

## Originals

# Incidents of Violence and Verbal Abuse from Patients and Their Relatives against Nurses in Dokkyo Medical University Koshigaya Hospital

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## SUMMARY

This study aimed to understand the nature and frequency of violence and verbal abuse toward nurses in a Japanese general hospital. Questionnaires concerning violence and verbal abuse against nurses were distributed to 440 nurses employed at a university hospital and a total of 438 nurses responded to the questionnaire. Over one third reported attempted incidents of violence, whereas further one quarter reported being actually pinched, touched unnecessarily, or kicked. More than a half reported being yelled at, being complained to unreasonably about a medical service, and experiencing overbearing voices. The most common emotion experienced after facing violence or verbal abuse was embarrassment and discomfort, followed by anger. Nurses in the emergency and intensive care units and some surgical wards experienced higher levels of violence and verbal abuse than those in other wards. These findings prove the urgent need for the development of preventive actions to address the problem of workplace adversity.

**Key Words** : mental health, violence, verbal abuse, Japan, general hospital

## INTRODUCTION

Recently the incidents of violence against health-care workers have been increasing. The increased frequency of violent incidents in hospitals may reflect the increased drift toward resorting to violence as a means of problem-solving in society. According to Carroll<sup>1)</sup>, 38% of the non-lethal attacks in US workplaces occurred in healthcare facilities in 1994.

The highest risk group found in healthcare facilities

was nurses. Slattery<sup>2)</sup> reported the results of the 1997 study conducted by Colorado Nurses Association about violence in the workplace. It was found that about one third of all nurses had experienced violence in the workplace. A similar frequency was found by O'Connell et al.<sup>3)</sup> in terms of violence risks in nurses' workplace. The studies conducted in the United States<sup>1)</sup>, Europe<sup>4)</sup>, Poland<sup>5)</sup>, Australia<sup>6)</sup>, and Turkey<sup>7)</sup> have unanimously demonstrated that high levels of workplace violence are serious problems for nurses internationally<sup>8)</sup>.

By contrast, in Japan, there has been a relative paucity of studies concerning violence and verbal abuse against the health care staff. The literature databases in the last decade were searched focusing on papers in English. Only one major study was found<sup>9)</sup>, and it dealt exclusively with nurses working in psychiatric

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**Table 1** The age distribution of subjects

Age	20-29	30-39	40-49	50 ≤	Total	Missing
N	217	135	16	16	426	14

wards. To date, however, no studies published in journals in the English language have addressed the issue of aggression in general hospital settings in Japan.

Japanese nurses may confront their difficult predicament with resignation as if they were martyrs to duty. In this situation, little is known about Japanese nurses' perceptions of the nature and frequency of violence and verbal abuse in the workplace. Few researchers have ever heard the silent laments of Japanese nurses.

This is a preliminary, descriptive study concerning the workplace violence and verbal abuse. This study focuses on patients and their relatives as the perceived source of aggression toward the nursing staff. The aim of this study is to understand the nature and frequency of violence and verbal abuse experienced by nursing staff in a general hospital. It also seeks to illuminate the emotional results following these incidents as well as those following the experience of witnessing violence and verbal abuse against colleagues.

## METHODS

### 1. Subjects and Methods

This study started after receiving approval from the Ethics Committee of Dokkyo Koshigaya Hospital, where all data were taken. Dokkyo Koshigaya Hospital, a teaching hospital attached to Dokkyo Medical University School of Medicine, has one of the largest hospitals with respect to bed capacity in Saitama Prefecture, to the north of Tokyo. At the time of data collection, there were 440 nurses employed at the hospital. All questionnaires were distributed and returned via the nurse manager of each station. A total of 438 nurses responded to the questionnaire (99.5% response rate).

### 2. Measures

The questionnaire was developed on the basis of information in the literature<sup>3,5~7)</sup> and had 6 closed questions as well as descriptive questions concerning basic information about the place the nurse was working, age, duration of nursing experience, duration of em-

**Table 2** The number of respondents of each section

	Number of nurses
Outpatient clinics	52
Operation areas	31
Emergency and intensive care units	40
Ward of amenity beds	20
Neurosurgical ward	17
Cardiosurgery	18
Obstetrics	21
Ophthalmology	21
General surgery	23
Orthopedics	22
Circulatory medicine	20
Respiratory medicine	22
General and endocrinological medicine	21
Gastroenterological medicine	19
Mixed: neurosurgery and Gynecology	20
Mixed: Pediatrics and pediatric surgery	25
Mixed: otolaryngological and general surgery	20
Mixes: urological and general surgery	22

ployment in Dokkyo Koshigaya Hospital, etc. The main sections concerning violence and verbal abuse caused by patients and their relatives in Dokkyo Koshigaya Hospital were as follows: the nature of violence faced; the emotional results of the violence; the nature of facing verbal abuse; the emotional results of the verbal abuse; the experience of witnessing violence and verbal abuse against colleagues; the emotional results of witnessing. In advance of the study, the questionnaire was distributed to an expert group of nurses and their opinions were sought with regard to face validity. Incorporating their suggestions, most of which were concerned with the clarity and structure of questions, the questionnaire was revised. By means of a numerical coding system, all data were guarded under strict confidentiality and anonymity. The data were analyzed by using SPSS 11.0J for Windows.

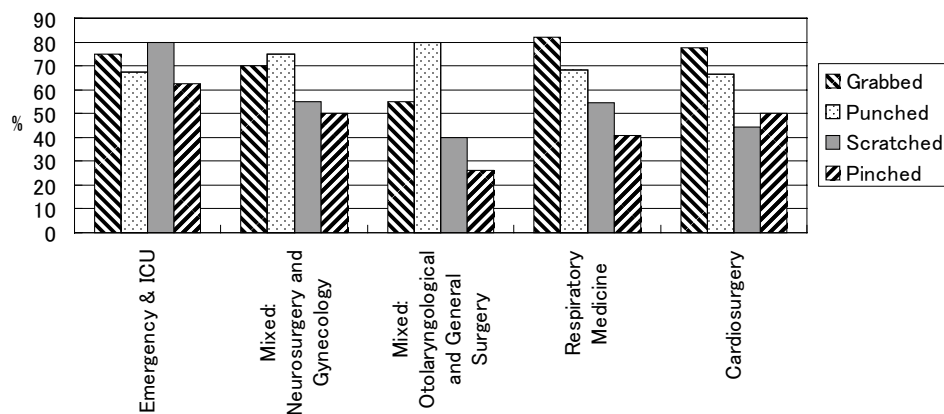
## RESULTS

### 1. Demographic Characteristics of Nurses and Workplace

Table 1 presents the generation of respondents. The mean duration of nursing experience was 8.30 years (SD=8.37) and that of the employment at Dokkyo Koshigaya Hospital was 6.94 years (SD=7.55). The re-

**Table 3** Types of violence experienced by nurses

Type of violence	Number of nurses	Percentage (%)	Number of missing data
Attempted to hit	220	50.6	6
Grabbed	213	48.8	4
Punched	189	43.2	3
Attempted to kick	102	39.4	4
Scratched	171	39.1	3
Threaten with a harsh noise	164	37.6	4
Pinched	132	30.2	3
Touched unnecessarily	128	29.2	2
Kicked	111	25.5	5
Hurled object	90	20.6	4
Pushed	74	17.0	5
Bitten	68	15.5	4
Threaten with object	30	6.8	2

**Figure 1** Violence experienced by nurses in high-risk wards

spondents consisted of 397 female nurses and 29 male nurses. Table 2 shows the number of respondents in each section.

## 2. Violence Experiences

Table 3 shows how frequently nurses have experienced each type of aggressive act in the hospital. Over one third reported experiencing attempts at being hit, grabbed, punched, kicked, scratched, or threatened with a harsh noise, whereas an additional one quarter reported being pinched, touched unnecessarily, or kicked. Nurses in the emergency and intensive care units, the respiratory medicine ward, the cardiosurgical ward, the mixed ward of otolaryngological and general surgery, and the mixed ward of neurosurgery and gynecology experienced higher levels of violence than those on other wards (Figure 1). On the other hand,

nurses in the operation areas (grabbed : 13.7 % ; punched : 10.0 % ; scratched : 6.6 % ; pinched : 10.0 %), outpatient clinics (34.6 %, 17.3 % ; 17.6 % ; 11.5 %, respectively) and the obstetrical ward (0 %, 0 % ; 9.5 % ; 4.8 %, respectively) experienced the lowest levels of violence.

## 3. Nurses' Emotions after Experiencing Violence

As shown in Table 4, nurses reacted with a variety of emotions after experiencing violence. The most common emotion reported was embarrassment. In addition, more than half of the nurses experienced discomfort, anger, fear, irritation and anxiety.

## 4. Verbal Abuse Experiences

Table 5 shows how frequently nurses have experienced each type of verbal abuse in the hospital. More

**Table 4** Types of emotions experienced by nurses who had encountered violence

Type of emotions	Number of nurses	Percentage (%)	Number of missing data
Embarrassment	224	60.8	72
Discomfort	220	59.6	71
Anger	208	56.3	71
Fear	194	52.5	71
Irritation	190	51.6	72
Anxiety	184	50.0	73
Sadness	174	47.6	75
Frustration	175	47.4	71
Hurt	172	46.7	72
Scare	166	44.9	71
Dejection	159	43.2	72
Concern ('shinpai')	155	42.0	71
Disappointment	99	26.9	72
Agitation	91	24.6	71
Insult	86	23.3	71

**Table 5** Types of verbal abuse experienced by nurses

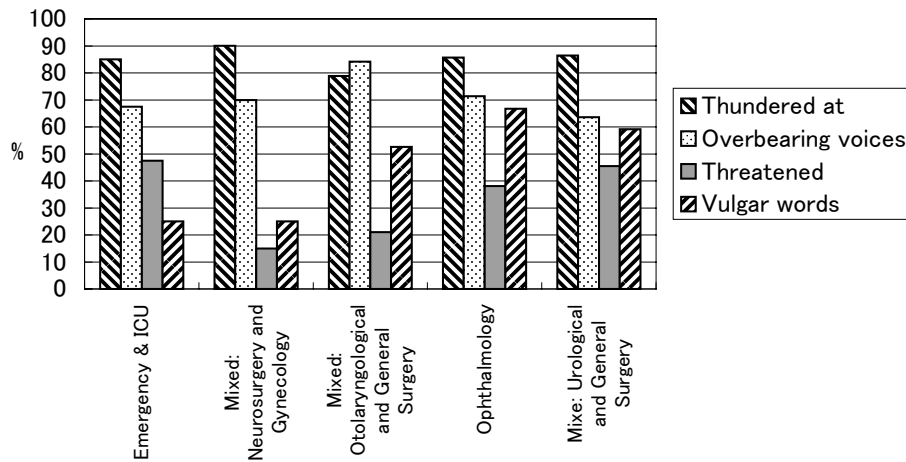
Type of violence	Number of nurses	Percentage (%)	Number of missing data
Yelled at	302	70.2	10
Unreasonable complaints about medical service	288	66.9	10
Experiencing overbearing voices	261	60.5	9
Asked about one's personal detail	194	45.0	9
Disregard	168	38.9	9
Imputed a fault to	150	35.0	12
Lied	147	34.3	12
Compared with other nurses	147	34.1	9
Threatened	138	32.0	9
Vulgar words	120	27.8	9
Contemptuous remark about clinical nursing	117	27.1	9
Neglect	102	23.6	9
Treatment without humane feeling	89	20.7	12
Called one's name without Japanese civil suffix 'san'	78	18.0	9
Criticized about one's personal appearance	48	11.1	9

than a half reported being yelled at, or unreasonable complaints about a medical service, and experiencing overbearing voices. In addition, more than a quarter experienced being asked about one's personal details, disregarded, accused or imputed to have committed a fault, lied to, compared with other nurses, threatened, receiving vulgar words and contemptuous remarks about clinical nursing. As shown in Figure 2, nurses in the emergency and intensive care units, the mixed ward of neurosurgery and gynecology, the mixed ward of otolaryngological and general surgery, the

ward of ophthalmology, and the mixed ward of urological and general surgery experienced higher levels of verbal abuse than those on other wards. By contrast, nurses in the operation areas (yelled at : 25.0% ; experiencing overbearing voice : 21.4% ; threatened : 14.2% ; vulgar words : 7.1%) and the obstetrical ward (40% ; 40% ; 20% ; 0%, respectively) experienced the lowest levels of verbal abuse.

##### 5. Nurses' Emotions after Experiencing Verbal Abuse

As shown in Table 5, the most common emotion ex-



**Figure 2** Verbal abuse experienced by nurses in high-risk wards

**Table 6** Types of emotions experienced by nurses who had encountered verbal abuse

Type of emotions	Number of nurses	Percentage (%)	Number of missing data
Discomfort	265	66.0	39
Dejection	240	59.8	39
Hurt	238	59.2	38
Anger	233	57.9	38
Sadness	230	57.3	39
Irritation	225	55.9	38
Frustration	239	54.6	39
Embarrassment	239	54.3	39
Anxiety	193	48.0	38
Fear	188	46.7	38
Concern ('shinpai')	180	44.7	38
Scare	158	39.4	39
Insult	142	35.3	38
Disappointment	136	33.9	39
Agitation	108	26.9	39

**Table 7** Experience of witnessing violence and verbal abuse against colleagues

Type of witnessing	Number of nurses	Percentage (%)	Number of missing data
Violence against colleagues	294	44.1	3
Verbal abuse against colleagues	193	62.7	3

perienced after facing verbal abuse was discomfort, followed by dejection, hurt, anger and sadness. In addition, more than a half of the nurses experienced irritation, frustration and embarrassment.

#### 6. Witnessing Violence and Verbal Abuse against Colleagues and Nurses' Emotion after Those

More than two fifths have witnessed violence

against colleagues and more than three fifths have witnessed verbal abuse against colleagues (Table 7). Their most common reaction was concern ('shinpai' in Japanese), followed by anger, irritation, anxiety and embarrassment.

## DISCUSSION

What nurses perceive as violence and verbal abuse

can depend on socio-cultural settings in that it is a mostly subjective evaluation. Therefore, it is essential to take cultural backgrounds into account in defining violence and verbal abuse. Researchers should identify the definition of violence and verbal abuse on the basis of the study sample. They should not rely on an operational definition that is often too simple to illuminate the group's real perception of this word.

This difficulty with defining the words "violence" and "verbal abuse" could cause under-reporting of violent incidents. A fear among victims of aggression that they will not be taken seriously makes nurses pause to think, and in consequence, they may feel an extreme reluctance to 'rock the boat'<sup>3)</sup>.

In Japan, very little examination has been carried out to illuminate the nature and frequency of physical and verbal violence in hospitals. When the literature databases were searched for papers in English, only one major study was found in the last decade. Inoue et al.<sup>9)</sup> assessed the psychological impact of verbal abuse or violence by patients against nurses working in psychiatric departments. Among the 225 whose replies were valid, 141 nurses replied that they had experienced verbal abuse or violence. Of the 141 nurses, 21 % had experienced severe psychological impact, indicated by the high score of the Impact of Event Scale-Revised (IES-R). Administering univariate and logistic regression analysis with dimensional assessment, the authors found that low satisfaction with family support and neurotic personality tendencies have significantly contributed to the psychological impact.

This study aside, a relative paucity of research is perhaps due partly to the under-reporting of the incidence of violence, which may derive from the mental attitudes of Japanese. The Japanese tend to accentuate the virtue of enduring adversity with invincible fortitude.

On the one hand, such a national attitude contains a sort of optimism, which facilitates positive behavioral adaptation when the Japanese encounter significant adversity. Hence, resilience is said to be a prime characteristic of the Japanese in that human life, with its pain and hardships, is accepted as transient. However, many Japanese have a tendency to face the many hardships without protest and accept the inevitable situation with a sense of renunciation and resignation.

The result of this study showed that most nurses experienced verbal abuse and a half of nurses even experienced violence while working. It is said that nurses throughout the world are confronted with workplace violence and verbal abuse at a very rapidly increasing pace. We found that this trend shows no exception among Japanese nurses. The percentage of nurses facing violence and verbal abuse in this study is rather consistent with that in other studies<sup>2~5,7,10)</sup>.

The most common types of physical aggression against nurses were attempts at being hit, grabbed, punched, kicked, scratched, and threatened with noise. These findings accord with those reported by O'Connell et al.<sup>3)</sup>, who also reported that the most frequent types of aggression experienced by nurses in an Australian metropolitan teaching hospital were being grabbed, punched, pushed, pinched, scratched and kicked.

The most frequent type of emotional responses to violence were embarrassment, followed by discomfort, anger, fear, irritation and anxiety. In this study, more than 60 % reported embarrassment, whereas only 9.4 % reported embarrassment in the study of O'Connell et al.<sup>3)</sup> in Australia. Aside from that, emotional reactions to violence in this study were largely similar to those found by O'Connell et al.<sup>3)</sup>, who reported frustration, anger, fear and emotional hurt as the most frequently reported emotions. Such emotional responses could inevitably cause an unacceptably tense atmosphere, which conflicts with the fundamental morality of providing nursing care with humanity. The continuous violence could traumatize and demoralize nurses.

As in the case with violence, there was no specific definition of what constituted 'verbal abuse' in the literature. The Guidelines on Coping with Violence in the Workplace written by the International Council of Nurses<sup>11)</sup> classifies violence into three categories : abuse, sexual harassment, and violence. However, it is unclear which among the three categories to place 'verbal abuse' in this classification. Thus, an important objective of this study was hence to define what the term verbal abuse meant to each nurse. Prior to this study, some nurses were asked to indicate the types of behaviors they considered to be 'verbal abuse'. What they regarded as 'verbal abuse' included types of behavior specific to Japan, such as being called one's

**Table 8** Types of emotions experienced by nurses who had witnessed violence and verbal abuse against colleagues

Type of emotions	Number of nurses	Percentage (%)	Number of missing data
Concern ('shinpai')	248	69.9	84
Anger	230	64.6	84
Irritation	210	59.4	87
Anxiety	206	57.7	83
Embarrassment	204	57.6	86
Discomfort	203	56.8	83
Sadness	201	56.6	85
Frustration	179	50.2	84
Dejection	176	49.5	85
Fear	174	48.8	84
Scare	144	40.3	83
Hurt	135	37.8	83
Disappointment	130	30.8	83
Agitation	96	27.0	85
Insult	94	26.3	83

name without the Japanese polite suffix 'san', in addition to types of behaviors reported in literature outside this country.

The most common type of verbal abuse were being yelled at, unreasonable complaints about medical service and experiencing overbearing voices, which more than 60 % of nurses had experienced. Being asked about one's personal details and hearing vulgar words are experienced by more than a quarter of nurses. In Japan a cardinal principle of social tact is to maintain an appropriate degree of reserve, according to the acceptable level of intimacy in each interpersonal relationship. In this respect, nurses perceive being asked about their personal details and experiencing vulgar words as totally unwelcome advances that impede them in performing their nursing care.

The most frequent emotion experienced by nurses after verbal abuse was discomfort (66.0 %), followed by dejection (59.8 %), hurt (59.2) and anger (57.9). These findings concur with those of Öztunç's study (2006) in Turkey, which also reported anger (50.6 %), dejection (44.1 %), discomfort (30.7 %) and hurt (27.2 %) as the most common emotional responses, although more Japanese nurses experienced these reactions than Turkish nurses.

In this study nurses in the emergency and intensive care units, the mixed ward of otolaryngological and

general surgery, and the mixed ward of neurosurgery and gynecology experienced higher level of violence than those on other wards. By contrast, nurses in the operation areas and the obstetrical ward experienced the lowest levels of verbal abuse. It is known that a high percentage of nurses working for a psychiatric ward and accident and emergency areas fall victim to violence<sup>5)</sup> and verbal abuse<sup>5,7)</sup>. The present results, however, showed that physical and verbal aggression are not always confined to well recognized high-risk areas, but are more widespread than thus far expected. According to the data from this study, a high frequency was found in various surgical wards. Moreover, the findings from this study suggest that all areas more or less carry a risk of physical and verbal violence.

This study focused on patients and their relatives as the perceived sources of aggression towards nurses. However, as Merez et al.<sup>5)</sup> pointed out, nurses' mental health may suffer much more from serious threats experienced from co-workers than that from sick people. O'Connell et al.<sup>3)</sup> found that medical staff members were the most frequent cause of nurses' feelings of intimidation and lack of confidence regarding their own abilities as professionals<sup>6)</sup>. Most nurses are tolerant enough for the rude or aggressive behavior of patients, because they accept it as a part of illness. However,

when the same violent attitude is shown by colleagues from work, their forbearance comes to the end. Studies have shown that violent incidents are correlated with personnel exhaustion and decrease in work performance<sup>6)</sup>.

Relationships between nurses and doctors are one of the most frequent sources of violence and hostility. As far as verbal abuse is concerned, Sofield and Salmond<sup>10)</sup> reported that the most frequent source was the physicians, followed by patients, patients families, peers, supervisors, and subordinates.

The frequency of violence and verbal abuse against nurses proves the urgent need for the development of preventive actions to address the problem of workplace adversity. There has been much evidence that violent incidents are associated with personnel exhaustion and decrease in work performance<sup>6)</sup>. What the nurses are most concerned about is the guarantee of safer work. Working together, supporting each other and being sensitive to the difficulties of peers are all essential to workplace safety. Physicians' appropriate intervention in a quandary is requisite for the cooperation of the work. Even if she encounters violent incidents, a nurse can manage owing to adequate peer support.

The generalization of the result from this research to other hospitals in Japan should be taken into further deliberation. This is because nurses gave statements regarding violence and verbal abuse experienced exclusively in Dokkyo Koshigaya Hospital. The hospital where the data were obtained is a teaching hospital attached to a medical school. Koshigaya City, the location of the hospital, is an industrial and commercial centre as well as a commuter suburb of the capital of Japan. According to socio-cultural differences, there may be a wide variation in the levels of violence and verbal abuse in the workplaces within this country. Moreover, as Table 1 shows, the generational distribution of subjects has a bias to the age between 20–29. A previous study<sup>9)</sup> reported that low age of nurses was significantly related to psychological impact. The fact that a lot of young nurses were involved in this study may partialize the results.

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