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Workplace Violence Against Nurses in Psychiatric Hospitals in Oman

A cross-sectional multi-centre study

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Abstract

Objective: This study aimed to assess workplace violence prevalence against nurses in Oman's psychiatric hospitals and explore associated factors. **Methods:** A cross-sectional study design was utilized and data was collected from all tertiary mental healthcare hospitals (Al Masarra Hospital and Sultan Qaboos University Hospital) between October and December 2021.

Participants completed a sociodemographic survey and the Workplace Violence in the Health Sector questionnaire. Categorical variables were compared using the chi-square test ($p < 0.05$).

106 participants took part in the study (80% response rate). Most were female (52.8%) and Omani (72.6%), aged 30-39 years. **Results:** Workplace violence prevalence was high (90.6%), with verbal violence (86.8%) and physical violence (57.5%) being the most common types.

Incidents were more frequent on weekdays (26.4%) and during morning shifts (34%), while 81.1% of nurses worked in shifts and had direct physical contact with patients (83.0%). The majority (92.5%) were aware of standardized workplace violence reporting procedures, and

89.7% confirmed their presence in hospitals. WPV was more prevalent among nurses in inpatient

wards ($P = 0.047$). **Conclusion:** Workplace violence against nurses in Omani psychiatric hospitals is alarmingly high. Future research should investigate contributing factors among healthcare providers and emphasize violence prevention by providing staff nurses with effective training to handle violent incidents involving psychiatric patients.

Keywords: Workplace, Workplace Violence, Occupational stress, Working conditions, Nurses, Psychiatry, Oman.

Advances in Knowledge

- This present study highlights the prevalence of workplace violence against nurses in all tertiary psychiatry hospitals in Oman. And, to explore the associated factors with workplace violence among mental health nurses.

Applications to Patient Care

- The alarming results of this study and their implications call for multilevel actions to reduce workplace violence in psychiatry services across Oman.
- The results will contribute to the establishment of safe working environments for staff nurses in psychiatry hospitals, ultimately enhancing the healthcare provided to the patients.

Introduction

Workplace violence (WPV) has been defined by the European Commission as “Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health”¹. World Health Organization's definition of violence is “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”.²

WPV has been a persistent problem that is underestimated and generally disregarded by the public and professional organizations.³ On an international level, it has been noticed that the highest number of these assaults are directed toward healthcare workers.⁴ The Occupational

Safety and Health Administration (OSHA, 2011) states that from 2002 to 2013, incidents of serious workplace violence were four times more common in healthcare than in other industries on average.⁵ The systematic review study by Lozzino et al found that nearly 1 in 5 patients admitted to acute psychiatric units may engage in violent behavior.⁶ In acute psychiatric settings, staff nurses frequently interact closely with patients, placing them at a higher risk of experiencing violent incidents.⁷

A number of studies in different parts of the world have explored workplace violence. A study conducted in Switzerland in 2021 showed that 73% of nurses reported facing verbal violence, 63% violence against property, 40% verbal sexual violence, 28% physical violence, 14% physical sexual violence and almost 30% had a serious assault in their workplace lifetimes.⁸ In Jordon, a study conducted in 2017 revealed that more than three-quarters of mental health nurses experienced workplace violence during their work in psychiatric hospitals and patients were the main source of violence.⁹ A recent systematic review conducted in Korea in 2021 has shown that the prevalence of WPV ranged from 11.4–97.6%, and nurse-related factors such as age, gender, marital status, education, and work shift were associated with the occurrence of WPV.¹⁰ A similar systematic review conducted in China in 2022 also reached a similar conclusion, identifying potential factors contributing to violence against psychiatric nurses include age, gender, educational background, years of experience, and working hours.¹¹

Studies on WPV have also been carried out in the Gulf Cooperation Countries (GCC). For example, in Saudi Arabia, a study examined the prevalence of WPV among nurses who are working in mental health hospitals. It showed that the WPV against nurses was around 90%, of which 57.7% had been exposed to both physical and verbal abuse.³ Another cross-sectional study conducted in 2022 in Saudi Arabia in Al-Taif Mental Health Hospital revealed that both nurses and students were generally assaulted by patients or their family members. Nurses mostly handled the situation themselves whereas students often called for help and/or activated alarms¹² In Oman, a 2020 study conducted by Al Maskari et al¹³ in 2020, examined the prevalence of violence directed at emergency department nurses. The study revealed that a significant majority of nurses, accounting for 87.4%, experienced some form of violence. Notably, non-physical

92 violence, which constituted 84.5%, was more prevalent than physical violence, which accounted
93 for 18.4%.

94
95 WPV has direct and detrimental effects, including reduced job satisfaction, increased burnout,
96 feelings of humiliation, guilt, emotional stress, job dissatisfaction, and higher staff turnover.¹⁴ In
97 a cross-sectional study involving Chinese physicians, the objective was to examine how WPV
98 influenced job satisfaction, job burnout, and turnover intention, while also investigating the
99 mediating role of social support. Data was gathered from nine tertiary hospitals in China, and the
100 results indicated that WPV was positively correlated with turnover intention ($r = 0.238$, $P < 0.01$)
101 and job burnout ($r = 0.150$, $P < 0.01$), while being negatively associated with job satisfaction ($r =$
102 $- 0.228$, $P < 0.01$) and social support ($r = - 0.077$, $P < 0.01$). Social support was a partial mediator
103 between WPV and job satisfaction, as well as burnout and turnover intention.¹⁵

104
105 In Karachi, Pakistan a study investigated how WPV affected the mental health of emergency
106 physicians. The findings revealed a significant impact, with one in six physicians screening
107 positive for post-traumatic stress disorder (PTSD) and two in five experiencing current anxiety
108 and depression. And, those who reported physical attacks, were 6.7 times more likely to exhibit
109 PTSD symptoms. Additionally, the study identified high rates of burnout among physicians, with
110 42.4% experiencing emotional exhaustion and 72.9% reporting depersonalization.¹⁶

111
112 The purpose and rationale for studying workplace violence among nurses in psychiatric hospitals
113 are multifaceted. First and foremost, the safety and well-being of nurses, are of paramount
114 importance. Psychiatric hospitals, by nature, house patients with a wide range of mental health
115 conditions, some of which may lead to aggressive or violent behavior. Therefore, understanding
116 the prevalence and correlates of workplace violence in this specific setting is crucial for ensuring
117 the safety of nursing staff.¹⁴ Furthermore, workplace violence has many negative consequences
118 as described earlier, such as psychological harm, stress, and reduced job satisfaction, which can
119 ultimately affect the quality of patient care.¹⁴ A systemic review and a meta-analysis conducted
120 by wang et al¹⁷ found that nurses exposed to workplace violence had 2.13 and 2.25 times higher
121 odds of experiencing PTSD and burnout when compared to those not exposed, even after
122 adjusting for confounding factors.

Research into the prevalence and contributing factors of workplace violence against nurses within the mental healthcare context has not yet been initiated in Oman. This study's objective is to assess the frequency of workplace violence targeting nurses across all tertiary psychiatric hospitals in Oman while also delving into the factors that are associated with such incidents. Recognizing the prevalence and comprehending the patterns of violence within psychiatric departments are crucial steps toward formulating effective policies and strategies for reducing and managing exposure to workplace violence.⁶

Methods

The study setting

This was a cross-sectional survey study conducted in tertiary mental health facilities in Oman. There are two tertiary mental healthcare hospitals in Oman: Al Masarra Hospital (AMH), and SQUH which were both included in the study. The psychiatry services in Al Masarra Hospital is a tertiary care mental health hospital, and it includes general adult psychiatry, geriatric psychiatry, child & adolescent psychiatry, drug and substance abuse, and forensic psychiatry. The SQUH psychiatry department offers both outpatient and inpatient services, encompassing general adult psychiatry, geriatric psychiatry, child & adolescent psychiatry, and consultation-liaison psychiatry.

Study participants

All nursing staff registered in mental health services at the study sites in the period between the 1st of October 2021 and the 31st of December 2021 were included in the study. The procedures followed the ethical guidelines in accordance with the Declaration of Helsinki. This was a self-administered online questionnaire that was sent to all nursing staff via the institution's email system, after 1 week an electronic reminder was sent, and electronic written informed consent was obtained before the administration of the questionnaire.

Inclusion and exclusion criteria of study participants

All registered nurses working for the mental health services at the study sites were invited to participate in this survey. All participants who signed the informed electronic consent form and

completed the questionnaire were included in the study. Non-clinical staff nurses, such as those who work in administrative roles, quality assurance, and infection control were excluded from the study.

Measurement outcomes

1) The sociodemographic questionnaire

The demographic information of each participant, including, age, gender, marital status, whether they were citizens or residents of Oman, educational level, years of experience, and the departments and institutions they are working at was solicited.

2) Workplace Violence in the Health Sector

This is a validated self-administered questionnaire developed by the Joint Program on Workplace Violence in the Health Sector of the International Labour Office, the International Council of Nurses, the World Health Organization, and Public Services International (ILO/ICN/WHO/PSI).¹⁸ This questionnaire has been utilized in several studies from different regions including countries with similar healthcare systems and socioeconomic features to Oman, such as Saudi Arabia.³ In Oman, Al-Maskari et al.¹³ have utilized this questionnaire to examine the WPV among emergency department nurses. We modified the questionnaire to meet the study objectives and the cultural context of Oman after obtaining permission from the WHO Department of Strategy, Policy, and Information (permission request #369206).

To assure its originality and avoid language-based distortions in measuring workplace violence, the questionnaire was presented in English.

The questionnaire has 32 items divided into two sections:

- 1) Physical workplace violence: Evaluate exposure to or witnessing physical violence in the workplace in the past 12 months, followed by questions on the frequency and characteristics, how was dealt with, and the consequences of the most recent incident. This included 11 items.
- 2) Psychological workplace violence: Evaluate verbal abuse, bullying, and racial harassment in the workplace in the past 12 months, followed by questions on the frequency and characteristics, how it was dealt with, and the consequences of the most recent incident. This section included 20 items.

In a cover letter attached to the questionnaire, all participants were provided with the definitions of each type of WPV (physical, verbal, bullying, and racial harassment), as well as examples of each type of WPV (these definitions are provided in the appendix).

Sample size calculation

Al Masarra Hospital and Sultan Qaboos University Hospital both had a total of 132 registered nurses working for mental health services during the study period. The sample size was calculated using the OpenEpi® program. With a Type-1 error of 5.0% ($\alpha = 0.05$) and a 95% level of significance, the sample size was determined to achieve a power level of 80.0%, with a design effect of 1. In the existing literature, the prevalence of WPV among mental health services nursing staff is around 90%.³ As a result, the needed minimum sample size was 68.

Statistical Analyses

Data were analyzed using IBM SPSS Statistics version 28.0 (IBM Corp. Released 2021. IBM SPSS Statistics for Windows, Version 25.0. Armonk, NY: IBM Corp.) Continuous variables were summarized using Mean and SD and categorical variables with numbers and percentages. Categorical variables were compared using the chi-square test, the p-value of <0.05 was considered statistically significant.

Results

Of 132 questionnaires distributed, 106 completed questionnaires were returned with an 80% response rate. Most of the participants were Omani (72.6%), half of them were females and almost two-thirds were married. The largest proportion had a bachelor's degree (54.7%). Most of the nurses were working in AMH (74.5 %). Most of the nurses were working in inpatient wards (80.2%) and 36.8% had work experience of more than 10 years. The majority were working in shifts (81.1%) with direct physical contact with the patients (83.0%). Around 40.6% of the staff are working with patients of both sexes and 46.2% are working with male patients. Most of the participants are working with patients from all age groups (53.8%). (Table 1)

On a scale of 1 to 5 (with 5 being 'very worried'), more than one-half of nurses were moderately worried about violence in their workplace (58.4%). Most of the respondents indicated that they were aware of the existence of workplace violence (WPV) reporting protocols (92.5%) and were knowledgeable about how to utilize standardized WPV reporting procedures in their hospital (89.7%). Those who were encouraged to report WPV (87.9%) indicated hospital management (n=73,81.2%) followed by colleagues (n = 16, 17.8%) and family and friends (n =1, 1.1%) to be the sources of encouragement. (Table 2)

The prevalence of WPV among nurses was 90.6%. The highest type of violence experienced in the last 12 months was verbal violence (86.8%) followed by physical violence (57.5%). The majority of physical violence incidents (26.4%) took place during weekdays with the highest incidences happening during morning shifts (n=36,34%) followed by afternoon shifts (n=27,25.5%). Patients were the most reported source of all types of violence. (Table 3)

There are different ways of responding to different types of workplace violence, with the majority of staff (n= 34, 32.1%) completing the incident/accident form followed by 31.1% telling the person to stop and report it to a senior staff member. while most staff who were exposed to verbal violence (n=45,45.5%) told the person to stop, most of the staff 17.9% took no action against the mob. While the majority of staff who were exposed to physical violence and mobbing thought that the violence could have been prevented, the staff who were exposed to verbal violence and racial harassment didn't think that the incident could have been prevented. Although hospital management was identified as the primary source of motivation for reporting workplace violence (WPV), the findings revealed that no steps were taken to probe the underlying reasons for a significant portion of non-physical violence incidents, with percentages of 62.8%, 71.7%, and 67.6% for verbal, mobbing, and racial harassment, respectively. Around 17.9% of those exposed to physical violence, 36.8% verbal violence, and 14.2% of mobbing reported the reason for not reporting the incident as it was not important, however, the majority of those exposed to racial harassment 12.3% felt that the reporting was useless. Omani nurses (12.3%, n=13) suffered from racial harassment more than non-Omani nurses (6.6%, n=7) (Table 4).

WPV mostly occurs in nurses working in inpatient wards ($p=0.047$). There were more at risk of physical violence and bullying. The level of worry about violence was significantly associated with WPV, especially verbal violence, and bullying ($p= 0.072, 0.023$). Also, being in direct contact with patients, and working with a smaller number of staff was statistically significant with a higher prevalence of violence ($p =0.008, .004$ respectively).

Discussion

Studying workplace violence (WPV) among psychiatric nurses is crucial because it has significant repercussions on their mental health and work-related outcomes. Psychiatric nurses exposed to WPV frequently suffer from poor mental health, such as anxiety & depressive symptoms, and show negative work-related consequences like an increased intention to leave their jobs¹⁰. Furthermore, a study conducted in Chinese psychiatric hospitals among psychiatric nurses revealed that those who experienced WPV had lower Quality of Life (QOL) in both their physical and mental well-being domains compared to their counterparts who were not exposed to WPV.¹⁹ This finding highlights the importance of addressing WPV to safeguard the mental and physical health of psychiatric nurses and ultimately enhance the quality of patient care.

Our study revealed a significant prevalence of workplace violence against nurses, amounting to 90.6%. This aligns with the results of a systematic review, which encompassed 16 articles published between 2011 and 2020 and identified WPV prevalence ranging from 11.4% to 97.6%.¹⁰ Moreover, the prevalence in our study is in harmony with prior research conducted by Basfar et al³ and a study by Jianxin Liu et al.²⁰

In the 12 months, the most frequently reported form of violence encountered by nurses in our study was verbal abuse, affecting 86.8% of participants, followed by physical violence, reported by 57.5%. These results closely align with findings from another study in China involving psychiatric nurses, where a significant majority experienced verbal harassment 78.6%, followed by physical harassment 61.5%, and sexual assault 18.6%¹⁹. Another study carried out on healthcare workers in Nepal revealed that patients and their family members were primarily responsible for incidences of physical and verbal violence, while incidents of bullying and mobbing were predominantly instigated by management and fellow staff members²¹

Similar to previous findings, our study showed that patients were the most frequent source of violence, with 63.2% reporting physical violence, and only one case involving a relative of a patient physically abusing a staff member. This aligns with a study conducted in Saudi Arabia, where violent behavior was primarily exhibited by the patients themselves 81.3%.³

The high prevalence of violence against Omani psychiatric nurses can be attributed to various contributing factors. Firstly, the patients admitted to tertiary care psychiatric hospitals in Oman often present with severe psychiatric symptoms. This could potentially lead to a higher occurrence of violent incidents within inpatient departments. In comparison, violence incidents in outpatient departments tend to be less frequent due to the typically less severe nature of patients' illnesses in those settings.²²

Nurses working in shifts were more likely to experience violence than those who work in the outpatient departments with fixed morning schedules; this finding is consistent with that of Niu et al⁷ which revealed that Chinese nurses who worked in rotating shifts had an increased risk of physical violence and psychological violence than those who have regular morning schedules. In addition, another survey study involving 387 frontline psychiatric nurses in China revealed that working on rotating duty was highly associated with increased WPV¹⁹. These combined factors significantly impact the safety and well-being of nurses, necessitating urgent attention and intervention to create safer working conditions and improve patient care.

The results revealed that nurses with more years of experience have a higher percentage of violence. The reason is that nurses who are more senior are more likely to be assigned to patients with higher disease severity who are difficult to handle, which could result in greater exposure to violence than other nurses. This result was also consistent with the finding of Niu et al⁷ which showed that nurses with work experience of 5–10 years had an increased risk of psychological violence & Chen X et al²³ study that revealed nurses having 6-10 years of work experience at a higher risk of WPV

The majority of participants acknowledged the existence of standardized WPV reporting procedures in their hospitals and were aware of how to use them. Those who expressed encouragement to report WPV attributed it to hospital management, a finding in line with a study conducted by Niu et al⁷. Unfortunately, WPV is often ignored as an unfortunate aspect of the job rather than being reported .¹⁴

To the best of our knowledge, this study represents the first comprehensive investigation into the prevalence of workplace violence against psychiatric nurses in Oman. Through multivariate analyses, we examined the associated factors and correlates of such violence, contributing valuable insights to the existing literature. Conducted in tertiary care hospitals, our study covered both inpatient and outpatient settings, allowing for a more thorough understanding of the prevalence and patterns of workplace violence in psychiatric healthcare. These findings enable healthcare institutions to identify critical areas of concern and implement targeted interventions to enhance staff safety and patient care in both inpatient and outpatient environments. As a result, this study holds significant implications for fostering a safer and more supportive work environment for psychiatric nurses in Oman.

Recommendations

We suggest the implementation of strategies to reduce or prevent violence and effective reporting systems for workplace violence that could effectively reduce the risk of violence.²⁴ Hospitals should develop an effective system to report WPV so that the incidence and root causes can be understood, and therefore strategies could be implemented to reduce violence toward staff. Management would need to handle the reported case promptly as a sentinel event, and a risk assessment conducted accordingly with a subsequent action plan to reduce further occurrences.

A reporting system will provide important information about the effectiveness of the improvement efforts and can inform organizational policy. Secondly, the curriculum for psychiatric nurse training in Oman should ensure adequate skills training for screening patients at risk for violence and implementing strategies to reduce the risk for violence including handling patients' emotional and behavioral problems such as de-escalation techniques. Wu et

al.²⁵ showed that training based only on lectures was less effective in preventing WPV compared to WPV training programs in hospital settings based on interactive and dynamic learning methods for the workers (e.g., teaching strategies such as small-group learning, interactive learning, and simulation exercises may be applied during training in medical schools. Finally, additional studies investigating the long-term psychological and physical negative effects of WPV for healthcare workers would be of great value, as they could add to knowledge about the associations between WPV and adverse effects (e.g., post-traumatic stress disorder, depression, anxiety, burn-out, turnover, and so on). Supportive counseling services should be provided for psychiatric nurses who encounter workplace violence.

Limitations

This study has several limitations that should be considered. Firstly, the cross-sectional design of the survey restricts our ability to establish causal relationships between violence and its correlates. Longitudinal studies would provide more robust insights into the dynamics of workplace violence among nurses. Secondly, relying solely on self-reported measures of violence might result in a reluctance to share private information or misunderstandings regarding the definition of violence. To address this limitation, future studies could consider incorporating qualitative assessments such as semi-structured interviews to gain a more comprehensive understanding of workplace violence.

Conclusion

The current study sheds light on a significant prevalence of workplace violence (WPV) among nurses working in psychiatric hospitals in Oman, indicating a pressing concern for the well-being of healthcare professionals. Addressing this critical issue necessitates prioritized investments in preventing workplace violence. Regular and comprehensive training programs should be implemented for all healthcare workers in mental hospitals throughout Oman. These training initiatives should equip staff with practical strategies to handle and respond to violent incidents involving psychiatric patients, promoting a safer and more supportive working environment. As a result, the quality of healthcare services provided to patients can significantly improve, ensuring the well-being of both medical professionals and those seeking care.

Authors' Contribution

TM conceptualized and designed the study. MK performed the literature review. MK and SS collected the data. SS and SM interpreted and analyzed the data. NB and HS drafted and edited the manuscript. All authors approved the final version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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Variables	Physical violence			Verbal abuse		
	Yes	No	p-Value	Yes	No	p-Value
<i>Gender</i>						
Male	28 (45.9)	22 (48.9)	χ^2 (1, n=106)=0.09, p=0.845	45 (48.9)	5 (35.7)	χ^2 (1, n=106)=0.85, p=0.402
Female	33 (54.1)	23 (51.1)		47 (51.1)	9 (64.3)	
<i>Marital status</i>						
Single	16 (26.2)	9 (20.0)	χ^2 (1, n=106)=0.56, p=0.496	24 (26.1)	1 (7.1)	χ^2 (1, n=106)=2.42, p=0.180
Married	45 (73.8)	36 (80.0)		68 (73.9)	13 (92.9)	
<i>Nationality</i>						
Omani	44 (72.1)	33 (73.3)	χ^2 (1, n=106)=0.02, p=1.000	68 (73.9)	9 (64.3)	χ^2 (1, n=106)=0.57, p=0.523
Non-Omani	17 (27.9)	12 (26.7)		24 (26.1)	5 (35.7)	
<i>Education</i>						
Diploma in nursing	27 (44.3)	17 (37.8)	χ^2 (2, n=106)=1.19, p=0.551	40 (43.5)	4 (28.6)	χ^2 (2, n=106)=2.61, p=0.271
Bachelor's	31 (50.8)	27 (60.0)		48 (52.2)	10 (71.4)	
Masters	3 (4.9)	1 (2.2)		4 (4.3)	-	
<i>Institution</i>						
SQUH	16 (26.2)	11 (24.4)	χ^2 (1, n=106)=0.04, p=1.000	23 (25.0)	4 (28.6)	χ^2 (1, n=106)=0.08, p=0.750
AMH	45 (73.8)	34 (75.6)		69 (75.0)	10 (71.4)	
<i>Working department</i>						
Inpatient ward	48 (78.7)	37 (82.2)	χ^2 (3, n=106)=7.97, p=0.047	74 (80.4)	11 (78.6)	χ^2 (3, n=106)=2.85, p=0.416
Outpatient	6 (9.8)	2 (4.4)		6 (6.5)	2 (14.3)	
ED	6 (9.8)	1 (2.2)		7 (7.6)	-	
Rehabilitation ward	1 (1.6)	5 (11.1)		5 (5.4)	1 (7.1)	
<i>Work experience (years)</i>						
<1 year	2 (3.3)	2 (4.4)	χ^2 (3, n=106)=0.48, p=0.923	2 (2.2)	2 (14.3)	χ^2 (3, n=106)=4.42, p=0.220
1-5 years	18 (29.5)	15 (33.3)		28 (30.4)	5 (35.7)	
5-10 years	17 (27.9)	13 (28.9)		26 (28.3)	4 (28.6)	
>10 years	24 (39.3)	15 (33.3)		36 (39.1)	3 (21.4)	
<i>Routine direct physical contact</i>						
Yes	56 (91.8)	32 (71.1)	χ^2 (1, n=106)=7.87, p=0.008	78 (84.8)	10 (71.4)	χ^2 (1, n=106)=1.54, p=0.251
No	5 (8.2)	13 (28.9)		14 (15.2)	4 (28.6)	

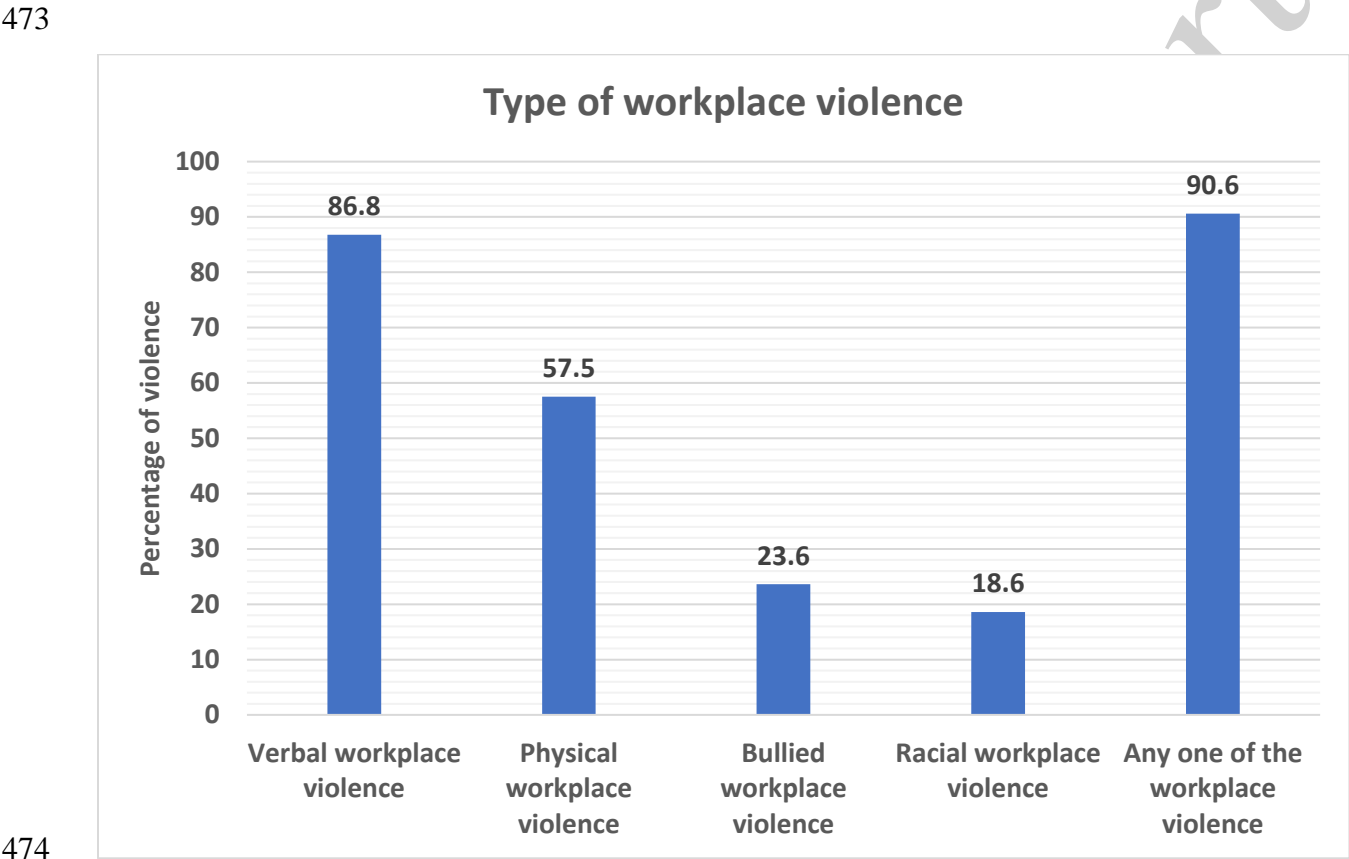
<i>Patients sex</i>						
Males	28 (45.9)	21 (46.7)	χ^2 (2,	44 (47.8)	5 (35.7)	χ^2 (3,
Females	9 (14.8)	5 (11.1)	n=106)=0.316,	13 (14.1)	1 (7.1)	n=106)=1.93,
Both	24 (39.3)	19 (42.2)	p=0.854	35 (38.0)	8 (57.1)	p=0.381
<i>Do you work in shifts</i>			χ^2 (1,			χ^2 (1,
Yes	47 (77.0)	39 (86.7)	n=106)=1.57,	74 (80.4)	12 (85.7)	n=106)=0.22,
No	14 (23.0)	6 (13.3)	p=0.315	18 (19.6)	2 (14.3)	p=1.000
<i>No of staff in the same work setting</i>			χ^2 (2,			χ^2 (2,
1-4 staff	25 (41.0)	25 (55.6)	n=106)=10.84,	44 (47.8)	6 (42.9)	n=106)=1.55,
4-8 staff	35 (57.4)	14 (31.1)	p= 0.004	43 (46.7)	6 (42.9)	p=0.462
>8 staff	1 (1.6)	6 (13.3)		5 (5.4)	2 (14.3)	

Table 2: Utilizing of Reporting System in Psychiatry Departments

Reporting		n (%)
How worried	1	9 (8.5)
	2	23 (21.7)
	3	38 (35.8)
	4	24 (22.8)
	5	12 (11.3)
Any procedures to report	Yes	98 (92.5)
	No	8 (7.5)
Know who to use them	Yes	87 (89.7)
	No	10 (10.3)
Any encouragement to use them	Yes	87 (87.9)
	No	12 (12.1)
By whom encouraged	Management/employer	73 (81.1)
	College	16 (17.8)
	Family member/friends	1 (1.1)

472 **Table 3:** Prevalence of Each Type of Workplace Violence

Type of Workplace Violence	n (%) (n=106)	95% CI
Physical violence	61 (57.5)	47.57 – 67.09
Verbal violence	92 (86.8)	78.83 – 92.59
Mobbing	25 (23.6)	15.88 – 32.82
Racial harassment	20 (18.9)	11.92 – 27.62
Workplace Violence in General	96 (90.6)	83.33 – 95.38



474
475 **Figure1:** Prevalence of Each Type of Workplace Violence

476 **Table 4:** Participants' Response to Workplace Violence at Psychiatric Hospitals

Response to different types of workplace violence		Physical	Verbal	Mobbing	Racial harassment
How they respond to the incident	took no action	7 (6.6)	28 (26.4)	19 (17.9)	11 (10.4)
	tried to pretend it never happened	10 (9.4)	20 (18.9)	8 (7.5)	5 (4.7)
	told the person to stop	33 (31.1)	45 (42.5)	13 (12.3)	6 (5.7)
	tried to defend myself physically	28 (26.4)	11 (10.4)	1 (0.9)	2 (1.9)
	told friends/family	8 (7.5)	3 (2.8)	3 (2.8)	2 (1.9)
	sought counselling	4 (3.8)	4 (3.8)	1 (0.9)	-
	told a colleague	24 (22.6)	23 (21.7)	12 (11.3)	6 (5.7)
	reported it to a senior staff member	33 (31.1)	33 (31.1)	15 (14.2)	13 (12.3)
	transferred to another position	6 (5.7)	3 (2.8)	-	1 (0.9)
	completed incident/accident form	34 (32.1)	17 (16.0)	-	3 (2.8)
	pursued prosecution	4 (3.8)	1 (0.9)	6 (5.7)	1 (0.9)
	completed a compensation claim	1 (0.9)	2 (1.9)	1 (0.9)	2 (1.9)
	Others	6 (5.7)	3 (2.8)	-	1 (0.9)
Do they think the incident could have been prevented?	Yes	37 (56.9)	36 (38.3)	26 (59.1)	16 (45.7)
	No	28 (43.1)	58 (61.7)	18 (40.9)	19 (54.3)
any action taken to investigate the causes of the mobbing/bullying?	Yes		35 (37.2)	13 (28.3)	11 (32.4)
	No		59 (62.8)	33 (71.7)	23 (67.6)
Reasons of not reporting (if any)	It was not important	19 (17.9)	39 (36.8)	15 (14.2)	11 (10.4)
	Felt ashamed	2 (1.9)	5 (4.7)	4 (3.8)	2 (1.9)
	Felt guilty	3 (2.8)	2 (1.9)	5 (4.7)	2 (1.9)
	Afraid of negative consequences	10 (9.4)	8 (7.5)	6 (5.7)	5 (4.7)
	Useless				
	Did not know who to report to	7 (6.6)	30 (28.3)	13 (12.3)	13 (12.3)
	Other	2 (1.9)	3 (2.8)	1 (0.9)	-
		5 (4.7)	10 (9.4)	2 (1.9)	2 (1.9)