

## BEYOND THE SCRUBS: THREATS AND CHALLENGES FACED BY MODERN NURSING PROFESSIONALS

Saloni Mendiratta<sup>1</sup>, Saurabh Puri Goswami<sup>1</sup>, Harsh Patel<sup>1</sup>, Dr. Ruchita Dixit<sup>2</sup>,  
Dr. Amol Patil<sup>3</sup>

<sup>1</sup>INTERNS OF 2019 BATCH, Shri Shankaracharya Institute of Medical Sciences, Junwani, Bhilai, 490020, C.G.

<sup>2</sup>MBBS. MD (Community Medicine) Professor, Department of Community Medicine, Shri Shankaracharya Institute of Medical Sciences, Junwani, Bhilai, 490020, C.G.

<sup>3</sup>M.Sc. Ph.D. (Statistics), Assistant Professor - Statistician, Department of Community Medicine, Government Medical College, Nashik, Maharashtra

Corresponding Author:

Dr Ruchita Dixit, MBBS. MD (Community Medicine) Professor, Department of Community Medicine, Shri Shankaracharya Institute of Medical Sciences, Junwani, Bhilai, 490020, C.G., drruchitadixit@gmail.com

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### KEYWORDS      ABSTRACT

Workplace  
Violence,  
Nurses,  
Occupational  
Hazards,  
Mental Health,  
Job Satisfaction

**Background:** Workplace violence (WPV) is a global issue of growing magnitude in the healthcare sector. This study aims to assess the knowledge of the nursing professionals regarding this, to identify the impacts of WPV on their lives, to identify the reasons for under-reporting of these incidents and provide recommendations to increase security in healthcare institutions.

**Methods:** - A pre-tested questionnaire was distributed amongst 68 nursing interns in a tertiary care Hospital in Chhattisgarh. The questionnaire consisted of three sections: experience with workplace violence, reasons and impact of violence, reporting and support. The data was collected and statistical analysis was done using R software version 4.2.

**Results:** - The data collected shows 67.6% of the participants had experienced violence in the last 12 months, out of which 72.10% experienced verbal abuse. The perpetrators were mostly the patients' caretakers or their own colleagues. 47.10% of the victims experienced emotional distress and 63% considered leaving their job due to violence, indicating a serious issue that affects both the mental health as well as job retention in this particular field. Furthermore, 35.3% believe that training for the staff will prove to be a useful strategy for prevention of such incidents.

**Conclusion:** - This problem should be dealt with strict laws and every healthcare institution should adopt some strategies and reporting systems for the prevention and dealing with these incidents, respectively. Some strategies like providing self-defense trainings for the professionals can lead to a positive outcome in the near future.

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### INTRODUCTION:

According to WHO, workplace violence includes incidents involving work-related abuse, threats or assaults among health workers including physical, sexual, verbal and psychological abuse and workplace harassment.<sup>[1]</sup> Emergency departments are one of the regions which are the most likely to see workplace violence in the healthcare sector.<sup>[2]</sup> This problem is not just limited to developing countries, but similar events occur in developed nations including Australia (Hills et al. 2012), the UK (Elston and Gabe 2016), Germany (Vorderwülbecke et al. 2015), and many more.<sup>[3]</sup> With this being said, nursing professionals who are the first care providers for the patients experience the utmost risk to their safety.<sup>[4]</sup><sup>[5]</sup> An already difficult profession is made even more difficult by

violence against nurses, a worldwide problem that affects almost every nation. According to the World Health Organization (WHO), around 8% - 38% of nurses deal with violence at some point in their careers. <sup>[1]</sup>

Psychiatric, geriatric, and emergency departments are the health care settings where nurses are believed to be at the most risk of experiencing violence. <sup>[6]</sup> A research carried out in 2021 at two emergency rooms in India found that 68% of nurses experienced verbal abuse, while 26% experienced physical violence. This burden raises severe concerns about occupational safety, particularly in emergency rooms at odd hours of the day. <sup>[7]</sup> While the total incidence rate for injuries arising from violent acts by others among healthcare and social assistance professionals in 2020 was 10.3 (per 10,000 full-time employees); the rate for nursing workers was an alarming 21.8. <sup>[8]</sup>

Although violence affects employees in various professions, it is believed to be more common in the healthcare industry because of factors like long hours, shift work, frequent exposure to death, and a shortage of personnel, supplies, and equipment. <sup>[9]</sup>

The issue of violence against nurses is intricate and multifaceted, and it severely affects the victims' physical, mental, and social health. <sup>[10]</sup> According to WHO, Verbal abuse (58%) is the most common form of non-physical violence, followed by threats (33%) and sexual harassment (12%). <sup>[1]</sup> Occupational violence exposure is also linked to health problems like anxiety, insomnia <sup>[11]</sup>, and burnout symptoms <sup>[12]</sup>, which can result in absenteeism from work or even death. <sup>[13]</sup> Nurse victims are also vulnerable to PTSD (post-traumatic stress disorder), which is a mental dysfunction or delayed stress reaction that arises after experiencing a traumatic incident beyond one's capacity for tolerance, due to their high workload and technical demands after being verbally abused or assaulted. <sup>[14][15]</sup>

In addition to experiencing a decline in their quality of life at work, more than half of the nurses who were abused thought about quitting their job. <sup>[16]</sup> As this problem continues to grow globally across all health care institutions, not only does it affect the lives of nursing professionals but also, significantly affects the patients' and healthcare professionals' ability to communicate since the victims in the fear of being abused again, engage in "patient-avoiding behaviors" and avoid discussing or listening to the patients' needs and worries, leading to more rage and dissatisfaction amongst the patients and their relatives. <sup>[17][18]</sup>

Unfortunately, even after being a problem of this great magnitude, these incidents are severely underreported out of fear of being held accountable, a lack of management support, and lack of awareness of the hospital's reporting guidelines. <sup>[19]</sup> Knowledge of various reporting options amongst professionals, the support of the health care organization, better security particularly in emergency rooms play a valuable role in controlling this problem. Therefore, we conducted this study in Nursing college to assess the knowledge, attitude and perspective of nurses.

#### **AIMS AND OBJECTIVES:**

- To assess the knowledge of nurses regarding workplace violence.
- To evaluate the attitudes of nurses toward workplace violence.
- To analyze the perception of nurses towards workplace violence in hospitals.
- To identify strategies and barriers related to reporting and preventing violence against nurses in hospital settings.
- To suggest recommendations based on study findings.

**MATERIAL AND METHODS:**

Study design - Cross-sectional study design.

Study area – Nursing Interns of tertiary hospital in CHHATTISGARH (India)

Study period - Two months (December 2024 - January 2025)

Study subject – Nursing Interns.

Data collection tool – pre-tested questionnaire

Sample size - 68

Sampling technique – Consecutive Sampling

Statistical Analysis – Data was collected and analyzed using R software version 4.2

This was a cross-sectional study involving 68 nursing interns of tertiary Hospital in Chhattisgarh, who gave their consent for the study. Nursing interns were selected for the study as they are more prone to workplace violence in the hospitals, and they are generally not much aware of the ways to tackle this situation. Data was collected through a pre- tested questionnaire for modern day challenges faced by nursing professionals.

Questionnaire consisted of 15 questions focusing on experience of violence, reasons for violence, impact of violence, reporting and support. Some Socio demographic variables like age and gender were also investigated. Each participant was given one questionnaire form. Objectives of the study were described beforehand, consent was taken. Those who agreed to participate were given 15 minutes time to record their answer.

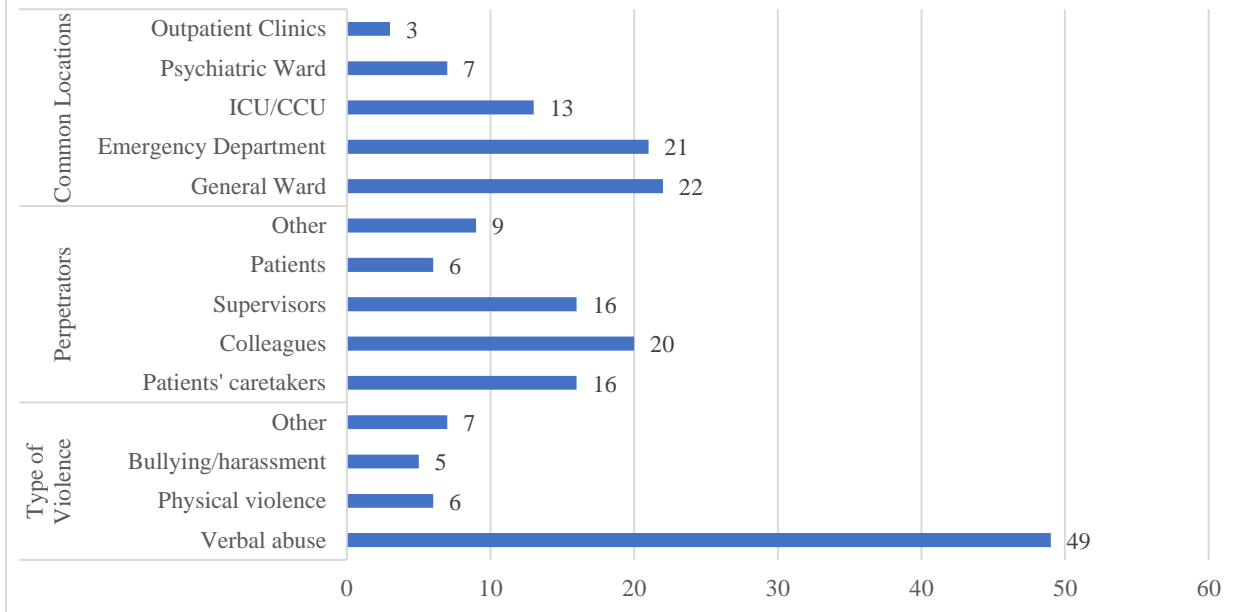
After that questionnaire forms were collected and a valuable and interactive session was taken wherein, the nursing students were made aware of those facts in which their knowledge was lacking, it was made sure that after the session they knew about different reporting options and how to tackle the situation.

**RESULTS:**



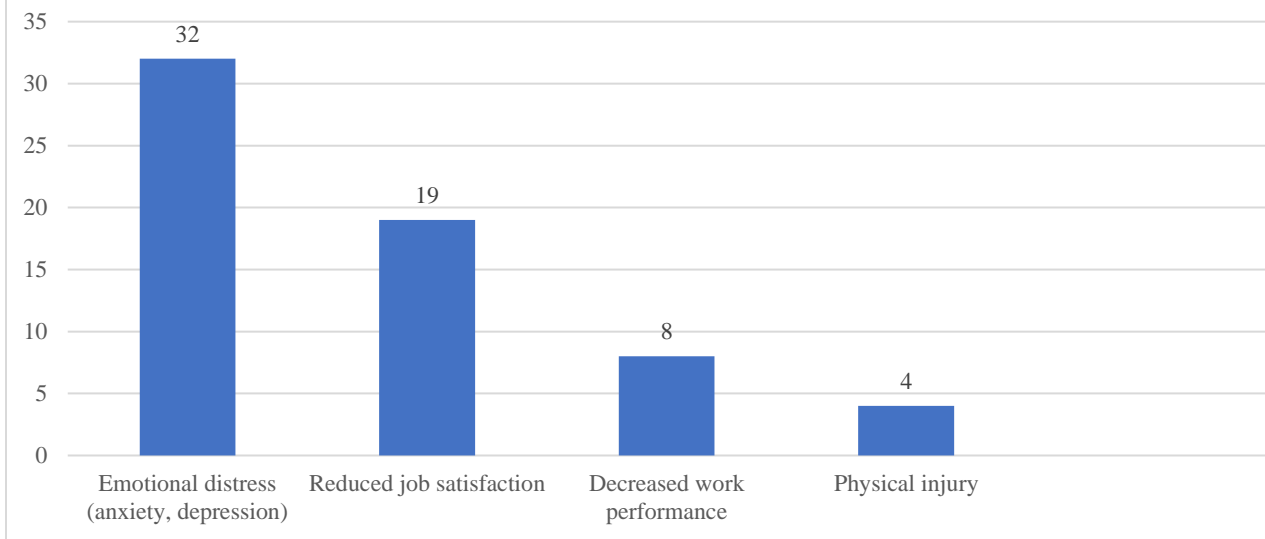
The figure 1 presents data on workplace violence experiences among nurses. It shows that 67.6% of nurses reported experiencing violence in the last 12 months, while 32.4% did not. Regarding the frequency of violence, 51.5% reported facing it rarely, 20.6% occasionally, 11.7% regularly, and 16.2% never. These findings highlight that workplace violence is a significant issue, with a majority of nurses encountering it at some level, emphasizing the need for preventive measures and support systems.

Figure 2: Types, Perpetrators, and Locations of Workplace Violence



The figure 2 provides an overview of workplace violence, categorizing it by type, perpetrator, and location. Verbal abuse is the most common type of violence (72.1%), followed by physical violence (8.8%) and bullying/harassment (7.4%). Colleagues (29.4%) and patients' caretakers (23.5%) are the most frequent perpetrators, with supervisors also contributing significantly (23.5%). The highest incidence of workplace violence occurs in the General Ward (32.4%) and the Emergency Department (30.9%), while the Outpatient Clinics (4.4%) experience the least. This data highlights the prevalence and sources of workplace violence, emphasizing the need for targeted interventions in high-risk areas.

Figure 3 (A) : Impact of Workplace Violence on Nurses



**FIGURE 3(B): NURSES AND WORKPLACE VIOLENCE**

■ Considered leaving job due to violence? Yes      ■ Considered leaving job due to violence? No

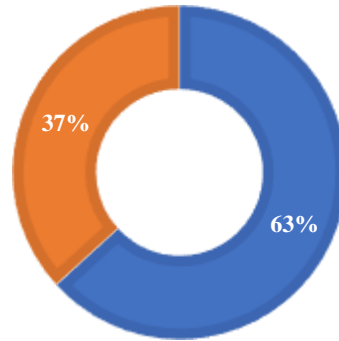


Figure 3 highlights the impact of workplace violence on nurses, with emotional distress, including anxiety and depression, being the most reported consequence (47.1%). Reduced job satisfaction (27.9%) and decreased work performance (11.8%) are also significant effects, while physical injury accounts for a smaller portion (5.9%). Additionally, 43 nurses have considered leaving their jobs due to workplace violence, indicating a serious issue that affects both mental well-being and job retention. These findings emphasize the need for improved workplace policies to ensure a safer and more supportive environment for nurses.

**Table 1: Reporting Workplace Violence and Barriers to Reporting**

Question	Response	Count	Percentage (%)
<b>Did you report the violence?</b>	Yes	46	67.60%
	No	22	32.40%
<b>Reasons for Not Reporting</b>	Lack of trust in the system	27	39.70%
	Belief that nothing would change	17	25.00%
	Fear of retaliation	11	16.20%
	Not sure whom to report	6	8.80%
	Other	7	10.30%
<b>Action Taken After Reporting</b>	No meaningful action taken	23	33.80%
	No action taken	20	29.40%
	Appropriate action taken	16	23.50%
	No feedback received	9	13.20%

Table 1 presents data on reporting workplace violence among nurses and the barriers to reporting. While 67.6% of nurses reported workplace violence, 32.4% chose not to, mainly due to a lack of trust in the system (39.7%) and the belief that nothing would change (25%). Fear of retaliation (16.2%) and uncertainty about whom to report to (8.8%) were also contributing factors. Among those who reported, 33.8% felt that no meaningful action was taken, and 29.4% saw no action at all. Only 23.5% reported that appropriate action was taken, while 13.2% received no feedback. These findings highlight significant gaps in institutional responses and the need for stronger reporting mechanisms and protective policies for nurses.

Question	Response	Count	Percentage (%)
<b>Does your workplace provide training?</b>	Yes	22	32.40%
	No	17	25.00%
	Not Sure	27	39.70%
<b>How often is training provided?</b>	As needed	11	16.20%
	Once in a year	3	4.40%
	Twice in a year	2	2.90%
<b>Recommended Strategies for Prevention</b>	Training for staff	24	35.30%
	Better security	23	33.80%
	Improved reporting channels	18	26.50%
	Other	3	4.40%

The table 2 presents data on workplace training, frequency of training, and recommended prevention strategies. It shows that only 32.4% of respondents reported that their workplace provides training, while 39.7% were unsure. Training frequency varied, with 16.2% receiving it as needed, but only a small percentage had structured annual (4.4%) or biannual (2.9%) training. Regarding prevention strategies, the most recommended measures were staff training (35.3%), better security (33.8%), and improved reporting channels (26.5%). This indicates a need for more structured training programs and enhanced security and reporting mechanisms to improve workplace safety.

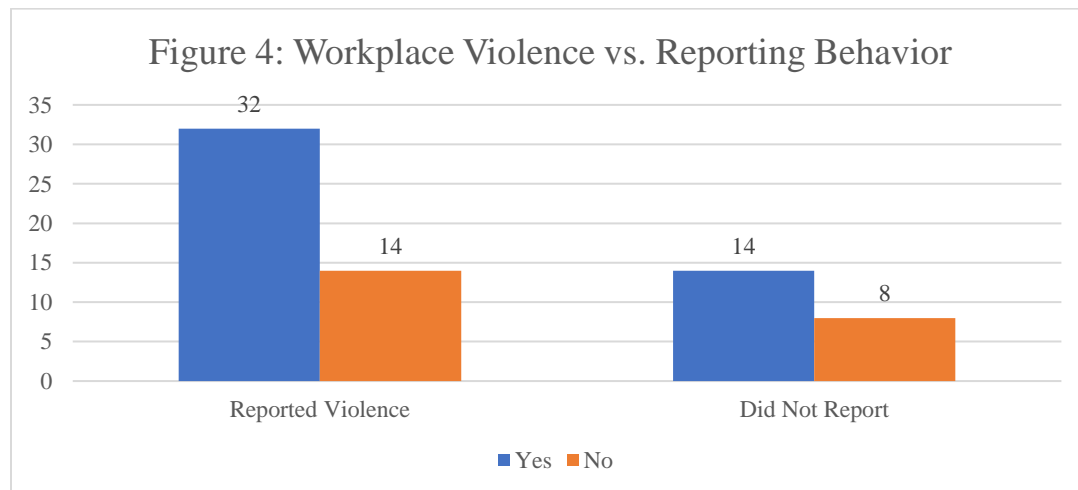


Figure 4 examines the relationship between workplace violence experience and reporting behavior. Among the 46 individuals who experienced workplace violence, 32 (69.6%) reported the incident, while 14 (30.4%) did not. In contrast, among the 22 individuals who did not experience workplace violence, 14 still reported violence, possibly as witnesses or based on indirect experiences, while 8 did not report any cases. The Chi-square test result ( $p = 0.832$ ) indicates that there is no statistically significant association between experiencing workplace violence and the likelihood of reporting it. This suggests that factors other than direct experience may influence reporting behavior.

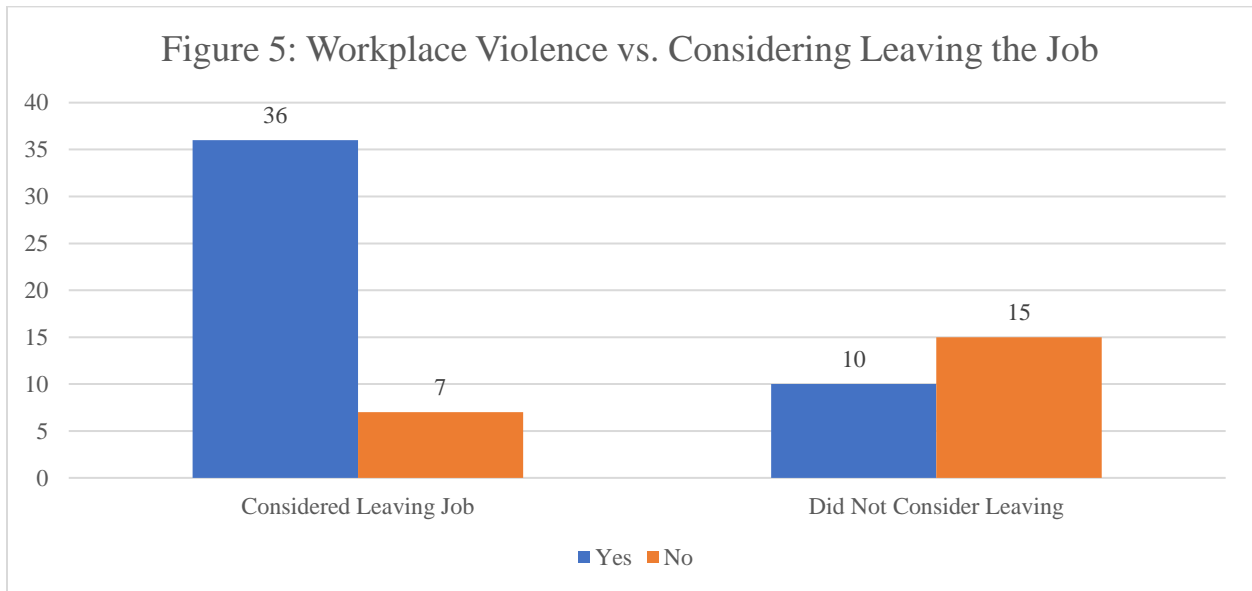


Table 5 analyses the relationship between workplace violence experience and the consideration of leaving the job. Among the 46 individuals who experienced workplace violence, 36 (78.3%) considered leaving their job, while 10 (21.7%) did not. In contrast, among the 22 individuals who did not experience workplace violence, only 7 (31.8%) considered leaving, while 15 (68.2%) did not. The Chi-square test result ( $p = 0.00057$ ) indicates a statistically significant association between workplace violence experience and the likelihood of considering leaving the job. This suggests that workplace violence has a strong influence on employees' decisions to leave their jobs.



Figure 6 examines the association between workplace violence experience and emotional distress. Among the 46 individuals who experienced workplace violence, 25 (54.3%) reported emotional distress, while 21 (45.7%) did not. In contrast, among the 22 individuals who did not experience workplace violence, 7 (31.8%) reported emotional distress, while 15 (68.2%) did not. The Chi-square test result ( $p = 0.138$ ) indicates that the association is not statistically significant. This suggests that while emotional distress is more frequently reported among those who have experienced workplace violence, the relationship is not strong enough to be considered statistically significant.

### **DISCUSSION:**

Numerous health system issues in India undermine the intended roles, activities, and results in healthcare institutions, leading to unforeseen events like workplace violence.<sup>[20]</sup> This study aimed to study the knowledge of nursing professionals regarding workplace violence in their respective departments and tried to analyze the causes of the same, the impact of workplace violence on the healthcare workers and the reasons behind the under-reporting of such incidents. In the data collected through our questionnaire, it was found that 67.60% of the nursing professionals had experienced violence in the last 12 months in a tertiary care hospital in Chhattisgarh (including all types of violence), which is an alarming number and signifies the huge magnitude of this problem. Other studies which were conducted in other states of India show that these incidents mostly occur in the emergency room of the hospital (70.4%) as evidenced by Gohil RK et al. (2019)<sup>(21)</sup>. This may be pertaining due to the stressful work conditions, critical patients, huge workload and under staffed employees in the same.

An attempt was made to diversify the types of violence which are taking place in these institutions. It was found out in our study that 72.10% participants experience verbal abuse while physical abuse is not being any less common. The factors contributing to this can be illiteracy, lack of morality, emotions, dissatisfaction from the treatment and miscommunication with the healthcare workers. In our study 29.40% of the participants feel that their colleagues or seniors are also responsible for violence creating a toxic work environment leading to further consequences. Some studies have also reported cases of sexual violence or the usage of sexually offensive words during verbal violence.<sup>[21][22]</sup> In most of the studies the patients and the relatives are the perpetrators for it.<sup>[23][24]</sup> The results by Davey et al. Study show that overcrowding and long waiting queues is also an important factor in this.<sup>[25]</sup>

In the data collected during our study, emotional distress, including anxiety and depression is felt by 47.10% of the participants after they experience any event of violence at their workplace. In various studies, the psychological impacts on the victims of workplace violence have been studied. While in some victims, fear, sadness, headache, and other psychological problems exist<sup>[26]</sup>, there are some victims wherein post-traumatic stress disorder is prevalent<sup>[14][15]</sup>. 27.90% of participants in our study experience reduced job satisfaction while others deliver decreased work performance. A huge number of 63% have considered leaving their job due to violence at least once in their careers in our study. Some study suggests that the psychological responses to stress are at their peak up to 1 month following exposure to these incidents, and thus medical professionals should get effective interventions within this time.<sup>[27]</sup>

In our study, it was found out that 67.60% of the participants have reported these violence cases as they are made aware about the same from the institution from time to time. But in various studies, it has been found out that workplace violence related cases are usually under-reported due to the fear of being held accountable for it or lack of support from the management of these

institutions, and lack of awareness of the reporting guidelines of the institution<sup>[19]</sup>. In our study, 39.7% participants lack the trust in the system and 25% believe that nothing would change even after the reporting of such incidents. In most of the cases when these incidents are reported, the victims are generally dissatisfied with the measures which are taken and in some unfortunate cases, no action is taken<sup>[28][29]</sup>. The health care institutions should accept their responsibility for ensuring their employees safety and should establish proactive procedures for reporting and looking into workplace violence incidents. They should also ensure that the victims are satisfied with the measures that are being taken for the same.

The workplace of every healthcare professional should provide training on how to prevent and tackle these situations, self-defense training, keeping in mind the growing magnitude of this global problem. In our study, 39.70% of participants were not sure whether their workplace provides training or not as they were new interns. Attitude, ethics, and communication should also be included in the nursing curriculum so that the root cause of this problem (improper communication) is ruled out. Institutes should ensure better security and strict rules for the perpetrators of such incidents.

19 states in India have implemented laws, protecting healthcare personnel in order to prevent and address workplace violence.<sup>[29]</sup> These laws should be implemented in other regions as well and should be strict enough to prevent such incidents, giving a hope for a future with a safer workplace environment.

#### **CONCLUSION:**

Our study focuses on the magnitude of the problem of workplace violence in healthcare institutions in India. It attempts to find out the causes for the same and highlights the impacts not only on the lives of the victims but on the patient care as well. The data collected signifies that the reported incidents are just the tip of the iceberg and tries to find out a solution for creating a safe workplace for the first line healthcare workers i.e. nursing professionals.

#### **LIMITATION:**

The data comes exclusively from a single nursing college located in Chhattisgarh , which might limit its applicability to broader contexts.

#### **CONFLICT OF INTEREST:**

The authors confirm no conflicts of interest associated with this paper's publication.

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