IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 10, Issue 6 Ser. VI (Nov. – Dec. 2021), PP 32-43
www.iosrjournals.org

The Prevalence of Workplace Violence among Nurses in Hospital, Riydah, Saudi Arabia Quantitative Research

Abeer Oudah Alyanbaawi
2019/2020 Capstone Project Submitted for the Master of Science in Nursing: Advanced Practice
Dr. Mary Brigid Martin

Dr. Catherine Corrigan
School of Nursing, Psychotherapy and Community Health
Dublin City University

Date of Submission: 15-12-2021 Date of Acceptance: 31-12-2021

I. The prevalence of Workplace Violence among Nurses in a Hospital in Riyadh

Many studies report that most workers in different jobs are prone to various types of workplace violence. According to Occupational Safety and Health Administration(OSHA) (2020) workplace violence involves acts, threats to cause physical violence, harass, intimidate or disruptive behaviour occurring within the worksites. From this definition, workplace violence may involve verbal abuse, homicide or physical assaults. Alternatively, according to the World Health Organization (WHOa, 2003, p.2), the definition of workplace violence is the "incidents where staff are abused, threatened or assaulted in the circumstances related to their work including communicating to or from work involving an explicit or implicit challenge to their work safety, wellbeing or health." Nurses represent the largest health care workforce worldwide estimated at twenty-eight million (Lovelace , 2020). Despite their large population, nurses face many stresses due to the complexity of their work and job responsibilities with patients and patients' families, colleagues and managers. Nurses confront additional prejudice for their education levels meaning that healthcare workers who do not have higher education degrees can be targets for workplace violence. In addition, the disregard of psychological level and toxic communications create adverse outcomes . This unhealthy behaviour is called ‘workplace violence’, which can have a severe impact on nurses' health, such as burnout syndrome (Al-Turki et al., 2010, p.227).

Burnout syndrome leaves nurses susceptible to workplace conflict and violence. Burnout syndrome is one of the critical health problems that can influence nurses' passion to work, reducing their productivity, their commitment and their performance at work. Burnout syndrome can also lead to an increased number of conflicts within the workplace and can influence patient safety (Rayan, Sisen & Baker.2019, p.1; Al-Turki et al., 2010, p.227). According to Boyle and Wallis (2016, p.2), the term 'workplace' includes every health sector such as private or public hospitals, urban or rural hospitals, primary health care centres and rehabilitation centres. Moreover, Boyle and Wallis (2016) classify workplace violence (WPV) as horizontal lateral and vertical violence. The horizontal WPV is described as being between nursing staff, while vertical WPV is defined as violence that occurs from managers and supervisors to nurses. Most violence situations can build a chain of stress complications such as reduced self-confidence and reduced ability to work; increased anxiety, anger, sick leave, bullying amid hazardous environments. As a result, patient security and safety can be negatively influenced (Alameddine, Mourad & Dimaasi, 2015, p. 2-3)

Another study reported that the total number of nurses in Saudi Arabia is 180,821 with multinational nurses around 101,256 working under the Ministry of Health (Rayan, Sisen & Baker, 2019). The authors conducted a study that examined workplace violence among nurses ((N=120) in King Abdullah Medical City which is the main hospital in Mekkah. The hospital has a bed capacity of 350 beds and 900 multinational nurses; 38% were Philippine nurses (Rayan, Sisen & Baker, 2019). Approximately 56% of the nurses expressed that they have been exposed to workplace violence; 61% were victims of bullying, 15% complained about racial harassment, and 12% experienced physical violence and a further 12% experienced threats (Rayan, Sisen & Baker, 2019). Also, 54% of participants acknowledged the managers as the source of violence compared to 32% lateral violence (from colleagues) and 14% from other sources (Rayan, Sisen & Baker, 2019).

Sharma et al. (2014, p.53) notes that nurses are held responsible for the lives of millions of people throughout their careers and because of the pressures they encounter, they may struggle with occupational stress. It is noteworthy that the prevalence of stress among nurses is significantly high.Ofei et al. (2019) in a study that examined stress phenomenon affecting nurse managers, observed that 82% of respondents reported significant

stress levels as a result of work-pressures, while almost a third of the nurses indicated they experience stress every day. It is essential to mention that the state of mind of nurses is vital in the healthcare industry, field because it can affect their performance in the workplace (Al-Ali, Al Faouri & Al-Niarat, 2016; Applebaum et al., 2010, p. 324). A nurse that is free of stress and positive is far more likely to provide better patient care, as opposed to one who is stressed and does not know how to deal with stressors that may occur in their workplace setting (Steen, Firth, & Bond, 2009). The amount of stress nurses experience can vary from nurse to nurse, depending on their area of practice . Nurses that work in critical wards such as emergency departments suffer from higher stress levels than nurses who work mainly in elderly wards or maternal units (Steen, Firth & Bond, 2009).

Unfortunately, there are no guidelines established in Saudi Arabia concerning WPV among nurses, either on the Ministry of Health level or hospital-level. The magnitude of the problem is inaccurate in the real number of cases reported as WPV cases are multiple (Alkorashy & Al Moalad, 2016). There is a lack of WPV guidelines to regulate and minimize the complications of stress among nurses and promote healthy behaviours within healthcare environments. Many countries and individual hospitals have established evidence-based guidelines to manage workplace violence (World Health Organization, 2003). From this awareness, it is essential to develop guidelines that would oblige and facilitate employees to report any act of workplace violence.

II. Background

Workplace violence (WPV) is a widespread problem faced by the healthcare providers are susceptible owing their obligations, contacts with patients and their relatives. In recent years researchers have focused on workplace violence directed at nurses (Boafo & Hancock 2017; Campbell et al., 2011; Taylor & Rew, 2011; Ezzat & Lashin, 2005). A review of the literature illustrates that aggressive and violent behaviour is behaviour is horizontal WPV when between nursing staff, while vertical WPV occurring managers and supervisors to nurses(Cheung et al., 2019; Campbell et al., 2011; Hahn et al., 2010). Furthermore, the phenomenon of violence between staff, also known as 'horizontal violence', has been investigated in the nursing profession (Kinard, 2019; Woelfle & McCaffrey 2007) and is recognized as a problem. However, only a few studies have focused on violence between co-workers in hospitals (Hamblin et al., 2016; Koukia et al., 2014). This research will study WPV experienced by nurses in a hospital in Riyadh, Saudi Arabia.

Rationale for the Study

Workplace violence is a very serious issue throughout the world, and the incidence of workplace violence towards nurses is increasing day by day (Maaari et al., 2017). Nurses are at the frontline due to the nature of their job and therefore, at an increased risk of experiencing workplace violence compared to other health care personnel. The quality of patient care is directly related to a nurse's performance, which is dependent on the environment in which they are working. It is essential to provide them with a safe, secure and healthy working environment to improve their work performance which will ultimately improve the quality of patient care (Maaari et al., 2017). In their research, Mahon and Nicotera (2011) observed that while workplace violence is widespread, only a few victims confront the perpetrators. The non-action may lead to the further spread of violence , leaving the entire workplace engulfed by WPV.

The rationale for this study is derived from my experiences for work-related violence. It collaborates findings in Al−Shamlan et al. (2017) and Mantzuiranis et al. (2015) study whose findings revealed the prevalence of work-related violence with the vast majority of the staff acknowledging exposure to work-related violence. Saudi Arabia hospitals are not immune to such challenges that have affected the nursing workforce across the globe. With this awareness, this research proposal aims to determine the prevalence of various types of violence among co-workers and from managers towards nurses in a hospital in Riyadh, Saudi Arabia. - ok, good

Concerning Saudi Arabia culture, little information is presently known about conflict and job performance among Saudi Arabian nurses. According to Al-Turki et al. (2010),there is an increased frequency of emotional depletion due to work conflicts. Unfortunately, there exist few guidelines established in Saudi Arabia concerning lateral violence, either at the Ministry of Health level or in hospital.

Study Objectives

The objectives of this study are to:

1. Assess the prevalence of workplace violence experienced by nurses.
2. Assess the prevalence of violence experienced by nurses instigated by nurse supervisors.
3. Identify the possible causes and types of violence.
4. Determine the effects of violence on job performance.

It is hoped the findings from the research will go on to recommend strategies to prevent violence and provide safe, secure and healthy working environments for nurses to improve their performance in the workplace in Saudi Arabia**.**

III. Literature Review

The inclusion criteria for this literature review were scholarly articles published within the past 5 years and those related to the subject of 'lateral violence', 'violence and job performance', 'workplace violence', 'violence among nurses' and working relatively demanding environments. The exclusion criteria included all literature that is more than five years old, publications that are not scholarly, as well as literature that did not touch on the subjects of violence among nurses. The literature search was primarily conducted using the DCU library. Additional searches were also conducted on other medical databases including PubMed, MEDLINE, the Cochrane Library, the National Center for Biotechnology Information (NCBI), and Online Mendelian Inheritance in Man (OMIM). The Google scholar database was also searched. The search words used for the search included 'workplace violence', 'stress among nurses', 'nurses in high-stress environments', 'lateral violence,' 'interventions for workplace violence among nurses', 'stress guidelines', 'occupational violence among nurses and others', 'aggressive 'behaviours, and' workplace violence impact'.

Nurses working in demanding environments, particularly in high-care intensive settings, face significant levels of work-related stress (Ramezanli et al., 2015). A study conducted in Saudi Arabia on work-related occupational violence among nurses reported that 87.4% of nurses often struggle with WPV which is one of the main stress factors in addition to high workload (Ramezanli et al., 2015, p.159). Threats and violence dominate the source of stress besides the high demand in the workplace, inadequate facilities, equipment and teamwork (Hsieh et al. 2016, p.2640; Eslami Akbar et al., 2017). Keykaleh et al. (2018) confirm these findings by denoting that high work demands, due to long working hours and high workloads, workplace violence, poor relationships with other healthcare professionals, and inadequate resources often predispose nurses to high levels of work-related stress. According to Keykaleh et al. (2018), by increasing levels of stress among nurses, these factors directly or indirectly result in decreased quality of care delivered to patients, which often results in poor patient outcomes (and unsafe practice).

The high prevalence of violence against nurses in Saudi hospitals is also reported by Alyaemni and Alhudaithi (2016). The researchers conducted a cross-sectional survey in a hospital in Riyadh (N=121) to assess the prevalence and patterns of workplace violence against nurses and the related consequences. Of the 121 nurses involved in the study, 108 (89.3%) had experienced a workplace violence incident in the previous year. Verbal abuse was the most common form of workplace violence and was reported by 80 nurses, followed by a combination of verbal and physical violence (20 nurses). The majority (82.4%) of the nurses that had experienced violence reported with patients as the instigators of the violence, while 64.8% cited patients' relatives were involved in the violence (Alyaemni and Alhudaithi, 2016). These findings illustrate the high prevalence of workplace violence against nurses in Saudi Arabia. The violence appears to be both lateral and horizontal rather than from other nurses or other disciplines within the healthcare team.

The prevalence of workplace violence among nurses in Saudi Arabia varies depending on the hospital. Al-Shamlan et al. (2017) conducted a cross-sectional study (N=391) in King Fahd Hospital of the University in Khobar, to assess the prevalence of verbal abuse and found it as a widespread challenge amongst nurses. Al-Shamlan et al. (2017) study observed verbal abuse was present amongst nurse one year before the study. Even though they considered verbal abuse as a harmful factor to their performance, the majority of them did not report the incidents. It was their view that reporting would not have made much of a difference. The lack of an efficient and transparent reporting system that guarantees that incidents will be acted on was a major contributor to the failure by nurses to report verbal abuse (Al-Shamlan et al., 2017). The prevalence of workplace violence against nurses in Saudi Arabia varies significantly. This is an indication of the impact of contextual factors such as organizational culture and reporting systems on the prevalence of workplace violence.

Alameddine, Mourad and Dimaasi, (2015) conducted a study in Lebanon that focused on examining the prevalence of occupational workplace violence in a healthcare facility. The authors point out that the survey targeted every nurse in Lebanon through their administrative division called 'governorate'. Five hundred and ninety-three participants completed the questionnaire from a random sample of 915; response rate was high at 64.8%. The findings were that about 50% of the respondents experienced WPV. Staff attitude was responsible for 44.4% of verbal abuse incidents. Unrealistic expectations were acknowledged in 35.3% of the incidents (Alameddine, Mourad, & Dimaasl,2015) and the rate of physical violence was reported to be around 28.3% from patients and patients' relatives (Alameddine, Mourad, & Dimaasi, 2015). The study revealed that 31.7% of participants were planning to resign and 54.1 % of nurses suffered Burnout Syndrome. Emotional exhaustion was experienced by 28.8 % with depolarization symptoms. The study showed that the prevalence of verbal horizontal abuse (lateral violence) is higher among staff and supervisors, whereas, the occurrence of physical WPV was vertical, meaning from supervisor to nurses who downplayed their subordinates. The study also

revealed that physical violence incidences amongst male nurses were more prevalent than amongst female nurses (Alameddine, Mourad & Dimaasi, 2015).

The role of organizational factors in increasing workplace violence among nurses is strong (Keller et al., 2018). In their study that assessed the predictors of verbal abuse against nurses by their peers. The authors reported that factors specific to an organization such as employee characteristics and relationships and organizational constraints are illustrated to influence workplace violence significantly. An appropriate organizational culture is one opposed to incivility, bullying and violence. They conduct a secondary analysis, cross-sectional, and predictive study from a parent study involving registered nurses from 60 sites located in the District of Columbia in the US. The authors reported that the main predictors of horizontal violence among nurses were individual factors, workplace-related factors, contextual-factors, and interpersonal-factors. Additional factors included marital status, hospital setting, scheduling, the role of the nurse, organizational constraints, negative affectivity, distributive justice, and workgroup cohesion. Of these factors, organizational constraints and workgroup cohesion had the most significant impact on workplace violence. Consequently, workplace contextual characteristics and interpersonal relations among nurses are major contributors to workplace violence among nurses (Keller et al., 2018).

Workplace violence among nurses is associated with inadequate coping mechanisms, which often make the situation worse. Bloom (2019) conducted an online survey to investigate the experiences of nurses from 76 American hospitals with workplace bullying, including their responses to it and the effects it had on their performance. From the study, horizontal violence in the workplace was common, with nurses being the primary perpetrators. Horizontal violence was associated primarily with work-related distress among nurses. Workplace violence was associated with increased distress, poor concentration, and impaired judgement. Besides, it compromised the delivery of care through its negative impact on communication and collaboration. Unfortunately, this behaviour was often normalized when it occurred. In particular, when managers and staff nurses allowed it to continue, they encouraged it as a behavioural norm (Bloom, 2019). Despite the prevalence of workplace violence against nurses, the existing coping mechanisms employed by nurses to address them are ineffective.

A study by Jordan, Khubchandani and Wiblishauser (2016) on work-related stress and violence among nurses in the United States, revealed that nurses employ poor coping strategies such as eating more food or junks. In other countries such as Iran, Ramezanli et al. (2015) reported that the majority of nurses (83.2%) working in demanding environments, employ poor problem-focused coping strategies. The situation is not different in Saudi Arabia. The results of a study by Eslami Akbar et al. (2017) showed nurses in Saudi deal with stress through "comprehensive effort to calm stressed condition", which means the nurses reduce stress by managing external and internal demands through cognitive assessment stages.

Alharbi and Hasan (2019) study conducted in Saudi Arabia, aimed at comparing the level of occupational stress in various intensive care units in hospitals. From a population of 278 nurses, the study revealed that that psychiatric nurses, who often work in a high-stress environment, experience greater occupational stress than general nurses. However, the study confirmed that there is no significant difference between the psychiatric and general nurses concerning coping strategies, the most common use of coping or relieving stress were problem-focused and tolerance (Alharbi & Hasan, 2019).

Workplace violence is associated with multiple adverse impacts on nurses and healthcare outcomes. Omar, Salam and Al-Surimi (2019) conducted a cross-sectional study to determine how workplace bullying affects the quality of healthcare and patient safety. An online survey conducted with 1074 health practitioners in four hospitals in Saudi Arabia revealed that both outcomes were affected by workplace bullying adversely. 82.4% of the participants were worried about bullying in the workplace. The leading cause of worry was the increase in stress levels arising from bullying. According to Omar, Salam and Al-Surimi (2019), stress resulting from workplace bullying created performance problems and poor communication among healthcare staff (Omar, Salam & Al-Surimi, 2019). These findings were affirmed by Alshehry et al. (2019) in a study conducted to determine the impact of incivility in healthcare workplaces. Incivility in this study is used to describe all behaviours that are meant to injure a person and which are contrary to the standards and norms for reciprocal respect that are set in the workplace. The researchers carried a survey among 378 nurses employed in two public hospitals in Saudi Arabia. From this study, it was established that both general incivility and nurse incivility had negative impacts on the quality of nursing care and health outcomes. Notably, it was associated with negative effects on patient satisfaction, prevention of complications, nursing care organization, nurse wellbeing, and overall quality of care (Alshehry et al., 2019).

Al-Turki et al. (2010) clarified that burnout syndrome (BN) has numerous symptoms which are emotional exhaustion and depersonalization as a result of long-term exposure to stress. In addition, the authors identified that there are negative effects of work stress such as absents, reduced productivity, creation of conflicts between health providers and decreased quality of care. 70% of nurses were multinational, which can promote a stress level resulting in Burnout Syndrome. Five hundred and ten nurses in King Fahad hospital in Alkobar and 250 Maslach burnout inventory (BMI) questionnaires were dispersed, and 198 nurses (77.2%)

responded. It was found that 89 nurses experienced extreme emotional exhaustion and 57 experienced moderate emotional exhaustion, including multinational nurses who work in Saudi Arabia. Besides, the majority of married nurses who were emotionally exhausted are affected more than single nurses. Ward Nurses in busy hospitals are more stressed than nurses who were working in clinics (Al-Turki et al., 2010, p.227).

Another study explored the phenomenon of workplace violence among nurses and job satisfaction in which the author stated that workplace violence has different aspects: physical assault, psychological abuse, sexual, and verbal harassment (World Health Organization, 2003). Also, violence occurs between nurses and their leaders, patients, and patients' relatives due to sickness concerns. This phenomenon is supported in the previously mentioned studies- that the impact of stress work violence and frequent absences from duty, provide unsafe patient care, reduced productivity at work and frequent resignations. Thus, the government budget to hire new employees with experience was recommended as it was time-consuming to train the new staff (World Health Organization, 2003). It has been statistically proven that in developing countries, the majority of the workers had at least once incident of violence regardless of the type of violence. For instance, the incidence of workplace violence in South Africa is approximately 61%, Thailand 54%, Bulgaria 37% and Lebanon 41% (World Health Organization, 2003).

Workplace violence in the healthcare setting is a serious problem that requires a multidimensional problem to address. In Saudi Arabia, hospitals play a significant role in controlling workplace violence. According to Alyaemni (2016), most healthcare providers perceive violence as a norm within the working environment, which lowers their likelihood of efforts to support its eradication. The organizational culture adopted by hospitals profoundly influences this trend. The lack of effective approaches to address this issue in hospitals normalizes workplace violence. Consequently, it is important to resolve the issue at the hospital level. The high level of workplace violence among nurses has several policy implications. In particular, it calls for continuing education programs that equip nurses with the knowledge to identify and deal with violence in the workplace. Besides, policy directives to address issues related to violence against nurses in the workplace are drastically warranted (Alyaemni, 2016).

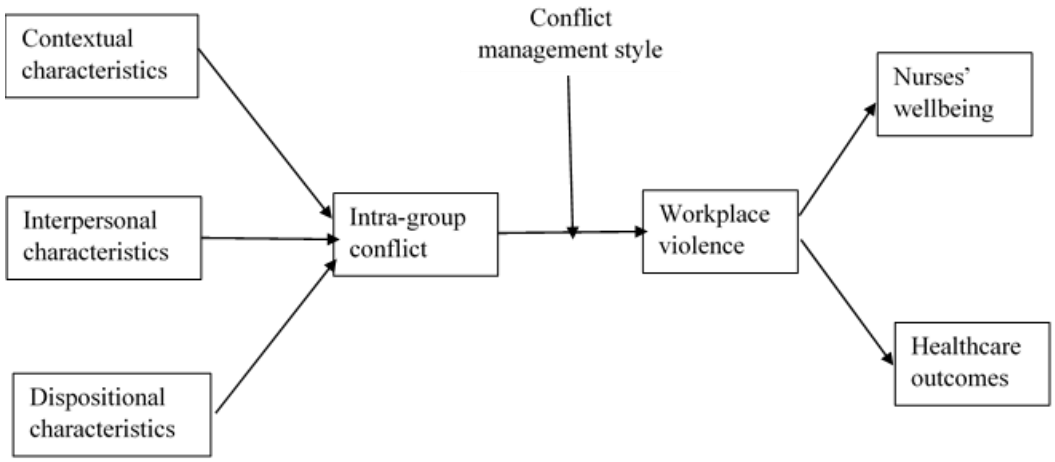
Unfortunately, from a critical analysis of the existing literature, there are inadequate studies among Saudi nurses, and instead, the previous international studies proved accurate detection of WPV at serious counters. More formal approaches are used as strategies and guidelines of WPV to minimize stress complications (World Health Organization, 2003; Ezzat & Lashin, 2005). However, these strategies proved to be ineffective because the number of nurses reporting occupational stress is increasing year on year. This proposal aims to assess the prevalence and effect of workplace violence amongst nurses in Saudi Arabia.

Conceptual Framework

A modified version of the Intragroup Conflict Conceptual Model developed by Keller et al. (2018) is used to guide this study. The model is based on the existing understanding of workplace conflict among nurses, with a focus on coworkers. From the existing evidence, the prevalence of workplace violence in Saudi Arabia varies within different settings. The proposed study will be conducted in a hospital in Riyadh, Saudi Arabia, which will provide an opportunity to consider the contribution of contextual factors such as organizational culture. The framework conceptualizes that workplace violence among nurses is caused by intra-group conflict, which is a function of dispositional characteristics, contextual characteristics, and interpersonal characteristics. The proposed modified model is loosely adopted from the Keller et al. model (2018) to better align within the Saudi Arabian context. The modification accommodates the perspective that workplace violence impacts the practitioner's wellbeing thus have an indirect influence on healthcare outcome. The conflict management style moderates the relationship between intra-group conflict and workplace violence. Workplace violence among nurses affects their wellbeing and healthcare outcomes of patients. Based on this framework, workplace violence among nurses and its effect on their performance is a multidimensional concept that varies depending on the workplace environment, individual characteristics, and worker relationships. With this understanding, the prevalence of workplace violence may differ significantly even when studies are conducted in hospitals located in the same country or region because the predictive factors of intra-group conflict among healthcare professionals are dependent primarily on organizational characteristics and worker-related variables. The framework further conceptualizes that the conflict management style adopted by hospitals affects the extent to which it will lead to workplace verbal and physical violence.Workplace place violence is conceptualized to influence workload experience through mental demand, physical involvement, temporal demand, effort deployed, performance satisfaction, shifts distribution, and frustration level. The influence on the nurses' psychological, emotional and physical wellbeing affects healthcare outcomes such as quality of care, patient safety, and patient satisfaction. Such influence results in workplace violence as measured using the Maslach Burnout Inventory (MBI) (Poghosyan, Aiken and Sloane, 2009). MBI involves a twenty-two item assessment categorized into three scales of the burnout levels with each using a frequency range of 0 representing none to 6 indicating every day. The emotional exhaustion scale captures nine items that assess the emotional exhaustion experienced at workplace (Maslach & Jackson, 1981). Scores below 17 indicate low burnout levels, 17 to 26

moderate, and above 26 suggesting high burnout levels. The personal accomplishment scale comprises eight items that assess the reduction in positive individual interactions and professional competence. Scores below 32 suggest high burnout levels, 32 to 38 suggest intermediate, while above 38 indicate low levels The depersonalization scale comprises five items each assessing emotional disinterest and reduced personal involvement as captured in Appendix 1. Scores below 7 indicate low burnout, 7 to 12 intermediate while above 12 suggest high burnout levels (Maslach, Schaufeli, & Leiter, 2001).

Figure 1 represents the modified conceptual model guiding this study



In this framework, contextual characteristics refer to the workplace characteristics that might affect conflict, including workload, scheduling of shifts, organizational culture, and processes of reporting workplace violence (Ariza-Montes et al., 2013). It refers to the factors that are in the control of the hospital's administration. On the other hand, interpersonal characteristics refer to factors associated with how nurses associate with each other and with other healthcare professionals (Lapeña-Moñux et al., 2014). They include the distribution of rewards and punishments, perception of procedural justice, support from managers and supervisors, and workgroup cohesion (Keller et al., 2018). The hospital administration has some level of control of these characteristics. Lastly, dispositional characteristics relate to individual factors specific to each nurse, and which relate to their core beliefs and ability to function (Mazzetti et al., 2016). These include work motivation and negative affectivity (Keller et al., 2018). Dispositional characteristics are factors that are harder to control from an organizational characteristic as they are nurse-specific.

IV. Methodology

Research Method

The proposed study will adopt a quantitative, cross sectional approach to determine the prevalence of workplace violence among nurses in a hospital in Riyadh, Saudi Arabia. A quantitative study was chosen as the preferred method since it is a type of research that quantifies the research problem to generate useful statistics through the use of statistical and computational approaches. The data collected is numerical or transformed into numerical expressions to enable statistical manipulation (Topping, 2020). Quantitative research relies on data that is measured or observed in a sample population and expresses the quantitative relationship between the dependent and independent variables using mathematical approaches. The primary purpose of quantitative studies is to answer the question "how many" or "how much" about the research question (Petridou et al., 2015). This approach was chosen for this study because it aligns with the purpose of the study that is to determine the prevalence of workplace violence in a hospital in Riyadh. The research seeks to answer the question "how much?" concerning the prevalence of workplace violence experienced by nurses. Consequently, its main purpose is consistent with the primary objective of quantitative research.

The proposed research will rely on the positivist research model. This model is grounded on objective reporting. Researchers participating in a positivist study only report on the data obtained from their observations and experiments without expressing any subjective views. For this research, the data to be obtained include experiences of physical, verbal, and emotional violence by nurses, as well as their opinions on workplace violence. The personal attitude of the researcher is irrelevant and does not affect the conclusions of a study. Since the researcher in positivist research is not a significant variable, research can be duplicated by other researchers to study whether the same conclusions are researched. This model is based on the proposition that the experience and prevalence of workplace violence is a measurable variable and its existence is not dependent on the person involved. The expression of this reality can be done using factual statements relating to events and

relationships in the workplace. The understanding of events and relationships by positivists is described using general statements (Bassey, 2002). This research model was chosen because the reality about workplace violence and its prevalence is factual and not dependent on human interpretation. Using a positivist model also helps to avoid researcher bias when making inferences.

The proposed study will use deduction. When using the deductive approach, the researcher develops hypotheses based on existing theory and previous research. This study hypothesizes that there is a high prevalence of workplace violence among nurses in Saudi Arabia The research strategy is then designed to assess the validity of the hypotheses. Consequently, it aims at testing what is already known as opposed to generating new ideas (Berg & Latin, 2004). This approach is appropriate for the proposed study because previous research on the topic is sufficient to form hypotheses about causal relationshipssuch as the relationship between the existence of sexual harassment policies and sexual harassment in the workplac . The study seeks to test the applicability of the existing knowledge in the context of the Saudi hospital.

Research Design

In this study, a cross-sectional design will be used. In the study, the role of the researcher will be to determine the relationship between contextual, interpersonal, and dispositional characteristics in the healthcare setting and workplace violence among nurses as it occurs naturally. Consequently, the researcher will not manipulate the independent variables (contextual, interpersonal, and dispositional characteristics) when they seek to understand a phenomenon but will observe them as they occur in a normal setting (Aggarwal & Ranganathan, 2019). The study design is appropriate in the proposed study because there will be no intervention. On the contrary, it will only involve reporting the situation as is naturally occurring at the hospital under study. On the other hand, a cross-sectional research design is one in which the outcome and exposures in the study participants are measured at a specific point in time. It refers to research in which data is collected at a particular point in time as opposed to collecting data over a period (Setia, 2016). The proposed study will be cross-sectional as it only intends to observe the current prevalence of workplace violence among nurses as opposed to studying how it changes over time. Using a cross-sectional design is also appropriate since there is no intervention for which to assess its impact over time. This research design has also been selected because it is inexpensive and easy to conduct within a short time.

On the other hand, a cross-sectional research design is one in which the outcome and exposures in the study participants are measured at a specific point in time. It refers to research in which data is collected at a particular point in time as opposed to collecting data over a period (Setia, 2016). The proposed study will be cross-sectional as it only intends to observe the current prevalence of workplace violence among nurses as opposed to studying how it changes over time. Using a cross-sectional design is also appropriate since there is no intervention for which to assess its impact over time. This research design has also been selected because it is inexpensive and easy to conduct within a short time.

Participants

The proposed study will be conducted in a hospital in Riyadh, Saudi Arabia. This is a public hospital with a total of 260 nurses working at the facility. The study participants will be selected from the nurses in the hospital who will meet the inclusion/exclusion criteria. For a nurse to qualify, they must have worked at the hospital over the last 12 months. They should also be full-time registered nurses. Nurses will not be excluded from the study based on gender, age, religion or other demographic characteristics (Polit and Beck, 2010, p.123). The nature of the study necessitates the exclusion of nurses who have not worked for at least 12 months from the date that this study seeks to obtain. The research will report about the prevalence of workplace violence at this hospital based on the experiences of nurses over the last one year. Data will be collected from all the willing participants that meet the inclusion/exclusion criteria. Participants will be recruited using the convenience sampling approach whereby all willing and qualified participants will be included. All nurses who meet the inclusion/exclusion criteria among the 260 nurses will be eligible to participate. The nurses will be invited to participate in the study on the basis of experiencing and witnessing workplace violence. The invitation will be extended through the Nursing Administration Department where it will be issued by the person in-charge of the educational department in the healthcare facility. The Nursing Administration Department will explain the freedom of participating in the research, significance of the study to the subjects, protection of one's information and handling of the questionnaire. The circular inviting the nurses will encourage filling out of the online questionnaire when alone and outside the work hours. The use of the entire population of nurses, as opposed to sampling, is informed by the small size of the population. Besides, this approach will eliminate bias in the selection of a sample (Polit and Beck, 2010, p.123).

Data Collection

A self-administered questionnaire will be used to collect data. The study will utilize the Texas Department of State Health Services (2016) Workplace Violence against Nurses Survey Questionnaire captured

in Appendix 1. The Permission for the use of the questionnaire will be sought from the Texas Department of State Health Services, one of the participating organizations in the program using the request form captured in Appendix 2. The form seeks to request permission to use the data collection instrument to conduct the study. The questionnaire will be sent to the respondents via email. They will be requested to complete the twenty-one questions electronic questionnaire online. The questionnaire is standardized, with a mixture of close-ended and open-ended questions on the unit area, professional activity, and existing workplace violence prevention training alongside the assessment of workplace violence experienced. All the participants will be provided with the same set of questions. The order and wording of questions will be the same for all participants. The questions will require the respondents to only respond to the questions by ticking in the relevant boxes in the questionnaires or providing written responses in the provided spaces.

The nurses participating in this study will be sent the questionnaires via email, which they will be expected to fill within two weeks. The questionnaire will contain a guide on how to complete it, including the operational definition of some of the terms/variables. A glossary containing the meaning of words such as physical violence, abuse, harassment, and threat will be included. The questionnaire will aim at obtaining data related to the participants' personal and workplace data, workplace violence (physical violence, emotional abuse, verbal abuse, bullying, and sexual harassment, and racial harassment), data about the employer, and opinions on workplace violence. During the two weeks that participants are expected to fill the questionnaires, reminders will be sent via email every three days to each respondent until they submit their filled questionnaires.

Ethics

The proposed study involves human subjects as participants. Consequently, the ethical guidelines to be used relate to those of similar studies in nursing research. Before the study is conducted, permission will be obtained from the ethical review board from the ethical review board at the university and the management of the hospital to ensure that it conforms to all ethical standards(Jacobsen, 2012). Besides, participation in the study is voluntary and respondents can revoke their participation at any point. The participating nurses will be provided with a consent form captured in Appendix 3 explaining the purpose of the study, the intended use of the data collected, and confidentiality. Completing the questionnaire after reading and signing the consent form explanation will amount to voluntary consent. In the email used to send the questionnaire, a message will be embedded explaining that participants can withdraw their participation at any point. The participating nurses will be provided with a consent form - include in an appendix detailing the intended use of the information obtained and confidentiality procedures. They will be required to sign these forms before commencing with the study. The information obtained will be treated confidentially and will not be disclosed to third parties. Besides, nurses will not be required to provide any identifying information such as their names or address when filling the questionnaires. This will ensure that the data is treated anonymously(Polit and Beck,.2010, p.123).

Data Analysis

Considering the data to be collected and research strategy, statistical methods will be used in analysing the data. The Statistical Package for the Social Sciences (SPSS) tool will be used for this purpose. Descriptive statistics will be reported using frequencies and percentages and then tabulated. On the other hand, the regression analysis will be used to test for the correlation between the independent and dependent variables. Person Chi-squared tests and Fisher's exact tests will be used when assessing the relationship between the variables in the study. Chi-square test and Fisher's exact test are effective when making statistical comparisons of demographic data and the association between workplace violence and work-related characteristics (Alyaemni & Alhudaithi, 2016; Al-Shamlan et al. 2017). Independent variables with $P<0.05$ will be considered significant. Whenever possible, the results will be tabulated for easier use and comprehension.

V. Discussion

The study acknowledges that the prevalence of workplace violence in the healthcare sector hampers the care delivery mechanism. Violent occurrences adversely affect the staff's wellbeing through eroded morale and productivity, thus affecting the quality of care and patient safety. This awareness informs this study that the Riyadh hospital is no exception to workplace violence witnessed across the country's healthcare facilities. Experiences of workplace violence make the patients' recovery doubtful and live at risk.

The study will utilize the Intragroup Conflict Conceptual Model to reveal the contextual and dispositional characteristics associated with workplace violence among nurses in this healthcare facility. Further, the study is hypothesized that a high prevalence of workplace violence exists among nurses across Saudi Arabia. A major strength of this study is that it will offer sufficient data directly collected from the respondents. The online questionnaire will yield an opportunity to collect data at the respondents' comfort, thus

avoiding undue influence on the responses. Its major limitation is that an online survey hinders the opportunity to clarify ambiguous issues.

The study considers that nurses face multi-dimensional workplace violence that policymakers, professional organizations, and hospitals' boards of management in Saudi Arabia should assume a pivotal role to avert its further spread. Executive leadership should initiate the fight against workplace violence. The basis of workplace violence programs should always start from the top to ensure that staff follows their example. The management should guarantee financial support and visibility through zero-tolerance programs tailored to eliminate violence.

The study findings will challenge the healthcare facilities management to review their workplaces for violence. The study seeks to illustrate the importance of offering regular workplace violence and bullying prevention training for workers. Additionally, the training to accommodate diversity may also involve managers and supervisors in the healthcare facility. Videos may be included in the sessions to serve as references for various violent situations (Phillips, 2016). Also, the study challenges the management to formulate support structures for reporting and handling workplace violence. However, training workers about empathetic communication is an excellent means of preventing violence before it begins.

The study serves to initiate conversation towards zero-tolerance for workplace violence as a multi-stakeholder responsibility. The study seeks to illustrate how denial of harassment signs in the workplace fuels violence. Consequently, the study will task management to monitor compliance with the code of conduct. The initiative aids in showing the healthcare facility's dedication toward the prevention of violence. Further, the study sensitizes a need to establish crisis management teams in Saudi Arabia's healthcare facilities in readiness to deal with various types of workplace violence (Martinez, 2016). Such teams should be comprised of human resource personnel, clinicians, administrators, nursing staff representatives, local law enforcement, and behavioral health specialists. The team should acquire formal training to guide them in understanding, assessing, and providing guidance concerning the different cases of violence.

The study seeks to reveal the signs that could inform the nurses of potential violence and how to deal with such occurrences. Doing this can stop an incident before it begins. Examples of warning signs to watch out for include behavioral changes such as poor work performance, depression, mood swings, paranoia, and overreaction to evaluations and criticism. Besides, they should also watch out for excessive use of drugs or alcohol and complaints about unfair treatment. The study aims to stimulate readiness and tolerance for diversity among employees. Due to diversity in the workplace, one is highly likely to work with people of different backgrounds. Besides, such a workforce is comprised of people with different values and beliefs. Therefore, employees should partake in activities that aid them in knowing each other's strengths and weaknesses. Consequently, the study challenges nurses to appreciate differences as positive attributes that could effectively leverage to prevent workplace violence. Also, the study lobbies for an effective reporting system that can allow staff to exercise their rights under the law to report incidents or occurrences of workplace violence to the management. The process may involve making formal statements or reports to supervisors. Later, the employer may assign a competent individual to conduct investigations.

The study challenges professional nursing organizations to participate in the prevention of violence in the workplace actively. One of them is the International Council of Nurses. It is an alliance of several nursing associations whose mission is to advocate for the socioeconomic status of nurses and the profession across the globe. Besides, it also influences worldwide and domestic health policy. The study seeks to reveal how the body can advocate for policies that reduce workplace violence prevalence in the nation's healthcare facilities. For instance, it can recommend the development of laws that govern workplace conduct among workers. This entails the formalization of criminal penalties that punish offenders. The statutes and levels of punishment should differ based on the type of violence involved (Gillespie, Gates, & Fisher, 2015).

The study seeks to demonstrate how the International Council of Nurses can offer workshops and seminars aimed at reducing and eliminating workplace violence. Such workshops should facilitate recognizing, diffusing, and de-escalating violent behavior in the workplace. Currently, there exist several courses for personal or group enrollment. However, the principal idea is to align the content with the organization's needs and culture. Conducting training in a multidisciplinary forum is the most suitable option and should consider different violence scenarios and the most appropriate responses for each. Lastly, the study challenges for the risk assessment of violence occurring in the workplace. In this case, the nursing body can advocate for executives and risk managers in the healthcare facilities to compare national and regional data with theirs. The initiative aims to raise awareness concerning the quality of care, patient safety, and financial implications of violence in the workplace and develop the most suitable policies.

VI. Recommendations

There is a high prevalence of workplace violence against nurses in Saudi Arabia, necessitating action to address the issue. Violence in the workplace should be handled from a policy, institutional, and personal

dimensions for high effectiveness. At the policy level, policymakers should pass employment legislation with clear guidelines on preventing and managing workplace violence in the healthcare sector. In 2019, the Saudi Ministry of Labour and Social Development implemented anti-harassment regulations that prohibit all forms of inappropriate behaviors, such as verbal abuse, physical violence, sexual harassment, and threats, in the workplace. However, these regulations are not specific to the healthcare sector (Khoja, 2020). New policies should be put in place to focus on workplace violence against workers in healthcare. Countries such as Ireland have adopted a similar approach (Health and Safety Authority, 2014). Nurses can play a role in advocating for changes in legislation and take part in the formulation of policies. Involving nurses in this process is critical because they have a better perspective on how and why it happens. Government-level policies against workplace violence would guide the implementation of workplace policies at the healthcare organization level.

Healthcare organizations should implement measures and strategies that help identify, report, and prevent violence against nurses at the institutional level. For instance, they should have policies for managers and nurses to prevent violence, such as bullying, sexual harassment, and verbal abuse. Besides, organizations have the mandate of training their employees to create awareness of what constitutes workplace violence and avenues for reporting violence. Moreover, there should have codes of conduct that condemn all forms of workplace violence instigated by nurses and nurse supervisors. The management of healthcare institutions should formulate clear reporting structures for workplace violence. Such structures should have measures for preventing the victimization of nurses who report incidents of violence. Besides, healthcare organizations should encourage all employees to report cases of violence witnessed, even when they are not the victims of such acts. Clear and strict punitive measures should be taken against those found guilty of instigating violence against nurses. All cases of workplace violence should be investigated thoroughly by competent individuals to avoid unfair, punitive measures.

The prevention and handling of workplace violence at the individual level entail making nurses and nurse supervisors part of the solution in preventing and handling workplace violence in the healthcare setting. Nurses should go beyond being advocates for patients and be advocates for each other. They should be willing to report any instances of workplace violence to the relevant individuals at the workplace. At the same time, they should be willing to offer support to victims of workplace violence, which may include accompanying them and collaborating their stories when they report incidents of violence against them. Nurses and nurse supervisors should also educate themselves on how different types of workplace violence present themselves. They should familiarize themselves with the existing laws, workplace policies, and employee code of conduct.

VII. Conclusion

Workplace violence against nurses is a significant issue impacting the delivery of healthcare services in Saudi Arabia. While patients and their families are often the perpetrators, colleagues and nurse supervisors are shown to play a part in instigating violence against other nurses. Considering the adverse impact that workplace violence has on nurses' performance and motivation and the adverse effects on the quality of care delivered, measures should be put in place to prevent and handle it effectively. Dealing with workplace violence against nurses should involve a comprehensive approach consisting of policy-level, institutional, and personal strategies. Such an approach should emphasize the prevention of workplace violence. It should also include a clear reporting structure and ways of handling those found to have instigated violence against nurses in the workplace.

References

[1]. Aggarwal, R. and Ranganathan, P. (2019) 'Study designs: Part 2 – descriptive studies' *Perspectives in Clinical Research*, 10(1), pp. 34-36.

[2]. Alameddine M., Y.,Mourad and Dimaasi, H. (2015) 'A national study on nurses' exposure to occupational violence in Lebanon: prevalence, consequences and associated factors', Available at:http://web.b.ebscohost.com.dcu.idm.oclc.org/ehost/pdfviewer/pdfviewer?vid=1&sid=8c1c77a0-f8f9-480e-82fb-bd8db4fdcc78%40pdc-v-sessmgr05

[3]. Alkorashy, H. (2005) 'Violence on hospital nurses and job satisfaction', *New Egyptian Journal of Medicine*, Available at: https://www.researchgate.net/publication/234055900_Violence_on_Hospital_Nurses_and_Job_Satisfaction

[4]. Alkorashy, H. and Al Moalad, F., 2016. Workplace violence against nursing staff in a Saudi university hospital. *International Nursing Review*, 63(2), pp.226-232.

[5]. Al-Shamlan, N.A. et al. (2017) 'Are nurses verbally abused? A cross-sectional study of nurses at a university hospital, Eastern Province, Saudi Arabia', *Journal of Family and Community Medicine, 24*(3), pp. 173-180.

[6]. Alshehry, A.S. et al. (2019) 'Influence of workplace incivility on the quality of nursing care', *Journal of Clinical Nursing*, 28, pp. 4582-4594.

[7]. Al-Turki H.A. et al. (2010) 'Burnout syndrome among multinational nurses working in Saudi Arabia', *Annals of African Medicine* 9(4), pp. 226–229.

[8]. Alyaemni, A. (2016) 'Letter to the editor by Asmaa Alyaemni to health care: current reviews', *Health Care Current Reviews*, 4(4), pp. 1-2.

[9]. Alyaemni, A., and Alhudaithi, H. (2016) 'Workplace violence against nurses in the emergency departments of three hospitals in Riyadh, Saudi Arabia: A cross-sectional survey', *NursingPlus Open*, 2, pp. 35-41.

[10]. Ariza-Montes, A. et al. (2013) 'Workplace bullying among healthcare workers', *International Journal of Environmental Research and Public Health,* 10(8), pp. 3121-3139.

[11]. Bassey, M. (2002) 'Three paradigms of educational research,' in Pollard, A. (ed.) *Readings for reflective teaching*. London: Continuum, pp. 37-40.

[12]. Berg, K. and Latin, R. (2004) 'Essentials of research methods in health, physical education, and recreation', Baltimore: Lippincott Williams & Wilkins.

[13]. Bloom, E. M. (2019) 'Horizontal violence among nurses: Experiences, responses, and job performance', *Nursing Forum,* 54, pp. 77-83.

[14]. Boafo, I., and Hancock, P. (2017) 'Workplace violence against nurses: a cross-sectional descriptive study of Ghanaian nurses', *Sage Open* 7(1). p. 215824401770118. DOI:10.1177/2158244017701187.

[15]. Boyle J.M., and Wallis J. (2016) 'Working towards a definition for workplace violence actions in the health sector', Available at: https://link.springer.com/article/10.1186/s40886-016-0015-8. [Accessed 16 March 2020].

[16]. Campbell, JC. et al., (2011) 'Workplace violence: prevalence and risk factors in the safe at work study', *J Occup Environmental Medicine, 53*(1), pp.82-89. Doi: 10.1097/JOM.0b013e3182028d55.

[17]. Cheung, K., Ching, S., Cheng, S., and Man Ho, S. (2018) 'Prevalence and impact of clinical violence towards nursing students in Hong Kong: a cross-sectional study', *BMJ Open* 9, p. e027385.doi:10.1136/ bmjopen-2018-027385.

[18]. Jacobsen, K. H. (2012) Introduction to health research methods: a practical guide. Sudbury: Jones & Bartlett Learning.

[19]. Keller, R. et al. (2018) 'Predictors of nurses experience of verbal abuse by nurse colleagues' *Nursing Outlook,* 66, pp. 190-203.

[20]. Gillespie, G. L., Gates, D. M., & Fisher, B. S. (2015). Individual, relationship, workplace, and societal recommendations for addressing healthcare workplace violence. *Work, 51*(1), 67-71.

[21]. Health and Safety Authority, 2014. *Managing the risk of work-related violence and aggression in healthcare: Information sheet.* [Online] Available at: https://www.hsa.ie/eng/Publications_and_Forms/Publications/Information_Sheets/Violence_in_Healthcare_Information_Sheet.pdf [Accessed 4 June 2020].

[22]. Health and Safety Authority, 2014. *Managing the risk of work-related violence and aggression in healthcare: Information sheet.* [Online] Available at: https://www.hsa.ie/eng/Publications_and_Forms/Publications/Information_Sheets/Violence_in_Healthcare_Information_Sheet.pdf [Accessed 4 June 2020].

[23]. Health and Safety Authority, 2014. Managing the risk of work-related violence and aggression in healthcare: Information sheet. [Online] Available at: https://www.hsa.ie/eng/Publications_and_Forms/Publications/Information_Sheets/Violence_in_Healthcare_Information_Sheet.pdf [Accessed 4 June 2020].

[24]. Keykaleh, M.S. et al. (2018) 'The Relationship between nurse's job stress and patient safety', *Open access Macedonian journal of medical sciences, 6*(11), p.2228.

[25]. Kinard, P. (2019) 'Male perspectives of lateral violence in nursing', Available at: https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=8122&context=dissertations. [Accessed April 23 2020]

[26]. Health and Safety Authority, 2014. Managing the risk of work-related violence and aggression in healthcare: Information sheet. [Online] Available at: https://www.hsa.ie/eng/Publications_and_Forms/Publications/Information_Sheets/Violence_in_Healthcare_Information_Sheet.pdf [Accessed 4 June 2020].

[27]. Khoja, S., 2020. Saudi Arabia: Anti-Harassment Regulations Take Effect. [Online]

[28]. Available at: https://www.shrm.org/resourcesandtools/hr-topics/global-hr/pages/saudi-arabia-anti-harassment-regulations.aspx [Accessed 4 June 2020].

[29]. Koukia, E. et al. (2014) 'Violence against health care staff by peers and managers in general hospital in Greece: a questionnaire-based study', *The Australian journal of Advanced Nursing* 31(4), pp.45-56.

[30]. Lapeña-Moñux, Y.R. et al. (2014) 'Interpersonal relationships among hospital nurses and the use of communication skills', *Texto & Contexto - Enfermagem,* 23(3).

[31]. Lovelace Jr., B. (2020) 'WHO says there's a global shortfall of 5.9 million nurses as world battles coronavirus pandemic. Available at: https://www.cnbc.com/2020/04/06/who-says-theres-a-global-shortfall-of-5point9-million-nurses-as-world-battles-coronavirus-pandemic.html [Accessed 10 May 2020]

[32]. Maaari, K. et al. (2017) 'Workplace violence towards nurses of intensive care areas and emergencies at civil hospital Karachi. [ebook] Islamabad: Pdf, pp.38-40. Available at: <http://www.jumdc.com/index.php/jumdc/article/view/153/122> [Accessed 15 April 2020]

[33]. Mahon, M. and Nicotera, A. (2011) 'Nursing and conflict communication', *Nursing Administration,* 35(1), 152-163. doi: 10.1097/NAQ.0b013e31820f47d5

[34]. Mantzouranis, G., et al. (2014) 'Assessment and analysis of workplace violence in Greek tertiary hospital', *Archives of Environmental and Occupational Health*, Jan 23 doi: 10.1080/19338244.2013.879564

[35]. Martinez, A. J. S. (2016). Managing workplace violence with evidence-based interventions: a literature review. *Journal of Psychosocial Nursing and Mental Health Services*, *54*(9), 31-36.

[36]. Mazzetti, G. et al. (2016) 'Individual characteristics influencing physicians' perceptions of job demands and control: The role of affectivity, work engagement and workaholism', *International Journal of Environmental Research and Public Health,* 13(6), pp. 567.

[37]. Ofei, A., Paarima, Y., Barnes, T. and Kwashie, A., 2019. Stress and coping strategies among nurse managers. *Journal of Nursing Education and Practice*, 10(2), p.39.

[38]. Omar, M. A., Salam, M. and Al-Surimi, K. (2019) 'Workplace bullying and its impact on the quality of healthcare and patient safety', *Human Resources for Health,* 17(89).

[39]. Petridou, E., Gerakopoulou, P. and Antonopoulos, C. (2015) 'Epidemiology of injuries' in Olsen, J. et al., eds. Teaching epidemiology: A guide for teachers in epidemiology, public health and clinical medicine. Oxford: Oxford University Press, pp. 409-428.

[40]. Phillips, J. P. (2016). Workplace violence against health care workers in the United States. *New England Journal of Medicine*, *374*(17), 1661-1669.

[41]. Polit, D. and Beck, C., (2010) Essentials of Nursing Research. 7th ed. Philadelphia: Raven.

[42]. Rayan A., Sisan M, and Baker O. (2015) 'Stress, workplace violence, and burnout in nurses working in King Abdullah Medical City during Al-Hajj season', *The Journal of Nursing Research*, 27(3), pp. 1-13.

[43]. Setia, M. (2016) 'Methodology series module 3: cross-sectional studies', *Indian Journal of Dermatology*, 61(3), pp. 261-264.

[44]. Taylor, J.L. and Rew, L. (2011) 'A systematic review of the literature; workplace violence in the emergency department', *Journal of Clinical Nursing*, 20(7-8), pp.1072-1085.
[45]. Texas Center for Nursing Workforce Studies. (2016) '2016 Workplace Violence Against Nurses Survey', Available at:
[46]. https://cdn.ymaws.com/www.texasnurses.org/resource/resmgr/docs/WPVAN_Report_12142016.pdf. [Accessed 4 May 2020].paper.pdf [Accessed 16 Mar.2020].
[47]. Woelfle, Ch. Y. and McCaffrey, R. (2007) 'Nurse on nurse', *Nursing Forum*, 42(3), pp.123-131.
[48]. Woelfle, Ch.Y. and McCaffrey, R. (2007) 'Nurse on nurse', *Nursing Forum*, 42(3), pp.123-131.
[49]. World Health Organization. (2003) 'Guidelines on workplace violence in the health sector', Available at: https://www.who.int/violence_injury_prevention/violence/interpersonal/WVstresspaper.pdf [Accessed 16 Mar.2020].
[50]. World Health Organization. (2003) 'Workplace violence in the health sector country case study – questionnaire', Available at:https://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVBrazil.pdf. [Accessed 16 Mar.2020]
[51]. World Health Organization. (2003) '*Relationship between work stress and workplace violence in the health sector*', Available at: https://www.who.int/violence_injury_prevention/violence/interpersonal/WVstresspaper.pdf [Accessed 16 Mar.2020].

Abeer Oudah Alyanbaawi, et. al. "The Prevalence of Workplace Violence among Nurses in Hospital, Riydah, Saudi Arabia Quantitative Research." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 10(06), 2021, pp. 32-43.