

PREVALENCE AND IMPACT OF WORKPLACE VIOLENCE AMONG NURSES IN TERTIARY CARE HOSPITALS

AMIN R*, SHAH S, NAWAZ N, ALTAF M, SHEHZADI A

New Advance College of Nursing and Allied Health Sciences, Lahore, Pakistan

*Correspondence author email address: Roomaamin1996@gmail.com

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Abstract: Workplace violence is a significant issue among nurses, particularly in tertiary care hospitals, impacting their well-being and job performance. Understanding the prevalence and types of violence can help develop effective strategies to mitigate these incidents. **Objective:** To investigate the prevalence, types, frequency, and impact of workplace violence among nurses in tertiary care hospitals in Lahore. **Methods:** This descriptive cross-sectional study was conducted in various tertiary care hospitals in Lahore over a six-month period from October 10, 2023 to March 10, 2024. The study population comprised registered nurses, aged 18-65, employed in these hospitals for over a year. A sample size of 108 nurses was calculated using Salvia's formula, with convenient sampling employed for selection. Data were collected using a self-administered structured questionnaire distributed via Google Forms. The questionnaire covered demographics, experiences of violence, perception of safety measures, coping strategies, and suggestions for improvement. Descriptive statistics were calculated, including frequencies, percentages, means, and standard deviations. Comparisons were made using the independent t-test and chi-square test, with a p-value <0.05 considered significant. **Results:** Verbal abuse was the most prevalent type of violence, experienced by 62.96% of respondents. Other forms of violence included discrimination (11.11%), physical assault (4.63%), bullying (4.63%), and sexual harassment (1.85%). In terms of frequency, 42.59% of nurses experienced violence rarely, 32.41% frequently, and 25.00% occasionally. The impact of workplace violence included increased stress levels (46.30%), negative impacts on mental health (24.07%), reduced work productivity (16.67%), decreased job satisfaction (11.11%), and physical injuries (1.85%). **Conclusion:** The study highlights the high prevalence and significant impact of workplace violence on nurses in tertiary care hospitals in Lahore. Verbal abuse was the most common form, with substantial proportions of nurses experiencing frequent violence. These findings underscore the urgent need for targeted interventions to mitigate workplace violence and support affected healthcare workers.

Keywords: Cross-Sectional Studies, Hospitals, Tertiary, Nurses, Occupational Health, Violence, Workplace.

Introduction

Workplace violence is a significant problem for nurses, with around 40% reporting that they've experienced it at some point in their careers, according to the World Health Organization. (1) Workplace violence includes both physical and psychological assaults like bullying, racial abuse, and verbal attacks. This kind of violence can lead to a lot of negative consequences for nurses, such as increased stress, lower job satisfaction, burnout, insomnia, posttraumatic stress disorder (PTSD), and even thoughts of suicide. It takes a toll on a nurse's professional life, reducing their productivity and the quality of care they can provide to patients. (2)

What's even more alarming is that about 74% of violent incidents happen in healthcare settings, showing just how prevalent this issue is. Nurses, being frontline workers, are especially vulnerable to workplace violence. Certain factors like high-stress levels, inexperienced staff, irregular shifts, and not having enough staff around can increase the likelihood of violence occurring. Patients' opinions about nurses and the working environment also contribute to this problem. Since women mostly do nursing and involve direct patient care, the risk of violence is higher. Injuries related to violence in hospitals are four times more common than in other industries, and workplace violence is on the rise. (3) Unfortunately, despite its increasing occurrence, not much has been done to address this issue. Nurses often face

rudeness because they're seen as lower on the hierarchical ladder. This is a troubling situation that needs attention to ensure the safety and well-being of nurses and the quality of care they provide. (4)

Workplace violence has a significant impact on nurses' work. It makes them feel worried and afraid, which affects the quality of care they can give patients. It also damages the relationship between nurses and patients. Nurses may feel ashamed and guilty because of the violence they face, which makes them feel even more exhausted and unhappy with their jobs. This can lead to physical tiredness, more stress, and trouble sleeping. (3)

Some violent incidents are just seen as part of the job, but others hurt nurses' dignity and make them feel less respected. Organisations like the World Health Organization, the International Council of Nurses, and the International Labour Office have released guidelines to help deal with workplace violence in healthcare. (5)

Understaffing, high stress levels among nurses, the problematic nature of the work, and long wait times are common reasons for workplace violence. Addressing these issues is essential to ensure nurses can work safely. To prevent workplace violence in healthcare settings, primary administrative actions are crucial. This involves managing demanding workloads and improving the overall working environment. By addressing these factors, administrators



can create conditions that are less likely to lead to incidents of violence among staff members. (6)

Training is pivotal in equipping nurses and other healthcare professionals with the skills to prevent and manage workplace violence. Training programs should focus on enhancing communication between patients and nurses, stress management techniques, effective communication strategies, anger control, and de-escalation techniques. Regular training ensures staff members are prepared to handle potentially volatile situations calmly and professionally. (7)

Nurses and healthcare professionals must also know their organisation's policies for reporting violent incidents. They should receive comprehensive training on correctly documenting and reporting any acts of violence they encounter. Research suggests that underreporting of workplace violence may occur when administrators and supervisors are not fully aware of reporting regulations or choose to overlook them. Ensuring reporting policies are clear and consistently enforced can help address this issue. (8)

Creating a culture of zero tolerance for workplace violence is paramount to providing nurses with a safe and supportive work environment. Administrators should prioritize implementing policies and procedures that demonstrate a firm stance against violence. This sends a clear message that acts of violence will not be tolerated and reinforces the organisation's commitment to the safety and well-being of its staff members. (9)

Implementing workplace violence countermeasures can also help mitigate the risk of violent behaviour from patients and visitors. Tools such as security measures and protocols can be put in place to enhance safety within healthcare facilities. According to feedback from nurses, the presence and proficiency of hospital security officers are crucial components of workplace safety. Deploying security personnel, especially in high-risk areas like emergency rooms, can significantly reduce the frequency of violent incidents and reassure staff members. (10)

Improving workplace safety for nurses is crucial, and one way to do this is through training in mediation and personal safety techniques. While the impact of such training on reducing verbal abuse may not always show up in statistical significance, studies have indicated that it does have a positive effect. Essentially, even though the numbers might not scream out that it works, nurses who undergo this training are less likely to experience verbal abuse. (1)

Despite efforts to improve workplace safety, many nurses are dissatisfied with how their department or hospital administration handles incidents or inquiries about patient behaviour or workplace violence. This suggests there's still work to do to ensure nurses feel supported and adequately protected in their work environment.

Addressing workplace violence requires a multifaceted approach that includes improving reporting systems, providing comprehensive training in aggression management, offering prompt support to affected staff, and implementing strategies for managing risks effectively. By addressing these factors, healthcare organisations can create safer work environments where nurses feel empowered and protected. Thus this study aims to examine violence against nurses from their perspective and its effects on their mental health and workplace. It aims to provide potential solutions

for violence against nurses and create a safer work environment for healthcare professionals.

Methodology

This descriptive cross-sectional study aimed to investigate workplace violence management among nurses in various tertiary care hospitals in Lahore. The study population comprised registered nurses working in these hospitals. The study was conducted over six months following approval. The sample size, calculated using Salvia's formula, was determined to be 108, with an acceptable margin of error of 0.8. A convenient sampling technique was used to select the participants.

Inclusion criteria included registered nurses currently employed in tertiary care hospitals, with more than one year of working experience, aged over 18 years, and able to comprehend and respond to the questionnaire. Nurses working in primary or secondary healthcare systems, those providing incomplete data, or those who had attended workshops or training sessions on workplace violence were excluded.

Data collection was conducted exclusively online using a self-administered questionnaire disseminated via Google Forms. Detailed instructions were provided to participants, ensuring confidentiality and voluntary participation. The online format allowed participants to complete the questionnaire at their convenience, with the link shared through email or secure electronic channels like WhatsApp. This remote data collection approach facilitated comfortable and confidential responses from any location with internet connectivity. Upon submission, responses were automatically recorded and securely stored for analysis.

The structured questionnaire gathered information on demographics, experiences of violence, perception of safety measures, coping strategies, and suggestions for improvement. Ethical considerations adhered to the guidelines set by the ethical committee of the New Advance College of Nursing and Allied Health Sciences. Written informed consent was obtained from all participants, ensuring confidentiality, anonymity, and the right to withdraw from the study at any time. Data were kept secure under lock and key and password-protected on digital devices.

A pilot test of the questionnaire was conducted among a small group of nurses to assess clarity, comprehension, and appropriateness. Feedback from this pilot test was used to refine the questionnaire before full-scale implementation. The collected data were entered into SPSS for analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were calculated to summarize the data, with results presented using tables, charts, and narrative descriptions.

Results

The descriptive analysis included a total of 108 participants. The mean age of the respondents was approximately 29.70 years, with a standard deviation of 5.29 years. The gender distribution among the respondents showed a significant majority of females, with 95 female respondents constituting approximately 87.96% of the total, while the

remaining 13 male respondents accounted for about 12.04%. (Table 1)

Table 1: Gender Distribution

Gender	Count	Percentage
Female	95	87.96%
Male	13	12.04%

Table 2 presents the types of workplace violence experienced by nurses. Verbal abuse was the most prevalent, reported by 68 nurses, accounting for 62.96% of the respondents. Other forms of violence were experienced

by 16 nurses (14.81%), discrimination by 12 nurses (11.11%), physical assault and bullying each by 5 nurses (4.63%), and sexual harassment by 2 nurses (1.85%).

Table 2: Types of Workplace Violence Experienced

Type of Violence	Count	Percentage
Verbal abuse	68	62.96%
Others	16	14.81%
Discrimination	12	11.11%
Physical assault	5	4.63%
Bullying	5	4.63%
Sexual harassment	2	1.85%

According to Table 3, the frequency of workplace violence varied among the respondents. 46 nurses (42.59%) reported

experiencing violence rarely, 35 nurses (32.41%) frequently, and 27 nurses (25.00%) occasionally.

Table 3: Frequency of Workplace Violence

Frequency	Count	Percentage
Rarely	46	42.59%
Frequently	35	32.41%
Occasionally	27	25.00%

Table 4 illustrates the impact of workplace violence on nurses. The most significant impact was an increase in stress levels, reported by 50 nurses (46.30%). Other impacts included negative effects on mental health (26 nurses,

24.07%), reduced work productivity (18 nurses, 16.67%), decreased job satisfaction (12 nurses, 11.11%), and physical injuries (2 nurses, 1.85%)

Table 4: Impact of Workplace Violence

Impact	Count	Percentage
Increasing stress levels	50	46.30%
Negatively impacting mental health	26	24.07%
Reducing work productivity	18	16.67%
Decreasing job satisfaction	12	11.11%
Causing Physical injuries	2	1.85%

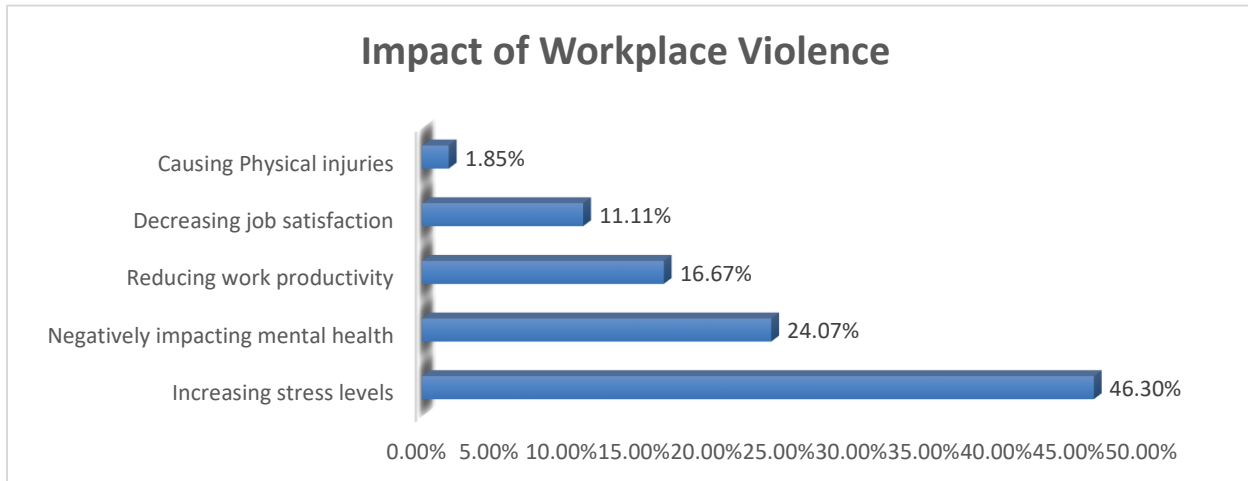


Figure 1: Shows the percentages of different impact of workplace violence

Discussion

The findings of this study highlight the significant prevalence and impact of workplace violence among nurses in tertiary care hospitals in Lahore. Verbal abuse emerged as the most prevalent type of violence, experienced by 62.96% of the respondents. This aligns with recent studies that have identified verbal abuse as the most common form of workplace violence in healthcare settings (11, 12). Other forms of violence reported included discrimination (11.11%), physical assault (4.63%), bullying (4.63%), and sexual harassment (1.85%), underscoring the multifaceted nature of workplace violence that nurses face.

The frequency of workplace violence is concerning, with 42.59% of nurses experiencing violence rarely, 32.41% frequently, and 25.00% occasionally. These findings are consistent with recent research indicating that healthcare workers, particularly nurses, are frequently exposed to workplace violence (13). The recurrent nature of these incidents can lead to severe adverse outcomes for nurses, including increased stress levels (46.30%), negative impacts on mental health (24.07%), reduced work productivity (16.67%), decreased job satisfaction (11.11%), and physical injuries (1.85%).

The impact of workplace violence on nurses' well-being and job performance is significant. Increased stress levels were reported by nearly half of the respondents, which is supported by studies linking workplace violence to elevated stress among nurses (14). Negative impacts on mental health were also notable, aligning with evidence that workplace violence contributes to anxiety, depression, and burnout among healthcare professionals (15). The reduction in work productivity and job satisfaction further emphasizes the detrimental effects of workplace violence on both individual nurses and healthcare organizations (16).

Addressing workplace violence in healthcare settings requires comprehensive strategies. Implementing robust reporting systems, providing training on conflict resolution and de-escalation techniques, and fostering a supportive work environment are crucial measures (17). Additionally, policies aimed at preventing workplace violence should be regularly reviewed and updated to ensure their effectiveness in protecting healthcare workers.

Conclusion

This study highlights the significant prevalence and impact of workplace violence among nurses in a tertiary care hospital. The findings indicate that verbal abuse is the most common form of violence experienced, followed by discrimination, physical assault, bullying, and sexual harassment. The frequency of these incidents varies, with a substantial number of nurses experiencing violence frequently or occasionally. The impact of workplace violence is profound, affecting nurses' stress levels, mental health, work productivity, job satisfaction, and physical health. These findings underscore the urgent need for comprehensive strategies to mitigate workplace violence and support affected nurses.

Declarations

Data Availability statement

All data generated or analyzed during the study are included in the manuscript.

Ethics approval and consent to participate.

Approved by the department concerned. (IRB/NACN/8776)

Consent for publication

Approved

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The authors declared an absence of conflict of interest.

Authors Contribution

ROOMA AMIN

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SHASHMIAL SHAH

Revisiting Critically

NASIRA NAWAZ

Data Analysis

MAHJABEEN ALTAF & AMINA SHEHZADI*Drafting & Concept & Design of Study***References**

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