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Comparing workplace violence against psychiatric nurses in public and private hospitals in Kerman

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Abstract

Background and Aim: Workplace violence against nurses affect their health, productivity and quality of care especially in psychiatric nursing. This study compares workplace violence against psychiatric nurses in public and private hospitals in kerman,Iran.

Materials and Methods: This cross-sectional study was conducted in 2023 on 80 nurses working in psychiatric wards of public and private hospitals in Kerman, Iran. Data were collected using Workplace Violence in Health Sector Survey (2003). The statistical analysis was carried out through SPSS-26 software, using descriptive and inferential statistics such as Chi-square and logistic regression.

Results: The overall prevalence of physical, verbal, sexual and cultural violence was found to be 52.50%, 70%, 8.80%, and 10%, respectively. Also, no significant difference was observed in this regard between the hospitals. Verbal violence mostly included insults (93.30%), ridicule (86.70%), and humiliation (73.30%), and they were primarily perpetrated by male patients (66.7%). Number of night shifts per month significantly increased physical (p= 0.008) and verbal violence (p= 0.036). The most common reactions of nurses were calming down the attacker (75%) and self-defence (57.50%). Also, 70% of nurses reported that the rate of violence was higher in public hospitals (82.50%) than in private hospitals (57.5).

Conclusion: The findings confirm the high prevalence of violence against nurses in psychiatric hospitals. Measures such as increasing staff, improving work environment, training staff, and implementing reporting and follow-up systems are essential for violence management.

Keywords: Workplace violence, nurses, psychiatric ward.

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Introduction

Violence is basically a state of behavior in which a person imposes their wishes on others by using physical or non-physical force. Among the types of violence, workplace violence refers to any event in which employees are abused, mistreated, threatened or harassed in their work environment to the extent that their health, well-being and safety are threatened [1]. According to the United Nations Human Rights Office, at least one in five employees experience violence in their workplace [2,3]. This type of violence includes physical violence [injury], psychological violence [such as insults, intimidation, ridicule, humiliation], cultural violence [degrading behavior based on religion, nationality, race, or place of birth or residence], and sexual violence [4,5].

In clinical and health care settings involving healthcare workers, violence can affect the quality of health care provided by medical staff. Data show that at least 62% of healthcare workers experience some form of workplace violence, with non-physical violence such as verbal threats being the most common one [6,7]. Research shows that healthcare workers who are subjected to verbal violence are more prone to physical violence [8,9]. Some studies have shown that more than 70% of nurses have encountered various types of workplace violence during their career [10,11].

Workplace violence against nurses in psychiatric wards and emergency departments in Iran is a significant concern. Studies have reported high prevalence of workplace violence among healthcare workers, with 71% of psychiatric nurses experiencing such violence in their workplace [12].

Although all hospital employees are exposed to violence, nurses, as people who are exposed to job stress, work pressure and direct interactions with patients and their companions, may be exposed to higher rate of violence by patients, patients' companions, or even their colleagues [13]. Nurses working in psychiatric wards are at higher risk of violence due to the nature of their work, which involves providing primary care for patients with neurological and psychological disorders including those with a history of violence, substance abuse, mood disorders and personality disorders [14,15]. Despite the important role that nurses play in patient care, health systems and especially hospitals have not been able to guarantee the safety of nurses against various types of workplace violence [16].

While previous studies have shown that more than 70% of nurses face workplace violence during their carrier [17], limited research has focused on violence in psychiatric wards, where violence is more prevalent due to patient profiles and interactions. In addition, based on previous studies, factors such as nurse's gender, type of work shift (day or night), work experience, and other factors can affect the rate and type of violence against nurses[16-17], other studies conducted in this field are limited in our country. The aim of this study is to address this gap in literature by examining

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violence in psychiatric wards of public and private hospitals in Kerman. Comparing the frequency and factors related to workplace violence against psychiatric nurses might help identify structural or organizational differences in workplace violence.

Methods

This is a descriptive, cross-sectional study that was conducted on 80 psychiatric nurses, who had been selected by census sampling method in 2023, with the aim of investigating the prevalence of violence and its related factors in the public and private hospitals in Kerman, Iran. Kerman city has a public and a private psychiatric hospital. Given that the total number of nurses working in the private psychiatric hospital was 40, all of them were included in the study, and the same number was selected from the public sector by sampling available and all participants were female.

Inclusion criteria included nurses working in the psychiatric departments of Shahid Beheshti Hospital (as a public hospital) and Nooriyeh Hospital (as a private hospital), having at least one year of work experience in the aforementioned hospitals and being employed by the hospitals in 2023. Exclusion criteria included unwillingness to participate in the study, and simultaneous employment in both public and private hospitals. Written informed consent was obtained from all participants, and the study objective and confidentiality of personal data were explained to them.

The data collection tool in this research had two parts:

1) Demographic information form: This form was used to collect demographic variables such as gender, age, marital status, work experience, number of night shifts per month, history of psychiatric illness, history of medical illness, history of medication and substance use.

2) Workplace Violence in Health Sector Survey: This tool was developed by the International Labor Office, the World Health Organization, and the International Council of Nurses (2003). It has 52 items that examine various dimensions such as exposure to physical (15 items), psychological (13 items), sexual (12 items), and cultural (racial) violence (12 items), along with the factor that caused the violence, the place where the violence occurred, and the time of the violence. The questionnaire also has 16 items on reactions to violence that examine individuals' reactions, predisposing factors, and methods of preventing violence.

In this survey, questions are answered in 3 forms:

- Categorical statements (which will be compared as a group in the statistical analysis)
- Yes-no statements (where yes = 1 and no = 0)
- Based on 5-point Likert scale, where the option very high receives the score of 5 to very low receives the score of 1.

The validity and reliability of this tool have been confirmed in several studies, including the study of Rahmani and colleagues with a Cronbach's alpha coefficient of 0.78 [1].

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Statistical analysis was performed through SPSS-26 software. Descriptive statistics such as frequency, percentage, mean and standard deviation were used to summarize the data. Chi-square test was used to compare the frequency of violence in the workplace and related qualitative factors among psychiatric nurses working in public and private hospitals. Independent t-test [and Mann-Whitney test if needed] was used to compare quantitative variables between groups. Binary logistic regression analysis was performed to identify variables predicting workplace violence. Statistical significance was set at $p < 0.05$.

Ethical considerations

This project received approval from the Research Ethics Committee of Kerman University of Medical Sciences under the protocol number: IR.KMU.AH.REC.1402.170. In order to collect the research data, the necessary administrative arrangements were made and the relevant permits were obtained. The collected data remained confidential with the researcher and was used only for research purposes. The participants entered the study by informed consent and the study objectives and method were explained to them. The data collection tools were completed without registration and surnames of participants, and the publication of the results was done without mentioning the names and personal identities of the participants.

Results

A total of 80 nurses working in psychiatric wards participated in this study, with 40 of them (50%) being employed by Shahid Beheshti Hospital and the other 40 (50%) by Nooriyeh Hospital in Kerman. There were no significant differences between the nurses in two hospitals in terms of age, marital status, work experience, number of night shifts per month, history of psychiatric disorders, medical illnesses, and history of drug or cigarette use (Table 1).

Table 1- Chi-square analysis of demographic variables among nurses

Variable	Classification	Hospital				*p*-value
		Shahid Beheshti		Nooriyeh		
		Mean ±SD		Mean ±SD		
Age	-	38.08±5.97		36.92±6.43		0.412
Work experience in the psychiatric department	-	9.31±5.63		9.07±5.60		0.854
Number of night shifts per month	-	3.95±1.22		4.17±1.58		0.499
		Frequency	%	Frequency	%	
History of psychiatric disorders	Anxiety disorder	2	5.0%	2	5.0 %	0.590
	Depression	3	7.5%	1	2.5 %	
	None	35	87.5%	37	92. 5%	
History of medical illness	Thyroid disorder	1	2.5%	1	2.5 %	0.856
	Diabetes	2	5.0%	1	2.5 %	

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	High blood pressure	1	2.5%	1	2.5 %	
	Other diseases	0	0.0%	1	2.5 %	
	None	36	90.0%	36	90. 0%	
History of drug use	Yes	3	7.5%	1	2.5 %	0.305
	No	37	92.5%	39	97. 5%	
History of smoking	Yes	0	0.0%	3	7.5 %	0.241
	No	40	100.0%	37	92. 5%	

Table 2 shows the prevalence of physical, verbal, sexual, and cultural workplace violence against nurses in Shahid Beheshti and Nooriyeh hospitals, indicating no significant differences between the two hospitals

Table 2- Chi-square analysis of violence in the workplace against nurses

Variable		Hospital						*p*-value
		Shahid Beheshti		Nooriyeh		Total		
		Frequency	%	Frequency	%	Frequency	%	
Physical violence in the workplace	Yes	24	%60	18	%45	42	%52.5	0.179
	No	16	%40	22	%55	38	%47.5	
Verbal violence in the workplace	Yes	30	75.0%	26	65.0%	56	70.0%	0.329
	No	10	25.0%	14	35.0%	24	30.0%	
Sexual violence in the workplace	Yes	3	7.5%	4	10.0%	7	8.8%	0.692
	No	37	92.5%	36	90.0%	73	91.3%	
Cultural violence in the workplace	Yes	6	15.0%	2	5.0%	8	10.0%	0.136
	No	34	85.0%	38	95.0%	72	90.0%	

Overall, there was no significant difference between nurses in the two hospitals in terms of the time of most recent physical, verbal, sexual, and cultural violence (Table 3). Among those who experienced verbal violence in the workplace, insults (93.3%), mockery (86.7%), humiliation (73.3%), verbal threats (60%), sarcasm (33.3%), and intimidation (23.3%) were the most common forms of verbal violence.

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Table 3: Chi-square analysis of daily violence in the workplace against nurses

variable		Hospital						*p*-value
		Shahid Beheshti		Nooriyeh		Total		
		F	%F	F	%F	F	%F	
Time of the last physical assault	Most days	1	4.2%	3	16.7%	4	9.5%	0.239
	Thursday	12	50.0%	6	33.3%	18	42.9%	
	Friday	4	16.7%	2	11.1%	6	14.3%	
	Wednesday	4	16.7%	7	38.9%	11	26.2%	
	Tuesday	2	8.3%	0	0.0%	2	4.8%	
	Sunday	1	4.2%	0	0.0%	1	2.4%	
	Monday	0	0.0%	0	0.0%	0	0	
Time of the last verbal assault	Most days	24	80.0%	16	61.5%	40	71.4%	0.356
	Thursday	2	6.7%	5	19.2%	7	12.5%	
	Friday	1	3.3%	0	0.0%	1	1.8%	
	Wednesday	1	3.3%	3	11.5%	4	7.1%	
	Monday	1	3.3%	1	3.8%	2	3.6%	
	Tuesday	1	3.3%	0	0.0%	1	1.8%	
	Saturday	0	0.0%	1	3.8%	1	1.8%	
	Sunday	0	0.0%	0	0.0%	0	0	
Time of the last sexual assault	Most days	2	66.7%	2	50.0%	4	57.1%	0.388
	Thursday	1	33.3%	0	0	1	14.3%	
	Friday	0	0	0	0	0	0	
	Wednesday	0	0	1	25.0%	1	14.3%	
	Monday	0	0	0	0	0	0	
	Tuesday	0	0	0	0	0	0	
	Saturday	0	0	0	0	0	0	
	Sunday	0	0	0	0	0	0	
	No answer	0	0	1	25.0%	1	14.3%	
Time of the last cultural assault	Thursday	1	16.7%	1	50.0%	2	25.0%	0.255
	Friday	1	16.7%	0	0.0%	1	12.5%	
	Wednesday	2	33.3%	0	0.0%	2	25.0%	
	Monday	2	33.3%	0	0.0%	2	25.0%	
	Sunday	0	0.0%	1	50.0%	1	12.5%	
	Saturday	1	16.7%	1	50.0%	2	25.0%	
	Tuesday	1	16.7%	0	0.0%	1	12.5%	

The highest rate of physical, verbal, sexual, and cultural violence took place during night shifts. In both hospitals, the highest rate of physical violence occurred during night shifts, and there was no significant difference between nurses in the two hospitals in terms of the shift during which these types of violence occurred (Table 4).

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Table 4- Chi-square analysis of shifts when violence occurs in the workplace against nurses

Variable		Hospital						*p*-value
		Shahid Beheshti		Nooriyeh		Total		
		Frequency	%	Frequency	%	Frequency	%	
Work shifts physical assault	Night	20	83.3%	13	72.2%	33	78.6%	0.393
	Morning	1	4.2%	3	16.7%	4	9.5%	
	Afternoon	3	12.5%	2	11.1%	5	11.9%	
Work shifts verbal assault	Night	20	66.7%	20	76.9%	40	71.4%	0.266
	Morning	3	10.0%	4	15.4%	7	12.5%	
	Afternoon	7	23.3%	2	7.7%	9	16.1%	
Work shifts sexual assault	Night	3	100%	4	100%	7	100%	0.999
	Morning	0	0	0	0	0	0	
	Afternoon	0	0	0	0	0	0	
Work shifts cultural assault	Night	3	50.0%	2	100.0%	5	62.5%	0.449
	Morning	1	16.7%	0	0.0%	1	12.5%	
	Afternoon	2	33.3%	0	0.0%	2	25.0%	

In Table 5, the frequency distribution of the characteristics of physical, verbal, sexual, and cultural violence has been mentioned. Only three physical attacks involved the use of weapon (knives), two incidents occurred in Shahid Beheshti Hospital and one in Nooriyeh Hospital. In total, 11 nurses (26.2%) reported that the attacks resulted in serious injuries. Overall, physical violence was carried out by patients in 76.2% of cases. Verbal violence was carried out by patients in 62.5% of cases. Sexual violence was carried out by patients in 71.4% of cases, and cultural violence was carried out by nursing colleagues in 62.5% of cases. In total, 66.7% of the perpetrators were male. In Shahid Beheshti Hospital, 83.3% of the perpetrators were male, while the majority of perpetrators in Nooriyeh Hospital were female (55.6%), and the difference in the gender of the aggressor between the two hospitals was significant (p = 0.008). The average age of individuals who engaged in verbal violence against nurses was significantly lower in Shahid Beheshti Hospital compared to Nooriyeh Hospital (p = 0.015).

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Table 5. Chi-square analysis of the characteristics of individuals who carried out violence against nurses

Variable		Hospital						P-value
		Shahid Beheshti		Nooriyeh		Total		
		Frequency	%	Frequency	%	Frequency	%	
Physical violence offender's relationship	Patient's family	4	16.7%	4	22.2%	8	19.0%	0.361
	Patient	20	83.3%	12	66.7%	32	76.2%	
	Others	0	0.0%	1	5.6%	1	2.4%	
	Non-nurse employees	0	0.0%	1	5.6%	1	2.4%	
Physical violence offender's gender	Female	4	16.7%	10	55.6%	14	33.3%	0.008
	Male	20	83.3%	8	44.4%	28	66.7%	
Phase of committing physical violence	After hospitalization	15	62.5%	12	66.7%	27	64.3%	0.772
	During emergency admission	1	4.2%	1	5.6%	2	4.8%	
	During hospitalization	4	16.7%	4	22.2%	8	19.0%	
	During discharge	1	4.2%	0	0.0%	1	2.4%	
	During financial settlement	1	4.2%	1	5.6%	2	4.8%	
	During outpatient department visit	2	8.3%	0	0.0%	2	4.8%	
Age of physical violence offender		36.74±7.07		38.62±8.38		37.51±7.63		0.455
Verbal violence offender's relationship	Patient's family	8	26.7%	9	34.6%	17	30.4%	0.106
	Patient	22	73.3%	13	50.0%	35	62.5%	
	Others	0	0.0%	2	7.7%	2	3.6%	
	Non-nurse employees	0	0.0%	2	7.7%	2	3.6%	
Phase of verbal violence	After hospitalization	22	73.3%	14	53.8%	36	64.3%	0.579
	During emergency admission	2	6.7%	5	19.2%	7	12.5%	
	During hospitalization	2	6.7%	4	15.4%	6	10.7%	
	During discharge	1	3.3%	1	3.8%	2	3.6%	
	During financial settlement	1	3.3%	1	3.8%	2	3.6%	
	During outpatient department visit	2	6.7%	1	3.8%	3	5.4%	
Age of verbal violence offender		7.74±34.70		6.89±39.88		7.73±37.14		0.015
Sexual violence offender's relationship	Patient's family	1	33.3%	1	25.0%	2	28.6%	0.809
	Patient	2	66.7%	3	75.0%	5	71.4%	
Gender of the sexual violence offender	Female	0	0.0%	1	25.0%	1	14.3%	0.350
	Male	3	100.0%	3	75.0%	6	85.7%	
Phase of sexual violence	After hospitalization	3	100.0%	3	75.0%	6	85.7%	0.350
	During emergency admission	0	0.0%	1	25.0%	1	14.3%	
Age of Sexual violence offender		32.00±0.00		40.33±10.41		38.25±9.46		0.346
Cultural violence	Patient's family	2	33.3%	1	50.0%	3	37.5%	0.673
	Colleagues of nurses	4	66.7%	1	50.0%	5	62.5%	

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offender's relationship								
Gender of the offender of cultural violence	Female	3	50.0%	2	100.0%	5	62.5%	0.206
	Male	3	50.0%	0	0.0%	3	37.5%	
Phase of cultural violence	Without answer	2	33.3%	1	50.0%	3	37.5%	0.411
	After hospitalization	1	16.7%	1	50.0%	2	25.0%	
	During emergency admission	3	50.0%	0	0.0%	3	37.5%	
Age of cultural violence offender		9.18±41.25		3.54±34.50		8.07±39.00		0.533

The results showed that 13.8% of nurses have committed physical violence, 20% verbal violence, 0% sexual violence, and 7.5% cultural violence with very low frequency (per year). Also, 1.3% of the nurses reported high-frequency physical violence (per week) and 2.5% reported high-frequency verbal violence (per week). There was no significant difference in the frequency of physical, verbal, sexual, and cultural violence between the two hospitals (Table 6).

Table 6- Chi-square analysis of violence committed by the nurses

Variable		Hospital						*p*-value
		Shahid Beheshti		Nooriyeh		Total		
		Frequency	%	Frequency	%	Frequency	%	
Committing physical violence by a nurse against oneself	Without response	8	20.0%	14	35.0%	22	27.5%	0.284
	Never	25	62.5%	21	52.5%	46	57.5%	
	Very rarely (per year)	7	17.5%	4	10.0%	11	13.8%	
	Rarely (per season)	0	0.0%	0	0.0%	0	0.0%	
	Average (per month)	0	0.0%	0	0.0%	0	0.0%	
	Often (per week)	0	0.0%	1	2.5%	1	1.3%	
	Very often (daily)	0	0.0%	0	0.0%	0	0.0%	
Committing verbal violence by a nurse against oneself	Without response	5	12.5%	12	30.0%	17	21.3%	0.183
	Never	23	57.5%	21	52.5%	44	55.0%	
	Very rarely (per year)	9	22.5%	7	17.5%	16	20.0%	
	Rarely (per season)	0	0	0	0	0	0	
	Average (per month)	0	0	0	0	0	0	
	Often (per week)	2	5.0%	0	0.0%	2	2.5%	
	Very often (daily)	1	2.5%	0	0.0%	1	1.3%	
Committing sexual violence by a nurse against oneself	Without response	9	22.5%	18	45.0%	27	33.8%	-
	Never	31	77.5%	22	55.0%	53	66.3%	
	Very rarely (per year)	0	0	0	0	0	0	
	Rarely (per season)	0	0	0	0	0	0	
	Average (per month)	0	0	0	0	0	0	
	Often (per week)	0	0	0	0	0	0	
	Very often (daily)	0	0	0	0	0	0	
Committing cultural violence by a nurse against oneself	Without response	5	12.5%	18	45.0%	23	28.7%	-
	Never	31	77.5%	20	50.0%	51	63.7%	
	Very rarely (per year)	4	10.0%	2	5.0%	6	7.5%	
	Rarely (per season)	0	0	0	0	0	0	
	Average (per month)	0	0	0	0	0	0	
	Often (per week)	0	0	0	0	0	0	
	Very often (daily)	0	0	0	0	0	0	

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By examining demographic factors predicting verbal violence against nurses using binary logistic regression analysis, we found that the number of night shifts per month was significantly and directly related to the incidence of verbal violence against nurses (odds ratio = 1.779 and $p = 0.036$).

Table7: Logistic regression to determine factors associated with verbal violence against nurses

Variables	Beta	SE	T	*p*
Gender (female vs. male)	-0.124	0.646	0.883	0.847
Age	0.179	0.157	1.196	0.253
Marital status (married vs. single)	-1.198	0.907	0.302	0.187
Work history	-0.093	0.175	0.912	0.597
Place of work (Nourieh vs. Shahid Beheshti	-0.543	.640	0.581	0.396
Number of night shifts per month	0.576	0.275	1.779	0.036
Constant	-3.706	5.098	0.025	0.467

A study of factors predicting physical violence against nurses using binary logistic regression analysis showed that the number of night shifts per month had a significant and direct relationship with the occurrence of physical violence against nurses (odds ratio = 2.037 and $p = 0.008$). Furthermore, an examination of factors predicting cultural violence against nurses using binary logistic regression analysis indicated that none of the demographic and occupational characteristics was able to predict cultural violence against nurses.

The most common reactions of nurses towards violence in the workplace included calming down the aggressor (75%), self-defense (57.5%), discussing the issue with colleagues (31.3%), and discussing the issue with friends and family (26.3%). Overall, 70% of the nurses stated that they have reported the violence against nurses. This rate was 82.5% in Shahid Beheshti Hospital and 57.5% in Nooriyeh Hospital. Regarding the reasons for not reporting violence, a total of 43.8% of nurses believed that reporting violence was futile, and 8.8% were afraid of the consequences of reporting the violence. Also, 80% of nurses in Nooriyeh Hospital and 87.5% in Shahid Beheshti Hospital stated that there is a specific system or guideline for reporting violent incidents. Among nurses working in Shahid Beheshti Hospital, 82.5% reported that someone had taken action to follow up on the violence

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committed against them, while this figure was 55% for nurses working in Nooriyeh Hospital. The most common actions in both hospitals had been taken by nursing managers (35%) and nursing authorities (21.3%). Overall, 10% of nurses were dissatisfied with the follow-up of violent incidents by officials, 11.4% had low satisfaction with it, 43.8% had moderate satisfaction with this issue, and 3.8% were fully satisfied with the follow up.

From the nurses' perspective, the most common predisposing factors for workplace violence included shortages of staff in the department (75%), lack of security facilities (72.5%), long patient stays in the department after discharge (46.3%), issues with patient legal and rights (45%), public awareness about the duties of nurses (25%), use of psychotropic drugs or alcohol by patients (22.5%), and lack of an educational program for violence prevention (21.3%).

Overall, 91.3% of nurses stated that they have received training on violence control, with this rate being 92.5% in nurses working in Shahid Beheshti Hospital and 90% those working in Nooriyeh Hospital. In total, 85% of nurses assessed their need for education on violence prevention and control methods as high or very high. Furthermore, 78.8% of nurses evaluated the necessity of having a management system for reporting and controlling workplace violence as high or very high. The majority of nurses (52.5%) believed that compensating damages caused to employees should be covered by insurance, and 38.8% of them reported that they have been witnessing violence against their colleagues every week.

According to the nurses, the most important methods for preventing workplace violence include taking safety measures in departments (76.3%), staff training (61.3%), reporting violence incidents (50%), imposing penalties on violent individuals (42.5%), and segregating legal and addicted patients from other (35%, 28.7%), respectively.

Discussion

The findings of present study indicated that verbal violence [70%] and physical violence [52.5%] were the most prevalent forms of violence among psychiatric nurses, whereas sexual violence [8.8%] and cultural violence [10%] had lower prevalence rates. These results align with previous studies conducted nationally and internationally, highlighting the vulnerability of nurses to occupational violence. Rahmani and colleagues in study in Tabriz revealed high rates of verbal [96.5%] and physical [83.3%] violence against psychiatric nurses, with cultural and sexual violence having lower occurrence rates [27% and 9.7%], respectively [1]. In Kermanshah, Janatolmakan and colleagues reported that 94% of nurses experienced verbal violence, and 62% faced physical violence [16]. Noorullahi and colleagues found an 88.1% prevalence of workplace violence in Semnan, with verbal violence being the most common one, followed by physical, sexual, and racial violence [13]. Dehghan-Chaloshtari and Ghodousi in Shahrekord documented that 100% of nurses

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were encountering violence, predominantly psychological violence [91%], [11]. In Sanandaj, Afkhamzadeh and Faraji identified verbal violence [79%] as the prevailing form of violence among nurses [17].

Based on our search, and to the best of our knowledge, no study has been reported findings contrary to ours. This in itself further emphasizes that violence against nurses is a widespread issue that requires special attention.

Studies conducted outside the country indicate that the prevalence of various types of violence against nurses is lower than studies conducted within the country. In a study by McLaughlin and Khemthong, American nurses reported a 35% prevalence of workplace violence, with significantly higher rates in emergency and psychiatric departments compared to other departments [20]. Konttila and colleagues in Finland found that 42.5% of psychiatric nurses experienced psychological violence and 7.2% experienced physical violence in the past year [15]. Zhang and colleagues in China showed that 63.6% of nurses faced non-physical violence, with 25.7% experiencing physical violence and 2.7% reporting sexual harassment [21]. Differences in workplace violence rates between healthcare facilities in Iran and overseas may be due to factors such as understaffing, high workload, inadequate safety facilities, cultural perceptions of nurses, limited patient awareness of healthcare staff's rights, and insufficient legal and judicial support for nurses. Addressing these challenges through proactive measures appears necessary to improve the situation.

According to the results of this study, violence against nurses in psychiatric hospitals is a serious and widespread problem. About 70% of nurses have been verbally abused at least once in the past year, and more than 50% have been physically abused. Violence against psychiatric nurses is relatively more common in public hospitals than in private centers.

Although not statistically significant, public hospitals may face increased violence risks due to factors such as overcrowding, high workload, inadequate resources, and lower cultural awareness of patients. Wei and colleagues found that nurses in public hospitals in China experienced more workplace violence than those in private hospitals [22]. Similarly, Hegney and colleagues reported higher workplace violence rates among nurses in public sectors [47%] compared to the private sector [29%] in Australia [23].

Several studies have highlighted the significant relationship between the number of night shifts per month and the occurrence of violence against nurses. Janatolmakan et al. [16] and Afkhamzadeh and Faraji [17] both demonstrated a notable association between night shifts and violence against nurses. D'Ettorre et al. [6] found that nurses working over three night shifts per week or more than nine night shifts per month were more exposed to workplace violence. Sun et al. [24] reported a 3.5 times higher risk of physical violence against nurses working night shifts. Factors such as fatigue, mental pressures, inadequate security measures, understaffing, and the absence of specialists during night shifts can contribute to

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such incidents. Reduced lighting in healthcare facilities has also been linked to an increased risk of harassment and abuse against healthcare staff in prior studies [25].

The findings of present study also indicated that patients and patient companions were the primary factors contributing to physical, verbal, and sexual violence against nurses, which is consistent with previous studies [3, 26]. Most violence incidents were reported by patients and their families. Given the nature of psychiatric departments, where patients often have cognitive and mood disorders, the likelihood of patient-initiated violence is increased [1,27]. Surprisingly, our study revealed that 62.5% of cultural violence against nurses was perpetrated by their nurse colleagues, emphasizing the importance of providing necessary training to nurses to enable them address internal sources of violence [28].

Regarding nurses' responses to encountered violence, calming down the aggressor, self-defense, and discussing the issue with colleagues and friends were the most common reactions [1]. Other studies have found that calming down the aggressor is the predominant response of nurses. Fallahi Khoshknab and colleagues also reported that most nurses either encourage the aggressor to stop or discuss the issue with colleagues [29]. Given the significance of communication skills and crisis management in nursing, nurses aim to prevent further violence by offering appropriate responses and calm down the aggressor. However, due to the high prevalence of violence against nurses, specialized training in violence management and crisis intervention is recommended to booster their abilities.

Despite the fact that 70% of nurses reported violence in our study, 10% of them expressed no satisfaction and approximately 50% had moderate satisfaction with the follow-up procedures. This highlights deficiencies in support systems and crisis management at the institutional level, underscoring the need for a review and enhancement of these systems.

Considering the cross-sectional design of this study, it was not possible to determine the causal relationships between the variables. Additionally, transferability of the findings may be limited by inclusion and exclusion criteria, and generalizability of findings may be affected by non-probability-based sampling.

Conclusion

In psychiatric departments, violence against nurses is a serious issue. This study found that around 70% of nurses experienced verbal abuse in the past year, while over 50% faced physical violence. Public hospitals have a higher rate of violence against nurses compared to private facilities. Key risk factors in this regard include understaffing, inadequate safety facilities, and high frequency of night shifts. To address this issue, solutions like increasing staff numbers, improving safety facilities, providing staff training, and establishing support systems to handle violence are essential for prevention and control of this widespread problem.

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Conflicting Interest

Nothing to declare.

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