Caregivers’ concerns – Age-group issues on workplace violence

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Abstract

The issue of workplace violence (WPV) around the world can be characterized as workplace terrorism. The health care industry is the most important industry that manages, promotes and ensures wellness of its people. Therefore, issues concerning its caregivers should not be underemphasized. The whole world is fighting seriously to eliminate terrorism, so reduction and elimination of WPV in the healthcare industry should be a major concern to everyone. This study investigates the age group among long term care facilities’ nurses and Certified Nursing Assistant (CNA)’s that have experienced WPV most during the performance of their duties. Eighty caregivers from three facilities in Greensboro, North Carolina participated in the study. Caregivers were grouped into four age-group categories. Group one was nurses and CNA’s from the age of 18 – 25 years old, group two from 26 - 35, group three from 36 – 45, and group four from 46 and above. Thirty-two of the participants fall into age group four, 19 falls into age group three, 20 into age group two and 9 into age group one. Every participant has a minimum of seven years and maximum of ten years’ work experience in long-term facility. Participants were predominantly Black or African-American and Caucasian. Results revealed that 78% of the nurses and CNAs in group one have experienced WVP, followed by group three 70%, and group four 63%. A statically significant difference was found in the number of nurses and CNAs that falls in age group three and group one (t= 2.014, df = 45; p = 0.019) and (t=2.12; df = 16; p = 0.017) respectively. The findings from this study could help identify the age groups that are predominantly exposed to WPV and how WPV training should be designed differently for the age groups.

1. Introduction

Worker’s performances are the drivers of his/her productivity; the accumulation of the productivities determines the output which dictates the profit margin of a company. Every organization strives for high profit so as to be the local, or national or world leading company in performances. Struggle for high profit margin by the companies has reduced the management attention toward the safety of the employee. In light of this, US Congress passed the
Occupational Safety and Health Act of 1970, (OSH Act), to assure that every working man and woman in the nation safe and healthful working conditions and to preserve our human resources. Some decades ago, NIOSH has intensified research on workers safety. Recently, workplace violence (WPV) has now been recognized as one of the safety issues in US workplaces. Among all sectors, researches and reports have revealed that healthcare industry is one of the top leading industries where WPV is highly practiced. According to OSHA [1] report of 2013 there are 6.8 work-related injuries and illnesses for every 100 full-time hospital employees a rate that puts hospitals ahead of other industries like manufacturing and construction. Fidelity’s 2014 [2] press report also supports the fact that the health care industry is the fifth largest industry in the US. Meanwhile, WPV is the fourth-leading cause of death in the workplace and the leading cause of death among women in the workplace [3]. As a result, WPV in America is at the forefront of everyone’s thoughts. Several authors have characterized WPV as a complex, unsafe and global occupational burden in the modern health care environment that presents challenges for all healthcare personnel [4, 5, 6].

Violence is defined as behavior or treatment in which physical force is exerted for the purpose of causing damage or injury. In the workplace, violence is becoming a daily occurrence on a worldwide scale. Violence towards healthcare workers is an ever increasing public concern and puts healthcare personnel at risk for exposure to violent behavior and or treatment while at work with a risk of about 5% of its workforce as compared to all other occupations [5]. These violent acts are defined as verbal abuse, threatening behaviors, and assaults by patients and or family members; with verbal abuse being the most frequent form of abuse experienced, followed by physical abuse [7]. It is a common stereotype that experience and age can influence the prevalence of physical and verbal abuse experienced by the caregivers. A study conducted by [8] in 2004 identified nurses with less than 10 years’ experience in healthcare and those under the age of 39 experienced a significantly higher incidence of violent workplace acts. It was also revealed by [8] study that approximately 82.1% of the nurses who experienced the highest percentage of any type of workplace violence fall in the age range of 30-39 years old.

The epidemiology of workplace violence in the healthcare profession identifies a continued need for the adaptation of healthcare reform in hospital policies, protocols and training when dealing with aggressive patients and family members. It is understood by everyone that as every generation changes, baby boomers are closer to the grave, while generation Y & X are the current decision makers. Jet generations are at their energy stage and getting ready to take over the decision roles so, if the issues of WPV continue at the present trend, what will happen during the next generation? Thus, it will be important to critically look into WPV with a magnified lens of senses and investigate which age group perpetrates the evil more and which age-group experiences the act more. Therefore, this study investigates the age group among nursing professions that as experienced WPV most in three long-term facilities located in Greensboro, North Carolina.

2. Methodology

2.1. Method

The study population included two focus groups (certified nurses and CNAs) working in long-term facilities geographically located in the Piedmont Triad and Central North Carolina. The total number of nurses and CNAs who participated in the survey was eighty, comprised of both males and females. Participants were recruited with the management of the facilities support with a support letter from the Institutional Review Board (IRB). Participants were fully informed of any risk associated with the research before giving their informed written consent to participate. The research protocol was approved by the University IRB. Participants were grouped into four age group categories (18-25), (26-35), (36-45) and (46 and above). Participants were Black or African American, Caucasian and others with the predominant ethnicity being Black or African American. The materials used included paper and staplers to prepare the questionnaire, boxes for collecting completed questionnaires, Lenovo desktop computers to prepare the questionnaire, printers and flash drives to save the questionnaire. Age group 18-25 was taken as group one, (26-35) as age group two, (36-45) as age group three and (46 and above) as age group four.
2.2. Procedure

In this study, data was collected using a self-developed questionnaire adapted from a standardized questionnaire. The self-developed portions of the questionnaire were based on the interview responses with ten nurses and five CNAs that have worked in long-term facilities for an average of eight years. Prior to the submission of the research to the (NCA&T) Institutional Review Board (IRB) office, the questionnaire was reviewed by a registered nurse (RN) to validate the contents of the questionnaire to the target audience. The questions were presented in the form of yes/no options. The yes/no options reflected what several researches have used [9, 10, 11] to investigate the effects of violence in the workplace. After the review, the application packages were put together and submitted to the IRB to be reviewed for research ethic violation. The approval of the application package and the support letters to the various long-term facilities were approved about three weeks after submission to the IRB office. Prior to the distribution of the questionnaire to various facilities, each facility was visited to obtain permission. At each facility, the purpose of the research was explained to each facility’s management and approval was obtained before the distribution date. In each facility, a box taped around with a little opening at the top was made available at the reception desk for participants to return completed questionnaires without fear of identification by any member of management (i.e. ensured that every participant’s privacy was protected). Each facility was visited three times daily (morning, afternoon and evening) for a period of one week. Participation was voluntary, and all surveys were each attached with the consent form that explained the purpose of the research and a space to sign. After a completed week, (5-working days), both completed and uncompleted questionnaires were collected from each facility and were taken to a lab in the School of Technology at NCA&T for data compilation. Each questionnaire only required about 10-15 minutes to complete.

3. Data analysis

It took about six weeks for the data collection. Data compilation was done in the department laboratory using Excel® version 2010. Eighty nurses and CNAs returned fully-completed questionnaires, of which 92% (n =74) were female and approximately 8% (n =6) were male. Sixty-two percent were Black or African American, approximately 33% were Caucasian and only 2% were from other ethnicities. About 58% of the participants indicated that their patients are predominantly Caucasian, about 28% of the participants listed their patients as Black or African American, and Caucasian, 11% had only Black or African Americans, while Caucasian less than 1% of the participants had patients that were predominantly Hispanic or Latino, Asian/Pacific Islander (i.e. others). About 11% fell into age group one, approximately 24% fell into age-group two, 25% fell into age-group three and 40% fell into age-group four. Table 1 shows participants ethnicity, age-group and gender by both ethnicity and age-group distributions.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Age-Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18-25</td>
</tr>
<tr>
<td>Black</td>
<td>52</td>
</tr>
<tr>
<td>Caucasian</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>46</td>
</tr>
</tbody>
</table>

*F = Female and M = Male

The analysis involved basic descriptive statistics concerning caregivers’ perspectives on workplace violence. Inferential statistical analysis was also performed on caregivers’ that fell into age groups. Overall 65% of the participants reported having experienced WPV in one form or another, while only 35% reported that they have not experienced WPV. About 78% of the nurses and CNAs in group one have experienced WVP, followed by group three 70%, and group four 63% and finally group two with 58%. Table 2 shows the frequency distribution of the participants’ responses. Figure 1 shows the frequency distributions of WPV sources in the long-term facilities based on the age group.
Table 2. Frequency distributions of participants’ responses.

<table>
<thead>
<tr>
<th>Age-group</th>
<th>Responses</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>12</td>
</tr>
</tbody>
</table>

*YES indicates that participant has experienced WPV *NO indicates that participant has not experienced WPV.

The number of occurrences as shown in Figure 1 did not indicate the number of participants who are exposed to WPV, but what participants indicated as the sources of the WPV ever experienced. Sometime participants identified more than one source of the WPV they ever experienced. Participants in group four was shown to have experienced WPV more with the patients, next with co-workers and visitors. Age-group three felt that the perpetrators are more common among the co-workers, followed by management. Among age-group two, WPV perpetrators were found more among the patients follow by the co-workers. There was no difference seen between the visitors and management.

Figure 2 indicates the frequency distributions of WPV types experienced by the surveyed participants. It is indicated in Figure 2 that age-group four experienced verbal abuse more than all other types of WPV, they also experienced physical abuse and intimidation next to verbal abuse. Age-groups two and three identified intimidation, degradation, and physical abuse as the most WPV experienced almost all the time. Among all the age groups; age-group four was shown to have experienced verbal abuse more than all other age-groups, while age group three indicated to have experienced intimidation and degradation more than other age groups. Age-group two was shown to have experienced constant criticism more than other age groups.

Fig. 1. Frequency distributions of WPV perpetrators in long-term care facilities.
An unpaired t-test was further conducted on the number of caregivers who have experienced WPV in different age-groups using SAS version 2013 software. The results revealed a statistically significant difference between the caregivers who have experienced WPV and those who have not in age-group one and three ($t= -2.44; df = 46; p = 0.019$) and ($t= -2.67, df = 16; p = 0.017$) respectively. The differences found in age-group four showed no statistical significance, likewise that of age-group two. Table 3 shows the summary results of the unpaired t-test.

| Method      | Variance  | DF  | t-Value | Pr > |t| |
|-------------|-----------|-----|---------|------|---|
| Pooled      | Equal     | 46  | -2.44   | 0.0188 |   |
| Satterthwaite| Unequal   | 45.247 | -2.44   | 0.0188 |   |

Table 3. Summary of the unpaired t-test.

### 4. Discussion

Studies have concluded that caregivers are one of the groups of professionals who are at a high rate of risk for workplace violence [12, 13]. The results of this study support the growing literature about issues on workplace violence as it relates to caregivers’ age-groups. Although, several studies have been done on WPV, none or little has categorized caregivers into different age groups. This study investigates the age groups among long term care facilities’ caregivers who have experienced WPV most during the performance of their duties. A significant proportion of the participants reported experiences of workplace violence. Meanwhile, part of the findings of this study revealed that caregivers in the category of age groups one and three significantly experienced WPV of all kinds compared with those who fall in the category of age-groups four and two. The statistical significantly differences found in age-group three agreed with the findings of [8], 2004 whose results revealed that nurses in the age from 30-39 years old were shown to have experienced WPV most among all other age-groups that participated in their study. An interesting finding in this study is that caregivers in age-group four reported to have experienced different kinds of WPV but in population it is not statistically significant. An important finding that emerges from
this study is that age-group three experienced more intimidation, degradation and physical abuse than other groups, meanwhile verbal abuse was reported to be commonly experienced by the age-group four. Constant criticism was showed to be commonly experienced by the age-group two. The results from this study supported other researchers who found that caregivers experienced verbal and physical abuse at a higher rate than any other types of violent acts [14, 15, 16, 17]. Another important finding in this study is that the overwhelming majority of threats and assaults against caregivers came from patients and co-workers. This finding supported [18, 16, 20] findings. This study is also going to spring board the research efforts to specifically focus on situations to determine how WPV types can be prioritized in training materials for caregivers.

5. Limitations

Several limitations should be acknowledged in this study. First, all data were collected via questionnaire, which is subject to response biases. Second, the study was not funded, this contributed to the limited number of facilities that showed interest to participate in the research. Third, equal populations were not represented in the four age-groups for the research. Finally, the questionnaire used for this study was not designed to allow us investigate why the caregivers experienced WPV the way they reported. For example, it is possible that nurses or CNAs experience WPV (verbal abuse) from management and co-workers because they missed many workdays and thus increased the work loads of their co-workers.

6. Conclusion

The nursing profession is very challenging, in different ramifications. Dealing with death of patients, seeing flowing of blood, and the stress that shift work causes on family and on their social activities. And in addition, those in the nursing profession face violent acts in their day-to-day job duties. In 2010, [21] concluded in their study that more research needs to be conducted to synthesize widely agreed upon effects of WPV on caregivers. Thus, this study investigates the age group among long term care facilities’ caregivers who have experienced WPV most during the performance of their duties. Findings of this study revealed that nurses and CNAs in the age ranges from 18 – 25 and from 36–45 have significantly experienced WPV. Age-group four has a higher percentage of WPV exposure among the nurses and CNAs but no statistical significant difference was found with those who reported that they have not experienced WPV in the past five years. Verbal abuse was mostly reported by age-group four, while age-group three reported intimidation, degradation and physical abuse as the most WPV experienced. Patients were reported by all the age-group as the most frequent perpetrators of WPV. This finding supported the [22] Press Report of 2014 on OSHA fines. Findings revealed no difference between co-workers and visitors that perpetrate WPV experienced by age-group four while nurses and CNAs in age groups two and three were shown to have experienced WPV more with their co-workers. The findings from this study could help identify the age groups that are predominantly exposed to WPV and how WPV training should be designed differently for the different age groups. Further study is needed in this direction to investigate how WPV may be one of the factors that causes health problems for caregivers such as high blood pressure, emotional distress and psychological disorder.

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References


