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RESEARCH ARTICLE

Workplace Related Violence among Nurses Staff in Nasiriyah Teaching Hospitals

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ABSTRACT
Background: Workplace violence is a global public health issue that has put the physical and mental wellbeing of healthcare professionals in jeopardy. Furthermore, workplace violence has a negative impact on the conduct of healthcare employees. Therefore, the purpose of study is to assess the level of workplace related violence among nurses staff and determine the associated socio-demographic variables. Methods: A descriptive cross-sectional study conducted by simple random sample of 209 nurses is selected through the use a probability sampling approach. The reliability of the questionnaire was achieved through a pilot study and then presented to experts to prove its validity. The total number of items included in the questionnaire was 20-items for knowledge. The data was collected by using the interview method and analyzed by the application of descriptive and inferential statistical data analysis approach. Results: Out of 209 nurses participated in study and indicated that (50.2%) of the them exhibited a moderate workplace related violence. There were significant relationship between workplace related violence and nurses staff gender (p=0.015), current workplace (p=0.009) and work position (p=0.001). Conclusions: Workplace related violence, nurses staff expressed a moderate level due to influenced factors such as: nurses gender (female), current workplace (nurses who are work at critical care units) and work position (nurses who are directed with patients) are associated with higher workplace related violence. Nurses require post-qualification training in how to calm irate patients and relatives who may use violence, according to healthcare companies, professional groups, and policymakers.

Keywords: Workplace, Violence, Nurses.

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INTRODUCTION

Workplace violence is a major global public health concern that is being examined more and more due to its immediate and long-term effects on worker health (Lanthier et al., 2018).

There is no universally accepted definition of workplace violence, but in this study, it was defined as a multifaceted concept resulting from the interaction of individual, relational, cultural, and environmental factors, and resulting in an action, incident, or behavior that deviates from conventional expectations and causes a worker to be threatened or harmed in the course of, or as a direct consequence of, their occupation (Bernardes et al., 2020).

Workplace violence can be categorised as vertical or horizontal depending on its structure. Vertical violence affects both health care personnel and patients, whereas horizontal violence affects only health care employees or patients (Needham et al., 2016).

Incidents can also be defined by type, as physical or psychological manifestations of violence. Assaults, beatings, spitting, kicking, and even homicide are examples of physical aggression (Bernardes et al., 2020). Psychological violence, on the other hand, includes acts of intimidation, coercion, defamation, slander, blackmail, verbal and non-verbal threats, verbal and non-verbal abuse, mobbing, and sexual harassment, and can be further divided into verbal abuse, bullying, sexual harassment, and racial discrimination (Fernandes et al., 2018).

The present study aimed to assess the level of workplace related violence among nurses staff and determine the associated socio-demographic variables.

METHOD

A descriptive cross-sectional study conducted by simple random sample of 209 nurses is selected through the use a probability sampling approach. Through the use the International Labor Organization, ICN, WHO, and PSI have all contributed to the development of a study tool to measure workplace violence [WHO, 2003] (International Labour Organization, 2003).

Validity was given to a panel of 11 arbitrators were asked to offer their opinions and suggestions on each of the study questionnaire's components in terms of language appropriateness, association with the dimension of study variables to which it was assigned, and suitability for the study population. To assess the questionnaire's reliability, data were collected from nurses, and the test was administered to 21 subjects from the study population who were not part of the original sample. Cronbach's alpha was discovered to be 0.70.

A SPSS-20.0 were used analyzed the information was evenly distributed. Chi-square test was used to investigate the relationship between workplace related violence and socio-demographic characteristics. For continuous variables, descriptive data is reported as mean standard deviation, and for categorical variables, it is shown as number (percent). Statistical significance was defined as a p 0.05.

RESULTS

The analysis of sociodemographic characteristic for nursing staff in this table (1) shows that about two third of them are young with age group 20-29 years (67%) in which the average age refer to 28.81± 6.814 year. The gender variable refers that 66% of nursing staff are females and 34% are males. Regarding marital status, more than half of nursing staff are married (54.2%) and 40.1% of them is still unmarried. Highest percentage of nursing staff are graduated from nursing institute with diploma degree (39.7%). Regarding workplace department, the highest percentage refers to critical care units as seen among 31.1% of nursing staff. The current position for nursing staff reveals that more of them are working as nurse direct with patients (80.4%). Regarding years of experience, 56.9% of nursing staff are reported they have 1-5 years of experience in nursing.

Table 1. Socio-Demographic Characteristics of Study Sample.

Variables	Class	n=200	%
Age/years *(M± SD= 28.81±6.814)*	20 – 29 year	140	67
	30 – 39 year	49	23.4
	40 – 49 year	17	8.2
	50 ≤ year	3	1.4
Gender	Male	71	34
	Female	138	66
Marital status	Unmarried	84	40.1
	Married	113	54.2
	Divorced	5	2.4
	Widowed	6	2.8

	Separated	1	.5
Qualification	Secondary school	52	24.9
	Institute	83	39.7
	College	74	35.4
Current workplace	Emergency units	36	17.2
	Critical care units	65	31.1
	Medical & surgical wards	61	29.2
	Other units	47	22.5
Current position	Department supervisor	34	16.3
	Nurse	168	80.4
	Paramedic	7	3.3
Years of experience	1 – 5 years	119	56.9
	6 – 10 years	51	24.4
	11 – 15 year	18	8.6
	16 – 20 year	10	4.8
	21 ≤ year	11	5.3

Table (2): Workplace related Violence

Workplace violence	Freq.	%	*M ± SD*
Low	103	49.3	*51.38±6.757*
Moderate	105	50.2	
High	1	.5	
Total	209	100	

Table (3): Statistical Relationship between Workplace Related Violence and Socio-demographic Data

Variables	Rating	Work Violence			Total	d.f	*Sig.*
		Low	Moderate	High			
Age	20 – 29 year	69	70	1	140	6	χ^2obs.= 3.742 χ^2 crit.= 5.193 P-value=0.712
	30 – 39 year	23	26	0	49		
	40 – 49 year	8	9	0	17		
	50 ≤ year	3	0	0	3		
	Total	103	105	1	209		
Gender	Male	26	44	1	71	2	χ^2obs.= 8.388 χ^2 crit.= 8.690 P-value=0.015
	Female	77	61	0	138		
	Total	103	105	1	209		
Marital Status	Unmarried	45	38	1	84	8	χ^2obs.= 8.312 χ^2 crit.= 10.941 P-value=0.404
	Married	54	59	0	113		
	Divorced	0	5	0	5		
	Widowed/er	3	3	0	6		
	Separated	1	0	0	1		
	Total	103	105	1	209		
Qualification	School nursing	29	23	0	52	4	χ^2obs.= 2.978 χ^2 crit.= 3.311 P-value=0.561
	Institute	37	45	1	83		
	College	37	37	0	74		
	Total	103	105	1	209		
Current workplace	Emergency	9	26	1	36	6	χ^2obs.= 17.050 χ^2 crit.= 16.331 P-value=0.009
	CCU	31	34	0	65		
	Medical-surgical	33	28	0	61		

	Other units	30	17	0	47		
	Total	103	105	1	209		
Current position	Supervisor	14	20	0	34	4	χ^2obs.= 30.136 χ^2 crit.= 8.079 P-value=0.001
	Nurse	86	82	0	168		
	Paramedic	3	3	1	7		
	Total	103	105	1	209		

DISCUSSION

Workplace violence (WPV) is a global public health issue that has put healthcare professionals' physical and mental wellbeing at risk. Furthermore, workplace violence has a negative impact on the conduct of healthcare employees.

Current study findings indicates that nursing staff are at risk of moderate level of violence at workplace as seen among more than half of sample (50.2%). This conclusion is consistent with their findings, which showed that out of 348 participants, 150 (43.1%) of nurses had encountered moderate workplace violence (Weldehawaryat et al., 2020). 47 (13.5%) had experienced physical violence, 98 (28.2%) had experienced verbal abuse, 36 (10.3%) had been bullied/mobbed, and 25 had experienced sexual harassment (7.2 percent). Furthermore, our findings are in line with those of research conducted in Saudi Arabia (45.6%) (Kitaneh & Hamdan, 2012). and Rwanda (39%) (Needham et al., 2016). However, "this is lower than studies conducted in the United States (76%) (Speroniet al., 2014), Northeastern China (83.3%) (Shi et al., 2017), Jordan (55.5%) (Ahmed, 2012), Indonesia (54.6%) (Needham et al., 2016), Gambia (62.1%) (Najafi et al.,2018), and Oromia, Ethiopia (62.1%). (82.8 percent) (Sisawo et al., 2017). This could be related to socio-cultural disparities and healthcare system differences. It's also possible that this is due to under-reporting of violent events. When compared to a study conducted in Ethiopia's Amhara area (26.7 percent) (Tiruneh et al., 2016), the level of WPV was larger. This could be because the research in the Amhara region was conducted primarily in referral hospitals, which is a difference in context. This could also be related to time disparities, with people in recent times experiencing various socio-economic instabilities, which could be a driving factor in the violence towards nurses. This study's prevalence is also greater than that of a study conducted in Hawassa public health facilities (29.9%)" (Fute et al., 2015). Our could be attributed to a definition discrepancy, since the study in Hawassa defined workplace violence using the past 6 months before to data collection, whereas this study used open time prior to data collection to determine workplace violence. Among the various levels of workplace violence, moderate violence was shown to be the most common, which is consistent with several research conducted in various nations (Gerberichet al., 2004; Kamchuchatet al., 2008).

Nurses were frequently subjected to occupational violence. Furthermore, the characteristics of different sorts of violence incidents varies, starting with the characteristics of the perpetrators and ending with the measures done by the nurses. In addition, statistically significant factors impacting workplace violence against nurses were determined to be gender, present workplace, and nurses' position.

The gender of nurses was shown to be significantly linked with workplace violence (p=0.015). Females, in particular, are related with the moderate level, as seen in the graph. That is, the gender factor is one of the motivating factors for workplace violence, particularly among female nurses, because they are subjected to both work pressures and criticism from others, making female nurses more violent in the workplace. This is consistent with research that have shown the same link (Gerberichet al., 2004;Herreset al., 2021). This could be due to "the community's negative attitude of women's power and abilities. Female nurses are thought to be a sign of job unhappiness, making them more vulnerable to workplace violence.

This decade corresponds to findings by Fute et al. (2015), who discovered that female nurses face higher workplace violence and give subpar health care. Another study discovered that workplace violence was directed towards female nurses due to male nurses' superiority (Burbaet al., 2012) .

Female nurses were shown to have a greater rate of workplace violence than male nurses (Kitaneh & Hamdan, 2012). Furthermore, the majority of those who had been victims of workplace violence were women, with verbal abuse being the most common form of hostility. Workplace violence is more common in places where women predominate, and it is linked to sexism and the undervaluation of nurses" (Silvaet al., 2014; Deniz et al., 2016).

However, a study of hospitals in northern Portugal found that male nurses were more likely to report psychological violence (70 percent), and a review research found that all nurses,

regardless of gender, are affected by workplace violence (Carvalho, 2010).

Traditional thinking suggests that men are at the top of the hierarchical system and superior to females, which may explain why female nurses are at risk of workplace violence. This kind of thinking could explain why females are more frequently subjected to violence. Furthermore, because female nurses are more likely to be victims of violence, policymakers and other stakeholders should pay special attention to them. Furthermore, there is no established method for reporting violent incidents involving nurses, so it is critical to establish a well-organized system for reporting violence. Furthermore, it is preferable to assist in the way that nurses can respond to violence perpetrated against them (Alameddine et al., 2015). There is a substantial link between workplace violence among nursing personnel and their workplace (p=0.009), with the violence being noticed more frequently in critical care units than in other departments. Nurses working in critical care units deal with patients who are near death, which necessitates their intervention and promptness at work, making them more exposed to assault from the patients' family. Nurses who work in critical regions are strongly connected with higher levels of occupational stress and violence, according to studies from Southern Ethiopia (Fute et al., 2015).. In Pokhara, "on the other hand, one element linked to workplace violence is the present and duration of employment (nurses who worked in vital areas for a long period had a much higher level of workplace violence)" (Pandey et al., 2017). Another truth is that nurses working in critical care units face a higher risk of violence than those working in other settings. This could be related to the fact that critical care units are open 24 hours a day, seven days a week in the absence of security guards. Another probable explanation is that patients' attendants in critical care units are prone to rage owing to the stressful environment.

The findings show that there is a high significant correlation between workplace violence among nursing staff and their position (p=0.001), with the highest levels of violence reported among nurses who work directly with patients. In keeping with these findings, a study looked into the factors that contribute to workplace violence (Liu et al., 2020). One of the study's factors was discovered among individuals who have direct contact with patients. Physical aggression is more prevalent among healthcare staff who work with patients who are in critical situations (Chen et al., 2008). This could be due to the fact that under stressful situations, patients and their relatives interact with nurses. Furthermore, nurses have a closer and longer relationship with patients and their families, which has resulted in some violence, particularly in emergency situations.

Because the retrospective approach requires nurses to remember workplace violence in the most recent incidence of violence, recall bias may be a weakness of this study. Furthermore, because the perpetrators could not be monitored at the time of the investigation, the study does not include perpetrator factors.

CONCLUSIONS

Workplace related violence, nurses staff expressed a moderate level due to influenced factors such as: Nurses gender (female nurses significantly associated with higher level of workplace related violence). Current workplace (nurses who are work at critical care units associated with higher workplace related violence). Work position (nurses who are directed with patients are associated with higher workplace related violence).

ETHICAL CONSIDERATIONS COMPLIANCE WITH ETHICAL GUIDELINES

This study was completed following obtaining consent from the University of Baghdad.

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AUTHOR'S CONTRIBUTIONS

Study concept, Writing, Reviewing the final edition by all authors.

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