Original Article

Evaluation of the Violence Experienced by Nurses of Different Generations and their Strategies for Coping with the Stress Resulting from Violence

Funda Cetinkaya, PhD
Aksaray University, Faculty of Health Sciences, Nursing Department, Aksaray, Turkey

Nursima Dur, RN
Ibni Sina High School, Adana, Turkey

Zehra Akbulut, RN
Doctor Ersin Arslan Education Research Hospital, Gaziantep, Turkey

Ozlem Eryalcin, Student Nurse
Aksaray University Health High School (Nursing Student), Aksaray, Turkey

Mervegul Korkmaz, RN
Gemlik State Hospital, Bursa, Turkey

Correspondence: Funda Cetinkaya, PhD, Aksaray University, Faculty of Health Sciences, Nursing Department, Aksaray, Turkey E:mail: fundacetinkaya@aksaray.edu.tr

Abstract

Aim: This study was conducted with the aim of evaluating the violence experienced by nurses of different generations and their strategies for coping with the stress resulting from violence.
Methods: The data were collected using the Ways of Coping Questionnaire and a questionnaire prepared by the researcher, consisting of items about the socio-demographic characteristics of nurses and their exposure to violence. In the analysis of the data, numbers, percentage distribution, mean and Mann Whitney U test were used.
Results: We found that 38.3% of the Generation X nurses and 57.9% of the Generation Y nurses had been exposed to violence. Considering the comparison between the Ways of Coping Questionnaire sub-scales scores of the Generation X and Generation Y nurses, who had been exposed to violence, the Seeking Social Support and Helpless Approach sub-scale averages were found to be significantly higher in the Generation X than the Generation Y (p<0.05).

Key Words: Violence, nurse, cope with stress.

Introduction

The World Health Organization (WHO) defines workplace violence as "events in which employees are harassed, threatened or assaulted in circumstances related to their work, including an open or implicit challenge to the safety, well-being or well-being of their staff. (World Health Organization, 2010; Banda, Mayers, & Duma, 2016). The concept of violence in health care enterprises is defined as abuse verbal, physical or sexual exploitation by patients, their families, colleagues and others during the work of health workers. Violence in health sector, is one of the most common forms of workplace violence (Annagur, 2010). More than half of healthcare workers have experienced violence in the workplace (Lin, & Liu, 2005). Currently, violence against health professionals, especially nursing professionals, is a significant, worldwide concern for all healthcare areas (World Health Organization, 2012). Nurses are three times more at risk than other occupational groups experience violence in the workplace (WHO, 2010). Workplace violence against nurses is categorised precisely into physical violence (assault, aggressive behaviour) or psychological violence

(verbal abuse, stalking, sexual harassment) (Celik, Celik, Agirbas, & Ugurluoglu, 2007; Taylor, & Rew, 2011; Xing et al., 2015). Psychological violence emerges more often than physical violence (Celik et al., 2007) and verbal aggression is the most common form of psychological violence against nurses (Celik et al., 2007; Banda et al., 2016). Sexual harassment of nurses has not been reported as much as other forms of violence (Banda et al., 2016). Previous the research demonstrated that differences in gender, age, occupational experience in terms of exposure to violence (Kingma, 2000; Unsal Atan, & Donmez, 2011; Keser Ozcan, & Bilgin, 2011). Among nurses, new graduate nurses are particularly vulnerable to becoming victims of violence (Hvidhjelm, Sestoft, Skovgaard, & Bue Bjorner, 2014). Many studies have reported that early-career nurses are exposed to workplace violence such as verbal abuse, and bullying (Pai, & Lee, 2011; Roche, Diers, Duffield, & Catling-Paull, 2009; Ito, Eisen, Sederer, Yamada, & Tachimoro, 2001). Workplace violence is health concern aggressive action resulting in injury or discomfort in victims (Annagur, 2010; Aivazi, & Tavan, 2015). Workplace violence are being affected so alarming that many lives, jobs, and self-esteem, decreased job satisfaction and increased intent to leave the organization (Sofield, & Salmond, 2003), and lowered health related quality of life (Fasanya, & Dada, 2016). Also after workplace violence occur physical effects such as bruising, pain, hearing loss, swelling, sprains. (Annagur, 2010; Unsal Atan, & Donmez, 2011). The menace has also taken a toll on workers' productivity to a drastic extent (Fasanya, & Dada, 2016). In addition, post-traumatic stress disorder can develop in workers who are particularly are subjected to violence (Annagur, 2010). The negative impact of stress is mediated by personal reactions. For example, exposure to healthcare-related stress without protective, conflict-resolving, stress-coping strategies may lead to psychological morbidity and poor quality of life (Bitter, Khan, Babu, & Hamed, 2011;West, Shanafelt, & Kolars, 2011). In order to cope with the stress they experience after the violence of nurses, it is important to know the characteristics of each worker's belonging generation and their reflections on working behavior of these features. Coping with the problems and coping with the stress experienced by the problem are different from those of the individual characteristics (Adiguzel, Batur, & Ekşili 2014). Each generation has its own characteristic characteristics, value judgments and attitudes, strengths and weaknesses (Lower, 2008). Members of Generation X have a strong desire for team work, autonomy, independence, flexibility and work-life balance (Tulgan, 2004). Generation Y members value honesty and respect in their organization. They build loyalty based on their sincerity, not on the length of work (Kerslake, 2005). In present conditions, there exists different generations whose members have to work side by side in one workplace. No doubt that problems arise from interactions of these generations and with other individuals has the potential to influence all operational functions of organization from the point of social and business life.

The aim of the study was to determine evaluating the violence experienced by nurses of different generations and their strategies for coping with the stress resulting from violence.

Methods

Study Design

In this descriptive study was conducted in the Training-Research hospital in Aksaray, Turkey. The study was conducted from March to May 2017.

Participants

Participants were grouped into two age categories born from born from 1965 to 1980 (Generation X) and born from 1981 to 2002 (Generation Y). The universe of the study included 300 graduate nurses who worked those hospitals.

Although it was planned to recruit 100% of the universe 170 nurses participated because 130 nurses were excluded from the sample 27 nurses were on leave / report, 42 nurses did not fill in questionnaire, 61 nurses refused to participate in the survey.

Data collection tools

The study data were gathered with distributed to the nurses by the researchers and collected a week later by the researchers.

The Descriptive Information Form: The questionnaire contained 20 questions, 19 closed questions and one open-ended question. The survey tool consisted of two parts: The first part included demographic information (such as age,

gender, educational level, years of experience vs (11 items).

The second part consisted of items that pattern of workplace violence (sources of violence, type of violence, place, time and reaction to violence (9 items).

Ways of Coping Questionnaire: This scale was developed by Folkman and Lazarus (1986). In the assessment of the scale, increasing scores of self-confidence, optimism and seeking social support factors indicate an effective way of coping with stress; and, increasing helpless approach and submissive approach scores indicate that methods used for coping with stress were ineffective.

Sahin and Durak (1995) found that the Cronbach's alpha reliability coefficients were 0.68 in the optimistic approach sub-scale, 0.80 in the self-confident sub-scale, 0.73 in the helpless approach sub-scale, 0.70 in the submissive approach sub-scale and 0.47 in the seeking social support sub-scale.

Data analysis

All statistical analyses were performed with SPSS version 16.00 were two-sided, and p values less than 0.05 were considered statistically significant. Descriptive statistics (average, percent) were performed. Comparisons between groups were performed using Mann-Whitney U test for non-parametrical continuous variables.

Ethical Concerns of the Research

Prior to the application of the research, informed consent and written permission from the university ethics committee (reference no: 2017/14), from the studied Educational Research Hospital Scientific Research Commission were taken.

Results

In the study participated of the Generation X nurses, 84% was female, 47% had a Bachelor's degree, 78% was married, and 79.8% was working in the profession for 15 years and over. Of the nurses, 66% was serving as clinical nurses.

Table 1. Introductory Characteristics of the Nurses

Introductory Characteristics	Generation X (94)		Generation Y (76)	
	Number	%	Number	%
Gender				
Female	79	84.0	61	80.3
Male	15	16.0	15	19.7
Marital status				
Married	78	83.0	58	76.3
Single	16	17.0	18	23.7
Education status				
High school	10	10.6	11	14.5
Two-year degree	34	36.2	25	32.9
Undergraduate education	47	50.0	37	48.7
Graduate	3	3.2	3	3.9
Working Time				
Less than 5 years	3	3.2	24	31.6
5-9 years	3	3.2	22	28.9
10-14 years	13	13.8	15	19.7
15 years and over	75	79.8	15	19.7
Position at work institution				
Clinical Nurse	62	66.0	46	60.5
Emergency Nurse	32	34.0	30	39.5
Operation Mode				
Daytime Shift	45	47.9	34	44.7
Night shift	1	1.1	3	3.9
Day / Night Shift	48	51.1	39	51.3

Table 2. Violence Related Data of X and Generation Y Nurses

Information About Violence	Generation X (n=94)				Generation Y (n=76)			
	Yes		No		Yes		No	
	Number	%	Number	%	Number	%	Number	%
Severity Exposure Status	36	38.3	58	61.7	44	57.9	32	42.1
Physical Violence	1	1.1	93	98.9	5	6.6	71	93.4
Verbal Violence	24	25.5	70	74.5	33	43.4	43	56.6
Mobbing	18	19.1	76	80.9	25	32.9	51	67.1
Sexual Violence	1	1.1	93	98.9	0	0	76	100.0
Violent Person								
Patient	13	13.8	81	86.2	10	13.2	66	86.8
The relatives of the patient	22	23.4	72	76.6	37	48.7	39	51.3
Colleague	9	9.6	85	90.4	12	15.8	64	84.2
Other (Health Professionals)	7	7.4	87	92.6	2	2.6	74	97.4
Psychological Trauma Living Status After Violence	25	26.6	69	73.4	31	40.8	45	59.2
Get Professional Support Status	4	4.3	90	95.7	6	7.9	70	92.1
Complaints After Violence	8	8.5	86	91.5	7	9.2	69	90.8

Table 3. Comparison of Ways of Coping Questionnaire Score Averages of X and Generation Y Nurses who Exposed to Violence

Ways of Coping Questionnaire Subscale Score	Exposed to Violence Generation X (n=36)		Exposed to Violence Generation Y (n=44)		
	Mean±SD	Min-Max	Mean±SD	Min-Max	Scale Min-Max
Self-confidence approach	13.44±2.98	(5-19)	13.29±2.93	(7-21)	(0-21)
		MW- U=1736.3 p=0.650			
Optimistic approach	9.55±2.59	(3-15)	9.13±1.79	(3-15)	(0-15)
		MW- U=1676.3 p=0.293			
Seeking social support	7.50±1.99	(4-12)	6.63±1.69	(3-10)	(0-12)
		MW- U=1579.0 **p=0.046**			
Helpless approach	11.13±3.06	(4-19)	9.29±3.15	(4-18)	(0-23)
		MW- U= 1488.3 **p=0.004**			
Submissive approach	6.83±2.56	(1-12)	6.27±2.73	(1-13)	(0-18)
		MW- U=1671.0 p=0.280			

Of the Generation Y nurses participated in the study, 80.3% was female, 48.7% had a Bachelor's degree, 76.3% was married, and 31.6% was working in the profession for less than 5 years. Of the nurses, 66% was working as clinical nurses (Table 1).

This study had been subjected to violence, 38.3% of the Generation X nurses, 25.5% had been exposed to verbal violence mostly, and 23.4% had been exposed to violence mostly from the patient relatives. Of them, 26.6% had experienced psychological trauma, and 4.3% had received professional support; 8.5% had filed a complaint after being exposed to violence, and 73.4% stated that hospital security measures were inadequate. The Generation Y Nurses, 57.9% had been exposed to violence, 44.3% had been exposed to verbal violence and 32.9% had experienced mostly mobbing. It was determined that 48.7% of the nurses had been exposed to violence by the patient relatives, 40.8% had experienced psychological trauma, and 7.9% received professional support. Of the nurses, 9.2% had filed a complaint after exposing to violence, and 88.2% stated that hospital security measures were inadequate (Table 2).

Considering the comparison between the Ways of Coping Questionnaire sub-scales scores of the X and Generation Y nurses, who had been exposed to violence, the Seeking Social Support score average was found to be 7.50±1.99 in the Generation X, and 6.63±1.99 in the Generation Y; and, the mean Helpless Approach sub-scale scores were 11.13±3.06 in the Generation X, and 9.29±3.15 in the Generation Y (p<0.05) (Table 3).

Discussion

The increasing incidents of violence in recent years have also become important in the health industry. There is no doubt that violence also affects nurses, which are among the professionals working in health care services. In this study, it was determined that Generation X (1965-1980) and Generation Y (1981-2002) nurses had been exposed more to verbal abuse mostly and that these incidents caused negative psychological trauma in nurses (Table 2). In their study on violence against nurses in Iran, Aivazi and Tavan (2015) found that nurses had been exposed to verbal abuse mostly (Aivazi, & Tavan, 2015). Alyaemni and Alhudaithi (2016) reported that the majority of nurses (74.1%) had been exposed to verbal abuse in their study (Alyaemni, &

Alhudaithi, 2016). It has also been found in previous studies on violence that nurses are mostly exposed to verbal abuse (Gokce, & Dundar, 2008, Coskun, & Tuna Ozturk, 2010; Camsi, & Kutlu, 2011; Gunaydin, & Kutlu, 2012; Bahar, Sahin, Akkaya, & Alkayis, 2015; Bilisli, & Hizay, 2016). It is believed that incidence of verbal violence is more frequent compared to other forms of violence due to abusers' awareness about the legal sanctions they would face if they apply physical violence. Employees, thus normalize violence as a part of their job as long as there is no physical assault, without reporting the incident and resorting to legal remedies. In the study, it was observed that Generation X and Generation Y nurses were mostly exposed to verbal abuse by patient relatives, followed by the patients (Table 2). In other studies conducted in Turkey, it has been found that 65.5%-89.9% of the nurses had been exposed to verbal violence by the relatives of the patients (Camsi, & Kutlu 2011; Coskun, & Tuna 2010; Ayrancı, Yenilmez, Balci, & Kaptanoglu, 2006). Banda et al. (2016) also reported that nurses had been exposed to violence mostly by male patients (47%), followed by patient relatives (25%). Fasanya and Dada (2016) have found in their study that nurses had been exposed to violence mostly by patients (54%). The findings of this study emphasizes the need for measures to be taken to overcome the problem. In the study, Generation Y nurses (number of victims = 44) were found to be exposed to violence more than the Generation X nurses (number of victims = 36) (Table 2). In his study that investigates nurses' exposure to violence, Kahriman (2014) found that mostly the nurses in the 30-39 age group (55%) had been exposed to violence, followed by the 40-49 age group (31.2%), and the 50-59 age group (2.8%). Chang and Cho (2016) reported that nurses in the 20-24 age group had been exposed to verbal abuse by 59.6%. Sun et al. (2017) found that health workers in the 30-39 age group had been exposed to more violence than the health workers over the age of 39. In the literature, it has been stated that Generation X is sensitive to social problems since they have been in the same profession for many years and that they are in a position to be able to recognize the problematic situations early, thanks to their experiences (Keles, 2011). It can be said that Generation X nurses are exposed to less violence than the Generation Y nurses since they may be aware of the problems that may arise between the colleagues, patients and patient relatives thanks

to their many years of experience. It was determined that 26.6% (n=25) of the Generation X nurses and 40.8% (n=31) of the Generation Y nurses has experienced psychological trauma after the violence. Previous studies in the literature on the violence against health workers also report that healthcare workers experienced psychological trauma after violence (Unsal Atan, & Donmez 2011; Franz, Zeh, Schablon, Kuhnert, & Nienhaus, 2011; Dursun, 2012; Pinar, &Pinar, 2013). When the coping with stress strategies of Generation X and Generation Y nurses exposed to violence were assessed, it was determined that Seeking Social Support and Helpless Approach sub-scale scores of the Generation X nurses were significantly higher than that of Generation Y, and Generation X nurses were found to use these approaches more ($p<0.05$) (Table 3). It is stated in the literature that the helpless approach is a feeling-oriented coping approach that does not help to solve the problem directly, albeit relieves the person for a short period of time, and that individuals who use this helpless approach may experience mental problems in the future since their problems cannot be resolved effectively (Sullivan et al., 2005). Considering that self-confident, optimistic and seeking social support methods for coping with stress are used more than helpless approach and submissive approach, Generation X nurses use the ineffective helpless approach more than Generation Y nurses. Generation Y individuals constitute the youngest part of the workforce. Technology covers a large part of their lives and individuals in this generation hold high and optimistic expectations. We can say that individuals in this generation have a higher standard of living (Lower, 2008), and that they use helpless approach less than the Generation X to cope with the stress due to the nature of their generation.

Conclusion

The vast majority of Generation X and Generation Y nurses in the study were found to be exposed to verbal abuse by patient relatives and patients, in particular. In the study, it was determined that nurses experienced psychological trauma in accordance with the violence they experienced. It was found that Generation X nurses use seeking social support and helpless approach in their stress coping styles more than Generation Y nurses.

Based on the results of this research and the literature, it can be said that interventions are needed to reduce the violence incidents experienced by health professionals. In addition, it is recommended to conduct more comprehensive research to investigate the violence incidents and their effects as well as carrying out pilot studies to reduce these effects.

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