CRIME & VIOLENCE IN THE WORKPLACE –

EFFECTS ON HEALTH WORKERS PART II

SANDRA MARAIS, Crime, Violence & Injury Lead Programme, MRC

ELRENA VAN DER SPUY & RICKY RöNTSCH, Institute of Criminology, UCT

Violence in the workplace has become an issue of international concern. Workplace violence can be defined as destructive behaviour towards another person or object and finds expression in, for instance, physical assault, homicide, verbal abuse, bullying, sexual harassment and acts leading to mental stress (Hoel et al. 1999).

Violence at work is often considered to be a reflection of a more general and pervasive pattern of violence in the society at large. The impact of violence at work, an environment which traditionally has been viewed as violence free, has become a matter of particular concern for the health services sector. Existing research suggests that compared to many other professions, that health care workers are disproportionately at risk of workplace violence, whatever its form. Besides the fact that a safe working place is an occupational right of any worker, there is also the concern about the consequences of violence in the workplace on the efficiency and effectiveness of the day-to-day rendering of a service. Since the majority of the workforce in the health sector is female, the gender dimension to the problem can also readily be recognised.

This second part of an article on workplace violence reports on the research findings of the quantitative section of a broader project on the influence of crime and violence on the delivery of health services in the Western Cape. (The first part of the article was published in the previous *Trauma Review*, vol 8, 2, Dec. 2000). A structured questionnaire was administered to a sample of health workers at different levels of state health services, i.e. primary, secondary and tertiary care levels. The survey was conducted at the following research sites:

G F Jooste Hospital, Manenberg, Cape Town
Mitchells Plain Day Hospital, Cape Town
Gugulethu Day hospital, Cape Town
The Trauma & Emergency Unit at Groote Schuur Hospital, Cape Town.

The survey at the hospitals formed part of a project design that also included qualitative methods such as field observations, in-depth interviews with senior health officials at provincial and local level, and a focus group discussion with staff members at a primary health care clinic.

The Research Objectives

- To develop a comprehensive profile of the safety concerns of health care workers in our research region.
- To map actual incidents of violence and crime as they affect a sample of health workers in the workplace in the Western Cape.
- To establish the risk profiles of particular categories of health workers with the view to determining those who are most vulnerable.
- To determine the effects of both the fear of crime and of the actual experiences of crime and violence on the delivery of health services.
- To examine preventative strategies that have been deployed to bolster workplace safety.
- To formulate recommendations aimed at improving the safety and security of health care workers.

Sample design

In the case of each health site, the duty roster - consisting of the lists of staff deployed for the particular week during which the survey was to be conducted - constituted the broad sampling frame. The sample was drawn on proportional grounds for each of the professional categories of health workers. Although the sample in the event was not randomized, it constituted a reasonable approximation to such a sample under the constraints of accessing health care staff deployed on both day and night duty and the tight budgetary limits. A loading factor was included to increase the number of doctors at each of the sites which otherwise would have been too small for analysis. In addition, the sample at Groote Schuur was only drawn from the emergency and trauma units. While this is also a limitation of the study we considered it a reasonable compromise as staff attached to such units are more likely to encounter incidents of violence.

Demographic profile of the sample

A total of 176 questionnaires were completed. Most of the interviewees were women (75%). Nearly two thirds (62.5%) of the sample were nursing staff of which a large majority were female (Chief Professional Nurses made up 14.2% of the sample, Senior Professional and Professional Nurses 16.5% and non-professional nurses 31.8%). Doctors constituted close to a third of the sample (29%) and 65% of this group were males. The rest of the sample (8.5%) consisted of paramedics and administrative staff.

Half of the sample (50.6%) was between the ages of 26 and 35 with a further 28% between the ages of 36 and 45. Only a small percentage of the respondents were under 26 years old. On average nurses tend to have worked for longer periods in the health field in general as well as at the specific health facility where they were interviewed (14 and 6 yrs for nurses compared to , 5 and 2yrs for doctors, i.e. three times as long).

According to home language, interviewees were evenly distributed across the three official languages of the province, Xhosa, Afrikaans and English.

General workplace concerns

When asked to rate their overall satisfaction with their jobs, sixty percent of the sample indicated that they were 'reasonable satisfied'. Nurses were more positive about the job than doctors, with 23% of the nurses indicating that they had a 'great' job. More than half (54,9%) of doctors said they were 'reasonably satisfied' with a further 25,5% seeing their job as 'just a job'.

Almost two thirds of the sample (62.9%) indicated that working conditions have deteriorated in the past few years. More nurses than doctors agreed with this observation (65.1% as opposed to 58.8%) - a function no doubt of their longer years of service. The large majority of the interviewees (80%) agreed that the main reason for this deterioration was an insufficient health budget.

Most important issues in the workplace

Respondents were asked to rank their workplace concerns in order of importance. Staff shortages and salaries seemed to be the most important issues in the workplace (33,9% and 20,1% responses respectively). In contrast to nurses, doctors seemed more concerned with actual working conditions, for instance staff shortages, long working hours and patient load rather than with salary issues. These same issues remain a priority as a second or third choice in a list of possible concerns. Judging by the responses solicited to this broad question, crime and violence did not feature prominently as an issue in the workplace at all.

Importance of crime and violence as a workplace concern

In a follow-up question respondents' views around workplace crime and violence were probed more directly. The responses indicate that doctors and nurses think differently about

crime/violence as a major concern in the workplace. Although 69% of nurses thought that this was a major concern for staff, only 30% of the doctors agreed, while a further 26% of the doctors indicated that they simply did not know.

61.1% of the sample indicated that they have to contend with violence/crime in the workplace frequently and yet 58.1% did not regard violence as 'part of the job'. Doctors, in contrast, tended to normalise violent and criminal incidents in the workplace to a larger extent - 46.9% of doctors regarded crime/violence as 'part of the job'.

A little more than half of the sample (53.4%) thought that management was responsive to the safety concerns of staff - nurses much more so than doctors (63,6% as opposed to 35,3%) but more than a third of the doctors (37,3%) did not know. Respondents were however less convinced and unsure about the commitment of the Provincial Department of Health/City Council to safe working environments. The larger percentage of respondents were of the opinion that workplace safety is not a top concern (42%) or did not know (27.8%) whether this was a top concern at this level of governance.

Respondents were not sure whether counselling was available to staff members should they be exposed to workplace violence with 63.2% of respondents saying no or they did not know. It was however clear that staff members are not trained to handle threatening and aggressive behaviour in the workplace (this was indicated by 76,1% of the respondents).

Issues of safety in the workplace

A series of questions were put to respondents to gauge on what occasions and in which areas in and around the hospital they felt safe or unsafe. The role of the fear of crime/violence in shaping people's general feelings of safety in different situations and how they react to crime/ violence in general is well known. This profile of the respondents' perceptions of crime becomes particularly meaningful when compared to the profile of the actual experiences of crime/violence, discussed later in the article.

More than 40% of the sample indicated that they feel 'reasonably safe' in the neighbourhood where they live, when they travel to work and at work. At work the largest proportion on the respondents felt most unsafe outside the trauma unit (49,7%) and the vicinity of the visitor's entrance (41,7%). There are however marked differences between the responses of the nursing staff and the doctors. Nursing staff tend to feel much more unsafe to very unsafe where they live, when they travel to work and even at work (see Table 1). Nurses seem to be much more vulnerable in their work situations than doctors. Many nurses live in the communities where they work, which is in many cases not so safe. Nurses also make use of public transport much more often than doctors do (only 37,6% of the nurses travel by car as opposed to 94,1% of doctors). They indicated in 44,5% of the cases that they felt unsafe to very unsafe travelling, and in some cases walking to work. Both doctors and nurses felt unsafe outside the trauma unit. More nurses than doctors felt unsafe inside the trauma unit, probably because they are the ones to confront patients first and are therefore more open to abuse.

Table 1: Perceptions of safety in different contexts

	Mod safe			Unsafe / v unsafe		
	(N=110 Nurses %	(N=51) Drs %	N=176) All %	(N=110) Nurses %	(N=51) Drs %	(N=176) All %
Where you live	44.5	41.2	42.0	19.1	13.7	18.1
Travel to work	40.0	56.9	45.5	44.5	27.5	39.2
At work	49.1	64.7	52.8	28.2	7.9	22.1
Outside trauma	30.0	36.0	30.9	48.0	50.0	49.7
Inside trauma	34.9	62.7	40.9	38.5	15.9	33.0
Visitor's entrance	35.8	38.0	34.9	39.5	36.0	41.7

Both nurses and doctors indicated that they felt more unsafe at night (38,5%) and over weekends (40,2%). Reasons for feeling unsafe were a combination between *internal* threatening behaviour (in 21.3% of the cases) and an *externally* threatening environment (15%) coupled with an inadequate hospital security system that is unable to allay these fears. Staff seemed to have a generalised feeling of being victimised. Gangs (51.2) escorts (27.3%) and to a much lesser degree, patients, were seen to be most likely to threaten their safety and all staff agreed on this. Gangs were considered the biggest threat at GF Jooste Hospital, Mitchells Plain and Groote Schuur Hospitals. Escorts were identified as the ones most likely to threaten staff at Mitchells Plain and Gugulethu Hospitals.

Actual Incidences of Violence

Respondents were asked to indicate how often in the past two years they have experienced different forms of aggressive behaviour in the workplace, ranging from verbal abuse to assaults.

Verbal abuse and threats of assaults were experienced most often in the workplace. A small percentage (6.9%) of interviewees had, on a few occasions, been assaulted with resultant minor injuries, and a further 4.6% of respondents had experienced an assault with noteworthy physical injury. Fig.1 indicates the number of victims of various forms of violence and Fig.2 indicates the number of respondents who had witnessed various forms of violence at work.

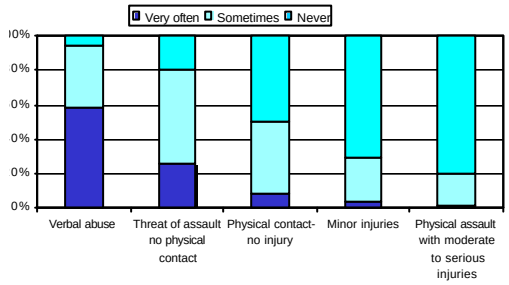

Figure 1: How often have you been a Victim of the various forms of assault

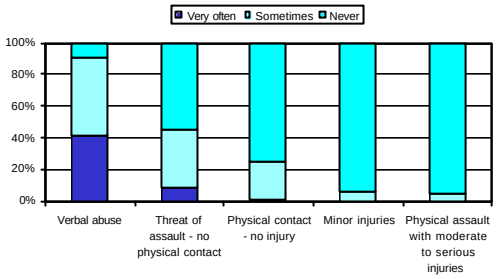

Figure 2: How often have you witnessed the various forms of assault

The incidence for the different forms of violence drops markedly with seriousness of the assault. Almost all forms of violence were experienced more often by the nursing staff than by the doctors (see fig 3 and 4).

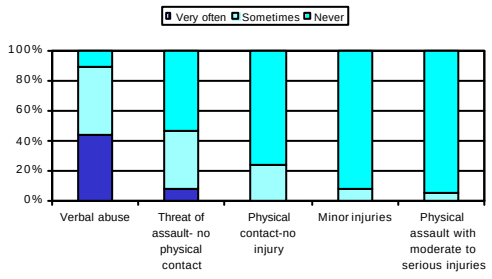

Figure 3: Experiencing violence as a victim – Nurses

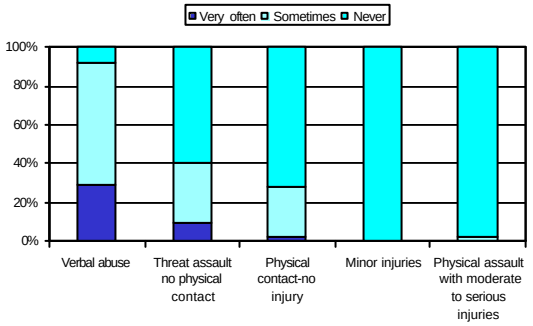

Figure 4: Experiencing violence as a victim - Doctors

Fifty percent of the respondents indicated that they do not report verbal abuse incidents to any relevant authorities. Reasons that were given included: it is such a common experience, and that they are of the opinion that nothing will and/or can be done about it. Almost as many respondents did not report threats of assaults because see these as empty threats and that nothing will be done about them. The respondents who did report incidences of verbal abuse and threats of assault, mostly reported such incidents to their direct line manager and sometimes also "informed" the security guards, especially if they required the latter to deal with the abusive perpetrator.

The few assaults that involved physical contact were mostly ascribed to psychotic behaviour of the patient or to behaviour that stemmed from the patient's substance abuse (mostly alcohol intoxication). Only one case of sexual assault was reported among the respondents in the past two years. Where no injury resulted, such incidents were often not reported. Most of the assaults that resulted in physical injury were reported to the hospital management. It was however indicated that the reporting system in hospitals is inadequate.

A number of respondents (26.6%) experienced petty theft in the hospital. There were thirteen instances of theft out of a vehicle reported. The reporting of these incidences was seen as futile in the majority of cases.

As indicated earlier, most of the incidents of aggression have been predominantly perpetrated by visitors and escorts of patients, although patients are also perpetrators of violent acts.

Factors that contribute most to threatening behaviour

Mitchell's Plain Day Hospital respondents were of the view that the main contributing causes to aggressive or threatening behaviour are frustration due to lengthy waiting periods and substance abuse (mostly alcohol), and to a lesser extent gang disputes. The trend is the same at Gugulethu Day Hospital, except the carrying of weapons is a concern here, not gang disputes. At GF Jooste and Groote Schuur Hospitals the main problems were substance abuse, gangs and guns. Frustration due to long waiting periods was of a lesser concern here. On the whole doctors' and nurses' opinions were similar on these issues.

Influence of violence/crime on the delivery of services

In an open question, respondents were asked how feelings of unsafety at work influence the performance of their tasks. Less than half of the respondents (40.9%) reacted to this question.

The majority of the respondents (37.5%) gave a response which was a blend of three reactions:

*Internalised responses
*Creative adaptation, avoidance strategies and coping mechanisms
*Negative service delivery

The response of 27.8% of the respondents indicated that they had learned to cope, could pacify potentially threatening patients, and thus avoid an open confrontation or that they simply avoided trouble spots in the hospital (nurses more so than doctors). A further 23.6% of respondents stated that they sometimes suffer from depression and internalised reactions due to the fact that they felt unsafe at work (doctors more so than nurses). A small percentage (11.1%) admitted outright that they delivered less than a quality service and that their absenteeism could frequently be ascribed to the fact that they were demoralised by their unsafe working environment.

Security measures at hospitals

Respondents were asked to rank various security measures at their hospital in terms of effectiveness. The overwhelming majority (66.7%) of interviewees considered security guards to be the most effective security mechanism. As the second most effective measure, 26% of the respondents chose the perimeter fence and a further 24% percent chose the security gates. A breakdown of these responses into the four different sites, presents a more differentiated picture.

At Mitchells Plain Day Hospital half (52%) said that the security staff were the most effective. A further third of the respondents considered the Neighbourhood Watches to be the most effective barrier against crime and violence.

At Gugulethu Day Hospital there is no security system other than the perimeter fence, the security gate and the security guards.

At G F Jooste Hospital 70% of the respondents had confidence in the security staff. The perimeter fence was the second most effective security measure.

Only at Groote Schuur Trauma and Emergency unit were the high-tech, costly security mechanisms, such as the metal detectors and CCTV, rated together with the security guards with any confidence by respondents here.

Community involvement in making health facilities safe environments

Poor socio-economic conditions (58.5%), substance abuse (22.8%) and gangsterism (11.1%) were cited as the most important causes of crime and violence in the Western Cape at present. Interviewees suggested that socio-economic improvements and better policing encompassed community involvement are required to reduce crime and violence in these communities. Strong emphasis was placed on the active role that communities can play in workplace safety at health facilities. Interviewees stated that there was a need for mass education in the community which would inform the users of health care facilities how the facility functions and what its constraints were. Furthermore, communities should actively participate in crime prevention strategies and assist in the provision of crime control. In the majority of cases, though (71.4%), respondents indicated that there were no structures or forums in their communities that facilitated safety at hospitals or clinics. At GF Jooste Hospital, a small percentage of respondents (17.5%) were aware of a Community Youth Education Programme initiated by the hospital, and at Mitchells Plain Hospital 41.9% of the respondents indicated that there was such a structure, namely the Mitchells Plain Neighbourhood Watch.

In summary then, community structures that facilitate safety at hospitals were expressed as desirable, but such partnerships were in the main non-existent.

Health workers also saw themselves as having a definite role to play in reducing crime and violence in the community. Nearly two thirds of the respondents (61.8%) said yes to such a question. Both doctors and nurses agreed on this. The role was seen as an advocacy role by the health worker in the community as well as education to the individual patient whilst being treated in the hospital.

Health workers as perpetrators of violence

A question was asked whether health workers themselves were perpetrators of aggressive responses towards patients. In 59% of the cases the answer was yes. There was no difference in the responses between nurses and doctors. Aggressive responses towards patients is mostly a reaction to provocation by the client base, but in some cases it is either a deliberate strategy to control or punish service users or simply the rude and unprofessional behaviour of some health care workers.

Summary

- The majority of staff at health care facilities are women.
- Nurses are at a greater risk of aggressive and violent behaviour than doctors in the workplace.
- Nurses suffer to a larger extent from a fear of violence and crime than do doctors in their work situation.
- Feelings of insecurity amongst health care workers are greatest outside the trauma unit and in car parks of health facilities.
- Verbal abuse and threats of assault are the types of violent acts most commonly experienced in the workplace
- These acts of aggressive behaviour are mostly not reported; Indications are that reporting systems in health care facilities are considered inadequate.
- Preventive strategies included: fortification of health facilities and privatisation of security services by health authorities, and on an individual level: developing of coping mechanisms by staff members to deal with aggressive behaviour. Staff also reported that their colleagues sometimes resort to aggressive behaviour themselves.
- Gangs and escorts are seen to be perpetrators of violence more often than the patients.
- Long waiting times and substance abuse are seen to be the most important reasons for aggressive behaviour amongst users of health services.

Reference

Hoel H, Rayner C, & Cooper C L. (1999) Workplace bullying. In Cooper C L & Robertson I R (Eds) *International Review of Industrial and Organizational Psychology.* New York & Chichester: John Wiley & Sons, 195-230.