

Workplace Violence in Nursing Personnel: Findings from the Baseline Safe at Work Survey

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Background

- The health care sector continues to lead all other industry sectors in incidence of nonfatal workplace assaults. In 2000, 48% of all nonfatal injuries from violent acts against workers occurred in the health care sector (BLS, 2001).
- Health care and social services workers have the highest rate of nonfatal assault injuries (BLS, as cited in American Association of Critical Care Nurses, 2004).
- A 2001, American Nurses Association National Sample demonstrated:
 - 17% of responding RN's were victims of physical assault within 1 year.
 - 56.6% were threatened or experienced verbal abuse.
- Workplace violence costs an estimated \$55 million annually in lost wages (OSHA, 2004).

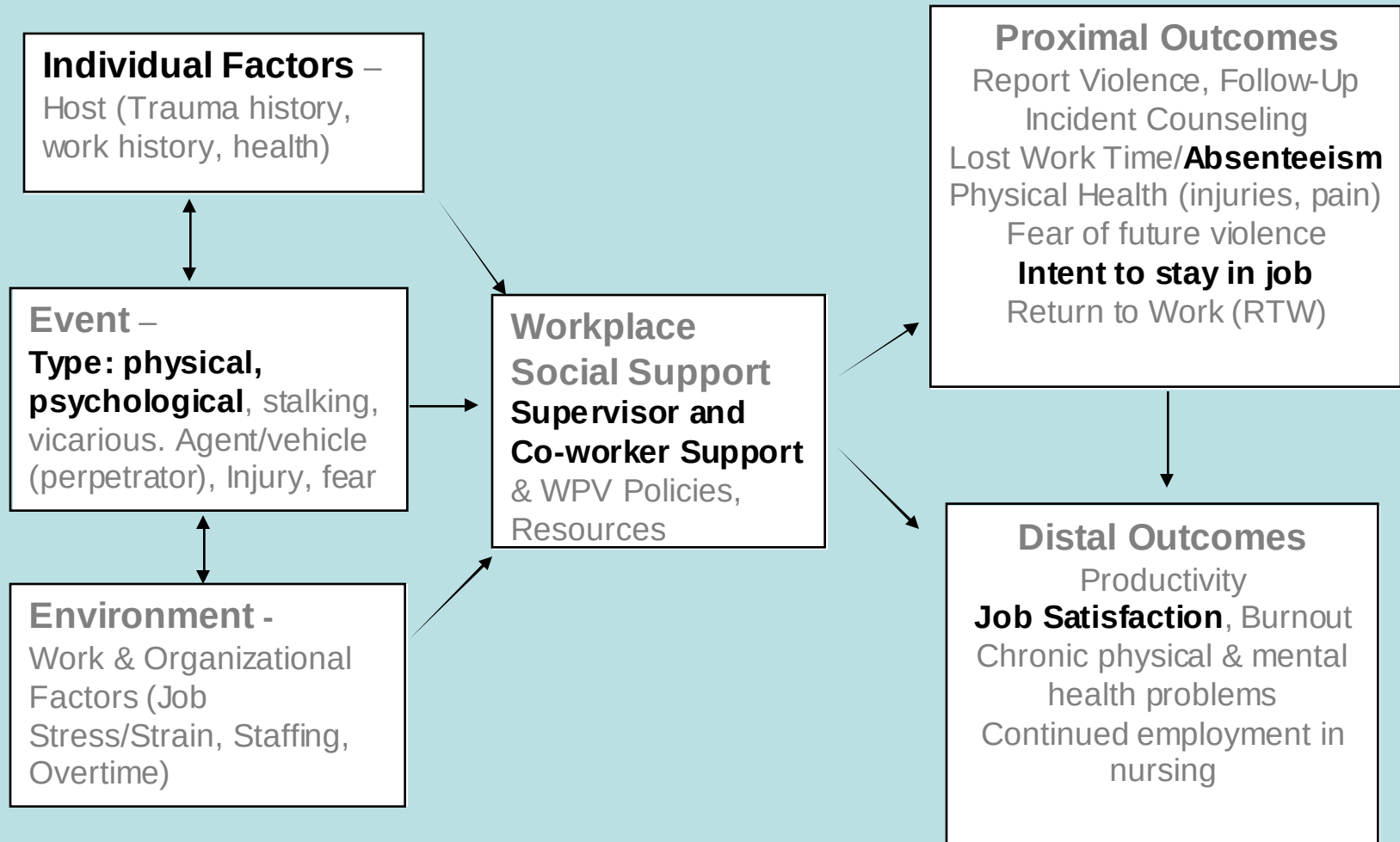
Objectives

Overall Study - to identify individual, environmental and organizational risk and protective factors for negative health and employment outcomes from all forms of workplace violence (WPV) among nursing personnel.

Baseline Study - to characterize the study sample and to identify factors that impact work outcomes as a result of incidents of WPV.

- absenteeism
- job satisfaction
- intent to stay on the job

Conceptual Model



Definition of Workplace Violence (WPV)

(WHO, 2003)

- Physical – force against another person or group or threat of physical force, that results in physical, sexual, or psychological harm
- Psychological – intentional use of power against another person or group that can result in harm to physical, mental, spiritual, moral or social development
- Both physical and psychological WPV

Study Design

- Prospective Study
Follow-up at 6, 12, & 18 months
- Nursing Personnel at 3 sites
- Surveys completed on-line or paper

Subjects

- Eligibility criteria
 - RNs / Non-RNs
 - Employed at least 4 weeks prior to study enrollment
 - Employed by Johns Hopkins Medical Institutions: 3 hospitals; 4410 nursing staff
- Sample Size = 2168
- Response Rate = 49%

Definitions: Cases / Controls

- Cases (n = 657)
 - A subject who has experienced WPV (physical, psychological or both) during the last 12 months at Hopkins
- Control (n = 1511)
 - A subject who has not experienced physical or psychological violence at Hopkins during the last 12 months
[Subject may have experienced intimate partner abuse or physical or psychological violence outside of workplace]

Demographics

	RNs (n=1549) N (%)	Non-RNs (n=524) N (%)
Females	1434 (92.6)	462 (88)
Age (years)	Mean Range 40.0 21-71	Mean Range 37.1 18-71
Marital Status		
Married	924 (59.7)	180 (34.4)
Single	623 (40.3)	344 (65.6)
Race		
White	1146 (74.0)	171 (32.6)
Black	152 (9.8)	312 (59.4)
Other	292 (18.2)	61 (11.2)

Reported WPV Incidents

	RN (N=1623)		Non-RN (N=545)	
WPV	N	%	N	%
None	1085	66.9%	426	78.2%
Psychological	181	11.2%	46	8.4%
Physical	185	11.4%	39	7.2%
Both	172	10.6%	34	6.2%

Logistic Regression: Absenteeism

Variable	Adjusted * OR	Confidence Interval	p-value
Experienced WPV	1.34	1.06 – 1.69	p<.02
Excellent/Good Health	0.37	0.30 - 0.46	p<.001
Registered Nurse	0.69	0.54 - 0.88	p<.005

*Adjusted for age, coworker social support, and supervisor social support

Logistic Regression: Job Satisfaction

Variable	Adjusted* OR	Confidence Interval	<i>p</i> -value
Experienced WPV	0.47	0.33 – 0.68	$p < .0001$
Excellent/Good Health	1.57	1.10 - 2.23	$p < .05$
Co-worker Support (High vs. low)	2.64	1.73 - 4.02	$p < .0001$

*Adjusted for age, RN / non-RN, and supervisor social support

Logistic Regression: Intent to Leave

Variable	Adjusted* OR	Confidence Interval	<i>p</i> -value
Age	0.97	0.96 – 0.98	<i>p</i> <.0001
Experienced WPV	1.24	1.00 - 1.519	<i>p</i> <.05
Excellent/Good Health	0.79	0.66 - 0.96	<i>p</i> <.05
Co-worker Support	0.60	0.49 - 0.74	<i>p</i> <.0001

*Adjusted for RN / non-RN, and supervisor social support

Strengths

- Prospective study
- Large sample size

Limitations

- Self-report
- Selection bias
- Temporal relationship
- Possible underreporting

Results

- In this sample, registered nurses were more likely to experience incidents of WPV.
- Individuals who experienced WPV:
 - reported increased absenteeism
 - had greater job dissatisfaction
 - were more likely to report an intent to change jobs

Results

- Excellent/good worker health is associated with less absenteeism, greater job satisfaction, and fewer reports of intent to leave.
- Co-worker support is associated with greater job satisfaction and fewer reports of intent to leave.

Implications

- Employers need to be aware of the potential impact of WPV on job satisfaction and retention.
- WPV may contribute to productivity issues such as absenteeism.
- Co-worker support, possibly related to workplace climate, is a potential factor in retention.