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Workplace Violence among Nurses in Selected Public and Private Healthcare Facilities in Port Harcourt, Rivers State

V. E. Douglas [a*], K. Douglas [a] and R. E. Obele [a]

[a] Centre for Occupational Health, Safety and Environment, University of Port Harcourt, Rivers State, Nigeria.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

This research work investigated workplace violence among nurses in public and private healthcare facilities in Port Harcourt. The study sample comprised of 228 nurses and the method of sampling was purposive sampling. A structured questionnaire developed by the International Labour Organization was adopted for use, based on the research objectives. About 228 copies of questionnaires were administered with 99.6% (227) response rate. Data were analyzed using SPSS v.22.0 software, together with charts and tables for better representation of information. Chi-square table was used to test for level of significant at 5% ($P < 0.05$) confidence interval. Result showed 25.6% (58) rate of workplace violence, with verbal abuse 54.6% (124) being the most common form experienced followed by physical violence at 34.3% (78). Patients (18) and their relative (53) were the main perpetrators of physical violence, patients relatives (54) and supervisors (26) were the main perpetrators of verbal abuse, while patients (12) and other healthcare workers (1) were the main perpetrators of sexual harassment. Supervisors (6) and other fellow nurses (4) were the main perpetrators of bullying. Also high rate 74.4% (169) of violence cases were reported to the management. Effect of workplace violence mostly experienced by nurses were repeated

**Corresponding author: Email: onyebu57@gmail.com;*

memories 81.3% (185%), loss of self-esteem 66.6% (151), worrying of going back to work 65.8% (149), not doing job well 59.4% (135) and requiring time off from work 44.7% (101). About 77% (175) of the hospital management have policies on health and safety, with high awareness level 74.9% (170) on workplace violence issues. There was no statistical significant difference in the rate of violence observed between the various age groups of nurses, except for verbal abuse ($P < 0.05$) at 0.025.

Keywords: Workplace violence; primary health-care workers; private health-care facilities; public health-care facilities; nurses.

1. INTRODUCTION

Work whether formal or informal, paid or unpaid, plays huge role in many people's lives all over the world. Also through work, individuals establish themselves within the society. While majority of job provide income to most people, they may in a long run affect the well-being of humans [1]. Hazardous work condition causes over 651,000 deaths globally in developing world of which most of them are under-estimated due to poor or inadequate reporting system, being put in place against workplace violence in most nations [2,3]. The world body on health and safety matters, ILO-(International Labour Organization), noted that violence is a significant issue-affecting workers in various places of work leading to a system incompatible with decent work. Violence as well as harassment, are difficult and interconnected concepts broadly described as a spectrum of harmful behavioural practices, whether single or repeated, aimed at causing physical harm, sexual, economic and psychological damage to an individual or group of individuals.

Health as proposed by the International Labour Organization, indicates a state of being free or absence of illness or sickness, but also the presence of other factors (i.e. physical and mental elements) affecting an individual's health as it relates to health and safety at work.

Also article 1.19 of the convention held by International Labour Organization in recent times, further suggest that violence constitute mainly of a spectrum of harmful behavioural practices, whether single or repeated, aimed at causing physical harm, sexual or psychological damage. It covers violence cases occurring in places of work, in public settings, as well as in places workers take rest break or accommodation provided by employers through work related communications and even in cases work is explored [4,5].

It may differ based on the social cultural framework or legislation in which they fall into, such as civil laws, criminal as well as occupational safety and health laws [6].

Different terms are used to describe violence cases across different workplaces, which is due to the use of words synonymous to various kinds of harmful behaviour as observed within workplaces. The European foundation involved with the improvement of standard of living (Eurofound), uses similar terms to describe violence at workplace such as Adverse Social Behaviour, which relates with physical harm, threat or abusive behaviour done during or within the period of twelve (12) months or (1) year [7].

Other terms are further used interchangeably like that of bullying, mobbing and harassment in some nationalities. Surveys from ILO, estimated that each year, over about 2.3 million persons die from work-related illness and accidents originating from unhealthy workplace environment, with over about 360,000 of them relating to fatal accidents and about 1.95 million relating to work related illnesses [1].

Considering the nature of most occupation, the inherent risks are well known to men compared to women, this mainly is due to the fact that most research and policies focused more on male dominated sectors than that of the female counterpart. Nowadays the reverse is the case as the female sex group accounts for over 40% of workers (1.2billion) globally of the total 3 billion work population worldwide [1]. Also, the high number of women workers in the work environment has led to gender-related issues emanating from their physical differences between men and their female counterpart in areas pertaining exposure to hazards, impact of some agents in their reproductive health, job demand, design and as well work hour slated when performing task within workplace [1,8].

Occupational health and safety hazards affecting most female workers are under estimated and not readily reported due to standards established earlier on exposure to hazardous substances based on laboratory survey work on the male population. Segregation in labour force also brings about challenges workers face within their places of work. For example, the construction and mining industries are dominated by men, while the servicing and agricultural industries are popularly occupied by women [1].

The effects of workplace violence are said to be greatly increased in emotionally challenged persons that are exposed to perpetrators [9]. Thus, it is the sole responsibility of employers of labour to provide a safe workplace environment free from all hazards, that may greatly increase the risk of workplace violence at workplace. Employers of labour must take into consideration in-depth details of the security network of the workplace, towards ensuring the safety and wellbeing of persons under their custody [10].

This mainly because, there exist a link between violence with certain job or occupation, sex, age and other demographic features. Occupations regarded as a safe haven, such as healthcare services, mentoring, teaching and social services have now become exposed to severe level of violence both in developing and developed nations [1,11].

Women of this generation are at greater risk of exposure to harmful behaviour at work, due to the great number of them in servicing industries.

There have been reports on WPV against some health-care professionals in tertiary health-care institutions in Nigeria (Emmanuel et al. 2013) [12,13] which did not provide specific information on workplace violence in public and private healthcare facilities in Rivers State. This study aims to unravel the causal factors, predictors and the effect of workplace violence among nurses. in public and private healthcare facilities in Port Harcourt, Rivers State.

2. MATERIALS AND METHODS

2.1 Research Design

The study design was descriptive crosssectional.

2.2 Study Area

Port Harcourt is one of the major centres of medical tourism, hospitality and economic activities in Nigeria and among major cities in the Niger Delta, located in Rivers State. The local government area covers 360 km2 and at the 2006 Census held a population of 1,382,592 which has grew further to 3,171,076 as reported in 2021 by survey conducted by the United Nations. Port Harcourt is bounded by Obio-Akpor Local Government Area to the south, Oyigbo and Eleme to the east, Ikwerre and Etche to the north, and Emohua to the west.

2.3 Population of the Study

According to Federal Ministry of Health survey and from current database head count from Master Facility List (MFL) in the year 2021, there are over 586 registered health care centers in Rivers State, out of which 70 facilities are present in Port Harcourt city Local Government Area, Nigeria. The population for this study comprises in total of 70 healthcare facilities which is a representation of the hospitals working in Port Harcourt Local Government Area.

2.4 Inclusion and Exclusion Criteria

The Inclusion criteria include nurses ≥ 18 years working in selected healthcare centres in Port Harcourt Local Government Area of Rivers State. Hospitals with good structure and an average of 5-15 nurses above (both registered and auxillary) were considered for the purpose of assessing prevalence of workplace violence against nurses in selected healthcare facilities within Port Local Government Area. Hospitals with less than five (5) healthcare providers (nurses) were excluded. Also nurses on maternity leave, study leave or excuse from duty were excluded.

2.5 Sample Size

The sample size for this study was determined using Yamane Taro (1967) formula or method as shown below:

$$n = N / (1 + N (a)^{2})$$

Where:

n = sample size,
N= population size,
a = level of significance (0.05), which is a constant

Calculating the required sample size,

$$n=70/ (1+70 (0.05)^{2})$$
$$n=59.57$$

Therefore, sample size for the study will be 60 multiplied by the 4 locations to be used (Choba, Ozuoba, Mgbuoba and Iwofe) n = 240 as per the questionnaires to be used.

2.6 Sampling Technique

The study sample comprises of 240 health care workers (nurses) in departments and units of both private and public owned selected hospitals in Port Harcourt Local Government Area and the method of sampling is by purposive non-probability sampling. Nine departments /units were used in this survey: accident and emergency unit, out-patient, paediatric ward, obstetrics and gynaecology department, operating theatre, male medical ward, female medical ward, male surgical ward and female surgical ward. All the nurses available were invited to participate in the survey. Several visits had to be made to the hospital different times of the day to meet nurses on different shift duties.

The nature and source of data for this study were from primary sources; i.e., directly from respondents used for the study. They include both registered nurse and auxiliary nurses in selected healthcare facilities in Port Harcourt Local Government Area. Secondary sources of data were from journals, guidelines from International Labour Organization (ILO), reviews from previous works and from maps atlas etc.

2.7 Methods of Data Collection

A structured questionnaire used for similar study was adopted and used to collect data based on the research objectives and research questions. The questionnaire was adapted from International Labour Organization (ILO), International Council of Nurses (ICN), World Health Organization (WHO) and Public Service International (PSI) joint programme on work place violence in the health sector template, and modified to suit this study (WHO, 2003). The questionnaire were divided into seven sections: A, B, C, D, E, F, G, according to the specific objectives.

2.8 Validity of Instrument

To establish the face and content validity of the data collection instrument, the instruments were presented to the researcher's project supervisors (Lead and Associate Supervisors) for both to face validity and correction made were effected before its administration to respondents. Also, structured, self-administered questionnaires were used after a pre-test among nurses not included in the study, to determine the clarity, quality and validity of the tools.

2.9 Reliability of Instrument

The instruments were tested for reliability using the Cronbach's alpha on SPSS before its administration to respondents; this was to ensure that the anticipated result were what it was supposed to be.

2.10 Administration of Instrument

The researcher administered the instruments. In order to capture respective respondents needed for the study, respondent on their own after much explanation and briefing answered questions.

2.11 Method of Data Analysis

Qualitative data gathered during the course of this study were analyzed, using IBM Statistical Package for Social Science (SPSS) version 22.0, XLSTAT version 2016 and then expressed using descriptive statistics means in charts, histograms and tables for a better representation of the information. Hypothesis testing was done using chi-square (χ^2) test of independence to assess the relationship among variables. Level of significant was set at $p<0.05$ for bivariate analysis.

3. RESULTS

Table 1. Cross tabulation of prevalent rate of workplace violence against age

Workplace violence	Age						P-value	Remark
	<20	20-29	30-39	40-49	50-59	Above 60		
Physical Violence (C1)	16 (35.6%)	15 (25%)	20 (38.5%)	18 (40%)	8 (44.4%)	1 (14.3%)	0.364	Not significant
Verbal Abuse (D1)	29 (64.4%)	23 (38.8%)	33 (63.5%)	25 (55.6%)	12 (66.7%)	2 (28.6%)	0.025	Significant
Bullying/Mobbing (E1)	4 (8.9%)	3 (5%)	5 (9.6%)	3 (6.7%)	0 (0%)	0 (0%)	0.675	Not significant
Sexual Harassment (F1)	7 (15%)	2(3.3%)	1(1.9%)	3(6.7%)	2(11.1%)	0(0%)	0.081	Not significant

Table 2. Prevalent rate of workplace violence against gender

Workplace violence	Gender		p-value	Remark
	Male (1)	Female (2)		
Physical Violence (C1)	35 (44.9%)	43 (55.1%)	0.206	Not significant
Verbal Abuse (D1)	47 (37.9%)	77 (62.1%)	0.659	Not Significant
Bullying/Mobbing (E1)	7 (46.7%)	8 (53.3%)	0.540	Not significant
Sexual Harassment (F1)	1 (6.7%)	14 (93.3%)	0.008	Significant

Table 3. Prevalent rate of Workplace Violence against Marital Status of Nurses

Workplace violence	Marital status				p-value	Remark
	Single	Married	Seperated/Divorced	Widow/Widower		
Physical Violence (C1)	24(31.2%)	41(53.2%)	7(9.1%)	5(6.5%)	0.003	Significant
Verbal Abuse (D1)	49(39.8%)	56(45.5%)	7(5.7%)	11(8.9%)	0.472	Not Significant
Bullying/Mobbing (E1)	10(66.7%)	5(33.3%)	0(0%)	0(0%)	0.203	Not significant
Sexual Harassment (F1)	9(60%)	2(20%)	1(1.6%)	2(13.3%)	0.343	Not Significant

Table 4. Prevalent rate of workplace violence against nurses on night shift

Workplace Violence	Night shift		p-value	Remark
	Yes (1)	No (2)		
Physical Violence (C1)	51	27	0.005	Significant
	65.4%	34.6%		
Verbal Abuse (D1)	71	53	0.126	Not significant
	57.3%	42.7%		
Bullying/Mobbing (E1)	8	7	0.957	Not significant
	53.3%	46.7%		
Sexual Harrassment (F1)	8	7	0.957	Not Significant
	53.3%	46.7%		

Table 5. Prevalent rate of workplace violence against working alone

Workplace Violence	Working alone at night shift		p-value	Remark
	Yes (1)	No (2)		
Physical Violence (C1)	39	39	0.01	Significant
	50.0%	50.0%		
Verbal Abuse (D1)	55	68	0.036	Not Significant
	44.7%	55.3%		
Bullying/Mobbing (E1)	5	10	0.671	Not significant
	33.3%	66.7%		
Sexual Harrassment (F1)	5	10	0.671	Not significant
	33.3%	66.7%		

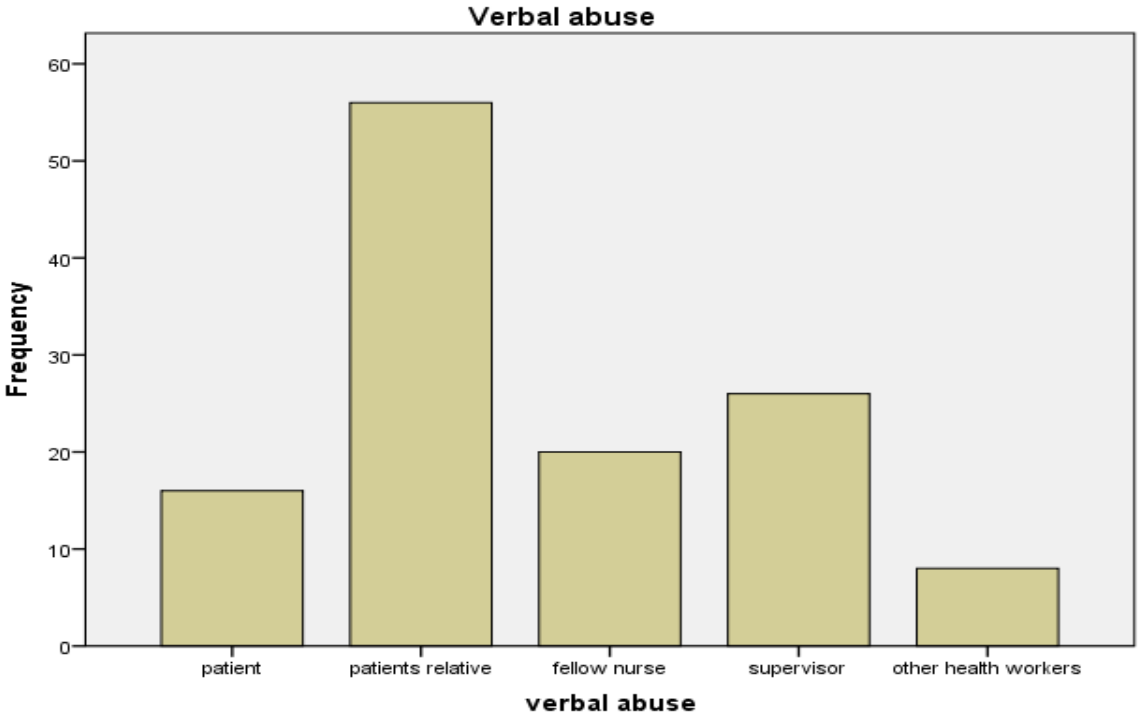

Fig. 1. Perpetrators of workplace violence (Verbal Abuse)

Fig. 2. Perpetrators of physical violence

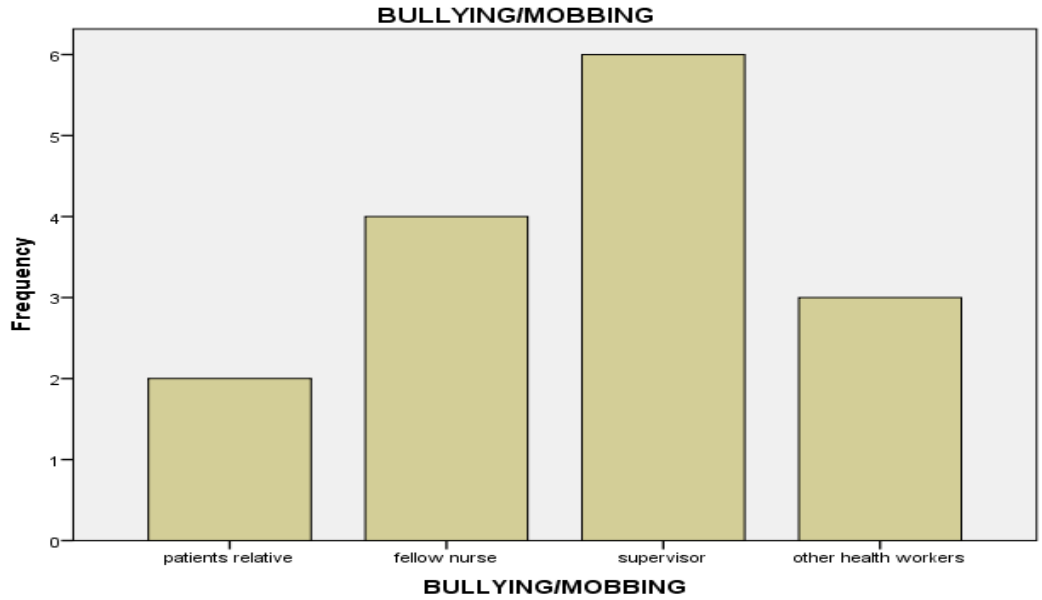

Fig. 3. Perpetrators of bullying/ mobbing

Table 6. Effect of workplace violence among Nurses (Repeated thoughts and memories)

Workplace violence	Repeated disturbing memories, thoughts or image of events		p-value	Remark
	Yes (1)	No (2)		
Physical Violence (C1)	66 84.6%	12 15.4%	0.000	Significant
Verbal Abuse (D1)	100 80.6%	24 19.4%	0.000	Significant
Bullying/Mobbing (E1)	10 66.7%	5 33.3%	0.187	Not significant
Sexual Harassment (F1)	14 93.3%	1 6.7%	0.001	Significant

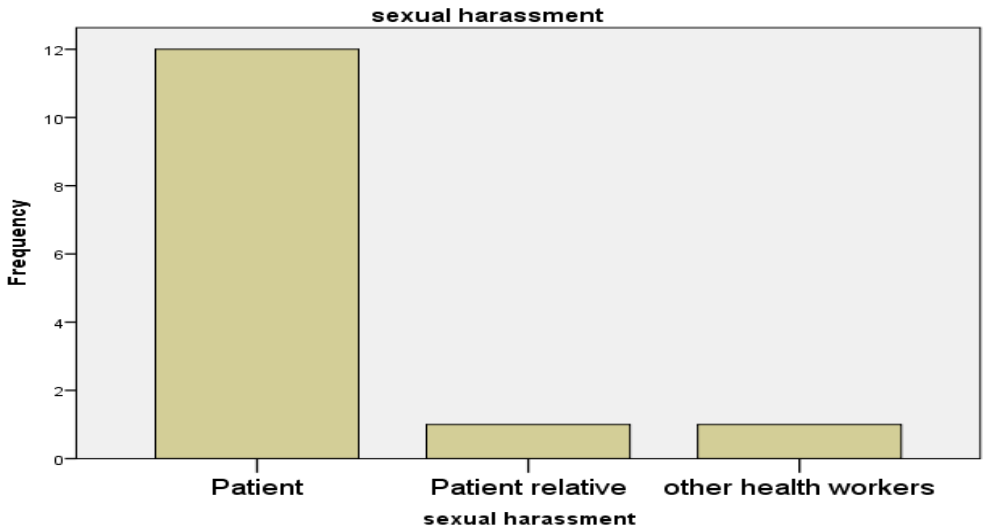

Fig. 4. Perpetrators of Sexual Harassment

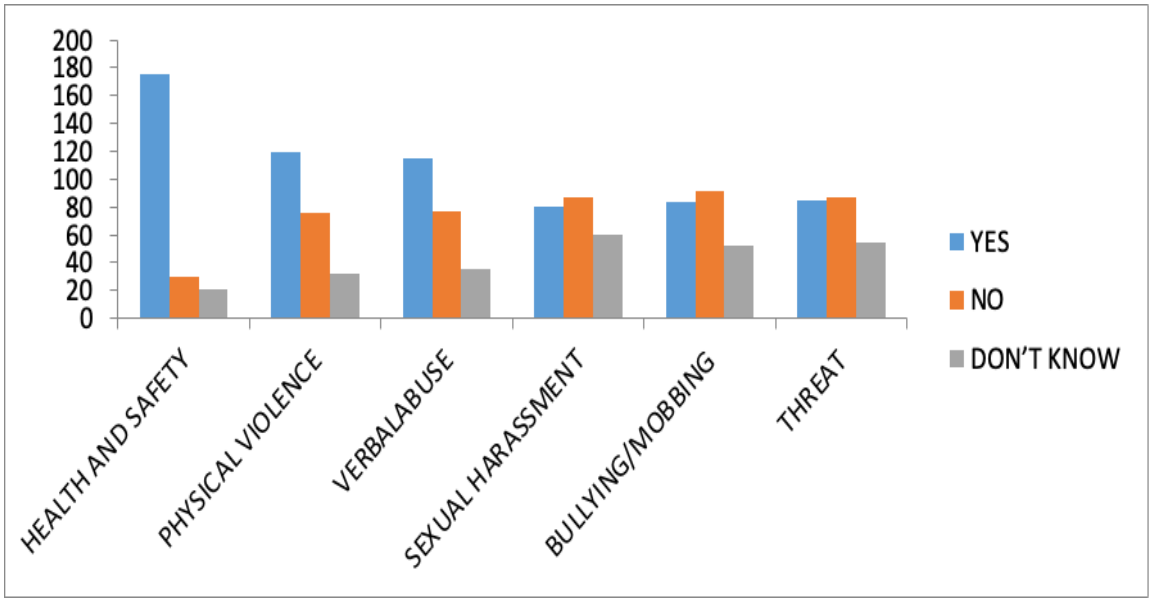

Fig. 5. Workplace Violence against development of specific policies by Employer

Table 7. Effect of Workplace Violence (Worried about going to back to work)

Workplace violence	Worried about going back to work		p-value	Remark
	Yes (1)	No (2)		
Physical Violence (C1)	39 50.0%	39 50.0%	0.000	Significant
Verbal Abuse (D1)	66 53.2%	58 46.8%	0.000	Significant
Bullying/Mobbing (E1)	11 73.3%	4 26.7%	0.000	Significant
Sexual Harassment (F1)	13 86.7%	2 13.3%	0.000	Significant

Table 8. Workplace violence against loss of self esteem

Workplace violence	Loss of self esteem		p-value	Remark
	Yes (1)	No (2)		
Physical Violence (C1)	53	25	0.000	Significant
	67.9%	32.1%		
Verbal Abuse (D1)	81	43	0.000	Significant
	65.3%	34.7%		
Bullying/Mobbing (E1)	8	7	0.231	Not Significant
	53.3%	46.7%		
Sexual Harassment (F1)	12	3	0.001	Significant
	80.0%	20.0%		

Table 9. Effect of workplace violence and not being motivated to do work

Workplace violence	Not motivated to do work as usual		p-value	Remark
	Yes (1)	No (2)		
Physical Violence (C1)	44	34	0.000	Significant
	56.4%	43.6%		
Verbal Abuse (D1)	76	48	0.000	Significant
	61.3%	38.7%		
Bullying/Mobbing (E1)	9	6	0.062	Not Significant
	60.0%	40.0%		
Sexual Harassment (F1)	9	6	0.062	Not Significant
	60.0%	40.0%		

Table 10. Workplace violence and requiring time-off from work

Workplace violence	Require time-off from work		p-value	Remark
	Yes (1)	No (2)		
Physical Violence (C1)	34	44	0.000	Significant
	43.6%	56.4%		
Verbal Abuse (D1)	44	80	0.000	Significant
	35.5%	64.5%		
Bullying/Mobbing (E1)	6	9	0.095	Not Significant
	40.0%	60.0%		
Sexual Harassment (F1)	9	6	0.000	Significant
	60.0%	40.0%		

Table 11. Workplace violence against Withdrawal from friends and colleagues

Workplace violence	Withdraw from colleagues and friends		p-value	Remark
	Yes (1)	No (2)		
Physical Violence (C1)	16	62	0.040	Significant
	20.5%	79.5%		
Verbal Abuse (D1)	24	100	0.000	Significant
	19.4%	80.6%		
Bullying/Mobbing (E1)	4	11	0.067	Not Significant
	26.7%	73.3%		
Sexual Harassment (F1)	5	10	0.008	Significant
	33.3%	66.7%		

Table 12. Workplace Violence against Disciplinary action from top management

Workplace violence	Receive disciplinary action frozm the management		p-value	Remark
	Yes (1)	No (2)		
Physical Violence (C1)	1	76	0.695	Not Significant
	1.3%	98.7%		
Verbal Abuse (D1)	4	120	0.069	Not Significant
	3.2%	96.8%		
Bullying/Mobbing (E1)	2	13	0.000	Significant
	13.3%	86.7%		
Sexual Harassment (F1)	0	15	0.590	Not Significant
	0.0%	100.0%		

Table 13. Workplace violence against development of specific policies by employer

	Employer developed specific policies on workplace violence		
	Yes	No	Don't know
Health and safety	176 (77.5%)	30(13.2%)	21(9.3%)
Physical violence	119(52.4%)	76(33.5%)	32(14.1%)
Verbal abuse	115(50.7%)	77(33.5%)	35(15.4)
Sexual harassment	80(35.2%)	87(38.3%)	60(26.4%)
Bullying/ mobbing	84(37%)	91(40.1%)	52(22.9%)
Threat	85(37.4%)	87(38.3%)	55(24.2%)

4. DISCUSSION

Out of the 240 questionnaires sent out, only 232 were returned. Table 1 to 5 shows the prevalence rate of workplace violence among the respondents.

Report from Table 1 shows that the respondents belong to the extreme and mid-point of the population pyramids. 43.6% were below 20yrs to 29years of age, and a total of 47(58.58%) of the nurses faced with work place violence cases lies between 30-49years of age, while a small fraction 11.10% of the respondent faced with violence cases lies between the ages of 50-59 and above. This reflects a workforce with a high pool of young and elderly workers. The middle age, between 30 and 49years had 47.58%. The spread is mainly because many young nurses seek quick employment into some of this mission-owned hospital and leave shortly afterwards on getting better-paid employment with the government. A high proportion (11.01%) aged 50 years and above were mainly contract staff approaching retirement or who have retired from active service with the government. The results from Table 1 indicates a disagreement with findings from other research work that says nurses at younger age are at risk of verbal abuse in healthcare settings. This is mainly because of changes in the economic system of the country and youth restiveness among new coming healthcare workers. Also, Table 1 shows that there is a significant association between workplace violence (especially verbal abuse) and Age group of nurses exposed to violence within their various work locations.

Report from Table 2 respectively shows that 35(44.9%) of nurses who experienced Physical Violence are male while 43(55.1%) of nurses who experienced Physical Violence are female. Also 47(37.9%) of nurses who experienced Verbal Abuse are male while 77(62.1%) of nurses who experienced Verbal Abuse are female. 7(46.7%) of nurses who experienced bullying/mobbing are male while 8(53.3%) of nurses who experienced bullying /mobbing are female. Lastly 1(6.7%) of nurses who experienced sexual harassment are male while 14(93.3%) of nurses who experienced sexual harassment are female showing that the female sex group are more vulnerable to sexual harassment. Finally, the table shows that there exists a strong significant association or dependency of workplace violence on gender groups, and that only sexual harassment depends more on gender. Hence, there is an association between gender and sexual harassment.

Report from Table 3 respectively, shows that of the nurses who experienced Physical Violence, 24(31.2%) are single, 41(53.2%) are married,

7(9.1%) are separated or divorced, and 5(6.5%) are widows or widowers. Also of those who experienced verbal abuse, 49(39.8%) are single, 56(45.5%) are married, 7(5.2%) percent are separated or divorced, and 11(8.9%) are widows or widowers. Of the nurses who experienced bullying/mobbing, 10(66.6%) are single, and 5(33.3%) are married. Of the nurses who experienced sexual harassment, 9(60%) are single, 2(20%) are married, 1(1.6) percent are separated or divorced, and 2(13.3%) are widows or widowers. The table further shows that only physical violence depends on marital status. Therefore, there is an association between marital status and experiencing physical violence at workplace.

Report from Table 4 respectively, shows that 51(65.4%) of nurses who experienced Physical Violence work night shift, while 27(34.6%) of nurses who experienced Physical Violence did not work night shift. About 71(57.3%) of nurses who experienced Verbal Abuse work night shift, while 53(42.7%) of nurses who experienced Verbal Abuse did not work night shift. 8(53.3%) of nurses who experienced bullying/mobbing work night shift, while 7(46.7%) of nurses who experienced bullying/mobbing did not work night shift. Furthermore, 8(53.3%) of nurses who experienced sexual harassment work night shift, while 7(46.7%) of nurses who experienced sexual harassment did not work night shift. The chi-square test table of dependency shows that only physical violence depends on working night shift and there exist a significant association between working at night shift and experiencing physical violence at workplace.

Report from Table 5 respectively, shows that about 39(50%) of nurses who experienced physical violence work alone at night shift, while 39(50%) of nurses who experienced physical violence did not work alone at night shift. Also 55(44.7%) of nurses who experienced verbal abuse work alone at night shift, while 68(55.3%) of nurses who experienced verbal abuse did not work alone at night shift. On that same note 5(33.3%) of nurses who experienced bullying /mobbing worked alone at night shift, while 10(66.7%) of nurses who experienced bullying did not work alone at night shift. Also 5(33.3%) of nurses who experienced sexual harassment worked alone at night shift, while 10(56.7%) of nurses who experienced sexual harassment did not work alone at night shift. This is in line with findings from previous research work, which states that both physical violence and verbal abuse depends on working alone in some night shifts. Thus establishing a strong association between working alone in some night shifts and experiencing physical violence or verbal abuse at workplace.

Also, Figs. 1 to 4 shows the perpetrators of workplace violence on the respondents.

Report from Fig. 1, shows that 124 nurses were verbally abused out of the 227 nurses selected for the study. Also of these 124 nurses, 16(12.9%) were verbally abused by patients, 54(43.5%) were verbally abused by Patient's relative, 20(16.1%) were verbally abused by fellow nurses, 26(21%) were verbally abused by supervisors, and 8(6.5%) were verbally abused by other health workers.

From finding in Fig. 2, 78 nurses experienced physical violence, of which 18(23.1%) experienced physical violence from patients, 53(67.9%) experienced physical violence from Patient's relatives, 3(3.8%) experienced physical violence from fellow nurses, 2(2.6%) experienced physical violence from supervisors, and (2.6%) experienced physical violence from other health workers.

Report from Fig. 3, shows that 15 nurses experienced bullying/mobbing, of which 2(13.3%) experienced bullying/mobbing from patient's relatives, 4(26.7%) experienced bullying/mobbing from fellow nurses, 6(40%) experienced bullying/mobbing from supervisors, and 3(20%) experienced bullying/mobbing from other health workers.

From the Fig. 4, there are only 14(100%) perpetrators of sexual harassment. In terms of the perpetrators' sex, the 14(100%) of them are of the opposite sex group of nurses who were sexually harassed. Furthermore, 12(85.7%) of the perpetrators of sexual harassment were Patients, 1(7.1%) of the perpetrator of sexual harassment was a Patient's relative, and 1(7.1%) of the perpetrator of the sexual harassment was from other health worker. Verbal abuse had the highest 12 months prevalence rate (54.6%), when compared to other forms of violence in this study.

Furthermore, Tables 6 to 7 shows the effects of workplace violence on the respondents.

Report from Table 6, shows 66(84.6%) of nurses who experienced physical violence also

experienced repeated, disturbing memories, thoughts or images of the event, while 12(15.4%) of nurses who experienced physical violence did not experienced repeated, disturbing memories, thoughts or images of the events. Also 100(80.6%) of nurses who experienced verbal abuse also experienced repeated, disturbing memories, thoughts or image of the event, while 24(19.4%) of nurses who experienced verbal abuse did not experience repeated, disturbing memories, thoughts or image of the event. On the same note, 10(66.7%) of nurses who experienced bullying/mobbing also experienced repeated, disturbing memories, thoughts or images of the events, while 5(33.3%) of nurses who experienced bullying/mobbing did not experience repeated , disturbing memories, thoughts or image of the event. Lastly, 14(93.3%) of nurses who experienced sexual harassment also experienced repeated, disturbing memories, thoughts or images of the event, while 1(6.7%) of the nurses who experienced sexual harassment did not experienced repeated, disturbing memories, thoughts or image of the event. Furthermore, the table shows a strong significant association between repeated, disturbing memories, thoughts or images of the event and physical violence, verbal abuse, and sexual harassment. This was same with that of other previous research works on workplace violence in Nigerian Tertiary Hospital.

Report from Table 7, shows that 39(50%) of nurses who experienced physical violence also experienced worry about going to work while 39(50%) of nurses who experienced physical violence did not experience worry about going back to work. Also 66(53.2%) of nurses who experienced verbal abuse also experienced worry towards going to work, while 58(46.8%) of nurses who experienced verbal abuse did not experience worry about going back to work. Furthermore, 11(73.3%) of nurses who experienced bullying/mobbing also experienced worry about going back to work, while 4(26.7%) of nurses who experienced bullying/mobbing did not experience worry about going back to work. Also, 13(86.7%) of nurses who experienced sexual harassment also experience worry about going back to work, while 2(13.3%) of nurses who experienced sexual harassment did not experience worry about going back to work. Finally, the table shows that there exists a strong significant association between worried about going back to work and physical violence, verbal abuse, bullying/mobbing, together with sexual harassment, which is because of individual going through a lot of trauma after series of workplace violence incidence at workplace.

Report from Table 8, show that about 53(67.9%) of nurses who experienced physical violence also experienced loss of self-esteem, while 25(32.1%) of nurses who experience physical violence did not experience loss of self-esteem. Also, 81(65.3%) of nurses who experienced verbal abuse also experienced loss of self-esteem, while 43(34.7%) of nurses who experience verbal abuse did not experience loss of self-esteem. Also, 8(53.3%) of nurses who experienced bullying /mobbing also experienced loss of self-esteem, while 7(46.7%) of nurses who experienced bullying/mobbing did not experience loss of self-esteem. Lastly, about 12(80.0%) of nurses who experienced sexual harassment also experienced loss of self-esteem**,** while 2(20.0%) of nurses who experience sexual harassment did not experience loss of self-esteem. Finally, the table shows that there exist a strong significant association between loss of self-esteem and physical violence, verbal abuse, and as well as sexual harassment.

Report from Table 9, shows that 44(56.4%) of nurses who experienced physical violence also experienced lack of motivation to do work as usual, while 34(43.6%) of nurses who experience physical violence did not experience lack of motivation to do work as usual. Also 76(61.3%) of nurses who experienced verbal abuse also experience lack of motivation to do work as usual **,** while 48(38.7%) of nurses who experienced verbal abuse did not experience lack of motivation to do work as usual. About 9(60%) of nurses who experienced bullying /mobbing also experienced lack of motivation to do work as usual while, 6(40%) of nurses who experienced bullying / mobbing did not experience lack of motivation to do work as usual. On sexual harassment, 9(60%) of nurses who experienced sexual harassment also experienced lack of motivation to do work as usual**,** while 6(40%) of nurses who experienced sexual harassment did not experience lack of motivation to do work as usual. Lastly, the table show that there exist a significant relationship between lack of motivation to do work as usual and physical violence, as well as verbal abuse. All these are similar with result from other related topics on violence in developing nations.

Results from Table 10, shows that 34(43.6%) of nurses who experienced physical violence also

required time-off from work, while 44(56.4%) of nurses who experienced physical violence did not require time-off from work, this is due to the job defining more of the individuals worth within the society. Also, 44(35.5%) of nurses who experienced verbal abuse also required time-off from work, while 80(64.5%) of nurses who experienced verbal abuse did not require time-off from work, as a result of the poor economic situation within the country and states. About 6(40%) of nurses who experienced bullying/mobbing also required time-off from work while 9(60%) of nurses who experienced bullying/mobbing did not require time-off from work. On a softer note, 9(60%) of nurses who experienced sexual harassment also required time-off from work, while 6(40%) of nurses who experienced sexual harassment did not require time-off from work, which is as a result of the after effect of the event on that same individual as reported by other researchers in previous studies. Finally, the table also shows that there exist a significant association between requiring time-off from work and physical violence, verbal abuse, and as well sexual harassment.

Report from Table 11, shows that 16(20.5%) of nurses who experienced physical violence also withdrew from colleagues and friends, while 62(79.5%) of nurses who experienced physical violence did not withdraw from colleagues and friends. Also 24(19.4%) of nurses who experienced verbal abuse also withdrew from colleagues and friends, while 100(80.6%) of nurses who experienced verbal abuse did not withdraw from colleagues and friends because of the important of family members and colleagues to the life of such individual. Furthermore, 4(26.7%) of nurses who experienced bullying/mobbing also withdrew from colleagues and friends, while 11(73.3%) of nurses who experienced bullying/mobbing did not withdraw from colleagues and friends. About 5(33.3%) of nurses who experienced sexual harassment also withdrew from colleagues and friends due to its demoralizing effect, while 10(66.7%) of nurses who experienced sexual harassment did not withdraw from colleagues and friends as a result of constant support structure system and as well encouragement from colleagues and well-wishers. Lastly, results from the table shows that there is an association between withdrawing from colleagues and friends and physical violence, verbal abuse, as well as sexual harassment.

Result from Table 12, shows that 1(1.3%) of nurses who experienced physical violence also received disciplinary action from the management, while 76(98.7%) of nurses who experienced physical violence did not receive disciplinary action from the management. About 4(3.2%) of nurses who experienced verbal abuse also received disciplinary action from the management while 120(96.8%) of nurses who experienced verbal abuse did not receive disciplinary action from the management as a result of the down-grading consequences. Furthermore, 2(13.3%) of the nurses who experienced bullying/mobbing also received disciplinary action from the management, while 13(86.7%) of nurses who experienced bullying/mobbing did not receive disciplinary action from the management. Also, 0(0%) of nurses who experienced sexual harassment also received disciplinary action from the management, while 15(100%) of nurses who experienced sexual harassment did not receive disciplinary action from the management due to the trauma and harm they are exposed to. Lastly, the table shows that there exist a significant association between receiving disciplinary action from the management and bullying/mobbing.

Finally, Table 13 and Fig. 5 shows the awareness level of the respondents to workplace violence.

Report from Table 13 and Fig. 5 respectively, shows that 176(77%) of nurses admit on having policies on health and safety formed by the employer, 30(13.25%) of nurses denied on having policy on health and safety within their facility. Also, 21(9.30%) of the Nurses could not really tell if there exist any health and safety policy available for workplace violence. For physical violence, the results were as follow 119(52.4%) of nurses admitted having policy on physical violence, 76(33.5%) of the nurses denied having any policy on physical violence, while 32(14.1%) of the nurses could not phantom if really they have policies in place against physical violence within their work environment. On verbal abuse 115(50.7%) of the nurses responded ‘yes’ to the availability of policies on verbal abuse, 77(33.5%) of the nurses responded ‘No’ to the availability of policies on verbal abuse. Also, 35(15.45%) of nurses couldn’t really tell if there exist any policy on verbal abuse, which is as a result of most organizations not tolerating verbal abuse among co-workers as mention in some studies relating to workplace violence within healthcare facilities. On sexual harassment, 80(35.2%) of the Nurses admitted having a policy, 87(38.3%) of nurses

responded 'No', while 60(26.4%) of nurses could not really tell if there exist any policy within their workplace against sexual harassment. Lastly, 85(37.4%) of the nurses, admitted having policies against threat. Also 87(38.3%) of the nurses, responded 'No'. while 55(24.2%) of the nurses could not really tell if whether there exist a policy against threat within their workplace. The study also recorded a high admitting rate (77%) 176 on the side of the nurses, having policies on health and safety formed by the employer. Although, most of the hospitals did not have a well-documented procedure and policies for reporting other cases of work place violence [14].

5. CONCLUSION

This study has shown that healthcare providers, especially nurses in various healthcare facilities within Port Harcourt Local Government are exposed to varying forms of violence. The most prevalent cases are verbal abuse, followed by physical violence, bullying / mobbing, and sexual harassment. The effects of Majority of the victims of violence in this research work reported suffering from some psychological trauma such as; experiencing repeated thoughts and memories of the event, withdrawal from friends and colleagues, not motivated to do the work as before, seeking time-off from work, worrying about going back to work and lastly experiencing low self-esteem. Other negative effects of workplace violence on the healthcare system include loss of morale of the nurses, and decreased quality of care to the patients seeking for medical attention.

CONSENT AND ETHICAL APPROVAL

Ethical approval was obtained from the management of the hospital in October 2021, before the commencement of the survey. All the respondents were administered consent forms.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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