Original Article

THE ROLE OF THE EMPLOYER IN WORKPLACE VIOLENCE: THE HEALTH CARE WORKERS' PERSPECTIVE.

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ABSTRACT

Background
Workplace violence affects millions of people on a yearly basis. It has important consequences both for the harassed and the employer. The aim of the study was to find out the role employers play in controlling workplace violence in a tertiary healthcare institution as perceived by the health care workers.
Methods
The study was a descriptive cross-sectional study carried out among nurses and doctors at the University of Nigeria Teaching Hospital ItukuOzalla (UNTH), using a pre-tested, self-administered and semi-structured questionnaire that was adapted from the workplace violence in the health sector country case studies research instruments by ILO/ICN/WHO/PSI. A sample size of 412 was obtained using the sample size determination formula for cross-sectional descriptive studies. Data was analysed using Epi Info version 3.5.4. Chi-square test was used to determine association with a significance level of p-value at 0.05.
Results
Four hundred and twelve healthcare workers participated in the study, of which 111(26.9%) were doctors while 301 (73.1%) were nurses. One hundred and thirteen (27.4%) respondents felt there were policies on health and safety, 154 (37.4%) reported that there was no policy while 145 (35.2%) did not know if there was any existing policy. For measures in place to mitigate violence at the workplace, 240(58.3%) mentioned existing security measures, 174 (42.0%) improved surroundings, 96 (23.3%) reduced work alone hours, while only 89 (21.6%) mentioned restriction of public access.
Conclusion
Very few healthcare workers had correct information about the existence of policies to protect them from violence at the workplace. Most employees only know about existing security measures with little or no knowledge of other measures that can be helpful in curbing violence in their workplace. Drafting, dissemination and implementation of policies to reduce workplace violence in our healthcare facilities is recommended.
Keywords: workplace, violence, role of employers, health-worker.

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INTRODUCTION

The Occupational Safety and Health Administration (OSHA) of the United States of America department of labour defines workplace violence as violence or the threat of violence against workers that can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide.[1] It can be broadly categorized into physical violence and psychological violence (verbal abuse, harassment, bullying/mobbing and threat).[2]
Workplace violence affects millions of people on a yearly basis. It has important consequences both for the harassed and the employer.[3] It can take different forms ranging from physical violence/abuse to verbal abuse, verbal threats, bullying and sexual harassment.[2,4]The growing awareness can be attributed to the increased interest of organizational researchers in violence at the workplace.[2] It is prevalent in all types of occupations, but some group of workers are more at risk of violence than others.
According to the World Health Organization (WHO), healthcare workers (HCWs) are among those more at risk of violence in the workplace. As many as 25% of all violent incidents at work are in the health sector.[4] More than 50% of HCWs have experienced one form of workplace violence or the other, and psychological violence is more frequent with verbal abuse on top of the list, followed by bullying/mobbing.[2,5]
Workplace violence can be said to be a public health issue and a human rights concern. The burning question is, what are measures that have been put in place by employers to reduce violence at the workplace in terms of punitive measures for perpetrators, policies and other measures? There are not many studies on the role of employers in violence at the workplace. A coalition of country case studies on workplace violence in the health sector by the International Labour Organization (ILO), International Council of Nurses (ICN), WHO and Public Service International (PSI) of the following countries; Brazil,

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Bulgaria, Lebanon, Portugal, South Africa and Thailand states that "in majority of cases, no specific policy on workplace violence is in operation and this is a major setback in dealing with workplace violence effectively."[2] This study reports that there are some existing measures in place to control violence in the workplace, but they are more focused on immediate and physical type of response such as security measures and improvement of the physical environment rather than strategic and organizational factors.[2] According to a case study in Thailand, the system for sanctioning perpetrators is very deficient this can be elicited from the participants responses as follows; about 50% of perpetrators of violent acts are not punished, very few persons involved in acts of violence are prosecuted, perpetrators of violence against nurses and doctors are less likely to be punished, and for those who received a negative consequence for their action, a verbal warning was the most severe consequence they experienced.[6] Seventy nine percent of respondents in the above study agreed to an existing preventive measure being in place to combat violence while 66.5% stated that security measures were in place.[6] The very limited data on the role employers play in mitigating workplace violence, especially in Nigeria is a major concern; hence this study aims to find out the role employers play in controlling workplace violence.

Methodology

The study was a descriptive cross-sectional study carried out among nurses and doctors at the University of Nigeria Teaching Hospital Enugu (UNTH). The tertiary health facility was selected using a simple random sampling technique, out of the 4 public tertiary health institutions within the state as the study site. A sample size of 412 was obtained using the sample size determination formula for cross-sectional descriptive studies.[7]A list of nurses and doctors in each departmentwas obtained from the Personnel department and 267 eligible doctors and 780 nurses, our respondents were selected using simple random sampling. Ethical approval was obtained from the ethical board of the UNTH Ethics Committee; informed consent was obtained from the participants and confidentiality was ensured by excluding any form of self – identifier.

We collected data with a pre-tested, self-administered and semi-structured questionnaire that was adapted from the workplace violence in the health sector country case studies research instruments byILO/ICN/WHO/PSI.[8] Information obtained from the respondents include socio-demographic and workplace characteristics, as well as their knowledge of the role their employer play in mitigating or controlling violence in the workplace in terms of policies, existing measures and their perception of how helpful these measures could be.

Data entry and analysis were done using EpiInfoversion 3.5.4. Chi-square test was used to determine association with a significance level of p-value at 0.05.

Results

Four hundred and twelve healthcare workers participated in the study. One hundred and eleven participants (26.9%) were doctors, while 301 (73.1%) were nurses. This is because of higher proportion of nurses in the institution.About75.2% of our respondents were female, while 24.8% were male. Majority of the participants were married (75.2%).

When the respondents were asked if there are policies that have been developed to curb workplace violence by their employer including policies on health and safety, physical workplace violence, verbal abuse, sexual harassment, bullying/mobbing and threats, they gave varying responses (Table 2). Although there are no written policies on violence at the time of the study, one hundred and thirteen (27.4%) respondents felt there were policies on health and safety, 154 (37.4%) says there is no policy while 145 (35.2%) do not know if there was any existing policy. Sixty-nine participants (18.7%) agreed to there being a policy on physical workplace violence, 194 (47.1%) says there is no policy on it while 149 (36.2%) are not aware of any policies on physical workplace violence. 60 (14.6%) respondents claimed they know about policies on sexual harassment, while 14.3% and 16.7% perceived there were policies by the employer to cub bullying and threat at the workplace, respectively.

When asked about ideal measures usually existing to deal with workplace violence as shown in table 3, two hundred and forty (58.3%) mentioned existing security measures, 174 (42.0%) mentioned improved surroundings as an existing measure to curb workplace violence while 96 (23.3%) said if work alone hours were reduced, it is yet another existing measure to deal with workplace violence. Restriction of public access was also mentioned by 89 (21.6%) respondents as a preventive measure for workplace violence, while 99 (16.7%) agreed to patient protocols. Also. From table 4, a large proportion (301, 73.1%) of participants said that the existing security measures will be very helpful in dealing with issues of workplace violence while improved surroundings(260, 63.1%), training (243, 59.0%) and human resource development (233, 56.6%), were also considered very useful by majority of the respondents.

Table 4 is a cross-tabulation of socio-demographic variables and respondent's knowledge of employer's policies concerning workplace violence. There is a significant association between respondents' sex and occupation with knowledge of employer's policies on Health and Safety, where knowledge was higher among females than males as well as higher among nurses than doctors, The same respondent variables were significant for knowledge of employer's policies on physical violence, verbal abuse and sexual harassment.

Discussion

The socio-demographic characteristics of the respondents in our study showed that majority were females and were mostly of the nursing profession. This is in agreement with a WHO analysis of 2019 where up to 70% of health workers are females with female workers constituting the majority of the nurses.[9]

According to Oregon OHSA, "employers have a legal and ethical obligation to promote a work environment free from threats and violence".[10]Taking a critical look at the origins, forms and risk factors of violence to healthcare workers in their place of work will go a long way in enhancing policy formulation and establishment of

appropriate measures to combat these acts. Some organizations have written policies and measures to combat workplace violence, while others have verbal forms or non-at all. Governing bodies like ILO, ICN, WHO and PSI have jointly developed a set of guidelines that employers can use as a reference tool to set up policies in their various workplaces.[1112]

From our study, even though no policies were found available at the time of the study, up to a third of our respondents believed there were policies on health and safety, 37.4% reported that there was no policy while 35.2% did not know if there was an existing policy. This finding is in keeping with a study done in South Africa, where a total of 83.63% respondents reported having insufficient knowledge or were not knowledgeable about any occupational policy.[13] Also, about one-fifth of our respondents agreed to there being a policy on physical workplace violence, half reported there was no policy on it while about one third did not know if there are any policies on physical workplace violence. On the other hand, more than half (58.3%) of our respondents correctly reported that there were existing security measures while less than a fifth agreed to being aware of patient protocols that are in place to mitigate violence at the workplace. This corresponds to the findings of a study done in Thailand among healthcare workers where more than half of their respondents agreed to an existing preventive measure being in place to combat violence, and 66.5% stated that security measures were in place.[6]

From our study, majority of our respondents (73.1%) feel that security measures will go a long way in controlling workplace violence and more than half of them (63.1%) said improved work environment will also be helpful. The above result can be compared to the South African study, where 86.06% of their respondents said that workplace policies were particularly useful.[13]In a review of Policy Perspectives on Occupational Stress, O'Keefe et al. underscored the importance of employers practising regular risk assessments exercises to identify areas of potential work stress like violence while providing training for all managers and supervisors, as well as offering confidential counselling to employees affected by work-related stress and violence.[14] Some studies have shown that employers who may not have policies or legislations desensitize their employees about issues on violence by asking them to tolerate is as it is part of their job and cannot be done away with.[15,]

A cross-tabulation done to determine the relationship between sociodemographic variables and respondents' perception of employer's policies, we found a significant association between sex and occupation of our respondents and their perception of employers' policies. Assessing individual variables, female gender, married respondents' and nurses were found to be associated with the perception that there are employers' policies on different categories of workplace violence. Unsurprisingly, it was respondents with less than 10years working experience who mostly said there were available employer policies, showing that those with longer working experience knew the correct situation. This is in tandem with a study done in South Africa where respondents with fewer years of working experience did not have adequate knowledge of available legislation and policies at the workplace as a result of inadequate orientation or lack of training.[13]

Conclusion

This study shows that not many healthcare workers know the situation about policies in place to protect them from violence at the workplace. Also, amidst all measures that ideally should be in place to reduce workplace violence, most employees only know about existing security measures with little or no knowledge of other measures in place. This should encourage employers and organizations to draft and implement policies where there is none, strengthen existing measure of mitigating violence and enlighten employees on measures available to protect them.

Table 1. Socio-demographicic characteristics of respondents

Variable	Frequency	Percentage
Age		
≤35 years	150	36.4
>35 years	262	63.6
Sex		
Male	102	24.8
Female	310	75.2
Marital status		
Single	93	22.6
Married	310	75.2
Widow	7	1.7
Separated / divorced	2	0.5
Occupation		
Doctor	111	26.9
Nurse	301	73.1
Years of practice		
<10 years	240	58.3
>10 years	172	41.7

Table 2: Respondents' employer policies (multiple responses possible)

Respondents' employer developed specific policies on	Yes		No		Don't know	
	N	%	N	%	N	%
Health and safety	113	27.4	154	37.4	145	35.2
Physical workplace violence	69	18.7	194	47.1	149	36.2
Verbal abuse	65	15.8	193	46.8	154	37.4
Sexual harassment	60	14.6	178	43.2	174	42.2
Bullying/Mobbing	59	14.3	186	45.1	166	40.3
Threat	69	16.7	182	44.2	160	38.7

Table 3. Respondents' knowledge of ideal measures to deal with workplace violence at respondents' workplace (multiple responses possible)

Existing measures to deal with workplace violence at respondents' workplace	Frequency	Percentage %
Security measures	240	58.3
Improve surroundings	174	42.2
Restrict public access	89	21.6
Reduced periods of working alone	96	23.3
Patient screening	89	21.6
Patient protocols	69	16.7
Access to information	67	16.3
Restrict exchange of money at the workplace	71	17.2
Increased staff numbers	82	19.9
Changed shifts or rotas	56	13.6
Check-in procedures for staff	89	21.6
Special equipment or clothing	88	21.4
Training	99	22.6
Investment in human resource development	51	12.4
None of the above	7	1.7

Table 4: Respondents view of usefulness of measures to deal with workplace violence.

Measures	Very	Moderate	Little	Not at all
Security measures	301 (73.1)	32 (7.8)	34 (8.3)	45 (10.9)
Improve surroundings	260 (63.1)	77 (18.7)	26 (6.3)	49 (11.9)
Restrict public access	209 (50.7)	93 (22.6)	48 (11.7)	62 (15.0)
Patient screening	198 (48.1)	76 (18.4)	44 (10.7)	94 (22.8)
Patient protocols	182 (44.2)	90 (21.8)	45 (10.9)	95 (23.1)
Restrict exchange of money at the workplace	170 (41.3)	93 (22.6)	52 (12.6)	97 (23.5)
Increased staff numbers	225 (54.6)	75 (18.2)	39 (9.5)	73 (17.7)
Check-in procedures for staff	168 (40.8)	117 (28.4)	56 (13.6)	71 (17.2)
Special equipment or clothing	166 (40.3)	91 (22.1)	69 (16.7)	86 (20.9)
Changed shifts or roster	153 (37.1)	103 (25.0)	71 (17.2)	85 (20.6)
Reduced periods of working alone	220 (53.4)	74 (18.0)	35 (8.5)	80 (20.1)
Training	243 (59.0)	76 (18.4)	28 (6.8)	65 (15.8)
Human resource development	233 (56.6)	81 (19.7)	25 (6.1)	73 (17.7)

Table 4a: Association between Socio -demographic factors and respondents' perception of employer's policies on health and safety and physical violence.

	Policy on Health and safety				
Variable	Yes	No	**Don't know**	Chi – square	P value
Age					
≤35	45	50	55	1.747	0.417
>35	68	104	90		
Sex					
Male	20	33	49	10.293	0.006
Female	93	121	96		
Marital status					
Single	29	27	37		
Married	82	122	106		0.324**
Widowed/ separated/ divorced	2	5	2		
Occupation					
Doctor	21	41	49	7.476	0.024
Nurses	92	113	96		
Years of practice					
<10	70	84	86	1.571	0.457
>10	43	70	59		
Policy on Physical violence					
Age					
≤35	26	68	56	0.291	0.863
>35	43	126	93		
Sex					
Male	11	41	50	10.439	0.005
Female	58	153	99		
Marital status					
Single	20	35	38		
Married	48	153	109		0.217**
Widowed/ separated/ divorced	1	6	2		
Occupation					

Table 4b: Association between Socio-demographic factors and respondents' perception of employer's policies on verbal and sexual abuse.

	Policy on verbal abuse				
Variable	Yes	No	Don't know	Chi – square	P value
Age					
≤35	27	64	59	1.859	0.399
>35	38	129	95		
Sex					
Male	5	44	53	18.271	<0.001
Female	60	149	101		
Marital status					
Single	18	34	41		
Married	46	153	111		0.170**
Widowed/ separated/ divorced	1	6	2		
Occupation					
Doctor	6	50	55	16.485	0.024
Nurses	59	143	99		
Years of practice					
<10	38	113	89	0.022	0.991
>10	27	80	65		
Policy on sexual harassment					
Age					
≤35	25	60	65	1.345	0.521
>35	35	118	109		
Sex					
Male	9	37	56	9.725	0.007
Female	51	141	118		
Marital status					
Single	23	31	39		
Married	35	142	133		0.009**
Widowed/ separated/divorced	2	5	2		
Occupation					

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