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## Work-Related Physical Violence Incidents among Nurses in the Banda Aceh Region

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### Abstract

**Background:** Workplace violence is a global phenomenon and problem that can affect the healthcare system. Health workers, especially nurses, are a vulnerable population in the face of any act of violence. Acts of violence are usually in the form of physical violence perpetrated by the patient and the patient's family. Nurses consider incidents of violence to be part of the work routine to minimize problems at work. The Lack of nurse contributions in reporting, hospital management policies, and support from nursing professional organizations can affect physical, emotional, spiritual, cultural, and social development. This study aimed to describe incidents of physical violence by nurses working in the work area of Banda Aceh.

**Methods:** This study uses a descriptive method with a

cross-sectional study approach. The population of this study was 4.131 registered nurses as a member of the PPNI in Banda Aceh City. The sample of this study was 172 nurses using the snowball sampling method. The data collection used the Workplace Violence Health Sector Bahasa Version (WPVHS\_B) questionnaire.

**Results:** Nurses had not experienced physical violence during the last 12 months, but as many as 12 (7%) nurses witnessed physical violence, and 5 (2.9%) nurses reported incidents of physical violence.

**Recommendations:** Nursing professional organizations are expected to be able to provide information, policies, and training about workplace violence as early anticipation and treatment in reducing acts of violence in the workplace.

**Keywords:** Workplace Violence, Physical Violence, Nurse, Nursing

### 1. Introduction

The workplace is crucial to creating a safe work environment <sup>[1]</sup>. Health workers are a vulnerable population in the face of an unprotected and unpredictable work environment <sup>[2]</sup>. The most common hazard health workers have never reported is workplace violence (WPV) <sup>[3]</sup>. Health workers with the highest risk of facing WPV are nurses, with a risk level reaching 16 times higher than other health workers <sup>[4]</sup>.

Workplace violence is a global problem in the scope of health and a phenomenon that needs special attention from society and the government <sup>[5]</sup>. The level of exposure to WPV in nurses varies according to the type of violence. Most physical violence is carried out by patients and their families, while non-physical violence is often done by other health workers <sup>[6]</sup>.

The prevalence of violent incidents globally is highest in Asian and North American countries in psychiatric and emergency departments <sup>[7]</sup>. Globally, the majority of violence continues to increase every year, with the percentage of Ethiopia at 26.7%, Canada at 58%, and South Africa at 85% <sup>[8, 9]</sup>. In Indonesia, the prevalence of WPV reaches 10% for physical violence <sup>[10]</sup>. In addition, in 2020-2021, there were eight cases of violence, such as the abuse of nurses with the main perpetrators of violence being civilians and officials that occurred in several regions, including Samarinda, Cianjur, Ambon, Central Java, Lampung, South Sumatra and Aceh <sup>[11]</sup>.

WPV incidents in Aceh still occur frequently, especially during armed conflict <sup>[12]</sup>. In cases of violence in one of the Banda Aceh hospitals, it was found that nurses experienced threats and beatings from the patient's families whenever they were dissatisfied with their treatment <sup>[13]</sup>. In another case, in the Aceh mental hospital, there were many incidents of violence, including aggressive patient behavior in providing therapy and implementation strategies such as hitting, scolding, and cursing nurses. Nurses experienced anxiety and often provided nursing care behind bars <sup>[14]</sup>.

Incidents of violence against nurses are considered part of their work routine, thereby minimizing problems at work and the Lack of reporting of each case <sup>[13]</sup>. The main reason nurses do not report incidents of violence is that nurses consider incidents of violence unimportant and do not know the reporting mechanism <sup>[10]</sup>. Obstacles that occur in overcoming WPV are caused by the Lack of contribution of nurses in reporting, support, and hospital management in making policies related to the safety of health workers <sup>[12]</sup>.

**2. Methods**

This research is a descriptive quantitative study using a cross-sectional study design. The data collection technique was carried out by distributing questionnaires with the help of the Google form using the Workplace Violence Health Sector Language Version (WPVHS\_B) standard instrument modified by Zahra and Feng (2018). Data collection was carried out on December 23 2022-January 13, 2023. This study's population was registered as DPD PPNI Banda Aceh members, totaling 4,131 nurses. The research sample was 172 respondents with the snowball sampling technique. Data were collected after obtaining an ethics pass from the Research Ethics Committee of the Faculty of Nursing, Shia Kula University. Data analysis in this study is univariate analysis.

**3. Result**

Based on this research data, the following results are obtained:

**Table 1:** Personal Data of Respondents

S. No	Characteristics	f	%
1	Gender		
	Woman	133	77,3
	Man	39	22,7
2	Religion		
	Islam	171	99,4
	Christian	1	0,6
3	Ethnic group		
	Aceh	163	94,8
	Gayo	2	1,2
	Batak	2	1,2
	Minang	2	1,2
	Java	3	1,7
4	Marital status		
	Not married	21	12,2
	Married	149	86,6
	Widow/Widower	2	1,2
5	Position		
	Nursing Manager	2	1,2
	Head of Room	13	7,6
	Deputy Head of Room	6	3,5
	Nurse	147	85,5
	Team Leader	2	1,2
	Staff	2	1,2

Based on Table 1 shows that the majority of respondents were female, 133 (77.3%). The majority of the religion adhered to by the respondents is Islam, as much as 171 (99.4%). The Acehnese are the tribe that most respondents own, namely 163 (94.8%) respondents. Aspects of marital status, most of the respondents were married, as many as 149 (86.6%). Respondents who participated the most in this study were 147 nurse practitioners (85.5%).

**Table 2:** Physical violence

S. No	Variable	f	%
1	Experiencing acts of physical violence in the last 12 months		
	No	172	100
2	Witnessing incidents of physical violence in the past 12 months		
	Yes	12	7,0
	No	160	93,0
	Frequency occurred in the last 12 months		

	Once	9	75,0
	2-4 times	3	25,0
3	Have reported incidents of physical violence in the past 12 months		
	Yes	5	2,9
	No	167	97,1
	Have received sanctions, reprimands, and threats as a result of reporting incidents of physical violence		
	No	5	100

The data collection results in table 2 show that the respondent has never experienced physical violence in the last 12 months. On the other hand, only 12 (7%) of respondents witnessed incidents of physical violence, and among them, the frequency of incidents of physical violence was witnessed once by 9 (75%) of respondents and 2-4 times witnessed by 3 (25%) of respondents during the last 12 months.

As many as 5 (2.9%) respondents had reported incidents of physical violence, and respondents had never received sanctions, reprimands, or threats due to reporting these incidents.

**4. Discussion**

Based on the results of this study, nurses have not experienced physical violence in the last 12 months. The incidence of physical violence in this study is inversely proportional to research conducted by Zahra & Feng [10] in the Indonesian emergency department, and it was found that nurses experienced physical violence as much as 10%.

Incidents of physical violence become actions that involve assault through physical contact, which can cause harm and injury to nurses [15]. Physical violence causes not only physical injury but also causes post-traumatic reactions such as irritability, feeling aggrieved, decreased morale, and turnover intention [9].

However, as many as 7% of nurses had witnessed an incident of physical violence in the last 12 months. Of the incidents of physical violence witnessed by 12 nurses, 75% witnessed physical violence only once, and the remaining 25% witnessed the incident 2-4 times (Table 2). The relatively low frequency of non-experienced physical violence incidents indicates that violence in the workplace is partially underreported [10].

During the last 12 months, the reporting rate related to physical violence was only 2.9% of nurses who had reported it (Table 2). Al-Maskari *et al.* (2020) [16] state that reporting incidents of physical violence by nurses help manage the violence experienced by increasing security efforts, education, training, and violence procedural policies.

Although the results of this study indicate a low level of reporting physical violence in the workplace, nurses have never received sanctions, reprimands, or threats for reporting such incidents. This statement is similar to research conducted by Kibunja *et al.* (2021) [9], which found that superiors and nurses did not act against perpetrators during the reporting process.

The Lack of reporting on every incident of physical violence is because the reporting mechanism takes longer, fear that reports of violence will harm the workplace and there will be no fatal injuries [17]. The reason that nurses often face reporting incidents of physical violence is the perception that most nurses consider violence as part of their work routine, Lack of motivation to report, and worry about reporting any incidents of physical violence [13].

Reporting physical violence against nurses needs to be done to combat physical violence in the workplace. If the physical violence experienced by nurses is reported correctly and optimally, then the nurses do not experience physical violence, which can cause disturbances and physical injuries [15].

## 5. Conclusion

The nurses did not experience physical violence during the last 12 months, but 12 (7%) nurses had witnessed physical violence, and 5 (2.9%) nurses reported incidents of physical violence. Implementing a reporting system mechanism is essential to ensure that nurses are adequately protected in a safe work environment so that quality health services can meet the community's interests.

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