

WORKPLACE VIOLENCE EXPERIENCES AMONG HEALTHCARE WORKERS IN PUBLIC HOSPITALS IN RIVERS STATE

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Abstract

This study investigates the prevalence of physical workplace violence and the socio-demographic characteristics of healthcare workers in public hospitals in Rivers State. A descriptive research design was employed with a sample size of 495 healthcare workers selected through a multi-stage sampling procedure from a population of 3,000. Data were collected using a structured questionnaire with a reliability coefficient of 0.74, and were analyzed using mean, standard deviation, percentage, and one-way analysis of variance (ANOVA). Results showed that physical violence (2.05 ± 1.00) was experienced to a high extent, with common forms of physical violence including kicking (2.17 ± 1.04), pinching (2.16 ± 0.99), injury (2.14 ± 1.11), forceful pushing (2.12 ± 1.02), and beating (2.11 ± 1.04). Psychological violence was also prevalent, with intimidation (2.44 ± 0.84), verbal warnings (2.39 ± 0.95), humiliation (2.33 ± 0.95), use of abusive language (2.25 ± 1.04), discrimination (2.24 ± 0.94), and threats of harm (2.05 ± 0.98). The study found a significant difference in the experience of physical violence based on departmental placement ($p < 0.05$). The study suggests that to reduce workplace violence, the government should provide better security in public hospitals, such as assigning dedicated security personnel, to deter violent acts against healthcare workers. The findings underline the need for greater attention to workplace violence as a critical issue affecting healthcare workers' well-being.

Keywords: Workplace violence, healthcare workers, public hospitals, physical violence, security measures.

Introduction

Workplace violence is a pervasive issue that occurs in various settings around the world, but its prevalence and consequences in the healthcare sector are particularly concerning. This issue is not only widespread but also has profound implications for healthcare workers, their well-being, and the broader healthcare system. Globally, violence in the workplace has emerged as a significant concern, with healthcare workers being among the most vulnerable groups affected by both physical and psychological forms of violence. In many regions, including Nigeria, healthcare workers are exposed to various types of violence, often in the form of verbal abuse, physical

assault, and even threats. The toll on these professionals and the quality of care they provide to patients cannot be overstated.

The World Health Organization (WHO) defines workplace violence as any incident in which a person is abused, threatened, or assaulted in circumstances related to their work. This violence can be categorized into two broad types: physical and psychological. Physical violence refers to acts that directly harm or injure a person, while psychological violence encompasses behaviors such as verbal abuse, threats, intimidation, and harassment. In healthcare settings, these forms of violence are not only distressing for the workers but also detrimental to the quality of patient care, as the effects on healthcare workers can lead to reduced job satisfaction, absenteeism, and even burnout. In some cases, these experiences may result in the resignation of affected workers, further exacerbating the shortage of skilled healthcare professionals.

In a global context, violence against healthcare workers has reached alarming levels. Reports indicate that over 1.6 million people worldwide lose their lives each year due to violence, with healthcare workers being disproportionately affected (Abbas et al., 2010). Additionally, the health sector is one of the most dangerous sectors in terms of workplace violence, with one-quarter of all violent incidents occurring in healthcare settings (Hahn, 2012). The physical violence experienced by healthcare workers is often severe and can lead to significant physical injury and long-term psychological consequences. Similarly, psychological violence, such as verbal abuse and threats, can have a lasting impact on mental health, resulting in stress, anxiety, and depression.

The issue is particularly pronounced in developing countries like Nigeria, where healthcare workers are often exposed to violence without adequate support or recognition. In a study conducted by Ogbonnaya et al. (2013), it was found that a large proportion of healthcare workers in Nigeria (88.1%) had experienced some form of workplace violence, with verbal abuse being the most prevalent form (85.4%). Physical abuse was also reported, albeit less frequently, while sexual harassment was found to be a rare occurrence. More recent studies, such as those conducted by Arinze-Onyia et al. (2020), have confirmed that verbal abuse remains the most common form of workplace violence, followed by physical abuse, although sexual abuse remains a seldom-reported issue.

The detrimental effects of workplace violence in healthcare settings extend beyond the immediate injury or trauma experienced by the worker. Exposure to violence can lead to a wide range of negative outcomes, both for the individual healthcare workers and the healthcare system as a whole. Healthcare workers who experience violence may suffer from loss of concentration, reduced job satisfaction, absenteeism, and even a reluctance to work in certain departments or wards. The psychological toll of constant exposure to violence can erode their ability to provide effective care to patients, leading to mistakes and a decline in the overall quality of healthcare services.

Furthermore, the constant stress and fear of violence may cause healthcare workers to leave their jobs or consider alternative career paths, leading to high turnover rates and staffing shortages.

Despite the severe consequences, workplace violence in healthcare settings is often underreported or overlooked. One major reason for this is the perception that healthcare workers, due to their training and expertise, are immune to the risks of violence. Many healthcare workers are expected to prioritize patient care above their own safety, which leads to an environment where violence is not adequately addressed or prevented. In some cases, training programs for healthcare workers fail to include components on occupational health or violence prevention, leaving workers ill-equipped to handle potentially dangerous situations. This lack of attention to the occupational health risks faced by healthcare workers, including exposure to workplace violence, is a critical issue that has yet to be adequately addressed by policymakers and healthcare administrators.

Healthcare workers, especially those in public hospitals, are at a particularly high risk of experiencing workplace violence. Public hospitals, which serve as the primary point of contact for individuals seeking healthcare, are often overcrowded and understaffed, creating a stressful environment for both workers and patients. Many patients who seek care in public hospitals do so under stressful and emotionally charged circumstances, which can lead to frustration and aggression. In such an environment, healthcare workers are more likely to experience violence, either from patients or their relatives. The impact of this violence is particularly concerning given the essential role that healthcare workers play in maintaining public health. As such, addressing workplace violence in healthcare settings is critical not only for the well-being of the workers but also for the overall quality and accessibility of healthcare services.

The challenge of addressing workplace violence in healthcare settings is further compounded by the lack of research and attention given to the issue in many countries, including Nigeria. While there have been some studies on workplace violence in healthcare settings, much of the research is limited in scope and fails to comprehensively address the various factors that contribute to violence in these environments. This gap in research has led to a lack of effective policies and interventions aimed at preventing workplace violence and protecting healthcare workers. Additionally, workplace violence continues to be a neglected topic in the broader conversation about public health and occupational safety. As a result, healthcare workers continue to face violence without the necessary support, and the issue remains largely unaddressed in the healthcare system.

Given the prevalence and serious consequences of workplace violence in healthcare settings, it is imperative that more attention be given to understanding the nature and impact of this issue. Healthcare workers must be provided with the necessary training, support, and resources to help them cope with and prevent workplace violence. Additionally, healthcare institutions and policymakers must work together to implement strategies that improve the safety of healthcare workers and reduce the occurrence of violence. This may include improving hospital security, providing psychological support services for workers, implementing clear reporting mechanisms, and establishing policies that ensure the safety of healthcare workers at all levels of the healthcare system.

This study, therefore, aims to investigate the experiences of healthcare workers with physical workplace violence in public hospitals in Rivers State, Nigeria. By examining the socio-demographic characteristics of healthcare workers and their experiences with violence, the study seeks to identify the factors that contribute to the prevalence of workplace violence in healthcare settings. Furthermore, the study aims to provide recommendations for addressing this issue and improving the safety and well-being of healthcare workers. It is hoped that the findings of this study will contribute to a greater understanding of workplace violence in healthcare and provide valuable insights for developing effective interventions to protect healthcare workers and enhance the quality of care provided to patients.

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	2.11	0.98	High against me
4	Tried beating me because of the patient's treatment outcome	2.11	1.00	High
5	Kicked by someone who was expressing his/her displeasure	2.17	1.04	High

	about the health services rendered			
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 sharp objects, etc.	2.03	1.01	High
11	Ever sustained injury as a result of violent behavior of a patient in my place of work	2.14	1.11	High
Grand mean		2.05	1.00	High
		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 ± 1.00 was higher than the criterion means of 2.00 indicating a high extent. The physical violence included: 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). 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 ± 0.90 which is lesser than the criterion means = 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 patient's 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

Grand mean	2.01	1.00	2.23	0.97
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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)	
	<u>Mean</u>	<u>S.D.</u>	<u>Mean</u>	<u>S.D.</u>	<u>Mean</u>	<u>S.D.</u>
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 patient's 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

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.

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 patient's 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

Grand mean **2.10 0.99 2.25 0.97 1.66 0.83 2.59 0.92 2.35 1.00**

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 ₀ 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 ($z\text{-cal} = 0.138$, $df = 484$, $p = 0.00$) 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 ₀
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 ₀
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 behaviors 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 ± 0.97) than the male health workers (2.01 ± 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 ± 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). 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 duty 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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