



**St. Paul's Hospital  
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**School of Nursing Graduate Study Program**

**Magnitude of workplace violence and associated factors among  
emergency nurses working at public Hospitals in Addis Ababa,  
Ethiopia, 2025.**

**Principal Investigator: Abel Birhanu (BSC)**

**A research thesis Submitted to Saint Paul's Hospital Millennium Medical  
College School of Nursing for Requirement in Partial Fulfillment of master's  
degree In Critical Care Nurse Practitioner.**

**March, 2025**

**Addis Ababa, Ethiopia**



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**Saint Paul Hospital Millennium Medical College Department of Critical care Nurse Practitioner**

|                             |                                                                                                                                                                                                                                                                                                              |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of investigator        | Abel Birhanu Bezu (BSC)                                                                                                                                                                                                                                                                                      |
| A research project on       | Magnitude of Workplace violence and associated factors among emergency nurses working at public hospitals in Addis Ababa, Ethiopia 2025.                                                                                                                                                                     |
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## Summary

**Introduction:** Workplace violence has been acknowledged as a global problem, particularly in the health sector. However, there is scarce data which shows the magnitude of workplace violence among nurses especially working in the emergency units of Addis Ababa public hospitals, the aim of this study is to fill the gap regarding the paucity of evidence on magnitude and associated factors of workplace violence among emergency nurses working at public hospitals in Addis Ababa, Ethiopia.

**Objective:** To assess the magnitude of workplace violence and associated factors among emergency nurses working at public hospitals in Addis Ababa, Ethiopia, 2025.

**Methods:** A facility -based cross-sectional study was conducted on 243 randomly selected nurses working at public hospitals in Addis Ababa, Ethiopia from Nov 15, 2024 – Dec 25, 2024. The Data was coded and entered using EPI-Data and exported to SPSS version 27 for further analysis. Proportion, mean and standard deviation were used to describe the study variables. Bi-variable and Multivariable logistic regression were employed and in the Bi-variable analysis all independent variables each at a time was checked for the presence of association and P value of  $< 0.25$  were used to make a variable candidate for multivariable logistic regression and those variables, found to have p value of  $< 0.25$ , was taken to multivariable analysis to control for the effect of confounder. Finally independent variables with  $P < 0.05$  was declared for having a statistically significant association with the dependent variable. Adjusted odds ratios with 95% Confidence Interval (CI) were computed to determine the presence and strength of the association.

**Time Frame:** The study was conducted from Nov 15 – Dec 15, 2024.

**Estimated Budget:** The estimated budget of the study was **25,980** ETH, Birr

**Keywords:** Addis Ababa, Ethiopia, Emergency, Nurses, Public, Violence, Workplace.

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## Abbreviations and Acronyms

|               |       |                                                                    |
|---------------|-------|--------------------------------------------------------------------|
| <b>Aabet</b>  | ..... | Addis Ababa burn, emergency and trauma hospital                    |
| <b>ALERT</b>  | ..... | Africa Leprosy, Tuberculosis, Rehabilitation and Training Hospital |
| <b>ED</b>     | ..... | Emergency Department                                               |
| <b>HCW</b>    | ..... | Health Care Workers                                                |
| <b>ILO</b>    | ..... | International Labor Office                                         |
| <b>ICN</b>    | ..... | International Council of Nurses                                    |
| <b>OSHA</b>   | ..... | Occupational safety and health act                                 |
| <b>PSI</b>    | ..... | Public Services International                                      |
| <b>SPSS</b>   | ..... | Software package for social sciences                               |
| <b>SPHMMC</b> | ..... | Saint Paul hospital millennium medical college                     |
| <b>WPV</b>    | ..... | Workplace violence                                                 |
| <b>WHO</b>    | ..... | World Health Organization                                          |

# **1. Introduction**

## **1.1. Background**

Workplace violence (WPV) is described as "the intentional use of power, threatened or actual, against another individual or a group (1). Sexual harassment, physical assault, bullying, mobbing, and verbal abuse are all considered forms of workplace violence(2).

Violence affects people at all levels of society and can occur anywhere; at home, on the streets, in schools, workplaces, and institutions. Despite the alarming global trend of workplace violence, little surveillance and little awareness of the problem make it difficult to determine the full scope of the issue(3).

Healthcare professionals, including nurses, are at a heightened risk of experiencing WPV due to the nature of their work. WPV in the health sector constitutes almost a quarter of all violence at work(4). Numerous studies have highlighted the prevalence and impact of WPV in healthcare settings worldwide(5).

Factors contributing to violence in the emergency unit include: - long working hours, high patient flow, understaffing, substance abuse, lack of security measures, and inadequate training. In the research looked at, the perpetrators of violence against health workers were identified to include patients, patients' families, visitors, physicians, staff members, and supervisors at different levels (6)(7)(8).

Although nurses are the backbone of the healthcare provision, they are highly subjected to workplace violence in healthcare settings, especially in the emergency units(9). The quality of care that emergency nurses deliver can be adversely affected by violence in both their personal and professional lives.(10)

A bunch of studies have shown that there has been an increase in the magnitude of WPV and emergency nurses are more vulnerable to WPV due to the urgent and unpredictable nature of emergency rooms(11)(9)(12). There has been a lot of violence directed towards healthcare workers, especially nursing staff, by patients, attendees, and staff (12).

Since, there is a paucity of researches which dictates the burden of WPV among emergency nurses especially working at Addis Ababa public hospitals, the aim of this study is to provide a complete understanding of workplace violence among emergency nurses working at public hospitals in Addis Ababa, Ethiopia. This statement will lay the groundwork for further investigation and the development of effective interventions by recognizing the main factors that contribute to workplace violence, its impact on nurses and patient care, and the existing gaps in addressing this issue.

## **1.2. Statement of Problem**

Workplace violence is a major issue plaguing the healthcare industry worldwide, and emergency nurses are especially exposed to such assaults. WPV is a significant concern in emergency health settings. HCWs experience four times the rate of WPV than workers in private industry overall. ED staffs are at the highest risk, with more than 75% reporting experiencing verbal abuse and 50% reporting physical violence from patients or attendants.(3).

The real size of the problem is largely unknown and recent information shows that the current knowledge is only the tip of the iceberg(13) . Those who work in clinical setting of emergency are four times exposed to workplace violence than OPD workers. An emergency working setting is where peoples are come in panic, with serious injuries that make them to be aggressive at health care providers.(1). Emergency nurses are frequently in situations where violence can occur, such as during triage, patient treatment, and while handling family members of patients.(13). Despite the seriousness of this issue, there is a notable absence of comprehensive data on the extent of workplace violence experienced by these nurses in Addis Ababa.(2)

WPV has a major impact on the well-being of emergency nurses, including physical and emotional trauma, decreased job performance and morale, increased absenteeism and turnover, legal and financial consequences, reputational damage to the organization, organizational disruption, and intention to leave the nursing profession. Evidence shows that violence in hospitals negatively affects nurses' retention, job security and attitudes towards the profession and workplace(14) .The physical and psychological effects on nurses can result in higher stress, burnout, lower job satisfaction, and even long-term mental health difficulties. (15)

Healthcare facilities are working to address this issue through improved security, staff training, and implementing policies and procedures to prevent and respond to incidents of WPV. However, it remains a serious and ongoing challenge for emergency departments and other healthcare settings especially in developing countries like Ethiopia.(16)

Nonetheless, the magnitude of WPV and associated factors among emergency nurses have not been addressed in Addis Ababa and there is a paucity of evidence of how much the problem is common among emergency nurses, particularly in Addis Ababa, Ethiopia. So, this study will

assess the burden of the conditions and the factors among the study groups and will fill the gap regarding the unavailability of study and fill the gaps as a result improve and strengthen the gaps that has been identified. Hence, this study intended to assess the magnitude and associated factors of WPV among emergency nurses working at public hospitals in Addis Ababa, Ethiopia.

### **1.3. Significance of the Study**

This study is significant for several reasons. Primarily, it sheds light on the often overlooked issue of WPV among emergency nurses in public hospitals In Addis Ababa, Ethiopia. Secondly, it highlights the burden of WPV on the well-being of nurses and patient care, emphasizing the need for immediate attention and intervention. Lastly, the study outcomes will inform policy makers, hospital administrators, and health care professionals about the necessary steps to create a safe and more supportive work environment for emergency nurses.

By assessing the magnitude of workplace violence, identifying the key factors contributing to workplace violence on nurses, this statement will set the foundation for further research and the development of effective intervention. Hence, this study is aimed to assess the prevalence and associated factors of WPV among emergency nurses working at public hospitals in Addis Ababa, Ethiopia.

## **2. Literature Review**

### **2.1. Magnitude of workplace violence**

A systematic examination of the magnitude of WPV among emergency nurses in Addis Ababa is essential. This includes gathering data on the frequency, types, and perpetrators of violence encountered by nurses. Additionally, it is important to assess the underreporting of incidents due to fear, stigma, or lack of awareness about reporting mechanisms.

A descriptive Survey which was done in Ankara, Turkey, Violence against Staffs Working in the Emergency Department was found to be 85.2%. Of them 79.6% was verbal violence, 41.1% was physical assault, and 15.9% was sexual harassment. (17)

In a cross sectional study which was done in emergency departments of Saudi Arabia, the prevalence of WPV among emergency nurses was 47.8%, from them verbal violence was 52%, physical violence was 19%, and sexual violence was 3%. (18).

A cross-sectional survey which was done in China hospitals showed that the prevalence of WPV among nurses was Seventy-eight percent (78%). Of them, seventy-one percent reported experiencing nonphysical violence. (5).

A descriptive exploratory study which has done in Bangladesh revealed that the percentage of cases of WPV that were classified as non-physical was 64.2% (19).

Across the studies, diverse but high prevalence of WPV ranging from 9% to 100% was reported with the highest in South Africa (54%–100%) and Egypt (59.7%–86.1%)(6).

According to a cross-sectional study conducted in Kenya, 46 participants had experienced one WPV incidence from 3(three), 16 had experienced two, and one had experienced three. This indicates that WPV is prevalent among emergency nurses(2). In Gambia, 62.1% of workers reported having experienced workplace violence within the 12 months. Of them, 17.4% said they had experienced physical assault, over 60% said they had experienced verbal abuse, and 10% said they had experienced sexual harassment(20).

Research on the prevalence of workplace violence among nurses and its associated factors has been conducted in eastern Africa. According to some studies in Ethiopia, the prevalence of WPV among nurses in Amhara found to be 103 (26.7 %), with the accounting 62 (60.2 %) and the psychological violence among 41 (39.8 %) nurses(21). In Hawassa city about one-third (29.9%) [95% CI: (26.5, 33.5)] of the nurses experienced at least one incident of the various forms of workplace violence (physical, verbal, and sexual harassment) in the past 6 months of the study period, from those Verbal abuse was the most common (89.6%) form of violence encountered by nurses followed by physical violence (18.8%), and sexual harassment (13%).(22), in Oromia the prevalence of WPV showed that 168(82.8%) of the respondents reported that they have experienced WPV during the previous 12 months period, From them Majority of the respondents reported that they were called-names (67.3%), shouted at (46.3%), threatened (40.1%) and cursed at( 29.6%); which indicates that most of the nurses 166(81.8%) have experienced verbal abuse form of workplace violence and regarding physical violence, the most violent incidents experienced by nurses were: pushed (50%), grabbed/pulled (35.4%), and spit on (25%). (23).

## **2.2. Factors associated with workplace violence**

Identifying the factors that contribute to WPV is crucial for developing targeted interventions. Potential factors may include inadequate staffing levels, experience <12 months, long working hours, inadequate patient to nurse ratios, lack of security measures, poor workplace policies, inadequate training and support for nurses. Understanding these factors will help in formulating evidence-based strategies to prevent and manage WPV effectively.

### **2.2.1 Socio-demographic data**

Across the studies reviewed, the correlates of workplace violence against healthcare workers were an increased Age of the workers(21–30years), , sex (Being female nurses), marital status (single or separated or widowed), work setting and work experience.(10)(6)(12).

### **2.2.2 Nurses related factors**

Working directly to people who have a history of violence, drug abuse or alcohol use patients, gang members, relatives of patients or clients; contact with the patient, and male patients. patients who has aggressive behavior's, mental health issues, substance abuse, confusion or delirium, high stress and anxiety, perceived neglect or poor communication, patients with previous trauma, and cultural and language barriers are among the common patient related factors for workplace violence among nurses(13)(24).

Nurses who consumed alcohol in the past 30 days and nurses who drink alcohol in their lifetime were favorable predictors of workplace violence. (12)(20).

### **2.2.3 Organizational related factors**

Reported factors that contribute to workplace violence were mainly attributed to Nurse-client argument, scarcity of drugs and resources, working while understaffed, especially during time of meal and visiting hours, High turnover among workers, insufficient safety measures, Lack of facility policies and training for employees for acknowledging and managing patients' increasing aggressive and assaultive behaviors, Long waits for patients or clients and overcrowded, uncomfortable waiting rooms, Unrestricted movement of the public in the hospitals, Perception that violence is tolerated and victims will not be able to report the incident to police and/or press charges, lack of management attention to workplace violence.(20)(2).

A descriptive cross-sectional and metaanalysis study conducted in China's eastern, central, and western regions found that high turnover intentions and job burnouts have a positive relationship with WPV(14)(25).

### 2.3. Conceptual framework

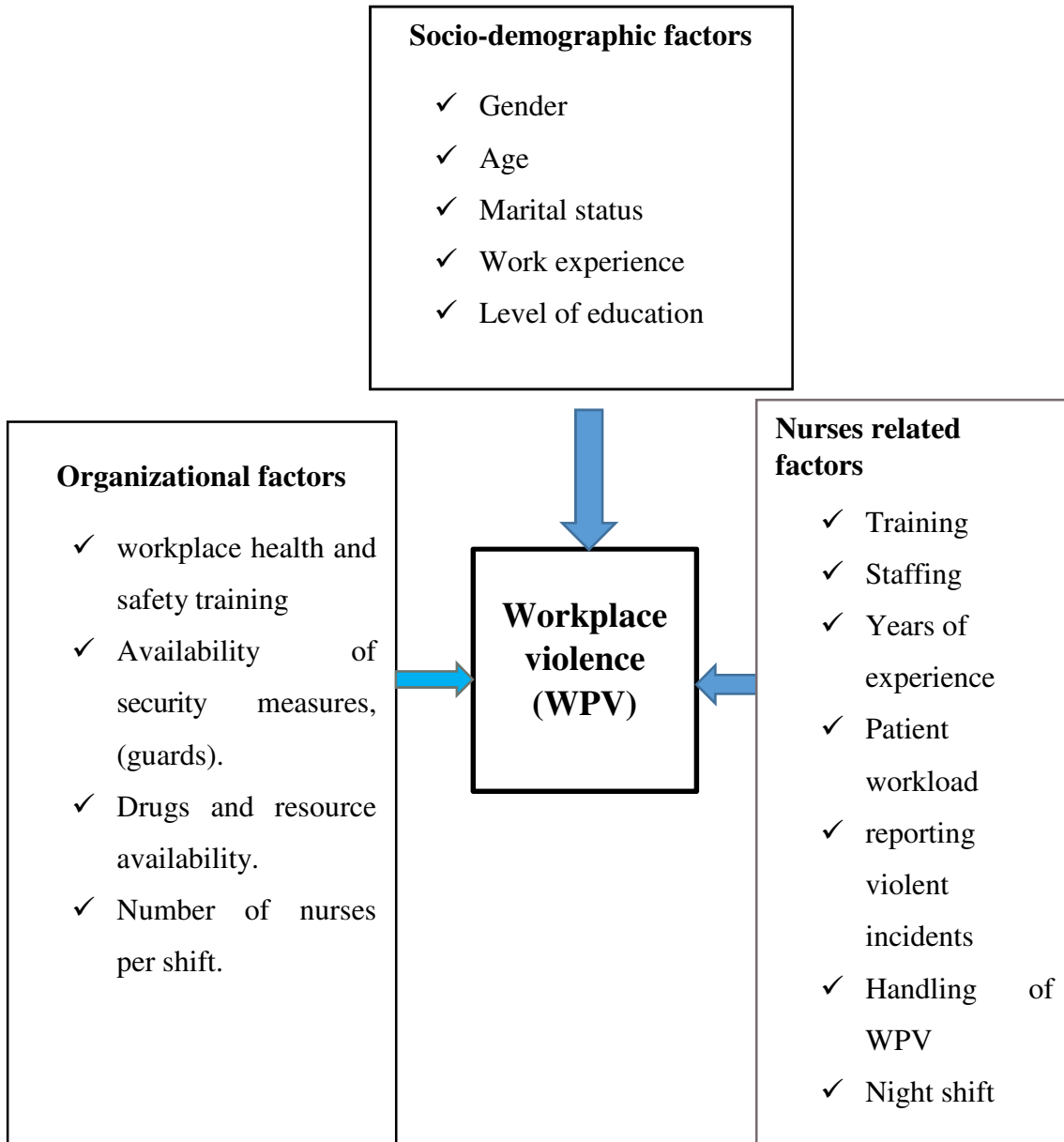


**Figure 1 A** Conceptual framework to assess the magnitude and associated factors of WPV among emergency nurses working at public hospitals(4)(23).

### **3. Objectives**

#### **3.1. General Objectives**

- ✓ To assess the magnitude of workplace violence and associated factors among emergency nurses working at public hospitals in Addis Ababa, Ethiopia, 2025.

#### **3.2. Specific Objectives**

- ✓ To determine the magnitude of workplace violence among emergency nurses working at public hospitals in Addis Ababa, Ethiopia 2025.
- ✓ To identify factors associated with workplace violence among emergency nurses working at public hospitals in Addis Ababa, Ethiopia 2025.

## 4. Methods

### 4.1. Study area

From 12 public health facilities in Addis Ababa, the study was conducted on selected six Addis Ababa public hospitals' in all emergency departments. Addis Ababa is the capital and largest city of Ethiopia. It is located at an elevation of 2,355 meters (7,726 feet) above sea level. The city has a population of 3,945,000 people as of 2023. Addis Ababa is a highly developed and important cultural, artistic, financial, and administrative center of Ethiopia. There are 12 public hospitals in the city(26). Saint Paul hospital millennium medical college, Aabet hospital, St. Peter TB specialized hospital, Alert hospital, Zewditu memorial hospital, and Eka Kotebe hospitals are among the study groups. The largest, St Paul's Millennium Medical College, as it is known today, was established through a decree of the Council of Ministers in 2010, although the medical school opened in 2007 and the hospital was established in 1968 by the late Emperor Haile Selassie. While the inpatient capacity is more than 700 beds, The College sees an average of 1200 emergency and outpatient clients daily and currently has active 85 nurses working in the ED, AaBET hospital is an affiliate Hospital of SPHMMC and it was opened by the FMOH on August 2015. has 14 departments, 250 beds (12 ICU beds), 369 health professionals (including 282 nurses), and 624 administrative staff, and has 71 nurses working in the adult ED, Alert Referral Hospital has a total of 320 beds (6 ICU beds) and serves as a trauma center since April 2015, 18 departments, 900 health professionals (including 420 nurses), and 780 administrative staff and has 74 nurses working in the ED. St. Peter Specialized Hospital is located in the Northern part of Addis at Entoto. It has both in-patient and out-patient departments. The hospital provides various services that include: Tuberculosis diagnosis and treatment and additionally Internal Medicine, Pediatrics, Mother and Child health, anti-retroviral therapy and emergency and critical care services. It has 70 nurses working in the ED, Zewditu memorial hospital is one of the leading hospitals in Ethiopia, presently treating around 6,000 patients per month, The hospital has 253 beds with 6 inpatient units, (28) in emergency,. There are around 190 technical employees including 350 nurses and has 67 nurses working in the emergency department, Eka Kotebe general hospital (EKGH) is the premiere COVID-19 treatment site in Ethiopia and is located in the capital, Addis Ababa. It has a 600-bed capacity with 16 dedicated ICU beds, and has 40 actively working nurses in the emergency unit. Hence, a total estimation of 600 nurses were estimated to work in the adult EDs of all public hospitals in Addis Ababa.

## **4.2. Study Design and Period**

A Facility based cross-sectional study was employed from Nov 15/2024 – Dec 15/ 2024.

## **4.3. Populations**

### *4.3.1. Source Population*

All emergency nurses who worked in the emergency unit of Addis Ababa public hospitals.

### *4.3.2. Study Population*

All emergency nurses who were working in the emergency unit of selected Addis Ababa public hospitals.

### *4.3.3. Inclusion Criteria*

- ✓ All nurses who were working in the emergency unit of selected public hospitals with at least 06 months of experience in Addis Ababa, Ethiopia were included in the study.

### *4.3.4. Exclusion Criteria*

- ✓ Nurses who were assigned to critical patients during the data collection time were excluded from the study.

#### 4.5. Sample Size calculation

Sample size was determined based on single population proportion formula.

Considering the following assumptions:

n- Sample size

z- Value obtained from standard normal distribution value (1.96 corresponding to 95% level of confidence).

P = From the previous study done in eastern Ethiopia The prevalence of workplace violence against nurse professionals in the last 12 months was 64%.(9)

d: margin of error 5%.

Therefore sample size will be determined as follows:

$$n = \frac{z^2 p(1 - p)}{d^2}$$

$$n = (1.96)^2 \times (0.64) \times (0.36) / (0.05)^2 = \mathbf{354}$$

Since the total number of nurses in 12 (twelve) referral hospitals was less than 10,000, we used a correction formula.

Where: - nadj = Adjusted formula

: - n= 354 (initial sample size)

: - N= 600 N (estimated total population size in 12 hospitals)

$$n_{adj} = n/1 + n - 1/N = \mathbf{221}$$

And adding 10% for non-response rate, the final sample size was nadj = **243**

To determine the required sample size for both specific objectives, it was calculated on open Epi info version 7.2 software using factors affecting WPV among emergency nurses working at public hospitals in Addis Ababa, Ethiopia with the following assumptions: 95% confidence interval, 5% margin of error, and a power of 80% by taking study findings.

*Table 1 Sample size calculation with different variable factors that are associated with WPV among emergency nurses working at public health hospitals in Addis Ababa, Ethiopia 2025.*

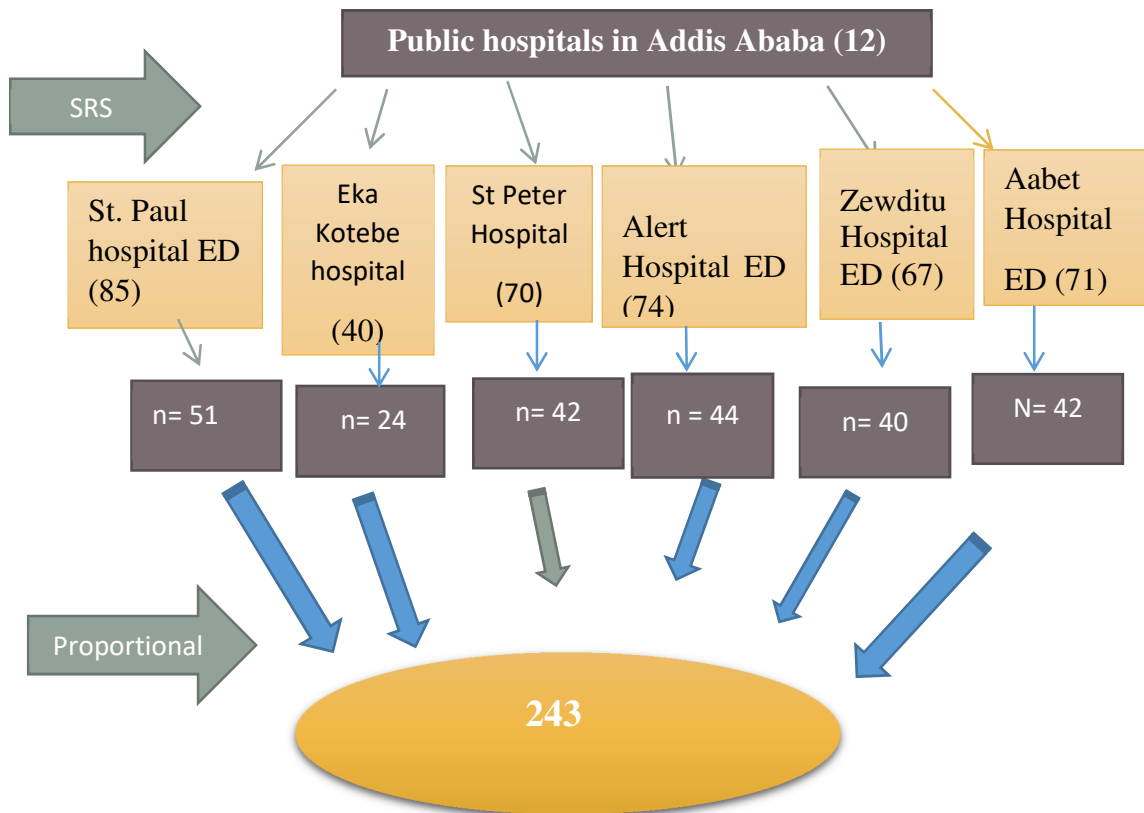
*Table 1 Sample size calculation with different variable factors that are associated with WPV among emergency nurses working at public health hospitals in Addis Ababa, Ethiopia 2025.*

| Variables                         | Confidence interval | Power by % | OR   | Ratio of expected to unexpected | % of outcomes in unexposed | Sample size | Final Sample size with a 10% nonresponse rate | p-v    |
|-----------------------------------|---------------------|------------|------|---------------------------------|----------------------------|-------------|-----------------------------------------------|--------|
| Work experience                   | 95%                 | 80         | 4.9  | 1:1                             | 33.2                       | 128         | 141                                           | 0.0001 |
| Availability of training          | 95%                 | 80         | 2.78 | 1:1                             | 32.9                       | 140         | 154                                           | 0.0001 |
| Availability of security measures | 95%                 | 80         | 3.24 | 1:1                             | 11.36                      | 176         | 194                                           | 0.019  |

Finally, the required sample size for this study was decided by taking the largest sample size, which is **243** study participants, will be included.

#### 4.6. Sampling Procedures

Simple random sampling method was used to select (six) 6 public health facilities among 12 public health facilities found in Addis Ababa. Then the sample size was proportionally allocated to each of the selected public health facilities. And the study participants was selected by simple random sampling lottery method from the list of the nurses working in each of the selected public health facilities.



$K = \text{number of nurses in Y hospital} * \text{sample size} / \text{total no of nurses in study area}.$

**Figure 2** Schematic presentation of sampling procedure to assess the magnitude and factors associated with WPV among emergency nurses working at public hospitals in addis ababa,2025.(23).

## 4.7. Variables

### 4.7.1. Dependent Variable

- ✓ Work-place violence (WPV)

### 4.7.2. Independent Variable

1. **Socio-demographic factors:** Gender, Age, Marital Status, Educational level, Work experience.
2. **Organizational factors:** workplace health and safety training, Availability of security measures, (guards), Drugs and resource availability, Number of nurses per shift, Availability of workplace violence policies.
3. **Nurses related factors:** Availability of training, Reporting violent incidents, Availability of staffs, patient workload, Handling of WPV, Night shift, and experience and skill.

## 4.8. Operational definition

- **Workplace Violence:** This is when a nurse has experienced physical, sexual, and verbal WPVs within the past 6 month. To say a person is suffering from workplace violence they have to face at least one type of violence such as physical violence, verbal abuse, or sexual harassment in circumstances related to their work in the past 12 months. (23)(27).
- **Verbal abuse:** when a nurse is threatened, yelled at, or insulted in the past 06 months.
- **Physical violence:** when a nurse is subjected to any of the following abuse: shoving, biting, spitting on, stabbing, kicking, pinching, or shooting.
- **Sexual violence:** comprises sexually harassing behavior combined with attempted or actual rape.

#### **4.9. Data Collection Tools and Management**

The questionnaire was prepared in English because the study population was health professionals with a level of diploma and above. The data was collected using a pretested, self-administered, structured, English version questionnaire adapted to our context from reviewed literatures in joint program of the International Labor Organization (ILO), the International Council of Nurses (ICN), and the World Health Organization (WHO).(28)

During the data collection time, two (2) diploma clinical nurses for data collection and one (1) BSc nurse for supervision was recruited throughout the data collection period. Data collectors and supervisors were trained for half a day by the principal investigator regarding the study instrument, consent form, and data collection procedure.

#### **4.10. Data Quality Assurance**

Each questionnaire was checked for completeness every day and coded accordingly before the data entry. The questionnaire was prepared in English because the study populations were health professionals with a level of diploma and above. Since the instruments are adapted in our context after reviewing similar literatures from previously used instruments, and was pre-tested on similar populations. The questionnaire was tested on 5% (12) of the total (243) sample at Tikur Anbessa Hospital. The questions were checked for clarity, completeness, consistency, and setting of time required for conducting the study. The questions that have difficulty understanding was rephrased and corrected.

#### **4.10. Data Processing, Analysis, and Presentation**

The Data was entered using Epi-data version 3.1 and exported to SPSS version 27 for analysis.

Frequency distribution in number and percentage, mean median, and standard deviation was used to describe the data.

To identify factors associated with workplace violence among nurses both Bi-variable and Multivariable logistic regression were employed and in the Bi-variable analysis all independent variables each at a time was checked for the presence of association and a P value of  $< 0.25$  were used to make a variable candidate for multivariable logistic regression and those variables, found to have a p-value of  $< 0.25$ , was taken to multivariable analysis to control for the effect of confounder. Finally, independent variables with  $P < 0.05$  was declared for having a statistically significant association with the dependent variable. The effect size was estimated by using AOR and for assessing the presence of statistically significant association with 95% CI was described.

#### **4.12. Ethical Consideration**

Ethical clearance was obtained from ethical committee of SPHMMC and distributed to the selected health facilities. Participant's signature was obtained before administering the questionnaires. The data was anonymized in order to not reveal patients' identities, and the analysis conducted in a way that the final results were not linked to individual patients. The right to withdraw and unwillingness from participating in the study was assured without any restrictions by taking a written informed consent from each study participant. All study participants was informed that participating in the study has no any incentives or direct benefit.

#### **4.13. Dissemination of Result**

The final report of the study were presented and submitted to St. Paul Hospital Millennium Medical College research office for the fulfillment of the requirement. It was also planned to communicate and disseminate the results to the studied hospitals. The finding will be presented at workshops, seminars, and on other professional meetings and an effort will be made to publish in peer reviewed journal.

## 5. Results

### 5.1 Socio-demographic characteristics of the respondents

Of all those (243) participants, 231 nurses working at emergency unit took part in the study and had a response rate of 95.06 %. The mean age of the participants was 28.37 (SD= 3.070), with the minimum and maximum ages of the respondents being 22 and 39 years, respectively. From the total respondents, 171 (74.0%) were between the 26–32 age groups. Of the total respondents, 147 (63.6%) were female. Regarding marital status, 142 (61.5%) of them were single. Among the respondents, 154(66.7%) were Bachelor of Science in Nursing holders. When we saw the work experience of the nurses in the emergency, 143 (61.9%) had served for less than one year in the emergency.

*Table 2 Socio-demographic Characteristics of the study participants working at public hospitals in Addis Ababa, March 2025 (n= 231)*

| Types of variable            | Category    | Frequency (n) | Percent (%) |
|------------------------------|-------------|---------------|-------------|
| Age of the respondents       | 22-25       | 39            | 16.9 %      |
|                              | 26-32       | 171           | 74 %        |
|                              | 33-39       | 21            | 9.1 %       |
| Gender of the respondents    | Female      | 147           | 63.6 %      |
|                              | Male        | 84            | 36.4 %      |
| Marital Status               | Single      | 142           | 61.5 %      |
|                              | Married     | 87            | 37.7 %      |
|                              | Divorced    | 2             | .9 % %      |
| Educational Level            | Diploma     | 53            | 22.9 %      |
|                              | Degree      | 154           | 66.7 %      |
|                              | Masters     | 24            | 10.4 %      |
| Work Experience in emergency | <1 year     | 143           | 61.9 %      |
|                              | 1- 3 years  | 48            | 20.8 %      |
|                              | 3 – 5 years | 25            | 10.8 %      |
|                              | 5 – 8 years | 15            | 6.5 %       |

|              |               |     |        |
|--------------|---------------|-----|--------|
| Night Shifts | 0 – 8 Nights  | 21  | 9.1 %  |
|              | 10 -13 Nights | 171 | 74 %   |
|              | >13 Nights    | 39  | 16.9 % |

## 5.2 Workplace Violence (WPV) Reporting, Awareness, and Policies

The finding shows that 37(16%) of nurses reported the experience of WPV in the past, yet only 7(3%) knew how to report it, and 150(64.9%) were unaware of the reporting procedure. Additionally, 72(31.2%) felt encouraged to engage in WPV, with colleagues 43(18.6%) being the most common source of encouragement. Employer policies on WPV were largely unclear, as 175(75.8%) of respondents did not know whether their employer had a policy in place.

These results highlight the need for improved workplace policies, reporting mechanisms, and awareness programs to address workplace violence among emergency nurses in public hospitals.

*Table 3 Workplace Violence (WPV) Reporting, Awareness, and Employer Policies among emergency nurses working at public hospitals in Addis Ababa (n=231).*

| Variables                  | Category            | Frequency | Percent (%) |
|----------------------------|---------------------|-----------|-------------|
| Reported WPV in the past   | No                  | 194       | 84%         |
|                            | Yes                 | 37        | 16%         |
| Got disciplined for report | No                  | 23        | 10%         |
|                            | Yes                 | 14        | 6.1%        |
| Encouragement to WPV       | No                  | 84        | 36.4%       |
|                            | Yes                 | 72        | 31.2%       |
|                            | I don't Know        | 75        | 32.5%       |
| Who encouraged             | Management/employer | 12        | 5.2%        |
|                            | Colleagues          | 43        | 18.6%       |
|                            | Own family/friends  | 17        | 7.4%        |
| Know how to report         | No                  | 224       | 97%         |

|                                  |              |     |       |
|----------------------------------|--------------|-----|-------|
| WPV                              | Yes          | 7   | 3%    |
| Procedure to report WPV          | No           | 55  | 23.8% |
|                                  | Yes          | 26  | 11.3% |
|                                  | I don't know | 150 | 64.9% |
| Employer developed policy on WPV | No           | 48  | 20.8% |
|                                  | Yes          | 8   | 3.5%  |
|                                  | I don't know | 175 | 75.8% |

### 5.3 organizational factors among the study participants

The findings indicate that training on workplace violence (WPV) was almost evenly distributed among participants, with 50.2% (116) receiving training and 49.8% (115) not receiving any. A majority 173 (74.9%) reported inadequate security personnel availability. Regarding patient workload, 134 (58%) perceived it as high, while 97 (42%) did not. Additionally, 160 (69.3%) of participants reported not adequate availability of drugs and resources, whereas 71 (30.7%) found them sufficient. Lastly, 195 (84.4%) of respondents believed staffing levels were adequate, while 36 (15.6%) considered them inadequate.

*Table 4 organizational factors among emergency nurses working at public hospitals in Addis Ababa, Ethiopia 2025.*

| Variables                                | Category | Frequency (n) | Percent (%) |
|------------------------------------------|----------|---------------|-------------|
| Training on WPV                          | No       | 115           | 49.8%       |
|                                          | Yes      | 116           | 50.2%       |
| Adequate Security personnel availability | No       | 173           | 74.9%       |
|                                          | Yes      | 58            | 25.1%       |
| Patient work load                        | No       | 97            | 42%         |
|                                          | Yes      | 134           | 58%         |
| Availability of drug and resource        | No       | 160           | 69.3%       |
|                                          | Yes      | 71            | 30.7%       |
| Adequate staff level                     | No       | 36            | 15.6%       |
|                                          | Yes      | 195           | 84.4%       |

#### 5.4 Magnitude of Workplace violence

From 231 study participants, (182, 95%CI 73.21 – 83.50) respondents reported exposure to workplace violence in the past 06 months. Of those 182 nurses, 130 (71.4 %) had experienced verbal abuse, 32 (17.6 %) faced physical violence and, 20 (10.9 %) had experienced sexual violence in the past 06 months.

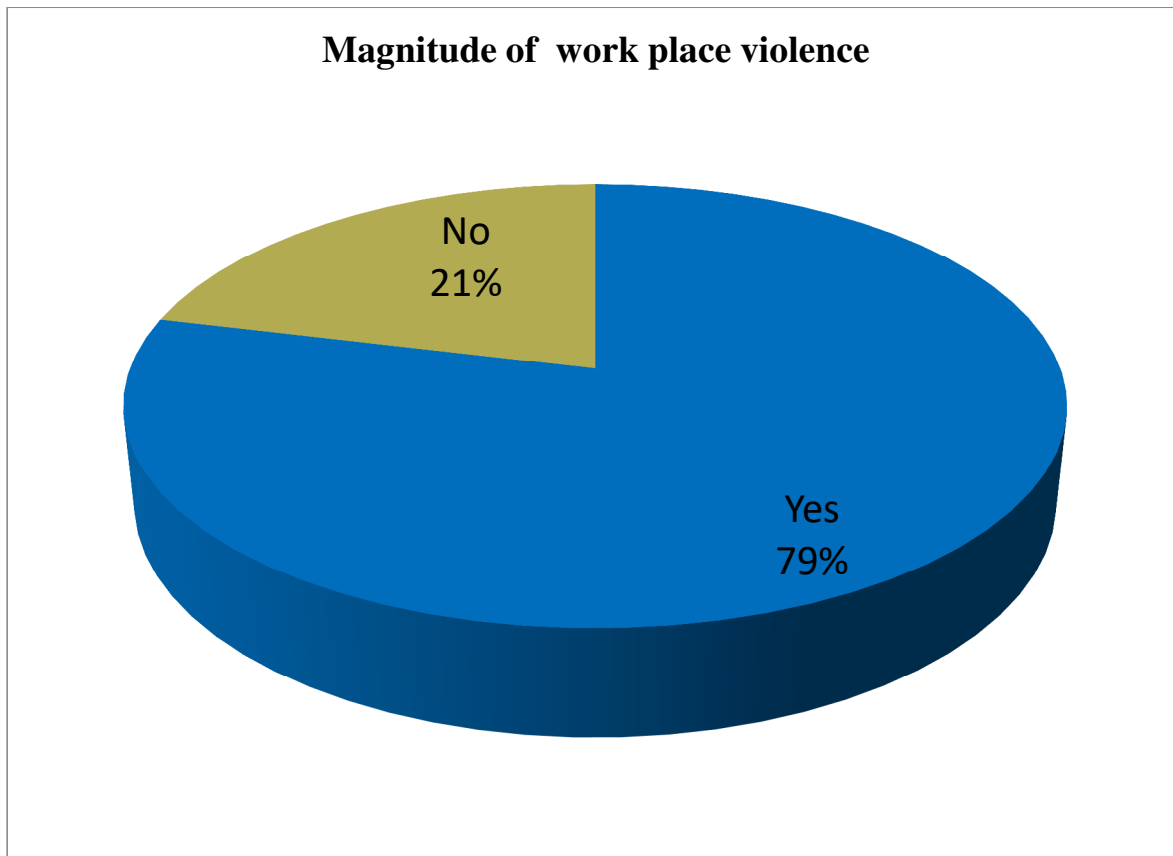


**Figure 3** Magnitude of work place violence among nurses working at Emergency department of selected public hospital of Addis Ababa, Ethiopia, 2025.

### 5.5 Study participants witness regarding workplace violence among other nurses

Among the 231 respondents asked about witnessing workplace violence (WPV) in the past six months, 145 (62.8%) reported having witnessed WPV against others. Among these, verbal violence was the most common type (102 respondents, 70.3%), followed by physical violence (36 respondents, 24.8%) and sexual violence (7 respondents, 4.8%).

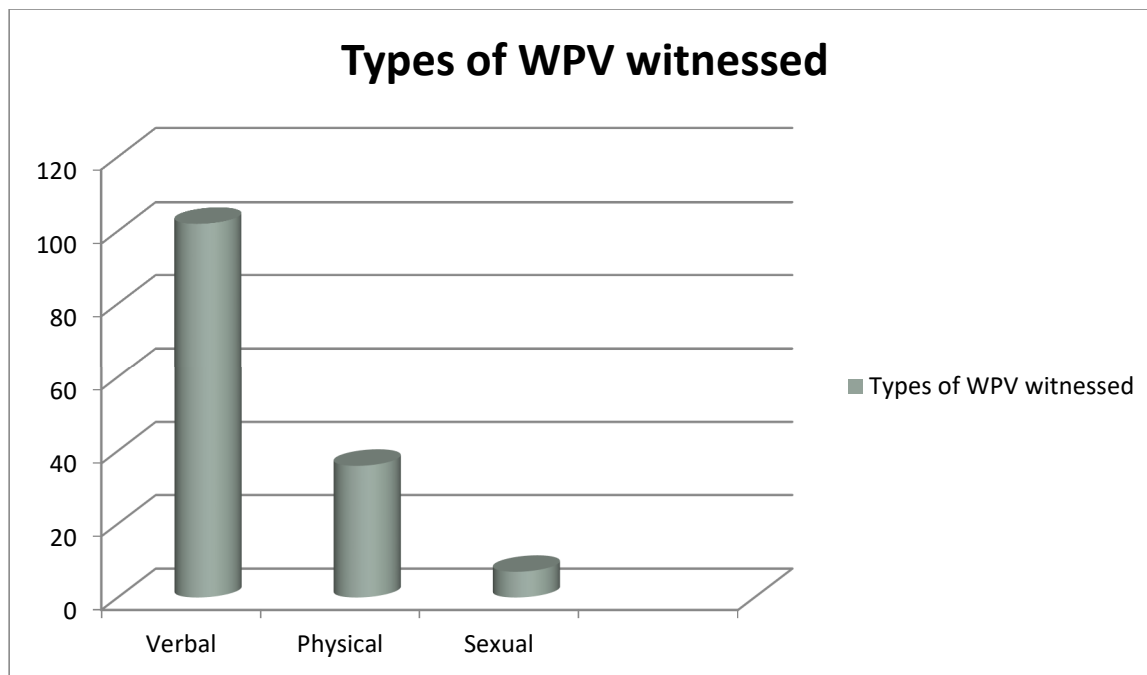


*Figure 4 Study participants witness regarding workplace violence among other nurses.*

## 5.6 Forms of violence, perpetrators, and time of incident

From the total 130 verbal violence, 82 (63.07%) were committed by Relative of patients, 32(24.8%) were by the General public, 12(9.23%) were by staffs and their gender was Male 67 (51.5%). Of the total 32 (17.6 %), physical violence, 25 (78.1 %) were committed by Relative of patients, 4(12.5 %) were by the General public, 3(9.3%) were by staffs and Male gender was a predominant factor to physical violence 30 (93.75%). From 20 (10.9 %) of sexual violence, the perpetrators were relative of patient 16(80 %), general public 3 (15 %), and sex of perpetrators for sexual violence were male 20 (100%).

*Table 5 Forms of violence, perpetrators, and time of incident of WPV among emergency nurses working at public hospitals of Addis Ababa, Ethiopia, 2025. (n=231)*

| Variables                      | Category            | Frequency (n) | Percent (%) |
|--------------------------------|---------------------|---------------|-------------|
| <b>Verbal Violence</b>         | No                  | 52            | 28.5 %      |
|                                | Yes                 | 130           | 71.4 %      |
| Time of Violence               | Morning (6am-2pm)   | 22            | 16.9 %      |
|                                | Afternoon (2pm-8pm) | 67            | 51.5 %      |
|                                | Night(8pm-8am)      | 41            | 31.5 %      |
| Perpetrator of Verbal Violence | Relative of patient | 82            | 63.07 %     |
|                                | General Public      | 32            | 24.6 %      |
|                                | Patient             | 4             | 3.07 %      |
|                                | Staff               | 12            | 9.23 %      |
| Sex of perpetrator             | Male                | 67            | 51.5 %      |
|                                | Female              | 63            | 48.4 %      |
| <b>Physical Violence</b>       | No                  | 150           | 82.4 %      |
|                                | Yes                 | 32            | 17.6 %      |
| Time of Physical Violence      | Morning (6am-2pm)   | 2             | 6.25 %      |
|                                | Afternoon (2pm-8pm) | 15            | 46.8 %      |
|                                | Night(8pm-8am)      | 15            | 46.8 %      |
| Perpetrator of physical        | Relative of patient | 25            | 78.12 %     |

|                                |                     |     |         |
|--------------------------------|---------------------|-----|---------|
| Violence                       | General Public      | 4   | 12.5 %  |
|                                | Staff               | 3   | 9.37 %  |
| Sex of perpetrator             | Male                | 30  | 93.75 % |
|                                | Female              | 2   | 6.25 %  |
| <b>Sexual violence</b>         | No                  | 162 | 89 %    |
|                                | Yes                 | 20  | 10.9 %  |
| Time of Violence               | Morning (6am-2pm)   | 0   | 0 %     |
|                                | Afternoon (2pm-8pm) | 2   | 10 %    |
|                                | Night(8pm-8am)      | 18  | 90 %    |
| Perpetrator of Sexual Violence | Relative of patient | 16  | 80 %    |
|                                | General Public      | 3   | 15 %    |
|                                | External colleague  | 1   | 5 %     |
| Sex of perpetrators            | Male                | 20  | 100 %   |
|                                | Female              | 0   | 0 %     |

## 5.8 Factors associated with work place violence

The bivariate analysis was carried out to examine the associations between each of the independent variables and the outcome variables separately and the unadjusted odds ratios of the associations and the 95% confidence intervals of each independent variable with work place violence. Six variables were showed association in Bivariate analysis and these variables showed association with outcome variables at  $P < 0.2$  in the bi variable analysis were Sex of respondents, Age Category, availability of security, Availability of training, Drug and resource availability and Patient Work load.

The multivariable logistic regression analysis was conducted by taking all these factors into account simultaneously and five of them left significantly associated with independent variable and these includes: Sex of respondents, Age Category, availability of security, Drug and resource availability and Patient work overload were significantly and independently associated with the outcome variables at P value 0.05.

Female Nurses were 11.14 times more likely to encounter violence compared to male health workers (AOR = 11.14; 95%CI (3.85-32.19)). Emergency Nurses belongs to Age category 22-25 years were 3.37 times more likely to encounter work place violence compared who were age group of 33-39 years .(AOR = 3.37; 95%CI (2.7-16.07)). Emergency Nurses whose working place have adequate security were 51% times less likely to encounter violence compared to their counter group (AOR = 0.49; 95%CI (0.13-0.19))

Emergency Nurses who were exposed to high work load were 8.96 times more likely to encounter violence compared to their counter group (AOR = 8.96; 95%CI (2.39-33.62)). Emergency nurses who were working at adequate drug and resource availability place were 75% times less likely to encounter violence compared to their counter group (AOR = 0.25; 95%CI (0.09-0.68)) 0.25 (0.09-0.68).

*Table 6 Factors Associated with Workplace Violence among Emergency Nurses Working at Public Hospitals in Addis Ababa, Ethiopia, 2025. (n=231).*

| Variables                         | Work place violence |           | COR (95% of CI)   | AOR (95% of CI)    | p-value       |
|-----------------------------------|---------------------|-----------|-------------------|--------------------|---------------|
|                                   | Yes                 | No        |                   |                    |               |
| Sex of respondent                 |                     |           |                   |                    |               |
| female                            | 135(74.2%)          | 12(24.5%) | 8.86(4.26-18.39)  | 11.14 (3.85-32.19) | 0.00          |
| Male                              | 47(25.8%)           | 37(75.5%) | 1                 | 1                  |               |
| Age                               |                     |           |                   |                    |               |
| 22-25                             | 37(20.3%)           | 2(4.1%)   | 9.25(1.71-50.00)  | 4.7(2.7-16.07)     | 0.008<br>0.29 |
| 26-32                             | 131(72%)            | 40(81.6%) | 1.64(0.62-4.32)   | 2.27(0.49-10.42)   |               |
| 33-39                             | 7(7.7%)             | 7(13.3%)  | 1                 | 1                  |               |
| Adequate security                 |                     |           |                   |                    |               |
| No                                | 150(82.4%)          | 23(46.9%) | 1                 | 1                  | 0.00          |
| Yes                               | 32(17.6%)           | 26(53.1%) | 0.19(0.9-0.37)    | 0.49 (0.13-0.19)   |               |
| Work load                         |                     |           |                   |                    |               |
| No                                | 55(30.2%)           | 42(85.7%) | 1                 | 1                  | 0.001         |
| Yes                               | 127(69.8%)          | 7(14.3%)  | 13.86(5.86-32.76) | 8.96 (2.39-33.62)  |               |
| Availability of drug and resource |                     |           |                   |                    |               |
| No                                | 143(78.6%)          | 17(34.7%) | 1                 | 1                  | 0.007         |
| Yes                               | 39(21.4%)           | 32(65.3%) | 0.15(0.07-0.29)   | 0.25 (0.09-0.68)   |               |

## 6. Discussion

The study found that 79%, 95%CI (73.21 – 83.50) (182) of emergency nurses working at public hospitals in Addis Ababa, Ethiopia, experienced workplace violence. Among them, 130 (71.4%) faced verbal abuse, 32 (17.6%) experienced physical violence, and 20 (10.9%) were subjected to sexual violence in the past six months. Furthermore, the Sex of respondents, Age Category, availability of security, Drug and resource availability and Patient work overload were predictors of WPV.

The reported magnitude was the same with china 79.3%(29), Kenya 81.7%(2). and was higher than the previous studies in Eastern Ethiopia 64%(9), Northeastern Ethiopia 56%(12), Northwest Ethiopia 26.7%(21), southern Ethiopia 29.9% (22), western Ethiopia 42.8(30), Egypt 27.7%(15), Nepal 56.4%(31), and Thailand (8), but was lower than Oromia regional state in Ethiopia(23), Brazil (88.9%) (32), Pakistan 88.8% (33), and Jordan 86%(34), which indicates a relatively high level of WPV against ED nurses in Addis Ababa, Ethiopia.

This difference may be due to the study design, under reporting, different study setting (Hospitals especially in the emergency), different professional roles e.g. Doctors vs. Nurses, and cultural difference, may be in some cultures verbal violence may not be considered as violence by itself.

The main reason for the high magnitude could be High-Stress Environment, Overcrowding, Lack of Security Measures, Underreporting & Lack of Consequences, Staffing Shortages & Workload, and Limited Training on Violence Prevention may also contribute to the problem.

This finding is similar in pattern although the figures are different, this study showed a higher magnitude of verbal abuse 130 (71.4%) followed by physical violence 32 (17.6%), and sexual harassment 20 (10.9%), Similarly these findings were supported by other studies which showed similar patterns of violence, namely, verbal abuse was highest at (69.5%) verbal abuse; and (9.3%) physical abuse in Egypt(15). physical violence accounted for (18.22%), verbal abuse for (89.58%) and sexual harassment for (13.02%) in southern Ethiopia(22). verbal abuse accounting for (49.4%), physical abuse (21%), and sexual harassment (7.5%) in Northeastern Ethiopia(12). 54% stated that they had been exposed to verbal violence and 20% had been exposed to physical violent acts in Poland, the Czech Republic, the Slovak Republic, Turkey, and Spain (35).

But the findings of this study are contradictory to the findings of the study from Brazil which showed a lower prevalence of verbal abuse 38%, then physical violence at 11%, and sexual harassment at 9.1% (32).

A study from Amanuel mental hospital which is found in Addis Ababa, Ethiopia showed that the highest sexual violence 21.8%, physical violence 36.8%, and verbal violence 62.1% (13).

Verbal abuse can be difficult to prove due to the lack of concrete evidence. The findings may be based on a wide range of incidents, from minor disagreements to more serious cases, some of which might simply be misunderstandings labeled as verbal abuse. This could explain why verbal abuse appears to be the most commonly reported form of violence.(31).

In this study the perpetrators were mainly male, since males were more aggressive than females, several studies had shown similar characteristics(5)(22).

The finding of the present study reveals that the most common perpetrators of workplace violence are relatives of patients 123(58.75%) followed by General public 39(21.3%), staffs 15(8.2%), and patients 4(2.2%).

The present study finding is consistent with the result of the study from Nepal, 107(40.53%), 65.8% in Oromia, Ethiopia, In Gambia 71 (54.2%), 90.9% in Turkey(17)(36)(20)(23), and 26.5% in Jordan(36) which showed that among the perpetrators of workplace violence, patients' relatives were the most common perpetrators. In this study, the relatives of patients served as the primary caregivers during illness, assuming full responsibility for their loved ones. Hospitalization significantly disrupts their regular lifestyle, often causing drastic changes. On one hand, they may lose their source of income; on the other, the financial strain of hospital expenses adds to their already heavy burden. These challenges likely contribute to their high expectations of nurses, which, when unmet from their perspective, may lead to frustration, aggression, or even violent behavior(23).

But this finding is contradictory to the findings of the study from Pakistan that the common perpetrators (33.7%) were staff members(33), patients in Egypt with 62.8%(15), and Colleagues and supervisors in Brazil(32). The possible reason might be different study settings and different socioeconomic, cultural backgrounds, reporting practice, legal and disciplinary actions.

In the present study, out of 130 incidents of verbal violence, the majority 67 (51.5%) occurred during the afternoon shift. This finding contradicts with a study from Western Ethiopia and Thailand, which reported that verbal violence incidents took place during the night shift(30)(8), and in Pakistan 35.3% and 31.4% had experienced workplace violence in night and morning shifts respectively.

Violence in the workplace was caused by insecure public access, less staff allocation in shifts, nurses' attitudes, communication styles, excessive workload, poor working conditions, long waiting times, and unsecured public access (35)(30)(8). These findings may be attributed to a higher patient and attendant volume and overcrowding, increased emergency cases, a staffs transition and handovers time, increased workload, potentially leading to a failure in meeting clients' expectations, and may contribute to a higher incidence of violent incidents during the afternoon shift compared to the morning and night shifts.

In the present study, a statistically significant relationship was found between age and workplace violence. As the age of nursing staff increased, the incidence of violence against them decreased. Younger nurses were more likely to experience workplace violence compared to their older counterparts. This finding aligns with studies conducted in Northwest Ethiopia and Bangladesh(21)(19). This might be due to young nurses' lack of ability or experience in dealing with violence, and inadequate safety measures.

And the study contradicts with in Amanuel hospital in Ethiopia which dictates WPV increases when age increases(13).

The sex of the study participants had a significant association with workplace violence females had higher odds of being exposed to workplace violence than males. This is in line with studies conducted in Hawassa, France and Pakistan(24)(37)(22), This might be due to traditional thinking that dictates that men are at the top of the hierarchical structure and superior to females. and this study contradicts with the study done in Amanuel Mental Specialized Hospital in Addis Ababa , Ethiopia and in China, which says being male nurse were highly prone to exposed for workplace violence(13)(29).

In this study security personnel unavailability were found to be statistically significant, the unavailability of security personnel in emergency departments increases the risk of workplace violence by leaving nurses vulnerable to aggressive patients and visitors, especially in high-stress situations. Without immediate intervention, conflicts can escalate, leading to physical and verbal assaults on emergency nurses. This finding is in line with a study conducted in Northern Thailand(8).

Unavailability of drugs and resources in emergency rooms can increase patient and family irritation, which raises the likelihood of verbal and physical aggressiveness toward nurses. This was found to be statistically significant in the current study. Nursing conflicts arise as a result of workplace tensions heightened by the stress of working with inadequate resources. This result is in line with the study done in Gambia(20).

Patient workload was shown to be statistically significant in the present study. In emergency rooms, a high patient load raises the likelihood of violence against nurses by increasing stress, delaying service, and escalating patient annoyance. This is consistent with study that was done in Eastern Ethiopia.(9).

In general, Workplace violence among emergency nurses in Addis Ababa public hospitals was found to be alarmingly high at 79%, 95%CI (73.21 – 83.50), and exceeding previous studies in Eastern Ethiopia which was 64%. Key contributing factors included younger age (22-25 years), female gender, lack of security personnel, patient overload, and shortages of drugs and resources. Addressing these issues is crucial to ensuring a safer work environment for emergency nurses.

## 7. Conclusion

This thesis aimed to assess the magnitude of workplace violence and associated factors among emergency nurses working at public hospitals in Addis Ababa, Ethiopia. The findings highlighted several key factors contributing to workplace violence in this setting, including the sex and age category of respondents, availability of security, drug and resource availability, and patient work overload.

The results indicate that female nurses and younger nurses (22-25) are more likely to experience workplace violence, suggesting the need for targeted interventions to support these vulnerable groups. Additionally, the availability of security services in hospitals was found to be crucial in mitigating the risk of violence, emphasizing the importance of strengthening security measures in emergency departments. The availability of drugs and medical resources also plays a significant role in reducing workplace violence, as shortages in supplies often lead to heightened frustration and aggression from patients and their families.

Finally, patient work load, which is often exacerbated by understaffing and high patient volumes, was identified as a significant factor contributing to workplace violence. Addressing this issue requires adequate staffing, improved patient management strategies, and better organizational support.

In conclusion, the findings suggest that addressing the multifaceted factors contributing to workplace violence in emergency nursing requires a comprehensive approach, including improvements in security, resource management, and staffing levels. Hospitals and healthcare administrators must prioritize these areas to create safer work environments for emergency nurses and improve overall patient care.

## 8. Recommendation

To Ministry of Health, Ethiopia

- ❖ **Develop National Guidelines:** Establish national policies and guidelines to prevent and manage workplace violence in healthcare settings, focusing on emergency departments.
- ❖ **Invest in Security:** Allocate resources to strengthen security systems in public hospitals, including deploying trained security personnel and installing surveillance systems.
- ❖ **Enhance Resource Availability:** Ensure a consistent supply of essential drugs, equipment, and other medical resources to reduce frustrations among patients and their families.

To Addis Ababa Health Bureau

- ❖ **Capacity Building:** Provide training and workshops for hospital administrators and staff on conflict resolution, de-escalation techniques, and managing workplace violence effectively.
- ❖ **Increase Staffing Levels:** Address patient work overload by hiring more healthcare professionals to reduce the burden on emergency nurses.
- ❖ **Monitor and Support:** Establish a system to regularly monitor workplace violence incidents and provide psychological support services to affected staff.

To Public Hospitals in Addis Ababa

- ❖ **Strengthen Security Measures:** Implement comprehensive security protocols, such as restricted access to emergency departments, 24/7 security personnel, and panic buttons for staff.
- ❖ **Provide Safe Work Environments:** Establish workplace policies that promote the safety and well-being of nurses, particularly younger and female nurses who are more vulnerable.
- ❖ **Promote Team-Based Care:** Foster collaborative care models to distribute workloads more evenly and improve communication among staff.

## To Health Professionals

- ❖ Advocate for Safety: Advocate for improved workplace conditions and report incidents of violence to hospital management.
- ❖ Participate in Training: Engage in training programs on managing workplace violence, stress management, and self-protection strategies.
- ❖ Support Colleagues: Establish peer support groups to share experiences, provide emotional support, and promote resilience among nursing staff.

## To Researchers

- ❖ Further Research: Expand studies on workplace violence in diverse healthcare settings, including rural areas and private hospitals, to gain a more comprehensive understanding of the issue.
- ❖ Intervention Strategies: Evaluate the effectiveness of different interventions—such as improved security measures, policy reforms, and staff training—in reducing workplace violence.
- ❖ Longitudinal Studies: Conduct long-term studies to examine the lasting effects of workplace violence on nurses' mental health and job performance.

## **9. Strengths and Limitation of the study**

### ***9.1 strengths of the study***

Although few studies have been conducted in Ethiopia, most have focused on areas outside Addis Ababa. Therefore, this study is the first to assess the magnitude of workplace violence and its associated factors among emergency nurses working in public hospitals in Addis Ababa, Ethiopia, providing a valuable baseline for stakeholders and future researchers.

### ***9.2 Limitations of the study***

This study employed a cross-sectional design, which does not allow for establishing causal relationships between explanatory variables and the dependent variable. Additionally, despite being cross-sectional, the study may be subjected to recall bias and social desirability bias, particularly for sensitive questions such as those related to sexual harassment, which could affect the accuracy of the findings.

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## **Annex**

### **Annex I. Information Sheet**

My name is Abel Birhanu and I am a graduating year masters of Critical Care Nurse practitioner student at St. Paul Hospital Millennium Medical College. I am currently doing thesis on **“Magnitude of workplace violence and associated factors among emergency nurses working at public Hospitals, in Addis Ababa, Ethiopia”**.

The purpose of the questionnaire is to gather adequate information about Magnitude of workplace violence and associated factors among emergency nurses working at public Hospitals, in Addis Ababa, Ethiopia.

Participating in this study offers several significant benefits to you as an emergency nurse. By contributing to the research, you will gain a deeper understanding of the magnitude and causes of workplace violence within your specific environment. This enhanced knowledge has the potential to lead to the development of improved safety measures and interventions tailored to your workplace. Additionally, the study's findings could support advocacy efforts aimed at securing better resources and support systems for handling workplace violence. Moreover, your involvement provides an opportunity for personal empowerment, allowing you to share your experiences and contribute to meaningful changes that could enhance both your professional environment and overall job satisfaction.

Thank you for considering participation in this study. Please note the following important points

- ✓ Your answers and responses will be kept confidential.
- ✓ You have the right to access the results of the thesis.
- ✓ You may review the study results within the bounds of ethical considerations.
- ✓ Participation is entirely voluntary, and you have the right to withdraw from the study at any time without consequence.

To the end, I would like to forward my deepest gratitude for your unreserved co-cooperation in filling the questionnaire.

## Annex II. Consent Form

I have read this form, or it has been explained to me and understood the condition stated above, therefore, I am willing and confirm the participation in the study by signing the consent.

Signature of the participants: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigator(s): \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: Abel Birhanu Phone No: 0922949052

## Annexe III: Questionnaire

### Instruction for filling the questionnaire

Please read each statement carefully put a circle (O) mark for your choice of the questions indicated in the table or write on the space provided.

| Section 1: Socio-demographic and Work place characteristics |                                                 |                                                                |
|-------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| 101                                                         | How old are you?                                | ----- ?                                                        |
| 102                                                         | Gender                                          | 1) Male<br>2) Female                                           |
| 103                                                         | What is your marital status?                    | 1) Single<br>2) Married<br>3) Separated/Divorced<br>4) Widowed |
| 104                                                         | What is your level of education                 | 1) Clinical (Diploma)<br>2) Degree<br>3) Masters               |
| 105                                                         | How long have you worked as an emergency Nurse? | ----- ?                                                        |

## SECTION 2: WORKPLACE EXPERIENCE OF PHYSICAL VIOLENCE

In this section you will be asked if you have experienced any physical violence while you were at work in the last 06 months. Physical violence includes any hitting, beating, objects thrown at you or any act that potentially could cause physical harm regardless of the perpetrator or the level of harm sustained.

|     |                                                                                                                                                                                                                                                                                           |                                                                                |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 201 | <p>In the last 06 months, have you ever faced any violence at your workplace?</p> <p>(when we say violence it includes being hit, battered or any physical aggression, insults, remarks and touched of sexual nature)</p> <p>If your answer to Q201 is 'no' please go to section five</p> | <p>1) Yes</p> <p>2) No</p>                                                     |
| 202 | If yes, have you ever faced physical violence?                                                                                                                                                                                                                                            | <p>1) Yes</p> <p>2) No</p>                                                     |
| 203 | What was the Gender of the perpetrator                                                                                                                                                                                                                                                    | <p>1) Male</p> <p>2) Female</p>                                                |
| 204 | How often do you face such violence at your work place?                                                                                                                                                                                                                                   | <p>1) Every day</p> <p>2) Most days</p> <p>3) rarely</p>                       |
| 205 | If faced any form/s of the physical violence/s, in the last 06 months, how many times have you faced physical violence?                                                                                                                                                                   | ----- ?                                                                        |
| 206 | Who attacked you physically?                                                                                                                                                                                                                                                              | <p>1) patient/client</p> <p>2) relatives of patient/client</p> <p>3) staff</p> |

|     |                                                       |                                                                                                                                                                                                                                                                                                                                     |
|-----|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                       | 4) management/supervisor<br>5) external colleague/worker<br>6) general public                                                                                                                                                                                                                                                       |
| 207 | At which time did it happen?                          | 1) Morning ( 6am – 2pm)<br>2) Afternoon ( 2pm- 8pm )<br>3) Night ( 8pm – 8am )                                                                                                                                                                                                                                                      |
| 208 | How did you respond to the incident?                  | 1) Took no action<br>2) Told the person to stop<br>3) Told<br>colleague/friend/family<br>4) Transferred to another<br>position<br>5) Sought help from<br>association<br>6) Tried to pretend it never<br>happened<br>7) Tried to defend myself<br>physically<br>8) Sought counselling<br>9) Reported it to a senior staff<br>member. |
| 209 | Do you think the incident could have been prevented?  | 1) Yes<br>2) No                                                                                                                                                                                                                                                                                                                     |
| 210 | Were you injured as a result of the violent incident? | 1) Yes<br>2) No                                                                                                                                                                                                                                                                                                                     |

|     |                                                            |                 |
|-----|------------------------------------------------------------|-----------------|
|     | <i>if NO, please go to section 3</i>                       |                 |
| 211 | If YES, did you require formal treatment for the injuries? | 1) Yes<br>2) No |

### SECTION 3: WORKPLACE EXPERIENCE OF VERBAL VIOLENCE

In this section, you will be asked if you have experienced any verbal violence while you were at work in the last 06 months. Verbal violence includes any action that includes hurtful words that may degrade your work effort, personality, physical appearance, or experience. This includes being screamed at, insults condescending words, negative remarks, etc.... regardless of the perpetrator or the level of harm sustained.

|     |                                                                                                                                                                                  |                                           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 301 | In the past 06 months, have you ever faced any verbal violence? (Insults, name-calling, hurtful remarks, etc...)<br><br>If your answer to Q301 is 'no' please go to section five | 1) Yes<br>2) No                           |
| 302 | If yes, How often do you face such violence at your workplace?                                                                                                                   | 1) Every day<br>2) Most days<br>3) Rarely |
| 303 | What was the Gender of the perpetrator                                                                                                                                           | 1) Male<br>2) Female                      |
| 304 | If faced any form/s of the verbal violence/s, in the last 06 months, how many times have you faced verbal violence?                                                              | ----- ?                                   |
| 305 | Who attacked you verbally?                                                                                                                                                       | 1) patient/client                         |

|     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                      | <ul style="list-style-type: none"> <li>2) relatives of patient/client</li> <li>3) staff member (Nurse, Physicians, other health care workers)</li> <li>4) management/supervisor</li> <li>5) external colleague/worker</li> <li>6) general public</li> </ul>                                                                                                                                                            |
| 306 | At which time did it happen?                         | <ul style="list-style-type: none"> <li>1) Morning ( 6am – 2pm)</li> <li>2) Afternoon ( 2pm- 8pm )</li> <li>3) Night ( 8pm – 8am )</li> </ul>                                                                                                                                                                                                                                                                           |
| 307 | How did you respond to the incident?                 | <ul style="list-style-type: none"> <li>1) Took no action</li> <li>2) Told the person to stop</li> <li>3) Told<br/>colleague/friend/family</li> <li>4) Transferred to another position</li> <li>5) Sought help from association</li> <li>6) Tried to pretend it never happened</li> <li>7) Tried to defend myself physically</li> <li>8) Sought counselling</li> <li>9) Reported it to a senior staff member</li> </ul> |
| 308 | Do you think the incident could have been prevented? | <ul style="list-style-type: none"> <li>1) Yes</li> <li>2) No</li> </ul>                                                                                                                                                                                                                                                                                                                                                |

#### SECTION 4: WORKPLACE EXPERIENCE OF SEXUAL VIOLENCE

In this section you will be asked if you have experienced any sexual violence while you were at work in the last 06 months. Sexual violence includes any action that includes any remarks towards you which have sexual nature, cat whistling, inappropriate touching, forceful kissing, attempted rape and rape etc. Regardless of the perpetrator or the level of harm sustained.

|     |                                                                                                                                                                                                                   |                                                                                                                                                           |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 401 | In the past 06 months, have you ever faced any sexual violence? (Inappropriate touching, remarks of sexual nature, forceful kissing, rape etc...)<br><br>If your answer to Q401 is 'no' please go to section five | 1) Yes<br>2) No                                                                                                                                           |
| 402 | If yes, How often do you face such violence at your work place?                                                                                                                                                   | 1) Every day<br>2) Most days<br>3) rarely                                                                                                                 |
| 403 | What was the Gender of the perpetrator                                                                                                                                                                            | 1) Male<br>2) Female                                                                                                                                      |
| 404 | In the last 06 months, how many times have you faced sexual violence?                                                                                                                                             | ----- ?                                                                                                                                                   |
| 405 | Who attacked you sexually?                                                                                                                                                                                        | 1) patient/client<br>2) relatives of patient/client<br>3) staff member<br>4) management / supervisor<br>5) external colleague/worker<br>6) general public |

|     |                                                                                                   |                                                                                                                                                                                                                                                                                                                  |
|-----|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 406 | At which time did it happen?                                                                      | 1) Morning ( 6am – 2pm)<br>2) Afternoon (2pm- 8pm )<br>3) Night ( 8pm – 8am )                                                                                                                                                                                                                                    |
| 407 | How did you respond to the incident?                                                              | 1) Took no action<br>2) Told the person to stop<br>3) Told colleague/friend/family<br>4) Transferred to another position<br>5) Sought help from association<br>6) Tried to pretend it never happened<br>7) Tried to defend myself physically<br>8) Sought counselling<br>9) Reported it to a senior staff member |
| 408 | Do you think the incident could have been prevented?                                              | 1) Yes<br>2) No                                                                                                                                                                                                                                                                                                  |
| 409 | Were you injured as a result of the violent incident?<br><br><i>if NO, please go to section 3</i> | 3) Yes<br>4) No                                                                                                                                                                                                                                                                                                  |
| 410 | If YES, did you require formal treatment for the injuries?                                        | 3) Yes<br>4) No                                                                                                                                                                                                                                                                                                  |

## SECTION 5: GENERAL VIOLENCE EXPERIENCE INFORMATION

|     |                                                                                                               |                                                                                                                               |
|-----|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 501 | In the last 06 months, have you witnessed incidents of work place violence in your workplace on other people? | 1) Yes<br>2) No<br><br>If NO, please go to question 506                                                                       |
| 502 | If yes, Which type of violence have you ever witnessed on others?<br><br>(more than one answer is possible)   | 1) Physical<br>2) Verbal<br>3) sexual                                                                                         |
| 503 | How often has this occurred in the last 06 months?                                                            | 1) Once a day<br>2) Daily<br>3) 2-4 times a week<br>4) 5-10 times a month<br>5) Several times a month<br>6) About once a week |
| 504 | Have you reported an incident of workplace violence in the last 06 months? (witnessed or experienced)         | 1) Yes<br>2) No<br><br>If NO, please go to question 506                                                                       |
| 505 | IF YES, have you been disciplined for reporting an incident of workplace violence?                            | 1) Yes<br>2) No                                                                                                               |
| 506 | How worried are you about violence in your current workplace?                                                 | 1) not worried<br>2) little bit worried                                                                                       |

|     |                                                                                                                                               |                                                                                                 |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
|     |                                                                                                                                               | 3) neutral<br>4) worried<br>5) Very worried                                                     |
| 507 | Is there encouragement to report workplace violence?                                                                                          | 1) Yes<br>2) No                                                                                 |
| 508 | If yes, by whom?                                                                                                                              | 1) management/employer<br>2) colleagues<br>3) Union.<br>4) Association<br>5) Own family/friends |
| 509 | Are there procedures for the reporting of violence in your workplace?<br><br><i>If NO, please go to question 511</i>                          | 1) Yes<br>2) No                                                                                 |
| 510 | If yes, do you know how to use them?                                                                                                          | 1) Yes<br>2) No                                                                                 |
| 511 | Has your employer developed specific policies on WPV<br><br>(Health and safety, Physical workplace violence, Verbal abuse, Sexual harassment) | 1) Yes<br>2) No                                                                                 |

## SECTION 6: contributing factors of Workplace Violence

|     |                                                                                               |                                                      |  |
|-----|-----------------------------------------------------------------------------------------------|------------------------------------------------------|--|
| 601 | Patient work load                                                                             | 1. Yes<br>2. No                                      |  |
| 602 | Availability of security                                                                      | 1. Yes<br>2. No                                      |  |
| 603 | Availability of training<br>on handling violence                                              | 1. Yes<br>2. No                                      |  |
| 604 | Availability of enough<br>staffing level                                                      | 1. Yes<br>2. No                                      |  |
| 605 | Availability of Drugs<br>and resource<br>availability.                                        | 1. Yes<br>2. No                                      |  |
| 606 | In your opinion, how<br>well does your hospital<br>handle incidents of<br>workplace violence? | 1. Very poorly<br>2. Poorly<br>3. Neutral<br>4. Well |  |