

# Combatting workplace violence against nurses in Bangladesh

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## Abstract

This letter aims to respond to Tosepu et al. that workplace violence against nurses increases dramatically in developed and developing countries. This leads to a frustrating and unsustainable work environment. Furthermore, workplace violence has the potential to have long-term physical and psychological implications for all employees and a detrimental effect on the general morale of a healthcare organization. In this letter, we add the evidence of the workplace violence against nurses in Bangladesh, which contributes to increased health job discontent, decreased employee engagement, excessive absenteeism from work, a strong desire to resign, low medical safety ratings, and a high frequency of adverse clinical outcomes. In addition, people who live in hill communities and waterlogged areas do not have access to health care privileges due to workplace violence against nurses. Efforts to combat workplace violence against nurses are therefore very much needed.

## Keywords

workplace violence; nurses; healthcare; work engagement; Bangladesh

## Letter to the Editors

This letter is an extension of a phenomenon related to Workplace Violence (WPV) against nurses and a response to [Tosepu et al. \(2021\)](#), which described the violence among healthcare workers as a silent pandemic that has a detrimental effect on the economy, the health sector, and local communities.

Threats, any potentially dangerous improper behavior, harassment, physical assault, intimidation, and abuse are all indicators of WPV ([Liu et al., 2019](#)). In addition, WPV is associated with stress, burnout, insecurity, and a distorted sense of belonging. As nurses are a vast group in the healthcare system, they must be satisfied with their employment to provide high-quality nursing care. In contrast, harassment in the workplace results in job dissatisfaction. In addition, it makes nursing interventions more likely to be missed.

Additionally, nurses lose confidence in their capacity to engage in therapeutic communication and deliver high-quality care. However, any violence has the potential to escalate to murder. When healthcare staff is intimidated by patients or attendants, medical mistakes are the third most likely cause of death in a hospital setting ([Liu et al., 2019](#)). [Byon et al. \(2021\)](#) found that in the United States, 67.8% of nurses are victims of aggressive behavior and verbal harassment. In another survey from Canada, [Cregan and Kelloway \(2021\)](#) found that 75% of nurses are intimidated by patient attendants at work. And eight

out of ten nurses are victims. In particular, nurses are at higher risk in developing countries like Bangladesh due to WPV. For instance, in Dhaka city, a patient (Sex: male; aged: 24 years) infected with Coronavirus was admitted to the ICU department, where he stabbed two nurses (Named: Mitu and Kakoli; aged: 24 and 45 years) and seriously injured them. A ward boy (Named: Sagor, aged: 25 years) was also stabbed while trying to save the nurses ([Prothom Alo, 2021](#)). In addition, in communities and rural areas, WPV is more intense. Such as, a group of miscreants entered an Upazila Health Complex in Bangladesh and attacked the employees working in the emergency department. A nurse was critically injured and had to be taken to the divisional hospital for intensive care ([The Daily Ittefaq, 2022](#)).

When a healthcare organization has competent human resources, it may play a significant national and international role. And a healthcare facility can only develop a skilled workforce if its employees are happy in their jobs ([Gunawan et al., 2022](#)). Because an employee who works with a healthcare provider for an extended period and develops skills does so for job happiness. Nurses in Bangladesh are dissatisfied with their jobs for a variety of reasons. WPV is a significant contributor. This is why patient satisfaction with healthcare is relatively low. Each year, seven hundred million people move to foreign nations for better healthcare, and Bangladesh has a Tk 99.33 billion annual deficit ([The Financial Express, 2021](#)). But, in India, nursing care quality has vastly risen steadily. Every year, 54.3 percent of patients from Bangladesh travel to

India to get a quality services deficit ([The Financial Express, 2021](#)). However, Bangladesh has a 76% nursing shortage ([Rony, 2021](#)). Lack of respect for nurses, particularly among locals, has created a negative perception that nurses are accustomed to violence in this country, discouraging new students from pursuing a career in nursing.

In addition, owing to violence in the workplace, the turnover of nurses is relatively high in community-level hospitals. As a result, the most vulnerable people in the community, especially pregnant women and children, suffer from inadequate health care. Therefore, residents of this community have to rely only on divisional-level hospitals, which are already overburdened with patients. Moreover, in waterlogged and mountainous areas where sexual harassment is rampant, housing and communication systems are inadequate, making it extremely difficult for nurses to work. Also, accidents, malaria, and malnutrition are pretty severe in hilly areas. Every year, many individuals die, leading to a shortage of primary medical management in submerged and highland regions. In such a health emergency, healthcare employees are reluctant to work for the risk of WPV.

Therefore, in this letter, we provide the following suggestions to the employers: (i) Create a healthcare facility using SWOT analysis (SWOT stands for strengths, weaknesses, opportunities, and threats), (ii) Arrange for WPV prevention programs, (iii) Continuous training for staff on how to prevent WPV, (iv) Create a zero-tolerance policy to prevent WPV, and (v) Sustainable planning and practice. It is also strongly suggested to investigate the WPV prevalence rate and prevention strategies in rural, saturated, and mountainous areas to provide a suitable work environment for healthcare workers. This would facilitate the villagers' getting adequate health care.

Moreover, the general public is also suggested to do the following: (i) Establish trust in healthcare professionals, (ii) Be patient while receiving healthcare, (iii) Avoid intimidation, and give independence to healthcare employees to take care of your patient, and (iv) Remember, violence against healthcare professionals negatively affects patient outcomes.

Finally, the government is recommended to allocate enough resources to ensure a positive work environment. In addition, the local authorities should work with community-level health directors to prevent potential WPV. This would motivate healthcare workers to work in rural areas, and impoverished people would be able to access free medical care.

### Declaration of Conflicting Interest

The authors have no competing interests at all.

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### Authors' Contributions

Both authors contributed to the initial draft, writing, and editing of the manuscript and approved it before submission and its final version.

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### Data Availability

Not applicable.

### References

- Byon, H. D., Sagharian, K., Kim, Y., Lipscomb, J., Crandall, M., & Steege, L. (2021). Nurses' experience with type II workplace violence and underreporting during the COVID-19 pandemic. *Workplace Health & Safety*, 21650799211031233. <https://doi.org/10.1177%2F21650799211031233>
- Cregan, B., & Kelloway, E. K. (2021). Physical intimidation and bullying in the workplace. In D. C. P., N. E., K. L., & T.-W. S. (Eds.), *Special Topics and Particular Occupations, Professions and Sectors* (pp. 33-53). Springer. [https://doi.org/https://doi.org/10.1007/978-981-10-5308-5\\_4](https://doi.org/https://doi.org/10.1007/978-981-10-5308-5_4)
- Gunawan, J., Marzilli, C., & Aunguroch, Y. (2022). Sustaining e-caring leadership in a post-pandemic world. *Belitung Nursing Journal*, 8(1), 1-3. <https://doi.org/10.33546/bnj.2039>
- Liu, J., Zheng, J., Liu, K., Liu, X., Wu, Y., Wang, J., & You, L. (2019). Workplace violence against nurses, job satisfaction, burnout, and patient safety in Chinese hospitals. *Nursing Outlook*, 67(5), 558-566. <https://doi.org/10.1016/j.outlook.2019.04.006>
- Prothom Alo. (2021). *Two nurses were stabbed by a patient admitted to the ICU [in Bangla]*. <https://www.prothomalo.com/bangladesh/capital/>
- Rony, M. K. K. (2021). Diploma in Nursing or Bachelor of Science in Nursing: Contradictory issues among nurses in Bangladesh. *Belitung Nursing Journal*, 7(1), 57-58. <https://doi.org/10.33546/bnj.1250>
- The Daily Ittefaq. (2022). *Human chain of doctors and nurses in Kawkhali [in Bangla]*. <https://www.ittfaq.com.bd/311409/>
- The Financial Express. (2021). *Why Bangladeshi patients seek treatment abroad*. <https://thefinancialexpress.com.bd/health/why-bangladeshi-patients-seek-treatment-abroad-1640063389>
- Tosepu, R., Nuru, H., & Irfani, T. H. (2021). Violence against nurses: A serious issue in Indonesia. *Belitung Nursing Journal*, 7(2), 139-140. <https://doi.org/10.33546/bnj.1491>

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