Biomedical Communication

Prevalence of Violation Among Nurses Working in Public Health Facilities in Saudi Arabia

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ABSTRACT

Workplace violence (WPV) is more likely to affect those who work in community services, notably nurses. WPV is generally recognized as a workplace health hazard and has been a significant concern in a number of countries. Limited studies have been conducted in the global countries and this study was designed as a cross-sectional study from Saudi Arabia to document the WPV among the nurses. The aim of this study was to enroll the consequences obtain during the WPV among the nurses in Saudi Arabia. In this cross-sectional study, we have enrolled 550 nurses based on the signed of informed consent form and filled questionnaire. The study results indicated that 77.6% of nurses were violated at work. The 90.4% of the majority violations were classified as verbal abuse. The relatives of the patients violated 66.7% of the nurses, and the occurrence occurred during the evening shifts of the working hours between 2.30-10.30pm. The most violations occurred in the patient room, accounting for 46.8% of all violations, with the severe workload accounting for 89.2% of all violations. However, among the violations, 21.4% of the nurses were reported to senior management. In conclusion, this study confirms the nurses who have participated in this were mentally strong in handling the WPV during their job. Further studies are required for looking at the factors that increase the chance of a repeat event and those that decrease it, as well as development of an intervention program for the emotional load that accompanies WPV. To prevent workplace violence in healthcare settings, it is equally vital to implement policies that supplement the existing call to action.

KEY WORDS: NURSES, HEALTHCARE WORKERS, WORKPLACE VIOLATION, ABUSE.

INTRODUCTION

One of the top worldwide health issues that has recently gotten more attention is the mistreatment of nurses in the workplace. Workplace violence is defined by the World Health Organization (WHO) as any occurrence where workers are abused, intimidated, or assaulted due to their work-related activities, such as commuting to and from work. Many national organizations and other relevant organizations, including the National Council on Workplace Violence (WPV), consider both physical and psychological trauma, including attacks, verbal abuse, bullying, and both sexual and racial harassment, to be workplace violence (Stephens, 2019). WPV is defined as a pattern of episodes in which employees are abused, threatened, or assaulted at work, with explicit or implicit threats to their safety, well-being, or health (Anderson and Stamper, 2001). For certain registered nurses, over 25% of incidents of patient or family member physical violence result in injuries, but over 50% result in exposure to verbal abuse or bullying (Al-Qadi, 2021). Other professionals who work in mental and emergency facilities can also be among the casualties (Bordignon and Monteiro, 2021).

This description encompasses all instances, from small assaults to intentional murder (Hegney et al., 2003). The vast majority of WPV research have been dedicated to healthcare workers and nurses, whereas nursing students worldwide have received a lack of attention. The vast majority of academic time in nursing programs is spent in clinical settings. Younger age, less clinical abilities, and less communication skills put them at an elevated risk of WPV. Students at risk of violence may be victims in both clinical and academic environments (Normohammadi et al., 2021).

The International Council of Nurses (ICN) acknowledged WPV as a significant issue in nursing and asked that priority be given to concerns of clinical competence and WPV treatment. The frequency of WPV in the Saudi population was estimated to be between 50-86% (Alkorashy and Al

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Moalad, 2016). The WPV varies among countries, with the UK documenting 19.6%, while China and Korea confirm 77.1% and 78.6%, respectively (Liao et al., 2010; Park et al., 2017; Tee et al., 2016). Physical abuse against health care professionals has been connected to job exhaustion, customer demands, and decreasing patient-staff interactions (Phillips, 2016). About 80% of all significant violence in healthcare settings stems from encounters between nurses and patients, according to Occupational Safety and Health Administration (Wyatt et al., 2016).

When it came to psychological violence and bullying, Asia had the highest prevalence, with the US following just after. Meanwhile, Africa had the lowest percentage of non-physical violence, Europe had the second lowest percentage of physical violence, bullying, and sexual harassment, and Asia was placed worst for all three types of violence. Although it revealed that US nurses had the highest overall exposure to physical WPV, Asian nurses had the least exposure to that specific type of WPV. In Europe and Africa, the nurses were exposed to low levels of physical violence and high levels of nonphysical violence. Men reported the most experiences of physical WPV, accounting for the lower reported rate of physical WPV (Mobaraki et al., 2020).

A recent systematic review study carried out in the Saudi Arabia indicated that pediatric employees who work in a healthcare setting may face an increased risk of WPV. Parents or caregivers of the attending children can exhibit a range of forms of aggression against pediatric doctors and nurses due to the stress the child's condition can produce. Hospital personnel must be given explicit instructions on how to handle violent occurrences and how to report them (Albalwei et al., 2021). According to El-Hneiti et al studies, about 60% of participants reported being victims of violence or facing threats of violence in the workplace (El-Hneiti et al., 2020). There is a lack of accurate data on abuse in Saudi Arabia, thus we decided to explore this phenomenon in Saudi Arabia and its culture. In order to determine the prevalence of WPV among nurses working in public health facilities, this study will examine the relevant factors. The nurses' workplace also has mechanisms in place to cope with workplace violence.

MATERIAL AND METHODS

Settings: During the period of 5 September 2020 to 10 January 2021, this descriptive cross-sectional study was undertaken in two public hospitals in Saudi Arabia. As part of the study (n=550), all full-time licensed nurses with at least one prior hospital experience were included. A random sample of 275 nurses from each hospital was taken.

Study Instrument: The questionnaires (English version) developed by the International Labour Office (ILO), ICN, WHO, and Public Services International (PSI) in 2003 (ICN, 2003) served as the basis for the study instrument. The questionnaire was written in English at first, then translated to Arabic to suit local language requirements, and finally back to English to verify conceptual consistency. Non-Arabic speakers could fill out surveys in English. To minimize confusion, the definition of workplace violence was given with both questionnaire versions (English and Arabic).

The questionnaire was divided into five portions, each with 39 questions. The first segment (7 questions) included questions about the participants' sociodemographic data, the second section (7 questions) included questions about workplace characteristics, and the third section covered physical workplace violence encountered by nurses in the previous 12 months (14 questions). This part evaluated the instance, location, time, and perpetrator type. Participants were asked how frequently they had encountered physical violence, how they responded to the occurrence, and how they dealt with the abuse. The fourth section (9 questions) had similar questions to the third section. The final portion includes two questions about the reasons for the instances of violence that happened with nurses, as well as the steps and policies that the employer implemented to deal with workplace violence.

Five experts evaluated the instrument's content validity. They were asked to review and rate the instrument based on its clarity, relevance, comprehensiveness, translation correctness, and cultural sensitivity. Following the suggestions of the experts, certain improvements were suggested. After that, the redesigned questionnaire was pilot tested with 25 participants, who were then eliminated from the study population. As a result, several changes were made. Cronbach alpha values ranged from 0.71-0.87 for all subscales.

IRB and consent: Ethical approval was obtained for this study from our institutional premises. The 550 participants involved in this study has signed the informed consent to participate in this study. Participation in the study was entirely optional, and individuals who were unwilling or desired to withdraw at any time were advised that they could do so without limitation. The hospital's central nursing department delivered a self-administered questionnaire along with a cover letter to 550 nurses. The nurses were given a two-week time frame to respond. Confidentiality was maintained throughout this study

Statistical analysis: The information gathered data was uploaded and analyzed using the Statistical Package for Social Sciences (SPSS Inc., software version 21 Chicago, IL, USA). Demographic and occupational violence factors were described in descriptive statistics. The Chi-square test was used to examine the relationship between socio-demographic data and kinds of violence. The logistic regression was used to predict the relationship between the participants' demographic data among the violation of nurses. The 95% confidence interval (CI) was used to examine the crude odds ratio. A P value of 0.05 was deemed statistically significant.

RESULTS AND DISCUSSION

This is a cross-sectional study conducted at Public Hospitals following the COVID-19 pandemic, and 550 nurses took part in it after signing an informed consent form. Table 1 lists the clinical characteristics of nurses. The nurses' ages

were classified into three groups, with 36.3% being under 30 years old, 48.1% between 31-45 years old, and 15.6% being above 45 years old. Male and female participation rates were discovered to be 19.6% and 80.4%, respectively. Almost 65% of nurses were married, while 31.6% were single. The proportion of nurses with a bachelor's degree was determined to be 72.1%, while 18.6% of subjects were documented with a diploma and 9.3% were post-graduated. Only 20.5% of the nurses had more than a decade of experience, 47.9% of the nurses had experience between the ages of 6-10, and 31.6% of the nurses had experience less than five years.

Table 1. Characteristics of participants (n=526)

Variables	Frequency	Percentage
The age		
≤ 30	191	36.3
31-45	253	48.1
>45	82	15.6
Gender		
Male	103	19.6
Female	423	80.4
Marital status		
Single	166	31.6
Married	344	65.4
Others	16	3.0
Educational status		
Diploma 2 years	98	18.6
Bachelor (BSC)	379	72.1
Graduate studies	49	9.3
Years of experience		
≤ 5	166	31.6
6-10	252	47.9
>10	108	20.5
Shift work		
Day	130	24.7
Evening	9	1.7
Night	12	2.3
Rotation	375	71.3
Clinical setting		
Medical/surgical	181	34.4
Emergency	68	12.9
Intensive care	69	13.1
Pediatric	56	10.6
Obstetric and Gynecology	51	9.7
Orthopedic	48	9.1
ENT/ Ophthalmology	18	3.4
Operating room/Recovery	22	4.2
Dialysis	13	2.6

The rotation shifting nurses accounted for 71.3% of the total, while the day shifting nurses accounted for 24.7%. The evening and night shift nurses were found to be 1.7% and 2.3%, respectively. One-third (34.4%) of the nurses worked in the medical and surgical departments, while 12.9%, 13.1%, and 10.6% worked in the emergency, intensive care, and pediatric departments, respectively. The percentages of nurses working in obstetrics/gynecology, orthopedics, ENT, operating rooms, and dialysis were 9.7%, 9.1%, 3.4%, 4.2%, and 2.6%, respectively.

Table 2. Violations among nurses during their WPV

Variable	Frequency	Percentage
Exposure to violent incidents in the last 12 months		
Yes	408	77.6
No	118	22.4
Types of violence		
Physical violence	39	9.6
Verbal Abuse	369	90.4
Both (physical and verbal)	51	12.7
Identity of perpetrator		
Patient	69	16.9
Relatives of patient	272	66.7
Staff nurse	37	9.1
Manager or supervisor	17	4.2
External colleague	9	2.2
Unknown	4	0.9
Time of violent incidence		
Morning shift (7 am - 2.30 pm)	151	36.9
Evening shift (2.30pm – 10.30pm)	186	45.6
Night shift (10.30pm-7am)	71	17.5
Violence place		
Patient room	191	46.8
Waiting room	70	17.2
Treatment room	26	6.4
Nursing station/reception	79	19.4
Corridor	42	10.2
Reasons of violence		
Intense workload	364	89.2
High level of stress related to patient illness	210	51.5
Pain	132	32.4
High patient expectation	173	42.4
Long waiting time	77	18.9
Lack of communication	22	5.4
Inadequate security Initial reaction to the incident		
Took no action	127	31.2
Tried to pretend it never happened	39	9.5
Told the person to stop	50	12.2
Told friends and family	35	8.5
Told a colleague	70	17.2
Reported to senior staff	87	21.4

Table 2 shows the WPV of the individuals in the study. In this research, 77.6% of nurses reported being violated on the job in the previous 12 months. The nurses have suffered the most verbal abuse (90.4%) and the least physical violence

(9.6%). However, 12.7% of nurses have had to deal with both of them. The highest percentage of violations was collected from a patient's relative (66.7%), followed by a patient (16.9%), a staff nurse (9.1%), a manager (4.2%), a colleague (2.2%), and 0.9% was unknown. The biggest violation was discovered to be 45.6% in the afternoon, followed by 36.9% in the morning, and the lowest violation was discovered to be 17.5% during the night shift. The patient room has seen the most violence, with 46.8%, followed by reception (19.4%), waiting room (17.2%), corridor (10.2%), and treatment room (6.4%).

Table 3. Details of nurses and their role in complaining about their violation during WPV

Reporting incident		
Yes	87	21.4
No	321	78.4
Reasons for not reporting the incident		
It was not important	102	31.7
Felt a shamed	42	13.1
Felt guilty	14	4.3
Afraid of negative consequences	40	12.4
Useless	123	38.5
Nurse's satisfaction with the manner In which the incident was handled		
Very dissatisfied	35	8.6
Dissatisfied	128	31.3
Moderately satisfy	224	54.8
Very satisfy	21	5.3
Opinion of nurses with the measures used to deal with workplace violence exist in their workplace (n=408)		
Security measures (e.g. guards, alarms,	221	54.2
portable telephones, cameras)	88	21.5
Improve surroundings (e.g. lighting, noise, heat, access to food, cleanliness, privacy)	202	49.6
Restrict public access	128	31.4
Waiting room should be comfortable	239	58.7
Increased staff numbers	79	19.4
Changed shifts or rotas (i.e. working times)	72	17.6
Reduced periods of working alone	162	39.7
Training (e.g. workplace violence, coping strategies, communication skills, conflict resolution, self- defense)		

The high degree of patient stress during treatment was discovered to be one of the main reasons for the violation, with 51.5% and 89.2% for the intensive workload. The patient expectation was documented to be 32.4%, the long waiting time was 42.4%, the lack of communication was 18.9%, and the inadequate security was 5.4%. In this study, 31.2% were found to be for no action, 9.5% for pretending not to happen, 12.2% for stopping the person, 8.5% for informing family members, 17.2% for informing a coworker, and 21.4% reported to senior staff.

Table 3 defines the nurses who report the occurrence of workplace violations. In this study, 21.4% of nurses reported the occurrence, while 78.6% did not disclose the occurrence of the violation. The majority of nurses, 38.5%, believed there was no use in complaining about a file, while 31.7% believed it was unimportant. 13.1% and 12.4% of nurses were embarrassed and worried of unfavorable consequences, respectively. Only 4.3% of the nurses felt guilty. The method in which the incident was handled was extremely satisfactory to 5.3% of the nurses. Nonetheless, 54.8% of nurses were moderately happy. Both 31.3% and 8.6% of the nurses were dissatisfied or very dissatisfied with their jobs.

Table 4. Multivariate adjusted odds ratios for exposure to violence among participants

Characteristic	Adjusted		P value
	OR	95%CI	
Gender			
Male	1.61	0.33-119	0.183
Female	1.0	Reference	
Age			
<30	3.41	2.91-16.46	0.001
≥30	1.0	Reference	
Marital status			
Single	1.39	0.79-3.85	0.176
Married	1.0	Reference	
Education			
<Bachelor's degree	4.21	4.21	0.010
≥ Bachelor's degree	1.0	1.0	
Years of experience			
< 10	7.63	7.63	0.001
≥ 10	1.0	1.0	
Shift work			
Fixed	0.68	0.68	0.582
Rotation	1.0	1.0	

Table 4 describes the multivariate logistic regression analysis among the baseline characteristics such as gender, age, marital status, education, work experience, and working shifts, and the study results confirmed that age (p=0.001), education (p=0.01), and work experience (p=0.001) were statistically associated. The aim of this study was to enroll WPV among the working nurses in the Saudi Arabia and the current study results indicated that 77.6% of nurses were violated at work. The majority of the violations (90.4%) were classified as verbal abuse. The relatives of the patients violated 66.7% of the nurses, and the occurrence occurred during the evening shifts of the working hours between 2.30-10.30pm. The most violations occurred in the patient room, accounting for 46.8% of all violations, with the severe workload accounting for 89.2% of all violations. However, among the violations, 21.4% of the nurses were reported to senior management. Nurses are exposed to more impolite behavior and more physical or emotional abuse under stressful situations, such as the death of a patient, the transfer of patients to another hospital, or

as they wait for a doctor or nurse to arrive at the scene of an accident or trauma (Shoghi et al., 2008).

Worldwide, the prevalence of WPV were documented and majority of the nurses were very well known with their past experiences. In our study, nurses were subjected to various forms of physical aggression while at work. During the job, nurses are exposed to violence and that exposure has an impact on them, making them more likely to get exhausted, to experience sleeping disorders, to be stressed, to have spasms, to lose self-confidence, to be disappointed, to want to drink, to smoke, and to attempt suicide. These difficulties experienced in the workplace may lead to absence from shifts, frequent absenteeism, inattention to patients, and a decrease in job satisfaction. This may result in resignation or even death. A study found that workplace violence against nurses may decrease the quality of care provided, cause greater levels of staff errors, compromise ethics, and end up costing treatment centers and the community substantially more, (Kobayashi et al., 2020).

Nursing workplace violence is likely a serious problem that has yet to be fully investigated and reported on (Jackson et al., 2002; Jones and Lyneham, 2001; Kaye, 1996). on the other hand, it has been observed that the incidence is rising (Taylor, 2000). O'Connell et al state that patients are the most frequent workplace violence perpetrators, with colleagues and managers in nursing next in line. Then, families follow (O'Connell et al., 2000). Patients were the most frequent source of violence in a previous research on mental health nurses and violence. Furthermore, in the study they observed that the risk of violent encounters with healthcare workers other than physicians or allied health professionals is greater than the risk of such encounters with medical practitioners or allied health workers (Nolan et al., 1999).

Concerning workplace violence and gender, there is contradicting information. For instance, in Queensland, it has been found that women are more likely to be harassed at work than men (Queensland Government, 2002). Rippon disagreed, saying that male nurses are more likely to face workplace violence than female nurses (Rippon, 2000). One study indicated that patient satisfaction is significantly greater in hospitals where there are fewer nurses that are disgruntled or burned out (McHugh et al., 2011).

The rate of WPV against nurses was shown to range from 10-50% (Hegney et al., 2003; Wells and Bowers, 2002), one study finding the higher incidence rate as 87% (Uzun, 2003). Our study identified a large proportion of workplace violence, particularly verbal aggressiveness, which has been documented in prior studies, (Koohestani et al., 2011; Magnavita and Heponiemi, 2011; Samadzadeh and Aghamohammadi, 2018; Tee et al., 2016, Budden et al., 2017; Cheung et al., 2019, Normohammadi et al., 2021). A couple of systemic reviews have validated and documented the WPV among nurses with a higher incidence (Konttila et al., 2018; Spector et al., 2014). One of the limitations of our study was we haven't mentioned the details of foreign countries and we have enrolled only 550 participants during the pandemic crisis. The study design was cross-sectional and does not deliberate causality. The strength of our study was we have covered all types of violation and nurses came out with the WPV in our study. We haven't incorporated the details of the patients and their relatives who have abuses the nurses to avoid the conflicts.

CONCLUSION

This study has confirmed that the nurses who have participated in this were mentally strong in handling the WPV during their job. It is necessary to conduct further study, which may include studies looking at the factors that increase the chance of a repeat event and those that decrease it, as well as development of an intervention program for the emotional load that accompanies WPV. To prevent workplace violence in healthcare settings, it is equally vital to implement policies that supplement the existing call to action. To help prevent workplace violence, this study recommends to consider implementing anti-bullying programs in the nursing curriculum, hospital security, and legal policies, as well as designing violence reporting and surveillance systems.

REFERENCES

Al-Qadi, M.M. (2021). Workplace violence in nursing: A concept analysis. Journal of occupational health 63, e12226.

Albalwei, H.S.S., Ahmed, N.F.H., Albalawi, N.M.S., Albalawi, S.S.A., and Al-Enazi, N.H.K. (2021). Violence against Health Care Workers of Pediatric Departments in Saudi Arabia: Systematic Review. Archives of Pharmacy Practice 12.

Alkorashy, H.A.E., and Al Moalad, F.B. (2016). Workplace violence against nursing staff in a Saudi university hospital. International nursing review 63, 226-232.

Anderson, C., and Stamper, M. (2001). Workplace violence. RN 64, 71-74.

Bordignon, M., and Monteiro, M.I. (2021). Analysis of workplace violence against nursing professionals and possibilities for prevention. Revista gaúcha de enfermagem 42.

Budden, L.M., Birks, M., Cant, R., Bagley, T., and Park, T. (2017). Australian nursing students' experience of bullying and/or harassment during clinical placement. Collegian 24, 125-133.

Cheung, K., Ching, S.S., Cheng, S.H.N., and Ho, S.S.M. (2019). Prevalence and impact of clinical violence towards nursing students in Hong Kong: a cross-sectional study. BMJ open 9, e027385.

El-Hneiti, M., Shaheen, A.M., Bani Salameh, A., Al-Dweeri, R.M., Al-Hussami, M., Alfaouri, F.T., and Ahmad, M. (2020). An explorative study of workplace violence against nurses who care for older people. Nursing open 7, 285-293

Hegney, D., Plank, A., and Parker, V. (2003). Workplace violence in nursing in Queensland, Australia: A

self-reported study. International journal of nursing practice 9, 261-268.
ICN, I. (2003). WHO. Workplace violence in the health sector country case studies research instruments. ILO/ICN/WHO/PSI.
Jackson, D., Clare, J., and Mannix, J. (2002). Who would want to be a nurse? Violence in the workplace–a factor in recruitment and retention. Journal of nursing management 10, 13-20.
Jones, J., and Lyneham, J. (2001). Violence: part of the job for Australian nurses? Australian Emergency Nursing Journal 4, 10-14.
Kaye, J. (1996). Sexual harassment and hostile environments in the perioperative area. AORN journal 63, 443-449.
Kobayashi, Y., Oe, M., Ishida, T., Matsuoka, M., Chiba, H., and Uchimura, N. (2020). Workplace violence and its effects on burnout and secondary traumatic stress among mental healthcare nurses in Japan. International journal of environmental research and public health 17, 2747.
Konttila, J., Pesonen, H.M., and Kyngäs, H. (2018). Violence committed against nursing staff by patients in psychiatric outpatient settings. International journal of mental health nursing 27, 1592-1605.
Koohestani, H., Baghcheghi, N., Rezaei, K., Abedi, A., Seraji, A., and Zand, S. (2011). Occupational violence in nursing students in Arak, Iran.
Liao, Y., Liu, T., and Wan, G. (2010). Work place violence on the impact of student nurses besides coping strategies. Acta Med Sinica 23, 434-436.
Magnavita, N., and Heponiemi, T. (2011). Workplace violence against nursing students and nurses: an Italian experience. Journal of nursing scholarship 43, 203-210.
McHugh, M.D., Kutney-Lee, A., Cimiotti, J.P., Sloane, D.M., and Aiken, L.H. (2011). Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. Health affairs 30, 202-210.
Mobaraki, A., Aladah, R., Alahmadi, R., Almuzini, T., and Sharif, L. (2020). Prevalence of Workplace Violence Against Nurses Working in Hospitals: A Literature Review. American Journal of Nursing 9, 84-90.
Nolan, P., Dallender, J., Soares, J., Thomsen, S., and Arnetz, B. (1999). Violence in mental health care: the experiences of mental health nurses and psychiatrists. Journal of advanced nursing 30, 934-941.
Normohammadi, A., Mohammadi, E., Vasigh, A., Mohammadi, I., Nori, L., and Afsordeh, N. (2021). Iranian Nursing Students' Experiences of Workplace Violence. Shiraz E-Medical Journal 22.
O'Connell, B., Young, J., Brooks, J., Hutchings, J., and Lofthouse, J. (2000). Nurses' perceptions of the nature and frequency of aggression in general ward settings and high dependency areas. Journal of clinical Nursing 9, 602-610.
Park, J.-E., Kim, D.-H., and Park, J.-H. (2017). Violence against nursing students during clinical practice: experiences, perception, responses and coping with violence. Journal of the Korea Academia-Industrial cooperation Society 18, 652-662.
Phillips, J.P. (2016). Workplace violence against health care workers in the United States. New England journal of medicine 374, 1661-1669.
Queensland Government, D.o.f.I.R. (2002). Report of the Queensland Government Workplace Bullying Taskforce: Creating Safe and Fair Workplaces: Strategies to Address Workplace Harassment in Queensland.
Rippon, T.J. (2000). Aggression and violence in health care professions. Journal of advanced nursing 31, 452-460.
Samadzadeh, S., and Aghamohammadi, M. (2018). Violence against nursing students in the workplace: an Iranian experience. International journal of nursing education scholarship 15.
Shoghi, M., Sanjari, M., Shirazi, F., Heidari, S., Salemi, S., and Mirzabeigi, G. (2008). Workplace violence and abuse against nurses in hospitals in Iran. Asian Nursing Research 2, 184-193.
Spector, P.E., Zhou, Z.E., and Che, X.X. (2014). Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: a quantitative review. International journal of nursing studies 51, 72-84.
Stephens, W. (2019). Violence against healthcare workers: a rising epidemic. The American Journal of Managed Care.
Taylor, D. (2000). Student preparation in managing violence and aggression. Nursing Standard (through 2013) 14, 39.
Tee, S., Özçetin, Y.S.Ü., and Russell-Westhead, M. (2016). Workplace violence experienced by nursing students: A UK survey. Nurse education today 41, 30-35.
Uzun, O. (2003). Perceptions and experiences of nurses in Turkey about verbal abuse in clinical settings. Journal of Nursing Scholarship 35, 81.
Wells, J., and Bowers, L. (2002). How prevalent is violence towards nurses working in general hospitals in the UK? Journal of advanced nursing 39, 230-240.
Wyatt, R., Anderson-Drevs, K., and Van Male, L.M. (2016). Workplace violence in health care: a critical issue with a promising solution. Jama 316, 1037-1038.