The Research of Medical Science Review
ISSN: 3007-1208 & 3007-1216 Volume 3, Issue 6, 2025

WORK PLACES VIOLENCE TOWARDS CLINICAL NURSES IN TEACHING HOSPITALS, A REVIEW

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DOI: https://doi.org/10.5281/zenodo.15607359

Keywords
Work place Violence,
Emergency Nurse,
Clinical Nurse.

Article History
Received on 29 April 2025
Accepted on 29 May 2025
Published on 06 June 2025

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Abstract
Workplace violence (WPV), such as what nurses' experience against them when specifically exclaimed, is a serious problem in the health environment. The effects of workplace violence present on nurses include deterioration of physical and mental health and substandard patient care. In this paper, WPV has been defined to include the three primary types of abuse experienced by nurses, which are verbal, physical, and psychological abuse. Reviewing different international studies, including studies from Hong Kong, the U.S., Saudi Arabia, and Pakistan, a similar set of factors emerged as follow: heavy workloads, understaffing, and patient aggression. Verbal abuse is very usual, especially in emergency departments, while psychological effects mostly derived from anxiety, burnout, and job dissatisfaction are also common. WPV results in high turnover rates among the nursing workforce. This study advocates the need for effective management strategies in the direction of zero tolerance policies, improved reportings, as well as workplace safety measures. The paper also identifies the absence of policies in Pakistan on WPV and calls for systemic reforms to prevent this from happening to nurses and improve their working conditions.

INTRODUCTION

WHO describes WPV as "incidents where staff are abused threatened, or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety well-being or health".Kwok et al. carried out research at a university teaching hospital in Hong Kong to determine the frequency of WPV among 420 nurses. The study aimed to find out how often 420 nurses experienced WPV. Results showed that 76% (n = 320) of nurses faced verbal abuse (73%) bullying (45%) physical abuse (18%), and sexual harassment (12%). Among these cases, 84% of those who experienced WPV talked to friends, family members or coworkers 42% chose to ignore the incident and kept it to themselves. Verbal abuse stands out as the most frequent type of WPV in Hong Kong's healthcare settings. Patients or those accompanying patients are the main offenders. Nurses who often face WPV are under 30 or work night shifts [1].Violence against nurses in hospitals has become a serious concern in today's world. Patients now know their rights better and want hospitals to meet these expectations. We should also remember that healthcare workers nurses face heavy workloads worldwide. This often leads to anger and unprofessional behavior. Violence in the workplace is a problem everywhere. In 2022, the World Health Organization (WHO) teamed up with the International Council of Nurses (ICN), the International Labor Office (ILO), and Public Services International (PSI) to create new rules for health and safety at work. They came up with a plan to make policies and standards to control violence in healthcare. These groups define physical violence as 'using physical force against another person or group causing physical, or sexual harm, like hitting, kicking,

slapping, stabbing, shooting, pushing, biting, or pinching. They describe psychological violence as 'using power, including threats of physical force, against another person or group, which can hurt their physical mental, spiritual, moral, or social growth. This includes verbal abuse, bullying/mobbing, harassment and threats [2]. WPV comes in many shapes, from mild to severe. When not handled on, WPV can get worse. A solid management system helps to tackle violence when it first shows up, stopping it from getting bigger. Chinese people use the word "Yinao". It combines "yi" (meaning doctor, medical care, hospital) with "nao" (meaning disturbance, or, acting) This mix describes the "Yinao" problem. US Department of Justice report from 2011 shows that nurses face more violence than other workers. They found that nurses experience 57.3% of all workplace violence, with numbers ranging from 24.7% to 88.9% over 12 months (Spector et al. 2014). The things that lead to WPV at work environment where people sit at work includes lack of aggression management programs (Pich et al., 2011), heavy workloads (Gallagher et al., 2014, Park et al., 2015) and the personal traits of nurses like being younger and inexperienced (Wei et al., 2016, Weaver, 2013), distrust between colleagues (Park et al., 2015) [3,4]. In Pakistan, lack of respect and too rigorous duty schedules cause WPV in hospital sitting. There is absence of policies, rules, and regulations to manage WPV among nurses in Pakistan. Up to some extent the media has even misrepresented Nurses fame as a symbol of sex as an assistant of physicians. Among health care workers, nurses suffer because of more patient interaction [5]. National institute for occupational safety and health (NIOSH) define WPV: "violent acts include physical attacks and threats of attack directed toward people at work or on duty". WPV cases recorded from the US in 2013 are as follows: 25,630 cases reported include 74% reported at health care settings. Research continuously reported that WPV occurred frequently in public rather than in the private health care sector overcrowding, cheaper patient care causes longer waiting times for diagnosis and follow-up care. Dispose some clients to anxiety and violent behavior. The cross-sectional survey done in Hong Kong by Cheung and Yip determines the prevalence of WPV with respect to 850 nurses. In that 44.6 percent has witnessed WPV. Male in comparison to a female suffers more from WPV Cheung et al. (2017). Day duty nurses got exposed to less WPV than their counterparts on shift rotation. Relaxation in duty rosters also causes provocation towards WPV and the time of break. Unstable conditions with shortage of nurses in public sector hospital exposed more to WPV kinds of patient like psycho geriatric patients, maternity patients, and patients with mental illnesses or neurological problems [6].Workplace violence is defined by the CDC, 2013 and the American Nurses Association, as a spectrum of behavior ranging from verbal abuse, threats, and unwanted sexual advances to physical assault and, in extreme cases, homicide. There are scores of instances where nurses experience workplace violence in their work environment, such as in the Emergency Department of the hospital, where they act as frontline caregivers for every shift [7]. Clinically 8 hour shifts scheduled for students of degree program except first-year students. Assigned to special departments in their second year, they are assigned to the ICU and emergency patient care in the third year. The interaction within a very short period between students and patients often makes them more vulnerable to WPV. In most cases WPV goes unreported to the respective authorities because it is often minor or considered as part of the job. Nursing students experience less WPV compared to staff nurses [8]. The impact of WPV on health care employees ranges from anxiety disorders, abnormal sleep patterns, stress related diseases, depressive disorders, and psychological distress to drug abuse by psychoactive substances. Health care workers from all hospital departments facing WPV but mostly increased cases at the emergency department with workload, urgency, and continuous operation. In Egypt, it was found that a total of 59.7% of the emergency nurses experienced some sort of violence, whether physical or otherwise, compared with 75.0% in Jordan. In Indonesia, 10.0% of emergency nurses reported experiencing physical violence and 54.6% reported experiencing nonphysical violence. During the last two years, 92.9% of the emergency nurses in Taiwan have faced verbal or physical violence Alsharari et al. (2021). 76.0% of the emergency nurses at Italy faced physical violence and 15.5% suffered both from physical and nonverbal violence. This result from a study conducted in Riyadh, the capital

of Saudi Arabia, which has shown that 89.3 of the nurses reported WPV within the previous 12 months before the survey and violence against nurses is prominent compared to any other health care worker like nurse physician ratio 48.6% to 67.4% [9]. WPV is of two sources; external or internal. External WPV occurs due to the patient or their relatives while internal WPV is concerned with violence between healthcare professionals. Staff nurses roles in organization management on reducing violence are very low. Active leaders, on the other hand, manage workplace violence productively and fittingly. The nurse leader plays a key role in the management of workplace violence in two ways: first representing herself as a role model in avoiding violence and, secondly, linking the authorities and the staff to reduce WPV through this way. The profession itself, having very high ethical standards, requires a zero tolerance policy against WPV [10].WPV is much more prevalent in psychiatric settings with approximately 84.2% constituting verbal and nonverbal WPV Lu et al. (2019). One out of three patients suffering from mental health problems admitted to the hospital perpetrated WPV (Iozzino et al. 2015). Establishing a therapeutic relationship is essential in the settings of psychiatric care. If a proper therapeutic relationship is not established, the consequences can be detrimental and extreme cases of violence such as murder have been reported in the media to be committed by psychiatric patients in health care settings (Hong, 2019) [11]. In society, nursing is not typically associated with concerns about violence in the same way that police and military departments are. However, nurses face some of the highest levels of workplace violence, which is often underreported in healthcare settings compared to other healthcare workers. WPV is the third leading cause of all occupational deaths and the second leading cause among women, according to the US Labor Department report. According to Peek-Asa et al. (2009), 80% of nurses do not feel secure, and 25% of psychiatric nurses suffer disabling injuries due to patient assaults (Quanbeck). 32% of nurses reported receiving at least one verbal threat per day. Additionally 97.7% of nurses experience WPV during their careers, and 60% stated that their work capacity is affected by WPV [12]. Compared to other health workers, nurses manifest a tendency thrice more than the average susceptible health worker facing WPV (WHO, 2013). Out of the total WPV reported 70% goes unreported since it is perceived to be a tiring process and if reported have no results. A study at a military hospital in Jordan investigated the effect of a training program on nurses' attitudes and behaviors toward WPV. Findings in the study established that more WPV happened during medication rounds at daytime intervals. Before conducting the training program, the attitude of nurses toward WPV was assessed. After the training sessions the same questionnaire was used to evaluate the outcomes. There were significant outcomes that indicated the efficacy of the education in reducing the WPV occurrence by the staff [13]. Workplace violence (WPV) primarily affects nurses in health facilities. All forms of WPV must be reported and encouraged among nurses. The judicial and health systems must implement strict and clear policies regarding WPV. The health care system should form a zero tolerance policy on WPV incidents to minimize such experiences. Violence witnessed or experienced by a nurse may increase violence and aggression, leading to WPV. Past witnesses of WPV behavior and reaction change with present situation of violence as a result of the bad effects of past event witnessing [14]. WPV is an occupational hazard in both developed and developing countries today.Turnover rate at united state due to WPV is 16% to 35% annually (Cheung et al., 2017b). There were three categories for the interventions in that study dealing with WPV: stand-alone training, structured educational programs, and multi-component solutions. Stand-alone training involves such workshops and training for nurses to encounter WPV. It targeted many forms of WPV physical or verbal. Structure education program is different from stand-alone training only based on how long the training or the education duration may last up to weeks. Structure training education included cognitive rehearsal program (CRP) in CRP Specific scenarios are given for role played and evaluated by professionally trained personnel using the CRP technique. Using CRP technique nurses practice how to effectively respond to violent behavior. CRP improves both of preventive and coping skills in nurses. Nurses who participated in CRP courses showed 70% positive behavioral change in response to WPV [15]. According to study conducted at Tabriz

University of Medical Sciences in Iran. The study aimed to investigate the perspective of care givers, patients, and relatives of patients about WPV. This study concluded that verbal abuse was the most recognized form of violence in that environment, which was faced by nurses, patients, and relatives. The incidence of verbal violence did not greatly differ among these groups. Nurse's response to any workplace violence (WPV) is to calm the aggressor, do nothing, or call security services if necessary. Nursing based perspectives note that one of the leading causes of such violence is that they are always available, working 24/7, on every department of the hospital for a variety of patient conditions, from stable to life threatening emergencies. Conversely, patients and their relatives view workplace violence as due to the alleged improper care or treatment provided by the nurses [16]. Examine workplace violence (WPV) in two clinical settings in Egypt, namely gynecology and obstetrics. It also looks at nurse reaction to WPV in those two departments. Verbal violence forms the most common type of violence and is mostly from patient's relatives. Less than 50% of nurses reported verbal or physical violence through proper reporting channels of the hospital [17]. Two cohorts of fresh licensed graduates were chosen, one of 2013 and second from 2014. All had working experience between 5 and 12 months of service. Study result shows that Nurses not suffer only from WPV experienced from patients and their relatives but also from their professional colleagues because of the dominant hierarchical nature of the job, mostly by nurse managers. WPV has five types, which are verbal abuse, threats of violence, physical violence, bullying, and sexual harassment. In Turkey, it seems that most perpetrators of sexual violence toward nurses are physicians. Overwork, combined with a load of responsibilities, makes newly licensed nurses feel stressed. Exposure to such a high responsibility environment with poor management and coping strategies of WPV makes it impossible for newly licensed nurses to profit from care in a situation where most of them cannot cope with the realities of WPV [18].

Conclusion

From this review, it can be seen that workplace violence (WPV) is an important issue for nurses in the healthcare sector. It seems to be common, has certain causes, and affects both the nurse and patient care to a significant level. It is most often verbal abuse, which is further worsened by a high workload, understaffing, patient's behaviour, and lack of adequate support systems. The psychological and professional effects of WPV, such as stress, burnout, and turnover, produce a negative condition in healthcare settings.The prevention of WPV requires a comprehensive approach from the institution, such as a zero-tolerance policy, specific training, and good safety at the workplace conditions. Further, it will require creating an environment for reporting cases and providing psychological support to nurses affected by violence. A multifaceted strategy is required in dealing with WPV, which includes all stakeholders nursing leaderships, administrators, and policy makers promising a safe and sound environment for entire healthcare workers, together enhancing patient care and retention of nurses.

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