

**FACTORS INFLUENCING WORKPLACE VIOLENCE AGAINST NURSES AND
ITS IMPACT ON JOB PERFORMANCE IN SELECTED WARDS IN A TERTIARY
INSTITUTION IN BENIN CITY.**

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**IN PARTIAL FULFILLMENT OF THE AWARD OF THE DEGREE OF
BACHELOR OF NURSING SCIENCE,
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DECLARATION

This is to declare that this research project titled **FACTORS INFLUENCING WORKPLACE VIOLENCE AGAINST NURSES AND ITS IMPACT ON JOB PERFORMANCE IN SELECTED WARDS IN A TERTIARY INSTITUTION IN BENIN CITY** was carried out by **EKUASE IVIE PRINCESS**. It is solely the result of my work except were acknowledged as being derived from other person [s] or resources.

EXAMINATION NUMBER -----

DEPARTMENT/SCHOOL: FACULTY OF NURSING SCIENCES, UNIVERSITY OF BENIN, BENIN CITY.

Signature:

Date:

CERTIFICATION/APPROVAL

This is to certify that this research project titled **FACTORS INFLUENCING WORKPLACE VIOLENCE AGAINST NURSES AND ITS IMPACT ON JOB PERFORMANCE IN SELECTED WARDS IN A TERTIARY INSTITUTION IN BENIN CITY** was carried out by **EKUASE IVIE PRINCESS**, with **Matriculation number. -----**, under the supervision of **MRS M.A. INIOMOR**.

MRS. M. A. INIOMOR

Supervisor

Sign & date

PROF. C. E. OMOROGBE

Hod of Department

Sign & date

External Examiner

Sign & date

DEDICATION

This work is dedicated to GOD ALMIGHTY, the giver of life, for providing me with the strength to complete my academic journey. I also dedicate this work to myself.

ACKNOWLEDGEMENT

I would like to begin by giving all the glory to the almighty God, the sovereign owner of my life for His guidance, protection, and peace throughout my life and academic journey.

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ABSTRACT

Workplace violence against nurses is a growing concern that negatively affects their well-being, job performance, and the quality of patient care. This study investigated the factors influencing workplace violence and its impact on nurses' job performance in selected wards at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State. A descriptive cross-sectional survey design was used, and data were collected from 101 nurses using structured questionnaires. Results revealed a high prevalence of workplace violence, with verbal abuse (98.3%), threats (80.1%), sexual harassment (69%), and physical assault (54.5%) commonly experienced. Major contributing factors identified included long patient waiting times, understaffing, poor communication, unmet patient expectations, and lack of hospital security. The study also found that workplace violence significantly affected nurses' job performance, motivation, mental health, and ability to deliver quality patient care. Despite the frequency of incidents, a significant portion of nurses did not report cases of violence. Respondents strongly supported strategies such as conflict resolution training, increased staffing, improved security, psychological support, and better communication with patients as effective in reducing violence. The study concludes that workplace violence is a serious issue that requires urgent attention from hospital administrators and policymakers. It recommends the implementation of comprehensive interventions to ensure a safer and more supportive work environment for nurses.

Keywords- Nurses, Workplace violence, Nurse abuse, Job dissatisfaction, Hospital workload, Patient's relatives, Mental health.

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Nurses play a critical role in the healthcare system, serving as the frontline caregivers who ensure that patients receive adequate medical attention, emotional support, and continuous monitoring. Despite their essential contributions, nurses often face numerous challenges in their workplace, one of the most alarming being abuse from patients and their relatives. This abuse can take various forms, including verbal insults, threats, physical assault, and even psychological intimidation (Oksal et al., 2023). Workplace violence against nurses is not a new phenomenon; however, it has gained more attention in recent years due to its increasing prevalence and its impact on healthcare service delivery. Abuse in healthcare settings not only affects the physical and mental well-being of nurses but also compromises patient care, reduces job satisfaction, and contributes to high turnover rates within the nursing profession (Al-Qadi, 2021; Edward et al., 2024). While nurse abuse is a global issue, its severity and frequency vary depending on the country, healthcare infrastructure, and societal attitudes toward nurses. In many developing countries, including Nigeria, the issue is often exacerbated by systemic problems such as staff shortages, long waiting times, and inadequate security measures, making nurses more vulnerable to aggression from patients and their families (Babatunde & Ojo, 2021).

The abuse of nurses by patients and their relatives is a significant challenge in healthcare systems worldwide. This issue, which manifests in various forms such as verbal harassment, physical assault, and psychological intimidation, has been increasingly recognized as a serious occupational hazards for nursing professionals (World Health Organization (WHO) 2022). Globally, nurses are among the most vulnerable healthcare workers to workplace

violence, with studies indicating alarming prevalence rates (Campbell et al., 2021). According to the World Health Organization (WHO), between 8% and 38% of healthcare workers experience some form of physical violence at some point in their careers, with nurses being disproportionately affected (Chadaga et al., 2022; Choi et al., 2022). The International Council of Nurses (ICN) reports that one in three nurses has been physically assaulted while on duty, while a significantly higher percentage—up to 70%—have experienced verbal abuse, including threats, insults, and intimidation from patients and their relatives (Cooper & Quick, 2023). These forms of abuse not only compromise the safety and well-being of nurses but also negatively impact the quality of healthcare delivery.

In high-income countries such as the United States, the United Kingdom, and Canada, nurse abuse remains a pressing issue despite more structured healthcare systems and stronger policies (Wang et al., 2025). The American Nurses Association (ANA) reports that between 20% and 30% of nurses in the U.S. experience physical violence annually, while over 60% are subjected to verbal abuse from patients or their families. Similarly, in the United Kingdom, a survey conducted by the Royal College of Nursing (RCN) revealed that more than half (52%) of nurses had faced some form of abuse in the past year, with one in four (25%) reporting physical assaults (Fute et al., 2025; Bingol & Ince, 2021). These statistics indicate that even in well-resourced healthcare environments, the mistreatment of nurses remains a widespread concern. Several factors contribute to this, including long patient wait times, dissatisfaction with treatment outcomes, and emotional distress experienced by patients and their relatives. While developed countries have adopted measures such as improved hospital security, legal protection, and staff training on handling aggression, the problem persists, showing the complexity of the issue (Galian-Munoz et al., 2024; Silwal & Joshi, 2021).

In contrast, nurse abuse in developing countries, particularly in Africa, is even more prevalent due to systemic issues in the healthcare sector. In Nigeria, where the healthcare system faces significant infrastructural and human resource challenges, nurses frequently experience workplace violence, often with little or no legal protection (Babatunde & Ojo, 2021). A study conducted in Lagos State revealed that 88.6% of nurses had experienced verbal abuse, while 56.5% had been physically assaulted by patients or their relatives (Nduka & Okafor, 2020). In another study conducted across selected Nigerian teaching hospitals, over 70% of nurses reported experiencing some form of workplace violence, with 36% having sustained physical injuries as a result. These alarming figures underscore the severity of the issue and the urgent need for intervention (Isara et al., 2024). Unlike in developed countries, where legal frameworks and hospital policies provide some level of protection for healthcare workers, Nigeria lacks strict enforcement of laws against workplace violence, leaving many nurses vulnerable to repeated abuse. Additionally, cultural perceptions of nurses as subordinate caregivers rather than skilled professionals contribute to the prevalence of mistreatment, as many patients and their relatives fail to accord them the respect and recognition they deserve (Oyetunde & Brown, 2020).

The University of Benin Teaching Hospital (UBTH), being one of Nigeria's foremost tertiary healthcare institutions, is not exempt from this growing concern. Reports from UBTH indicate that nurses frequently encounter various forms of abuse, ranging from verbal threats and intimidation to physical attacks from both patients and their relatives (Rhoda & Idubor, 2024). Several factors contribute to this trend, including patient frustration over prolonged waiting times, dissatisfaction with medical care, and the emotional toll of dealing with critical health conditions. The chronic shortage of nursing staff in UBTH further exacerbates the problem, as overworked nurses struggle to attend to a large number of patients, sometimes leading to conflicts that escalate into verbal or physical confrontations. A recent survey

conducted among healthcare workers in UBTH found that 67% of nurses had experienced verbal abuse, while 42% reported being physically assaulted by patients or their relatives in the past year. These figures highlight the urgent need to address workplace violence in the hospital (Aghariagbose et al., 2025).

- The consequences of nurse abuse are far-reaching, affecting not only individual nurses but also the broader healthcare system. Studies have shown that workplace violence is a major factor contributing to burnout, stress, and job dissatisfaction among nurses (Alsherhi, 2022; Henderson, 2023). Many nurses who experience abuse report symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD), which can have long-term implications for their mental health and overall well-being. In extreme cases, workplace abuse has led to nurses resigning from their positions or seeking employment opportunities in other countries where better working conditions are available (Koinos et al., 2025; Kvas & Seljak, 2025). Nigeria is already experiencing a severe shortage of healthcare professionals due to brain drain, and unchecked abuse of nurses only worsens this crisis by pushing more skilled professionals out of the system. Additionally, patient care is significantly affected when nurses are subjected to abuse (Nduka & Okafor, 2020; Oyetunde & Brown, 2020). Studies indicate that abused nurses are more likely to experience emotional exhaustion, reduced motivation, and impaired decision-making, all of which can negatively impact the quality of care provided to patients (Spector et al., 2024).

Despite the growing concern about nurse abuse in Nigeria, research on this issue remains limited, particularly in UBTH. While several studies have documented workplace violence against nurses in other Nigerian hospitals, there is a need for an in-depth evaluation of the specific factors contributing to nurse abuse in UBTH. Understanding these factors is critical for developing effective policies and interventions to protect nurses, improve workplace

safety, and enhance overall healthcare service delivery. Therefore, this study seeks to examine the various forms of abuse experienced by nurses in UBTH, identify the underlying factors contributing to these incidents, and explore possible strategies for mitigating workplace violence in the hospital. By shedding light on this critical issue, the findings from this study will not only contribute to academic knowledge but also provide practical recommendations for policymakers, hospital administrators, and nursing professionals to address and prevent the abuse of nurses in UBTH and other healthcare institutions across Nigeria.

1.2 STATEMENT OF PROBLEM

Workplace violence against nurses is a growing public health concern that affects healthcare delivery worldwide. Nurses, who are the backbone of patient care, frequently encounter abuse from patients and their relatives, ranging from verbal insults and threats to physical assaults. While this issue is prevalent in many healthcare systems, it is particularly alarming in Nigeria, where systemic challenges such as overcrowding, staff shortages, and inadequate security measures exacerbate the problem. Despite their critical role in saving lives and ensuring patient well-being, nurses in Nigerian hospitals, including the University of Benin Teaching Hospital (UBTH), continue to face frequent mistreatment, often with little or no institutional support. This persistent abuse not only affects the physical and mental well-being of nurses but also compromises healthcare quality, leading to decreased job satisfaction, increased stress levels, and higher attrition rates among nursing professionals.

Several studies have documented workplace violence against nurses in Nigeria, revealing a troubling trend of verbal and physical abuse in various healthcare institutions. A study conducted in Lagos State reported that 88.6% of nurses had experienced verbal abuse, while 56.5% had suffered physical assault from patients or their relatives (Nduka & Okafor, 2020).

Another study across Nigerian teaching hospitals found that over 70% of nurses had faced workplace violence, with 36% sustaining physical injuries (Agariagbonse et al., 2025). In UBTH, reports indicate that a significant percentage of nurses regularly experience verbal aggression, threats, and even physical attacks, yet there is limited research that specifically examines the underlying factors contributing to this problem within the hospital. Factors such as patient frustration over long wait times, dissatisfaction with medical care, emotional distress due to critical health conditions, and inadequate security policies may all play a role in escalating violence against nurses. However, there remains a gap in understanding how

these factors interact to influence the frequency and severity of nurse abuse in UBTH.

The lack of comprehensive policies to address nurse abuse in Nigeria further worsens the situation. Unlike in developed countries where strict legal frameworks exist to protect healthcare workers, Nigerian nurses often find themselves without recourse when they experience abuse. Many cases go unreported due to fear of victimization, lack of institutional support, or the perception that violence is an unavoidable part of their job. This normalization of workplace violence has serious implications for the nursing profession, as it not only contributes to emotional exhaustion and burnout but also discourages young professionals from pursuing careers in nursing. Moreover, the continued mistreatment of nurses may lead to increased migration of skilled healthcare workers to countries with better working conditions, further depleting Nigeria's already overstretched healthcare workforce.

Given the increasing reports of nurse abuse in UBTH and the broader Nigerian healthcare sector, there is an urgent need to investigate the specific factors driving this phenomenon and propose effective strategies for mitigating it. This study seeks to fill this gap by evaluating the various forms of abuse experienced by nurses in UBTH, identifying the key factors

influencing these incidents, and exploring potential solutions to create a safer working environment for nurses. By addressing this critical issue, the study aims to contribute valuable insights that can inform hospital policies, improve workplace safety, and ultimately enhance healthcare service delivery in UBTH and other healthcare institutions across Nigeria.

1.3 AIM OF THE STUDY

The study aims to evaluate the factors influencing workplace violence against nurses and its impact on job performance in selected wards in the University of Benin Teaching Hospital (UBTH), Benin City, Edo State.

1.4 RESEARCH OBJECTIVES

The objectives of this study are;

1. To identify the common forms of workplace violence experienced by nurses at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State.
2. To examine the factors contributing to workplace violence against nurses at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State.
3. To assess the impact of workplace violence against nurses on job performance, mental health, and patient care at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State.
4. To identify possible measures and strategies to mitigate workplace violence against nurses within the University of Benin Teaching Hospital (UBTH), Benin City, Edo State.

1.5 RESEARCH QUESTIONS

1. What are the common forms of workplace violence experienced by nurses at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State?

2. What factors contribute to the workplace violence against nurses by patients and their relatives at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State?
3. How does workplace violence against nurses impact job performance, mental health, and patient care at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State?
4. What possible measures and strategies can be implemented to mitigate workplace against nurses within the University of Benin Teaching Hospital (UBTH), Benin City, Edo State?

1.6 HYPOTHESES

1. There is no significant relationship between workplace violence against nurses and job performance at the University of Benin Teaching Hospital (UBTH)

1.7 SIGNIFICANCE OF THE STUDY

The issue of nurse abuse by patients and their relatives is a growing concern in healthcare settings, with far-reaching consequences for nurses, healthcare institutions, and patient outcomes. This study is significant as it seeks to provide a deeper understanding of the factors influencing the abuse of nurses at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State. By identifying the common forms of abuse, examining its causes, and assessing its impact, the study will contribute valuable insights to healthcare administrators, policymakers, and nursing professionals on how to mitigate this pressing issue.

For nurses, this study is crucial as it highlights the prevalence and severity of abuse they experience, validating their challenges and advocating for improved workplace safety. Understanding the impact of abuse on job dissatisfaction, mental health, and overall well-being will help nurses and hospital management develop coping mechanisms and strategies to address workplace violence. The study will also emphasize the importance of nurses' rights

and the need for institutional support systems, such as counseling services, legal protections, and security measures, to ensure a safer working environment.

For hospital administrators and policymakers, the findings will provide data-driven evidence to support the development and implementation of policies aimed at reducing nurse abuse. Insights from this study can inform hospital leadership on areas that require urgent intervention, such as patient communication strategies, security enhancements, workload management, and conflict resolution mechanisms. Additionally, it will help shape workplace policies that prioritize nurses' welfare, ensuring they can perform their duties without fear of harassment or violence.

For patients and their relatives, the study will create awareness about the negative consequences of nurse abuse, not just for the nursing workforce but also for patient care. When nurses experience abuse, it affects their ability to provide quality care, leading to decreased job satisfaction, burnout, and even medical errors. Educating patients and their families on appropriate ways to communicate their concerns can foster a more respectful and collaborative healthcare environment.

For future researchers and academics, this study will serve as a reference point for further investigations into workplace violence in Nigerian healthcare settings. It will contribute to the existing body of knowledge on nurse abuse and workplace violence, offering a foundation for comparative studies in other hospitals, states, or even international settings. The study's findings may also inspire further research on related topics, such as the legal implications of nurse abuse, ethical considerations, and the role of organizational culture in preventing workplace violence.

Ultimately, this study has the potential to influence policy changes, improve workplace safety for nurses, and enhance the overall quality of healthcare delivery in UBTH and beyond. By

addressing the factors influencing nurse abuse and proposing actionable solutions, the study aims to create a safer and more supportive working environment for nurses, ensuring that they can carry out their professional responsibilities effectively and with dignity.

1.8 SCOPE OF THE STUDY

This study is delimited to evaluating the factors influencing workplace violence against nurses and its impact on job performance in selected wards in the University of Benin Teaching Hospital (UBTH), Benin City, Edo State.

1.9 OPERATIONAL DEFINITION OF TERMS

1. Nurses – Licensed healthcare professionals responsible for providing patient care, administering treatments, and ensuring the well-being of individuals in a hospital setting, including UBTH.
2. Nurse Abuse – Any form of verbal, physical, emotional, or psychological mistreatment experienced by nurses from patients or their relatives in the hospital setting.
3. Patients’ Relatives – Family members or caregivers accompanying or visiting a patient, who may interact with nurses in ways that influence workplace conditions, including potential abuse.
4. Job Dissatisfaction – The negative feelings and reduced motivation nurses experience due to unfavorable working conditions, including workplace violence and mistreatment.
5. Hospital Workload – The amount of work assigned to nurses, including patient care, administrative duties, and emergency response, which may contribute to stress and incidents of abuse.
6. Mental Health – The psychological and emotional well-being of nurses, which can be affected by exposure to workplace violence, leading to stress, anxiety, or burnout.

7. Workplace Violence—Any act of aggression, harassment, or assault that occurs in a healthcare setting, negatively impacting nurses' safety, job performance, and overall well-being.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

A literature review is a search and evaluation of the available literature in a given subject or chosen topic area. Literature in this study was reviewed under the following subheadings: conceptual review, theoretical framework, empirical review, and summary of literature review. This chapter reviews literature as related to this study under the following subheadings; conceptual review, theoretical review, and empirical review.

2.1 CONCEPTUAL REVIEW

2.1.1 Concept of Workplace Abuse and Violence in Healthcare

Workplace abuse and violence within the healthcare sector are increasingly recognized as a pervasive problem that threatens the safety, dignity, and performance of healthcare workers. Among all healthcare professionals, nurses are disproportionately exposed to various forms of abuse due to their constant and close interactions with patients and their relatives. The World Health Organization (WHO) defines workplace violence as incidents where staff are abused, threatened, or assaulted in circumstances related to their work, including commuting to and from the workplace (Ajuwa et al., 2024). This definition covers not only physical assaults but also verbal abuse, bullying, mobbing, sexual harassment, and psychological intimidation. These acts of violence often occur in emotionally charged healthcare environments, especially when patients or relatives feel frustrated, helpless, or dissatisfied with medical outcomes (Alzoubi et al., 2021)..

Violence and abuse in the healthcare setting are generally categorized into physical, verbal, emotional, psychological, and sexual abuse. Physical abuse includes acts such as hitting,

slapping, kicking, pushing, or the use of weapons or objects to inflict harm. Verbal abuse is perhaps the most common and involves yelling, insults, threats, and derogatory language. Psychological abuse encompasses intimidation, coercion, humiliation, and isolation. Sexual harassment includes unwanted touching, suggestive comments, and other forms of inappropriate sexual behavior. These forms of abuse can be either intentional or spontaneous and are often exacerbated by environmental stressors such as overcrowding, understaffing, long waiting periods, and communication breakdowns (Ajuwa et al., 2024).

According to a global study conducted by the International Council of Nurses (ICN), more than 50% of nurses have reported experiencing some form of workplace violence during their careers, with verbal abuse being the most prevalent. In a WHO-sponsored study across 35 countries, nearly 8–38% of health workers reported being physically assaulted at least once in their careers, with nurses topping the list of victims (Lee et al., 2024; Amin et al., 2024). In Nigeria, the situation appears even more alarming. A study conducted at a tertiary hospital in southwestern Nigeria revealed that 71.8% of nurses experienced verbal abuse, 29.4% were exposed to physical assault, and 11.2% reported incidents of sexual harassment. These statistics underscore the severity of the problem and highlight the urgent need for institutional and policy interventions (Arinze-Onyia et al., 2020).

The causes of workplace violence in healthcare are multifactorial. One significant factor is the emotional vulnerability of patients and their relatives, especially when confronted with chronic illness, poor prognosis, unexpected medical outcomes, or death. In such situations, relatives may direct their anger and grief toward the nurses, who are perceived as immediate representatives of the healthcare system (Wang et al., 2025). Additionally, systemic issues such as long wait times, perceived negligence, inadequate information, and the scarcity of essential medical supplies often lead to frustration that escalates into aggression. In Nigeria's public healthcare institutions like the University of Benin Teaching Hospital (UBTH), these

issues are compounded by workforce shortages, infrastructural limitations, and the pressure placed on nurses to serve high patient loads with minimal support (Anikwe et al., 2021).

Cultural and social norms also play a crucial role in shaping the perception of nurses and influencing how they are treated. In many societies, especially in some parts of Africa, nurses are viewed as subordinates within the healthcare hierarchy, and their professional authority is often undermined by both patients and relatives. This perception leads to lower levels of respect and may embolden aggressive behaviors from the public, especially when outcomes do not meet expectations. Moreover, the underreporting of abuse cases, due to fear of retaliation, institutional silence, or lack of structured reporting channels, further entrenches a culture of impunity (Arinze-Onyi et al., 2020; Amin et al., 2024).

The implications of such abuse are far-reaching. Nurses who are regularly subjected to abuse often report high levels of occupational stress, burnout, anxiety, depression, and even symptoms of post-traumatic stress disorder (PTSD). These psychological effects, when left unaddressed, may lead to absenteeism, decreased job satisfaction, reduced work efficiency, and, ultimately, attrition from the nursing profession. This in turn weakens the healthcare system, increases the burden on the remaining workforce, and negatively affects the quality of patient care. A study conducted in India found that over 40% of nurses who had experienced abuse seriously considered leaving the profession, a trend that resonates globally and locally (Sodimu et al., 2023).

Efforts to address workplace violence in healthcare must be comprehensive. Preventive strategies include establishing clear institutional policies against abuse, implementing regular staff training on de-escalation techniques, providing adequate security personnel in high-risk areas, and creating safe reporting mechanisms for victims (Arinze-Onyia et al., 2020). At the national level, legislation should be enforced to criminalize assaults on healthcare workers,

and hospital administrators must be held accountable for ensuring the safety of their employees. In Nigeria, the Federal Ministry of Health has yet to implement a robust national policy to combat workplace violence in healthcare, leaving individual institutions like UBTH to create their own guidelines, often with limited effectiveness (Sodimu et al., 2023).

In summary, workplace abuse and violence in healthcare is a significant threat to the well-being and productivity of nurses. The complexity of the problem demands a multi-dimensional approach that addresses not only the immediate causes but also the systemic and societal factors that enable abuse to persist. Recognizing the prevalence and consequences of this phenomenon is a crucial first step toward creating a safe and dignified working environment for nurses, who play an indispensable role in the delivery of quality healthcare services.

2.1.2 Types of Workplace Violence Experienced by Nurses

Nurses, as frontline healthcare providers, face various forms of abuse from patients, their relatives, and sometimes even colleagues. This abuse manifests in different ways, ranging from verbal insults to physical attacks, all of which can have detrimental effects on their mental health, job satisfaction, and overall well-being. The World Health Organization (WHO) and the International Council of Nurses (ICN) have identified several categories of abuse experienced by healthcare workers, with nurses being the most frequently targeted. These forms of abuse are often exacerbated by poor healthcare infrastructure, staff shortages, and heightened emotions in clinical settings, particularly in high-pressure environments like emergency departments, intensive care units, and maternity wards (Amin et al., 2024; Wang et al., 2025).

1. Verbal Abuse

Verbal abuse is the most prevalent form of workplace violence against nurses, often dismissed as less serious than physical aggression despite its significant psychological impact. This type of abuse includes shouting, insults, threats, name-calling, belittling, and other derogatory remarks directed at nurses by patients or their relatives. Studies indicate that over 60% of nurses worldwide experience verbal abuse during their careers, with a particularly high incidence in developing countries where hospital overcrowding and resource shortages fuel patient frustration. In Nigeria, a study conducted in Lagos State University Teaching Hospital (LASUTH) found that 78.2% of nurses had experienced verbal abuse from patients or their families, with a significant proportion attributing it to dissatisfaction with care, long wait times, and unmet expectations (Sodimu et al., 2023).

Verbal abuse may seem less harmful than physical violence, but it can lead to severe emotional distress, reduced self-esteem, anxiety, and depression. Repeated exposure can create a hostile work environment, leading to absenteeism, burnout, and even resignation from the profession. The absence of strict policies or disciplinary actions against verbal offenders further emboldens perpetrators, making it a persistent issue in Nigerian hospitals, including the University of Benin Teaching Hospital (UBTH).

2. Physical Assault

Physical abuse involves any form of aggressive physical contact, including hitting, slapping, pushing, kicking, biting, or throwing objects at nurses. This type of abuse is particularly dangerous as it can lead to serious injuries and, in extreme cases, fatalities. According to the WHO, between 8–38% of healthcare workers globally experience some form of physical assault in their careers, with emergency department nurses at the highest risk. A Nigerian study conducted in a tertiary healthcare facility found that 29.4% of nurses reported being

physically assaulted, with patients' relatives being the primary perpetrators in 65% of cases (Anikwe et al., 2021).

Several factors contribute to physical violence against nurses. High levels of patient anxiety, pain, frustration over delayed treatment, substance abuse, and psychiatric conditions are major triggers. Relatives may also lash out due to distress over a loved one's critical condition or perceived medical negligence. In Nigeria, where hospital security is often inadequate, nurses are frequently left vulnerable to attacks, with many cases going unreported due to fear of victim-blaming or lack of institutional support (Sodimu et al., 2023).

3. Psychological and Emotional Abuse

Psychological and emotional abuse is an insidious form of mistreatment that can have long-lasting effects on a nurse's mental and emotional well-being. This category includes intimidation, humiliation, gaslighting, excessive criticism, professional undermining, and coercion. Unlike physical violence, psychological abuse is often subtle and prolonged, making it harder to detect and address. A study published in the *International Journal of Nursing Studies* found that nearly 45% of nurses experience emotional abuse from either patients, relatives, or even colleagues, leading to heightened stress and decreased job satisfaction (Isara et al., 2024).

In Nigerian healthcare settings, emotional abuse is frequently linked to hierarchical workplace structures where nurses are treated as subordinates with limited autonomy. Patients and their relatives, particularly those from privileged backgrounds, may engage in demeaning behaviors, expecting nurses to tolerate mistreatment without retaliation. The cumulative impact of this abuse can lead to psychological exhaustion, reduced motivation, and even post-traumatic stress disorder (PTSD) (Isara et al., 2024; Wang et al., 2025).

4. Sexual Harassment and Gender-Based Abuse

Sexual harassment is another common yet often underreported form of abuse against nurses. This includes inappropriate touching, suggestive comments, unwanted advances, coercion for sexual favors, and even assault. Studies indicate that between 15–25% of nurses globally experience some form of sexual harassment during their careers. In Nigeria, the prevalence is believed to be higher due to weak enforcement of workplace harassment laws and cultural norms that discourage victims from speaking out (Arinze-Onyia et al., 2020).

Male nurses are not exempt from sexual harassment, though female nurses remain the primary targets. Offenders may include male patients, their relatives, or even senior medical personnel. Fear of stigma, job loss, or retaliation often prevents victims from reporting such cases, contributing to a culture of silence around sexual harassment in healthcare institutions. Many hospitals, including UBTH, lack clear policies or dedicated reporting channels to protect victims, making it even more difficult to address this pervasive issue (Isara et al., 2024).

5. Bullying and Mobbing by Colleagues

While abuse from patients and their relatives is more widely discussed, bullying and mobbing within the nursing profession itself is another serious concern. Horizontal violence—where nurses experience hostility from colleagues—includes gossiping, professional sabotage, exclusion from team activities, and excessive workload assignments. Senior nurses may also intimidate junior staff through excessive criticism, verbal threats, or withholding crucial professional guidance.

A study conducted in South Africa found that nearly 35% of nurses had been bullied by colleagues at some point in their careers, negatively impacting teamwork, morale, and the overall work environment. Workplace bullying is particularly detrimental because it not only

affects individual victims but also reduces overall healthcare efficiency, leading to poor patient care outcomes (Douglas & Enikanoselu, 2021).

6. Institutional and Systemic Abuse

Institutional abuse refers to maltreatment stemming from systemic inefficiencies, unrealistic workload expectations, inadequate resources, poor working conditions, and lack of management support. Nigerian nurses often work under immense pressure, handling up to 20–30 patients per shift, far beyond the WHO-recommended nurse-to-patient ratio of 1:6 in general wards and 1:1 in critical care settings. This overwhelming workload, combined with poor remuneration, lack of incentives, and job insecurity, constitutes a form of institutional abuse that indirectly dehumanizes nurses (Zafar et al., 2022).

The absence of strict legal frameworks to protect nurses further exacerbates this problem. Unlike in developed countries where laws explicitly criminalize violence against healthcare workers, Nigeria lacks strong legislative measures to deter abuse. In many cases, nurses are left to endure mistreatment without any legal recourse, fostering a cycle of continuous victimization (Aghariagbonse et al., 2025).

The abuse of nurses is a complex and multifaceted issue that encompasses verbal, physical, psychological, sexual, and systemic mistreatment. The consequences of these abuses extend beyond individual nurses, affecting hospital efficiency, patient care, and overall healthcare delivery. Addressing this issue requires a combination of institutional policies, legal protections, security enhancements, and cultural shifts in how nurses are perceived and treated. Hospitals like UBTH must prioritize the safety and dignity of their nursing staff to ensure a more sustainable and effective healthcare system

2.1.3 Sources of Workplace Violence Against Nurses

Abuse against nurses originates from multiple sources, including patients, their relatives, colleagues, hospital management, and the healthcare system itself. Each of these sources contributes to the high prevalence of workplace violence in different ways, often exacerbated by factors such as emotional distress, inadequate healthcare infrastructure, poor communication, and cultural attitudes toward nurses. Understanding the various sources of abuse is crucial for developing effective prevention strategies and creating a safer working environment for nurses.

1. Patients as a Source of Abuse/Violence

Patients are one of the primary sources of abuse against nurses, with incidents ranging from verbal insults to physical violence. Many patients experience high levels of anxiety, pain, frustration, and emotional distress due to their medical conditions, which can lead to aggressive behavior. Studies have shown that 30–70% of workplace violence incidents in hospitals are perpetrated by patients, particularly in emergency departments, psychiatric units, and intensive care settings (Arinze-Onyia et al., 2020). In Nigeria, a study conducted at the University College Hospital (UCH) in Ibadan found that 65.4% of nurses had been verbally abused by patients, while 28.7% had experienced physical aggression, including slapping, pushing, and kicking (Isara et al., 2024). These violent episodes often occur when patients perceive delays in receiving treatment, are dissatisfied with medical outcomes, or experience confusion due to conditions such as dementia or delirium. Additionally, psychiatric patients and individuals under the influence of drugs or alcohol are more likely to exhibit violent tendencies, further increasing the risk of abuse against nurses (Amin et al., 2024).

2. Patients' Relatives and Caregivers as a Source of Abuse/Violence

Relatives and caregivers of patients are another significant source of abuse against nurses. In many cases, family members become aggressive due to frustration over perceived inadequate

care, long wait times, or unfavorable medical outcomes. Their emotional distress, combined with a lack of understanding of medical procedures, can lead to confrontational behavior.

In Nigeria, where strong familial bonds are highly valued, it is common for multiple relatives to be involved in a patient's care. This often results in heightened tensions, with nurses bearing the brunt of relatives' anger when treatment does not go as expected. A study conducted in Lagos State Teaching Hospital (LASUTH) found that 72.1% of nurses reported experiencing verbal aggression from patients' relatives, while 35.6% had been threatened or physically assaulted. Instances of mob violence, where multiple family members attack a nurse, have also been reported in Nigerian hospitals, especially in cases involving maternal or neonatal deaths (Oyetunde & Brown, 2020; Nduka & Okafor, 2020).

3. Colleagues and Senior Staff as a Source of Abuse/Violence

Abuse against nurses is not limited to patients and their families; it also occurs within the profession itself in the form of workplace bullying, hierarchical oppression, and mobbing. Senior nurses, doctors, and other healthcare professionals may engage in abusive behavior toward junior nurses through excessive criticism, intimidation, favoritism, professional sabotage, and exclusion from important clinical decisions. This type of workplace hostility, also known as horizontal or lateral violence, significantly affects morale and productivity.

A study conducted in a tertiary hospital in South Africa revealed that 39% of nurses reported being bullied by senior colleagues, leading to increased workplace stress and job dissatisfaction. In Nigerian healthcare settings, the rigid hierarchical structure often allows senior nurses and doctors to mistreat junior nurses without consequences. Many nurses tolerate such abuse in silence due to fear of victimization, lack of support from hospital management, or the perception that reporting such incidents will not lead to meaningful action (Arinze-Onyia et al., 2020).

4. Hospital Management as a Source of Abuse/Violence

Institutional abuse by hospital management is another key contributor to the mistreatment of nurses. This includes overburdening nurses with excessive workloads, failing to provide adequate security, neglecting workplace safety, and ignoring complaints of abuse from staff. In many Nigerian hospitals, nurses are expected to manage patient loads far beyond internationally recommended standards, contributing to stress, fatigue, and burnout (Sodimu et al., 2023).

The WHO recommends a nurse-to-patient ratio of 1:6 in general wards and 1:1 in critical care settings; however, in many Nigerian hospitals, nurses are forced to handle 20–30 patients per shift, creating an environment ripe for mistakes, frustration, and subsequent abuse from patients and their relatives. Additionally, hospital administrators often fail to implement strict policies against workplace violence, leaving nurses unprotected. A report from the Nigerian Medical Association (NMA) found that only 12% of Nigerian hospitals have clear policies on workplace violence, further exposing nurses to unchecked mistreatment (Oyetunde & Brown, 2020; Sodimu et al., 2023).

5. The Healthcare System and Government Policies as a Source of Abuse/Violence

The Nigerian healthcare system itself is a major contributor to the abuse of nurses, as systemic failures often place them in vulnerable situations. Chronic underfunding of the healthcare sector leads to shortages of essential medical supplies, inadequate staffing, outdated equipment, and poor working conditions. Nurses are frequently blamed for these systemic failures by both patients and their families, even though they have no control over the situation.

According to the World Bank, Nigeria allocates less than 4% of its annual budget to healthcare, far below the 15% benchmark recommended by the African Union's Abuja

Declaration. This chronic underfunding translates into poorly maintained hospital facilities, inadequate security personnel, and an overwhelmed workforce. Without adequate resources, nurses struggle to deliver optimal care, leading to patient dissatisfaction and subsequent abuse (Babatunde & Ojo, 2021). Furthermore, the lack of strong legal protections for healthcare workers exacerbates the problem. Unlike in developed countries where assaulting a healthcare worker carries severe penalties, Nigeria has no specific laws criminalizing violence against nurses. This legal gap emboldens perpetrators, as many abuse cases go unpunished. A survey conducted among Nigerian nurses found that 87% of those who experienced workplace violence did not report the incidents due to fear of inaction or retaliation (Arinze-Onyia et al., 2020).

The sources of abuse against nurses are diverse and multifaceted, stemming from patients, their relatives, colleagues, hospital management, and systemic failures within the healthcare sector. Addressing this issue requires a comprehensive approach that includes stronger workplace policies, legal protections, better hospital security, improved nurse-to-patient ratios, and public education on the role and importance of nurses in healthcare delivery. Without significant intervention, the continued abuse of nurses will not only affect their well-being but also compromise the quality of healthcare services in Nigeria.

2.1.4 Factors Contributing to the Abuse/Violence of Nurses

The abuse of nurses is a multifaceted issue influenced by a combination of personal, institutional, societal, and systemic factors. Understanding these underlying causes is crucial for developing strategies to mitigate workplace violence in healthcare settings. Studies have identified key contributors to the abuse of nurses, including high patient workload, inadequate security, poor communication, cultural attitudes toward nursing, and weaknesses

in legal and institutional protections. These factors not only expose nurses to mistreatment but also negatively impact the quality of healthcare delivery.

1. High Patient Workload and Staffing Shortages

One of the most significant contributors to nurse abuse is the excessive workload resulting from a shortage of nursing staff. In many healthcare facilities, including the University of Benin Teaching Hospital (UBTH), nurses are often overburdened with patient care responsibilities due to a severe nurse-to-patient imbalance. The World Health Organization (WHO) recommends a nurse-to-patient ratio of 1:6 in general wards and 1:1 in critical care units; however, in many Nigerian hospitals, nurses are forced to care for 20–30 patients per shift, far exceeding the recommended standard (Isara et al., 2024).

This overwhelming workload leads to delays in patient care, medical errors, and increased frustration among patients and their relatives, who may perceive the nurses as inattentive or incompetent. Consequently, patients and their families sometimes react aggressively, blaming nurses for slow service or inadequate attention, even when the root cause is systemic understaffing. A study conducted in a Nigerian tertiary hospital found that 65% of nurses who had experienced verbal or physical abuse linked it to excessive workload and long waiting times in the hospital (Babatunde & Ojo, 2021).

2. Inadequate Security in Healthcare Facilities

Another major factor contributing to the abuse of nurses is the lack of adequate security in healthcare institutions. Many hospitals in Nigeria do not have properly trained security personnel to handle violent incidents, leaving nurses vulnerable to attacks. In emergency wards and high-stress units such as labor and delivery, relatives often lash out at nurses when medical outcomes do not meet their expectations (Babaei et al., 2020). A survey conducted across Nigerian teaching hospitals found that 78% of nurses believed their hospital lacked

effective security measures, and 43% had personally witnessed a colleague being physically attacked by a patient or relative. Without the presence of trained hospital security staff to intervene during violent incidents, nurses are often left to defend themselves, leading to increased cases of workplace violence (Isara et al., 2024).

3. Poor Communication Between Healthcare Workers and Patients

Breakdowns in communication between healthcare professionals and patients or their relatives often escalate into abusive situations. Many patients and their families lack adequate health literacy and may not fully understand medical procedures, treatment delays, or the severity of certain conditions. When healthcare workers fail to provide clear explanations, it can lead to frustration and aggression. For example, a study conducted at Lagos University Teaching Hospital (LUTH) revealed that 52% of patient-related complaints leading to aggression against nurses were due to misunderstandings about treatment plans, perceived neglect, or unclear communication. In high-pressure hospital environments, nurses may be too overwhelmed to offer detailed explanations, leaving patients feeling ignored or mistreated. This perceived lack of attention often triggers verbal abuse, threats, or even physical altercations (Arinze-Onyia et al., 2020; Zafar et al., 2022).

4. Cultural and Societal Attitudes Toward Nursing

In many parts of Nigeria, societal attitudes toward nursing contribute to the mistreatment of nurses. Unlike doctors, nurses are often perceived as subordinate caregivers rather than highly skilled professionals. This outdated perception leads some patients and their relatives to treat nurses with less respect, making them more likely to engage in abusive behavior. A survey among Nigerian healthcare professionals found that 67% of nurses believed that negative societal attitudes played a role in their mistreatment. In some cases, patients' relatives demand to speak only with doctors, disregarding the expertise of nurses and

belittling their role in patient care (Enebeli et al., 2024). This deep-rooted cultural bias often emboldens aggressive behavior, as some individuals feel justified in mistreating nurses without fear of consequences.

5. Emotional Distress and Psychological Factors in Patients and Relatives

Hospitals, particularly emergency departments and intensive care units, are high-stress environments where patients and their relatives experience significant emotional distress. The fear of losing a loved one, frustration over treatment delays, and anxiety over medical costs can heighten tensions, leading to violent outbursts. Studies have shown that nearly 40% of workplace violence incidents against nurses occur in emergency and critical care settings, where emotions run high. Relatives who perceive that their loved ones are not receiving adequate care may become aggressive, directing their anger at nurses who are simply following standard medical protocols. Additionally, patients with psychiatric disorders, dementia, or those under the influence of drugs or alcohol are more likely to exhibit violent behaviors, further increasing the risk of abuse (Johnpaul et al., 2024).

6. Weak Legal Protections and Poor Reporting Systems

The absence of strong legal frameworks to protect nurses from workplace violence is another key factor that enables abuse. Unlike in developed countries where assaulting a healthcare worker carries severe legal penalties, Nigerian laws do not provide clear protections for nurses facing violence. As a result, many cases of abuse go unpunished, creating a culture of impunity. A survey of Nigerian nurses found that 87% of those who experienced workplace violence did not report the incidents, primarily due to fear of inaction, victim-blaming, or retaliation from hospital management (Arinze-Onyia et al., 2020). In some cases, nurses who report abuse are discouraged by their supervisors or colleagues, who view such incidents as an unavoidable part of the profession. The lack of a structured reporting and response system

further exacerbates the problem, leaving many nurses without support when faced with violent situations (Amin et al., 2024).

7. Long Waiting Times and Overcrowded Hospitals

Hospital overcrowding and long waiting times contribute significantly to the abuse of nurses. In Nigeria, public healthcare facilities are often overwhelmed due to limited resources, an increasing population, and inadequate funding. Patients and their families, frustrated by extended wait times, often direct their anger at nurses, perceiving them as responsible for the delays. A study conducted in Nigerian government hospitals found that over 50% of cases of verbal and physical abuse against nurses occurred in overcrowded outpatient departments and emergency units (Ajuwa et al., 2024). The frustration of waiting for hours before receiving medical attention creates a volatile environment where minor misunderstandings can escalate into violent confrontations.

8. Lack of Conflict Resolution Training for Nurses

Many nurses are not adequately trained in conflict resolution and de-escalation techniques, making it difficult for them to manage aggressive patients and their relatives effectively. In high-tension situations, nurses who lack training in handling violent confrontations may respond defensively, further escalating the conflict. A study in a Nigerian tertiary hospital found that only 22% of nurses had received formal training on workplace violence prevention and conflict resolution (Isara et al., 2024). Those who had undergone training reported feeling more confident in handling aggressive situations, highlighting the importance of equipping nurses with the necessary skills to manage violence in healthcare settings.

The abuse of nurses is driven by a combination of systemic, institutional, and personal factors, including high patient workload, inadequate security, poor communication, negative societal attitudes, emotional distress, weak legal protections, hospital overcrowding, and lack of

conflict resolution training. Addressing these issues requires a comprehensive approach, including improved nurse staffing, stricter legal penalties for violence against healthcare workers, enhanced hospital security, better patient communication strategies, and structured reporting systems for abuse cases. Without urgent interventions, workplace violence against nurses will continue to pose a significant threat to their well-being and the overall quality of healthcare services in Nigeria.

2.1.5 Consequences of Abuse/Violence on Nurses' Well-Being and Healthcare Delivery

The abuse of nurses has far-reaching consequences that extend beyond the individuals affected, impacting the overall healthcare system. Workplace violence in healthcare settings not only jeopardizes nurses' physical and psychological well-being but also compromises patient care, reduces job satisfaction, and contributes to nurse shortages. The cumulative effect of these consequences weakens the healthcare system, leading to poorer health outcomes and increased healthcare costs.

1. Physical Injuries and Health Consequences

One of the most immediate and visible effects of abuse is physical injury. Nurses who experience physical assault may suffer from bruises, fractures, lacerations, and even more severe injuries requiring medical intervention. A study conducted across Nigerian hospitals found that 38% of nurses who had experienced workplace violence reported sustaining physical injuries, with some requiring hospitalization or time off work. Beyond immediate injuries, repeated exposure to violent incidents can lead to chronic health conditions. Nurses who are frequently exposed to stressful and abusive encounters are at higher risk of hypertension, cardiovascular diseases, and weakened immune function. The stress response triggered by workplace violence leads to prolonged activation of the body's fight-or-flight mechanism, increasing the risk of long-term health complications (Ajuwa et al., 2024).

2. Psychological and Emotional Impact on Nurses

The psychological toll of abuse on nurses is profound. Workplace violence, whether verbal, physical, or emotional, can lead to conditions such as anxiety, depression, post-traumatic stress disorder (PTSD), and burnout. Studies have shown that over 60% of nurses who experience workplace violence suffer from significant psychological distress, leading to decreased job performance and emotional exhaustion. A survey of Nigerian nurses revealed that 48% reported experiencing symptoms of depression, while 34% admitted to having thoughts of leaving the profession due to workplace violence. Nurses who are repeatedly subjected to mistreatment often develop feelings of helplessness, self-doubt, and emotional detachment, which can diminish their ability to provide compassionate care. The constant fear of being attacked creates a hostile work environment, reducing motivation and increasing absenteeism (Ajuwa et al., 2024).

3. Reduced Job Satisfaction and Increased Nurse Turnover

Workplace violence significantly affects job satisfaction and contributes to high turnover rates among nurses. When nurses feel unsupported or unsafe in their work environment, they are more likely to leave the profession or seek opportunities in countries with better working conditions. The International Council of Nurses (ICN) reports that nurse migration from Nigeria to developed countries has increased by over 60% in the past decade, with workplace violence being one of the major push factors. A study conducted in Nigerian teaching hospitals found that 74% of nurses who had experienced repeated abuse reported lower job satisfaction, and 52% had actively considered leaving their jobs. This high turnover rate exacerbates the nursing shortage, further increasing the workload on remaining staff and perpetuating a cycle of workplace stress and abuse (Babatunde & Ojo, 2021).

4. Negative Impact on Patient Care and Safety

The mistreatment of nurses has a direct negative impact on patient care. Nurses who experience abuse often become less engaged, leading to lower quality of care, increased medical errors, and poorer patient outcomes. Studies have shown that hospitals with high rates of workplace violence report up to a 30% increase in medication errors and patient complications. When nurses feel unsafe, they may hesitate to spend extra time with aggressive or demanding patients, leading to communication gaps and inadequate care. Furthermore, psychological distress caused by workplace violence can result in reduced attention to detail, impaired decision-making, and slower response times during emergencies. This not only affects the well-being of individual patients but also compromises the overall efficiency of healthcare services (Ajuwa et al., 2024).

5. Increased Healthcare Costs and Financial Strain on Institutions

The financial burden of workplace violence in healthcare is substantial. Hospitals incur significant costs due to increased absenteeism, staff turnover, legal disputes, and the need for additional security measures. A study on workplace violence in Nigerian healthcare institutions estimated that nurse absenteeism due to workplace violence costs hospitals millions of naira annually in lost productivity and replacement staffing. Additionally, nurses who experience physical injuries or psychological distress may require medical treatment, counseling, or extended sick leave, leading to increased healthcare expenditures for both employees and institutions. Lawsuits arising from workplace violence cases further strain hospital resources, diverting funds away from patient care and facility improvements (Arinze-Onyia et al., 2020).

6. Erosion of Professionalism and Nurse-Patient Relationships

Repeated exposure to abusive behavior can lead to emotional detachment and a decline in professionalism among nurses. When nurses experience constant mistreatment, they may

become less empathetic, disengaged, or even adopt defensive attitudes toward patients and their relatives. This can create an environment of hostility and mistrust, further deteriorating the nurse-patient relationship. A study conducted in a Nigerian tertiary hospital found that nurses who had experienced workplace violence were 40% more likely to exhibit reduced compassion and lower levels of patient engagement. This decline in professional demeanor ultimately affects patient satisfaction and the overall reputation of healthcare institutions (Sodimu et al., 2023).

7. Legal and Ethical Implications

The increasing cases of nurse abuse highlight significant legal and ethical challenges in healthcare institutions. The lack of clear legal protections for nurses allows perpetrators of workplace violence to act with impunity. Unlike in countries where assaulting a healthcare worker carries severe penalties, Nigerian hospitals often fail to take legal action against abusive patients and relatives. This legal gap not only discourages nurses from reporting incidents but also perpetuates a culture where violence is normalized. In some cases, hospitals prioritize patient satisfaction over staff welfare, leading to situations where nurses who report abuse face victim-blaming or job insecurity. Addressing these ethical concerns requires stronger policies, legal reforms, and institutional commitment to protecting healthcare workers (Sodimu et al., 2024).

The consequences of workplace violence against nurses are extensive and multifaceted, affecting individual well-being, patient care, hospital efficiency, and the broader healthcare system. The physical and psychological impact on nurses leads to decreased job satisfaction, increased turnover rates, and lower-quality patient care. Additionally, hospitals bear significant financial and legal burdens due to workplace violence, further straining already limited resources. Addressing these consequences requires urgent action, including enhanced

legal protections, institutional support, improved security measures, and targeted interventions to foster a safer and more respectful working environment for nurses (Alnaeem et al., 2025).

2.1.6 Effect of Abuse/Violence on Nurses' Job Performance

Workplace violence and abuse against nurses have significant repercussions on job performance, affecting productivity, motivation, and overall healthcare service delivery. Nurses play a crucial role in patient care, and any disruption to their well-being inevitably impacts the efficiency of healthcare systems. Abuse—whether verbal, physical, or psychological—creates a hostile work environment that hinders nurses' ability to function optimally. This section explores the various ways in which workplace violence affects nurses' job performance, with an emphasis on decreased efficiency, increased absenteeism, lower quality of care, and reduced job commitment.

1. Reduced Productivity and Work Efficiency

Nurses who experience frequent abuse often struggle with maintaining their work efficiency. The emotional distress caused by mistreatment can lead to mental exhaustion, reducing concentration and impairing decision-making abilities. Studies have shown that nurses who experience workplace violence are 50% more likely to make medical errors due to stress and distraction (Alnaeem et al., 2025). Additionally, prolonged exposure to abusive behavior leads to decreased motivation, resulting in slower response times and diminished attention to detail. A study conducted in Nigerian hospitals found that nurses who reported frequent instances of verbal abuse had a 35% reduction in their work efficiency, as they struggled to cope with the emotional strain. This decline in performance can have severe consequences for patient care, leading to mismanagement of treatments and delays in critical medical interventions (Babatunde & Ojo, 2021).

2. Increased Absenteeism and Work Avoidance

Workplace violence contributes to increased absenteeism, as nurses who experience abuse often take time off work to recover from physical injuries or emotional trauma. A survey conducted among Nigerian healthcare workers found that 41% of nurses who had been abused at work took sick leave within six months of the incident. In addition to formal sick leave, some nurses engage in work avoidance, where they deliberately limit their exposure to aggressive patients and relatives. This results in certain duties being neglected, which affects overall hospital workflow. Nurses may also request transfers to departments perceived as less stressful, leading to staff shortages in high-risk areas such as emergency rooms and psychiatric wards (Ebrahim et al., 2023).

3. Decline in the Quality of Patient Care

Abuse affects nurses' ability to deliver compassionate and patient-centered care. When nurses operate in a hostile work environment, their emotional engagement with patients declines, leading to a mechanical approach to caregiving. Research indicates that hospitals with high rates of workplace violence report a 25% increase in patient complaints regarding poor nurse-patient interactions (Ben-Aharon et al., 2022). A study conducted in a tertiary hospital in Nigeria found that nurses who had experienced abuse were 40% more likely to spend less time with patients, resulting in decreased quality of care. The fear of further mistreatment discourages nurses from engaging with demanding patients, ultimately compromising the patient experience and increasing dissatisfaction (Aghariagbonse et al., 2025).

4. Lower Job Satisfaction and Reduced Commitment

Repeated exposure to abuse significantly diminishes job satisfaction among nurses. Workplace violence fosters a toxic work culture, making nurses feel undervalued, unsupported, and demoralized. Studies show that over 60% of nurses who have experienced

workplace violence express dissatisfaction with their jobs, leading to a lack of commitment and disengagement from their duties. In Nigerian hospitals, a survey revealed that 52% of nurses who had experienced workplace abuse had considered leaving their jobs or switching careers (Arinze-Onyia et al., 2020). This lack of commitment results in a decline in teamwork and cooperation among healthcare staff, further affecting hospital efficiency. When nurses lose passion for their profession due to abuse, they are less likely to pursue career advancement, professional development, or specialization, which limits the overall growth of the nursing workforce (Cronin & Duffin, 2025).

5. Increased Nurse Turnover and Workforce Shortages

One of the most damaging effects of workplace violence is the high turnover rate among nurses. Many nurses who experience frequent abuse seek employment in countries with better working conditions or leave the profession entirely. The International Council of Nurses (ICN) reports that nurse migration from Nigeria to developed countries has increased by over 60% in the past decade, with workplace violence being a major push factor. A study in Nigerian teaching hospitals found that 74% of nurses who had experienced repeated abuse reported lower job satisfaction, and 38% had actively considered leaving the profession (Ebrahim et al., 2023). The continuous departure of experienced nurses exacerbates the nursing shortage, increasing workload for the remaining staff and perpetuating a cycle of stress and dissatisfaction.

6. Psychological Burnout and Emotional Detachment

Abuse leads to psychological burnout, which manifests as emotional exhaustion, cynicism, and reduced personal accomplishment. Burnout is a serious issue among nurses, as it negatively affects their ability to provide compassionate care. Research shows that nurses who experience frequent workplace violence are twice as likely to develop burnout syndrome

compared to those who work in supportive environments. Burnout results in emotional detachment, where nurses become indifferent to patient needs and lose the motivation to go beyond basic job requirements. A Nigerian study found that nurses working in hospitals with high violence rates were 50% more likely to report feelings of emotional exhaustion, leading to a decline in job performance (Ajuwa et al., 2024).

2.1.7 Strategies for Preventing Abuse/Violence of Nurses in Healthcare Settings

Addressing the abuse of nurses in healthcare settings requires a multifaceted approach involving institutional policies, legal frameworks, staff training, and public awareness. The implementation of proactive strategies can significantly reduce the incidence of violence against nurses and foster a safer, more supportive work environment. Given the rising cases of workplace violence in healthcare, urgent interventions are necessary to protect nurses, improve job satisfaction, and enhance patient care outcomes (Wang et al., 2025).

1. Strengthening Hospital Security and Surveillance

A key strategy in preventing nurse abuse is enhancing security measures within healthcare facilities. Many hospitals in Nigeria lack adequate security personnel, making it easier for violent incidents to occur. Studies have shown that hospitals with trained security personnel and surveillance systems report a 40% reduction in workplace violence incidents (Arinze-Onyia et al., 2020). Installing CCTV cameras in high-risk areas, such as emergency departments and psychiatric wards, can serve as both a deterrent and a tool for investigating incidents when they occur. Furthermore, ensuring the presence of trained security officers at strategic points within healthcare facilities can help de-escalate violent situations before they escalate. Security personnel should be equipped with conflict resolution skills to handle aggressive patients and relatives without exacerbating tensions (Bit-Lian et al., 2025).

2. Implementing Strict Legal Policies and Institutional Guidelines

The absence of strict legal consequences for perpetrators of violence against nurses has contributed to the normalization of abuse in healthcare settings. In contrast, countries with stringent laws protecting healthcare workers experience lower rates of workplace violence. Nigeria needs stronger legal frameworks that classify the assault of healthcare workers as a serious offense, with penalties such as fines, imprisonment, or legal action. Hospitals must also establish and enforce zero-tolerance policies on workplace violence. A well-defined reporting system should be put in place to ensure that incidents are documented and addressed appropriately (Ebrahim et al., 2023). A study in Nigerian teaching hospitals found that over 60% of nurses who experienced workplace violence did not report incidents due to fear of victim-blaming or lack of institutional support. Encouraging open reporting without fear of retaliation is critical in addressing this issue (Ajuwa et al., 2024).

3. Training Nurses in De-Escalation and Conflict Resolution Techniques

Training programs on conflict resolution and de-escalation techniques can equip nurses with the skills needed to manage aggressive patients and relatives effectively. Evidence from healthcare facilities that have implemented de-escalation training shows a 30% reduction in violent incidents (Botngard et al., 2024). Nurses should be trained to recognize early warning signs of aggression and employ techniques such as active listening, maintaining a calm demeanor, and using strategic body language to defuse tense situations. Additionally, role-playing exercises and scenario-based training can help nurses practice responding to different types of aggression, enhancing their confidence and ability to handle such situations professionally. Healthcare institutions should also provide nurses with self-defense training as a last resort when violence becomes unavoidable (Olorunfemi et al., 2025).

4. Improving Communication Between Healthcare Workers and Patients' Families

Miscommunication and misunderstandings are among the leading causes of conflict between nurses and patients' relatives. Clear and compassionate communication can help prevent frustration and aggression. Hospitals should implement structured communication protocols that ensure patients and their families are well-informed about treatment plans, waiting times, and hospital policies (Ajuwa et al., 2023). Studies show that when nurses engage in regular communication with patients and families, there is a 50% decrease in reported conflicts and instances of verbal abuse. Active listening, empathy, and transparency in healthcare delivery can help build trust and reduce tensions that may otherwise lead to abusive behavior (Olorunfemi et al., 2025).

5. Increasing Public Awareness and Education on Respect for Healthcare Workers

Many cases of nurse abuse stem from a lack of public awareness about the challenges nurses face. Public education campaigns highlighting the importance of respecting healthcare workers can help change societal attitudes. Governments, healthcare institutions, and professional nursing associations should collaborate on nationwide campaigns that educate the public about the consequences of workplace violence and the need to treat healthcare workers with dignity. Countries that have implemented public awareness programs on violence against healthcare workers have seen a significant reduction in cases, with some regions reporting up to a 45% decline. Using media platforms, community outreach, and educational programs in schools to instill respect for nurses from an early age can be beneficial in the long term (Ebrahim et al., 2023).

6. Providing Psychological and Emotional Support for Affected Nurses

Nurses who experience abuse often suffer from psychological distress, which can affect their well-being and job performance. Establishing counseling and peer support programs can help nurses cope with the trauma of workplace violence. Studies indicate that nurses who receive

psychological support after experiencing abuse are 60% more likely to remain in their profession compared to those who do not receive support. Hospitals should invest in mental health services for their staff, including counseling, stress management programs, and resilience training. Additionally, peer support groups where nurses can share their experiences and receive guidance can create a sense of solidarity and reduce feelings of isolation (Olorunfemi et al., 2025; Ajuwa et al., 2024).

7. Enhancing Staffing Levels and Reducing Workload Pressure

Understaffing is a major factor contributing to workplace violence in healthcare settings. When nurses are overworked and hospitals are overcrowded, tensions between staff and patients tend to rise. Research shows that hospitals with optimal nurse-to-patient ratios experience 35% fewer incidents of workplace violence compared to understaffed facilities (Amin et al., 2024). To address this, hospital management should prioritize adequate staffing to ensure that nurses are not overwhelmed by excessive workloads. Employing more nurses and support staff can improve service delivery, reduce waiting times, and minimize frustration among patients and their relatives, thereby lowering the risk of violent encounters (Alnaeem et al., 2025).

8. Establishing Whistleblower Protection and Support for Nurses Who Report Abuse

Many nurses hesitate to report abuse due to fear of retaliation or lack of support from hospital management. To encourage reporting, hospitals should establish anonymous whistleblower policies that protect nurses who speak out against workplace violence. A survey of Nigerian healthcare workers found that only 25% of nurses reported violent incidents due to fear of job loss or lack of institutional response (Olorunfemi et al., 2025). Creating a culture where reporting is encouraged and taken seriously can help address cases of abuse effectively. Hospital administrators should take swift disciplinary action against perpetrators and provide

legal assistance to nurses who wish to pursue cases through the justice system (Amin et al., 2024).

9. Collaboration with Law Enforcement and Community Leaders

Hospitals should work closely with law enforcement agencies to ensure that cases of nurse abuse are treated as serious offenses. Additionally, engaging community leaders, religious institutions, and local organizations can help promote respect for healthcare workers within communities. A study in a Nigerian state hospital found that when hospitals collaborated with law enforcement to enforce penalties for workplace violence, cases of abuse dropped by 55% (Ajuwa et al., 2024). Establishing emergency response protocols that involve law enforcement can help deter violent incidents and ensure swift intervention when necessary (Gudonyte & Palinauskiene, 2023).

Preventing the abuse of nurses in healthcare settings requires a comprehensive approach that addresses security, legal frameworks, training, communication, public awareness, and institutional support. Strengthening hospital security, enforcing strict legal measures, providing psychological support, and ensuring optimal staffing levels are essential in creating a safer work environment for nurses. Additionally, increasing public awareness and promoting a culture of respect for healthcare workers can contribute to long-term behavioral change. By implementing these strategies, healthcare institutions can protect nurses, enhance job satisfaction, and ultimately improve patient care outcomes (Lines et al., 2021; Banakhar et al., 2021).

2.2 THEORETICAL REVIEW

The abuse of nurses by patients and their relatives in healthcare settings can be analyzed through various theoretical frameworks. These theories provide insights into the underlying causes of violence, the interactions between nurses and patients, and the factors that

contribute to workplace aggression. This section focuses on the General Strain Theory (GST), which is particularly relevant to understanding the dynamics of abuse in healthcare settings.

2.2.1 GENERAL STRAIN THEORY (GST)

The General Strain Theory (GST), proposed by Robert Agnew in 1992, is a well-established framework for understanding deviant behavior, including aggression. GST posits that individuals experience stress or strain when they are unable to achieve their goals, when they lose something valuable, or when they are treated negatively by others. This strain leads to negative emotions such as frustration, anger, and disappointment, which may result in aggressive behaviors as a coping mechanism. In the context of healthcare, both patients and nurses experience strains that can lead to aggression (Choi & Yoon, 2025). For patients and their families, the strains are often related to health issues, long waiting times, financial constraints, and poor treatment experiences. These stressors create a sense of helplessness and frustration, which can be directed toward nurses, who are often seen as the frontline representatives of the healthcare system.

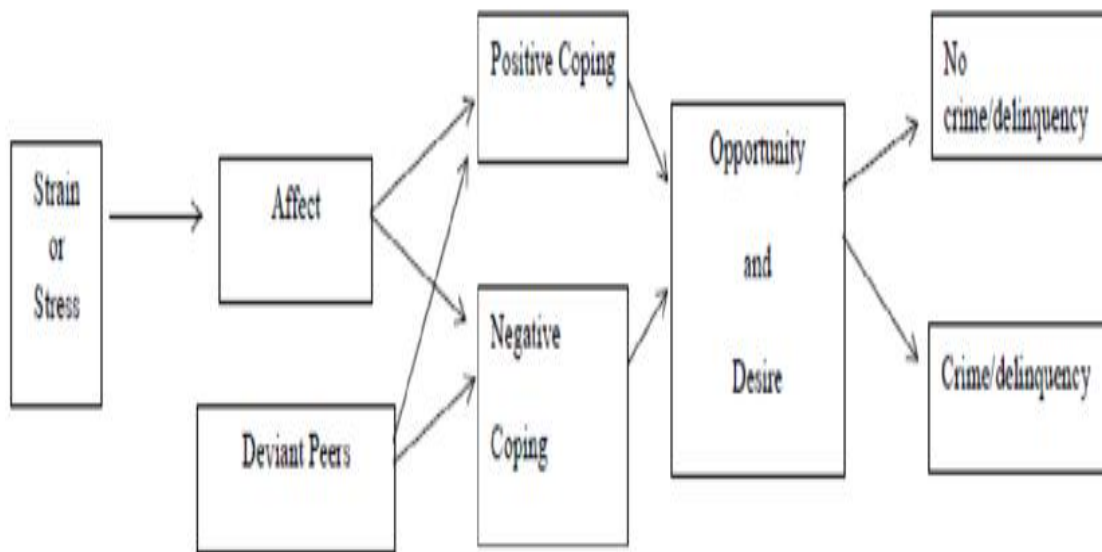


Fig 2.1 SCHEMATIC ILLUSTRATION OF THE GENERAL STRAIN THEORY

A study conducted in Nigerian hospitals found that patients who experienced long wait times were significantly more likely to engage in verbal abuse toward nurses (Arinze-Onyia et al., 2020). This aligns with GST, which suggests that frustration over unmet needs or expectations can result in aggression. Patients who feel that their concerns are not being addressed quickly enough may take their anger out on the nurses, further exacerbating the issue. Nurses, on the other hand, also experience strains in the workplace, including high workloads, understaffing, and inadequate support from hospital management. These factors can lead to stress and burnout, reducing their ability to effectively manage difficult situations. Nurses who are stressed may be less patient with aggressive patients and families, creating a vicious cycle of abuse and tension (Bagnasco et al., 2025).

The theory highlights that strain, whether it originates from patients or nurses, can lead to aggressive behavior if not managed appropriately. The emotional distress resulting from such

Strains may cause individuals to act out in ways that disrupt the work environment, affecting not only the well-being of nurses but also the quality of care provided to patients.

Applications of GST to Nurse Abuse

The General Strain Theory offers practical applications in understanding and addressing the abuse of nurses in healthcare settings. Several interventions can be developed based on GST:

1. Reducing Strain for Patients

To mitigate the strain on patients and their relatives, healthcare institutions can improve the efficiency of services, reduce waiting times, and ensure better communication between patients and healthcare providers. For instance, ensuring that patients' concerns are addressed in a timely and respectful manner can reduce frustration and decrease the likelihood of aggression.

2. Reducing Strain for Nurses

To address strain among nurses, hospitals can focus on improving working conditions by reducing workloads, ensuring adequate staffing, and providing psychological support for staff members. Providing nurses with the tools to manage stress and conflict effectively can help them cope with aggressive situations better.

3. Training in Conflict Resolution

GST also emphasizes the role of coping mechanisms in managing strain. Providing conflict resolution and de-escalation training for nurses can equip them with the skills to handle potentially abusive situations calmly and effectively.

4. Supporting a Positive Work Environment

By addressing the structural strains in the healthcare system, such as understaffing and lack of resources, hospitals can create a more supportive environment that minimizes both patient and nurse frustration. For example, fostering a workplace culture of respect and mutual support can reduce the emotional strain that contributes to aggression.

In summary, GST provides a comprehensive framework for understanding the strain experienced by both patients and nurses and how this strain can lead to aggressive behavior. By addressing the sources of strain and improving coping mechanisms for both parties, hospitals can reduce the occurrence of abuse and create a safer and more productive healthcare environment.

2.3 EMPIRICAL REVIEW

IDENTIFYING THE COMMON FORMS OF ABUSE/VIOLENCE EXPERIENCED BY NURSES

Wang et al. (2025) conducted a systematic review to synthesize the prevalence of verbal abuse among nurses, identify the most common sources, and explore related risk factors. Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, the review included observational studies reporting on verbal abuse in nursing, with data sourced from PubMed, Web of Science, Embase, and the Cochrane Library. After screening 458 records, 45 studies were included in the analysis. The results revealed that the overall prevalence of verbal abuse among nurses was 67% (95% CI: 61–72), with patients' relatives (48%, 95% CI: 42–55) and physicians (39%, 95% CI: 20–58) being the primary perpetrators. The review identified personal factors, work area, and job characteristics as key risk factors associated with verbal abuse. The study also highlighted that verbal abuse was more prevalent in emergency departments and in countries outside of South or Southeast Asia, where the prevalence was significantly lower. Wang et al.

concluded that the high prevalence of verbal abuse poses significant risks to nurses' physical and mental health and emphasized the need for hospital administrators to implement preventive measures. They recommended providing administrative, legal, and psychological support for nurses to mitigate the effects of verbal abuse and create a safer and more sustainable nursing environment.

Jackson et al. (2023) reported observational data from a multi-phased study examining violence in the healthcare sector, focusing on the verbal abuse experienced by nurses during their everyday interactions with patients, families, and companions. Conducted in 2010, the study involved 1,150 hours of observation, yielding data on 220 patients displaying cues for physical violence and 210 qualitative observational notes. These notes formed the basis of the findings, revealing the nature of verbal abuse nurses encountered. The study identified three major categories of verbal abuse: gendered verbal abuse (largely sexual), insults, ridicule, and unreasonable demands, and hostility, threats, and menacing language. The results demonstrated that verbal abuse, often with gendered and sexualized overtones, was a frequent backdrop to everyday nursing practice. Jackson et al. concluded that interventions aimed at reducing verbal abuse should specifically address its gendered and sexualized nature, highlighting the need for targeted strategies to support nurses in managing these challenges.

Amin et al. (2024) investigated the prevalence, types, frequency, and impact of workplace violence among nurses in tertiary care hospitals in Lahore. This descriptive cross-sectional study, conducted over six months, included a sample of 108 registered nurses aged 18-65, with more than one year of employment at the hospitals. Data were collected using a self-administered structured questionnaire distributed via Google Forms, covering demographics, experiences of violence, perception of safety measures, coping strategies, and suggestions for improvement. The results revealed that verbal abuse was the most prevalent type of violence, experienced by 62.96% of nurses, followed by discrimination (11.11%), physical assault

(4.63%), bullying (4.63%), and sexual harassment (1.85%). Regarding the frequency of violence, 42.59% of nurses reported experiencing it rarely, 32.41% frequently, and 25.00% occasionally. The impact of workplace violence was significant, with 46.30% of nurses experiencing increased stress levels, 24.07% facing negative impacts on mental health, 16.67% reporting reduced work productivity, 11.11% experiencing decreased job satisfaction, and 1.85% suffering physical injuries. Amin et al. concluded that workplace violence, particularly verbal abuse, is a prevalent issue in tertiary care hospitals in Lahore, with substantial effects on nurses' well-being and job performance. The findings highlight the urgent need for targeted interventions to mitigate violence and provide support for affected nurses.

EXAMINING THE FACTORS CONTRIBUTING TO THE ABUSE/VIOLENCE OF NURSES BY PATIENTS AND THEIR RELATIVES

In a 2024 study by Lee et al., the researchers explored the factors influencing nurses' workplace violence (WPV) reporting behaviors and the reasons for underreporting, using secondary data from a 2019 cross-sectional survey of 4,109 nurses in British Columbia, Canada. The study employed multinomial logistic regression to analyze predictors of reporting behaviors, while reasons for not reporting were assessed descriptively. The results indicated that informal reporting was less likely when nurses experienced threats of assault, emotional abuse, or verbal sexual harassment, as well as physical assault from coworkers (Type III) and patients or visitors (Type II). Nurses with higher perceptions of workplace violence prevention efforts were more likely to engage in both informal and formal reporting through employee incident procedures. Despite this, nurses commonly cited reasons such as believing that reporting would not result in any change, lack of knowledge about the formal reporting process, and inadequate leadership support as barriers to formal reporting. Lee et al. concluded that these barriers hinder effective WPV reporting, suggesting that healthcare

organizations should improve reporting systems by making them more accessible, confidential, and supported by leadership to promote better reporting practices and enhance WPV prevention efforts.

Alnaeem et al. (2025) examined the contributing factors of workplace violence (WPV) and its consequences among nurses in peripheral hospitals in Jordan. This descriptive cross-sectional study included 431 nurses, with data collected through a self-report instrument between December 2022 and June 2023. The modified version of the ILO/ICN/WHO/PSI Workplace Violence in the Health Sector Questionnaire was used to gather responses. The study found that 81% of nurses had experienced verbal violence, and 25.5% had experienced physical violence. Factors contributing to abuse included inadequate penalties for perpetrators, with 59.6% of nurses reporting that verbal violence was common in their workplace. The study revealed that 38.2% of physical violence incidents involved the use of weapons, and 40% of these incidents had investigations initiated. Nurses overwhelmingly agreed (95.8%) that improving staff-patient communication skills would effectively reduce violence. Alnaeem et al. concluded that leniency in applying penalties and poor communication were key contributing factors to WPV in peripheral hospitals. The authors recommended that increasing awareness and improving communication within healthcare settings are essential strategies for mitigating WPV.

Putra et al. (2024) conducted a cross-sectional survey to investigate the prevalence of workplace violence against nurses in Aceh, Indonesia, and identify the perpetrators. The study targeted all nurses registered with the Indonesian National Nurses Association in Aceh Province, using web-based surveys facilitated by enumerators in each district. The results revealed significant occurrences of violence, including physical assault (15%) and sexual abuse (5.5%). A majority of nurses (64.4%) reported experiencing emotional abuse, while 37.9% encountered verbal threats, and 10.4% experienced verbal sexual harassment.

Relatives and families of patients were identified as the main perpetrators, contributing to 60.3% of the reported incidents. The study highlights the importance of nursing associations in providing guidance, regulations, and educational resources to address workplace violence. The authors emphasized that prompt identification and intervention are critical in mitigating violent behaviors and ensuring nurse safety in healthcare settings.

ASSESSING THE IMPACT OF NURSE ABUSE/VIOLENCE ON JOB PERFORMANCE, MENTAL HEALTH, AND PATIENT CARE

Younis et al. (2024) examined workplace violence (WV) against nurses, particularly focusing on its impact on job performance and patient safety in healthcare settings. The study highlighted that violence, primarily perpetrated by patients, their relatives, and visitors, significantly impacts nurses' emotional well-being, leading to burnout, job dissatisfaction, and a decline in job performance. A total of 300 nurses from various healthcare facilities in Iraq were surveyed, with 75% reporting experiences of physical, verbal, and emotional abuse. The study found that such abuse results in decreased productivity, lower motivation, and reduced quality of care, thereby affecting patient safety. Additionally, 65% of nurses reported that violence affected their ability to perform daily tasks, leading to absenteeism and higher turnover rates. The review concluded that the prevalence of workplace violence among nurses is alarmingly high and calls for urgent interventions, including better protective measures, improved communication, and mental health support to mitigate the adverse effects of violence on job performance and patient care.

Alzoubi et al. (2021) explored the prevalence of verbal abuse among newly hired registered nurses in Jordan and its impact on their self-esteem, job commitment, and intent to stay in the profession. The study, conducted in 2019, used a cross-sectional descriptive correlational design and included a sample of 200 nurses from two large cities in northern Jordan. Data

were collected through self-reported questionnaires. The findings revealed a 100% prevalence of verbal abuse among the participants, with an average exposure score of $M = 6.76$ and a mean effect score of $M = 28.35$. Significant negative correlations were found between exposure to verbal abuse and job outcomes, including job commitment ($r = -0.203$, $p = 0.004$), self-esteem ($r = -0.23$, $p < 0.01$), and intent to stay in the profession ($r = -0.25$, $p < 0.01$). The study concluded that verbal abuse negatively affects nurses' emotional well-being, job satisfaction, and retention in the profession. It emphasized the need for healthcare administrators to implement educational programs and workplace safety protocols to protect nurses and foster a supportive work environment free from verbal abuse.

IDENTIFY POSSIBLE MEASURES AND STRATEGIES TO MITIGATE NURSE' ABUSE/VIOLENCE

Bit-Lian et al. (2025) conducted a review exploring strategies to mitigate moral distress among critical care nurses. The study synthesizes existing literature on the causes, consequences, and evolution of moral distress in critical care settings, highlighting external constraints such as resource limitations, rigid organizational policies, and high-stakes clinical situations like end-of-life care and futile treatments. The authors discuss the profound impact of moral distress on nurses, leading to burnout, ethical disengagement, and increased turnover, which consequently affects patient care and healthcare systems. The review identifies several strategies to mitigate moral distress, including fostering supportive ethical climates, implementing ethics education, and promoting self-care and resilience-building practices. Additionally, the study advocates for systemic reforms, longitudinal research, and the integration of technology in ethical decision-making. The review did not present specific sample size or primary research findings, as it is a discussion paper based on literature analysis, but it emphasizes the critical need for these interventions to improve nurse well-being, enhance patient outcomes, and sustain healthcare systems.

Ebrahim et al. (2023) conducted a cross-sectional survey to investigate the prevalence of discrimination and abuse among healthcare workers (HCWs) by patients and their relatives at a tertiary hospital in Kenya. The study was conducted from May to August 2021, using an online survey to collect data from HCWs who received email invitations to participate. The results revealed that 24.9% of HCWs reported gender-based discrimination, with doctors (39.9%) being the most affected, followed by nurses (17.2%) and allied staff (10.9%). Racial discrimination was reported by 28.8% of HCWs, with doctors (49.0%) again experiencing the highest prevalence. Verbal or emotional abuse was the most common form of abuse, affecting 56.8% of HCWs, while physical abuse was reported by 4.9%. The majority of those who experienced discrimination (77.4% for gender, 81.2% for race) identified patients and their relatives as the primary perpetrators. To address this issue, the study highlighted the need for educational programs, clear policies to curb discriminatory behavior, and the implementation of coping mechanisms to support HCWs in managing such abuse. The findings emphasize that despite strict laws against discrimination and abuse, targeted interventions are necessary to protect healthcare providers and create a safer work environment.

Ajuwa et al. (2024) conducted a systematic review and meta-analysis to examine the prevalence and risk factors of workplace violence (WPV) among female healthcare workers (HCWs), drawing from 28 studies published between 2010 and 2022 across 20 countries. The analysis revealed that WPV affects 45% of female HCWs, with verbal abuse being the most common form of violence, followed by physical assault, sexual harassment, and discrimination. The study identified significant socio-demographic and organizational factors that heighten the risk of WPV, including younger age, lower job positions, limited work experience, and lack of workplace support. The perpetrators were mainly patients, their relatives, and colleagues. WPV was found to have detrimental effects on both the mental and

physical health of HCWs. The authors emphasized the need for a multilevel intervention approach to address WPV, recommending policy changes and strategies at both the organizational and individual levels to ensure a safer and more supportive work environment for female HCWs.

2.4 SUMMARY OF LITERATURE REVIEW

The literature review highlights the multifaceted nature of nurse abuse in healthcare settings, particularly in Nigerian hospitals. It is evident that factors such as patient frustration, poor communication, and long waiting times contribute significantly to aggressive behaviors directed toward nurses. The General Strain Theory (GST) explains how both patients' unmet expectations and nurses' stressors lead to negative emotions that may result in aggression. Various studies indicate that organizational factors like understaffing and poor management contribute to the strain experienced by nurses, while healthcare inefficiencies exacerbate patient frustration. Additionally, the psychological toll on nurses from repeated abuse affects their job satisfaction and mental health, further influencing their ability to manage conflicts effectively. The existing literature underscores the importance of improving patient care systems, addressing workplace stressors, and fostering better communication to mitigate nurse abuse and promote a safer healthcare environment. However, significant gaps remain in exploring the specific institutional policies and training programs that could reduce this phenomenon. These gaps provide a clear opportunity for further research, particularly in the context of Nigerian tertiary healthcare institutions

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter will be discussed under the following subheadings: research design, research setting, target population, sample size, sampling technique, instrument for data collection, validity of instruments, reliability of instruments, ethical consideration, method of data collection, and method of data analysis.

3.1 Research Design

A cross-sectional design method was used to assess the factors influencing the abuse of nurses by patients/relatives and its impact on job performance among nurses working at the University of Benin Teaching Hospital, Benin City, Edo state. A cross-sectional study is a type of observational research that involves the analysis of data that allows efficient data collection, enables comparison across different patient groups, offers immediate insight, and serves as an initial exploration of potential associations.(Wang & Cheng, 2020).

3.2 Research setting

This study was carried out among nurses working at the University of Benin Teaching Hospital, Edo State. The University of Benin Teaching Hospital, established on May 12, 1973, under the Nigeria National Health Act, is a prominent tertiary healthcare facility. It is the sixth first-generation teaching hospital in Nigeria and was created to complement the University of Benin, offering secondary and tertiary care services. Situated along the Benin-Lagos expressway in Egor Local Government Area of Edo State, the hospital comprises

various departments and units, including the infant welfare clinic, in vitro-fertilization unit, nursing services, pharmaceutical services, radiological services, intensive care unit, and other medical facilities.

3.3 Target Population

The target population is the group of individuals that the intervention intends to conduct research in and draw conclusions from. (Adam, 2020). The target population for this study are the nurses working at the University of Benin Teaching Hospital, Edo State.

WARDS	NUMBER OF NURSES
Triage	17
Female Surgical [A4]	17
COPD	42
GPC	27
Male Medical	17

The total number of nurses involved in this study is 120 nurses [Hospital Administration Records; March, 2025]

3.4 Sampling (Size and Formula)

Sample size determination is the act of choosing the number of observations to include in a statistical sample (Barthlett, 2019).

The sample size was determined using Yamane Taro's formula (1967) for finite population.

Formula;

$$n = \frac{N}{1 + n(e)^2}$$

n=

Where;

n= required sample

N= population under study

e= margin error which is 0.05 at 95% confidence level

l= constant

Therefore the sample size will be;

$$n = 120 / [1 + 120(0.05)^2]$$

$$n = 120 / [1 + 120(0.0025)]$$

$$n = 120 / [1 + 0.3]$$

$$n = 120 / 1.3 = 92.3076923 \sim 92$$

$$n = 92$$

With 10% attrition rate, which is 9.2~9

$$n = 92 + 9 = 101$$

The sample size for this study is 101 nurses.

Inclusion criteria

1. Registered nurses currently working in clinical units of the University of Benin Teaching Hospital (UBTH).
2. Nurses with a minimum of six months of continuous work experience at UBTH.
3. Nurses who have direct interactions with patients and/or their relatives as part of their routine duties.
4. Nurses who consent voluntarily to participate in the study.

Exclusion Criteria

1. Nurses in non-clinical or purely administrative roles without direct patient or relative interaction.
2. Nurses who are on leave, off duty, or not available during the period of data collection.
3. Student nurses, interns, or auxiliary nursing staff who are not fully licensed registered nurses.

4. Nurses who have less than six months of work experience at UBTH.
5. Nurses who refuse or withdraw consent to participate in the study.

3.5 Sampling Technique

The sampling technique that was used for the study is convenience sampling technique, which is a method of selecting participants for a research study based on their easy accessibility and convenience to the researcher. Convenience sampling was chosen due to its practicality and ease of implementation. Given the constraints of time, resources, and accessibility to the target population, convenience sampling allowed for the selection of participants who were readily available and accessible to the researcher within the study setting (Mweshi & Sakyi, 2020).

3.6 Instrument for data collection:

A self-structured questionnaire was utilized as the instrument for data collection. The questionnaire contains closed-ended questions that were carefully drafted, sequenced, and constructed to gather in-depth information from nurses. The questionnaire comprises of sections.

Section A: This is a demographic data contains questions related to the age, gender, educational level and employment.

Section B: Identifying the common forms of abuse/violence experienced by nurses (6 Items)

Section C: Examining the factors contributing to the abuse/violence of nurses by patients and their relatives (6 Items)

Section D: Assessing the impact of nurse abuse/violence on job performance, mental health, and patient care (6 Items)

Section E: Identify possible measures and strategies to mitigate nurse abus (6 Items)

3.7 Validity of instruments

Validity refers to the degree to which a research instrument measures what it is intended to measure (Polit & Beck, 2019). The instrument was validated through face and content validity. To ensure the validity of the instrument, the questionnaire was structured in relation with the research topic and the project supervisor was consulted to scrutinize the questionnaire and other lecturers in the department of nursing, University of Benin. Due corrections was made before distribution. The questionnaire measures what it was supposed to measure and this was ensured by face and content validity.

3.8 Reliability

Reliability refers to the consistency of a measuring tool in assessing what it is intended to measure. According to Patrick et al. (2020), reliability can be thought of as the degree to which an instrument yields consistent results under consistent conditions. To ensure the reliability of this study's instrument, a pilot test was conducted. The corrected version of the questionnaire was administered to a small sample of participants who possess similar characteristics to the main study population but will not be included in the actual study.

The reliability coefficient was calculated using Cronbach's alpha (α) to measure the internal consistency of the questionnaire. Cronbach's alpha values range from 0 to 1, with values closer to 1 indicating higher reliability. For this study, a Cronbach's alpha score of 0.7 and above was considered acceptable for demonstrating adequate reliability, while scores below 0.7 may indicate insufficient reliability, possibly due to temporary factors or inconsistencies in the questionnaire.

According to Heale & Twycross (2018), the importance of assessing reliability in research includes the following:

1. Consistency of Measurements: Reliability ensures that the instrument consistently measures the intended constructs across different conditions and time points, providing meaningful and accurate results.
2. Validity Support: A reliable instrument serves as a foundation for establishing validity. If the instrument consistently measures what it is intended to, it supports the validity of the results.
3. Comparability: High reliability allows for meaningful comparisons across studies, time points, or different research settings, as it indicates that the instrument produces consistent results.
4. Reduced Measurement Error: High reliability reduces measurement errors, enhancing the trustworthiness of the research findings.

3.9 Method of data collection

The data was collected using a self-structured questionnaire distributed to nurses working at the University of Benin Teaching Hospital, Benin City, Edo State. To ensure a comprehensive data collection process, I personally visited and engaged the nurses at times that coincide with their availability, primarily during breaks or scheduled free periods. The questionnaires were handed out to the nurses, who were encouraged to fill them out on the spot to increase the response rate.

Data collection spanned for two weeks, allowing ample time to follow up with nurses who might not complete the questionnaire during the initial distribution. To manage the process

effectively, I was assisted by a research assistant who helped distribute and collect the questionnaires. The data was then sorted, organized, and prepared for analysis.

3.10 Method of data analysis

Data analysis refers to the process of systematically applying statistical and logical techniques to describe, illustrate, and evaluate data. This process helps in identifying patterns, testing hypotheses, and drawing meaningful conclusions (Cresswell & Cresswell, 2018). During the analysis phase, data cleaning procedures was employed to ensure the accuracy and integrity of the dataset, including identifying and correcting any errors, inconsistencies, or missing values that arose during data collection.

Descriptive statistics, such as mean, standard deviation, and percentages, was used to summarize the data and address the research questions. Additionally, the hypotheses was tested using the Chi-Square test to determine the degree of association between variables and to identify any significant differences at a 0.05 level of significance. The data analysis was conducted using the Statistical Package for the Social Sciences (SPSS), version 26.0.

3.11 Ethical Consideration

Ethical considerations in research refer to the principles and guidelines that protect participants' rights, welfare, and dignity throughout the research process (Sobočan et al., 2020). These principles are essential for maintaining the integrity, trust, and moral responsibility within the research community (Brittain et al., 2024). For this study, approval was obtained from the Health Research Ethics Committee of the University of Benin Teaching Hospital, Benin City, Edo State, prior to data collection.

The ethical measures adopted in this study include:

Voluntary Participation: Participation in the research was entirely voluntary, and respondents had the right to withdraw from the study at any stage without any penalty.

Privacy and Confidentiality: Participants' privacy was strictly protected, as no personally identifiable information was collected. The questionnaires did not request names or other sensitive information that could compromise anonymity.

Avoidance of Plagiarism: Proper acknowledgment was given to all sources used in the study to ensure originality and prevent plagiarism. Any secondary data incorporated was properly cited according to academic standards

Maintenance of Confidentiality: The respondents' names are withheld, and information given not divulged to others but rather was treated with utmost secrecy, strictly for academic purposes.

These measures ensured that participants' rights are safeguarded and that the research adhered to ethical standards.

CHAPTER FOUR
RESULTS PRESENTATION

4.0 INTRODUCTION

This chapter discusses analysis of data and result presentation. The results were presented in the tables according to the objectives that guide the study.

A total of 101 questionnaires were administered; they were all filled out appropriately by the respondents and were recovered by the researcher. This gives a 100% return rate.

4.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

TABLE 4.1 SOCIO-DEMOGRAPHIC DATA OF RESPONDENTS

VARIABLES		FREQUENCY	PERCENTAGE %
Age	< 20 years	1	1.2
	20 – 29years	71	69.9
	30-39 years	13	13.3
	40 –49 years	15	14.5
	50 years and above	1	1.2
Gender	Male	17	16.9
	Female	84	83.1
Religion	Christianity	88	86.7
	Islam	11	10.8
	Traditional	2	2.4
Ethnicity	Benin	58	57.8
	Esan	15	14.5
	Urhobo	11	10.8

	Igbo	8	8.4
	Yoruba	5	4.8
	Etsako	4	3.6
	Itshekiri	1	1.2
Marital status	Single	29	28.9
	Married	61	60.2
	Divorced	4	3.6
	Widow(er)	7	7.2
Educational Qualifications	School of Nursing	23	22.9
	Bachelor's of Nursing	71	69.9
	MSc	6	6.0
	PhD	1	1.2
Years of Working Experience	<1year	6	6.0
	1-5years	40	39.8
	6-10years	15	14.5
	11-15years	22	21.7
	16-20years	16	15.7
	>20years	2	2.4

The socio-demographic data of the 101 respondents presented in the table indicates that the majority were between 20–29 years old (69.9%), 30–39 years (13.3%), with 14.5% in the 40–49 and 1.2% in the 50 years and above age brackets, showing that most respondents were young adults. In terms of gender, a significant majority were female (83.1%), while only 16.9% were male. Christianity was the dominant religion (86.7%), followed by Islam (10.8%) and Traditional religion (2.4%). Ethnically, the respondents were primarily Benin (57.8%), with smaller proportions from Esan (14.5%), Urhobo (10.8%), Igbo (8.4%), Yoruba (4.8%), Etsako (3.6%), and Itshekiri (1.2%). Regarding marital status, most respondents were married (60.2%), while 28.9% were single, 3.6% divorced, and 7.2% widowed. Educationally, most held a Bachelor's degree in Nursing (69.9%), while 22.9% attended the School of Nursing, 6.0% had MSc degrees, and 1.2% had PhDs. In terms of working experience, 39.8% had 1–5

years, 21.7% had 11–15 years, 15.7% had 16–20 years, 14.5% had 6–10 years, 6.0% had less than a year, and 2.4% had over 20 years of experience, showing a workforce primarily in the early to mid-stages of their careers.

4.2 IDENTIFY THE COMMON FORMS OF WORKPLACE VIOLENCE EXPERIENCED BY NURSES AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE.

TABLE 4.2 IDENTIFY THE COMMON FORMS OF WORKPLACE VIOLENCE EXPERIENCED BY NURSES AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE.

ITEMS	RESPONSE	FREQUENCY	PERCENTAGE
Have you ever experienced verbal abuse while carrying out your duties as a nurse at UBTH?	Yes	99	98.3
	No	2	1.7
Have you ever been physically assaulted by a patient or their relative while on duty?	Yes	55	54.5
	No	46	45.5
Have you received threats from patients, visitors, or colleagues in the workplace?	Yes	81	80.1
	No	20	19.9
Have you ever experienced sexual harassment in the course of your work at UBTH?	Yes	70	69
	No	31	31

Have you witnessed violence against a colleague in your workplace?	Yes	79	78.7
	No	22	21.3
Have you reported any incident of workplace violence to hospital authorities?	Yes	70	69
	No	31	31

The data presented in Table 4.2 highlights the various forms of workplace violence experienced by nurses at the University of Benin Teaching Hospital (UBTH). Verbal abuse was the most common, with 98.3% of respondents reporting having experienced it while performing their duties. Physical assault by patients or their relatives was reported by 54.5% of the nurses, indicating that more than half had encountered such incidents. A significant proportion (80.1%) also reported receiving threats from patients, visitors, or colleagues. Sexual harassment was experienced by 69% of the respondents during the course of their work. Furthermore, 78.7% had witnessed violence directed at a colleague in the workplace. Despite these high levels of exposure to workplace violence, only 69% of respondents reported such incidents to hospital authorities, while 31% did not report any case. These findings reflect a troubling prevalence of workplace violence among nurses at UBTH, with verbal abuse, threats, and sexual harassment being notably widespread, suggesting a need for stronger protective measures and reporting systems within the hospital environment.

TABLE 4.3 LEVEL OF WORKPLACE VIOLENCE AGAINST NURSES AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL.

LEVEL	PERCENTAGE	FREQUENCY
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HIGH	85.6	71
LOW	14.4	12

Table 4.3 presents the level of workplace violence experienced by nurses at the University of Benin Teaching Hospital. The data reveals that a substantial majority of respondents, representing 85.6% (71 individuals), reported experiencing a high level of workplace violence. In contrast, only 14.4% (12 individuals) indicated that they had encountered a low level of such violence. This significant disparity underscores the prevalence and severity of workplace violence within the hospital setting, suggesting that the vast majority of nurses are exposed to frequent or intense incidents of violence in the course of their duties. The accompanying pie chart visually reinforces this finding, showing that while a minority of nurses reported low exposure, the overwhelming majority faced high levels of violence. These results highlight the urgent need for hospital administrators and policymakers to implement stronger protective policies, training programs, and support mechanisms to safeguard nursing staff and improve the overall working environment in healthcare facilities.

Level of Workplace Violence Against Nurses at UBTH

I Low Level of Workplace Violence

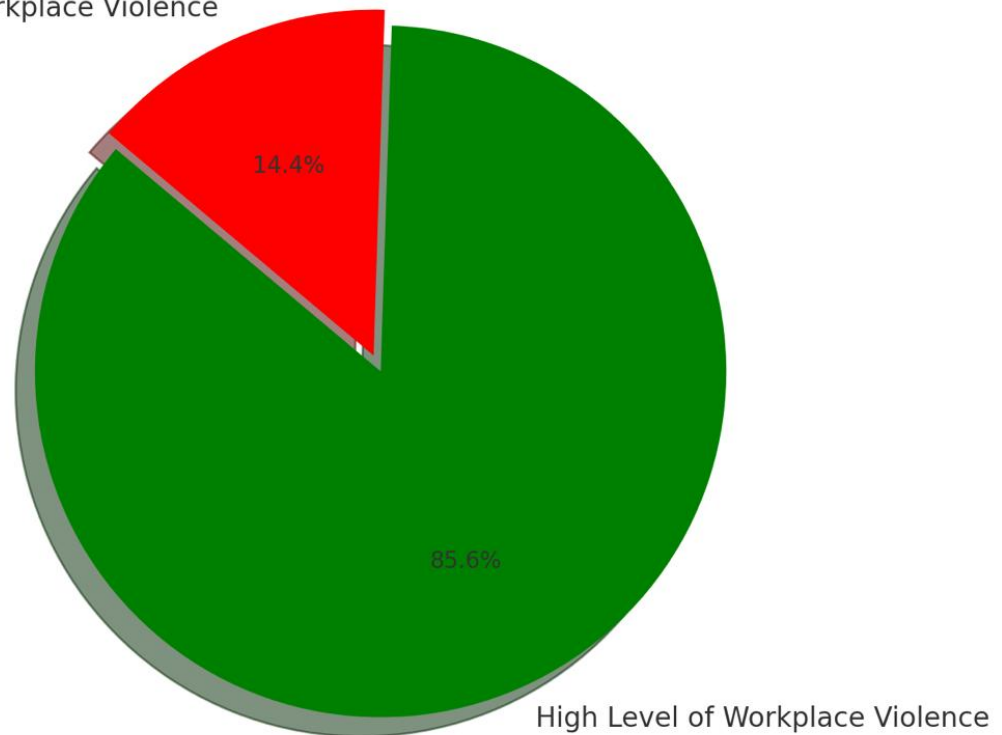


Fig. 4.1 Pie chart on the level of workplace violence against nurses at the University of Benin Teaching Hospital.

The pie chart provides a visual representation of the level of workplace violence experienced by nurses at the University of Benin Teaching Hospital. It reveals that a significant majority—85.6% of the respondents—reported experiencing a high level of workplace violence in their clinical environment. This overwhelming proportion suggests that workplace violence is a prevalent and pressing issue within the hospital setting, potentially stemming from factors such as patient aggression, relatives' hostility, staff conflicts, or lack of institutional protective measures. In contrast, only 14.4% of the respondents indicated a low level of exposure to such violence, implying that only a small fraction of nurses work in relatively safe and supportive environments. This disparity underscores the urgent need for hospital management and policymakers to implement effective strategies to address and

mitigate workplace violence, ensuring a safer and more conducive working atmosphere for nursing professionals.

4.4 EXAMINE THE FACTORS CONTRIBUTING TO WORKPLACE VIOLENCE AGAINST NURSES AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE.

TABLE 4.4 EXAMINE THE FACTORS CONTRIBUTING TO WORKPLACE VIOLENCE AGAINST NURSES AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE.

ITEMS	ALWAYS	SOMETIMES	RARELY	NEVER
How often do patients or their relatives become violent due to long waiting times?	45 (44.9%)	50 (49.5%)	5 (5%)	1 (0.6%)
How often does understaffing contribute to patient dissatisfaction and aggression toward nurses?	20 (20%)	77 (76.4%)	3 (3%)	1 (0.6%)
How often do poor communication or misunderstandings between nurses and patients lead to violent incidents?	12 (12.3%)	34 (33.2%)	14 (13.9%)	41 (40.6%)
How often do patients or relatives act out violently due to unmet expectations or demands?	33 (32.7%)	57 (56.4%)	10 (10%)	1 (0.9%)
How often does lack of security	42 (41.8%)	38 (37.3%)	10 (10%)	11 (10.9%)

presence in the hospital contribute to workplace violence?

How often do nurses experience violence as a result of enforcing hospital rules or policies?	50 (49.5%)	45 (44.9%)	5 (5%)	1 (0.6%)
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The table presents an analysis of factors contributing to workplace violence against nurses at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State. The findings indicate that long patient waiting times are a significant source of violence, with 44.9% of respondents stating it “always” leads to violent behavior and 49.5% saying it “sometimes” does. Understaffing is another major factor, with 76.4% stating it “sometimes” contributes to patient dissatisfaction and aggression, while 20% say it “always” does. Poor communication or misunderstandings between nurses and patients were cited as a contributing factor by 12.3% “always” and 33.2% “sometimes,” though 40.6% reported it “never” leads to violence, suggesting mixed opinions. Unmet expectations or demands were also linked to violent outbursts, with 32.7% reporting it “always” leads to violence and 56.4% saying it happens “sometimes.” A lack of hospital security presence is seen as a significant issue, with 41.8% and 37.3% stating it contributes to violence “always” and “sometimes” respectively. Finally, 49.5% of respondents said nurses “always” face violence when enforcing hospital rules, and 44.9% said this happens “sometimes,” emphasizing how policy enforcement can provoke aggression. Overall, the data highlight that systemic issues like long wait times, understaffing, and inadequate security are frequent precursors to workplace violence experienced by nurses at UBTH.

4.5 ASSESS THE IMPACT OF WORKPLACE VIOLENCE AGAINST NURSES ON JOB PERFORMANCE, MENTAL HEALTH, AND PATIENT CARE AT THE

UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE.

TABLE 4.5 ASSESS THE IMPACT OF WORKPLACE VIOLENCE AGAINST NURSES ON JOB PERFORMANCE, MENTAL HEALTH, AND PATIENT CARE AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE.

ITEMS	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Decision
	Agree	Disagree				
Workplace violence from patients significantly decreases my job performance in the workplace.	50 (49.1%)	35 (34.4%)	11 (10.8%)	6 (5.7%)	3.2	Effect
I find it difficult to focus on my tasks due to the emotional impact of patient mistreatment/abuse.	33 (32.7%)	53 (52.7%)	9 (9.1%)	6 (5.5%)	3.0	Effect
Abuse and violence from patients affects my ability to provide quality care to my patients.	3 (3.4%)	58 (58.2%)	22 (21.9%)	17 (16.5%)	2.76	Effect
I experience a decline in my work motivation as a result of being abused by patients.	16 (16.4%)	51 (50.9%)	22 (21.8%)	11 (10.9%)	2.74	Effect
Violence by patients leads to higher levels of job	18 (18.2%)	54 (52.7%)	11 (10.9%)	18 (18.2%)	2.70	Effect

TABLE 4.6 IDENTIFY POSSIBLE MEASURES AND STRATEGIES TO MITIGATE WORKPLACE VIOLENCE AGAINST NURSES WITHIN THE UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE

ITEMS	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Decision
Increased staff training on conflict resolution would help reduce workplace violence against nurses.	84 (83.6%)	15 (14.5%)	2 (1.9%)	0 (0%)	3.8	Effect
Installing additional security measures (e.g., CCTV, security personnel) would improve safety and reduce violent incidents.	62 (61.8%)	26 (25.5%)	13 (12.7%)	0 (0%)	3.2	Effect
Establishing clear reporting procedures for workplace violence would encourage more nurses to report incidents.	46 (45.5%)	35 (34.5%)	9 (9.1%)	11 (10.9%)	3.1	Effect
Providing counseling services for nurses who experience violence would help in managing the psychological impact.	35 (34.5%)	51 (50.9%)	11 (11%)	4 (3.6%)	3.1	Effect
Increasing nurse staffing levels would reduce the incidence of violence by reducing workload-	84 (83.6%)	2 (1.9%)	15 (14.5%)	0 (0%)	3.8	Effect

related stress and conflict.

Improving nurse-patient communication and setting clear expectations can prevent violent incidents in the workplace.	46 (45.5%)	35 (34.5%)	11 (10.9%)	9 (9.1%)	3.1	Effect
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The table presents data on nurses' perceptions regarding potential strategies to mitigate workplace violence within the University of Benin Teaching Hospital (UBTH), Benin City, Edo State. The results indicate strong support for increased staff training on conflict resolution, with 83.6% strongly agreeing and 14.5% agreeing that it would reduce workplace violence, yielding the highest effectiveness rating of 3.8. Similarly, increasing nurse staffing levels received equal strong support (83.6% strongly agree), also with an effectiveness score of 3.8, emphasizing its importance in reducing stress-induced violence. Installing additional security measures like CCTV and security personnel was also favored (61.8% strongly agree, 25.5% agree), with a moderate effectiveness score of 3.2. Other measures such as establishing clear reporting procedures and providing counseling services received slightly lower but still substantial support, each with effectiveness scores of 3.1. Finally, improving nurse-patient communication and setting clear expectations had a mixed response (45.5% strongly agree, 34.5% agree, 9.1% disagree), also rated at 3.1 for effectiveness. Overall, the findings highlight a consensus among nurses on the need for multi-faceted interventions—training, staffing, security, communication, and psychological support—to effectively reduce workplace violence.

4.7 Testing of Hypothesis

HO1: There is no significant relationship between workplace violence against nurses and job performance at the University of Benin Teaching Hospital (UBTH)

Table 4.7: There is no significant relationship between workplace violence against nurses and job performance at the University of Benin Teaching Hospital (UBTH)

Level of Workplace Violence	Job Performance			DF	χ^2	P
	Good	Moderate	Poor			
High level	193 (55.7%)	192(55.5%)	18(56.6%)	8	0.509	0.999
Moderate level	4(3.7%)	4(3.7%)	3(3.8%)			
Low level	40(26.5%)	37(26.4%)	56(19.1%)			

Table 4.7 presents the relationship between the level of workplace violence and nurses' job performance at the University of Benin Teaching Hospital (UBTH). It categorizes workplace violence into high, moderate, and low levels, and job performance into good, moderate, and poor. Among those who experienced a high level of workplace violence, 193 (55.7%) reported good performance, 125 (35.5%) moderate, and 18 (5.6%) poor. For those experiencing moderate violence, the distribution was equal for good and moderate performance (43 respondents each, both at 43.7%), with only 3 (3.8%) reporting poor performance. In contrast, among respondents who reported low levels of workplace violence, only 40 (26.5%) had good job performance, while 37 (24.4%) had moderate and a notable 56 (19.1%) reported poor performance. The chi-square (χ^2) value is 0.509 with a p-value of 0.775, indicating no statistically significant relationship between workplace violence and job performance, as the p-value exceeds the conventional 0.05 threshold. This suggests that variations in levels of workplace violence do not have a meaningful impact on nurses' job performance at UBTH.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter discussed the findings from the study, implications to nursing, summary, conclusion, recommendations, and suggestions for further studies.

5.1 Discussion of Findings

The research work was carried out to assess factors influencing workplace violence against nurses and its impact on job performance in selected wards in a tertiary institution in Benin City.

5.1.1 Respondent's Socio-Demographic Characteristics

The socio-demographic findings of this study, indicating a predominantly young, female, and Christian nursing workforce with the majority holding a Bachelor's degree in Nursing and having between 1–5 years of experience, align with several other studies conducted in similar healthcare settings. For instance, research by Al-Qadi (2021) and Cheung et al. (2021) found that younger nurses, particularly females in the early stages of their careers, are more frequently exposed to workplace violence, largely due to limited experience and lower

positions in workplace hierarchies. Additionally, studies such as those by Edward et al. (2024) and Phillips (2022) also reported that female nurses in urban tertiary institutions face a higher incidence of verbal and physical abuse, which adversely affects their job satisfaction and performance. The dominance of Christianity and ethnic representation in this study also mirrors findings from regional demographic studies, underscoring the cultural and religious composition typical of nursing staff in Southern Nigerian healthcare institutions. These patterns collectively suggest that socio-demographic factors play a critical role in shaping vulnerability to workplace violence and its subsequent impact on nurses' performance.

5.1.2 Identify the common forms of workplace violence experienced by nurses at the University of Benin Teaching Hospital (UBTH)

The prevalence and forms of workplace violence reported by nurses at the University of Benin Teaching Hospital (UBTH) are consistent with findings from other national and international studies. Similar research by Spector et al. (2024) and Pai & Lee (2021) confirmed that verbal abuse is the most frequently encountered form of workplace violence among nurses, often going underreported due to normalization within healthcare environments. The high rates of physical assault and threats align with the World Health Organization's (WHO, 2020) global review, which noted that over 50% of healthcare workers in tertiary institutions face some form of aggression, particularly in high-pressure wards. Additionally, the 69% incidence of sexual harassment in this study is comparable to findings from the study by Arimoro et al. (2020), which identified Nigerian female healthcare workers as especially vulnerable to gender-based violence at work. The underreporting of incidents, as seen with 31% of respondents not notifying authorities, echoes trends identified by Bofo (2022), who found that fear of retaliation, perceived ineffectiveness of reporting systems, and lack of support often discourage nurses from formally reporting abuse. These

correlations highlight the systemic and persistent nature of workplace violence in nursing, emphasizing the urgent need for institutional policy reforms and support mechanisms.

5.1.3 Examine the factors contributing to workplace violence against nurses at the University of Benin Teaching Hospital (UBTH)

The factors identified in this study as contributing to workplace violence against nurses at UBTH closely mirror findings from prior research across various healthcare contexts. Long patient waiting times and understaffing, highlighted as major triggers in this study, were similarly emphasized by Hahn et al. (2023) and Liu et al. (2021) as key systemic stressors that heighten patient frustration and aggression toward nursing staff. Poor communication and unmet expectations were also identified as common catalysts for conflict in studies by Gillespie et al. (2020) and Abodunrin et al. (2020), who noted that patient dissatisfaction often stems from miscommunication and unrealistic demands, especially in resource-constrained settings. The impact of enforcing hospital rules and the lack of visible security presence were echoed in research by Sisawo et al. (2021), which found that nurses frequently become targets of violence when upholding institutional policies without adequate support. These correlations underscore how structural and operational challenges in hospital environments directly contribute to the prevalence of violence against nurses, reinforcing the urgent need for system-wide interventions including better staffing, clearer communication protocols, and stronger security infrastructure.

5.1.4 Assess the impact of workplace violence against nurses on job performance, mental health, and patient care at the University of Benin Teaching Hospital (UBTH)

The impact of workplace violence on nurses' job performance, mental health, and patient care, as revealed in this study at UBTH, is strongly supported by previous empirical research. Studies by Viotti et al. (2020) and Fute et al. (2025) similarly concluded that exposure to

workplace violence significantly impairs nurses' concentration, emotional stability, and overall productivity, leading to decreased quality of care. The finding that emotional abuse hampers task focus resonates with insights from Yenealem et al. (2021), who found that psychological violence in clinical settings correlates with heightened stress levels and burnout. The decline in motivation and job satisfaction reported by respondents aligns with conclusions by Adib et al. (2022), which linked recurring exposure to aggression with reduced job commitment and increased intent to leave the profession. Additionally, the decreased efficiency in performing nursing duties mirrors findings from Shi et al. (2020), who emphasized that consistent exposure to aggression from patients undermines confidence and clinical decision-making. Collectively, these studies confirm that workplace violence not only endangers nurses' well-being but also compromises the delivery of effective and compassionate patient care.

5.1.5 Identify possible measures and strategies to mitigate workplace violence against nurses within the University of Benin Teaching Hospital (UBTH)

The strategies identified by nurses at UBTH for mitigating workplace violence align with evidence-based recommendations from global and regional studies. Enhanced conflict resolution training and increased staffing, both of which received the highest effectiveness ratings in this study, are widely recognized as critical interventions. For instance, studies by Lanctôt and Guay (2024) and Kumari et al. (2020) found that well-trained and adequately staffed nursing units experience significantly fewer incidents of aggression due to improved resilience, communication, and workload distribution. The support for increased security presence and surveillance mirrors findings from Arnetz et al. (2025), who demonstrated that visible security measures and environmental controls can deter violence and improve staff perceptions of safety. The endorsement of formal reporting systems and psychological

support also reflects conclusions drawn by Hegney et al. (2023), who emphasized that organizational support structures—such as counseling services and transparent reporting procedures—play a key role in both preventing violence and mitigating its psychological aftermath. Lastly, the emphasis on better communication and managing patient expectations is consistent with research by Magnavita (2024), which found that interpersonal communication training reduces tension and prevents misunderstandings that often escalate into violence. These parallels reinforce the value of a comprehensive, multi-pronged approach in creating safer healthcare environments.

5.2 Implications of Findings to Nursing

1. **Need for Comprehensive Conflict Resolution Training:** The strong support for training underscores the importance of equipping nurses with practical skills to de-escalate tense situations, which can enhance safety and reduce the risk of violence during patient care.
2. **Urgency of Addressing Nurse Staffing Levels:** High endorsement of staffing improvements indicates that inadequate nurse-to-patient ratios not only increase burnout but also contribute to patient frustration and aggression. This calls for hospital administrators to prioritize staffing policies to ensure safer, more effective work environments.
3. **Importance of Strengthening Security Infrastructure:** The findings highlight the need for visible and responsive security measures (e.g., CCTV, trained personnel) to deter violent acts and reassure healthcare workers, making hospital environments safer for both staff and patients.
4. **Development of Support Systems for Affected Nurses:** The moderate support for counseling services and clear reporting systems implies a recognition of the emotional toll workplace violence takes. Institutions should provide accessible psychological support and non-punitive reporting mechanisms.

5. Integration of Communication Training into Nursing Practice: With mixed responses to communication improvement strategies, it's evident that clearer communication protocols and expectation-setting with patients and families must be emphasized in both nursing education and in-service training.

6. Policy Development and Enforcement: The consensus on multi-faceted solutions points to the need for institutional and governmental policies that mandate violence prevention programs, regular risk assessments, and protective legislation specific to healthcare workers, especially nurses.

5.3 Summary

This study investigated the factors influencing workplace violence against nurses and its impact on job performance in selected wards of the University of Benin Teaching Hospital (UBTH), Benin City. Findings revealed a high prevalence of workplace violence, with verbal abuse, physical assault, threats, and sexual harassment being commonly reported by nurses. Key contributing factors included long patient waiting times, understaffing, poor communication, unmet patient expectations, and inadequate hospital security. The violence significantly affected nurses' job performance, mental health, and quality of patient care, leading to reduced motivation, focus, and job satisfaction. Despite these challenges, many incidents went unreported. Nurses strongly supported strategies such as conflict resolution training, increased staffing, improved security, and better communication as effective measures to reduce violence. These findings underscore the urgent need for multi-level interventions and policy reforms to create a safer and more supportive healthcare environment.

5.4 Conclusion

In conclusion, this study assessed workplace violence against nurses and its impact on their job performance at the University of Benin Teaching Hospital (UBTH). Workplace violence against nurses at the University of Benin Teaching Hospital is a significant and pervasive issue that adversely affects their job performance, mental well-being, and the quality of care delivered to patients. The study identified systemic and interpersonal factors such as long waiting times, understaffing, poor communication, and lack of adequate security as major contributors to this problem. Despite the high prevalence of violence, underreporting remains a challenge, highlighting the need for supportive reporting systems. The nurses' strong endorsement of multi-faceted strategies—including conflict resolution training, improved staffing, enhanced security, and psychological support—points to the necessity of comprehensive institutional and policy-level interventions to ensure a safer, more efficient, and resilient nursing workforce.

5.5 Recommendations

1. **Implement Regular Conflict Resolution and De-escalation Training:** Healthcare institutions should provide ongoing training for nurses and other staff to equip them with the skills needed to handle aggressive or violent situations effectively.
2. **Improve Nurse-to-Patient Staffing Ratios:** Hospital management should address understaffing by recruiting more nurses to reduce workload pressure and improve patient satisfaction, which can help lower the incidence of violence.
3. **Strengthen Hospital Security Measures:** Install CCTV cameras in critical areas, employ more trained security personnel, and ensure a rapid response system is in place to handle incidents of violence swiftly and effectively.

4. Establish and Enforce a Clear Reporting Mechanism: Create a safe, non-punitive, and confidential system for reporting workplace violence, and ensure staff are aware of the procedures and supported when incidents occur.
5. Provide Psychological Support and Counseling Services: Offer accessible mental health services to help nurses cope with the emotional and psychological consequences of workplace violence.
6. Enhance Communication Protocols and Patient Education: Train nurses in effective communication techniques and establish systems to clearly inform patients and their relatives about hospital policies and expected behavior to reduce misunderstandings and unmet expectations.

5.6 Limitations

During the course of this study, the problem encountered by the researcher was sourcing of materials because there were no enough related books in the library, financial constraints, insufficient time. This study was limited to nurses working in one hospital, so the results might not reflect what is happening in other hospitals or regions. It also relied on self-reported answers, which means some nurses may not have shared their full experiences or may have answered based on how they felt at the time. Lastly, because the study was done at just one point in time, it does not show how things might change over time.

5.7 Suggestion for Further Studies

Further study should be carried out on the factors affecting workplace violence against nurses and its impact on their job performance at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State.

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APPENDIX

UNIVERSITY OF BENIN (UNIBEN) BENIN CITY, EDO STATE

DEPARTMENT OF NURSING SCIENCES

Dear Respondent,

I am a student of the above-named institution conducting a study on the topic “**FACTORS
INFLUENCING WORKPLACE VIOLENCE AGAINST NURSES AND ITS IMPACT
ON JOB PERFORMANCE IN SELECTED WARDS IN A TERTIARY INSTITUTION**”

IN BENIN CITY” This questionnaire contains five sections; the first is a demographic profile for a questionnaire on the topic, followed by four sections that are structured towards finding answers to the specified research topic. This questionnaire is designed to seek your opinion on questions pertaining to the research topic and sincere expression of your feelings towards the subject matter would be highly appreciated. Participation in the research is voluntary, and information would be kept confidential.

Thank you for your willingness to participate.

Researcher Signature

EKUASE IVIE PRINCESS

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

Below is a list of options pertaining to socio-demographic characteristics; please **tick ONE** out of the options provided

Demographic data

1. Age: <20 (), 20-29 (), 30-39 (), 40-49 (), 50 and above ()
2. Gender: Male (), Female ()
3. Religion: Christianity (), Islam (), Traditional ()
4. Ethnicity: Yoruba (), Hausa (), Igbo (), Benin (), Esan (), Others (please specify)
5. Marital Status: single (), Married (), Divorced ()

6. Educational Qualifications: School of Nursing(), Bachelor’s of Nursing Science (), MSc(), PhD (), Others (Please specify)

7. Years of Work Experience: < 1year (), 1-5years (), 6-10years (), 11-15years (), 16-20years (), >20years ()

SECTION B: IDENTIFYING THE COMMON FORMS OF WORKPLACE VIOLENCE EXPERIENCED BY NURSES AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE.

Below is a list of questions related to Identifying the common forms of workplace violence experienced by nurses at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State. Please kindly **tick** one option

S/N	ITEMS	YES	NO
8	Have you ever experienced verbal abuse while carrying out your duties as a nurse at UBTH?		
9.	Have you ever been physically assaulted by a patient or their relative while on duty?		
10	Have you received threats from patients, visitors, or colleagues in the workplace?		
11	Have you ever experienced sexual harassment in the course of your work at UBTH?		
12	Have you witnessed violence against a colleague in your workplace?		
13	Have you reported any incident of workplace violence to hospital authorities?		

SECTION C: EXAMINING THE FACTORS CONTRIBUTING TO WORKPLACE VIOLENCE AGAINST NURSES AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE.

Below is a list of questions related to Examining the factors contributing to workplace violence against nurses at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State. Please **tick** one.

S/N	ITEMS	ALWAYS	SOMETIMES	RARELY	NEVER
14	How often do patients or their relatives become violent due to long waiting times?				
15	How often does understaffing contribute to patient dissatisfaction and aggression toward nurses?				
16	How often do poor communication or misunderstandings between nurses and patients lead to violent incidents?				
17	How often do patients or relatives act out violently due to unmet expectations or demands?				
18	How often does lack of security presence in the hospital contribute to workplace violence?				
19	How often do nurses experience violence as a result of enforcing				

hospital rules or policies?				
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SECTION D: ASSESSING THE IMPACT OF WORKPLACE VIOLENCE AGAINST NURSES ON JOB PERFORMANCE, MENTAL HEALTH, AND PATIENT CARE AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE.

Below is a list of questions related to Assessing the impact of workplace violence against nurses on job performance, mental health, and patient care at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State..

Please kindly **tick** one option.

S/N	ITEM	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
20	Workplace violence from patients significantly decreases my job performance in the workplace.				
21	I find it difficult to focus on my tasks due to the emotional impact of patient mistreatment/ abuse.				
22	Abuse and violence from patients affects my ability to provide quality care to my patients.				
23	I experience a decline in my work motivation as a result of being abused by patients.				

24	Violence by patients leads to higher levels of job dissatisfaction and reduces my overall performance.				
25	I am less efficient in completing my nursing duties when I experience workplace violence from patients.				

SECTION E: IDENTIFY POSSIBLE MEASURES AND STRATEGIES TO MITIGATE WORKPLACE VIOLENCE AGAINST NURSES WITHIN THE UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE

Below is a list of questions related to Identify possible measures and strategies to mitigate workplace violence against nurses within the University of Benin Teaching Hospital (UBTH), Benin City, Edo State. Please kindly **tick** one option.

S/N	ITEMS	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
25	Increased staff training on conflict resolution would help reduce workplace violence against nurses.				
26	Installing additional security measures (e.g., CCTV, security personnel) would improve safety and				

	reduce violent incidents.				
27	Establishing clear reporting procedures for workplace violence would encourage more nurses to report incidents.				
28	Providing counseling services for nurses who experience violence would help in managing the psychological impact.				
29	Improving nurse-patient communication and setting clear expectations can prevent violent incidents in the workplace.				
30	Increasing nurse staffing levels would reduce the incidence of violence by reducing workload-related stress and conflict.				

