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NURSING EXPERIENCE RELATED TO VIOLENCE IN WORKPLACE: A PHENOMENOLOGICAL STUDY

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Abstract

Background: Workplace violence is a worldwide concern, and particularly affects nurses. It has a seriously negative impact on nursing physical and mental health. This study explored nursing experience related to violence in workplace.
Method: The study enrolled 8 nurses who met the inclusion criteria. Phenomenological qualitative research and semi-structured interviews were conducted. The data were analyzed by the thematic analysis approach.

Results: Five themes were extracted: violence types, causes of violence, violence witnessed, and physical and psychological consequences of violence in the workplace.
Conclusion: Nurses were prone to bad emotional experiences from workplace violence, which affected their professional identity and self-efficacy
Keywords: Nursing Experience, Violence, Workplace, Phenomenological Study

Introduction

Violence has been a ubiquitous event in the history of human beings dating back millions of years (Sala & Dendena, 2015). Violence occurs in different workplaces and has evolved into a problem globally and it represents a national epidemic in different nations (Escribano et al., 2019). Physical, and verbal violence and intimidation at workplaces negatively affect the well-being of workers and the organization. It impacts the dignity of the workers, leads to emotional issues, and is a major inequality, stigmatization, discrimination, and conflict source in workplaces (Escribano et al., 2019).
Generally, workplace violence frequency and severity are reported to be increasing and the healthcare industry is considered to be the most place with violence (Pich & Roche, 2020). Violence directed at nurses is a global pandemic and the World Health Organization ascertained that 8%- 38% of nurses experience violence in their careers (World Health, 2021). In comparison to other workplaces, the healthcare industry is associated with a high risk of physical, sexual, and psychological injuries.
On another hand, Workplace violence defined as an episode of physical violence (such as , pinching, beating, stabbing, slapping, , shooting, pushing, throwing objects, smashing, preventing individuals from leaving the room, spitting, biting or scratching, pulling, striking, or kicking), harassment (unwanted behavior that affects the dignity of an individual), intimidation, or other threatening disruptive behavior that happens at the workplace with the intention of abusing or injuring the target. The spectrum of harmful behavior encompasses a wide range, starting from acts of intimidation and verbal aggression such as shouting, swearing, spreading rumors, engaging in threatening conduct, making non-serious threats. It can escalate to physical assaults and even homicide, posing a clear and implicit danger to the physical and psychological welfare, as well as the safety of an individual, groups, or property (Al-Qadi et al., 2022b).
The incidences of nurses being abused, assaulted, and threatened in their work environment constitute workplace violence (Cheung et al., 2017). Violence is categorized into physical and psychological types including verbal abuse, racial abuse, bullying, and mobbing (Escribano et al., 2019). Consequently, healthcare workers including nurses are prone to violence, assaulted frequently, and are unheard of (Brophy et al., 2018). Nurses who have experienced violence and are unheard of are categorized as “wounded heroes” (Ashton et al., 2018), however, they are heroes without the support of their organization and glory (Ashton et al., 2018).
According to Pich and Roche (2020), physical and verbal violence was experienced by nurses in their workplace. The common physical violence included behaviors such as grabbing, hitting, punching, spitting, pushing, spitting, and other destructive behaviors directed at the nurses. verbal

abuse behaviors such as swearing, anger, shouting, rudeness, and making unjustifiable demands are also experienced by nurses. swearing is a common verbal abuse experienced by nurses. Swearing and demeaning swearing are common verbal aggressions directed particularly at female nurses. This includes sexual insults, judgments, sexual suggestions, threats, and demeaning utterances that are made in front of others to draw negative attention toward the targeted nurses.
A narrative review by Kafle et al. (2022) established that nurses spend most of their time with patients in work settings thus increasing the risk of violence. Additionally, factors such as novice nurses, shifts, staff shortages, and workplace stress increase the risk of violence against nurses. these factors contribute to delayed care delivery, leading to patients assuming these factors as nurse negligence thus becoming violent. The viewpoints of patients regarding the roles of nurses also lead to violence. when specific roles of nurses are not executed as expected and based on the wishes of the patients, nurses may be found in violent relationships with patients. Violence against nurses also is caused by the workplace environment because visitors, supervisors, and nursing administrators also abuse the nurses. The study aims to explore the lived nursing experience related to violence in the workplace.

Method

Research design

Phenomenology is both a method and a philosophy. Descriptive phenomenology is an inductive research method which this method attempts to describe the essential structures of the lived experience of a phenomenon as consciously experienced without any prior opinions and judgments.A qualitative research design with a phenomenological approach was used to describe the nursing experience related to violence in the workplace. The design allowed the researcher to determine the richness of the study topic based on the participants' actual experiences. Qualitative methodology which is under interpretive paradigm was used in this study because it aims to explore the reality from the opinions, views, and experiences of the participants. therefore, it is a suitable methodology for this review to achieve the goals of the study.

Research Setting

The research was carried out Erdadax Complex at Qassim region in Saudi Arabia. Qualitative research is conducted based on examining the settings where the research phenomenon is contextualized, located, or constructed (Snowdon et al., 2014).

Participants

The participants of the study included emergency department (ED) nurses at Erdadax Complex

Sampling and Sample Size Determination

Purposive sampling was used in recruiting the nurses into the study. the rationale for using this sampling procedure is that it is used in qualitative research to facilitate the identification and selection of respondents with desired characteristics needed by the researcher or who are knowledgeable about the phenomenon being studied (Palinkas et al., 2015). Nurses of different designations were recruited into the study to determine the experiences of violence in their workplace. The sample size of the nurses was eight nurses, however, the actual number of respondents was established by the saturation of data (Polit & Beck, 2020). To ensure the richness

of data collected, more respondents may be included in the study as well as established new insights regarding the nursing experience related to violence in the workplace. Holloway and Wheeler (2019) stated that identifying the sample size at the outset of a qualitative study is not feasible as the new notion develops throughout the fieldwork. This view is also supported by Onwuegbuzie et al. (2012) who reported that there is no need to identify the sample size in qualitative study at an early stage. However, the initial number should be discussed. In the current study, the participants' recruitment ceased when data saturation was achieved and no new data was generated (Jinks, 2019).

Inclusion creitrteia:

- Emergency department nurses
- Saudi and non-Saudi nurses
- Direct contact with patients

Exclusion creitrteia:

- Other health care provider.
- Administrative nurses (quality coordinators and clinical instructors in the ED).
- Nurses from other departements.

Data Collection Procedure

The researcher maintained impartiality and objectivity in data collection. The research instrument used during data collection was based on the aim of the study to avoid bias. The primary aim of the study was to describe the nursing experience related to violence in the workplace. Therefore, a semi-structured interview guide was used. The researcher maintains no relationship with the participants to reinforce the research process's integrity.

Semi-structured interviews were used for nursing experiences related to violence in the workplace. This allowed modification of questions based on a respondent's answers during the interview. An interview guide was used which included semi-structured interview questions that were sent to possible three education and/or online experts to elaborate on the questions to ensure responses that fully addressed the research questions. The interview guide informed by the results of the literature review, the research questions, and input from experts. Therefore, the interview guide played a role in maintaining consistency throughout the data collection process. Two pilot interviews were conducted in order to check the interview guide questions' relevance and clarity. Following piloting, any necessary changes were made before actual data collection, after consultation with my supervisor. Interviews took place in a private room or somewhere convenient and comfortable for each participant. This facilitated more participation of the nurses in the research during their work shifts. All nurses of various designations having direct contact with patients were allowed to participate in the interview process. The respondents were selected unbiasedly and were guided by their responsibility in the care process and exposure to violence

in their workplace. The researcher also provided an explanation on the possibility of resigning from participation at any given moment and notified the participants that the gathered information will be permanently eliminated on the day the research concludes Additionally, the duration of the interviews lasted a minimum of 45-1 hour, and further individual interviews were undertaken thereafter if deemed necessary.

All interviews were recorded, using two audio recorders (one as backup), after obtaining the participants' approval. Interviews were in two parts – the first part welcomed the interviewee and collected sociodemographic information, after which questions relating to the aims of the research were addressed. The interviews were conducted using Arabic and English language based on participants language.

Data Analysis

In the literature, qualitative methods include narrative analysis, content analysis, interpretative phenomenology, or thematic analysis (Clarke & Braun, 2019). The researcher employed an appropriate approach, according to the study's purpose and assumptions, namely thematic analysis (TA) (Clarke & Braun, 2013). TA is a flexible approach that can be applied to any qualitative study, as it is not fixed to specific theoretical frameworks or epistemological or theoretical assumptions (Braun & Clarke, 2019). The analysis of the interviews was conducted in the following phases:

Ethical Considerations

An organizational approval was obtained before commencing data collection. The study was conducted in accordance with ethical principles and guidelines such as informed consent, confidentiality, and the right to withdraw from the study at any time. The participants signed an informed consent form before data collection began. The consent form emphasized the confidentiality of the information collected. They were allowed to withdraw from the study at any point without reason.

There are four principles of ethical considerations that were maintained throughout the implementation of this study: Respect for autonomy, beneficence, non-maleficence, and justice. The researcher spent a few months with study informants in order to establish a rapport and trust relationship which helps the researcher to elicit more information from participants (Gray et al., 2016). All potential candidates received an information package, discussing important aspects such as the study purpose, participants' responsibilities, potential benefits of the study by Arabic language, interview duration, and the recording of the interviews, together with details of how to contact the researcher.

The package emphasized that their participation is voluntary and that they can withdraw at any point, with no need for justification. Participants were given adequate time to think about their participation. Participants escorted to a private room in the college in which the interviews were conducted (Grove & Gray, 2019). Participants informed that the interview recorded for the purpose of accurate data analysis and be asked about a suitable interview setting. There is no risk associated with this study other than the foreseeable inconvenience that may occur because the interview long time. Participants were asked to provide their names at any stage of the

process. Instead, pseudonyms were used. Interview transcripts were stored in a secure cabinet and a password-protected computer, to which only the research team had access. According to the university's policy, data were discarded after three years.

Results

4.1 Demographic characteristics.

A total of eight nurses were interviewed to establish their experiences regarding violence in their workplace. The demographic characteristics of the respondents are presented in Table 1 below.

Table 1: Demographic characteristics

Variable	N	%
Age in years		
18 - 30 years	3	37.5%
30- 40 years	3	37.5%
40 years and above	2	25.0%
Gender		
Female	7	87.5%
Male	1	12.5%
Work experience		
1-5 years	3	37.5%
5-10 years	4	50.0%
10 years and above	1	12.5%
Education Qualification		
Diploma	2	25.0%
Bachelors	4	50.0%
Postgraduate	2	25.0%

4.2 Nursing Experience Related to Violence in the Workplace

The analysis of the eight interviews was carried out based on the coding process, themes, and sub-themes development. The coding process is presented in Table 2 below. From the coding process, five main themes were identified including violence types, causes of violence, violence witnessed, and physical and psychological consequences of violence in the workplace.

Table 2: Coding Process

Main Themes	Sub-themes	Main Codes	Participants
Violence types	Physical Violence,	Pushing, pinching, kicking, biting, hitting.	1.5.1
	Verbal abuse	shouting, Swearing, and disrespectful Remarks.	
Causes of violence	Hospital factors	Poor security for the staff, poor visitation guidelines and policies, inadequate staff levels, inadequate resources, and inadequate facilities.	8.2.1
	Patient-related factors	Financial constraints, long waiting durations, poor understanding of medical information, and unrealistic demands.	6.2.1
Violence witnessed	Physical violence or Aggression	Injuries, pinching, kicking, slapping.	5.2.1
	Verbal abuse	Shouting, Swearing, and disrespectful Remarks.	3.2.1
Physical and psychological consequences of violence	Physical consequences	headaches, tiredness, and Sleeping disorders.	7.2.1
	Psychological consequences	Stress, anxiety, and depression.	2.2.2

4.3. Theme 1: Violence types

From the interviews, the respondents agreed that any type of aggression experienced while attending to their professional roles and responsibilities constitutes workplace violence. from the descriptions of the respondents, the types of violence experienced by the nurses in their workplace were classified into physical and verbal types of violence. verbal violence involved shouting, disrespectful remarks, and swearing. Physical violence involved Pushing, pinching, kicking, biting, hitting. Both verbal and physical violence were considered intentional acts that were aimed at causing harm to the nurses while performing their duties. The respondents indicated that violence directed at them emerged in most cases from the patients and their family members and times from their colleagues and their leaders.

" I have been subjected to pushing and slapping from the family members of a patient whom I was caring for" (respondent 1.5.7)

4.4 Theme 2: Causes of Violence

From the interviews, it was established that the causes of violence were classified into hospital and patient-related causal factors.

4.4.1 Hospital Causal Factors

Based on the description of the respondents, violence was caused by a lack of enough security personnel in nursing environments. One respondent described;

" We only have a single security guard manning our workplace at the entrance of the ward, therefore making it difficult to provide required responses to violent acts in the ward and other wards" (respondent 8.2.1)

Another cause of violence was highlighted as inadequate staff levels. the respondents believed that inadequate staff levels increased workload, leading to ineffective care delivery to the patients thus contributing to violent acts. This is because the patients are dissatisfied with the care being provided to them. Poor visitation guidelines and policies were also highlighted as significant causes of violent acts in the nursing workplace. The respondents ascertained that the lack of clear policies on patient visitation increases the likelihood of violence because many individuals get to visit patients and they come with different intentions. One of the respondents highlighted;

"We are experiencing violence because the hospital has not developed better guidelines on how patients should be visited. Some family members who are visiting patients show increased dissatisfaction with the care process without having enough understanding of the care process and start abusing nurses" (respondent 6.1.3).

Additionally, the lack of adequate resources and facilities was highlighted as a hospital causal factor of violence directed at the nurses. the respondents revealed that inadequate resource availability hampers the care process delivery process and contributes to poor quality of nursing services which increases dissatisfaction. The increasing dissatisfaction rates increase violent behaviors among the patients and their family members.

" we have limited resources that could help us to protect our self from violence from patients or family members" (respondent 4.1.3).

"I think hospital must develop resources in all hospital wards to keep security informed about vioelence episode" (respondent 2.1.3).

4.4.2 Patient Causal Factors

Based on the description of the respondents, violence is associated with patients' financial status. The respondents highlighted that most of the patients believe that care should be delivered to them without involvement of any costs. However, when they are informed of the healthcare costs, they get agitated thus leading to violent behaviors. Poor levels of knowledge regarding the illness, and medication involved were also highlighted as a significant patient-related factor contributing to violence in nurse workplaces. Poor knowledge levels among the patients and their family members lead to the development of unrealistic demands that cannot be achieved by the nurses.

" *I think when patients have limited understanding of the disease they are suffering from and how care should be delivered, they become violent toward the nurses who are doing their best to make sure they regain their well-being" (respondent 6.1.2).*

" Sometimes patients expect care to be delivered to them without them incurring any costs, trying to explain to them that despite this being a government hospital, they have to pay for medication they are receiving agitates them and they become violent" (respondent 3.1.3).

4.5 Theme 3:Violence witnessed

All nurses have observed workplace violence ranging from verbal abuse such as being threatened, screamed at, and cursed to being hit or slapped and, in certain cases, actual injuries such as bone fractures. It is vital to emphasize that the types of violence perpetrated against men and women vary. Males were more likely to be physically abused. Females, on the other hand, were frequently subjected to verbal abuse, albeit they were not immune to physical assault. Weapons were also smuggled into the hospital and used against the personnel, compounding the risk and damage faced by everyone concerned. One respondent described that;

" *I witnessed a nurse being punched by a family member of a patient who was requiring blood transfusion, but the requested type of blood was out of supply in the blood bank (respondent 5.2.1).*

The respondents highlighted that most of them have witnessed violence and more than five episodes of violence in a week. The most violent behaviors displayed by the patients and their families include shouting at them, destruction of equipment in the wards, and negative remarks.

4.5: Theme 4: Physical and psychological consequences

The respondents described that they experienced both physical and psychological consequences from the violent acts directed at them in their workplace.

4.5.1 Physical Consequences

Based on the descriptions of the respondents, it could be revealed that they experienced sleeping difficulties, feelings of tiredness, and headaches after being exposed to violent acts by the patients and family members as well as other colleagues. One of the respondents described that;

"I was unable to get good sleep because I kept thinking about the violent acts that happened during working shifts" (respondent 7.1.2).

The respondents revealed that experiencing physical violence in their workplace increased the risks of sleep difficulties and headaches. The respondents showed that they suffered from migraine, tension-type headaches, and medication-overuse headaches due to physical violence directed at them while working. Physical violence leads to neurological symptoms including headaches and sleep difficulties among nurses and impairs their functional ability and quality of care.

4.5.1 Psychological Consequences

The respondents highlighted experiences of depression, stress, and anxiety after exposure to violence. the respondents indicated that they were depressed from violent acts. The respondents also experienced depressive symptoms including lack of personal accomplishments and motivation after experiencing violence. One respondent described'

"Exposure to violence impairs the way you perform your tasks. Most of the time when there is violence, I lack the energy and motivation to continue attending to other patients. Most of the time I end up not accomplishing the assigned duties". (respondent 2.2.2).

Discussion

This study aimed to describe the nursing experience related to violence in the workplace. From the interviews, four themes emerged describing the experiences of the nurses regarding violence in the workplace. These themes included Violence types, Causes of violence, Violence witnessed, and Physical and psychological consequences of violence.

Violence against nurses is a common problem in healthcare settings (Kafle et al., 2022). The results demonstrate high rates of violence against nurses in their workplace. A similar study reported that nurses experienced high violence rates of more than 100 episodes in a week (Pich & Roche, 2020). The findings of this study have identified that the nurses experienced physical and verbal violence. Physical violence experienced included Pushing, pinching, kicking, biting, and hitting. Consistent with our findings, previous studies have also established that nurses are exposed to physical violence in terms of grabbing, hitting, punching, spitting, kicking, pushing, and other destructive behaviors (Kafle et al., 2022). The prevalence of physical violence directed at nurses such as pushing identified in this study is supported by previous research studies which ascertained that nurses experience physical violence from patients and their families (Ahmed, 2012; Albashtawy & Aljezawi, 2016).

The nurses also experienced verbal abuse in terms of shouting, Swearing, and disrespectful Remarks. Compared with this finding, (Pich & Roche, 2020), also reported that nurses experienced verbal violence and the common types of these verbally violent acts included swearing; rudeness; anger; shouting; and making unreasonable demands. The incidences of verbal abuse directed at nurses have been reported in the literature. For instance, (Al-Ali et al., 2016), established that nurses in Jordan experienced verbal abuse in their careers.

Several causes of violence in the nurse workplace have been identified in this study including hospital causal factors such as Poor security for the staff, poor visitation guidelines and policies, inadequate staff levels, inadequate resources, and inadequate facilities and patient causal factors such as Financial constraints, long waiting durations, poor knowledge among the patients about medical interventions, favoritism culture, poor understanding of medical information, and unrealistic demands. These results align with previous research which demonstrated that long waiting times are a causal factor of violence in the nurse workplace (Li et al.; Spelten et al., 2020). Lack of knowledge regarding the disease among patients and their families contributes to unreasonable demands and expectations of the nurses, thus leading to violent behavior (Abou-Abbas et al., 2023).

Staff shortage was identified as a key element of violence against nurses. shortage of staff leads to long waiting durations, thus making patients and their families impatient and more anxious regarding the well-being of the patient. The elevated nurse-patient ratio subjects the patients to long waiting durations and increases the chances of nurses experiencing violent acts from the patients and their families (Ras, 2023). Other studies have shown that violence against nurses is initiated by poor care quality and patient outcomes such as death (Alameddine et al., 2015; Wei et

al., 2016). Nurses not meeting the expectations of the patients makes them violent (Vento et al., 2020).

Similarly, other studies have also established that poor resource availability contributes to violent behaviors among patients because they constantly receive poor-quality healthcare services (Najafi et al., 2018; Yenealem et al., 2019).

The study identified that nurses developed psychological problems such as anxiety, depression, and stress due to experiencing violence in their workplaces. Similarly, previous studies have also shown that violence in the nurse workplace has several physical and psychological consequences. Burnout, job unhappiness, and higher turnover rates are all consequences of violence against nurses. Stress, physical weariness, sleeplessness, and post-traumatic stress disorder emerge among nurses who have witnessed violence Violence against nurses results in poor treatment quality. Violence has an impact on the therapeutic interaction between nurses and patients (Kafle et al., 2022). Workplace violence has a detrimental influence on nurses' general health and wellness. Violence has an impact on nurses' physical, psychological, emotional, financial, and functional well-being. Violence against nurses adds to the development of psychiatric issues such as PTSD, anxiety, depressive symptoms, sleep disorders, and exhaustion (Shu et al., 2018; Trépanier et al., 2016).

Recommendations

Based on the findings of this study, the following recommendations are made to reduce violence against nurses. there is a need to develop security measures to improve the security levels in every ward of the healthcare setting given the high prevalence of violence against nurses. it is recommended that healthcare settings should ensure that adequate staff, facilities, and resources are available to reduce waiting time and adverse outcomes. This improved the quality of care delivered to the patients and lead to satisfaction with the care process thus reducing violent behaviors among the patients and their family members.

Policymakers and administrators of healthcare settings should develop policies that guide patient visitations such as limiting the number of visitors per patient. Lastly, educational programs should be implemented to improve the knowledge of nurses about violence in their workplace. Patients should also educated on the importance of respect toward nurses in healthcare settings.

Limitations

The study was conducted at one Hospital, Qassim Region, Kingdom of Saudi Arabia. The collection of data from this single healthcare setting limits the generalization of the experiences of the nurses on workplace violence to other nurses from other healthcare settings in the region. The findings cannot also be generalized to nurses in other countries.

Conclusion

Violence against nurses is a problem that has several effects on the healthcare quality and safety of the nurses and patients. The findings of this study have shown that workplace violence is a multifaceted issue with several contributing factors. The factors leading to violence against nurses include hospital-related factors and patient-related factors. The study recommends interventions

such as the development of educational programs, enhancement of security levels, and development of visitation policies to be implemented to address the issue of workplace violence against nurses. it is essential for all healthcare stakeholders to collaborate in the development and implementation of these interventions to reduce violence against nurses.

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