

Workplace Violence against Nurses in Pakistan

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Abstract

Violence against nurses is a serious issue around the globe, especially in Pakistan. There are commonly three types of workplace violence, that are physical, verbal, and sexual. Laws are being passed to reduce such incidents by adopting different types of strategies and frameworks, consisting of prevention, response, and recovery. The promotion of high-quality care and protection of nurses from workplace violence may encourage the contribution of nurses to the healthcare industry.

Keywords: *Violence, nurses, workplace, healthcare, Pakistan.*

INTRODUCTION

Living in an Islamic country that condemns any form of violence is a blessing (Wiktorowicz & Kaltner, 2017) [1]. However, the prevailing socio-cultural practices and norms including negative attitudes towards the nurses and considering subordinates may lead to non-compliance with the teachings of Islam and its translation into actions, like workplace violence in healthcare, which is a significant issue and has gained considerable focus in recent years in Pakistan.

Workplace violence is defined as any act or threat of abuse aimed toward someone at work, varying from exploitative language to physical abuse (Vijayakumar & Rajagopal, 2023) [2]. Workplace violence in healthcare, especially against nurses is more prevalent, in the form of physical, verbal, or sexual harassment or coercion that results in potentially disruptive behaviour to target or abuse the nurse at their workplace (Al-Qadi, 2021) [3]. Workplace violence is the most critical concern affecting the healthcare industry and is a common issue around the globe, which is evident by a study conducted in the United States of America (USA) that, 78% of emergency department healthcare workers are a victim of workplace violence (Vrablik *et al.*, 2020) [4]. Similarly, in Pakistan, research conducted in Khyber Pakhtunkhwa, found that 50% of nurses have experienced physical assault, while 74% have experienced verbal abuse and in the previous six months, 74.4% of nurses witnessed workplace violence (Khan *et al.*, 2015) [5]. In addition, a study conducted in Lahore, Pakistan reported that 73.1% of 309 nurse participants reported at least one type of violence in the previous 12 months, with physical violence accounting for 53.4%, verbal violence accounting for 57.3%, and

sexual violence accounting for 26.7% (Jafree, 2017) [6]. Furthermore, a study carried out in Karachi, Pakistan, showed that 85.2% of nurses had experienced at least one type of violence, with 41.1% experiencing physical abuse and 79.6% experiencing verbal abuse, while 15.9% were subjected to sexual harassment (Maaari *et al.*, 2017) [7].

There are commonly three types of violence that are verbal, physical, and sexual violence (Ayasreh & Hayajneh, 2021) [8].

Verbal Violence

Verbal violence, also known as verbal abuse, is a type of violence that includes a wide range of actions such as blaming, discrediting, verbal threatening, pressuring, trivializing, continual ignoring, bullying, spreading of offensive rumours, silencing, shaming, name-calling, and publicly criticizing (Keller *et al.*, 2018) [9], which is experienced by about 100% of nurses some time in their careers, and it is becoming more common (Shahzad & Malik, 2014) [10]. Moreover, it has been reported that verbal aggression is more prevalent during the morning shift and physical violence during the night shift (Bernardes *et al.*, 2020) [11]. Words matter a lot, and a few inappropriate words may cause nurses to get emotionally disturbed, eventually, compromising healthcare delivery and patient care (Shahzad & Malik, 2014) [10].

Physical Violence

Physical violence is any act that attempts to cause or results in suffering or injury, such as kicking, slapping, biting, hitting, pushing, homicide, and punching. It has been reported that physical violence is more prevalent during the night shift (Bernardes *et al.*, 2020) [11]. Nurses are not, by any means to be subjected to physical assault, but needed to be respected. Literature shows that it is less reported in other healthcare workers as compared to nurses (Dafny & Beccaria, 2020) [12].

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Sexual Violence

Sexual violence is an undesired sex-based behaviour that undermines an individual's dignity. It includes overly pleasant and sexual attitudes, sexual jokes, finger-pointing and offering unwanted sex, and revealing genital parts and sexual materials (Desai & Mandal, 2022) [13]. Female nurses are more likely to be sexually harassed, with most of them being unmarried, inexperienced, and novice nurses (Somani *et al.*, 2015) [14]. Evidence indicated that 64.5% of nurses reported some violence in their workplace in Pakistan. Verbal violence at 65%, physical violence at 15% and sexual violence at 15% respectively (Pandey *et al.*, 2017) [15].

IMPACTS OF WORKPLACE VIOLENCE

Workplace violence can have negative impacts on patients, staff, and healthcare services. For instance, nurses spend much of their time with patients and provide direct care to their patients. Nurses play an important role in patient safety and contribute to providing high-quality care, which may compromise with workplace violence and can result in emotional (fear, anger, humiliation), psychological (depression and flashbacks), and physical injuries (Cabilan *et al.*, 2021) [16]. Moreover, it can also lead to decreased nurses' professional performances and may contribute to dissatisfaction and work burnout among the nurses, which will eventually negatively impact the personal well-being of the staff (Liu *et al.*, 2019) [17].

Workplace violence can lead to financial loss for the organization as well as for the affected professional in terms of physical injuries and other psychological problems and can compromise his/his income and output in terms of services and products (Cabilan *et al.*, 2021) [16].

POLICIES FOR VIOLENCE AGAINST NURSES

Laws are already set to protect healthcare workers from workplace violence. For example, as per the Pakistan Penal Code, Section 509: Insulting modesty or causing sexual harassment. Ensuring to prevent sexual violence, it states that if a man insults a woman, utters a bad word, or makes a dirty gesture in a public place, transportation, street, private gathering, workplace, or private, the offender will face three years in prison or a fine of up to five hundred thousand rupees, or both in a serious case. This clause also protects women against sexual favours sought by the person (Article 509-Pakistan Penal Code, 2010) [18]. A solid initiative was taken in Khyber Pakhtunkhwa in collaboration with the International

Committee of the Red Cross (ICRC) for Healthcare Service Providers and Facilities (Prevention of Violence and Damage to Property) Act, 2020. However, the government authorities are looking unserious to comply with the said law and report workplace violence or they do not take it seriously to implement strategies or handle it efficiently.

ACTION PLAN AND STRATEGIES AT THE POLICY LEVEL

Workplace violence can be prevented by using the following framework and ensuring a safe environment for healthcare workers and better patient care. There are three recommended actions for nurses to prevent workplace violence: prevention, response, and recovery strategies (Fig. 1) (Cabilan *et al.*, 2021) [16].



Fig. (1): Recommended actions for nurses to prevent workplace violence: prevention, response, and recovery strategies.

Prevention

It focuses on training and education of nurses to assess and reduce workplace violence before it occurs.

Strategies

1. Active participation in designing the program to avoid workplace violence.
2. Recognize the organization's workplace violence prevention and response policies and practices and participate actively in creating pertinent policies, developing administrative tools such as panic buttons or use of code to alert, and developing the reporting system.
3. Actively engage in programs that promote workplace violence prevention and learn more about preventing violence, look for options for continuing education regarding violence.
4. Nurses are needed to understand situational awareness promptly and actively learn how to respond to a crisis.
5. Policies must be implemented to deal with such behaviour.

Response

It focuses on interventions intended to deal with workplace violence once it has occurred.

Strategies

1. Take part in the overall workplace violence program's implementation.
2. To analyze, organize, and take actions to lessen the likelihood of workplace violence, use crisis intervention, and management tactics.
3. Make use of current administrative measures to confront workplace violence.
4. Environmental safety measures (e.g., visitor access, code alert, panic alarms, and call security).
5. Employ the authorized reporting method.

Recovery

An intervention designed to minimize the effects of workplace violence.

Strategies

1. Take part in post-incident meetings, hurdles, and debriefing sessions.
2. Critically analyze the situation and remodel action plans if required.
3. Provision of counselling services.

CONCLUSION

It is concluded that workplace violence is a common phenomenon, for which effective strategies are needed to be implemented for better healthcare outcomes. A nurse can bring change to protect and ensure a safe healthcare environment and better patient care by implementing such laws, policies, frameworks, and strategies to reduce workplace violence.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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