

Prevalence of Workplace Violence among Nurses in a Hospital: A Descriptive Cross-Sectional Study at Nepalgunj Medical College Teaching Hospital

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Keywords	Abstract
Workplace, Violence, Sexual Harassment, Nurses, Prevalence.	<p><i>This research article presents a descriptive cross-sectional study titled "Workplace Violence among Nurses in a hospital". The study was conducted at Nepalgunj Medical College Teaching Hospital in Banke. The primary objectives of the study were to determine the prevalence of workplace violence among nurses in a hospital setting. A quantitative approach utilizing a non-probability purposive sampling technique with a sample size of 62 was used to collect data, and a semi-structured questionnaire was employed as the instrument for data collection. The collected data was analyzed using the Statistical Package for Social Sciences (SPSS) version 20, and the findings were analyzed with various descriptive statistics such as frequency and percentage. The results of the study indicated that half of the nurses (50%) reported experiencing some form of violence in their workplace. Verbal violence was found to be the most prevalent form of workplace violence, accounting for nearly half (43.5%) of the incidents, while physical violence was reported by only 9.7% of the nurses and sexual violence by 8.1%. These findings suggest the importance of proactive measures to prevent and address workplace violence in healthcare settings, with a particular emphasis on preventing verbal abuse.</i></p>

INTRODUCTION

Workplace violence is a significant worldwide concern in the health sector, particularly for healthcare workers who are at high risk of being victims. Violence in this context includes physical assault, verbal abuse, or threatening behavior that occurs in a workplace setting, resulting in adverse effects on the health and productivity of workers. Furthermore, the consequences of workplace violence in the health sector can significantly impact the effectiveness of health systems, particularly in developing countries (Kitaneh & Hamdan, 2012).

Violence is “Behavior involving physical force intended to hurt, damage, or kill someone or something” (Oxford English Dictionary, 2014). Any action, incident or behaviour that departs from reasonable conduct, in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work is known as workplace violence (International Labour Organization, 2004).

Violence against nurses in the workplace is a global problem that has gained increased attention in recent years. Research indicates that approximately 25% of registered nurses report being physically assaulted by a patient or family member, while over 50% report exposure to verbal

abuse or bullying (Al Qadi, 2021). A study found that the prevalence of workplace violence in healthcare was over 50%, with rates ranging from 36.0% to 92.0% among nurses in developed and developing countries (Alam et al., 2019). Additionally, nearly 22% of nurses experienced frequent violence from patients and their relatives in European countries, and prevalence varied from 10% to 95% in many countries worldwide (Pandey et al., 2017).

Need for Study

Nurses, who bear primary responsibility for providing life-saving care to patients, are victimized at a significantly higher rate than other healthcare professionals. Workplace violence is estimated to cause 17.2% of nurses to leave their jobs annually (Al Qadi, 2021).

A descriptive cross-sectional study conducted in Pokhara, Kaski, Nepal, aimed to assess the prevalence and factors associated with workplace violence among nurses. Results showed that the majority of nurses (64.5%) reported experiencing some type of violence in their workplace. The prevalence of verbal violence, physical violence, and sexual violence was reported to be 61.5%, 15.5%, and 9%, respectively (Pandey et al., 2017).

A study was conducted at a cardiac hospital in Kathmandu to assess the prevalence of violence among nursing staff. The results indicated that 68% of all respondents reported having experienced some type of violence at any point in time, with 47% reporting having experienced it in the last 12 months. Additionally, married nurses were found to be more likely to experience violence compared to single nurses (Dhamala et al., 2021).

In order to gain a better understanding of the scope and nature of workplace violence in Nepal, it is essential to gather information from various institutions and geographical locations regarding the extent of workplace violence, the severity, and related details (Dhamala et al., 2021).

There is a growing body of evidence indicating that healthcare workers, particularly nursing staff, face a significant risk of exposure to violent behaviors in the workplace. This hazard is now recognized as a major occupational risk worldwide. While violence in healthcare settings has long been acknowledged as a serious problem in many industrialized nations, recent research suggests that it is a global phenomenon (Rajbhandari et al., 2015).

In light of this issue, it is imperative for educators to assess the prevalence of workplace violence among nurses and identify associated factors. This information can be used to increase awareness among nurses about the risks of violence, enabling them to take necessary precautions and encouraging hospitals to address this important issue (Rajbhandari et al., 2015).

Objective of the Study

1. To assess workplace violence among nurses in a Hospital.
2. To find out the prevalence of workplace violence among nurses.

Significance of the Study

The incidence of workplace violence among nurses appears to be on the rise. Conducting

a study to determine the prevalence of workplace violence among nurses in a hospital setting could prove to be beneficial. The findings of such a study could be utilized as a valuable resource by future researchers.

Research Question

- What is the prevalence of workplace violence among nurses in a hospital?

REVIEW OF LITERATURE

Nurses, who have the primary responsibility of providing life-saving care to patients, are victimized at a significantly higher rate than other healthcare professionals. (Al-Qadi, 2021). Lei et al. (2016) conducted a cross-sectional study on Chinese nurses working at tertiary and county-level hospitals from December 2014 to January 2016. The purpose of the study was to determine the prevalence of workplace violence against nurses and identify associated risk factors. The study revealed that the prevalence of workplace violence among Chinese nurses was 65.8%, with verbal violence, physical violence, and sexual harassment accounting for 64.9%, 11.8%, and 3.9%, respectively. Workplace violence occurred more frequently in emergency and paediatric departments. The study also found that age, department, years of experience, and direct contact with patients were common risk factors for workplace violence against nurses across different levels of hospitals.

In a Debark hospital located in Northern Ethiopia, a cross-sectional study was conducted from April 1 to April 30, 2015, which involved 386 nurses. Data was collected using a self-administered questionnaire developed by the International Labor Office/International Council of Nurses/World Health Organization and Public Services International. The study findings revealed an overall prevalence of workplace violence among the nurses at 26.7% (Tiruneh et al., 2016).

A cross-sectional study was undertaken in public health facilities located in the Gamo Gofa zone, Ethiopia, from February to March 2018, among a sample of 348 nurses. The study findings indicated that 43.1% of the nurses had experienced workplace violence, with 13.5% facing physical violence, 28.2% verbal abuse, 10.3% bullying/mobbing, and 7.2% sexual harassment at least once in the preceding 12 months. Patients' relatives were identified as the leading perpetrators of physical violence, verbal violence, and bullying, accounting for 55.3%, 46.9%, and 36.1%, respectively (Nigussie et al., 2018).

In Bangladesh, a descriptive study design was adopted at public hospitals, selecting a sample of 120 nurses through simple random sampling, to assess the prevalence rate of workplace violence. The study discovered that the prevalence of workplace violence was 64.2%. Additionally, the study identified a significant association between age, working experience, and marital status of nurses with workplace violence (Alam et al., 2019).

As per previous research, several critical factors contribute to violence against nurses, including youth (higher prevalence among younger individuals), male gender, lower social or economic status, pre-existing psychological disorders, treatment refusal, personality disorder, and previous hospitalization or psychological violence (Gates et al., 2011).

A descriptive cross-sectional study was conducted among 447 nurses working in various departments in three hospitals in Amman to determine the prevalence and sources of verbal and physical workplace abuse. The study revealed that the prevalence of verbal and physical abuse was 37.1% and 18.3%, respectively. Younger and less experienced nurses in emergency and intensive care departments experienced higher levels of abuse, and the usual perpetrators were patients and their relatives (Ahmed, 2012).

A quantitative study was conducted among the nursing staff in the emergency unit of a teaching hospital in southern Brazil, where 88.9% of the participants reported experiencing workplace violence. Of these, 38% suffered from verbal abuse, 25.4% experienced mobbing, 11% reported physical violence, 9.1% suffered sexual harassment, and 5.4% reported racial discrimination (Luzia & Eiko, 2021).

A descriptive cross-sectional study was conducted among emergency nurses at one of the largest tertiary hospitals in Kenya. The study employed a structured questionnaire adapted from the 'Workplace Violence in the Health Sector' to assess the prevalence of workplace violence (WPV). The results showed that the overall lifetime prevalence of WPV was 81.7%, and the 1-year prevalence was 73.2%. The most common forms of WPV were verbal abuse, physical violence, and sexual harassment (Kibunja et al., 2021).

An institution-based cross-sectional descriptive study was conducted among 200 nurses in Pokhara, Kaski, Nepal, from July to December 2016. The study aimed to assess the prevalence and factors associated with workplace violence. The results indicated that 64.5% of the nurses reported experiencing some type of violence in their workplace. Among these, verbal violence had the highest prevalence (61.5%), followed by physical violence (15.5%) and sexual violence (9%). The nurses working in nongovernmental hospitals (75%) were more exposed to workplace violence than nurses at private and public hospitals (Pandey et al., 2017).

A cross-sectional survey was undertaken among the entire nursing staff of a tertiary hospital in urban Nepal, located in Kathmandu, to determine the prevalence of violence experienced by nursing personnel. The study revealed that a considerable proportion of respondents, 68% in total, reported experiencing some form of violence. Furthermore, 47% reported experiencing it within the last 12 months. Notably, married nurses were found to be at a higher risk of experiencing violence compared to their single counterparts (Dhamala et al., 2021).

A review of related articles indicates that the majority of nurses have experienced workplace violence at some point in their careers. Studies suggest that the prevalence of workplace violence among nurses ranges from 63% to 68%, with verbal abuse, physical violence, and sexual harassment being the most common forms of violence. The prevalence of verbal abuse is higher than that of physical violence. Perpetrators of physical violence were often found to be the relatives of patients. Workplace violence is frequently reported in emergency, maternity and gynaecology departments, and ICU departments. Married nurses were found to be more vulnerable to workplace violence than their single counterparts.

RESEARCH DESIGN

The present investigation employed a quantitative research approach, specifically a

descriptive cross-sectional design, to collect and analyze data regarding the phenomenon of workplace violence experienced by nurses within a hospital context.

Research Setting and Population

The study was conducted among the nursing staff working across all departments of Nepalgunj Medical College Teaching Hospital, situated within Nepalgunj Sub-Metropolitan Ward No-12. This is a 250-bed super-specialty hospital with a total nursing staff count of 210.

Sampling

The non probability purposive sampling technique was used.

The sample size was calculated as, $n = \frac{z^2 x p(1-p)}{\frac{e^2}{\left[\frac{1 + z^2 x p(1-p)}{e^2 N} \right]}}$

Where z signified 80% confidence level which is 1.282

Prevalence of the study (p) = 0.5

Marginal error = $\pm 8\% = 0.08$

Population (N) = 210

Adjusting the value the,

$$= \frac{\frac{1.282^2 \times 0.5 (1-0.5)}{0.08 \times 0.08}}{\frac{1 + (1.282^2 \times 0.5 (1-0.5))}{0.08 \times 0.08 \times 210}} = 61.8$$

The sample size was 62

Inclusion Criteria

All registered nurses working in all departments of Nepalgunj Medical College Teaching Hospital who had worked ≥ 12 months and who were willing to participate in the study and were also available at the time of data collection were included in the study.

Exclusion Criteria

Registered nurses working in all Departments of Nepalgunj Medical College Teaching Hospital who has worked ≤ 12 months and who were not willing to participate in the study or were not available at the time of data collection were excluded from the study.

Instrumentation

The research instrument employed in this study was a semi-structured, self-administered questionnaire. It was designed in an English version and consisted of two main parts:

- a. The first part of the questionnaire focused on gathering information regarding respondents' socio-demographic distribution and job-related characteristics.
- b. The second part was a semi-structured questionnaire aimed at assessing the prevalence of workplace violence experienced by nurses.

Validity and Pretesting of Research Instrument

The content validity of the research instrument used in this study was established through a rigorous process involving extensive literature review, consultations with research advisors, subject matter experts, and a statistician, as well as the incorporation of valuable suggestions from peers. To ensure the reliability and validity of the instrument, a pretesting process was conducted among 10% of the anticipated sample size, which included six respondents. The individuals involved in the pretesting process were excluded from the main study to prevent any potential biases or confounding factors.

Ethical Consideration

Before data collection, administrative approval was obtained from the concerned authority. The purpose of the study was explained to the respondents, and verbal and written consent was obtained from all respondents. The respondents were assured of the anonymity and confidentiality of the information given by them, and respondents were allowed to withdraw from the participation at any time if they wanted. The collected data was kept confidentially. Information was used only for study purposes.

Data Collection Procedure

The research committee of Nepalgunj Nursing Campus granted the approval letter, which was subsequently submitted to Nepalgunj Medical College Teaching Hospital, Nepalgunj. Prior to data collection, the purpose of the study was explained to the participants, and informed consent was obtained. Data was collected through the use of self-administered semi-structured questionnaires. To protect the anonymity of the participants, a code number was assigned to each respondent. Confidentiality was ensured by informing participants that the data collected would only be used for research purposes. The researcher herself was responsible for collecting the data.

Data Analysis Procedure

The collected data underwent a thorough review process to ensure its completeness and accuracy. This involved checking, coding, and organizing the data appropriately. Measures were taken to ensure the safe storage of the data. The Statistical Package for the Social Sciences (SPSS) version 20 was employed to analyze the data. Descriptive statistics such as frequency and percentage were used to interpret the analyzed data. The findings of the study were presented in tabular form to provide a clear representation of the results.

FINDINGS OF STUDY

This section pertains to the presentation of the study findings, which were obtained from

a total of 62 respondents. The participants were selected from all units of Nepalgunj Medical College Teaching Hospital during the data collection period of two weeks. The data collected was analyzed in accordance with the research objectives using descriptive statistics, namely frequency and percentage. The outcomes of the analysis are presented in various tables along with interpretation.

Table 1: Respondents' Socio-Demographic Distribution

Variables	Frequency (n)	Percentage (%)
Age (in Year)		
Less than 25	16	25.8
26-30	36	58.1
31-35	9	14.5
36-40	1	16.0
Ethnicity		
Dalit	3	4.8
Janajati	16	25.8
Madhesi	4	6.5
Brahmin/Chettri	9	62.9
Marital Status		
Married	40	64.5
Unmarried	22	34.5
Educational Qualification		
Pcl Nursing	45	72.6
Bachelor in Nursing/BSc. Nursing	17	27.4

Table 1 presented that a majority of the respondents (58.1%) fell within the age bracket of 26-30 years, while the lowest proportion (16%) belonged to the age group of 36-40 years. With regard to ethnicity, the largest percentage of participants (62.9%) identified as Brahmin/Chettri, whereas the smallest proportion (4.8%) self-identified as Dalit. In terms of marital status, over half (64.5%) of the respondents were married. Furthermore, the majority of participants (72.6%) held a PCL-level nursing qualification.

Table 2: Respondents' Job-Related Information

Variables	Frequency(n)	Percentage (%)
Present Post in Working Area		
Staff nurse	51	82.3
Senior staff nurse	6	9.7
Nursing incharge	5	8.1
Job Status		
Permanent	14	22.6
Temporary	48	77.4
Year of Working Experience		
≥5 year	32	51.6
6-10 year	24	38.7
<10 year	6	9.7
Currently Working Area		

Wards			
Emergency/Gynae	32		47.1
Surgery/Uro/Labour			
Medical/A/C ward			
Neuro/Pediatric			
Orthopedic			
ICU			
PICU/NICU/Surgical	20		29.4
Medical			
Operation theatre/Post-operative ward	10		14.7

Table 2 illustrates that the majority of respondents (82.3%) held the position of staff nurse, while the lowest percentage (8.1%) were nursing in-charge. Regarding job status, a majority (77.4%) of the participants held temporary positions. Similarly, over half (51.6%) of the respondents had working experience of five years or less. Nearly half (47.1%) of the participants worked in ward units.

Table 3: Prevalence of Physical Workplace Violence

	Statements	Frequency (n)	Percentage (%)
Physically Attacked in Workplace within 12 Months			
Yes	6	9.7	
No	56	90.3	
Physically Abused by (n=6) *			
Patient/client	3	50.0	
Relatives of patient/client	4	66.7	
Sex *			
Male	2	33.3	
Female	4	66.7	
Shift *			
Morning shift			
Evening shift	3	50.0	
Night shift	2	33.3	
Respond to the Physical Violence *			
Tried to defend myself	5	83.3	
Reported it to a senior staff member	4	66.7	
Reported Incident to *			
Senior staff member	3	60.0	
Ward incharge	4	80.0	

Note: Multi response *

Table 3 shows that the majority of respondents (90.3%) reported not having experienced physical abuse within the last 12 months. Among those who had experienced physical abuse, most (66.7%) identified the perpetrator as a relative of the patient/client, with a significant proportion (66.7%) of the perpetrators being female. The majority (66.7%) of physical violence incidents occurred during the night shift, with 50% of incidents occurring during the morning shift. A majority (83.3%) of the respondents responded to the physical violence. Furthermore, all respondents who experienced physical abuse reported the incident, with a majority (80.0%) reporting the incident to the ward in-charge.

Table 4: Prevalence of Verbal Workplace Violence

Statements	Frequency (n)	Percentage (%)
Verbal Abuse in Workplace within 12 Months		
Yes	27	43.5
No	35	56.5
Verbally Abused by (n=27) *		
Patient/client	11	40.7
Relatives of patient/client	19	70.4
Staff member, colleague/worker	4	14.8
Ward In charge	11	41.1
Sex *		
Male	26	96.3
Female	12	44.4
Shift *		
Morning shift	13	48.1
Evening shift	15	55.6
Night shift	18	66.7
Respond to the Verbal Violence*		
Tried to defend myself verbally	23	85.2
Reported it to a senior staff member	11	40.7
Reported to *		
Senior staff member	18	66.7
Ward incharge	12	44.4
Head of the department	3	11.1

Note: Multi response *

Table 4 displays that the majority (56.5%) of respondents did not report experiencing verbal abuse within the last 12 months. Among those who experienced verbal abuse, most (70.4%) identified the perpetrator as a relative of the patient/client, with a significant majority (96.3%) of the perpetrators being male. The majority (66.7%) of verbal abuse incidents occurred during the night shift, with over half (55.6%) of incidents occurring during the evening shift. The majority (85.2%) of respondents responded to the verbal violence. Moreover, all respondents who experienced verbal abuse reported the incident, with a majority (80.0%) reporting it to the ward in-charge.

Table 5: Prevalence of Sexual Workplace Violence

Statements	Frequency (n)	Percentage (%)
Sexual Abuse in Workplace within 12 Months		
Yes	5	8.1
No	57	91.9
Sexually Abused by (n=5)*		
Patient/client	1	20.0
Relatives of patient/client	2	40.0
Staff member, colleague/worker	3	60.0
Sex *		
Male	5	100
Shift *		

Morning shift	1	20.0
Evening shift	2	40.0
Night shift	3	60.0
Respond to the Sexual Violence*		
Tried to defend myself	2	40.0
Reported it to a senior staff member	3	60.0
Reported to *		
Senior staff member	2	50.0
Ward incharge	3	75.0

Note: Multi response *

Table no. 5 demonstrates that the majority (91.9%) of respondents did not report experiencing sexual abuse within the last 12 months. Among those who experienced sexual abuse, over half (60%) identified the perpetrator as a staff member, colleague, or worker, and all perpetrators were male. More than half (60%) of the incidents of sexual violence occurred during the night shift, and a quarter (40%) occurred during the evening shift. Over half (60%) of the respondents responded to the sexual violence. All respondents who experienced sexual abuse reported the incident, with a majority (75%) reporting it to the ward in-charge.

Table 6: Prevalence of Workplace Violence

Workplace Violence	Yes Frequency (n)	Percent (%)	No Frequency (n)	Percent (%)
Physical violence	6	9.7	56	90.3
Verbal violence	27	43.5	35	56.5
Sexual violence	5	8.1	57	91.9

Table 6 presents the prevalence of workplace violence among the respondents, indicating that half (50%) of them reported experiencing some type of violence in their workplace. Among the different types of violence, verbal violence had the highest prevalence, affecting nearly half (43.5%) of the respondents. Physical violence was the least prevalent, affecting only 9.7% of the respondents, while sexual violence was slightly more prevalent, affecting 8.1% of the respondents.

DISCUSSION

A non-probability purposive sampling technique was employed to conduct a descriptive cross-sectional study among 62 nurses working in all wards of Nepalganj Medical College Teaching Hospital, Nepalganj, using a semi-structured self-administered questionnaire. The results indicate that 58.1% of the respondents were aged between 26-30 years. In comparison, a similar study conducted in Pokhara, Kaski, Nepal, reported that more than half (59.4%) of the respondents were less than 25 years of age (Pandey et al., 2017).

The results of the present study indicate that a majority (62.9%) of the respondents were from the Brahmin/Chettri community. This finding differs from a study conducted in Pokhara, Kaski, Nepal, where the majority (51%) of the respondents were also from the Brahmin/Chettri community (Pandey et al., 2017). Furthermore, in the current study, more than half (64.5%) of

the respondents were married. This finding is dissimilar to a study conducted in Kathmandu, Nepal, where the majority (61.4%) of respondents were single (Dhamala et al., 2021).

The present study reveals that the majority (72.6%) of the respondents were at the Proficiency Certificate Level. In contrast, a study conducted in China at tertiary and country-level hospitals showed that over half (53.7%) of the respondents possessed a bachelor's degree (Lei et al., 2016).

Furthermore, the present study shows that over half (51.6%) of the respondents had working experience of less than or equal to five years. This finding is similar to the study conducted in public hospitals in Bangladesh (Alam et al., 2019).

Moreover, the present study shows that the majorities were staff nurses, and the least were nursing incharge, which is consistent with the study conducted in public hospitals in Bangladesh.

The present study revealed that more than half (51.6%) of the respondents had a working experience of less than or equal to five years. This finding is consistent with the results of a study conducted in China on the prevalence of workplace violence (Lei et al., 2016).

The present study found that almost half (45.1%) of the nurses reported experiencing some type of violence in their workplace. The prevalence of verbal violence was the highest (43.5%), followed by physical violence (9.7%) and sexual violence (8.1%). In contrast, a study conducted in China at tertiary and country-level hospitals found a higher prevalence of workplace violence (65.8%), with verbal violence accounting for the majority (64.9%), while physical violence and sexual violence accounted for 11.8% and 3.9%, respectively (Lei et al., 2016).

Similarly, a study conducted on workplace violence among nurses at public hospitals in Bangladesh found that the prevalence of workplace violence in healthcare was greater than 50%, with a range of 36.0% to 92.0% among nurses (Alam et al., 2019). Another study conducted in Pokhara, Nepal, revealed that the proportion of verbal violence was higher (61.5%) compared to physical violence (15.5%) and sexual violence (9%) (Pandey et al., 2017).

CONCLUSION

According to the results of this study, it was found that 45.1% of the participating nurses reported experiencing some form of violence in their workplace. Among the reported types of violence, the prevalence of verbal violence was found to be higher at 43.5% as compared to physical violence at 9.7% and sexual violence at 8.1%. These findings are consistent with a study conducted in China at tertiary and country-level hospitals, which reported a prevalence of workplace violence in healthcare of 65.8%, with verbal violence being the most prevalent at 64.9%. Physical violence and sexual violence accounted for 11.8% and 3.9%, respectively. Another study conducted in public hospitals in Bangladesh also found a prevalence of workplace violence in healthcare of more than 50%, with prevalence ranging from 36.0% to 92.0% among nurses. It is clear from these findings that violence in healthcare is a major issue that needs to be addressed.

Implications, Recommendations and Limitations

The findings of the present study can contribute to the existing body of knowledge and serve as a baseline for future researchers working on this topic. The study's results may also be beneficial to students and emerging researchers as a reference for their own research in this field.

It is recommended that further studies should be conducted to build upon the findings of the present study and address its limitations. One potential area of exploration could be a comparative study of workplace violence experienced by nurses in private hospitals versus those in government hospitals. This could potentially provide valuable insights into any differences in prevalence or types of violence experienced by nurses working in different healthcare settings. Additionally, it is suggested that future studies incorporate larger sample sizes and longer data collection periods to increase the generalizability of findings.

The present study was conducted at Nepalganj Medical College using a non-probability purposive sampling technique; hence, the generalizability of the findings to other settings may be limited. Furthermore, due to time constraints and feasibility issues, a larger sample could not be included, and the limited time of respondents posed difficulties for the researchers in the data collection process.

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