VIOLENCE AMONG WORKING WOMEN IN BENHA CITY

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Abstract: Workplace Violence (WV) has become an important issue of occupational safety and health since the early 1990's. The aim of the study was designed to assess the prevalence of violence among working women in Benha City. A descriptive design was utilized in this study. A total 190 women employee randomly selected from the female workforce belonging to five occupational sectors (health care workers, teachers, administrators, pharmacies, sales personnel), approached because they employed large numbers of the women workforce and involved with the public, which is a potent risk factor for WV. Tool were used: A structured questionnaire was designed to include enquiries about ever exposure to workplace violence, about the character of violence incident, the gender and profile of perpetrator, the probable cause of the incident and the impact of the assault on the well-being of the victim. The study results have shown that more than one third of the studied female employees suffered from workplace violence (36.7%) which was mostly verbal. Physical and sexual violence incidents constituted a minority of incidents. Domestic violence afflicted 13.7 % of working females in the current study. Both types of violence afflicted 4.2% of females. The assailant gender included both sexes, equally. Mental stress was the most frequent outcome. Presence of job stress, mental and physical, was reported by the majority of participating females, each consistent stress or occasional stress. Recommendation: The study finding recommended that administrative workplace prevention strategy including improvements in staffing patterns, improving interpersonal communication among staff members, clear systems for communication among staff regarding clients/ patient aggressive behaviors and control of job stress which is a potent precursor for violence.

Key words: Violence, women workforce.

1-Introduction

The world Health Organization (1) 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. (2) Defined workplace violence in their employer's guide as "any act against an employee that creates a hostile work environment and negatively affects the employee, either physically or psychologically". These acts include all types of physical or verbal assaults, threats, intimidation and all forms of harassment. Workplace violence includes both fatal and non-fatal injuries. Different definitions are used for Non-Fatal Workplace Violence Injuries (NFWVI) which range from
offensive language or an action that makes a person uncomfortable at work, to serious bodily injury that may result in lost work time (3).

Separated violent acts into: harassment (the act of creating a hostile environment through unwelcome words, actions or physical contacts not resulting in physical harm), threats (expressions of an intent to cause physical harm), and physical attacks (aggression resulting in a physical assault with or without the use of a weapon) (4).

Violence to which nurses may be subjected as follows: "violence does not just mean physical violence, but verbal and emotional abuse as well as sexual harassment"(5). Workplace violence to affect one-third of nurses (6). California OSHA and Washington State have developed a system of violence typology that focuses on the relationship between the perpetrator and the victim of violence (7).

This system classifies violence into several types of which Type I is violence inflicted by strangers in which the assailant has no legitimate business relationship to the workplace and Type II is violence inflicted by customers or clients which include assaults inflicted by customers, patients, or other people who are receiving services or under custodial supervision of the affected workplace or worker. Customers and client attacks accounted for only eight percent of the fatalities in 1998, but were the leading type of non-fatal assaults and were especially high in healthcare and retail jobs. Type III included violence caused by attacks of co-workers and constituted a small fraction of the work-related nonfatal assaults.

Although workplace violence is a serious public health hazard, it has been minimized, like "family violence", or tolerated as "part of the job" (8). The social denial of violence occurred, at least in part, because most violent actions whether at home or in the workplace were against women (9).

The Health and Safety Executive in Britain (10) have identified that the main risk factor for Workplace Violence (WV) was working with the public and that the leading 20 jobs held by women involved interfacing with the public.

In Egypt, limited, if any data, are available on the prevalence of workplace violence (WV) in national workplaces, especially among high risk groups as women workers so, the current study was designed aiming at eliciting information on the prevalence of workplace violence and its epidemiology among a sector of the women workforce working in Benha City, and the concomitant prevalence of domestic violence among the same sector of working women.

**Aim of the study:**
The study aimed to assess prevalence of violence among working women in Benha city.

**Research question:** Are women employees suffered workplace violence

**Subjects and methods**
Study design: a descriptive design was utilized in this study.

Setting: this study was conducted in five occupational sectors at Benha city (i.e. health care workers, teachers, administrators, pharmacies, sales personnel). Which included 190 female employees working in Benha City.

Sampling: a systematic random sample was been selected from the female workforce belonging to five occupational sectors. These sectors were chosen because they employed large numbers of the female workforce and they all involved working with the public which is a potent risk factor for WV. They included:

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- 22 health care workers from Benha University Teaching Hospitals. They were mostly nurses practicing in various specialities.
- 56 teachers from Governmental Basic and Secondary Education schools of Benha City.
- 56 administrators working in Benha University Administrative Departments.
- 12 pharmacists working in the private sector in Benha City.
- 44 sales personnel employed in the private sector in Benha City.

**Tool of data collection:** A structured questionnaire was designed to include enquiries about ever exposure to workplace violence in its broadest sense, as defined by (4) to include all forms of verbal, physical, and sexual assaults to which an employee may be exposed at work or while he/she is performing his/her job. The questionnaire included sections enquiring about the character and the frequency of the assault, the gender and profile of perpetrator, the probable cause of the incident and the impact of the assault on the well-being of the victim. A section was added to enquire about ever-exposure to domestic violence trying to throw some light on the prevalence of domestic violence among working females and the prevalence of its co-existence with workplace violence. Participants were approached personally by the same interviewer.

**Scoring system:** score was (2) for ever exposed to workplace violence, (1) for never exposed to workplace violence and (0) for refused to talk

**Pilot study:** a pilot study was done before embarking on the field work to check the clarity and feasibility of designed tool to be sure that it was understood and to estimate time needed to complete its items. It was carried out on 5% of studied group.

**Ethical and administrative consideration:** approval was obtained from females who agree participate in this study for conduction of the study. Each female was informed about her right withdraw from study. Privacy and confidentiality were assured for each one and taken into consideration.

**Statistical design:** the collected data were tabulated and analyzing using Statistical Package for Social Sciences (SPSS) version 16. A variety of statistical methods were used to analyze the data in this study as percentage, chi square, and level of significance was considered at p ≤ 0.05.