

## Physical Workplace Violence Experiences and Socio-Demographic Characteristics of Workers in Public Hospitals in Rivers State, Nigeria

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DOI: 10.56201/ijmepr.v8.no6.2024.pg161.173

### Abstract

*This study investigated physical workplace violence experiences and socio-demographic characteristics of workers in public hospitals in Rivers State. The research design adopted was a descriptive research design. The population for the study consisted of 3,000 health care workers in public hospitals in Rivers State. The sample size for the study was 495 which was selected using the multi-stage sampling procedure. Data was collected using a structured questionnaire with a reliability coefficient of 0.74. The data were analyzed using mean, standard deviation, percentage, and one-way analysis of variance (ANOVA). The result of the study revealed that, physical (2.05±1.00) workplace violence was experienced to a high extent. The physical violence experienced were kicking (2.17±1.04), pinching (2.16±0.99), injury (2.14±1.11), forcefully pushed (2.12±1.02), and beating (2.11±1.04) while the psychological violence experienced included: intimidation (2.44±0.84), verbal warning (2.39±0.95), humiliation (2.33±0.95), abusive words (2.25±1.04), discrimination (2.24±0.94), and threatened harm (2.05±0.98). Also, there was a significant difference in the experiences of physical violence based on department at work ( $p < 0.05$ ). Thus, it was recommended that, the government should provide adequate security by assigning security personnel to the public hospitals as, this may deter the perpetrators from orchestrating any violence act against the health care workers.*

**Keywords:** Demographic, Experiences, Physical, Violence, Workers

### Introduction

Violence occur in every location but the workplace is one place where violence occurs often and violence against health care workers is a widespread problem throughout the world, as well as in developing countries including Nigeria. Workplace violence in health sectors affects not only the health care professionals themselves, but also the entire health care system. Global report showed that, more than 1.6 million people worldwide lose their lives yearly in relation to violence, and many more are injured and suffer from physical and non-physical health problems (Abbas et al., 2010). Similarly, Hahn (2012) reported that, about one quarter of violent accidents at work occur in the health sector, and more than half of health workers have already experienced violence and violence related injury is the second leading cause of occupational injury. Workplace violence is

in different categories. In Nigeria, Ogbonnaya et al. (2013) reported that, most (88.1%) of the respondents had experienced workplace violence, verbal abuse (85.4%) was the most prevalent while sexual harassment (4.5%) was the least. A most recent study conducted by Arinze-Onyia et al. (2020) showed that, verbal abuse was the most common form of workplace violence experienced among health care workers followed by physical abuse, while the sexual abuse was reported by a few.

Workplace violence is a situation where staffs are abused, threatened, or assaulted in circumstances related to their work, which involved explicit or implicit challenges to their safety, well-being, or health (World Health Organization, 2017). It was classified into two broad categories which included physical and psychological violence. Schat and Kelloway (2013) stated that, physical violence was the most serious type of violence against health care professionals in their workplace. In the same vein, Spector et al. (2014) reported that, physical violence is one of the most common workplace violence prevalent among health care professionals in English speaking countries including Nigeria. Ray (2007) stated that, although all types of violence are destructive, physical violence can hurt victims physically and psychologically more than other forms. According to Wiskow (2019), psychological workplace violence involves threat, verbal abuse, bullying, harassment, and intimidation. Exposure to violence while carrying out duties adversely affect health care workers 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 (Abbas et al., 2010; Constance et al., 2011).

Health care workers are defined to be all people engaged in actions whose primary intent is to enhance health. For all types of health care facilities including the public hospitals, the general duty of the health care workers is to attend to patients who present with one health challenge or the other. Thus, in the words of Tirthanka (2013), health care workers face a wide range of hazards on the job; including workplace violence. Yet, because their job is to care for the sick and injured, they are often viewed as “immune” to injury or illness. Their patients come first. They are often expected to sacrifice their own well-being for the sake of their patients. Thus, most workplace violence goes unreported or under reported, without much attention given to tackle the issue yet, the effect of such violence can be huge if no attention is being given to it. Furthermore, the health care workers have been identified as a neglected group with regard to the monitoring of their occupational health status, workplace hazards including violence, and research has shown that the health of health care workers do not get the attention they deserve (Michell, 2010). Many reasons have been cited for this, and these are indicated below. One of the biggest misconceptions is that as health care providers, they understand the risks associated with exposure at work and can thus protect themselves. This has, however, been shown to be incorrect. Even when health care trainings are organized for them, it generally does not include an understanding of occupational health or workplace violence and thus health care workers are often not sure of their own risks.

Studies indicated that as many as one-third of workers reported that they experienced some sort of physical violence while on the job during the past year. Violence among health care workers at work is common among those who are in contact with people in distress. Health care workers, particularly those in the public hospitals are at special risk of workplace violence because they are

in the most accessible and the affordable health care facilities having contact with these patients (Niu, 2010); and this challenge facing them at work is not without consequences. Lin (2015) stated that, the consequences of workplace violence extends beyond economic burden to be matter of quality of life. Similarly, Yang (2020) stated that, workplace violence causes ill health. Thus, it requires adequate attention to be able to streamline the cause of actions needed to tackle this problem, though, some factors could influence the extent to which such violence acts are experienced which may include: the department the workers are, the years of work experience and even the gender of the health care workers.

Workplace violence is a significant problem among workers in both tertiary, secondary and primary health care setting but, those in the public hospitals are at a higher risk because they are at a public domain; at such, those who are distress in health get to them first and sometimes, they have to face the transfer of aggression from the patients or relatives as though they were the cause of their problem. Workplace violence despite been a public health problem, continuous to remain a silent topic in the health care system and in the scene of scholarly research. Thus, making it unattended yet, its impact on both the workers in the public hospitals and the health care system persists. Its effects are enormous, taking its toll on the health care system. Such violent act perpetrated against the health care workers can have some dire consequences such as loss of concentration, inattention to ethical guidelines or standard precautions which are detrimental to the health of the workers, making repeated mistakes, absence from work, inattention to patients, reduction in job satisfaction, dislike of job, and refusal to work in stressful wards. All of these factors can have a significant negative impact on the health care system. Despite all of these, workplace violence among health care workers continuous to remain a neglected subject among researchers hence, this study investigated the workplace violence experiences of public health workers in Rivers State. The following research questions guided the study:

1. To what extent do health care workers experience physical workplace violence in public hospitals in Rivers State t?
2. What is the extent to which health care workers experience physical workplace violence in in public hospitals in Rivers State based on gender?
3. What is the extent to which health care workers experience physical workplace violence in public hospitals in Rivers State based on their years of work experience?
4. What is the extent to which health care workers experience physical workplace violence in public hospitals in Rivers State based on their department?

**Hypotheses:** the following null hypotheses were tested at 0.05 level of significance:

1. There is no significant difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on gender.
2. There is no significant difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on years of work experience.
3. There is no significant difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on their department.

## Methodology

The research adopted was a descriptive research design. The population for the study consisted of 3,000 health care workers in public hospitals in Rivers State. The sample size for the study was 495 which was selected using the multi-stage sampling procedure. Data was collected using a structured questionnaire with a reliability coefficient of 0.74. The data collected were analyzed using the statistical package for social sciences (SPSS) version 25.0 and data was presented using descriptive statistics to answer research questions and inferential statistics to test hypotheses at 0.05 alpha level. Research questions were answered using mean, standard deviation and percentage while hypotheses were tested using z-test and one-way analysis of variance (ANOVA).

## Results

The results of the study are shown below:

**Table 1: Extent to which health workers in public hospitals experience physical workplace violence**

SN	Physical workplace violence	Mean	S.D.	Decision
1	Physically attacked in my workplace discharging my duties by a patient	2.12	1.01	High
2	Physically attacked in my workplace discharging my duties by a patient's relative	1.98	0.95	Low
3	Tried harming me in my workplace by using physical force against me	2.11	0.98	High
4	Tried beating me because of the patients treatment outcome	2.11	1.00	High
5	Kicked by someone who was expressing his/her displeasure about the health services rendered	2.17	1.04	High
6	Forcefully pushed by someone who was expressing his/her displeasure about the health services rendered	2.12	1.02	High
7	Tried to shoot me because of my work during my shift duty	1.65	0.90	Low
8	Bitten by someone who was expressing his/her displeasure about the health services rendered in my health facility	1.99	0.99	Low
9	Pinched me when I was discharging my duty as a nurse	2.16	0.99	High
10	Harm me in my workplace by using harmful object against me, e.g. stone, knife, bottle, sharp objects, etc.	2.03	1.01	High
11	Ever sustained injury as a result of violent behaviour of a patient in my place of work	2.14	1.11	High
<b>Grand mean</b>		<b>2.05</b>	<b>1.00</b>	<b>High</b>

**Criterion mean = 2.00**

Table 1 showed the extent to which health workers in public hospitals experience physical workplace violence. The result showed that the grand mean =  $2.05 \pm 1.00$  was higher than the criterion mean of 2.00 indicating a high extent. The physical violence included: kicking ( $2.17 \pm 1.04$ ), pinching ( $2.16 \pm 0.99$ ), injury ( $2.14 \pm 1.11$ ), forcefully pushed ( $2.12 \pm 1.02$ ), and beating ( $2.11 \pm 1.04$ ). Thus, the extent to which health workers in public hospitals experience physical workplace violence was high. However, their experience on attempted shooting because of work during shift duty was low with a value of  $1.65 \pm 0.90$  which is lesser than the criterion mean = 2.00.

**Table 1: Extent to which health care workers experience physical workplace violence in in public hospitals in Rivers State based on gender**

Physical violence	Male (N= 286)		Female (N= 200)	
	Mean	S.D.	Mean	S.D.
1. Physically attacked in my workplace discharging my duties by a patient	2.00	1.01	2.30	0.99
2. Physically attacked in my workplace discharging my duties by a patient's relative	1.91	0.94	2.08	0.95
3. Tried harming me in my workplace by using physical force against me	2.06	0.97	2.19	0.99
4. Tried beating me because of the patients treatment outcome	2.02	1.03	2.24	0.95
5. Kicked by someone who was expressing his/her displeasure about the health services rendered	2.06	1.06	2.34	1.01
<b>Grand mean</b>	<b>2.01</b>	<b>1.00</b>	<b>2.23</b>	<b>0.97</b>

**Criterion mean = 2.00**

Table 2 revealed the extent to which health care workers in public hospitals experience physical workplace violence based on gender. The result showed that physical work place violence was experienced more by the female health workers (2.23±0.97) than the male health workers (2.01±1.00). Hence, based on gender, physical workplace violence was experienced more by the female health care workers in public hospitals in Rivers State.

**Table 3: Extent to which health care workers experience physical workplace violence in in public hospitals in Rivers State based on their years of work experience**

Physical violence	<5 years (N= 287)		5-10 years (N= 140)		>10 years (N= 59)	
	Mean	S.D.	Mean	S.D.	Mean	S.D.
1. Physically attacked in my workplace discharging my duties by a patient	2.01	0.97	2.22	1.09	2.42	0.95
2. Physically attacked in my workplace discharging my duties by a patient's relative	1.87	0.91	2.05	0.96	2.32	1.00
3. Tried harming me in my workplace by using physical force against me	1.94	0.86	2.42	1.08	2.22	1.11
4. Tried beating me because of the patients treatment outcome	1.93	0.89	2.30	1.07	2.50	1.16
5. Kicked by someone who was expressing his/her displeasure about the health services rendered	2.02	0.99	2.57	1.09	1.91	0.89
<b>Grand mean</b>	<b>1.95</b>	<b>0.92</b>	<b>2.31</b>	<b>1.05</b>	<b>2.27</b>	<b>1.02</b>

**Criterion mean = 2.00**

Table 3 revealed the extent to which health care workers in public hospitals experience physical workplace violence based on their years of work experience. The result showed that physical work place violence was experienced more by health workers with 5-10 years of work experience (2.31±1.05) followed by health workers with >10 years of work experience (2.27±1.02) and <5 years of work experience (1.95±0.92). Hence, based on the years of work experience, physical workplace violence was experienced more among health care workers with 5-10 years of work experience.

**Table 4: Extent to which health care workers experience physical workplace violence in in public hospitals in Rivers State based on their department**

Physical violence	Comm. health (N= 192)		Med. lab (N= 95)		Pharmacy (N= 110)		Health info. (N= 41)		Dental dept (N= 48)	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
1. Physically attacked in my workplace discharging my duties by a patient	2.13	0.99	2.29	0.98	1.51	0.78	3.00	0.63	2.43	1.10
2. Physically attacked in my workplace discharging my duties by a patient's relative	1.99	0.97	2.06	0.82	1.44	0.74	2.56	0.89	2.52	0.92
3. Tried harming me in my workplace by using physical force against me	2.16	0.97	2.20	1.04	1.70	0.82	2.39	1.06	2.45	0.89
4. Tried beating me because of the patients treatment outcome	2.08	1.01	2.31	0.98	1.80	0.90	2.56	1.07	2.16	0.99
5. Kicked by someone who was expressing his/her displeasure about the health services rendered	2.16	1.05	2.42	1.04	1.85	0.93	2.46	0.95	2.20	1.12
<b>Grand mean</b>	<b>2.10</b>	<b>0.99</b>	<b>2.25</b>	<b>0.97</b>	<b>1.66</b>	<b>0.83</b>	<b>2.59</b>	<b>0.92</b>	<b>2.35</b>	<b>1.00</b>

**Criterion mean = 2.00**

Table 4 revealed the extent to which health care workers in public hospitals experienced physical workplace violence based on their department. The result showed that physical work place violence was experienced more by health workers working in the department of health information (2.59±0.92) followed by health workers in the dental department (2.35±1.00), those working in the medical laboratory department (2.25±0.97), health care workers in the community health department (2.10±0.99) and pharmacy department (1.66±0.83). Hence, based on the department,



physical workplace violence was experienced more among health care workers working in health information department.

**Table 5: Z-test analysis of difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on gender**

Group	N	Mean	SD	df	z-cal	p-value	Decision
Male	286	1.96	.60	484	0.138	0.00*	H <sub>0</sub> Rejected
Female	200	2.19	.58				

P<0.05. \*Significant

Table 5 showed the z-test summary of the difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on gender. The result of the study showed that there was a significant difference at (z-cal = 0.138, df = 484, p = 0.00) The p<0.05 therefore, the null hypothesis which stated that there is no significant difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on gender was rejected.

**Table 6: ANOVA of difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on years of experience**

Source of variance	Sum of Squares	Df	Mean Square	F-value	p-value	Decision
Between Groups	7.199	2	3.600	10.202	0.00*	H <sub>0</sub>
Within Groups	170.417	483	0.353			Rejected
Total	177.616	484				

P<0.05. \*Significant

Table 6 showed the one-way analysis of variance (ANOVA) showing difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on years of experience. The result showed that there was a significant difference [F(2,483) = 10.202, p<0.05]. Thus, the null hypothesis which stated that there is no significant difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on years of experience was rejected.

**Table 7: ANOVA of difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on their department**

Source of variance	Sum of Squares	df	Mean Square	F-value	p-value	Decision
Between Groups	24.164	4	6.041	18.936	0.00*	H <sub>0</sub>
Within Groups	153.452	481	0.319			Rejected
Total	177.616	485				

P<0.05. \*Significant

Table 7 showed the one-way analysis of variance (ANOVA) showing difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on their department. The result showed that there was a significant difference [F(4,481) = 18.936, p<0.05]. Thus, the null hypothesis which stated that there is no significant difference in the experience of physical violence among health care workers in public hospitals in Rivers State based on their department was rejected.

### Discussion of findings

The result in table 1 revealed that, the extent to which health workers in public hospitals experience physical workplace violence was high (2.05±1.00). This finding was not unforeseen because anxiety and tension which can mostly be seen among patients and sometimes health care workers tend to ignite behaviours and emotions which can result to anger and violence in most cases. The finding of the study was in line with that of Tian et al. (2020) on workplace violence against hospital healthcare workers in China, similar results were found as more than half of the respondents reported at least one type of workplace violence including physical violence. The finding of this study is in agreement to that of Fallahi-Khoshknab et al. (2016) whose study on the physical violence against health care workers in Iran showed that Health care workers were the main victims of physical violence (78%). The finding of this study was not in consonance with that of El-Gilany et al. (2012) whose study on workplace violence in hospitals in Egypt showed that the prevalence of physical violence above average. The finding of the study was not in support to the findings of Günaydin and Kutlu (2012) whose study on the experience of workplace violence among health care workers in Turkey showed that, of those exposed to violence, 40.4% (225) experienced physical violence. The finding of this study was not in corroboration to 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 also wasn't in agreement to the finding 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 finding of this study was also not similar to that of Wei et al. (2016) still on workplace violence against health care workers in Taiwan indicating a low extent of its experiences among the health care workers. The finding was not in line with that of Alameddine et al. (2012) whose study on violence against health care workers in Lebanon also showed a low extent of experience of physical violence as only 10% were exposed. 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. This finding was similar to the result of Mishra et al. (2018) who's



study showed that, the proportion of the health care workers ever reporting of violence was high and majority (>80%). This similarity could be as a result of both studies adopted similar study design. Also, the differences found between the present study and the previous one might be caused by the heterogeneity of the study area and population

The result in Table 2 revealed the extent to which health care workers in public hospitals experience physical workplace violence based on gender. The result showed that physical work place violence was experienced more by the female health workers ( $2.23\pm 0.97$ ) than the male health workers ( $2.01\pm 1.00$ ). Also, the result in table 4.10 showed that there was a significant difference ( $z\text{-cal} = 0.138$ ,  $df = 484$ ,  $p = 0.00$ ) in the experience of physical violence among health care workers in public hospitals in Rivers State based on gender. This finding was foreseen and not confounded with fear, gender disparity has been a long age problem. In recent times, females are still seen and addressed as weaker vessels in comparison to the males hence they are prone to become victims of several issues which workplace violence is not left out. This finding was relative to that of 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. This finding was also in accordance to that of Semahegn and Mengistie (2015) who stated that, most of the healthcare workers are women in which they are exposed for both workplace violence and domestic which is a double burden. Pai et al. (2018) revealed that women were the main victims of physical violence, bullying and racial discrimination ( $p < 0.05$ ). Opposing these findings is the result from El-Gilany et al. (2012) on workplace violence in hospitals in Egypt is different from the finding of the present study as it showed that males as well as females were at a higher risk of workplace violence though males are at higher risk of bullying while females are more exposed to sexual harassment.

The result in Table 3 revealed the extent to which health care workers in public hospitals experience physical workplace violence based on their years of work experience. The result showed that physical work place violence was experienced more by health workers with 5-10 years of work experience ( $2.31\pm 1.05$ ) followed by health workers with >10 years of work experience ( $2.27\pm 1.02$ ) and <5 years of work experience ( $1.95\pm 0.92$ ). This may be as a result of, health care workers found with less years of work experience might be younger and insensitive to the foresight or signs of violence before its occurrence hence they become victims of it. The finding of this study is related to that of Yenealem et al. (2019) which showed that years of experience in health facilities have positive association with the occurrence of workplace violence. Those who have less than 6 years of experience had 3-fold more likely victimized by violence than their seniors with more than 16 years of experience in the health care facilities. Also, this finding was akin to that of El-Gilany et al. (2012) whose study on workplace violence in hospitals in Egypt showed that the health care workers of shorter duration of work were at a higher risk of workplace violence. The similarities between the present study and the previous ones may be as a result of the homogeneity of the study variables of interest.

Table 4 revealed the extent to which health care workers in public hospitals experience physical workplace violence based on their department. The result showed that physical work place violence was experienced more by health workers working in the department of health information

(2.59±0.92) followed by health workers in the dental department (2.35±1.00), those working in the medical laboratory department (2.25±0.97), health care workers in the community health department (2.10±0.99) and pharmacy department (1.66±0.83). This finding was surprising because it is believed that health care workers who work in the wards are likely more exposed to workplace violence than those who work outside the wards. The finding of this study was in disparity to that of Ogbonnaya et al. (2013) and Fute et al. (2015) who all reported that health care workers in the emergency department were more likely to experience workplace violence than those in other departments. Also, the finding of this study was contrary to the findings of Yenealem et al. (2019) who reported that 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. Wei et al. (2016) reported that the prevalence of having experienced any violence varied widely and ranged from the highest (55.5%) in an emergency room or intensive care unit to the lowest (28.3%). The differences between these studies could be linked to location of both studies.

### **Conclusion**

Based on the findings of the study, it was concluded that there was a high extent of physical workplace violence perpetrated against health care workers in public hospitals in Rivers State. The study also concluded that there was a significant difference in the experience of physical based on gender, years of work experience and department at work.

### **Recommendations**

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

1. The government should provide security for to the public hospitals, this may scare the perpetrators from orchestrating any violence against the health care workers.
2. The health care workers should be at alert all the time, when they are on due by carrying out their duty with much vigilance.
3. The hospital management should put a notice in all the health care facilities showing that violence against health care personnel is prohibited, this may help to curtail it.
4. The hospital management should also ensure that any patient that perpetrates any violence act against any health care workers is discharge, treatment discontinued and sent home immediately, this will make others to be more careful.

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