

**Verbal Abuse and the Workplace Environment among New Jersey Nurses**

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## Abstract

**Background:** The greatest threat to health workers' safety at work is violence from patients and visitors. Verbal abuse is the most prevalent form of violence which can be mitigated by healthy workplace environments. Approximately 50% of healthcare workers reported experience at least one instance of physical or psychological violence. The purpose of this study was to describe the relationship between verbal abuse and nurses' workplace environment.

**Sample and Methods:** A electronic cross-sectional descriptive survey was conducted, between July and October of 2023, among members of The New Jersey State Nurses Association. Verbal abuse, workplace environment and demographic characteristics were measured using the Workplace Violence in the Health Sector Questionnaire. Descriptive statistics including frequency, percentages, means, and standard deviations summarized the results. Data analyses were performed using SAS 9.4. Permission to conduct this study was provided by the William Paterson University Institutional Review Board.

**Findings:** Among 149 nurses, 82 (55 %) reported verbal abuse in the previous year. The average perception of safety (POS) was 2.8, (SD 1.3), with the highest mean POS noted among nurses who worked in psychiatric settings ( $\bar{X}$ = 3.3, SD=1.3). When years of experience was evaluated, those with 16-20 or >20 years of experience had lower mean POS scores (2.5 (SD=1.5) and 2.7 (SD=1.2), respectively).

**Conclusion:** A high prevalence of verbal abuse occurs in healthcare settings in New Jersey. Standardized interventions are needed to prevent verbal abuse and improve the workplace environment for nurses.

**Keywords:** Perception of Safety, Verbal Abuse, Workplace Violence, Workplace Environment

## Dedication

I dedicate this research to my wife and daughter; I couldn't have done this without your support.

*Now all glory to God, who is able through his mighty power at work within us, to accomplish infinitely more than we might ask or think. Glory to him in the church and in Christ Jesus through all generations forever and ever! Amen.*

Ephesians 3:20-21

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## **Chapter I: Background**

### **Workplace Violence**

Health care workers are at a significant risk for serious injuries or death, due to attacks by patients, primarily in hospital settings (Tian & Du, 2017; Volz et al., 2017; Strickler, 2018; Schablon et al., 2018; Jeong & Kim, 2018). Acquiring a comprehensive understanding of workplace violence (WPV) is challenging due to geographical and cultural disparities, as well as discrepancies in definitions and reporting. According to Boyle and Wallis, 2016, there is consensus on the following:

(1) Physical violence (i.e., violence involving physical contact, such as beating, kicking, slapping, and stabbing).

(2) Verbal abuse (VA), (mistreatment through words or tone, such as disparagement and disrespect).

(3) Threats (promised use of physical or psychological force resulting in fear of negative consequences).

(4) Sexual harassment, and

(5) Bullying (repeated offensive behaviors that attempt to humiliate an individual) are all forms of workplace violence.

### **Prevalence of Workplace Violence**

Hahn et al., (2013) noted that the most significant occupational hazard that health workers face is patient and visitor violence. The prevalence of violent events among health workers is an important indicator of the workplace environment (WPE), (Morrison, 1999). In the health care and social support sector, there were 207 fatal workplace incidents reported from 2016 to 2020 (U.S. Department of Labor, 2021). According to the Bureau of Labor Statistics (2021), there were



41,560 nonfatal assaults and deliberate injuries at work that required at least one day off, of whom women accounted for 63.5 % of nonfatal occurrences. Sayed et al. (2022) noted that the prevalence of abuse was greater in public sector facilities (70.8%) than in private facilities (33.3%) (p-value <0.001).

According to Li, et al. (2019), more than 50% of health-care workers had encountered at least one episode of physical or psychological violence in the preceding year. Boafu (2018), noted that WPV is the second leading cause of female mortality at work and the third leading cause of death from occupational injuries in the United States. In the previous year, nurses reported physical WPV, ranging from 4.9 to 83.3%, (Jakobsson et al., 2020; Shi et al., 2020). The rate of WPV is underreported for several reasons, including a lack of support from hospital administration, fear of retaliation, lack of information about WPV among nurses, and ignorance of legal strategies to deal with WPV (Hedayati Emam et al., 2018). A recent study in China revealed that 84.2% of front-line mental health nurses reported being attacked by their patients (Lu et al. 2019). According to a recent study conducted in Europe by Sinh Minh Do et al. (2023), 20% of nurses reported encountering physical violence and 54% had experienced psychological abuse.

### **Verbal Abuse**

Verbal abuse (VA) is the most common type of workplace violence, followed by bullying and mobbing, ranking second and third, respectively, (Di Martino, 2002). In a prior New Jersey study, Fajardo (2021) reported that most of the participants had encountered VA (85, 73.3 %). Keller et al. (2018) reported that VA affects 45% to 94% of registered nurses (RNs), and that VA is linked to both physical and psychological injury. According to a Wisconsin Nurses Association (WNA, 2022) study, the most common VA behavior by patients/clients, family members, and/or visitors were swearing, berating, insults, or criticism.

### **Impact of Workplace Violence on the Workplace Environment**

Nursing professionals are the most exposed healthcare providers to WPV since they provide direct assistance to patients on a 24-hour basis (Bernardes et al., 2021). Health-care workers are thought to be prone to WPV due to the high stress in health care environments, (Ayasreh & Hayajneh, 2021). Dupré and Barling (2006), noted that workplace aggression is linked to physical, psychological, and behavioral stressors. Exposure to WPV leads to sub-optimal patient care and poor retention rates among healthcare personnel (Warshawski, 2021). This was supported by Lopez-Bushnell (2022), who noted that frequent acts of violence against nurses create exhaustion and contributes to nurses leaving the profession or moving to other locations. Risk factors for violence in nurses' workplace include insufficient staffing, dysfunctional team dynamics, incompetent leadership, and poor nurse-physician interactions (Nowrouzi-Kia et al., 2018). In response to the growing degree of concern about violence against health professionals, a collaborative worldwide initiative was implemented by the International Labor Office (ILO), the International Council of Nurses (ICN), the World Health Organization (WHO), and Public Services International (PSI) (Mayhew & Chapelle, 2003). Despite reports of WPV worldwide, there are few studies conducted in the US.

### **Purpose of this study**

This study's purpose was to describe the relationship between VA and the WPE among nurses in New Jersey, 2023.

### **Concepts**

#### **Workplace Violence**

According to the *Workplace violence and harassment: A European picture* report (Milczarek, 2011), WPV includes abuse, threats, and assault. They define abuse as behavior's that departs from reasonable conduct and involves the misuse of physical or psychological strength.

## **Verbal Abuse**

Accusations, blame, yelling, insults, humiliations, swearing, threats, condescension, defamation, discounting, and withholding information are some of the characteristics of verbal abuse (r). The following constructs may also be included as characteristics of VA: disruptive behavior (Small et al., 2015), workplace aggression (Farrell et al., 2006, Han et al., 2017), intragroup conflict (Almost, 2006), and incivility (Laschinger, et al., 2009).

## **Workplace Environment**

The nursing work environment refers to the organizational characteristics of a work setting that facilitates or constrains professional nursing practice (Lake, 2002).

## **Significance of the study to nursing and healthcare**

Nurses face psychological abuse, with VA (84%) being the most prevalent (Dehghan-Chaloshtari, & Ghodousi, 2020). The failure to address VA in health-care settings undermines the quality of care that patients receive (Al-Qadi M. M., 2021; Warshawski, 2021). Workplace violence, including VA, is a leading cause of job dissatisfaction among nurses and contributes significantly to high rates of absenteeism, turnover, and compromised patient care (Somani et al., 2019; Warshawski, 2021). Describing VA and nurses' WPE may provide evidence on the direction for future interventions, in New Jersey.

**DNP essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking.**

DNP graduates, organizational and systems leadership are essential components in evaluating organizations, detecting system problems, and enabling organizational transformation (AACN, 2006). Workplace violence training requires that organizational leaders be involved with

providing safe working environments for healthcare staff. In addition to providing direct treatment, DNP graduates' work focuses on the requirements of a panel of patients, a target demographic, a group of people, or a large community. The ability to conceive novel care delivery models that are grounded in modern nursing research and workable from organizational, political, cultural, and economic perspectives distinguishes these graduates (Carter, 2011).

**DNP essential V: Health Care Policy for Advocacy in Health Care.**

As nurses we are in the best position to influence legislation that will affect the nursing profession since DNP clinicians are at the forefront of healthcare change. In addition to being experts in their field, DNP nurses are well-equipped to serve as strong advocates for the many care delivery issues that have an impact on health policy, including health disparities, ethical concerns, cultural sensitivity, access to care, quality of care, health care economics, equality, and social justices in the provision of healthcare (AACN, 2006; Chism, 2020). Employ consultative and leadership skills with intra-professional and interprofessional teams to create change in health care and complex healthcare delivery systems (Carter, 2011).

## **Chapter II: Literature Review**

### **Theoretical Framework**

The framework for comprehending VA and nurses' WPE can be understood using “The Adaptation Model of Nursing by Sister Callista Roy (Andrews & Roy, 1991). According to Sayed et al., (2022), this model aids in understanding the factors that cause the violent/abusive conduct toward the nurse, as well as their reactions to the occurrence and its influence on them. Several studies have utilized this paradigm to analyze nurse violence and abuse and how they adapt (Roakes, 2012).

### **Literature Review**

Several search engines, including CINAHL (Cumulative Index to Nursing and Allied Health), Medline, ProQuest, PubMed, and Google Scholar, were used to conduct an extensive search of the relevant literature using the following key words “Nurses’ perception of safety, workplace environment, workplace violence, nursing abuse, safety at work, verbal abuse, psychological abuse.” CINAHL initial search produced 339 articles and Medline (via ProQuest) resulted in 4,725. A specific year range was selected, 2018-2023, PubMed had one of the highest articles result when the phrase “workplace violence” was searched with 3,851 articles. The most notable publications were carefully selected for examination based on their abstracts. The publications with references that investigated nurses' experiences with workplace violence and noted nurses' opinions of workplace safety were included in this study.

### **Workplace violence**

Zhou et al., (2017) argued that media portrayals of WPV frequently gave the false impression that irate employees (or former employees) lash out and shoot their bosses and coworkers. Most WPV are not "inside jobs". The author noted that perpetrators come from outside the company, such as customers, visitors, patients, or anybody else who use the services of the

company. According to Hester et al., (2016), one of the biggest obstacles to the implementation of initiatives to reduce workplace violence is a lack of reporting. Organizations are at a disadvantage when trying to address the issue if they are unaware that violence exists. In a study by Civilotti et al., (2021), the highest prevalence of WPV was observed in general psychiatric wards and emergency departments. The majority of HCWs (87%) faced verbal, physical, or a combination of the two forms of hostility. The probability of verbal or emotional abuse was highest among nurses (48.2-100%), followed by physical abuse (71%) and sexual harassment (range = 27.4%).

Nurses are at a considerable risk of experiencing WPV with physical assault rates reported by nurses in Ethiopia, South Korea, Jordan, Germany, and Iran, ranging from 18.2% to 56.0% (Shi et al., 2017). In the same study, Shi et al. (2017) noted that WPV occurs mostly in hospital emergency rooms and mental health areas with an incidence of 65.8% (Shaw, 2015), of which 64.9% was VA, 11.8% was physical assault, and 3.9% was sexual harassment (Hanh et al., 2013). In tertiary and county-level hospitals, respondents claimed that patients' families were primarily responsible for WPV. Age, department, years of experience, and direct patient contact were all common risk factors.

Negative effects of WPV on nurses are reported in previous research by Magnavita et al. (2022). After adjusting for sex, age, and job-type, the relationship between physical violence and headaches remained significant (adjusted odds ratio aOR = 2.25; confidence interval CI95% = 1.11; 4.57). All forms of WPV were significantly associated with poor sleep in a multivariate logistic regression model adjusted for sex, age, job type (aOR = 2.35 CI95% = 1.44; 3.85).

### **Verbal abuse**

According to Keller et al., (2018), VA is experienced by 45% to 94% of registered nurses (RNs) and is related to physical and psychological harm. VA rates were reported to be between 63.8% and 89.6% by Shi et al., (2017). Zhang et al., (2017), reported that VA was the most often

experienced type of WPV among Chinese nurses' (61.3%), followed by threats (36.8%), physical violence (25.9%), and sexual harassment (2.8%). Even though VA is the most prevalent form of violence in healthcare settings, this type of abuse is not deemed worthy of reporting, resulting in a high proportion of underreported and unreported incidents (Toska et al., 2023).

A study by Ceballos et al. (2020) identified factors that are known to be associated with the occurrence of VA in the WPE, including inadequate quality of care, quantity and quality of human resources, materials, and equipment, poor communication between nurses and clients, inaccurate or incomplete information, hostility, mechanized communication, and patient referral to other network services.

According to Magnavita and Heponiemi (2011), VA among nurses was associated with lower levels of justice, higher levels of job pressure, and lower levels of support. Significant negative correlations were noted between verbal abuse affect/reactions and registered nurses' intention to stay  $p = <0.01$ , job commitment  $p = <0.01$  and self-esteem  $p = <0.01$ , job commitment, ( $r = -.203$ ,  $p = .004$ ) by Alzoubi et al. (2021). Furthermore, according to Lee & Lee (2022) nurses who experienced VA experienced higher job stress, higher presenteeism, and poor psychological well-being.

### **Nurses' Workplace Environment**

Nurses' safety is crucial to sustainable healthcare practices, however, few research studies have examined WPV and nurses' perception of their WPE, according to Phillips (2016). Nurses' intention-to-leave was linked with the WPE (Van den Heede et al., 2013). The authors noted that 29.7% of the nurses who planned to leave the hospital also intended to leave nursing. The remaining (70.4%) want to continue working as nurses but would prefer to work at a different hospital (40%), outside of a hospital (27.9%), or were unsure (2.4%).

Brešan et al. (2021) noted that the quality of the WPE was correlated with the general assessment of patient safety ( $r = 0.36$ ;  $p < 0.001$ ), the general assessment of the quality of nursing care ( $r = 0.32$ ;  $p < 0.001$ ), the confidence in patient self-care at discharge ( $r = 0.29$ ;  $p < 0.001$ ) and the quality of patient care in the previous year ( $r = 0.27$ ;  $p = 0.001$ ). Nurses working in a favorable environment that had positive teamwork reported a reduction in adverse events including patient and family complaints, patient and family VA, patient falls, nosocomial infections, and medication errors ( $p < 0.001$ ) (Al Sabei et al., 2021).

### **Gaps in the literature**

A literature review revealed a high prevalence of WPV and nurse's WPE are negatively impacted. However, there is a paucity of literature on WPV, including verbal abuse and the WPE, in the United States and New Jersey, specifically.

### **Summary**

A high prevalence of VA exists in the workplace with negative effects on patients, nurses, and organizations. Even though VA is the most prevalent form of violence in healthcare settings, it is not deemed worthy of reporting, resulting in a high proportion of underreported and unreported incidents (Alsmal et al., 2020). Hester & Mongo (2016) noted that underreporting of VA and inadequate interventions results in a poor WPE, burnout and intention to leave to leave the organization. Favorable nursing WPE promotes enhanced nurse outcomes, allowing nurses to function effectively and offer quality patient care.



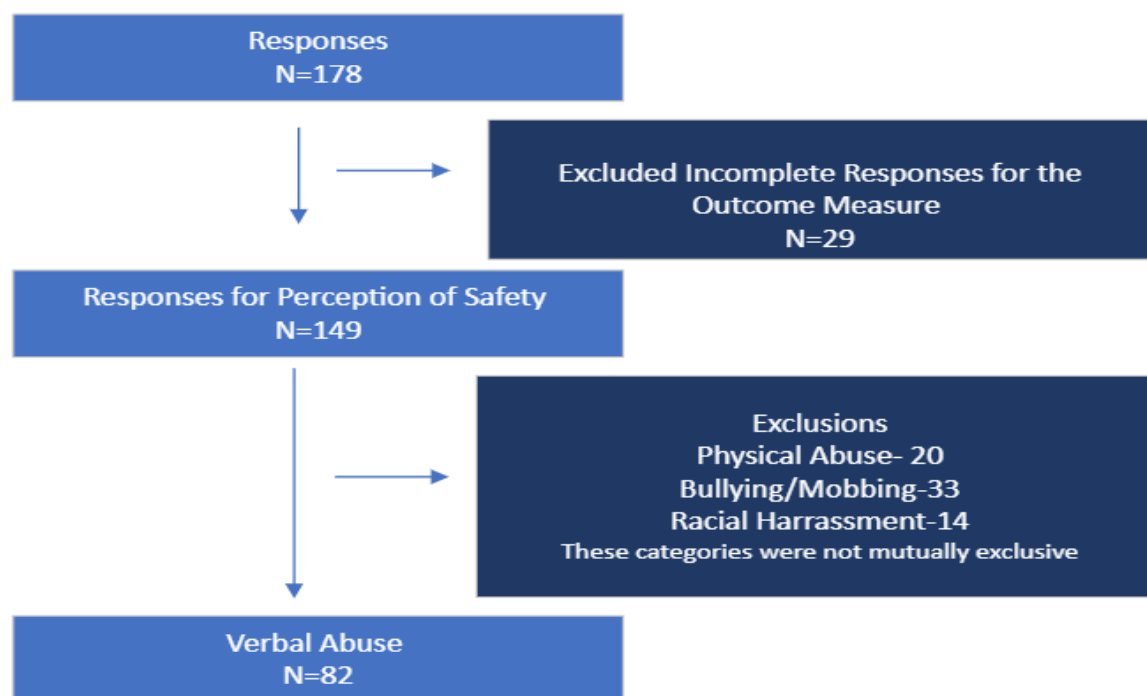
## Chapter III- Methodology

### Research Design and Setting

A cross-sectional descriptive design was utilized to report on the prevalence of VA and the WPE among registered nurses, in New Jersey, 2023.

### Sample

Registered nurses currently working in a healthcare facility, in the State of New Jersey, were invited to participate in this study. Licensed Practical Nurses and nurses with less than one year of experience were excluded. There were 178 responses (Figure 1). Twenty-nine responses were excluded as there were not any responses to the perception of safety question, which was used to measure the WPE. Verbal abuse was the most prevalent type of abuse, so we decided to make this the focus of this report.



**Figure 1:**

*Respondents with complete information on Verbal Abuse and Workplace Environment*

## **Variables**

VA, WPE and demographic characteristics were measured using the Workplace Violence in the Health Sector Questionnaire developed collaboratively by the International Labor Office, International Council of Nurses, and Public Services International World Health Organization, (2002), (Appendix A). The questionnaire comprised of four parts including physical WPV (3 questions); psychological WPV (bullying/mobbing (12 questions), sexual harassment (12 questions), and health sector employer-related questions (6 question). However, for this analysis we used the socio-demographic and occupational questions (n=19) and VA (12 questions). Measurement of the WPE was included as part of the sociodemographic and occupational characteristics. This was a Likert scale question, with ratings of 1 to 5, and a higher score indicated a safer work environment. Previous evaluations of the internal consistency of the WPV survey were reported in multiple studies. Overall, the Cronbach alpha was 0.860, (Liu et al., 2018) and the VA sub-scale was 0.934 (Khiaw-Im et al, 2022).

## **Data collection**

Data were collected using an electronic self-administered survey. The link for the survey was provided to administrators at the New Jersey Nurses State Association, who sent the information to members, from June to October 2023. To avoid duplication, email addresses could only be used once to access the survey. Research participants were provided with an explanation of the study and passive informed consent was obtained (Appendix B), prior to responding to the questionnaire (Appendix A). Participant identities were not collected so they remained anonymous.

## **Data analysis**

Descriptive statistics including frequency, percentages, means, and standard deviations were used to summarize the results. Data analyses were performed using SAS 9.4.

**Protection of Human Subjects**

Permission to conduct this study was provided by the William Paterson University Institutional Review Board (Appendix C).

## Chapter IV: Results

### Demographic Characteristics of Nurses

Nurses responding to this study were likely to be  $\geq 60$  years old (40%), female, (131, 88%), and have more than 20 years of experience (91, 62%) (Table 1).

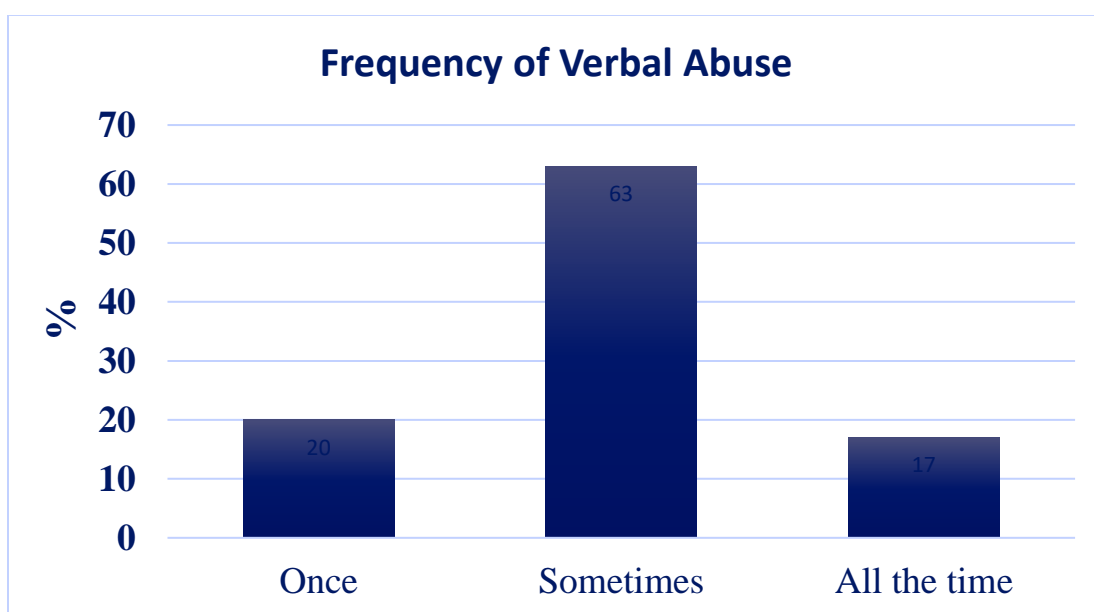
**Table 1**

*Reports of Verbal Abuse by Demographic Characteristics of Nurses, New Jersey, 2023*

Characteristics	Verbal Abuse		Total
	Yes N (%)	N N (%)	Total 149 N (%)
<b>Age</b>			
26-49	23 (54)	20 (46)	43 (29)
50-59	21 (46)	25 (54)	46 (31)
$\geq 60$	38 (63)	22 (37)	60 (40)
<b>Sex</b>			
Male	11 (61)	7 (39)	18 (12)
Female	71 (54)	60 (46)	131 (88)
<b>Marital Status</b>			
Divorced	9 (53)	8 (47)	17 (11)
Married	46 (46)	53 (54)	99 (66)
Single	17 (74)	6 (26)	23 (15)
Widow/Widower	3 (30)	7 (70)	10 (7)
<b>Years of experience</b>			
1-5	14 (77)	4 (23)	18 (12)
6-10	6 (55)	5 (45)	11 (7)
11-15	7 (50)	7 (50)	14 (10)
16-20	10 (67)	5 (33)	15 (10)
>20	45 (50)	46 (50)	91 (61)
<b>Hours worked/weekly</b>			
Full-time	70 (58)	50 (42)	120 (80)
Part-time	12 (41)	17 (59)	29 (20)
<b>Patient Type</b>			
Adults	54 (61)	35 (39)	89 (60)
Elderly	12 (48)	13 (52)	25 (17)
Pediatrics	16 (46)	19 (54)	35 (23)

## Reports of Verbal Abuse by Demographic Variables

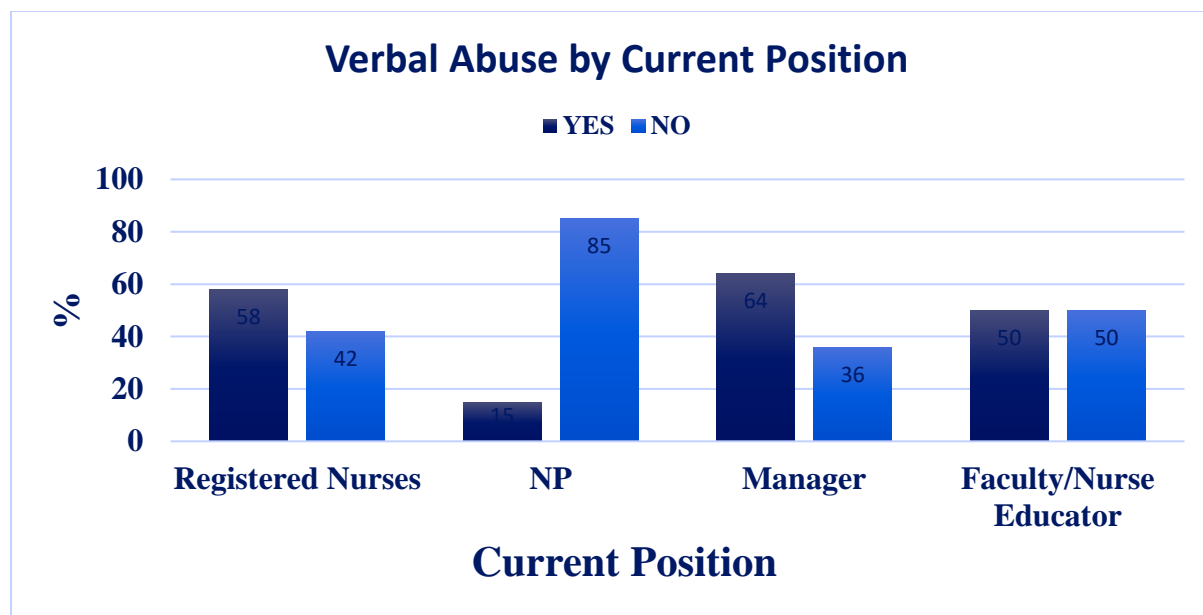
Eighty-two (55%) nurses reported experiencing VA in the past year of whom the majority, 51(62%) reported that they experienced this form of abuse sometimes (Figure 2). They were > 60 years old (63%), single (74%), or had either 1-5 or 16-20 years of experience (77% and 67%, respectively) (Table 1).



**Figure 2:**

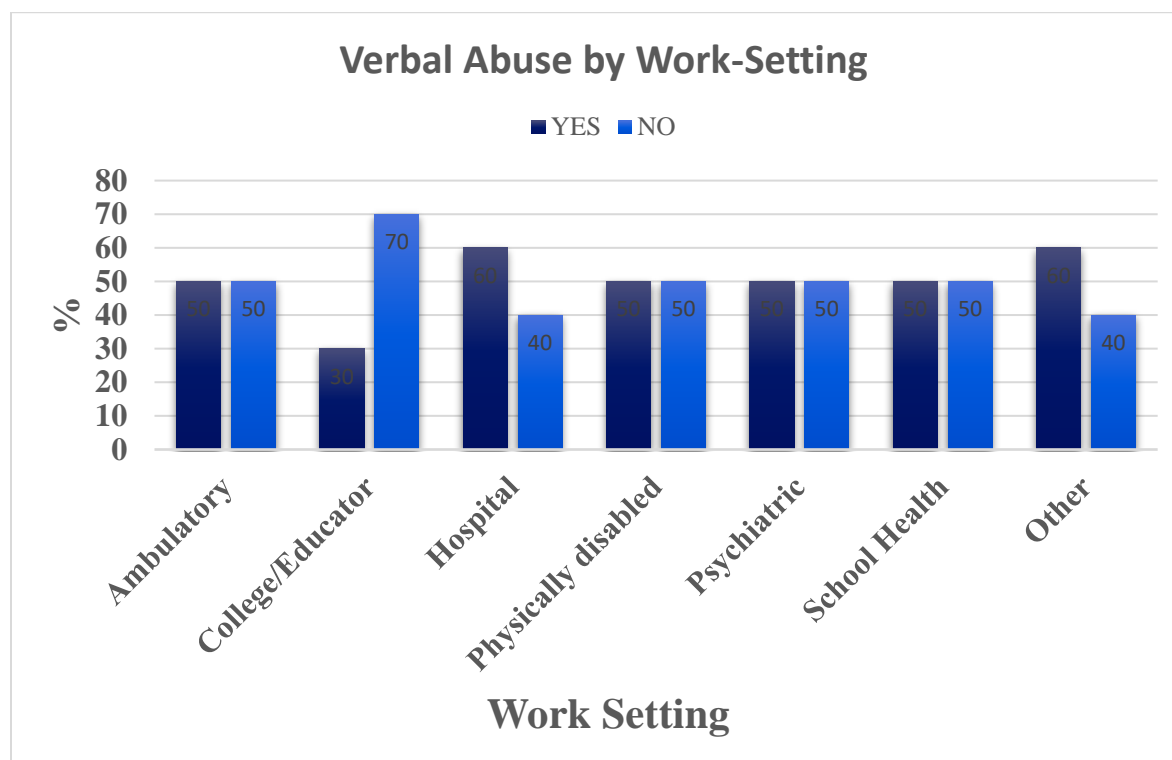
*Frequency of Verbal Abuse reported by New Jersey Nurses*

Higher proportions were Registered Nurses (52/90, 58%) or Managers (21/33, 64%) who worked in hospital settings (36/58, 62%) or did shift-work (44/66, 67%), (Figures 3a, 3b, 3c).



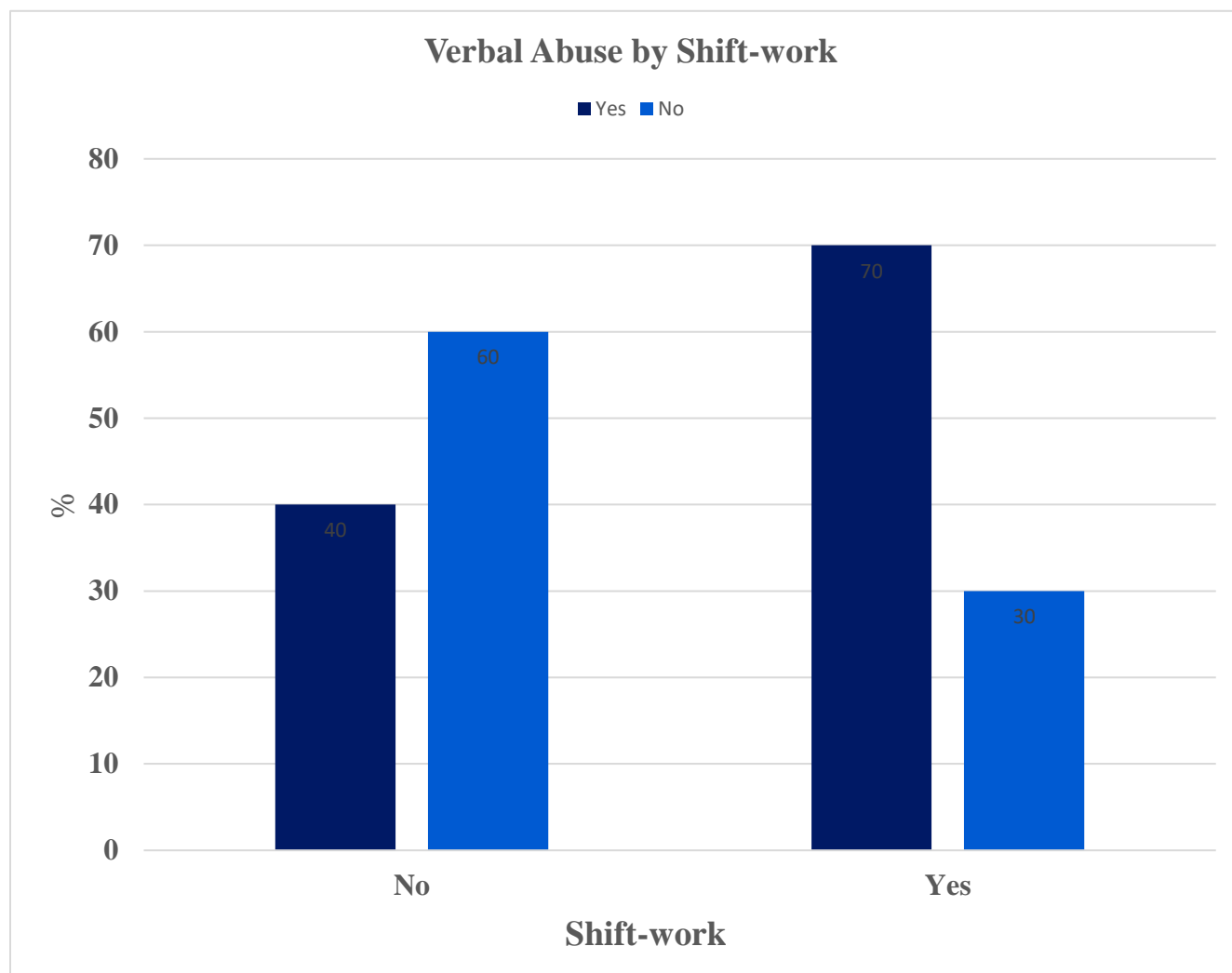
**Figure 3a:**

*Current Position of Nurses by Reports of Verbal Abuse*



**Figure 3b:**

*Work Setting by Reports of Verbal Abuse*



**Figure 3c:**

*Shift worked by Reports of Verbal Abuse*

### **Workplace Environment by Demographic Variables**

The overall mean perception of the safety of the WPE, among nurses in New Jersey, was 2.8 (Standard Deviation (SD) =1.3), on a scale of 1 to 5, with 1=very unsafe and 5 = very safe (Table 2).

**Table 2**

*Mean Score of the Workplace Environment, by Demographic Characteristics of Nurses, New Jersey, 2023*

<b>Characteristics</b>	<b>Total N (%) 142</b>	<b><math>\bar{X}</math> (Standard deviation) 2.8 (1.3)</b>
<b>Age</b>		
26-49	41 (29)	2.9 (1.5)
50-59	45 (32)	2.6 (1.3)
≥60	56 (39)	2.9 (1.1)
<b>Sex</b>		
Male	18 (13)	2.8 (1.3)
Female	124 (87)	2.8 (1.3)
<b>Marital Status</b>		
Divorced	17 (11)	3.0 (1.3)
Married	94 (67)	2.8 (1.3)
Single	21 (15)	2.9 (1.4)
Widow/Widower	10 (7)	2.2 (0.9)
<b>Current Position</b>		
Registered Nurse	86 (60)	2.9 (1.3)
Nurse Practitioner	12 (9)	2.1 (1.2)
Manager	32 (22)	2.9 (1.3)
Faculty/Nurse Educator	12 (9)	2.8 (1.0)
<b>Shift</b>		
No	91 (64)	2.7 (1.3)
Yes	51 (36)	3.0 (1.2)
<b>Hours worked weekly</b>		
Full-time	115 (81)	2.9 (1.3)
Part-time	27 (19)	2.3 (1.2)
<b>Patient Type</b>		
Adults	84 (59)	2.9 (1.3)
Elderly	25 (18)	2.7 (1.3)
Pediatrics	33 (23)	2.8 (1.2)

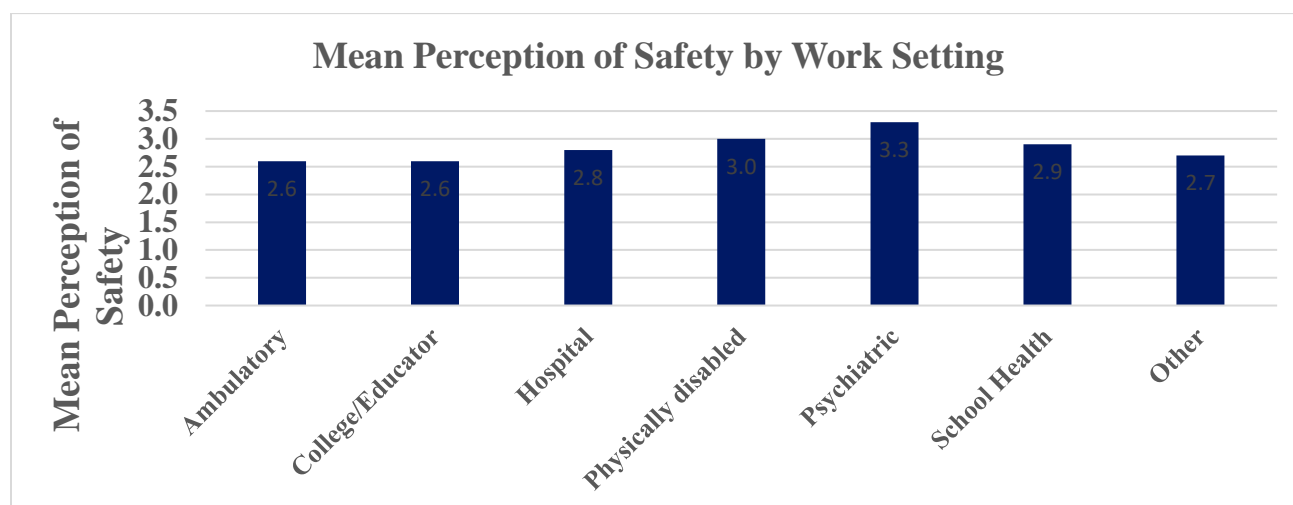
When years of experience was evaluated, those with 16-20 or >20 years of experience had lower mean scores of the perception of the safety of the WPE (2.5 (SD=1.5) and 2.7 (SD=1.2), respectively), while those with 6-10 years of experience had a higher mean score (3.4, SD=1.5) (Figure 4a).





**Figure 4a:**

*Mean Perception of Workplace Environment, by Years of Experience*



**Figure 4b:**

*Mean Perception of the Workplace Environment, by Work Setting*

The highest mean score of the safety of the WPE was noted among nurses who worked in psychiatric settings ( $\bar{X}$ = 3.3, SD=1.3 (Figure 4b). Nurses reported that they were verbally abused by patients or patients' family (68%), this was typical (74%) and occurred in their workplace (80%) (Table 3).

Table 3

*Mean perception of Safety by Verbal Abuse*

Question	N=84	$\bar{X}$ (SD)
	N (%)	2.8 (1.3)
<b>Who verbally abused you in the past?</b>		
<b>Colleagues</b>	12 (14)	2.9 (1.0)
<b>Patient/Patient Family</b>	57 (68)	3.4 (1.2)
<b>Manager</b>	8 (10)	2.8 (0.9)
<b>Other</b>	7 (8)	2.4 (1.4)
<b>Do you consider this to be a typical instance of verbal abuse in your workplace?</b>		
<b>Yes</b>	62 (74)	3.4 (1.2)
<b>No</b>	22 (26)	2.5 (0.9)
<b>Where did the verbal abuse take place?</b>		
<b>Hospital/HealthCare Facility</b>	68 (80)	3.1 (1.2)
<b>Other</b>	16 (20)	3.5 (1.4)
<b>How did you respond to verbal abuse?</b>		
<b>Told person to stop</b>	19 (23)	3.2 (1.0)
<b>No Action</b>	23 (27)	3.3 (1.4)
<b>Reported to a senior staff</b>	21 (25)	3.1 (1.1)
<b>Told colleague/friend/family</b>	5 (6)	3.2 (1.1)
<b>Filed an incident report</b>	4 (5)	4.5 (0.6)
<b>Other</b>	12 (14)	2.4 (1.2)
<b>Do you think the incident could have been prevented?</b>		
<b>Yes</b>	40 (48)	3.2 (1.1)
<b>No</b>	44 (52)	3.1 (1.3)
<b>Was any action taken to investigate the causes of the verbal abuse? (N=70)<sup>1</sup></b>		
<b>Yes</b>	21 (30)	3.1 (1.1)
<b>No</b>	49 (70)	3.2 (1.2)
<b>If you did not report or tell anyone about the incident, why not? (N=52)</b>		
<b>Not Important</b>	11 (21)	3.3 (0.8)
<b>Useless</b>	17 (32)	3.2 (1.1)
<b>Afraid of negative consequences</b>	9 (17)	3.3 (1.0)
<b>Ashamed/Guilty</b>	3 (6)	4.3 (1.2)
<b>Did not know who to report to</b>	3 (6)	4.0 (1.7)
<b>Other</b>	9 (18)	2.6 (1.3)

When VA occurred, nurses told the person to stop (23%), did not take any action (27%) or reported it to a senior staff (25%). In 70% of these instances, no action was taken to investigate the cause of the abuse. Despite these responses, the mean perception of the WPE was more than 2.8 for these nurses, indicating that they did not feel unsafe.

## Chapter V: Discussion

This is the first study of reported VA, among New Jersey Registered Nurses. In one New Jersey hospital, VA was reported by 73.3% of nurses (Fajardo, 2021). According to research done in New Delhi, India, VA accounted for 62 (87.3%) of all violent crimes towards health care providers (Kumar et al., 2016). A poll of nonsupervisory registered nurses found that 89% had encountered verbal abuse at work (Hilton et al., 1994). The lower prevalence of VA in this study, may have occurred as the New Jersey nurses who responded were primarily 60 years or older and highly experienced. Similar to previous studies, high proportions of nurses with 1-5 years of experience reported VA (77%) (Zhang et al., 2017) According to Alzoubi & Abu (2021), newly employed nurses are frequently subjected to VA as they may lack knowledge and abilities to respond to abusers, are frequently overburdened as they are introduced to new work conditions, dealing with difficult patients and workload, and have little experience carrying out the significant obligations of their job.

Similar to previous studies VA was underreported and are a barrier to addressing this issue (ANA, 2020; Iennaco et al., 2013; Lanza & Campbell, 1991). Many occurrences go unreported because nurses consider violence to be "part of the job" (Hogarth et al., 2016; Song et al., 2021). Another reason is that nurses think that reporting would not result in any good change, such as preventative measures, since there is no reporting policy, no trust in the reporting system, fear of blame and reprisal, and job instability (Hogarth et al., 2016; Song et al., 2021).

In this study nurses who did shift-work reported elevated levels of VA. This is supported in other studies that reported registered nurses who worked in the evenings were more likely to report VA than those who worked during the day (Jones et al., 2015; Al-Omari, 2015; Jawahir et al. 2021).

The mean score of safety in the WPE was similar to a study by Jawahari et al. 2021, mean= 2.9, SD 2.50 =. However, our score was lower than reported by Fajardo (2021), mean = 3.08, SD= 1.237. Despite the high proportion of hospital-based nurses reporting VA, they did not report that their WPE was unsafe. This included nurses who worked in psychiatric settings and reported a higher perception of safety than overall, mean scores, 3.0 and 2.8, respectively. Previous literature reported high rates of WPV and VA in psychiatric settings (Rossi et.al., 2023). However, psychiatric settings have proactively intervened to address WPV and VA, including risk assessments for violence by patients, implementing standardized surveillance systems for WPV, and periodic training for staff (d’Ettorre & Pellicani, 2017). Despite the prevalence of WPV and VA, there is a paucity of studies that have investigated the correlation of nurses’ perception of their WPE with these factors. Therefore, future evaluations of WPV should also include evaluations of the WPE.

### **Strengths**

This study's strength is that it reports on the VA and the WPE of nurses in New Jersey, providing results that can serve to inform future policy decisions, education and training in healthcare settings, and research.

### **Limitations**

Firstly, only 178 nurses responded to the survey. Therefore, the results have poor generalizability on a statewide level. Despite this limitation, our results are supported by multiple studies reporting that VA is the most common type of WPV experienced by nurses. Secondly, this survey instrument was created and used in partnership with other countries that did not include the United States. Therefore, any future studies using this instrument will require rephrasing the questions, so that they reflect the current practice in the United States. Thirdly, there were only 12% of responses by males, also limiting the generalizability of the study’s

findings. Finally, the cross-sectional nature of the survey did not allow us to infer the causality between VA and safety in the WPE.

### **Implications for Practice**

#### **Targeting WPV**

Comprehensive WPV prevention programs should be actively implemented, together with interventions aimed at reducing occupational stress and improving nurses' well-being. Al Zoubi et al. (2021) proposed that administrators and nurse managers construct educational training programs and workplace safety standards to safeguard nurses and create a safe positive WPE, with no tolerance for VA. Consequently, nurse resilience-building treatments including empowerment, mindfulness, and team support may offer nurses the tools they need to deal with VA at work (Wei et al., 2019). Verbal abuse is just one kind of disruption that might jeopardize patient safety. To guarantee safe patient outcomes, team members must work together (Buback, 2004).

### **Conclusion**

We suggest that policymakers emphasize improving the WPE for nurses, particularly those who work shifts, when there might be fewer staff members on duty. Future research should include larger samples that represents New Jersey nurses, and male nurses specifically.

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# Appendices

## Appendix A: Workplace Violence Scale

ILO/ICN/WHO/PSI

Workplace Violence in the Health Sector  
Country Case Study – Questionnaire

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### WORKPLACE VIOLENCE IN THE HEALTH SECTOR Confidential Survey<sup>1</sup>

#### Context

Workplace violence has become an alarming phenomenon worldwide. Health sector personnel are particularly at risk of violence in their workplace. Violence finds its expression in physical assault, homicide, verbal abuse, bullying/mobbing, sexual and racial harassment and psychological stress. Violence does not only occur as one single incident, but also may be expressed in repeated small incidents which together create severe harm.

The International Labour Office, International Council of Nurses, World Health Organization and Public Services International have launched a joint programme to reduce the incidence of violence in the health sector and to minimize its negative impact on the victims and services. The real size of the problem is largely unknown and recent surveys show that current figures represent only the tip of the iceberg. Collecting data on the magnitude and nature of workplace violence is therefore an important element of the joint initiative.

#### Purpose

The purpose of the survey is to obtain information on the level of workplace violence in the health sector from several countries within different geographic regions of the world. In particular, the survey is looking into factors that may contribute to violence and the strategies to prevent it. The questionnaire results will be used by an independent research institution in your country to prepare a report on the nature of health sector violence in your country. The country reports will provide the background information for the design of appropriate policies to address violence in the workplace nationally and internationally.

We hope you will support our efforts to improve the safety of health personnel worldwide. Your completed questionnaire is a valued contribution for raising awareness of the issues and implementing effective policies. We hope this will give you an opportunity to express your opinions and direct future actions.

#### Please read these instructions carefully:

Most of the questions provide multiple choice answers which may be quickly answered by ticking boxes. When answering "no" to certain questions, you will be asked to move on to the next section in order to save time. You may stop at any point. If you do not understand a question, leave it unanswered and go on to the next. We guarantee that your responses will be handled in strict confidence and remain anonymous. The study results will be made available in 2002.

For the purposes of this research workplace violence is defined as:

**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.<sup>2</sup>

<sup>1</sup> Many of the questions have been adapted from generously donated work developed by UNISON, the Irish Nurses Organisation and the Royal College of Nursing (UK).

<sup>2</sup> Adapted from European Commission DG-V

**GLOSSARY**

Violence appears as physical violence or as psychological violence in different forms, which may often overlap.

Terms related to violence are defined in the following GLOSSARY:

<b>PHYSICAL VIOLENCE</b>	
The use of physical force against another person or group, that results in physical, sexual or psychological harm.	
Includes beating, kicking, slapping, stabbing, shooting, pushing, biting, pinching, among others. <sup>3</sup>	
<b>Assault/Attack</b>	Intentional behaviour that harms another person physically, including sexual assault (i.e. rape).

<b>PSYCHOLOGICAL VIOLENCE (Emotional abuse)</b>	
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. <sup>4</sup>	
Includes verbal abuse, bullying/mobbing, harassment, and threats.	
<b>Abuse</b>	Behaviour that humiliates, degrades or otherwise indicates a lack of respect for the dignity and worth of an individual. <sup>5</sup>
<b>Bullying / Mobbing</b>	Repeated and over time offensive behaviour through vindictive, cruel, or malicious attempts to humiliate or undermine an individual or groups of employees. <sup>6</sup>
<b>Harassment</b>	Any conduct based on age, disability, HIV status, domestic circumstances, sex, sexual orientation, gender reassignment, race, colour, language, religion, political, trade union or other opinion or belief, national or social origin, association with a minority, property, birth or other status that is unreciprocated or unwanted and which affects the dignity of men and women at work. <sup>7</sup>
<b>Sexual harassment</b>	Any unwanted, unreciprocated and unwelcome behaviour of a sexual nature that is offensive to the person involved, and causes that person to be threatened, humiliated or embarrassed. <sup>8</sup>
<b>Racial harassment</b>	Any threatening conduct that is based on race, colour, language, national origin, religion, association with a minority, birth or other status that is unreciprocated or unwanted and which affects the dignity of women and men at work. <sup>9</sup>
<b>Threat</b>	Promised use of physical force or power (i.e. psychological force) resulting in fear of physical, sexual, psychological harm or other negative consequences to the targeted individuals or groups.

<sup>3</sup> Adapted from WHO definition of violence.

<sup>4</sup> Adapted from WHO definition of violence.

<sup>5</sup> Alberta Association of Registered Nurses

<sup>6</sup> Adapted from ILO – Violence at Work

<sup>7</sup> Human Rights Act, UK

<sup>8</sup> Irish Nurses Organisation

<sup>9</sup> Adapted from Human Rights Act, UK

## QUESTIONNAIRE

*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. PERSONAL AND WORKPLACE DATA

- PD 1 What is your age:
- |                                      |                                |                                |                                |                                |
|--------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 19 or under | <input type="checkbox"/> 20-24 | <input type="checkbox"/> 25-29 | <input type="checkbox"/> 30-34 | <input type="checkbox"/> 35-39 |
| <input type="checkbox"/> 40-44       | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 60+   |
- PD 2 Are you:  female  male
- PD 3 What is your marital status:  single  married  living with partner  
 separated /divorced  widow/widower
- PD 4 Did you move from another country to the place where you are currently working?  
 yes  no; *If NO, please go to question PD 5*
- 4.1. If YES, when did you move?  
 11 months ago or less  1-5 years ago  6 years ago or more
- PD 5 Please identify how you see yourself within each of the following settings:
- |                   | member of the <i>majority</i><br>ethnic group | member of a <i>minority</i><br>ethnic group |
|-------------------|---|---|
| in the country    | <input type="checkbox"/>                      | <input type="checkbox"/>                    |
| in your community | <input type="checkbox"/>                      | <input type="checkbox"/>                    |
| at your workplace | <input type="checkbox"/>                      | <input type="checkbox"/>                    |
- PD 6 Which category best describes your present professional group :
- |   |   |  |                                     |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> physician  | <input type="checkbox"/> nurse                | <input type="checkbox"/> midwife                 | <input type="checkbox"/> pharmacist |
| <input type="checkbox"/> ambulance  | <input type="checkbox"/> auxiliary /ancillary | <input type="checkbox"/> administration/clerical |                                     |
| <input type="checkbox"/> professions allied to medicine (therapists/radiographers/assistants) |   |  |                                     |
| <input type="checkbox"/> technical staff ( laboratory/sterilisation)                          |   |  |                                     |
| <input type="checkbox"/> support staff(kitchen/maintenance, security)                         |   |  |                                     |
| <input type="checkbox"/> other, <i>please specify:</i> _____                                  |   |  |                                     |
- PD 7 Which category best describes your present position:
- |   |  |                                  |                                      |
|---|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> senior manager | <input type="checkbox"/> staff                               | <input type="checkbox"/> student | <input type="checkbox"/> independent |
| <input type="checkbox"/> line manager   | <input type="checkbox"/> other, <i>please specify:</i> _____ |                                  |                                      |
- PD 8 How many years of work experience in the health sector do you presently have:
- |                                       |                              |                               |                                |                                |                                  |
|---------------------------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> under 1 year | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> over 20 |
|---------------------------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|----------------------------------|
- PD 9 Which category of employment sectors represents best your employment for your main job:
- |  |  |
|--|--|
| <input type="checkbox"/> private – for profit sector | <input type="checkbox"/> private – non profit sector |
| <input type="checkbox"/> religious (e.g. church)     | <input type="checkbox"/> public/ governmental sector |
| <input type="checkbox"/> International agency        |  |
| <input type="checkbox"/> other: _____                | <input type="checkbox"/> don't know                  |
- PD 10 In your main job, do you work:  full-time  part-time  temporary/casual
- PD 11 Do you work in shifts?  yes  no
- PD 12 Do you work anytime between 18h00 (6 PM) and 07h00 (7 AM)?  yes  no
- PD 13 Do you interact with patients/clients during your work?  
 Yes, *please answer questions 13.1 – 13.3*  
 No, *please go to question PD 14*

- 13.1. Do you have routine direct physical contact (washing, turning, lifting) with patients/clients?  
 yes  no
- 13.2. The patients/clients you most frequently work with are (*tick all appropriate boxes*):  
 Newborns  Infants  
 Children  Adolescents (10-18 years of age)  
 Adults  Elderly
- 13.3. The sex of the patients you most frequently work with are:  
 Female  Male  Male and female
- PD 14 Please indicate if you spend more than 50% of your time working with any of the following type of specialities:  
 Physically disabled  Mentally disabled  Home care  
 Terminally ill  HIV/AIDS  Psychiatric  
 Mother/child care  Geriatric  Occupational health and safety  
 School health  other, *please specify*: \_\_\_\_\_
- PD 15 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  
 specialised unit (e.g. paediatrics, orthopaedics, radiology)  
 technical services (laboratory, sterilization)  
 support services (kitchen, maintenance)  
 other, *please specify*: \_\_\_\_\_
- Ambulance  
 Health centre  
 Community / district (e.g. home care, outreach service, health visiting)  
 Hospice  
 Home for the elderly/ Nursing home  
 Rehabilitation centre / convalescent home  
 other, *please specify*: \_\_\_\_\_
- PD 16 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
- PD 17 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
- PD 18 Are there procedures for the reporting of violence in your workplace?  
 yes  no *If NO, please go to question PD 19*
- 18.1. If YES, do you know how to use them?  yes  no
- PD 19 Is there encouragement to report workplace violence?  
 yes  no *If NO, please go to next section*
- 19.1. 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  
 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  
 outside (on way to work / health visit / home)

1.5. At which time did it happen?

- 07.00h.- before 13.00 h.       13.00 h.– before 18.00 h.  
 18.00h. – before 24.00       24.00h-before 07.00h       don't remember

1.6. Which day of the week did it happen?

- Monday       Tuesday       Wednesday       Thursday  
 Friday       Saturday       Sunday       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	Moderately	Quite a Bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the attack?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Avoiding thinking about or talking about the attack or avoiding having feelings related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Feeling like everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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  care discontinued  
 reported to police  aggressor prosecuted  other: \_\_\_\_\_  
 don't know
- 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 to  
 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, next page
- 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. These terms are explained in the glossary on page 2.

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. BULLYING / MOBBING, page 8

**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 abused, how BOTHERED have you been by:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Avoiding thinking about or talking about the abuse or avoiding having feelings related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Feeling like everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 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  
*If NO or DON'T KNOW, please go to question VA 10*
- 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. BULLYING / MOBBING

- BM 1 In the last 12 months, have you been bullied / mobbed in your workplace?  
 Yes , please answer the following questions  
 No , please go to section C III. SEXUAL HARASSMENT, page 9
- BM 2 How often have you been bullied / mobbed in the last 12 months?  
 all the time  sometimes  once
- BM 3 Please think of the last time you were bullied / mobbed in your place of work.  
 Who bullied / mobbed you?  
 patient/client  relatives of patient/client  
 staff member  management / supervisor  
 external colleague/worker  general public  
 other: \_\_\_\_\_
- BM 4 Do you consider this to be a typical incident of bullying / mobbing in your workplace?  
 Yes  No
- BM 5 Where did the bullying / mobbing take place?  
 inside health institution or facility  at patient's/client's home  
 outside (on way to work/health visit/home)  other: \_\_\_\_\_
- BM 6 How did you respond to the bullying / mobbing? *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: \_\_\_\_\_

**BM 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 bullied / mobbed. Please tick one option per question.

Since you were bullied /mobbed, how BOTHERED have you been by:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Feeling like everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BM 8** Do you think the incident could have been prevented?  yes  no

**BM 9** Was any action taken to investigate the causes of the bullying/mobbing ?

yes  no  don't know

If NO or DON'T KNOW, please go to question **BM 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 bullied / mobbed you?

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

**BM 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

**BM 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

**BM 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. III. 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 IV.RACIAL HARASSMENT, next page

**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 harassed, how BOTHERED have you been by:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Feeling like everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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  
 other: \_\_\_\_\_  don't know

**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: \_\_\_\_\_

### C. IV. RACIAL HARASSMENT

- RH 1** In the last 12 months, have you been racially harassed in your workplace?  
 Yes , please answer the following questions  
 No , please go to section D, page 12
- RH 2** How often have you been racially harassed in the last 12 months?  
 all the time       sometimes       once
- RH 3** Please think of the last time you were racially harassed in your place of work.  
 Who racially harassed you?  
 patient/client                       relatives of patient/client  
 staff member                         management / supervisor  
 external colleague/worker       general public  
 other: \_\_\_\_\_
- RH 4** Do you consider this to be a typical incident of racial harassment in your workplace?  
 Yes                                       No
- RH 5** Where did the racial harassment take place?  
 inside health institution or facility       at patient's/client's home  
 outside (on way to work/health visit/home)       other: \_\_\_\_\_
- RH 6** How did you respond to the racial 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: \_\_\_\_\_
- RH 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 racially harassed. Please tick one option per question.
- | Since you were harassed, how BOTHERED have you been by:   | Not at All               | A Little Bit             | Moderately               | Quite a Bit              | Extremely                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) Repeated, disturbing memories, thoughts, or images of the event?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Avoiding thinking about or talking about the event or avoiding having feelings related to it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Being "super-alert" or watchful and on guard?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Feeling like everything you did was an effort?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- RH 8** Do you think the incident could have been prevented?     yes                       no
- RH 9** Was any action taken to investigate the causes of the racial harassment ?  
 yes                                       no                                       don't know  
*If NO or DONT KNOW, please go to question RH 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  
 other: \_\_\_\_\_                       don't know

RH 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

RH 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

RH 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                       yes                       no                       don't know  
 Physical workplace violence                       yes                       no                       don't know  
 Verbal abuse                       yes                       no                       don't know  
 Sexual harassment                       yes                       no                       don't know  
 Racial harassment                       yes                       no                       don't know  
 Bullying/Mobbing                       yes                       no                       don't know  
 Threat                       yes                       no                       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 behaviour)  
 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 or rotas (i.e. working times)  
 Reduced periods of working alone  
 Training  
     (e.g. workplace violence, coping strategies, communication skills, conflict resolution, self-defence)  
 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?

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

Restrict exchange of money at the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased staff numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check-in procedures for staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special equipment or clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changed shifts or rotas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced periods of working alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human resource development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- |   |   |
|---|---|
| <input type="checkbox"/> none                     | <input type="checkbox"/> restructuring / reorganization |
| <input type="checkbox"/> staff cuts               | <input type="checkbox"/> increased staff numbers        |
| <input type="checkbox"/> restriction of resources | <input type="checkbox"/> additional resources           |
| <input type="checkbox"/> other _____              |   |
| <input type="checkbox"/> don't know               |   |

**HE 5** In your opinion, what impact have the above changes had on your daily work?

*Please tick any relevant box*

- |  |  |
|--|--|
| <input type="checkbox"/> none                                    | <input type="checkbox"/> work situation for staff improved       |
| <input type="checkbox"/> work situation for staff worsened       | <input type="checkbox"/> situation for patients/clients improved |
| <input type="checkbox"/> situation for patients/clients worsened | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> don't know                              |  |

#### 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?

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

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

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*ILO, ICN, WHO and PSI would like to thank you for your contribution to our survey and campaign.*

## Appendix B: Passive Consent Statement

**Institutional Review Board for Human Subject Research****Passive Consent Statements:**

William Paterson University

Project Title: Nursing Workplace Environment

Principal Investigator: [OBJ] Allan A. Paz

Other Investigators: [OBJ]

Faculty Sponsor: Dr. Julie Bliss

Faculty Sponsor Phone Number: 973-720-2513

Department: Department of Nursing

Course Name and Number: DNP Project I NUR 8300

Protocol Approval Date: TBD

IRB Contact Phone Number: 973-720-2852

**Passive Consent Statements:**

This Survey concerns the Nurses Workplace Environment and Workplace Violence. It is being conducted to fulfill the requirements of the DNP Project I, NUR 8300 course. I understand my participation is voluntary and I may stop completing the Survey at any time and I do not have to answer any question(s) I choose not to answer.

The risks associated with my completing this survey include potential emotional responses that can be brought on by being asked to recall times when violence was experienced. This recall may bring about feelings of fear, depression, or anxiety and I accept them. Benefits of my participation in this study are increasing the knowledge and information regarding exploring the relationship between workplace violence and the nurses' perception of safety. Results from this study will help to determine what resources to allocate within the organization to decrease workplace violence and improve perception of safety. The results of this study may also help provide the basis for future research on this research topic, and I accept them.

I understand that any data collected as part of this study will be stored in a safe and secure location, and that this data will be destroyed when this research is completed or when the data is no longer needed by the investigator.

I understand that I will be an anonymous participant in this study, that no one, including the investigators, will be able to connect my responses to me. I understand that my identity will not be revealed through the way data and findings are reported. To protect my identity, I will not include my name in any of my responses. I understand that by providing consent for this study I am also providing consent for my anonymized responses to be included in datasets that may be used in the future the investigator of this study or other investigators for research related to the purpose of this research study.

By providing consent for this study, I am confirming that I am at least 18 years old.

**Consent:**

If I do not want to complete this survey, I will select “no” and click continue and will be prompted to close the screen by clicking the X on the right-hand corner of the screen.

If I want to participate, I will select “yes,” and click continue to have access to the survey.



## Appendix C: William Paterson University IRB Approval

THE WILLIAM PATERSON UNIVERSITY OF NEW JERSEY	
INSTITUTIONAL REVIEW BOARD FOR HUMAN SUBJECT RESEARCH	
c/o Office of Sponsored Programs 1800 Valley Road, Room 222 973-720-2852 (Phone) 973-720-3573 (Fax) <a href="http://www.wpunj.edu/osp/">http://www.wpunj.edu/osp/</a>	Chair: Professor Elizabeth Victor (VictorE@wpunj.edu) College of Arts, Humanities, and Social Sciences Contact: Kate Boschert (rbadministrator@wpunj.edu) Office of Sponsored Programs

To: Allan Paz  
Doctoral Candidate of Nursing

From: Elizabeth Victor

Subject: IRB Approval (Expedited Review)

Study: Protocol # 2023-345: Nurses Perception of Safety.

Date: June 8, 2023

The IRB has APPROVED the above study involving humans as research subjects. This study was approved as: Category: Expedited 45 CFR 46.101(b)(2) and (b)(3); special class of subjects: None.

IRB Number: 2023-345 This number is WPU's IRB identification that should be used on all consent forms and correspondence.

Approval Date: 06/08/2023  
**Expiration Date:** 06/07/2024

**This approval is for one year. It is your responsibility to insure that an application for continuing review approval (WPU IRB Form Appendix D) has been submitted before the expiration date noted above.** If you do not receive approval before the expiration date, all study activities must stop until you receive a new approval letter. There will be no exceptions. In addition, you are required to submit an Appendix D form at the conclusion of the project. The Appendix D can be accessed at: <http://www.wpunj.edu/osp/irb/index.html>.

**Consent Form:** All research subjects must use the approved Informed Consent Form. You are responsible for maintaining signed consent forms (if approved for Active Consent format) for each research subject for a period of at least three years after study completion.

**Mandatory Reporting to the IRB:** The principal investigator must report immediately any serious problem, adverse effect, or outcome that is encountered while using human subjects or any complaints from your subjects. In addition, the principal investigator must report any event or series of events that prompt the temporary or permanent suspension of a research project involving human subjects or any deviations from the approved protocol using Appendix D.

**Amendments/Modifications:** You are required to carry out this research as described in the protocol. All amendments/modifications of protocols involving human subjects must have prior IRB approval, except those involving the prevention of immediate harm to a subject. Amendments/Modifications for the prevention of immediate harm to a subject must be reported within 24 hours to the IRB using Appendix D.

For exempted and expedited review protocols: the protocol will be reviewed by the entire IRB committee at its next meeting. Should questions arise that cannot be answered by the materials already provided, additional information may be requested from you. This most likely will not affect the approval status of your project—you are approved to initiate the project as of the date above, and you will not receive notice of the committee's final review. Only in the rare situation when serious questions arise will the IRB instruct that the project be discontinued until those questions are answered.

**Records/Documentation:** You are required to keep detailed records concerning this research project and appropriate documentation concerning Informed Consent in a readily accessible location for a period of not less than three (3) years. The IRB reserves the right to inspect all records, research tools and databases that are associated with this research.

If you have any questions, please do not hesitate to contact Kate Boschert at 973-720-2852 or [rbadministrator@wpunj.edu](mailto:rbadministrator@wpunj.edu), or the IRB Committee Chairperson, Dr. Elizabeth Victor, at [victore@wpunj.edu](mailto:victore@wpunj.edu).

Good Luck on your project.