

# Correlates of workplace violence among healthcare workers in an academic medical center

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# Disclosures

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The speakers have no conflicts of interest to disclose

# Learning Outcomes

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Upon completion of this presentation, participants will be able to:

1. Define workplace violence
2. Describe measures of experiences of workplace violence
3. Discuss factors associated with witnessing or experiencing workplace violence among healthcare workers

# Workplace violence

Workplace violence is the abuse, threat or assault of workers in relation to their work, affecting their health, safety and well-being.

Types of workplace violence:

1. Physical Assault
2. Aggression
3. Sexual Harassment
4. Bullying
5. Verbal abuse and threats

- Leading cause of occupational disability, morbidity, and mortality in the U.S. workforce.
- Anywhere from 19% to 65% of workers in the U.S. have either witnessed or experienced workplace violence
- Healthcare workers are at particular risk for workplace violence
- Approximately 75% of healthcare workers report regular workplace violence

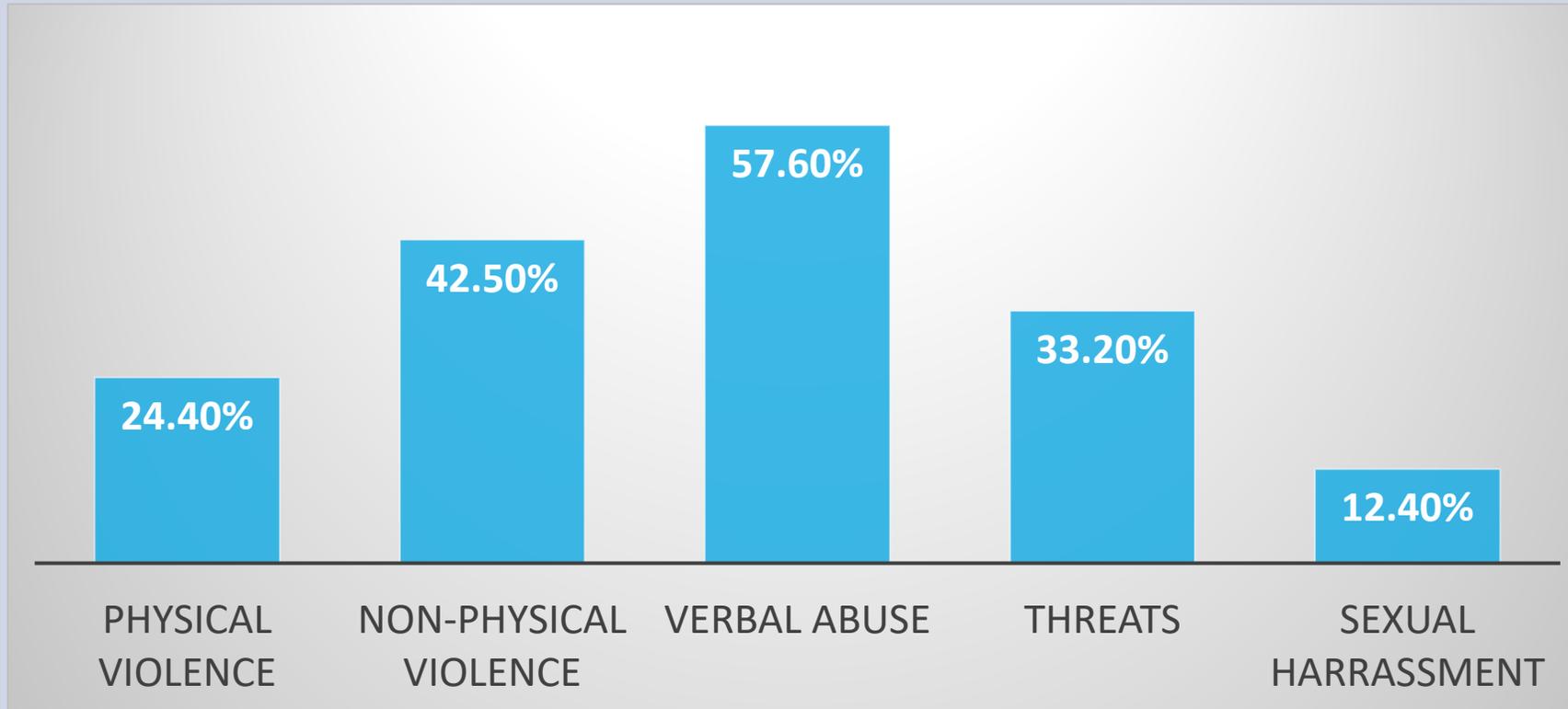
- Workplace violence is a serious occupational hazard
- Results in disability, morbidity and mortality
- Experiences of workplace violence results in:
  - Severe adverse mental health outcomes (e.g. depression, anxiety and suicide ideation)
  - Physical health outcomes (e.g. cardiovascular diseases, type 2 diabetes and sleep problems)
  - Absenteeism and burnout

## World-wide prevalence of workplace violence



Pheko, M. M., Monteiro, N. M., & Segopolo, M. T. (2017). When work hurts: A conceptual framework explaining how organizational culture may perpetuate workplace bullying. *Journal of Human Behavior in the Social Environment*, 27(6), 571-588.

# Proportion of exposure to any type of workplace violence among healthcare workers (12-month prevalence)



## Overall:

- 61.9% of healthcare workers were exposed to any form of workplace violence.

## Study Location:

- Asia=64.9%
- Europe= 48.1%
- North America=67.3%
- Australasia=70.9%
- Africa=59.2%
- Latin America=62.7%

Note: These percentages represent type of workplace violence from a synthesis of 253 studies, representing 331,544 healthcare workers

# Aims

1. To examine the frequency of exposure to workplace violence among healthcare workers by discipline and work setting,
2. To examine **demographic** (age, gender, marital status, education level, having children), **work-related factors** (shift type, length of shift, disciplinary background, work setting, population served, setting type, work tenure), and **behavioral** (tobacco and alcohol use, sleep duration, sleep quality, exercise and trauma treatment history).

# Design and Sample

- **Design**

Secondary analysis of cross-sectional data of healthcare workers (N=849) across four hospitals from an academic-medical center.

- **Measures**

- Demographics
- Work-related variables
- Behavioral factors
- Witnessing or experiencing workplace violence

- **Data Analyses:**

- Chi-square to examine differences in work-related violence experience (witnessing or experiencing) by both discipline and work-setting.
- Multinomial logistic regression for demographic, work related and behavioral variables on healthcare worker's reported experience of workplace violence (never; only witnessed; experienced).

## Sample characteristics

- 84.6% female
- 56.9% <36 years of age
- 88.2%  $\geq$  college degree or higher
- 57.7% married/widowed
- 41.7% nursing staff
- 83.6% inpatient hospital setting
- 83.3% >1 year working in the discipline
- 48.6% sleep less than 7 hours per night
- 11.5% current tobacco users
- 23.0% ever received trauma treatment
- 54.5% either witnessed (23.8%) or experienced (30.7) workplace violence.

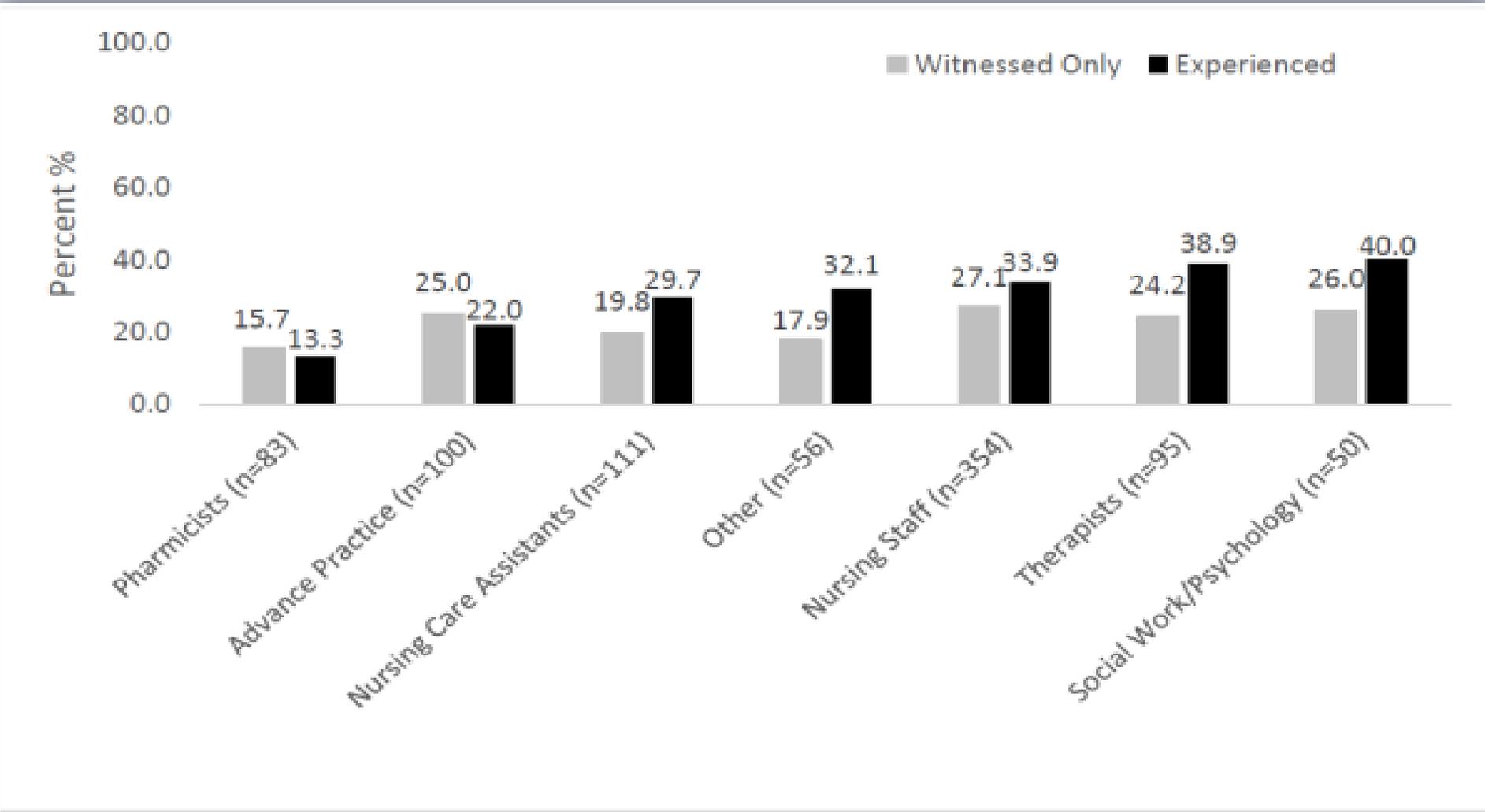


Figure 1. Differences in the proportion of participants witnessing and experiencing workplace violence by Discipline

(Chi-square=41.9[df12],p<.0001)

Percentage %

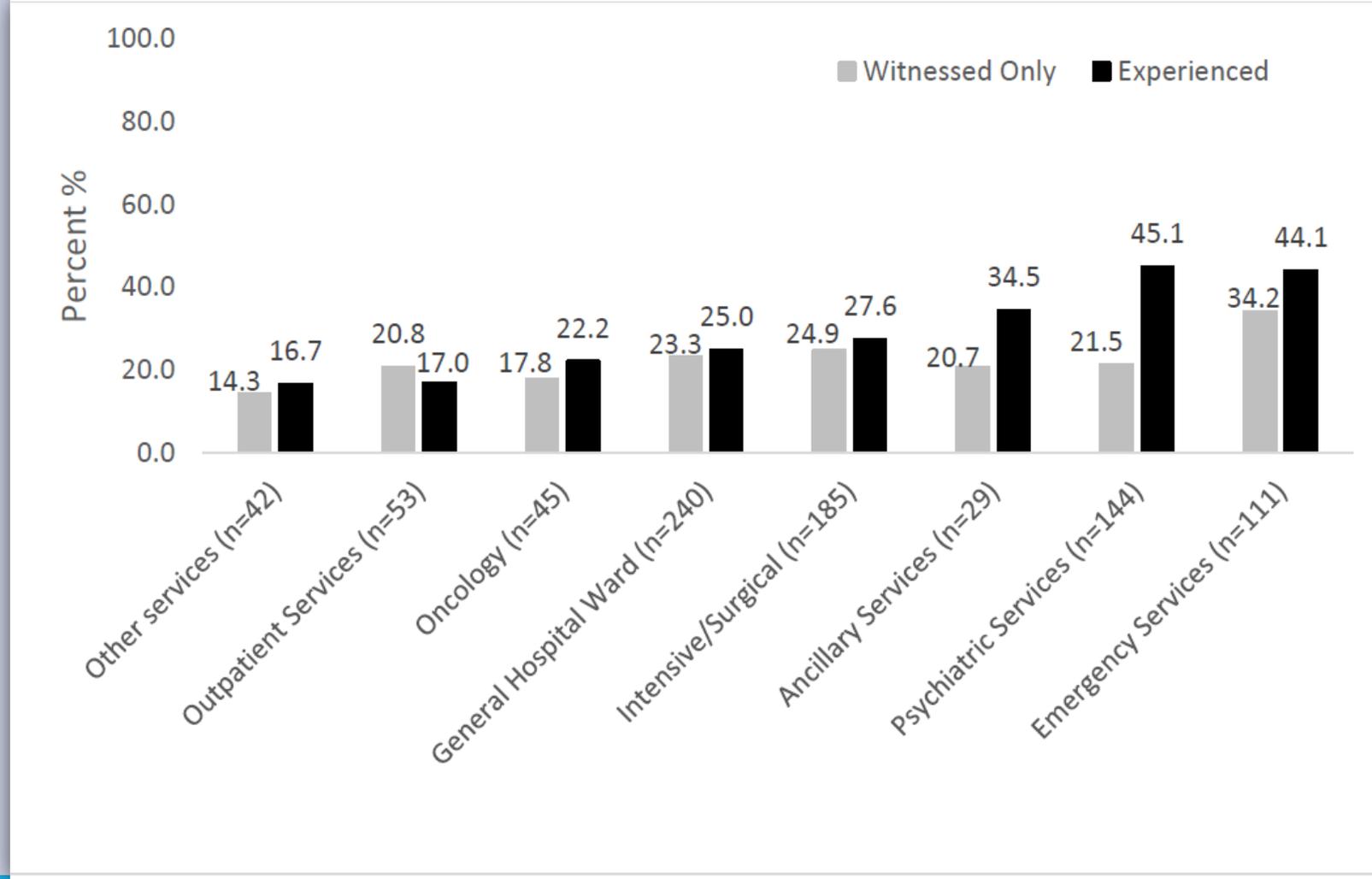


Figure 2. Differences in the proportion of participants witnessing and experiencing workplace violence by Work Setting

(Chi-square=65.9[df14],p<.0001)

Referent Never (386)	Witnessed Only Multivariate (202)		Experienced (261)	
	OR	95%CI	OR	95%CI
<b>Demographic</b>				
Age				
18 to 25 years of age ('51 or greater referent')	0.785	0.313-1.965	0.353	<b>0.150-0.831*</b>
<b>Work-related variables</b>				
Service Line				
Emergency department ('other' referent)	8.651	<b>2.721-27.504*</b>	8.637	<b>2.829-26.366*</b>
Psychiatric Services ('other' referent)	2.757	0.948-8.020	5.337	<b>1.935-14.719*</b>
Ancillary services ('other' referent)	3.205	0.770-13.351	4.271	<b>1.124-16.224*</b>
Length of time in work setting				
Worked 6 to 10 years in work setting ('Worked greater than 10 years' referent)	1.287	0.601-2.757	2.258	<b>1.071-4.758*</b>
Length of time practiced discipline				
Practiced 7 months to 1 year in discipline ('Practiced greater than 10 years in discipline' referent)	0.313	<b>0.112-0.869*</b>	0.708	0.273-1.837
<b>Behavioral variables</b>				
Sleep				
Sleep quality (scale 0-10)	0.881	0.799-0.971*	0.878	<b>0.800-0.965*</b>
Trauma treatment				
Not received treatment for trauma ('Yes treatment' referent)	0.540	0.344-0.848*	0.537	<b>0.352-0.819*</b>

Multinomial logistic regression analysis of correlates of workplace violence

# Summary of Findings

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- Witnessing and experiencing workplace violence was frequent
- Social workers/psychologists and therapists reported the highest levels of witnessing/experiencing workplace violence particularly within the psychiatric and emergency services.
- Factors associated with **witnessing workplace violence** were working in the emergency services, practicing in the discipline between 7 month to 1 year, poor sleep quality and having received trauma treatment.
- Factors associated with **experiencing workplace violence** were being 51 years or above, as compared to 18-25 years of age, working in the emergency, psychiatric or ancillary services, as compared to other service lines, serving the adult population as compared to the pediatric population, working 6 to 10 years on the work settings as compared to greater than 10 years, having poor sleep quality and having received treatment for trauma.

# Implications

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- Findings from this study can inform:
  - Policies to assess risks for workplace violence
  - The design of targeted interventions to prevent workplace violence within healthcare settings with particular emphasis on emergency room, psychiatric and ancillary services.
- The quality and size of the healthcare workforce impacts the effectiveness, efficiency and quality of a nation's healthcare system!

# References

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