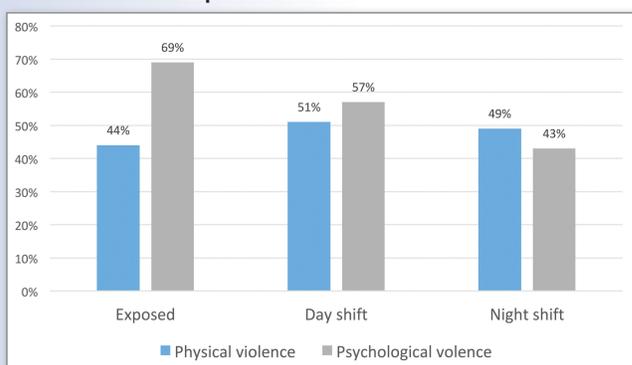
Methodology

A descriptive quantitative design was used to conduct this study in a regional hospital in Mpumalanga province, South Africa. Data were collected by means of a structured questionnaire from 88 nurses. The questionnaire focused on personal and workplace information, physical and psychological acts of violence and the incidence thereof, the types of physical and psychological violence, the perpetrators of violence, reporting of acts of violence, and barriers to reporting. Descriptive statistics were used to analyse the data.

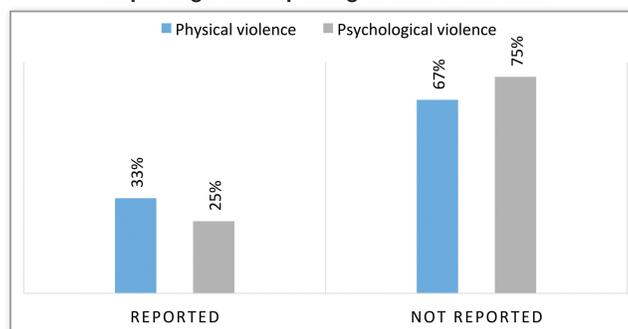
Results

The majority (84%) of the participants were females. Different categories of nurses participated in the study, namely registered nurses, enrolled nurses, and enrolled nursing assistants. Registered nurses bore the majority of the burden of workplace violence in comparison with the other two categories of nurses.

Exposure to acts of violence



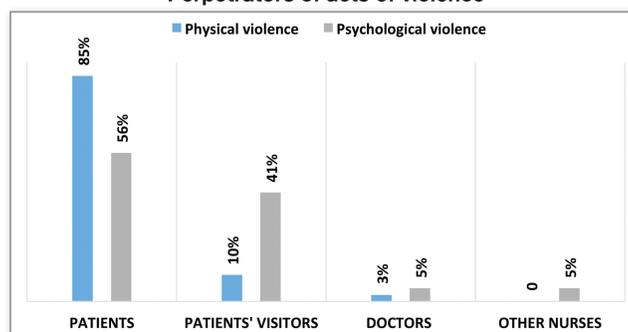
Reporting / non reporting of acts of violence



Types of acts of violence and incidence

Physical acts of violence		Incidence
Pushing/shoving/tripping		54%
Pinching		38%
Slapping		20%
Grabbing		20%
Kicking		10%
Biting		10%
Beating		8%
Attacking or threatening with knives, guns, object that is turned into weapon		8%
Sexual harrasment		3%
Psychological acts of violence		Incidence
Verbal abuse		80%
Annoyed if nurse disagrees with him/her		36%
Humiliating the nurse		23%
Embarassing the nurse		21%
Making fun of the nurse's work or nurse himself/herself		20%
Doing something to make nurse appear less smart/ attractive		15%
Playing mind games		13%
Making sexual explicit comments to make nurse uncomfortable		5%
Disclosing information to tarnish reputation of nurse		3%

Perpetrators of acts of violence



Perceived barriers for underreporting acts of violence

Management barriers to reporting	
Policy not available	61%
Did not receive in-service training on policy	58%
Perpetrators of violence will not be dealt with	50%
Feared victimization	42%
Not anticipating assistance from management	38%
No feedback after reporting	15%
Reporting procedure unclear	15%
Patient barriers to reporting	
Fear of victimization by patient's family	15%
Nurse barriers to reporting	
Physical violence reported only when there is injury	65%
Violence is not reported	58%
No need to report violence	58%
Violence perceived as part of the job	54%
Insufficient time for reporting	50%
Reporting might lead to job loss	23%
Reporting perceived as a sign of incompetence	19%
Fear of retaliation by perpetrator	15%

Recommendations

Nursing management should:

- Develop a policy on workplace violence that re-enforces a zero tolerance of workplace violence, sets out prevention strategies, includes a clear reporting system, and clarifies procedures on the management of violence and debriefing procedures.
- Encourage employees to see that violence is not normal and should be reported.
- Guarantee employees that reporting of acts of violence will not result in any negative reactions from nursing management.
- Make the reporting process easier.
- Be committed to collecting and reviewing statistics on workplace violence and giving feedback to nurse
- Focus on erasing the culture that underlies the failure to report non-physical violence.
- Enhance post incident support to nurses.
- Address risk factors for violence such as inadequate resources, understaffing, patient wait times, and insufficient training.

Implications for future research

Further research is needed to explore the level of understanding nurses have of workplace violence and the influence of culture on the reporting of violent acts against nurses.

Limitations

The results must be interpreted with caution as only one hospital with a small sample size was used, the reasons for not reporting may differ from hospital to hospital, and forms of violence may differ from one culture to another.

Conclusion

The safety of nurses in the selected hospital is compromised as they are exposed to acts of violence. Furthermore, the majority of nurses, who experienced workplace violence, underreport it. This underreporting leads to incorrect statistics on workplace violence that does not give management a clear extent of the problem. It is important that nurses in the selected hospital receive in-service training to gain more insight about the topic. This will not only protect them against violence, but can also help control them from being perpetrators of violence themselves. Therefore, reporting of workplace violence needs to be emphasised.

References

- Fisekovic Kremic, M.B., Terzic-Supic, Z.J., Santric-Milicevic, M.M., Trajkovic, G.Z. 2017. Encouraging employees to report verbal violence in primary health care in Serbia: a cross-sectional study. *Zdr Varst* 2017; 56, 11-17.
- Heckelman, B., Peter, K.A., Halfens, R.J.G., Schols, J.M.G.A., Kok, G. & Hahn, S. 2017. Nurse managers: determinants and behaviours in relation to patient and visitor aggression in general hospitals. A qualitative study. *Journal of Advanced Nursing*, 73, 3050-3060.
- Kennedy, J. & Julie, H. 2018. Nurses experiences and understanding of workplace violence in a trauma and emergency department in South Africa. *Health South Africa Gesondheid* 18, 1-9.
- Pompai, L.A., Schoenfisch, A., Lipscombe, H.J., Dement, J.M., Smith, C.D. & Conway, S.H. 2016. Hospital workers bypass traditional occupational injury reporting systems when reporting patient and visitor perpetrated (type II) violence. *American Journal of Industrial Medicine* 59, 853-865.
- Steinman, S. 2003. Workplace violence in the health sector. Joint Programme Working Paper, 1-58. Available from: www.who.int/violence_injury_prevention/promotion_of_safe_workplaces/.../en/WVcountrystudiesouthafrica.pdf. [Accessed 5 May 2018].

