



PREVALENCE OF WORKPLACE VIOLENCE AGAINST PRIMARY HEALTHCARE WORKERS IN PORT HARCOURT

Abbey, Obelley Ejire¹, Edet, Clement K.², Ordinioha, Best³

¹M. Sc, Occupational Medicine, School of Public Health, University of Port Harcourt

²FMCPH, MSc, MPH, Rivers State Primary Health Care Management Board

³FMCPH, MBBS School of Public Health, University of Port Harcourt

Article DOI: <https://doi.org/10.36713/epra11679>

DOI No: 10.36713/epra11679

ABSTRACT

Background: Workplace Violence (WPV) is commonest in the health sector globally and this constitutes a great hazard especially for primary healthcare workers (PHCW). Yet not much studies have been carried out in this area for PHCWs in the Niger Delta region especially in Port Harcourt City and Rivers State Nigeria.

Method: Descriptive cross-sectional study. The study population was 230 PHCWs (doctors, nurses, Community health extension workers). The sample size of 95 workers was determined using Cochran's formula. Respondents were randomly selected through a multi-staged sampling method. A standardized questionnaire adapted from "Workplace Violence in the health sector" (WHO, ILO, PSI) was self-administered to the 105 respondents (10 extra respondents for non-response).

Result: The result showed a response rate of 90.5%; Cronbach's Alpha co-efficient of 0.84 (good internal consistency). Respondents were aged of 19 - 60 years old. Mean age was 42 years. Majority of the respondents (80%) were females. Most (75.6%) of them were married. The prevalence of WPV was 28.4%. There was no statistical significance between the age ($p = 0.086$), and sex ($p = 0.361$) and prevalence, but there was between professional cadre ($p = 0.041$) and most of the nurses experienced WPV during the period under study.

Conclusion: In conclusion, healthcare workers in Port Harcourt City are experiencing WPV. This finding should be of great concern for authorities, healthcare worker and the public. It is recommended that the Rivers State Ministry of Health should educate/risk communicate to workers, patients/relative and sensitize the public in order to mitigate its occurrence.

KEYWORDS: Violence, workplace, healthcare worker

I. INTRODUCTION

Violence in the workplace has been a big challenge in almost all occupational settings¹ Globally, it is a great concern for developed and developing nations² because of its negative consequences on individual(s), organizations and the entire society³. According to the Occupational and Safety Administration (OSHA), over two million persons are affected by WPV yearly⁴. The WHO defines it as a 'deliberate utilization of force, intimidation or actions, against someone or a set of persons, in work-related circumstances, that may culminate in or has high tendency to cause damage, mortality, psychological trauma, or deprivation⁵.

WPV is most prevalent in the healthcare sector⁶ and three to four times higher than in other sectors⁷. Global, mortality from WPV has been stated to be 2.3 million annually and 0.3 million of these figures was attributed to occupational violence and injuries⁸. Violence and aggression against healthcare workers is cannot be justified under any circumstances and in any form⁹. Violence against healthcare workers translates to violence against the community and society¹⁰.

The prevalence of WPV differ across the nations and regions¹¹. Whereas the overall prevalence in Pakistan was

reported as 38.4%¹² In Enugu metropolis, South-east Nigeria, the prevalence against Primary Healthcare workers was 25.4%¹³. Previous studies have shown that there are differences in the prevalence of WPV between males and females. WPV prevalence was higher in female healthcare workers (64.9%) than in males 57.5%¹⁴ and in Ghana, sub-Saharan Africa, the prevalence was higher in females (79.2%) than in males (20.2%) counterparts¹⁵ while the prevalence was slightly higher in females (69.9%) than 68.4% in males¹⁶.

Another study carried out in south-east Nigeria showed that the prevalence of WPV was higher in females (87.2%) than in males (81%) healthcare workers¹⁷. Professional cadre plays a significant role in the prevalence of WPV. Frequently, nurses are most affected as (18; 9). It is hoped that the outcome this study will guide policy makers/managers to make informed decisions to mitigate WPV in PHCs.

II. METHODOLOGY

Study Design and setting: A descriptive cross-sectional study was carried out. This study was carried out in Port Harcourt City, Rivers State Nigeria. The city is located between latitude 405'30" N and 514'25" N; and longitudes 540'30" E and 711' 07" E (see Figure 3.1). It shares borders with the

following LGAs: Ohio/Akpor in the north, Eleme and Okrika in the east, Okrika in the south and creeks leading to Degema LGA in the west. It has a projected population (National Population Census 2006) of 891,778 distributed in 20 political wards. Port Harcourt City is cosmopolitan and it is the capital of Rivers State. The study area has a tertiary and two secondary facilities and 14 public primary health care facilities that was the focus of this research

Study Population: 230 PHCWs: doctors (17), Nurses (62), Community Health Extension Workers (81), Medical Laboratory Scientist/Technicians (19), Pharmacy Technicians/Assistants (15), Environmental Health Officers (14), Medical Record Officers/others (22) workers who have served in the LGA for the 12 months preceding this study.

Sample Size and Technique: The study adopted a multi-stage procedure. All the 230 staff were stratified according to professional cadre (job specifications). There was a total of five (5) cadres. A sample size of 105 was determined using Cochran's formula 19 at 95% Confidence level. A simple random procedure was then applied.

Study Tools: Tool was a semi- structured questionnaire adapted from an already existing template 'Workplace Violence in the health Sector- ILO, ICN, WHO, and PSI, 20 were self-administered to the participants. The questionnaire

had sections on sociodemographic features of respondents, experience of WPV and associated factors.

Data Analysis: Data obtained were manually sorted and fed into the computer in excel spread sheet, checked for completeness and analyzed using the Statistical Package for Social Science (SPSS), version 16. Statistical data were presented in charts and tables, frequency count and percentage.

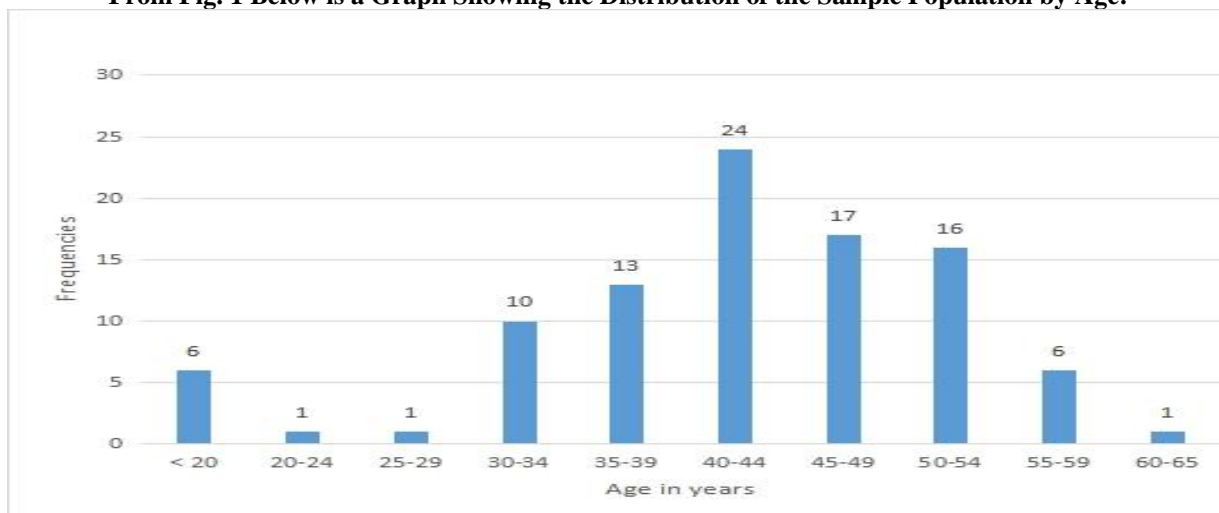
Ethical Considerations: Ethical approval was granted by the Research and Ethics Committee (REC) of the University of Port Harcourt. A written approval was also obtained from the RSPHMB to administer the questionnaires to staff in the facilities. All participants gave written consent to participate and were assured of confidentiality of information given. Anti-plagiarism test was done by the School of Graduate Studies, University of Port Harcourt.

III. RESULTS

A total of 95 (Response rate: 90.5) questionnaires were completed well enough for analysis out of 105 administered to 19 (20%) males and 76 (80%) females aged between 18 to 60 years old. The mean and median age group 42 and 47.5 years respectively. Cronbach's Alpha co-efficient was 0.84

Socio Demographic Characteristics of Respondents

From Fig. 1 Below is a Graph Showing the Distribution of the Sample Population by Age:



This showed that 18 (18.9%) of the healthcare staff were aged 34 years and below, while age 35 to 49 years were 54 (56.8 %) and the rest (age 50-65 years) were 23 (24.2 %). Age group 40 to 44 years had the highest frequency of 24 persons (25.3%). The mean age was 42 years (group 40-44) and the median age were 47.5 (age group 45 – 49 years) with male and females at 76 (80%) and 19 (20%) respectively.

Marital Status of Respondents

Table 3.1 below showed that majority of the respondents 75 (75.7) were married while 13 (13.7%) were cohabiting 5 (5.3%) respondents each were single and widowed.

Table 3.1: Marital Status

Status	Frequency	Percentage
Single	5	5.3
Married	72	75.7
Cohabiting	13	13.7
Widowed	5	5.3

The results in Table 3.2 above shows that majority of the participants were nurse/midwives 30 (31.6%), followed by CHEWs/CHOs 23 (24.2%), Clerks/Others formed 13 (13.7%). Pharmacy Technicians and Laboratory staff formed 10 (10.5%)

respectively. A total of 9 (9.5%) were doctors. Figure 3.2 below showed that the prevalence of WPV against PHCWs was 28.4%

Table 3.2: Professional Cadre

Profession Cadre	Frequency	Percentage
Medical Doctors	9	9.5
Nurse/Midwives	30	31.6
CHEWs / CHOs (none nurse)	23	24.2
Pharmacy Technician	10	10.5
Laboratory scientist	10	10.5
Others/Clerks	13	13.7

Prevalence of WPV Against PHC Workers

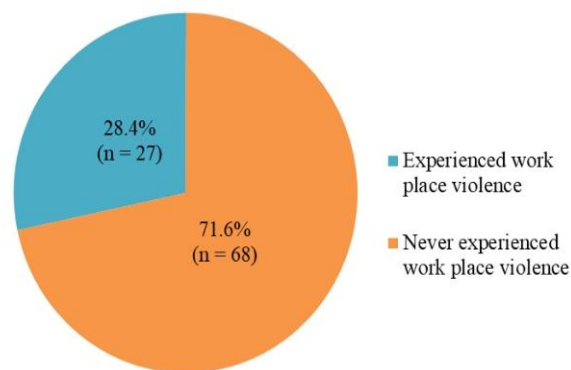


Figure 3.2: showing that 27 (28.4%) of PHCWs experience WPV while 68 (71.6%) did not

Table 3.3: Experience Work Place Violence

Variables	Yes n (%)	No n (%)	Total n (%)	P-value
Age category				
<20 years	5 (83.3)	1 (16.7)	6 (100.0)	0.086
21 – 30 years	1 (50.0)	1 (50.0)	2 (100.0)	
31 – 40 years	5 (21.7)	18 (78.3)	23 (100.0)	
41 – 50 years	12 (29.3)	29 (70.7)	41 (100.0)	
51 – 60 years	4 (17.4)	19 (82.6)	23 (100.0)	
Total	27	68	95	
<i>Fisher's exact test = 13.672</i>				
Sex				
Male	7 (36.8)	12 (63.2)	19 (100.0)	0.363
Female	20 (26.3)	56 (73.7)	76 (100.0)	
<i>Chi Square = 0.828</i>				
Professional Cadre				
Physician	4 (44.4)	5 (55.6)	9 (100.0)	0.041*
Nurse	21 (70.0)	9 (30.0)	30 (100.0)	
Pharmacy Technician	4 (40.0)	6 (60.0)	10 (100.0)	
Laboratory scientist	1 (10.0)	9 (90.0)	10 (100.0)	
CHO/CHEW	11 (47.8)	12 (52.2)	23 (100.0)	
Others/Clerks	2 (15.4)	11 (84.6)	13 (100.0)	
<i>Fisher's exact test = 12.163</i>				

The results in Table 3.3 showed that, there is no statistically significance ($p > 0.05$) between age of the respondents ($p = 0.086$) and their sex ($p = 0.363$) with experience of WPV (that is Fisher's exact test of 13.672 and 0.363 for age and sex respectively). The result showed in Table 4.3 showed a statistically significance 0.041 ($p < 0.05$) between professional cadre and experience of WPV (Fisher's exact test = 12.163) The result revealed that among nurses, 21 (70%) experienced, followed by CHEWs 11 (47.8%) and 4 (44.4%) doctors. The least affected cadre was the 2 (15.4%).

IV. DISCUSSION OF FINDINGS

This study has shown that healthcare workers in Port Harcourt are experiencing violence in the workplace (28.4%). This prevalence is similar to that (25.4%) in Enugu, south-east Nigeria (Stanley & Nwosu, 2020) and another in Ethiopia where the prevalence was as high as against nurses was 26.7% 21 But there are disparities between this and the outcome of a similar research in Osun where the prevalence was 66% 22.

This contrast can be attributed to regional and cultural differences. This research has also showed that majority (91.5%) of the respondents were more than 30 years old most likely due to lack of employment in the health sector for several years in the state.

Majority (75.7%) of the respondents were married and 13.7% of them were cohabiting. This may be explained by the culture of early marriage which commands societal honour and respect in the southern part of Nigeria. There were more females (80%) than males (20%) in this study and is similar to the results in another study in Ghana with females (79.2%) and males (20.8%) respectively 15 Hancock, 2017). It is similar to that in Saudi Arabia were 60% of respondents were females 20 These too might be attributed to the fact that most of the activities carried out in the facilities are maternal and child health services that are not usually attractive to males.

The outcome showed a significant difference in the occurrence of WPV among the professional cadres in this study with majority (31.6%) of nurses and CHEWs (24.2%)



experiencing doctor experiencing WPV while the list affected were doctors (9.5%). CHEWs experienced more WPV after nurses because their work is similar to those of nurses (direct contact with patients). Here, in a Nigeria study Abodunrin et al, (2014) showed that the prevalence of WPV was highest (53.7%) among nurses, followed by doctors (31%) and 15.3% for others.

V. CONCLUSION

This study has revealed that healthcare workers in Port Harcourt City are exposed to workplace violence. All cadres of staff are affected but nurses and community health extension officers are most affected because their work specification involves direct contact with patients/relatives. Females are more affected because they are more in number than the males in the PHC facilities. It is recommended that the state Ministry of Health should educate health care workers on prevention and control of WPV and sensitize the public against violence to healthcare workers.

REFERENCES

1. Gerberich SG, Church TR, McGovern PM, Hansen HE, Nachreiner NM, Geisser MS, Ryan AD, Mongin SJ, Watt GD. An epidemiological study of the magnitude and consequences of work related violence: the Minnesota Nurses' Study. *Occupational and environmental medicine*. 2004 Jun 1;61(6):495-503.
2. Al-Omari A, Abdelwahed HS, Alansari MA. Critical care service in Saudi Arabia. *Saudi medical journal*. 2015 Jun;36(6):759.
3. Pariona-Cabrera P, Cavanagh J, Bartram T. Workplace violence against nurses in health care and the role of human resource management: A systematic review of the literature. *Journal of Advanced Nursing*. 2020 Jul;76(7):1581-93.
4. Papa A, Venella J. Workplace violence in healthcare: strategies for advocacy. *The Online Journal of Issues in Nursing*. 2013 Jan 1;18(1).
5. Boyle, M. J., & Wallis, J. (2016). Working towards a definition for workplace violence actions in the health sector. *Safety in health*, 2(1), 1 – 6.
6. Lancôt N, Guay S. The aftermath of workplace violence among healthcare workers: A systematic literature review of the consequences. *Aggression and violent behavior*. 2014 Sep 1;19(5):492-501.
7. Fisekovic MB, Trajkovic GZ, Bjegovic-Mikanovic VM, Terzic-Supic ZJ. Does workplace violence exist in primary health care? Evidence from Serbia. *The European Journal of Public Health*. 2015 Aug 1;25(4):693-8.
8. Takala J, Hämäläinen P, Saarela KL, Yun LY, Manickam K, Jin TW, Heng P, Tjong C, Kheng LG, Lim S, Lin GS. Global estimates of the burden of injury and illness at work in 2012. *Journal of occupational and environmental hygiene*. 2014 May 4;11(5):326-37.
9. Abodunrin OL, Adeoye OA, Adeomi AA, Akande TM. Prevalence and forms of violence against health care professionals in a South-Western city, Nigeria.
10. Brewer-Smyth K. Translational perspectives on violence. *American Nurse Today*. 2015 Oct 1;10(10).
11. Chapman R, Styles I, Perry L, Combs S. Examining the characteristics of workplace violence in one non-tertiary hospital. *Journal of Clinical Nursing*. 2010 Feb;19(3-4):479-88.
12. Shaikh S, Baig LA, Hashmi I, Khan M, Jamali S, Khan MN, Saleemi MA, Zulfiqar K, Ehsan S, Yasir I, ul Haq Z. The magnitude and determinants of violence against healthcare workers in Pakistan. *BMJ global health*. 2020 Apr 1;5(4):e002112.
13. Stanley H, Nwosu O. Assessment of Workplace Violence among Primary Healthcare Workers in Enugu Metropolis. *Journal of Complementary and Alternative Medical Research*. 2020;21-30
14. Alsaleem SA, Alsabaani A, Alamri RS, Hadi RA, Alkhayri MH, Badawi KK, Badawi AG, Alshehri AA, Al-Bishi AM. Violence towards healthcare workers: A study conducted in Abha City, Saudi Arabia. *Journal of family & community medicine*. 2018 Sep;25(3):188.
15. Bofofo IM, Hancock P. Workplace violence against nurses: a cross-sectional descriptive study of Ghanaian nurses. *Sage open*. 2017 Mar;7(1):2158244017701187.
16. Ogbonnaya GU, Ukegbu AU, Aguwu EN, Emma-Ukaegbu U. A Study on Workplace Violence Against Health Workers in a Nigerian Teaching Hospital. *Nigerian Journal of Medicine*. 2012;21(2):174-9.
17. Abdellah RF, Salama KM. Prevalence and risk factors of workplace violence against health care workers in emergency department in Ismailia, Egypt. *Pan African medical journal*. 2017;26(1):1-8.
18. Ahmad H, Halim H. Determining sample size for research activities. *Selangor Business Review*. 2017 Dec 1:20-34.
19. AbuAlRub RF, Khalifa MF, Habbib MB. Workplace violence among Iraqi hospital nurses. *Journal of nursing scholarship*. 2007 Sep;39(3):281-8.
20. Alghwaiz, W. M., & Alghanim, S. A. (2012). Violence exposure among health care professionals in Saudi public hospitals. A preliminary investigation. *Saudi Medical Journal*, 33(1), 76 – 82.
21. Tiruneh BT, Biftu BB, Tumebo AA, Kelkay MM, Anlay DZ, Dachew BA. Prevalence of workplace violence in Northwest Ethiopia: a multivariate analysis. *BMC nursing*. 2016 Dec;15(1):1-6
22. Usman N, Dominic B, Nwankwo B, Nmadu A, Omole N, Usman O. Violence towards health workers in the workplace: exploratory findings in secondary healthcare facilities in Kaduna metropolis, Northern Nigeria. *Babcock University Medical Journal*. 2022 Jun 30;5(1).