Verbl Abuse Against Nurses

SOMAYA ABOU ABDOU, D.N.Sc.* and WAFAA ABD EL-AZEEM, D.N.Sc.**
The Departments of Psychiatric & Mental Health Nursing*, Nursing Administration**, Faculty of Nursing, Suez Canal University, Ismailia, Egypt.

Abstract

Verbal abuse is the most common form of violence experienced by nurses, and this negatively affects nursing practice. The effect of verbal abuse may have a major implication for the nursing profession in terms of retention, and quality of patient care. The aim of this study was to explore the types and frequency of verbal abuse of nurses. In addition, this study explored the components, characteristics, consequences and effects of abuse from a professional perspective. A descriptive, cross-sectional design was conducted on a two hundred and fifty nurse working in all (25) different departments at Suez Canal University Hospitals, Ismailia Governorate, Egypt. A questionnaire was used to ascertain the incidence, source, level of reporting, and personal and professional reactions of verbal abuse. In conclusion, this study confirms the notion that verbal abuse is a very real problem for the health care industry. The problem is deep seated and has existed for many years, where nurses matrons are the most common source of verbal abuse. Also, there is distinct lack of reporting of verbal abuse, reasons reported include the situation handling and the fact that nothing will be done in this respect. Hating the job and crying were among the most frequent perceived personal and professional reactions of nurses to verbal abuse.

Key Words: Verbal abuse – Personal & professional reaction – Job satisfaction.

Introduction

WORK place violence is not a new phenomenon. It has been prevalent in the work setting for many years. Historically, nurses have been subjected to physical, emotional and verbal abuse because the nature of the work places them in a prime position to be recipients. Verbal aggression is the core of verbal abuse and verbal aggression evolves into abuse when the attack is frequent and consistent [1]. Verbal abuse is designed to humiliate and degrade [2]. It is any statement to a victim that results in emotional damage, which limits his/her happiness and productivity (Metro Task Force on emotional abuse [3]. It is the inappropriate incorporating of verbal behaviours through tone, manner and even non-verbal cues to maintain a power position [4].

Ketterman [5] identified seven different components of verbal abuse. These include victims feel rejected and devalued, victims feel isolated, victims feel worthless and hopeless, verbal abuse ignores basic needs such as unconditional acceptance, approval and consistency, the use of vulgar language and crude accusations may corrupt the values and behaviours of the victim.

Although the number of studies is limited, they show a high percentage of and increase in verbal abuse. Research has shown that 82% to 96% of nurses have faced verbal abuse [6,7]. A study conducted by Winstanley and Whittington [8] in a general hospital in England found that more than 68% of the nurses had faced verbal assault in the workplace. Another study found that 95% of the nurses had been verbally abused [9]. In a recent studies by Alexander [10] and Johnson et al. [11] found that the most frequently experienced form of violence was reported to be verbal abuse. In a study of intensive care unit nurses, Lynch et al. [12] found that 95% had faced verbal abuse.

Excessive exposure to verbal abuse can have negative physical and psychological consequences leading to increased attrition, career change and a deterioration in the quality of care nursing staff deliver Watts & Morgan [13]; Flannery et al., [14]; O’Connell et al. [9]. The negative effects of abusive behaviours might be grouped under three broad categories: work performance, physical and psychological well-being. As a consequence of experiencing abuse, a nurse may decide to relocate within a facility or to another healthcare facility, or leave nursing altogether. Other consequences of abuses in working life include decreased work
time, decreased productivity, increased medical cost, decreased job performance and job satisfaction, difficulty returning to work, and changes in relationships with co-workers Arnetz & Arnetz [15]; Fernandes et al. [16]; Lin & Liu [17]; Registered Nurses’ Association of Nova Scotia, [18].

Further, verbally and physically abusive behaviours affect organization culture negatively and threaten the organization itself by higher turnover rates, increased lawsuits, increased errors, and overall decreased quality of care Arnetz & Arnetz [15]; Oweis & Diabat [19]. Physical effects of abuse include gastrointestinal disturbances, jaw tightness and teeth grinding, binge eating, headaches, inability to sleep, tendency to sleep more than usual, tiredness, nausea, loss of appetite, weight loss, crying spells, dizziness, and menstrual disturbances. Psychological effects of abuse include anger, fear, depression, anxiety, shock, apathy, guilt, irritability, loss of self-esteem, feelings of humiliation and alienation, helplessness, dysfunction in family life, and indifference Celik & Bayraktar [20]; Registered Nurses’ Association of Nova Scotia [18]; Çelik et al. [21].

Although multinational studies related to the incidence and severity of verbal and physical abuses against nurses have been conducted in healthcare settings, little research has been reported on verbal and physical abuses against nurses working in developing counters especially in Egypt.

Aim of the study:

The aim of this study was to explore the types and frequency of verbal abuse of nurses. Further, this study explored the components, characteristics, consequences and effects of abuse in an effort to better understand the dynamics of verbal abuse of nurses in the workplace.

Subjects and Methods

Study design: A descriptive, cross-sectional design was used in this study.

Setting: The study was conducted on nurses working at Suez Canal University Hospitals, Ismailia Governorate, Egypt.

Sample: The sample was two hundred and fifty nurses working in all (25) different departments of the Suez Canal University hospitals. The total number of the nurses working in these departments exceed 600 during the research time. The 250 nurse (study subject) were chosen randomly, as (10) nurses for every department who met the inclusion criteria. Inclusion criteria include female and male nurses, nurses were required to have two or more years of clinical experience, full time and permanent part time were chosen due to their consistent exposure to the working environment.

Tools: The study tool was chosen and translated by researcher, which was adopted from a tool by Manderino & Banton [22]. The study tool consists of 45-items, self-report, retrospective questionnaire, which may take around 20 minutes to complete. The tool was then used in a pilot study prior to use it in the main study. Ten nurses who met the inclusion criteria for the study were selected to evaluate the tool for clarity, readability, appropriateness of questions, and completeness of the questionnaire.

The tool was divided into five parts:

Part I: This part contained demographic information about study subject including: gender, age, and years of experience.

Part II: This part addressed the incidence of eight types of verbal abuse, including abusive anger, obscene language, insulting comments, verbally threatening or condescending behavior, verbal abuse disguised as jokes.

Part III: This part included two questions that identified the source of verbal abuse. The choice of response includes patient, visitor, physician, matron, and colleague. Respondents were asked to identify all perpetrators and the most common perpetrator of verbal abuse over the past three months.

Part IV: This part investigated the reporting of incidents of verbal abuse in the form of question with yes/no or not applicable responses. Also, factor that affected a decision not to report incidents of verbal abuse were identified from nine questions with yes/no responses.

Part V: This part is devoted for the personnel and professional reactions to verbal abuse with 18 questions on a five-point Likert-type scale.

Results

All the 250 nurses completed the demographic questions appropriately. Of these 248 were female (97.7%); the highest numbers of nurses were between 26-30 years of age (35.6%). No mean age was calculated, as the ages were all given in ranges. The majority of the sample (44.4%) indicated that they had 2-5 years of experience, and (2.4%) of the nurses indicated that they had more than 15 years of experience (Table 1).
The results indicated that over the past 3 months, all the participants reported that they had experienced at least one episode of any form of verbal abuse (85.3%) reported experiencing a person yelling at them or raising his/her voice in an angry fashion, with the frequency ranging from 1-5 times to more than 20 times; (77.4%) were spoken to in a condescending manner ranging from 1-5 times to 11-20 times, with (5.7%) experiencing more than 20 episodes; (56.8%) of the sample were victims of a person ignoring them, controlling the conversation, or refusing to comment, ranging from 1-5 times to 6-10 times; finally (59%) reported that someone swore at them or directed obscene comments at them (Table 2).

Regarding the source of verbal abuse identification. The choice of response includes patient, visitor, physician, matron, and colleague. The most common perpetrator was closely dispersed between two of the five categories: matron and physician, with respective frequency rates of 213 nearly (80%) for matron, 168 nearly (70%) for the physician group, and then followed by patients, visitors, and colleagues (Fig. 1).

The level of officially reported an episode of verbal abuse to management staff. Nearly half of the sample (49%) had never reported an episode of verbal abuse, whereas (28%) had reported during the past three months. while the rest of the sample (23%) mentioned that they sometimes reporting (Fig. 2).

The reasons led a participant decided not to report an incident of verbal abuse are outlined in Table (3). The reasons included in descending level was the situation was handled/resolved effectively (59.2%); nothing will be done or change (51.2%); and both, considered to be part of the job and concern for a vulnerable patient (40.8%).

The perceived personal and professional reactions to verbal abuse are presented in Tables (4,5). The results indicated that all of personal reactions listed was rated by 50% and more of the participants at least once in the past 3 months, feeling of anger, feeling unsupported, feeling tearful/crying and feeling of incompetence, all the other reactions were rated by occurring more than 20 times. The highest rated reactions were an increased stress level and negative effect on physical health (8%), also fear of retribution/blame (6.8%). Regarding professional reactions participants reported hating her job and decreased job satisfaction were the highest rated reactions (11.4% & 5.7%) reporting more than 20 episodes in the past 3 months; respectively. These were followed by reluctance to go to work, decrease job morale, decreased sense of relaxation and inability to concentrate on the task at hand, where all were (4.5%).
The purpose of this study was to evaluate the frequency and impact of verbal abuse on nurses. The results of the present study revealed that nearly all of participants indicated that they had been the victim of verbal abuse at least once during the past three months. Although this result appears very high, it is consistent with much of the previous research Araujo & Sofield [23]; Cameron [7]; Cook et al. [24]; May & Grubbs [25]. This result supports the author’s belief that despite the lack of research, verbal abuse is as common and as much of a concern in all nursing environments.

The four most common types of verbal abuse reported in this study were condescension, abusive anger, being ignored, and being victims of swearing. More than 50% of the participants indicated that they had experienced these forms of abuse at least once in the past three months, indicating these as the most problematic issue. The results for the most frequent types of verbal abuse are also supported in the literature [24,26,27]. The volume of verbal abuse experienced by nurses may be explained in part by the fact that this type of violence has been and continues to be a popular theme in movies, television, music and advertising to the extent that violent language and behaviours are embedded in our society and thus have become a more common feature of everyday life [28].

Concerning the source of verbal abuse of nurses, five groups were reported, e.g., matrons, patients,
visitors, physicians, and colleagues. The majority of participants had been the victim of at least two of the sources of verbal abuse. This result may also be explained by the above explanation of a greater exposure to and acceptance of verbal abuse in society. Although previous research results have been mixed, physicians or patients were most often identified as the most common perpetrators [7]. Nurse’s matron were identified as the most frequent source of verbal aggression to other nurses, followed by physicians.

About the issue of nurses formally reporting verbal abuse to the management staff and what affected this decision, most participants indicated that they had never reported an incident of verbal abuse. This is consistent with the high rates of underreporting identified in other studies Duncan et al. [29]; Pejic [36], and such a phenomenon would not be asynchronous with the societal trend toward tolerance for increasing levels of violence [28]. Studies on abuse against nurses have reported wide prevalence rates ranging from 37% to 72% [17,30]. In addition, the largest proportion of less serious events goes unreported. There are many reasons of under-reporting abusive behaviours in different studies Ergün & Karadakovan [31]; Hegney et al. [32]; Hesketh et al. [33]. Nurses may blame themselves for the abuse instead of placing the blame on the abuser, and this fact leads nurses accepting verbal abuse from all sources as part of their job. They do not believe that they have the power to prevent such events as, historically, nurses have been trained to adopt the traditional female or subordinate role, which is seen as secondary to the role of physicians [19]. But it is noteworthy that nurses surpassed all others. Anger, judging and criticizing, and condescension were the most frequently encountered types of verbal aggression. Judging and criticizing were found to be more stressful than condescension. It is important to note that although most nurses felt angry, sad/hurt and frustrated when confronted with a verbally aggressive incident by a peer, and most felt he/she did little to warrant the abuse and did not deserve to be treated that way, most did feel that he/she could handle the situation. The majority selected adaptive or positive coping skills by attempting to clarify any misunderstandings and dealing directly with the nurse about the aggression. However, many nurses did report response patterns of silence and passivity, negative coping skills, calling out sick after verbally abusive encounters, and complaining about the impact on job satisfaction and sense of wellbeing in the workplace as a result of the abuse. These results were consistent with previous research suggesting that nurses often feel angry and powerless when subjected to verbal abuse [34,35].

Verbal abuse in nursing is quite costly to the individual nurses, the hospitals and the patients. Nurses who regularly experience verbal abuse may be more stressed, may feel less satisfied with their jobs, may miss more work and may provide a substandard quality of care to patients. Hospitals that have problems with abuse will likely experience increase in job turnover of nursing staff, leading to costly recruitment, training and discontinuity among nursing staff members. Finally, patients who are treated by verbally abusive nurses may be treated poorly and may become victims of dangerous errors in clinical care. Clearly, the potential for lawsuits to both nurses and hospitals increases as a consequence of verbal abuse.

Verbal abuse has been identified as leading to increased stress for victims and a contributor of reduced morale and decrease job satisfaction Canadian Center for Occupational Health & Safety, [36]. The present study supports these findings with 80.97% of nurses identifying with an increase in stress level, and more three-quarters of the subjects experiencing decreased job morale and decreased job satisfaction.

Conclusions:

• In conclusion, this study confirms the notion that verbal abuse is a very real problem for the health care industry. The problem is deep seated and has existed for many years. Nurses have become a significant source of verbal aggression, a position formerly held by doctors.
• Nurse’s matrons are the most common source of verbal abuse.
• There is distinct lack of reporting of verbal abuse. Reasons reported include the situation handling and the fact that nothing will be done in this respect.
• Hating the job and crying were among the most frequent perceived personal and professional reactions to verbal abuse.
• The effect of verbal abuse may have a major implications for the nursing profession in terms of retention, and quality of patient care.

Recommendations:

• Nurses should be encouraged to report verbal abuse events without fear of reprisal, and reporting should be handled in a positive mode by management staff.
• All staff nurses, need to be educated different way for dealing with difficult people, including conflict management, anger management and communication skills.
• Nurses, matrons, and physicians should deal with each other with respect and profession.
• Future studies should address the differences in education levels in nursing with regard to verbal abuse, experiences levels, and differences between managers and staff.
• Finally, it would be prudent to study job turnover rates to inquire whether verbal aggression has been an aetiology for resignations.

References


