

Using implementation science to explore the facilitators and barriers of creating a workplace violence reporting system in the context of Pakistan

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Abstract

Background

Workplace violence (WPV) is a serious occupational problem that manifests globally. However, the magnitude of WPV is particularly high in hospitals, due to the stressful environment and the nature of the work. Nurses face a heightened risk of experiencing WPV, as they work closely with patients and their family members. Implementing interventions to reduce WPV have remained challenging for healthcare organizations due to the under reporting of incidents of WPV. Nurses must be made aware that violence should not be an acceptable part of the nursing profession and they need to learn to report any violent incident they experience. An easy and simple WPV reporting system within the hospital is critical to encouraging nurses to report incidents of violence.

Research Question: What are the facilitators of and barriers to creating a workplace violence reporting system for nurses in the context of hospitals in Pakistan?

Primary Objective:

- a) To determine the feasibility of implementing a workplace violence reporting system for nurses in the context of hospitals in Pakistan. **Secondary Objectives:**
- a) To assess nurses' understanding of and ability to recognize WPV, as well as their level of awareness surrounding the importance of reporting WPV incidents.
- b) To assess the perceptions of relevant key stakeholders at the hospitals, in order to identify potential facilitators of and barriers to implementing a WPV reporting system.

Methodology: This study will be primarily conducted in two tertiary care hospitals in Pakistan, one public and one private. Data will also be collected from nurses who are from Pakistan and currently working in the Canadian healthcare system. The study will follow the implementation science approach and will be guided by the Active Implementation Frameworks (AIFs), as recommended by the National Implementation Research Network (2005). The implementation stages are: (a) Exploration, (b) Installation, (c) Initial implementation, (d) Full Implementation. At present, this study will be limited to the exploration phase of AIF. Based on the study's findings, further implementation stages will be applied in the future. To achieve this purpose, the study will utilize a qualitative exploratory design for the data collection. Online In-depth Interviews (IDIs) will be conducted with nurses, nursing supervisors, and hospital administrators. Meetings will also be conducted with individuals from the Safety and Quality Department or HR Department at each hospital. In addition to the data gathered from the hospitals in Pakistan, Key

Informant Interviews (KIIs) will be conducted with nurses who are originally from Pakistan and are currently working in the Canadian healthcare system.

Conclusion: Interventions to reduce WPV will only be achieved if hospital management is aware of the severity of the issue and are involved in creating a violence-free environment for healthcare providers. However, the severity of WPV cannot be effectively identified without a functional reporting system. Achieving these goals is critical, because creating a safe work environment encourages nurses to remain in the nursing profession and provide quality care to patients, which will lead to a positive impact on health outcomes within society.