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# Socio-Demographic Determinants of Workplace Violence against Nurses and Preventive Strategies in Nsukka Local Government Area, Enugu State

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## Abstract
The study investigated socio-demographic determinants of workplace violence against nurses and preventive strategies in Nsukka LGA, Enugu State. The cross-sectional survey research design was adopted for the study. The population for the study consisted of 310 nurses in Nsukka LGA. The sample was 120 nurses drawn using a multi-staged sampling procedure. The instrument used for data collection was a researcher 23-item structured on Determinants of Workplace Violence and Preventive Strategies Questionnaire (DWVPSQ)**.** Frequencies, percentages, and Pearson Product Moment Correlation were used to analyse and answer the research questions while logistic regression was used to test the null hypothesis at .05 level of significance. The results showed that low proportion (28.6%) of nurses suffered workplace violence. There is a weak positive relationship between workplace violence against nurses and gender (r=.056), income level (r=.024), marital status (r=.081). There is a weak negative relationship between workplace violence against nurses and years of experience (r=-.011). High proportion (77.8%) of nurses adopted the preventive strategies for workplace violence against them. Socio-demographic factors of gender, years of experience, income level and marital status ($p > .05$) were not significant determinants of workplace violence against nurses. It was recommended among others, that health educators, teachers, and other relevant stakeholders should enlighten nurses both old and young on the importance of reporting any form of workplace violence they may experience in discharging their professional duties.
**Keywords:** Violence, Workplace violence, Nurses, Preventive strategies, Determinants

## Introduction
Violence directed towards healthcare professionals is a global public health issue that varies greatly throughout nations' healthcare systems. Violence in the healthcare industry has reached pandemic proportions, with nurses being the most often impacted group (Berry, 2013; Nelson, 2014). The health industry accounts for over one-third of all workplace violence worldwide (Boafo, Hancock & Gringart, 2016). Abodunrin et al. (2014) found that 88 per cent of healthcare workers in poor nations reported experiencing violence of various kinds at work, with bullying, abuse, and beating with objects being the most common forms. The prevalence of workplace violence is a severe issue for both developed and developing nations, with more workers in developing nations, particularly in Africa, at danger because of their underdeveloped healthcare systems (Seun-Fadipe et al., 2019). With a population of more than 738 million, Africa has been estimated to have the poorest health indices in the world (World Health Organization, 2014). The primary obstacle to achieving the sustainable development goals is the health problems caused by workplace violence in African health sectors (Salami et al, 2016).

In Nigeria, workplace violence is also pervasive. Research done at Katsina General Hospital in Nigeria to determine the prevalence of workplace violence (WPV) against nurses found that 100 per cent of the nurses have dealt with some sort of violence at work (Abdulahil, Thomas & Sanusi, 2018). Furthermore, in a multi-centre survey conducted by Ogundipe et al. (2013) in Nigeria, about 88.6 per cent of those surveyed said they had seen violent incidents at emergency rooms, and 65 per cent said they had personally suffered

injuries, nurses being the most common victims. Abodunrin (2014) conducted a cross-sectional survey with 242 healthcare workers in Oshogbo, Southwest Nigeria. The results showed that nurses had the highest prevalence at 53.5 per cent. Nonetheless, the majority of locally conducted research showed that the offenders were either patients or the relatives of the victims.

The World Health Organization (WHO, 2022) defines violence as the deliberate use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that has consequences or has a high probability of resulting in injury, death, mental distress, mal-development, or deprivation. This definition emphasizes that a person or group must intend to use force or power against another person or group in order for an act to be classified as violent. Also, workplace violence is defined as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behaviour that occurs at work by the Occupational Safety and Health Administration (OSHA, 2015). This study will be adopting the definition of the World Health Organization. Violence can come in various forms physical assault; (bullying, slapping, kicking, stabbing), verbal abuse, sexual assault and psychological. Violence can occur and where, in the home, school churches, parks, and even in the workplace (Rafati, Zabihi, & Hosseini, 2011).

Even at work, violent crimes are frequently committed. Workplace violence refers to "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, community, which either results in or has a high likelihood of resulting in injury, death, physiological harm, maldevelopment, or deprivation". (International Labour Office; International Council of Nurses; World Health Organization; Public Services International, 2002). Workplace violence is defined as any act or behavior that puts an employee's health and well-being at jeopardy while they are at work, according to the International Council of Nurses (2013). According to Chappell and Di Martino (2006), workplace violence is any action, incident, or behavior that deviates from appropriate conduct and results in an individual being attacked, threatened, harmed, or injured while performing their job. In this study, workplace violence is defined as any action wilfully carried out to threaten, demean, injure, or assault a worker in his or her place of employment. The National Institute for Occupational Safety and Health (NIOSH, 2012) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty." Workplace violence may also include acts that result in damage to an organization's resources or capabilities.

The following are some examples of workplace violence: criminal intent: the offender typically enters the impacted workplace with the intention of committing a robbery or other criminal conduct, and they have no official business link with the establishment. Customer/client: the offender is the victim or the person who receives a service from the impacted workplace. The attacker can be a criminal suspect, an inmate, a prisoner, a patient, a customer, or a former client. Co-worker: the offender has some connection to the impacted workplace through their job. This typically entails an attack by a management, supervisor, or former or present employee. Personal relationship; the perpetrator is someone who does not work there but has or is known to have had a personal relationship with an employee. Workplace Violence also has subtypes which were classified as physical violence or non-physical violence, such as verbal abuse, verbal threats, sexual harassment and psychological stress (Cheung & Paul 2017).

The goal of preventive measures is to avoid negative things from happening or things that lead to problems from happening. The goal of prevention is to minimize, eradicate, or otherwise lessen the effects of a disease or handicap (Abdellah & Salama, 2021). Interventions aimed at preventing the development of particular illnesses are known as preventive strategies. According to Sarfield, Hyde, & Gervas (2008), preventive measures are any tactics that stop a disease or illness from getting worse at any point along its causation. Eliminating risk factors for workplace violence is one way to implement preventive tactics. Regardless of the situation, all types of workplace violence seem to be harmful to the victim's health and exploitative. In addition, workplace violence carries gross health implications against nurses and needs to be prevented in the interest of the nurses and the wider society

A nurse's job is to tend to the medical needs of sick and injured patients, usually in a hospital. A person who has successfully finished a basic or generalized nursing education program and has been granted permission by the relevant regulatory body to practice nursing in their nation is also known as a nurse (ICN, 2013). According to the ICN (2013), basic nursing education is an officially recognized program of study that offers a solid and comprehensive basis in the behavioural, life, and nursing sciences for post-basic education in specialized or advanced nursing practice, as well as for general nursing practice and leadership roles. In this study a nurse is a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country and is practicing nursing.

Several socio-demographic factors have been found to be determinants of workplace violence against nurses. However, the factors of interest in his study are gender, years of experience, income level and marital status. Edward et al. (2016) reported that female nurses were victims of verbal abuse more often than male nurses, and male nurses were reported to be more commonly the victims of physical abuse. Physical violence and verbal abuse were found to be more experienced by nurses with fewer years of experience or those who just began practicing than those with higher years of experience (Martinez, 2016). Martinez also reported that cases of violence like physical violence, verbal abuse, and sexual harassment have been reported to be more in places with people of low-income level than in places with people with high income level (Martinez, 2016). In general patients and their relatives have been reported to be more hostile to nurses perceived to be single than those perceived to be married. Single nurses experienced verbal abuse physical assault (slaps) and sexual harassment (slapping of butt) more than those married (NIOSH, 2012).

Preventive strategies for workplace violence are strategies that reduces risk occurrence of work place violence. These strategies include, social and emotional competence, awareness of patient's behaviour, familiarity with workplace violence prevention program, attend safety health program, report violent incident promptly and accurately, dress for safety, note exits and emergency phone numbers when changing workplace, beware of your environment, check socio cultural biases and use violence risk assessment tools (Gates, Gillespie, & Succop, 2011}.

This study was carried out in Nsukka LGA. Nsukka is a local government area in Enugu state, with administrative headquarters in the town Nsukka. Nsukka LGA falls within the northern senatorial zone of Enugu state otherwise known as Enugu north senatorial zone or Nsukka zone alongside Igbo-etiti, Igbo-eze north, Igbo-eze south, Udenu an Uzo-uwani LGAs Nsukka also forms a federal constituency alongside igbo-eze south LGA, Nsukka covers an area of 484km2, with a population of 309,448 as at the 2006 national population census, Nsukka LGA is the largest LGA population in Enugu state. Nsukka LGA is bound to the north by Igbo-eze south LGA, to the north east by Udenu LGA, to the south by Isi-uzo LGA, to the south by Igbo-etiti LGA, to the southwest by Uzo-uwani LGA, and to the west by Kogi state.

Evidence has indicated that the aftermath of workplace violence in the medical field significantly affects how well health systems function, particularly in poor nations. Despite growing concerns from healthcare professionals about the rising prevalence of workplace violence, not much has been done to identify its root cause or establish protective and preventive measures to lessen its threat, particularly in developing nations like Nigeria. In view of these facts, the researcher investigated determinants of workplace violence and their preventive strategies in Nsukka LGA, Enugu State. Ideally, health care centres should be a place where peace and tranquillity should reign. The atmosphere should be conducive for the effective administration of curative medicine. There should be no assault, both nurses and patients should be disciplined each playing their roles for effective administration of medicine which in turn will make both the nurses, patients and their relatives happy. Unfortunately, this is not the case, as patients and their family members/relatives sometimes misbehave and demonstrate behaviours capable of making both nurses and patient express some undesirable behaviours which are inimical to the health of both nurses and patients. Some of such behaviours include verbal abuse, physical assault, sexual harassment especially against female nurses. Workplace violence is harmful and leads to decreased performance of nurses. Also, nurses are regularly

faced with risk factors such as individual/patient factors (factors directly related to the patient); family and relative's factors (those factors arising from the family and relatives of the patient) as well as socio/environmental factors (those factors emanating from the environment or social interaction) all these tend to expose nurses to workplace violence

Workplace violence has been linked to some health problems. Some of this health problems leave these nurses incapacitated for life. In most cases, they experience humiliation, embarrassment, isolation, depression, discrimination and also physical injury due to physical assault. This study investigated the proportion of nurses who suffer workplace violence, the relationship between workplace violence and socio-demographic factors of gender, years of experience, income level, and marital status. The study also identified the preventive strategies for workplace violence against nurses. It was hypothesized that socio-demographic factors of gender, years of experience, income level, and marital status are not significant determinants of workplace violence against nurses.

**Methods**

**Study Design:** The cross-sectional survey research design was adopted to achieve the objectives of the study.

**Area of the Study:** The study was conducted in Nsukka Local Government Area (LGA), Enugu State. Nsukka is one of the 17 LGAs in Enugu State. The LGA is named after the town of Nsukka, which serves as its headquarters. According to the National Population Commission of Nigeria (2018), the land area of Nsukka LGA is approximately 1,777.3 square kilometres and has a population of approximately 309,633 people. There are several hospitals in Nsukka LGA with nurses employed to provide patient care.

**Study Population and Sample:** The population for the study consisted of all the nurses in Nsukka LGA which consists of, there 310 nurses in the 28 hospitals in Nsukka LGA. The sample used by the researcher for this study was 120 nurses in Nsukka LGA determined using multistage sampling procedure was used to arrive at the sample. Stage one involved simple random sampling o draw out 10 hospitals in Nsukka LGA. Stage two involved simple random sampling technique to draw 12 nurses from each of the 10 hospitals in stage one. **S**tage three involved the use of convenience sampling to draw out 120 nurses from that were used for the study. Convenience in the sense that, only nurses who had time and expressed their consent participated in the study.

**Method of Data Collection:** The instrument used for data collection was a researcher structured 23-item structured Determinants of Workplace Violence and Preventive Strategies Questionnaire (DWVPSQ)**.** The DWVPSQ consisted of three sections, A, B and C. Section A comprised of four items which sought information on the socio-demographic data of the respondents. Section B consisted of 11 items with a yes or no response options eliciting information on the workplace violence against nurses. Section C consisted of 8 items with a yes or no response options to identify the preventive strategies for workplace violence against nurses. The face validity of the instrument was established by five experts from Department of Human Kinetics and Health Education, University of Nigeria, Nsukka. A reliability index of .801 was obtained using split half (spearman's rank order correlation) and adjudged reliable for the study based on the guidelines of Cohen, Manion and Morrison (2018) that if the reliability coefficient yields 0.70 and above, the instrument should be considered reliable for the study.

The researchers explained the objectives of the research to the participants and the participants were assured about the privacy of their data. After their consent was gotten, 120 copies of the questionnaire were administered to the respondents in each of the sampled hospital by the researchers, out of which 99 copies were returned which gave a return rate of 82.5 per cent. The returned copies of the questionnaire were properly filled out and used for data analysis.

**Data Analysis:** Data were coded and analysed using IBM Statistical Package for the Social Sciences (SPSS) version 25. Data were analysed using frequency, percentages and Pearson product moment correlation to answer the research questions. Logistic regression was used to test the null hypothesis at .05 level of significance.

## Results

**Table 1: Proportion of Nurses Who Suffer from Workplace Violence (n=99)**

| s/n | Items on workplace violence | Yes f(%) | No f(%) |
|---|---|---|---|
| 1. | Have you been assaulted before by a patient or their relative? | 27(27.3) | 72(72.7) |
| 2. | Have you been assaulted/bullied by a senior colleague? | 38(38.4) | 61(61.6) |
| 3. | Have you been assaulted due to a lack of experience to manage the situation? | 25(25.3) | 74(74.7) |
| 4. | Is being single a factor to be sexually harassed in work place? | 28(28.3) | 71(71.7) |
| 5. | Have you been assaulted because you are considered too young to be a nurse? | 16(16.2) | 83(83.8) |
| 6. | Have you been assaulted because you are considered inexperienced to be a nurse? | 22(22.2) | 77(77.8) |
| 7. | Is income level a factor to be considered for bulling/assault in the workplace? | 38(38.4) | 61(61.6) |
| 8. | Were you treated with respect in the workplace because you are older than the patients/relative | 27(27.3) | 72(72.7) |
| 9. | Were you treated with respect in the workplace because of your marital status? | 33(33.3) | 66(66.7) |
| 10. | Is gender a factor to be considered for sexual harassment? | 27(27.3) | 72(72.7) |
| 11. | Is gender a factor to be considered for physical assault? | 30(30.3) | 69(69.7) |
| | **Cluster %** | **28.6** | **71.4** |

Key: < 50% = low proportion, ≥ 50% = high proportion

Results in Table 1 showed that low proportion (28.6%) of nurses suffer from workplace violence.

**Table 2: Pearson Product Moment Correlation between Workplace Violence against Nurses and Socio-demographic factors (n=99)**

| s/n | Socio-demographic Factors | *R* |
|---|---|---|
| 1. | Gender | .056 |
| 2. | Years of experience | -.011 |
| 3. | Income level | .024 |
| 4. | Marital status | .081 |

Ke**y for interpretation:** ±.00 − ±.29 = None to weak relationship; ±.30 − ±.59 = Moderate relationship; ±.60 − ±.99 =Strong relationship; ± 1.00 = Perfect relationship. **Source:** Nwagu and Agbaje (2017)

Results in Table 2 showed that there is a weak positive relationship between workplace violence against nurses and gender (r=-.056), income level (r=.024), and marital status (.081). Also, the results showed a weak negative relationship between workplace violence against nurses and years of experience (r=-.011).

**Table 3: Preventive Strategies for Workplace Violence against Nurses (n=99)**

| s/n | Items | Yes f(%) | No f(%) |
|---|---|---|---|
| 1. | Availability of emergency bell can be a factor to prevent workplace violence | 88(88.9) | 11(11.1) |
| 2. | Sensitization of people against workplace violence is a preventive strategy | 79(79.8) | 20(20.2) |
| 3. | Assigning patients of a gender to nurses of the same gender is a preventive strategy to workplace violence | 48(48.5) | 51(51.5) |
| 4. | Creating policies where penalties would be met to defaulters can help prevent workplace violence | 80(80.8) | 19(19.2) |
| 5. | Creating a demarcation in hospitals between relatives of patients and nurses is a preventive strategy to workplace violence | 72(72.7) | 27(27.3) |
| 6. | Training nurses on psychological and social management skills can help reduce workplace violence. | 82(82.8) | 17(17.2) |
| 7. | Paying of incentives to nurses assaulted/harassed by patients can help prevent workplace violence | 79(79.8) | 20(20.2) |
| 8. | Raising of salaries and hazard allowances can encourage hospitals to enforce laws against workplace violence. | 88(88.9) | 11(11.1) |
| | **Cluster %** | **77.8** | **22.2** |

**Key:** < 50% = low proportion, ≥ 50% = high proportion

Results in Table 3 showed that a high proportion (77.8%) of nurses adopted the preventive strategies for workplace violence against them.

**Table 4**
**Logistic Regression Identifying Socio-demographic Determinants of Workplace Violence Against Nurses (*n*=99)**

| Demographic Factors | B | S.E | Wald | Df | p-value | OR | 95% C.I. for Exp(B) | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | Lower | Upper |
| **Gender** | | | | | | | | |
| Male[a] | | | | | | | | |
| Female | -18.510 | 14487.402 | .000 | 1 | .999 | .000 | .000 | |
| **Years of Experience** | | | .683 | 2 | .711 | | | |
| Below 5 years[b] | | | | | | | | |
| 5-10 years | 18.046 | 9972.629 | .000 | 1 | .999 | 68721193.747 | .000 | |
| Above 10 years | 19.089 | 9972.629 | .000 | 1 | .998 | 195110212.062 | .000 | |
| **Income Level** | | | 1.539 | 2 | .463 | | | |
| Below 50k | | | | | | | | |
| 50k-100k | 17.265 | 13610.871 | .000 | 1 | .999 | 31495479.148 | .000 | |
| Above 100k | 18.980 | 13610.871 | .000 | 1 | .999 | 174877932.024 | .000 | |
| **Marital Status** | | | | | | | | |
| Single[c] | | | | | | | | |
| Married | .361 | 1.044 | .119 | 1 | .730 | 1.434 | .185 | 11.105 |
| Constant | -38.436 | 16873.336 | .000 | 1 | .998 | .000 | | |

Cox & Snell $R^2$ = .099 CI= confidence Interval
$\chi^2$ (6) = 10.304, p = .112 > .05 Predicted Classification Table Overall = 92.9
Ref Groups: Gender = Male[a]; Years of Experience = Below 5 Years[b]; Income Level = Below 50k[c]; Marital Status= Single[d]

Results in Table 4 show that a test of the full model identifying socio-demographic determinants of workplace violence against nurses against a constant only model was not statistically significant, indicating that the socio-demographic factors of gender, years of experience, income level and marital status as a set had no significant effect, $\chi 2$ (6) = 10.304, p = .112 > .05. Also, Cox and Snell $R^2$ of .099 indicated that 9.9 per cent variation in the dependent variable was explained by the socio-demographic factors. Prediction success overall was 92.9 per cent. Findings showed that gender, years of experience, income level and marital status (p > .05) were not significant determinants of workplace violence against nurses.

**Discussions**

Findings in Table 1 showed that overall, low proportion of nurses suffered from workplace violence. This is expected and not surprising because nurses are professionals who have been trained on how best to deal with aggressive patients and patient relative. The findings agree with the findings of Ming (2014) that 7.8 per cent of nurses reported physically violent experiences and 71.9 per cent reported non-physically violent experiences. The findings disagree with the findings of Abdellah and Salama (2021) that workplace violence was reported by 59.7 per cent of healthcare workers in Ismailia, Egypt. The difference in findings may be because both studies were carried out in different location using different instruments. The findings have implications for nurses. Nurses should ensure that every form of violence experienced is reported immediately to the appropriate authority.

Findings in Table 2 showed that there is a weak positive relationship between workplace violence against nurses and gender. The corresponding hypothesis in Table 4 showed that gender was not a significant determinant of workplace violence against nurses. This is surprising and not expected because from observation, females are always at the receiving end of violence. The findings disagree with the findings of Alyaemnia and Alhudaithib (2012) that gender was significantly associated with workplace violence against nurses in the emergency departments of three hospitals in Riyadh, Saudi Arabia. The findings also disagreed with the findings of Kitaneh and Hamdan (2012) that males significantly experienced higher exposure to physical violence in comparison with female physicians and nurses in Palestinian public hospitals. The disparity in findings may be because of the difference in instrument used for data collection.

Furthermore, findings in Table 2 showed that there is a weak negative relationship (r=-.011, p=.430) between workplace violence against nurses and years of experience. The corresponding hypothesis in Table 4 showed that years of experience was not a significant determinant of workplace violence against nurses. This is expected and not surprising as experience or no experience is not enough reason to be aggressive to another individual. The findings disagreed with the findings of Alyaemnia and Alhudaithib (2012) that years of experience is a significant determinant of workplace violence. The findings also disagree with the findings of Ming (2014) that inexperienced nurses were more likely to report physical or nonphysical violence compared with experienced nurses. The disparity in findings may be due to difference in culture, values and belief.

Similarly, findings in Table 2 showed that there is a week positive relationship (r=-.024, p=.331) between workplace violence against nurses and income level. The corresponding hypothesis in Table 4 showed that income level was not a significant determinant of workplace violence against nurses. The findings are not expected and so surprising. This is because nurses with low income may be more likely to react violently to aggressive behaviours from patient and patient relatives than those with higher income. The findings have implications for the government as they need to review the take home pay of nurses and also include hazard allowances to cover for some forms of violence.

In the same way, findings in Table 2 showed that there is a weak positive relationship between workplace violence against nurses and marital status. The corresponding hypothesis in Table 4 showed that marital status was not a significant determinant of workplace violence against nurses. The findings are expected and not surprising because, regardless of marital status, nurses have been trained to manage outbursts and aggressive behaviours from other people. The findings agree with the findings of Betty et al. (2021) that marital status was not a significant predictor of workplace violence against emergency nurses at a terti hospital in Kenya.

Findings in Table 6 showed that overall, high proportion of nurses adopted the preventive strategies for workplace violence against nurses. This is expected as the strategies agree with the trainings nurses may have received with regards to interpersonal relationships and how to deal with aggressive and violence individuals. The findings agreed with the findings of Abdellah and Salama (2021) who reported that 75 per cent of HCW thought that work place violence could be prevented in Ismailia, Egypt. The findings, however disagreed with the findings of Mitchell, Ahmed and Szabo (2014) that most of the nurses did not have correct knowledge about preventive strategies of workplace violence. The findings have implication for health educators. Health educators are expected to organise seminars and workshops aimed at educating nurses on the preventive strategies for workplace violence.

**Conclusions**

The findings of the study showed that low proportion of nurses suffered from workplace violence. There is a week positive relationship between workplace violence against nurses and gender, income level and marital status. However, there is a weak negative relationship between workplace violence against nurses and years of experience. High proportion of nurses adopted the preventive strategies for workplace violence against nurses. Socio-demographic factors of gender, years of experience, income level and marital status were not significant determinants of workplace violence against nurses.

**Recommendations**

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

1. Health educators, teachers, and other relevant stakeholders should enlighten nurses both old and young on the importance of reporting every form of violence they may experience in the workplace.
2. Agencies, both governmental and non-governmental should sponsor programmes in the civil service to teach workers about the best ways to handle violent situations in the workplace.

3. Health educators, teachers and health care providers should also enlighten individuals and patients on the need to adopt friendly and calm behaviours towards nurses.

4. Hospital administrators should be encouraged to train their staff irrespective of age and gender on the right attitude to adopt when dealing with violent patients. This way, the knowledge can be sustainable and easily propagated.

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