

WORKPLACE VIOLENCE AMONG NURSES IN JORDANIAN PUBLIC HOSPITAL

Aed Banibakr(1), Rami Tashtoush(2), Mohammed Watfa(3), Omar Ayaad(4)

(1) Critical Care Unit, University Medical City, Sultan Qaboos Comprehensive Cancer Care and Research Center, Muscat, Oman, 0096877057226, a.banibakr@cccrc.gov.om, ORCID: <https://orcid.org/0000-0001-9886-9609>.

(2) Psychology Department, Faculty of Educational, Sultan Qaboos University, Muscat, Oman, +96879495550, r.tashtoush@squ.edu.om, ORCID: <https://orcid.org/0000-0002-8871-5312>

(3) Critical Care Unit, University Medical City, Sultan Qaboos Comprehensive Cancer Care and Research Center, Muscat, Oman, 0096893212844, m.watfa@cccrc.gov.om.

(4) Quality and Accreditation Department, University Medical City, Sultan Qaboos Comprehensive Cancer Care and Research Center, Muscat, Oman, 0096894021699, O.ayyad@cccrc.gov.om

KEYWORDS

Workplace violence, underreporting, consequences, Jordanian, verbal abuse

ABSTRACT

Background: Workplace violence (WPV) has become a serious global multifaceted alarming phenomenon that presents challenges to management. Workplace violence can have severe effects, not only on an individual's mental well-being but also on their professional life. Aim: The aim of this study is to ascertain the occurrence rate and impact of three different forms of workplace violence experienced by nurses employed in Jordanian public hospitals, to evaluate the extent to which three types of workplace violence are reported, as well as to identify the factors contributing to the underreporting of these incidents. Methods: A descriptive correlational study was conducted, which involved randomly selecting 410 nurses from nine hospitals in three different regions of Jordan. To measure the variables, a modified and validated questionnaire was used. The response rate from 600 distributed questionnaires was 70.1%. Results: The result of this study reveals that the verbal violence had the highest incidence (63.5%), followed by physical violence (36%), and the least common violence was sexual harassment (.005%). The nurses who experienced physical and sexual harassment reported that patients' relatives were the most frequent perpetrators of WPV. Consequently, of WPV the nurses who encounter violence had a different level of anxiety. The most common causes for underreporting is 'useless'. Conclusion: The policymakers and hospital administrators need to implement effective health policies and develop strategies to prevent violence against nurses; Further comprehensive research is required to investigate the underlying factors contributing to workplace violence..

1. Introduction

Several organizations have addressed workplace violence through various measures. The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence (WPV) as any form of intimidation, physical harm, harassment, bullying, or other aggressive or disruptive behavior that occurs in the workplace. WPV can range from threats and verbal

abuse to physical assaults and even homicide. (1). Furthermore, it can be sorted according to National Foundation which responsible for Occupational Wellbeing and Health safety to four classifications the a) Criminal committed. In this sort of violent event, the committers' have no real association to the professional or its worker(s). Slightly, the violence is related to another crime, for instance stealing, shoplifting, or invading. Actions of terrorism too consider into this category. b) Customer/client. When the perpetrator has a legitimate association with the work such as, the client, consumer, patient, scholar, or internee and exposure to violent action whereas worked in the job, consider into this category c) the violent person of third kind violence is a worker or previous worker of the jobs who assaults or threatens other worker(s) or previous worker(s) in the place of work D) The perpetrator there commonly does not have an association with the work. however, has a private association with the proposed casualty. WPV is a critical challenge for nurses who working at the hospital field. In United kingdom 1 of 20 nurses' was attacked and intimidated by firearm, and more than eighty percent of nurses disturbed about violence all over the time in the same study, a hundred of health care worker had been murdered in USA by violence through their work in 1980 to 1990 (2).(3) stated that the health care employees encounter harsh activities more than any other career around the world and the nurses are the greatest employees exposed to all kind of WPV and abuse because nurses are the more community facade in all unite and who offer direct care to the customers and patient and their relatives. Furthermore, the nurses handle many stressful condition which might increase the risk violence such as death, workload waiting a lots of time, handling patient in critical condition, shortage of staff. Violence is often being connected with businesses that comprise direct contact with many others persons as well as public and become an important concern mainly in healthcare providers (3)(4)(5). WPV has become a severe worldwide, complicated frightening phenomenon that consider challenges s to hospitals management.

There is not one complete aspect that influences an individual to WPV. Administrators and health care workers especially nurses should be aware with every possible warning sign, but observing at an entirety aspect like the physical environment of work place, the several hospital issues and the organizational aspects that may precipitate violence toward themselves (6). Generally, in 2016s 2.7 \$ billion estimated that proactive and responsive violence reaction efforts have been spent in U.S. hospitals and health care systems (7). Eventually, violence charges the victim and the committer, in addition to the public in large. In the brief period, the prices comprise time off, momentary staff cover, payments for authorized act, therapeutic treatment, and counseling and occupational health facilities. The impact of workplace violence can be significant, not just in terms of psychological harm, but also from a professional perspective. Additionally, decreased self-confidence can have an impact, reduced level of work satisfaction and patient satisfaction (8)(9). furthermore, it effects job performance of the nurses, in addition have further effects on the organization with deference to turnover and retention of the stuff (10) (11). Nurses attributed absence of work and a want to quite the career as an effect of workplace violence (12) (13). In recent study nurses who had been exposed of WPV noticed fearing future as consequence of work place violence and experienced a reduction in constructive opinions of their work (14) (15). Since nurses cover the major group of workers amongst healthcare careers, they are mainly at threat for violence, nurses involve great prevalence of violence contact comparative with other health care employee (16). In a recent study of emergency department (ED) workers, nurses' perceptions of security were lesser than all other team of ED (17). The study was a cross- sectional survey conducted in emergency departments of Jordanian hospitals, which included the total number of emergency unit nurses who participated in the research. the result revealed that 75% of nurses had exposure some type of violence where verbal abused was the greatest

noticed 64% and physical violence was 84%. The main causes for violence from the nurse's perception were waiting for long time, overpopulation at workplace, inability of staff to meet patient and family requirements (18).

(19) stated WPV involved aggressive actions, horror while caring for patients. In a Systematic research about the reasons and outcomes of violent behavior against workers in the healthcare profession was directed in Jordan; The study's results showed that workplace violence had a significant negative impact on the participants' interactions with patients, ability to perform job duties, decision-making skills, and professional practice. The greatest common results of workplace violence were destructive nurse's character and prestige, raise laziness and undesired to assist patients (20). There are limited Studies have been investigated the WPV in Jordanian public hospital which aid major section of people (21). few of these study have focus on emergency department nurses and the ignored other department nurses (18) (22), and some of them focus on region in Jordan (3) (23). In addition, there exist research gaps regarding the experiences of nurses employed in public hospitals in Jordan. Therefore, it is crucial to investigate the actual extent of violence and mistreatment directed towards nurses in this setting. with the aim of track modifications associated to violence against nurses besides the practices used to react to violence. For this cause the aim this study purposes to:

- to ascertain the occurrence rate and impact of three different forms of workplace violence experienced by nurses employed in public hospitals.
- To assess the anxiety level of nurses working in public hospital in Jordan who encounter three type of workplace Violence.
- to evaluate the extent to which three types of workplace violence are reported, as well as to identify the factors contributing to the underreporting of these incidents.

2. METHODOLOGY

Sample and sitting

This study conducted in Jordan from AUGUST 2024 to OCT 2024, utilized descriptive correlation design, to determine the prevalence of three type of WPV, to assess the level of anxiety of three type of WPV among nurses working in public hospitals, and to evaluate the extent to which three types of workplace violence are reported, as well as to identify the factors contributing to the underreporting of these incidents. The entire people of nurses in Jordan (RNs) is around 16,000, an 8.500 nurses registered, practical nurses working in Jordanian Ministry of Health (21). According to (24) the least number of the sample size in this study is 368. The population of the study distributed to three subsections before the collected sampling in order to generalized the study to including all nurses from different part in Jordan and to confirm consistent of sample (north, middle, south), after that the researcher randomly chosen three hospitals for each parting Jordan. The nurses were randomly selected by researcher from the form of list of nurses delivered by every hospital. to grantee anonymity a form only had a number which expressive nurses in each hospital, the participant who did not encounter inclusion conditions were erased from the list, a simple random sampling of nurses was selected from each hospital.

The Nurses working in governmental hospital were qualified to participate in this study. Head nurse and supervisor and the people who don't have direct interaction with patients excluded from this study and, we desired to use more than the minimal number of required sample in order to account unwilling of participant to attend in this study of or possible missing data after doing data collection, Whole of 600 questionnaires were distributed. An entire of 421 replies

were attained, which consider a 70.1 % response rate. 11 responses 410 questionnaires were utilized in the data analysis as some were deemed incomplete due to imperfect data recording by the participating nurses. Other questionnaires were rejected for this reason.

Instrument

This study employed a self-administered questionnaire as the adopted research tool established by the International Labor Office, the International Council of Nurses and World Health Organization (WHO), and the Public Services International (2003) (25). The tool was adapted or adjusted to fit the specific objectives of this study. The modified questionnaire involved of four parts. The first section of the questionnaire pertained to the personal characteristics of the participating nurses, including their age, gender, marital status, work experience, educational level, and department of employment. The second section of the questionnaire inquired about the nurses' exposure to three different types of violent incidents within the last 12 months, and requested information on the identity of the perpetrator(s) involved in each incident. The third section of the questionnaire focused on the nurses' anxiety levels, and used a four-point scale to measure their responses. This section asked about the following symptoms: recurring and distressing memories, thoughts, or images of the attack; avoidance of thinking about or discussing the attack or associated emotions; increased alertness and vigilance; and difficulty in performing daily activities due to emotional distress. the nurses respond to these level of anxiety ranging for 5 scale which is (Not at all, A Little, Moderately, Quite a Bit, Extremely). In fourth part asking regarding if the nurses reported the WPV and causes behind under reporting violence. The questionnaire was reviewed by a professional expert in nursing field to confirm the content validity. Then the questionnaire was piloted for 40 nurses to test the site of strength and site of weaknesses, to make sure the questioners were understood by nurses. the alpha coefficient in this study was 0.940. this tools were used in previous study to asses' work place violence among health care providers (26).

3. Data collection and ethical issues

The permission to execute this research was accomplished from the Jordanian Ministry of health the code number of ethics committee approval is MOHREC 170159. This study was conducted in accordance with the Declaration of Helsinki. The nurses were secured from injured, cheating, pressure, and break of confidentiality through withholding the name of nurses and any features which might denotes to the nurse's names. Informed written consent was obtained from all participants after providing them with an explanation of the study's purpose and addressing any questions they had. The nurses were informed of their right to withdraw from the study at any point if they wished to do so. The respondents were invited to attend freely without pressure through acceptance letter in the questionnaire, the purposes of the research and the nurses right to withdraw to join in this research were clarified. The questionnaire was gathered in the envelope and was distributed by the researcher. The questionnaire was settled in the secluded room and attained about 20-30 minutes to complete. Upon completing the questionnaire, the nurses were instructed to place it in a sealed envelope or packet, which was then deposited into a locked collection box to safeguard the confidentiality of their responses.

4. Data analysis

To attain the demographic characteristics of the participants' descriptive statistics were run. 410 questionnaires were evaluated. The missing data for this research displayed 0% for all the questions. The bias was evaluated through comparing the primary nurse's questionnaires and late

nurse's questionnaires. According to (27) the primary and late assessment respondents are the most largely used method in quantitative research to confirm nonresponse bias in order to generalize the result to total population it should be there no important variances between primary respondents and late respondents. In This study we considered the initial 150 respondents as the primary respondents because they collected firstly without efforts by the researchers, while the latter 260 respondents were considered as a late respondent they collected by efforts. Independent t-test was run to assess primary and late respondents. The consequences displayed that value of ($p < 0.05$), which shows that there were no significant variances among the primary and the late respondents.

5. Result

Nurses Demographics

A total of 600 individuals were selected for participation in the study, but only 422 of them returned their completed questionnaires, resulting in a response rate of 70.1%. Of these, 12 questionnaires were excluded due to incomplete data in relevant variables, leaving 410 responses that were ultimately included in the final analysis. Most of the participants were (49.5%) between age (31-40) years, while age group 30 years or less shown second highest age group (44.6%), then age group (41-50), 5.1 %, and only 7%, of participants' more than 50 years More than half (61.5%) of the participants in the study were male, while 38.5% were female. 30.2% of nurses were single, 63.6% of participant was married, 5.4% of participants were divorced. Only 0.7% of participants were widowed The majority of participants (82.0%) held a bachelor's degree in nursing, while the remaining participants held a Master's degree (10.0%) or diploma (8.0%) in nursing. 6.6% of the study participants had less than 1 year of experience and 24.6% of nurses had experience 1-5 years, and highest rank of participant experience (6_10 years) 35.4 and Approximately one-third (33.4%) of the participants had over 10 years of experience in the nursing profession. Regarding department of working the highest group participants 30.5% are ward nurses, whereas 27.8% are emergency nurses, 24.6% are ICU/CCU nurses, and 10 % of participant was working in operation department, and the rest of nurses were working in dialysis department 18 % as presented in Table 1.

Table 1: the distribution of socio-demographics among respondents(n=410)

Category	N	%
Age		
>=30	183	44.6
31 -40	203	49.5
41 - 50	21	5.1
< 50	3	.7
Gender		
Male	252	61.5
Female	158	38.5
Marital status		
Single	124	30.2
Married	261	63.7
Divorced	22	5.4
Widowed	3	.7
Experience		

>1	27	6.6
1- 5	101	24.6
6 – 10	145	35.4
> 10	137	33.4
Education level		
Diploma	33	8.0
Bachelor degree	336	82.0
Master degree	41	10.0
Department		
Ward nurse	125	30.5
ICCU nurse	101	24.6
emergency nurse	114	27.8
Operation nurse	41	10.0
Dialysis nurse	77	18

Occurrence rate of WPV

In general, 48.05% of the respondents reported experiencing at least one of the three types of violence assessed in the study. Verbal abuse was the most prevalent type of violence reported, with 63.5% (125 nurses) of the participants experiencing it, followed by physical violence at 36% (71 nurses). The least common type of violence reported was sexual harassment, which was reported by only 0.5% of the participants. Regarding the Perpetrators of violence for physical abused nurses greatest frequent perpetrator of violence was Patients' relatives 54.9% (n=39), then patient 25.1% (n=18), staff member 12.9% (9), external colleagues and management 2.8% (2), and least perpetrators of physical abused was general public 1.4% (1) nurse, in concern of verbal abused the most frequent perpetrators where patients of 29.6% (37), the relatives of patients 24% (30), staff member 19.2% (24), external colleges 8% (10), management and supervisors 11.2% (14), general public 1.2% (5), and least Perpetrators was in this type are others 4% (3). for sexual harassment only one case reported, the Perpetrators where relative of Patient/client 100% (n=1) as present in table 2 below.

Table2: exposure to WPV among nurses in Jordanian public hospitals

Variables	Physical N (%)	Verbal N (%)	Sexual harassment N (%)
Exposure to violent incidents in the last 12 months:			
yes	71 (36)	125(63.5)	1(.005)
Perpetrators of violence			
Relatives of patient/client	39 (54.9%)	30(24%)	1(100%)
Patient/client	18 (25.1%)	37(29.6%)	-

Staff member	9 (12.6%)	24(19.2%)	-
External colleague/worker	2 (2.8%)	10 (8%)	-
Management / supervisor	2 (2.8%)	14 (11.2%)	-
General public	1 (1.4%)	5(1.2)	-
others	0	3 (4%)	-

Impact of three different forms of workplace violence experienced by nurses

The study examined the relationship between the types of violence experienced by nurses and their levels of anxiety, as well as the health conditions they reported as a result of the violence. Nurses who had experienced violence were asked about the various levels of anxiety they had experienced. recurring and distressing memories, thoughts, or images of the attack; avoidance of thinking about or discussing the attack or associated emotions; increased alertness and vigilance; and difficulty in performing daily activities due to emotional distress, the nurses respond for level of anxiety for 32.4% physical abused nurses n=23 answered have moderate recurring and distressing memories, thoughts, or images of the attack, and 29.6% nurses n=21 moderately have avoidance of thinking about or discussing the attack or associated emotions, 30.9% physical abused nurse n=22 moderately increased alertness and vigilance; and difficulty in performing daily activities due to emotional distress, and 47.8% nurses n=34 have Feeling like everything you did was an effort (to be difficult or painful to do). In concern of verbal abused nurses 27.6% nurses n= 34 moderately complain from Repeated, disturbing memories, thoughts, or images of the attack, and 34.1% nurses n= 42 moderately complaining from Avoiding thinking about or talking about the attack or avoiding having feelings related to it, 39.8% nurses n=49 quit bit complaining from Being "super-alert" or watchful and on guard, (47.1% nurses n=58 have moderately complaining from ffeeling like everything you did was an effort (to be difficult or painful to do). In concern with sexual harassment nurse, the nurse complains extremely from recurring and distressing memories, thoughts, or images of the attack; avoidance of thinking about or discussing the attack or associated emotions; increased alertness and vigilance; and difficulty in performing daily activities due to emotional distress as present in table 3.

Table3: level of anxiety among nurses

Problems and complaint	Physical (n=71) N (%)	Verbal (n=123) N (%)	Sexual harassment(n=1) N (%)
Repeated, disturbing memories, thoughts, or images of the attack			
Not at all	6(8.4%)	13(10.5%)	-
A Little Bit	17(23.9%)	32(26%)	-
Moderately	23(32.4%)	34(27.6%)	-
Quite a Bit	21(29.6%)	31(25.2)	-
Extremely	4(5.6%)	13(10.5%)	1(.2%)
Avoiding thinking about or talking about the attack or avoiding having feelings related to it			
Not at all	6(8.4%)	21(10.4%)	-
A Little Bit	21(29.6%)	10(8.1%)	-
Moderately	21(29.6%)	42(34.1%)	-
Quite a Bit	19(26.7%)	33(26.8%)	-

Extremely	4(5.61%)	17(13.8%)	1(.2%)
Being "super-alert" or watchful and on guard			
Not at all	9(12.6%)	22(17.8%)	-
A Little	20(28.1%)	27(21.9%)	-
Moderately	22(30.9%)	25(20.3%)	-
Quite a Bit	15(21.1%)	49(39.8%)	-
Extremely	5(7%)	0	1(.2%)
Feeling like everything you did was an effort (to be difficult or painful to do)			
Not at all	6(8.4%)	18(14.6%)	-
A Little	16(22.5%)	13(10.5%)	-
Moderately	34(47.8%)	58(47.1%)	-
Quite a Bit	11(15.4%)	34(27.6%)	-
Extremely	4(5.6%)	-	1(.2%)

Extent to which workplace violence are reported and the factors contributing to the underreporting

When nurses asked about thy reported work place violence the 57.7% physical abused nurses n=42 did not report physical violence, 72.3% of verbal abused nurses n= 89 did not report verbal violence, and all sexual harassment nurses did not report the event where the level of reporting 30.2% as present in table 4.

Table:4 level of reporting

	Physical (n=71) N (%)	Verbal (n=123) N (%)	Sexual harassment(n=1) N (%)
Yes	30(42.3%)	34(27.7%)	0
NO	41(57.7%)	89(72.3%)	1(100%)

The nurses who asked the cases for did not report the violence, the 63.4% of physical abused nurses n= 26 answer ‘useless’, 71.5% of verbal abused nurses n=88 answer ‘useless’, and 100% of sexual harassed nurses n=1 answered felt ashamed as present in table 5.

Table 5 causes under reporting WPV

factors	Physical N (%)	Verbal N (%)	Sexual harassment N (%)
it was not important	3(7.3%)	6(4.7%)	-
Felt ashamed	5(12.2%)	6(4.7%)	1(100%)
felt guilty	2(4.9%)	4(3.8%)	-
afraid of negative consequences	2(4.9%)	15(12.1)	-
useless	26 (63.4%)	88(71.5%)	-
did not know who to report to	2(4.9%)	2(1.6)	26 -
Other	1(2.4%)	2(1.6)	-
total	41 (17.3)	123(30.0)	1(100%)

The study found that 48.05% of the nurses surveyed had experienced workplace violence, indicating that 197 out of the 410 nurses included in the study had been victims of at least one type of violence in their workplace in the 12 months preceding the study. These consequences are similar to the study that was conducted among nurses in private Jordanian hospitals where it was found that (37.1%) had been victims of verbal abuse and (18.3%) of nurses had been victims of physical abuse (3), but much higher than those nurses' workers in Ghana public hospitals study reported a prevalence of 9% for physical violence in the year prior to their research (28). and more than other study in North West Ethiopia where it was found that the overall prevalence of workplace violence was 26.7% (29). And less than a national study which focused on ED nurses where the prevalence of WPV was (75%) (18).

The results of the current study regarding the types of workplace violence showed that verbal abuse (63.5%) was the most prevalent, followed by physical violence (36%), and sexual harassment was the least common (0.005%). These findings are consistent with previous studies, (28) (8) (29). Verbal abuse is often reported as the most common type of violence because it can be a precursor to physical violence. Additionally, this study aimed to compare the perpetrators of workplace violence between the type of violence where it was found that the relative of the patient most committed violence which is consistent with another study (3) (22) (18). One possible explanation for this finding is that in developing areas, especially in Jordan, family and social relations are often complex. Social and cultural norms encourage large families and friends to accompany patients, so it is common for relatives to accompany the patient to the hospital and stay with them until recovery. They often desire to be involved in the care process as well. Therefore, the family member, visitors and relatives of the patient are often a source of stress and sometimes might lead to mistreatment if the health illness of the patient develops critically. However, another study has indicated that patients are the most common source of workplace violence. (30).

In the present study, the problem of recurring and distressing memories, thoughts, or images of the attack were "moderately" after physical attacks, but it was "extreme" after sexual harassment of the respondents. Increased alertness and vigilance; and difficulty in performing daily activities due to emotional distress was "moderate" problem for both physically "extreme" after sexual harassment this is in parallel with other study among Ghanaian nurses which investigated the impact of violence for participants who were exposed to physical violence where it was stated that they developed increased alertness and vigilance; and difficulty in performing daily activities due to emotional distress (28). The consequences are agreeing with other study have been done in Egyptian governorate hospitals among primary health care workers where anger, fear and stress reported by participants after violent experience (31)

The objective of this research is to investigate not only the occurrence rate of WPV among Jordanian nurses in governmental hospitals but also to investigate the extent to which workplace violence is reported and the factors contributing to the underreporting. Our study participations show that the level of reporting was 30.2% which, as they stated, the cause of underreporting is 'useless'. Similarly, findings of (17) study which found that most respondents did not report WPV, the most common cause for not reporting was "nobody was hurt". Moreover, a study was directed for American workers at their hospital which consisted of a central electronic database to record WPV actions, 88% of participants had not reported an event in the database system, the greatest frequent causes for not documenting were that there are no persons who were targeted or witness to a violent action (29.9%) and the participants they did not believe that documentation induces any changes (28.4%) (32). The possible explanation

of underreporting in Jordan that there is no deterrent penalty that protect health care providers from assault.

6. Limitations

Nurses working in the private section in Jordan did not involve in the research which limited for exploration of magnitude of violence act. The results of the present research might thus not be generalizable to this part of Jordanian nurses. Furthermore, the size of sample involved 410 nurses working in three different part in 9 public hospitals in Jordan, thus this size of sample is not adequate to characterize the nurses who work in public hospital in Jordan; consequently, a large number of sample is recommended for the future research.

7. Conclusion and recommendation

The purpose of the research was to Extent to which workplace violence are reported and the factors contributing to the underreporting and to investigate the occurrence rate of WPV and the impact of WPV on nurses. the persons who exposure to WPV does not document the incident, appropriate exploration does not chart, the committee did not prosecute and the nurses' senses displeased with the manner the event has been managed and suffers from its effect. The major reasons chosen for not reporting violent incidents were "useless". To sum up, the prevalence WPV is 48.05%. All three type violence, verbal abuse was the most common kind of violence noted. Majority of the perpetrators are among patients' relatives and visitors the patient. The problem of: recurring and distressing memories, thoughts, or images of the attack were "moderately" after physical attacks, but it was "extreme" after sexual harassment of the respondents. avoidance of thinking about or discussing the attack or associated emotions was "moderate" problem for both verbal and physically, and "extreme" after sexual harassment. Physically and verbally abused participants had been troubled "moderately" by becoming increased alertness and vigilance; and difficulty in performing daily activities due to emotional distress. This research addressed numerous parts needing additional research. There is a lack of WPV investigation among public hospital nurses. Additional study is required to grow tactics for inhibiting violence toward nurses, which would essential to study the native culture and the result of this research. Additional detailed investigation is required to evaluate the influence of violence for the perception of nurses. A comparative research amongst public hospitals nurses' private hospital nurses in relations of violence toward nurses is necessary. Encouraging violence reporting and implementing corrective actions are important steps to prevent workplace violence. It is also important to educate patients, their relatives, and visitors about their rights and responsibilities when using healthcare facilities. Further research is needed to determine the prevalence of workplace violence on a national scale and to test the effectiveness of different intervention strategies.

Abbreviations

WPV: Work place violence

ED: Emergency department

NOTE: the author did not used artificial intelligence (AI)- assisted technologies in the production of submitted work.

References

1. National Institute for Occupational Safety and Health (NIOSH). CDC - Occupational Violence - NIOSH Workplace Safety and Health Topic. Published 2015. Accessed December 26, 2018. <https://www.cdc.gov/niosh/topics/violence/>
2. Glasson L. Violence against nurses: What is the law? *J Emerg Nurs.* 1995;21(5):372. <https://pubmed.ncbi.nlm.nih.gov/7500560/>
3. Ahmed AS. Verbal and physical abuse against Jordanian nurses in the work environment. *East Mediterr Health J.* 2012;18(4):318-324. <https://pubmed.ncbi.nlm.nih.gov/22768692/>
4. Kvas A, Seljak J. Sources of workplace violence against nurses. *Work.* 2015;52(1):177-184. <https://pubmed.ncbi.nlm.nih.gov/26410232/>
5. Ahmad M, Ali S, Nawaz S, Khan SG, Raza M. Workplace violence by patients and their families against nurses: Literature review. *Int J Nurs Health Sci.* 2015;2(4):46-55. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10496720/>
6. Ezzat HA, Lashin O. Violence on hospital nurses and job satisfaction. *New Egypt J Med.* 2005;32(6):7-16. https://www.academia.edu/22113928/Violence_on_Hospital_Nurses_and_Job_Satisfaction
7. Van Den Bos J, Rustagi AS, Gray T, Halford M, Ziemke G. Cost of community violence to hospitals and health systems. *Am Hosp Assoc.* Published 2017. <https://www.aha.org/guidesreports/2018-01-18-cost-community-violence-hospitals-and-health-systems>
8. Alsaqri SH, Albaqawi HM, Alkwiese MJ. Strategies for improving patient fulfillment with quality of nursing care in northwestern hospitals of Saudi Arabia. *Int J Adv Appl Sci.* 2018;5(7):123-130. <https://www.science-gate.com/IJAAS/2018/V5I7/Alsaqri.html>
9. Banibakr AA, Shafie ZM, Mohammad AA. Factors influencing job satisfaction among nurses in Jordanian public hospitals. *Int J Adv Appl Sci.* 2019;6(1):81-89. <https://www.science-gate.com/IJAAS/2019/V6I1/1021833ijaas201901011.html>
10. Al-Ahmadi H. Factors affecting the performance of hospital nurses in Riyadh Region, Saudi Arabia. *Int J Health Care Qual Assur.* Published 2009. <https://pubmed.ncbi.nlm.nih.gov/19284170/>
11. Kamaruddin SNAA, Ismail M, Ali SM. Motivation, time management, and work performance among female workers in Malaysia. *Int J Adv Appl Sci.* 2017;4(12):273-280. [https://science-gate.com/IJAAS/Articles/2017-4-12\(2\)/46%202017-4-12-pp.273-280.pdf](https://science-gate.com/IJAAS/Articles/2017-4-12(2)/46%202017-4-12-pp.273-280.pdf)
12. Nantsupawat A, Srisuphan W, Kunaviktikul W, et al. Effects of nurse work environment on job dissatisfaction, burnout, intention to leave. *Int Nurs Rev.* 2017;64(1):91-98. [https://science-gate.com/IJAAS/Articles/2017-4-12\(2\)/46%202017-4-12-pp.273-280.pdf](https://science-gate.com/IJAAS/Articles/2017-4-12(2)/46%202017-4-12-pp.273-280.pdf)
13. thman AK, Yassin YM, Noordin F. The influence of leadership styles on employee engagement: The moderating effect of communication styles. *Int J Adv Appl Sci.* 2017;4(3):107-116. <https://www.science-gate.com/IJAAS/V4I3/Kadir.html>
14. Lanctôt N, Guay S. The aftermath of workplace violence among healthcare workers: A systematic literature review of the consequences. *Aggress Violent Behav.* 2014;19(5):492-501. https://journals.scholarsportal.info/details/13591789/v19i0005/492_taowvaslrotc.xml&sub=all

15. Duncan SM, Hyndman K, Estabrooks CA, et al. Nurses' experience of violence in Alberta and British Columbia hospitals. *Can J Nurs Res.* 2001;32(4):57-78. <https://pubmed.ncbi.nlm.nih.gov/11928302/>
16. Arnetz JE, Hamblin L, Essenmacher L, et al. Preventing patient-to-worker violence in hospitals: Outcome of a randomized controlled intervention. *J Occup Environ Med.* 2017;59(1):18-27. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5214512/>
17. Copeland D, Henry M. Workplace violence and perceptions of safety among emergency department staff members: Experiences, expectations, tolerance, reporting, and recommendations. *J Trauma Nurs.* 2017;24(2):65-77. <https://nursing.ceconnection.com/ovidfiles/00043860-201703000-00003.pdf>
18. Albashayw M, Aljezawi M. Emergency nurses' perspective of workplace violence in Jordanian hospitals: A national survey. *Int Emerg Nurs.* 2016;24:61-65. <https://pubmed.ncbi.nlm.nih.gov/26188629/>
19. Al-Shiyab AA, Ababneh RI. Consequences of workplace violence behaviors in Jordanian public hospitals. *Employee Relat.* 2018;40(2):309-326. <https://www.semanticscholar.org/paper/Consequences-of-workplace-violence-behaviors-in-Al-Shiyab-Ababneh/0a3cd58cfdc2251d0fd9a9c177ac5362e9628f55>
20. Pourshaikhian M, Abolghasem Gorji H, Aryankhesal A, Esmaeilpour Bandboni M, Bigdeli M. A systematic literature review: Workplace violence against emergency medical services personnel. *Arch Trauma Res.* 2016;5(1). <https://pubmed.ncbi.nlm.nih.gov/27169096/>
21. Jordan Ministry of Health. Health statistics. Published 2015. <http://www.moh.gov.jo/Pages/viewpage.aspx?pageID=232>
22. Al-Omari H. Physical and verbal workplace violence against nurses in Jordan. *Int Nurs Rev.* 2015;62(1):111-118. <https://onlinelibrary.wiley.com/doi/abs/10.1111/inr.12170>
23. Abualrub RF, Al-Asmar AH. Physical violence in the workplace among Jordanian hospital nurses. *J Transcult Nurs.* 2011;22(2):157-165. <https://pubmed.ncbi.nlm.nih.gov/21311085/>
24. Dattalo P. *Determining sample size: Balancing power, precision, and practicality.* Oxford University Press; 2008. [https://www.scirp.org/\(S\(351jmbntvnsjt1aadkozje\)\)/reference/referencespapers.aspx?referenceid=](https://www.scirp.org/(S(351jmbntvnsjt1aadkozje))/reference/referencespapers.aspx?referenceid=)
25. World Health Organization. Workplace violence in the health sector. Published 2012. https://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVquestionnaire.pdf
26. Pinar T, Acikel C, Pinar G, et al. Workplace violence in the health sector in Turkey: A national study. *J Interpers Violence.* 2017;32(15):2345-2365. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10442990/>
27. Hair JF, Black WC, Babin BJ, Anderson RE, Tatham RL. *Multivariate data analysis.* 5th ed. Prentice Hall; 1998. <https://scirp.org/reference/referencespapers.aspx?referenceid=2123550>
28. Boafo IM, Hancock P. Workplace violence against nurses: A cross-sectional descriptive study of Ghanaian nurses. *SAGE Open.* 2017;7(1). <https://ideas.repec.org/a/sae/sagope/v7y2017i1p2158244017701187.html>
29. Tiruneh BT, Biftu BB, Tumebo AA, et al. Prevalence of workplace violence in Northwest Ethiopia: A multivariate analysis. *BMC Nurs.* 2016;15:10. <https://pubmed.ncbi.nlm.nih.gov/27398068/>
30. Hamdan M, Nabolsi M, Abualrub R, Aqqad N. Workplace violence toward workers in the emergency departments of Palestinian hospitals: A cross-sectional study. *Hum Resour Health.* 2015;13(1):1-9. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4435901/>
30. Manal MA, Nawras K, Amira A. Patterns, prevalence, and impact of violence against health care workers in Beni-Suef governmental hospitals. *Egyptian Journal of Community Medicine.* 2016;34(4):69-75. Available at: https://ejcm.journals.ekb.eg/article_1421_778ec4235d41fa7b3dab49f2049421bc.pdf

31. Manal MA, Nawras K, Amira A. Patterns, prevalence, and impact of violence against health care workers in Beni-Suef governmental hospitals. *Egyptian Journal of Community Medicine*. 2016;34(4):69-75. Available at:
https://ejcm.journals.ekb.eg/article_1421_778ec4235d41fa7b3dab49f2049421bc.pdf

32. Arnetz JE, Aranyos D, Ager J, et al. Preventing patient-to-worker violence in hospitals: Outcome of a randomized controlled intervention. *Journal of Occupational and Environmental Medicine*. 2017;59(1):18-27. Available at:
https://www.jointcommission.org/-/media/tjc/idev-imports/topics-assets/workplace-violence-prevention-implementing-strategies-for-safer-healthcare-organizations/pdf_wpv_webinar_july_25_2018_arnetzpdf.pdf