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Prevalence of workplace violence in Aceh, Indonesia: A survey study on hospital nurses

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Abstract. *Background and aim of the work:* Violence against healthcare professionals, especially nurses, is a severe issue that can have significant physical, psychological, and social impacts. It is essential to promptly document acts of violence and establish protocols and resources to prevent future incidents in healthcare facilities. This study aimed to collect data on both physical and non-physical violence against nurses in Aceh Province hospitals and identify the perpetrators. *Research design and methods:* The researcher utilized a cross-sectional methodology to investigate the entire population of nurses registered with the Regional Representative Council of the Indonesian National Nurses Association in Aceh Province, Indonesia. Information was collected through web-based surveys and facilitated by assigned enumerators in each district. Descriptive statistics were applied to analyze the data. *Results:* Last year, nurses working in Aceh Province hospitals documented multiple instances of workplace violence, such as physical assault (15%) and sexual abuse (5.5%), significantly affecting the well-being of nurses. A majority of nurses (64.4%) faced emotional abuse, while 37.9% encountered verbal threats and 10.4% experienced verbal sexual harassment. Notably, relatives/patients' families were identified as the main perpetrators, contributing to 60.3% of the reported incidents. *Conclusions:* Nursing associations are crucial in offering guidance, regulations, and educational resources related to workplace violence. This support is vital in promptly identifying and tackling potentially violent behaviors in the workplace, which ultimately helps in mitigating incidents of violence at work. (www.actabiomedica.it)

Key words: physical violence, non-physical violence, hospital, nurse, perpetrator

Introduction

Workplace violence (WPV) is the most common hazard health workers face, with nurses having a risk level higher than other health workers (1,2). WPV refers to actions aimed at individuals while working or on duty (3). National Institute for Occupational Safety and Health (NIOSH) categorized the violence into physical assault (PA) involving physical contact like pushing, biting, beating, or spitting; emotional abuse (EA), which includes mistreatment through words such as cursing, disrespect, disparagement; threats (T) that cause fear of negative consequences through verbal, written or physical force; verbal sexual harassment (VSH) where unwelcome remarks or comments of a sexual nature are made; and sexual abuse (SA) that involves unwanted touching or other sexual behaviors (3,4).

WPV is a global healthcare industry issue requiring special attention from the government and society (5). Therefore, a safe work environment is essential, particularly for health workers susceptible to an unprotected and unpredictable work environment (6,7). The story of exposure to WPV in nurses varies based on the type of violence they face. Patients

and their families are responsible for most physical violence, while other health workers often perpetrate non-physical violence (8).

Violent incidents in psychiatric and emergency departments are more prevalent in Asian and North American countries (9). The global trend shows an increase in violence yearly in Ethiopia (26.7%), Canada (58%), and South Africa (85%) (10,11), and it is reported that 90% of nurses have experienced it (12). The most common forms of abuse experienced by nurses were verbal aggression, physical abuse, and sexual harassment (13). The prevalence of WPV in Indonesia is as high as 10% for physical violence and 54.6% for incidents of non-physical violence (14). Moreover, there are almost ten cases of violence against nurses in Indonesia's various regions, including Java, Ambon, and Sumatra (15). The civilians and officials are the primary perpetrators (16), followed by relatives/patients' families (14).

Moreover, Aceh province is still plagued by frequent violence incidents, particularly during armed conflict (15). In one instance, it was reported that nurses working in a Banda Aceh hospital are subjected to threats and physical assault by patients' families whenever they are dissatisfied with the care provided (17). Similarly, the Aceh Mental Hospital has experienced numerous cases of violent behavior by patients, including hitting, scolding, and cursing nurses. As a result, nurses often feel anxious and have resorted to providing care from behind bars (18).

Nurses often face violent incidents at work, but unfortunately, such incidents are viewed as routine occurrences, leading to underreporting (17). The reasons behind the underreporting of such incidents are twofold (15). Firstly, nurses might consider violent incidents insignificant, and secondly, they might need to learn the proper reporting mechanism (14). Overcoming WPV is a challenging task, and the lack of contribution from nurses in reporting, support, and hospital management in devising policies related to health workers' safety presents a significant obstacle (15).

The prevalence of WPV in Aceh has been studied exclusively in hospitals within the Banda Aceh district. The research revealed that over half of the nurses surveyed (53.1%) reported experiencing non-physical forms of violence, such as bullying (16). Additionally, the study conducted by Kharissa et al. found that no nurses had experienced physical violence within the previous year, but 7% had witnessed such incidents within the past 12 months (15). Given these findings, it is imperative to expand the investigation to encompass all Aceh Province hospitals to fully understand the extent of WPV among nurses, including physical and non-physical forms of violence, as the aim of this study. This data can then be used to develop strategies for preventing and minimizing WPV incidents affecting nurses in Aceh province, Indonesia.

Participants and methods

This research employs a cross-sectional design and follows a quantitative and descriptive approach. In gathering research data, web-based questionnaires using Google Forms were distributed to carefully chosen respondents. The Indonesian National Nurses Association (INNA) District/City chairman in Aceh Province appointed an enumerator for each district to assist with data collection. Working with the researchers, the enumerators identified eligible respondents who met the predetermined criteria. Data was collected during August 2023.

"Population" refers to groups, events, or other matters researchers wish to investigate (19). The research population in this study consists of all nurses registered under the Regional Representative Council of the INNA in Aceh Province's 23 districts and cities, totaling 27,491 nurses. The study's samples must also accurately represent the research population (20). The minimum number of study samples required was determined using the Slovin formula (21):

$$\text{n} = \frac{N}{1+N(\text{e})^2} = \frac{27.491}{1+27.491(0,05)^2} = \frac{27.491}{69,72}$$

$$= 394,3 \text{ (rounded to 394)}$$

The study increased its sample size by 10% to obtain a more representative sample, resulting in 433 respondents (rounded up from 433.4). The study employed the snowball sampling method, gradually expanding the sample size like a rolling snowball gaining momentum (21). The study's inclusion criteria for participants are as follows: they must be Nurses registered

with the INNA District/City in Aceh Province, have a work area in a hospital, work in only one hospital, have a minimum of 2 years of work experience, and be willing to participate in the study as a respondent.

The research tool comprises two sections: Part A and Part B. Part A gathers information regarding the demographics of the respondents, such as gender, age, education level, employment status, years of work experience, marital status, workplace, and training on WPV handling. On the other hand, Part B is a questionnaire that evaluates the frequency of WPV incidents among nurses using the NIOSH scale. The questionnaire includes five items, PA, EA, T, VSH, and SA (3), each with answer options ranging from 0 to 5. The responses are sorted into four categories based on the degree of violence experienced: Never (0), Low (1-2 times), Intermediate (3-4 times), and High (≥5 times) (4).

Before data collection, a validity test was administered to a cohort of 30 nurses employed at Universitas Syiah Kuala (USK) Teaching Hospital. The test's questions were deemed valid, as evidenced by r-values ranging from 0.507 to 0.791, surpassing the r-table value of 0.349. Additionally, all p-values remained within the range of 0.000 to 0.004, lower than the α value of 0.05 (22). Furthermore, the questionnaire in the study exhibited significant reliability, with a Cronbach's α value of 0.73, indicating high consistency and dependability in the responses gathered.

By employing descriptive statistical analysis, the researchers could thoroughly examine their data. This approach allowed them to depict and elucidate the gathered data without jumping to overarching conclusions or assumptions. They utilized central tendency and inferential statistics to scrutinize the data, which provided numerous valuable insights. These insights proved instrumental in enabling the researchers to derive meaningful conclusions (21).

Table 1. Characteristic Respondents' (n=433).

Characteristics	Frequency	%
Gender		
Women	286	66.1
Men	147	33.9
Age (Years) (23) (Min-Max= 22-51; M= 33.92±5.84)		
17-25 (Late Teenage)	22	5.1
26-35 (Early Adult)	264	61.0
36-45 (Late Adult)	130	30.0
46-55 (Early Elder)	17	3.9
Education		
Diploma	195	45.0
Bachelor Nurse	23	5.3
Profession Nurse	210	48.5
Magister Nurse	5	1.2
Work Period (Years) (Min-Max= 2-30; M=9.01±5.71)		
< 6 (Junior)	152	35.1
6-10 (Medior)	128	29.6
> 10 (Senior)	153	35.3
Employment		
Civil Employee	140	32.3
Government Officials with Employment Agreements (PPPK)	70	16.2
Contract	175	40.4
Honorary	48	11.1
Marital status		
Single	353	81.5
Married	76	17.6
Widow/Widower	4	0.9
Working Area		
Emergency Department	81	18.7
Intensive Care	82	18.9
Policlinic	55	12.7
Inpatient Ward	215	49.7
Get Training About Handling WPV		
Once	98	22.6
Never	335	77.4

Results

Characteristics of respondent

Table 1 presents insightful data on the survey participants. Most respondents were female, accounting for 66.1% or 286 individuals. The largest age group was early adults aged 22 to 51, making up 61% of the respondents. Interestingly, Profession nurses comprised the highest percentage of respondents (48.5% or 210 individuals). Most participants' work periods ranged between 2 to 30 years, with 35.1% in the junior stage and 35.3% in the senior stage. On average,

respondents had a work period of 9.01±5.71 years. One hundred seventy-five individuals, 40.4% of respondents, were employed on a contract basis. Notably, most respondents (81.5% or 353 participants) were single. Additionally, 85.5% of 147 respondents worked in the inpatient ward. A significant number of participants (77.4% or 335) expressed the need for training on handling WPV. For more information, please refer to Table 1.

The Incidents rate and perpetrators of WPV

The occurrence of WPV incidents among nurses in Aceh Province hospitals varies depending on the type of WPV. According to Table 2, EA has the highest incident rate at 64.4% (with a range of 43.2% to 21.2% for Low and Intermediate categories), followed by T at 37.9% (Low=27.7%; Intermediate=10.2%), PA at 15.0% (Low=11.5%; Intermediate=3.5%), VSH at 10.4% (Low=8.1%; Intermediate=2.3%), and SA at 5.6% (Low=5.1%; Intermediate=0.5%).

According to reported cases, WPV against nurses is committed mainly by patients' relatives or family members, making up 60.3% (461 out of 764) of incidents. Patients accounted for 19.2% (147 reports) of WPV cases, while other healthcare teams accounted for 8.2% (63). In 5.8% of cases, nurses and superiors or leaders were the perpetrators, with 44 reports for each type. Public officers were responsible for only 0.7% of cases (5). Refer to additional details in Table 2.

Table 2. Incidents and Perpetrators of Workplace Violence (n=433).

No	Type of Incident	f	%	Perpetrators of WPV					
				Patient	Relatives/ Patient's Family	Nurse	Other Health Teams	Superiors/ Leaders	Public Officer
				f	f	f	f	f	f
1	Physical Assault (Min-Max= 0-4; M=0.25±0.69)								
	Never Low Intermediate	368 50 15	85.0 11.5 3.5	16	48	2	2	2	1
2	Emotional Abuse (Min-Max= 0-4; M=1.30±1.22)								
	Never Low Intermediate	154 187 92	35.6 43.2 21.2	72	230	16	28	21	2
3	Threats (Min-Max= 0-4; M=0.73±1.08)								
	Never Low Intermediate	269 120 44	62.1 27.7 10.2	42	135	11	18	19	2
4	Verbal Sexual Harassment (Min-Max= 0-3; M=0.20±0.62)								
	Never Low Intermediate	388 35 10	89.6 8.1 2.3	9	30	10	10	1	0
5	Sexual Abuse (Min-Max= 0-3; M=0.09±0.38)								
	Never Low Intermediate	409 22 2	94.5 5.0 0.5	8	18	5	5	1	0
Total Report of Perpetrator of WPV				147	461	44	63	44	5
Percentage of Perpetrator of WPV				19.2	60.3	5.8	8.2	5.8	0.7

Conclusion

Violence within healthcare settings has long been prevalent and requires constant attention (9, 24). It is imperative to acknowledge that the forms of violence continue to evolve and become more complex (15); therefore, comprehensive research and understanding of violence in healthcare settings are crucial. Over the past year, a study in Aceh Province revealed that hospital nurses have experienced various forms of WPV from multiple perpetrators. Physical violence was the least common type, with only 15% and 5.5% of respondents in PA and SA states, respectively, reporting such incidents. Additional research by Zahra and Feng pinpointed that 10% of physical violence cases occurred in Indonesian emergency units (14).

Nurses face a significant risk of physical violence, often at the hands of patients' families or relatives, as evidenced by 48 incidents of PA and 18 incidents of SA (25). This type of violence not only causes physical harm to nurses but can also result in post-traumatic reactions such as irritability, feelings of injustice, decreased morale, and a desire to leave the workplace (11). Inadequate security measures in the workplace compound the problem, leading to an increased risk of musculoskeletal injuries, emotional exhaustion, anxiety disorders, and sleep disorders (5).

Several factors, including inadequate information, poor communication, a lack of empathy, and dissatisfaction with care, can cause physical violence in medical settings (26). To prevent such incidents, it is essential to work alongside hospital security to establish adequate warning and defense systems and involve management in reducing violent behavior (10). Unfortunately, nurses in Aceh Province have reported a high frequency of physical violence, ranging from hitting and slapping to attacking, pushing, and pinching (3). This issue can be attributed to cultural differences, varying perceptions of violence in the workplace, and the diversity of ethnicities, which can influence how violent behavior is assessed (5).

Moreover, hospital nurses in Aceh Province have reported experiencing a notable amount of non-physical violence in the workplace over the past year. Specifically, the majority of incidents (64.4%) were categorized as EA, followed by T (37.9%) and VSH (10.4%). While these findings are concerning, they indicate that the rates of non-physical violence in Aceh Province are lower than those observed in Taiwanese hospitals, reaching as high as 75.2% (27). Interestingly, the incidence of EA in this study was higher than observed in a previous survey of six emergency departments in Indonesia, which had a rate of 54.6% (14).

Bernardes et al. (28) research confirms that nurses experience verbal violence as the most common type of non-physical violence (refer to Table 2 in EA, T, and VSH). In cases involving patients, their family members may resort to non-physical violence, which has been reported 230 times in EA, 135 times in T, and 30 times in VSH. This type of violence involves verbal abuse, intimidation, sexual harassment, harassment based on ethnicity, race, or religion, and threats against individuals or groups. Such behavior can cause physical, mental, spiritual, moral, and social harm (29).

The information shared reveals a worrisome trend of non-physical violence that healthcare institutions are confronting, specifically patient and family member assaults. The notable variations in reported incidents among EA, T, and VSH indicate differing approaches to documenting and handling such occurrences (4). These differences may stem from reporting mechanisms, cultural attitudes towards violence (15,17), and institutional policies (30). These disparities underscore the importance of implementing standardized procedures for reporting and addressing violence within healthcare settings worldwide (15,31).

In addition, the non-physical violence that nurses encounter in hospitals impacts the healthcare professionals' morale, and resilience can be eroded by such violence, decreasing patient care and overall institutional efficacy (29,32). Nurses' critical role in patient care and the emotional labor inherent in their profession makes this revelation particularly concerning (33). The act of verbal violence not only damages the professional integrity of nurses but also risks patient outcomes by fostering a hostile work environment that hinders collaborative care (29,33).

As highlighted by the data (see Results), the pervasiveness of non-physical violence in hospital settings in Aceh Province, Indonesia, underscores the urgent need for comprehensive intervention strategies (25). Nurses in Aceh, Indonesia, frequently report that

they experience a range of issues stemming from non-physical as well as physical violence. These situations can affect memory difficulties, persistent thoughts, reluctance to discuss the incident, heightened alertness, sleeplessness, and loss of appetite (34). These impacts indicate that non-physical violence can have traumatic and adverse effects on nurses. Moreover, additional consequences can include shock, fear, anxiety, stress, lack of trust, hatred, sleep disruption, panic attacks, and depression (35).

Regrettably, many of these incidents go unreported due to a prevailing misconception that such occurrences are inconsequential and unavoidable in their work (17). This situation is compounded by a lack of knowledge of the proper channels for reporting WPV (36). Moreover, many nurses hesitate to report such incidents, fearing that it could lead to an arduous investigation that may tarnish the hospital's reputation (37).

The low number of reported WPV incidents can be attributed to various factors, including prolonged reporting, apprehension about potential repercussions, and the absence of significant injuries (38). However, this lack of reporting can impede efforts to comprehend and tackle WPV (39). Nurses, in particular, may be reluctant to report incidents, assuming that violence is inevitable in their jobs (17). To proactively address and prevent instances of WPV, hospital management must prioritize the safety and well-being of nurses (27). It must entail implementing a robust reporting system and providing regular updates to affected parties on the status of any incidents (40).

Moreover, management can offer counseling services, confidential channels for reporting, and other forms of support to minimize the risk of psychological harm and to encourage open communication about any issues that might arise (41). An additional means of support is providing training programs to manage instances of WPV effectively, like occupational health and safety (OHS) training. Table 1, item 8 indicates that most 335 respondents (77.4%) have yet to undergo any training related to handling WPV. Regular training can foster confidence and offer legal direction for management and security personnel when faced with WPV cases (37).

To ensure a safe and secure work environment in healthcare, nurses must meticulously document any acts of aggression they encounter. This action shields them from harm and prevents interruptions during their work (25). Furthermore, to establish a culture of safety, it is essential to have reliable reporting mechanisms in place. This mechanism will empower nurses to deliver high-quality healthcare services that cater to the community's needs. The well-being of nurses should be the top priority for any healthcare organization (31). They can accomplish this by addressing the root causes of violence, standardizing reporting mechanisms, and promoting a culture of collaboration and respect. By doing so, healthcare organizations can effectively mitigate the adverse effects of violence and uphold the principles of patient-centered care (31,34).

Upon thorough analysis of the results, it is essential to acknowledge certain limitations in this study. For instance, participants may have hesitated to express their genuine opinions despite being anonymous due to potential consequences or selection bias concerns. Additionally, it is essential to note that the conclusions drawn from this study cannot be broadly applied to all types of nurses, particularly those who work outside of a hospital setting. Additional qualitative or mixed-method research is recommended to confirm the accuracy of the findings obtained through the interview method.

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