AUB study: Nurses subjected to higher levels of occupational violence than security guards

Beirut, Lebanon - 12/12/2012 - Sixty-two percent of nurses in Lebanon are being subjected to verbal abuse in the workplace while 10 percent are being subjected to physical violence, according to a new AUB study expected to be released early next year.

The study, which was conducted between June 2011 and June 2012, found that 31.7 percent of the nurses surveyed indicated a likelihood to leave their jobs while another 22.3 percent were undecided. Surveyed nurses exhibited clear signs of occupational burnout with 54 percent reporting high levels of emotional exhaustion, 28.8 percent reporting high levels of depersonalization, and 24.1 percent reporting low levels of personal accomplishment.

“Nurses' exposure to occupational violence is reported across various jurisdictions around the globe. Lebanon is no exception,” Mohamad Alameddine, an assistant professor in the Department of Health Management and Policy and the principal investigator of the study, says. “But the important question is, how do you deal with it?”

The study, titled, “A National Study on Violence against Nurses in Lebanon: Prevalence, Consequences and Associated Factors,” is based on surveys with 593 nurses working across Lebanon. It was conducted with the help of Claire Zablit, former president of the Lebanese Order of Nurses, as co-investigator, and was jointly financed by WHO Lebanon and the University Research Board at AUB. Two abstracts from the study have been recently presented at the Third International Conference on Violence in the Health Sector, which took place at the end of October 2012 in Vancouver, Canada.

Alameddine says he launched the study as a follow up to his 2009 study on emergency department workers from five major hospitals in Lebanon. Alameddine says he was alarmed to discover through the results of the previous study that nurses were exposed to higher levels of violence than security guards, physicians and other emergency care workers, which prompted him to expand his research on nurses at the national level.

The study finds that the most frequently reported type of verbal abuse is horizontal, indicating a high level of staff-to-staff conflict at the workplace. The patients and their families are also sources of this type of abuse, especially when they feel that the nurses are not taking proper care of the patients. But when it comes to physical violence, Alameddine
says the source of violence is overwhelmingly external to the workplace, with patients and their families being the primary instigators.

“Patients want prompt, immediate care, and their families shout and demand to see the physician,” Alameddine says. “They do not understand that it is a system-wide problem. They don’t really care whether the institution is understaffed, dealing with a high patient load or is fully occupied. They just want what is best for their patient, and that is something we can all sympathize with.”

Nurses’ high exposure to violence is cause for serious concern, Alameddine explains. The emotional impact of the abuse, apart from deteriorating a nurse’s own personal health, also compromises their ability to properly care for patients or fulfill other tasks.

“When you suffer from depersonalization you start dealing with people as objects instead of sympathizing with them,” Alameddine says. “This is circular because the more you deal with people with depersonalization, the more they feel they have to resort to violence in order to address their issues.”

Nurse retention presents another serious obstacle for hospitals. With their relatively low salaries and high levels of violence, a significant number of Lebanon’s nurses are leaving the country for more attractive offers abroad.

Once the study is published, Alameddine says the next step will be to gather stakeholders for a meeting to discuss the results, their implications, and what policy steps to take to reduce abuse. Among his own recommendations, Alameddine says hospitals must enact and enforce anti-violence policies which would allow nurses to report any incident of abuse.

Training hospital staff in communication may also go a long way, Alameddine says, as most of the abuse is verbal and between colleagues.

“I don’t want to ask the question of what is happening anymore,” Alameddine says. “I want to ask how to intervene, what kind of initiatives will make a difference, and perhaps how can we test them to ensure they are effective.”

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For more information please contact:
Maha Al-Azar, Associate Director for Media Relations, ma110@aub.edu.lb, 01-353 228

Note to Editors

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