

WORKPLACE VIOLENCE EXPERIENCES AMONG NURSES WORKING IN TERTIARY HEALTH INSTITUTIONS IN RIVERS STATE

ABSTRACT

This study investigated the workplace violence experiences among nurses working in tertiary health institutions in Rivers State. The descriptive, cross-sectional design was used for the study. The population of the study comprised of one thousand and fifty-three (1,053) nurses in the tertiary health care institutions in Rivers State (Rivers State Hospital Management Board, 2020), with a sample size of 564 nurses which was determined using the Roasoft online sample size calculator using 95% confidence level. A structured questionnaire was used for data collection and analysis was done using descriptive statistics such as mean and standard deviation to answer research questions and inferential statistics such as one-way analysis of variance (ANOVA) to test hypotheses at 0.05 alpha level. The finding of the study showed that there was a significant difference between experiences of workplace violence among nurses working in tertiary health institutions based on job specification [$F(7, 489) = .73; p > 0.05$]; there was no experience of workplace violence among nurses working in tertiary health institutions based on the ages [$F(7, 357) = .73; p > 0.05$]; amongst others. The study concluded that workplace violence was experienced more by those in paediatrics ward, those who were younger in age, those with longer years of experience and those who were females. Based on the findings of the study, it was recommended that tertiary health care facility management should organize educational programmes aimed at identifying and managing all types of violence by engaging experts in violence management as resource persons to teach the nurses from time to time, amongst others.

Keywords: Workplace violence experiences, nurses, tertiary health institutions

INTRODUCTION

Background to the Study

Workplace violence is a public health problem due to the alarming rate of its occurrence among workers particularly health care providers including nurses. The fact that nurses, to a large extent have the first or primary contact with any patient visiting any health facility may have placed them at a greater risk of experiencing workplace violence. The International Labour Organization (2017) defined workplace violence as the deliberate use of power, threatened or actual, in work-related circumstances, against another person or against a group, that either results in or has a high degree of likelihood of resulting in injury, psychological harm, deprivation or death. Wiskow (2019) stated that, the most common forms of violence against nurses reported by many authors were verbal abuse, closely followed by physical violence even though the physical violence has been shown to be most prevalent in some cases. According to According to the US National Institute for Occupational Safety and Health (2020), workplace violence can be defined by as any violent acts, threatening behavior, or assault happening in an employment place. It can be classified into two broad categories to include physical and psychological violence. Yenealemet *et al.* (2019) stated that, being a nurse had increased encountering workplace violence four times than working as physician because they are the front liners in giving service in health facilities in which patients and patient's relatives spent more of their health facility times with them. Evidence from studies such as Nelson (2014); and Cheung, *et al.* (2017) revealed that across the world, abuse is experienced more commonly among nurses than other health-care professionals with some studies suggesting up to three times higher prevalence among nurses. Similarly, a survey carried out in Nigeria by Abodunrin *et al.* (2014) among 242 health-care professionals revealed that the highest prevalence of workplace violence was among the nurses (53.5%).

In Nigeria, the most recent study conducted by Arinze-Onyia *et al.* (2020) showed that, verbal abuse was the most common form of violence experienced (42.9%) among nurses followed by physical abuse (15.3%), while the sexual abuse was reported by a few (2.3%). Also, previous study conducted in Nigeria by Ogbonnaya *et al.*, (2013) showed that, majority (88.1%) of the health care workers had experienced workplace violence. However, studies carried out by Abdullahi *et al.* (2018) revealed that the perpetrators were patient's relatives or patients. On the

other hand, Alsherie *et al.* (2017) reported that, patients were the major perpetrators of the violence (76.0%) followed by the patient's family members (24.0%). Several factors could also influence the experiences of workplace violence among nurses such as the years of work experience, age, gender and department/wards/units.

The department a nurse works can also influence the extent of workplace violence experienced. According to Yenealem *et al.* (2019), working in emergency departments have positive association with workplace violence. Those who work in clinical setting of emergency are four times exposed to workplace violence than obstetrics and pediatrics department workers. An emergency working setting is where people come in panic, with serious injuries that make them to be aggressive at health care providers. This is a place where life threatening health conditions and death make visitors and patient relatives to be violent. All these fueled by nervousness of the nurse which could be attributed to high workload and stress could arouse violence.

Another factor that could influence the extent of workplace violence is age. The report of Wei, Chiou *et al.* (2016) showed that, workplace violence was found to be lowest (28.3%) among those aged 55–65 years. This might be due to the fact that the elders due to their age were respected because of their age, whereas the younger ones are seen to be fit for any physical combat. On the other hand, the age, notwithstanding the gender of the nurses could also influence the extent of violence experienced. Semahegn and Mengistie (2015) state that, most of healthcare workers including nurses are women who are exposed to both workplace violence and domestic violence which is a double burden. Similarly, Yenealem, *et al.*, (2019) reported that, the female health care workers are most exposed in all forms of workplace violence: verbal abuse 161(57.1%), physical attack 69(59.0%) sexual harassment 38(100%) than men. This may be due largely to the fact that majority of the nursing work force are females. To buttress this, conversely, the perpetrator, specifically male may be more considerate if the nurse is a female knowing that the law frowns against any violence act perpetrated by a male against female.

Another factor that could be found to influence the extent of workplace violence is years of work experience. According to Yenealem *et al.* (2019), years of experience in health facilities have positive association with the occurrence of workplace violence. Those who have less than 6 years of experience are 3 fold more likely victimized by violence than their seniors with more than 16 years of experience in the health care facilities. This may be because the health care workers

with short experience and mostly young are lacking the skills of managing violent conditions which can be acquired through experiences. The foregoing does not imply that, those with a fewer years of experience would not experience workplace violence as the perpetrators would not consider such particularly when there is an unexpected outcome. Several cases of workplace violence among nurses go unreported or underreported in some health facilities, to avoid the escalation of such issues yet, many nurses suffer it without any commensurate action against the perpetrators. Probably due largely to the fact that the priority in the health facility is the health of the patient and not that of the nurse. However, it is worthy of note that, if the well-being and health of the health care workers including the nurses in the tertiary health care facility which is the last hope of a patient, are being ignored, the health sector will be wrecked in the nearest future as there will be extinction or shortage of personnel to cater for the well-being of the citizens. Nurses in the tertiary health care institutions are the first point of contact with patients who in most cases are being referred due to complication and the demand for special health care. When these patients arrive there, the first persons they have contact with are the nurses who attend to them before any further attention thus, the tension, nervousness and curiosity aroused in them due to the critical health condition in most cases are unleashed on the nurses who is their closest contact thus making them to be more vulnerable to workplace violence. Ogbonnaya *et al.* (2013) reiterated that the prevalence of workplace violence among nurses in the tertiary facilities is high as they were exposed to *violence* almost twice as much as physicians and that, in the hierarchy of the *healthcare system*, they are the most taken for granted most of the time. Thus, it becomes imperative that such anomaly like the workplace violence suffered by the nurses be brought to the fore in order to inflame a commensurate cause of action to curb this issue which is a threat to the nurses in the tertiary health care institutions and health care workers at large. Hence, this study was aimed at investigating the workplace violence experiences among nurses working in tertiary health institutions in Rivers State.

Statement of the Problem

Workplace violence towards nurses is alarming and it is a public health problem globally. This is because nurses are the closest contact with patients and their relatives who in most cases are the perpetrators of such violent act due largely to unexpected or undesired outcome of the patient's health condition. This violence perpetrated towards the nurses is not without consequences as it

affects them physically, mentally and even economically. Physically, such act can inflict pain, injury, deformation and even death if not well managed. Mentally, it can threaten their mental stability and performance to carry out their job optimally while the economic effect could be the financial cost incurred to treat themselves in cases of injuries or illness including the loss of time and resources to well. Workplace violence towards nurses presents unequivocal challenges to their well-being, health and safety and this cannot be compromised hence this study.

Several people worldwide lose their lives yearly in relation to violence, and many more are injured and suffer from physical and non-physical health problems due to violence experiences, of which about one quarter of violent accidents at work occur in the health sector, several health workers have already experienced violence and violence related injury is the second leading cause of occupational injury. It is worthy of note that even among the health care workers, the category mostly affected by this are the nurses who are the front-line care providers caring for individuals with various ailments including trauma and other extreme life-threatening situations which arouse panic from the patients or relatives who in most cases are the perpetrators of such violent acts. The effect of such acts perpetrated against nurses is enormous. Exposure to violence while carrying out duties could adversely affect nurses and may lead to loss of concentration, inattention to ethical guidelines, commuting mistakes, absence from shifts, repeated absenteeism, inattention to patients, reduction in job satisfaction, dislike of job, and refusal to work in stressful wards. As a consequence of experiencing violence in the workplace, a nurse may decide to transfer to another section with in the same health care facility, or may give up nursing altogether. This may result in significant additional costs on treatment centers and the community. Thus, it is important to bring to the fore the workplace violence among nurse to enable an informed decision making on suitable programmes and interventions to be initiated in order to curb this act in the health sector. However, evidence to support this alarming distress among nurses is lacking due to paucity of information on the subject matter. Thus, this study was aimed at investigating the workplace violence among nurses working in tertiary health institutions.

Aim and Objectives of the Study

The aim of this study was to investigate the workplace violence experiences among nurses working in tertiary health institutions in Rivers State. Specifically, the objectives of the study include to:

1. examine the extent to which nurses working in tertiary health institutions experience physical workplace violence.
2. determine the extent to which nurses working in tertiary health institutions experience psychological workplace violence.
3. investigate the extent to which nurses working in tertiary health institutions experience sexual workplace violence.

Research Questions

The study attempted to provide answers to the following research questions:

1. What is the extent to which nurses working in tertiary health institutions experience physical workplace violence?
2. What is the extent to which nurses working in tertiary health institutions experience psychological workplace violence?
3. What is the extent to which nurses working in tertiary health institutions experience sexual workplace violence?

Hypotheses

The following hypotheses were postulated to guide the study and were tested at 0.05 level of significance:

1. There is no significant difference in the experiences of workplace violence among nurses working in tertiary health institutions based on their job specification.
2. There is no significant difference in the experiences of workplace violence among nurses working in tertiary health institutions based on their age of nurses
3. There is no significant difference in the experiences of workplace violence among nurses working in tertiary health institutions based on the years of work experience of the nurses

LITERATURE REVIEW

Concept of Workplace Violence

Workplace violence has been defined by different authors in various ways. The Joint Programme on Workplace Violence in the Health Section (2013) defined workplace violence as an incident where staffs 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. Furthermore, workplace violence does not only occur as one single incident, but may also be expressed in repeated small incidents which together create severe harm and finds its expression in physical assault, homicide, verbal abuse, bullying/mobbing, sexual and racial harassment and psychological stress. Workplace violence can be regarded as any act of aggression manifesting into a physical or emotional assault, towards a person on duty (American Association of Nursing, 2010). A work place can be regarded as any setting where a person renders his professional duties, which in the cases of nurses is mostly the hospital settings. It is inclusive of the entire work environment, such as the parking spaces or premises or even a temporary place of deputation for work purposes. The perpetrator may be any person who is the recipient of medical help or a senior or junior fellow worker, a member of the organization of work or even a random individual with no legitimate workplace relationship to the victim but merely a visitor in the hospital. Workplace violence (WPV) is referred to as any incident or situation in which a person in his workplace or work-related circumstances is subjected to mistreatment, threats, or aggression (Peek-Asa *et al.*, 2009). The International Labour Organization (2017) defined workplace violence as the deliberate use of power, threatened or actual, in work-related circumstances, against another person or against a group, that either results in or has a high degree of likelihood of resulting in injury, psychological harm, deprivation or death.

Violence occurs everywhere but, the workplace is one location where it occurs most frequently. The National Institute for Occupational Safety and Health (2015) defines workplace violence as “violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty. According to the World Health Organization (WHO), workplace violence is a situation where staffs are abused, threatened, or assaulted in circumstances related to their work and while commuting to and from work, involved explicit or implicit challenges to their safety,

well-being, or health. According to Shafran-Tikva *et al.* (2017), workplace violence is defined as a socially unacceptable behavior - aggressive and sometimes destructive - of an individual or group in a workplace. Frustration, hostility and prejudice might serve as catalysts for violent behavior. Cooper and Swanson (2019) posited that, workplace violence is the intentional use of power, threatened or actual, against another person or against a group, in work-related circumstances, that either results in or has a high degree of likelihood of resulting in injury, death, psychological harm, mal development, or deprivation. Wiskow (2019) stated that, the most common forms of violence against nurses reported by many authors were verbal abuse, closely followed by physical violence even though the physical violence has been shown to be most prevalent in in some cases. According to According to the US National Institute for Occupational Safety and Health (2020), workplace violence can be defined by as any violent acts, threatening behavior, or assault happening in an employment place. It can be classified into two broad categories to include physical and psychological violence.

Physical Violence

Physical violence or abuse include those events that lead to major injury, require medical assistance or first aid, assault, and murder. The Joint Programme on Workplace Violence in the Health Section (2003) defined physical violence as, the use of physical force against another person or group, that results in physical, sexual or psychological harm. It includes beating, kicking, slapping, stabbing, shooting, pushing, biting, pinching, intentional behaviour that harms another person physically, including sexual assault (i.e. rape). Schat and Kelloway (2003) stated that, physical violence was the most serious type of violence against health care professionals in their workplace. Ray (2007) stated that, although all types of violence are destructive, physical violence can hurt victims physically and psychologically more than other forms. Gacki-Smith *et al.*, (2009) defined physical violence involves use of physical force against an individual or a group, and can lead to physical, psychological, or sexual harm and includes punching, kicking, slapping, shouting, pushing, biting, pinching, and wounding using sharp objects. Wiskow (2019) defined physical violence as the use of physical force (e.g., beating, kicking, slapping, stabbing, shooting, pushing, biting, and pinching) against a person or groups that results in physical, sexual, or psychological harm. Lanctot and Guay (2014) reported that, about four to sixty-five percent of health care professionals were physically injured in their workplace during an incident of workplace physical violence.

Psychological Workplace Violence

Psychological workplace violence has been defined by several authors in different ways which includes verbal abuse, bullying/mobbing, harassment, and threats. The Joint Programme on Workplace Violence in the Health Section (2003), defined psychological workplace violence as the intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development. It included: behaviour that humiliates, degrades or otherwise indicates a lack of respect for the dignity and worth of an individual; repeated and over time offensive behaviour through vindictive, cruel, or malicious attempts to humiliate or undermine an individual or groups of employees; any conduct based on age, disability, HIV status, domestic circumstances, sex, sexual orientation, gender reassignment, race, colour, language, religion, political, trade union or other opinion or belief, national or social origin, association with a minority, property, birth or other status that is unreciprocated or unwanted and which affects the dignity of men and women at work; any unwanted, unreciprocated and unwelcome behaviour of a sexual nature that is offensive to the person involved, and causes that person to be threatened, humiliated or embarrassed; any threatening conduct that is based on race, colour, language, national origin, religion, association with a minority, birth or other status that is unreciprocated or unwanted and which affects the dignity of women and men at work; and promised use of physical force or power (i.e. psychological force) resulting in fear of physical, sexual, psychological harm or other negative consequences to the targeted individuals or groups (The Joint Programme on Workplace Violence in the Health Section, 2003)

Factors Associated with Workplace Violence

There are several factors associated with workplace violence as revealed from literature including the department the nurses are working, the gender of the nurses, the years of work experience and the attitude of the nurses as health care workers. It is worthy of note that those who work in emergency departments mostly are nurses. In a multicenter survey carried out in Nigeria by Ogundipe *et al*, (2013) majority of the respondents had witnessed violence in the emergency department. Spencer (2014) stated that, the emergency department and geriatric and psychiatric units have high rates while nurses in other settings have relatively little violence.

Another factor that is associated with workplace violence as shown in literature is years of work experience. Years of work experience is the number of years an individual has spent doing a particular job or in a particular profession. Yenealem *et al*, (2019) reported that, being a nurse or midwife had increased encountering workplace 4 times than working as physician and that years of experience in health facilities have positive association with the occurrence of workplace violence.

Another factor to be considered here is gender. Gender is the state of been a male or female. According to Bilgin and Buzlu (2006), nursing is a female-weighted profession that necessitates direct contact with patients; within the health-care sector, nurses specifically the females are at a particular risk for workplace violence. In the same vein, Semahegn and Mengistie (2015) stated that, most of the health care workers are women in which they are exposed to both domestic and workplace violence which is a double burden. Male as well as female nurses suffer workplace violence however, female nurses may suffer more due to their fragile and feminist nature which may make them be taken for granted.

Theoretical Framework

Social Cognitive Theory

The Social Cognitive Theory was propounded in the year 1977 by Bandura. This theory focused on both the underlying determinants of behaviour. The major behavioural determinants in this model include environment, outcome expectations, self-efficacy, behavioural capability and methods for behaviour change including observational learning and reinforcement. Based on this theory, the environment is the objective factors that are physically external to the nurses such as social environmental factors (health facility type, colleague, patients, etc.). The environment may also be physical environmental features which are availability of necessary resources, ambient temperature, clean and safe working areas. Outcome expectations are the judgements of the likely consequence of certain behaviour. Outcome expectancies are the values that the nurses place on a certain outcome while the behavioural capability consists of the knowledge and skills that are necessary to perform a specific behaviour and this can contribute to the nurses' behavioural capability and self-efficacy about behaviour. In essence, if the nurses in the tertiary health care facilities have understanding of conditions that triggers violence in their work place

and their vulnerability to work place violence, they will make effect-benefit analysis and if there are no serious external influences, there are chances that they will take possible safety actions to forestall the occurrence of such violence in the health facility or ward/unit where they work.

Considering the foregoing information, this theory is relevant in this study because its provisions and postulations will serve as guides to nurse in identifying the work place violence associated with their work, and as such enable them take precaution while carrying out their routine duties. This is because behaviour is enacted if people perceive that they have control over the outcome and that there are few external barriers and when individuals have confidence in their ability to execute the behaviour. Thus, this theory was considered appropriate for this study.

Review of Empirical Studies

In a descriptive study by Günaydin and Kutlu (2012) on the experience of workplace violence among nurses in health-care settings. The aim of the present study was to determine the type, extent, and the effects of workplace violence among nurses in diverse health-care settings. The result showed that, of those exposed to violence, 40.4% (225) experienced physical violence. The study concluded that, Health care providers, especially nurses, are considered a professional group at high risk for violence.

Another study by El-Gilany *et al.* (2012) on violence against physicians in Mansoura University Emergency Hospital, Egypt. The aim of the study was to estimate the prevalence of different types of violence against physicians working in the emergency hospital, its associated factors, circumstances of violence, type of perpetrators, and victims response. The result of the study showed that, only 7.4% of physicians were not exposed to any violence during the past year. The prevalence of physical was 60.3%. The study concluded that, the workplace violence varied from one type of violence to another. Providing a hospital policy for safety against any type of violence was recommended.

The study of Ezeruigbo (2012) on the types and impact of violence against nurses in a non-psychiatric/mental hospital in Nigeria. The aim of the study was to assess the types and impact of violence on six impact variables of frustration, insecurity, heightened anxiety, reduced job satisfaction, decreased morale and productivity. The result showed that, physical violence accounts for 0.71% (1) of violence recorded incidents out of which aggression accounts for 55.71% (78). Therefore, out of 102 respondents that experienced violence, less than 1%

encountered physical violence. The study concluded that, violence against nurses in health institution in Ebony is high and fellow nurses are mostly responsible.

Ezeruigbo (2012) investigated the types and impact of violence against nurses in a non-psychiatric/mental hospital in Nigeria. The result showed that, Non-physical violence represents 72% of the recorded incidents out of which 16.43% (23) experienced intense verbal abuse. Therefore, out of 102 respondents that experienced violence, more than 99% suffered psychological violence. The study concluded that, violence against nurses in health institution in Ebony is high and fellow nurses are mostly responsible.

Günaydin and Kutlu (2012) carried out a study on the experience of Workplace Violence Among Nurses in Health-Care Settings. The aim of the present study was to determine the type, extent, and the effects of workplace violence among nurses in diverse health-care settings. The result showed that, among those exposed to violence, 94.2% (524) experienced verbal violence, and 39.9% (n=222) experienced emotional violence. The study concluded that, Health care providers, especially nurses, are considered a professional group at high risk for violence.

El-Gilany *et al.*, (2012) carried out a study on violence against physicians in Mansoura University Emergency Hospital, Egypt. The result of the study showed that, 30.9% of the respondents were exposed to sexual violence. The study concluded that, the workplace violence varied from one type of violence to another. Providing a hospital policy for safety against any type of violence was recommended.

Günaydin and Kutlu (2012) carried out a study on the experience of Workplace Violence Among Nurses in Health-Care Settings. The result showed that, of those exposed to violence, 4.1% (n=23) experienced sexual violence. The study concluded that, Health care providers, especially nurses, are considered a professional group at high risk for violence.

Ogbonnaya *et al.* (2013) carried out a study on workplace violence against health workers in a Nigerian tertiary hospital. The result of the study showed that, 4.5% of the study respondents experienced sexual harassment which was the least form of workplace violence experienced. It was concluded that the prevalence of workplace violence was high in this hospital. This study is relevant and related to the present study as they were both focused on the prevalence of workplace violence among healthcare workers, nurses inclusive such as psychological violence, physical violence and sexual violence among the nurses.

METHODOLOGY

The area for this study is Rivers State and the study adopted the descriptive survey design. The population for the study was one thousand and fifty-three (1,053) nurses in the tertiary health care institutions in Rivers State (Rivers State Hospital Management Board, 2020). The sample of 564 nurses was determined using the Roasoft online sample size calculator using 95% confidence level, 5% margin of error and a population size of 1,053; and a multistage sampling procedure was used to select the sample. The instrument for data collection in this study was structured questionnaire titled, “Workplace Violence in the Health Sector Research Instrument (WVHSRI)” it consisted of three sections, A, B and C. Section A addressed the socio-demographic characteristics of the respondents, Section B and C elicited responses on the experiences of physical, psychological and sexual violence respectively on a modified Likert scale of always experienced (3), occasionally experienced (2) and never experienced (1). The validity of the instrument was established by three experts in the Department of Human Kinetics, Health and Safety Education, Ignatius Ajuru University of Education, Port Harcourt. The data collected were analyzed using the Statistical Package for Social Sciences (SPSS) version 25.0 and data was presented using descriptive statistics such as mean and standard deviation to answer research questions and inferential statistics such as one-way analysis of variance (ANOVA) to test hypotheses at 0.05 alpha level.

RESULTS AND DISCUSSION

Data presentation

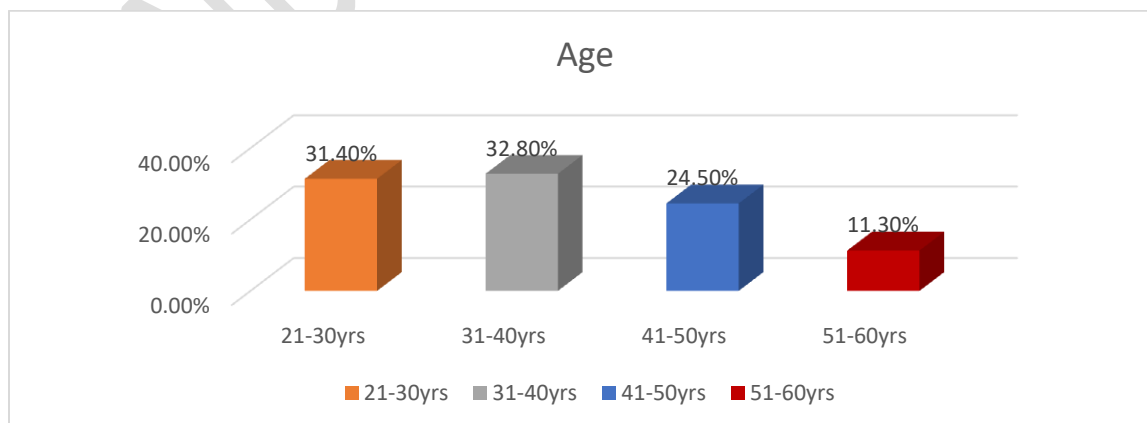


Fig 1: Bar chart showing the percentage distribution of the age of the respondents

Fig 1 showed the bar chart showing the percentage distribution of the age of the respondents. The result showed that, more of the respondents 163(32.8%) were within the age range of 31-40 years, 156(31.4%) were aged 21-30 years, 122(24.5%) were aged 41-50 years while 56(11.3%) were aged 51-60 years.

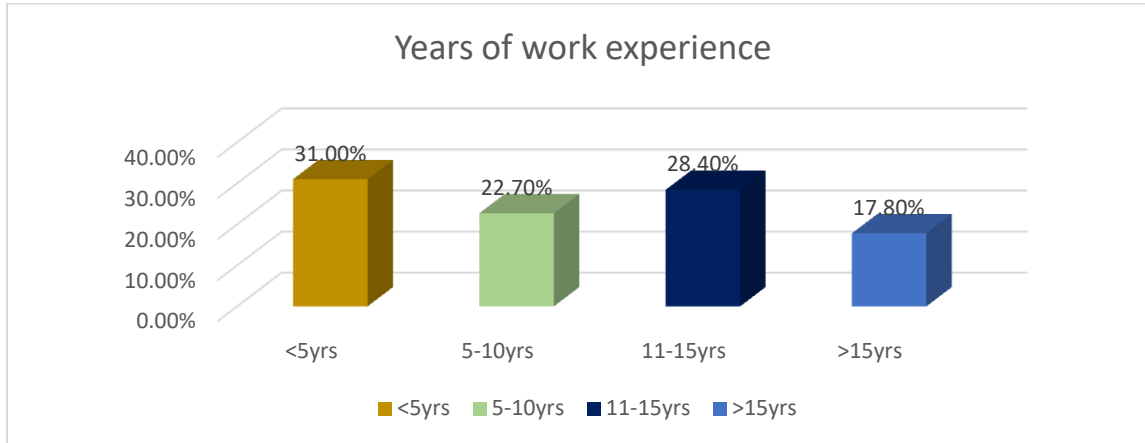


Fig 2: Bar chart showing the percentage distribution of the years of experience of the respondents

Fig 2 showed the bar chart showing the percentage distribution of the years of experience of the respondents. The result showed that, more of the respondents 153(30.7%) have had less than five years of work experience, 140(28.4%) of the respondent have had 11-15 years of work experience, 112(22.7%) have had 5-10 years of work experience while 88(17.8%) have had more than 15 years of work experience.

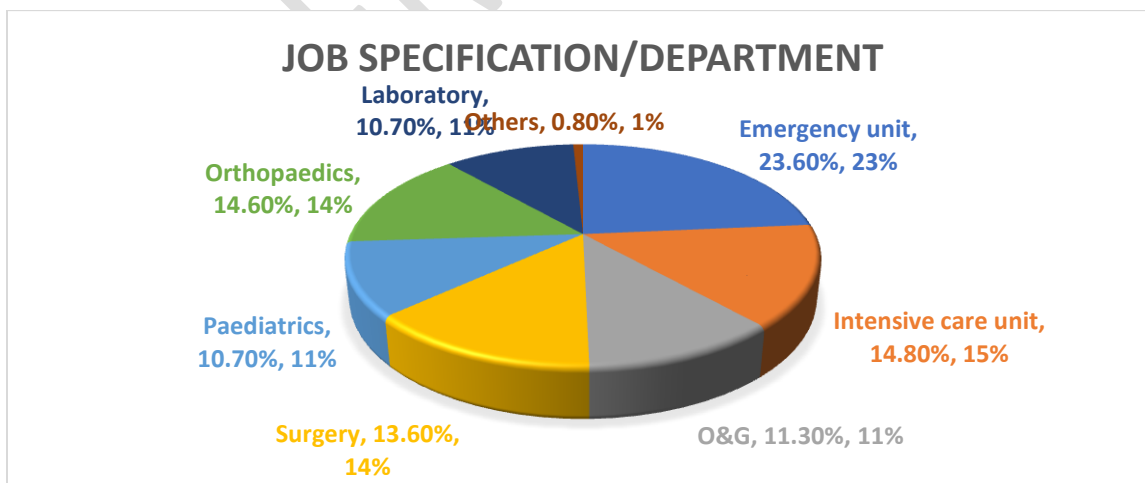


Fig 3: Pie chart showing job specification or department of the respondents

Fig 3 showed the pie chart showing job specification or department of the respondents. The result showed that 115(23.6%) were working in the emergency department, 72(14.8%) in intensive care, 55(11.3%) in obstetrics and gynaecology, 66(13.6%) in surgical ward, 52(10.7%) in paediatrics, 71(14.6%) in orthopaedics and 52(10.7%) laboratory.

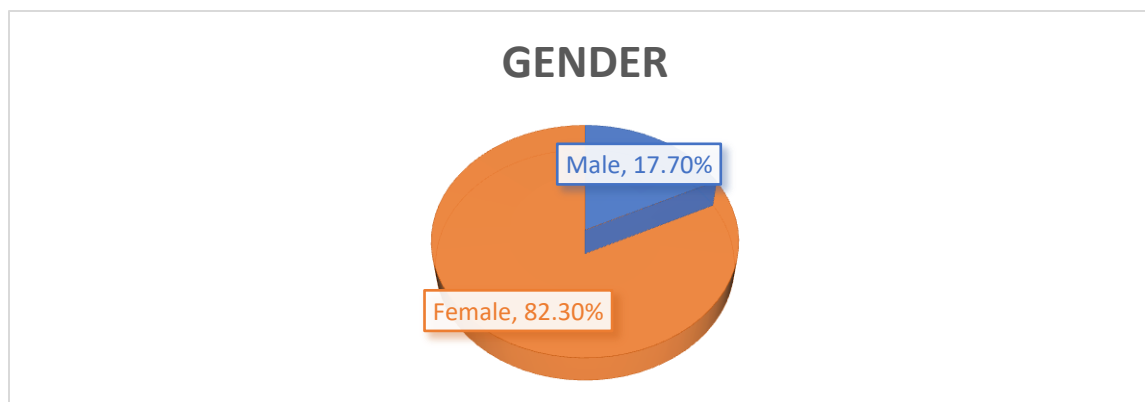


Fig 4: Pie chart showing the percentage distribution of the gender of the respondents

Fig 4 showed the pie chart showing the percentage distribution of the gender of the respondents. The result showed that majority (82.3%) were females while 88(17.7%) were males.

Research question 1: What is the extent to which nurses working in tertiary health institutions experience physical workplace violence?

Table 1: Extent to which nurses working in tertiary health institutions experience physical workplace violence

SN	Physical Workplace Violence	Mean	S.D.	Remark
1	Physically attacked by patient in the workplace when discharging duties	2.07	.50	High
2	Physically attacked by a patient's relative in the workplace when discharging duties	1.99	.46	Low
3	Harmed in the workplace by the use of physical force	1.56	.60	Low
4	Beaten because of patients treatment outcome	1.77	.55	Low
5	Kicked by someone who was expressing his/her displeasure about the health services rendered	1.70	.53	Low
6	Forcefully pushed by someone who was expressing his/her displeasure about the health services rendered	1.71	.53	Low
7	Attempted gun shot by someone because of work during my shift duty	1.57	.57	Low
8	Bitten by someone who was expressing his/her displeasure about the health services rendered in the health facility	1.70	.54	Low
9	Pinched by someone when discharging duty as a nurse	1.80	.55	Low
10	Harm by someone in my workplace using harmful object	1.51	.61	Low
11	Ever sustained injury as a result of violent behaviour of a patient in the place of work	1.89	.56	Low

Grand mean	1.75	0.54	Low
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Criterion mean = 2.00

Table 1 showed the extent to which nurses working in tertiary health institutions experience physical workplace violence. The result showed that the grand mean = 1.75 ± 0.54 was lesser than the criterion mean of 2.00 indicating a low extent. Thus, the extent to which nurses working in tertiary health institutions experience physical workplace violence was low. However, they experienced physical attack by patients in the workplace to a high extent with a mean value of 2.07 ± 0.50 which is greater than the criterion mean = 2.00.

Research question 2: What is the extent to which nurses working in tertiary health institutions experience psychological workplace violence?

Table 2: Extent to which nurses working in tertiary health institutions experience psychological workplace violence

SN	Psychological Workplace Violence	Mean	S.D.	Remark
1	Experienced abusive words in my workplace	2.12	.52	High
2	Threatened to be harmed in the workplace	1.91	.42	Low
3	Bullied/mobbed by someone who was expressing his/her displeasure about the health services rendered	1.66	.54	Low
4	Intentionally harmed by someone spiritually in the workplace	1.24	.50	Low
5	Issued a verbal warning, threatening to be harmed if there is an unexpected health outcome	1.87	.49	Low
6	Intimidated by someone who was expressing his/her displeasure about the health services rendered in the health facility	1.81	.51	Low
7	Humiliated by someone due to a little mistake done unknowingly in the work place	1.90	.49	Low
8	Suffered discrimination by patients due to ethnic or racial difference	1.46	.60	Low
9	Suffered discrimination by co-workers due to ethnic or racial difference	1.48	.59	Low
10	Suffered discrimination by patients or co-workers due to religious difference	1.48	.61	Low
11	Suffered discrimination by co-workers due to religious difference	1.48	.63	Low
Grand mean		1.67	0.53	Low

Criterion mean = 2.00

Table 2 showed the extent to which nurses working in tertiary health institutions experience psychological workplace violence. The result showed that the grand mean = 1.67 ± 0.53 was lesser than the criterion mean of 2.00 indicating a low extent. Thus, the extent to which nurses working in tertiary health institutions experience psychological workplace violence was low. However, they experienced abusive words to a high extent with a mean value of 2.12 ± 0.52 which is greater than the criterion mean = 2.00.

UNDER PEER REVIEW

Research question 3: What is the extent to which nurses working in tertiary health institutions experienced sexual workplace violence?

Table 3: Extent to which nurses working in tertiary health institutions experience sexual workplace violence

SN	Sexual Workplace Violence	Mean	S.D.	Remark
1	Sexually harassed by someone in the workplace	1.71	.54	Low
2	Suffered sexual abuse in the workplace	1.63	.54	Low
3	Forced by someone to have sexual intercourse during night duty	1.50	.53	Low
4	Suffered attempted rape in the workplace as a nurse	1.48	.53	Low
5	Been raped in the place of work	1.11	.35	
6	Intimidated sexually in the workplace as a nurse	1.51	.54	Low
Grand mean		1.49	0.50	Low

Criterion mean = 2.00

Table 3 showed the extent to which nurses working in tertiary health institutions experience sexual workplace violence. The result showed that the grand mean = 1.49 ± 0.50 was lesser than the criterion mean of 2.00 indicating a low extent. Thus, the extent to which nurses working in tertiary health institutions experience sexual workplace violence was low with the least experienced one being rape in the workplace with a mean value of 1.11 ± 0.35 which is the least.

Test of Hypotheses

Hypothesis 1: There is no significant difference in the experiences of workplace violence among nurses working in tertiary health institutions based on their job specification

Table 4: ANOVA showing significant difference between job specification and the experience of workplace violence among nurses

Source of variance	Sum of Squares	df	Mean Square	F-value	p-value	Decision
Between Groups	.38	7	.05	.73	.64	Accepted
Within Groups	35.40	489	.07			
Total	35.78	496				

*Not significant

Table 4 showed the one-way analysis of variance (ANOVA) showing significant difference between job specification and the experience of workplace violence among nurses. The result showed that there was no significant difference [$F(7,496) = 0.73, p > 0.05$]. Thus the null hypothesis which stated that there is no significant difference in the experiences of workplace violence among nurses working in tertiary health institutions based on job specification was accepted.

Hypothesis 2: There is no significant difference in the experiences of workplace violence among nurses working in tertiary health institutions based on the age of nurses

Table 5: ANOVA showing significant difference between age and the experience of workplace violence among nurses

Source of variance	Sum of Squares	Df	Mean Square	F-value	p-value	Decision
Between Groups	.560	7	.187	1.971	.117	Accepted
Within Groups	46.695	489	.095			
Total	47.255	496				

*Not significant

Table 5 showed the one-way analysis of variance (ANOVA) showing significant difference between age and the experience of workplace violence among nurses. The result showed that there was no significant difference [$F(3,493) = 1.97, p > 0.05$]. Thus the null hypothesis which stated that there is no significant difference in the experiences of workplace violence among nurses working in tertiary health institutions based on the age of nurses was accepted.

Hypothesis 3: There is no significant difference in the experiences of workplace violence among nurses working in tertiary health institutions based on years of work experience of the workers

Table 6: ANOVA showing significant difference between years of work experience and the experience of workplace violence among nurses

Source of variance	Sum of Squares	df	Mean Square	F-value	p-value	Decision
Between Groups	.309	7	.103	1.080	.357	Accepted
Within Groups	46.716	489	.096			
Total	47.026	496				

*Not significant

Table 6 showed the one-way analysis of variance (ANOVA) showing significant difference between years of work experience and the experience of workplace violence among nurses. The result showed that there was no significant difference [$F(3,493) = 1.080, p > 0.05$]. Thus the null hypothesis which stated that there is no significant difference in the experiences of workplace violence among nurses working in tertiary health institutions based on years of work experience of the workers was accepted.

Discussion of findings

The result in Table 1 showed that, the extent to which nurses working in tertiary health institutions experience physical workplace violence was low (grand mean = 1.75 ± 0.54). This finding may not be surprising because the nurses who are the respondents in this study were working in tertiary health institutions were most of the cases presented were referral cases thus, the panic with which the patients came in with could be transferred to the nurses who are the first point of contact with the patients. The finding of this study is in keeping with that of Günaydin and Kutlu (2012) whose study on the experience of workplace violence among nurses in Turkey showed that, of those exposed to violence, 40.4% (225) experienced physical violence. The finding of this study is also in consonance with that of Ezeruigbo (2012) whose study among nurses in a tertiary hospital in Ebonyi State, Nigeria showed that the extent which the nurses experienced physical violence was low. This similarity could be attributed to the similarities in the study population and setting as they both studies were carried out among health care workers, particularly nurses in tertiary health institutions. The finding of this study is also similar to that of Basnet (2012) whose study on violence in the health sector in Nepal showed a low extent of physical assault against health personnel. The finding of this study is also in keeping with that of Ogbonnaya *et al.*, (2013) whose study on workplace violence against health workers in a Nigerian tertiary hospital showed a low extent of physical workplace violence among the health care workers. The finding of this study is also similar to that carried out on workplace violence among nurses in public health facilities in Southern Ethiopia by Futeet *et al.* (2015) which showed that the extent to which physical violence was experienced among the nurses was low. This similarity could also be attributed to the fact that the sample sizes were not so far apart and the same study design was adopted in the studies. Similar findings were also revealed in the study Wei *et al.* (2016) still on workplace violence against nurses in Taiwan indicating a low extent of its experiences among the nurses. The finding of this study also corroborates that of Yenealem *et al.*, (2019) whose study on violence at work among health care workers, Northwest Ethiopia showed a low extent of experience of physical violence as physical attack was reported by less than a quarter of the respondents. The closeness in the sample size and study design could be implicated for the similarity found between the two studies. The finding of this study is also in keeping with that of Alameddine *et al.* (2012) whose national study on violence against nurses in Lebanon also showed a low extent of experience of physical violence as only 10% were exposed.

The result in Table 2 showed that, the extent to which nurses working in tertiary health institutions experience psychological workplace violence was low (grand mean = 1.67 ± 0.53). This finding may not be surprising because the nurses who are the respondents in this study were working in tertiary health institutions where most of the cases presented were referred thus, the distress with which the patients came in with could be transferred to the nurses who are the first point of contact with the patients. The finding of this study is also in consonance with that of Ezeruigbo (2012) whose study among nurses in a tertiary hospital in Ebonyi State, Nigeria showed that the extent which the nurses experienced psychological violence was low. This similarity could be attributed to the similarities in the study population and setting as they both studies were carried out among health care workers, particularly nurses in tertiary health institutions. The finding of this study is also similar to that of Basnet (2012) whose study on violence in the health sector in Nepal showed a low extent of physical assault against health personnel. Similar findings were also revealed in the study Wei *et al.* (2016) still on workplace violence against nurses in Taiwan indicating a low extent of its experiences among the nurses. This similarity could be attributed to the similarity in the study population and study design adopted in the both studies.

The finding of this study in Table 3 showed that, the extent to which nurses working in tertiary health institutions experience sexual workplace violence was low (grand mean = 1.49 ± 0.50) with the least experienced one being rape in the workplace with a mean value of 1.11 ± 0.35 which is the least. This finding may not be surprising because in most cases, sexual violence is perpetrated in environment that is somewhat quiet and void of people but the tertiary hospital environment is very busy with several human beings there so, even if perpetrators are there, they may be discouraged from indulging in it because of the unquietness of the place and the several individuals there who probably could bounce on them hence, the low extent of its experiences. However, there is the need to guide against it because its experiences even in low extent could affect the nurses in charging their duties. They may be more conscious of it rather than being conscious of their patients, this could influence the outcome of their services unfavourably. The finding of this study is also similar to that of El-Gilany *et al.* (2012) whose study on workplace violence in hospitals in Egypt showed a low prevalence of sexual violence among the health care workers. The finding of this study is in keeping with that of Günaydin and Kutlu (2012) whose study on the experience of workplace violence among nurses in Turkey showed that, of those

exposed to violence, very few experienced sexual violence. The finding of this study is also in keeping with that of Ogbonnaya *et al.*, (2013) whose study on workplace violence against health workers in a Nigerian tertiary hospital showed that sexual violence is the least of all the violence experienced among the health care workers. The finding of this study is also similar to that carried out on workplace violence among nurses in public health facilities in Southern Ethiopia by Futeet *al.* (2015) which showed that the extent to which sexual harassment was experienced among the nurses was low. This similarity could also be attributed to the fact that the sample sizes were not so far apart and the same study design was adopted in the studies. The finding of this study also corroborates that of Yenealem *et al.*, (2019) whose study on violence at work among health care workers, Northwest Ethiopia showed a low extent of experience of sexual harassment which was reported by only 7.2% of the respondents. The closeness in the sample size and study design could be implicated for the similarity found between the two studies. The finding of this study is also in keeping with that of Arinze-Onyia *et al.*, (2020) whose study on the prevalence and patterns of psychological and physical violence among nurses in a public tertiary facility in Enugu, Southeast Nigeria showed that one of the least common forms of workplace violence reported among respondents was sexual abuse. The similarity in the study population and study design could be implicated for the similarity found in the different studies.

Conclusion

Based on the finding of the study, nurses in tertiary health care institutions experience both physical, psychological and sexual work place violence to a low extent but has two paramount workplace violence experienced to a high extent which included physical attack by patients and abusive words. The workplace violence was experienced more by those in paediatrics ward, those who were younger in age, those with longer years of experience and those who were females.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. The tertiary health care facility management should organize educational programmes aimed at identifying and managing all types of violence by engaging experts in violence management as resource persons to teach the nurses from time to time.

2. The ministry of health should put forth preventive efforts in reducing workplace violence against health care workers by ensuring that any patient for which violence was perpetrated against any worker will discontinue treatment and taken out of the facility immediately.
3. The state government should legislate appropriate laws in order to prevent and control violence in the workplace.
4. The tertiary health care board should base their decisions and interventions for the protection of nurses from violence by the creation of work environments conducive for them to discharge their duties without violence.

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