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Research Article

Analysis of Workplace Violence at Accredited Hospitals in Riau Province

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Abstract

Aims: Hospital violence against health care providers, particularly nurses, is a significant problem in every healthcare setting in the world. The purpose of this study was to analyze workplace violence among nurses at an Accredited Hospital in Pekanbaru city.

Methods: The type of research used in this study is quantitative research with an analytic descriptive approach. The sample in this study were the nurses in RSUD X and RS Y, amounting to 50 people. In this study using a questionnaire as a data collection tool. The questionnaire was adopted from the Texas Center for Nursing workforce studies regarding workplace violation against nurses survey.

Results: The results of research at RSUD X found that 100% of respondents stated that there was no evaluation of the effectiveness of the impact of violence at work policies, 92% of respondents said they did not know about policy changes based on evaluations of violence prevention programs in the workplace, 100% of respondents stated that violence training in the workplace work is not provided, the results of research at the RS Y found that of the 25 respondents as much as 40% of respondents stated the availability of verbal violence policies from patients or visitors, 48% of respondents stated that the policy of preventing violence in the workplace was needed related to incident reporting, 36% of respondents stated that appropriate technical training is needed to reduce conflict, 72% of respondents 28 stated the availability of follow-up support such as counseling for nurses who experience verbal / physical violence.

Conclusions: The results of this study can be used as one of the considerations in efforts to overcome and prevent work stress in nurses and as information for management regarding problems faced by nurses at work.

Keywords

Accredited hospital, Nursing, Workplace violence

INTRODUCTION

Violence in the health sector has become a concern global in the 21st century (1). On average, nurses were three times more at risk than the group other jobs to experience workplace violence . According to International reports Labor Organization (ILO), nurses face more violent than other health care workers. Nurses as front-line

providers serve in a wide variety of caring settings individuals who have faced all kinds of trauma, suffering, and life-changing events (2). A recent integrative review of workplace violence against nurses in the Anglo region, Asia, Europe, and the Middle East reported that, on average, 31.8% of nurses were exposed to physical violence, 62.8% for non-physical violence, 47.6% for bullying, and 17.9% for sexual harassment during the previous year; By therefore, violence in the workplace can affect most of the nurses (3).

According to the World Health Organization (WHO), violence in workplaces where staff are harassed, threatened, or attacked in work-related circumstances them and their homecoming to and from work, involving explicit or implicit challenges to safety, their well-being, or health (2). Perpetrators of violence against nurses are often found in the aggressive behavior of patients and their staff (4). The Occupational Safety and Health Administration states that another consequence to consider is the cost of workplace violence because employees who need medical attention or are unable to work due to workplace violence are injured can use workers' compensation to pay their costs. However, violence at work can be prevented and research shows that a comprehensive workplace violence prevention program can effectively reduce workplace violence (5).

The occurrence of workplace violence in the health sector is a phenomenon that needs to be taken seriously around the world. Violence experienced can be in the form of physical violence and psychological violence (emotional abuse). Health workers, including nurses, are also exposed to this phenomenon. Nurse is one of the workers who experience the highest violence compared to other workers in the United States (6). Patients are the main perpetrators of physical violence, namely 43.5% while the patient's relatives committed non-physical violence with a rate of which is quite large, namely 55.6% (7). Another source mentions perpetrators of violence in health services are the patient, the patient's family, hospital visitors, hospital employees such as nurses, doctors, supervisors, and health students (8).

A study in the United States involving 762 nurses in the region urban areas in the United States stated that as many as 76% of nurses had experienced violence with physical violence 33.4% and psychological violence 87.1% (9). Previous research in several countries identified that 50% of nurses had experienced workplace violence with the most common types of verbal abuse (10). In Indonesia, to be precise, six hospitals in Jakarta and Bekasi were reported 10% of emergency nurses experienced physical violence while 54.6% reported experiencing non-physical violence with the patient as the main perpetrator (7). The study was carried out in the emergency room of the Bandung Adventist Hospital regarding the experience of violence against nurses in the Emergency Room stated that: of all informants interviewed stated that the perpetrators of violence in the ER Bandung Adventist Hospital is the patient, the patient's family, colleagues, and doctors (11). Nursing areas with high risk violence is at the Department of Psychiatry, Department of Long-Term Care Long, Intensive Care Unit, Emergency Department, and Geriatric Unit (12).

Based on the problems above, the researchers are interested in conducting research on analyze workplace violence among nurses at an Accredited Hospital in Pekanbaru City.

METHODS

Design research conducted by researchers is quantitative with the type of research descriptive. Descriptive research is used to obtain information about the current status of phenomena and to describe what exists in relation with variables or conditions in a situation. This study aims to make a description of or a picture of workplace violence on nurses among nurses at Accredited Hospital in Pekanbaru City. The sample in this study were 50 nurses in RSUD X and RS Y (Inpatient Unit) amounting to 50 people. The sampling technique used was simple random sampling. The inclusion criteria in this study were: Nurses who work in the RS X and RS Y, willing to be a research respondent and not on leave, attending training, or sic In this study, using a questionnaire as a data collection tool. Questionnaire workplace violence questionnaire which consists of 14 questions. The questionnaire was modification from the Texas Center for Nursing workforce studies about workplace violation against nurse's survey. The questionnaire has been tested for validity and reliability. The reliability test results show kappa coefficient 1.00. non-physical violence variable All questions are positive. The questionnaire discussed incidents of violence against nurses and how they rated the hospital in terms of safety and effectiveness in managing and preventing workplace violence. Univariate analysis in this study was used to analyze existing variables descriptively by making a frequency distribution table so that a description of each variable could be seen.

RESULTS

A. CHARACTERISTIC RESPONDENT

Tabel 1.
Characteristic Respondent at Public Hospital X Pekanbaru (n = 25)

No	Variable	Frequency	Percentage (%)
1	Age		
	22-35 years	13	52
	36-45 years	7	28
	46-68 years	5	20
2	Gender		
	Male	7	28
	Woman	18	72
3	Level of education		
	SPK	0	0
	Vocational	16	64
	Professional	9	36
4	Length of working		
	≤ 5 years	15	60
	>5 years	10	40

Based on table 1 we can see that as many as 13 people (52%) are in the age range of 22-35 years, as many as 18 people (72%) are female, as many as 16 people (64%) with a vocational education level and as many as 15 people (60%) with less than 5 years of service.

Tabel 2.
Characteristic Respondent at Privat Hospital Y Pekanbaru (n = 25)

No	Variable	Frequency	Percentage (%)
1	Age		
	22-35 years	16	64
	36-45 years	5	20
	46-68 years	4	16
2	Gender		
	Male	9	36
	Woman	16	64
3	Level of education		
	SPK	0	0
	Vocational	18	72
	Professional	7	28
4	Length of working		
	≤ 5 years	17	68
	>5 years	8	32

Based on table 1 we can see that as many as 16 people (64%) are in the age range of 22-35 years, as many as 16 people (64%) are female, as many as 18 people (72%) with a vocational education level and as many as 17 people (68%) with less than 5 years of service.

B. PUBLIC HOSPITAL X PEKANBARU

Tabel 1.
Workplace violence at Public Hospital X Pekanbaru (n = 25)

No	Statement	f	%
1	Availability of policies related to violence prevention in the workplace		
	a. Verbal abuse from patients or visitors	0	0
	b. Verbal abuse from staff or health care providers	0	0
	c. Physical abuse from patients or visitors	25	100
	d. Physical abuse from staff or health care providers	0	0
2	Evaluate the effectiveness of the impact of violence at work policies		
	a. Yes	0	0
	b. No	25	100
	c. Do not know	0	0
3	Policy changes based on evaluation of workplace violence prevention programs		
	a. Yes	0	0
	b. No	2	8

	c. Do not know	23	92
4	Workplace violence prevention policies		
	a. Workplace violence training	0	0
	b. Assessment of the work area for risk factors	0	0
	c. Incident reporting is required	0	0
	d. Incident reporting is required	25	100
5	Types of violence prevention training in the workplace		
	a. Workplace violence training is not provided	25	100
	b. Workplace violence training provided	0	0
	c. Training in appropriate techniques for conflict reduction	0	0
	d. Training on appropriate patient management steps	0	0
	e. Training to identify characteristics related to aggressive and violent behavior	0	0
6	Consideration of incidents of workplace violence by staffing committees		
	a. Yes	25	100
	b. No	0	0
	c. Do not know	0	0
7	Availability of follow-up support such as counseling for nurses experiencing verbal / physical abuse		
	a. Yes	25	100
	b. No	0	0
	c. Do not know	0	0
8	The hospital tracks violence against nurses		
	a. Incidents of verbal abuse	0	0
	b. Incidents of physical violence	25	100
	c. Incidents of physical violence were reported to become law enforcement	0	0
	d. The organization does not track incidents of verbal or physical abuse	0	0
9	Strategies that organizations have implemented to prevent or reduce violence in the workplace		
	a. Alarm	25	100
	b. Emergency response team	0	0
	c. Personal protective equipment	0	0
	d. Availability of policies	0	0
10	The level of security in the hospital regarding violence in the workplace		
	a. Not all of them are safe	2	8
	b. It's a little bit safe	20	80
	c. Somewhat safe	0	0
	d. Very safe	3	12

Based on table 1, it can be seen that out of 25 respondents, 100% of respondents stated that there was a policy of physical violence from patients or visitors, 100% of respondents stated that there was no evaluation of the effectiveness of the impact of violence at work policies, 92% of respondents said they did not know about policy changes based on evaluation of violence prevention programs in the workplace, 100% of respondents stated that the available workplace violence prevention policies were related to reporting incidents, 100% of respondents stated that violence in the workplace was not provided, 100% of respondents stated that the personnel committee was considering incidents of violence at work , 100% of respondents stated the availability of follow-up support such as counseling for nurses who experienced verbal

/ physical violence, 100% of respondents stated that the hospital tracks violence against nurses related to incidents of physical violence, 100% of respondents stated that alarm was a The strategies that have been implemented by hospitals to prevent or reduce violence in the workplace, 80% of respondents stated that the level of security in hospitals related to violence at work is in the slightly safe category.

C. PRIVAT HOSPITAL Y PEKANBARU

Tabel 2
Workplace violence di Privat Hospital Y Pekanbaru (n = 25)

No	Pernyataan	f	%
1	Availability of policies related to violence prevention in the workplace		
	a. Verbal abuse from patients or visitors	10	40
	b. Verbal abuse from staff or health care providers	1	4
	c. Physical abuse from patients or visitors	9	36
	d. Physical abuse from staff or health care providers	3	12
	e. Incident reporting is not required	2	8
2	Evaluasi keefektifan dampak kebijakan kekerasan di tempat kerja		
	a. Yes	19	76
	b. No	6	24
	c. Do not know	0	0
3	Policy changes based on evaluation of workplace violence prevention programs		
	a. Yes	12	48
	b. No	0	0
	c. Do not know	13	52
4	Workplace violence prevention policies		
	a. Workplace violence training	5	20
	b. Assessment of the work area for risk factors	4	16
	c. Incident reporting is required	2	8
	d. Investigasi atau insiden yang dilaporkan	4	16
5	Types of violence prevention training in the workplace		
	a. Workplace violence training is not provided	8	32
	b. Workplace violence training provided	4	16
	c. Training in appropriate techniques for conflict reduction	9	36
	d. Conflict avoidance technique training	1	4
	e. Training on appropriate patient management steps	1	4
	f. Training to identify characteristics related to aggressive and violent behavior	2	8
6	Consideration of incidents of workplace violence by staffing committees		
	a. Yes	21	84
	b. No	0	0
	c. Do not know	4	16
7	Availability of follow-up support such as counseling for nurses experiencing verbal / physical abuse		
	a. Yes	18	72
	b. No	3	12
	c. Do not know	4	16
8	The hospital tracks violence against nurses		
	a. Incidents of verbal abuse	8	32
	b. Incidents of physical violence	10	40

	c. Incidents of physical violence were reported to become law enforcement	5	20
	d. The organization does not track incidents of verbal or physical abuse	2	8
9	Strategies that organizations have implemented to prevent or reduce violence in the workplace		
	a. Alarm dan monitor	14	56
	b. Staff training	8	32
	c. Emergency response team	1	4
	d. Companion (visiting patient's family)	1	4
	e. Personal protective equipment	1	4
10	The level of security in the hospital regarding violence in the workplace		
	e. Not all of them are safe	12	48
	f. It's a little bit safe	6	24
	g. Somewhat safe	5	20
	h. Very safe	2	8

Based on table 2, it can be seen that of the 25 respondents, as many as 40% of respondents stated the availability of verbal violence policies from patients or visitors, 76% of respondents stated that an evaluation of the effectiveness of the impact of violence in the workplace was carried out, 48% of respondents stated that there was a change in policy based on the evaluation of prevention programs violence in the workplace, 48% of respondents stated that violence prevention policies in the workplace were needed in relation to incident reporting, 36% of respondents stated that proper technical training was needed to reduce conflict, 84% of respondents stated Consideration of incidents of violence at work by the staffing committee, 72% respondent 28 stated the availability of follow-up support such as counseling for nurses who experience verbal / physical violence, 40% of respondents stated that the hospital tracks violence against nurses related to incidents of physical violence, 56% of respondents stated that alarm is a strategy hospital has applied to prevent or reduce violence in the workplace, 48% of respondents stated that the level of security in hospitals related to violence at work is in the category of not all safe.

DISCUSSION

The results of research at Public Hospital X Pekanbaru show that the existence of policies related to physical violence from patients or visitors does not carry out an evaluation of the effectiveness of the impact of violence at work policies, do not know about policy changes based on evaluations of violence prevention programs in the workplace, policies for preventing violence in the workplace available, namely related to reporting incidents, training on workplace violence is not provided, consideration of incidents of violence at work by staffing committees, availability of follow-up support such as counseling for nurses who experience verbal / physical violence, hospitals track violence against nurses related to incidents of physical violence , alarm is a strategy that has been implemented by hospitals to prevent or reduce violence in the workplace, the level of security in hospitals related to violence at work is in the slightly safe category.

The results of research at Privat Hospital Y Pekanbaru show the availability of a policy of verbal violence from patients or visitors, an evaluation of the effectiveness of the impact of violence at work policies, a change in policy based on an evaluation of violence prevention programs in the workplace, policies for preventing violence in the workplace that are needed in relation to reporting incidents, proper technical training is needed to reduce conflict, consideration of incidents of workplace violence by staffing committees, availability of follow-up support such as counseling for nurses who experience verbal / physical violence, hospitals track violence against nurses related to incidents of physical violence, alarm is a The strategies that have been implemented by hospitals to prevent or reduce violence in the workplace, the level of security in hospitals related to violence in the workplace are not all safe categories.

The National Institute for Occupational Safety and Health defines workplace violence as "acts of violence, including physical assault and threat of assault, aimed at people in the workplace or while on duty (13). NACNEP (14) said that as many as 45% of violence against nurses was committed by patients, and nearly 30% of violence against nurses was committed by the patient's family, hospital visitors, health service providers including doctors. As a result of violence against nurses causing nurses to feel sad (86 %), disappointed (79.3%), left the job as a nurse because of fear of their work safety (18%), considering resigning from their job (15%), acute stress, symptoms of post-traumatic stress, decreased work productivity, physical injury, and death (15, 16).

Managers at the hospital demonstrate their commitment to workplace violence prevention, communicate this commitment and document it. They make workplace violence prevention a priority, establish goals and objectives and effectiveness, provide adequate resources and support, appoint leaders with the authority and knowledge to facilitate change, and set a good example (17,18). Employees, with their differing knowledge of the workplace, should ideally be involved in all aspects of the program. They are encouraged to communicate openly with management and raise concerns without fear of retaliation.

CONCLUSION

The results of research at RSUD X found that as many as 100% of respondents stated that there was no evaluation of the effectiveness of the impact of violence at work policies, 92% of respondents said they did not know about policy changes based on evaluation of violence prevention programs in the workplace, 100% of respondents stated that violence in the workplace Not provided, the results of research at Y Hospital found that of the 25 respondents as much as 40% of respondents stated the availability of verbal violence policies from patients or visitors, 48% of respondents stated that the policy of preventing violence in the workplace was needed related to incident reporting, 36% of respondents stated appropriate technical training is needed to reduce conflict, 72% of respondents 28 stated the availability of follow-up support such as counseling for nurses who experience verbal / physical violence. The results of this study can be used as one of the considerations in efforts to overcome and prevent work stress in nurses and as information for management regarding problems faced by nurses at work.

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