مسابقة البحث الأكاديمي في قضايا المساواة بين الجنسين وتمكين المرأة

جامعة نابلس للتعليم المهني والتقني

الطالبات المشاركات في البحث هم كالتالي:

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Research Title:

Workplace Violence Against Female Nurses in Palestinian Governmental Hospitals

ABSTRACT:

Background: Workplace violence (WPV) targeting nurses is a growing concern with significant negative effects on healthcare providers. Female nurses, in particular, are more vulnerable to gender-based violence and human rights violations, resulting in physical, psychological, and sexual harm.

Objectives: This study aims to determine the prevalence, patterns and factors associated with workplace violence against Palestinian female nurses in government hospitals

Methodology: A multi-center cross-sectional study was conducted in four main governmental hospitals in the West Bank. A structured, validated, and self-administered questionnaire adapted from the International Labor Organization (ILO), International Council of Nurses (ICN), World Health Organization (WHO), and Public Services International (PSI) was used to collect data. The study included female nurses with at least one year of experience from the selected government hospitals.

Results: A total of 421 female nurses participated in the study. In the previous 12 months, 75.3% of female nurses reported experiencing violence. The most frequently reported form of violence was verbal violence (50.6%), followed by bullying (9%) and physical violence (8.8%). Less frequently reported were racial (4.3%) and sexual (2.6%) instances of violence. More than fifty percent of violent cases were perpetrated by women. Patients' relatives and/or companions were the principal perpetrators (49.1%), followed by patients themselves (16.3%) and colleagues (5%). Typically, nurses

respond to violence by asking the perpetrators to stop. Despite the fact that 71.3% of participants reported the existence of a violence reporting procedure in their institutions, a substantial number chose not to report and remained silent. On average, 3.7% of female nurses reported experiencing violence following exposure. Age between ≤ 35 years (*P*= 0.014), working in surgical and gynecological wards (*P*=0.005), and having ≤ 3 staff members on duty during shifts (*P*= 0.010) were identified as risk factors associated with an increase in workplace violence against female nurses.

Conclusion: The most prevalent form of violence against Palestinian female nurses is verbal harassment, which is alarmingly prevalent. Most violent offenders were relatives of patients. Violence risk factors include the age of nurses, personnel numbers during shifts, and work in surgical and gynecological departments. Despite the existence of reporting systems, the reporting rate among female nurses remains relatively low

Keywords: Female nurse, Hospitals, Perpetrators, Physical abuse, Reporting violence, Risk factors, Sexual harassment, Verbal violence, Workplace violence.

INTRODUCTION:

Workplace violence (WPV) is an imperative global problem that has negative effects on workers and workplaces. (Lim *et al*., 2022). The World Health Organization (WHO) defines workplace violence (WPV) as "Incidents where staff members are abused, threatened, or assaulted in situations related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health" (Richards, 2003).

Physical and psychological violence comprises a variety of harmful behaviors, including physical force or attack, verbal abuse, bullying, threats, and harassment (Steinman, 2003). Studies indicate that healthcare, education, and safety professionals are particularly susceptible to WPV (Faghihi *et al*., 2021). The International Labor Organization (ILO) states that health care employees are the second greatest risk group for workplace violence (Ahmad *et al*,.2015). Healthcare workers made up 73% of all non-fatal occupational injuries and illnesses in 2018, in addition, between 8% and 38% of health professionals experience physical violence, while many more are exposed to verbal aggression (Lim *et al.*, 2022).

In general, most nurses encountered at least one type of workplace during their careers (Ahmad *et al,.*2015). Nurses exposed to verbal aggressiveness display higher levels of distress symptoms, whilst those subjected to bullying or mobbing show considerably lower job satisfaction (Jaradat *et al*., 2016). Violence-exposed nurses were far more likely than their peers to develop work-related functioning impairment (Magnavita *et al*., 2021), moreover, they generally reported higher levels of fear, anxiety, and hopeless (Hamdan and Abu hamra, 2015). Thinking of leaving the job, feeling ashamed or guilty, becoming suspicious, feeling anger, depressed and super alert were also consequences that nurses may face after being violated (Ahmad *et al*., 2015). It was reported that nurses who exposed to verbal

aggression experience higher levels of distress symptoms, with a mean score of 29.6 units, while nurses who report exposure to bullying or mobbing exhibit significantly lower job satisfaction (Jaradat *et al*., 2016).

In Palestine, WPV against healthcare providers demonstrated high level in hospitals (80.4%) (Kitaneh and Hamdan ,2012) and emergency departments (76.1%) (Hamdan and Abu hamra, 2015). Physicians and nurses encounter alarmingly high rates of both physical and non-physical WPV, with verbal abuse being the most common (Kitaneh and Hamdan ,2012, Hamdan and Abu hamra, 2015). As a result of their frequent interactions with patients and their families, nurses are at a greater risk.

Problem statement:

Nurses, as frontline healthcare providers, face the highest rates of violence in healthcare centers. Their direct contact with patients and increased interaction with patients and their families make them more vulnerable to violence attacks (Jafree, 2017). Due to societal perceptions that associate women with weakness, gender-based discrimination, and cultural and traditional norms, female nurses are more likely to experience workplace violence. These elements make them more vulnerable to gender-based violence and abuses of their rights, leading to threats, physical, psychological, and sexual abuse. (Faghihi *et al*., 2021). In general, women are two times more likely than males to be at risk for developing posttraumatic stress disorder (Koenen and Widom, 2009). Few global studies have investigated the WPV against female nurses, risk factors and their impacts, which is why more work and researches are needed to highlight the most important causes and should be a priority in workplace violence research, workforce policies, strategies. To the best of our knowledge, there are no studies about WPV against female nurses and their underlying risk factors in Palestinian hospitals. Information

about reporting incidence, causes of not reporting, preparator gender and personality against female nurses are also lacking.

Research Objectives:

This study seeks to examine the prevalence, patterns, and contributing factors of workplace violence against Palestinian female nurses in government hospitals. It seeks to determine the types and frequency of workplace violence, identify perpetrators, explore nurses' responses and attitudes towards violence, investigate reporting incidence and reasons for underreporting, examine existing hospital policies for violence prevention, and identify potential risk factors for workplace violence exposure.

Research questions:

1. What is the prevalence of WPV against female nurses in Palestinian governmental hospitals?
2. What are the most common types of WPV against female nurses in Palestinian governmental hospitals?
3. Who are the most common perpetrators (offenders) of violence against female nurses?
4. What are the nurses' responses and attitudes toward workplace violence when they exposed to it?
5. What is the incidence of reporting violence among female nurses?
6. What are the most common reasons identified for not reporting the violence cases or asking help from others?
7. What is the hospital policing (safety measures) existing for prevention of WPV?
8. What are the risk factors associated with exposure to workplace violence among female nurse?

Research hypotheses:

We have hypothesized that that workplace violence against female nurses is common in the Palestinian hospitals. Socio-demographic and occupational factors can be risk factors which associated with increase the risk of exposure to WPV. The study also hypothesizes that female nurses prefer not to report violence attack and remain silent.

METHODOLOGY:

Study Design*:*

This is a multi-center cross-sectional study that was conducted over one month period in 2023 in four major West Bank government hospitals: Rafidia Hospital in Nablus, Thabit Thabit Hospital in Tukaram, Palestine Medical Complex (PMC) in Ramallah, and Alia hospital in Hebron. These hospitals were selected strategically to ensure complete data coverage for the entire West Bank, including the northern, central, and southern regions.

Inclusion and exclusion criteria:

The study population consisted of all female nurses with at least one year of experience working in the selected government hospitals. Nurses who declined participation, failed to complete the questionnaire, or were on annual or maternity leave during the study period were excluded.

Data collection and measurement tool:

Data collection was performed using a structured, validated, and self-administered questionnaire that was developed by the International Labor Organization, International Council of Nurses, the World Health Organization, and Public Services International [ILO/ WHO/ICN/ PSI questionnaire] (WHO, 2003).

The questionnaire was translated into Arabic by the research team to ensure linguistic and cultural appropriateness. Two local nurses and two researchers reviewed the translated questionnaire to improve its content and face validity, which resulted in few minor changes to the sequence and content of several items. Following that, pilot study involving 25 female nurses from a single hospital was conducted to evaluate the questionnaire's readability, clarity, and sensitivity within the Palestinian cultural and contextual framework. The questionnaire's reliability was assessed and Cronbach's alpha returned a result of 0.81, suggesting high internal consistency.

The questionnaire was divided into multiple sections. The first component was devoted to socio-demographic information, which included personal and workplace information such as age, gender, marital status, years of hospital work experience, current position, and shift work. The second portion dealt with physical workplace violence, while the third gathered information on psychological workplace violence, specifically non-physical violence. The part on psychological workplace violence also included sub-sections on verbal abuse, bullying (mobbing), sexual harassment, and racial harassment.

The topic of workplace violence is well highlighted. It contains information on the frequency and the pattern of violent episodes, the perpetrator's characteristics, nurses' reactions and attitudes towards these incidents, and the effects of violence. The nurses surveyed were particularly asked to recall any episodes of workplace violence they experienced in the previous year, across all shifts.

The last part of the questionnaire contains questions about health sector employer and measures that exist in the work environment to deal with violence which includes availability of policies and procedures, improvements to the surrounding area, training programs, and safety precautions.

Definitions of all forms of violence in the study were primarily drawn from the ILO/ICN/WHO/PSI (WHO, 2003). Physical violence is defined as the use of physical force against another person or group that results in physical, sexual or psychological harm. It includes among others, beating, kicking, slapping, stabbing, shooting, pushing, biting and pinching. Verbal abuse defined as the use of oral language, gestured language, and written language directed to a victim, while bullying is a repeated and over time offensive behavior through vindictive, cruel or malicious attempts to humiliate or undermine an individual or groups of employees. The sexual harassment is described as any unwanted, unreciprocated and unwelcome behavior of a sexual nature that is offensive to the person involved, and causes that person to feel threatened, humiliated or embarrassed. Any threatening conduct that is based on race, color, language, national origin, religion, association with a minority, birth or other status that is unreciprocated or unwanted and which affects the dignity of women and men at work is defined as racial harassment.

Ethical consideration

The Institutional Review Boards (IRB) of Nablus University for Vocational and Technical Education approved this study. The Palestinian Ministry of Health (MOH) granted permission to visit the specified governmental hospitals. Participation in the study was entirely voluntary, and all participating nurses signed an informed consent form prior to their involvement.

Data Analysis

The collected data was analyzed by the Statistical Package for Social Sciences (SPSS) Version (28). Data entry was performed and double-checked for outliers and errors. Data analysis of descriptive and inferential statistics was conducted. Regarding descriptive statistics, frequency, percentages, mean score and Standard Deviation (SD) were used to describe the study variables. Chi-Square test (χ^2) was

used to indicate risk factors associated with WPV against female nurses. A p value <0.05 was considered statistically significant.

RESULTS:

Demographic variables of the participants

A total of 421 female nurses participated in the study, with nearly two-third of nurses were aged ≤ 35 years. The mean age of participants was 32 years old (± 2.8). Regarding the professional groups, more than half 57.7% were Registered Nurses (RN), 16.6% were midwives, 13.8% were practical and the rest were other professionals. Majority of participants have more than 5 years of experience (62.2%) and work in shifts (84.3%). Table 1 shows the demographic variables of the participants.

Table 1. Frequency and percentages of the demographic variables (n=421)

Socio-demographic Data		**n**	**%**
Age	≤ 35 years old	305	72.4%
	> 35 years old	116	27.6%
Marital status	Single	122	29.0%
	Married	290	68.9%
	Separated /divorced	7	1.7%
	Widow	2	0.5%
Present professional group	Head of the department	27	6.4%
	Registered nurse	246	58.4%
	Practical nurse	58	13.8%
	Midwives	70	16.6%
	Practical midwives	17	4.0%
	Senior nurses (night shift)	3	0.7%
Work experience	1-5 year	159	37.8%
	>5 years	262	62.2%
Working shifts	Yes	355	84.3%
	No	66	15.7%

Department	Emergency	39	9.3%
	Surgical ward	85	20.2%
	Medical ward	27	6.4%
	ICU	55	13.1%
	Gynecological ward	70	16.6%
	Operation ward	12	2.9%
	Renal ward	23	5.5%
	Neonatal ICU	89	21.1%
	Pediatric ward	21	5.0%
Number of staff present in the same work setting	1-2	102	24.2%
	3-5	211	50.1%
	>5	108	25.7%

ICU: Intensive care unit.

Nurses' knowledge about reporting WPV

A 71.3% of participants reported that there is a procedure for the reporting of violence in their workplace. Among them, 85.33% were known how to use it. More than half of participants (61%) reported they are encouraged to report workplace violence. More details are shown in Table 2.

Table 2. Information regarding reporting violence that nurses are aware of (n=421)

WPV reporting information among nurses		**n**	**%**
Are there procedures for the reporting of WPV?	Yes	300	71.3%
	No	111	26.4%
	I don't know	10	2.4%
If YES, do the nurse know how to use them?	Yes	256	85.33%
	No	44	14.6%
Is there encouragement to report WPV?	Yes	257	61.0%
	No	164	39.0%
If YES, by whom:	Management /employer	185	43.9%
	Colleagues	60	14.3%
	Associations	8	1.9%
	Own family / friends	4	0.9%

Prevalence of violence

Nearly two- third (75.5%, n= 318) of female nurses in the study reported they were subjected to any type of violence in the last 12 months. As shown in figure 1, verbal violence was the most common type (50.6%) of violence against female nurses, followed by bullying (9%) and physical violence (8%).

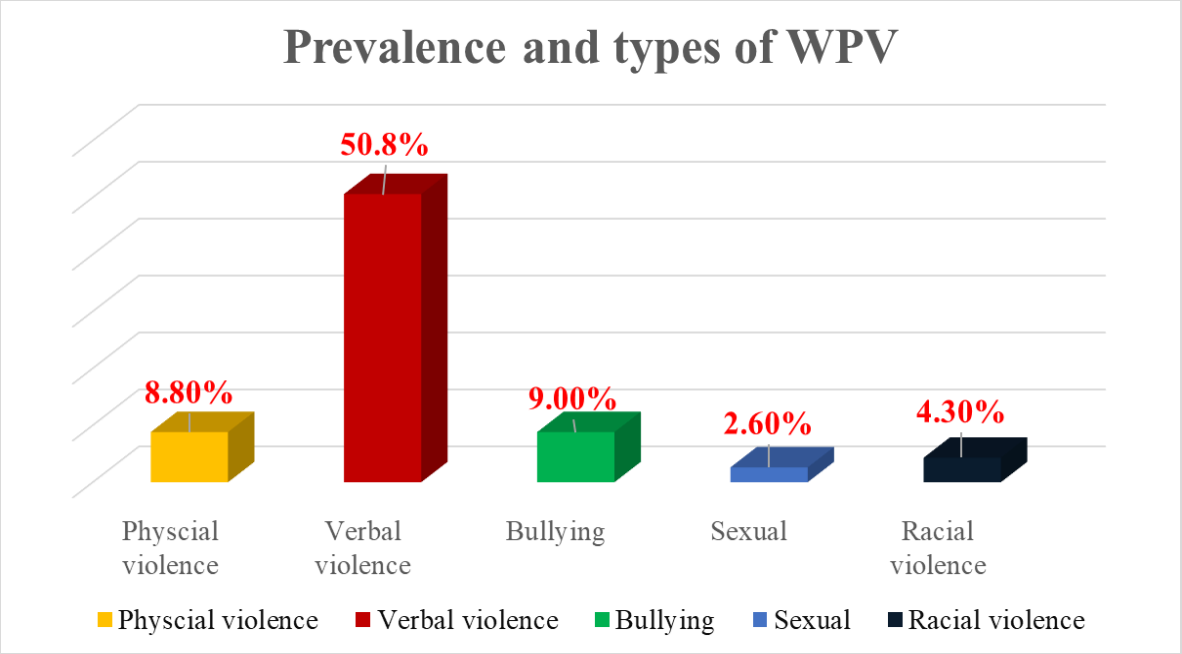

Figure 1: Prevalence and types of violence among female nurses

Aside from physical violence, it was noticed that the majority of female nurses reported having encountered all other types of violence more than once during the previous year (Table 3)

Table 3: Frequency of violence

Frequency	Once		> once	
Type of violence	n	%	n	%
Physical	28	75.70	9	24.30
Verbal	45	21.03	169	78.97
Bullying	10	26.32	28	73.68
Sexual	5	45.5	6	54.5
Racial	7	38.9	11	61.9

The perpetrators in all types of violence were mainly patients' relatives or companions (49.1%), followed by patients (16.3%), colleagues (5%), employee (2.4%), managers (1.9%), and finally general people (1.2%). Table 4 provides more details regarding perpetrators of each type of violence. The most incidences of physical, verbal, and bullying violence were perpetrated by women, and all acts of sexual violence were committed by men, while instances of racial violence were equally distributed between men and women (table 4). With the exception of bullying, asking the offender to stop were the most relevant attitude from female nurses during all violent incidence types. Reporting to the senior staff member were preferred for nurses after bullying violence.

Table 4. Characteristics of violence preparators for each violence type:

	Physical n (%)	Verbal n (%)	Bullying n (%)	Sexual n (%)	Racial n (%)
Perpetrator gender					
Male	16 (43.24)	94 (43.9)	16 (42.11)	11(100)	9 (50)
Female	21 (65.7)	120 (56.0)	26 (75)	0 (0%)	9 (50)
Perpetrator personality:					
Patients' relatives	18 (48.65)	165 (77.10)	15 (39.47)	4 (36.36)	4 (22.22)
Patients	18 (48.65)	32 (14.95)	7 (18.42)	4 (36.36)	7 (38.89)
Colleagues	0 (0%)	6 (2.80)	11(28.95)	0 (0%)	4 (22.22)
Manager	0 (0%)	5 (2.34)	0 (0%)	0 (0%)	3 (16.67)
General people	0 (0%)	2 (0.93)	0 (0%)	2 (18.18)	0 (0%)

Violence incidence reporting

As shown in table 5, the vast majority of female nurses would rather remain silent than formally report an incident to the institution. The average of reporting the incidence among female nurses after exposed to violence was only 3.7%. The most frequent reason given by nurses for not reporting violence across all categories was "it is not important to report this incidence". On the other hand, feeling that reporting incidents is pointless was the second reason why it wasn't reported physical, verbal, and racial abuse.

The second reasons (with comparable percentages) why female nurses did not reveal sexual abuse included feeling guilty, shame, and fear of the consequences (table 5).

Table 5. Reporting of violent incidents and reasons not to report

Reporting WPV	Physical n (%)	Verbal n (%)	Bullying n (%)	Sexual n (%)	Racial n (%)
Reporting violence:					
Yes	2 (5.41)	3 (1.40)	1(2.63)	1 (9.09)	0 (0%)
No	35 (94.59)	211(98.60)	37 (97.37)	10 (90.91)	18 (100)
Causes not reporting:					
Not important to report	16 (50.00)	163(63.55)	20 (9.35)	11(100.00)	9 (50.00)
Feeling ashamed	4 (12.50)	9 (4.21)	4 (1.87)	3 (27.27)	0 (0%)
Feeling guilty	1 (3.13)	5 (2.34)	1 (0.47)	3 (27.27)	1 (5.56)
Consequences worry	5 (15.63)	9 (4.21)	0 (0%)	3 (27.27)	0 (0%)
Don't know to whom report	0 (0%)	23(10.75)	6 (2.80)	0 (0%)	1 (5.56)
No advantages (useless)	8 (25.00)	33 (15.42)	6 (2.80)	0 (0%)	6 (33.33)

Preventive measures of violence

The results of this study showed that the majority of respondents (89.5%, n=377) acknowledged the presence of security measures in their workplace, including guards, alarms, and portable telephones. Additionally, 41.6% nurses (n=175) reported improved lighting, noise, heat, food accessibility, hygiene, and privacy in the workplace. On the other hand, only 17.8% of responders (n=75) indicated receiving training on workplace violence, coping strategies, communication skills, conflict resolution, and self-defense. However, nearly half of female nurses (49.2%) reported they feel worried about violence in their workplace.

Factors associated with workplace violence

Table 6 presents the associated factors in terms of exposed to violence. The results indicated that there is a significant association in female nurses with age group ≤ 35 (*P*=0.014). This means the higher group that exposed to violence was the younger group. In addition, surgical and gynecological departments are the highest departments that female nurses exposed to violence significantly (*P*=0.005).

Furthermore, a significant association was found in the number of staff present in the same work setting. Lower staff number during work shift were associated with higher risk of violence (*P*=0.010). In other words, if there were only three staff members or less (≤3) working with the nurses the most of the time, they would be more exposed to violence.

Table 6. Factors associated with increase the risk WPV against female nurses (n=421)

Item		**Yes**		**NO**		**X^2**	***P*-value**
		n	**%**	**n**	**%**		
Age	≤ 35 years old	188	76.7%	117	66.5%	5.399	.014*
	> 35 years old	57	23.3%	59	33.5%		
Marital status	Single	75	30.6%	47	26.7%	0.799	.850
	Married	165	67.3%	125	71.0%		
	Separated	4	1.6%	3	1.7%		
	Widow	1	0.4%	1	0.6%		
Professional group	Head of the department	12	4.9%	15	8.5%	6.673	.352
	Register nurse	147	60.0%	99	56.2%		
	Practical nurse	30	12.2%	28	15.9%		
	Midwives	43	17.6%	27	15.3%		
	Practical midwives	10	4.1%	7	4.0%		
	Senior nurses (night shift)	3	1.2%	0	0.0%		

Years of experience	1-5 year	92	37.6%	67	38.1%	.012	.497
	>5 years	153	62.4%	109	61.9%		
Working in shifts	Yes	212	86.5%	143	81.3%	2.161	.092
	No	33	13.5%	33	18.8%		
Department	Emergency	28	11.4%	11	6.3%	21.707	.005*
	Surgical ward	45	18.4%	40	22.7%		
	Medical ward	18	7.3%	9	5.1%		
	ICU	28	11.4%	27	15.3%		
	Gynecological ward	53	21.6%	17	9.7%		
	Operation ward	8	3.3%	4	2.3%		
	Renal ward	10	4.1%	13	7.4%		
	Neonatal ICU	42	17.1%	47	26.7%		
	Pediatric ward	13	5.3%	8	4.5%		
in same shift	≤ 3	118	48.2%	64	36.4%	5.800	.010*
	> 3	127	51.8%	112	63.6%		

ICU: Intensive care unit

DISCUSSION

Due to increased awareness of the effects of violence on nurses, this field is receiving more and more attention. Our study shows high prevalence of violence in the last 12 months, verbal violence was the most common reported type, followed by bullying, then physical violence, while sexual harassment was the least reported type.

There haven't been many studies focused on violence against female nurses, either internationally or regionally. Two recent studies (Al mohannadi *et al.*, 2021, Gabr *et al.*, 2021) were carried out in the Middle East aimed to estimate the prevalence of WPV among female nurses working at hospitals. Almost half of the female nurses (52.3%) experienced WPV in Qatar hospitals (Al mohannadi *et al.*, 2021). The most frequent form of violence was noted to be verbal abuse (30.6%), which was followed

by physical violence (5.5%) and sexual harassment (1.7%). However, the WPV prevalence was substantially greater in Egypt, and it was estimated to be 71.24% against female nurses (Gabr *et al*., 2021). Similar to the Qatar study, verbal abuse was the most prevalent form of violence in Egypt, however the prevalence there was significantly greater than it was in Qatar (60.31% vs. 30.6%). Moreover, it was noted that sexual assaults against Egyptian female nurses were common (14.2%), and it was identified as the second most prevalent kind of violence, while it was the least type of violence (1.7%) in Qatar. An earlier study in Pakistan also focused on female nurses identifies that nearly two third (73.1%) of female nurses faced WPV during hospital working (Jafree *et al*., 2017). Although the most frequent form of violence was found to be verbal (57.3%), comparable to earlier studies, female nurses experienced higher levels of physical violence (53.4%) and sexual violence (26.9%) than those in prior studies.

The result of WPV prevalence against female nurses of our study was quite similar to the Egyptian (Gabr *et al*., 2021) and Pakistani (Jafree *et al.*, 2017) studies. However, it was much higher when compared to the Qatari study (Al mohannadi *et al.*, 2021), which could be due to strenuous role of the legislations and official organizations to protect workers in Qatar from violence during their work. In Saudi Arabia, a study (Alkorashy *et al*., 2016) was conducted among nurses, with more than 93% of responders were female showed that almost half of participants were exposed to WPV in the previous year. Verbal violence was found to the most common type of violence female nurses faced in all previous studies (Al mohannadi *et al*., 2021, Gabr *et al.*, 2021, Jafree *et al*., 2017), including ours.

Workplace violence against nurses (males and females) was reported in many other countries including Palestine. In 2016 a study was conducted among nurses working in the primary care clinics and hospitals at the Hebron district (Jaradat *et al.*, 2016). The study disclosed that 27.1% of nurses reported

exposure to WPV of any kind during the previous 12 months of work. This study showed relatively lower rates of exposure to WPV compared with most studies from Arab and non-Arab countries. This could be due to including primary health care clinics in the study, or due to omitting the sexual and racial parts from the study survey.

In middle east studies, WPV was also highly prevalent against nurses. For example, WPV among emergency department nurses in Oman was 87.4% 3 (Al-Maskari *et al*., 2020). Compared to physical violence (18.4%), the non-physical violence (84.5%) was more than four times as prevalent. Again, verbal violence was identified to be the most common type of WPV among nurse. Nurses' exposure to occupational violence was also a phenomenon in Lebanon. A national study in Lebanon found that 62% of nurses had experienced verbal abuse and 16% had experienced physical violence (Alameddine *et al*., 2015). Furthermore, a recent study in Sudan (Shahenda *et al*., 2021) demonstrate that majority of nurse (83.7%) exposed to verbal violence, while more than half exposed to bullied and threatened, and only 13.1% suffered from physical type of violence.

Literature shows that Europe's conditions weren't any better. A study conducted in five European countries (Poland, the Czech Republic, the Slovak Republic, Turkey, and Spain) showed that nurses commonly exposed to WPV, especially to non-physical forms (Babiarczyk *et al.,* 2020). More than half of nurses (54%) stated that they had been exposed to non-physical violence and 20% had been exposed to physical violent acts. However, a total of 15% of participants experienced both forms of WPV. In Italy, more than one third of nurses (39.6%) had experienced violence during their work (Magnavita *et al*., 2021), which was quite similar results to the Honk Kong study (44.6%) (Cheung *et al.,* 2017).

Our study confirmed that WPV was caused mainly by patients' families or visitors and then by patients themselves which was consistent with previous studies (Alkorashy *et al.,* 2016, Al mohannadi *et al*.,

2021, Gabr *et al.,* 2021, Jafree *et al.,* 2017). These studies demonstrated that patients and their relatives were the primary causes of WPV, while head of the work and other health care workers were reported as the third source of violence against female nurses. Patients and their family members are referring to hospitals for seeking medical attention, and because of their pain, anxiety, and other issues, they are unable to control their behavior (Faghihi *et al*., 2021), moreover, reasons such as shortage of hospital facilities and supplies (Alkareem *et al*., 2021, Faghihi *et al*., 2021), quality of care, delaying in care, lack of effective communication among nurses may be causes of violence (Ahmad *et al*,.2015).

The current study identifies female nurses who worked primarily in surgical and gynecological departments as a risk factor that is associated with increase the risk of WPV. This result could be due to that these departments consists more patients with greater pain, furthermore family members of patients may have more opportunities to be close to the nurses on duty because they are more possessive of their patients' conditions. A review article (Ahmad *et al*,.2015) previously reported that nurses who worked in maternal or pediatric departments were less likely to be exposed to WPV, while other studies identify working in emergency department (Gabr *et al*., 2021, Shi L *et al*, 2017) and pediatric department (Shi L *et al*, 2017) as a factor that increases this risk. Similar to our results, the study of Nepal (Pandey *et al.*,2017) found that nurses working in gynecology department were higher risk of WPV. This means that WPV was not the same in different departments, which could be due to severity of cases in the department, heavy duty or workload on nurses, un ability of nurses to share information with patients or their relatives, or even poor communication skills of nurses.

Younger age nurses in the current were noted to be a risk factor of WPV compared to older nurses, and this result was consistent with many earlier studies (Ahmad *et al*,.2015, Al mohannadi *et al*., 2021, Dehghan-Chaloshtari and Ghodousi 2020, Gabr *et al*., 2021, Pandey *et al.*,2017, Shi L *et al*, 2017). This

could be related to traditional or cultural respect of older adults (including nurses) as compared to younger in some countries including Palestine, or could be attributed to younger nurses' inexperience in managing violent situations or controlling patients' anger.

Shortage of staff number during the working shift was a significant factor that associated with increase the risk of violence in our study. The explanation could be that lower number of staff during the shift increases burden on nurses, facing overload of duties, hence raising the prospect of additional work errors and setting the stage for more workplace violence (Faghihi *et al*., 2021).

Regarding shift working factor which was previously been identified in numerous studies (Alkareem *et al*., 2021, Cheung *et al*., 2017, Dehghan-Chaloshtari and Ghodousi 2020, Gabr *et al.,* 2021, Pandey *et al*.,2017) as a risk factor for WPV; our study was unable to identify it as a major risk factor. This might be due to the fact that the vast majority (> 84%) of our participants worked shifts.

Majority of our participants reported that there is a procedure for the reporting of violence in their institutions, however, they prefer not to report and remain silent. The most common reasons for not reporting in our study were feeling that it is not important to report, or reporting is just useless procedure and there is no benefit. In general, nurses may neglect reporting violence due to consequences such as blaming them (Dehghan-Chaloshtari and Ghodousi 2020), losing their jobs or being held accountable by administrators (Ahmad *et al*.,2015), believing that such reporting is useless and does not make any difference (Babiarczyk *et al.*, 2020), some claimed lack of clear instructions on how to handle incident (Dehghan-Chaloshtari and Ghodousi 2020), the tool of reporting is difficult and time consuming (Babiarczyk *et al.*, 2020), or there is no procedure to repot, while some nurses looked at violence as it was something that came with the job (Ahmad *et al*.,2015).

LIMITATIONS

The current study has some limitations that are worth mentioning here. First, this study relied on self-reported data which may have introduced memory bias. Second, the study did not involve private hospitals which limited the magnitude of the WPV.

CONCLUSION

WPV against Palestinian female nurses is highly common. The most prevalent form is verbal abuse, while sexual harassment is the least frequently reported. The majority of attackers were relatives of patients, followed by patients, then health care workers. Younger aged nurses, fewer numbers of staff working on shift, and working in surgical or gynecological departments are risk factors for violence in hospitals. Despite the majority of female nurses acknowledged using a reporting system, there were relatively few instances of reporting.

RECOMMENDATION:

Additional interventions are needed to reduce WPV and limit its consequences on female nurses and patients' quality of care. Such interventions include providing obligatory education and training for all new nurses as part of the orientation program and regularly thereafter. Stress management measures and courses for improving communications skills among nurses should be available in hospitals. In addition, preventive measures such as establish security measures, restrict public access, and monitor visitor counts, cameras, employment enough staff, decrease waiting time, and increase the security members may help to prevent or decrease violent behaviors.

The mechanism of reporting in hospitals including reporting incident form should be reviewed to make sure it simple and comprehensive can encourage nurses for proper reporting. Moreover, there should

be real strong consequences for the offenders of violence and deterrent polices to prevent them from doing the violence.

IMPLICATIONS OF THE STUDY

The high prevalence of workplace violence is alarming and demonstrates the need for additional interventions to reduce violence and limit its consequences on female nurses and patients' quality of care. Findings from this study can be used to implement changes in existing anti-violence policies

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