

Stress Demesnes and Staff's Attitudes about Responses to Violence in Eight Jordanian Hospitals

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Abstract

This study's objectives were to explore the presence of stress dimensions, the attitudes of staff about responding to violence, and the relationship between the two variables in eight Jordanian public hospitals. A questionnaire measuring the presence of stress dimensions (developed by the United Kingdom's Health and Safety Executive) and staffs' attitudes about responses to violence (adopted by the United States Centers for Disease Control and Prevention), was distributed to 1,130 employees (response rate: 73%). The study found moderate levels of stress and staff's acceptance of violent responses to violence. A significant positive relationship between the presence of stress dimensions and the acceptance of violent responses to violent behavior was found. Thus, hospitals must develop a clear mission statement, ensure the development and implementation of necessary policies and procedures, establish clear coordination and communication processes, and implement training programs to help staff manage issues related to violence.

Key Words: *Stress Dimensions, Workplace Violence, Public hospitals, Jordan.*

Introduction

Many negative issues, such as stress and workplace violence affect hospitals negatively by interfering with their functioning and overall performance (Bloom & Farragher, 2011). This study is one of a series of studies by the researcher to examine the levels and causes of violence in Jordanian public hospitals (Saleh & Saif, 2014; Saleh, Saif, & Sartawi, 2015). These studies reported that Jordanian public hospitals are marked by a high level of violence, a high presence of stressors, staff at risk for violence, and coping with violence by staff in an angry manner. When reviewing the literature on workplace violence, most of the studies are focused on the violence of the patients towards staff; however, violent acts by all parties must be taken into account to control workplace violence (Zeijden, 2010).

Studies investigating the association between stress and staff's attitudes about their responses to violence in Jordanian hospitals have not been conducted to this researcher's knowledge. This study was designed to understand the presence of organizational stressors, staff's attitudes about their responses to violence, and the possible relationship between the presence of stress and the attitudes of staff to violent behavior in the hospital setting. The present study is intended to prepare Jordanian hospitals to deal with the challenges of stress and workplace violence and to provide recommendations for these issues.

Objectives of the Study

This study's objectives were to: 1) explore the presence of stress dimensions (demand, control, support, relationships, role, change, and reward) in hospitals, 2) investigate the staff's responses to violence, and 3) provide empirical evidence of the relationship between the two variables.

Literature Review

Stress

Stress has diverse definitions depending on the author's interest in it or the nature of inquiry used to clarify it (Brahmaiah & Rao, 2009). Stress is a normal aspect of life, an adaptation to the environment, and usually originates from dealing with challenging situations resulting in pleasant or unpleasant outcomes (Perline & Goldschmidt, 2004). Small amounts of stress can improve one's effectiveness in meeting challenges (Coon & Mitterer, 2007), whereas long-term exposure to stress can lead to physical, physiological, and occupational consequences, as well as negative behavioral outcomes, poor performance, medical complications, and aggression and violence (Anderson, 1976; Centers for Disease Control and Prevention (CDC), 2005; Collins, 2003; World Health Organization, 2003a).

Stress in the workplace has numerous sources, including the physical environment, relationships, factors unique to certain types of work, and organizational, psychosocial, and other factors unrelated to work (Braverman, 1998). Certain situations or events in the external and internal environment may challenge, motivate, or threaten a person; thus, potential sources of stress are environmental, organizational, and individual (Martins, Ferreira, & Guilhem, 2013). The current study will address organizational factors contributing to stress.

Stress Dimensions

The Health & Safety Executive (HSE) (2004a) of the United Kingdom developed a taxonomy of seven areas or dimensions of workplace stress, based on previous research and workshops. Reducing these workplace stressors should promote high levels of health, well-being, and organizational performance (MacKay, Cousins, Kelly, Lee, & McCaig, 2004). The dimensions and their characteristics are as follows: (1) *demands* (workload, work patterns, and working environment), (2) *control* (autonomy or how much say workers have in how they do their job), (3) *support* (encouragement and resources provided by the organization, management, and peers), (4) *relationships* (promoting affirmative behaviors to avoid conflict and dealing with unacceptable behavior, such as threats or intimidation), (5) *role* (workers' understanding of their roles within the organization and steps by the organization to ensure that workers do not experience role conflict), (6) *change* (how all organizational changes are managed and communicated to staff), and (7) *reward* (monetary, non-monetary compensation, promoting staff's feelings of worth).

Violence and Responses to Workplace Violence

Workplace violence has been a serious and troubling issue for many years (Arendt, 1970; Otto & Douglas, 2011) in all sectors of the workforce (Goldberg, Kim, & Ariano, 2014), including the health sector (Colling & York, 2013). Jordan's Ministry of Health (2015) recently declared workplace violence a serious problem for hospital management, staff, patients, and visitors. Workplace violence can take the form of verbal abuse, physical intensity, threats, intimidation, sexual harassment, or racial discrimination (World Health Organization, 2003b). In hospitals, it causes instant upheaval, and frequently results in accidents, illness and death, liability, and poor job performance in the long run; therefore, cooperation between all parties is required in the workplace (International Labour Office, 2010).

This study examined workplace violence from the staff's perspective to explain their attitudes about what they consider acceptable responses to violent acts in the hospital setting. There are several types of responses to violence, depending on how staff is affected by their reactions to the violent acts of patients, the patient's disease, expectations, and economic matters (Meller, 2007). Their responses also might be affected by their ability to withstand external pressures or internal factors, such as thoughts, beliefs, and attitudes (Walker, 2005).

Methods

Cross-sectional data for this study were gathered between January and May 2015, which included 8 central hospitals established more than five years previously and considered the largest service provider in Jordan. The sample consisted of 2,824 full-time employees representing all staff that had contact with patients and their families. Volunteers and students were excluded from the study. To include a wide range of Jordanian public hospital employees, 1,130 questionnaires were distributed randomly, and 833 were completed in full and returned (response rate = 73%). Of these, 297 did not participate in the study because they were on vacation, changing shifts, lacked time, or refused.

A questionnaire, consisting of two sections was self-administered. The first part contained 5 items measuring demographic variables: sex, age, education, work experience, and occupation. The age of the sample ranged from 18 to 65 years with an average age of 38.4 years. Females comprised 70.9% of the sample ($n = 591$), the prevailing level of education was a bachelor's degree (61.2%, $n = 510$); 37% ($n = 315$) had more than 5 years of work experience; and 67% ($n = 558$) had medical jobs.

The second part of the questionnaire measured the presence of the 7 stress dimensions (the independent variables) using 35 items from the HSE Management Standards Indicator Tool (Health & Safety Executive, 2004b). The questionnaire was translated to Arabic by the author. The response options are rated on a five-point scale ranging from 1 (*lower presence*) to 5 (*higher presence*), with a higher score indicating a higher presence of a stress dimension. Cronbach's alphas for the present study are as follows: demand ($\alpha = .826$), control ($\alpha = .814$), support ($\alpha = .786$), relationships ($\alpha = .798$), role ($\alpha = .810$), change ($\alpha = .668$), reward ($\alpha = .722$); this range of reliability values is considered acceptable.

Staff members' attitudes about their responses to violence (the dependent variable) was measured using a questionnaire based on an instrument developed by the CDC (2005), which contained 7 items. The questionnaire was translated to Arabic by the author. The response options were rated on a five-point scale ranging from 1 (*lower presence*) to 5 (*higher presence*), with higher scores indicating a higher degree of staff's acceptance of violent responses to violent behavior. Cronbach's alpha for these items were ($\alpha = .745$).

All statistical analyses of data were performed using SPSS software version (13.0) for Windows (SPSS Inc., Chicago, IL, USA). Means, t-tests, and Pearson's correlation coefficients were used to analyze the data. A value of $p < 0.05$ was considered statistically significant. A mean value up to 2.49 was considered low, 2.50–3.74 was considered moderate, and 3.75–5 was considered high.

Ethical approval was obtained by the Ethics Committee of Jordan's Ministry of Health. Information about preserving the anonymity of the data, the freedom to participate or withdraw from the study without sanctions, and the ethics of scientific research were included in the questionnaires, and participants' written informed consent were collected. A pilot study of the instrument was conducted in January 2015 with 33 fulltime staff from one hospital; only minor changes were made to the questionnaire as an outcome of this process.

Results

Multicollinearity between the variables was tested to ensure the validity of the data for statistical analysis. The variance inflation factor for all independent variables indicated that there was no multicollinearity between them. The skewness and kurtosis values indicated that the data were normally distributed.

Presence of the Stress Dimensions

Tables 1–6 summarize the results of the staff's responses to the HSE measure of the presence of the 7 dimensions of stress.

Demands. Staff frequently worked in uncomfortable environments and performed their tasks with a lack of needed equipment, as indicated by the highest ranked means for items 4 & 5 (Table 1). The next highest means (items 1, 3, & 4), showed that staff needed to work long hours at high speeds with moderate intensity.

Table 1. Means, SDs, and t-test results for Demands

No.	Item	Mean	SD	Rank	t	Sig.
I am pressured to						
1	work long hours.	3.54	.97	3	68.01	*
2	work very intensively.	3.48	1.00	5	65.03	*
3	work very fast.	3.50	1.05	4	62.45	*
4	work in an uncomfortable environment.	4.02	.97	1	72.26	*
5	work with lack of adequate tools needed to do the job.	3.77	.90	2	83.20	*

* The mean was significantly greater than the hypothesized value of 3.

Control. The means were highest for items 6 and 8 (Table 2), which pointed to the absence of staff participation in decision making about their departments and their lack of job security. Items 7 and 9 showed a moderate level of flexibility regarding work time and control over their own work speed. The majority of staff agreed that they had the freedom to decide how to perform of their duties, indicating a very low of presence of control (item 10).

Table 2. Means, SDs, and t-test values for Control

No.	Item	Mean	SD	Rank	t	Sig.
I lack						
6	job security.	3.84	1.06	2	67.63	*
7	flexible work time.	3.04	1.01	4	51.87	*
8	involvement in decision making over work.	4.10	.97	1	78.70	*
9	control over my work speed.	3.07	1.15	3	49.76	*
10	control over how I do my work.	2.42	1.21	5	37.40	

* The mean was significantly greater than the hypothesized value of 3.

Support (Table 3): The majority of participants agreed there was a lack of adequate equipment and training required for the completion of tasks (items 13 & 14 of Table 3). They agreed that there was an acceptable level of supervisory support at the work site, the presence of colleagues' support, and communication with managers (items 11, 12, & 15).

Table 3. Means, SDs, and t-test results for Support

No.	Item	Mean	SD	Rank	t	Sig.
I am working with a lack of						
11	senior managers' support.	3.14	1.08	3	54.46	*
12	colleagues' support.	2.89	1.23	4	43.89	
13	adequate tools to do the job.	3.87	1.08	1	66.56	*
14	training needed to do my job better	3.82	.90	2	79.14	*
15	communication with senior managers about something related to work.	2.52	1.22	5	38.66	

* The mean was significantly greater than the hypothesized value of 3.

Relationships. Workers were exposed to moderate levels of bullying, strained relationships, unfair treatment (Table 4). Some workers had difficulties in obtaining assistance and receiving the respect they felt that they deserved.

Table 4. Means, SDs, and t-test results for Relationships

No.	Item	Mean	SD	Rank	t	Sig.
I deal with						
16	unfair treatment.	3.20	1.19	3	50.33	*
17	strained relationships at work.	3.41	.98	2	64.97	*
18	inadequate respect, which I deserve at work.	2.95	1.18	5	46.68	
19	difficulty obtaining assistance during work.	2.97	1.16	4	47.70	
20	being subject to bullying at work.	3.42	1.14	1	55.65	*

* The mean was significantly greater than the hypothesized value of 3.

Role. There was a serious problem concerning the staff's knowledge of hospital policies and procedures (item 25 of Table 5). The means of the other items indicated problems understanding the mission and objectives of the hospital, what the hospital expected from them, knowledge of their duties and responsibilities, and the role of these duties in meeting the hospital's goals.

Table 5. Means, SDs, and t-test results for Role

No.	Item	Mean	SD	Rank	t	Sig.
I am not clear about						
21	the hospital's mission and goals.	3.72	.93	2	74.47	*
22	what is expected of me at work.	3.48	1.00	3	64.75	*
23	my duties and responsibilities.	3.19	1.07	4	55.63	*
24	how to get my job done.	2.89	1.21	5	44.65	
25	hospital policies and decisions.	3.92	1.23	1	59.30	*

* The mean was significantly greater than the hypothesized value of 3.

Change. There was an absence of staff participation in the processes of change (item 26 of Table 6). The other items indicated that little information was accessible to staff in relation to changes (items 27 & 30), and how the changes would affect task implementation (item 29). However, the workers did not considered changes to be stressful (item 28).

Table 6. Means, SDs, and t-test results for Change

No.	Item	Mean	SD	Rank	t	Sig.
I work without						
26	being consulted about expected changes.	3.80	1.11	1	63.84	*
27	sufficient knowledge about changes at work.	3.43	.99	5	64.34	*
28	stress due to changes at work.	3.67	1.06	2	64.22	*
29	information about how change will affect the workplace.	3.47	1.14	4	56.58	*
30	The possibility of obtaining information about future changes.	3.59	1.17	3	57.37	*

* The mean was significantly greater than the hypothesized value of 3

Reward. Staff viewed monetary and non- monetary benefits as the highest stress dimensions in the workplace (items 31 & 32 of Table 7). The mean scores for the other items showed moderate levels of stress. The view that the promotion process was unfair, the weakness in the feedback for good outputs, and the lack of staff empowerment are a concern.

Table 7. Means, SDs, and t-test results for Reward

No.	Item	Mean	SD	Rank	t	Sig.
I am working without						
31	being paid fairly for work that I do.	3.91	1.11	1	65.71	*
32	non-monetary benefits.	3.89	.92	2	78.69	*
33	positive feedback for good results.	3.12	1.21	4	46.47	*
34	fair policies for promotion.	3.20	1.20	3	49.44	*
35	empowerment to help me implement tasks.	3.09	1.18	5	48.96	*

* The mean was significantly greater than the hypothesized value of 3.

Staff's Attitudes about Responses to Violence with Violence

Staff gave moderate ratings to all 7 items about their attitudes. The results indicated a moderate level of acceptance of responding to violence with violence and conveyed the staff's views of themselves as people who are nonviolent.

Table 8. Staff's attitudes toward responses to violence with violence

No.	Item	Mean	SD	Rank	t	Sig.
36	If someone attacks me, it is OK to attack them in the same way.	3.28	.93	1	44.35	*
37	It is shameful to walk away from a fight.	3.27	.94	2	65.70	*
38	It is OK to be violent if someone threatens to damage hospital property.	3.07	1.13	5	65.03	*
39	I see myself as a violent person.	2.73	1.09	7	50.76	
40	I respond to violence with violence to end the conflict.	3.23	.96	4	46.65	*
41	It makes you feel good when you respond to violence with violence.	2.80	1.18	6	62.72	
42	If I were in a potentially violent situation, I would automatically face the person threatening me.	3.26	1.02	3	59.53	*

* The mean was significantly greater than the hypothesized value of 3.

Relationship between the Total Level of Stress Dimensions and Staff's Acceptance of Responses to Violence with Violence

Pearson's correlation between the total level of all of the stress dimensions and staff's overall attitudes about responses to violence with violence were statistically significant ($r = .649$, $p < .01$). Furthermore, there was a significant positive correlation between each stress dimension (demand, control, support, relationships, role, change and reward) and staff's acceptance of responses to violence with violence (.517, .568, .568, .528, .582, .643, .595, respectively; all $p < .01$).

Discussion

This study's objectives were to raise the debate surrounding the presence of stress dimensions in Jordanian hospitals, the hospital staff's acceptance of responding to violence with violence, and to provide empirical evidence of the relationship between the two variables. This was an exploratory study, and the data were collected from eight public health hospitals located throughout Jordan. All of the stress dimensions had a moderate presence. A moderate level of acceptance of using violent means to deal with violence in the hospital setting was found. This study's results verified a strong positive relationship of (1) the total level of stress with the acceptance of violent responses to violent behavior, and (2) each stress dimension with the acceptance of responding to violence with violence. These results are consistent with Martino (2003). Kerr, McHugh, & McCrory (2009) also found positive relationship between the presence of stress dimensions and violent behavior towards patients.

This information can help hospital managers control these negative phenomena. Staff's perceptions of the presence of stress and their acceptance of the use of violent responses to deal with violence in the hospital settings should be made known to hospital managers. Their awareness might begin the process of reducing the presence of stressors and addressing the negative responses of staff to violence in the hospital.

It is important to consider staffs responses in relation to workplace conditions. This type of response to violence can be explained by their work in a tense environment. It may be assumed that the employees in healthcare institutions who are more open to acts of violence and exposed to stress will have a negative response to violence that is stronger than those working in healthcare settings.

Therefore, due to a lack of sufficient evidence from the research literature, this study does not present a definitive solution. Neither does it make assumptions concerning the relationships between the presence of stress dimensions and responses to violence with violence. Instead, the study examined these issues at an exploratory level.

Jordanian hospitals need to implement training programs to help managers and staff decrease stress levels, address personality differences, and use problem-solving skills. To overcome the issues identified, hospitals need to define their missions and goals, ensure that their staff works in comfortable settings, prevent staff from experiencing prolonged stress, develop policies for dealing with unusual attitudes and behaviors, and increase the quality of support that staff receive. Training should consider the staff's preparation in dealing with change, talking with patients in a therapeutic manner, and communicating their perspectives effectively. Successful hospitals that ensure staff satisfaction through adequate fairness in job promotions, the availability of appropriate equipment, and keeping lines of communication open with staff. They provide performance feedback and offer an appropriate balance between patients' needs and staff's challenges. Hospitals need to create a culture where staff feels supported and valued, as well as a friendly environment. Jordanian healthcare agencies should gather information on the prevalence and nature of violence in their organizations. This information can be used to develop effective prevention programs for workplace violence and provide staff with the tools to help them prevent violence in the workplace.

There are limitations to consider when interpreting the results of this study. First, the staff's responses to the items about violence might not be stable over time; they may depend on how, when, and what patterns of violence are perpetrated against them. Second, the study was based on a quantitative approach. Further studies should use both qualitative and quantitative methods to expand and deepen the knowledge of the current study's issues. Third, because of the lack of studies on staff's responses to violence, consolidating the results of research studies is required. Fourth, the study's data were collected after one of the doctors had been killed by his patient (Jordanian Doctors Association, 2015). Thus, it is possible that the absence of laws regulating hospital violence in Jordan might have led to biased responses of the staff when they answered the study's questionnaire.

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