

## **Influence of Workplace Violence upon Job Satisfaction among Nurses at Primary healthcare Center in Samawa City**

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### **Abstract**

**Background:** Violence has increasingly affected individuals throughout society, either directly or indirectly, regardless of age, gender, race, or educational level, and has become a part of everyday life and a significant problem for people from all sectors. **Objective(s):** The aim of this study is to assess the influence of workplace violence upon job satisfaction among nurses at Primary healthcare Center in Samawa City. **Methodology:** A Descriptive cross-sectional study, quantitative research has been carried throughout the present study to identify the influence of workplace violence upon job satisfaction among nurse at primary healthcare centers in Samawa city and it examined the type of relationship between variables. Also, it is nonexperimental, descriptive with correlation design to determine if there is a relationship between the workplace violence and job satisfaction and indicates the extent to which one variable is related to another. During the period from 1 February 2022 to 1 June 2022. **Results:** The findings indicates that 43.5% of nurses experiencing workplace violence for 2-3 times as they had seen with high percentage of violence frequency among 22.5%. The place of violence reveals that 38% of nurses exposed to violence inside workplace while only 13.5% of them are exposed to violence outside workplace. **Conclusion:** This study concluded that there are many types of workplace violence incidents among nurses, with almost all of them subjected to physical violence and the majority subjected to verbal abuse; only one nurse of nurses reported sexual harassment; most nurses reported intimidation; and only one nurse of nurses reported experiencing more than one type of violence. **Recommendations:** Larger samples can be used in future studies, which could include a variety of health-care nurses and a wider geographical area in Iraq.

### **Keywords**

### **Introduction**

Violence, which has existed throughout human history, is defined as a threat or application of one's possessed power or strength towards another person, oneself, a group, or a community in order to cause injury and/or loss (Çıkrıklar et al., 2016).

The subject of workplace violence against health-care workers has been the focus of several studies and publications. According to some experts, it is frequently seen as a symptom of a larger problem of violence in many aspects of social and cultural life. Nurses are well-known for being one of the most vulnerable professions to violence. Physical violence, such as

beatings, kicking, slapping, stabbing, shooting, pushing, biting, and/or pinching, is becoming more common among nurses, as is nonphysical violence, such as verbal abuse, bullying/mobbing, harassment, and threats, or a combination of the two (Babiarczyk et al., 2019; Mapfumo & Mutereko, 2020).

Workplace violence is defined by the World Health Organization (WHO) as any situation in which a person is subjected to abuse, threats, or attacks in the context of their employment or professional activity, and their safety, well-being, or health is threatened overtly or implicitly (Li et al., 2019; Munetsi & Brijlal, 2021).

Violence among healthcare workers is a worldwide issue that appears to be on the rise at an alarming rate (Magnavita et al., 2020; Omoryui & Akuoma, 2020).

Violence has increasingly affected individuals throughout society, either directly or indirectly, regardless of age, gender, race, or educational level, and has become a part of everyday life and a significant problem for people from all sectors (Hamzaoglu & Türk, 2019).

Violence in the workplace refers to acts of violence in the workplace, such as harassment, threats, or physical assault, that threaten workers' well-being. Aggressive behavior in the healthcare setting might be from patients, family members, coworkers, or other professionals. Aggression by patients and family members is a constant source of concern for healthcare organizations and professionals. Nurses are particularly vulnerable since they are in regular contact with patients (del Carmen Pérez-Fuentes et al., 2020).

According to studies, nursing is the profession most affected, and nurses are the ones who are most likely to be subjected to violence from users, particularly threats to their physical integrity and verbal violence, though the number of workers who have been subjected to direct physical aggression is also quite high (del Carmen Pérez-Fuentes et al., 2020).

However, Violence has become a part of everyday life and a significant problem for people from all walks of life in recent years, whether directly or indirectly, regardless of age, gender, race, or educational level. It has become a part of everyday life and a significant problem for people from all walks of life (Hamzaoglu & Türk, 2019).

The International Council of Nurses (ICN), the International Labor Organization (ILO), the World Health Organization (WHO), and the Public Health Services (PSI) of 2002 defined violence at work as "all situations in which people are subjected to mistreatments, threats, or assaults during their work activities, including the way to and from work, that represent an explicit or implicit threat to personal safety, well-being, or health."

Third-party violence at work (patients and/or family members) is a global phenomenon (Hsieh), and it is particularly frequent in the healthcare sector, particularly in emergency rooms. The World Health Organization (WHO) has identified workplace violence as the most significant risk factor for healthcare workers' safety (Cannavò et al., 2019).

Workplace violence can be classified as non-physical (abuse and verbal intimidation, harassment, taunting, threats, and disrespectful or aggressive body language) or physical, depending on how it is expressed (physical intimidation and harm to the individual, property, or furnishings) (del Carmen Pérez-Fuentes et al., 2020).

When applied to the health sector, the workplace violence model identifies a number of

risk factors. In this perspective, the risk factors for violence can be categorized as follows, based on available literature: (a) patients: gender, age, bodily modifications and diseases, mental state, psychopathology, patients' perspective and attributions; or individual health professional issues, such as burnout or attitudes; (b) organizational or environmental factors: kind of ward, such as emergency, psychiatry, and critical care units, long-term care, or geriatric centers; insufficient staffing, assistential pressure, lack of privacy, tense climate; c) treatment-related issues, such as medication changes and constraint; d) interactional and sociocultural aspects ( Ruíz-Hernández et al., 2016).

## **Methodology**

### ***Design of the study***

A Descriptive cross-sectional study, quantitative research has been carried throughout the present study to identify the influence of workplace violence upon job satisfaction among nurse at primary healthcare centers in samawa city and it examined the type of relationship between variables. Also, it is nonexperimental, descriptive with correlation design to determine if there is a relationship between the workplace violence and job satisfaction and indicates the extent to which one variable is related to another. During the period from 1 February 2022 to 1 June 2022.

### ***Administrative Arrangements***

The researcher first presented the research proposal to the Department of Community Health Nursing committee in the College of Nursing – The University of Baghdad to review and approve it.

Subsequently, the researcher attained the approval of the Ministry of Planning and Development/ The Central Organization of Statistics for the acceptance of the questionnaire draft. The researcher sought to make the study participants familiarized of the overall goal of the study, how to fill out the study instrument, and ensure that they understand that they can withdraw from the study at any time they wish to do so. The researcher assured participants that she will keep the confidentiality of their data and they will be safeguarded and securely maintained throughout and after study participation. The researcher further assured study subjects that she will keep their identities unknown in the presentation, reporting, and/or any eventual publication of the study.

An approval of the Ministry of Health to the Department of AL-Muthanna Health/Division of training and development of nursing staffs is gained to facilitate the current study job in primary healthcare centers in Samawa city. A personal consent also was obtained from all participants to be involved in the current study.

### ***The instrument of the study***

An assessment tool is adopted and developed by the researcher to measure the influence of workplace violence upon job satisfaction among nurses. The researcher translated the questionnaire from English to Arabic. Translation validity was achieved through the process of forward and backward translation, then forward to the experts to review the translation, then it was used directly after distribution to the panel of experts after simple modifications.

### ***Setting of the study***

This study was conducted in Samawa Health Directorate; Samawa Healthcare Sector I and Samawa Healthcare Sector II. These are selected for the purpose of the study.

### ***Population and sample of the study***

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The population is the entire group of people that the researcher wishes to obtain knowledge from. A selection of these individuals is taken from this population and is known as the sample. The sample will provide the information and data for the study. The sample type of the study research was Nonprobability (convenience).

### *Methods of Data Collection*

200 nurses from different educational level and occupation from primary healthcare centers in samawa first and second sectors who had met the specific inclusion criteria are invited to participate in the study. Permission to administer the survey was obtained. Participation in the survey is voluntary. All responses are anonymous and not linked to any identifiable data. The participants had to select affirmatively to continue to participate in the survey. A self-reported questionnaire is used in the study. These questionnaires consist only of close-ended questions that are guided by the theoretical framework. The questionnaire focuses on influence of workplace violence upon job satisfaction at primary healthcare centers in samawa city. The data is collected through the utilization of the developed questionnaire (Arabic version).

### *Statistical Analysis of The Study*

*Data are analyzed using IBM SPSS version 19 software (2010).*

## **Results of the Study**

**Table (1): Distribution of Nurses according to their Experience of Workplace Violence**

List	Workplace violence	f	%
1	Experiencing violence over past 12 months	No	113 56.5
		Yes	87 43.5
		Total	200 100
2	Frequency of violence:	No violence	113 56.5
		One time	36 18
		2 – 3 times	45 22.5
		4+ time	6 3
		Total	200 100
3	Experiencing violence inside workplace	No	124 62
		Yes	76 38
		Total	200 100
4	Experiencing violence outside workplace	No	173 86.5
		Yes	27 13.5
		Total	200 100
5	Are you injured as a result of the violent accident?	No	195 97.5
		Yes	5 2.5
		Total	200 100

f: Frequency, %: Percentage

This table indicates that 43.5% of nurses experiencing workplace violence for 2-3 times as they had seen with high percentage of violence frequency among 22.5%.

The place of violence reveals that 38% of nurses exposed to violence inside workplace while only 13.5% of them are exposed to violence outside workplace.

Concerning injury related to violence experience, only 2.5% (n=5) of nurses reported

they injured as a result of violence accident.

**Table (2):** *Distribution of Nurses according to Type of Workplace Violence*

List	Workplace Violence		f	%
1	Physical aggression	No	176	88
		Yes	24	12
		Total	200	100
2	Verbal abuse	No	121	60.5
		Yes	79	39.5
		Total	200	100
3	Sexual harassment	No	197	98.5
		Yes	3	1.5
		Total	200	100
4	Intimidation	No	159	79.5
		Yes	41	20.5
		Total	200	100
5	More than one type	No	197	98.5
		Yes	3	1.5
		Total	200	100

f: Frequency, %: Percentage

This table displays the types of violence incidence among nurses; the findings indicate that 12% of nurses exposed to physical violence; 39.5% of them are exposed to verbal abuse; only 1.5% (n=3) of nurses reported they have experiencing sexual harassment; 20.5% of nurses experiencing intimidation; and only 1.5% (n=3) of nurses reported they have experiencing more than one type of violence.

**Table (3):** *Distribution of Nurses according to Characteristics of Offender*

List	Characteristics		f	%
1	Males' offenders	No	122	61
		Yes	78	39
		Total	200	100
2	Females' offenders	No	175	87.5
		Yes	25	12.5
		Total	200	100
3	The offender was a patient	No	170	85
		Yes	30	15
		Total	200	100
4	The offender was a Patient's relative	No	134	67
		Yes	66	33
		Total	200	100
5	The offender was a Colleague	No	161	80.5
		Yes	39	19.5
		Total	200	100

f: Frequency, %: Percentage

This table presents the characteristics of offenders; the finding reveals that male offenders were reported by 39% of nurses, while female offenders were reported by only 12.5% of nurses.

Regarding character of offenders, 15% of nurses reported they were patients, 33% of nurses reported they were patients' relatives, while 19.5% of nurses reported they were colleagues.

## Discussion

The result of this study indicates that (43.5%) of nurses experiencing workplace violence for 2-3 times as they have seen with high percentage of violence frequency among (22.5%). The place of violence reveals that 38% of nurses exposed to violence inside workplace while only (13.5%) of them are exposed to violence outside workplace. Concerning injury related to violence experience, only (2.5%) (n=5) of nurses reported they injured as a result of violence accident.

This result is agreeing with a descriptive and cross-sectional pilot study, conducted in June 2016, consisted of 260 nurses working in selected healthcare settings in five participating countries (Poland, Czech Republic, Slovakia, Turkey, and Spain) has reported that (96.2%) of nurses reported that the attack had taken place within a health care institution or facility (Babiarczyk et al., 2019).

A quantitative, observational cross-sectional study has been conducted on 1357 nursing professionals in Spain, to analyse the effects of aggression against nursing personnel and the mediating role of anxiety in somaticizing physical symptoms. The result of this study indicated that 40.3% (n=64) of the cases of the aggression was mostly in hospital units, the emergency room, 36.5% (n=58) in the wards, 37.7% (n=60) were alone at the time of the aggression and 62.3% (n=99) in the presence of other staff members (Pérez-Fuentes et al., 2020).

Between June 2016 and February 2017, a cross-sectional retrospective study was conducted with 323 healthcare personnel at the Department of Emergency and Level II Acceptance and the Psychiatric Services of Diagnosis and Care in Rome, Italy., to investigate the frequency, type, causes and consequences of violence and aggression experienced by Emergency Department workers during their interactions with patient, their relatives or companions and whether the phenomenon of violence at work is a specific risk factor predicting stress and possible stress related pathologies in emergency health workers, the result of this study indicate that Most of the healthcare workers declared that the attacks occurred inside the workplace and during their work (Cannavò et al., 2019).

According to the results of this study the types of violence incidence among nurses, the findings indicate that (12%) of nurses exposed to physical violence; (39.5%) of them are exposed to verbal abuse; only (1.5%) (n=3) of nurses reported they have experiencing sexual harassment; (20.5%) of nurses experiencing intimidation, and only (1.5%) (n=3) of nurses reported they have experiencing more than one type of violence.

This result is supported by study of 199 white-collar workers (96 men, 103 women ) in Belgium to investigate the association between personality traits, perceived social norms, and sexual harassment in the workplace, which has indicated that (53.3%) of the participants they never committed any of the sexual harassments behaviors at work during the past year; (53%) of men and (35%) of women indicated that they had made sexual comments, jokes, gestures or looks about someone at work during the past year; (4% )of men and( 1%) of women indicated that they had shown, given, sent or left sexual pictures or text messages a few times (Hardies, 2019).

According to the results of this study, the finding reveals that male offenders were reported by 39% of nurses, while female offenders were reported by only (12.5%) of nurses. Regarding character of offenders, (15%) of nurses reported they were patients, (33%) of nurses reported they were patients' relatives, while (19.5%) of nurses reported they were colleagues.

This result is supported by a descriptive and cross-sectional pilot study, conducted in June 2016, consisted of (260) nurses working in selected healthcare settings in five participating countries (Poland, Czech Republic, Slovakia, Turkey, and Spain) has reported that (92.3%) of nurses being attacked by patients or clients; however, some reported being attacked by relatives of patients/clients, staff members, colleagues, or dogs, (66.7%) of nurses were verbally abused by patients/clients, (41%) by relatives of patients/clients, (7.1%) of participants had also been verbally abused by a staff member or a manager/supervisor, (7.4%) of Turkish nursing staff have been verbally attacked by patients/clients (Babiarczyk et al., 2019).

## Conclusion

The findings show that there are many types of workplace violence incidents among nurses, with almost all of them subjected to physical violence and the majority subjected to verbal abuse; only one nurse of nurses reported sexual harassment; most nurses reported intimidation; and only one nurse of nurses reported experiencing more than one type of violence.

## Recommendations

Larger samples can be used in future studies, which could include a variety of healthcare nurses and a wider geographical area in Iraq. More research can be done to find out what methods will be most effective in dealing with workplace violence.

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