

# Socio-Demographic and Workplace Violence among Nurses in Aceh, Indonesia: A Correlational Study

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## ABSTRACT

**OBJECTIVE:** To explore the correlation between socio-demographic factors and the incidence of workplace violence.

**METHODOLOGY:** This was a Cross-sectional research design study, effectively integrating quantitative and descriptive methods. The data collection period took place in August of 2023. This approach facilitated an exhaustive data collection, subsequently analyzed statistically and presented in a narrative format. Researchers used three statistical tests, Pearson correlation, Spearman rank, and Chi-square analyses, to examine the correlation between variables. The study comprised 433 hospital nurses who met the established inclusion criteria. The data was collected using standard questionnaires that underwent thorough validation and reliability testing to ensure accurate results. The investigation was carried out with the aid of IBM SPSS v.26.

**RESULTS:** A comprehensive analysis found that solely the attributes of the working area (0.00) and the protocols for reporting WPV (0.017) exhibited a noteworthy correlation with the quantity of WPV occurrences reported by nurses in Aceh Province. Other variables failed to demonstrate a significant correlation, with p-values spanning from 0.122 to 0.928.

**CONCLUSION:** To enhance the safety and well-being of employees, it is crucial to consider their socio-demographic backgrounds. Education, training, protection, and support can help prevent workplace violence. Clear job descriptions, efficient communication, and a structured work environment can promote a healthier workplace. Prioritizing every team member's safety and overall wellness is vital in fostering a thriving work culture.

**KEYWORDS:** Violence, Nurses, Hospital, Socio-Demographic, Training

## INTRODUCTION

Workplace violence (WPV) is a severe issue in healthcare and requires ongoing attention<sup>1</sup>. Hospitals, especially psychiatric, geriatric, and emergency services departments, are particularly susceptible to incidents<sup>2</sup>. The International Labour Organization (ILO) defines workplace violence and harassment as unacceptable behaviors accompanied by threats that can cause harm to workers<sup>3</sup>. Continuous study is needed to understand its impact on worker health, especially in a hospital with unique characteristics, risks, culture, and dynamic workplace<sup>2</sup>.

The detrimental effects of WPV on healthcare workers are undeniable - they are left feeling fatigued and

emotionally exhausted<sup>4,5</sup>. Of particular concern are nurses, who are more susceptible to violent incidents due to their role in caring for vulnerable patients<sup>6,7</sup>. Such incidents may occur when individuals perceive mistreatment or violation of their rights<sup>8</sup>.

A global report found that nurses face varying rates of WPV. China has the highest percentage of WPV incidents involving physical violence at 81.9%, while Southern Ethiopia has the highest WPV related to psychological violence at 89.58%. Slovenia and Australia have the highest rates of sexual violence in the Americas, at 25% and 17.9%, respectively<sup>9</sup>. WPV is also prevalent in Indonesia, with a prevalence of 10% for physical violence and 54.6% for non-physical violence<sup>10</sup>.

Recent reports indicate that healthcare workers in Aceh Province are experiencing workplace violence, allegedly linked to civil officials<sup>11</sup>. This type of violence can significantly affect patient care, including reduced quality and productivity and compromised safety<sup>12</sup>. Additionally, nurses may suffer from physical and psychological health issues, including anger, sadness, anxiety, and fear<sup>9,13,14</sup>.

In a previous study, WPV was predominantly observed in hospitals in the Banda Aceh district of Aceh<sup>15</sup>. More than 50% of the nurses surveyed reported experiencing non-physical forms of violence<sup>15</sup>, while 7% witnessed physical violence in

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the past year<sup>11</sup>. Conducting a thorough investigation encompassing district hospitals in Aceh Province can help uncover underlying socio-demographic risk factors and patterns of WPV incidents. This information, in turn, can aid in developing and implementing preventive measures to ensure a safer working environment for healthcare professionals.

## METHODOLOGY

### *Study Design and Sampling*

We implemented a cross-sectional research design throughout this study, effectively integrating quantitative and descriptive methodologies. This approach facilitated an exhaustive data collection, subsequently analyzed statistically and presented in a narrative format. Utilizing this methodology, we were able to attain a comprehensive understanding of the topic under investigation, thereby enabling us to draw precise and accurate conclusions based on the data collected.

Then, a carefully selected group of respondents participated by completing web-based questionnaires through Google Forms. To improve the data collection process, an enumerator was appointed by the Indonesian National Nurses Association (INNA) District/City chairman for each district in Aceh Province. The researchers and enumerators worked in unison to identify eligible respondents who met the criteria. The data collection period took place in August of 2023.

The research population, in particular, consists of all registered nurses (27,491 nurses) affiliated with the Regional Representative Council of the Indonesian National Nurses Association (INNA) across the 23 districts and cities of Aceh Province. To guarantee precision, the study samples must accurately represent the research population<sup>16</sup>. The Slovin formula was utilized to determine the necessary number of study samples<sup>17</sup>. A comprehensive study covered 13 districts/cities with a rigorous recruitment process. The researchers used multistage sampling techniques to ensure the participants accurately represented the population. Four hundred thirty-three respondents were recruited for this study to collect comprehensive data on the subject matter. The recruitment process was carefully designed to minimize potential biases impacting the study's findings, resulting in more reliable and accurate results. The study used the incidental sampling method and had specific participant inclusion criteria, including to be eligible, participants had to be registered nurses with the INNA District/City in Aceh Province, have a work area in a hospital, work in only one Hospital, have at least two years of work experience, and be willing to take part in the study as a respondent.

### *Instrument*

This comprehensive research tool comprises two distinct components. Part A is dedicated to gathering socio-demographic information, while Part B employs

the NIOSH scale to evaluate WPV incidents among nurses. Part B encompasses five items, each featuring answer options that range from 0 to 5<sup>18</sup>. These responses are categorized into four distinct groups that reflect the severity of the violence experienced: Never (0), Low (1-5 times), Intermediate (6-10 times), and High ( $\geq 11$  times)<sup>19</sup>.

To ensure accuracy, 30 nurses employed at Universitas Syiah Kuala Teaching Hospital took a validity test before data collection. The test's questions were valid with r-values ranging from 0.507 to 0.791, surpassing the r-table value of 0.349. All p-values were also below the  $\alpha$  value of 0.05, ranging from 0.000 to 0.004<sup>20</sup>. Furthermore, the questionnaire used in the study was reliable, with a Cronbach's  $\alpha$  value of 0.73, indicating consistent and dependable responses.

### *Data Analysis*

A methodical four-step approach was implemented to conduct comprehensive data analysis, encompassing editing, coding, processing, and cleaning<sup>18</sup>. The investigation was carried out with the aid of IBM SPSS Statistics v.26, utilizing descriptive statistics to meticulously scrutinize the information and avoid drawing any unfounded assumptions or conclusions. The descriptive statistics of the data offer a comprehensive summary of the sample size, mean, standard deviation, minimum, and maximum values. Furthermore, an inferential statistical examination was conducted to establish a connection between socio-demographic factors and WPV prevalence. Three different methods of analysis were employed, namely Pearson correlation for age, work period, and reporting procedure in the Hospital; Spearman Rank for education, employment, income, and training in handling WPV; and Chi-Square for gender, marital status, hospital type, and working area. This thorough investigation facilitated a more profound comprehension of the links between variables and the revelation of noteworthy discoveries. The knowledge obtained can aid decision-making and direct future research endeavors<sup>17</sup>.

### *Ethical Statement*

Before commencing the study, we sought ethical approval from the esteemed Faculty of Medicine at Universitas Syiah Kuala Indonesia (No. 103/EA/FK/2023) and put stringent measures in place to protect all participants' privacy and anonymity. Furthermore, all participants were allowed to either decline or complete the questionnaire, and we obtained informed consent from each individual involved.

## RESULTS

Table 1 shows the socio-demographic characteristics; 433 participants were evaluated based on age, gender, ethnicity, education level, employment status, etc. Of the 433 individuals who participated in the survey, 66.1% or 286 were women. The age group with the highest representation was early adults

between 22 and 51, making up 61% of the respondents. Nurses were the most represented profession, comprising 48.5% or 210 individuals. Most participants had been working for a period ranging from 2 to 30 years, with 35.1% in the junior stage and 35.3% in the senior set. On average, the work period was  $9.01 \pm 5.71$  years. One hundred seventy-five individuals, or 40.4% of respondents, were employed on a contract basis. More than half of the respondents (229/52.9%) had a monthly income below the district/city minimum wage. Moreover, most participants (81.5% or 353 individuals) were single, and most (339/78.3%) worked in government hospitals. Additionally, 85.5% of the 147 respondents worked in the inpatient ward. A significant number of participants (339/78.3%) reported having a WPV procedure in the Hospital, while 77.4% or 335 expressed the need for training on handling WPV (Table I).

**Table I: Socio-demographic Respondents (n= 433)**

Socio-demographic	Frequency	%
<b>Gender</b>		
Women	286	66.1
Men	147	33.9
<b>Age (Years)<sup>6</sup></b> (Min-Max= 22-51; M= 33.92 $\pm$ 5.84)		
17-25 (Late Teenage)	22	5.1
26-35 (Early Adult)	264	61.0
36-45 (Late Adult)	130	30.0
46-55 (Early Elder)	17	3.9
<b>Education</b>		
Diploma	195	45.0
Bachelor Nurse	23	5.3
Profession Nurse	210	48.5
Magister Nurse	5	1.2
<b>Work Period (Years)<sup>21</sup></b> (Min-Max= 2-30; M=9.01 $\pm$ 5.71)		
< 6 (Junior)	152	35.1
6-10 (Medior)	128	29.6
> 10 (Senior)	153	35.3
<b>Employment</b>		
Civil Employee	140	32.3
Government Officials with Employment Agreements (PPPK)	70	16.2
Contract	175	40.4
Honorary	48	11.1
<b>Income (Monthly)</b>		
Below District/City Minimum Wage	229	52.9
Above District/City Minimum Wage	204	47.1
<b>Marital status</b>		
Single	353	81.5
Married	76	17.6
Widow/Widower	4	0.9
<b>Hospital</b>		
Government	339	78.3
Private	94	21.7
<b>Working Area</b>		
Emergency Department	81	18.7

Intensive Care	82	18.9
Policlinic	55	12.7
Inpatient Ward	215	49.7

**Reporting WPV Procedure in Hospital**

Yes	339	78.3
None	94	21.7

**Get training in handling WPV**

Once	98	22.6
Never	335	77.4

Based on the findings presented in **Table II**, it is clear that a vast majority of participants, precisely 55.2%, have reported incidents of WPV falling into the Low category. In contrast, a smaller proportion of individuals, just 12%, reported WPV incidents categorized as Intermediate, while only 2.1% reported incidents classified as High. This data highlights the pressing need to promptly address WPV in the workplace and take strong preventative measures to ensure such incidents do not occur in the future.

**Table II:**

**Incident Report of Workplace Violence (n= 433)**

Incident Report	Frequency	%
Min-Max= 0-12; M=2.57 $\pm$ 0.13		
Never	133	30.7
Low	239	55.2
Intermediate	52	12
High	9	2.1

The presented data in **Table III** is of great value in understanding the correlation between socio-demographic factors and WPV incidents. The table provides a detailed analysis of how various demographic characteristics impact the frequency of WPV occurrences. This information is essential for organizations looking to prevent WPV and ensure the

**Table III: Correlation between Socio-Demographic Incidents of Workplace Violence (n=433)**

Socio-Demographic	The P-value for each Analysis Type		
	Pearson Correlation	Spearman Rank	Chi-Square
Gender			0.339
Age	0.668		
Education		0.122	
Work Period	0.928		
Employment		0.565	
Income		0.358	
Marital Status			0.369
Hospital			0.630
Working Area			0.000
Reporting WPV Procedure	0.017		
Training in handling WPV		0.786	

safety of their employees. By analyzing the trends and patterns in the data, companies can develop effective measures to avoid WPV and promote employee well-being. The Pearson Correlation test revealed that age and work period in the Hospital are not correlated with WPV incidence, but a reporting procedure has a correlation. Similarly, the Spearman Rank test shows that education, employment, income, and training in handling WPV are also not significantly related to WPV incidence. However, the Chi-Square test has demonstrated that Working Area is associated with WPV incidence, while gender, marital status, and hospital type have no relationship with the incidence of WPV.

## DISCUSSION

The nursing profession is particularly vulnerable to WPV due to various factors such as the nature of the job, work environment, staffing, team dynamics, leadership, and nurse-physician relationships<sup>8,22</sup>. The American Nurses Association<sup>23</sup> has reported that nurses are 5-12 times more likely to experience WPV events than other health professionals. A study conducted in August 2023 on 433 hospital nurses in Aceh Province revealed that 55.2% fell under the "Low" category of WPV incidence, while 14.1% were classified as "Intermediate - High". Upon further analysis, it was found that only working area characteristics and reporting WPV procedures had a significant relationship with the incidence of WPV in nurses in Aceh Province. Other factors did not show a significant relationship, with p-values ranging from 0.122 - 0.928.

The results indicated that there was no significant relationship between these socio-demographic characteristics and WPV, as evidenced by the values obtained for gender (0.339), marital status (0.369), and Hospital (0.630). These findings align with previous research by Jia C et al.<sup>24</sup> and Wang M 2022<sup>25</sup>, which found no significant relationship between gender and WPV. However, this study differs from another finding, which suggested that women were more susceptible to physical or sexual WPV than men<sup>26</sup>. The study highlights the importance of educating the public about gender equality to reduce violence against any gender. Banda Aceh launched initiatives in 2020 to promote gender justice awareness and emphasize the significance of fair treatment for all individuals, regardless of gender<sup>27</sup>. Recognizing gender justice is crucial in establishing a safe and equitable society for everyone. Nurses prioritize gender neutrality and have zero tolerance for WPV, as they are healthcare providers<sup>28</sup>.

Regarding marital status, previous research has demonstrated that the incidence of WPV is not significantly related to this characteristic<sup>29</sup>. Interestingly, a majority of the participants in these studies were married. It is worth noting that married nurses may experience conflicts with their families due to differing work schedules from other family

members<sup>30</sup>. Nonetheless, married nurses are often adept at conflict resolution, enabling them to identify early signs of WPV and mitigate the risk of such incidents in hospital settings.

According to recent research, various factors such as age, education, employment, income, work period, and training in handling WPV among nurses in Aceh do not appear to have a significant correlation with the incidence of WPV (**Table III**). However, it is essential to note that inadequate communication strategies can increase the likelihood of such incidents. Fortunately, communication skills can be improved over time, which can help decrease the risk of WPV<sup>31,32</sup>. Previous studies indicate that nurses with Bachelor's degrees are often subjected to WPV, with incidents frequently caused by fellow nurses in the same hospital<sup>33</sup>.

Furthermore, the education level of nurses can impact the incidence of WPV, with diploma nurses potentially better equipped to handle such situations<sup>34</sup>. Interestingly, nurses with higher education levels may be at greater risk for WPV due to being assigned to critically ill patients<sup>34</sup>. To address this issue, involving nurses with diverse educational backgrounds as mentors and advocates for managing WPV can provide valuable support and guidance to reduce the risk of such incidents<sup>35,36</sup>.

A study by Lin WQ et al<sup>14</sup> examined 1,404 individuals and found a correlation between income and the incidence of WPV. Those with lower incomes and longer working hours were more at risk of WPV. Extended working hours can lead to depression, which increases the likelihood of WPV incidents among nurses<sup>15</sup>. Numerous studies have shown that lower-paid nurses work longer hours, leading to despair and WPV. Nurses suffering from depression and burnout may provide lower-quality care and experience violent altercations<sup>14</sup>.

The study also found that WPV training (0.768) was unrelated to WPV occurrences. Factors that may indirectly influence this include disparities in education level (only 5.3% have Bachelor's degrees) and income (52.9% earn below the district/city minimum wage). Additionally, 40.4% of nurses are contracted, 11.1% hold honorary positions, 35.1% have junior, and 29.6% have mediator classifications. These factors may impact the ability to report incidents and attend training. This study highlights the alarming prevalence of WPV in Aceh and the need for cooperation between the government, hospitals, nurses, and legal entities to prevent and manage WPV. Nurses are crucial in patient care and are frequently exposed to WPV events<sup>23</sup>. By avoiding depression and enhancing care quality, they can continue to perform this vital role<sup>11,15,37</sup>.

Hospitals prioritize nurses' safety and well-being to prevent WPV and ensure a secure work environment<sup>38</sup>. To achieve this, hospitals should implement a comprehensive reporting system, provide

counseling services, and offer confidential reporting channels to reduce the risk of psychological harm and encourage open communication<sup>39</sup>. Reflecting on the training in **Table I**, regular training programs such as Occupational Health and Safety training should be provided to manage WPV cases effectively, boost confidence, and provide legal guidance to management and security personnel<sup>40</sup>. Interestingly, among the analyzed socio-demographic characteristics, only the working area (0.000) and reporting procedures (0.017) significantly correlated with WPV incidence in Aceh's nursing population. Cheung and Yip reported similar findings<sup>41</sup> in their study in Hong Kong, highlighting a higher incidence of WPV in hospital emergency rooms. Emergency rooms can cause distress, anger, and vulnerability due to patients' health conditions and symptoms. Other work areas, including the ICU and inpatient rooms, also experience numerous incidents of WPV. Wang M 2022<sup>25</sup> study found that non-physical violence was the most frequent type<sup>42</sup>, with Ratnasari's research indicating that inpatient room nurses were not immune to WPV events.

To ensure the safety of healthcare workers and reduce the incidence of WPV, it is essential for all parties involved to take action, particularly hospital management. The normalization of violence must be eradicated, and a culture of reporting must be fostered. To prevent all forms of unacceptable violence, an educational and training program should be in place. Senior managers must also protect and support staff who have experienced WPV<sup>37</sup>. Hospitals can prevent WPV by implementing orientation and introduction programs for their team, providing a safe and secure environment, establishing a clear organizational structure and hierarchy, offering training on how to deal with WPV, defining job descriptions, and promoting open communication to resolve conflicts effectively. As a responsible hospital manager, it is crucial to prioritize preventing WPV and remain vigilant<sup>44</sup>.

## CONCLUSION

According to the study, many participants reported earning less than the minimum wage, with the majority being single and employed in government hospitals. The study also revealed a high prevalence of WPV. Interestingly, age, work period, education, employment, income, and training did not correlate with WPV. However, the working area and reporting procedure were strongly associated with WPV. Gender, marital status, and hospital type were found to be irrelevant factors concerning WPV. To effectively address incidents of WPV, it is crucial to implement a comprehensive training and education program, along with providing support and protection for affected staff. Hospital management should take proactive measures, such as defining clear job responsibilities, improving communication to resolve conflicts, establishing a well-defined organizational structure,

setting measurable goals, and providing necessary resources and support to reduce the risk of WPV. Furthermore, identifying competent leaders who can facilitate change is crucial to preventing WPV in the healthcare workplace.

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## AUTHORS CONTRIBUTION

Putra A: Oversees the article's writing, data collecting, and research development.

Kamil H: Reviewing concepts and editing the articles.

Adam M: Supervises the article writing process and data analysis.

Usman S: Responsible for identifying supporting articles related to the manuscript and gathering data.

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