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ASSESSMENT OF WORKPLACE VIOLENCE AMONGST PSYCHIATRIC NURSES

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ABSTRACT

Background: Violence has increased in the workplace, and in health institutions, as it is an important occupational risk for nurses, as violence against nurses from relatives and patients is a danger, as this is due to the level of frequent contact with patients. **Aim (s):** To assess the workplace violence among psychiatric nurses at Eradahh Complex and Mental Health, in Taif, Saudi. **Method (s):** A Cross-sectional study design was used. We recruited the psychiatric nurses by random probability technique. The study sample consists of psychiatric nurses who are presently working in the Eradahh Complex and Mental Health, Taif, Saudi Arabia, nurses who are in direct contact with psychiatric patients, and nurses who have the desire and voluntary consent to participate in the study selected. The sample size was 141 nurses, and 10 % were added in case of non-response, so the sample size was $141+10=151$ psychiatric nurses. **Results:** The researcher found that there is a high prevalence of violence in the workplace (90.1%) in the Eradahh Complex and Mental Health in Taif, where the researcher found that the source of Violence in the workplace was patients themselves (90.8%), relatives (42.6%) and visitors (32.6%), in addition to co-workers (25.5%), where the organization must be taken into account to avoid victims of violence in the workplace and create a safe and orderly environment, in addition to a high percentage of nurses who are considering leaving their jobs because of violence in the workplace. **Conclusions:** There was an effect of violence in the workplace on the nurses in the Eradahh Mental Health Complex, and there are different types of violence to which they are exposed, as the above led to unsatisfactory results regarding the nurses' thinking in terms of thinking about leaving work.

KEYWORDS: work place violence (WPV), nurses, knowledge, Saudi Arabia, Eradah complex and mental health.

INTRODUCTION

Psychiatric nurses are commonly subjected to violence in the workplace by mentally ill patients, which affects the health of the nurses as well as the quality of care [Jang SJ et al., 2022]. Violence in the workplace is considered one of the persistent problems, as professional organizations and public organizations generally accept and ignore violence in the workplace. As there is increasing concern globally regarding the escalation of violence in the workplace [Basfr W et al., 2019]. Physical and

psychological violence against a person at work is considered to be endangering in terms of health [Mohamad O et al., 2021].

Almost all workers are exposed to violence in the workplace. In health environments, violence in the workplace has reached an epidemic rate, as those who work in health care face a much higher risk compared to those who work in other categories [Mohamad O et al., 2021]. There are negative consequences concerning violence in the work-

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place, and consequences related to safe workplace activities. However, the estimated prevalence of violence against health care workers is still unknown, as mentioned by a study conducted in Dammam [Harthi M *et al.*, 2020].

According to Liu W. and co-authors study from China, there is a correlation between violence in the workplace low efficiency, in addition to low commitment, poor quality of life and excessive stress [Liu W *et al.*, 2019].

Zhang S.E. and co-authors reported that violence has increased in the workplace, and health institutions, as it is an important occupational risk for nurses, as violence against nurses from relatives and patients is a danger, as this is due to the level of frequent contact with patients [Zhang SE *et al.*, 2018]. Based on Sisawo E.J. and co-authors, violence has been defined as one of the incidents that employees are exposed to concerning mistreatment, threat, or assault in working conditions, as it is considered one of the explicit challenges in terms of safety, well-being and health [Sisawo EJ *et al.*, 2017].

According to Tian Y and co-authors, violence is prevalent in the workplace among those who work in health care. For example, in Australia, one study showed that verbal abuse (71%) is more common than physical violence (29%). In addition, in the United States, violence in the workplace among health care workers increased by 39% in twelve months [Tian Y *et al.*, 2020].

In a study carried out by Fu C and co-authors, the direct effects of violence in the workplace on medical workers, as fear of violence in the workplace in the future, including those who have experienced violence in the workplace.

Where fear of violence in the workplace is considered to harm health outcomes for patients [Fu C *et al.*, 2021]. Moreover, Wressell J.A. and co-authors reported that there is an impact of violence in the workplace concerning health professionals globally, as there is an exposure up to 80% of nurses in

terms of exposure to a violent incident at least throughout their professional life, where the impact of exposure is felt on each of the following: the individual level, in addition to Professional and organizational level [Wressell JA *et al.*, 2018].

Dehghan-Chaloshtari S. and Ghodousi A. reported that nurses are considered the most exposed to violence in the workplace among all professions, it is also considered one of the most important reasons for leaving the nursing profession, as nurses are considered the most vulnerable because they provide services directly to patients. [Dehghan-Chaloshtari S, Ghodousi A, 2020].

There is exposure to and forms of violence among nurses, as this leads to physical and psychological damage, in addition to reduced job performance [Liu W *et al.*, 2019]. As workplace violence reduces nurses' productivity in addition to nurses' psychological stress [Ryan A, Mo'men OB, 2019].

Furthermore, Liu W. and co-authors highlighted that there is the importance of protecting nurses from violence in the workplace in addition to providing safe care to patients and improving the welfare of nurses. Whereas attention to emotional and functional actions is necessary when nurses are exposed to violence in the workplace, in addition to providing support to avoid negative effects in terms of patient safety [Liu W *et al.*, 2019].

In Saudi Arabia, Basfr W and co-authors reported that workplace violence is more serious in inpatient hospital settings, for example, psychiatric units, where there is mental instability, in addition to aggression. The safety of hospital staff is of paramount importance to ensure quality, as well as care [Basfr W *et al.*, 2019].

According to one of the Alsaleem S.A. and co-authors study that was conducted in the city of Al-Ahsa in the Kingdom of Saudi Arabia, it was found that about twenty-eight percent of thousand and ninety-one workers were exposed to a violent event, emotionally and physically, in the following proportions, respectively: 92.1%, 7.9% [Alsaleem SA *et al.*, 2018].

In Basfr W. and co-authors study that was conducted in Saudi Arabia, it was found that 57.7% of nurses were exposed in the hospital to physical and psychological abuse, as there is more exposure to violence in the workplace in the morning period (58.4%) than in the evening period (42.3%). Where



To overcome it is possible, due to the uniting the knowledge and will of all doctors in the world

there was a feeling of tension, anxiety, in addition to depression in the following proportions, respectively: (64.2%), (53.5%) and (34.2%). The study concluded that violence in the workplace is a danger among nurses in hospitals in the Kingdom of Saudi Arabia, where the study recommended continuous training, in addition to following a participatory policy between the police and the public prosecutor, concerning responding to violent psychiatric patients [Basfr W et al., 2019].

Al-Azzam M. and co-authors] conducted a cross-sectional study in Jordan, where the results concluded that 80% of respondents are victims of violent acts during the past two years. The results of the study indicated that the most common types of violence are verbal abuse, and the main source of violence is patients. Where the results of the study recommended the implementation of policies in addition to the implementation of legislation dealing with violence in the workplace, and there is a recommendation to train nurses concerning those policies [Al-Azzam M et al., 2017].

Itzhaki M. and co-authors reported that nurses in psychiatric wards are considered the most likely to suffer from violence in the workplace, where a model related to violence was proposed for mental health nurses, and it was suggested that nurses who were not available to patients were the most abused, as the nurses who spent a long time In the patients' area they are at lower risk [Itzhaki M et al., 2018].

In addition, Kobayashi Y. and co-authors reported that over the past twenty years, psychiatric wards, according to studies concerning violence in the workplace, were examined through studies of violence in the workplace in terms of the rate of occurrence in addition to the risks in terms of management and evaluation, as there are few values of psychological consequences. The virus of physical violence in the place of violence, as it causes physical injuries, in addition to psychological effects. Among the risks that violence leads to in the workplace are anxiety, anger, suicide, emotional exhaustion, and others [Kobayashi Y et al., 2020].

Many factors cause violence in the workplace, including patients, as well as the environment and staff. Factors that increase vulnerability to violence in the workplace are lack of tolerance, insufficient social skills, dissociation of hospitalized patients, or alcohol and drug abusers. In addition

to provocation from patients [Niu SF et al., 2019].

According to Pekurinen V and co-authors study was conducted in psychiatric and non-psychiatric settings. , it was indicated that there is a large difference concerning the rate of physical violence across environments, as the high percentage was in psychiatry, and in Italy, a study was conducted that indicated that those working in psychiatry suffer from high distress. They have a high probability of being diagnosed with depression, in addition to using antidepressant medication. Where they are subjected to physical aggression [Pekurinen V et al., 2017].

Jang S.J. and co-authors carried out a systematic review of violence in the workplace among psychiatric nurses. The results of the study found that there is a percentage of violence in the workplace that ranges between 11.4-97.6%. As there is a correlation between violence in the workplace and shifts of work. The results of the study concluded that mental health is poor concerning psychiatric nurses who have been subjected to violence in the workplace, for example, symptoms of depression. The results of the study recommended the development of standardized tools for verifying violence in the workplace and taking into account effective prevention strategies from violence at work [Jang SJ et al., 2022].

In Niu S.F. and co-authors study, it was reported that there is suffering from psychiatric nurses concerning the aggressiveness of patients, as they are one of the highest rates of medical surgery nurses, in places of severe mental illness, where each bed per month there is an average of 0.55 violent incidents. There is a report of 83% of the nurses' terms of exposure to one form of violence on anxiety in the workplace during the previous twelve months, and 33% suffer from moderate psychological stress [Niu SF et al., 2019].

Regarding the previous research, there are many studies conducted in Saudi Arabia regarding violence in the workplace against nurses in different departments, for example, emergency, mental health departments and others. A recent study conducted in the Kingdom of Saudi Arabia has been published regarding violence in the workplace against mental health nurses [Basfr W et al., 2019]. Up to our knowledge, there is no study conducted at Eradakh complex and mental health, Taif, KSA regarding violence in the workplace against psychiatric nurses.

BACKGROUND OF THE PROBLEM: Violence in the workplace is considered aggression, where employees are subjected to ill-treatment, in addition to assault in work-related circumstances, for example commuting to and from work, as this constitutes a challenge to safety, in addition to a challenge to health and well-being [Mento C *et al.*, 2020]. It is possible to classify the sources of violence, into internal sources, as it is carried out by those who work in the same company, and external sources, carried out by outsiders and criminals [Zainal N *et al.*, 2018].

Workplace violence is a complex phenomenon that relates to complex differences that are difficult to measure and isolate. As violence in the workplace falls into two categories, physical violence and emotional violence. Physical force related to physical and psychological abuse is considered physical violence, in addition to emotional violence which means are used that lead to psychological damage, but not physical [Havaei F *et al.*, 2020].

As nurses received violent attacks in health care centres due to their responsibilities, the possibility of nurses being exposed to violence increases three times, compared to employees who work in other jobs, according to the Department of Occupational Safety and Health, as there is (80%) of serious violence in health centres due to interaction between nurses and patients [Faghihi M *et al.*, 2021].

The well-being and healthy workplace of health care personnel are key components of effective health care systems. The application of this to health care places, especially psychiatric nurses, as they are subjected to verbal and physical abuse, in addition to emotional and psychological abuse. According to one of the reviews, where it was confirmed that one out of five patients in the units related to psychiatry, commits acts of violence against the nurses who work in the units of psychiatry [Basfr W *et al.*, 2019].

Based on one of the studies conducted in one-year hospitals in Taiwan, where two hundred and seventy-eight nurses from psychiatry wards participated in the study, where there was suffering from depression in terms of symptoms in 75.9% of psychiatric nurses, where the study concluded that there is a role for families Important in supporting psychiatric ward nurses concerning those who have been abused, as a preventive factor concerning depressive symptoms [Hsieh HF *et al.*, 2018].

According to one of the studies conducted in China, the results of the study concluded that there is an increase in the rate of violence among mental health nurses by (94.6%). The results of the study conducted in China concluded that there is a moderation in the levels of fatigue among mental health nurses, and the factors that increase the levels of fatigue are age, occupational level, in addition to years of work and the frequency of violence [Yang J *et al.*, 2018].

Another study conducted in three hospitals in the United States of America, the study indicated the factors that reduce occupational stress among mental health nurses are reducing violence in the workplace, improving empathy concerning therapeutic relationships, and the study confirmed that the importance of obtaining psychological support, organizational support, after a violent incident occurs [Yao X *et al.*, 2021].

STATEMENT OF THE PROBLEM: The main concern of the study is growing globally about the high rate of violence in the workplace, as it is considered one of the persistent problems. Workplace violence includes physical attacks, as well as threats [Basfr W *et al.*, 2019]. It is considered a challenge that affects safety, health and wellness [Mento C *et al.*, 2020]. Nurses in the psychiatry department are considered to be the most at risk of violence in the workplace, compared to those who provide health care [Hsieh HF *et al.*, 2020].

According to one of the studies conducted in 2022, where the exposure of nurses to violence was frequently reported in addition to reporting it, there is a significant correlation between confronting violence with poor quality of life, in addition to little satisfaction with health status, job dissatisfaction in addition to the intention to leave Occupation [Han X *et al.*, 2022].

Whereas violence in the workplace in the sector related to health care is one of the occupational risks that emerge globally and have not been adequately reported [Nowrouzi-Kia B *et al.*, 2019]

RESEARCH PURPOSE: The purpose of the study is to assess workplace violence among psychiatric nurses.

GENERAL OBJECTIVE: To measure the prevalence of violence in the workplace amongst psychiatric nurses.

Specific Objectives: 1. To measure the frequency and type of violence in the workplace amongst psychiatric nurses. 2. To know how psychiatric nurses

respond to workplace violence amongst psychiatric nurses. 3. To explore the response of the psychiatric nurses toward the workplace violence in Mental Health Hospital in Taif, Saudi Arabia. 4. To determine the socio-demographic characteristics that are notably associated with workplace violence amongst psychiatric nurses.

METHODOLOGY

Research Design: The study utilized the descriptive cross-sectional study Design among psychiatric nurses. This study design was used for its ability to assess workplace violence against psychiatric nurses.

Participants and Sample: The study sample consists of psychiatric nurses who are presently working in Eradahh Complex and Mental Health, Taif, Saudi Arabia, who are in direct contact with psychiatric patients, as nurses who have the desire and voluntary consent to participate in the study selected. A randomly Probability sampling technique was adopted in this study by using a simple random sampling strategy to recruit the study participants. The number of nurses in the Eradahh Complex and Mental Health, Taif, Saudi Arabia was 220, according to the Open-EPi program, where the total number of psychiatric nurses is entered, and then the sample size was calculated at the confidence level (95%). The sample size was 141 nurses.

Inclusion Criteria: Nurses who had direct contact with psychiatric patients and nurses who agreed to participate in the study and had voluntary consent to participate in the study were included.

Exclusion Criteria: Nurses who have no direct contact with psychiatric patients and have no desire to participate in the study were excluded.

Study Setting: The study was carried out in the Eradahh Complex and Mental Health, Taif, Saudi Arabia, where the hospital is located in the Kingdom of Saudi Arabia in Taif, and is the largest hospital for mental and mental health diseases and is considered one of the most important psychiatric hospitals, as it is located in the finest neighbourhoods. There are 220 nurses in Complex Eradahh and Mental, Taif, Saudi Arabia which has a capacity of 670 beds. Taif hospital, in which the Eradahh Complex and Mental Health Clinic are located, is considered one of the government hospitals in which addiction treatment is provided in addition to treatments related to mental health disorders, as

it provides psychological and social care.

Data collection and procedure: The simple random sampling technique was used to select the appropriate sample of psychiatric nurses. The nurses were selected in a probabilistic manner through the nurses' files arranged according to numbers and then were chosen randomly. After that, the nurses were contacted by the head of the department, where the approvals were obtained from the participants to take part in the study.

Then, the questionnaire was distributed to the participants to fill out as the researcher distributed the paper questionnaire and nurses who preferred to fill out an electronic copy of the questionnaire were delivered an online copy. The data collection took about two months, and then the data was collected and analyzed.

Study Instrument: A standardized questionnaire called "WAF" was used. For the use of the questionnaire, the consent of the owner of the tool (the questionnaire) was obtained via e-mail from the author (mahjlove@hotmail.com), the author obtained Official approval from the owner of the questionnaire, for the use of the measuring instrument. The questionnaire was used from an article called "Workplace violence against nurses in psychiatric hospital settings" [Basfr W et al., 2019].

As the questionnaire contains four main sections, the first section of the questionnaire consists of questions related to demographic characteristics, and the second section consists of questions that include the type and frequency of violence in the workplace, where there are options to answer the questions, and there are questions whose answers are (yes, no). The third section of the questionnaire, contains elements about how to respond to violence in the workplace, in terms of the answers, where the participant can choose more than one option, and the fourth section includes open-ended questions that help participants explore their needs in managing violence in the workplace, and they can choose more than one answer. Where 'yes' and 'no' scales are used for answers, there are questions that require participants to select options that apply to their situation. A pilot study was also conducted on thirty nurses to confirm the applicability of the questionnaire in addition to ensuring the wording, the study didn't mention the reliability test [Basfr W et al., 2019].

Statistical Analysis: The data were analyzed using the Statistical Package for Social Sciences (SPSS), version 22.0, and the level of statistical significance was determined at $p \leq 0.05$ for Independent sample statistics. Descriptive statistical analyzes were carried out and Multiple response statistics were. To analyze the participants' demographic characteristics (First research question), the researcher used descriptive statistics such as frequencies, percentages, means and standard deviations.

To analyze the nurses' responses to the second and third research, the researcher used descriptive statistics (frequencies, percentages, means and standard deviations). Finally, to analyze the results related to the fourth research question, the researcher used parametric tests such as independent samples t-test and One-Way Analysis of Variance (ANOVA) to find any significant differences between the nurses' responses based on their socio-demographic characteristics.

RESULTS

First: Results related to the first research question: "What are the socio-demographic characteristics that are notably associated with the workplace violence amongst psychiatric nurses in the Mental Health Hospital in Taif, Saudi Arabia?"

Table 1 shows the Characteristics of nurses working at Eradahh Complex and Mental Health, Taif, Saudi. A total of 141 nurses completed the questionnaire. Most of the participants in the study were Male with a percentage of 65.2%, and most of the participants hold a bachelor's degree in nursing, where they constituted the highest percentage and percentage was (77.3%). The highest percentage of participants (37.6%) had years of experience ranging from (6-10) years. Most of the participants from Saudi nationality, with a percentage of (75.9%). The participants worked in the following departments: The emergency room (ER) unit, Outpatient Department (OPD) unit and Acute unit, and the percentage of their participation in each section was in the following proportions, respectively: (37.6%), (18.4%) and (44.0%).

Results related to the second research question: "What are the frequency and type of violence in the workplace among psychiatric nurses in Mental Health Hospital in Taif, Saudi Arabia?" (Table 2.)

The prevalence of workplace violence (WPV)

TABLE 1

Characteristics of nurses working at Eradahh Complex and Mental Health, Taif, Saudi Arabia

		n	%
Gender	Male	92	65.2
	Female	49	34.8
	Total	141	100.0
Educational Level	Diploma	21	14.9
	Bachelor	109	77.3
	Master	11	7.8
Length of Experience	0-5	26	18.4
	6-10	53	37.6
	11-15	48	34.0
	16-20	10	7.1
	20 years above	4	2.8
Nationality	Saudi Arabian	107	75.9
	Non- Saudi Arabian	34	24.1
Unit of Assignment	ER Unit	53	37.6
	OPD Unit	26	18.4
	Acute Unit	62	44.0

was (90.1%), In addition to that, (60.0%) were exposed to WPV more than three times during the past year, and in addition to a percentage of (67.4%) were exposed to physical and verbal abuse. As for the results of violence, where there was a percentage of them (58.9%) they have required medical intervention and they have a threatened life. There were also (38.3%) of nurses who were concerned about violence at work sometimes. Regarding the time of WVP, Most of the nurses were exposed to WPV during their morning shift (85.1%), in the afternoon (85.8%), evening (75.9%) and night shift (62.4%). The majority of the violence originated from the patients themselves (90.8%) and some of the WPV came from their relatives (42.6%), visitors (32.6%) or co-workers (25.5%). The majority felt either stressed (91.5%) or anxious (86.5%), while 62.4% felt depressed and a few (48.9%) were not interested in attending work and are considering leaving their jobs.

Table 3 shows the Participants' responses to workplace violence at Eradahh Complex and Mental Health, Taif, Saudi Arabia. Nurses differed in their response to WPV and many selected more than one option when reacting to such acts. (8.1%) had no response, (8.7%) would talk to family and friends, (10.3%) would Request to be transferred

TABLE 2

Prevalence, types and characteristics of workplace violence (WPV) experienced by nurses working at Eradah Complex and Mental Health, Taif, Saudi Arabia (N = 141)

Variable		No	%
Numbers of violent attacks in the previous year	Once	21	14.9
	Twice	12	8.5
	Three Times	22	15.6
	More than 3 times	86	61.0
Experienced violence at work	No	14	9.9
	Yes	127	90.1
Type of violence	Physical abuse	11	7.8
	Verbal abuse	35	24.8
	Both	95	67.4
Consequence of violence	Medical Intervention Required	45	31.9
	Life Threatening	13	9.2
	Both	83	58.9
Concerned regarding violence at work	Never	3	2.1
	Rare	12	8.5
	Sometimes	54	38.3
	Usually	44	31.2
	Always	28	19.9
Timing of WPV			
Morning	No	21	14.9
	Yes	120	85.1
Afternoon	No	20	14.2
	Yes	121	85.8
Evening	No	34	24.1
	Yes	107	75.9
Night	No	53	37.6
	Yes	88	62.4
Source of violence			
Patient Relatives	No	81	57.4
	Yes	60	42.6
Patient	No	13	9.2
	Yes	128	90.8
Co-worker	No	105	74.5
	Yes	36	25.5
Visitor	No	95	67.4
	Yes	46	32.6
Feeling after exposure to WPV			
Stress	No	12	8.5
	Yes	129	91.5
Anxiety	No	19	13.5
	Yes	122	86.5
Depression	No	53	37.6
	Yes	88	62.4
No interest in going to work; consider leaving the job	No	72	51.1
	Yes	69	48.9

NOTES: * Participants had the option of choosing more than one item.

TABLE 3

Participants' response to workplace violence at Eradah Complex and Mental Health, Taif, Saudi Arabia (N = 141)

	Responses	
	No	%
No Response	69	8.1%
Talking to family and friend	74	8.7%
Request to be transferred to another department	88	10.3%
Pretending nothing happened	60	7.1%
Getting Professional Help	128	15.0%
Warning the Patient	38	4.5%
Talking with Colleagues	52	6.1%
Reporting Incident to the Manager	129	15.2%
Reacting with Violence	122	14.3%
Getting legal help	91	10.7%

to another department, (7.1%) would Pretend nothing happened, (15.0%) would Getting Professional Help, (4.5%) would warning the Patient, (6.1%) would talking with Colleagues, (15.2%) would reporting Incident to the Manager, (14.3%) would reacting with Violence and (10.7%) would getting legal help.

Results related to the third research question: "What are the perceptions of the psychiatric nurses toward the reporting and causes of workplace violence in Mental Health Hospital in Taif, Saudi Arabia?"

Table 4 shows the Participants' perception of the causes of workplace violence at Eradah Complex and Mental Health, Taif, Saudi Arabia. Participants perceived Violation of visiting hours (8.2%), Long waiting periods in outpatient clinics (5.6%), Psychological problems (12.2%), Smoking prohibition inpatient wards (4.1%), Denial of patients' admission to the hospital (5.4%), Delays in nursing care provision (12.0%), Delays in medical care provision (10.8%), Patient dissatisfaction with nursing or medical care (7.9%), Shortage of staff (7.4%), The patient's requests not satisfied (6.1%), Poor Organization (11.9%), Overcrowded inpatient ward (3.3%), Patients' Health Condition (5.2%).

Results related to the fourth research question: "Is there a significant difference in the demographic, frequency, types of violence and the response of causes and perception of causes of workplace violence?"

TABLE 4

Participants' perception of causes of workplace violence at Eradahh Complex and Mental Health, Taif, Saudi Arabia (N = 141)

	Responses	
	N	%
Violation of visiting hours	88	8.2%
Long waiting periods in outpatient clinics	60	5.6%
Psychological problems	131	12.2%
Smoking prohibition in inpatient wards	44	4.1%
Denial of patients' admission to the hospital	58	5.4%
Delays in nursing care provision	129	12.0%
Delays in medical care provision	116	10.8%
Patient dissatisfaction with nursing or medical care	85	7.9%
Shortage of staff	80	7.4%
The patient's requests were not satisfied	66	6.1%
Poor Organization	128	11.9%
Overcrowded inpatient ward	36	3.3%
Patients' Health Condition	56	5.2%

NOTES: *Participants had the option of choosing more than one item.

Table5 shows the Independent Sample Statistics shows that there was a significant correlation between gender with Patient dissatisfaction with nursing or medical care at p-value = 0.000, and there was a significant correlation between gender with the time of violence (Night) at p-value = 0.008, there was a significant correlation for gender with Numbers of violent attacks in the previous year at p-value = 0.043 and there was a significant correlation for gender with warning the patient at p-value = 0.000

DISCUSSION

The results of our study show that the nurses working in the Eradah Complex and Mental Health, Taif, Saudi Arabia, indicate they are exposed to violence in the workplace, similar to the nurses who work in hospitals related to mental health and mental illness all over the world, as there are differences regarding types of violence in the workplace, in addition to the frequency of violence in the workplace, and other factors associated with it.

As for our study, where a questionnaire related to

TABLE 5

Independent Sample T-Test

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Patient dissatisfaction with nursing or medical care	Male	92	0.54	0.501	0.052
	Female	49	0.71	0.456	0.065
Night	Male	92	0.59	0.495	0.052
	Female	49	0.69	0.466	0.067
Numbers of violent attacks in the previous year	Male	92	2.43	1.020	0.106
	Female	49	1.84	1.196	0.171
Warning the Patient	Male	92	0.20	0.399	0.042
	Female	49	0.41	0.497	0.071
Levene's Test for Equality of Variances					t-test for Equality of Means
	Equal variances	F	P-value	Interpretation	t
Patient dissatisfaction with nursing or medical care	assumed	17.149	0.000	Significant	-1.987
	not assumed				-2.045
Night	assumed	7.157	0.008	Significant	-1.246
	not assumed				-1.270
Numbers of violent attacks in the previous year	assumed	4.176	0.043	Significant	3.120
	not assumed				2.971
Warning the Patient	assumed	21.862	0.000	Significant	-2.762
	not assumed				-2.584

violence in the workplace was completed by one hundred and forty-one nurses working in Eradah Complex and Mental Health, Taif, where we found through the results that there is percentage of male participants that is 65.2%. Female participants are 34.8, as the percentage of males is more than females. Most of the participants in our study hold a bachelor's degree in nursing and made up the highest percentage (77.3%), and the highest percentage of participants (37.6%) their years of experience ranged between (6-10) years, in addition to the fact that most of the participants in the study were of Saudi nationality, and work in different departments.

According to Basfr W. and co-authors study related to violence in the workplace among mental health nurses, our study, where it concluded that most of the participants in the study were Saudi (69%), and this is similar to the results of our study, in addition to the fact that the number of female participants was more than the number of the male participants, and this contradicts with The results of our study, most of the participants in the study hold a diploma (61.3%), in contrast to the results of our study, as most of the participants in our study hold a bachelor's degree [Basfr W et al., 2019].

It is apparent that Basfr W. and co-authors study matches the results of our study and was conducted in the Kingdom of Saudi Arabia, where the results of that study showed that there is a prevalence of (90.3%) regard violence in the workplace [Basfr W et al., 2019].

In addition, it could be reported that Wu S. and co-authors study that was conducted in China showed that violence is prevalent in the workplace among medical professionals and the rate of physical assault was (11%), in addition to that, the percentage of emotional abuse was (26%), as for the threat of assault, it reached (12%), and the percentage of verbal sexual harassment and sexual assault was (3%) and (1%), respectively [Wu S et al., 2012].

According to our study, we found that there are (58.9%) of those who have been exposed to violence need medical intervention and have a life-threatening situation. Also, there are (38.3%) of the nurses worried about violence at work sometimes.

According to Basfr W. and co-authors study that was conducted in Saudi Arabia and is consistent with our study, as the study recommended that physical and verbal abuse mostly occurs during the

morning and afternoon [Basfr W et al., 2019]. In addition, Khoshknab MF and co-authors study in line with our study, there is a high level of physical and verbal abuse among health care professionals by relatives [Khoshknab MF et al., 2015].

In our study, the majority felt either stressed (91.5%) or anxious (86.5%), while 62.4% felt depressed and a few (48.9%) were not interested in joining work and are considering leaving their jobs.

Moreover, it was found that Basfr W. and co-authors study conducted in Saudi Arabia in 2019 matched the results of our study, Two out of three felt psychological distress (64.2%), In addition to that, some (8.4%) of the participants expressed a lack of interest in going to work in addition to thinking about leaving the job [Basfr W et al., 2019]. Another study is consistent with the results of our study that violence in the workplace is associated with low results in addition to high rates of non-attendance to work [Nijman H et al., 2005].

Speroni K.G. and co-authors study is similar to ours, where most of the participants in the study respond to violence in the workplace by reporting the incident to their manager, as their percentage (54.2%) [Basfr W et al., 2019]. In addition, another study as well, which coincided with our study, where accidents were reported by nurses to managers or supervisors [Speroni KG et al., 2014].

The study found that Park M. and co-authors coincided with our study, where the study showed that the assignments of hard work under time pressure result from a shortage related to employees, in addition to a decrease in terms of trust and justice, and the increase related to switching patients, as these factors led to the creation of stressful situations for patients, their families and employees. In the field of health care [Park M et al., 2015].

Concerning the results of our current study on the causes of violence in the workplace in the Eradah and Mental Health Complex, Taif, Saudi Arabia. As the participants noted that there is a violation of visiting hours (8.2%), long waiting times in outpatient clinics (5.6%), psychological problems (12.2%), non-smoking wards (4.1%), and refusal to admit patients to hospital (5.4%). Delay in providing nursing care (12.0%), Delay in providing medical care (10.8%), Patient dissatisfaction with nursing or medical care (7.9%), Staff shortage (7.4%), Patient not being satisfied (6.1%) Poor organization

(11.9%), overcrowding of patient wards (3.3%), the health status of patients (5.2%).

Basfr W. and co-authors was conducted in Saudi Arabia and agree with our study, as the majority of the participants chose a set of preventive measures and the required resources regarding the treatment of violence in the workplace, where the majority of them emphasized the training of nurses regarding the management of violence in the workplace (61%) in addition to dealing with the pressure that is associated in this violence. Half of the participants stressed the importance of policies related to violence in the workplace, and some chose awareness programs and organizational support in the following proportions: (45%, and 39.4%) respectively [Basfr W et al., 2019].

The results of our current study showed that concerning gender-related demographic characteristics with patient dissatisfaction with nursing or medical care, nighttime, number of violent attacks in the previous year and patient warning. For nursing or medical care at $p\text{-value} = 0.000$, there was a significant association between gender with the time of violence (night) at $p\text{-value} = 0.008$, and there was a significant association between gender and time of violence (night). We noticed in our current study that there is a significant correlation between gender and the number of violent attacks in the previous year with a value of $p = 0.043$, and there was a significant correlation between gender with a patient warning of a value of $p = 0.000$.

CONCLUSION

According to what was indicated in our study through the results that were discussed regarding the exposure of psychiatric nurses to violence in the workplace, the nurses who work in the Eradah and Mental Health Complex in Taif, Saudi Arabia, have exposure to violence in the workplace, according to what we found through our study. In

general, various factors and causes have an impact and increase violence in the workplace, in addition to that these factors are linked to other factors that have an impact on the violence of psychiatric nurses in the workplace.

The limitations in our current study included that we faced difficulty in collecting the sample, as it took a long time to collect the sample, due to several possible factors, including the high turnover rate among nurses between hospitals, in addition to the fact that some nurses were on leave and were waiting for their return from leave, There are nurses assigned to other work. In addition, concerning the questionnaire, it was allowed to answer more than one option, as it leads to the reversal of some estimates regarding those choices that were made.

RECOMMENDATIONS

The researcher recommends the adoption of strategies related to organizational support within hospitals and health complexes to emphasize caution towards nurses and health care workers to avoid their exposure to violence in the workplace and to avoid the psychological and physical consequences that may occur to them.

Developing strategic plans concerning dealing with violence in the workplace for health care teams in general in hospitals and others, especially mental health nurses.

Reduce and eliminate violence in the workplace in all its forms during all periods and convey a sense of safety to the nurse to provide sound health care in an atmosphere and conditions far from stress, anxiety and depression, which helps maintain the safety of patients and nurses from all mental illnesses.

We recommend educational interventions and training to reduce workplace violence against psychiatric nurses.

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