

Nurses Attitudes and Reactions Regarding Workplace Violence in Obstetrics and Gynecological Departments

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Abstract

The aim of this study was to assess nurses' attitudes and reactions regarding workplace violence in obstetrics and gynecological departments. **Research Design:** A descriptive study was used. **Setting:** This study was conducted at obstetrics and gynecological department in Zagazig University **Sample:** A convenient sample of 180 nurses. **Data collection tools:** 3 tools were used, Arabic self-administrative questionnaires' sheet, behavioral check list sheet And the Likert scale. **Results:** more than half of studied nurses (52.9%) were at age categories (<30) years old, (80.4%) of them exposed to work place violence, (61.3%) exposed to work place violence more than once. And about 48.6% their cause of work place violence was absence of clear policy to limit the violence at hospital & the main cause of work place violence was patient relatives for all of them. **Conclusion** this study concluded that most of studied nurses had positive reaction and a positive attitude toward work place violence. **Recommendations:** this study recommended to develop evidence based guideline to restrict work place violence for protect nursing staff in maternity hospitals, and Implement training program for nurses that focus on how to deal with work place violence when exposed to it.

Keywords: Attitudes, Reactions, Workplace Violence.

Introduction:

Violence at workplace has been a major subject of debate globally as it poses threat to all parties involved with far-reaching consequences. Work Place Violence described by the National Institute for Occupational Safety and Health as: violent acts, including physical assaults, directed towards a person at work or on duty. Shockingly, over 50% of health workers have already experienced violence, submits that nurses are the most victimized group in the health care setting accounting for approximately 80% of all assaults with this number being under estimated. (Opebabadele et al., 2019).

Violence in the workplace is a problem especially for women; violence can damage women's prospects for gaining employment, advancement, and wages. In addition, violence can create an offensive, hostile, and intimidate work environment that interferes with one's performance and job success. Violence at the workplace is a

violation of human rights. The most common perpetrators of work place violence towards nurses are patients and their relatives, as well as colleagues in the workplace. (Hangartner, 2015).

work place violence causes feelings of anger and powerlessness, which affect the quality of patient care and in severe cases can drive nurses to leave their positions Globally, over a million people lose their lives as a result of violence at work .These harmful consequences have prompted an urgent need for research into the causes of work place violence against nurses, and a need to develop evidenced-based policies to provide safer working environments for them.

The lack of awareness and the inadequacy of management and other support of work feature prominently among the reasons for failing to report. Several studies show that incidents of abuse are often not taken seriously by the management, and that there is a tendency to accept a

certain level of violence as part of the job or to blame the worker for the incident. (Mobaraki, et al., 2020).

The workplace violence in the healthcare sector compared to other occupations may be connected to patients' feelings loss of control and the stress people experience in situations that require rapid medical intervention. Some studies have made connections between increased violence and longer wait times to see healthcare personnel, unrestricted access to facilities with the implementation of open visitation, and the high-ranking hospital administration's lack of security knowledge. (Wax et al., 2016).

Work place violence among nurses should be assessed besides measuring nurses' attitudes and reactions regarding workplace violence. As it affects quality , job satisfaction and increase absenteeism for nurses. (Boafo, et al., 2017).

Justification of the problem:

The health care workers have a 20 % higher chance of being the victim of workplace violence than other workers. 21 % of registered nurses and nursing students reported being physically assaulted and over 50 percent verbally abused in a 12-months period, (Joel, 2017). Approximately 75 percent of nearly 25,000 workplace assaults reported annually occurred in health care (Linsley 2018).

Prevalence of workplace violence in health care According to the Occupational Safety and Health Administration, approximately 75 percent of nearly 25,000 workplace assaults reported annually occurred in health care. In Egypt a cross sectional study was conducted in Beni-Suef 2014 and showed that 92.8% of nurses were exposed to workplace violence at least for once during their working lifetime, of which 73.8% faced violence more than 10 times (Linsley 2018).

Aim of this study

To assess nurses' attitudes and reactions regarding workplace violence in obstetrics and gynecological departments.

Research Questions

1. What are nurses attitudes regarding workplace violence in obstetrics and gynecological departments?
2. What are nurses reactions regarding workplace violence in obstetrics and gynecological departments?

Subjects and Methods

Research design:

Descriptive study design was utilized in this research.

Research Setting:

This study was carried out at obstetrics and gynecological department in Zagazig University.

Sampling

Sample Size: 180 nurses, all nurses worked in the previous mentioned setting.

Sample Type: A convenient sample.

Tools of data collection: 3 tools were used.

Tool (1): Arabic self-administrative questioners' sheet: designed by researchers which contain three parts:

Part I: assess general characteristics of nurses such as (age, level of education, place of residence) **Part II:** will designed to assess nurses experience , causes and sources of workplace violence. such as (do you exposed to workplace violence, number of exposure, what are causes and sources of workplace violence) **Part III:** was designed to assess types of workplace violence for nurses (physical, sexual, psychological work place violence) and sources of work place violence (internal, external).

Tool (2): Behavioral check list sheet: A behavior checklist is a sheet that was adopted from (Peterman et al., 2013) and modified by researchers to fulfill the

aim and objective of the study to assess nurses' reactions to workplace violence such as (fear, angry, crying, silence, leave the work ...etc.).

❖ **Scoring system:**

It consisted of 11 statements, each statement had 2 responses (yes, no).yes sequel 2, No equal 1 .total scoring(22) ; Score less than (13) consider negative reaction“<60.0%”, score equal or more than (13) consider positive reaction “ $\geq 60 .0\%$ ”
Tool (3): The Likert scale: The Likert scale was adapted from (Punnett et al., 2007) and was modified by the researchers to assess nurses' attitude toward work place violence

❖ **Scoring system:**

It consisted of 8 statement, each statement had 3 responses (disagree take one, uncertain take two, agree take three).total score (24), score less than 12 consider negative attitude”<50.0%”, score equal or more than 12 consider positive attitude “ $\leq 50.0\%$ ”.

Validity of the Tools:

All tools of data collection were revised by three experts in Obstetric - Gynecological specialty to measure content validity of tools.

Internal consistency reliability:

Internal consistency reliability was assessed in the present study tools via Cronbach's Alpha reliability analysis to indicate how well the items in an instrument fit together conceptually, (alpha Cronbach's test scores 0.88 and 0.29).

Ethical Considerations

The research approval was obtained from the Scientific Research Ethical Committee of the Faculty of Nursing at Ain Shams University before starting the study. An oral Informed consent was obtained from each participant after explain the aim of the study. Anonymity and confidentiality would

be guaranteed with no harm. Additionally, each nurse had the right to withdraw from the study at any time. Tools of data collection did not touch nurse religious, dignity, culture and ethical issues. Offered answer to the nurses' questions. Tools of data collection were burnet after statistical analysis done.

Administrative design:

An official approval letter was directed to administrator of the previous mentioned at study setting to conduct this study was obtained from Dean of faculty of nursing Ain Shams University including the Title and aim of the study.

Statistical design:

Data entry in the study was being done through coding and data entry. Obtained data was be statistically analyzed, organized & presented in numbers, percentage, table, figures, & diagrams as required & suitable statistical tests were used to test the significance of results obtain through statistical package for social science (SPSS version 23).

Pilot Study:

The pilot study was carried out on (10%) 18 cases were included in the study sample as no modification done in the tools of data collection. nurses worked in the previous mentioned study setting for one month start from 1st of October, 2019 to 1st of January, 2020

Field Work

After obtaining formal approval from the director of previous mentioned study setting the researchers visit the previous mentioned study setting 3 days / week at the morning (8am-2pm) and another day in evening shift (2pm-8pm) to collect data, The researchers at the end of evening shift meet supervisor nurse of night shift to help in distribute tool on the nurses then collect this tools by the researchers in next day at the morning before they leave the shift to maintain privacy and confidentiality of the data. The researchers held a meeting with the nurses in each shift in nurses' room of all obstetrics and gynecological departments.

At first, the researchers obtained oral consent after explaining the aim of the study, confirm to maintain privacy and explaining how to fill the tools. Data collected using three tools (Arabic Interviewing questioners' sheet, behavioral check list sheet, and the Likert scale). The total duration of each interview was about (25-30) minutes. The tool was filled by the nurses.

Results:

Analysis of Results

Table (1): illustrates that, the mean age of studied nurses is 29.65 ± 6.44 years old, whenever (59.4%) have diploma education. Pertaining to their work department (71.0%) work at inpatients departments while (39.1%) have from 5 to 10 years of experience.

Table (2): illustrated that the most of studied nurses (80.4%) exposed to work place violence and (61.3%) exposed to work place violence more than once. The study also shows that (48.6%) of them exposed to work place violence due to absence of clear policy to limit work place violence at the hospital whenever, almost all of them (100%) stated that the source of work place violence mainly patients' relatives.

Table (3): illustrated that almost all of studied nurses (99.1%) exposed to psychological work place violence. Pertaining to forms of work place violence the majority of them (90.2%) exposed to verbal abuse as a form of psychological violence and (18.9%) exposed to sexual work place violence in form of using sexual verbs.

Table (4): reveals that (66.7%) respond to work place violence by keep quit and not take any action and (75.4%) respond to work place violence by depression and social isolation. Whenever 55.8% &

36.6% of the studied whenever (78.3%) respond to violence by expressing anger with facial expression and (65.2%) react to work place violence by being angry but continue working.

Figure (1): illustrates that the majority of studied nurses (81.2%) have positive reaction toward work place violence.

Table (5): shows nurses' attitude toward work place violence were 94.2%, 79.7%, 77.5% & 81.2% of studied nurses agree that work place violence threatens the dignity of nurses, work place violence has psychological and social consequences for nurses' entity, also affect the quality of nurses' work and increases the rate of nurses' shortage respectively. Also (24.6%) of them sure that verbal work place violence is more harmful than sexual work place violence. Whenever, (26.8%) of them agree that work place violence affects the behavior of nurses in dealing with the patient and his relatives.

Figure (2): illustrates that the majority of studied nurses (83.3%) have positive attitude toward work place violence.

Table (6): shows that, there is no statistically significant difference between studied nurses' (age & educational level, work department & years of experience) and their exposure of violence ($p > 0.05^*$).

Table (7): indicates that there is statistically significant relation between nurses' exposure to work place violence and their total attitude toward work place violence ($p < 0.05^*$).

Table (8): indicates that there is statistically significant relation between nurses' exposure to work place violence and their total reaction toward work place violence ($p < 0.05^*$).

Table (1): Distribution of the studied nurses according to their general characteristics (N= 138).

General characteristics	No	%
*Age (in years):		
<30	73	52.9
30-40	55	39.9
40->60	10	7.2
Mean ±Stander Deviation 29.65 ± 6.44		
*Level of education		
Diploma	82	59.4
Technical institute	51	37.0
Faculty of nursing	5	3.6
*Work department		
Inpatient departments	98	71.0
Out-patient department	4	2.9
Operating rooms	27	19.6
Delivery rooms	5	3.6
Intensive care unit	4	2.9
*Years of experience		
<5 years	34	24.6
5-10years	54	39.1
>10 years	50	36.2
residence		
Urban	55	39.9
Rural	83	60.1
Marital status		
married	114	82.6
divorced	2	1.4
Single	19	13.8
Widow	3	2.2

Table (2): Distribution of the studied nurses according to their previous experience of work place violence (n=111).

Nurses' experience of work place violence such as (causes & sources)	No	%
1-Exposure to work place violence		
Yes	111	80.4
No	27	19.6
2-Number of exposure to work place violence		
Once	43	38.7
More than once	68	61.3
3-Cause of work place violence *		
Being work at night shift	15	13.5
Work stress	53	47.7
Absence of clear policy to limit violence at the hospital	54	48.6
Working at critical area	22	19.8
other causes	9	8
4-Source of work place violence		
The patient	8	7.2
Patients' relatives	111	100
Supervisors at work	20	18
Co-workers	14	12.6

Table (3): Distribution of the studied nurses according to exposure to work place violence (types and forms of work place violence). n= (111)

Nurses exposure to Types and forms of work place violence	No	%
Type of work place violence *		
Psychological violence	110	99.1
Physical violence	52	46.8
Sexual violence	34	30.6
1-Forms of Psychological work place violence by*:		
A-Verbal abuse	101	90.2
B-Ignorance at work place	22	19.8
C-Lowering nurse's self-esteem	73	65.8
2-Forms of physical work place violence *:		
A-physical violence by an instrument	20	18
B- Pushing &sliding	39	35
3-Forms of sexual work place violence by*:		
A-Using sexual verbs	21	18.9
B-Using sexual signals	12	10.8
C-Physical contact	10	9
D-Looking at undesired areas in the body	20	18

Table (4): Distribution of the studied nurses according to their Reaction toward work place violence (n= 138).

Nurses reaction toward work place violence	Yes		No	
	No	%	No	%
Un formal reaction				
Scaring and badly affected	65	47.1	73	52.9
Expressing anger with facial expressions	30	21.7	108	78.3
Self-defense by crying & shouting	74	53.6	64	46.4
Escaping from the place of violence to another department	88	63.8	50	36.2
Keep quit and not take any action	92	66.7	46	33.3
Anger and stop working	88	63.8	50	36.2
Anger but continue working	48	34.8	90	65.2
Depression & social isolation	104	75.4	34	24.6
Formal reaction				
Using formal measures against the violent person	73	52.9	65	47.1
Notify the head nurse or supervisor	54	39.1	84	60.9
Taking a sick leave and leaving work	95	68.8	43	31.2

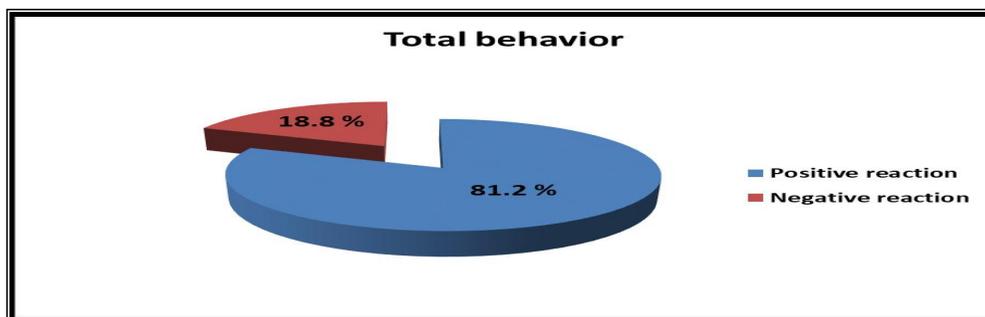
**Figure (1):** Distribution of the studied nurses according to their total reaction toward work place violence (n= 138)

Table (5): Distribution of the studied nurses according to their Attitude toward work place violence (n=138).

Nurses' attitude	Agree		Not sure		Disagree	
	No	%	No	%	No	%
violence in the workplace threaten the dignity of nursing	130	94.2	3	2.2	5	3.6
The loud voice and inappropriate pronunciation during work a type of verbal violence	98	71.0	17	12.3	23	16.7
verbal or sexual signals at work type of sexual violence	71	51.4	34	24.6	33	23.9
ignoring or not responding is a form of psychological violence	110	79.7	5	3.6	23	16.7
Being pushed or thrown with machines as a form of physical violence	94	68.1	7	5.1	37	26.8
violence affect the nursing behavior in dealing with the patient and the quality of the care provided	107	77.5	12	8.7	19	13.8
violence affect the nursing relationship with their colleagues at work and the personal relationships between them	72	52.2	23	16.7	43	31.2
violence increase the rate of nursing staff turnover.	112	81.2	6	4.3	20	14.5

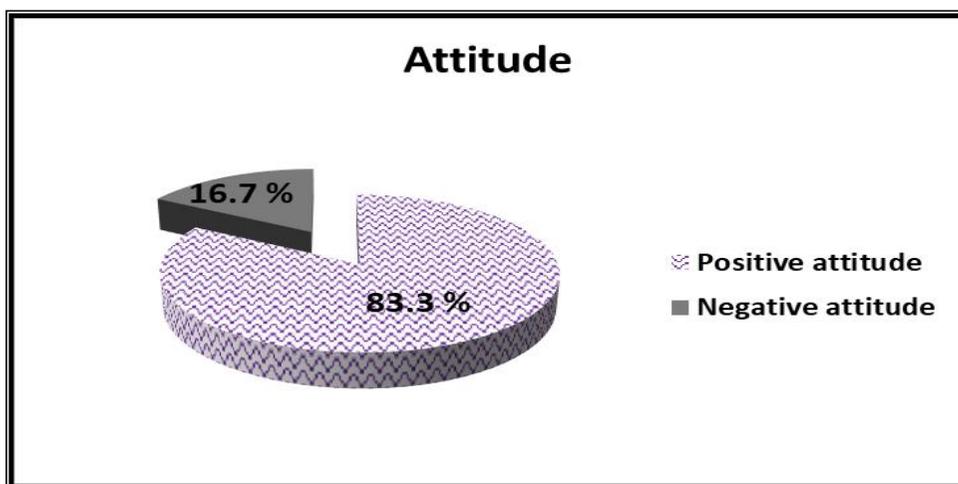


Figure (2): Distribution of total nurses' attitude toward work place violence (n=138).

Table (6): Relation between general characteristics and exposure of violence of studied nurses.

Demographic characteristics	Work place Violence				χ^2	P-value	Sig
	yes		No				
	No	%	No	%			
*Age in years							
20<30	53	47.7	13	48.1			
30<4	48	43.2	13	48.1	1.014	>0.05	NS
40<50	8	7.2	1	3.7			
50-60	2	1.8	0	0.0			
*Level of education							
Diploma	64	57.7	18	66.7	1.632	>0.05	NS
Technical institute	42	37.8	9	33.3			
Faculty of nursing	5	4.5	0	0.0			
*Work department							
In-patient department	79	71.2	19	70.4	2.960	>0.05	NS
Out-patient department	3	2.7	1	3.7			
Operating room	20	18	7	25.9			
Delivery room	9	8.1	0	0.0			
*Years of experience							
<5 years	26	23.4	8	29.6			
5-10years	41	36.9	13	48.1			
>10 years	44	39.6	6	22.2			
residence							
urban	48	43.2	7	25.9	2.717	>0.05	NS
rural	63	56.8	20	74.1			
Marital status							
married	89	80.2	25	92.6	3.722	>0.05	NS
divorced	2	1.8	0	0			
Single	18	16.2	1	3.7			
widow	2	1.8	1	3.7			

S = significant

NS=non significant

Table (7): Relation between nurses' exposure to work place violence and total attitude of studied nurses toward work place violence.

Nurses exposure to Types and forms of work place violence	Total attitude				χ^2	P-value	Sig.
	Positive (n=115)		Negative (n=23)				
	No	%	No	%			
Type of work place violence							
Psychological violence	98	85.2	12	52.2	12.807	<0.001**	HS
Physical violence	46	40.0	6	26.1	1.566	0.211	NS
Sexual violence	31	27.0	3	13.0	2.007	0.157	NS
1-Forms of Psychological work place violence by							
A-Verbal abuse	96	83.5	5	21.7	37.044	<0.001**	HS
B-Ignorance at work place	20	17.4	2	8.7	1.074	0.300	NS
C-Lowering nurse's self-esteem	69	60.0	4	17.4	13.859	<0.001**	HS
2-Forms of physical work place violence							
A-Physical violence by an instrument	19	16.5	1	4.3	2.289	0.130	NS
B- Pushing &sliding	37	32.2	2	8.7	5.181	0.023*	S
3-Forms of sexual work place violence by							
A-Using sexual verbs	20	17.4	1	4.3	2.531	0.112	NS
B-Using sexual signals	11	9.6	1	4.3	0.672	0.412	NS
C-Physical contact	9	7.8	1	4.3	0.348	0.555	NS
D-Looking at undesired areas in my body	18	15.7	2	8.7	0.751	0.386	NS
Total exposure to violence	97	84.3	14	60.9	6.714	<0.05*	S

Non sig. >0.05 Sig. <0.05* High sig. <0.001** (Statistical significant difference)

Table (8): Relation between nurses' exposure to work place violence and total reaction of studied nurses toward work place violence.

Exposure to work place violence	Total reaction				χ^2	P-value	Sig.
	Positive reaction		Negative reaction				
	No	%	No	%			
Yes	86	76.8	25	96.2	5.030	<0.05*	S
No	26	23.2	1	3.8			

Non sig. >0.05 Sig. <0.05* High sig. <0.001** Statistical significant difference)

Discussion:

Regarding to age categories of the studied sample, the present study findings revealed that most of them were less than (>30) years with **mean age 29.65 ± 6.44** years .

This result agree with **Anwar et al., (2016)**; who study "Patterns, prevalence and impact of violence against health care workers in Beni-Suef governmental hospitals" in Egypt demonstrated that, nurses' age ranged between 20 to 40 years is the most age of nurses exposed to work place violence. This may be due to younger nurses prone to many type of violence than old age.

Also this result agree with **Alshehri, (2017)**; who study "Workplace violence against nurses working in emergency departments in Saudi Arabia" demonstrated that, nurses' age ranged between 18 to 30 years is the most age of nurses exposed to work place violence due to their ignorance with policies inside the organization that can protect them from violent persons.

Regarding to level of education of the studied nurses revealed that, slightly **less than three fifth (59.4 %)** of studied nurse had diploma educations; this may be due to culture of the nurses as about two third of the nurse are living in rural areas that not continued education.

This finding matches with **Pandey, Bhandari, and Dangal (2017)** who studied (Workplace Violence and its Associated Factor among Nurses) who reported that

more than three quarters (76.5%) had studied up to diploma education.

While this result disagreed with **Itzhaki, et al., (2018)** who studied (Mental Health Nurse's Exposure to Workplace Violence Leads to Job Stress, Which Leads to Reduced Professional Quality of Life) reported that more than one third of the studied nurses (**36%**) had a University education.

Regarding to the causes contributing to workplace violence, the current study demonstrated that the most common causes contributing to work place violence, as determined by nurses, **were 48.6%,47.7%** absence of clear policy,work stress respectively where the main cause of workplace violence as mentioned by the studied nurses .

This result on the same line with **ALBashtawy, et al., (2015)** who study (Workplace Violence Toward Emergency Department Staff in Jordanian Hospitals "who revealed that overcrowding, lack of resources, staff shortages, and the absence of effective antiviolence policies are the main causes of work place violence.

these finding are not concur with **Algwaiz & Alghanim, (2015)** in Saudi Arabia; who study(violence exposure among health care professionals in Saudi public hospitals", who found that the risk factors contributing to workplace violence were **60%** due to misunderstanding between nurse and patient or nurse and patient relatives, **54%** from waiting for long time to receive treatment or have operation.

Regarding to source of work place violence, the present study showed that patient's relatives were the main source of violence against nurses (100%), followed by supervisor at work (18%) .

This research is in alignment with **Dehghan and Ghodousi., (2020) in Iran;** who study "factors and characteristics of workplace violence against nurses "who demonstrated that, the majority of violence was from patient's relatives. This may be due to insufficient health care services and staffing or excessive waiting time and lack of adequate explanation by the physician and nurse to patient relatives due to the limited time, leading to increased anxiety and stress.

Also this research agree with **Li, et al., (2017) in Iran;** who study "Workplace violence against medical staff of Chinese children's hospitals "who demonstrated that, the main source of work place violence were mainly family members of patients (94.9%).

Regarding to types of work place violence, the current study elaborated that **almost all (99.1)** of nurses exposed to psychological violence this may due to this study was performed on female nurses in rural areas where they have respect for customs and traditions as well as good communication and families' cohesion.

This result agree with **Salim et al., (2014) in Kuwait;** who study "Violence against nurses in healthcare facilities" who found that most nurses had experienced psychological violence followed by physical violence. The reasons for these results could be related to lack of training on how to handle incidents of violence.or may be due to fear of punishment of physical violence more than psychological violence that hadn't clear policies to punish the violent person .

This result disagree with **Choi & lee., (2017) in Korea;** who study "Workplace violence against nurses in Korea and its impact on professional quality of life" which found that physical violence was higher one

third than other type of work place violence that studied nurses exposed to it.

Regarding to forms of psychological violence.in this study verbal abuse was the majority form of psychological violence as majority of studied nurses (90.2) exposed to verbal abuse .

This study in agreement with **Alyaemni & Alhudaithi, (2016) in Saudi Arabia;** who study "Workplace violence against nurses in three hospitals in Riyadh" who reported that verbal violence was experienced at least once in a year by more than three quarter of respondents. The reasons for these results could be related to lack of awareness of the role of nursing staff in the workplace and poor communication and misunderstanding between nurse and patient or nurse and patient relatives.

Also this result agree with **Khalil, (2019) in Saudi Arabia;** who study "Workplace Aggression, Psychological Distress and Job Satisfaction among Nurses in Governmental Clinics in Gaza Governorates " who reported that 38.2% of the participants exposed to verbal violence Due to misunderstanding between nurse and patient relatives.

Regarding to forms of physical violence. The pushing/mobbing violence rate was three fifes in this study .

This result consisting with **Norton et al., (2017) in Portugal;** who study "Prevalence and determinants of bullying among health care workers" who asserted that bullying was more frequently occurring among less than one tenth of nurses. This result could be due to many reasons. Such as, the majority sex of nurses is female.

Regarding to Sexual harassment, **less than one third (30.6)** of studied nurses exposed to harassment.most form of sexual harassment is sexual verbs (18.9%) .

This result in the same line with **Koúka, et al., (2015) in Athens;** who study "Violence against health care staff in general hospital in Greece" who reported that less

than one quarter of nurses were sexually harassed and they are the ones most likely to experience sexual harassment, either because their duties require working closely with patients, or because nursing is seen as a female profession.

Regarding to the reaction of studied nurses in workplace violence, this study showed that **more than three quarter (78.3%)** of studied nurses were expressing anger with facial expression and more than two third of them keep quit and not take any action. Also slightly more than **three quarter (75.4%)** respond to work place violence with depression & social isolation . It may be because of organizations do not take action when violence occurs in the workplace and keep quit when violence occur.

This result on the same line with **Κούκια et al., (2016) in Malawi**; who study "Violence against nurses in the southern region of Malawi"; who reported that, talking with a colleague about the incident of violence is a common action taken by nurses in the workplace.

Also these findings concur with **Boafo et al., (2017)** who study " Workplace Violence against Nurses: A Cross-Sectional Descriptive Study of Ghanaian Nurses" who concluded that the **most frequent (35.8%)** response to physical violence was reporting to a senior staff member/unit in charge. This was followed by telling a colleague about the incident (**32.1%**) and then taking no action (18.8%). The reasons for these results could be related to lack of training on how to handle incidents of violence.

Regarding to the attitude of nurses toward the workplace violence, the present study revealed that the majority of nurses (**94.2%**) who were exposed to workplace violence felt that violence threatened the dignity of the nurses and more than three quarter (**79.7%**) see that work place violence had psychological and social consequence's on nurses entity. either **most of them (81.2)** see that violence increase

rate of nursing shortage. Also this study illustrates that the majority of studied nurses (**83.3%**) have positive attitude toward work place violence.

This result disagree with **Moeini, et al., (2016)** who study "Nurse's knowledge, attitude and practice toward workplace violence in hospitals of Isfahan university of medical sciences"; who reported that attitude of nurses was (**37.77**) in total, and the attitude toward workplace violence was negative for all of the nurses.

Regarding to Relation between general characteristics and exposure of studied nurse to work place violence. This result showed that shows that, there is statistically significant difference between studied nurses' age and years of experience and their exposure to work place violence (**$p < 0.05^*$**).

This result agreement with **Alameddine ,Mourad and Dimassi al(2015)** who study "A national study on nurses' exposure to occupational violence in Lebanon: Prevalence, consequences and associated factors " who reported that Younger nurses in this study (aged 34 years or less) were more likely to have been subjected to either forms of violence. This association was further supported by the finding related to length of service, where nurses with shorter years of experience (less than nine years) were more likely to be exposed. This could be attributed to younger nurses' inexperience in managing violent situations.

Also This result agreement with **Fute ,mengesha andwakgari (2015)** who study "High prevalence of workplace violence among nurses working at public health facilities in Southern Ethiopia " who reported that Those who had 1–5 years of experience had about 9 times higher odds of experiencing workplace violence than those who had 5 or more years of work experience.

Regarding to Relation between nurses' exposure to work place violence and total attitude of studied nurses toward work

place violence. This study emphasized that there is statistically significant relation between nurses' exposure to work place violence and their total attitude toward work place violence ($p < 0.05^*$)...Either most of nurses (84.3%). have positive attitude towards work place violence. This may be due to the exposure of work place violence for nurses affect by any way whether physical, psychological, social well-being that has influence on their attitude than the nurses who didn't exposed.

This result on the same line with **Oche, et al (2020) in Turkey**; who study "Assessment of Knowledge, Attitude and Experience of Sexual Violence among Female Employees in Sokoto Metropolis, Northwest Nigeria" who reported that up to **36% and 64%** of respondents in the formal and informal settings respectively have positive attitude towards work place violence.

Also This result on the same line with **Ahmed, Mourad and Mahmoud (2019) in Egypt**; who study "Assess Nurses' Knowledge, Attitudes and Practice toward Physical Restraint for Psychiatric Patients" who reported that More than three quarter 78% of studied nurses had negative attitudes toward physical restraint, while 22% of them had positive attitudes toward work place violence.

Regarding to Relation between exposure to work place violence and total reaction of studied nurse toward work place violence. This result showed that shows that, there is statistically significant relation between exposure to work place violence and total reaction of studied nurse toward work place violence

This result agreement with **Landau, et al(2018)** who study "Factors related to negative feelings experienced by emergency department patients and accompanying persons " who reported that Past witnessing of violence stimulates negative feelings and thus heightens the probability of violent behavior .

Conclusion:

In the light of the current study findings, the researcher can conducted that most of studied nurses have positive reaction and positive attitude toward work place violence.

Recommendations:

Depend on the results of the present study, the researcher recommended the following:

1. Develop an evidence based guideline to restrict work place violence and protect nursing staff in maternity hospitals.
2. Implement training program for nurses that focus on stress management to avoid violence in the work place.
3. Further researchers on large scale of nursing staff are needed to generalize the finding.

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