ASSESSMENT OF WORKPLACE VIOLENCE AGAINST NURSES WORKING IN EMERGENCY DEPARTMENT OF REFERRAL PUBLIC HOSPITALS IN ADDIS ABABA, ETHIOPIA

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ACRONYMS

AaBET	Addis Ababa Burn and Emergency Trauma center
ALERT	All Africa Leprosy, TB Control Rehabilitation & Training Center
BLS	Bureau of Labor Statistics
ED	Emergency Department
ETB	Ethiopian birr
Km	Kilo meter
ICU	Intensive Care Unit
ICN	International council of nurses
ILO	International Labour Office
NGOs	Non-Governmental Organizations
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
PSI	Public Services International
TASH	Tikur Anbessa Specialized Teaching Hospital
USA	United States of America
WPV	Workplace Violence
WHO	World Health Organization

ABSTRACT

Background; the emergency department (ED) is the gate to all critical ill and other hospital wards. Hence ED is one of the most dangerous work settings in health care for nurses because of violence from patients and/or visitors. Many studies in different societies particularly in developed countries have been conducted regarding WPV against nurses especially in EDs and the findings have proved very helpful in improving nurses' safety in EDs.

Objective This study aimed to find the frequency and nature of physical and verbal WPV against nurses working in EDs**.**

Methods and materials; an institution based cross-sectional study was carried out using a sample size of 228 bachelor's degree nurses working in 10 EDs of public referral Hospitals of Addis Ababa, Ethiopia. The data were collected through an adopted version the original questionnaire that was developed by the joint program of International Labor Office (ILO), International Council of Nurses (ICN), World Health Organization (WHO), and Public Services International (PSI).The gathered data was analyzed using epi info version 7.2.1.0 by descriptive statistics.

Results Around 25% reported physical violence and verbal violence was much more frequent (59.3%) than physical violence in the last 12 months. Patients' relatives were the most common source of both kinds of violence, physical abuse (54.91%) and verbal abuse (56.19%). More than (82%) of victims of violence were very dissatisfied with the way the administrators dealt with violent incidents. 98.52% nurses indicated that there was no procedure to report violent incidents in the workplace. Only 29.56 % of all the participants had been encouraged to report violence. (52.94%) physically and (9.10%) verbally abused participants had been "extremely bothered by repeated disturbing memories, thoughts, or images of the attack". Strengthening security and providing training were some of the important measures indicated by participants for decreasing violence in the workplace

Conclusion and Recommendations; Nurses working in Emergency Department of Addis Ababa are at risk of workplace violence. Most participants indicated that they are worried in workplace related to violent incidents. Most participants were very dissatisfied with the way the administrators dealt with violent incidents. In the majority of cases no specific policy on workplace violence is in operation. Developing protective violence guidelines, establishing a training program for nurses and Institute reliable policies are paramount to tackle the problem of workplace violence.

Keywords; *ED nurses***,** *Workplace Violence, Prevalence, Outcome, Reporting*

1. INTRODUCTION

1.1. Background

The World Health Organization (2002) has defined violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation. Each year, more than 1.6 million people worldwide lose their lives to violence. For everyone who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems. Violence is among the leading causes of death for people aged 15–44 years worldwide, accounting for about 14% of deaths among males and 7% of deaths among females. (1)

In 2013, the Bureau of Labor Statistics (BLS) in the USA reported that workplace assaults ranged from 23,540 and 25,630 annually from which more than 70 % of these were in healthcare and social service settings. Health care and social service workers are almost four times as likely to be injured as a result of violence as the average private sector worker. (2)

Occupational Safety and Health Administration suggests that workers in the Health Care and Social Assistance sector face a considerably increased risk of injury attributable to workplace violence. In 2014, workers in this sector experienced workplace-violence-related injuries at an estimated incidence rate of 8.2 per 10,000 full time workers, over 4 times higher than the rate of 1.7 per 10,000 workers in the private sector overall. Individual portions of the healthcare sector have much higher rates. Psychiatric hospitals have incidence rates over 64 times higher than private industry as a whole, and nursing and residential care facilities have rates 11 times higher than those for private industry as a whole. In the same year, 79 percent of serious violent incidents reported by employers in healthcare and social assistance settings were caused by interactions with patients. (3)

The emergency department (ED) is the gate to all critical ill and other hospital wards. Hence Violence in emergency departments is a factual and dangerous problem. Emergency department

nurses are working on the front lines of violence. In addition patients may not be aware of their behavior due to illness or injury leading to inappropriate behavior. (4)

Workplace violence has been a serious concern for emergency nurses.(5) Along with psychiatric units and nursing homes; the ED is one of the most dangerous work settings in health care for nurses because of violence from patients and/or visitors. Estimates indicate that about one-fourth of emergency nurses experienced frequent physical violence (more than 20 times), according to Emergency Department Violence Surveillance Study, November 2011. (6) Verbal abuse is even more prevalent; about one-fifth of emergency nurses reported being the victim of verbal abuse at the workplace more than 200 times during the past three years. (5)

Reporting is an essential precondition for an effective response. In many cases, reporting procedures are lacking, the victim of workplace violence does not report the incident; proper investigation does not follow, the perpetrator is not prosecuted and the victim feels dissatisfied with the way the incident has been handled and suffers from its aftermath. (7)

Many studies in different societies particularly in developed countries have been conducted regarding WPV against nurses especially in EDs and the findings have proved very helpful in improving nurses' safety in EDs.(4-6)

In developing countries, the issue of WPV against health care personnel working in EDs has been investigated in a few studies. In fact, surveys regarding WPV on nurses in Ethiopia received attention in the last couple of years.(8, 9) Those surveys are mostly on nurses working in all departments of the hospital and failed to investigate violence prevention protocol that includes incidence reporting tools. On this study, the first of its type in Addis Ababa, I will focus on nurses working in ED and particular attention will be given the occurrence, frequency of workplace violence among nurses and the complaints and responses of nurses to such violence as well as the measures and policies in the workplace to deal with such violence.

1.2 Statement of the Problem

Workplace violence has become a warning universal phenomenon whose real expanse is not known and the data available which shows our knowledge is hardly the iceberg of it. Workplace violence is a reflection of growing of all aspects of violence in every part of social life which we see in different parts of the society.(10)

Emergency nurses in one study admitted they did not report incidents of WPV because they believed they "did not sustain an injury"; reporting is laborious, inefficient, and futile; and WPV is part of the job.(11) Furthermore, on research done in 2011 on ED nurses in the U.S.A on the impact of violence on stress reported that most nurses do not report violence to their employer, assuming violence is expected and considered part of the job. Reporting violence may be seen as a sign of incompetence or may result in retaliation by management. (12)

Consequences of frustration, anger, and fear/anxiety/stress were reported by many nurses as a result of occupational physical and non-physical violence, with some reporting persistent problems, and changes in their work status, including quitting their jobs, because of the event. (13)

Due to under-reporting, the extent of the occurrence of violence toward emergency nurses is not well understood. Therefore, it is essential to investigate the actual extent of violence and aggression toward emergency nurses. In addition, since violence in the emergency department is likely to rise with the ongoing nursing shortage, crowding issues and longer waiting times, it is crucial to obtain ongoing objective data in order to track changes related to violence toward emergency nurses as well as the processes used to respond to violence. Acts of violence can also cause physical and/or emotional harm to emergency nurses as well as the patients for whom they provide care.

In Ethiopia, due to lacking of research in ED workplace violence, lack of education provided to the ED staff to assist in de-escalation of violence incidence, no hazard assessment, lack of incident reporting, lack of security assessment of ED and an employee perception that reporting was not important, this study will try fill the knowledge gap and draw interventional recommendations.

1.3 Significance of the Study

Workplace violence (WPV) has serious consequences on human resources in healthcare and if not dealt with may lead to lack of productivity, turnover and sub-optimal patient outcomes.

A startlingly high prevalence of WPV has been reported to which professional burnout and prospect to resign have been significantly associated.

Despite the high prevalence of WPV report, WPV incidents in hospitals in Ethiopia are absent. This can be linked to the problem of under-reporting which is associated with the absence of established reporting systems at health care institutions.

In spite of the broad international attention and the prevalence of risk factors for occurrence workplace violence in ED, it has not yet attracted researchers' attention in Ethiopia. Finding the pattern and nature of WPV is the first step to develop suitable strategies to deal with the issue so this study will try to identify the frequency and nature of workplace violence against ED nurses, its impact and violence reporting mechanisms and problems of reporting.

The findings have important implications for policy and decision making in health care planning (violence prevention policies and protocol), in allocating resources (human, financial…etc) also helps for trend analysis for those program efforts working towards prevention of WPV and improving nurses' safety in EDs. Overall, it can be used as a baseline data for further surveys and as a baseline for international activities like staff training and violence incident reporting forms.

2. LITERATURE REVIEW

Standardized Definitions of Workplace Violence

There is a lack of consistency in defining workplace violence across countries and at national and local levels, although a broad rather than limited definition of violence is typically used.(14)

Violence was defined broadly to include "physical, emotional, psychological, and sexual harms; the potential for harms; intentional and unintentional injury; and abuse and neglect". (15) National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. (16)

The Occupational Safety and Health Administration (OSHA) define workplace violence as "violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty." Enforcement activities typically focus on physical assaults or threats that result or can result in serious physical harm. However, many people who study this issue and the workplace prevention programs highlighted by (OSHA) includes verbal violence—threats, verbal abuse, hostility, harassment, and the like—which can cause significant psychological trauma and stress, even if no physical injury takes place. Verbal assaults can also escalate to physical violence. (3)

Workplace violence in Healthcare

Violence towards staff is of serious concern across health-care services. Health professionals are one of the most likely groups to experience violence and aggression in the workplace, second only to the protective service occupations: prison officers, police and security staff.(17)

Results of some researches signify that employees of health system especially nurses are more than other care and therapeutic careers, even more than prison guards, security forces and police subject to violence in workplace.(18) From 2002 to 2013, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industry on average. (2)

Campbell et al. examined prevalence and risk factors for WPV by utilizing data from a cross-sectional survey. A total of 2166 nurse personnel, including nurses and other nursing personnel

and patient care technicians, from a metropolitan healthcare institution in the U.S. responded to the survey. Almost 30% of nursing personnel reported experiencing WPV in a 12 months period. The violence was reported as physical or psychological in approximately equal percentage. Nurses reported overall greater rates of WPV than non-nurses in every clinical area. Respondents who report physical violence cited the patients as the main perpetrator in over 90% of cases, as compared to 54% when psychological violence is reported. Co-workers, physicians and supervisors were also reported as perpetrators. The strongest risk factor for physical WPV was identified as working in psychiatric units or EDs.(19)

The International Labor Office (ILO), the International Council of Nurses (ICN), the World Health Organization (WHO) and Public Services International (PSI) launched in 2000 a joint program in order to develop sound policies and practical approaches for the prevention and elimination of violence in the health sector and published a synthesis report in 2003. According to the report, it has been revealed that violence at work against health personnel is an existing and widespread problem in developing and transition countries as well as it was shown before for the industrialized world. More than half of the responding health personnel have experienced at least one incident of physical or psychological violence in the previous year: 75.8 per cent in Bulgaria; 67.2 per cent in Australia; 61 per cent in South Africa; in Portugal 60 per cent in the Health Centre complex and 37 per cent in the hospital; 54 per cent in Thailand; 46.7 per cent in Brazil. Physical violence is substantially present in most of the countries investigated. In Bulgaria 7.5 per cent of the respondents reported having been physically attacked in the previous year; 6.4 per cent in Brazil; 5.8 per cent in Lebanon; 10.5 per cent in Thailand; 9 per cent in the private sector and up to 17 per cent in the public sector in South Africa. Even in Portugal, where the percentage is limited to 3 per cent, physical violence has been indicated as being very important for emergency care crews.(7)

Psychological violence is widespread everywhere with verbal abuse at the top of the list. In Brazil 39.5 per cent of the respondents had experienced verbal abuse in the last year; 32.2 per cent in Bulgaria; 52 per cent in South Africa with 60.1 per cent in the public sector; 47.7 per cent in Thailand; 51 per cent in the health center complex and 27.4 per cent in the hospital in Portugal; 40.9 per cent in Lebanon and up to 67 per cent in Australia. (7)

In developing countries, the issue of WPV against health care personnel working in EDs has been investigated in a few studies. WPV against nurses in Egypt showed that (27.7%) of nurses reported abuse of any kind, (69.5%) verbal abuse; and (9.3%) physical abuse. Males were more exposed to violence events during the past 12 months than females (35.3% versus 24.2 %,) respectively. (20)

The country case studies synthesis report ILO/WHO/ICN/PSI of 2003 showed extremely high level of physical violence in the public health sector in South Africa. Even more shocking when one considers that up to 71.1 per cent of the respondents in the public sector, as against 51.6 per cent in the private one, reported having experienced at least one incident of workplace violence, while 25.5 per cent in the public sector and 10.1 per cent in the private sector had witnessed episodes of physical violence in the previous twelve months. The public sector appears particularly vulnerable to violence with more crime-related incidents such as robberies, criminals hiding in big hospitals, gang wars being continued in the hospitals, patients with firearms and convicted criminals attacking the staff. (7)

In Ethiopia at present there are no nationwide statistics available, neither on violence as such nor on workplace violence in health sector. A research article on prevalence of workplace violence on nurses in public health facilities in Hawassa shows that the prevalence of workplace violence was 29.9% of which physical violence accounted for 36 (18.22%), verbal abuse for (89.58%) and sexual harassment for 25 (13.02%). (8)

Also a study in Northwest Ethiopia on Prevalence of workplace violence among nurses showed that the overall prevalence of workplace violence was 26.7 %. (9)

Violence against emergency Department Nurses

The U.S. Department of Justice survey showed that health care sector led all other sectors in the incidence of non-fatal workplace assaults and that nurses were the most likely of health care workers to be assaulted. (21) Assault rates are particularly high among Emergency Department (ED) nurses. (22) A study of 125 nurses at a regional medical center found that 82 percent of ED nurses had been physically assaulted at work during 2001. (23)

In a survey of Workplace Violence across 65 U.S. Emergency Departments key informants reported more than 3,461 physical attacks over 5-year period. (24)

In 2009, the Emergency Nurses Association (ENA) surveyed ED nurses in U.S. nationwide and found that more than 50% had been subjected to violence from patients. In addition, more than 25% experienced 20 or more actions of violence within the past 3 years. In a study including 5,000 nurses, 76% stated that they had experienced verbal and/or physical abuse from a patient or visitor within the past year. (6)

A survey of Nurses exposure to workplace violence in a large teaching hospital in Iran showed that the most frequently reported exposures to physical violence were reported to have occurred in clinics or outpatient wards (29%) and the emergency department (26%) respectively. (25) A study in the same country on nurses working in emergency Department showed that; 19.7% of the nurses had faced physical violence. All of the physical violence incidents were without-weapon; 91.6% of the participants experienced verbal abuse during the past year. Patients' relatives were the most common source of violence. (26)

Crilly et al. in a descriptive longitudinal cohort study on ED nurses found that 70 % of respondents reported 110 episodes of violence in a 5-month period in Australia. The episodes most often (37%) occurred during evening shifts. Being sworn at and being pushed were the two most common forms of verbal and physical violence (61% and 10%, respectively). Violent incidents most often occurred in the triage and accident area. (27)

Ergun & Karadakovan in a descriptive survey in Turkey on ED nurses found that the incidence of verbal violence was more frequent than physical violence (98.5%, 19.7%, respectively). Many of the verbally violated respondents (53.8%) had been violated more than 15 times in their professional career. The frequency of verbal violence had significant association with the age and experience of ED nurses.(28)

Impacts of Workplace violence on emergency Department nurses

Violence against nurses is a complex and persistent occupational hazard facing the nursing profession. Paradoxically, the job sector with the mission to care for people appears to be at the

highest risk of workplace violence. Nurses are among the most assaulted workers in the American workforce. Too frequently, nurses are exposed to violence – primarily from patients, patients' families, and visitors. This violence can take the form of intimidation, harassment, stalking, beatings, stabbing, shootings, and other forms of assault. (22)

Psychological consequences resulting from violence may include fear, frustration, lack of trust in hospital administration, and decreased job satisfaction. Incidences of violence early in nurses' careers are particularly problematic as nurses can become disillusioned with their profession. Violence not only affects nurses' perspectives of the profession, but it also undermines recruitment and retention efforts which, in a time of a pervasive nursing shortage, threatens patient care.(22)

Workplace violence against Iranian nurses working in emergency departments in 2011 found that, as a result of WPV, 40% of physically violated nurses and 25.8% of verbally abused nurses reported that they had been extremely bothered by repeated disturbing memories, thoughts or images of the attack. Avoiding thinking about or talking about the attack, or avoiding having feelings related to it, was present in 28.6% of physically and 23.3% of verbally abused nurses who had been extremely bothered. (26)

One study in the island of Australia, Tasmania, revealed that some nursing staff (11%) had resigned from their position due to verbal or physical abuse, and a further 24% had considered resigning for the same reason. The same study found that nurses perceived that speaking with management about their concerns was not an effective way to manage the stress associated with workplace violence. (29)

Violent incidents in the health care environment can be terribly destructive, influencing nurses' personal and professional life, as well as the quality of care, negatively. These features include, for example, decreased productivity, increased absenteeism, burnout, turn over, and financial losses; decreased staff morale and reduced quality of life; emotional reactivity such as anger, sadness, frustration, fear, self-blame; decreased job satisfaction; changes in relationship with the co-worker and family, and feelings of incompetence and guilt; leaving the profession; and direct/indirect financial burdens for the health economy and society as a whole. (26)

The issue of workplace violence reporting

A study in Australia, New South Wales emergency departments, all nurse subjects (n=266) reported to have experienced some kind of violence at least weekly. However, over 70% of these incidents were not reported to authorities.(30)

The Iranian article reported that one hundred fifty-two (85.4%) nurses indicated that there was no procedure to report violent incidents in the workplace. The remainder wrote that they accessed the reporting procedure; however, just 16 of the remaining 26 respondents knew how to use the reporting procedure. Only 24.7% of all the participants had been encouraged to report violence and their colleagues were the main source of the encouragement (45.5%). (26)

There are different reasons for the underreporting of incidents of workplace violence: lack of clear definition of "violence", context of the provision of health care, self-blaming tendency of staff, fear of being blamed, role conflict, patient's intent to harm, staff's attitude towards or tolerance of violence, and policies of agency.(31)

3. OBJECTIVES

3.1 General objective

The objective of this study is to assess Workplace violence against nurses working in emergency departments of public referral hospitals in Addis Ababa, Ethiopia in the past 12 months.

3.2 Specific objectives:

- To determine the prevalence of workplace violence against nurses working in emergency department.
- To assess the types of workplace violence against nurses working in emergency department.
- To assess the level of reporting and reasons associated with underreporting of workplace violence
- To assess the Consequence of workplace Violence on nurses working in emergency department
- Identify the existing policies and the management measures to tackle workplace violence.

4. METHODS AND MATERIALS

4.1. Study area

This study was conducted in EDs of all referral public Hospitals in Addis Ababa, Ethiopia. Addis Ababa is the capital city of Ethiopia; covering an area of 540 sq. km and amongst others, it is the seat of the economic commission of Africa and Africa Union. The total population of the city is about 3.3 million with 5046 peoples per kilometer. The Administrative region has 10 sub cities and 106 districts. According to Minister of health Annual performance report of 2015, there were 49 hospitals of which 13 are government owned, 5 NGOs and 31 are private, 27 public health centers, and 130 public health stations, 700 different levels private clinics are found in Addis Ababa city Administrative region (32). Of the 13 public hospitals all 10 referral hospitals which have emergency services were selected, which include Tikur Anbessa specialized Hospital, St. Paul specialized referral hospital, AaBET Hospital , Yikatit 12 referral Hospital, Trauma center of ALERT specialized Hospital, Tirunesh Beijing Hospital, Ras desta damtew Hospital, Zewditu memorial Hospital and Dagmawi Menilik referral hospital .

4.2 Study design and Study Period

Institutional based descriptive cross-sectional study design was employed from Dec - June, 2017 to assess workplace violence against nurses working in emergency department of referral public hospitals of Addis Ababa, Ethiopia.

4.3. Population

4.3.1. Source population

Source populations were all nurses working in public hospital in Addis Ababa, Ethiopia.

4.3.2. Study Population

The study populations for this study were all nurses working in emergency department of referral public hospital of Addis Ababa, Ethiopia.

4.4. Inclusion and exclusion criteria

4.4.1. Inclusion criteria

- Willingness to participate
- Working in emergency department at least one year as a probation period will over and a nurse will be fully responsible to care for patients.
- At least a Bachelor's degree holding nurses

4.4.2. Exclusion criteria

- All nurses who were not at work place during data collection period (those in full time school schedule and those on leave).

4.5. Sample size Determination

The minimum sample required was calculated using the single proportion formula

$$n = \frac{z^2 p(1-p)}{d^2}$$

d= Acceptable margin of error (precision of measurement) = 5%

z= Standard variant (1.96) which correspond to 95% confidence level

p= Overall prevalence of workplace violence among nurses in public health facilities in Hawassa 2015 (29.9%)(8)

$$\frac{1.96^2\ 0.299\ (1-0.299)}{0.05^2} = \mathbf{322}$$

Since the total number of study population is < 10,000 (N=577) using the correction formula the final sample size was $\mathbf{n_f} = \frac{N*n}{N+n}$ $\frac{577*322}{577+322} = \mathbf{207}$

And considering 10% non-respondent rate the final sample size became **228**.

4.6. Sampling procedure

Sampled population was allocated proportionally based on the number of nurses working in emergency departments of each public referral hospitals.

The number of nurses participating in each hospital was determined using the population proportionate sampling.

$$n = \frac{nf * N \text{ in a health facilities}}{N \text{ total}}$$

Where, n= Proportion of nurses participate in the study in a given public hospital,

n_f = Final sample size obtained using correction formula (228),

N $_{total}$ =is the total number of nurses working in Emergency department in selected public hospitals (577)

1. Tikur Anbessa specialized Hospital 87*228/577 = 35
2. St. Paul specialized referral Hospital 51*228/577 = 20
3. St. Peter's specialized Hospital 29*228/577 = 12
4. AaBET Hospital 181*228/577 =72
5. Yikatit 12 referral Hospital 33*228/577 = 14
6. Trauma center of ALERT specialized Hospital 54*228/577 = 22
7. Tirunesh Beijing Hospital 29*228/577 = 12
8. Ras desta damtew hospital 30*228/577 = 13
9. Zewditu memorial hospital 37*228/577 = 15
10. Dagmawi Menilik referral hospital 31*228/577 = 13

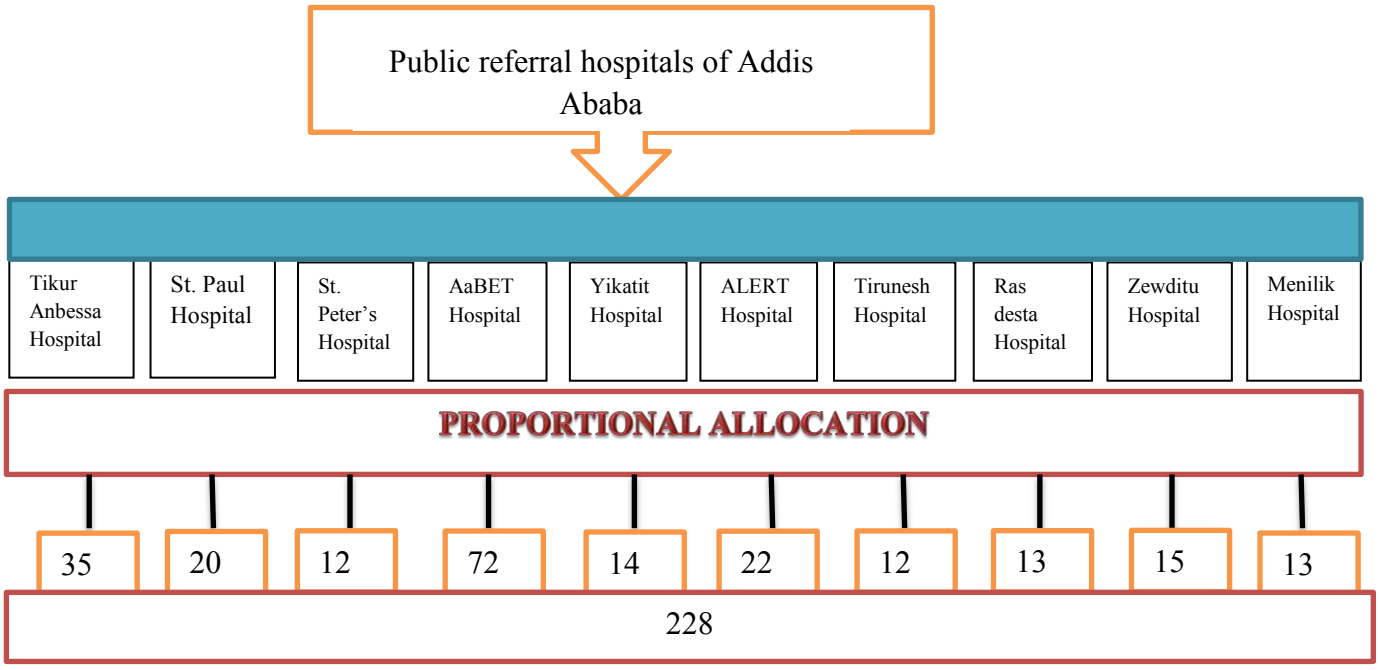


Figure 1 the schematic presentation of sample selection procedure in public referral hospitals of Addis Ababa

After proportional allocation of sample, participants were selected by simple random sampling from monthly work schedule obtained from the head nurses of emergency department of each selected referral hospitals.

4.7. Variables

4.7.1. Independent variable

- Personal characteristic
  - Sex
  - Age
  - Marital status
  - Working experience
- Perpetrators of violence
- Place of violence
- Time of violence

4.7.2. Dependent variables

- Prevalence of violence
- Types of violence
- Response to violence

4.8. Instrument and Data collection procedure

4.8.1 Data collection tool

A self-administered standardized questionnaire was used for quantitative data collection from nurses working in ED.

The self-administered questionnaire, public domain instrument, is developed by the International Labor Office, the International Council of Nurses, the World Health Organization (WHO), and the Public Services International (2003)(33) regarding WPV in the health sector was adjusted for the study and employed. The adjusted questionnaire consisted of three sections. Data regarding personal and workplace characteristics were collected using the first part. The second and third parts of the questionnaire are related to 'physical, verbal and psychological WPV, respectively. Furthermore, if an ED nurse experienced WPV in the past year, information such as nature,

frequency, responses, consequences and satisfaction of incident handling, strategies and policies to deal with the incident was sought.

4.8.2. Data Collection Procedures

The data was collected through self-administered standardized questionnaire. The participants were asked to complete the questionnaire and give to the date collector at each site.

4.8.3 Data quality control

Available EDs' head nurses and supervisors were invited and informed regarding the purpose and significance of the study. All data collectors and supervisors were given single day training. They were informed how to complete the questionnaire in detail and were asked to describe the survey procedures sufficiently to study participant on all work shifts. Supervisors Phone numbers were written at the beginning of the questionnaire to make contact easy if they had any questions. Piloting was done on the instrument on 10% of the respondents in Gandhi memorial hospital to check validity of data collection tool prior to the study.

4. 9. Data processing, Analysis and presentation

All of the collected data using the adjusted questionnaire were reviewed and check for completeness. All questionnaires were coded according to hospital name. The collected data were coded, entered, and analyzed via Epi-Info version 7 statistical package, free and publicly available for download,(34) using descriptive statistics. The chi-squared test was used to determine the association between demographic data and violent incidents. $P < 0.05$ denoted statistical significance.

4.10 Operational definition

In line with the definition proposed by the International Labor Office, International Council of Nurses, World Health Organization, and Public Services International, in this study, workplace violence includes.

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.

PHYSICAL VIOLENCE- 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.

ASSAULT/ATTACK- Intentional behavior that harms another person physically, including sexual assault (i.e. Rape).

PSYCHOLOGICAL VIOLENCE (Emotional abuse)- 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. Includes; verbal abuse, harassment, and threats.

Abuse - Behavior that humiliates, degrades or otherwise indicates a lack of respect for the dignity and worth of an individual.

Sexual harassment- Any unwanted, unreciprocated and unwelcome behavior of a sexual nature that is offensive to the person involved, and causes that person to be threatened, humiliated or embarrassed.

Threat - 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 group.(33)

4.11. Ethical Consideration

After approval of the proposal, Ethical clearance and formal letter was obtained from Emergency Department of A.A University. Before data collection is commenced, permission to EDs was obtained from the hospital managers. Each participant was provided with the questionnaire
With a cover letter that explained the purposes and significance of the study. The study participants were assured that their name will not be stated, Data were kept confidential and anonymous and it was used only for research purpose. They were also informed that they will not be forced to answer the entire question and they can withdraw at any time if they don't want to participate.

4.12. Dissemination and utilization of result

The study result will be presented to Addis Ababa University, Faculty of Medicine department of emergency medicine and documents will be disseminated to all responsible bodies in the study area, for the hospitals where the study was conducted, and Addis Ababa university school of emergency medicine.

5. RESULTS

Demographic and Workplace Characteristics

Out of 228 sampled respondents a total of 215 respondents returned their questionnaire giving a response rate of 94.3%. Eleven of the copies were rejected due to data incompleteness of relevant variables and 204 responses were included in the final analysis. Greater than a half (52.94 %) of the participants was males and nearly two thirds (61.27 %) were single. The mean age of the participants was 28.95 years with standard deviation of ±4.65 years and about 53% were between the age group of 25 and 30 years. Nearly all of the participants (94.12 %) had bachelor's degree in nursing and the remainder consisted MSc nurses. About (89.22%) of the participants reported that they were working on shifts. About four-fifth (81.37%) of the study participants had between 1 and 5 years of working experience in emergency department. Staff nurses formed the majority of our participants (95.10%) and the remainder consisted of head nurses. With regard to working in night shift, about (89.22%) of the participants work between (18:00h and 7:00h). Considering staff presence in the same work setting during most of work time (more than 50% of the time), more than half (52.45%) reported one to five staff presence.

Table 1 presents the characteristics of respondents and reporting of violent incidents. Violence reporting was relevant concern. Two hundred and one (98.52%) nurses indicated that there was no procedure to report violent incidents in the workplace. Only 29.56 % of all the participants had been encouraged to report violence and their colleagues were the main source of the encouragement (83.3%).

Table 1 Demographics and workplace characteristics of respondents in Addis Ababa, Ethiopia, May 2017

Characteristics	Frequency	Percentage (%)
Gender		
Male	*108*	*52.9*
Female	*96*	*47.1*
Age group		
20 - <25	*27*	*13.2*
25 - <30	*109*	*53.5*
30 - <35	*51*	*25.0*
35 - <40	*9*	*4.4*
40 - <45	*6*	*2.9*
45 - <50	*1*	*0.5*
50 - <55	*1*	*0.5*
Marital status		
Single	*125*	*61.3*
Married	*74*	*36.3*
Separated /divorced	*5*	*2.4*
Level of education		
BSc nurse	*192*	*94.1*
MSc nurse	*12*	*5.9*
Experience in Emergency Department		
1-5years	*166*	*81.4*
6-10 years	*36*	*17.6*
>10 years	*2*	*1*
Position		
staff	*194*	*95.1*
Senior manager	*10*	*4.9*
Work in shifts		
Yes	*182*	*89.2*
No	*22*	*10.8*
Work anytime between 18h00 and 07h00		
Yes	*182*	*89.2*
No	*22*	*10.8*
Staff present in the same work setting with you during most of your work time		
1-5	*107*	*52.5*
6-10	*88*	*43.1*
11-15	*9*	*4.4*
Procedures for the reporting of violence		
Yes	*3*	*1.5*
No	*201*	*98.5*
Encouragement to report workplace violence		
Yes	*60*	*29.6*
No	*144*	*70.4*

Source of encouragement to report		
colleagues	*50*	*83.3*
management / employer	*18*	*30*
own family / friends	*5*	*8.3*
Union /association	*0*	*0*

Prevalence of Workplace Violence and Responses of ED Nurses

Fifty one nurses (25.0%) reported physical violence in the last 12 months and verbal violence was much more frequent (59.3 %) than physical violence in the same period. However, no one reported existence of any sexual harassment. 21.1% the physically assaulted nurses experienced verbal abuse before any incident of physical violence.

Table 2 Frequency of violent incidents and responses of emergency department nurses in Addis Ababa, Ethiopia, May, 2017

Variables	Physical	Verbal
	n (%)	n (%)
Exposure to violent incidents in the last 12 months:		
Yes	*51 (25.0)*	*121 (59.3)*
No	*153 (75.0)*	*83 (40.7)*
Perpetrators of violence		
Relatives of patient/client	*28 (54.9)*	*68 (56.2)*
Patient/client	*15 (29.5)*	*24 (19.8)*
Staff member	*5 (9.8)*	*20 (16.5)*
External colleague/worker	*3 (5.8)*	*9 (7.4)*
Management / supervisor	*0 (0.0)*	*0 (0.0)*
General public	*0 (0.0)*	*0 (0.0)*
Violence place		
Beside patient's bed	*23 (45.1)*	*82 (67.8)*
Nursing station	*10 (19.6)*	*17 (14.0)*
Treatment room	*10 (19.6)*	*15 (12.4)*
Waiting room	*5 (9.8)*	*5 (4.1)*
*Others**	*2 (3.9)*	*2 (1.7)*
Violence time	*5 (9.8)*	-
07.00h - before 13.00 h	*5 (9.8)*	-
13.00 h – before 18.00 h	*27 (52.9)*	-
18.00h – before 24.00	*7 (13.8)*	-
24.00h - before 07.00h	*7 (13.8)*	-
don't remember		
Reaction of nurses to violence		
Reported it to a senior staff member	***12 (19.4)***	*18 (10.3)*
Took no action	*11 (17.7)*	*27 (15.5)*
Tried to pretend it never happened	*9 (14.5)*	***41 (23. 6)***
Told the person to stop	*9 (14.5)*	*39 (22.4)*

Tried to defend myself physically	*7 (11.3)*	-
Transferred to another position	*7 (11.3)*	*26 (15.0)*
Told friends/family/colleague	*6 (9.8)*	*23 (13.2)*
Pursued prosecution	*1 (1.6)*	*0 (0.0)*
Sought counselling	*0 (0.0)*	*0 (0.0)*
Completed compensation claim	*0 (0.0)*	*0 (0.0)*
Completed incident/accident form	*0 (0.0)*	*0 (0.0)*
Sought help from association/union	*0 (0.0)*	*0 (0.0)*
Preventable violent incidents		
Yes	*45 (88.2)*	*97 (80.2)*
No	*6 (11.8)*	*24 (19.8)*

**outside of hospital environment*

Patients' relatives were the most common source of both kinds of violence, physical abuse (54.9%) and verbal abuse (56.2%). Physical violence and verbal abuse incidents occurred mostly (45.1%) and (67.8%) near the patients' bed respectively. Most of the physical violence incidents (52.9 %) occurred on before midnight (18.00h – before 24.00h). Most nurses (39.1%) did not react at all ("Took no action or Tried to pretend it never happened") to verbal abuse. However, in the case of physical violence, most of the nurses (19.4%) reported to a senior staff member. The majority of the nurses (88.2%) thought that physical violence could be prevented. The same response was also given (80.2%) regarding verbal abuse.

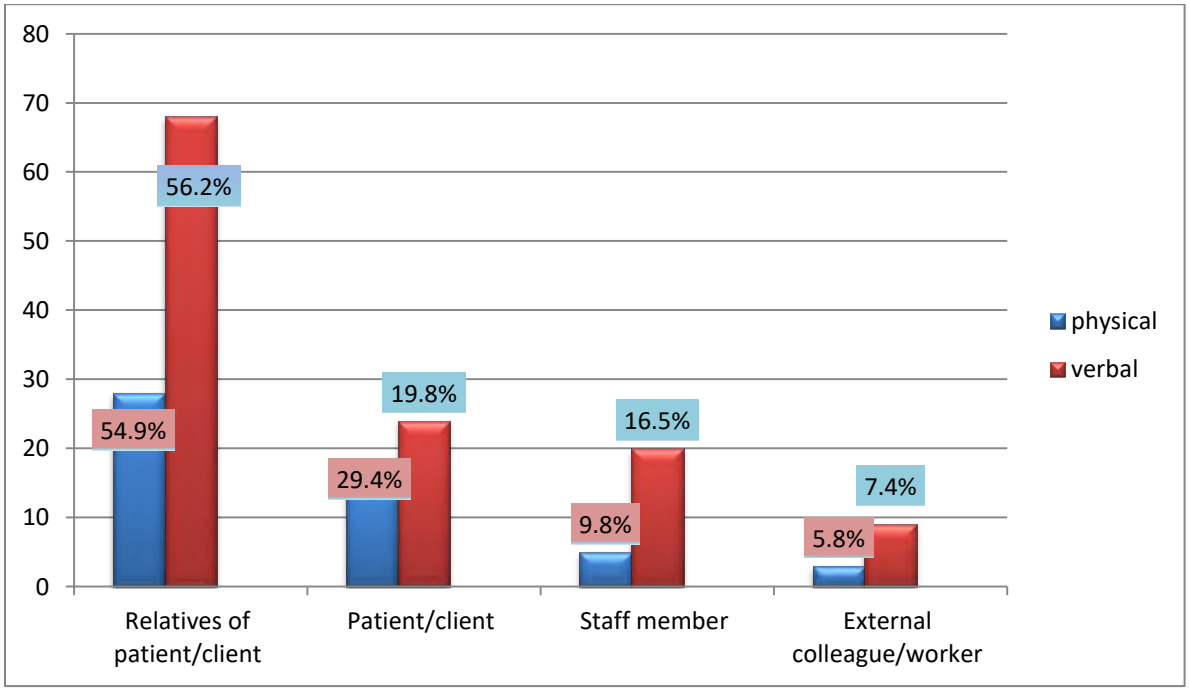


Figure 2 Perpetrators of violence among emergency department nurses in Addis Ababa, Ethiopia, May, 2017

Table 3 Exposure to physical and verbal violence by participant characteristics among nurses working in ED Addis Ababa, Ethiopia, May 2017

	Physical				Verbal			
	Yes(51)	No(153)	χ^2	p value	Yes(121)	No(83)	χ^2	*p* value
Gender								
Male	*23(45.1)*	*85(55.6)*			*57(47.1)*	*51(61.5)*		
Female	*28(54.9)*	*68(44.4)*	*1.670*	*0.196*	*64(52. 9)*	*32(38.5)*	*4.046*	*0.044**
Age group								
20 - <25	*13(25.5)*	*14(9.1)*			*20(16.5)*	*7(8.43)*		
25 - <30	*31(60.8)*	*78(51.0)*			*65(53.7)*	*44(53.0)*		
30 - <35	*6(11.8)*	*45(29.4)*	*16.76*	*0.010**	*28(23.1)*	*23(27.7)*	*7.649*	*0.265*
35 - <40	*1(1.9)*	*8(5.2)*			*6(5.1)*	*3(3.6)*		
40 - <45	*0(0.0)*	*6(3.9)*			*2(1.7)*	*4(4.8)*		
45 - <50	*0(0.0)*	*1(0.7)*			*0(0.0)*	*1(1.2)*		
50 - <55	*0(0.0)*	*1(0.7)*			*0(0.0)*	*1(1.2)*		
Marital status								
Single	*42(82.3)*	*83(54.2)*			*80(66.12)*	*45(54.2)*		
Married	*9(17.65)*	*65(42.5)*	*13.10*	*0.001***	*41(33.88)*	*33(39.8)*	*8.895*	*0.011**
divorced	*0(0.00)*	*5(3.3)*			*0(0.00)*	*5(6.0)*		
Experience in ED								
1-5years	*48(94.1)*	*118(77.1)*			*102(84.3)*	*64(77.1)*		
6-10 years	*3(5.88)*	*33(21.15)*	*7.357*	*0.025*	*18(14.88)*	*18(21.7)*	*1.678*	*0.432*
>10 years	*0(0.00)*	*2(1.31)*			*1(0.83)*	*1(1.20)*		
Level of education[†]								
BSc nurse	*50(98.0)*	*142(92.8)*	*1.879*	-	*113(93.4)*	*79(95.2)*	*0.284*	*0.593*
MSc nurse	*1(2.0)*	*11(7.19)*			*8(6.61)*	*4(4.7)*		
Position[†]								
staff	*51(100)*	*143(93.4)*	*3.488*	-	*114(94.2)*	*80(96.4)*	*0.492*	-
Senior manager	*0(0.0)*	*10(6.6)*			*7(5.79)*	*3(3.6)*		
Work in shifts[†]								
Yes	*51(100)*	*131(85.6)*	*8.179*	-	*110(90.9)*	*72(86.7)*	*0.882*	*0.347*
No	*0(0.00)*	*22(14.38)*			*11(9.09)*	*11(13.3)*		

** p < 0.05; **p < 0.01*

[†] Chi–square test was not performed due to the number of participants in some of the cells, which is less than 5.

Outcome of workplace violence

When asked about the level apprehensions in workplace related to violent incidents most participants indicated that they are moderately worried (35.8%) or Worried (23.0%)

Most physical violence incidents were not severe and did not require any medical attention. While (11.8 %) physical violence was with a weapon, the rest (88.2%) physical violence was

without weapon. 6 participants were injured because of the violent incidents. Four of the six nurses who reported that they were injured because of the violent incidents required formal treatment for the injury.

Table 4 consequences of violence in ED among nurses in Addis Ababa, Ethiopia, May, 2017

Variables	Frequency	Percentage
Injured as a result of the violent incident		
Yes	*6*	*11.76 %*
No	*45*	*88.23 %*
Formal treatment for the injuries		
Yes	*4*	*66.67 %*
No	*2*	*33.33 %*
Anxiety level of ED nurses		
Not worried at all	*20*	*9.80%*
A little worried	*41*	*20.09%*
Moderately worried	*73*	*35.78%*
Worried	*47*	*23.03%*
Very worried	*23*	*11.27%*

Dealing with Physical Violence

Only 19 of the 51 participants that had been attacked (37.3%) and (15.7%) who are verbal abuse reported any action taken to investigate the causes of the incidents. Most actions were taken by Head nurse. (62.7%) attacked and (83.5%) verbal abuse nurses reported no consequences for attackers; and another four that had been attacked and eleven nurses who are verbal abuse reported verbal warnings to the attackers. None of the nurses reported that their employers or supervisors provided them with Counselling or an opportunity to speak about or report the incident. (82.4%) nurses that had been attacked and (84.3%) verbal abused said they were very dissatisfied with the manner in which the incident was handled. The major reasons chosen for not reporting violent incidents were “It was not important” and “Useless”.

In additions, 107 of all 204 (52. 5 %) participants reported that they have witnessed incidents of physical violence in their workplace, i.e., they had seen other nurses being exposed to violence.

Table 5 Dealing of violent workplace incidents among nurses working in ED, Addis Ababa, Ethiopia, May, 2017

Variables	Physical violence (n=51)	Verbal violence (n=121)
	n (%)	n (%)
Investigating the causes of violence		
yes	*19 (37.3)*	*19 (15.7)*
no	*31 (60. 8)*	*101 (83.5)*
don't know	*1 (2.0)*	*1 (0.8)*
Investigated by whom		
Management/employer	*3 (15. 8)*	*1(5.3)*
Head nurse	*11 (57. 9)*	*15(78.9)*
Matron	*0 (0.0)*	*0 (0.0)*
Supervisor	*2 (10.5)*	*3 (15.8)*
Police	*3 (15. 8)*	*0 (0.0)*
Consequences for the attacker		
None	*32 (62.7)*	*101(83.5)*
verbal warning issued	*4 (7.8)*	*11(9.1)*
care discontinued	*7 (13.7)*	*9(7.4)*
Reported to police	*3 (5.)*	*0(0.0)*
aggressor prosecuted	*1 (2.0)*	*0(0.0)*
Don't know	*4 (7.8)*	*1(0.8)*
Manager post-incident support		
Counselling	*0 (0.0)*	*0 (0.0)*
Opportunity to speak about/report it	*0 (0.0)*	*0 (0.0)*
Other support	*0 (0.0)*	*0 (0.0)*
Nurse's satisfaction with the manner in which the incident was handled		
very satisfied	*0(0.0)*	*0(0.0)*
satisfied	*2(3.9)*	*2(1.7)*
moderately satisfied	*4(7.8)*	*17(14.0)*
dissatisfied	*42(82.4)*	*102(84.3)*
very dissatisfied	*3(5.9)*	*3(2.5)*
Reasons for not reporting the incident		
It was not important	*69 (42.3)*	*17 (28.3)*
Useless	*56 (34.4)*	*23 (38.3)*
Did not know who to report to	*16 (9.8)*	*10 (16.7)*
Felt ashamed	*11 (6.7)*	*7 (11.7)*
felt guilty	*10 (6.1)*	*3 (5.0)*
Afraid of negative consequences	*1(0.4)*	*0(0.0)*
Witnessed incidents of physical violence		
Yes	*107(52.4)*	-
No	*97(47.6)*	-

Problems Related to Violence

In respect to the problems and ailments reported by participants as a result of physical and verbal violence, (52.9%) physically and (9.1%) verbally abused participants had been "extremely bothered by repeated disturbing memories, thoughts, or images of the attack"; (56.9%) physically and (19.8%) verbally abused participants had been bothered "extremely avoiding thinking about or talking about the attack" or "avoiding having feelings related to it"; (60.8%) physically and (14.9%) verbally abused participants had been bothered extremely by being "super-alert" or "watchful and on guard"; and (62.8%) physically and (30.6%) verbally abused participants had been bothered extremely by "feeling that everything they did was an effort" or "to be difficult or painful to do".

Table 6 Problems related to violent workplace incidents among nurses working in ED, Addis Ababa, Ethiopia, May 2017

Problems and complaint	Physical (n=51)	Verbal (n=121)
	n (%)	n (%)
Repeated, disturbing memories, thoughts, or images of the attack		
Not at all	*0(0.0)*	*15(12.4)*
A Little	*3 (5.9)*	*12(9.9)*
Bit Moderately	*6 (11.8)*	*30(24.8)*
Quite a Bit	*15 (29.4)*	*53(43.8)*
Extremely	*27 (52.9)*	*11(9.1)*
Avoiding thinking about or talking about the attack or avoiding having feelings related to it		
Not at all	*0(0.0)*	*11(9.1)*
A Little	*2 (3.9)*	*11(9.1)*
Bit Moderately	*4 (7.8)*	*24(19.8)*
Quite a Bit	*16 (31.4)*	*51(42.1)*
Extremely	*29 (56.9)*	*24(19.8)*
Being "super-alert" or watchful and on guard		
Not at all	*0(0.00)*	*12(9.9)*
A Little	*3 (5.88)*	*14(11.6)*
Bit Moderately	*4 (7.84)*	*22(18.2)*
Quite a Bit	*13 (25.49)*	*55(45.5)*
Extremely	*31 (60.78)*	*18(14.9)*
Feeling like everything you did was an effort (to be difficult or painful to do)?		
Not at all	*0(0.0)*	*10(8.3)*
A Little	*3 (5.9)*	*8(6.7)*
Bit Moderately	*3 (5.9)*	*13(10.7)*
Quite a Bit	*13 (25.5)*	*53(43.8)*
Extremely	*32 (62.8)*	*37(30.6)*

Anti-Violence Strategies

Policies and Procedures of Employers

The majority participants indicated that their employers had no specific polices against workplace violence. Less than 40% of participants said their employers had specific policies on health and safety (38.7%), physical workplace violence (17.7%), sexual harassment (21.1%) verbal abuse (5.9%) or threat (5.9%).

Table 7 specific policy in workplace among nurses working in ED, Addis Ababa, Ethiopia, May, 2017

specific policies on:	Yes	No	Don't know
	n (%)	n (%)	n (%)
Health and safety	***79(38.7)***	*60 (29.4)*	*65 (31.9)*
Physical workplace violence	*36 (17.7)*	***87 (42.7)***	*81 (39.7)*
Sexual harassment	*43 (21.1)*	***84 (41.2)***	*77 (37.8)*
Verbal abuse	*12 (5.9)*	***109 (53.4)***	*83 (40.7)*
Threat	*12 (5.9)*	***110 (53.9)***	*82 (40.2)*

Measures to reduce workplace violence

While inquired about the measures that existed in the workplace to deal with violence, the majority of participants indicated the following: 95.6%(n=195) participants reported the presence of security measures such as guards, alarms, portable telephones; 89.2% (n=182) participants reported the presence of improved surroundings such as lighting, noise, heat, access to food, cleanliness, privacy restricted public access. Only three (1.8%) participants reported the presence of investment in human resource development such as training for career advancement, rewards for achievement and the presence of training, e.g., coping strategies, communication skills, conflict resolution, self-defense were reported by (n=4, 2.0%) of all the participated nurses.

Table 8 Measures that exist in workplace among nurses working in ED Addis Ababa Emergency May, 2017

Variables	Frequency (%) (n = 204)
Security measures (e.g. guards, alarms, portable telephones)	195(95.6)
Improve surroundings (e.g. lighting, noise, heat, access to food, cleanliness, privacy)	182(89.2)
Restrict public access	142(69.6)
Patient screening (to record and be aware of previous aggressive behavior)	54(26.5)
Patient protocols (e.g. control and restraint procedures, transport, medication, activities programming, access to information)	51(25.0)
Increased staff numbers	47(23.0)
Special equipment or clothing (e.g. uniform or absence of uniform)	26(12.7)
Changed shifts or rotates (i.e. working times)	19(9.3)
Reduced periods of working alone	4(2.0)
Training (e.g. workplace violence, coping strategies, communication skills, conflict resolution, self-defense)	4(2.0)
Investment in human resource development (training for career advancement, retreats, rewards for achievement, promotion of healthy environment)	3(1.5)
None of these	-

Perceptions of Effective Measures

When asked about the extent to which some measures are helpful in the work setting, more than half the participants said that security measures (n=134;65.7%), restricting public access (n=86; 42.2%), training (n=111; 54.4%) and human resource development (n=108; 52.9%) would be very helpful measures to deal with workplace violence

Table 9 The extent measures in workplace that would be helpful among nurses working in ED Addis Ababa Emergency May, 2017

Measures	**Very**	**Moderate**	**Little**	**Not at all**
	n (%)	n (%)	n (%)	n (%)
Security measures	**134(65.2)**	64(31.4)	6(2.9)	-
Improve surroundings	**106(52.0)**	87(42.7)	11(5.4)	-
Restrict public access	86(42.2)	**106(52.0)**	12(5.9)	-
Patient screening	55(27.0)	**108(52.9)**	41(20.1)	-
Patient protocols	50(24.5)	**106(52.0)**	48(23.5)	-
Increased staff numbers	47(23.0)	**131(64.2)**	26(12.8)	-
Special equipment or clothing	44(21.6)	64(31.4)	**85(41.7)**	11(5.4)
Changed shifts or rotates	52(25.5)	**108(52.9)**	39(19.1)	5(2.5)
Reduced periods of working alone	62(30.4)	**117(57.4)**	25(12.3)	-
Training	**111(54.4)**	82(40.2)	11(5.4)	-
Investment in human resource development	**108(52.9)**	85(41.8)	11(5.4)	-

6. DISCUSSION

The Objectives of this study is to assess not only the prevalence of workplace violence against nurses working in EDs but strategies to tackle WPV, Violent incident reporting and shines light on the serious outcomes of WPV.

The study finding concerning the prevalence of workplace violence in Public referral hospitals of Addis Ababa is different than those reported by international studies conducted in different areas. The study showed that in the past 12 months 59.31 % of nurses reported experiencing verbal abuse, 25.00 % physical violence and no sexual harassment response. A research article on prevalence of workplace violence on nurses in public health facilities in Hawassa shows that the prevalence of physical violence accounted for (18.22%), verbal abuse for (89.58%) and a significantly higher sexual harassment of (13.02%). Synthesis report by ILO/WHO/ICN/PSI showed that a verbal and physical violence of (75.8 % 7.5 %) in Bulgaria; (40.9 %, 5.8 %) in Lebanon; (61% , 17 %) in South Africa; (60 %, 3%) in Portugal; (54% 10.5%) in Thailand; and (46.7%, 6.4%) in Brazil respectively.(35) The possible explanation for higher incident of physical violence in this study is the difference in setting of study. All of the surveys were conducted across all departments of the hospitals, while this study is conducted only on ED. Along with psychiatric units, EDs was identified as the strongest risk factor for physical WPV. (19)

A Palestinian EDs and Iraqi Hospital WPV surveys reported a physical violence as high as 35.5% and 42% respectively.(36, 37) This inconsistently high prevalence of physical WPV may be associated with the fact that those countries are war regions with political instability. As reported by WHO, political instability is associated with a variety of psychological, behavioral, and mental problems such as depression, anxiety, suicidal behavior, and posttraumatic stress disorder that increase the prevalence of violent incidents.(1)

Studies have shown that the experience of verbal abuse is more common than physical violence.(26, 27, 36) Similar studies done in Turkey reported that the incidence of verbal violence was more frequent than physical violence (98.5%, 19.7%, respectively) (28). WPV against nurses in Egypt showed that (69.5%) verbal abuse; and (9.3%) physical abuse.(20) In contrary to this study and the rest studies (26, 27, 36), a study in Northwest Ethiopia on

Prevalence of workplace violence among nurses showed that the prevalence of physical violence was found to be 62 (60.2 %) while 41 (39.8 %) reported verbal abuse.(9)

In this study, 54.91% of physical and 56.19% of verbal abuse were committed by relatives of patients. Such results are in agreement with studies conducted in Ethiopia(8), Jordan(38), Palestine(37) , Iran(26) and Iraq(36). A possible explanation for such a result is that the relationships among family members in developing areas especially in Ethiopia are usually very strong; cultural norms encourage large numbers of family and friends to accompany patients to EDs, thus relatives go to the hospital with their loved ones and usually stay in the hospital with the client until improvement and often want to be involved in decisions related to them. Thus, the relatives of clients are usually stressed and might do mistreatment if the health condition of their loved one becomes critical. However, other researchers found that patients are the main perpetrator of workplace violence.(19, 20, 39)

Nearly all of participants said no procedures for reporting violence existed in their workplace. Similarly, studies in Turkey and Iraqi found that majority of participants said no policy or procedures to report violence.(28, 36) In contrast, Australian study, in which 79 % of health workers reported that there were procedures in place through which to formally report violent incidents.(7)

The response of participants' towards reaction to physical violent incidents vary from "reported physical violence to a senior staff member" (19.35%), "Took no action" (17.74%), "Tried to pretend it never happened", (14.51%) to "Told the person to stop" (14.51%). Similarly response to verbal abuse range from "Tried to pretend it never happened" (23.56%), "Told the person to stop" (22.41%) to "Took no action" (15.51%). Similarly, "Took no action" (26.5%), "Tried to pretend it never happened" (8.2%) and "Told the person to stop" (10.2%) were the commonly response of Iraqi nurses.(36) On the other hand, Such results were different from the Jordan paper who found that the most frequent responses towards physical violent incidents among Jordanian nurses were 'told a colleague' (34.8%), 'reporting incidents to administrators' (30.4%), 'pursued prosecution' (30.4%), 'tried to defend myself physically' (26.1%) and 'told the person to stop' (21.7%).(38)

In the Present study, nearly all of the respondents were not satisfied with how physical and verbal abuses were dealt and common consequences for the attacker after investigation were "None" and "verbal warning issued". This result is congruent with that of Iraqi hospital nurses who were very dissatisfied with the manner in which incidents were handled and the majority of incidents were followed either by no action or by an action that was not satisfying for the victim.(36) The major reasons chosen for not reporting violent incidents were "It was not important" and "Useless". Similarly Pakistani nurses reported that "None" (63.6%) and "Verbal warning issued" (15.9%) were the major consequences for the attacker/abuser in the incident.(40)

In the Present study, the problem of "repeated, disturbing memories, thoughts, or images of the attack" were "extreme" after physical attacks in (52.94%), but it was "Quite a bit" after a verbal abuse in (43.80%) of the respondents. "Feeling like everything you did was an effort (to be difficult or painful to do)" was an "extreme" problem for both physically and verbally abused nurses. Iranian nurses reported violence as an extremely stressful life experience.(26) In Saudi Arabia (96.7%) of primary health care workers were "being bothered" after violent experiences and (46%) of the respondents reported "being super-alert or watchful and on guard".(41)

In this study, the majority of participants indicated that their employers have not placed any specific policies and procedures or don't have any information regarding Physical workplace violence, Sexual harassment, Verbal abuse or Threat. Similarly the Brazilian and Bulgaria report reveals in the majority of cases no specific policy on workplace violence is in operation except the "general health and safety policies" in operation which, even though not directly addressing violence, still create some conditions to prevent and reduce violence at the workplace.(7)

Regarding measures to reduce workplace violence; security measures, Training and Investment in human resource development responded as a very important measures more frequently than other anti-violence measures. This ranking of the effectiveness of anti-violence measures at the workplace, is largely shared by the respondents in South Africa.(42)

Limitation of the study

The study participants only consisted of nurses. Moreover, a self-report questionnaire was used for data gathering; hence no other route was available to confirm their responses. Another major limitation was the self-report design, which holds the risk of recall bias. In summary, designing a study with a larger sample that covers all health care providers, especially managers, and the engagement of field observations with a focus group discussion of participants in order to make nurses' personal experiences credible are highly recommended.

7. CONCLUSION

This study revealed that nurses working in Emergency Department of Addis Ababa referral public hospitals are at a risk of workplace violence. Although most violence incidents were verbal, physical violence was not uncommon. The most common perpetrators of violence were relatives of patients and significant share of violence occurred by patients and colleagues. Most participants indicated that they are worried in workplace related to violent incidents. A significant proportion of nurses were very dissatisfied with the way the administrators dealt with the violent incidents that result in reducing the efficiency, productivity, job satisfaction and nurse's quality of working life.

In the majority of cases no specific policy on workplace violence is in operation and, if they are in existence, this is not always communicated to nurses. Often reporting procedures are lacking; the victim of workplace violence does not report the incident, proper investigation does not follow, the perpetrator is not prosecuted and the victim feels dissatisfied with the way the incident has been handled and suffers from its repercussion. The major reasons chosen for not reporting violent incidents were "It was not important" and "Useless". Measures to tackle workplace violence focus on a more immediate and physical type of response, such as increased security measures and improvements in the physical environment rather than on strategic and organizational factors. Programs aimed at the victims of violence: counselling, therapy, rehabilitation and support are lacking. Providing training programs on how to avoid workplace violence, Investment in human resource development (training for career advancement, retreats, rewards for achievement, promotion of healthy environment) and enforcing appropriate policies and legislations in the workplace were important workplace violence prevention measures indicated by nurses.

8. RECOMMENDATIONS

Existing shortfalls in policy development seem to make an enormous contribution to the incidence of workplace violence as evident by this study as well as other international studies. This study has numerous implications for practice. Hospital and nurse administrators should:

Institute reliable policies for reporting violent and aggressive acts and establishing clear procedures for reporting incidents of violence and encouraging personnel to report cases of violence

- Procedures for reporting should be practical and simple.
- Even if there already are laws, policies and programs addressing violence, such as the constitution or the national policy to prevent violence, it's necessary to set up an actual organizational policy against violence in the workplace.

Develop protective violence guidelines to support healthcare staff in managing workplace violence,

- Patient protocols or a code of conduct must be compiled, distributed and displayed

Establish violence assessment teams to assess the needs of the workplace and supervise worksite,

- There should be particular persons or *committees* responsible for handling cases of workplace violence whose duties would also include surveillance and monitoring, documenting, investigation, victim compensation, assistance for victims and perpetrators, and perpetrator punishment

Establishing a training program for nurses on how to interactive with aggressive patients and their relatives and teaching them conflict and anger management methods, problem solving strategies and communication skills,

Provide comprehensive counselling programs and support services for staff that are assaulted to help them cope with the pressure and stress related to violence at workplace,

- The lack of psychological support may keep providers from reporting cases of violence that they experienced.

Improve the security systems such as establishing alarm and monitoring systems.

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ANNEXS

ANNEX 1- Participant Information Sheet and informed Voluntary Consent Form

Dear respondent my name is _____. I am working as data collector for the study being conducted in this facility by **Solomon Oljira,** who is studying for his Master degree at Addis Ababa University, College of Health Science, and emergency medicine department.

Purpose

The purpose of the survey is to obtain information on the level of workplace violence in ED in public referral hospitals in Addis Ababa. In particular, the study is looking into prevalence of workplace violence, violence reporting and the consequences of workplace violence. The questionnaire results will be used to prepare a report on the nature of workplace violence in your Hospital. The reports will provide the background information for the design of appropriate recommendations to address violence in the workplace.

Benefit: The study may have direct benefit for the participants. Moreover it will help the researcher to write up his thesis for partial fulfillment of master's degree in emergency medicine and critical care of nursing.

Harm: The participants do not have any harm by participating to the study or for not participating to the study, except taking few minute from your time. There wouldn't be any direct payment for participating in this study.

Procedures and duration: The Participants are required to fill all the questions. The questionnaire consisted of four sections. Data regarding personal and workplace characteristics will be collected using the first part. The second and third parts of the questionnaire are related to 'physical, psychological and verbal abuse WPV, respectively'. Furthermore, if an ED nurse experienced WPV in the past year, information such as nature, frequency, responses, consequences and satisfaction of incident handling, strategies and policies to deal with the

incident will be sought. The questions may take from 30-40 minutes. So I kindly request you to spare me this time for the completing the questions.

Alternatives to participation: You do not have to take part in this research if you do not wish to do so, and refusing to participate will not affect you. If you have question that is unclear you have a right to ask for clarification. If you have also a question that you don't want to answer you can skip it. You may stop participating in the research at any time.

Confidentiality: Your answers are completely confidential. Your name will never be used in connection with any information you tell us. The questionnaire will be coded to exclude showing names. All information given by you will be kept confidential.

Informed consent: I have read this form or it has been read to me in the language that I understand. I understand all conditions stated above. Therefore, I am willing to participate in this study.

Yes ☐ (continue to answer the questionnaire), **No** ☐ (Thanks and stop)

Signature_____ Date_____

Signature of the supervisor_____ Date_____

Thanks in advance

In case of any questions or more information please contact me on:

E-mail: solex.oljira@gmail.com ***Mobile***: 0910140344

ANNEX 2 Questionnaires

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. I guarantee that your responses will be handled in strict confidence and remain anonymous.

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: _____

PD 2 Are you: ☐ female ☐ male

PD 3 What is your marital status: ☐ single ☐ married ☐ living with partner
☐ Separated /divorced ☐ widow/widower

PD 4 Which category best describes your present professional group:
☐ BSc nurse ☐ MSc nurse

PD 5 Which category best describes your present position:
☐ Senior manager ☐ staff

PD 6 How many years of work experience in the Emergency department do you presently have:
☐ Under 1 year ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ over 20

PD 7 Do you work in shifts? ☐ Yes ☐ No

PD 8 Do you work anytime between 18h00 (6 PM) and 07h00 (7 AM)? ☐ Yes ☐ No

PD 9 The numbers 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 10 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 11 Are there procedures for the reporting of violence in your workplace?
☐ Yes ☐ No If NO, please go to question PD 12

11.1. If YES, do you know how to use them? ☐ Yes ☐ No

PD 12 Is there encouragement to report workplace violence?
☐ Yes ☐ No If NO, please go to next section

12.1. 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, which results in physical harm, sexual or psychological harm. It can include *beating, kicking, slapping, stabbing, shooting, pushing, biting, and/or pinching*, among others.
Assault/Attack- Intentional behavior that harms another person physically, including sexual assault (i.e. rape).

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?

☐ Beside patient's bed ☐ Waiting room
☐Treatment room ☐Nursing station
☐ Outside (on way to work / 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 compensation claim

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?	☐	☐	☐	☐	☐
(b) Avoiding thinking about or talking about the attack or avoiding having feelings related to it?	☐	☐	☐	☐	☐
c) Being "super-alert" or watchful and on guard?	☐	☐	☐	☐	☐
(d) Feeling like everything you did was an effort (to be difficult or painful to do)?	☐	☐	☐	☐	☐

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 ☐ Head nurse

☐ Police

☐ Supervisor ☐ Matron

1.12.2. What were the consequences for the attacker?

☐ None ☐ verbal warning issued ☐ care discontinued

☐ Reported to police ☐ aggressor prosecuted

☐ 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**

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, sexual harassment and threats.**

Abuse- Behavior that humiliates, degrades or otherwise indicates a lack of respect for the dignity and worth of an individual.
Threat- 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.

Sexual harassment- Any unwanted, unreciprocated and unwelcome behavior of a sexual nature that is offensive to the person involved, and causes that person to be threatened, humiliated or embarrassed.

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

C. I. VERBAL ABUSE

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

☐ Yes, please answer the following questions

☐ No, please go to section C II SEXUAL HARASSMENT

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

☐ All the time ☐ Sometimes ☐Once

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

☐ Patient/client ☐ Relatives of patient/client

☐ Staff member ☐ Management / supervisor

☐ External colleague/worker ☐ General public

☐ Other: _____

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

☐ Yes ☐ No

VA 5 Where did the verbal abuse take place?

☐ Beside patient's bed ☐ Waiting room

☐Treatment room ☐Nursing station

☐ Outside (on way to work / home)

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 attack?	☐	☐	☐	☐	☐
(b) Avoiding thinking about or talking about the attack or avoiding having feelings related to it?	☐	☐	☐	☐	☐
c) Being "super-alert" or watchful and on guard?	☐	☐	☐	☐	☐
(d) Feeling like everything you did was an effort (to be difficult or painful to do)?	☐	☐	☐	☐	☐

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 ☐ Head nurse

☐ Police

☐ Supervisor ☐ Matron

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

C. II. SEXUAL HARASSMENT

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

☐Yes, please answer the following questions

☐No, please go to next section

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?

☐ Beside patient's bed ☐ Waiting room

☐Treatment room ☐ Nursing station

☐ Outside (on way to work / home)

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 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 attack?	☐	☐	☐	☐	☐
(b) Avoiding thinking about or talking about the attack or avoiding having feelings related to it?	☐	☐	☐	☐	☐
c) Being "super-alert" or watchful and on guard?	☐	☐	☐	☐	☐
(d) Feeling like everything you did was an effort(to be difficult or painful to do)?	☐	☐	☐	☐	☐

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: _____

D. HEALTH ADMINISTRATION QUESTIONS

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
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)

☐ Increased staff numbers

☐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-defense)

☐Investment in human resource development (training for career advancement, retreats, Rewards for achievement, promotion of healthy environment)

☐None of these

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	☐	☐	☐	☐
Improve surroundings	☐	☐	☐	☐
Restrict public access	☐	☐	☐	☐
Patient screening	☐	☐	☐	☐
Patient protocols	☐	☐	☐	☐
Increased staff numbers	☐	☐	☐	☐
Special equipment or clothing	☐	☐	☐	☐
Changed shifts	☐	☐	☐	☐
Reduced periods of working alone	☐	☐	☐	☐
Training	☐	☐	☐	☐
Human resource development	☐	☐	☐	☐

Declaration

I the undersigned declare that this MSc. thesis is my original work and it has not been presented for a degree in any other University. All source materials used for the thesis have been duly acknowledged.

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