

**WORKPLACE VIOLENCE AND ITS ASSOCIATED FACTORS
AMONG NURSES WORKING IN B.P. KOIRALA INSTITUTE OF
HEALTH SCIENCES, DHARAN**



RESEARCH

SUBMITTED TO

Nepal Health Research Council (NHRC)

Kathmandu, Nepal

SUBMITTED BY

SHIKHA BASNET

MASTERS IN PUBLIC HEALTH

BATCH- 2021

MAY, 2023

**WORKPLACE VIOLENCE AND ITS ASSOCIATED FACTORS AMONG NURSES
WORKING IN B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES, DHARAN**

SHIKHA BASNET

**SCHOOL OF PUBLIC HEALTH AND COMMUNITY MEDICINE
B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES
DHARAN, NEPAL**



CERTIFICATE

The thesis entitled "**WORKPLACE VIOLENCE AND ITS ASSOCIATED FACTORS AMONG NURSES WORKING IN B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES, DHARAN** " was submitted to the school of public health and community medicine, BPKIHS on September,2022. This is a bonafide record of the original research work conducted by Ms. Shikha Basnet under our guidance and supervision for the partial fulfilment of the requirement for the degree of **Masters in Public Health** from B.P. Koirala Institute of Health Sciences, Dharan, Nepal.

Chief guide

.....
Dr. Suman Bahadur Singh
Additional Professor
School of Public Health and community Medicine
BPKIHS, Dharan

Co- guides

.....
Dr. Paras K Pokharel
Professor and Chief
School of Public Health and
community Medicine
BPKIHS, Dharan

.....
Dr. Deepak Kumar Yadav
Additional Professor
School of Public Health and
community Medicine
BPKIHS, Dharan

.....
Dr. Ram Bilakshan Sah
Additional Professor
School of Public Health and
community Medicine
BPKIHS, Dharan

**SCHOOL OF PUBLIC HEALTH AND COMMUNITY MEDICINE
B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES
DHARAN, NEPAL**



CERTIFICATE

This is to certify that the thesis entitled "**WORKPLACE VIOLENCE AND ITS ASSOCIATED FACTORS AMONG NURSES WORKING IN B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES, DHARAN "** is the original research work carried out by Ms. Shikha Basnet under our supervision and guidance for the partial fulfilment of the requirement for the degree of **Masters in Public Health** from B.P. Koirala Institute of Health Sciences, Dharan, Nepal.

.....
Prof. Dr. Paras Kumar Pokharel

Chief

School of Public Health and Community Medicine

B.P. Koirala Institute of Health Sciences

Dharan, Nepal

**SCHOOL OF PUBLIC HEALTH AND COMMUNITY MEDICINE
B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES
DHARAN, NEPAL**



DECLARATION

I hereby declare that this thesis entitled "**WORKPLACE VIOLENCE AND ITS ASSOCIATED FACTORS AMONG NURSES WORKING IN B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES, DHARAN** " has been carried out by me under the guidance and supervision of **Additional Professor Dr. Suman Bahadur Singh, Professor Dr. Paras Kumar Pokharel, Additional Professor Dr. Deepak Kumar Yadav, and Additional Professor Dr. Ram Bilakshan Sah** in the partial fulfilment of the requirement for the degree of **Masters in Public Health** from School of Public Health and Community Medicine, B.P. Koirala Institute of Health Sciences, Dharan, Nepal.

.....
Ms. Shikha Basnet

Master in Public Health

2021 Batch

School of Public Health and Community Medicine

B.P. Koirala Institute of Health Sciences

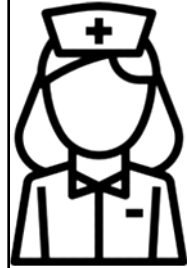
Dharan, Nepal

September, 2022

DEDICATION

This is dedicated to all the nurses who have been taking care of us and keeping us safe.

You deserve to work in violence free environment.



Shikha Basnet

ACKNOWLEDGEMENT

Foremost I would like to express my sincere gratitude towards all who supported me during this endeavor. Without their continuous support, guidance, suggestions and encouragement, I wouldn't have made this far and completed this study.

I would like to give my warmest thanks to chief guide Dr. Suman Bahadur Singh, School of Public Health and Community medicine for continuous professional guidance throughout this thesis.

I am equally obliged to co-guides Prof. Dr. Paras Kumar Pokharel, SPH & CM, Dr. Deepak Kumar Yadav, SPH& CM and Dr. Ram Bilakshan Sah, SPH&CM for their insightful discussions and suggestions in this research work,

I extend my heartfelt gratitude to BPKIHS Hospital Director, Matron, Administration department, nursing supervisor, nursing in-charge of different department and all the nurses for their generous help, support and cooperation during data collection.

I am equally obliged to School of Public Health & Community Medicine and all the faculty members and staffs for providing me this opportunity to do the research. Also, I would like to thank Nepal Health Research Council (NHRC) for providing me grant to conduct this study.

Furthermore, my sincere thanks go to my family and all of my friends of MPH batch 2021 for their continuous support and encouragement along this journey. This path might not feel easy without your generous help and motivation throughout this study.

Ms. Shikha Basnet

MPH,2021

ABSTRACT

BACKGROUND: Workplace violence (WPV) in the health sector is a serious public health concern. Health care professionals were found to be more vulnerable and experiencing violence more than 4 times in comparison with people from other occupations. Nurses come in direct interaction with the patients and visitors therefore they are exposed to more incidences of WPV than other health care workers. WPV can take place in many forms such as aggression, harassment, bullying, intimidation and assault. Violence at work has become an alarming problem worldwide.

OBJECTIVE: To assess workplace violence and its associated factors among nurses working in B.P. Koirala institute of health sciences, Dharan.

METHODOLOGY: A Hospital based Cross-sectional study was carried out using self-administered questionnaire developed by International Labor Office, International Council of Nurses, World Health Organization (WHO), and Public Services International. Five hundred and twenty-seven nursing staffs of BPKIHS were enrolled in this study applying the census survey method. Data was exported to and analyzed using SPSS 11.5. Bivariate and multivariate analysis was performed for assessing the association between the variables at 95% confidence interval (CI). The predictors of workplace violence were assessed by using binary logistic regression models.

RESULTS: The mean age of nurses was 31.01 (± 7.14) years. More than one third of the nurses (36.40%) reported exposure to at least one type of workplace violence in the previous 12 months. The prevalence of verbal abuse (34.70%) was higher than physical violence (6.10%) and sexual

harassment (1.10%). And violence was mostly perpetuated by the relatives of the patient followed by senior staff member and patient themselves. Emergency department and more than 10 staff working at duty were associated with higher odds of having WPV. Only 2.5% of the nurses reported workplace violence to the concerned authority. The major reason for not reporting violence was they felt it was useless and it was not important to report them. The study revealed that due to physical violence 3.1% of the nurses had extremely repeated disturbing memories and avoid talking about that incident.

CONCLUSION: This study revealed that verbal abuse is the most common form of violence than physical violence and sexual harassment. Emergency department had higher odds of having WPV and it is mostly perpetuated by relatives of patient, senior staff member and patient. Very few of the nurses had reported about WPV and majority of nurses were unknown about the policies of workplace violence.

Keywords: Nurses, physical violence, verbal abuse, sexual harassment, workplace violence.

TABLE OF CONTENTS

ACKNOWLEDGEMENT	i
ABSTRACT	ii
TABLE OF CONTENTS	iv
LIST OF TABLES	vii
LIST OF FIGURES	ix
ABBREVIATIONS.....	x
CHAPTER 1 INTRODUCTION	1
1.1 Background	1
1.2 Statement of the problem	4
1.3 Rationale of the study.....	5
CHAPTER 2 LITERATURE REVIEW	7
CHAPTER 3 OBJECTIVES	15
3.1 General Objective:.....	15
3.2 Specific objectives:.....	15
CHAPTER 4 METHODOLOGY	16
4.1 Type of study design:	16
4.2 Setting:	16
4.3 Study period:	16
4.4 Population/Participants:.....	16
4.5 Sampling Technique:.....	17
4.6 Sample size calculation:.....	18
4.7 Population/Participant's selection criteria	18
4.8 Conflict of Interest:	19
4.9 Outcome measure.....	19
4.10 Conceptual Framework:	20
4.11 Operational Definition:.....	21
4.12 Data Collection:	22
4.13 Validity and Reliability:	22
4.14 Pre-testing:.....	23
4.15 Data Entry, Management and Statistical Analysis:.....	23
4.16 Ethical Consideration	24
CHAPTER 5 RESULTS.....	25

5.1 Socio demographic characteristics of the nurses:	25
5.2 Workplace Information of Nurses	28
5.3 Prevalence of workplace violence	33
5.4 Perpetrators of workplace Violence	34
5.5 Response toward workplace violence	35
5.6 Level of satisfaction in which the incident was handled.....	36
5.7 Problems and complaints after experiencing workplace violence	37
5.8 Information on physical workplace violence	39
5.9 Information on verbal abuse.....	42
5.10 Information on sexual harassment	44
5.11 Knowledge on policies of workplace violence	45
5.12 Existing measures to deal with workplace violence.....	46
5.13 Changes in the workplace and its Impact.....	47
5.14 Association between socio-demographic characteristics and physical violence	49
5.15 Association between workplace characteristics and physical violence	51
5.16 Association between verbal abuse and Socio-demographic characteristics	53
5.17 Association between verbal abuse and workplace characteristics	55
5.18 Association between sexual harassment and socio-demographic characteristics	57
5.19 Association between sexual harassment and workplace characteristics	58
5.20 Association between workplace violence and socio-demographic characteristics	59
5.21 Association between workplace violence and workplace characteristics	61
5.22 Binary logistic regression to determine factors associated with physical violence	63
5.23 Binary logistic regression to determine factors associated with verbal abuse	64
5.24 Binary logistic regression to determine factors associated with workplace violence	67
CHAPTER 6 DISCUSSION	70

CHAPTER 7 SUMMARY AND CONCLUSION.....	82
7.1 Summary.....	82
7.2 Conclusion	85
CHAPTER 8 STRENGTH, LIMITATIONS AND RECOMMENDATIONS.....	86
8.1 Strength.....	86
8.2 Limitations	86
8.3 Recommendations	87
REFERENCES.....	88
ANNEXURES	95
Annexure- I Questionnaire for Data Collection	95
Annexure- II Participant Information Sheet.....	131
Annexure- III Participant Informed Consent	135
Annexure IV Ethical Approval Letter	137
Annexure V Gantt Chart	139

LIST OF TABLES

Table No.	Title	Page No.
Table 1:	Distribution of nurses in different ward of BPKIHS	17
Table 2:	Socio-demographic characteristics of the respondents	26
Table 3:	Information regarding workplace characteristics of nurses	28
Table 4:	Distribution regarding perpetrators of workplace violence	34
Table 5:	Response of nurses toward workplace violence	35
Table 6:	Level of satisfaction of nurses in which the incident was handled	36
Table 7:	Distribution of nurse's problems and complaints after experiencing WPV	37
Table 8:	Information of nurses on physical workplace violence	39
Table 9:	Information of nurses on verbal abuse	42
Table 10:	Information of nurses on sexual harassment	44
Table 11:	Knowledge on policies of different workplace violence	45
Table 12:	Existing measures in the hospital to deal with WPV	46
Table 13:	Changes in the workplace and its impact	47
Table 14:	Association of physical violence with socio-demographic characteristics of nurses	49
Table 15:	Association of physical violence with workplace characteristics of nurses	51
Table 16:	Association of verbal abuse with socio-demographic characteristics	53
Table 17:	Association of verbal abuse with workplace characteristics	55
Table 18:	Association of sexual harassment with socio-demographic characteristics of nurses	57
Table 19:	Association of sexual harassment with workplace characteristics of nurses	58
Table 20:	Association of workplace violence with Socio-demographic characteristics of nurses	59

Table 21:	Association of workplace violence with workplace characteristics	61
Table 22:	Binary Logistic regression analysis of factors associated with physical violence	63
Table 23:	Binary logistic regression of factors associated with verbal abuse	64
Table 24:	Binary logistic regression analysis of factors associated with workplace violence	67

LIST OF FIGURES

Figure 1	Conceptual Framework	20
Figure 2	Distribution of nurses regarding prevalence of workplace violence	33

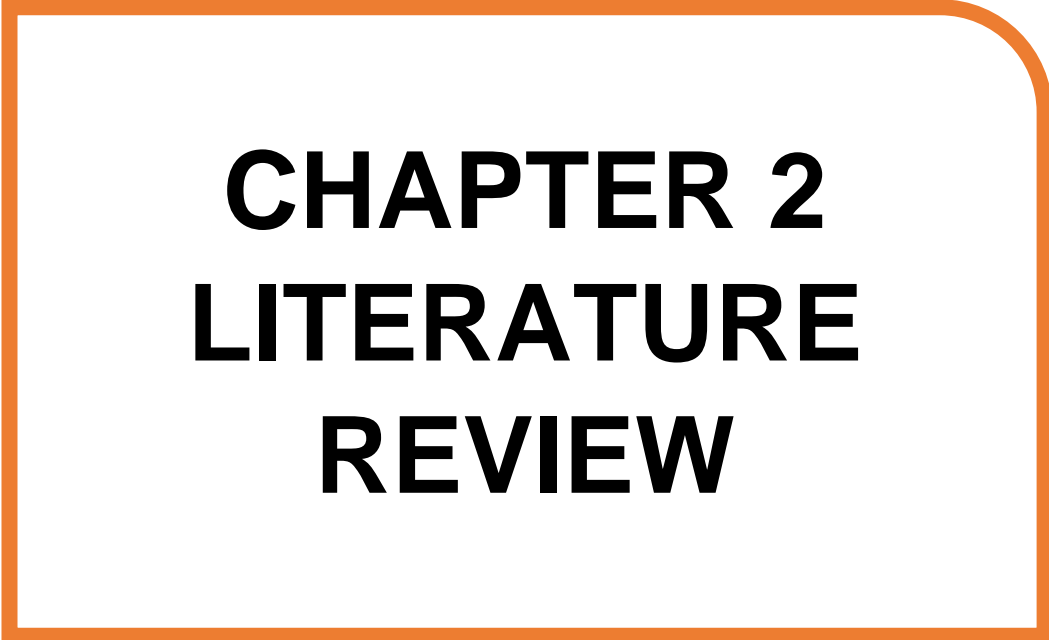
ABBREVIATIONS

ANM	:	Auxiliary nurse midwives
AOR	:	Adjusted odds ratio
BPKIHS	:	B.P. Koirala Institute of Health Science
CSSD	:	Central sterile supply department
CTVS	:	Cardio-thoracic and vascular surgery
EDN	:	Emergency department nurses
ICU/CCU/DICU:		Intensive care unit/Critical care unit/ Deluxe ICU
IRC	:	Institutional Review Board
OPD	:	Outpatient Department
OT	:	Operation theatre
PV	:	Physical Violence
SAARC	:	South Asian Association for Regional Cooperation
SD	:	Standard deviation
SH	:	Sexual harassment
SICU	:	Surgical Intensive Care Unit
UK	:	United Kingdom
VA	:	Verbal abuse
WHO	:	World Health Organization
WPV	:	Workplace Violence



CHAPTER 1

INTRODUCTION



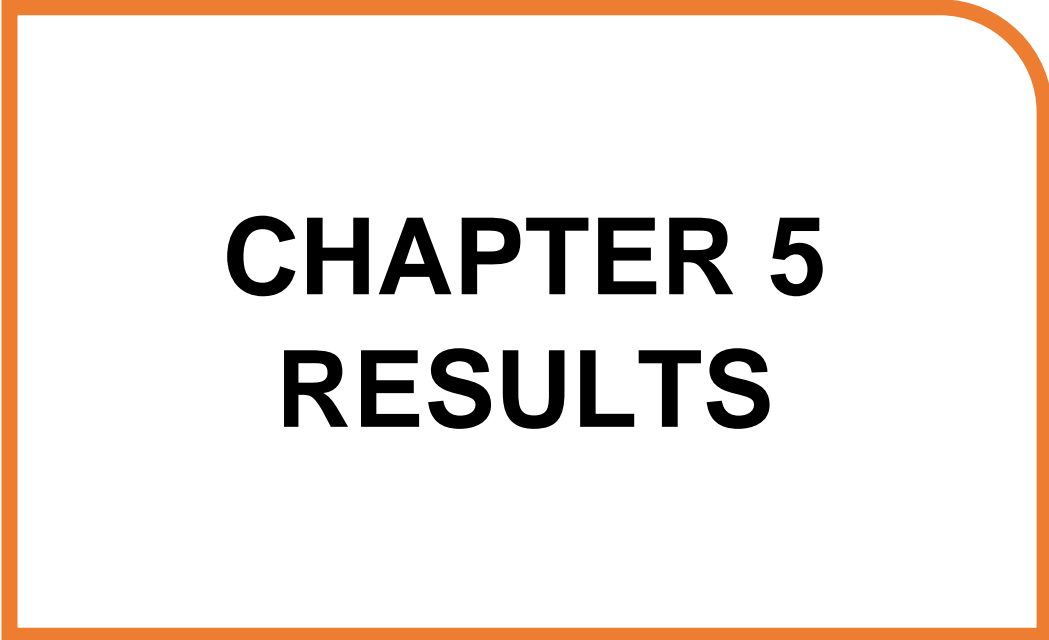
**CHAPTER 2
LITERATURE
REVIEW**



CHAPTER 3
OBJECTIVES



CHAPTER 4
METHODOLOGY

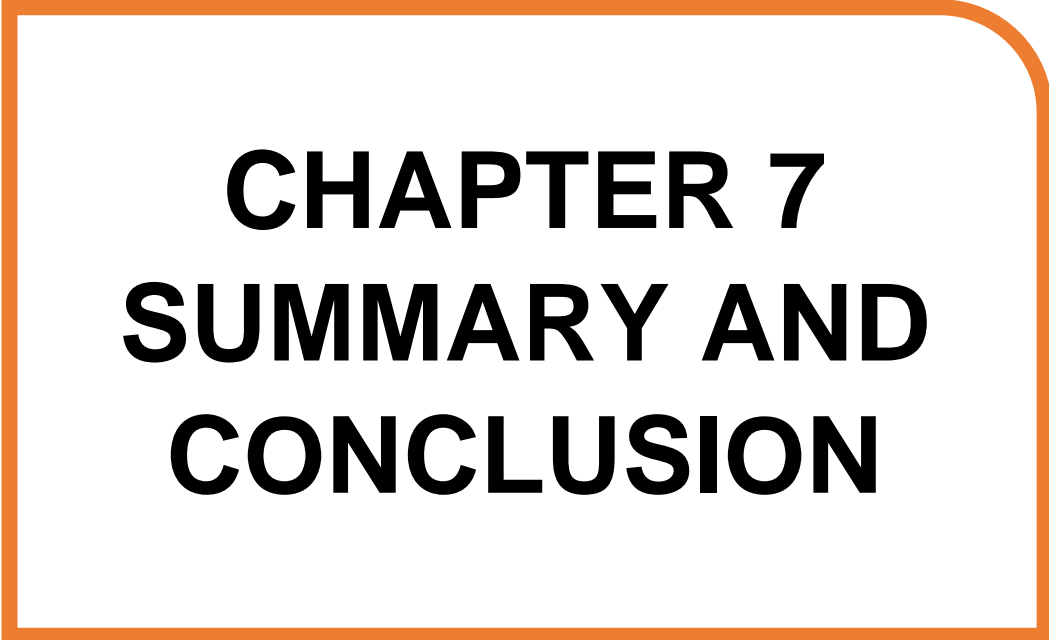


CHAPTER 5

RESULTS



CHAPTER 6
DISCUSSION



CHAPTER 7
SUMMARY AND
CONCLUSION

**CHAPTER 8
STRENGTH,
LIMITATIONS AND
RECOMMENDATIONS**

REFERENCES

ANNEXURES

CHAPTER 1

INTRODUCTION

1.1 Background

The World Health Organization defines violence as, “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”.¹

Workplace violence comprises of physically and psychologically damaging actions which occur on duty or in the workplace.² Physical violence at work like abuse, threat, assault or any kind of offensive behavior has always been recognized since it is noticeable. Whereas the existence of psychological violence has been long underestimated and neglected. Currently, psychological violence is emerging as a priority concern at the workplace which is leading to a new awareness and re-evaluation of the importance of all psychological risks at work.³

There are many reasons cited for the increase in violence against healthcare workers, including patient long waiting time for services, unrealistic expectations from patients, for example: complete recovery after one or two visits, limited legal channels for resolving medical disputes, and an absence of legal penalties against such violence.⁴

Thus, violence has many negative consequences that directly hamper on the delivery of health care services. Those could include deterioration in the

quality of care and sometime in the decision to leave the health care professions. Hence it can result in a reduction in health services available to the general population, and an increase in health costs. In developing countries particularly, equal access to primary health care will be threatened if health workers, already a scarce resource, abandon their profession because of the threat of violence.⁵ Violence compromises the quality of care and puts health care provision at risk. It also leads to immense financial loss in the health sector.⁶

Health care professionals were found to be more vulnerable and experiencing violence more than 4 times in comparison with people from other occupations. Nurses come in direct interaction with the patients and visitors therefore they are exposed to more incidences of workplace violence than other health care workers.⁷

Workplace violence can take place in many forms such as aggression, harassment, bullying, intimidation and assault.⁸ Assault/attack is the Intentional behavior that harms another person physically in some way, including sexual assault.⁶

Abuse is a kind of behavior that humiliates, or otherwise indicates a lack of respect for the dignity of an individual. Harassment is any conduct or unwelcome behavior based on age, disability, HIV status, domestic circumstances, sex, sexual orientation, gender reassignment, race, color, language, religion, political, national or social origin, association with a minority, birth or other status that is unwanted and which affects the dignity of men and women at work. While as sexual harassment is any unwanted, and

unwelcome behavior that is of a sexual nature that is offensive to the person involved, and causes that person to feel threatened, humiliated or embarrassed. ⁶

Comparatively, the verbal violence is common than physical abuse and in hospitals sexual harassment is most common. However, the prevalence of violence varied with the number of factors like age of the nurses, marital status, year of experience, position, nature of job, working organization, working time, reporting procedures and working ward. Separated/divorced/widow and working in rotational shifts and in night shifts nurse experienced both physical verbal and sexual violence. Working wards were significantly associated with physical violence. ⁴

Frequent exposure to verbal abuse was also found in Nepalese nurses, which increased stress levels, and hence decreased sense of well-being in the job. Exposure to verbal abuse remarkably affect nurse's both psychological and physical health such as feeling of stress, anger, depression, humiliation, loss of confidence, and self- esteem along with gastrointestinal problems, headaches, and sleep deprivation. Moreover, verbal abuse can result in negative organizational consequences that include loss of staff productivity, absenteeism, reduced morale, and high turnover of nurses. ⁶

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty."⁹ Violence at work has become an alarming problem worldwide. But the real scenario of the problem is unknown because of the underreporting. Violence is present in

all work environments, however, health personnel are particularly exposed.⁷

1.2 Statement of the problem

There is evidence of high risk of violence in health workers. It is found that health worker suffers physical violence between 8% and 38% at some point during their job. And most of the violence is perpetrated by patients and visitors.¹⁰

The International Labor Organization (ILO) considers nurses to be at high risk of workplace violence in health sector since they are directly involved in patient care and are in regular contact with patients and their relatives. Therefore, nurses should be considered a priority group in ensuring risk and different strategies to mitigate risk and protect staff from violence is necessary.¹⁰

Nurses are the first and most available personnel throughout the hospital. Their presence in stressful situations such as accidents, deaths, waiting to visit a doctor exposes them to more abuse or harsh behavior from patients or their relatives than other hospital staff. Receiving insults and being exposed to violence while performing one's duty and caring for patients jeopardizes nurses' physical, emotional and psychological health.⁴

Psychiatric inpatients and emergency departments are the most common place where the incidence of violence often takes place. It is a known fact that workplace violence results in a decrease in staff morale, burnout, errors, injuries, lawsuits, and high staff turnover. The ultimate consequence ranges

from deterioration of quality of care to the decision of healthcare staff to leave their profession.¹¹

1.3 Rationale of the study

The Inter-national Labor Office (ILO)/International Council of Nurses (ICN)/World Health Organization (WHO)/Public Services International (PSI) joint program on work-place violence in the health sector in 2003 found that nurses are 3 times more likely to experience workplace violence on an average than other occupational groups.⁶

There are many contributing factors of workplace violence. These can include situational and environmental factors such as settings (emergency or intensive care units), long waiting times, uncertainty regarding patient treatment, and heavy workloads. Another one is organizational factors such as inefficient teamwork, organizational injustice, lack of violence management programs, and distrust between colleagues or third factors could be individual psychosocial factors such as being younger and inexperienced, previous experience with violence, and lack of either communication skills. One of the important individual factors is empathetic communication skills, which refers to nurses' ability to understand patients' wishes, suffering, and concerns. High empathy among nurses has been found to be associated with greater patient satisfaction cooperation, and treatment adherence.¹²

Nurses are highly affected by violence while carrying out their duties. Thus, it may lead to negatives effects in work like compromised patients care, unethical practice, commuting mistakes, lack of concentration, absenteeism and less job satisfaction.¹³

This study explored the different types of violence; physical violence, verbal abuse and sexual harassment and its associated factors. It had also assessed the knowledge of nurses regarding WPV policies.

CHAPTER 2

LITERATURE REVIEW

Workplace Violence is any action or incident which causes physical or psychological harm to another person. Physical violence includes those incidents which cause major injury, assault, murder, attack and abusive behavior. Psychological violence includes threat (verbal and non-verbal), threat of sexual nature, threatening behavior, verbal abuse, verbal attack, bullying, harassment. ¹⁴

Workplace violence affects all categories of workers. However, the health sector is considered as a major risk due to the fundamental characteristics of the services delivered. Nurses frequently experience abuse and harassment in many workplace settings. The emotional impact of such abusiveness demoralizes nurses and can leave the victim feeling personally and/ or professionally attacked, devalued, or humiliated. Because a majority of acts of abuse and harassment are not reported, tolerance is likely contributing to the escalating problem. ¹⁵

The security of health workers and health institution act 2066 was revised on 2078 stated that any types of physical violence, abuse, threat on health worker, interference in patient care and treatment and destruction of property of health institution are completely forbidden and if accomplished perpetrators will be punished according to an act. ¹⁶

Magnitude of the problem:

Global Scenario

A cross-sectional descriptive, correlational design study was done in British Columbia, Canada nurses. A total of 4462 responses were analyzed using descriptive and chi-square statistics where the most common types of workplace violence were respectively emotional abuse (83%), threat of assault (78%), physical assault (67%), verbal sexual harassment (55%) and sexual assault (11%).¹³

Another cross-sectional study was conducted in Hong Kong with sample of 850 nurses. 44.6% had experienced WPV in the preceding year. Male nurses reported more WPV than their female counterparts. The most common forms of WPV were verbal abuse/ bullying (39.2%), then physical assault (22.7%) and sexual harassment (1.1%). The most common perpetrators of WPV were patients (36.6%) and their relatives (17.5%), followed by colleagues (7.7%) and supervisors (6.3%).¹⁷

A quantitative research study was done in Texas among nurses and nursing assistant by content analysis through literature review to evaluate the cause and effect of WPV on nurses. This study found that the prevalence rate among nurses was 18.8% compared to all employees in different occupations at 81.2% experienced WPV.¹⁸

A cross-sectional survey was carried out among 657 nurse's students in UK. Nearly half of the students (42.18%) indicated they had experienced bullying/harassment in the past year while on clinical placement. One-third

(30.4%) had witnessed bullying/harassment of other students and 19.6% of incidents involved a qualified nurse. The unwanted behaviors made some students consider leaving nursing (19.8%). Some respondents said the standard of patient care (12.3%) and their work with others (25.9%) were negatively affected.¹⁹

A retrospective cross-sectional study was conducted in 5 participating countries (Poland, the Czech Republic, the Slovak Republic, Turkey, and Spain) in all registered nurses of total 1089 nurses working in selected healthcare settings for at least one year. Of these, 54% stated that they had been exposed to non-physical violence and 20% had been exposed to physical violent acts. The most common perpetrators were patients and patients' relatives. In about 70% of these cases, no actions were taken after the act of violence to investigate its causes. About half of the study group did not report workplace violence as they believed it was useless or not important.²⁰

According to a study done in the Gambia on workplace violence among 219 nurses using self-administered questionnaire and 35 face-to-face interviews. Overall, 62.1% of the respondents reported exposure to workplace violence in the 12 months prior to the survey. Of them, 17.4% reported exposure to physical violence, nearly 60% reported verbal abuse while 10% reported to have been sexually harassed. Findings further revealed that 22.5% of the victims of physical violence had encountered 2–4 episodes of physical violence and almost 23% of them had been threatened with a weapon.²¹

A cross-sectional study was conducted on psychological workplace violence

and health outcomes in 477 South Korean Nurses. Overall, 11.1% reported having experienced at least one type of psychological WPV within the previous month. Furthermore, 8.0% of nurses reported having experienced verbal abuse, 1.7% suffered unwanted sexual attention, and 1.7% reported being threatened. In addition, nearly 6% reported having experienced humiliating behaviors. Experience with verbal abuse, threats, or humiliating behaviors was associated with more job stress, higher presenteeism, and poor psychological well-being.²²

Another cross-sectional study design was carried out to determine workplace violence among 227 nurses in emergency departments in Jordan. The number of incidents of verbal violence was approximately fivefold that of the number of incidents of physical violence (63.9% and 11.9%, respectively), reported in the context of violent incidents experienced by EDNs during the previous 1 year. Among the perpetrators of verbal violence, EDNs identified patients as being the primary perpetrators, followed by patients' family members.²³

Similarly, a cross-sectional study on the prevalence and associated risk factors for workplace violence against Chinese nurses was conducted. A total of 44 tertiary hospitals and 90 county level hospitals in 16 provinces with total 15,970 participants were included in the study. Total prevalence of WPV was 65.8%, of which verbal violence accounted for 64.9%, physical violence for 11.8% and sexual harassment for 3.9%. Patients' relatives were the main perpetrators of WPV in both tertiary (83.1%) and county-level hospitals (85.2%).²⁴

Another cross-sectional study was conducted in Hospitals in Iran among 1,317 nurses. The findings showed that 31.4% of nurses experienced physical violence at least once during their years of working as a nurse. Verbal abuse was experienced by 87.4% of the population during a 6-month period, and physical violence by 27.6% during the same period of time. Only 35.9% cases of verbal abuse and 49.9% cases of physical violence were actually reported.⁴

In a study done in Southern Thailand, the 12- month prevalence of violence experience was 38.9% for verbal abuse which was the most common, 3.1% for physical abuse, and 0.7% for sexual harassment. Patients and their relatives were the main perpetrators of verbal and physical abuse whereas three out of the four sexual harassment events were committed by co-workers.²⁵

Similarly, a cross-sectional, descriptive design study was conducted among 245 nurses working in emergency department of six hospitals in Jakarta and Bekasi of Indonesia. Seventeen emergency nurses (10%) reported experiencing physical violence, and more than half of emergency nurses (54.6%) reported experiencing non-physical violence. Verbal abuse was the most common type of non-physical violence (80.8%). Patients or clients were the main perpetrators of physical violence (43.5%), while patients' relatives were responsible for most non-physical violence (55.6%). Almost a quarter (22.3%) of the participants reported witnessing incidents of physical violence in the past 12 months, and 22.2% had witnessed incidents several times in a month. Most nurses (92.1%) who witnessed violence incidents did not report them.²⁶

Scenario of SAARC countries

A cross-sectional study was conducted in two Public Sector Hospitals of Lahore, Pakistan among total of 309 nurse respondents. In all, 73.1% of nurse respondents faced some form of violence in the last 12 months; 53.4% were subjected to PV, 57.3% to VV, and 26.9% to SV. Findings indicated that nurses were more likely to face: (i) PV from coworkers (31.9%) and patients (34.7%), (ii) VV from patients (33.6%) and family attendants (38.5%), and (iii) SV from coworkers (32.8%).²⁷

Another descriptive cross-sectional study was undertaken with both qualitative and quantitative approaches among female nurses working in hospitals in Bangalore city, India. Data was collected through a self-administered questionnaire where 33.6% of the respondents faced at least one type of violence. Majority (73%) experienced only verbal violence; the rest experienced multiple forms of violence, which included verbal, physical and sexual. The factors associated with workplace violence were stressful conditions, miscommunication, excessive workload, lack of security, and working alone. However, the majority of the assaults were not reported.²⁸

A hospital-based cross-sectional study done in Bangladesh Public and Private Health Facilities found overall 43.3% incidents of WPV, with 84.6% nonphysical and 15.4% physical. About 51.4% of doctors and 35.4% of nurses had exposure to some form of violence. Physicians were the most vulnerable to physical violence, while nurses were the most susceptible to nonphysical violence.²⁹

Scenario of Nepal

A cross sectional study was conducted at a tertiary hospital in Urban Nepal where Overall, 68% of all the respondents reported having experienced any type of violence at any point in time, and 47% reported having experienced it in the last 12 months. Among all the respondents, 55% reported having ever experienced verbal abuse; and 32% reported having experienced it at any time in the last 12 months. Patients and doctors were the most commonly reported perpetrators of physical violence. ³⁰

Another cross-sectional study done in a Nepalese government hospital to identify the characteristics of verbal abuse among nurses. A self-administered questionnaire was administered among 201 nurses working in a government hospital of Nepal. 96.5% reported being experienced of yelling or raising of voice in an angry fashion. Respondents reported patients, patient's relatives, physicians, and coworkers as the sources of verbal abuse.³¹

A mixed study was conducted on sexual harassment among nurses in Kaski district including one government and three private hospitals using semi structured self-administered questionnaire. The result showed that 40.30% of respondents have ever faced some form of sexual harassment. Physicians were the foremost perpetrators (37.03%) followed by patient's relatives (25.93%). Most of the respondents believed that stronger security system and legalized channels for complaint mechanism in the hospital would be helpful to reduce the harassing behavior. ³²

A study was done in Baglung among 123 health workers using self-administered questionnaire and In- depth interview among 10 respondents to

collect qualitative data. Almost two-thirds of respondents (64.9%) reported exposure to at least one type of violence in the previous 12 months: physical-11.3%, verbal-59.8% and sexual-11.3%. The perpetrators of all three types of violence were mostly the relatives of patients: physical-45.5%, verbal-29.3% and sexual-36.4%. Less than half of respondents reported the availability of violence reporting procedures in their health facilities and only one third reported any sort of encouragement for reporting. Non-reporting of violence was a concern, main reasons were lack of incident reporting policy/procedure, anti-violence measures and management support.³³

Similarly, a hospital based Descriptive cross-sectional study was done in Pokhara among 200 nurses. The majority of nurses (64.5%) were reported some type of violence in their workplace. The prevalence of verbal violence (61.5%) was higher than the prevalence of physical violence (15.5%) and sexual violence (9%) respectively. Physical violence and verbal violence among nurses are mostly perpetrated by the relatives of patients whereas sexual violence is mostly perpetrated by the in-house employees.³⁴

CHAPTER 3

OBJECTIVES

3.1 General Objective:

- To assess workplace violence and its associated factors among nurses working in B.P. Koirala institute of health sciences, Dharan.

3.2 Specific objectives:

- To assess the prevalence of physical violence, verbal abuse, and sexual harassment among nurses.
- To explore different factors associated with workplace violence.

CHAPTER 4

METHODOLOGY

4.1 Type of study design:

A Hospital based Cross-sectional study was conducted to assess workplace violence.

4.2 Setting:

A hospital-based cross-sectional study was conducted among nurses of BPKIHS. BPKIHS is Situated in Dharan in the hilly slopes sprawled over an area of about 700 acres in Province 1. Previously It had capacity of 700 bedded central teaching hospital which has now been upgraded to 776. There are currently 582 nurses working in different 31 department of BPKIHS.

4.3 Study period:

The study was conducted from September, 2022 to February, 2023.

4.4 Population/Participants:

Nurses working in BPKIHS was selected as our respondent.

Table 1: Distribution of nurses in different ward of BPKIHS

SN	BPKIHS Hospital ward	Number of Nurses
1	Emergency	54
2	SICU	19
3	ICU/CCU/DICU	45
4	Ortho	14
5	Eye	8
6	ENT (Eyes, Nose, Throat)	9
7	Derma	9
8	Paying I	6
9	Medicine (I II III)	40
10	Surgery (I II III)	41
11	Pediatric Emergency	11
12	Pediatrics (I II)	17
13	Maternal and child health (I II)	18
14	NICU/PICU/MICU/Nursery	34
15	Neonatal Ward	7
16	Antenatal/Labor room	42
17	Gynecology ward	14
18	Postnatal ward	14
19	Psychiatric Ward	8
20	Tropical Ward	11
21	CTVS	6
22	Ortho obstetrics	9
23	Day care OT	2
24	CSSD	9
25	OPD	21
26	Dental	16
27	Routine OT	26
28	Emergency OT	15
29	Gynae OT	20
30	Cath lab	2
31	Dialysis	27
	Total	582

* Source: Administration office, BPKIHS

4.5 Sampling Technique:

BPKIHS was selected purposively for the study. All the nursing staffs of

BPKIHS were enrolled in this study applying the census survey method. Out of total 582 nurses, 90.55% participated in the study. The non-response rate was 9.45% since some of the nurses were on leave (sick leave, maternity leave, home leave) and some did not give consent to take part in the study.

4.6 Sample size calculation:

The sample size is estimated, based on the study of Bhandari Tulsi et. Al, 2017 where the prevalence of physical violence among nurses at their workplace was 15.5%.

Now,

Taking $p = 15.5\%$, $q = 100 - p = 84.5\%$, $Z = 1.96$ (at 95% Confidence interval),
Margin of error 20% of prevalence $d = 20\% \text{ of } p = 0.031$

Now we have sample size:

$$N = Z^2 Pq / d^2 = (1.96)^2 \times 0.155 \times 0.845 / (0.031)^2 = 523.57 \sim 524$$

Thus, the minimum number of sample size required for the study was 524 nurses.

4.7 Population/Participant's selection criteria

4.7.1 Inclusion criteria:

- Nurses who were being registered and willing to participate in the study.
- Nurses who had at least 1 year work experience were enrolled in the study.

4.7.2 Exclusion criteria:

- Those nurses who did not give consent to participate in the study were not included in the study

4.8 Conflict of Interest:

There is no conflict of interest.

4.9 Outcome measure

4.9.1 Primary outcome Measures:

The primary outcome measures were:

- Physical violence
- Verbal abuse
- Sexual Harassment

4.9.2 Secondary outcome Measures:

- Contributing factors (work department, number of staff, work shift, Year of experience, interaction with patient and procedure of reporting)

4.10 Conceptual Framework:

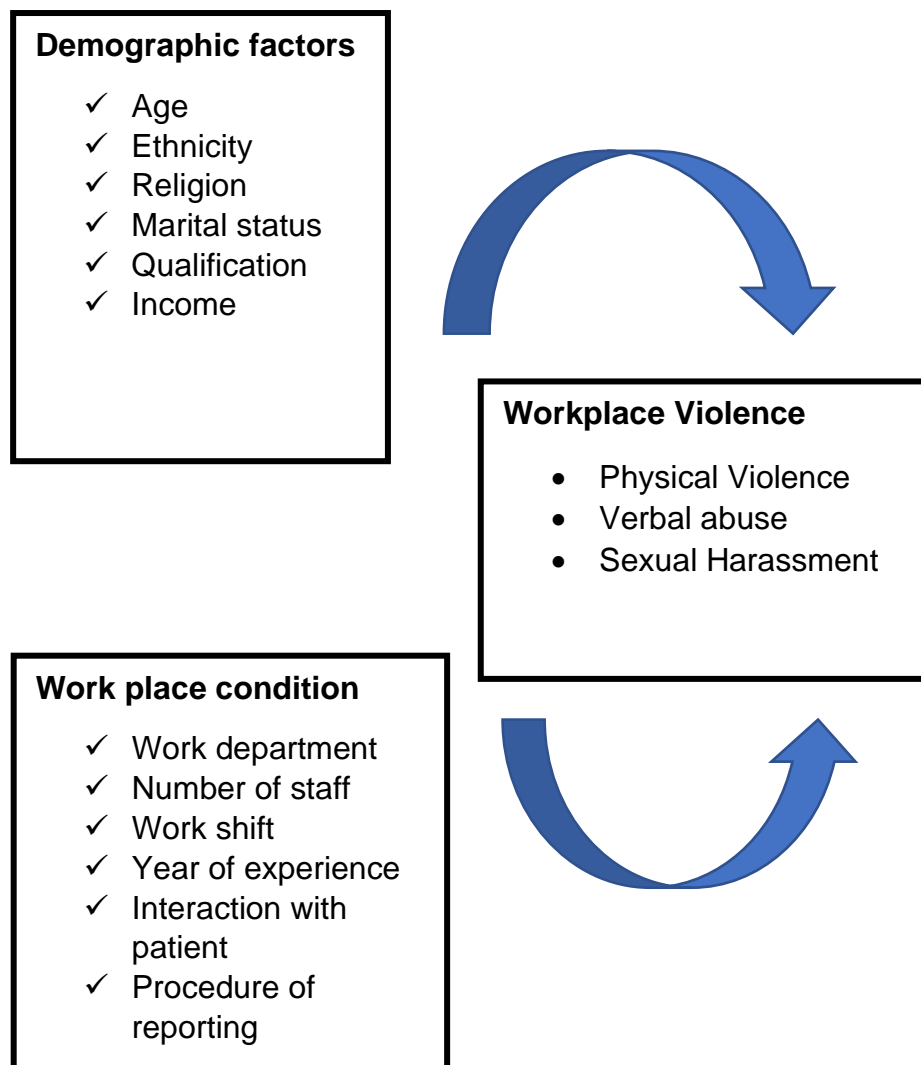


Figure 1: Conceptual Framework

4.11 Operational Definition:

Workplace Violence: Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health. ³⁵

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. If there is presence of at least one form of violence either PV, VA or SH then it is considered as workplace violence. ¹²

Physical Violence: The use of physical force that includes beating, kicking, slapping, stabbing, shooting, pushing, biting and pinching against another person or group, that results in physical, sexual or psychological harm. Physical violence is categorized as whether a nurse is physically attacked or not. It is described as use of weapon or not, time and place of attack, attacking person etc. ³⁵

Verbal abuse is a form of workplace violence that includes humiliating behavior, yelling or shouting, offensive and being rude which all indicates a lack of respect for the dignity and worth of an individual. Verbal abuse is categorized as whether a nurse is verbally abused or not within last 12 months. It describes how often a nurse is verbally abused, time and place of abuse, response after incident etc. ^{13 35}

Sexual Harassment is any unwanted, and unwelcome behavior of a sexual nature that is offensive to the person involved, and causes that person to be

threatened, humiliated or embarrassed. Sexually harassment is categorized as whether a nurse has been sexually harassed or not within 12 months. It describes how often a nurse is sexually harassed, time and place of incident, perpetrator etc.³⁵

Perpetrator: Any person who commits act of violence or engages in violent behavior.⁶

4.12 Data Collection:

Data were collected through self-administered questionnaire.

4.12.1 Instruments / Questionnaire:

Standard questionnaire 'Workplace violence in the health sector' was used developed by International Labor Office, International Council of Nurses, World Health Organization (WHO), and Public Services International. Questionnaire included socio-demographic data, work-related data, physical violence, verbal abuse, sexual harassment, Health sector employer and opinion on workplace violence.

4.13 Validity and Reliability:

Standard tool Workplace Violence in the Health sector was used for assessing prevalence of physical violence, verbal abuse and sexual harassment and its associated factors. Tools was translated into the Nepali language and then was back-translated into English language to ensure validity and reliability of the study. Guide, co-guides and subject experts' suggestions were taken and changes were made accordingly.

4.14 Pre-testing:

Pre-test of the questionnaire was done in 10% of study sample in a similar setting in Koshi Zonal Hospital. Pre-test was conducted to measure appropriateness and feasibility of the questionnaire. It provides opportunity to the researcher for better understanding and clarity of the questionnaire. The required changes were made with the consultation of guide and co-guides.

4.15 Data Entry, Management and Statistical Analysis:

4.15.1 Data handling:

All the collected data was entered in Microsoft Excel, and imported at Statistical Package for Social Sciences for statistical analysis (SPSS) 11.5 version for statistical analysis. The data was checked for its accuracy.

4.15.2 Coding/decoding:

The categorical data was coded numerically. Based on the code the responses on questionnaire items were entered.

4.15.3 Monitoring:

Data was entered after every day's work and the entered data was cross-checked in every ten entries.

4.15.4 Statistical methods:

Both the Descriptive and Inferential statistical methods was used in the analysis.

For Descriptive variables:

The normally distributed data was presented in mean and standard deviation whereas median and Inter Quartile Range (IQR) was presented for not normally distributed data. Data was summarized using frequency distribution tables and graphical methods of presentation of data (Bar diagram).

For Inferential statistics:

Bivariate analysis was performed using Chi-square test to find out the probability of significant association between different forms of workplace violence and selected factors at 95% Confidence interval with p value < 0.05. Those factors whose probabilities of association were less than 0.2 in bivariate analysis were subjected for multivariate analysis. Logistic regression was used to find out significant factors associated with workplace violence after adjusting all possible associated factors.

4.16 Ethical Consideration

- Ethical clearance was obtained from Institutional Review Committee (IRC), BPKIHS, Dharan. IRC approval number: **IRC/2264/022**
- Informed consent was taken from each nurse.
- All the information about the respondents in this study was kept confidential and used only for the study
- The participants had full authority to accept or refuse to take part in the study

CHAPTER 5

RESULTS

The main objective of this study was to assess the workplace violence and its associated factors among nurses working in B.P. Koirala institute of health sciences, Dharan. Questionnaire were distributed to all the nurses in each department of the hospital. A total of 527 nurses were enrolled in the study. The result of the quantitative data analysis has been presented in two parts.

Part A: This part deals with the findings of the study in descriptive form which explains the socio-demographic characteristics, workplace information of nurses, prevalence of workplace violence, perpetrators of violence and information regarding physical violence, verbal abuse and sexual harassment.

Part B: It deals with the inferential statistics which includes result of bivariate analysis to find the association between various independent variables with outcome variables.

Part A: DESCRIPTIVE STATISTICS

5.1 Socio demographic characteristics of the nurses:

Socio demographic characteristics such as age, marital status, position, ethnicity, religion, monthly income was assessed and summarized in the table below.

Table 2: Socio-demographic characteristics of the respondents (N= 527)

Characteristics	Frequency	Percentage (%)
Age in years		
Less than 25 years	76	14.4%
25 – 30	211	40%
30 – 35	93	17.6%
35 – 40	57	10.8%
More than 40 years	90	17.1%
Mean age in years ± SD (Min – Max)		31.01 ± 7.14 (21 – 59)
Marital Status		
Unmarried	188	35.7%
Married	328	62.2%
Living with partners	5	0.9%
Separated/Divorced	4	0.8%
Widow	2	0.4%
Ethnicity		
Dalit	28	5.3%
Janajati	259	49.1%
Madhesi	65	12.3%
Brahmin/Chhetri	170	32.3%
Others (Giri, Muslim)	5	0.9%
Religion		
Hindu	480	91.1%
Buddhist	16	3%
Islam	2	0.4%
Christian	13	2.5%
Others (Kirat, Jain)	16	3%
Qualification		
ANM	8	1.5%
Senior ANM	58	11%
Staff nurse	382	72.5%
Senior Staff nurse	24	4.6%
B.Sc./BN	53	10.1%
Master's and above	2	0.4%
Monthly Income (NRs)		
Less than 20,000	2	0.4%
20,000 - 30,000	111	21.1%
30,000 - 40,000	410	77.8%
40,000 - 50,000	3	0.6%
Above 50,000	1	0.2%

Table 2 shows the socio-demographic characteristics of total 527 female nurse respondents. The age of the nurses ranged from 21 to 59 years with mean of 31.01 years (SD 7.14) of which 40% of the nurses were in the age group 25-30 years old. Most of the nurses were married (62.2%) with unmarried accounting more than one third of the nurses (35.7%). Almost half of the nurses were from Janajati community (49.1%), one third of the respondents (32.3%) were from Brahmin/Chhetri community followed by Madhesi (12.3%) and Dalit (5.3%). Regarding religion, majority of the nurses (91.1%) were Hindu and rest (8.9%) were Buddhist, Islam, Christian and others (Jain, Kirat). About position of nurses, almost three- fourth of the nurses (72.5%) were Staff nurse. 11% were Senior ANM followed by B.Sc./BN (10.1%). Less than one percentage were Master's and above (0.4%). Similarly, Majority of the nurse's monthly income (77.8%) was between 30,000 - 40,000. More than one- fifth of the nurses (21.1%) had monthly income between 20,000-30,000 and only 0.2% had income above 50,000.

5.2 Workplace Information of Nurses

Table 3: Information regarding workplace characteristics of nurses (N=527)

Characteristics	Frequency	Percentage (%)
Year of experience		
<10 years	343	65.1%
≥10 years	184	34.9%
Median year of experience (IQR) (Min-Max)		6 (4-12) (1-30)
Work Shift		
Yes	489	92.8%
No	38	7.2%
Work time between 8pm-8am		
Yes	443	84.1%
No	84	15.9%

Table 3 shows information regarding workplace characteristics of nurses. The median year of experience of nurses was 6. Almost two-third of the nurses (65.1%) had experience of less than 10 years where as more than one-third (34.9%) had experience of more than 10 years. Similarly, most of them work in shift duties (92.8%) and majority of them (84.1%) work anytime between 8pm-8am.

Table 3.1: Information regarding workplace characteristics of nurses (Continued)

Characteristics	Frequency	Percentage (%)
Interaction with Patient (N= 527)		
Yes	506	96%
No	21	4%
If Yes, Direct Physical Contact (N=506)		
Yes	459	90.71%
No	47	9.29%
Most frequently work with (Multiple response)		
Newborn	103	20.1%
Infant	37	7.2%
Children	79	15.4%
Adolescent	243	47.4%
Adult	428	83.4%
Elderly	262	51.1%
Gender of the patients (N=506)		
Female	78	15.42%
Both (Male and Female)	428	84.58%

Table 3.1 is the continuation of workplace information of nurses. Out of 527 nurses, most of the nurses in the study interact with their patient (96%). Among them 90.71% have direct physical contact with patients. Majority of nurses work with adult (83.4%)

whereas more than half of them work with elderly followed by adolescent (47.4%). Similarly, one fifth of the nurses work with newborn (20.1%) followed by children (15.4%) and infant (7.2%). About 84.58% of nurses work with both male and female whereas less than one fifth (15.42%) work only with female patient.

Table 3.2: Information regarding workplace characteristics of nurses
(Continued)

Characteristics	Frequency	Percentage (%)
More than 50% time working with any of Specialties (Multiple response)		
Physically disabled	62	11.8%
Mentally disabled	24	4.6%
Home care	4	0.8%
Terminally ill	212	40.2%
HIV/AIDS	42	8%
Psychiatry	25	4.7%
Mother/Child Care	152	28.8%
Geriatric	89	16.9%
Occupational Health and safety	111	21.1%
Others (dental, eye, ear)	65	12.3%
Work Department		
General Medicine	61	11.6%
General Surgery	44	8.3%
Psychiatrics	10	1.9%
Emergency	71	13.5%
Operating room	53	10.1%
Intensive Care Unit	97	18.4%
Management	1	0.2%
Specialized Unit	83	15.7%
Others (OPD, CSSD, Cath lab)	43	8.2%
Gynae Department	64	12.1%
Number of staff present in the same work setting		
None	1	0.2%
1-5	202	38.3%
6-10	132	25%
11-15	101	19.2%
Over 15	91	17.3%

Table 3.2 is the continuation of workplace information of nurses. Most of the respondents (40.2%) work with terminally ill patients, followed by mother/child care (28.8%), occupational health and safety (21.1%), 16.9% work with Geriatrics, 11.8% and 4.6% work with physically and mentally disabled respectively. Regarding work department, about 18.4% work in Intensive care unit, followed by specialized unit 15.7%, emergency 13.5%, Gynecology department 12.1%, General Medicine 11.6%, one tenth of nurses work in operating room (10.1%), General surgery 8.3% and remaining one tenth work in psychiatry, management and other department. Similarly, more than one third (38.3%) work with 1-5 number of staff in the same work setting, one fourth of the nurses work with 6-10 number of staff, about 19.2% work with 11-15 number of staff followed by 17.3% work with over 15 number of staff.

Table 3.3: Information regarding workplace characteristics of nurses
(Continued)

Characteristics	Frequency	Percentage (%)
worried about violence		
1 (not worried at all)	139	26.4%
2 (rarely worried)	92	17.5%
3 (sometime worried)	140	26.6%
4 (often worried)	60	11.4%
5 (very worried)	96	18.2%
Procedure for reporting		
Yes	260	49.3%
No	267	50.7%
If yes, how to use them (N=260)		
Yes	225	86.54%
No	35	13.46%
Encouragement to report WPV		
Yes	286	54.3%
No	241	45.7%
If Yes, By whom		
Management	164	56.9%
Colleagues	72	25%
Union	34	11.8%
Associations	24	8.3%
Family/friends	28	9.7%
Others (Police, Security services)	17	5.9%

Table 3.3 is the continuation of information regarding workplace. More than one-fourth of the nurses (26.4%) were not worried about violence while

18.2% were very worried about violence. Regarding information on procedures for the reporting of violence, almost half of the nurses (49.3%) responded that there is procedure for reporting of violence. Among those, more than two-third (86.54%) knew how to use that procedure. About 54.3% had responded that there is encouragement to report WPV. Among them, more than half was done through management, one-fourth of the encouragement comes from colleagues, followed by union 11.8%, family and friends 9.7%, 8.3% from associations and remaining 5.9% was from others (Police, security services).

5.3 Prevalence of workplace violence

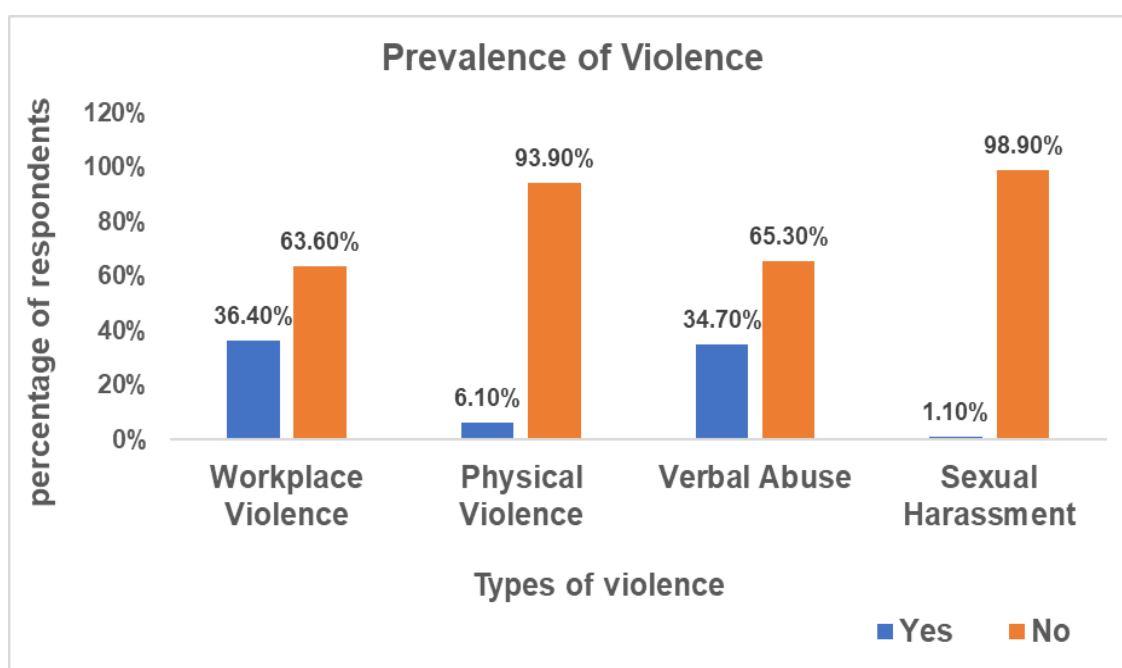


Figure 2 Distribution of nurses regarding prevalence of workplace violence

Figure 2 shows the distribution of nurses regarding prevalence of different forms of violence. Out of 527 nurses more than one third of the nurses (36.40%) had experienced at least one form of workplace violence in the last

12 months. About 6.10% of nurses experienced physical violence, more than one third of them had experienced verbal abuse (34.70%) and 1.10% had experienced sexual harassment.

5.4 Perpetrators of workplace Violence

Table 4: Distribution regarding perpetrators of workplace violence

Perpetrators	Physical Violence (N= 32)	Verbal Abuse (N= 183)	Sexual Harassment (N= 6)
Patient	10 (31.3%)	34 (18.6%)	-
Relatives of patient	16 (50%)	137 (74.9%)	3(50%)
Senior staff member	3 (9.4%)	37 (20.2%)	1 (16.7%)
Management	1 (3.1%)	18 (9.8%)	-
External Colleagues	-	3 (1.6%)	-
General Public	1 (3.1%)	8 (4.4%)	1 (16.7%)
Others (colleagues)	1 (3.1%)	3 (1.6%)	1 (16.7%)

Table 4 shows the distribution of perpetrators of workplace violence. Physical violence, verbal abuse and sexual violence is mostly perpetuated by the relatives of the patient which was 50%, 74.9% and 50% respectively. The second most perpetrator of physical violence was patient (31.3%) whereas senior staff member was the second most perpetrator of verbal abuse (20.2%) and sexual harassment (16.7%).

5.5 Response toward workplace violence

Table 5: Response of nurses toward workplace violence

Response	PV (N=32)	VA (N= 183)	SH (N=6)
Took no action	8 (25%)	32 (17.5%)	1 (16.7%)
Tried to pretend it never happened	2 (6.3%)	12 (6.6%)	1 (16.7%)
Told the person to stop	7 (21.9%)	45 (24.6%)	3 (50%)
Tried to defend physically	3 (9.4%)	4 (2.2%)	-
Told friends/families	-	6 (3.3%)	-
Told a colleague	4 (12.5%)	33 (18%)	-
Reported it to senior staff member	7 (21.9%)	51 (27.9%)	1 (16.7%)
Sought help from association	1 (3.1%)	-	-

Table 5 shows response of the nurses toward workplace violence. Out of 32 nurses, one quarter of the nurses (25%) took no action on physical violence. Likewise, about 21.9% of the nurses told the perpetrator to stop and also the same percentage of nurses report PV to senior staff member. In the case of verbal abuse, more than one quarter of nurses (27.9%) reported to senior member and 24.6% told the perpetrator to stop followed by 17.5% who took no action on verbal abuse. Similarly, out of 6 nurses who suffered SH, half of the nurses (50%) told to stop in response to sexual harassment.

5.6 Level of satisfaction in which the incident was handled

Table 6 Level of satisfaction of nurses in which the incident was handled

Level of satisfaction	Physical Violence (N=32)	Verbal abuse (N=183)	Sexual harassment (N=6)
1 (very dissatisfied)	8 (25%)	65 (35.5%)	4 (66.7%)
2 (Dissatisfied)	14 (43.8%)	72(39.3%)	-
3 (Neutral)	6 (18.8%)	31(16.9%)	1 (16.7%)
4 (satisfied)	2 (6.3%)	4 (2.2%)	-
5 (very satisfied)	2 (6.3%)	11 (6%)	1 (16.7%)

Table 6 shows the level of satisfaction of nurses from 1 to 5 where 1 denotes very dissatisfied and 5 denotes very satisfied in which the incident was handled. Majority of nurses were dissatisfied in which the incident of PV, VA and SH was handled.

5.7 Problems and complaints after experiencing workplace violence

Table 7: Distribution of nurse's problems and complaints after experiencing WPV

Characteristics	Not at all	A little bit	Moderate	Quite a bit	Extremely
Repeated disturbing memories, thoughts, or images of the attack					
Physical violence	7 (21.9%)	10 (31.3%)	11 (34.4%)	3 (9.4%)	1 (3.1%)
Verbal abuse	44 (24%)	70 (38.3%)	47 (25.7%)	16 (8.7%)	6 (3.3%)
Sexual Harassment	-	2 (33.3%)	3 (50%)	1 (16.7%)	-
Avoiding thinking about or talking about the attack or avoiding having					
Physical Violence	9 (28.1%)	11 (34.4%)	11 (34.4%)	-	1 (3.1%)
Verbal abuse	65 (35.5%)	77 (42.1%)	22 (12%)	13 (7.1%)	6 (3.3%)
Sexual Harassment	2 (33.3%)	1 (16.7%)	2 (33.3%)	1 (16.7%)	-
Being Super-alert or watchful and on guard					
Physical Violence	13 (40.6%)	10 (31.3%)	9 (28.1%)	-	-
Verbal abuse	112 (61.2%)	50 (27.3%)	11 (6%)	10 (5.5%)	-
Sexual Harassment	2 (33.3%)	1 (16.7%)	3 (50%)	-	-
Feeling like everything you did was an effort					
Physical Violence	8 (25%)	9 (28.1%)	9 (28.1%)	3 (9.4%)	3 (9.4%)
Verbal abuse	42 (23%)	63 (34.4%)	45 (24.6%)	20 (10.9%)	13 (7.1%)
Sexual Harassment	3 (50%)	-	3 (50%)	-	-

Table 7 illustrates the problem and complaints of nurses after experiencing different types of WPV. Out of 32 nurses who had encountered PV, 3.1 % had problem of extremely repeated disturbing memories, thoughts and images of

attack and they also extremely avoid thinking and talking about the attack. 28.1% nurses were moderately super- alert and watchful about the incident while 9.4% extremely feel like everything they did was an effort. Similarly, out of 183 nurses who suffered verbal abuse, 3.3% had problem of extremely repeated disturbing memories, thoughts and images of attack and they also extremely avoid thinking and talking about the attack. 5.5% nurses were moderately super- alert and watchful about the incident while 10.9% extremely feel like everything they did was an effort. Likewise, out of 6 nurses who was victim of SH, 16.7% had quite a bit problem of repeated disturbing memories, thoughts and images of attack and they also extremely avoid thinking and talking about the attack. Half of them were moderately super-alert and watchful about the incident and also moderately feel like everything they did was an effort.

5.8 Information on physical workplace violence

Table 8: Information of nurses on physical workplace violence (N=32)

Characteristics	Frequency	Percentage (%)
Time when incident happened		
Morning	9	28.1%
Afternoon	10	31.3%
Evening	6	18.8%
Night	7	21.9%
Incident could be prevented		
Yes	20	62.5%
No	12	37.5%
Injured due to violent incident		
Yes	1	3.1%
No	31	96.9%
If yes, required treatment (N=1)		
Yes	1	100%
No	-	-
Took time off from work		
Yes	3	9.4%
No	29	90.6%
If yes, how long (N=3)		
2-3 days	2	66.7%
1 week	1	33.3%
Action to investigate incident		
Yes	6	18.8%
No	22	68.8%
Don't know	4	12.5%
If Yes, By whom (N= 6)		
Management/Employer	3	50%
Union	1	16.7%
Association	1	16.7%

Police		1	16.7%
If yes, consequences of attacker (N=6)			
None		3	50%
Verbal warning issued		2	33.3%
Reported to police		1	16.7%
Supervisor offer to manage the incident			
Counselling	Yes	12	37.5%
	No	20	62.5%
Opportunity to speak/report it	Yes	10	31.3%
	No	22	68.8%
Other support (emotional)	Yes	7	21.9%
	No	25	78.1%
Witnessed Physical Violence (N= 527)			
Yes		26	4.9%
No		501	95.1%
If yes, how often (N=26)			
Once		10	38.5%
2-4 times		10	38.5%
Several times a month		6	23.1%
Reported an incident of WPV (N=527)			
Yes		13	2.5%
No		514	97.5%
Reasons for not reporting PV (N=32)			
It was not important		7	21.9%
Felt ashamed		1	3.1%
Felt guilty		1	3.1%
Afraid of negatives consequences		6	18.8%
Useless		15	46.9%
Did not know who to report		1	3.1%
Other (did not want to expose)		1	3.1%

Table 8 manifests information of nurses on workplace violence. Almost one third of the PV (31.3%) happened during afternoon followed by morning shift (28.1%) and night shift (21.9%). Most of the nurses (62.5%) thought that the incident could have been prevented. A nurse was injured during physical violence and required formal treatment. Furthermore, 9.4% of nurses took time off from the work in which 66.7% took leave for 2-3 days and 33.3% took 1 week off from work. Similarly, only 18.8% of the total PV cases were investigated in which half of the action was taken by the management and the consequences of attacker was none in half of the cases. More than one-third of the nurses (37.5%) who had experienced PV were provided counselling, about 31.3% were provided opportunity to report it and more than one fifth (21.9%) were provided other support from supervisor to manage the incident. Likewise, only few of the respondents 4.9% had witnessed PV and among them more than one-third had witnessed once and same number of nurses had witnessed 2-3 times. Out of 527 respondents, only 2.5% had reported an incident of WPV. About 46.9% felt that it was useless to report the incident where as 21.9% felt that it was not important.

5.9 Information on verbal abuse

Table 9: Information of nurses on verbal abuse (N=183)

Characteristics	Frequency	Percentage (%)	
Number of times VA experienced			
All the time	29	15.8%	
Sometimes	141	77%	
Once	13	7.1%	
Incident could be prevented			
Yes	124	67.8%	
No	59	32.2%	
Action to investigate incident			
Yes	31	16.9%	
No	134	73.2%	
Don't know	18	9.8%	
If yes, by whom (N=31)			
Management/ Employer	20	64.5%	
Union	2	6.5%	
Community group	1	3.2%	
Police	5	16.1%	
Other (self, friends)	3	9.7%	
If yes, consequences of abuser (N=31)			
None	7	22.6%	
Verbal warning issued	19	61.3%	
Reported to police	5	16.1%	
Supervisor offer to manage the incident			
Counselling	Yes	64	35%
	No	119	65%
Opportunity to speak/report it	Yes	46	25.1%
	No	137	74.9%
Other support (emotional)	Yes	29	15.8%
	No	154	84.2%
Reason for not reporting VA			
It was not important	67	36.6%	
Felt ashamed	3	1.6%	
Felt guilty	2	1.1%	
Afraid of negatives consequences	17	9.3%	
Useless	84	45.9%	
Did not know who to report	3	1.6%	
Other (this incident happens regularly)	7	3.8%	

Table 9 explains different information of nurses on verbal abuse. Out of 183 nurses, more than one quarter (77%) claimed that they were abused verbally sometimes. About 67.8% believed that VA could have been prevented. Likewise, only 16.9% of Abuse was investigated and most of the investigation (64.5%) was carried out by themanagement. As a consequence, the majority of abuser (61.3%) were warned verbally. More than one-third of the nurses (35%) who had experienced VA were provided counselling, one quarter (25.1%) were provided opportunity to report it and 15.8% were provided other support from supervisor to manage the incident. Similarly, about 45.9% felt that it was useless to report the incident whereas more than one third (36.6%) felt that it was not important.

5.10 Information on sexual harassment

Table 10: Information of nurses on sexual harassment (N=6)

Characteristics	Frequency	Percentage (%)	
Number of times of SH incident			
All the time	1	16.7%	
Sometimes	4	66.7%	
Once	1	16.7%	
Incident could be prevented			
Yes	4	66.7%	
No	2	33.3%	
Action to investigate incident			
Yes	2	33.33%	
No	2	33.33%	
Don't know	2	33.33%	
If yes, by whom (N=2)			
Management/ Employer	1	50%	
Association	1	50%	
If yes, consequences of harassment (N=2)			
None	1	50%	
Reported to police	1	50%	
Supervisor offer to manage the incident			
Counselling	Yes	4	66.7%
	No	2	33.3%
Opportunity to speak/report it	Yes	2	33.3%
	No	4	66.7%
Other support (emotional)	Yes	1	16.7%
	No	5	83.3%
Reason for not reporting SH			
It was not important	1	16.7%	
Afraid of negatives consequences	2	33.3%	
Useless	3	50%	

Table 10 explains different information of nurses on sexual harassment. Out of 6 nurses who had experienced SH, two third (66.7%) of the nurses were harassed sometime. Two third of them believed that SH could have been prevented. Likewise, one third (33.33%) of sexual harassment was investigated and among them half of the investigation (50%) was carried out by management and half by the association. Similarly, half of the harassment was reported to police and other half was left out without consequences. Two-third of the nurses (66.7%) were provided counselling, one third (33.33%) were provided with opportunity to report it and 16.7% were provided other support from supervisor to manage the incident. Furthermore, half of the nurses felt that it was useless to report the incident whereas one third (33.3%) were afraid of negative consequences.

5.11 Knowledge on policies of workplace violence

Table 11: Knowledge on policies of different workplace violence (N=527)

Specific policies	Yes	No	Don't know
Health and safety	250 (47.4%)	80 (15.2%)	197 (37.4%)
Physical WPV	89 (16.9%)	210 (39.8%)	228 (43.3%)
Verbal abuse	111 (21.1%)	196 (37.2%)	220 (41.7%)
Sexual Harassment	51 (9.7%)	233 (44.2%)	243 (46.1%)
Racial Harassment	43 (8.2%)	240 (45.5%)	244 (46.3%)
Bullying/mobbing threat	68 (12.9%)	215 (40.8%)	244 (46.3%)
	65 (12.3%)	226 (42.9%)	236 (44.8%)

Table 11 shows knowledge on policies of different types of WPV. About

47.4% of nurses know the policies on health and safety while 43.3% did not know about policies on physical workplace violence. Similarly, most of the nurses were unknown about policies on verbal abuse (41.7%), sexual harassment (46.1%), racial harassment (46.3%), bullying (46.3%) and threat (44.8%) as well.

5.12 Existing measures to deal with workplace violence

Table 12: Existing measures in the hospital to deal with workplace violence (N=527)

Characteristics	Frequency	Percentage (%)
Security measures	499	94.7%
Improve surroundings	122	23.1%
Restrict public access	46	8.7%
Patient screening	24	4.6%
Patient protocol	11	2.1%
Restrict exchange of money	20	3.8%
Increase staff numbers	46	8.7%
Check-in Procedure for staff	130	24.7%
Special equipment	75	14.2%
Change shift	113	21.4%
Reduce period of working alone	24	4.6%
Training	30	5.7%
Investment in HRD	9	1.7%
Others	1	0.2%

***Multiple response**

Table 12 exhibits the existing measures in the hospital to deal with WPV. Majority of the nurses (94.7%) responded that there are security measures like guards, alarms, telephones to deal with workplace violence followed by check-in procedure of staff (24.7%), improve surroundings (23.1%), and change shift (21.4%) to deal with WPV.

5.13 Changes in the workplace and its Impact

Table 13: Changes in the workplace and its impact (N=527)

Characteristics	Frequency	Percentage (%)
Any changes in workplace		
None	177	33.6%
Restructure	36	6.8%
Staff cuts	110	20.9%
Increase in staff	69	13.1%
Restriction	39	7.4%
Don't know	147	27.9%
Others (increase in patient)	8	1.5%
Impact of changes		
None	118	22.4%
Work worsens	104	19.8%
Work improved	102	19.4%
Patient situation worsen	37	7%
Patient situation improved	46	8.7%
Don't know	161	30.6%
Others (work overload)	9	1.7%

***Multiple response**

Table 13 demonstrates different changes in the workplace and its impact. Out of 527 nurses, one third of the nurses (33.6%) responded that there were no any changes in the workplace while 27.9% don't know about any changes. Similarly, more than one fifth of them (20.9%) said that there were staff cuts in the workplace. In regard to impact, about 30.6% don't know about any impact of changes while 22.4% responded there were no any impact of changes and about one-fifth (19.8%) answered that work had worsened.

Part B: INFERENCE ANALYSIS

BIVARIATE ANALYSIS

5.14 Association between socio-demographic characteristics and physical violence

Table 14: Association of physical violence with sociodemographic characteristics of nurses

Variables	Physical violence (%)		p-value
	No	Yes	
Age in years			
20 – 30	267 (93%)	20 (7%)	0.452
30 – 40	141 (94%)	9 (6%)	
40 and above	87 (96.7%)	3 (3.3%)	
Ethnicity			
Brahmin/Chhetri	158 (92.9%)	12 (7.1%)	0.180
Janajati	241 (93.1%)	18 (6.9%)	
Others	96 (98%)	2 (2%)	
Marital status			
Married	311 (94.8%)	17 (5.2%)	0.272
Others	184 (92.5%)	15 (7.5%)	
Religion			
Hindu	449 (93.5%)	31 (6.5%)	0.345*
Others	46 (97.9%)	1 (2.1%)	
Qualification			
Senior Staff nurse and below	444 (94.1%)	28 (5.9%)	0.763*
Bachelor and above	51 (92.7%)	4 (7.3%)	
Monthly income			
Less than 30,000	103 (91.2%)	10 (8.8%)	0.163
30,000 and above	392 (94.7%)	22 (5.3%)	

*Fisher's exact test, Significant at $p < 0.05$

Table 14 shows the association of physical violence with the socio-demographic characteristics of nurses using bivariate analysis. It was seen that no factors were significantly associated with PV ($p < 0.05$). Physical violence was found most in the age group 20-29 years (7%) than other age groups but this difference was not statistically significant. Similarly, ethnicity was divided into three categories; Brahmin/Chhetri, Janajati and others which include Dalit, Madhesi, Muslim. Physical violence was found more in Brahmin/Chhetri but ethnicity was not significantly associated with PV. Marital status of nurses was dichotomized as married and others (unmarried, widow, living with partner, divorced). Nurses who were other than married were found to be victim of PV than their counterparts married nurses (7.5% VS 5.2%) but it was not significantly associated ($p = 0.272$). Likewise, there was no statistical association of physical violence with religion, qualification and monthly income of nurses.

5.15 Association between workplace characteristics and physical violence

Table 15: Association of physical violence with workplace characteristics of nurses

Variables	Physical violence		p- value
	No	Yes	
Year of experience			
<10 years	318 (92.7%)	25 (7.3%)	0.110
≥10 years	177 (96.2%)	7(3.8%)	
Work shift			
Yes	458 (93.7%)	31 (6.3%)	0.72*
No	37 (97.4%)	1 (2.6%)	
Interaction with patient			
Yes	475 (93.9%)	31 (6.1%)	1.000*
No	20 (95.2%)	1 (4.8%)	
Number of staff			
≤ 10 staffs	312 (93.1%)	23 (6.9%)	0.314
>10 staffs	183 (95.3%)	9 (4.7%)	
Work department			
Emergency	62 (87.3%)	9 (12.7%)	0.027*
Others	433 (95%)	23 (5%)	
Procedure of reporting			
Yes	244 (93.8%)	16 (6.2%)	0.938
No	251 (94%)	16 (6%)	

***Fisher's exact test, Significant at $p < 0.05$**

Table 15 illustrates the association of physical violence with workplace characteristics. Only work department was found statistically significant with physical violence. The table reveals that the nurses who had experience of

less than 10 years (7.3%) suffered more PV than counterparts who had more than 10 years of experience (3.8%). Similarly, Nurses who regularly interact with their patient (6.1%) had more PV than those who do not interact (4.8%). Likewise, number of staff less than 10 had more PV (6.9%). Nurses working in emergency ward (12.7%) had more PV than other ward (ICU, general medicine, general surgery, psychiatric, gynecology etc.) and it was found statistically significant ($p=0.027$). Also, PV was found more in those who knew the procedure of reporting however it was not found statistically significant.

5.16 Association between verbal abuse and Socio-demographic characteristics

Table 16: Association of verbal abuse with Socio-demographic characteristics

Variables	Verbal abuse (%)		p-value
	No	Yes	
Age in years			
20 – 30	171 (59.6%)	116 (40.4%)	0.001
30 – 40	100 (66.7%)	50 (33.3%)	
40 and above	73 (81.1%)	17 (18.9%)	
Ethnicity			
Brahmin/Chhetri	118 (69.4%)	52 (30.6%)	0.054
Janajati	156 (60.2%)	103 (39.8%)	
Others	70 (71.4%)	28 (28.6%)	
Marital status			
Married	221 (67.4%)	107 (32.6%)	0.193
Others	123 (61.8%)	76 (38.2%)	
Religion			
Hindu	317 (66%)	163 (34%)	0.238
Others	27 (57.4%)	20 (42.6%)	
Qualification			
Senior staff nurse and below	307 (65%)	165 (35%)	0.742
Bachelor and above	37 (67.3%)	18 (32.7%)	
Monthly income			
Less than 30,000	73 (64.6%)	40 (35.4%)	0.865
30,000 and above	271 (65.5%)	143 (34.5%)	

Significant at $p < 0.05$

Table 16 shows the association of verbal abuse with the socio-demographic characteristics. Verbal abuse was found most in the age group 20-29 years (40.4%) than other age groups and also it was statistically significant with VA ($p= 0.001$). Similarly, nurses who belongs to janajati community (39.8%) suffered more VA than Brahmin/Chhetri (30.6%) and others includes Dalit, Madhesi, Muslim, Giri (28.6%). However, it was not found significantly associated with VA. Furthermore, there was no statistical association of verbal abuse with marital status, religion, qualification and monthly income of nurses.

5.17 Association between verbal abuse and workplace characteristics

Table 17: Association of verbal abuse with workplace characteristics

Variables	Verbal abuse		p- value
	No	Yes	
Year of experience			
<10 years	208 (60.6%)	135 (39.4%)	0.002
≥10 years	136 (73.9%)	48 (26.1%)	
Work shift			
Yes	317 (64.8%)	172 (35.2%)	0.437
No	27 (71.1%)	11 (28.9%)	
Interaction with patient			
Yes	330 (65.2%)	176 (34.8%)	0.891
No	14 (66.7%)	7 (33.3%)	
Number of staff			
≤ 10 staffs	231 (69%)	104 (31%)	0.019
>10 staffs	113 (58.9%)	79 (41.1%)	
Work department			
General medicine	38 (62.3%)	23 (37.7%)	<0.001
General surgery	27 (61.4%)	17 (38.6%)	
Emergency	30 (42.3%)	41 (57.7%)	
ICU	56 (57.7%)	41 (42.3%)	
Others	193 (76%)	61 (24%)	
Procedure of reporting			
Yes	163 (62.7%)	97 (37.3%)	0.219
No	181 (67.8%)	86 (32.2%)	

Significant at $p < 0.05$

Table 17 illustrates the association of verbal abuse with workplace characteristics of nurses. It depicts that year of experience, number of staff and work department were significantly associated with VA. Verbal abuse was

found more in those nurses who had experience of less than 10 years (39.4%) than the counterparts who had more than 10 years of experience (26.1%) and was statistically significant ($p=0.002$). Similarly, nurses who work in shift (35.2%) encountered more VA than those who do not work in shift and it was not statistically significant. Nurses who regularly interreact with their patient (34.8%) had more VA than those who do not interreact (33.3%) but it was not statistically significant. Likewise, nurses who work with more than 10 number of staff had more VA (41.1%) and it was found significantly associated with VA ($p=0.019$). Majority of VA occurred in emergency ward (57.7%) and highly significant association was seen with work department ($p= <0.001$). Also, those who knew the procedure of reporting suffered more VA (37.3%) but significant association was not found.

5.18 Association between sexual harassment and socio-demographic characteristics

Table 18: Association of sexual harassment with socio-demographic characteristics of nurses

Variables	Sexual harassment (%)		p-value
	No	Yes	
Age in years			
<31years	311 (98.4%)	5 (1.6%)	0.410*
≥31 years	210 (99.5%)	1 (0.5%)	
Ethnicity			
Brahmin/Chhetri	169 (99.4%)	1 (0.6%)	0.669*
Others	352 (98.6%)	5 (1.4%)	
Marital status			
Married	324 (98.8%)	4 (1.2%)	1.000*
Others	197 (99%)	2 (1%)	
Religion			
Hindu	474 (98.8%)	6 (1.3%)	1.000*
Others	47 (100%)	-	
Qualification			
Senior Staff nurse and below	466 (98.7%)	6 (1.3%)	1.000*
Bachelor and above	55 (100%)	-	
Monthly income			
Less than 30,000	111 (98.2%)	2 (1.8%)	0.613*
30,000 and above	410 (99%)	4 (1%)	

***Fisher's exact test Significant at $p < 0.05$**

Table 18 shows the association of sexual harassment with the socio-demographic characteristics of nurses. Sexual harassment was found most in the age group less than 31 years (1.6%) than other age groups but it was not statistically significant. Similarly, nurses who belongs to others community

(Dalit, Janajati, Madhesi, Muslim) were more harassed than Brahmin/Chhetri community but it was not statistically significant. Likewise, there was no statistical association between sexual harassment and other socio-demographic characteristics like marital status, religion, position and monthly income of nurses.

5.19 Association between sexual harassment and workplace characteristics

Table 19: Association of sexual harassment with workplace characteristics of nurses

Variables	Sexual Harassment		p- value
	No	Yes	
Year of experience			
<10 years	338 (98.5%)	5 (1.5%)	0.670*
≥10 years	183 (99.5%)	1 (0.5%)	
Work shift			
Yes	483 (98.8%)	6 (1.2%)	1.000*
No	38 (100%)	-	
Interaction with patient			
Yes	500 (98.8%)	6 (1.2%)	1.000*
No	21 (100%)	-	
Number of staff			
≤ 10 staffs	331 (98.8%)	4 (1.2%)	1.000*
>10 staffs	190 (99%)	2 (1%)	
Work department			
Emergency	70 (98.6%)	1 (1.4%)	0.582*
Others	451 (98.9%)	5 (1.1%)	
Procedure of reporting			
Yes	258 (99.2%)	2 (0.8%)	0.686*
No	263 (98.5%)	4 (1.5%)	

*Fisher's exact test

Table 19 shows that there were no significant association between sexual harassment and with various workplace characteristics like year of experience, work shift, interaction with patient, number of staff, work department and procedure of reporting.

5.20 Association between workplace violence and socio-demographic characteristics

Table 20: Association of workplace violence with socio-demographic characteristics of nurses

Variables	Workplace violence (%)		p-value
	No	Yes	
Age in years			
Less than 25 years	42 (55.3%)	34 (44.7%)	0.004
25 – 30	125 (59.2%)	86 (40.8%)	
30 – 35	57 (61.3%)	36 (38.7%)	
35 – 40	39 (68.4%)	18 (31.6%)	
More than 40 years	72 (80%)	18 (20%)	
Ethnicity			
Brahmin/Chhetri	112 (65.9%)	58 (34.1%)	0.072
Janajati	153 (59.1%)	106 (40.9%)	
Others	70 (71.4%)	28 (28.6%)	
Marital status			
Married	216 (65.9%)	112 (34.1%)	0.161
Others	119 (59.8%)	80 (40.2%)	
Religion			
Hindu	308 (64.2%)	172 (35.8%)	0.361
Others	27 (57.4%)	20 (42.6%)	
Qualification			
Senior ANM/ANM	57 (86.4%)	9 (13.6%)	<0.001
Senior staff nurse/staff nurse	244 (60.1%)	162 (39.9%)	
Bachelors and above	34 (61.8%)	21 (38.2%)	
Monthly income			
Less than 30,000	72 (63.7%)	41 (36.3%)	0.970
30,000 and above	263 (63.5%)	151 (36.5%)	

Significant at $p < 0.05$

Table 20 reveals the association of workplace violence with the socio-demographic characteristics of nurses. It shows that age and qualification of nurses was statistically associated with WPV. Most of the WPV was seen in the age group less than 25 years (44.7%) and there was significant association between them ($p= 0.004$). Similarly, nurses who belongs to Janajati community had experienced more WPV (40.9%) than Brahmin/Chhetri and other (Dalit, Madhesi, Muslim) community but it was not statistically significant. Those who were other than married (unmarried, divorced, widow, living with partner) suffered more WPV (40.2%) than married nurses (34.1%) and significant association was not found. Likewise, other than Hindu religion Like Buddhist, Christian, Muslim etc. suffered more WPV (42.6%) but there was no statistical association of WPV with religion of nurses. About qualification of nurses, Senior staff nurse/ staff nurse experienced more violence (39.9%) and it was highly associated with WPV ($p= <0.001$). Similarly nurses who earned 30,000 and above suffered more WPV (36.5%) but there was no significant association between them.

5.21 Association between workplace violence and workplace characteristics

Table 21: Association of workplace violence with workplace characteristics

Variables	Workplace violence		p- value
	No	Yes	
Year of experience			
<10 years	201 (58.6%)	142 (41.4%)	0.001
≥10 years	134 (72.8%)	50 (27.2%)	
Work shift			
Yes	308 (63%)	181 (37%)	0.320
No	27 (71.1%)	11 (28.9%)	
Interaction with patient			
Yes	321 (63.4%)	185 (36.6%)	0.763
No	14 (66.7%)	7 (33.3%)	
Number of staff			
≤ 10 staffs	226 (67.5%)	109 (32.5%)	0.014
>10 staffs	109 (56.8%)	83 (43.2%)	
Work department			
General medicine	38 (62.3%)	23 (37.7%)	<0.001
General surgery	27 (61.4%)	17 (38.6%)	
Emergency	28 (39.4%)	43 (60.6%)	
ICU	54 (55.7%)	43 (44.3%)	
Others	188 (74%)	66 (26%)	
Procedure of reporting			
Yes	158 (60.8%)	102 (39.2%)	0.188
No	177 (66.3%)	90 (33.7%)	

Significant at $p < 0.05$

Table 21 describes the association of WPV with workplace characteristics of nurses. It shows that year of experience, number of staff and work department was statistically significant with WPV. WPV was more in those nurses who

had experience less than 10 years (41.4%) than the counterparts who had more than 10 years of experience (27.2%) and was statistically significant ($p=0.001$). Similarly, those who work in shift had experienced more WPV (37%) but there was no significant association with WPV. WPV was found more in nurses who regularly interact with their patient (36.6%) than those who do not interact (33.3%) but it was not statistically significant. Likewise, nurses who work with more than 10 number of staff had more WPV (43.2%) and it was statistically significant ($p=0.014$). WPV was found more in emergency ward (60.6%) than General medicine, General surgery, ICU and other department (OT, Psychiatrist, specialized unit, Gynae, OPD, CSSD) and also, it was found highly significant with WPV ($p= <0.001$). Likewise, those who knew the procedure of reporting suffered more WPV (39.2%) but there was no significant association with WPV.

MULTIVARIATE ANALYSIS

The data obtained from bivariate analysis was followed by binary logistic regression analysis in order to adjust and explore the significance of explanatory variables. It was used to determine the predictors of physical violence, verbal abuse and sexual harassment. The independent variable which had p-value less than 0.2 in the bivariate analysis was included in the logistic regression analysis.

5.22 Binary logistic regression to determine factors associated with physical violence

Table 22: Binary Logistic regression analysis of factors associated with physical violence

Variables	β coefficient	AOR	95% C.I. for AOR		p-value
			Lower	Upper	
Year of experience					
<10 years		1			
≥ 10 years	0.763	2.145	0.895	5.140	0.087
Ethnicity					
Brahmin/Chhetri		1			
Janajati	0.047	1.049	0.489	2.248	0.903
Others	1.281	3.600	0.786	16.498	0.099
Monthly income					
Less than 30,000		1			
30,000 and above	0.656	1.927	0.869	4.272	0.106
Constant	0.441	1.554			0.660

1: Reference Group *Significant at $p < 0.05$

Table 22 demonstrates factor associated with physical violence using binary logistic regression. The covariates entered in logistic regression were year of experience, ethnicity and monthly income. In regards to experience, Nurses who had experience of 10 or more years were 2.145 times more likely to PV than those who had experience of less than 10 years of experience. However, it was not found significant with PV. It was observed that nurses from Janajati community were 1.049 times more likely to PV than Brahmin/Chhetri nurses but it was not statistically significant. Other ethnicity nurses like from Dalit, Madhesi, Muslim were 3.600 times more likely to encounter PV than

Brahmin/Chhetri nurses. And it was not found to be significantly associated with PV. Likewise, the odds of PV increased by 1.927 times in those nurses who had income 30,000 and above than those who had less than 30,000. However, it was not found to be significantly associated with PV.

5.23 Binary logistic regression to determine factors associated with verbal abuse

Table 23: Binary logistic regression of factors associated with verbal abuse

Variables	β coefficient	AOR	95% C.I. for AOR		p-value
			Lower	Upper	
Age in years					
20-30		1			
30-40	0.369	1.446	0.775	2.698	0.247
40 and above	1.135	3.112	1.224	7.912	0.017
Ethnicity					
Brahmin/Chhetri		1			
Janajati	-0.300	0.740	0.480	1.143	0.175
Others	0.214	1.239	0.694	2.213	0.469
Marital status					
Married		1			
Others	0.261	1.299	0.828	2.037	0.255
Year of experience					
<10 years		1			
\geq 10 years	-0.163	0.850	0.428	1.688	0.642
Number of staff					
\leq 10 staffs		1			
>10 staffs	-0.523	0.593	0.397	0.884	0.010
Work department					
Emergency		1			
ICU	0.558	1.747	0.917	3.328	0.090
General Medicine	0.700	2.014	0.978	4.150	0.058
General Surgery	0.837	2.310	1.041	5.124	0.039
Others	1.325	3.763	2.100	6.743	<0.001
Constant	0.190	1.209			0.777

1: Reference *Significance at $p < 0.05$

Table 23 highlights the factor associated with verbal abuse using binary logistic regression. The covariates entered in logistic regression were age, marital status, year of experience, ethnicity, number of staff and monthly income. In this study, it was observed that the odds of verbal abuse increases by 1.446 times in those nurses who were in the age group 30 – 40 than 20 – 30 age group nurses but it was not found to be significantly associated with prevalence of VA. Similarly, 40 and above years of nurses were 3.112 times more likely to VA than 20 – 30 age group nurses and also it was significantly associated with VA [AOR = 3.112; 95% CI: 1.224 – 7.912]. In regard to ethnicity, it was evident that nurses from Janajati were 0.740 times less likely to VA than Brahmin/Chhetri and it was not found significant. Similarly, Other ethnicity like Dalit, Madhesi, Muslim nurses were 1.239 times more likely to encounter VA than Brahmin/Chhetri nurses. And it was not found to be significantly associated with VA. Likewise, nurses other than married like single, living with partners, widow, divorced etc. were 1.299 times more likely to VA than those who are married and it was not significantly associated with VA.

Nurses who had experience of 10 or more years were 0.850 times less likely to VA than those who had experience of less than 10 years of experience and it was not found significant with VA. Nurses who were working with more than 10 staffs were 0.593 times less likely to suffer from VA than those working with less than 10 staffs and it was found to be significantly associated with VA. [AOR= 0.593; 95% CI: 0.397 – 0.884] About work department, it was observed that the odds of VA increases by 1.747 times in those working in

ICU than emergency. Similarly nurses in General medicine were 2.014 times more likely to VA than emergency and it was not found significant. General surgery nurses were 2.310 times more likely to VA than emergency and it was statistically significant. [AOR= 2.310; 95% CI: 1.041 – 5.124] Other department including operating room, psychiatrist, gynecology department, pediatrics etc. were 3.763 times more likely to have VA than emergency. And it was statistically significant. [AOR= 3.763; 95% CI: 2.100 – 6.743]

5.24 Binary logistic regression to determine factors associated with workplace violence

Table 24: Binary logistic regression analysis of factors associated with workplace violence

Variables	β coefficient	AOR	95% C.I. for AOR		p-value
			Lower	Upper	
Age in years					
Less than 25 years	0.686	1.986	0.640	6.166	0.235
25-30	0.517	1.677	0.587	4.793	0.334
30-35	0.458	1.581	0.634	3.943	0.326
35-40	0.248	1.282	0.528	3.112	0.583
40 and above		1			
Ethnicity					
Brahmin/Chhetri		1			
Janajati	0.110	1.116	0.723	1.723	0.619
Others	-0.502	0.605	0.337	1.087	0.093
Marital status					
Married		1			
Others	-0.281	0.755	0.480	1.188	0.224
Qualification					
Senior ANM/ANM	-0.833	0.435	0.145	1.307	0.138
Senior staff nurse/staff nurse	0.198	1.219	0.653	2.276	0.534
Bachelors and above		1			
Year of experience					
<10 years		1			
≥ 10 years	0.103	1.108	0.537	2.288	0.781
Number of staff					
≤ 10 staffs		1			
>10 staffs	0.484	1.623	1.087	2.424	0.018
Work department					
Emergency		1			
ICU	-0.542	0.581	0.302	1.119	0.104
General Medicine	-0.730	0.482	0.231	1.004	0.051
General Surgery	-0.983	0.374	0.167	0.842	0.017
Others	-1.341	0.262	0.145	0.471	<0.001
Procedure of reporting					
Yes		1			
No	-0.282	0.754	0.515	1.105	0.148
Constant	-0.133	0.875			0.899

1: Reference *Significance at $p < 0.05$

Table 24 shows binary logistic regression of factors associated with workplace violence. The covariates entered in logistic regression were age, marital status, year of experience, qualification, ethnicity, number of staff, procedure of reporting and monthly income. In this study, it was observed that the odds of WPV increased by 1.986 times in those nurses whose age was less than 25 years more likely than 40 and above nurses. Similarly, 25 – 30 years of nurses were 1.677 times more likely to WPV than 40 and above nurses. The age group between 30 – 35 and 35 – 40 were 1.581 times and 1.282 times more likely to WPV than 40 and above age nurses. However, there was no significant association between age and WPV was found. In regard to ethnicity, it was evident that nurses from Janajati were 1.116 times more likely to WPV than Brahmin/Chhetri. However, it was not found to be significantly associated with WPV. Other ethnicity like Dalit, Madhesi, Muslim were 0.605 times less likely to encounter WPV than Brahmin/Chhetri nurses. And it was not found to be significantly associated with WPV.

Likewise, Nurses who are other than married (unmarried, living with partner, divorced, widow) were 0.755 times less likely to WPV than those who are married and it was not significantly associated with WPV. Senior ANM/ANM nurses were 0.435 times less likely to WPV than Bachelors and above nurses. Likewise, it was observed that the odds of WPV increased by 1.219 times in senior staff nurse/staff nurse more likely to than Bachelors and above position nurses but it was not found significantly associated with WPV. Nurses who had experience of more than 10 or more years were 1.108 times more likely to WPV than those who had experience of less than 10 years of experience.

However, it was not found significant with WPV. Similarly, the odds of WPV increased by 1.623 times in nurses who were working with

more than 10 staffs than those working with less than 10 staffs and it was found to be significantly associated with WPV. [AOR= 1.623; 95% CI: 1.087 – 2.424] About work department, nurses of ICU were 0.581 times less likely to encounter WPV than emergency and it was not found statistically significant. Nurses in General medicine were 0.482 times less likely to encounter WPV than emergency. Similarly,

General surgery nurses were 0.374 times less likely to suffer WPV and it was statistically significant. [AOR=0.374; 95% CI: 0.167 – 0.842]. Other department (Psychiatrist, Operating room, Gynecology and other specialized unit) were 0.262 times less likely to suffer WPV and it was statistically significant [AOR= 0.262; 95% CI: 0.145 – 0.471].

CHAPTER 6

DISCUSSION

Workplace violence in the health sector is a serious issue in the public health. There are a lot of researches on workplace violence that included only one or two form of violence. But very few of them had included all three types of violence (physical violence, verbal abuse and sexual harassment) in a study.

A cross sectional study was conducted among 527 nurses working in BPKIHS. The standard questionnaire developed by International Labor Office, International Council of Nurses, World Health Organization (WHO), and Public Services International was used. This study aimed to find out the prevalence of workplace violence and its associated factors. The study has reviewed various literatures on study of different types of workplaces violence among nurses.

Socio demographic status

The mean age of nurses of BPKIHS was found to be 31.01 years (SD 7.14) and 40% of nurses were in the age group 25 – 30 years. This finding is similar to the findings of the study conducted in Baglung.³³

Similarly, most of the nurses (62.2%) were married. This finding is consistent to the finding of the study conducted in Pokhara where more than half of the nurses (52%) were married.³⁴

Nearly half of the nurses (49.1%) were from Jananjati community. This finding is much higher than the finding of the study conducted in Pokhara.³⁴

Similarly, maximum number of nurses were qualified as staff nurse (72.5%) which correspond with the study conducted in Pokhara.³⁴

Prevalence of workplace violence

The findings from this study showed that more than one third of the nurses (36.40%) were exposed to workplace violence of any type at least once in the past 12 months. This finding is comparatively much lower than the findings of the study conducted in different health institution among health workers of Baglung (64.9%), Pokhara study (61.5%), Gambia study (62.1%) and China (65.8%).^{33 34 21 24}

Comparing with other studies, the prevalence of WPV in the present study is moderately lower than the study conducted in Hongkong (44.6%).¹⁷ And much alike with the findings of study conducted in Bangladesh (35.4%).²⁹ The findings of the study conducted in different part of world showed fluctuating figures. The prevalence of WPV in Pakistan is double (73.1%) than our result of the study.²⁷

The possible reason for the variation in the findings may be sampling variability, reporting mechanism, policies of violence in the hospital, knowledge of nurses and their attitude, cultural differences and safety measures in hospitals.

The prevalence of verbal abuse (34.70%) was found higher than physical violence (6.10%) and sexual harassment (1.10%) in our study. Similar kind of result was established in Pokhara study but the prevalence of VA (61.5%), PV (15.5%) and SH (9%) was much higher than our findings.³⁴ Corresponding

result was found in Baglung, Southern Thailand and China study but the prevalence was much higher than our study.^{33 25 36}

In comparison with the present study, various studies reported high rate of verbal abuse 60% in Gambia, 57.3% in Pakistan and 63.9% in Jordan.^{21 27 23}

Likewise, the prevalence of PV was also notably high in the study of Baglung (11.3%) and other different studies of world like 27.6% in Iran, 22.7% in Hongkong, and 17.4% in Gambia.^{33 4 17 21}

The prevalence of sexual harassment in this current study is quite similar to the findings of Hongkong.¹⁷ In contrast to our result, Southern Thailand had lower prevalence of SH whereas the findings from the study of Pakistan was 26 times higher than our result.^{25 27} Similarly, study finding of Baglung and Kathmandu was also much higher (11.3% and 7.9% respectively) than our result.^{33 30} The systematic review found out that the prevalence of sexual harassment against female nurses was 43.15% which is much higher than our findings.³⁷

Some of the differences across these studies are most probably due to sampling variability, variations in the specific measures of violence and use of different research instrument. The low prevalence of sexual abuse in our study as compared to the above-mentioned studies may be due to under reporting of findings secondary to various individual and cultural factors.

Perpetrators of Workplace violence

Physical violence, verbal abuse and sexual violence was mostly perpetuated by the relatives of the patient which were 50%, 74.9% and 50% respectively.

The second most common perpetrators of physical violence were patient whereas senior staff member were the second common source of verbal abuse and sexual harassment.

The correspondence result was found in China and Iran study where the violence was mostly perpetrated by relatives of patient.^{24 38} Similarly, the result is consistent with the study done in Pokhara where the most common perpetrators of PV and VA was relatives of patient. In contrast SH was mostly perpetuated by doctor in that study.³⁴

The finding of the study is dissimilar to the finding of study conducted in tertiary hospital of Kathmandu where the perpetrators were mostly doctor and senior nurses.³⁰ Likewise, different result was observed in Pakistan and Hongkong study as well.^{27 17} The probable explanation may be due to the hospital hierarchies where doctor and senior nurses are considered superior and may take advantage of them.

The possible explanation for the variation in sources of verbal abuse may be because of the different care culture existing in different countries. In Nepal, patients' relatives provide informal care to the patients and advocate their needs during treatment in the hospital and dissatisfaction toward nursing care may lead to verbal abuse.³¹

Factors associated with physical violence

In our study, physical violence among nurses was found to be the most common in the age group 20 – 30 years (7%) than other age groups but this difference was not statistically significant. This result is consistent with the

finding of a study done in Turkey.³⁹

Nurses who were other than married were found to be victim of PV than their counterparts married nurses (7.5% VS 5.2%) but it was not statistically significant ($p= 0.272$). The result is consistent with the study done in Pakistan.²⁷ Conversely, the study done in tertiary hospital of Kathmandu showed that married nurses were 2.54 times higher risk of PV than single nurses but it was not found significantly associated with PV.³⁰

Similarly, Hindu religion nurses encountered more PV than other religion. The finding is unlike to the study of Pakistan which observed that Islam religion experienced more violence than other religion.²⁷ The possible reason may be majority of people in Nepal follow Hinduism whereas Pakistan follows Islamism.⁴⁰

This study reported that Bachelors and above qualification nurses suffer more PV than Senior staff nurse and below nurses. The similar kind of result is observed in the study of Pakistan.²⁷

This study revealed that the nurses who had experience of less than 10 years suffered more PV (7.3%) than counterparts who had more than 10 years of experience (3.8%). This result is consistent with the finding of study done at public hospital of Bangladesh which illustrated that PV was more prevalent in less experienced nurses.⁴¹

Moreover, nurses who work in shift had more PV (6.3%) than those who did not work in shift (2.6%). Similar findings were obtained by a study done in Turkey and China where 14.3% and 30% respective nurses had PV while

working in shift.^{39 12}

Similarly, Nurses who regularly interreact with their patient (6.1%) had more PV than those who do not interreact (4.8%). This finding is supported by a nationwide study conducted in Iran.⁴²

Likewise, physical violence was observed more in nurses working with less than 10 number of staff (6.9%). This finding is found similar to the finding of study done in Gambia.²¹

Nurses working in emergency ward also suffered the highest risk of PV (12.7%) than other department and it was statistically significant. And it is consistent with the finding of a cross sectional study done in China.¹² The reason behind it may be due to high-risk patients, overcrowding, workload and long waiting times.

Also, those who knew the procedure of reporting suffered more PV. And it is consistent with the findings from a study done at tertiary hospital of Kathmandu.³⁰

Factors associated with verbal abuse

In this study, significant association was seen in between age group 40 and above nurses and verbal abuse ($p= 0.017$) in multivariate analysis. Verbal abuse was found most in the age group 20 – 29 years (40.4%) than other age groups. However, the multi variate analysis found out that nurses of age 30 – 40 and 40 and above were 1.446 times and 3.112 times more likely to VA than 20 – 30 years nurses. Similar kind of finding was observed in the study of Lahore, Pakistan where 51.8% of VA occurred in the age group 20 –

29 years of age group.²⁷ Comparing our study finding with the study of Iran, where most of the VA (63.1%) had occurred in the age group 30 – 39 age group of nurses and age was significantly associated with verbal abuse.³⁸

Verbal abuse was found most in other than married nurses that they were 1.299 times more likely to suffer VA than married nurses. This finding is consistent with the finding of study done in Lahore, Pakistan where never married suffered more VA than married nurses.²⁷

In our study, nurses who followed other than Hindu religion (Islam, Christian, Buddhist) faced more VA (42.6%) than nurses who followed Hindu religion (34%). In comparison with our study, Islam religion nurses faced more VA than other religion (Hindu/Christian) in the study of Lahore, Pakistan.²⁷

Likewise, nurses who were qualified as Senior staff nurse and below were found to be more victim of VA than nurses who had done Bachelor and above. Another study done in Pakistan observed similar finding with our study where diploma level suffered more violence than Bachelor and above.²⁷

The finding of the study describes that the nurses who had experience less than 10 years suffered more VA (39.4%) than the counterparts who had more than 10 years of experience (26.1%). However, it was not statistically significant. This finding is consistent with the study of Kuwait and South Taiwan.^{43 44}

Similarly, nurses who work in shift encountered more VA (35.2%) than those who do not work in shift (28.9%). The result is consistent with that of Turkey, which demonstrated that 44.3% nurses who work in shift experienced VA than

their counterparts who do not work in shift (35.7%) experienced VA. ³⁹

Likewise, nurses who work with more than 10 staff were 0.593 times less likely to suffer VA and it was found significant with VA [AOR= 0.593; 95% CI: 0.397 – 0.884]. This finding is consistent with the study done in Gambia, the risk of having VA was more common in those who work with less number of staff. ²¹

In addition, this study revealed that most of VA occurred in emergency ward (57.7%) and highly significant association was found between them (p= <0.001). This finding is consistent with the previous finding done in British Columbian nurses. ¹³

Also, Verbal abuse was observed more in those nurses who knew the procedure of reporting (37.3%) than those who did not know about it. And it is consistent with the findings from a study done at tertiary hospital of Kathmandu where 42.9% who were aware about reporting had exposed to VA. ³⁰

Factors associated with Sexual Harassment

Sexual harassment was found to be the most prevalent among the age group less than 31 years (1.6%) than other age groups but it was not statistically significant. This finding was supported by the finding of a study done in Iran where most of the SH was in between age 20 – 30 years of age group. ³⁸

Similarly, nurses who belongs to others community (Dalit, Janajati, Madhesi, Muslim) were more harassed than Brahmin/Chhetri community. In contrast to this finding, a study done in Kaski district had found out that Brahmin nurses

experienced more SH(40.75%) than other caste. ³² The possible explanation may be due to difference in number of populations from different ethnic group and the category made in bivariate analysis. Likewise, Sexual harassment was seen more in married nurses than others. However, there was no statistical association with sexual harassment. Similar finding was observed in a study of Gambia. ²¹

All the respondents who were sexually harassed were Hinduism. One of the study done in Lahore, Pakistan showed dissimilar result than our finding where nurses from different religion were sexually harassed where Islam nurses were 1.95 time more likely to SH than other religion. ²⁷ The probable explanation may be due to majority of people follow Islamism in Pakistan.

Similarly, all the respondent who were harassed were qualified as senior staff nurse and below. The finding was inconsistent with one of the study done in Turkey which revealed that SH was experienced by the nurses having different qualifications and among them Bachelor degree in nursing had suffered more SH (52.8%). ⁴⁵ The possible explanation for the variation may be hesitancy or reluctant to report SH and also due to the difference in sample size and cultural factor.

Nurses who had experience of less than 10 years suffered more SH than those who had 10 or more years of experience. This finding is consistent with the findings of a study done in government hospital of Malaysia which stated that SH were more likely to occur among those with less working year of experience. ⁴⁶

In this current study, Nurses working with 10 or less staff suffered more

sexual harassment (1.2%) than those working with more than 10 staffs (1%). This finding is consistent with the previous study done in Gambia which stated that lesser number of staffs have higher chances of SH. ²¹

The finding of this study illustrated that SH was found more in Emergency ward (1.4%) than other department (1.1%) however it was not found significant with SH. Our finding is dissimilar with the finding of a study done in Malaysia which illustrated that most sexual harassment had occurred in the Orthopedic ward (46.8%). ⁴⁶

Furthermore, sexual harassment was found out to be more in those who did not know about reporting (1.5%) than those who were known of reporting (0.8%). This finding is consistent with the finding of a study done at tertiary hospital in Kathmandu. ³⁰

Different factors associated with workplace violence

WPV was prevalent more in the age group of less than 25 years (44.7%) nurses however there was no significant association between them in multivariate analysis. This finding is inconsistent with the finding of a study done in Kathmandu where nurses above 25 years experienced more WPV (58.4%) than less than 25 years (41.6%) but no significant association was found. ³⁰

This study showed that WPV was common among those who are other than married (40.2%) than married nurses (34.1%) and significant association was not found. This finding is consistent with the finding of a study done at tertiary hospital of Kathmandu. ³⁰

About qualification of nurses, Senior staff nurse/ staff nurse experienced more violence (39.9%) than other qualified nurses. This finding is similar to the study done in Jordan which stated that highly educated nurses were less exposed to violence.²³ The possible explanation may be when nurses are highly educated and have reached a certain age, they become mature enough to deal with unpleasant and emergency situations. They become able to predict, assess, manage, judge, and evaluate tense situations and circumstances better than less experienced nurses.

The study demonstrated that the nurses who had experience of less than 10 years suffered more WPV (41.4%) than the counterparts who had more than 10 years of experience (27.2%). The result is consistent in the study of Pokhara and Hongkong where it stated that less experienced staff faced more WPV than experienced staff.^{34,17} A possible reason for this is that experienced nurses may identify early warning signs, have better communication and negotiating skills, and know more about how to deal with potentially violent patients than do less experienced staff.

Similarly, those nurses who work in shift duties had experienced more WPV (37%) than fixed duties (28.9%). This finding is similar with the finding of Hongkong study.¹⁷ However, Pokhara study showed that fixed duties suffered more WPV (80%) than shift duties (64.1%).³⁴

Likewise, nurses who work with more than 10 number of staff had more WPV (43.2%) and it was found statistically significant with WPV [AOR= 1.623; 95% CI: 1.087 – 2.424]. This finding is inconsistent with the finding of study done in North west Ethiopia where the odds of WPV among nurses with less

number of staff were 2 times higher and was statistically significant.⁴⁷ This variation may be because when the number of nurses is low in a given shift then patient care could be delayed which may result workplace violence whereas when the number of nurses is high there may be ambiguity in their role and responsibilities. Also, the number of nurses is high in those wards where nurses had to involve in critical care and patient flow is high.

WPV was found more in emergency ward (60.6%) than other department and also it was highly significantly associated with WPV ($p = <0.001$). This finding is different from the study conducted in Pokhara which showed higher prevalence of WPV in the maternity and gynecology ward.³⁴ The possible explanation may be because emergency deals with most serious patients in complex situations such as traffic accidents, poisoning, critically ill. Further, patients' relatives may be very worried, and if nurses do not share information with patients and if the nurse's communication skills are inadequate, unnecessary conflicts may emerge.

Also, the prevalence of WPV was higher in those who knew the procedure of reporting (39.2%) but there was no significant association with WPV. This finding is similar in the study of Kathmandu where nurses who knew reporting were 1.30 times more likely to suffer WPV.³⁰

CHAPTER 7

SUMMARY AND CONCLUSION

7.1 Summary

This study is a hospital based cross-sectional study conducted among nurses of BPKIHS. The study aimed to assess the prevalence of workplace violence and factors associated with them. Different factors of socio-demographic and workplace characteristics of nurses were used to find out the association with physical violence, verbal abuse, sexual harassment and workplace violence as a whole.

The study area BPKIHS was purposively selected for the study. Nurses who were registered and had experience of at least a year was enrolled in the study. Census survey method was used and questionnaire was distributed to all 582 nurses. Data was obtained from 527 nurses where all the participants were female. The age of the nurses ranged from 21 to 59 years with mean age of 31.01 years (SD 7.14). Most of the nurses were married (62.2%) with 35.7% being unmarried. Almost half of the nurses were from Janajati community (49.1%) and majority of them (91.1%) were Hindu. Similarly, almost three- fourth of the nurses (72.5%) were Staff nurse and only 0.4% accounting Master's and above. Nearly 77.8% of nurses had income between 30,000-40,000.

The median year of experience of nurses was 6. Almost two-third of the nurses (65.1%) had experience of less than 10 years. Similarly, most of them work in shift duties (92.8%) and majority of them (84.1%) work anytime

between 8pm - 8am. Among the total nurses, 96% interact with their patient and among them 90.71% have direct physical contact with the patients.

Majority of nurses work with adult (83.4%) and about 84.58% of nurses work with both male and female patient. Nearly 40.2% work with terminally ill patients, followed by mother/child care (28.8%).

Regarding work department, about 18.4% work in Intensive care unit, followed by Specialized unit 15.7%, emergency 13.5%, Gynecology department 12.1%, General Medicine 11.6%, one tenth of nurses work in operating room (10.1%), General surgery 8.3% and remaining one tenth work in psychiatry, management and other department. Similarly, more than one third (38.3%) of nurses work with 1-5 number of staff in the same work setting and 17.3% work with over 15 number of staff. Nearly half of the nurses (49.3%) responded that there is procedure for reporting of violence and among them, more than two-third (86.54%) know how to use that procedure.

The present study showed that more than one third of the nurses (36.40%) have experienced at least one form of workplace violence in the last 12 months. Of the total nurses, 6.10% of nurses had experienced physical violence, more than one third of them had experienced verbal abuse (34.70%) and 1.10% had experienced sexual harassment in the last 12 months.

The finding of the study showed that the most common perpetrator of physical violence, verbal abuse and sexual violence was relatives of patient which was 50%, 74.9% and 50% respectively. One quarter of the nurses (25%) took no action on physical violence. Likewise, more than one quarter of nurses (27.9%) report to senior member in case of verbal abuse and half of the

nurses (50%) told to stop in response to sexual harassment. Out of total respondents, only 2.5% had reported an incident of WPV. And the reason for not reporting WPV was 46.9% felt that it is useless to report the incident where as 21.9% felt it was not important.

In addition, about 47.4% of nurses know the policies on health and safety while 43.3% did not know about policies on physical workplace violence. Similarly, most of the nurses were unknown about policies on verbal abuse (41.7%), sexual harassment (46.1%), racial harassment (46.3%), bullying (46.3%) and threat (44.8%) as well.

In this study, Socio- demographic variables (age, ethnicity, marital status, religion, qualification and monthly income) and workplace characteristics (year of experience, work shift, interaction with patient, number of staff, work department and procedure of reporting) could not find any association with physical violence and sexual harassment.

The study showed that age, number of staff, work department and year of experience was found to be associated with verbal abuse. Likewise, workplace violence was significantly associated with age, qualification, year of experience, number of staff and work department in bivariate analysis.

The multivariate analysis showed that age, number of staff and work department were the predictors of verbal abuse. Similarly, work department and number of staff were identified as predictors of workplace violence.

7.2 Conclusion

The study revealed that verbal abuse is the most common form of violence than physical violence and sexual harassment faced by the nurses in BPKIHS. The study found out that 36.40% have experienced at least one form of workplace violence in the last 12 months. Of the total nurses, 6.10%, 34.70% and 1.10% of nurses had experienced physical violence, verbal abuse and sexual harassment respectively.

Work department and number of staff were identified as predictors of workplace violence. The study clearly showed that emergency department nurses had suffered more workplace violence than other department. This study also identified that age, number of staff and work department were associated with verbal abuse.

The most common perpetrator of violence was relatives of patient. The second most common source of verbal abuse and sexual violence was senior staff member. Only few of the nurses reported this violence to the concerned authority. The major reason for not reporting violence was they felt it was useless and it was not important to report them. The study revealed that few of the nurses had extremely repeated disturbing memories and they avoid talking about that incident.

Furthermore, majority of nurses were unknown about the policies of workplace violence. However, most of them had responded that BPKIHS has existing safety measures by engaging security services like guard and telephone call as an immediate measures to deal with violence.

CHAPTER 8

STRENGTH, LIMITATIONS AND RECOMMENDATIONS

8.1 Strength

- The study had included all the nurses of BPKIHS using Census survey method.
- Standard questionnaire ‘Workplace violence in the health sector’ was used developed by International Labor Office, International Council of Nurses, World Health Organization (WHO), and Public Services International.
- This study contributes to the comparability of information with a previous study from Nepal and among countries with the same demographic dynamics.
- This study includes three types of workplace violence and also explore its association with different variables. It can be a reference for future research in Nepal.

8.2 Limitations

- The cross-sectional design of the study prevents us from establishing temporal relationship between workplace violence and different factors.
- This study attempted to include all the nurses of BPKIHS, however, 9.45% of the total nurses could not be enrolled due to their unavailability at the time of study and few of them hesitated to participate.

- The prevalence of workplace violence might be under reported. Since the history of WPV has been taken for the last 12 months and this study could not ignore the effect of recall bias despite providing enough time periods for the study. Further, this study might be subjected to social desirability bias.
- Sexual harassment is a sensitive topic so nurses might have felt uncomfortable sharing their incidents and it leads to underreporting.

8.3 Recommendations

- Nurses should receive various pre-placement training, orientation on policies and refreshment training on their rights, responsibilities as well as self-defense mechanisms.
- There should be encouragement to report any form of violence to higher authority through proper channel of reporting.
- The strategies should be focused on those department where the violence had occurred more.
- Policy makers and other stakeholders should focus on the provision of appropriate strategies on workplace violence prevention.
- Research should be continued further to examine the risk factors of violence and to develop and evaluate strategies of reducing violence against nurses.

REFERENCES

1. Violence-a global public health problem Background.
2. Workplace Violence | The American Nurses Association [Internet]. [cited 2022 Feb 28]. Available from: <https://www.nursingworld.org/practice-policy/advocacy/state/workplace-violence2/>
3. Di Martino V. Workplace violence in the health sector Relationship between work stress and workplace violence in the health sector. [cited 2022 Feb 28]; Available from: <http://www.ilo.org/public>
4. Shoghi M, Sanjari M, Shirazi F, Heidari S, Salemi S, Mirzabeigi G. Workplace violence and abuse against nurses in hospitals in Iran. *Asian Nurs Res (Korean Soc Nurs Sci)*. 2008;2(3):184–93.
5. ILO Cataloguing in Publication Data.
6. ILO, ICN, WHO P. Workplace violence in the health sector country case studies research instruments survey questionnaire English, Joint Programme on Workplace Violence in The Health Sector. 2002. 1–14 p.
7. Jatic Z, Erkocevic H, Trifunovic N, Tatarevic E, Keco A, Sporisevic L, et al. Frequency and Forms of Workplace Violence in Primary Health Care. *Med Arch [Internet]*. 2019 Feb 1 [cited 2022 Mar 1];73(1):6. Available from: </pmc/articles/PMC6445619/>
8. Hegney D, Eley R, Plank A, Buikstra E, Parker V. Workplace violence in Queensland, Australia: The results of a comparative study. *Int J Nurs Pract*. 2006;12(4):220–31.
9. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. [cited 2022 Feb 28]; Available from:

www.osha.govwww.osha.gov

10. Prevention and management of workplace violence.
11. Growing Violence Against Health Workers [Internet]. [cited 2022 Mar 2]. Available from: <https://risingnepaldaily.com/opinion/growing-violence-against-health-workers>
12. Zhang L, Wang A, Xie X, Zhou Y, Li J, Yang L, et al. Workplace violence against nurses: A cross-sectional study. *Int J Nurs Stud* [Internet]. 2017;72(October 2016):8–14. Available from: <http://dx.doi.org/10.1016/j.ijnurstu.2017.04.002>
13. Havaei F, Macphee M, Ma A. Workplace violence among british columbia nurses across different roles and contexts. *Healthc*. 2020;8(2):1–14.
14. Wiskow C. Guidelines on Workplace Violence in the Health Sector. Strategies. 2003;
15. Needham I, Mckenna K. Workplace Violence in the Health Sector [Internet]. Proceedings of the First International Conference on Workplace Violence in the Health Sector - Together, Creating a Safe Work Environment. 2008. 383 p. Available from: http://www.oudconsultancy.nl/congresses/amsterdam_1_ICWV/violencepr/workplaceviolenc.html%5Cnhttp://www.mtpinnacle.com/pdfs/Boek_Workplace_Violence.pdf
16. Security of the Health Workers and Health Organizations Act, 2066 (Revised) [Internet]. [cited 2022 Sep 21]. Available from: <https://publichealthupdate.com/security-of-the-health-workers-and-health-organizations-act-2066-revised/>

17. Cheung T, Yip PSF. Workplace violence towards nurses in Hong Kong: prevalence and correlates. *BMC Public Health*. 2017;17(1):1–10.
18. Norris T. Workplace Violence Among Nurses and Nursing Assistants in Texas. *ProQuest Diss Theses* [Internet]. 2018;89. Available from: <https://search.proquest.com/docview/2071428729?accountid=17242>
19. Tee S, Üzar Özçetin YS, Russell-Westhead M. Workplace violence experienced by nursing students: A UK survey. *Nurse Educ Today* [Internet]. 2016;41:30–5. Available from: <http://dx.doi.org/10.1016/j.nedt.2016.03.014>
20. Babiarczyk B, Turbiarz A, Tomagová M, Zeleníková R, Önlér E, Cantus DS. Original Paper Reporting Of Workplace Violence Towards Nurses In 5 European Countries-A Cross-Sectional Study. *Health (Irvine Calif)* [Internet]. 2020 [cited 2022 Mar 4];33(3):325–38. Available from: <https://doi.org/10.13075/ijomeh.1896.01475>
21. Sisawo EJ, Ouédraogo SYA, Huang SL. Workplace violence against nurses in the Gambia: mixed methods design. *BMC Health Serv Res* [Internet]. 2017 Apr 28 [cited 2022 Mar 3];17(1):1–11. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2258-4>
22. Lee J, Lee B. Psychological Workplace Violence and Health Outcomes in South Korean Nurses. *Work Heal Saf*. 2021;
23. Albashtawy M. Workplace violence against nurses in emergency departments in Jordan. *Int Nurs Rev*. 2013;60(4):550–5.
24. Shi L, Zhang D, Zhou C, Yang L, Sun T, Hao T, et al. A cross-sectional study on the prevalence and associated risk factors for workplace

- violence against Chinese nurses. *BMJ Open*. 2017;7(6):1–9.
25. Kamchuchat C, Chongsuvivatwong V, Oncheunjit S, Yip TW, Sangthong R. Workplace violence directed at nursing staff at a general hospital in southern Thailand. *J Occup Health*. 2008 Mar;50(2):201–7.
26. Noorana Zahra A, Feng JY. Workplace violence against nurses in Indonesian emergency departments. *Enferm Clin* [Internet]. 2018;28:184–90. Available from: [http://dx.doi.org/10.1016/S1130-8621\(18\)30064-0](http://dx.doi.org/10.1016/S1130-8621(18)30064-0)
27. Jafree SR. Workplace violence against women nurses working in two public sector hospitals of Lahore, Pakistan. *Nurs Outlook* [Internet]. 2017;65(4):420–7. Available from: <http://dx.doi.org/10.1016/j.outlook.2017.01.008>
28. Laxmi Adhikari. Workplace violence against nurses in Bangalore city, India. *Eur J Med Sci*. 2022;4(1).
29. Shahjalal M, Gow J, Alam MM, Ahmed T, Chakma SK, Mohsin FM, et al. Workplace Violence Among Health Care Professionals in Public and Private Health Facilities in Bangladesh. *Int J Public Health* [Internet]. 2021 Dec 31 [cited 2022 Mar 3];66. Available from: </pmc/articles/PMC8759559/>
30. Dhamala B, Bhattarai P, Sharma C, Thapa S. Workplace Violence Experienced by Nursing Staff at a Tertiary Hospital in Urban Nepal. *Columbia Univ J Glob Heal*. 2021;10(2):1–10.
31. Lamichhane A, Bae SH. Verbal Abuse Among Nurses Working in a Nepalese Government Hospital. *Asia-Pacific J Public Heal*. 2020;32(8):440–6.

32. Subedi S, Hamal M, Kaphle HP. Sexual Harassment in the Hospital: Are Nurses Safe? *Int J Heal Sci Res* [Internet]. 2013;3(6):41–7. Available from: https://www.researchgate.net/profile/Hari_Kaphle/publication/272485424_Sexual_Harassment_in_the_Hospital_Are_Nurses_Safe/links/565c1c6208ae4988a7bb5ff4/Sexual-Harassment-in-the-Hospital-Are-Nurses-Safe.pdf?origin=searchReact&_iepl%5BgeneralViewId%5D=3QIM3
33. Rajbhandari R, Subedi S, Kaphle HP. Workplace Violence against Health Workers : A Cross-Sectional Study from International Journal of Health Sciences and Research Workplace Violence against Health Workers : A Cross-Sectional Study from. 2015;(March).
34. Pandey M, Bhandari TR, Dangal G. Workplace Violence and its Associated Factors among Nurses. *J Nepal Health Res Counc.* 2018;15(3):235–41.
35. World Health Organisation. Joint Programme on Workplace Violence in the Health Sector - questionnaire. *Hum Rights* [Internet]. 2003;1–14. Available from: http://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVquestionnaire.pdf?ua=1
36. Fu C, Wang G, Shi X, Ren Y, Cao F. The association between fear of future workplace violence and burnout among nurses in China: A cross-sectional study. *J Affect Disord* [Internet]. 2021;293(May):29–35. Available from: <https://doi.org/10.1016/j.jad.2021.06.013>
37. Gebregziabher Kaysay W, Negarandeh R, Dehghan Nayeri N, Hasanpour M. Sexual harassment against female nurses: a systematic review. Available from: <https://doi.org/10.1186/s12912-020-00450-w>

38. Dehghan-Chaloshtari S, Ghodousi A. Factors and Characteristics of Workplace Violence Against Nurses: A Study in Iran. *J Interpers Violence*. 2020 Jan 1;35(1–2):496–509.
39. Baran Aksakal FN, Karaşahin EF, Uğraş Dikmen A, Avci E, Özkan S. Workplace physical violence, verbal violence, and mobbing experienced by nurses at a university hospital. *Turkish J Med Sci*. 2015;45(6):1360–8.
40. Pakistan - Religion | Britannica [Internet]. [cited 2022 Sep 17]. Available from: <https://www.britannica.com/place/Pakistan/Religion>
41. EAS Journal of Nursing and Midwifery Abbreviated Key Title: EAS J Nurs Midwifery. [cited 2022 Mar 1]; Available from: <http://www.easpublisher.com/easjnm/>
42. Fallahi-Khoshknab M. (No Title). 2016; Available from: www.ijnmrjournal.net
43. Adib SM, Al-Shatti AK, Kamal S, El-Gerges N, Al-Raqem M. Violence against nurses in healthcare facilities in Kuwait. *Int J Nurs Stud*. 2002;39(4):469–78.
44. Lin YH, Liu HE. The impact of workplace violence on nurses in South Taiwan. *Int J Nurs Stud*. 2005;42(7):773–8.
45. Celik Y, Celik SS. Sexual Harassment Against Nurses in Turkey. *J Nurs Scholarsh* [Internet]. 2007;39(2):200–6. Available from: <https://scihub.se/https://doi.org/10.1111/j.1547-5069.2007.00168.x>
46. Suhaila O, Rampal KG. Prevalence of sexual harassment and its associated factors among registered nurses working in government hospitals in Melaka state, Malaysia. *Med J Malaysia*. 2012;67(5):506–

- 17.
47. Tiruneh BT, Biftu BB, Tumebo AA, Kelkay MM, Anlay DZ, Dachew BA. Prevalence of workplace violence in Northwest Ethiopia: A multivariate analysis. *BMC Nurs* [Internet]. 2016;15(1):1–6. Available from: <http://dx.doi.org/10.1186/s12912-016-0162-6>

ANNEXURES

Annexure- I

Questionnaire for Data Collection

Please complete the questionnaire by either ticking boxes! or writing in the spaces provided. If you don't know how to answer one question, just go on to the next one.

A. Socio-demographic Data and Workplace Data

Socio-demographic Data:

1. Age:
2. Are you: Female Male Others
3. What is your marital status?

 single married living with partner

 separated /divorced widow/widower
4. Ethnicity: Dalit Janajati Madhesi

 Muslim Brahmin/Chhetri Others
5. Religion: Hindu Buddhist Christian

 Islam Other
6. Position: ANM Senior ANM Staff nurse

 Senior staff nurse B.Sc./B. N Masters and above

1. Monthly Income: ≤ 20,000 20,000-30,000 30,000-40,000

 41,000-50,000 ≥ 50,000

Workplace Data

1. Which category best describes your present professional group:

 physician nurse midwife pharmacist ambulance

- auxiliary /ancillary administration/clerical
- professions allied to medicine (therapists/radiographers/assistants)
- technical staff (laboratory/sterilization)
- support staff (kitchen/maintenance, security)
- other, *please specify*: _____
2. Which category best describes your present position:
- senior manager staff student independent
- line manager other, *please specify*: _____
3. How many years of work experience in the health sector do you presently have?
4. Which category of employment sectors represents best your employment for your main job:
- private – for profit sector private – nonprofit sector
- religious (e.g. church) public/ governmental sector
- International agency don't know
- other: _____
5. In your main job, do you work:
- full-time part-time temporary/casual
6. Do you work in shifts? yes no
7. Do you work anytime between 8pm to 8 AM? yes no
8. Do you interact with patients/clients during your work?
- Yes, *please answer questions 8.1 – 8.3*
- No, *please go to question 9*

8.1 Do you have routine direct physical contact (washing, turning, lifting)

with patients/client? yes no

8.2 The patients/clients you most frequently work with are (*tick all appropriate boxes*):

- Newborns Infants Children
 Adolescents (10-18 years of age) Adults Elderly

8.3 The sex of the patients you most frequently work with are:

- Female Male Male and female

9. Please indicate if you spend more than 50% of your time working with any of the following type of specialties:

- Physically disabled Mentally disabled Home care
 Terminally ill HIV/AIDS Psychiatric
 Mother/child care Geriatric Occupational health and safety
 School health other, *please specify*: _____

10. Where do you spend **most** of your time (more than 50%) in your main job?

Please choose the work setting that describes it best.

- Hospital, the main service being:**
 ambulatory general medicine general surgery psychiatric
 emergency operating room intensive care management
 specialized unit (e.g. pediatrics, orthopedics, radiology)
 technical services (laboratory, sterilization)
 support services (kitchen, maintenance)
 Gynae department other, *please specify*: _____

11. The number of staff present in the same work setting with you during

most (more than 50%) of your work time is:

none 1-5 6-10 11-15 over 15

12. How worried are you about violence in your current workplace? (*Please rate: 1 = not worried at all; 5 = very worried*)

1 2 3 4 5

13. Are there procedures for the reporting of violence in your workplace?

yes No *If NO, please go to question 14*

13.1 If YES, do you know how to use them? yes no

14. Is there encouragement to report workplace violence?

yes no *If NO, please go to next section*

14.1 If YES, by whom:

management / employer colleagues union

association own family / friends

other, *please specify:* _____

B. PHYSICAL WORKPLACE VIOLENCE

PLEASE NOTE: Physical violence refers to the use of physical force against another person or group, that results in physical harm, sexual or psychological harm. It can include beating, kicking, slapping, stabbing, shooting, pushing, biting, and/or pinching, among others.

PV 1 In the last 12 months, have you been physically attacked in your workplace?

Yes, please answer questions **1.1.- 1.15.**

No, if NO, please go to question **PV 2**, next page

1.1. If yes, please think of the last time that you were physically attacked in your place of work. How would you describe this incident?

Physical violence without a weapon Physical violence with a weapon

1.2. Do you consider this to be a typical incident of violence in your workplace?

Yes

No

1.3. Who attacked you? patient/client relatives of patient/client

senior staff member management / supervisor external colleague/worker general public other, please specify: _____

1.4. Where did the incident take place?

Inside health institution or facility

at patient's/client's home

home

outside (on way to work / health visit / home)

1.5. At which time did it happen?

7am- before 1pm.

1pm– before 6pm

6 pm – before 12am

12am-before 7 am

don't remember

1.6. Which day of the week did it happen?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

don't remember

1.7. How did you respond to the incident?

Please tick all relevant boxes

took no action

tried to pretend it never happened

told the person to stop

tried to defend myself physically

told friends/family

sought counselling

told a colleague

reported it to a senior staff member

transferred to another position

sought help from association

sought help from the union

- completed incident/accident form pursued prosecution
- completed a compensation claim Other: _____

1.8. Do you think the incident could have been prevented? Yes no

1.9. Were you injured as a result of the violent incident?

- Yes No; if NO, please go to question **1.10**.

1.9.1. IF YES, did you require formal treatment for the injuries?

- Yes No

1.10. Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. For each item, please indicate how bothered you have been by these experiences since you were attacked. Please tick one option per question.

Since you were attacked, how BOTHERED have you been by:	Not at all	A little bit	Moderate	Quite a bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the attack?					
(b) Avoiding thinking about or talking about the attack or avoiding having					
(c) Being "super-alert" or watchful and on guard?					
(d) Feeling like everything you did was an effort?					

1.11. Did you have to take time off from work after being attacked?

- Yes No; if NO, please go to question **1.12**

1.11.1. If YES, for how long? One day 2-3 days One week

- 2-3 weeks 1 month 2-6 months

- 7-12 months

1.12. Was any action taken to investigate the causes of the incident?

yes no don't know

IF NO or DON'T KNOW please go to question 1.13

1.12.1. IF YES, by whom:

management / employer union association community group
 police other, please specify: _____

1.12.2. What were the consequences for the attacker?

None verbal warning issued reported to police
 aggressor prosecuted don't know care discontinued
 other: _____

1.13. Did your employer or supervisor offer to provide you with:

Counselling yes No
Opportunity to speak about/report it yes No
Other support? yes No

1.14. How satisfied are you with the manner in which the incident was handled? (Please rate: 1 = very dissatisfied, 5 = very satisfied)

1 2 3 4 5

1.15. If you did not report or tell about the incident to others, why not? Please tick every relevant box

it was not important Felt ashamed felt guilty
 afraid of negative consequences useless did not know who to report

Other, please specify: _____

PV 2 In the last 12 months, have you witnessed incidents of physical violence in your workplace?

Yes No; if NO, please go to question PV 3

2.1. If YES, how often has this occurred in the last 12 months?

Once 2-4 times 5-10 times
 Several times a month About once a week Daily

PV 3 Have you reported an incident of workplace violence in the last 12 months? (Witnessed or experienced)

yes No If NO, please go to section: PSYCHOLOGICAL VIOLENCE

3.1. IF YES, have you been disciplined for reporting an incident of workplace violence? yes no

C. PSYCHOLOGICAL WORKPLACE VIOLENCE (Emotional Abuse)

Please note: Psychological violence is defined as: Intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development. Psychological violence includes verbal abuse, bullying/mobbing, harassment, and threats.

Each form of psychological violence will be addressed separately with the same questions. This is important for getting a detailed understanding of the workplace violence you experienced. Please answer at least the first question of each section. In case of "NO", you are directed to the next section.

C. I. VERBAL ABUSE

VA 1 In the last 12 months, have you been verbally abused in your workplace?

Yes, please answer the following questions

No, please go to section C II. Sexual Harassment

VA 2 How often have you been verbally abused in the last 12 months?

all the time sometimes once

VA 3 Please think of the last time you were verbally abused in your place of work. Who verbally abused you?

patient/client relatives of patient/client staff member

management / supervisor external colleague/worker

general public other: _____

VA 4 Do you consider this to be a typical incident of verbal abuse in your workplace?

Yes No

VA 5. Where did the verbal abuse take place?

inside health institution or facility at patient's/client's home

outside (on way to work/health visit/home) other: _____

VA 6 How did you respond to the verbal abuse? Please tick all relevant boxes
" took no action

tried to pretend it never happened told the person to stop

told friends/family told a colleague reported it to a senior staff member
 sought counselling sought help from the union

sought help from the association transferred to another position

completed incident/accident form pursued prosecution

completed a compensation claim other: _____

VA 7 Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. For each item, please indicate how bothered you have been by these experiences since you were abused. Please tick one option per question.

Since you were attacked, how BOTHERED have you been by:	Not at all	A little bit	Moderate	Quite a bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the attack?					
(b) Avoiding thinking about or talking about the attack or avoiding having					
(c) Being "super-alert" or watchful and on guard?					
(d) Feeling like everything you did was an effort?					

VA 8 Do you think the incident could have been prevented?

yes no

VA 9 Was any action taken to investigate the causes of the verbal abuse?

Yes no don't know

9.1. If YES, by whom: (please tick every relevant box)

management / employer union association
 community group police other: _____

9.2. If YES, what were the consequences for the abuser?

none verbal warning issued care discontinued
 reported to police aggressor prosecuted other: _____
 don't know

VA 10 Did your employer or supervisor offer to provide you with:

- Counselling yes No
- Opportunity to speak about/report it yes No
- Other support? yes No

VA 11 How satisfied are you with the manner in which the incident was handled? (Please rate: 1 = very dissatisfied, 5=very satisfied)

- 1 2 3 4 5

VA 12 If you did not report or tell about the incident to others, why not?

Please tick every relevant box

- it was not important Felt ashamed felt guilty
- afraid of negative consequences did not know who to report to
- useless other: _____

C. II. SEXUAL HARASSMENT

SH 1 In the last 12 months, have you been sexually harassed in your workplace?

- Yes, please answer the following questions
- No, please go to section D

SH 2 How often have you been sexually harassed in the last 12 months?

- all the time sometimes once

SH 3 Please think of the last time you were sexually harassed in your place of work. Who sexually harassed you?

- patient/client relatives of patient/client staff member

management / supervisor external colleague/worker

general public other: _____

SH 4 Do you consider this to be a typical incident of sexual harassment in your workplace? Yes No

SH 5 Where did the sexual harassment take place?

inside health institution or facility at patient's/client's home

outside (on way to work/health visit/home) other: _____

SH 6 How did you respond to the sexual harassment? Please tick all relevant boxes

took no action tried to pretend it never happened

told the person to stop told friends/family told a colleague

reported it to a senior staff member sought counselling

sought help from the union sought help from the association

transferred to another position completed incident/accident form

pursued prosecution completed a compensation claim

other: _____

SH 7 Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. For each item, please indicate how bothered you have been by these experiences since you were sexually harassed. Please tick one option per question.

Since you were attacked, how BOTHERED have you been by:	Not at all	A little bit	Moderate	Quite a bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the attack?					
(b) Avoiding thinking about or talking about the attack or avoiding having					
(c) Being "super-alert" or watchful and on guard?					
(d) Feeling like everything you did was an effort?					

SH 8 Do you think the incident could have been prevented?

yes No

SH 9 Was any action taken to investigate the causes of the sexual harassment?

Yes No don't know

If NO or DON'T KNOW, please go to question SH 10

9.1. If YES, by whom:

management / employer union association community group
 police other: _____

9.2. If YES, what were the consequences for the person who harassed you?

None verbal warning issued care discontinued
 reported to police aggressor prosecuted don't know
 other: _____

SH 10 Did your employer or supervisor offer to provide you with:

Counselling yes No
Opportunity to speak about/report it Yes No

Other support? Yes No

SH 11 How satisfied are you with the manner in which the incident was handled? (Please rate: 1 = very dissatisfied, 5=very satisfied)

₁ ₂ ₃ ₄ ₅

SH 12 If you did not report or tell about the incident to others, why not?
Please tick every relevant box

it was not important Felt ashamed felt guilty
 afraid of negative consequences did not know who to report to
 useless other: _____

D. HEALTH SECTOR EMPLOYER

HE 1 Has your employer developed specific policies on:

Health and safety	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
Physical workplace violence	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
Verbal abuse	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
Sexual harassment	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
Racial harassment	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
Bullying/Mobbing	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
Threat	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know

HE 2 What measures to deal with workplace violence exist in your workplace?
Please tick every relevant box

Security measures (e.g. guards, alarms, portable telephones)

- Improve surroundings (e.g. lighting, noise, heat, access to food, cleanliness, privacy)
- Restrict public access
- Patient screening (to record and be aware of previous aggressive behavior)
- Patient protocols (e.g. control and restraint procedures, transport, medication, activities programming, access to information)
- Restrict exchange of money at the workplace (e.g. patient fees)
- Increased staff numbers
- Check-in procedures for staff (especially for home care)
- Special equipment or clothing (e.g. uniform or absence of uniform)
- Changed shifts Reduced periods of working alone Training
- Investment in human resource development (training for career advancement, retreats, rewards for achievement, promotion of healthy environment)
- None of these Other: _____

HE 3 To what extent do you think these measures would be helpful in your work setting?

- | | | | | |
|------------------------|-------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| Security measures | <input type="checkbox"/> very | <input type="checkbox"/> moderate | <input type="checkbox"/> little | <input type="checkbox"/> not at all |
| Improve surroundings | <input type="checkbox"/> very | <input type="checkbox"/> moderate | <input type="checkbox"/> little | <input type="checkbox"/> not at all |
| Restrict public access | <input type="checkbox"/> very | <input type="checkbox"/> moderate | <input type="checkbox"/> little | <input type="checkbox"/> not at all |
| Patient screening | <input type="checkbox"/> very | <input type="checkbox"/> moderate | <input type="checkbox"/> little | <input type="checkbox"/> not at all |

Patient protocols very moderate little not at all

Restrict exchange of money at the workplace very moderate little
 not at all

Increased staff numbers very moderate little not at all

Check-in procedures for staff very moderate little not at all

Special equipment or clothing very moderate little not at all

Changed shifts or rotas very moderate little not at all

Reduced periods of working alone very moderate little not at all

Training very moderate little not at all

Human resource development very moderate little not at all

Other: _____ very moderate little
not at all

HE 4 Which of the following changes, if any, have occurred in the workplace/health care setting in the last 2 years?

None restructuring staff cuts increased staff numbers

restriction of resources additional resources Don't know

other _____

HE 5 In your opinion, what impact have the above changes had on your daily work? Please tick any relevant box

none work situation for staff worsened

work situation for staff improve situation for patients/clients worsened

situation for patients/clients improved don't know

Other _____

E. OPINIONS ON WORKPLACE VIOLENCE

O 1 In your opinion, what are the three most important **contributing factors to physical violence** in your work setting?

O 2 In your opinion, what are the three most **important contributing factors to psychological (non-physical) violence** in your work setting?

O 3 In your opinion, what are the three most important **measures that would reduce violence** in your work setting? _____

Annexures:

अनुसूचि १:

तथ्यांक संकलनको लागि प्रश्नावली:

कृपया तलको खालि कोठमा चिन्ह लगाउनुहोस वा खालि ठाउँमा लेख्नुहोला:

कुनै प्रश्नको उत्तर नआएमा त्यसलाई छाडी अघि बढ्नुहोला ।

का. व्यक्तिगत तथा कार्यक्षेत्र सम्बन्धि:

१। उमेर

२। लिंग महिला पुरुष अन्य

३। वैवाहिक अवस्था अविवाहित विवाहित पार्टनर संग
बसेको

छुटिएको/ सम्बन्ध बिच्छेद बिदुर/ बिधवा

४. जातजाति: दलित जनजाति मधेसी

मुस्लिम ब्राह्मण / क्षेत्री अन्य जाति

५. धर्म: हिन्दू बौद्ध मुस्लिम

क्रिश्चियन अन्य

६। तह: अनमि सि. अनमि स्टाफ नर्स सि. स्टाफ नर्स

बि यस सि/ बि यन नर्सिड स्नातकोत्तर र माथि

७. मासिक आम्र्दानि: ≤ 20000 20,000-30,000

30,000-40,000 40,000-50,000 ≥ 50,000

कार्यक्षेत्र सम्बन्धि

१. तल मध्ये कुन समुहले तपाईंको अहिलेको व्यवसायिक समुहलाई जनाउछ ?

फिजिसियन नर्स मिडवाइफ फार्मसिस्ट

एम्बुलेन्स सहायक प्रशासन

मेडिसिन सम्बन्धी पेशा(थेरापिस्ट, रेडियोग्राफर)

प्राविधिक स्टाफ(प्रयोगशाला) सहयोगी स्टाफ(किचेन, मर्मतसम्भार, सुरक्षा)

यदि अरु भए लेख्नुहोस.....

२। तल मध्ये कुन समुहमा आफुलाई जनाउनुहुन्छ?

सिनियर प्रबन्धक स्टाफ बिध्यार्थी आत्मनिर्भर प्रबन्धक

यदि अरु भए लेख्नुहोस.....

३। तपाईं संग स्वास्थ्य क्षेत्रमा कति वर्ष काम गरेको अनुभव छ ?

.....

४। तलका मध्ये कुन रोजगार क्षेत्रले तपाइको मुख्य पेशालाई जनाउछ?

प्राइभेट (नाफा मुलक) प्राइभेट (गैर नाफा मुलक) धार्मिक (मन्दिर, चर्च)

सरकारी/सार्वजनिक क्षेत्र अन्तराष्ट्रिय निकाय थाहा छैन

अन्य

५। आफ्नो मुख्य पेशामा तपाईँ कसरी आबद्ध हुनुहुन्छ ?

पूर्ण समय आंशिक समय अन्य

६। के तपाईँ शिफ्टमा काम गर्नुहुन्छरू गर्छु गर्दिन

७। के तपाईँ बेलुका ६ बजे देखि बिहान ७ बजे को बीचमा काम गर्नुहुन्छ?

गर्छु गर्दिन

८। के तपाईँ आफ्नो कामको सन्दर्भमा आफ्ना बिरामी/ग्राहकहरूसंग प्रतिक्रिया गर्नुहुन्छ?

गर्छु (हो भने ८.१ देखि ८.३ का प्रश्नहरूमा जानुहोस)

गर्दिन (होइन भने प्रश्न ९ मा जानुहोस)

८.१ के तपाईँ नियमित रूपमा आफ्ना बिरामी/ग्राहकहरूसंग प्रत्यक्ष भौतिक सम्पर्कमा रहनुहुन्छ?

हो होइन

८.२ बिरामी/ग्राहकहरू जोसंग तपाईँ धेरै जसो काम गर्नुहुन्छ (उपयुक्त कोठामा चिन्ह लगाउनुहोस) नव जन्म शिशु बच्चा

किशोरावस्था (१० – १८ वर्ष सम्म) बयस्क बृद्ध

८.३ तपाईँ काम गर्ने अधिकांस कुन लैंगिक समुहमा पर्दछन्?

महिला पुरुष महिला र पुरुष

९। यदी तपाईँ तल मध्ये कुनै विशेष समूहबीच ५०% भन्दा बढी समय कामको बखत बिताउने

भए कृपया उपयुक्त कोठामा चिन्ह लगाउनुहोस

- शारीरिक अपांगता मानसिक अपांगता गृहमै स्याहार
 दिर्घ रोगी एचआईभी एड्स मानसिक
 आमा-शिशु स्याहार वृद्ध बिशेसज्ञ पेसागत स्वास्थ्य र सुरक्षा
 विद्यालय स्वास्थ्य अन्य

१०। तपाईं आफ्नो मुख्य पेशामा कुन क्षेत्रमा अधिकांस समय बिताउनुहुन्छ?

अस्पताल, जस मध्ये मुख्य सेवा:

- एम्बुलेन्स जेनेरल मेडिसिन जेनेरल सर्जरी साइकाएट्रिक
 इमर्जेन्सी सल्यक्रिया कक्ष आइ.सी.यु व्यवस्थापन
 बिशिस्तिकृत इकाइ
 प्राविधिक सेवा (प्रयोगशाला..) सहयोगी स्टाफ(किचेन, मर्मतसम्भार, सुरक्षा)
 यदि अरु भए लेख्नुहोस.....

११। तपाईं संग सामान्यतया कार्यस्थलमा कति जति अन्य स्टाफ रहन्छन्?

- ० १-५ ६-१० ११-१५ १५ भन्दा माथि

१२। तपाईं अहिलेको कार्यक्षेत्रमा हिंसालाई लिएर कतिको चिन्तामा हुनुहुन्छ? (१ खासै चिन्ता नभएको, ५ एकदमै चिन्तामा)

- १ २ ३ ४ ५

१३। के तपाइको कार्यस्थलमा हुने गरेका हिंसाका घटनालाई दर्ता गराउने कुनै प्रक्रिया/कार्यविधि छ ?

छ

छैन (छैन भने प्रश्न १४ मा जानुहोस)

१३.१ यदी छ भने, के तपाईँ त्यस्ता प्रक्रियाहरु अपनाउन जान्नुहुन्छ?

जान्छु

जान्दिन

१४। कार्यक्षेत्रमा हुने हिंसालाई दर्ता गर्न हौसलता प्रदान गरिने वातावरण छ ?

छ

छैन (छैन भने अर्को प्रश्न मा जानुहोस)

१४.१ यदि छ भने को मार्फत? व्यवस्थापन कर्मचारी यूनियन

संगठन

आफ्नै परिवार / साथीहरु

अन्य.....

शारीरिक हिंसा

(नोट: शारीरिक, हिंसा भन्नाले अरु व्यक्ति वा समुहमाथि गरिने भौतिक बलको प्रयोग जसबाट शारीरिक, यौन वा मनोवैज्ञानिक नोक्सानी हुने गर्दछ)

PV १. पछिल्लो १२ महिनामा के तपाईंले आफ्नो कार्यक्षेत्रमा कुनै प्रकारको शारीरिक यातना वा हिंसा भोग्नुपरेको छ:

छ (छ भने प्रश्न १.१ देखि १.१५ मा जानुहोस)

छैन (छैन भने अर्को प्रश्नमा जानुहोस)

१.१ यदि छ भने त्यो घटनाको बारे मनन गर्दै, त्यसलाई कसरी व्याख्या गर्नुहुन्छ?

हतियार बिनाको शारीरिक हिंसा

हतियार सहितको शारीरिक हिंसा

१.२ के यो खालको घटना सामान्यतया हुने खालको होरु हो होइन

१.३ तपाइलाई हमला गर्ने को पर्दछरु

बिरामी बिरामीका आफन्त स्टाफ व्यवस्थापक/सुपरभाइजर

बाहिरी स्टाफ आम जनता अन्य.....

१.४ सो घटना कुन् ठाउमा घट्योरु

स्वास्थ्य संस्था को परिसर भित्र बिरामी को घरमा

बाहिर(काममा/स्वास्थ्य चेक अप/घर जाने क्रममा)

१.५ घटना कुन समयमा हुन गयोरु बिहान दिउसो बेलुका राति

१.६ कुन् बारमा सो घटना हुन गयोरु

आइतबार सोमबार मंगलबार बुधबार

बिहिबार सुक्रवार शनिबार सम्झना भएन

१.७ सो घटनाको कसरी सामना गर्नु भयोरु

केहि गरिन केहि नभएको जस्तो गरे उक्त व्यक्तिलाई नगर्न भने

शारीरिक रुपमा प्रतिकार गरे परिवार/साथि लाई भने

संगै काम गर्ने साथिलै भने

सिनियर स्टाफलाई कुरा राखे अर्को ठाउमा सरुवा गराए

संगठनबाट सहयोग मागे

युनियनबाट सहयोग मागे घटना दर्ता फारम भरे

बचाओको लागि पहल गरे

क्षतिपूर्तिको लागि दाबि गरे अन्य.....

१.८ के तपाइलाई त्यो घटना रोकथाम गर्न सकिन्थ्यो जस्तो लाग्छरू

लाग्छ

लाग्दैन

१.९ के तपाईं हिंसात्मक घटनाबाट घाइते हुनु भएको छरू

छु

छैन (छैन भने प्रश्न १.१० मा बढ्नुहोस)

१.९.१ यदि छ भने के तपाइलाई कुनै औपचारिक उपचार चाहिएको थियोरू

थियो

थिएन

१.१० तल सुचिकृत गरिएका गुनासा तथा समस्याहरु तपाइले भोगेका जस्ता खालका तनावग्रस्त अवस्थामा आउने प्रतिक्रिया हुन् । हरेक बिषयको लागि यी हिंसात्मक घटनाका अनुभवहरुले के कति हदसम्म असर गरेको छ सोहीअनुसार चिन्ह लगाउनुहोस

हिंसात्मक घटनाका अनुभवहरुले के कति हदसम्म असर गरेको छ	केहि गरेन	थोरै गर्यो	मध्यम	बढी	एकदमै बढी
दोहोरिने नकारात्मक सोच र घटनाका तस्बिर र सम्झनाको झल्को आउने					
सो हमलाको बारे सोच्ने र बोल्नेबाट पन्छिने					

अत्यन्तै चनाखो हुने, आत्तिने, कसैले हेरिराखेको जस्तो लाग्ने र सधै तर्सिने					
आफुले घटना को प्रतिकार गर्न सक्दो कोसिस गरेको जस्तो लाग्ने					

१.११ के तपाइले उक्त घटना पक्ष्यात कामबाट केहि समय बिश्राम लिनु भयोः

लिए लिएन (नलिएको भए प्रश्न १.१२मा जानुहोस)

१.११.१ यदि लिएको भए कति समय लिनुभयोः १ दिन २-३ दिन १ हप्ता

२-३ हप्ता १ महिना २-६ महिना ७-१२ महिना

१.१२ सो घटनाको छानबिन गर्न केहि कदम चालिएको थियोः

थियो थिएन थाहा भएन

१.१२.१ यदि थियो भने कसबाट पहल गरिएको थियोः

ब्यबस्थापन युनियन संगठन सामाजिक समूह

पुलिस अन्य.....

१.१२.२ हमला गर्ने अपराधीले के भोग्नुपर्योः

केहि परेन मौखिक चेतावनी पुलिसलाई खबर

हमालाकर्तालाई थुनियो थाहा भएन स्याहारबाट बन्चित

अन्य.....

१.१३ के तपाइको रोजगारदाता/सुपरभाइजरबाट तल मध्ये कुनै व्यबस्थाको लागि प्रयत्न

गरियोरु परामर्श गरियो गरिएन

सो बिषयमा बोल्ने, उजुरी दिनको लागि प्रयत्न गरियो गरिएन

अरु कुनै सहयोगरु गरियो गरिएन

१.१४ उक्त घटनालाई जसरी कारबाही अगाडी बढाइयो त्यस प्रति कतिको सन्तुस्ट हुनुहुन्छरु

(१= धेरै असन्तुस्ट, ५= एकदमै सन्तुस्ट) १ २ ३ ४ ५

१.१५ यदि तपाइले उक्त घटनालाई जाहेरी नदिएको भए नदिनाको सम्भावित कारणहरुमा चिन्ह लगाउनुहोस

महत्वपूर्ण थिएन लज्जित महसुस भएकाले दोषी महसुस भएकाले

नकारात्मक परिणाम हुन सक्ने डरले दिए पनि केहि नहुने भएकाले

कता जाहेरी/गुहार माग्ने थाहा नभएर अन्य.....

PV २. पछिल्लो १२ महिनामा आफ्नो कार्यक्षेत्रमा कुनै प्रकारको शारीरिक हिंसाहरु भएको

पाउनुभएको छरु छ छैन (छैन भने प्रश्न PV ३ मा जानुहोस)

२.१ यदि छ भने पछिल्लो १२ महिनामा कति दोहोरिएको पाउनुभएको छ?

१ २-४ ५-१०

महिनामा धेरै पटक हप्तामा करिब एक पटक दिनहु जसो

PV ३. के तपाइले पछिल्लो १२ महिनामा कार्यस्थलमा हुने हिंसाको घटनालाई उठाउनु भएको छ? (आफुले देखेको वा आफै भोगेको)

छ छैन (छैन भने खण्ड ३१ मनोबैज्ञानिक हिंसा) को प्रश्नमा जानुहोस)

३.१ यदि छ भने त्यस किसिमको घटना उठाउदा के तपाईंलाई अनुशासित राखिएको छरू

छ छैन

C. 1. मनोबैज्ञानिक कार्यस्थल हिंसा (भावनात्मक दुरुपयोग)

VA १. पछिल्लो १२ महिनामा के तपाईंले आफ्नो कार्यक्षेत्रमा कुनै प्रकारको मौखिक यातना वा हिंसा भोग्नुपरेको छरू छ छैन (छैन भने अर्को प्रश्नमा जानुहोस)

VA २. यदि छ भने पछिल्लो १२ महिनामा कति दोहोरिएको पाउनुभएको छ?

सधैं जसो कहिलेकाहीं एक पटक

VA ३. पछिल्लो पटक मौखिक यातना को मार्फत पाउनुभयोः

बिरामी बिरामीका आफन्त स्टाफ व्यवस्थापक/सुपरभाईजर

बाहिरी स्टाफ आम जनता अन्य.....

VA ४ के यस्तो खालको घटना तपाईंको कार्यस्थलमा सामान्यतया भइरहने गर्दछरू

छ छैन

VA ५. सो घटना कुन् ठाउमा घट्यो?

स्वास्थ्य संस्था को परिसर भित्र बिरामी को घरमा

बाहिर(काममा/स्वास्थ्य चेक अप/घर जाने क्रममा) अन्य.....

VA ६ सो घटनाको कसरी सामना गर्नु भयोः

- केहि गरिन केहि नभएको जस्तो गरे उक्त व्यक्तिलाई नगर्न भने
- शारीरिक रुपमा प्रतिकार गरे परिवार/साथि लाई भने
- संगै काम गर्ने साथिलै भने
- सिनियर स्टाफलाई कुरा राखे अर्को ठाउमा सरुवा गराए
- संगठनबाट सहयोग मागे
- युनियनबाट सहयोग मागे घटना दर्ता फारम भरे
- बचाओको लागि पहल गरे
- क्षेतिपूर्तिको लागि दाबि गरे अन्य.....

VA ७ तल सुचिकृत गरिएका गुनासा तथा समस्याहरु तपाइले भोगेका जस्ता खालका तनावग्रस्त अवस्थामा आउने प्रतिक्रिया हुन् । हरेक बिषयको लागि यी हिंसात्मक घटनाका अनुभवहरुले के कति हदसम्म असर गरेको छ सोहीअनुसार चिन्ह लगाउनुहोस

हिंसात्मक घटनाका अनुभवहरुले के कति हदसम्म असर गरेको छ	केहि गरेन	थोरै गर्यो	मध्यम	बढी	एकदमै बढी
दोहोरिने नकारात्मक सोच र घटनाका तस्बिर र सम्झनाको झल्को आउने					
सो हमलाको बारे सोच्ने र बोल्नेबाट पन्छिने					
अत्यन्तै चनाखो हुने, आत्तिने, कसैले हेरिराखेको जस्तो लाग्ने र सधै तर्सिने					
आफुले घटना को प्रतिकार गर्न सक्दो कोसिस गरेको जस्तो लाग्ने					

VA ८ के तपाइलाई उक्त घटना हुनबाट रोक्न सकिन्थ्यो जस्तो लाग्छ?

लाग्छ लाग्दैन

VA ९ सो घटनाको छानबिन गर्न केहि कदम चालिएको थियोरु

थियो थिएन थाहा भएन

VA ९.१ यदि थियो भने कसबाट पहल गरिएको थियो?

ब्यबस्थापन युनियन संगठन
 सामाजिक समूह पुलिस अन्य.....

VA ९.२ मौखिक यातना दिने अपराधीले के भोग्नुपर्यो?

केहि परेन मौखिक चेतावनी पुलिसलाई खबर
 हमालाकर्तालाई थुनियो थाहा भएन स्याहारबाट बन्चित
 अन्य.....

VA १० के तपाइको रोजगारदाता/सुपरभाइजरबाट तल मध्ये कुनै व्यबस्थाको लागि प्रयत्न गरियो?

परामर्श गरियो गरिएन
सो बिषयमा बोल्ने, उजुरी दिनको लागि प्रयत्न गरियो गरिएन
अरु कुनै सहयोगरु गरियो गरिएन

VA ११ उक्त घटनालाई जसरी कारबाही अगाडी बढाइयो त्यस प्रति कतिको सन्तुष्ट हुनुहुन्छ?

(१= धेरै असन्तुष्ट, ५= एकदमै सन्तुष्ट) १ २ ३ ४ ५

VA १२ यदि तपाइले उक्त घटनालाई जाहेरी नदिएको भए नदिनाको सम्भावित कारणहरुमा चिन्ह लगाउनुहोस

महत्वपूर्ण थिएन लज्जित महसुस भएकाले दोषी महसुस भएकाले
 नकारात्मक परिणाम हुन सक्ने डरले दिए पनि केहि नहुने भएकाले
 कता जाहेरी/गुहार माग्ने थाहा नभएर अन्य.....

C. II. यौन दुर्व्यवहार

SH १. पछिल्लो १२ महिनामा के तपाइले आफ्नो कार्यक्षेत्रमा कुनै प्रकारको यौन दुर्व्यवहार भोग्नुपरेको छ छ छैन (छैन भने अर्को प्रश्नमा जानुहोस)

SH २. यदि छ भने पछिल्लो १२ महिनामा कति दोहोरिएको पाउनुभएको छ?

सधै जसो कहिलेकाहीं एक पटक

SH ३. पछिल्लो पटक को घटनामा को बाट यौन दुर्व्यवहारको शिकार हुनुभयो?

बिरामी बिरामीका आफन्त स्टाफ
 व्यवस्थापक/सुपरभाईजर बाहिरी स्टाफ आम जनता अन्य.....

SH ४. के यस्तो खालको घटना तपाइको कार्यस्थलमा सामान्यतया भइरहने गर्दछरू

छ छैन

SH ५. सो घटना कुन् ठाउमा घट्यो?

- स्वास्थ्य संस्था को परिसर भित्र बिरामी को घरमा
- बाहिर(काममा/स्वास्थ्य चेक अप/घर जाने क्रममा) अन्य.....

SH ६. सो घटनाको कसरी सामना गर्नु भयो?

- केहि गरिन केहि नभएको जस्तो गरे उक्त व्यक्तिलाई नगर्न भने
- शारीरिक रुपमा प्रतिकार गरे परिवार/साथि लाई भने
- संगै काम गर्ने साथिलै भने
- सिनियर स्टाफलाई कुरा राखे अर्को ठाउमा सरुवा गराए
- संगठनबाट सहयोग मागे
- युनियनबाट सहयोग मागे घटना दर्ता फारम भरे
- बचाओको लागि पहल गरे
- क्षतिपूर्तिको लागि दाबि अन्य.....

SH ७. तल सुचिकृत गरिएका गुनासा तथा समस्याहरु तपाइले भोगेका जस्ता खालका तनावग्रस्त अवस्थामा आउने प्रतिक्रिया हुन् । हरेक बिषयको लागि यी हिंसात्मक घटनाका अनुभवहरुले के कति हदसम्म असर गरेको छ सोहीअनुसार चिन्ह लगाउनुहोस

हिंसात्मक घटनाका अनुभवहरुले के कति हदसम्म असर गरेको छ	केहि गरेन	थोरै गर्यो	मध्यम	बढी	एकदमै बढी
दोहोरिने नकारात्मक सोच र घटनाका					

तस्बिर र सम्झनाको झल्को आउने					
सो हमलाको बारे सोच्ने र बोल्नेबाट पन्छिने					
अत्यन्तै चनाखो हुने, आत्तिने, कसैले हेरिराखेको जस्तो लाग्ने र सधैँ तर्सिने					
आफुले घटना को प्रतिकार गर्न सक्दो कोसिस गरेको जस्तो लाग्ने					

SH ८. के तपाइलाई उक्त घटना हुनबाट रोक्न सकिन्थ्यो जस्तो लाग्छ?

लाग्छ लाग्दैन

SH ९. सो घटनाको छानबिन गर्न केहि कदम चालिएको थियो?

थियो थिएन थाहा भएन

SH ९.१. यदि थियो भने कसबाट पहल गरिएको थियो?

ब्यबस्थापन युनियन संगठन
 सामाजिक समूह पुलिस अन्य.....

SH ९.२. यौन दुर्व्यवहार गर्ने अपराधीले के भोग्नुपर्यो?

केहि परेन मौखिक चेतावनी पुलिसलाई खबर
 हमालाकर्तालाई थुनियो थाहा भएन स्याहारबाट बन्चित
 अन्य.....

SH १०. के तपाइको रोजगारदाता/सुपरभाइजरबाट तल मध्ये कुनै व्यबस्थाको लागि प्रयत्न गरियोरु

परामर्श गरियो गरिएन
 सो बिषयमा बोल्ने, उजुरी दिनको लागि प्रयत्न गरियो गरिएन
 अरु कुनै सहयोग गरियो गरिएन

SH ११. उक्त घटनालाई जसरी कारबाही अगाडी बढाइयो त्यस प्रति कतिको सन्तुस्ट हुनुहुन्छरु

(१= धेरै असन्तुस्ट, ५= एकदमै सन्तुस्ट) १ २ ३ ४ ५

SH १२. यदि तपाइले उक्त घटनालाई जाहेरी नदिएको भए नदिनाको सम्भावित कारणहरुमा चिन्ह लगाउनुहोस

महत्वपूर्ण थिएन लज्जित महसुस भएकाले दोषी महसुस भएकाले
 नकारात्मक परिणाम हुन सक्ने डरले दिए पनि केहि नहुने भएकाले
 कता जाहेरी/गुहार माग्ने थाहा नभएर अन्य.....

D. स्वास्थ्य क्षेत्र रोजगारदाता

HE १. के तपाइको रोजगारदाताले निम्न क्षेत्रमा बिशेष नीतिहरु अबलम्बन गरेको छरु

स्वास्थ्य तथा सुरक्षा	छ	छैन	थाहा भएन
शारीरिक कार्यस्थल हिंसा	छ	छैन	थाहा भएन
मौखिक हिंसा	छ	छैन	थाहा भएन

यौन दुर्व्यवहार	छ	छैन	थाहा भएन
जातीय दुर्व्यवहार	छ	छैन	थाहा भएन
डर त्रास देखाउने/ दमन	छ	छैन	थाहा भएन
धम्की	छ	छैन	थाहा भएन

HE २. कार्यक्षेत्रमा हुने हिंसासंग जुध्न के कस्ता उपायहरु व्यवस्था गरिएका छन्? उपयुक्त कोठाहरुमा चिन्ह लगाउनुहोस

- सुरक्षाका उपायहरु (गार्ड, अलार्म, टेलिफोन..)
- बातावरणमा सुधार (प्रकास, ध्वनि, ताप, खानपिन, सरसफाई, गोपनियता)
- आम जनताको पहुचमा निषेध बिरामीको विवरण अध्यावधिक गर्ने
- पैसाको कारोबारलाई कार्यस्थल भित्र दुरुत्साहित गर्ने स्टाफको संख्यामा बढोवा
- स्टाफको हाजिरी जनाउने व्यवस्था विशेष यन्त्र/ ट्रेस
- कार्यालय समयमा आवश्यकता अनुसार शिफ्ट/ रोटेसन
- एकलै काम गर्ने समय अवधिलाई घटाउने तालिम
- जन शाधन बिकासमा लगानी
- माथिका कुनै नभएको अन्य.....

HE ३. यी माथिका उपायहरु तपाइको कार्यस्थलमा कतिको उपयुक्त हुन्छ कस्तो लाग्छ?

सुरक्षाका उपायहरु (गार्ड, अलार्म, टेलिफोन..)	एकदमै उपयोगी	ठिकै	कम	उपयोगी छैन
बातावरणमा सुधार (प्रकास, ध्वनि, ताप, खानपिन, सरसफाई, गोपनियता)	एकदमै उपयोगी	ठिकै	कम	उपयोगी छैन
आम जनताको पहुचमा निषेध	एकदमै उपयोगी	ठिकै	कम	उपयोगी छैन
बिरामीको विवरण अध्यावधिक गर्ने	एकदमै उपयोगी	ठिकै	कम	उपयोगी छैन
पैसाको कारोबारलाई कार्यस्थल भित्र दुरुत्साहित गर्ने	एकदमै उपयोगी	ठिकै	कम	उपयोगी छैन
स्टाफको संख्यामा बढोवा	एकदमै उपयोगी	ठिकै	कम	उपयोगी छैन
स्टाफको हाजिरी जनाउने व्यवस्था	एकदमै उपयोगी	ठिकै	कम	उपयोगी छैन
विशेष यन्त्र/ ड्रेस	एकदमै उपयोगी	ठिकै	कम	उपयोगी छैन

HE ४. पछिल्लो २ वर्षमा कार्यस्थल/स्वास्थ्य संस्थामा के कस्ता परिवर्तनहरु भएका छन्?

- केहि भएको छैन संगठनात्मक परिवर्तन स्टाफमा कटौती
 स्टाफको संख्यामा बृद्धि स्रोतमा प्रतिबन्ध थाहा छैन अन्य.....

HE ५. तपाइको बिचारमा माथि उल्लेखित परिवर्तनहरुले तपाइको दैनिक काममा के कस्तो

प्रभाव पारेको छ? छैन कामको अवस्था झनै बिग्रेको

कामको अवस्थामा सुधार

बिरामीको हकमा नकारात्मक प्रभाव बिरामीको हकमा सकारात्मक प्रभाव

थाहा छैन अन्य.....

E. कार्यस्थल हिंसामा धारणा

○ १. तपाइको बिचारमा कार्यस्थलमा हुने शारीरिक हिंसाका मुख्य तीन कारणहरु के के हुन्?

.....

○ २. तपाइको बिचारमा कार्यस्थलमा हुने मनोबैज्ञानिक हिंसाका मुख्य तीन कारणहरु के के हुन्?

.....

○ ३. तपाइको बिचारमा हिंसाका घटनाहरुलाई कम गर्न अपनाउन सकिने तीन प्रमुख उपायहरु के के हुन सक्छन्?

.....

Annexure- II

Participant Information Sheet

Namaskar, I am, Shikha Basnet, MPH, first year student at B.P. Koirala Institute of Health Sciences conducting research on title “**WORKPLACE VIOLENCE AND ITS ASSOCIATED FACTORS AMONG NURSES WORKING IN B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES, DHARAN**” under the supervision of guide Additional Prof. Dr. Suman Bahadur Singh and Co-guides Prof. Paras Kumar Pokharel, Additional Prof. Dr. Deepak Kumar Yadav and Additional Prof. Dr. Ram Bilakshan Shah. I am going to provide you all the information regarding this study and invite you to be a part of this research. You have the full right to decide whether or not to participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

The purpose of this research project is to assess the workplace violence and its associated factors among nurses. It will take around 10 minutes to fill up the questionnaire. And the questionnaire includes details of your socio-demographic status, workplace data, physical workplace violence and psychological violence.

Data will be kept strictly confidential and only members of the research team will have access to the information. Respondents will be coded with identification number and their records in the laptop will be secured through the use of password protected files and filled questionnaire will be locked in drawers and cupboard. The code will be used for each questionnaire so that the anonymity of the research participants will be strictly maintained. The data

published in dissertation and journals will not contain any information through which research participants might be identified.

Potential benefit of this study is that prevalence of workplace violence can be assessed and different factors associated with violence can be identified. Thus, it will be helpful to strengthen violence prevention methods. And there is no any obvious risk involved in the study. The information that we conclude from this research will be printed in a thesis paper, presented in scientific forums and later may be published in a scientific research journal.

You have full freedom to refuse to participate or withdraw any time during the research study if you wish to do so.

If you have any question/query you may ask me now or later, even after the study has started. If you wish to ask questions later, you may contact with:

Mrs. Shikha Basnet, MPH student, 1st year, BPKIHS, Dharan.

Email address: shiekhabasnet1123@gmail.com

Address: BPKIHS, Dharan

Contact Number: 9849288881

Note: This proposal has been reviewed and approved by the Institutional Review Committee, which is a committee whose task is to make sure that research participants are protected from harm.

अनुसूचि २:

सहभागि सूचना पत्र

नमस्कार

म, वि.पी.कोइराला स्वास्थ्य विज्ञान प्रतिष्ठानमा प्रथम वर्षमा अध्ययनरत शिखा बस्नेत, मार्गदर्शक अतिरिक्त प्रा डा सुमन बहादुर सिंह र सह मार्गदर्शक प्रा पारसकुमार पोखरेल, अतिरिक्त प्रा डा दीपक कुमार यादव र अतिरिक्त प्रा डा रामबिलक्षण शाहको सुपरिवेक्षणमा “वि.पी.कोइराला अस्पतालका नर्सहरूमा हुने कार्यस्थल हिंसा र यससँग सम्बन्धित कारकहरू” सम्बन्धमा अनुसन्धान गर्दैछु । म यहाँलाई यसबारेमा विस्तृत जानकारी दिँदै यस अनुसन्धानमा सहभागिताका लागि अनुरोध गर्दछु । यस अनुसन्धानमा सहभागी हुने या नहुने अधिकार यहाँमा निहित छ तथा अनुसन्धानका बारेमा अरु जुनसुकै माध्यमबाट थप जानकारी लिन सक्नुहुनेछ ।

यस अनुसन्धान परियोजनाको उद्देश्य नर्सहरू बीच कार्यस्थल हिंसा र यससँग सम्बन्धित कारकहरूको मूल्याङ्कन गर्नु हो। प्रश्नावली भर्न लगभग 10 मिनेट लाग्छ र प्रश्नावलीमा तपाईंको सामाजिक(जनसांख्यिक स्थिति, कार्यस्थलको डेटा, शारीरिक कार्यस्थल हिंसा र मनोवैज्ञानिक हिंसाको विवरणहरू समावेश छन्।

हरेक प्रश्नावली छुट्टाछुट्टै कोड गरिनेछन् तथा यहाँले दिनुभएको सुचनाको आधारमा भरिनेछन्। यहाँको व्यक्तिगत विवरण तथा अन्य सुचनाहरूको हरसमय गोपनीयता कायम गरिनेछ। उत्तरदाताहरूलाई पहिचान नम्बरको साथ कोड गरिनेछ र ल्यापटपमा उनीहरूको रेकर्डहरू पासवर्ड सुरक्षित फाइलहरू प्रयोग गरेर सुरक्षित गरिनेछ र भरिएको प्रश्नावली ड्रअर र कपाटमा बन्द गरिनेछ। अनुसन्धान पश्चात तथ्याङ्कहरू विभिन्न पत्रिका तथा सम्मेलनहरूमा प्रकाशित गर्न गरिन सक्नेछ तथापि यहाँको गोपनीयता भङ्ग हुनेगरि कुनैपनि सुचना प्रकाशित गरिने छैन।

यस अध्ययनको सम्भावित फाइदा भनेको कार्यस्थलमा हुने हिंसाको व्यापकताको मूल्याङ्कन गर्न सकिन्छ र हिंसासँग सम्बन्धित विभिन्न कारकहरू पहिचान गर्न सकिन्छ। तसर्थ, यो हिंसा रोकथाम विधिहरू बलियो बनाउन सहयोगी हुनेछ। र अध्ययनमा संलग्न कुनै पनि स्पष्ट जोखिम छैन। हामीले यस अनुसन्धानबाट निष्कर्ष निकालेका जानकारीलाई थीसिस पेपरमा छापिनेछ, वैज्ञानिक फोरमहरूमा प्रस्तुत गरिनेछ र पछि वैज्ञानिक अनुसन्धान जर्नलमा प्रकाशित गर्न सकिन्छ। यो अनुसन्धान समिक्षा समितिबाट स्विकृत गरिएको छ।

Annexure- III

Participant Informed Consent

Faculty: School of Public Health and Community Medicine

BPKIHS, Dharan, Nepal

Title of the research: **Workplace Violence And Its Associated Factors Among Nurses Working In B.P. Koirala Institute Of Health Sciences, Dharan.**

Participant Identification number for the study:

The content of the information sheet provided has been read carefully by me /explained in detail to me, in a language that I comprehend, and have fully understood the contents.

The nature and purpose of the study and its potential risks/ benefit and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

I hereby give consent to take part in the above study and allow me to perform the procedure that may become necessary during the procedure. I understand that information obtained from me, might be used for the purpose of publication in textbooks or medical journals and dissertation purposes, and/or for medical education.

The consent form has been signed by me in full consciousness when I was not under the influence of any drugs or pressure.

Respondent's signature _____

Researcher's signature _____

अनुसूचि ३:

सुसूचित मञ्जुरीनामा

अध्ययनको शिर्षक : " वि.पी.कोइराला को अस्पतालमा नर्सहरू बीचको कार्यस्थल हिंसा र यससँग सम्बन्धित कारकहरू"

सहभागिता नं.

सहभागि सूचना पत्रमा भएका कुराहरु विस्तृत रुपमा मलाई बुझिने भाषामा राम्ररी सम्झाइएको छ। यस अनुसन्धानको उदेश्य, लाग्ने समय तथा यसका सम्भावित लाभ एवं हानिका बारेमा विस्तृत रुपमा बुझाइएको छ। यसमा सहभागिता स्वैच्छिक हुनेछ र कुनैपनि समयमा बिना कुनै कारण सहभागिता फिर्ता गर्न पनि सकिनेछ भनेर बुझेको छु।

मैले दिएका सूचनाहरु भविष्यमा विभिन्न पत्रपत्रिका तथा सम्मेलनहरुमा चिकित्सा शिक्षाको निम्ति प्रयोग हुन सक्ने बारेमा पनि सचेत छु। म यस अनुसन्धानमा सहभागि हुन मञ्जुर छु। यो मञ्जुरीनामा म स्वयंले पूर्ण होशमा दिदैछु र यसका निम्ति मलाई कुनै दबाव दिइएको छैन।

सहभागीको हस्ताक्षर:

अनुसन्धानकर्ताको हस्ताक्षर:

Annexure IV
Ethical Approval Letter



वी.पी. कोइराला स्वास्थ्य विज्ञान प्रतिष्ठान
धरान, नेपाल
B. P. Koirala Institute of Health Sciences

F.N. 006



Date: 23rd June, 2022

Ref. No. 234/078/079-IRC.

Ms. Shikha Basnet
MPH (2021),
School of Public Health & Community Medicine

Subject: Ethical approval of your thesis protocol "Workplace Violence and its Associated Factors among Nurses in B. P. Koirala Institute of Health Sciences, Dharan."


Code No.: IRC/2264/022

Dear Ms. Basnet,

Thank you for re-submitting your thesis protocol to the Institutional Review Committee (IRC) BPKIHS. This is to inform you that the committee meeting held on 16th June, 2022 has reviewed your protocol and given ethical approval.

You need to submit the progress report by the first half of the stipulated duration of your research.

With best wishes,


Dr. Binod Kumar Lal Das
Member Secretary
Institutional Review Committee (IRC)

Copy to: The Dean, Academics/ The PG Programme Coordinator/ The Chief, School of Public Health & Community Medicine

Head Office, Dharan : 977-25-525555, 977-25-521017 ; Fax: 977-25-520251 ; E-mail: bpkihs@bpkihs.edu
Kathmandu Office : 01-4372263, P. O. Box 7053, Kathmandu ; url: www.bpkihs.edu

Permission Letter From BPKIHS



B.P.Koirala Institute of Health Sciences
Dharan, Nepal
School of Public Health & Community Medicine

Ref : 67/078/079

Date: 14th March, 2022

To,
The Hospital Director
B. P. Koirala Institute of Health Sciences
Dharan

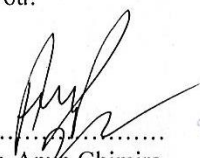
Subject: Permission for thesis work

Respected Sir

With due respect we would like to inform you that our student, Shikha Basnet who is currently pursuing Masters degree from School of Public Health and Community Medicine, BPKIHS will be conducting thesis work entitled as, " **Workplace violence and its associated factors among nurses in Tertiary care hospital of Province 1**" from May to July, 2022

Thus, we would like to request you for the necessary support, coordination facilitation and give approval to conduct this study in your Institution.


Thank You!


Prof. Dr. Anup Ghimire
Acting Chief
School of Public Health and Community Medicine
BPKIHS, Dharan

Acting Chief
School of Public Health
&
Community Medicine
BPKIHS, Dharan, Nepal

Deputy Director,
Facilitator,
Check.
2078/12/13

Forwarded to
the PAS for
needful.


Acting Mahon
2078/12/07

To
Mahon
Sikha
6-12-2018

College Block 3rd Floor ☎ 977 25 525555 ext. 2626 (Office), Room No: 339
☎ 977 25 525555 ext. 2618 (Chief), Room No: 337
☎ 977 25 520251 fax

Annexure V

Gantt Chart

Time frame (September, 2022 – February, 2023)						
Activities	Sept	Oct	Nov	Dec	Jan	Feb
Development of protocols and tools						
Data collection and processing						
Data management and analysis						
Report writing						