Under Reporting of Workplace Violence by Nurses in a Regional Hospital in South Africa

Ronell Leech, PhD, M(ECI), BA (Hons), RN, RM
Gloria L. Maseko, MCur
Department of Nursing Science, University of Pretoria, Pretoria, South Africa

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. Several studies have identified workplace violence as a threat to nurses while on duty (e.g. Esmailpour, Salsali & Ahmad, 2010; Chapman, Styles, Perry & Combs, 2010). It can result in physical and psychological deterioration and reduced job satisfaction and performance (Schat & Frone, 2011). However, nurses underreport acts of violence, as they perceive it as part of their job, they were not physically harmed, and it is too time consuming (Pompeii et al. 2016). Furthermore, the nurses do not receive proper feedback, there is a lack of proper guidelines for reporting acts of violence (Fisekovic Kremic, Terzic-Supic, Santric-Milicevic & Trajkovic, 2017), and it does not lead to change (Arnetz et al., 2015).

In South Africa, Steinman (2003) found that most hospital human resource managers could not provide statistics on the incidence of acts violence. 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 (Macdonald, Lang & MacDonald, 2011) while on duty.

The researcher whilst working in the hospital selected for this study, observed acts of violence directed to nurses. However, the researcher could not find any statistics as nurses did not report acts of violence against them to management. In the literature, it is indicated that in hospitals in countries such as in Australia (Chapman et al., 2010) and Turkey (Talas, Kocaoz & Akguc, 2011) there is also a tendency for nurses to under-report acts of violence acts against them.

Under-reporting 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 (Kennedy & Hester, 2013). In addition, the quality of staff relations may deteriorate, low staff morale may develop and stress levels and stress related illness could increase. Furthermore, it could lead to performance errors, lower levels of job satisfaction, increased costs to employers and the health system, increased absenteeism and sick leave, poor performance, loss of productivity, and attrition of staff (International Centre for Human Resources in Nursing, 2007). Therefore, a need existed to conduct a study at the selected hospital to determine reasons why nurses underreport acts of violence against them.

Methods:

A quantitative, descriptive, cross-sectional research design was used to conduct the study in a regional hospital. At the time of the study, 123 nurses were permanently employed at the hospital. Due to the small number of possible participants, total population sampling; a type of purposive sampling (Etikan, Musa & Alkassim, 2015), was used to select the participants.

A self-developed, structured questionnaire was used to collect data over a period of one month. This was only done after approval from the research ethics committee was obtained. The researcher provided the nurses with information about the study to ensure they could make an informed decision to participate voluntary. Anonymity of the data was ensured as no names were requested. 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. Reliability and validity was ensured with the assistance of a statistician and by pre-testing the questionnaire. Ninety questionnaires were distributed and 88 were returned. Descriptive statistics were used to analyse the data.

Results:

The results of this study indicated that nurses were exposed to physical (44%) or psychological workplace violence (69%), and yet the majority of these acts of violence was not reported (physical violence, 67% and psychological violence, 75%). Perceived reasons provided for underreporting violence were amongst others: it is only necessary when an injury is sustained (65%), and violence is seen as part of daily life and the job itself (54%). In addition, the nurses indicated the unavailability of a workplace violence policy (61%), perpetrators of violence not being dealt with (50%), and nurses not receiving in-service training (58%).

Based on the results, the researcher developed recommendations for hospital management, unit managers, and the nurses to address the identified issues to ensure a safe working environment for the nurses in the hospital.

Conclusion:

Underreporting of workplace violence is a concern as the lack of data restricts knowledge about the extent of the problem. Inadequate knowledge could lead to nursing managers not emphasising workplace violence in healthcare settings sufficiently, thereby exacerbating the problem of underreporting.

Prevention of workplace violence needs to be emphasised. Nurses need to receive in-service training on workplace violence. Clear procedures on dealing with workplace violence have to be in place as well as improved reporting systems. In addition, management should be committed to collecting and reviewing statistics on workplace violence and giving feedback to nurses. Incorporating workplace violence in the curriculum can contribute to nurses being aware of the problem early in their career and provide them with the means to assist in preventing and managing workplace violence. It is necessary to identify the level of understanding nurses have of workplace violence and any barriers which limits understanding. The diverse cultural backgrounds of South African nurses, necessitates research on the influence culture could have on the reporting of workplace violence.

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Title:

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Keywords:

Acts of violence against nurses, Physical and psychological acts of violence and Underreporting of workplace violence

References:

Abstract Summary:

Quantitative, descriptive research was conducted to determine why nurses in a regional hospital in Mpumalanga Province, South Africa, underreport workplace violence. Data was collected with a questionnaire and analysed with descriptive statistics. Several organisational-related, management-related, and nurse-related barriers were indicated as to why nurses underreport workplace violence.
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I. Introduction
A. Several studies have identified workplace violence as a threat to nurses while on duty
B. Nurses underreport acts of violence
C. No statistics on the incidence of acts of workplace violence

II. Body
A. Main Point#1 Problem statement
   1. Supporting point#1 Observed acts of workplace violence
      a. Physical acts of workplace violence
      b. Psychological acts of workplace violence
   2. Supporting point2# Underreporting of workplace violence
      a. No statistics available on workplace violence in hospital
      b. Reasons for underreporting of workplace violence
   3. Supporting point#3 Consequences
      a. Compromised care of patients
      b. Nurse-related consequences
      c. Organisational-related consequences

B. Main Point#2 Methodology
   1. Supporting point#1 Research design
      a. Quantitative, descriptive
      b. Cross-sectional
   2. Supporting point#2 Setting
      a. Public, regional hospital
      b. Mpumalanga Province, South Africa
   3. Supporting point#3 Population and sampling
      a. 123 permanently employed nurses working in the hospital
      b. Total population sampling
   4. Supporting point#4 Data collection
      a. Self-developed questionnaire
      b. Sections of questionnaire: Personal and workplace information, physical acts of workplace violence, and psychological acts of workplace violence
      c. Distributed 90 questionnaires, 88 returned
   5. Supporting point#5 Data analysis
      a. Descriptive statistics

C. Main point#3 Ethical considerations
   1. Supporting point#1 Research ethics committee approval
   2. Supporting point#2 Permission to conduct research from relevant authorities
      a. Mpumalanga Province
      b. Regional hospital
   3. Supporting point#3 Ethical principles adhered to
      a. Beneficence
      b. Respect for autonomy
      c. Justice

D. Main point#4 Results
   1. Supporting point#1 Personal and workplace information
a. Sex and age  
b. Nurse category  
c. Years of work experience  
d. Hospital department in which the nurse is working  
e. Experienced workplace violence (physical and/or psychological)  

2. Supporting point#2 Acts of workplace violence and the incidence thereof  
a. Types of physical workplace violence and incidence thereof  
b. Types of psychological workplace violence and incidence thereof  

3. Supporting point#3 Perpetrators of violence  

4. Supporting point#4 Reporting of acts of workplace violence  

5. Supporting point#5 Barriers to reporting  

E. Main point#5 Recommendations  
1. Supporting point#1 Hospital management  
2. Supporting point#2 Unit management  
3. Supporting point#3 Nurses  

F. Main point#6 Implications  
1. Supporting point#1 Nursing practice  
a. Prevention of workplace violence needs to be implemented.  
b. Nurses need to receive in-service training on workplace violence.  
c. Clear procedures on dealing with workplace violence have to be in place as well as improved reporting systems.  
d. Management should be committed to collecting and reviewing statistics on workplace violence and giving feedback to nurses.  
2. Supporting point#2 Nursing education  
a. Incorporating workplace violence in the curriculum can contribute to nurses being aware of the problem early in their career and provide them with the means to assist in preventing and managing workplace violence.  
3. Supporting point#3 Research  
a. Identify the level of understanding nurses have of workplace violence and any barriers which limits understanding.  
b. The diverse cultural backgrounds of South African nurses, necessitates research on the influence culture could have on the reporting of workplace violence.  

III. Conclusion  

A. Underreporting of workplace violence is a concern  
B. Insufficient evidence equals insufficient knowledge about the problem.  
C. Insufficient knowledge exacerbates underreporting  
D. Preclude prevention and proper management of workplace violence  

First Primary Presenting Author  

Primary Presenting Author  
Ronell Leech, PhD, M(ECI), BA (Hons), RN, RM  
University of Pretoria  
Department of Nursing Science  
Senior lecturer  
Arcadia  
Pretoria  
South Africa  

Professional Experience: 2007-present -- senior lecturer in the Department of Nursing Science, University of Pretoria, South Africa. Supervised students in completing research projects in partial or
complete fulfilment for either a masters or doctorate degree. Co-authored and authored articles and chapters in scientific journals and textbooks. Numerous presentations at scientific meetings.

Author Summary: Ronell Leech is a senior lecturer in the Department of Nursing Science, University of Pretoria, South Africa. She is a lecturer in Nursing Management in the post basic undergraduate degree programme.

Second Author

Gloria L. Maseko, MCur
University of Pretoria
Department of Nursing Science
Student
Arcadia
Pretoria
South Africa

Professional Experience: Obtained a masters degree in Nursing Management in 2017 at the University of Pretoria, South Africa. The abstract submitted for the conference is based on the research project completed in partial fulfillment for the masters degree. Employed as a lecturer at a regional hospital since 2006.

Author Summary: Gloria Maseko is a lecturer at Ermelo Hospital, Mpumalanga Province in South Africa. She obtained her masters degree in Nursing Management in 2017 at the Department of Nursing Science, University of Pretoria, South Africa. She is registered with the South African Nursing Council as a general nurse, a community health nurse, a nurse manager and a nurse educator.