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Nurses' Experience of Burnout: A Consequence of Workplace Violence in Selected Settings

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Abstract: *Violence against nurses occurs in almost all settings. Burnout is associated with negative emotional and physical health consequences for nurses. The study aimed to explore types, preparators, responses to violence, factors associated with the experience of violence and burnout. A convenience sample of 107 nurses completed the self-administered survey from emergency, psychiatric departments and geriatric home. Two scales were used: A scale focuses on workplace violence. The second scale is the Maslach Burnout Inventory. The study revealed that physical violence was the most type of violence reported by nurses, patients and their families were the most reported preparators of violence. The most reported response to violence was "to tell the patients to stop". Increase number of staff nurses was associated to the decrease frequency of workplace violence. There was a significant difference in the PA subscale of burnout with a higher mean score for nurses working in the psychiatric settings. The study concluded that workplace violence might not be the only factor that could increase the risk for burnout. Specific intervention programs should be developed to train nurses on dealing with violence, low nurse patient ratios and the development of visitors' regulations can decrease the incidence of workplace violence.*

Keywords: *Burnout, nurses, preparators, special healthcare settings, types, workplace violence.*

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I. Introduction

Workplace violence against nurses and other health professionals is an international phenomenon that occurs all over the world [1]. Workplace violence might include varies types of abuse; physical abuse is the most commonly reported type of workplace violence in the literature [2, 3]. Nurses are frequently reporting experiencing violence at work more than other health care providers [4, 3]. The prevalence of workplace violence might differ according to the type of violence investigated, the workplace setting, and the country in which the study is conducted. Harrell (2011) reported a rate of 4 incidents of violent crimes per 1000 employed in USA [5]. In Europe, a study found that the rates of physical workplace violence are 5% [6]. Despite such evidence of violence around the world, there are limited national studies in the Middle East Region about various factors related to workplace violence such as types and preparators of violence, responses to violence, factors associated with the experience of violence, and the experience of burnout.

Violence at workplace was not reported only by patients and relatives, but also by other health care providers which is called horizontal violence [7, 8]. In addition, literature suggested that there are various factors associated with the experience of violence including characteristics of the health care provider and the characteristics of the workplace [9]. In responses to violence, the staff nurse might try to defend oneself physically or report the violence incident to the senior staff member or complete the incident report form.

Violence against health care providers occurs in almost all settings, with the most recorded incidents in the emergency department (ED) and inpatient psychiatric settings. The home care setting also presents particular challenges because sixty-one percent of home care providers report workplace violence annually [10,11].

Literature reported high rates of absenteeism, illness, and burnout among nurses exposed to workplace violence [12]. The burnout, which is expected outcome of workplace violence, is associated with negative emotional and physical health consequences [13]. Leiter and Maslach (2004) emphasized that burnout includes an emotional exhaustion. The emotional exhaustion consists of ‘‘feelings of being overextended and depleted of one’s emotional and physical resources’’ [14, 15].

Considering the limited studies about workplace violence and burnout in the Middle East Region, this study aimed at exploring various factors related to workplace violence among nurses including types and preparators of violence, responses to violence, factors associated with the experience of violence, and the experience of burnout which is closely related to workplace violence.

II. Methods

Aim of the study

The current study aimed to explore the types, preparators of violence, nurses' responses to violence, factors associated with nurses' experience of violence, and the experience of burnout among nurses.

Research Design

In this descriptive study, a self-administered survey was used to assess types and preparators of violence, responses to violence, factors associated with the experience of violence, and the experience of burnout among nurses. The socio-demographic variables investigated in the current study were: age, gender, marital status, experience, work settings and level of education.

Data Collection

Data were collected from three different settings in Amman, the capital of Jordan. It include a psychiatric, an emergency department in a large hospital, and an elderly home. These three settings receive patients from various cities in Jordan. Therefore, nurses included in the current study provide care for many cases from different backgrounds.

Ethical Considerations

The ethical approval for conducting the current study was obtained from Zarqa University IRB committee. The ethical approval was also obtained from the selected settings from which the data were collected. Consequently, data collection lasted for 6 months (from June, 2015 to January 2016). All nurses who included in the current study were required to be a with at least one year experience, able to read, write, and speak Arabic. These inclusion criteria guarantee that the participants had experienced at least one type of violence at workplace. All participants who met the inclusion criteria were invited to take a part in the study voluntarily. The original researchers have collected the data and provided a description about the study protocol to all participants. Confidentiality was assured to all participants and their information was used for the research purpose only. The purpose of the study and the method of completing the questionnaires were clearly explained for all participants. The estimated time to complete the study questionnaires was around 15 minutes.

Participants

A convenient total sample of 107 nurses completed the study, 58 (52.4%) of them were female. Most of the participants (78.5%) had a bachelor degree in nursing, (15.9%) had associate degree, and only (5.6%) had a master degree in nursing. Most participants (86.9%) had experience of less than 10 years. About half of the participants were married. About 68.2, 24.3, and 7.5 are employed in psychiatric, emergency, and elderly home respectively.

Instruments

The current study used two instruments to study the types and preparators of violence, responses to violence, factors associated with the experience of violence, and burnout among nurses working in the selected settings.

Questionnaire about workplace violence

In order to assess types and preparators of violence, and responses to violence, an instrument was adapted for the purpose of this study. The instrument was originally developed by the Public Services International (PSI) and the International Council of Nurses [16]. In addition, the instrument was finalized in collaboration with the World Health Organization (WHO) and the International Labor Office (ILO). This measure focuses on four types of workplace violence including physical violence, verbal violence, psychological violence, and threat. It also focuses on preparators of violence, and responses to violence (i.e. writing incident report).

Maslach Burnout Inventory (MBI)

Burnout among nurses in the current study was assessed by the Maslach Burnout Inventory, which is a 22-item instrument. It has three subscales: the emotional exhaustion (EE) sub-scale (nine items), the personal accomplishment (PA) subscale (eight items), and the depersonalization (DP) sub-scale (five items). The possible score for each item ranges from zero to six, with high scores on the emotional exhaustion and depersonalization and low scores on the personal accomplishment subscales indicate high level of job burnout. The total sums of

scores for the emotional exhaustion subscale higher than 30 and scores higher than 12 on depersonalization subscale indicate high levels of burnout. For the personal accomplishment subscales, the total sums of scores higher than 40 indicate low levels of burnout [17].

Data Analysis

The SPSS version 21 was used for data analysis. Descriptive statistics were used to describe, summarize, and categorize the sample characteristics. Inferential statistics including Independent-Samples t-Test and One Way ANOVA were used to analyze the differences in burnout based on sample characteristics.

III. Results

The experience of violence, its types, and preparators

Fifty seven out of the 107 participants were worried about violence. Forty two participants (39.3%) reported that there are procedures for reporting violence at workplace. However, only 50 (46.7) participants who mentioned that they can use the procedures of reporting about workplace violence. Only 58 (54.2%) participants mentioned that there is an encouragement to report workplace violence by the employer. A total of 51 (47.7%) participants were attacked in the last 12 months. Types and preparators of violence are presented in Table 1. The most reported type of violence was physical violence, which was reported by (41.1%) of the participants. The most reported preparators of violence were patients and their relatives (55.1%, 39.3%) respectively.

Table 1: Types and preparators of violence

Items	Sub-items	%
Type of workplace violence	Physical violence	41.1
	Psychological violence	39.3
	Bullying/Mobbing violence	0.9
	Threat	18.7
Preparators of violence	Patient/client	55.1
	Relatives of patient/client	31.8
	Staff member	6.5
	Management/supervisor	5.6
	General public	0.9

Responses to violence

The frequency and percent of each response to violence reported by the participants is presented in Table 2. The most frequently reported response for violence was "Telling the person to stop" which was reported by (43.9%) of the participants.

Table 2: Responses to violence among nurses

Responses	%	
	Yes	No
Took no action	16.8	83.2
Tried to pretend it never happened	2.8	97.2
Told the person to stop	43.9	56.1
Tried to defend myself physically	16.8	83.2
Told friend/family	17.8	82.2
Sought counseling	2.8	97.2
Told a colleague	6.5	93.5
Reported it to a senior staff member	21.5	78.5
Transferred to another position	13.1	86.9
Sought help from the nursing union	3.7	96.3
Completed incident/accident form	7.5	92.5
Pursued prosecution	1.9	98.1
Completed a compensation claim	2.8	97.2

Factors associated with the experience of violence

A total of 26 (24.3%) of the participants mentioned that they were injured as a result of the violent incident, 18 (16.8%) of them required formal treatment. There was no significant difference in experience of violence according to the gender $X2= 2.86$, $p= .09$. Additionally, there was no significant difference in experience of violence according to education level $X2= 0.9$, $p= .6$. The same was noted for the level of experience, $X2= 2.23$, $p= .33$, and work settings, i.e. psychiatric, emergency, or elderly home $X2= .9$, $p= .64$. However, there was a significant difference in experience of violence according to the number of staff accompanying participant during work, $X2= 15.13$, $p= .004$, with the greater number of staff accompanying participant during work were associated with less experience of violence.

The experience of burnout

As indicated by Table 3, the results of independent samples t test suggest no difference in EE subscale of burnout level according to gender, M EE for male = 25.59, SD= 11.33, M EE for female = 22.79, SD= 10.86, p=.16. The same was reported for the PA subscale of burnout, M PA for male = 23.95, SD= 12.06, M EH for female = 26.63, SD= 14.17, p=.3. However significant difference in the mean of DP subscale of burnout was found, for male = 13.20, SD= 7.48, mean of DP for female = 10.05, SD= 7.90, p=.03.

Table 3: Differences in burnout according to the gender

Burnout Total Subscale	Male		Female		t	P
	M	SD	M	SD		
Emotional exhaustion (EE)	25.59	11.33	22.79	10.86	1.30	.19
Personal accomplishment (PA)	23.95	12.06	26.63	14.17	-1.04-	.30
Depersonalization (DP)	13.20	7.48	10.05	7.90	2.10	.03*

As indicated by Table 4, the results of One Way ANOVA showed no significant difference in levels of burnout according to the level of education, and marital status. However, significant difference was found in emotional exhaustion subscale (P= .05) and personal accomplishment subscale (P= .01) of burnout according to the level of experience.

Table 4: Difference in burnout according to the level of experience in years

Burnout Total Subscale	Experience	N	M	SD	F	P
Emotional exhaustion	< 5	56	25.07	11.65	2.98	.05*
	5-10	37	25.08	11.08		
	>10	14	17.42	6.17		
Personal accomplishment	< 5	56	24.60	13.17	4.09	.01*
	5-10	37	29.37	13.30		
	>10	14	18.14	10.16		
Depersonalization	< 5	56	11.19	7.48	.30	.74
	5-10	37	12.27	9.01		
	>10	14	10.64	6.03		

In addition, there was a significant difference in the PA subscale of burnout according to the setting where nurses are working (Table 5). However, no significant difference was found in any of the burnout subscales between nurses who were attacked in the last 12 months and those who were not attacked in the last 12 months.

Table 5: Difference in burnout according to the setting where nurses are working

Burnout Total Subscale	Department	N	M	SD	F	P
Emotional exhaustion	Psychiatric	26	26.11	10.88	0.59	.55
	Emergency	73	23.50	11.40		
	Elderly home	8	22.62	9.45		
Personal accomplishment	Psychiatric	26	31.50	11.59	4.52	.01*
	Emergency	73	24.00	13.17		
	Elderly home	8	18.50	13.45		
Depersonalization	Psychiatric	26	10.65	7.33	1.60	.20
	Emergency	73	12.24	8.11		

IV. Discussion

The purpose of this study was to explore types and preparators of workplace violence, responses to violence, factors associated with the experience of violence, and the experience of burnout among nurses. Despite the relatively high percent of participants who were exposed to violence during the last 12 months (47.7%), only 50 (46.7%) participants mentioned that there are procedures for reporting violent incidences. It is noteworthy to mention that some of the violent incidents were serious and resulted in injuries for the participants.

In addition, only 58 (54.2%) participants mentioned that there is an encouragement by the employer to report workplace violence. These results suggest the lack of a well-defined policy regarding workplace violence and lack of attention to workplace violence by the employer. In the current study, "Telling the person to stop" was the most frequently reported nursing response for violence, which could be the most effective practice to decrease workplace violence from the perspective of nurses. This result was supported by Higazee & Rayan (2017) who recommended the utilization of security measures to decrease the violent incidences [18].

There was no significant difference in the experience of violence according to the gender, education level, the experience, and work settings, indicating that violence is a general phenomenon that is not limited to

specific persons or settings. However, the increased number of staff was associated with less experience of violence, indicating that lower nurse-patient ratios could decrease the violence incidences.

Male participants reported higher mean scores of DP than female participants. This outcome, however, was consistent with previous literature in this area of investigation. The results of a meta-analysis conducted by Purvanova and Muros (2010) revealed that men usually have slightly higher levels of depersonalization than women [19]. Men might try to distance themselves psychologically from stressful experiences [17].

Emotional exhaustion and personal accomplishment differed according to the level of experience. In addition, there was a significant difference in the PA according to the setting where nurses were working. However, no significant difference was found in burnout between nurses who were attacked in the last 12 months and those who were not attacked.

V. Conclusions

These results suggest that workplace violence might not be the only factor that could increase the risk for burnout among nurses. Various personal and organizational factors could be associated with burnout. Future research may want to examine the association between workplace violence and burnout, controlling for other related factors to examine the unique relationship between workplace violence, personal and organizational factors, and burnout. In addition, specific intervention programs should be developed to train nurses on dealing with violence at workplace. Low nurse patient ratios and the development of visitors' regulations can assist in decreasing the incidence of workplace violence.

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