

New Zealand Nurses Organisation Employment Survey 2019

Research Advisory Paper

Violence and Aggression against Nurses

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The NZNO 2019 Employment Survey

The New Zealand Nurses Organisation (NZNO), *Tōpūtanga Tapuhi Kaitiaki o Aotearoa*, is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, and in 2020 represents over 51,000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. NZNO commitment to te Tiriti o Waitangi is embedded in its constitution, and articulated through its partnership with Te Rūnanga o Aotearoa, NZNO.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. NZNO membership is comprised of around 31,000 registered nurses and 1500 enrolled nurses, representing approximately 67 per cent of the New Zealand nursing workforce (56,000 nurses are registered with the Nursing Council of New Zealand as at 31 March 2018).

NZNO undertakes a biennial employment survey of a 10 per cent sample of NZNO members randomly selected from the member database ensuring an even distribution of selection from across Aotearoa New Zealand. The results provide a reliable snapshot of employment issues and the morale of nurses generally. The NZNO Employment survey questionnaire was adapted for use in Aotearoa New Zealand from the United Kingdom Royal College of Nursing (RCN) 2008/09 employment survey (parts of which have been standardised since 1992) allowing for international comparisons to be made. Incremental changes have been made to the survey following experience from the 2008/09 survey. In addition to the core longitudinal dataset, each survey contains a number of modules exploring topical issues relating to nursing. In the 2019 survey, these modules explored *violence and aggression against nurses, bullying and the impact of shift work on fatigue*. Ethical approval for the biennial anonymous survey of NZNO members was sought and obtained from the New Zealand Ethics Committee (NZEC 2018-51).

This research advisory paper specifically reports on the violence and aggression sub study within the 2019 NZNO Employment Survey. A full report including results from the entire survey will be published and available from the NZNO website.

Executive Summary

This is the sixth biennial employment survey of the NZNO nurse membership. The web-based study of members was undertaken in January 2019. Midwives were excluded from the 10 per cent random sample due to their varied employment situations, although dual registered nurse/midwife members could have been selected.

The questionnaire covered core employment issues (contracts, hours, pay, job changes), along with demographic details, and items related to plans for, and perceptions of, working life. The attitudinal rating scales were identical to those used since 2008/9, allowing change over time to be tracked. Similarity with the standardised RCN set has allowed international comparisons. New questions for 2019 included an exploration of *violence and aggression against nurses, bullying, and the impact of shift work on fatigue*.

Data were collected between 8 January and 12 February 2019. Invitations were sent to 4,846 members by e-mail, representing a random 10 per cent sample of the membership. Two reminders were sent at two-week intervals to the individuals who had not opened the survey invitation e-mail. A total of 1,436 responses were received, representing a response rate of 29.6 per cent. Respondent profiles by age, gender, district health board (DHB) area, health sector and areas of practice demonstrated a good fit with workforce statistics reported by the Nursing Council of New Zealand (2016/2017).

Violence and aggression against nurses is common. The frequency of physical assault and threat, verbal abuse and threat, as well as sexual innuendo directed against nurses by either patients or service users and accompanying persons was investigated. Respondents were asked how frequently they experienced abuse and if they had experienced abuse in the last 12 months. Examining specific types of assault over the previous 12 months, a total of 260 (25%) members reported being physically assaulted; 637 (62.5%) reported being verbally abused, and 215 (21.4%) had experienced sexual innuendo, abuse or threats from patients/service users or relatives. Rates of violence and aggression differed by practice setting, with the highest rates observed in Emergency Departments (ED). This first national survey confirms that violence and aggression against healthcare staff is not a regional phenomenon, nor restricted to particular practice settings.

Methods

A survey of a random sample of NZNO members was undertaken in January 2019 using SurveyMonkey, a web-based platform. Invitations to participate in the survey were sent by e-mail link, along with a covering email. Participants were offered a reward for their time if they completed the survey and offered (voluntary) entry into a ballot for a chance of winning \$100. Contact details for entry into the draw were separated at source from all answers, ensuring survey participation was anonymous.

The entire Employment Survey questionnaire covers core employment issues (contracts, hours, pay, job change) along with demographic details, items related to plans for, and perceptions of, working life and attitudinal rating scales mapping morale derived from the standardised RCN set to allow international comparisons. New questions for 2019 included an exploration of *violence and aggression against nurses*. This data forms the basis for this research advisory paper. The questionnaire for this section of the employment survey was based on data collection tools currently in use by nurse researchers, Dr Sandra Richardson and Paula Grainger, in the Emergency Department at Christchurch Hospital.

Of the 4,846 invitations sent out, 5 bounced back indicating the email address was incorrect, and 1,289 (27%) were unopened. A total of 1,436 responses were received, representing a response rate of 29.6 per cent. The survey has a margin of error (or confidence interval) of +/-3 per cent and a confidence level of 95 per cent. Data were analysed using descriptive statistics and frequency reported as counts and percentages.

Results

Respondent demographics

As in previous years the study cohort was predominantly female (93.9%). Among the respondents there were 83 males (6%); and a single individual who identified as gender diverse. The age distribution of the sample is bimodal with peaks in the 30-34 and 55-59 year age groups. The age distribution of the study cohort is broadly representative of the entire Aotearoa New Zealand nursing workforce data (Nursing Council of New Zealand, 2017) as shown in the graph below.

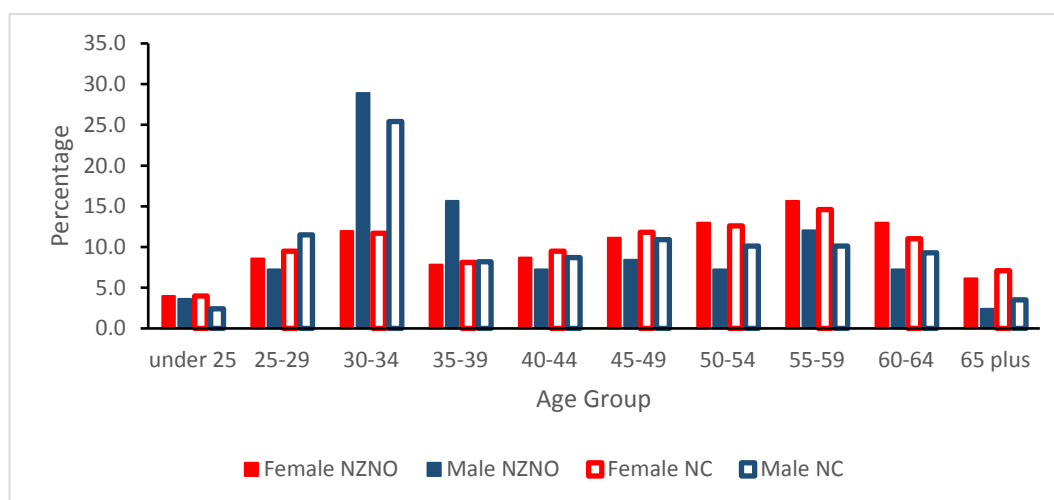


Figure 1: Age and Gender Distribution NZNO survey respondents compared with Nursing Council workforce data

Figure 2 shows the study cohort was predominantly New Zealand European (64.4%) with 5.9 percent of respondents identifying as Māori. Of note, Māori are under-represented in the survey population compared to the total nursing workforce (7.3%), and indeed the Aotearoa New Zealand population (15.0%). Asian nurses represented the second largest group by ethnicity, making up almost 20 percent of the study sample.

Figure 2: Ethnicity of Respondents

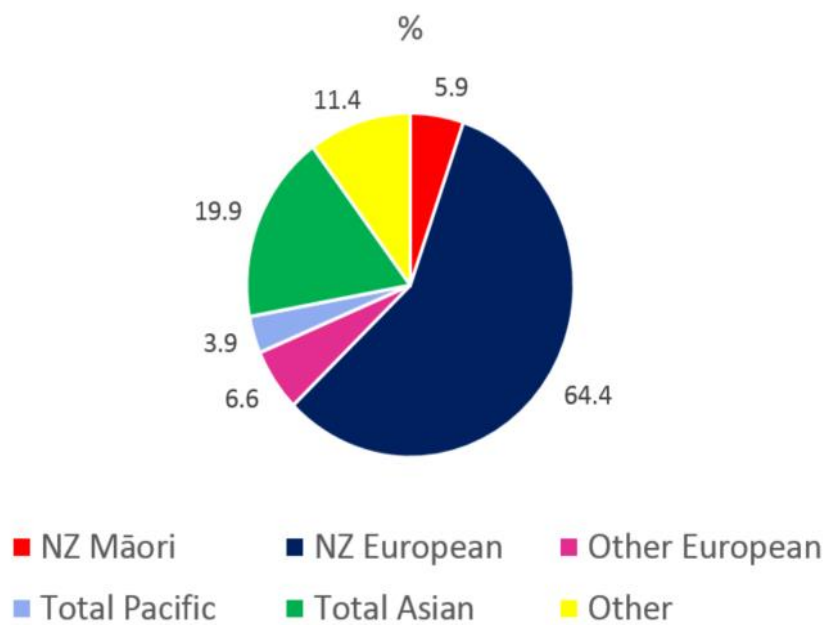


Table 1 reports the current employment situation of respondents. Almost 90 per cent were employed at the time of the survey.

Table 1: Employment Situation

Employment Situation	%	n
Employed, working	89.9	1243
Employed, on parental leave	1.8	25
Employed, on long-term sick leave	0.7	9
Student	1.7	23
Unemployed, on career break	0.4	6
Unemployed, looking for work	1.0	14
Retired from nursing, still in paid employment	0.1	2
Semi-retired	1.6	22
Fully retired	0.2	3
Other	2.6	36

Violence and Aggression against Nurses

This work, including questionnaire design and ongoing analysis, was undertaken in collaboration with Dr Sandra Richardson and Paula Grainger of the Emergency Department at Christchurch Hospital following on from prior published research (Richardson, Grainger, Ardagh, & Morrison, 2018).

The survey questions were designed to investigate the frequency of physical assault and threat, verbal abuse and threat, as well as sexual innuendo directed against nurses by either patients or service users and accompanying persons. Nurses were asked about the frequency of each type of violence or aggression. The questionnaire was structured so that respondents could select a frequency of daily, weekly, monthly, a few times a year, or never. In addition, nurses were asked if they had experienced physical assault and threat, verbal abuse and threat, or sexual innuendo in the last 12 months. This was further explored by asking the nurse to focus on the last such episode they had experienced, and to characterise the impact the incident had on them, and their response. The final question in each category asked if they had reported or documented the incident, and if the outcome was satisfactory. Free-text comments were also collected.

The frequency of verbal abuse, physical abuse and sexual innuendo is shown in figure 3 below. Table 2 reveals the actual number of nurses who experienced each type of abuse as well as the percentage. The number of respondents for each part of the question was variable, accordingly it is not possible to combine percentages to derive a total frequency for verbal, physical or sexual abuse or innuendo.

Verbal abuse was the most commonly experienced form of aggression. Verbal abuse perpetrated by either patients (n=56, 6.8%) or accompanying persons (n=23, 3.1%) occurred on a daily basis. Daily physical abuse was less frequent than verbal abuse (by patients, n=20, 2.8%; by accompanying persons, n=9, 1.3%). The daily frequency of sexual innuendo or threat was broadly similar to the frequency of physical assault (patients, n=16, 2.2%; accompanying persons, n=7, 0.8%). Weekly, monthly and annual frequencies of verbal, physical or sexual abuse or innuendo, by either patients or accompanying persons are provided in table 2.

There was no difference between the rates of assault between New Zealand and Internationally Qualified Nurses (data not shown).

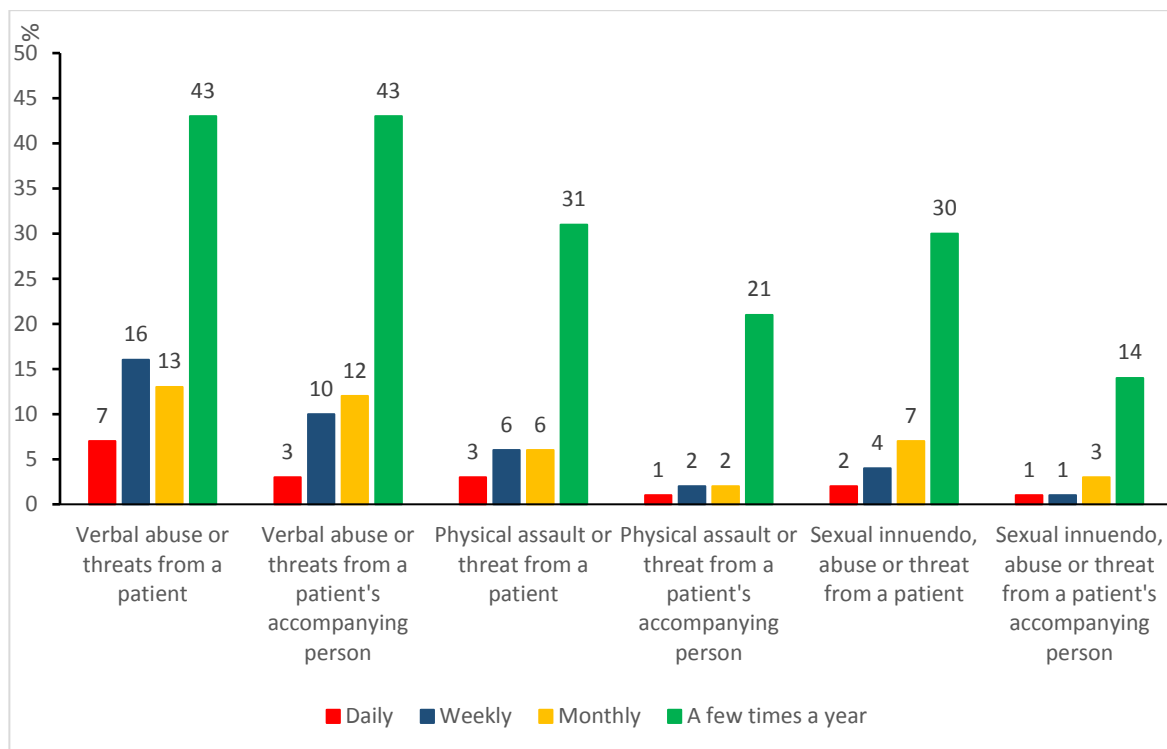


Figure 3: Frequency of Verbal, Physical and Sexual Innuendo Abuse or Threat

Frequency of Exposure	Daily		Weekly		Monthly		A few times a year	
	%	n	%	n	%	n	%	n
Verbal abuse or threats from a patient	6.8	56	15.9	132	12.8	106	42.8	355
Verbal abuse or threats from a patient's accompanying person	3.1	23	9.8	74	11.8	89	43.1	325
Physical assault or threat from a patient	2.8	20	5.6	41	6.5	47	30.8	224
Physical assault or threat from a patient's accompanying person	1.3	9	2.3	16	1.9	13	21.2	146
Sexual innuendo, abuse or threat from a patient	2.2	16	3.8	28	6.8	50	29.7	219
Sexual innuendo, abuse or threat from a patient's accompanying person	0.8	7	1.3	11	2.8	23	14.0	117

Table 2 Frequency of Verbal, Physical or Sexual Innuendo Abuse or Threat by either a Patient or an Accompanying Person

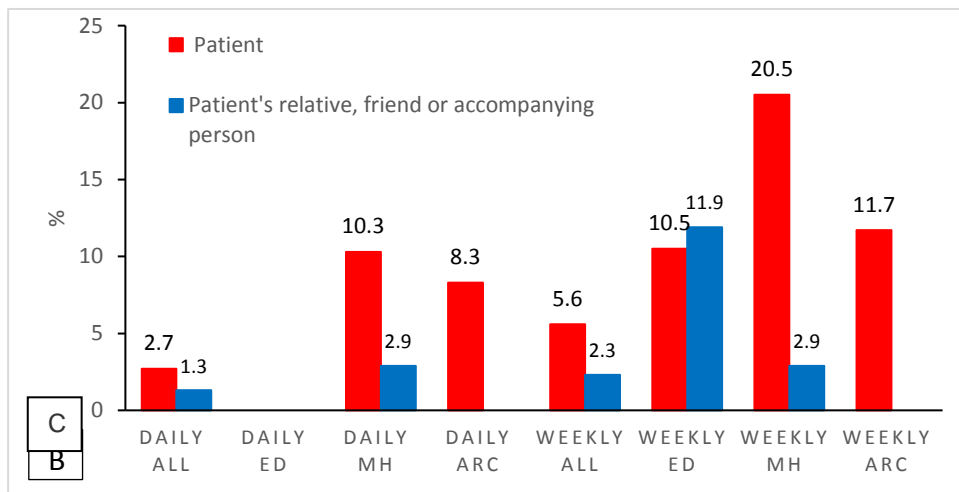
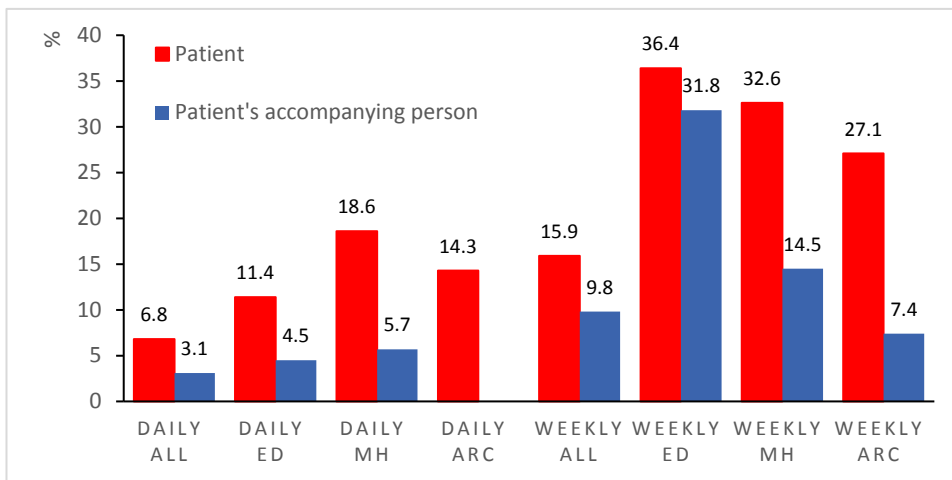
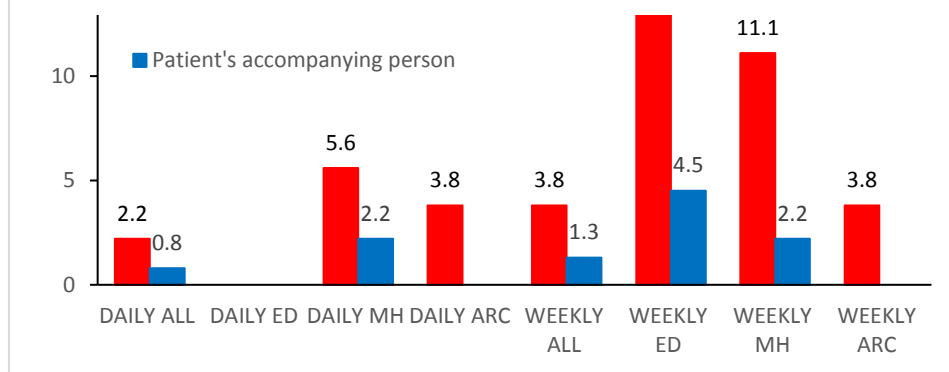


Figure 4 Verbal assault (panel A), physical assault (panel B) and sexual innuendo (panel C), abuse or threat by patient or accompanying person and practice setting



Practice setting

In addition to the overall frequency, the frequency of different types of violence and aggression was explored by practice setting, and by perpetrator. The emergency department, mental health and aged residential care were chosen *a priori* for this work, as international literature reveals work place violence to be more common in these settings (Spector, Zhou & Che, 2013). The questions on violence and aggression were answered by 1038 individuals, including 110 nurses working in Aged Residential Care, 72 nurses working in Emergency and Trauma, and 65 nurses working in Mental Health and Addictions. These groups lack the statistical power for comparisons, but the data gives an insight into the frequency of the various abuse types in different practice settings. In line with published data, the percentage of nurses experiencing violence and aggression is higher in the selected practice settings than is the percentage across all practice settings. These data are presented in figures 4a, 4b, and 4c. The actual numbers of nurses in these categories is shown in the appendix.

As well as the variation in the total frequency of violence and aggression across practice environments, there is a marked difference in the extent to which the abuse is perpetrated by patients or by the patient's relatives, friends or accompanying persons. The difference is most marked in the Emergency and Trauma setting, where accompanying persons (patient's relatives, friends) perpetrate virtually the same levels of verbal and physical abuse or threat against nurses as the patients.

Respondents were asked to indicate if they had experienced specific types of assault from either patients or accompanying persons over the preceding 12 months. A total of 260 (25%) members reported being physically assaulted; 637 (62.5%) members reported being verbally abused and 215 (21.4%) had experienced sexual innuendo, abuse or threats. These data are shown in figure 5 below. The questions on response to, impact of, and reporting of abuse relate to the last episode of abuse experienced in the preceding 12 months.

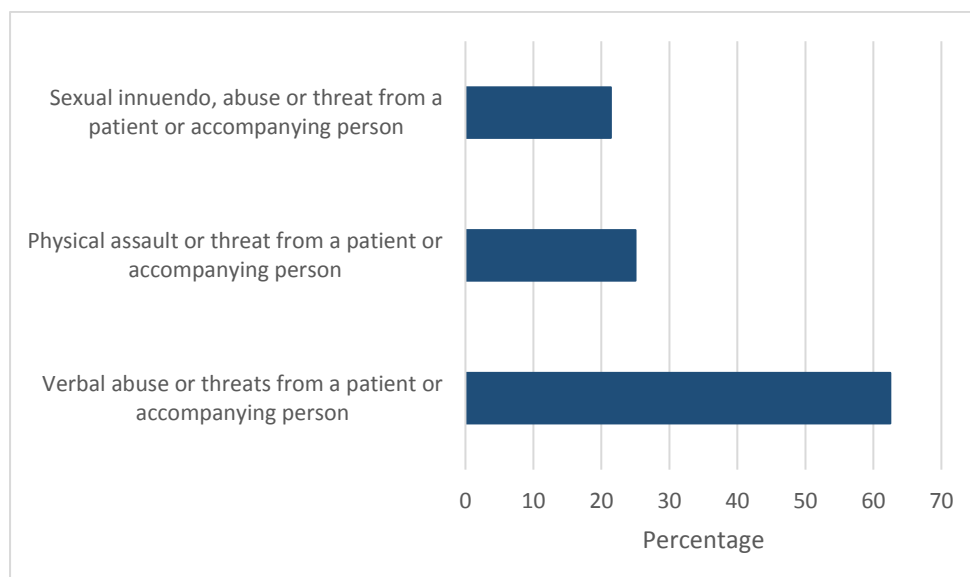


Figure 5: Frequency of violence or aggression against nurses in the preceding 12 months

Impact of Violence and Aggression

Respondents were asked about the impact of their experience of violence or aggression. The results are presented by form of abuse and detailed in table 2. Feeling upset, scared and angry were frequent impacts of the abuse. In the case of physical assault or threat, around 20 per cent of respondents were reluctant to return to work or felt they could not continue to work with the patient. Similar numbers considered leaving their job.

Table 3: Impact of abuse

Impact of Abuse	Physical (%)	Verbal (%)	Sexual (%)
I felt upset	55.9	50.8	10.2
I felt scared	37.9	17.6	4.1
I felt angry	34.0	29.6	9.8
I was reluctant to return to work on my next shift	22.9	10.2	3.3
I couldn't continue to work with that patient	22.5	15.4	6.6
I thought about leaving my job	19.3	12.4	2.0
I felt embarrassed	16.3	9.0	13.5
It didn't bother me	12.7	12.4	10.5
I felt I couldn't remain at work	6.9	3.6	1.6
I felt to blame	5.9	4.3	1.4

Comments on the impact of the abuse on the respondents were coded thematically. The most common theme was that the abuse was accommodated, and the impact minimised by the nurse because it was not the patient's fault. Other respondents were able to de-escalate the situation using skills or training, while others removed themselves from harm, which might have included taking leave or changing jobs. Nurses described feeling irritated, annoyed and uncomfortable.

Response to Violence and Aggression against Nurses

In addition to exploring the impact of abuse, respondents were asked about their response to what had occurred. Responses to the various forms of abuse are shown below.

Table 4: Response to abuse

Response to Abuse	Physical (%)	Verbal (%)	Sexual (%)
I completed a formal report	22.8	18.5	4.1
I did not report this	5.3	9.6	9.3
I told my colleagues	32.2	49.1	22.1
I told my line manager (or person in charge)	30.5	43.2	13.2
I told my family/whānau/friends/significant others	20.0	24.4	8.6
I documented this in the patient chart	30.7	43.8	10.8
I contacted security	14.4	8.6	0.9
I contacted the police	4.8	1.5	0.4
I contacted my professional organisation/union	0.6	0.7	0.1
I contacted EAP (Employment Assistance Programme)	1.9	0.5	0.2
I contacted my GP	2.3	0.5	0.5
I took time off work	3.1	0.8	0.6

Respondents were asked to comment about how they responded to the experience of abuse. Accommodation of the abuse and efforts to minimise the impact by nurses involved were commonly reported. This included the prevailing belief, that abuse is beyond the patient's control, it is an everyday occurrence and has to be tolerated. Situations were diffused either alone or with the help of colleagues. Some nurses reported the incident via institutional policy, or to the police. In addition, nurses felt that they needed to take more leave, and some respondents actually took leave.

Reporting of Violence and Aggression

The survey explored reporting of abuse and whether respondents were satisfied with the outcome. The frequency of satisfaction with the outcome following report or documentation of the last episode of violence or aggression was: 67 per cent for physical abuse, 74 per cent for verbal abuse; and 70 per cent for sexual innuendo. However, the comments reveal significant dissatisfaction with the reporting process. Themes included:

- No outcome arising from the report – never heard anything back
- Lack of support and inadequate response from management
- Nothing done to address patient behaviour
- Feeling as if patients were more important than staff
- Abuse is part of the job
- An expectation to continue working with the patient and whanau

For some respondents, reporting violence or aggression in the workplace is not an option. Indeed, work by Richardson et al. (2018) revealed significant under-reporting of violence and aggression. Reasons for not reporting all types of violence and aggression were explored, and are presented in the table below:

Table 5: Reasons for not reporting violence and aggression

Reason for not reporting violence and aggression	%	n
The patient did not know what he/she was doing	45.7	300
The patient was confused/demented	54.3	356
It's just part of the job	33.1	217
The reporting system takes too long	20.1	132
I didn't have time to report it	25.5	167
I did not think anything would happen	22.3	146
I did not know how to report it	1.8	12
I thought I might be blamed for the incident	5.2	34
No one reports this type of incident	12.3	81
I wasn't physically injured	25.0	164
I didn't want to look weak or as if I can't cope	8.1	53
It might make me look as if I can't do my job	9.1	60

Several factors contributed to under reporting violence and aggression. These can be broken down into patient factors, workplace factors and nurses beliefs about the

consequences. In the majority of cases the abuse was not reported because the nurse believed it was not the fault of the patient, i.e. the patient was not aware of what they were doing (45.7%), or that the patient was confused or demented (54.3%). In addition, a large number of nurses did not think the abuse warranted reporting because they were not physically injured (25.0%). The reporting process is regarded as burdensome and time consuming and a quarter of nurses (n=167, 26%) indicated that they did not have time to report the incident. Finally, a significant contribution to the culture of not reporting is the belief that nothing happens when violence or aggression is reported.

Summary

This research conducted within the 2019 NZNO Employment survey investigated violence and aggression against nurses in a random sample of the Aotearoa New Zealand nursing workforce drawn from members of NZNO. The work builds on prior research restricted to particular settings or regions, to provide the first national frequency data. These data provide a baseline for monitoring changes over time, and in particular a reference point for evaluating the impact of any changes at a policy level.

Violence and aggression against nurses is common. The frequency is higher in particular practice settings, specifically the emergency department, mental health services and aged care residential settings. Verbal abuse is the most common form of abuse. Rates of physical and sexual abuse or threat are lower and these rates are similar in magnitude. A significant proportion of all forms of violence and aggression against nurses arises from friends, family or whānau accompanying patients.

Violence and aggression is frequently under-reported. It is regarded as an occupational hazard which has to be tolerated, with a widely-held belief that it is not the patient's fault. In addition, many nurses do not report episodes of violence and aggression because experience tells them it has little impact.

References

Nursing Council of New Zealand. (2017). *The New Zealand Nursing Workforce: A profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2016-2017*.

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Appendix 1.

Frequency of physical assault, verbal abuse and sexual innuendo experienced by nurses according to practice setting

Form of Abuse or Threat	Daily ALL	Weekly ALL	Daily ED	Weekly ED	Daily MH	Weekly MH	Daily ARC	Weekly ARC
Verbal abuse or threats from a patient	6.8 (56)	15.9 (132)	11.4 (5)	36.4 (16)	18.6 (8)	32.6 (14)	14.3 (10)	27.1 (19)
Verbal abuse or threats from a patient's accompanying person	3.1 (23)	9.8 (74)	4.5 (2)	31.8 (14)	5.7 (2)	14.5 (5)	0	7.4 (4)
Physical assault or threat from a patient	2.7 (20)	5.6 (41)	0	10.5 (4)	10.3 (4)	20.5 (8)	8.3 (5)	11.7 (7)
Physical assault or threat from a patient's accompanying person	1.3 (9)	2.3 (16)	0	11.9 (5)	2.9 (1)	2.9 (1)	0	0
Sexual innuendo, abuse or threat from a patient	2.2 (16)	3.8 (28)	0	13.2 (5)	5.6 (2)	11.1 (4)	3.8 (2)	3.8 (2)
Sexual innuendo, abuse or threat from a patient's accompanying person	0.8 (7)	1.3 (11)	0	4.5 (2)	2.2 (1)	2.2 (1)	0	0

Data are per cent (n)

ALL = All survey respondents (n=1038)

ARC = Aged Residential Care (n=110)

ED = Emergency & trauma (n=72)

MH = Mental Health and Addictions (n=65)

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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