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NURSES PERCEPTION OF WORKPLACE VIOLENCE & ASSOCIATED COPING STRATEGIES

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Abstract

Background: *Workplace violence (WPV) is a critical global issue in healthcare, disproportionately affecting nurses who serve on the frontlines of patient care. Exposure to physical, verbal, and psychological violence undermines nurses' well-being, job satisfaction, and overall care quality.*

Objective: *This study aimed to explore nurses' perceptions of workplace violence and examine the coping strategies they employ in response to such incidents in two hospitals located in Sindh, Pakistan.*

Methods: *A descriptive cross-sectional study was conducted with a sample of 45 registered nurses from District Hospital Sanghar and Taluka Hospital sanjhoro. Data were collected using a structured questionnaire and analyzed using SPSS version 16 to determine frequencies and descriptive statistics related to the prevalence, sources, and impacts of WPV.*

Results: *Findings revealed that 77.8% of nurses reported experiencing workplace violence at least "rarely," with verbal abuse being the most frequently encountered form (82.2%). The primary perpetrators were patients' relatives (66.7%). Almost half of the respondents (48.9%) chose to ignore the violence, and only 24.4% reported the incidents. Despite 62.2% of incidents being formally investigated, just over half (51.1%) expressed satisfaction with the institutional response. WPV had a moderate to severe impact on job performance for 51.1% of nurses, while fear of retaliation remained a significant barrier to reporting.*

Conclusion: *Workplace violence is a prevalent and underreported issue among nurses in the selected healthcare settings. Most incidents involve verbal abuse by patient attendants, with limited institutional support perceived by affected staff. Strengthening workplace safety policies, enhancing incident reporting systems, and providing psychological support are essential to creating a safer and more supportive work environment for nurses.*

INTRODUCTION

1.1 BACKGROUND

Workplace violence (WPV) has emerged as a significant global concern, especially in healthcare environments where nurses are more vulnerable. Nurses often serve as the initial contact point for patients and their families, which exposes them to higher risks of verbal abuse, physical violence, and emotional distress. In countries like Pakistan, where

hospitals are underfunded and patient education is lacking, these tensions are amplified, resulting in frequent violent incidents. Studies indicate that many nurses view WPV as an inevitable aspect of their job, leading to frequent underreporting and emotional strain. Aside from physical injury, WPV has been associated with lower job satisfaction, mental health issues, and high turnover rates. The normalization of violence in healthcare settings poses a threat not only to the health and safety of nurses but also to the quality of patient care. This study explores how nurses in District Sanghar and Tarsile Sanjhore hospitals perceive workplace violence and the coping mechanisms they employ. Workplace violence (WPV) is a pervasive issue in healthcare settings, with nurses being among the most vulnerable professionals to experience such incidents[1]. Defined as any act or threat of physical violence, harassment, intimidation, or other disruptive behavior, Workplace violence poses significant risks to nurses' physical, emotional, and psychological well-being. Nurses' perceptions of workplace violence and their coping strategies are critical to understanding the broader implications of this issue and developing effective interventions to mitigate its impact. Nurses often perceive workplace violence as an inherent risk of their profession, particularly in high-stress environments such as emergency departments, psychiatric units, and long-term care facilities[2]. Many nurses view workplace violence as a "part of the job," which can lead to normalization and underreporting of incidents. This perception is influenced by several factors, including the frequency of violent encounters, the severity of incidents, and the organizational culture surrounding workplace violence[3] besides, the violence is a growing like concern in the United States, especially with the adoption of "stand your ground laws" aimed at worker protection. This study explored how workplace violence creates an unsafe environment for nurses and nursing assistants in long-term medical care facilities. One research are Findings revealed that 65% of participants experienced workplace violence , while 41% felt management showed little to no concern for their safety. Additionally, 23% believed reporting a supervisor's involvement in workplace violence was unsafe, and 22% of those who experienced workplace violence felt their work environment was unsafe. A significant difference in safety perceptions was observed between those who experienced that type of violence and those who did not ($t = 3.95$, $df = 158$, $p < 0.0001$). These results underscore the urgent need to address workplace violence and enhance safety measures in healthcare settings [4].furthermore, The study found that nurses' work environment and psychological capital were negatively linked to workplace bullying. To address this, nursing managers should foster a positive work environment with strong leadership, efficient systems, minimal interpersonal conflict, and robust support for nurses. Additionally, psychological capital training programs should be implemented to reduce bullying risks, enhance nurses' resilience, and equip them to handle challenges with a positive mind set. These measures can help create a healthier and more supportive workplace for nurses [5]. Workplace violence (WPV) against nurses refers to any physical, sexual, or psychological harm inflicted by patients or visitors in the workplace. Workplace violence is linked to decreased job satisfaction, burnout, emotional stress, humiliation, guilt, higher staff turnover, and increased intention to quit. This narrative review explores the concept of workplace violence, its prevalence, consequences, impact on nursing, and prevention strategies. Workplace violence is unacceptable, and perpetrators, regardless of their physical or psychological condition, must be held accountable. Despite its severe negative effects on nurses, Workplace violence is often normalized and underreported. To combat this, nurses should be educated on hospital policies addressing workplace violence and encouraged to report incidents. Effective prevention and reporting mechanisms are essential to creating a safer work environment for nurses[6]. Approximately one-third of nurses globally reported exposure to physical violence and bullying, with about a third experiencing injuries, a quarter facing sexual harassment, and two-thirds encountering nonphysical violence. Physical violence was most common in emergency departments, geriatric, and psychiatric facilities. Anglo countries had the highest rates of physical violence and sexual harassment, while the Middle East reported the highest levels of nonphysical violence and bullying. In Anglo regions and Europe, patients

were the primary perpetrators of physical violence, whereas in the Middle East, most physical violence was committed by patients' family and friends. These findings highlight the widespread nature of workplace violence against nurses and the need for region-specific interventions to address these issues[7]. Nurses often experience feelings of fear, anxiety, and helplessness following violent incidents. These emotional responses can affect their job satisfaction, morale, and overall mental health. Over time, repeated exposure to workplace violence can lead to burnout, compassion fatigue, and even post-traumatic stress disorder (PTSD)[8]. Once studies explored horizontal violence and nurses' perceptions of the issue within two 28-bed inpatient hospital units. The goal was to better understand horizontal violence by observing behaviors, analyzing policies, and conducting staff interviews between June and November 2012. Thematic analysis revealed five key themes: (1) behaviors are often minimized and unrecognized, (2) fear prevents reporting, (3) avoidance and isolation are common coping strategies, (4) there is a lack of respect and support, and (5) organizational chaos exacerbates the issue. The findings highlight the need for future interventions to address the complex and deeply embedded factors that perpetuate horizontal violence in nursing environments [9]. Nurses' perception of workplace violence is deeply influenced by the frequency and severity of incidents, as well as the organizational culture in which they work. The impact of workplace violence on the work environment is profound, leading to decreased job satisfaction,
reduced productivity, increased turnover rates, strained team dynamics, and compromised patient care. Addressing this issue requires a comprehensive approach that involves individual coping strategies, organizational policies, and systemic changes. By fostering a culture of safety and respect, healthcare organizations can create a work environment that supports the well-being of nurses and ensures the delivery of high-quality patient care. Ultimately, a collaborative effort between nurses, healthcare institutions, and policymakers is essential to combat workplace violence and promote a safer and more supportive work environment.[10]. In additional , this significant contributions to the global clinical community by addressing critical gaps in understanding nurses' resilience in the face of workplace violence . It highlights the importance of support systems, such as family and peer support, in enhancing resilience, particularly by fostering personal strength, social competence, and structured coping styles, which can reduce depressive tendencies among nurses. The findings provide valuable evidence for future nursing policies aimed at reducing burnout, mental health issues, and nurse shortages, offering actionable strategies for healthcare organizations to create safer and more supportive work environments. By emphasizing a holistic approach to nurse well-being, the study not only advances academic knowledge but also offers scalable solutions that can be adapted globally, ultimately improving both nurse retention and patient care outcomes[11]. Workplace violence is a significant global issue, particularly affecting healthcare providers, with nurses in emergency rooms (ERs) being especially vulnerable. This study explored ER
nurses' perceptions and coping strategies related to WPV through content analysis,identifying two main themes for each. Perceptions of WPV were categorized as "adversity" (including subthemes like misunderstanding of health policy, unsafe environments, and nursing shortages) and "dilemma" (covering burnout and the struggle between staying in or quitting the job). Coping strategies were grouped as "adjustment" (acceptance of WPV, self-regulation, and cultural beliefs) and "resilience" (living with WPV and problem-solving) moreover highlight the complex challenges ER nurses face after experiencing workplace violence and offer valuable insights into coping mechanisms that can help other nurses prevent and manage violent incidents. To address WPV in ERs, hospital managers should prioritize creating safer environments by increasing security personnel, providing communication and skills training, and implementing support systems to enhance nurse resilience. These measures are essential for reducing workplace violence and supporting ER nurses in their demanding roles[12].Similarly, nurses' work environment and psychological capital were negatively linked to workplace bullying. To address this, nursing managers should foster a positive work environment with strong leadership, efficient systems, minimal interpersonal conflict, and robust support for nurses. Additionally, psychological capital training

programs should be implemented to reduce bullying risks, enhance nurses' resilience, and equip them to handle challenges with a positive mindset. These measures can help create a healthier and more supportive workplace for nurses[13] And the well-being and coping strategies of nurses working in environments perceived as bullying-prone. Its unique focus was on individuals who view their workplace as characterized by bullying, excluding self-identified victims and those in non-bullying environments. By concentrating on this specific group, the study provides insights into how perceived bullying impacts nurses' well-being and coping mechanisms, offering a fresh perspective on addressing workplace bullying in nursing [14]. Coping Strategies Employed by Nurses to manage the stress and trauma associated with workplace violence, nurses employ a variety of coping strategies. These strategies can be categorized into problem-focused coping, emotion-focused coping, and organizational-level intervention.[15]. Problem-Focused Copes are approach involves taking direct action to address the source of stress. Nurses may use de-escalation techniques, such as active listening and maintaining calm demean or, to defuse potentially violent situations. Additionally, they may seek training in self-defiance or conflict resolution to better prepare themselves for challenging interactions[16]. When the source of stress cannot be immediately resolved, nurses often turn to emotion- focused coping strategies. These include seeking social support from colleagues, friends, or family members, as well as engaging in self-care activities such as exercise, meditation, or therapy. Emotional coping mechanisms help nurses process their feelings and reduce the psychological impact of workplace violence[17].Organizational-Level Interventions: Effective coping also depends on the support provided by healthcare institutions. Organizations can implement policies and procedures to prevent and address workplace violence, such as zero-tolerance policies, mandatory reporting systems, and regular training programs. Providing access to counseling services and creating a culture of open communication can further empower nurses to cope with the aftermath of violent incidents[18]. Despite this, study found that nurses' work environment and psychological capital were negatively linked to workplace bullying. To address this, nursing managers should foster a positive work environment with strong leadership, efficient systems, minimal interpersonal conflict, and robust support for nurses. Additionally, psychological capital training programs should be implemented to reduce bullying risks, enhance nurses' resilience, and equip them to handle challenges with a positive mind set. These measures can help create a healthier and more supportive workplace for nurses [19].Meanwhile, nurses have experienced workplace violence, highlighting the urgent need for hospitals to take stronger action. Hospital administrations should implement more effective security measures, provide education and training programs to help staff manage workplace violence, and establish support systems for those affected. These steps are essential to creating a safer and more supportive work environment for emergency nurses [20].

1.2 Problem Statement

Despite the growing reports of workplace violence, there is a notable lack of regional data on the experiences of nurses in rural Pakistani hospitals. The absence of structured interventions and the tendency to underreport incidents hinder the development of effective safety measures. This study aims to fill this gap by examining the frequency, causes, psychological effects, and coping strategies related to WPV among nurses.

1.3 Research Objectives

- To examine the types and frequency of workplace violence encountered by nurses.
- To identify common perpetrators and the contextual factors contributing to WPV.
- To assess the psychological and professional consequences of WPV on nurses.
- To investigate the coping strategies used by nurses dealing with WPV.

1.4 Research Questions

- How often do nurses experience workplace violence in the selected hospitals?
- What are the main types and sources of violence encountered?
- In what ways does WPV affect the mental health and job performance of nurses?
- What strategies do nurses employ to cope with

these incidents?

1.5 RATIONAL OF STUDY

This research offers valuable insights into the issue of workplace violence within the context of Pakistan's healthcare system, underscoring the need for immediate institutional changes. The findings could guide hospital policies, staff training initiatives, and national healthcare reforms aimed at mitigating WPV and providing support to affected nurses.

1.6 Operational Definition

The study focuses on registered nurses working at District Hospital Sanghar and Taluka Hospital Sanjhoro, with a sample size of 45 participants. Data were gathered through structured questionnaires. The study specifically examines violence from patients and their families, rather than conflicts among staff members.

1.6.1Nurses perception

This refers to how nurses view and interpret incidents of workplace violence based on their experiences, beliefs, and clinical exposure. It includes their understanding, attitudes, and emotional responses regarding the frequency, severity, and implications of such events in healthcare environments.

1.6.2 Workplace violence

Workplace violence (WPV) is characterized by any verbal threats, physical attacks, intimidation, or emotional harm that occur within a professional setting. In the nursing profession, it commonly stems from patients, their families, or colleagues and poses a significant risk to nurses' safety and well-being.

1.6.3 Coping Strategies

Coping strategies are the mental and behavioral techniques nurses use to manage the emotional and psychological impact of workplace violence. These methods may be directed toward solving the issue (e.g., seeking help or reporting) or aimed at managing emotional distress (e.g., avoiding confrontation or staying silent).

Variables Age

1.7 Marital status Gender

Length of clinical service

Assigned department or unit **Work shift (day or night)**

Demographical variables

Nurses' views and experiences regarding WPV

The emotional and professional effects of violence

The coping approaches adopted by nurses

1.7.1 Major variables

Frequency and nature of workplace violence

1.7.1.1 Dependent variables

Nurses' views and experiences regarding WPV
The emotional and professional effects of violence
The coping approaches adopted by nurses

1.7.1.2 Independent variables

Source or offender responsible for the violence
Presence or absence of training and institutional support

Nurses' tendency to report incidents

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of relevant literature concerning violence in the nursing profession, particularly incidents involving patients' attendants. It discusses international and local viewpoints, the psychological toll on nurses, and institutional strategies for handling such cases. This review provides the scholarly basis for the study, highlights existing research gaps, and situates the problem within Pakistan's healthcare system.The nursing profession is widely recognized as one of the most demanding and stressful occupations, with nurses frequently exposed to high mental workloads and occupational hazards. Mental workload, defined as the cognitive and emotional demands placed on an individual during work, has been identified as a significant contributor to occupational injuries and stress-related health issues among nurses. A growing body of literature highlights the relationship between mental workload and adverse outcomes, including burnout, fatigue, and decreased job performance. Studies have shown that excessive mental workload can impair decision-making, reduce attention to detail, and increase the

likelihood of errors, all of which contribute to occupational injuries (Carayon & Gurses, 2008; Trinkoff et al., 2007)[21].Research indicates that mental workload is a critical factor in the occurrence of occupational injuries among nurses. High mental workload often leads to physical and emotional exhaustion, which can compromise nurses' ability to perform tasks safely and effectively. For instance, a study by Gershon et al. (2007)[22] found that nurses experiencing high levels of mental stress were more likely to report musculoskeletal injuries, needlestick injuries, and other work-related accidents. Similarly, a systematic review by Dall'Ora et al. (2020)[23] revealed that long working hours and high cognitive demands were associated with increased risks of occupational injuries and burnout among nurses. Coping strategies play a vital role in mitigating the negative effects of mental workload and occupational stress. Nurses employ a variety of coping mechanisms, both adaptive and maladaptive, to manage stress and maintain their well-being. Adaptive coping strategies, such as seeking social support, engaging in self-care activities, and utilizing problem-solving techniques, have been shown to reduce stress and improve job satisfaction [24]. Conversely, maladaptive coping strategies, such as avoidance or substance use, can exacerbate stress and increase the risk of occupational injuries [25].Studies have also emphasized the importance of organizational support in enhancing nurses' coping abilities. For example, access to mental health resources, workload management programs, and supportive leadership have been identified as key factors in reducing mental workload and promoting resilience among nurses [26]. Furthermore, interventions such as mindfulness training, stress management workshops, and peer support programs have demonstrated effectiveness in improving nurses' coping skills and reducing occupational stress [27]. Workplace violence (WPV) in healthcare is an increasingly recognized hazard that negatively affects the safety and well-being of nursing staff. Nurses report experiencing higher rates of physical, verbal, and psychological violence than other healthcare professionals globally. This chapter examines both international and national research on the prevalence, consequences, and institutional responses to WPV, with a particular focus on the need for research in rural Pakistan.

2.2 Workplace Violence in Healthcare Settings

According to the World Health Organization (WHO, 2022), workplace violence refers to incidents where healthcare workers are abused, threatened, or attacked in relation to their work. Nurses are especially vulnerable due to their close and sustained interactions with patients. A study by Edward et al. (2016) highlights that emergency departments and psychiatric units are particularly prone to WPV, as these environments are marked by high emotional stress and unpredictable patient behavior.

2.3 Prevalence and Forms of Violence

Verbal abuse is the most frequently reported form of violence, followed by physical and psychological aggression. Spector et al. (2014) found that more than two-thirds of nurses encounter verbal violence at some stage in their careers. In Pakistan, Khademi et al. (2020) reported that 60% of nurses had experienced WPV, with family members of patients often being the perpetrators.

2.4 Psychological Impact on Nurses

WPV's effects extend beyond immediate physical harm. Nurses who endure repeated instances of violence are at a higher risk for anxiety, depression, burnout, and post- traumatic stress disorder (PTSD) (Gates et al., 2011). These psychological consequences often result in decreased job satisfaction, increased absenteeism, and a decline in the quality of patient care.

2.5 Factors Influencing Vulnerability

Several demographic and occupational factors, such as age, gender, years of experience, and shift timings, play a role in determining nurses' vulnerability to WPV. Martinez (2016) noted that less experienced nurses and those working night shifts reported a higher incidence of violence. Additionally, factors like understaffing, lack of proper training, and poor communication significantly contribute to the risk of violence.

2.6 Organizational Responses

In many high-income countries, structured violence prevention protocols are in place, including zero-tolerance policies, enhanced security measures, and staff training programs. However, in Pakistan,

hospitals often lack clear systems for reporting incidents. Farooq et al. (2021) emphasize that many nurses refrain from reporting WPV due to fear of retaliation and a belief that management responses are ineffective.

2.7 Gaps in Existing Research

There is a lack of empirical data on how nurses in smaller districts of Pakistan experience and manage WPV. Most existing studies are either qualitative or concentrated in urban areas. This study aims to fill this gap by utilizing quantitative methods to examine the frequency, causes, coping strategies, and institutional responses related to WPV in rural hospitals.

2.8 Theoretical Framework

This research is based on Lazarus and Folkman's (1984) Transactional Model of Stress and Coping, which suggests that stress occurs when external demands exceed an individual's coping abilities. In this framework, WPV is considered a stressor, and the coping strategies employed by nurses—whether focused on solving the problem or managing emotions—affect their psychological outcomes.

2.9 Conclusion

The existing literature confirms that workplace violence is an ongoing issue with serious consequences for both individuals and organizations. While some countries have made progress in managing WPV, areas like rural Pakistan remain under- explored. Understanding the local context is crucial for developing effective and culturally relevant interventions.

METHODOLOGY

3.1 Introduction

This chapter presents the research design, target population, sampling method, data collection techniques, tools, analysis procedures, and ethical considerations for the study on workplace violence and coping strategies among nurses. A structured and methodical approach was adopted to ensure the study's validity, reliability, and applicability within the context.

3.2 Research Design

A quantitative, descriptive cross-sectional design was used to determine the frequency and types of workplace violence faced by nurses and the coping strategies they employ. This approach enabled statistical analysis of the relationship between demographic and workplace factors and nurses' experiences with workplace violence.

3.3 Study Setting and Population

The research was conducted in two government-run hospitals:

- District Headquarter Hospital Sanghar
- Taluka Hospital Sanjhoro

The study targeted registered nurses currently working at these hospitals.

3.4 Sampling Technique and Sample Size

A purposive sampling method was employed, with 45 nurses who met the inclusion criteria participating in the study.

3.4.1 Inclusion Criteria:

- Must be a currently employed registered nurse
- At least six months of clinical experience
- Willing to voluntarily participate in the study

3.5 Data Collection Instrument

A structured questionnaire was created and validated through expert review. The questionnaire was divided into four sections:

- **Section A:** Demographic and professional background
- **Section B:** Nature and frequency of workplace violence
- **Section C:** Emotional and behavioral reactions
- **Section D:** Coping strategies and institutional support

Each item used a 4-point Liker scale (ranging from 0 to 3) to measure experiences and perceptions.

3.6 Data Collection Procedure

Before data collection, approval was obtained from hospital administrators. Participants were informed about the study's purpose and their rights. Paper-

based questionnaires were distributed and collected anonymously during duty shifts.

3.7 Data Analysis

The data were analyzed using SPSS version 16. Descriptive statistics, including frequencies and percentages, were used to summarize the responses. Graphs and charts were created to highlight key trends in the data, particularly regarding the frequency of violence, types of perpetrators, and coping strategies.

3.8 Ethical Considerations

Ethical approval was granted by the Institutional Review Board.

- Written informed consent was obtained from all participants.
- Confidentiality was ensured by assigning anonymous codes to the responses.
- Participants were informed of their right to withdraw from the study at any point without any consequences.

RESULTS

4.1 Introduction

This chapter discusses the analysis and interpretation of data gathered from 45 nurses working at two hospitals: District Hospital Sanghar and Taluka Hospital Sanjhoro. The results are categorized by the frequency and types of workplace violence (WPV), the perpetrators, its psychological and professional effects, reporting practices, institutional responses, and coping mechanisms.

4.2 Frequency of Workplace Violence

Among the 45 participants:

- 42.2% reported experiencing WPV occasionally.
- 35.6% stated they encountered it rarely.
- Only 4.4% often experienced violence.
- 17.8% said they never faced WPV.

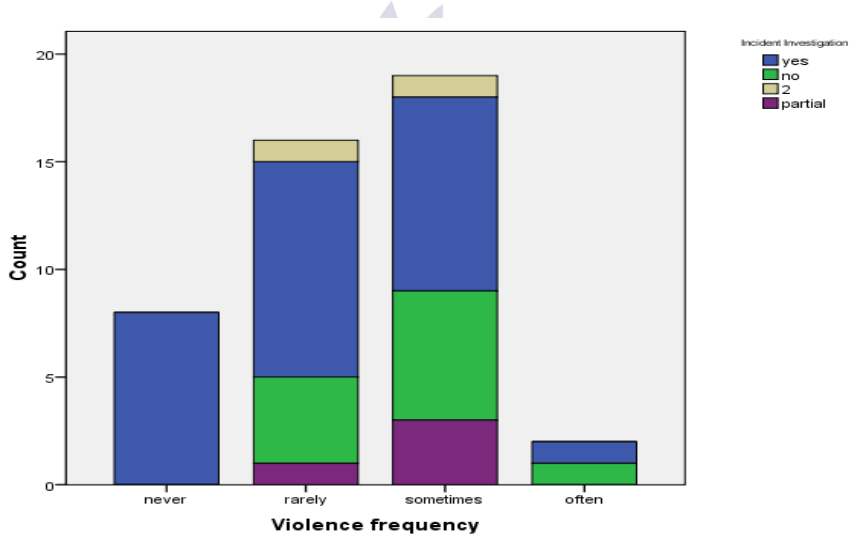

Figure 1:Frequency of Workplace Violence with categories (Never, Rarely, Sometimes, Often)

4.3 Type of Violence Experienced

The majority of nurses reported:

- Verbal abuse (82.2%)
- Physical violence (11.1%)
- Psychological violence (6.7%)

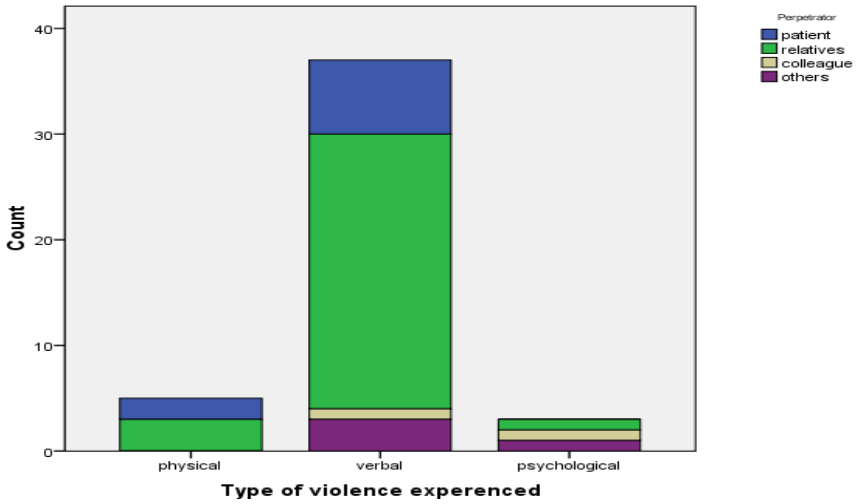

Figure 2: Type of Violence Experienced

4.4 Perpetrators of Violence

The main perpetrators identified by the participants were:

- Relatives of patients (66.7%)
- Patients themselves (20.0%)
- Colleagues (4.4%)
- Others (8.9%)

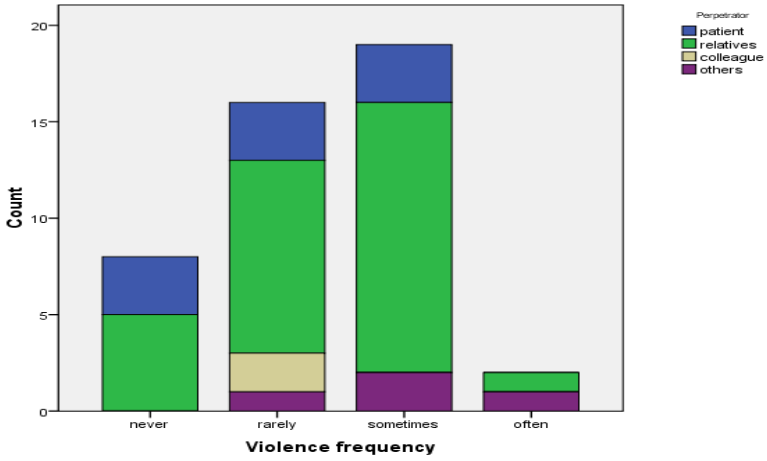

Figure 3: Type of Perpetrators
(Grouped by type of violence to better highlight trends)

4.5 Responses to Violence

When confronted with WPV, nurses responded as follows:

- 48.9% chose to ignore the incident.
- 24.4% reported the violence.
- 13.3% defended themselves
- 13.3% sought assistance.

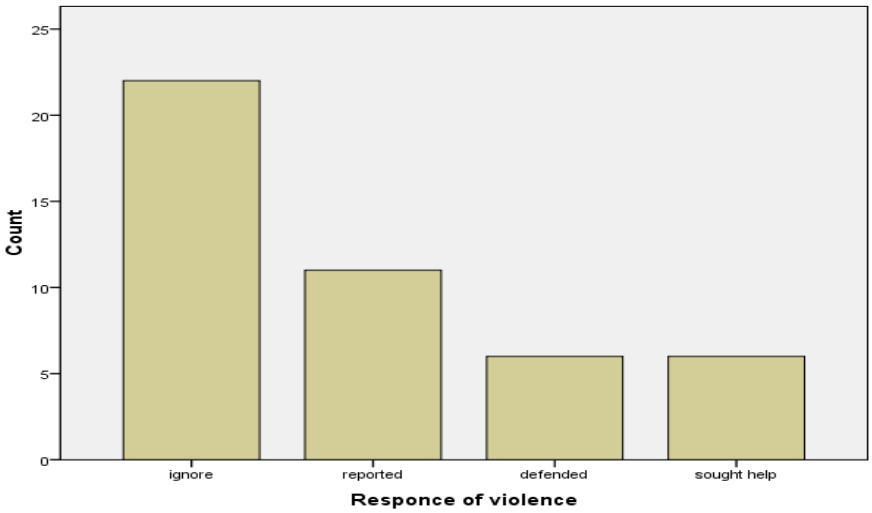

Figure4: Nurses' Response to Violence

4.6 Impact on Job Performance

The impact of WPV on job performance was reported as:

- Moderate impact: 42.2%
- Severe impact: 8.9%
- Slight impact: 20.0%
- No impact: 28.9%

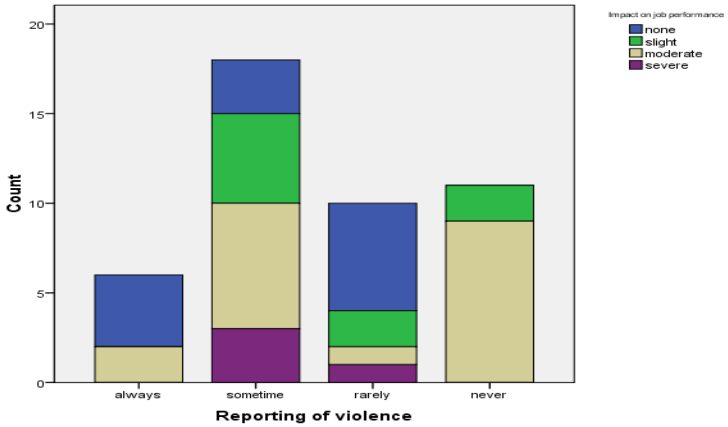

Figure5: Impact of WPV on Job Performance

4.7 Psychological Consequences (Injury/Depression)

The psychological effects of WPV were reported as:

- No psychological injury: 53.3%
- Mild symptoms: 31.1%
- Moderate symptoms: 13.3%
- Severe symptoms: 2.2%

4.8 Reporting and Investigation

Regarding reporting and investigation:

- 62.2% of incidents were investigated.
- 24.4% reported no investigation took place.
- 51.1% were satisfied with the outcome.
- 44.4% feared retaliation, which discouraged reporting.

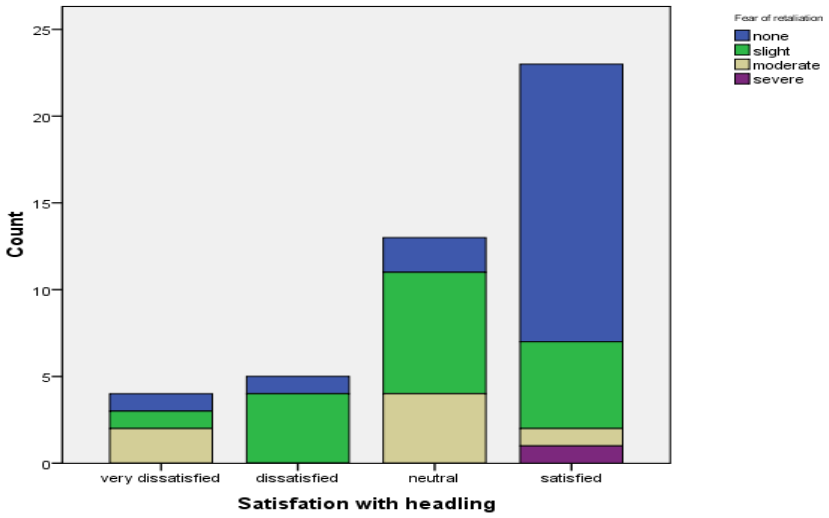

Figure 6: Reporting vs. Fear of Retaliation

4.9 Preventive Training and Institutional Support

Regarding preventive training and institutional support:

- 46.7% of nurses received training on handling WPV.
- 40% had no training.
- 37.8% rated workplace safety as excellent, 22.2% as adequate, and 17.8% felt there were no safety measures in place.

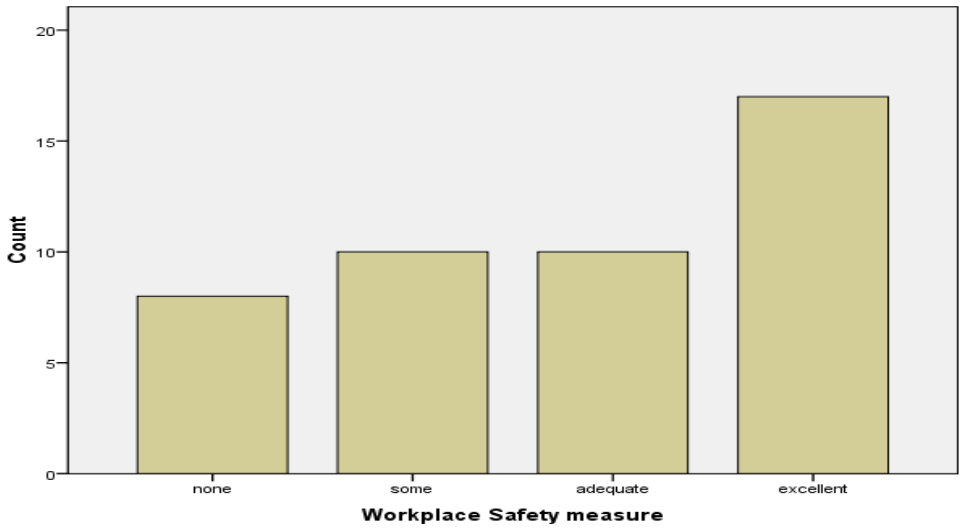

Figure 7: Workplace Safety Measures Perceived by Nurses

4.10 Coping Strategies Used

Nurses used the following coping strategies:

- Ignoring the incident: 42.2%
- Reporting it: 28.9%
- Practicing self-care: 24.4%
- Seeking support: 4.4%

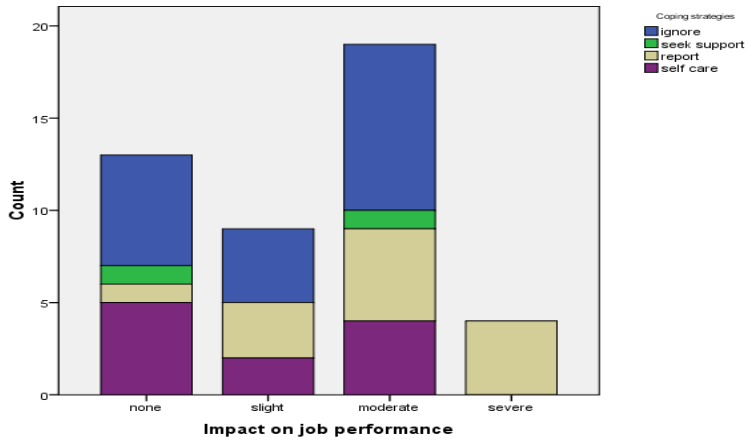

Figure 8: Coping Strategies Employed by Nurses

4.11 Perceived Causes of Violence

The main causes of violence were identified as:

Physical Violence:

- Staff shortage: 48.9%
- Patient behavior: 33.3%

Psychological Violence:

- Overwork: 44.4%
- Verbal abuse: 22.2%

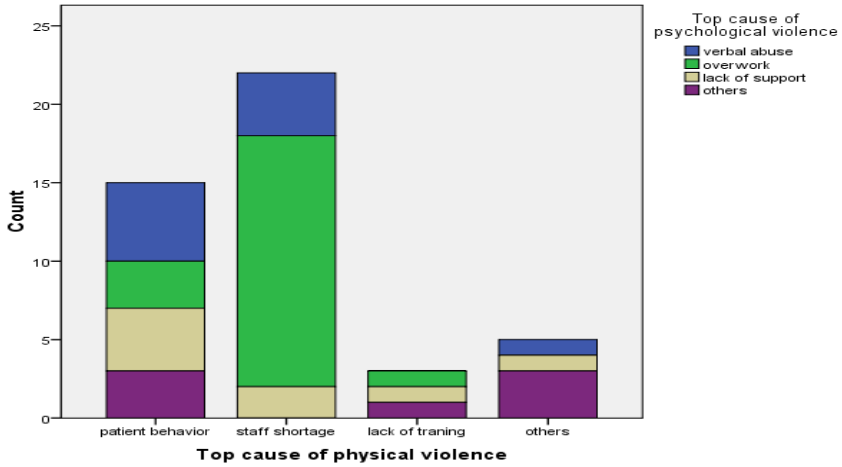

Figure 9: Causes of Physical vs. Psychological Violence

4.12 Suggestions for Improvement

When asked for suggestions for improvement:

- 60.0% recommended better hospital policies.
- 17.8% suggested additional training or enhanced security measures.

DSSCUSSION

5.1 Summary of Key Findings

This study examined nurses' perceptions of workplace violence (WPV) and their coping mechanisms in two public hospitals in Sindh, Pakistan. Based on data from 45 nurses, the key findings revealed:

- 77.8% of nurses had encountered some form of WPV.
- The most common form of violence was verbal abuse (82.2%), with patient relatives being the main perpetrators (66.7%).
- Nearly half of the nurses (48.9%) chose to ignore the incidents, while only 24.4% formally reported the violence.
- A significant portion (51.1%) reported moderate to severe impacts on job performance due to WPV.
- The main causes identified were staff shortages (48.9%) and overwork (44.4%).
- Only 46.7% of nurses received training on how to handle WPV.

These results highlight that WPV is a critical and largely overlooked issue in healthcare settings, with severe consequences for nurses' mental health and professional performance.

5.2 Discussion

The frequent occurrence of WPV, particularly verbal abuse, suggests that aggression is becoming normalized in healthcare environments. These findings align with international research indicating that nurses face high levels of violence, particularly in overcrowded and under-resourced settings (Spector et al., 2014; Edward et al., 2016). The predominance of avoidant coping mechanisms, such as ignoring the violence, points to a lack of institutional support and a broader systemic issue. Nurses are not sufficiently empowered or trained to protect their rights or ensure their safety. Additionally, the fear of retaliation (reported by 44.4%) discourages reporting incidents, creating a cycle of silence and continued vulnerability. The most commonly cited causes of violence were staff shortages and poor patient management. This is consistent with other studies that show organizational inefficiencies lead to frustration among patients, which is often directed at frontline staff. Although 62.2% of incidents were investigated, only 51.1% of participants were satisfied with the outcome. This discrepancy between reporting and resolution suggests the need for stronger, more transparent grievance systems to effectively address WPV.

5.3 Limitations

The study's sample size (n=45) is relatively small, limiting the ability to generalize the results. Additionally, the study was conducted in only two hospitals in Sindh, meaning the findings may not be applicable to other regions. Self-reported data may be influenced by recall bias or underreporting due to fear or social desirability, potentially skewing the results. Despite these limitations, the study provides valuable insights into an under-explored area of Pakistani nursing.

5.4 Implications for Nursing Practice

The results of this study underscore the urgent need for comprehensive reforms in healthcare settings to safeguard nurses from workplace violence (WPV). The primary implications include:

- **Patient Interaction Management:** Nurses, particularly those in high-pressure environments, should receive training in de-escalation strategies and emotional regulation techniques to manage confrontational situations effectively.
- **Institutional Culture:** Healthcare institutions need to adopt a zero-tolerance stance toward WPV, implementing strict penalties for perpetrators, regardless of their position.
- **Support Systems:** It is essential to introduce psychological counselling and peer support programs to help nurses cope with the emotional impact of violent encounters.

5.5 Implications for Hospital Administration

- **Security Measures:** Hospitals should consider hiring trained security personnel and installing surveillance systems to both deter and document violent incidents.

- **Reporting Infrastructure:** Developing accessible and confidential reporting mechanisms will encourage nurses to report incidents of violence, ensuring they are addressed properly.
- **Policy Reforms:** Clear, actionable protocols must be established to guide responses to violent incidents, including legal reporting and follow-up procedures.

5.6 Implications for Nursing Education

- **Curriculum Inclusion:** Nursing schools should incorporate content on WPV into their curricula, covering topics such as communication techniques, legal rights, self-defense, and mental health support.
- **Simulation Training:** Scenario-based or role-playing training can help nurses develop practical skills for managing difficult or confrontational situations.

5.7 Recommendations for Policy Makers

- **National Guidelines:** The Ministry of Health should formulate national policies to prevent WPV and ensure consistent implementation across both public and private healthcare facilities.
- **Legal Protection:** Laws should be introduced and enforced to make assaults on healthcare workers a criminal offense, providing legal protection to nurses and other healthcare professionals.
- **Public Awareness Campaigns:** Campaigns aimed at educating the public about hospital protocols and patient rights can help manage expectations and reduce aggressive behavior toward healthcare workers.

5.8 Recommendations for Future Research

- **Larger Multicentre Studies:** Expanding research to include a larger sample of nurses from both urban and rural hospitals would improve the generalizability of the findings.
- **Longitudinal Studies:** Studies that track the long-term psychological and career-related impacts of WPV on nurses would offer deeper insights into the on-going consequences of such experiences.
- **Intervention Assessments:** Future research should evaluate the effectiveness of training programs and policy interventions designed to reduce WPV and support affected nurses.

CONCLUSION

Workplace violence against nurses, especially verbal abuse from patients' families, remains a significant issue in Pakistani hospitals. The absence of proper institutional training, the fear of retaliation, and the reliance on passive coping strategies underscore weaknesses in healthcare governance and nurse protection.

To create safer working environments, hospital administrators must implement zero- tolerance policies, improve staffing levels, and provide training on violence prevention and de-escalation techniques. Furthermore, fostering a reporting culture with confidential, non-punitive systems is essential for ensuring nurse safety and addressing WPV effectively.

This research examined the frequency, sources, and consequences of workplace violence (WPV) experienced by nurses, as well as the coping mechanisms they adopt. The study utilized a structured questionnaire completed by 45 registered nurses employed at two government hospitals in Sindh—District Hospital Sanghar and Taluka Hospital Sanjhoro.

The findings indicated that:

- **77.8**% of participants had encountered WPV, with **verbal abuse** reported as the most common form (**82.2**%).
- **Relatives of patients** were identified as the primary aggressors (**66.7**%).
- Only **24.4**% of nurses reported these incidents, mainly due to **fear of retaliation** and a lack of trust in institutional responses.
- WPV adversely affected both the **mental health** and **job performance** of nurses, with many adopting **avoidant coping strategies** such as ignoring the incidents or internalizing their effects.

These results highlight an urgent need for organizational reform in healthcare settings to improve recognition, reporting, and management of workplace violence.

DECLARATION

I Umama Iqrar hereby declare that this thesis titled —The Nurses Perception of workplace violence and their Coping Strategies: A Quantitative Study in

Urban Healthcare Settings‖ is my original work and has not been submitted previously, in part or full, for the award of any degree or diploma at any university or institution.

All sources of information used in this thesis have been acknowledged appropriately. This work is submitted in partial fulfilment of the requirements for the degree of BSN at College of Nursing Female Sanghar Affilited with People University of Medical Health Sciences shaheed banazirabad.

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APPENDICES

Title: NURSES PERCEPTION OF WORKPLACE VIOLENCE & ASSOCIATED COPING STRATEGIES

Questionnaire: Nurses' Workplace Violence and Coping Strategies Section A: Demographic and Workplace Information

1. **Age:** ☐18-34 years ☐35-45 years ☐46-55 years ~~☐56 above~~ ---------
2. **Gender:** ☐Male ☐Female ☐Other
3. **Marital status** ☐Married ☐Unmarried
4. **Work Experience (Years)** ☐<1 ☐1-5 ☐6-10 ☐10+
5. **Employment Sector** ☐Public ☐Private ☐Non-Profit ☐Other
6. **Work Shift** ☐Day ☐Night ☐Rotating ☐No Shift

Section B: Patient Interaction and Work Environment

Component	Response	Score
7. Patient Interaction:	☐ None ☐ Rare ☐ Frequent ☐ Constant	☐ 0 ☐ 1 ☐ 2 ☐ 3
8. Patient Age Group:	☐ Children ☐ Adults ☐ Elderly ☐ All Ages	☐ 0 ☐ 1 ☐ 2 ☐ 3
9. Work Setting:	☐ Hospital ☐ Clinic ☐ Home Care ☐ Other	☐ 0 ☐ 1 ☐ 2 ☐ 3
10. Staff Presence:	☐ None ☐ 1-5 ☐ 6-10 ☐ 10+	☐ 0 ☐ 1 ☐ 2 ☐ 3
11. Worry About Violence:	☐ Not Worried ☐ Slightly ☐ Moderately ☐ Very Worried	☐ 0 ☐ 1 ☐ 2 ☐ 3

Section C: Workplace Violence Experience

12. Violence Frequency:	☐ Never ☐ Rarely ☐ Sometimes ☐ Often	☐ 0 ☐ 1 ☐ 2 ☐ 3
13. Type of Violence Experienced:	☐ Physical ☐ Verbal ☐ Sexual ☐ Psychological	☐ 0 ☐ 1 ☐ 2 ☐ 3
14. Perpetrator:	☐ Patient ☐ Relative ☐ Colleague ☐ Other	☐ 0 ☐ 1 ☐ 2 ☐ 3
15. Response to Violence:	☐ Ignored ☐ Reported ☐ Defended ☐ Sought Help	☐ 0 ☐ 1 ☐ 2 ☐ 3
16. Injury/Depression:	☐ None ☐ Mild ☐ Moderate	☐ 0 ☐ 1 ☐ 2

	☐ Severe	☐ 3
17. Incident Investigation:	☐ Yes ☐ No ☐ Partial ☐ Don't Know	☐ 0 ☐ 1 ☐ 2 ☐ 3
18. Employer Support:	☐ None ☐ Counselling ☐ Reporting	☐ 0 ☐ 1 ☐ 2
19. Satisfaction with Handling	☐ Very Dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied	☐ 0 ☐ 1 ☐ 2 ☐ 3
20. Reporting of Violence	☐ Always ☐ Sometimes ☐ Rarely ☐ Never	☐ 0 ☐ 1 ☐ 2 ☐ 3
21. Fear of Retaliation	☐ None ☐ Slight ☐ Moderate ☐ Severe	☐ 0 ☐ 1 ☐ 2 ☐ 3
22. Training on Violence Prevention	☐ Yes ☐ No ☐ Partial ☐ Don't Know	☐ 0 ☐ 1 ☐ 2 ☐ 3
23. Workplace Safety Measures	☐ None ☐ Some ☐ Adequate ☐ Excellent	☐ 0 ☐ 1 ☐ 2 ☐ 3

23. Workplace Safety Measures	☐ None ☐ Some ☐ Adequate ☐ Excellent	☐ 0 ☐ 1 ☐ 2 ☐ 3
24. Impact on Job Performance	☐ None ☐ Slight ☐ Moderate ☐ Severe	☐ 0 ☐ 1 ☐ 2 ☐ 3
25. Coping Strategies	☐ Ignore ☐ Seek Support ☐ Report ☐ Self- Care	☐ 0 ☐ 1 ☐ 2 ☐ 3

Section D: Opinions on Workplace Violence

26. Top Cause of Physical Violence	☐ Patient Behavior ☐ Staff Shortage ☐ Lack of Training ☐ Other	☐ 0 ☐ 1 ☐ 2 ☐ 3
27. Top Cause of Psychological Violence	☐ Verbal Abuse ☐ Overwork ☐ Lack of Support ☐ Other	☐ 0 ☐ 1 ☐ 2 ☐ 3
28. Top Measure to Reduce Violence	☐ Training ☐ Security ☐ Reporting System ☐ Other	☐ 0 ☐ 1 ☐ 2 ☐ 3
29. Workplace Culture on Violence	☐ Supportive ☐ Neutral ☐ Tolerant ☐ Hostile	☐ 0 ☐ 1 ☐ 2 ☐ 3
30. Suggestions for Improvement	☐ More Training ☐ Better Policies ☐ Increased Security ☐ Other	☐ 0 ☐ 1 ☐ 2 ☐ 3

DATA IN TABLES FORM ANALIZES BY SSPS 16

Frequency Table

Violence frequency

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	never	8	17.8	17.8	17.8
	rarely	16	35.6	35.6	53.3

	sometimes	19	42.2	42.2	95.6
	often	2	4.4	4.4	100.0
	Total	45	100.0	100.0	

Type of violence experenced

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	physical	5	11.1	11.1	11.1
	verbal	37	82.2	82.2	93.3
	psychological	3	6.7	6.7	100.0
	Total	45	100.0	100.0	

Perpetrator

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	patient	9	20.0	20.0	20.0
	relatives	30	66.7	66.7	86.7
	colleague	2	4.4	4.4	91.1
	others	4	8.9	8.9	100.0
	Total	45	100.0	100.0	

Responce of violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	ignore	22	48.9	48.9	48.9
	reported	11	24.4	24.4	73.3
	defended	6	13.3	13.3	86.7
	sought help	6	13.3	13.3	100.0
	Total	45	100.0	100.0	

Injury/Depression

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none	24	53.3	53.3	53.3
	mild	14	31.1	31.1	84.4
	moderate	6	13.3	13.3	97.8
	severe	1	2.2	2.2	100.0
	Total	45	100.0	100.0	

Incident Investigation

	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	yes	28	62.2	62.2	62.2
	no	11	24.4	24.4	86.7
	2	2	4.4	4.4	91.1
	partial	4	8.9	8.9	100.0
	Total	45	100.0	100.0	

Satisfation with headling

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	very dissatisfied	4	8.9	8.9	8.9
	dissatisfied	5	11.1	11.1	20.0
	neutral	13	28.9	28.9	48.9
	satisfied	23	51.1	51.1	100.0
	Total	45	100.0	100.0	

Reporting of violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	always	6	13.3	13.3	13.3
	sometime	18	40.0	40.0	53.3
	rarely	10	22.2	22.2	75.6
	never	11	24.4	24.4	100.0
	Total	45	100.0	100.0	

Fear of retaliation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none	20	44.4	44.4	44.4
	slight	17	37.8	37.8	82.2
	moderate	7	15.6	15.6	97.8
	severe	1	2.2	2.2	100.0
	Total	45	100.0	100.0	

Training on violence prevention

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	21	46.7	46.7	46.7
	no	18	40.0	40.0	86.7
	partial	5	11.1	11.1	97.8
	donot know	1	2.2	2.2	100.0
	Total	45	100.0	100.0	

Workplace Safety measure

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none	8	17.8	17.8	17.8
	some	10	22.2	22.2	40.0
	adequate	10	22.2	22.2	62.2
	excellent	17	37.8	37.8	100.0
	Total	45	100.0	100.0	

Impact on job performance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none	13	28.9	28.9	28.9
	slight	9	20.0	20.0	48.9
	moderate	19	42.2	42.2	91.1
	severe	4	8.9	8.9	100.0
	Total	45	100.0	100.0	

Coping strategies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	ignore	19	42.2	42.2	42.2
	seek support	2	4.4	4.4	46.7
	report	13	28.9	28.9	75.6
	self care	11	24.4	24.4	100.0
	Total	45	100.0	100.0	

Top cause of physical violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	patient behavior	15	33.3	33.3	33.3
	staff shortage	22	48.9	48.9	82.2
	lack of traning	3	6.7	6.7	88.9
	others	5	11.1	11.1	100.0
	Total	45	100.0	100.0	

Top cause of psychological violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	verbal abuse	10	22.2	22.2	22.2
	overwork	20	44.4	44.4	66.7
	lack of support	8	17.8	17.8	84.4
	others	7	15.6	15.6	100.0
	Total	45	100.0	100.0	

Top measure to reduce violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	traning	6	13.3	13.3	13.3
	security	25	55.6	55.6	68.9
	reporting system	10	22.2	22.2	91.1
	others	4	8.9	8.9	100.0
	Total	45	100.0	100.0	

Workplace culture on violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	supportive	13	28.9	28.9	28.9
	neutral	17	37.8	37.8	66.7
	tolerant	14	31.1	31.1	97.8
	hostile	1	2.2	2.2	100.0
	Total	45	100.0	100.0	

Suggestion for improment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	more traning	8	17.8	17.8	17.8
	better policies	27	60.0	60.0	77.8
	increased security	8	17.8	17.8	95.6
	others	2	4.4	4.4	100.0
	Total	45	100.0	100.0	

CERTIFICATE

Tis is to certify that Umama Iqrar student of BSN (Generic), The College of Nursing Sanghar, People University of Medical Health Sciences Nawabshah, has prepared his after obtaining my approval on the topic i.e —Nurses Perception of workplace violence and their Coping Strategies‖. Under my supervisor and guidance.

Signature_____

Supervisor
Mr. Aijaz Ali
Post RN, BSN, MSP