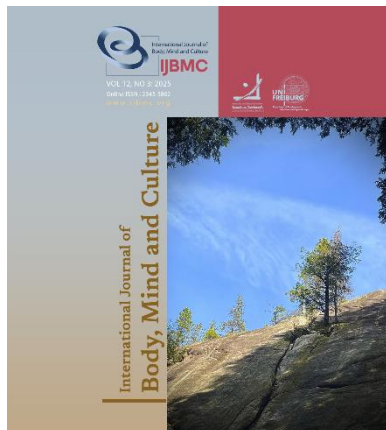


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Introduction

There is rising evidence that aggressive conduct occurs in the workplace for nursing staff today; actually, it is increasingly regarded as a serious occupational danger globally. Workplace violence, as defined by the World Health Organization, encompasses physical assault, verbal abuse, bullying, harassment, and psychological stress. Nurses are particularly vulnerable, especially in emergency departments (Abd El-Fatah Abo Gad & Abo Elghite Elhossiny Elkazeh, 2013).

Exploring Nurses' Attitudes Towards Workplace Violence in Emergency Departments: Evidence from Al-Hilla Teaching Hospitals

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ABSTRACT

Objective: This study aimed to determine how nurses' attitudes toward violence in the workplace, and to identify the relationship between nurses' attitudes toward workplace violence at the emergency department and their socio-demographic characteristics.

Methods and Materials: A descriptive design study was carried out at the Imam Sadiq and Hilla Teaching Hospital in Babylon province. The sample was a non-probability "convenience" sample of 80 nurses, both male and female. Data was gathered after the prepared and adopted after examining the necessary literatures, By adopting a self-report technique, the researcher can collect data from the sample without interfering with the responses and choices.

Findings: The results showed that 84% of the study sample their age between 20 and 25 age, regarding the majority of the study sample's educational status (41.4) was diploma. most of the participants (69.8%) have (1-5) years of experience. Most of the participants 53.4% think that working in an emergency is tiring. A statistically significant relationship at (P-value < 0.05) exists between the attitude level and educational achievement. The attitudes are positive especially with bachelor's, master and doctorate in nursing, while there is no significant relationship with (age, gender, years of experience, and residency) in p. value > 0.05.

Conclusion: The study concludes that nurses in emergency departments exhibit predominantly negative attitudes toward workplace violence, influenced by educational background. Tailored interventions, such as educational workshops, are recommended to address this issue.

Keywords: Nurses, Violence, Emergency department.

Workplace violence has garnered significant attention worldwide due to its potential to endanger all parties involved and have far-reaching effects. The National Institute for Occupational Safety and Health defines workplace violence as aggressive behaviors, such as physical attacks, committed against an employee while they are performing their duties. Approximately 80% of all attacks in the healthcare context occur against nurses, who are the most affected group. It is disgusting to see that over 50% of health professionals have already

suffered violence. Workplace violence is an issue, particularly for women, as it can harm their chances of employment, promotion, and pay. Furthermore, violence may produce a hostile, offensive, and intimidating work atmosphere that hinders productivity and success in one's career (Lim et al., 2022).

Workplaces are often seen to be safer than other places for employees. On the other hand, workplace violence and dislike are becoming more common. It is not unusual to encounter verbal, physical, or sexual insults (Bauersfeld & Majers, 2023). Like any other job, hospital staff members are prone to aggressive behavior. A recent systematic assessment found that workers in the healthcare industry are more vulnerable than other jobs (Lanctôt & Guay, 2014).

Workplace violence is listed as one of the world's leading causes of workplace disability, and is widespread in health settings in Arab countries and Iraq as well. Nursing staff have the highest recorded incidence of interpersonal violence in Iraq, posing a major concern for healthcare professionals. Forty-nine of 116 nurses who works in Iraqi hospitals reported that they have been physically attacked at work (Abd El-Fatah Abo Gad & Abo Elghite Elhossiny Elkazeh, 2013). Studies by Sabbar and Kassim (2022) explored workplace violence in Nasiriyah hospitals, limited data exist on how socio-demographic factors influence nurses' attitudes in emergency departments in Al-Hilla (Sabbar & Kassim, 2022), in addition to (Albashtawy & Aljezawi, 2016), mentioned that nurses are more likely than other hospital staff to experience violence. This may be due to their close interaction with patients and their families. The unfavorable effects of such pervasive violence have a significant impact on healthcare service delivery and raise concerns about the standard of care. Furthermore, if already few healthcare personnel leave their jobs due to fear of violence, then equal access for patients seeking primary care in underdeveloped nations may be jeopardized (Søvold et al., 2021).

The violence that they experience on a daily basis has a detrimental impact on nurses' emotional and physical health as well as their job satisfaction, productivity, and anxiety levels. This makes them feel angry and helpless, which lowers the standard of care they provide to patients and, in extreme circumstances, may even force nurses to resign from their jobs. As well, a study (Setiawan et al., 2015) pointed that, Violence is relatively

common among patients with mental illnesses in psychiatric facilities. Other people are harmed by the impact. Because of these detrimental effects, there is an urgent need to investigate the root causes of workplace violence against nurses and create evidence-based policies that will make their working conditions safer (Kafle et al., 2022). Therefore, the current study aimed to assess the nurses' attitudes towards workplace violence at emergency department, and to identify the relationship between nurses' attitudes toward workplace violence with their socio-demographic characteristics.

Methods and Materials

Study Design and Participants

The present study employed a descriptive design to assess nurses' attitudes regarding workplace violence in emergency departments at Al-Hilla Teaching Hospitals. The study was carried out between October 12, 2023, and April 15, 2024. The current research was carried out in Babylon province at the Imam Sadiq and Hilla Teaching Hospitals to get accurate and thorough data. eighty nurses, representing both genders, were chosen for a non-probability "convenience" sample to collect reliable and representative data on the gender distribution of nurses working at Imam Sadiq and Hilla Teaching hospitals. While convenience sampling was used due to logistical constraints, this may limit the generalizability of the findings to the broader population of nurses in emergency departments. The sample size was determined based on estimated prevalence rates of workplace violence among nurses in similar settings and the need to achieve a confidence level of 95% with an acceptable margin of error. After concluding the literature study and reviewing the publications that were linked to this topic, a questionnaire is chosen and constructed. The last study tool is divided into four sections. First section: socio-demographic data sheets with a wide range of variables classified as general participant information, such as place of residence, years of experience, education level, marital status, gender, and age. section two: The prevalence, types, causes, and sources of violence against nurses Include the following: the type of violence encountered, the number of times experienced in the preceding six months, the causes of the violence, and the source of the violence. Part III:

Forms of different types of violence toward studied nurses and their reaction to violence which composed of (3) items measured in (Psychological violence, Physical violence, and Nurses' reaction to violence). Section III: (Nurses' Perceptions of Workplace Violence in Emergency Rooms) It was produced and accepted from relevant literature. Responses to each item were scored on a 3-point Likert scale (Agree, Neutral, Disagree), with higher scores indicating more positive attitudes towards workplace violence. (Agree, Neutral, Disagree). Ten professionals from various disciplines were given the questionnaire to review in order to increase its validity. Regarding each research questionnaire item's language correctness, correlation with the study variable dimension to which it was allocated, and suitability for the study population setting, experts were asked to share their opinions and recommendations. The questionnaire was pilot-tested on 10 participants, yielding a Cronbach's alpha of 75 indicating acceptable reliability. Inclusion criteria included full-time employment in the emergency department for at least six months. Exclusion criteria included nurses on extended leave during the study period.

Table 1

Distribution of study sample related to demographical characteristics

Variables		Frequency	Percent
Age	20 -30 years	72	90.0
	31-40 years	6	7.5
	41- 50 years	2	2.5
	Total	80	100.0
Gender	Male	48	60.0
	Female	32	40.0
	Total	80	100.0
Marital status	Single	44	55.0
	Marital	34	42.5
	Absolute	2	2.6
	Total	80	100.0
Educational status	Diploma	39	48.8
	Bachelor	40	50.0
	post graduate	1	1.3
	Total	80	100.0
Experience years	1-10 years	76	95.0
	11-20 years	3	3.8
	21-30 years	1	1.3
	Total	80	100.0
Residency	Rural	52	65.0
	Urban	28	35.0
	Total	80	100.0

Table 2 shows that half percentage of nurses were exposed to violence during the past six months, regarding The number of incidents of violence that

Data Analysis

The data in this study is analyzed using version 24 of the Statistical Package of Social Sciences (SPSS). The quantitative data's mean, frequency, and percentage were computed. The Chi-square test (χ^2) was utilized to compare two groups.

Findings and Results

The demographic features of the study sample were displayed in this table. The findings showed that The majority of nurses (90%) were aged 20–30 years, indicating a predominantly young workforce, which may influence attitudes towards workplace violence, and 60% of participants were male, concerning marital status, the study clarified that more than half of participants 55% were single, related to educational status, the result recorded that the high percentage 50% were Bachelor, related to residency the result recorded that most of participants 65.0 were live in urban area.

occurred during the past six months the result recorded 56.3% were not exposed to violence, regarding to type of violence most of them 68.8% were exposed to

Psychological violence, related to cause of violence the result recorded that most of violence causes 36.3% were related to increased workload/shortage of nurses

leading to delays in care provided,related to Source of violence the result recorded 72.5% were relatives.

Table 2

The spread of violence against nurses, its types, causes and sources

Variables		Frequency	Percent
I have been exposed to violence during the past six months	Yes	40	50.0
	No	40	50.0
	Total	80	100.0
The number of incidents of violence that occurred during the past six months	no there	45	56.3
	< 3	22	27.5
	> 3	8	10.0
	3	5	6.3
	Total	80	100.0
Type of violence	Psychological	55	68.8
	Physical	12	15.0
	Bullying	13	16.2
	Total	80	100.0
Causes of violence	Lateness coming to shift	3	3.8
	Carelessness/malpractice	9	11.3
	Increased workload/shortage of nurses leading to delays in care provided	29	36.3
	Stressful events such as patients death	21	26.3
	No apparent cause	11	13.8
	Lack of deterrent	7	8.8
	Total	80	100.0
Source of violence	Patient	14	17.5
	Relatives	58	72.5
	Others on the medical team	5	6.3
	The department's administrative team	3	3.8
	Total	80	100.0

Table 3 shows that the most type of psychological violence that nurses exposed 71.3% were verbal assault,

while the most type of physical violence that nurses exposed 86.2% were pushing and slapping.

Table 3

Different forms of violence towards nurses and their reaction to violence

Forms of violence		Frequency	Percent
Psychological violence	Verbal assault	57	71.3
	Disrespect by ignoring the presence of the nurses	23	28.8
	Total	80	100.0
physical violence	Physical abuse with an instrument	11	13.8
	Pushing and slapping	69	86.2
	Total	80	100.0
Nurses' reaction to violence	Silent	16	20.0
	Anger and resignation	3	3.8
	Anger but keep working	32	40.0
	Use the official system	29	36.3
	Total	80	100.0

Table 4 recorded negative level of Nurses' attitudes toward workplace violence in emergency departments with mean 2.41.

Table 4

Nurses' attitudes toward workplace violence in emergency departments

Questions	Attitudes	Frequency	Percent	Mean	Assessment
With nursing students who are new to the unit, nurses have more time to perform other tasks.	Disagree	4	5.0	2.85	Negative
	Neutral	4	5.0		
	Agree	72	90.0		
With nursing students who are new to the unit, nurses have more time to perform other tasks.	Total	80	100.0		
With nursing students who are new to the unit, nurses have more time to perform other tasks. Workplace violence threatens nurses' dignity Verbal violence is more damaging than physical violence	Disagree	9	11.3	2.60	Negative
	Neutral	14	17.5		
	Agree	57	71.3		
	Total	80	100.0		
Violence has psychosocial consequences that threaten nurses' entity.	Disagree	2	2.5	2.81	Negative
	Neutral	11	13.8		
	Agree	67	83.8		
	Total	80	100.0		
Violence affects nurses' behavior	disagree	14	17.5	2.45	Negative
	neutral	16	20.0		
	agree	50	62.5		
	Total	80	100.0		
Violence affects nurses' quality of work	disagree	21	26.3	2.40	Negative
	neutral	6	7.5		
	agree	53	66.3		
	Total	80	100.0		
Violence affects nurses' relationships with their work colleagues	disagree	34	42.5	1.91	Neutral
	neutral	19	23.8		
	agree	27	33.8		
	Total	80	100.0		
Violence increases turnover in nursing staff	disagree	6	7.5	1.91	Neutral
	neutral	15	18.8		
	agree	59	73.8		
	Total	80	100.0		
General mean				2.41	Negative

Positive level =1-1.6. neutral level =1.7-2.3. Negative level =2.4-3

Table 5 indicates a statistically significant relation between the attitudes of emergency department nurses regarding workplace violence and their age, and a statistically significant relationship ($P < 0.05$) was observed between attitude levels and educational attainment, with more positive attitudes reported among nurses holding higher degrees (bachelor's, master's, doctorate), while there is no significant relationship with gender, years of experience, and

residency in the p value > 0.05 . The significant relationship between educational attainment and attitudes ($P < 0.05$) suggests that higher education levels may increase awareness of workplace violence and its consequences. The chi-square value of 45.344, and p -value(020) indicates a moderate association between educational level and attitudes toward workplace violence.

Table 5

The relationship between nurses' attitudes of workplace violence in emergency rooms and their demographic data.

No	Parameters	Chi square value	DF	Significance
1	Age Nurses' attitudes toward workplace violence in emergency departments	50.843 ^a	28	0.005
2	Gender Nurses' attitudes toward workplace violence in emergency departments	17.851 ^a	14	.214
3	Educational status Nurses' attitudes toward workplace violence in emergency departments	45.344 ^a	28	.020
4	Experience years Nurses' attitudes toward workplace violence in emergency departments	27.469 ^a	28	0.493
5	Residency Nurses' attitudes toward workplace violence in emergency departments	20.557 ^a	28	.843

P. probability ≤ 0.05

While the findings provide valuable insights, the use of convenience sampling may limit their generalizability to all nurses in emergency departments.

Discussion and Conclusion

According to the findings, the largest percentage of participants (90%) were in the 20–30 age range. This conclusion is consistent with a study by Abd El-Fatah Abo Gad and Abo Elghite Elhossiny Elkazeh (2013) that found the majority of participants (48.1%) were under 30 years old (Abd El-Fatah Abo Gad & Abo Elghite Elhossiny Elkazeh, 2013). In contrast, the current study contradicts a study by Al-Maskari (2020) that found the mean age of participants was between 30 and 60 years old. In terms of gender, the majority of nurses in this survey were male, accounting for 60% of the total (Al-Maskari et al., 2020). This conclusion is supported by prior research (Ope-babadele & Ilesanmi, 2019), but the current study contradicts another research (Al-Maskari et al., 2020), which found most of the nurse participants were female. It emerged that most of the participating nurses were men because men have a stronger endurance in such critical places compared to women, whose emotional nature is more delicate.

Regarding marital status, current research depicts that more than half of participants (55%) were single, the present study is contrasting with the study done by (Al-Maskari et al., 2020). They found that the majority of

participants were in the age group of (30-60) years old, therefore they were married. Regarding education qualification, most of the nurses (50%) have Bachelor's degree in nursing. This finding is incongruent with a prior study (Abd El-Fatah Abo Gad & Abo Elghite Elhossiny Elkazeh, 2013). which shows most of the nurses had a Diploma degree (71.9%). The result emerged that most of the participating nurses had a bachelor's degree in nursing sciences because these critical positions require high knowledge and skills that are available to graduates of nursing colleges.

In terms of residence, the majority of participants 65% lived in cities. This result appeared because the location of the hospitals was in the center of Babel Governorate, so most of the participants were those who lived in places close to these hospitals and not in rural areas. In our study, the finding shows that most of the participants (95%) have (1-10) years of experience. The justification for this result is that most nurses are 20-30 years old, so their number of years of experience does not exceed ten years.

The findings show that half percentage of nurses were exposed to violence during the past six months, regarding the number of incidents of violence that occurred during the past six months the result recorded 56.3% were not exposed to violence, the high prevalence of psychological violence (68.8%) and its association with verbal abuse (71.3%) underscores the need for

targeted interventions to address non-physical forms of violence. These findings are consistent with (Abd El-Fatah Abo Gad & Abo Elghite Elhossiny Elkazeh, 2013). Regarding to source of violence the result recorded that 72.5% were relatives, this finding comes in line with the (Abd El-Fatah Abo Gad & Abo Elghite Elhossiny Elkazeh, 2013; Al-Maskari et al., 2020). In the Iraqi healthcare context, resource shortages and high patient-to-nurse ratios may exacerbate workplace violence, as evidenced by the high prevalence of violence from patients' relatives (72.5%)

The findings also show that the most type of psychological violence that nurses exposed 71.3% was verbal assault, while the most type of physical violence that nurses exposed 86.2% was pushing and slapping, that are not congruent. These findings are congruent with prior studies (Abd El-Fatah Abo Gad & Abo Elghite Elhossiny Elkazeh, 2013; Al-Maskari et al., 2020).

The current study recorded negative level of Nurses' attitudes toward workplace violence in emergency departments with mean 2.41. This finding is congruent with a study (Ertekin Pinar & Sabanciogullari, 2019). They found that nurses reject and have negative attitudes toward violence. Violence in general has negative consequences on psychological well-being of individuals leading to feel of insecure and unsatisfied in their lives.

The current study shows that there is a significant relationship between Nurses' attitudes toward workplace violence in emergency departments and demographical characteristics related to (age and educational level) in $P \leq 0.05$. Those (20-30) years old and higher level of education have negative attitudes toward workplace violence, while there is no significant relationship with gender, years of experience, and residency in the p -value > 0.05 . In general, depending on their ages and cultural levels, nurses who work in emergency lobbies are more exposed to violence compared to community health nurses and health centers, because the emergency lobbies are a stressful place for the patient and those accompanying them (Abd El-Fatah Abo Gad & Abo Elghite Elhossiny Elkazeh, 2013). The significant relationship between higher education levels and negative attitudes toward workplace violence may reflect greater awareness and understanding of its detrimental effects, highlighting the need for targeted interventions among less-educated staff.

The predominance of psychological violence suggests that non-physical forms of aggression, such as verbal abuse, are pervasive and may significantly impact nurses' mental health and job satisfaction.

In light of the results discussion and their interpretations, our study concludes that:

The recent study aims to assess the nurses' attitudes toward workplace violence at emergency units. The basis of the overall, current findings revealed that the emergency unit's nurses have negative attitudes toward workplace violence in emergency units.

Despite the difference in gender, years of experience, and residency, they have the same level of attitudes toward workplace violence present at emergency units. The difference in their age and educational levels affect their level of attitudes toward workplace violence at emergency units. Nurses (20-30) years old with bachelor's, master and doctorate degrees in nursing are more knowledgeable about the negative consequences of violence in the workplace, therefore they have negative attitudes toward workplace violence at emergency units.

Based on the results and conclusions presented, the following research directions could be suggested for future studies:

The study suggests health education programs to increase knowledge, awareness, and attitudes of nurses toward the negative consequences of workplace violence that affects the success of nursing work and creates a stressful work environment. The government should implement strict penalties for workplace violence, such as mandatory fines or legal actions against perpetrators, alongside awareness campaigns to educate patients and their families. Due to the lack of studies, further future studies, with more details suggested a larger sample size. This study's reliance on convenience sampling and self-reported data may limit its generalizability. Future research should employ randomized sampling and explore interventions to mitigate workplace violence in emergency departments.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

Permissions from official administrative bodies were acquired before study data were gathered. These agreements have been reached after several procedures, such as The study received approval from the University of Babylon College of Nursing Council. Ethics Committee of the college of Nursing University of Babylon on (September 2023 with code 52). Prior to the study's conduct, each patient provided their consent to participate. The study's voluntary nature and participants' freedom to leave at any moment were explained to all. The confidentiality of the data obtained and the privacy of the study sample were assured to all participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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