

Workplace Violence: The Perception of Healthcare Workers

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ABSTRACT

Objective: To analyse the perception of healthcare workers on workplace violence

Methods: This descriptive study investigated healthcare providers in Edo State, Nigeria, using a self-administered questionnaire with two sections. Section A collected demographic data, while Section B explored the research topic in-depth. Responses were measured on a Likert scale with four options: Strongly Disagree, Disagree, Agree, and Strongly Agree. The study focused on healthcare workers in the Accident and Emergency units of three hospitals in Edo State, selected to represent distinct senatorial districts. Participants were randomly distributed across the hospitals. Data analysis employed simple percentages and Chi-square tests, with results presented in tabular form.

Results: The profession of the respondents comprised medical doctors 72(18), nurses 196 (49%), pharmacists 64(16%), physiotherapists 32 (8%) and laboratory scientists/Technician 36 (9%). In terms of age, 8 respondents (2%) were below the age of 20years, 68 respondents (17%) are between the ages of 21-30 years, 54 respondents (88% are between the ages of 31-40years while 236 respondents (59%) are 41 years and above.

Twenty-nine of the respondents (7.25%) strongly agreed that workplace violence exists among health workers either by staff or patients/relatives, 338 respondents (84.5%) agree, 21 respondents (5.25%) disagreed while the remaining 12 respondents (3%) strongly disagree.

Sixteen of the respondents (4%) strongly agree that violence in workplaces among health workers is caused by non-staff only, 68 respondents (17%) agree, 204 respondents (51%) disagree while the remaining 112 respondents (28%) strongly disagreed

Conclusion: Workplace violence is a harsh reality for healthcare workers, particularly those in emergency departments, and poses a significant threat to their well-being. Therefore, it is imperative to provide healthcare workers with training on violence prevention and management to ensure a safer working environment.

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INTRODUCTION

According to the World Health Organization (WHO), workplace violence refers to any incident where employees are abused, threatened, or physically attacked while on the job, commuting,

or in situations related to their work, which can compromise their safety, well-being, or health. (International labour office, 2013). It can occur in any profession, but it's particularly prevalent among healthcare workers. It's often believed to

stem from poor relationships or disagreements between healthcare providers and patients or their families.

Workplace violence is a significant concern in healthcare, posing threats to patients and caregivers. Factors like anxiety, illness, and organizational characteristics can contribute to violent behaviour. Healthcare workers are at risk of violence from patients and their relatives in hospitals, nursing homes, and other healthcare settings, which can include physical or verbal assaults, threats, and abuse, and can occur both on and off the job site (Lim et al., 2022).

Most violence is perpetrated by patients, but coworkers also commit abuse, often going unreported (Lim et al., 2022). Patient's violence at healthcare workplace is an underreported, ubiquitous, and persistent problem that has been tolerated and largely ignored (Philip, 2016).

Factors contributing to this violence include working with people under the influence of drugs or alcohol, mentally ill people, unrestricted movement of the public in clinics and hospitals, the increasing presence of gang members, long waits in emergency or clinic areas that lead to client frustration over an inability to obtain needed services promptly and lack of staff training and policies for preventing and managing escalating hostile and assaultive behaviour (Tang et al, 2007; Berlands et al., 2019; Chakraborty et al., 2022).

Healthcare workers, especially those in emergency, mental health, and intensive care units, are at higher risk of experiencing workplace violence (Taylor, 2011; Lim et al., 2022), and when they do, the consequences can be severe, not only for the individual victims, who may suffer physical and psychological harm, but also for the organization and society as a whole (Johnson et al., 2024).

Exposure to patient violence can have severe and far-reaching consequences, affecting healthcare workers in three key areas: physically, psychologically, and professionally (Taylor, 2013; Berlanda et al., 2019). These can lead to a range of negative outcomes, including increased burnout, reduced job performance and satisfaction, poor mental health, and a toxic work environment, ultimately compromising the quality of care provided to patients. (Abdellah et al., 2017; Mento et al., 2025).

To develop effective prevention strategies, it's crucial to understand the root causes of patient violence towards healthcare workers. This issue is a significant health and safety concern that warrants attention. The purpose of this study was

to analyse the perception of healthcare workers to workplace violence.

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MATERIALS AND METHODS

This was a descriptive study carried out among healthcare givers in Edo state, Nigeria. A self-administered questionnaire was employed to gather data, consisting of two distinct sections. Section A elicited demographic information from respondents, whereas Section B centred on the research topic, facilitating an in-depth examination of the subject matter. Responses were captured using a Likert scale, which included four options: Strongly Disagree (SD), Disagree (D), Agree (A), and Strongly Agree (SA).

This study population were healthcare workers in the Accident and Emergency units of three strategically selected hospitals across Edo state. These hospitals were chosen from each of the state's three senatorial districts: Edo North, Edo Central, and Edo South, ensuring a representative sample from diverse areas. The study population comprised all healthcare professionals who were directly involved in patient care at the Accident and Emergency units, including medical doctors, nurses, pharmacists, physiotherapists, and medical laboratory scientists. However, the study excluded healthcare workers who had indirect patient contact but were not directly involved in patient care, including administrative staff (e.g., record officers, cashiers), support staff (e.g., security personnel, porters), and non-clinical ward personnel (e.g., ward aides).

A total of 420 participants were selected for the study using Cochran's formula, which is commonly used for simple population studies. To ensure representation from different regions, the participants were evenly distributed across three hospitals located in distinct senatorial districts: University of Benin Teaching Hospital (UBTH), Irua Specialist Teaching Hospital (ISTH), and Specialist Hospital (Auchi), with 140 participants from each hospital. The questionnaires were randomly distributed, and 400 completed questionnaires were retrieved out of the 420 distributed. The data collected was analysed using simple percentage and Chi-square, the resulted was presented in the form of tables

RESULTS

This study had a 95% questionnaire retrieval rate. The respondents comprised of 156(39%) males and

244(61%) females, of which 66 of the respondents (16.5%) are single, 284 respondents (71%) are married, 28 respondents representing 7%, are divorced while remaining 22 respondents representing 5.5% are widowed/widower.

In terms of age, 8 respondents (2%) were below the age of 20years, 68 respondents (17%) were between the ages of 21-30 years, 54 respondents (88% were between the ages of 31-40years while 236 respondents (59%) were 41 years and above (Table 1).

Table 1: Sociodemographic characteristics of the respondents

Variables	Number of respondents	Percentage %
Gender		
Male	156	39
Female	244	61
Marital status		
Single	66	16.5
Married	284	71
Divorced	28	7
Widowed	22	5.5
Age (years)		
20 and below	8	2
21 – 30	68	17
31 – 40	88	22
41 and above	236	59
Total	400	100

The profession of the respondents comprised medical doctors 72(18), nurses 196 (49%), pharmacists 64(16%), physiotherapists 32 (8%) and laboratory scientists/Technician 36 (9%) (Table 2). Table 3 showed that 29 respondents (7.25%) strongly agreed that workplace violence exists among health workers either by staff or patients/relatives, 338 respondents (84.5%) agreed, 21 respondents (5.25%) disagreed while the remaining 12 respondents (3%) strongly disagreed.

Sixteen of the respondents (4%) strongly agreed that violence in workplaces among health workers is caused by non-staff only, 68 respondents (17%) agreed, 204 respondents (51%) disagreed while the remaining 112 respondents (28%) strongly disagreed (Table 4).

Table 5 showed that 12 respondents (3%) strongly agreed that workplace violence among health workers results from ill treatment given to patients (clients), 18 respondents (4.1%) agreed, 246 respondents (61.5%) disagreed while the remaining 124 respondents (31%) strongly disagreed.

Table 6 reveals that 84 respondents representing 21% strongly agreed that health workers should be trained on prevention of workplace violence, 316 respondents (79%) agreed while none of the respondents disagreed nor strongly disagree.

Forty-two respondents (10.5%) strongly agreed that workplace violence among health workers can be prevented, 214 respondents (53.5%) agreed, 76 respondents (19%) disagreed while the remaining 68 respondents (17%) strongly disagreed (Table 7)

Table 2: Professional category of the respondents

Variable	Number of respondents	Percentage %
Medical doctors	72	18
Nurses	196	49
pharmacists	64	16
Physiotherapists	32	8
Laboratory Scientist/Technicians	36	9
Total	400	100

Table 3: Workplace violence exists among health workers either by staff or patient/relatives

Variables	Number of respondents	Percentage %
Strongly Agree	29	7.25
Agree	338	84.5
Disagree	21	5.25
Strongly Disagree	12	3
Total	400	100

Table 4: Workplace violence among health worker is caused by non-staff only

Variables	Number of respondents	Percentage %
Strongly Agree	16	4
Agree	68	17
Disagree	204	51
Strongly Disagree	112	28
TOTAL	400	100

Table 5: Workplace violence among health workers results from ill treatment given to patients (client)

Variables	Number of respondents	Percentage %
Strongly Agree	12	3
Agree	18	4.5
Disagree	246	61.5
Strongly Disagree	124	31
Total	400	100

Table 6: Health workers should be trained on prevention of workplace violence

Variables	Number of respondents	Percentage (%)
Strongly Agree	84	21
Agree	316	79
Disagree	-	-
Strongly Disagree	-	-
Total	400	100

Table 7: Workplace violence among health workers can be prevented

Variables	Number of respondents	Percentage (%)
Strongly Agree	42	10.5
Agree	214	53.5
Disagree	76	19
Strongly Disagree	68	17
Total	400	100

DISCUSSION

Workplace violence can have severe and far-reaching consequences for victims, including the development of fear, anxiety, depression, and burnout. Therefore, it is imperative to avoid and prevent workplace violence by all possible means, prioritizing a safe and healthy work environment. The findings from this study have revealed that various occupational groups in hospital are at risks of WPV in Edo state. Majority of the health staff in several general hospitals reported exposure to WPV in the previous year.

This study revealed that workplace violence (WPV) is a pervasive issue in the investigated healthcare centres, as evidenced by the overwhelming response of respondents, with over 80%

confirming its presence in their workplace. A recent Nigerian study (Etom et al., 2024) reported an alarming prevalence rate of 70% for workplace violence, which is particularly concerning given the high vulnerability of healthcare workers in the country.

Most respondents disagreed with the notion that workplace violence is solely perpetrated by non-staff members, indicating that both staff and non-staff are responsible for workplace violence. This finding is consistent with a previous study (Ogbonnaya et al., 2012), which revealed that violence among staff was often perpetrated by senior colleagues, while violence among non-staff was typically carried out by patients and their

relatives. This earlier finding may provide insight into the results of the current study.

More than half of the respondents rejected the notion that workplace violence is justified by the alleged ill treatment of patients. The term "ill treatment" is subjective and can be perceived differently by various individuals. In situations where a patient or their relative perceives a healthcare worker's actions as ill treatment, it is essential to report the incident to the relevant authorities rather than resorting to violence. This approach can help mitigate workplace violence and promote a safer work environment.

A majority of respondents concurred that workplace violence is preventable, emphasizing the need for healthcare workers to receive training on prevention strategies. This proactive approach is crucial in mitigating the detrimental physical and psychological effects of workplace violence on healthcare workers, ultimately promoting a safer and healthier work environment. A one-size-fits-all approach to workplace violence prevention is not feasible, as each setting has its unique needs and challenges. Instead, management in each setting should develop, implement, and adapt a tailored workplace violence prevention program that is practical, acceptable, and sustainable, considering the specific requirements and context of their environment (Lim et al., 2022).

Our findings underscore the urgency of addressing workplace violence, particularly from an occupational health and safety standpoint. To effectively mitigate this issue, further research is necessary to uncover the underlying causes of violence. Moreover, there is a critical need to develop, implement, and evaluate strategies for preventing and intervening in workplace violence within healthcare settings, ultimately ensuring a safer environment for all.

CONCLUSION

Workplace violence is a harsh reality for healthcare workers, particularly those in emergency departments, and poses a significant threat to their well-being. Therefore, it is imperative to provide healthcare workers with training on violence prevention and management to ensure a safer working environment.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

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