Original Article

Recommendations for management rules and controls of Workplace violence against the nursing staff in emergency Workplace

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Abstract

Nursing staff performance has a significant role and effect in terms of the medical field. Employers must arrange for a nonviolent and good health workplace for all of their in-control nursing staff, as well as take reasonable precautions to minimize or reduce the danger of workplace violence, permitting for Work-related Health and Safety Duty Act. The study's goal was to look at the place of work violence against emergency nurses, as well as suggest management policies and procedures for dealing with it. The study's goal was fulfilled using a descriptive methodological technique. The research was placed at Manipal Multispecialty Hospitals' emergency department in Malleshwaram Located toward north Bengaluru in Karnataka State. An example with a sample of 120 nurses who worked in an emergency department and satisfied the inclusion criteria, as well as a Board committee sample (20 experts), completed a self-administered questionnaire that was divided into three portions: socio-demographic information about the nurses, workplace violence, and an opinion sheet Data showed that 25 percent of nurses were between the ages of 21 and 30 and The ages of 21 and 30 years, with 23.425 ages old on average. Females made up the bulk of the group (86.67%) more than one-fourth of them (62.50%) were said to be very concerned, whereas just one-third (33.34%) were said to be extremely concerned. One-quarter of them (23.34%) said they were unconcerned. Every one of the Nurses was exposed to occupational violence in 100 percent of the cases investigated, and 54.17% of them died as a result of it. Workers who had been subjected to physical violence at work were two-thirds (66.68%) females. I'm angry with how the situation was handled. Eighty-nine percent of nurses said their hospital had no rules in place. Violence in the workplace making recommendations for management rules and controls should be used and practiced in emergency rooms and should be widely communicated, Review, revision, and updating of hospital administration to all departments regularly, as required.

Keywords: Violence against the nursing Staff, Managements Rules, Occupational Health, emergency Duties, Environmental workplace.

1. INTRODUCTION

Employers are required under Working Condition and Effectiveness Duty Performance to make a nonviolent and good healthy work environment for all of their nursing staff members that are under their supervision work environment for all of their nursing staff members that are under their supervision, as well as to take reasonable precautions to minimize or reduce the danger of workplace violence. When nurses are subjected to verbal abuse, physical threats, physical attack, sensual occurrence, and/or murder, workplace violence becomes a severe occupational health and safety hazard (Ncube and Kanda, 2018). “Workplace violence, according to the Occupational Safety and Health Administration (2017), is defined as any harassment, assault, or other threats directed at workers while at work”. The assault could be physical, vocal, or sensual, and it will bring physical and emotional pain to the victims (Guay et al., 2014). Place of work violence is an under-reported proficient threat impacts a broad spectrum of healthcare professionals (HCWs). The causes of workplace violence are many (Al Ubaidi, 2018). Physical, sexual, psychological, and verbal violence found among the types of violence that may be defined depending on the nature of conduct. It may also be divided into two types of violence: internal and external. Internal violence is a crime that is committed. While external violence is performed by outsiders, such as consumers and criminals, internal violence is inflicted inside a company by the employers and employees of the same company (Lippel, 2016). Furthermore, there are two sorts of workplace violence: physical violence and Erotic and racial assault, which may overlap with both types of assault, are examples of non-physical or psychological violence, and include verbal abuse, bullying, and mobbing, among other things, categories of

workplace violence (Whelan, 2008Although only physical violence in the workplace was previously addressed, in recent years the pain caused by non-physical violence in the workplace, such as verbal and psychological abuse, has gotten more attention than ever before. Previous Previous post: (Chappell and Di Martino, 2006). Working in an environment where there is workplace violence is one of elements effect contribute to a major reduction in profession completion as a importance of seeing violence (Teymourzadeh et al., 2014). Furthermore, workplace violence has a negative influence on job performance and nursing care provided to patients by registered nurses. Aside from that, workplace violence may result in increased absenteeism, have an influence on nurses' personal and professional lives and boost stress, distrust in administration, as well as encourage exhaustion and staff income (Algwaiz and Alghanim, 2012). In general, it is believed that a in increase prevalence of manipulation between nursing staff is a significant contributor to employee turnover and the difficulty to retain new personnel (Alyaemni and Alhudaithi, 2016; Blanchar, 2011). “Now a nutshell, violence in the emergency department has long been seen as an unavoidable component of the field (Stene et al., 2015)”. The emergency unit (EU) serves as the primary entryway to all-inclusive, further hospital areas, and it is here that emergency nurses give front-line patient carefully (Fute et al., 2015). Rather than being a last resort, the emergency department provides critical care for those in life-threatening the number of persons who visit the emergency department is increasing on a regular basis, and the situations are becoming more dire (Esmaeili et al., 2015). Emergency rooms are the most dangerous places to work in the healthcare industry, with nurses three times more likely than other employees to be involved in violent occurrences (Jabbari-Bairami et al., 2013).Data reveals by nurses are more likely than other healthcare professionals to be victims of workplace violence, on average, according to research (Arnetz et al., 2015). To effectively manage workplace violence, managers must recognize that not only the working environment is vital, but also that individual variation in human personalities may regularly play a role, and that individual response may influence views. Management may take action by notifying the affected parties and paying special attention to their wishes (Rodwell and Demir, 2012). As a result of how violent occurrences are handled and what happens thereafter, there is a lower risk of nurses engaging in psychological and physical violence. Healthcare executives are accountable for ensuring that their employees work in a safe atmosphere, which includes the following (Hemati-Esmaeili et al., 2018). A major component in the application of information, abilities, and boldness that agree for good decision-making in terms of violence administration is managers' active participation in policies to prevent and fight workplace violence. Managers' active engagement in guidelines to avoid and fight workplace violence is a major component in the application of information, services, and approaches that permit for good decision-making in terms of violence organization (Sousa et al., 2018).

1.1 Proof of identity issue

The incidence of violence against healthcare personnel is increasing, and it has already reached epidemic proportions, according to 2012 research directed by the United States of America in 2019. The prevalence of workplace violence in healthcare facilities is much too high to be considered acceptable. The danger of verbal and physical abuse is higher for employees who work in the health care industry than for employees in any other field (Rayan et al., 2016). Employers and workers, particularly in the healthcare industry, have come to recognise workplace violence as a prevalent problem that poses a very severe safety and health risk (Zainal et al., 2018). “Violence against nurses is unquestionably a difficult and widespread trained experience with which the nursing profession must struggle, and it is a problem that must be addressed (Sharma and Sharma, 2016)”. While the problem is serious, there has been very little continuous research on it in hospital emergency departments throughout the Middle East, and Egypt is no exception (Abou-ElWafa et al., 2015). Therefore, the study's objective is to examine workplace violence against emergency nurses and to provide recommendations on management rules and methods of combating it.

2. Materials and procedures

2.1. Enquiries used for investigation

1. What is the degree of concern among emergency nurses about workplace violence?

2. Have there been any incidents of workplace violence directed against emergency nurses? What kind of exposure is it?

3. Why don't emergency room nurses disclose violent incidents?

4. Are they pleased with the way the situation has been handled?

5. Has their hospital's manager created special workplace violence policies?

6. What are the rules and procedures to the arrangement with a place of work violence?

2.2. Study methodology

To investigate workplace violence against emergency nurses, a descriptive methodological methodology was used: Advising on management rules and controls. This research was done at Manipal Multispecialty Hospitals' emergency department, which has two sectors with twelve hospitals: Accident and Emergency care, cancer care, cardiology, pathology, psychology, neurology, and realistic treatment.

2.3. A sample of research

Selected samples of 134 nurses who worked in an emergency room and chanced the presence conditions were used. The following are the requirements for inclusion: The following criteria were used to choose samples: (Nurses must have worked full-time for at least one year in the above-described settings and have given their consent toward contributing to the research.) In addition, the example involved: an example of the board committee (20 experts). To examine the substance and face validity of proposed managerial policies and control mechanisms, the group comprised the hospital director, the hospital matron, representatives of the Faculty of Medicine's crisis and disaster management unit, physicians, nursing, and academic personnel.

2.4. Number of nurses in the sample

Israel (2013) explains how to calculate the suitable sample size: "The appropriate sample size was found using the following calculation."

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

Where n is the sample size (120 nurses), N represents the total number of persons (139 nurses), and e represents the margin error (0.05) There were 104 female nurses and 16 male nurses working at the facility (25 percent). The nurses were a group of women between the ages of 20 and 30. Females made up the bulk of them (86.67%). Staff nurses made up the majority of the participants (76.67%). The majority of them (57.50%) were married, and more than a part of them (62.50%) had a diploma. (37.50%) of the nurses had 4-8 ages of experience. Table 1 contains the sample personal characters.

2.5. Data collecting tool

International Labor Organization, Internal Council of Nurses, World Health Organization, and Public Services International (ILO/ICN/WHO/PSI, 2003) collaborated on development of an updated self-administered questionnaire for use by nurses in the workplace. To collect information, the healthiness region workplace violence survey was devised and implemented. It was divided into two sections:

a) Nurses' socio-demographics: "Age, sexual category, position, social standing, educational degree, and ages of experience" are among the factors considered.

b) Workers' exposure to workplace violence, the kind of violence they encountered, the reason they chose not to report it, the identity of the offender and how many incidents happened in the prior year are all factors to consider when assessing workplace violence among employees. To gather information regarding the perpetrator of violence, individual of the ensuing procedures was employed: Victims of violent actions have included hospital patients and visitors, doctors, nurses, and others. When questioned about their encounters with violence, the respondents were answered yes or no questions, and their satisfaction with how the situation had been handled was measured on a 4 and 5-point scale. The Likert scale ranged from 1 to 4 and 1 to 5, with 1 being strongly disagreed and 5 being highly agreed (strongly agree). The Sheet of Opinions (also known as the Opinionative Sheet): In particular, the sheet was created to evaluate the content validity of management rules on a variety of topics related to workplace violence, including sexual harassment, as well as the mechanisms in place to combat the problem. It provided expert opinions on each subject, which were documented on a two-point scale: a positive or negative response. Is it still relevant or has it lost its relevance?

2.6. The Validity of research instruments were translated into Kannada

A panel of experts in the area then pre-tested and amended the altered questionnaires for face and content validity. They were subsequently amended based on the findings of an experimental study including 12 emergency department nurses who were ultimately accepted from the concluding study, of this investigation, as well as the instrument's clarity and consistency, as well as the time necessary to complete each form. Rephrasing certain questions, reordering of the questions, and omission were all modifications that needed to be made.

2.7. Reliability

It was decided to apply the Cronbach's alpha coefficient test to determine whether or not the findings were consistent from one test to the next. Everything was found to be consistent in terms of overall consistency (0.80).

2.8. Preliminary research

A preliminary research was conducted on 10 nurses who were not participating in the study in order to gather information about them determine the ease with which the questionnaire sheet could be completed and its applicability. Based on the findings, modifications and eliminations of different pieces of information were made, following that, the final forms were produced.

2.9. Data collecting method for study

Participants' facts obtained by providing a questionnaire to them after getting formal approval from the hospital's administrators and verbal permission from those who participation sheet to them and having them return it to the researcher once completed. They were offered the option of rejecting or participating, with the assurance that the information would be kept private. This research took two months to conduct, beginning in December 2021 and ending in February 2022.

2.10 Analyze data

Statistical Stage designed for Social Sciences (SPSS) windows version 20 was used to organize, classify, tabulate, and analyze the obtained facts. Tables are used to display qualitative data by displaying it as a series of numbers or percentages. The table makes use of the mean, the range, and the standard deviation for quantitative data. The relationship between variables was discovered using an independent samples test. With the help of Pearson's correlation coefficient, we were able to compute the correlation coefficient between two variables (r). The 0.05 level of significance was found to be the cut-off point.

3. Effects and Result

Table 1 represents the demographical features of the study subject in question. It was immediately apparent that 25% of the nurses the majority of them were between the ages of 20 and 30, with a mean age of 25 years old and a standard deviation of 23.425± 1.627 years. Femans made up the bulk of them (86.67%). Staff nurses made up more than three-quarters of the group (76.67%). 57.5% of them were married, according to their socioeconomic standing. 62.50% of them possessed diplomas as far as their educational qualifications were concerned. Furthermore, 37.5% of the nurses had 4-8 ages of experience, with an average of 7.8 ± 1.533 ages. Table 2 shows how the study sample was distributed based on their present employment characteristics. 88.34% of nurses had primary physical interaction with patients/clients, according to the findings. Furthermore, 25% of nurses worked with the Common sexual category regularly (Male and females). The Presentation of reporting methods was reported by more than three-quarters of them (76.67%). Furthermore, 79.20 percent agreed that they were motivated to report place of work violence. Furthermore, almost half of the nurses (44.21%) mentioned the importance of administration in encouraging employees to report workplace violence.

Table 1: shows the distribution of the study sample's demographic characteristics (n=120)

Statically appearances	Numbers	Calculation in %
	Age Range/Age Interval	
- (21-30) years/ages	36	25
- (31-40) years/ages	24	20
- (41-50) years/ages	18	15
- (51-60) years/ages	4	3.34
Mean±SD	23.425± 1.627 ages	
	Sexual category	
-Man/Male	16	13.34
-Women/Female	104	86.67
	Designation	
-Nursing Staff	92	76.67
-Nurse Supervisor or Controller	28	23.34
	Community and Categories	
-Un-married	32	26.67
-Married	69	57.5
-Divorced	3	2.5
-Widowed	16	13.34
	Qualification or Education Related in Medical Filed	
-Higher Degree/Doctorate Degree	8	6.67
-Master in Education /Master Degree	20	16.67
-B.Sc Nursing/ Bachelor Degree	45	37.5
-ANM/ Diploma	18	15
-Paramedical/Other Courses	29	24.17
	Total Experience	
- 0-4 years	32	26.66
- 4-8 years	45	37.5
- 8-12 years	14	11.67
- 12-16 years	15	12.5
- 16+ years above	14	11.67
Mean±SD	7.8 ± 1.533 years	

Table 2: Represents the dissemination of current occupational characteristics across the research sample participants. (n=120)

Workplace appearances at the time of Study	Number	Calculation in %
	Physically interaction with patients/customers	
- Primary physical interaction	106	88.34
- Secondary interaction	14	11.67

The type of patients/clients most frequently work per		
- Born Babies	25	20.84
- Kids	23	19.17
- Teenagers	12	10
- 18+ or Adults	26	21.67
- Old	34	28.34
The sexual category of the" patients" extreme regularly work per		
- Man	12	10
- Woman	78	65
- Common sexual category	30	25
The total of staffs available during the same period work		
- Not Available	2	1.67
- 1-10	25	20.84
- 10-20	63	52.5
- 20-30	30	25
Procedure of Reporting		
- Presented	92	76.67
- Not presented	28	23.34
Motivation to report place of work violence		
- Current working	107	79.2
- Current Absence	28	20.8
The individual encourages you to file a complaint about workplace violence (n=95)		
- Administration	42	44.21
- Social group	35	36.84
- Native / families	18	18.95

Their degree of worry about workplace violence is shown in Fig. 1. More than half of them (62.50%) said they were extremely anxious, while just a quarter (26.66%) said they were not frightened at all.

The distribution of the study sample according

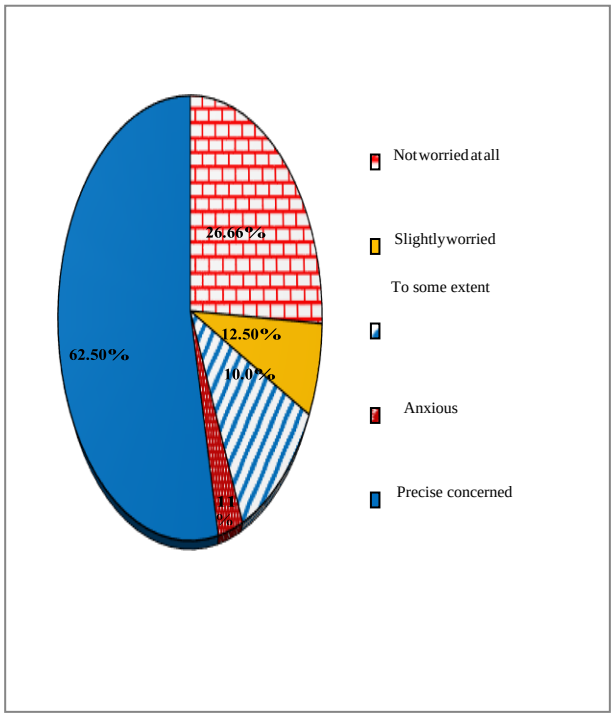

Figure 1: shown the dissemination of the sample in accordance with their degree of concern about violence in the workplace

Based on their prior experience with workplace violence, the participants in the research are distributed as shown in Table 3. According to the data in the table, all of the nurses who contributed in the training were showing to workplace violence (100 percent), with physical workplace violence affecting 54.17 percent of them. Patient/client family members were responsible for 76.67 percent of workplace violence. On the subject of incidents taking place in a specific area, the most prevalent was a healthiness center or hospital (93.34%). According to the morning shift, which lasted from the 8:00 a.m. to the 2:00 p.m. on weekdays, workplace violence was more widespread than other times of the day (35%). Finally, 47.5 percent of them were unable to recollect and disremembered when the day of the week the incidences took place throughout the study.

Table 3: shows when it comes to workplace violence, the dissemination of the research sample's experience is important. (n=120)

Understanding with a place of work "violence"	Number	Calculation in %
Experience to particular place of work violence		
- Yes	120	100
Experience sort by workplace violence		
- Interaction with body parts violence	65	54.17
- Non- interaction with body parts violence	55	45.84
Category of Committer		
- Client/ Patient	8	6.67
- Relationship with patient/client	92	76.67
- Working staff	17	14.17
- Outside partner/employee	3	2.5
The incident place		

- Private healthiness organization	112	93.34
- patient's /clients at home-based	3	2.5
- Outer (visitor / family)	5	4.17
The incident time		
- (8.00 AM–before 2.00.PM)	42	35
- (2.00 PM–before 8.00 PM)	24	20
- (8.00 PM-before 2.00 AM)	35	29.17
- (2.00 AM-before 8.00 AM)	19	15.84
most happening incidents in days of the week		
- Monday	22	18.34
- Tuesday	15	12.50
- Wednesday	10	8.34
- Thursday	8	6.67
- Friday	5	4.17
- Saturday	3	2.5
- Disremembered	57	47.5

Table 4 shows that 26.67 percent of individuals who experienced workplace violence prepared an attempt to protect them personally physically. Furthermore, lower than a third (23.34%) of them said the attacker suffered no repercussions. When it came to the reasons for not reporting the occurrence, the most common responses were "useless" and " Scared of harmful concerns," which accounted for 35.83 percent and 18.34 percent, respectively. Furthermore, 39.17 percent of them said they had encountered workplace violence one time in the previous year, and 23.34 percent said they had experienced it 6-10 times in the previous year.

Table 4: Show in According to the victim's response, the attacker's consequences, the reason for not reporting, and the frequency of episodes in the past 12 months (n=120), the study sample is disseminated.

Awareness about the place of work "violence"	Number	Calculation in %
Victim Reaction		
- Not taking action	20	16.67
- Attempting to pretend it never occurred	11	9.17
- Telling the individual to cease	38	31.67
- Prepared an attempt to protect personally physically	32	26.67
- Informed a coworker	5	4.17
- Sought assistance from the association	2	1.67
- Sought assistance from the labour union	2	1.67
- An appropriately completed incident/accident report	3	2.5
- Submitted a compensation claim in its entirety	7	5.83
The significances for the invader		
- No one	28	23.34

- A verbal warning	11	9.17
- Precaution superseded	34	28.34
- Informed to the police department	8	6.67
- A Invader accused	12	10
- Do not recognize	27	22.5

The intention behind the report was not done for an incident

- significant and essential	13	10.83
- Manipulated embarrassed	5	4.17
- shame Felt	6	5
- Scared of harmful concerns	22	18.34
- Unworkable	43,	35.83
- didn't recognize who I needed to report it to	27	22.5
- Additional/Other	4	3.34

The frequency of incidents in last year

- Not yet	12	10
- One time	47	39.17
- 3-5 times	14	11.67
- 6-10 times	28	23.34
- Several times a month	19	15.84

As shown in Figure 2, the distribution of the nurses who were polled in terms of their satisfaction with how the situation was handled was rather equal. A little more than two-thirds of those surveyed (66.67%) were highly dissatisfied with the way the matter was handled, with just about a quarter (22.33%) finding it extremely satisfaction.

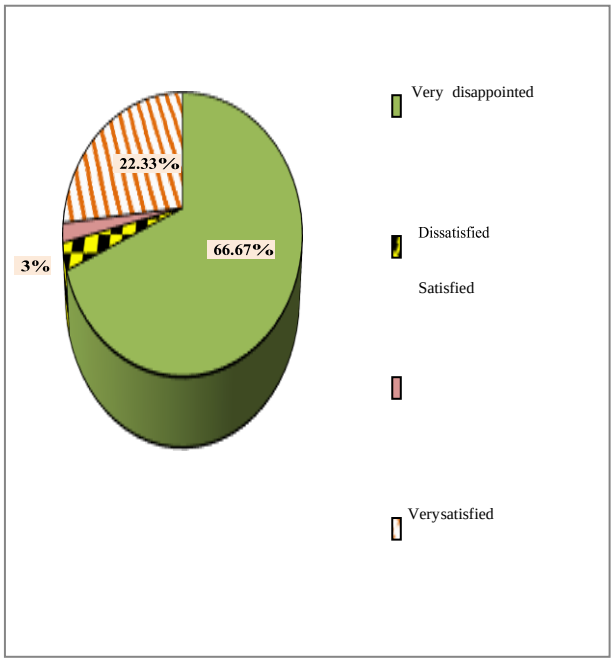

Figure 2: shows the distribution of the study sample based on how satisfied they were with how the event was handled

Table 5 shows the distribution of policies and strategies to deal with workplace violence across the study group. It is stated in the table that 89.0 percent of nurses claimed that their hospital had not developed any workplace violence rules. In terms of "workplace" violence prevention measures, all of the nurses polled (100%) said that There were no security measures, improved surroundings, restricted public access, patient screening procedures, patient protocols, training or investment in human resource development at their facility. They also did not use training or investment in human resources.

Table 5: the dissemination of policies and methods for dealing with workplace violence across the participants in the research sample (n=120)

Items	Yes	No	I Don't Know About
If yes, is your supervisor in the process of drafting a specific policy on workplace violence that you should know about?			
-Healthiness protection -Physically workplace violence -Physically workplace violence and Non-physically workplace violence are a serious problem	0.0	89	11
	Yes	- No	
-Safety agencies	12.0	88.0	
-Advance environments	1.0	99.0	
-Control community admittance	3.0	97.0	
-Procedure of Patient selection	2.0	98.0	
-rules about Patient	1.0	99.0	

-Restriction of interchange of money at the place of work	3.0	97.0
-Improved staff member numbers	79.0	21.0
-Exceptional apparatus or fashion	92.0	8.0
-Altered shift timing	92.0	8.0
-Decrease times of work single-handedly	93.0	7.0
- Duration of Training period	4.0	96.0
-Benefit in HRD	1.0	99.0

4. Discussion

WPV against healthcare professionals and the nursing staff has increased in prominence over the past few decades, and it is now recognised as a worldwide issue (Morken et al., 2015). Individual repercussions of violence in the healthcare business may include loss of consciousness, the need for medical treatment, impairment, and even death for nursing staff working in the field. Also possible consequences include increased stress at the workplace, job termination, and turnover in addition to the loss of working days and absenteeism. Furthermore, WPV has substantial repercussions for both patients and institutions, since violence is connected with poor patient outcomes as a result of suboptimal medical and surgical care and treatment. In addition, violence has significant ramifications for both patients and institutions (Roche et al., 2010).

1. What is the degree of concern among emergency nurses about workplace violence?

According to the findings of this survey, more than half of the participants were very concerned, while just a quarter was not concerned at all. These findings support the notion that nurses' fears of violence are a major issue that requires hospital administrators' attention. These findings contradict those of "Xing et al. (2016), who found 85.20 percent of respondents were concerned about WPV, with 22.1 percent being concerned or extremely concerned". Gale et al. (2006) further claimed that WPV is becoming more widely recognized as a severe issue, in general, in practice, public health, and emergency departments.

2. Have there been any incidents of workplace violence directed against emergency nurses? What kind of exposure is it?

We discovered that patient family was the primary perpetrator of workplace violence in all of the nurses evaluated, with 35.83% of them experiencing physical workplace abuse. Physical violence was also linked to excessive work stress, a lack of social support, and a lack of organizational justice among nurses. Similarly, According to According to Warren (2011), a research was done to assess Workplace violence in hospitals: The great majority of nurses who were exposed to workplace violence suffered from different psychological difficulties as a consequence of their ordeal, according to the findings of a comprehensive study Safe dock are no longer available. Workplace violence against nurses has climbed from 68.8 percent in 2012 to 986 percent in 2018, according to Hemati- Esmaeili, and colleagues (2018), which is a considerable increase in the healthcare business. According to another study conducted by Magnavita and Heponiemi (2011), nurses had reported an increase in physical assaults in the prior 12 months, with patients or their relatives and friends being the most prevalent culprits. Furthermore, many types of research supported this finding, including the following: Workers' compensation claims against nurses are widespread in Chinese hospitals (93.5 percent), a finding that matches the findings of Algwaiz and Alghanim (2012)'s research in Saudi Arabia (71.7 percent) as well as an Iranian study (93.5 percent) (2011); Esmaeilpour et al. (2011); Esmaeilpour et al. (2011); Esmaeilpour et al. (2011) Furthermore, Yoo et al. (2018) discovered that 67.5 percent of nurses reported to having met antagonism from their visitors throughout their investigation (families or relatives). Physical aggression was reported more often than verbal animosity, according to statistics. Mildly or violently responding to violence depended on the circumstances of the incident. According to earlier research, relatives of patients were the most common perpetrators of violence, accounting for 86.8 percent of all events in your study. This conclusion is consistent with that research (Abed, 2014). This discovery, on the other hand, was in direct conflict with a research done by the University of California (Keyvanara et al., 2015). He goes on to say that 60 percent of individuals questioned for the survey classified verbal abuse as the most prevalent sort of violence they had experienced. Furthermore, it was higher than the last poll in Basra city (24.6 percent), which was conducted earlier (Abed, 2014).

3. Why don't emergency room nurses disclose violent incidents?

When if explanations for not reporting an occurrence, the most common responses were "useless" and "fear of negative repercussions." Appropriate documentation, according to experts, is a critical step in resolving issues like Workplace violence is a serious problem. This result is consistent with the findings of "Ebrahim and Issa (2018), which performed a study in Basra and establish that the vast majority of persons who were exposed to workplace violence did not report it to the authorities." As evidence of this, Esmaeili and colleagues (2015) showed that 76.3 percent of research participants claimed the primary reason for not reporting a violent occurrence is because they consider it is irrelevant and worthless. Abed (2014) discovered 63 percent of nurse and physician staff at Barbados polyclinics had seen that least one significant incident of violence in preceding year, and Abdellah and Salama (2017) agree with this finding. The previous result is inconsistent with and higher than the findings of Several studies conducted by Ahmed (2012) in Iran and Jordan, including one that explored verbal and physical abuse against Jordanian nurses in the workplace, as well as one in Basra, all indicated higher levels of verbal and physical abuse in the workplace.

4. Are the nurses pleased with the way the situation in the emergency room was handled?

In terms of the satisfaction of the nurses polled with the way the situation in the emergency room was handled, the results were mixed. More than two-thirds of them were unhappy to a high degree. This might be because nurses perceived the hospital as a place to obtain secure employment, or for their own understandings with place of work violence had been just sufficient to make them dissatisfied with their jobs. Additionally, the absence of defined legislation governing workplace violence in the healthcare setting might be a contributing factor. Following Rayan et al. (2016), who discovered the vast majority of members were unsatisfied with in what way the violence was handled, we have reached this result.

5. Has their hospital's manager created special workplace violence policies?

Finally, the key study result in terms of the distribution of the analyzed sample in terms of Policies and procedures for dealing with workplace violence are discussed. The fact that your hospital has policies and methods in place to deal with workplace violence is significant. Overwhelmingly, nurses reported that their hospital had not developed any workplace violence rules and that there had been no investment in human resource development or in the implementation of security measures such as improved surroundings and restricted public access as well as patient screening and patient procedures, training and investment in human resource development had been implemented at the time of the interview. A lack of documentation and the inability of the United Nations to develop clear standards and violence prevention programs in hospitals might also be contributing factors. This emphasizes the need real efforts to reduce workplace violence in the workplace. In a similar vein, Higazee and Rayan (2017) revealed research participants informed formation "Not at all" modifications at work to prevent violence, according to the findings of their study. However, according to Duncan et al. (2016), these safety measures have been stressed in previous studies as being critical in minimising workplace violence in health care institutions. They came to the conclusion that excellent security measures have the potential to enhance working conditions for nurses while also minimising the likelihood of workplace violence. Furthermore, Ebrahim and Issa (2018) recommended that laws be adopted to safeguard healthcare employees in general, as well as emergency department personnel in particular, against harassment and discrimination. Foremost among them, the conclusions of this research are in direct opposition to those of Abed (2014), who stated that more It is critical, that health service management, healthcare professionals, and hospitals as a whole are aware of this problem. Particular emphasis should be paid to particular security problems, such as the use of specialized security officers and panic buttons since this would be advantageous and helpful. According to provide a safe atmosphere for patient care in the emergency department, according to Hemati-Esmaeili (2018), a comprehensive programme for the prevention of violence is essential.

5. Conclusions and suggestions

According to the findings of this survey, Furthermore, more than half of the nurses who were notified expressed extreme anxiety, with just a quarter stating that they were not worried at all. Workplace violence was experienced by all of the nurses who participated in the research, with almost two-thirds of them reporting physical attack. When the event occurred, two-thirds of the participants expressed great dissatisfaction with the way it was handled. The vast majority of nurses said that their organisation had not adopted a policy against workplace violence. Therefore, specified management policies and control procedures should be adopted and followed at the Emergency Hospital, and the hospital administration should convey them to all departments, as well as periodically analyse, revise, and update them as required.

Observance of ethical principles Potential for conflict of interest

In their declaration, the authors state that they do not have any conflicting interests.

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