

# Prevalence of Verbal and Physical Workplace Violence against Psychiatric Nurses and its Impact on their Quality of Life

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## ABSTRACT

**Background:** In the healthcare areas, workplace violence poses a threat to careers and has harmful effects on employees' health. **Design:** A cross-sectional design was utilized to conduct this study. **Setting:** the study was carried out at Saudi Arabia in Eradah Complex for Mental Health; Arar City, Eradah Hospital for Mental Health; Al Jouf City and Mental health hospital; Al Qurayyat City. **Subjects:** A convenience sample of all available psychiatric nurses (n= 171) was concluded in the current study at previously mentioned setting. **Tools:** Tool I: An on line self-administered interview questionnaire which was composed of two parts; part I: socio-demographic characteristics of the studied nurses and part II: prevalence of work place violence and its characteristics among nurses, and Tool II: The medical outcomes study 36-item quality of life health survey short-form. **Results:** demonstrates that, less than half of the studied nurses were exposure to violence at work for 3 to 10 times, most of them were exposure to verbal violence, and less than three quarters of them were exposure to physical violence. Also, more than half of the studied nurses had average quality of life, more than one quarter of them had good quality of life and less than one quarter of them had poor quality of life post exposure to workplace violence. **Conclusion:** there was negative correlation between frequencies of exposure to violence at work, verbal violence, physical violence and quality of life. The mental health hospitals administration should develop measures for preventing, reducing and controlling the prevalence of workplace violence against nurses.

## 1. Introduction

Violence is the deliberate use of physical force, power, threats, and actual violence against oneself, another person, a group of people, and a community that either results in or has a high possibility of ending in damage, death, psychological harm, mal-development, or deprivation. Violence can take many different forms, including

verbal abuse, bullying, and harassment as well as physical acts like kicking, pushing, and biting. Workplaces can also be violent (WPV) (Konttila et al., 2020).

Across the world, WPV directed at nurses in healthcare settings is a highly regular occurrence, with negative nurse and organizational repercussions that may affect the standard of service. Working in acute and long-term care psychiatric facilities puts psychiatric nurses at significant risk since they frequently witness aggressive and violent patient behavior. The emotional, physical, and psychological well-being of the nurses is seriously jeopardized by these consequences (Hiebert et al., 2021).

The WHO defines quality of life as a person's assessment of their place in life in relation to the culture and value system they live in as well as their objectives, expectations, peers, and worries. It is a broad notion that is intricately influenced by a person's physical and mental well-being, psychological condition, beliefs, social connections, and relationship to intangible aspects of their surroundings (Bjerk et al., 2018).

There is no doubt that the incidence of WPC in nursing has an impact on job performance, recruiting, and the desire to remain in nursing, and the general quality of life for professionals (ProQOL). ProQOL has two components, positive and negative, that have an impact on professional caregivers' quality of life. Compassion satisfaction (CS), a measure of the happy emotions attained by helping others, is one of the positive aspects. Burnout, which indicates emotional tiredness, frustration, and difficulties coping with the job, and secondary traumatic stress, which is caused by work-related secondary exposure to persons who have experienced a catastrophic incident, are two additional negative aspects of compassion fatigue (Itzhaki et al., 2018).

The highest incidence of all three types of violence, including verbal abuse, physical threats, and actual violence, were against nurses in the psychiatric ward, according to a Korean study looking at the impact of WPV against nurses on ProQOL and staff turnover. The highest rate of secondary trauma level of ProQOL was observed in nurses who had experienced all three types of violence (Choi & Lee, 2017).

Work place violence (WPV) is a significant factor in nursing work stress, which has a detrimental effect on job performance, job satisfaction, and promotes burnout. Psychiatric nurses have more work stress than nurses in regular hospitals, and as a result, they are more likely to experience the symptoms associated with work stress (Itzhaki et al., 2018).

## AIM OF THE STUDY

This study aimed to assess prevalence of verbal and physical workplace violence against psychiatric nurses and its impact on their quality of life through:

- 1- Assess prevalence of verbal and physical workplace violence against psychiatric nurses.
- 2- Assess psychiatric nurses' quality of life.

Research question:

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The following questions formulated to achieve the aims of this study:

- 1- What is the prevalence of verbal and physical workplace violence against psychiatric nurses?
- 2- What is the level of psychiatric nurses' quality of life?
- 3- Is there relation between verbal and physical workplace violence and psychiatric nurses' quality of life?

## **2. SUBJECT AND METHODS**

The present study's subjects and methods were presented as follows under the four primary designs:

- I. Technical design.
  - II. Operational design.
  - III. Administrative design.
  - IV. Statistical design.
- I) Technical design:

It included research design, setting, subjects and tools of data collection used in this study.

Research design:

A cross-sectional design was conducted to achieve aim of this study.

Setting:

This study was conducted at Saudi Arabia in Eradah Complex for Mental Health; Arar City (67 nurses), Eradah Hospital for Mental Health; Al Jouf City (68 nurses) and Mental health hospital; Al Qurayyat City (36 nurses).

Subjects:

A convenience sample of all available psychiatric nurses (171 nurses) in previously mentioned setting.

Inclusion criteria:

All available psychiatric nurses in previously mentioned settings will be included.

Exclusion criteria:

No exclusion criteria founded for psychiatric nurses in previously mentioned settings.

Tools of data collection:

Two tools were used to collect necessary data to fulfill the study aim.

Tool I: An on line self-administered interview questionnaire: This questionnaire

designed by the investigator based on reviewing related literature review and will be written in simple Arabic language to gather data regarding the following parts:

Part I: Socio-demographic characteristics of the studied nurses: which include; age, gender, marital status, job title, years of experience and exposure to violence.

Part II: Prevalence of work place violence and its characteristics among nurses: This tool was adapted from (Olashore et al., 2018) & (Basfr et al., 2019), to assess verbal and physical violence which include; frequency of occurrence, type of violence, perpetrators, work shift, verbal and physical violence and response of nurses to violence.

Tool II: The medical outcomes study 36-item quality of life health survey short-form:

This tool will be adapted from (Stewart, 2007), (Sheikh et al., 2013) & (El Osta et al., 2019) to assess impact of violence on quality of life of nurses, which include; physical role, emotional role, pain and social role.

Scoring system:

This tool consists of 36 items; each individual item was scored from 1 to 5 on a response scale. Sum scores were 148 score which classified into:

Poor < 60% which mean (< 88.8 scores).

Average 60 -< 75% which mean (88.8 -< 111 scores).

Good  $\geq$ 75% which mean ( $\geq$  111 scores).

Content validity and reliability

Content validity: Face and content validity was ascertained by a panel of three experts (2 Assistant professors and 1 lecturer) from Faculty of Nursing, Damietta University and Beni Suef University. The expertise reviewed the tools for clarity, relevance, comprehensiveness, simplicity, and applicability; minor modifications were done and the final forms were developed. Testing reliability: The reliability of the developed tools was tested by using Chronbach's Alpha coefficients for prevalence of work place violence and its characteristics among nurses which was 0.825 and the medical outcomes study 36-item quality of life health survey short-form which was 0.746.

Pilot study:-

Ten percent of the sample size, or 17 nurses, participated in a pilot research to evaluate the tools' applicability, clarity, and effectiveness. No adjustments or changes were made, and the nurses were added to the study sample based solely on the pilot study's findings.

Ethical consideration

A formal approval was obtained from the Scientific Research Ethics Committee to carry out the planned study. Subjects were get thorough information about the study and their role before giving their informed consent, and participation in the study is

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completely voluntary. The ethical considerations were include disclosing the goal and nature of the study, outlining the option to withdraw at any time, and maintaining the confidentiality of the information so that it cannot be accessed by anyone else without the participants' consent. Respect was shown for morals, values, culture, and beliefs.

**Participation Quotations**

Questionnaires was one line and hand out for nurses participated in this study, confidentiality and anonymity was provided for all participants information, no physical or emotional harms and respect was shown for morals, values, culture, and beliefs.

**Field work:**

- An approval was obtained from the study subjects individually and research scientific ethical committee using an oral informed consent obtained from each nurse prior to data collection.
- Sampling was started and completed within six months.

**III-Administrative design:**

Approval to carry out this study was obtained from Institutional Review Board.

**IV-Statistical design:**

SPSS software was used for analysis after data collection was completed. The range, mean, and standard deviation were computed for quantitative data. The Chi-square test (X<sup>2</sup>) is used for qualitative data, which use frequency, percentage, or proportion to characterize a categorical set of data. Pearson's correlation coefficient (r) was used to assess the correlation between the variables. For the purpose of interpreting the results of tests of significance, significance was defined as p<0.05.

**3. RESULTS**

Table (1): Frequency and percentage distribution of socio-demographic characteristic of the studied nurses (n=171)

Items	No.	%
Age		
19-30 years	29	17.0
31-40 years	119	69.6
41-50 years	23	13.5
Mean±SD	34.85±4.74	
Gender		
Male	116	67.8
Female	55	32.2

Marital status		
Single	20	11.7
Married	142	83.0
Divorced	8	4.7
Widowed	1	0.6
Educational level		
Nursing institute	103	60.2
Bachelor degree of nursing	60	35.1
Master degree	7	4.1
Doctoral degree	1	0.6
Working title		
Bed side nurse	123	71.9
Charge nurse	39	22.8
Head nurse	9	5.3
Years of experience		
<1 year	8	4.7
1 year to 4 years	16	9.4
5 years to 10 years	53	31.0
>10 years	94	55.0
Exposure to violence in work		
Yes	171	100.0

Table (1): shows that, 69.6% of the studied nurses were in age group 31-40 years with mean age  $34.85 \pm 4.74$  years, 67.8% of them were males, 83% of them were married, 60.2% of them had nursing institute, 71.9% of them were bed side nurse, 55% of them had >10 years experiences and 100% of them were exposure to violence in work.

Table (2): Percentage Distribution of the prevalence of work place violence and its characteristics among the studied nurses (N=171).

Items	No.	%
Frequency of exposure to violence at work:		
1-2 times	22	12.9
3-10 times	83	48.5
> 10 times	66	38.6
Type of violence *		
Verbal violence	162	94.7

Physical violence	126	73.7
People causing violence (perpetrator): *		
Patient	146	85.4
Patients' relatives/friends	76	44.4
Unknown visitor	20	11.7
Nurse	14	8.2
Doctor	2	1.2
Employee	14	8.2
Working shift *		
Morning shift	111	64.9
Evening shift	105	61.4
Night shift	77	45.0
The response or reaction when exposed to violence *		
Do nothing	24	14.0
Told the person to stop	72	42.1
Trying to defend yourself	85	49.7
Asked for help	76	44.4
Inform the hospital managers	63	36.8
Requested leave/transfer	17	9.9

\*Mutual response

Table (2): reveals that, 48.5% of the studied nurses were exposure to violence at work for 3 to 10 times, 94.7% of them were exposure to verbal violence, 73.7% of them were exposed to physical violence, 85.4% of them were exposure to violence from patients, 64.9% of them were exposure to violence during morning shift and 49.7% of them were trying to defend themselves when exposure to violence.

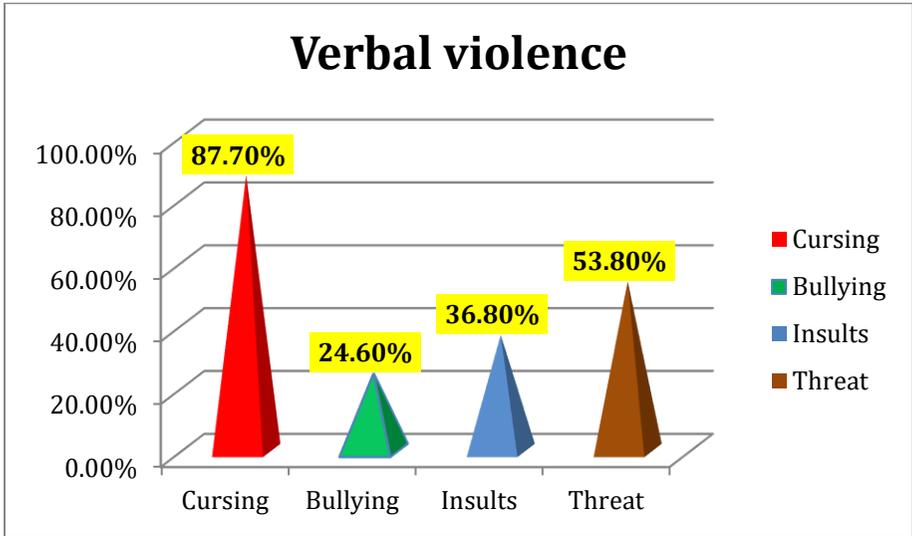


Figure (1): Distribution of the studied nurses' regarding type of verbal violence (n=171).

Figure (1): presents that, 87.7% of the studied nurses were exposure to cursing, 53.80% of them were exposure to threat, 36.80% of them were exposure to insults and 24.60% of them were exposure to bullying.

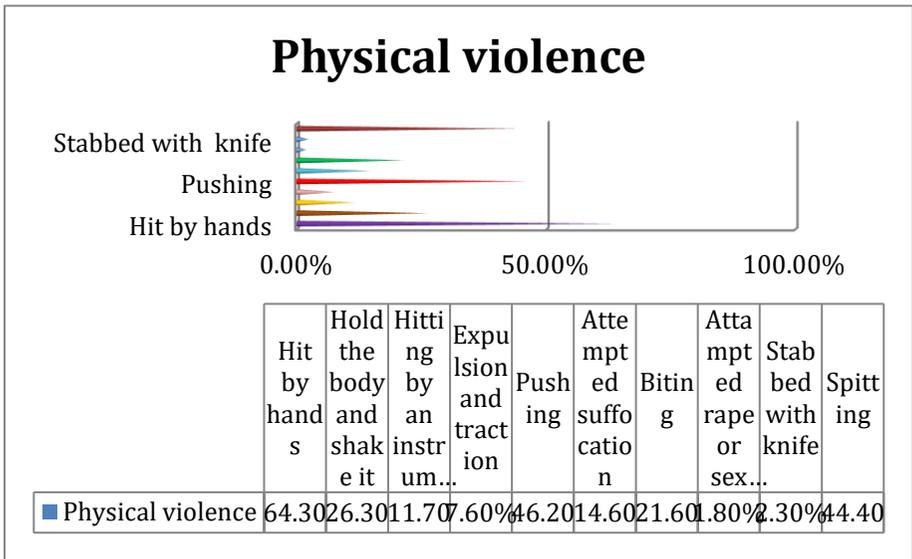


Figure (2): Distribution of the studied nurses' regarding type of physical violence (n=171).

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Figure (2): illustrates that, 64.3% of the studied nurses were exposure to hit by hands, 46.2% of them were exposure to pushing, 44.4% of them were exposure to spitting, 26.3% of them were exposure to violence by holding their body and shaking it, 21.6% of them were exposure to biting, 14.6% of them were exposure to attempted suffocation, 11.7% of them were exposure to hitting by an instrument or object, 7.6% of them were exposure to expulsion and traction, 2.3% of them were exposure to stabbed with knife and 1.8% of them were exposure to attempted rape or sexual harassment.

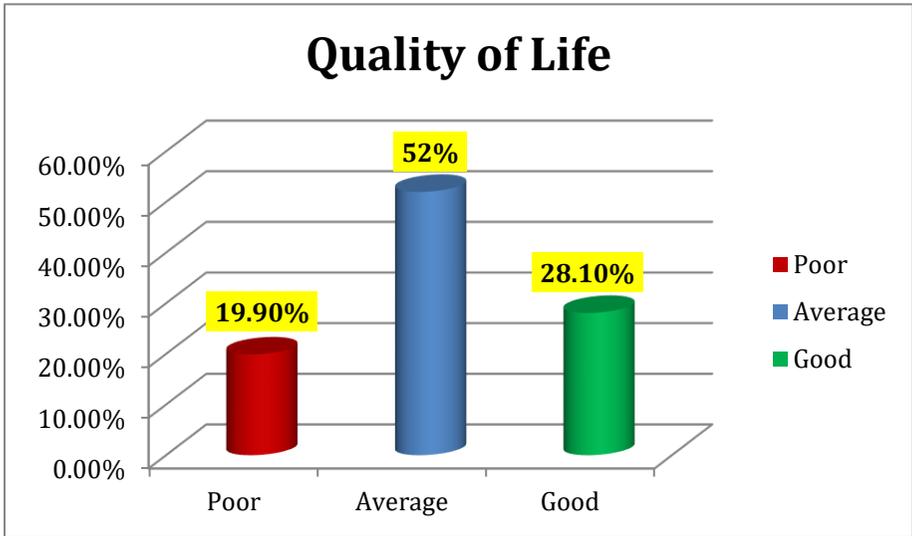


Figure (3): Distribution of the studied nurses' regarding their total quality of life (n=171).

Figure (3): shows that, 52% of the studied nurses had average quality of life, 28.10% of them had good quality of life and 19.9% of them had poor quality of life post exposure to workplace violence.

Table (3): Correlation between all variables.

		Frequency of exposure to violence at work:	Verbal violence	Physical violence
Frequency of exposure to violence at work:	r			
	p			
Verbal violence	r	.091		
	p	0.239		
Physical violence	r	.130	.141	
	p	0.089	0.066	

Quality of life	r	.005	.030	.043
	p	0.949	0.699	0.579

\* positive correlation at  $p \leq 0.05$

\*\* strong positive correlation at  $p \leq 0.01$

Table (4): presents that, there was negative correlation between frequencies of exposure to violence at work, verbal violence, physical violence and quality of life.

#### 4. DISCUSSION

Concerning socio-demographic characteristics of the studied nurses, the present study revealed that, more than two thirds of the studied nurses were in age group 31-40 years with mean age  $34.85 \pm 4.74$  years and males. This study was in agreement with Ding et al., (2023) who mentioned that the mean age of the studied nurses was  $32.00 \pm 7.99$  years old. Contrariwise, this result was in disagreement with Sayed et al., (2019) who mentioned that less than half of the studied nurses their age group was 31-40 years and males.

The current study reported that, majority of the studied nurses were married. This finding was supported by Ali & Mohamed, (2021) who found that more than three quarters of the studied nurses were married. Contrariwise, this study was in congruence with Bakr et al., (2019) who mentioned that less than one quarter of the studied nurses were married.

The present study proved that, more than two fifth of the studied nurses had nursing institute. This result was in accordance with Kibunja et al., (2021) who revealed that less than two thirds of the studied nurses had nursing institute diploma. Contrariwise, this finding was disagreed with Weldehawaryat et al., (2021) who found that more than two thirds of the studied nurses have no bachelor degree.

The current study revealed that, less than three quarter of the studied nurses were bed side nurse. This study was similar to Sweelam et al., (2021) who reported that more than three quarters of the studied nurses were staff nurses.

The present study reported that, more than half of the studied nurses had  $>10$  years experiences. This result was in accordance with Kotti et al., (2022) who mentioned that more than half of the studied nurses had  $> 10$  year experience with mean work experience of  $13.8 \pm 9.4$  years. Contrariwise, this study was in congruence with Al-Kalbani et al., (2024) who reported that more than one third of the studied nurses had  $> 10$  year work experience.

The current study revealed that, all of the studied nurses were exposure to violence in work. This finding was on the same line with Mohammed et a., (2022) who mentioned that most of the studied nurses were exposed to work place violence. Also, this study was agreed with Bernardes et al., (2020) who reported that almost of the studied nurses were exposed to workplace violence.

Regarding the prevalence of work place violence and its characteristics among the

studied nurses, the present study revealed that, less than half of the studied nurses were exposure to violence at work for 3 to 10 times. This result was in disagreement with Hassan et al., (2020) who reported that more than half of the studied nurses were exposed to workplace violence twice to fifths times.

The current study found that, most of the studied nurses were exposed to verbal violence, less than three quarters of them were exposed to physical violence and exposed to violence from patients. This study was in agreement with El-Gamal et al., (2023) who reported that more than two thirds of the studied nurses were exposed to verbal abuse from patients. While, this result was disagreed with Mohammed et a., (2022) who stated that less than half of the studied nurses were exposed to physical violence. Also, this study results were in disagreement with El-Hneiti et al., (2019) who found that less than one quarter of the studied nurses were exposed to violence from patients.

The current study revealed that less than two thirds of the studied nurses were exposure to violence during morning shift and less than half of them were trying to defend themselves when exposure to violence. This study was similar to Hassan et al., (2020) who mentioned that less than one quarter of the studied nurses were fit the situation from the periphery by them when exposed to workplace violence. While, this result was dissimilar to Anose et al., (2024) who mentioned that more than half of the studied nurses were exposed to violence during shift from 6 Pm to 7 Am.

In relation to type of verbal violence, the present study revealed that, majority of the studied nurses were exposure to cursing, more than half of them were exposure to threat, and more than one third of them were exposed to insults and bullying. This finding was supported by Ose et al., (2023) who found that most of the studied nurses were exposed to threat. Also, this study was agreed with Kim et al., (2020) who revealed that the nurses were exposed to insults, threats, screaming, cursing from patients and visitor.

Concerning type of physical violence, the current study reported that, less than two thirds of the studied nurses were exposure to hit by hands, less than half of them were exposure to pushing and spitting, about one quarter of them were exposure to violence by holding their body and shaking it, exposed to biting, attempted suffocation, hitting by an instrument or object, expulsion and traction, stabbed with knife and attempted rape or sexual harassment. This result was in accordance with Öztaş et al., (2023) who mentioned that less than one third of the studied nurses were exposed to pushing, throwing, punching, kicking, restraint by patients or visitor, sapping and attack with a knife or gun. Also, this study was on the same line with Kibunja et al., (2021) who stated that less than half of the studied nurses were kicked, slapped, pushed or repelled, objects were thrown, spit on and scratched and beaten.

Regarding total quality of life, the present study revealed that, more than half of the studied nurses had average quality of life, more than one quarter of them had good quality of life and less than one quarter of them had poor quality of life post exposure to workplace violence. This finding was agreed with Galanis et al., (2024) who found that workplace bullying influences negatively on nurses' professional

quality of life. Also, this study was in agreement with Kim et al., (2019) who mentioned that nurses exposed to workplace bullying reported decreased quality of life.

Concerning correlation between all study variables, the current study found that, there was negative correlation between frequencies of exposure to violence at work, verbal violence, physical violence and quality of life. This result was in congruence with Itzhaki et al., (2018) who reported that there was positive relation between nurse's exposure to workplace violence and professional quality of life.

## 5. CONCLUSION

The present study showed that, all of the studied nurses were exposure to violence in work, most of them were exposure to verbal violence and less than three quarters of them were exposed to physical violence. Also, more than half of the studied nurses had average quality of life, more than one quarter of them had good quality of life and less than one quarter of them had poor quality of life post exposure to workplace violence. Finally, there was negative correlation between frequencies of exposure to violence at work, verbal violence, physical violence and quality of life.

## 6. RECOMMENDATIONS

In the light of these findings the following recommended was:

- The violence prevention program should be developed and implemented to limit verbal and physical violence prevalence against nurses.
- After a violent incident, the nurse's attitudes toward the violent patient should be examined in order to examine whether the reason that exposure to workplace violence does not influence nurse's quality of life.
- Implement a training program for nurses to reduce the negative effect of workplace violence and stress on their quality of life.
- Further studies in different population and geographical locations to study the prevalence of workplace violence among nurses and its effect on their quality of life to generalizing the result.

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