

Original Article

Workplace Violence Against Nurses Working at Liaquat University Hospital, Hyderabad/Jamshoro: A Cross-Sectional Study

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ABSTRACT

Background: Workplace violence is a major occupational hazard in healthcare settings, particularly among nurses who are at the frontline of patient care. It negatively affects physical and psychological well-being and job performance, especially in tertiary care hospitals. **Objective:** To determine the prevalence and types of workplace violence (verbal and physical) experienced by nurses working at Liaquat University Hospital, Hyderabad/Jamshoro, and to assess associated factors. **Methods:** A descriptive cross-sectional study was conducted from January to March 2026 at Liaquat University Hospital, Hyderabad/Jamshoro. A sample of 133 participants was selected through non-probability convenience sampling. Data were collected using a structured questionnaire adapted from a previously validated study and distributed via Google Forms. Data were analyzed using SPSS version 27. Descriptive statistics were used to determine prevalence, while the Chi-square test was applied to assess associations between variables, with $p < 0.05$ considered statistically significant. **Results:** The prevalence of workplace violence was high, with 90.2% of nurses reporting verbal violence and 33.8% reporting physical violence. Shouting (75.2%) and insults (48.9%) were the most common forms of verbal abuse, mainly perpetrated by patient attendants (50.4%). Pushing (26.3%) was the most frequently reported form of physical violence. Psychological distress (31.6%), fear at the workplace (12.8%), reduced job satisfaction (66.1%), and poor concentration (73.7%) were commonly reported consequences. No statistically significant association was found between years of experience and verbal ($p = 0.426$) or physical violence ($p = 0.101$). **Conclusion:** Workplace violence among nurses is highly prevalent, with verbal abuse being the most common form, followed by physical violence. Patient attendants were identified as the primary perpetrators. Strengthening hospital security, improving communication, enhancing staff training, and implementing strict reporting systems are essential to ensure a safe working environment for nurses. **Keywords:** Workplace violence; Nurses; Verbal abuse; Physical violence; Tertiary care hospital; Pakistan.

INTRODUCTION

Hospitals play a crucial role in the delivery of healthcare services, where healthcare workers (HCWs) are routinely exposed to various occupational risks and hazards (1). Among these, workplace violence is recognized as one of the most serious and challenging issues affecting healthcare professionals(2). The World Health Organization (WHO) emphasizes that workplace violence is a significant occupational hazard in the healthcare sector, with a substantial proportion of violent incidents occurring within hospital settings(3). Globally, violence in healthcare environments has reached epidemic proportions, affecting a large number of HCWs across different levels of healthcare systems (4). Nurses, as frontline healthcare providers, are particularly vulnerable to workplace violence due to their continuous and close interaction with patients and their attendants. They spend more time in direct patient care compared to other healthcare professionals, which increases their exposure to stressful situations, emotional conflicts, and aggressive behaviors, especially in tertiary care hospitals(5). Workplace violence includes verbal abuse, physical assault, threats, and harassment, all of which can negatively affect nurses' safety and professional performance (6). Tertiary care hospitals, which deliver specialized and advanced medical services, are high-risk environments for workplace violence (7). Contributing factors include overcrowding, critically ill patients, long waiting times, limited resources, and emotional distress among patients' families. Evidence indicates that nurses in these settings experience a higher prevalence of workplace violence compared to those in primary or secondary healthcare facilities (8, 9). Globally, workplace violence in healthcare settings remains highly prevalent. Recent studies indicate that more than 60%–75% of nurses experience workplace violence during their professional careers, with verbal abuse being the most common form (10). A systematic review and meta-analysis reported that approximately 58%–70% of nurses in hospital settings experience at least one form of workplace violence, with higher rates observed in emergency and tertiary care units (11). In Pakistan, workplace violence against nurses is a persistent and under-recognized issue. Studies conducted in tertiary care hospitals have reported that up to 88.8% of nurses are exposed to workplace violence (12). Another study found that 58.8% experienced verbal abuse, 16.5% physical violence, and 2.7% sexual violence among healthcare workers (13). These findings reflect the high burden of violence in clinical settings and highlight the need for effective preventive measures. Workplace violence has serious consequences on nurses' psychological health and job performance, leading to stress, anxiety, burnout, reduced job satisfaction, and decreased productivity. These effects not only impact individual nurses but also compromise the quality of patient care and contribute to workforce shortages. Moreover, workplace violence is often underreported due to fear of retaliation, lack of institutional support, and normalization of such incidents, which limits effective policy development and intervention strategies (5, 14).

Understanding workplace violence among nurses in tertiary care hospitals is essential to ensure a safe working environment, improve job satisfaction, and strengthen the healthcare system. Addressing this issue is critical for improving both nurse well-being and quality of patient care. Therefore, the present study was conducted to determine the prevalence and types of workplace violence (verbal and physical) experienced by nurses working at Liaquat University Hospital, Hyderabad/Jamshoro, and to assess associated factors.

MATERIALS AND METHODS

A descriptive cross-sectional study was conducted from January to March 2026 at Liaquat University Hospital, Hyderabad/Jamshoro, to assess the prevalence and types of workplace violence among nurses. The study population included staff nurses working in different hospital wards. A total population of 200 nurses was considered, and the sample size of 133 was calculated using the finite population correction formula $n = N / [1 + N(e^2)]$, where $N = 200$ and $e = 0.05$, at a 95% confidence level and 5% margin of error. Non-probability convenience sampling was used to recruit participants with at least six months of clinical experience who were directly involved in patient care and willing to participate. Data were collected using a structured questionnaire adapted from a previously validated study conducted in Karachi, covering socio-demographic characteristics, verbal and physical workplace violence, and awareness of reporting systems. The questionnaire was distributed via Google Forms through WhatsApp, and informed consent was obtained electronically before participation. Data were analyzed using SPSS version 27. Descriptive statistics such as frequencies and percentages were used to summarize categorical variables, and the prevalence of workplace violence was calculated as the proportion of nurses reporting exposure to verbal or physical abuse. In addition, the Chi-square test of independence was applied to assess the association between years of nursing experience and workplace violence (verbal and physical), with statistical significance set at $p < 0.05$. Ethical approval was obtained from the Medical Superintendent of Liaquat University Hospital, Hyderabad/Jamshoro (Ref. No. LUH/N/-15705/10), and confidentiality, anonymity, and voluntary participation were strictly maintained throughout the study.

RESULTS

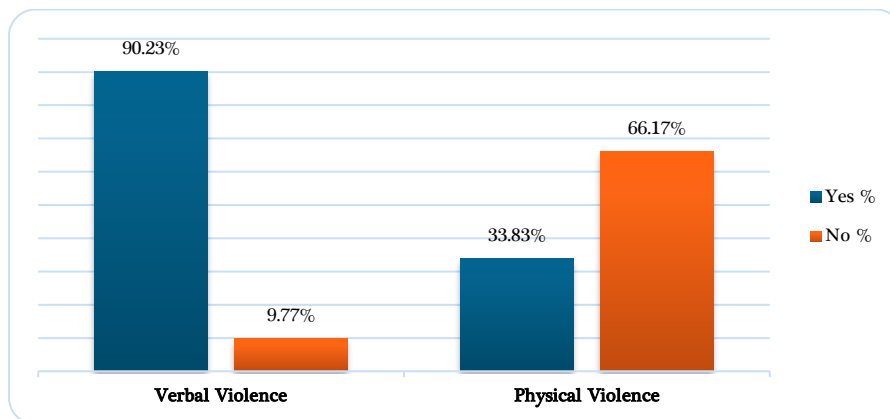
Table 1. Socio-Demographic and Professional Characteristics of Participants (N = 133)

Variable	Categories	Frequency	Percentage
Age (years)	20–25	35	26.3%
	26–30	38	28.6%
	31–35	36	27.1%
	36–40	19	14.3%
	>40	5	3.8%
Marital Status	Single	49	36.8%
	Married	73	54.9%
	Divorced	8	6.0%
	Widowed	3	2.3%
Job Designation	Staff Nurse	89	66.9%
	Internee	22	16.5%
	Head Nurse	18	13.5%
	Shift Incharge	3	2.3%
	Team Leader	1	0.8%
Work Experience	<1 year	35	26.3%
	1–5 years	33	24.8%
	6–10 years	44	33.1%
	11–15 years	12	9.0%
	16–20 years	9	6.8%
Working Department	Medical Ward	25	18.8%
	Surgical Ward	26	19.5%
	ICU	24	18.0%
	OPD	18	13.5%
	Other Units	40	30.1%

Participants were mainly aged 26–30 years (28.6%), followed by 31–35 years (27.1%) and 20–25 years (26.3%). Most were married (54.9%) and staff nurses (66.9%). Regarding experience, 33.1% had 6–10 years of experience, while 26.3% had less than 1 year. A higher proportion worked in other units (30.1%).

Figure 1: Prevalence of Workplace Violence (Verbal & Physical) (N = 133)

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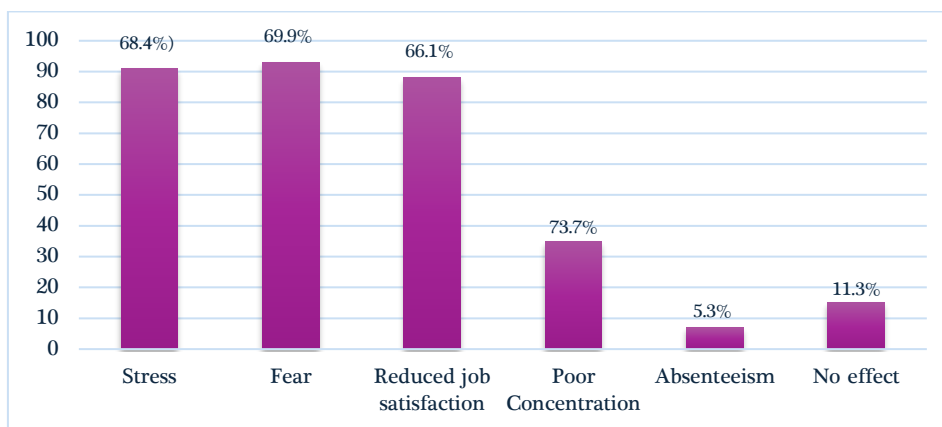
Verbal violence was significantly higher (90.2%) compared to physical violence (33.8%), indicating that verbal abuse is the most common form of workplace violence among nurses.

Table 2: Characteristics of verbal workplace violence among nurses (N = 133)

Variable	Categories	Frequency	Percentage
Type of verbal violence experienced	Shouting	100	75.2%
	Insult	65	48.9%
	Threat	32	24.1%
	Humiliation	11	8.3%
	Harassment	6	4.5%
	Other	1	0.8%
	Perpetrator	Patient	13
Patient attendant		67	50.4%
Staff member		20	15.0%
Supervisor/manager		17	12.8%
Other		4	3.0%
No one identified		12	9.0%
Frequency of verbal violence		Once	44
	Occasionally	55	41.4%
	Frequently	22	16.5%
	Never/No response	12	9.0%
Reaction to verbal violence	Ignore it	40	30.1%
	Self-protection	40	30.1%
	Reported to management	30	22.6%
	Legal/official action	8	6.0%
	Other	3	2.3%
	No reaction	12	9.0%
Support received after the incident	Yes	33	24.8%
	No	100	75.2%

Shouting was the most common form of verbal violence (75.2%), followed by insults (48.9%). The main perpetrators were patient attendants (50.4%). Most incidents occurred occasionally (41.4%). Nurses mainly responded by ignoring or self-protection (30.1% each). Only 24.8% received support after incidents.

Figure 2: Impact of Verbal Workplace Violence on Nurses



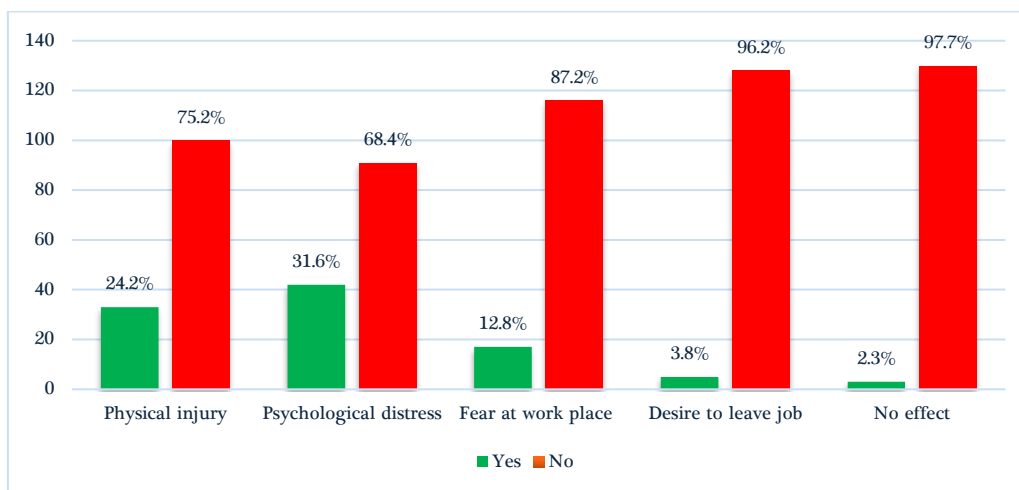
Verbal violence mainly affected psychological well-being, with high levels of stress (68.4%), fear (69.9%), reduced job satisfaction (66.1%), and poor concentration (73.7%). Absenteeism (5.3%) and no effect (11.3%) were minimal.

Table 3: Characteristics of physical workplace violence among nurses

Variable	Categories	Frequency (n)	Percentage (%)
Types of physical violence experienced*	Pushing	35	26.3%
	Slapping	19	14.3%
	Hitting	5	3.8%
	Other (pinching, biting, weapon)	11	8.3%
Perpetrator	Patient	5	3.8%
	Patient attendant/relative	29	21.8%
	Staff member	11	8.3%
	Supervisor	1	0.8%
	No violence reported	87	65.4%
Frequency of physical violence	Once	32	24.1%
	Occasionally	13	9.8%
	Frequently	1	0.8%
	No violence	87	65.4%
Action taken after incident	No action	15	11.3%
	Reported to authority	29	21.8%
	Legal/medical/other	6	4.5%
	No violence	83	62.4%
Hospital response	Yes	20	15.0%
	No	32	24.1%
	No need	81	60.9%

Most nurses reported no physical violence (65.4%). Among cases, pushing (26.3%) and slapping (14.3%) were most common. Patient attendants were the main perpetrators (21.8%). Incidents were mostly rare or single events. Only 15% reported adequate institutional response.

Figure 3: Impact of Physical Workplace Violence on Nurses



Psychological distress was the most reported effect (31.6%), followed by physical injury (24.8%). Fear at workplace (12.8%) and desire to leave job (3.8%) were less common, while most participants reported no severe occupational impact.

Table 4: Awareness and perceived causes of workplace violence among nurses (N = 133)

Variable	Category	Frequency (n)	Percentage (%)
Awareness of Reporting Policy	Yes	33	24.8%
	No	100	75.2%
Causes of Violence	Patient overload	93	69.9%
	Lack of respect	82	61.7%
	Poor security	76	57.1%
	Lack of a reporting system	56	42.1%
	Poor communication	50	37.6%

Most nurses were unaware of reporting policies (75.2%). The leading causes of violence were patient overload (69.9%), lack of respect (61.7%), and poor security (57.1%). Other factors included lack of reporting systems (42.1%) and poor communication (37.6%).

Table 5: Suggested preventive measures for workplace violence

Preventive Measures	Frequency (n)	Percentage (%)
Public awareness	92	69.2%
Strict policy	84	63.2%
Legal protection	80	60.2%
Security improvement	75	56.4%
Staff training	70	52.6%

Public awareness was the most suggested measure (69.2%), followed by strict policies (63.2%) and legal protection (60.2%). Security improvement (56.4%) and staff training (52.6%) were also recommended.

Table 6: Association between years of nursing experience and workplace violence among nurses (N = 133)

Type of Violence	Years of Experience	Yes n (%)	No n (%)	χ^2	df	p-value
Verbal Violence	< 1 year	32 (91.4)	3 (8.6)	3.855	4	0.426
	1–5 years	29 (87.9)	4 (12.1)			
	6–10 years	42 (95.5)	2 (4.5)			
	11–15 years	10 (83.3)	2 (16.7)			
	16–20 years	7 (77.8)	2 (22.2)			
Physical Violence	< 1 year	8 (22.9)	27 (77.1)	7.758	4	0.101
	1–5 years	11 (33.3)	22 (66.7)			
	6–10 years	21 (47.7)	23 (52.3)			
	11–15 years	4 (33.3)	8 (66.7)			

16–20 years	1 (11.1)	8 (88.9)
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No statistically significant association was found between years of nursing experience and verbal violence ($\chi^2 = 3.855$, $df = 4$, $p = 0.426$) or physical violence ($\chi^2 = 7.758$, $df = 4$, $p = 0.101$). Therefore, workplace violence was observed across all levels of experience, indicating that exposure is independent of professional experience.

DISCUSSION

The present study revealed that workplace violence among nurses is highly prevalent, with verbal violence (90.2%) being significantly higher than physical violence (33.8%). This finding is strongly supported by previous studies in Pakistan, including a Sindh-based hospital study reporting 82.2% verbal violence, which closely aligns with the current results. Similarly, a tertiary care hospital study in Karachi reported a high burden of workplace violence among nurses (88.8%), confirming its widespread occurrence in healthcare settings (1, 2). Moreover, national evidence indicates that verbal violence consistently exceeds physical violence, as highlighted in a systematic review reporting verbal abuse as the most frequent form of workplace violence among healthcare workers (3). Collectively, these findings suggest that verbal aggression is the predominant form of workplace violence faced by nurses, largely due to overcrowding, high patient load, staff shortages, and communication barriers in hospital settings. This pattern is consistent with studies conducted in tertiary care hospitals of Karachi, where verbal abuse was reported in 58%–72% of healthcare workers, while physical violence ranged from 16%–30%, particularly in emergency departments. Similar trends have also been observed among emergency nurses in Pakistan, where verbal aggression remained the most frequent form of workplace violence (4). International literature further supports that overcrowding, prolonged waiting times, and emotional stress among patient attendants are major contributors to aggressive behavior in hospital settings (5). Patient attendants were identified as the main perpetrators of workplace violence in this study, consistent with previous hospital-based research where attendants and relatives are frequently reported as the primary source of aggression toward nurses. International studies similarly confirm that attendants are often the main instigators of violence, particularly in emergency and tertiary care settings. This is largely due to emotional distress, dissatisfaction with care, overcrowding, prolonged waiting times, and poor communication, which collectively increase frustration and may result in aggression toward healthcare workers (6, 7). The present study found that workplace violence had significant psychological and occupational consequences for nurses, with many reporting stress (68.4%), fear at the workplace, reduced job satisfaction (66.1%), and poor concentration (73.7%). These findings are consistent with international literature showing that workplace violence is strongly associated with psychological distress, anxiety, burnout, emotional exhaustion, and decreased job satisfaction among nurses. Such consequences negatively affect professional performance, increase turnover intention, and compromise patient safety and quality of care (8-10).

Furthermore, most nurses lacked awareness of formal reporting systems, and only a small proportion received institutional support after incidents. This is consistent with international evidence showing that underreporting of workplace violence is common, especially in low- and middle-income countries. Key reasons include fear of retaliation, lack of knowledge about reporting procedures, perceived inefficiency of institutional response, and normalization of violence as part of the job. This weak reporting culture reduces incident documentation and limits the development of effective preventive strategies, thereby contributing to the persistence of workplace violence in healthcare settings (11, 12).

The study also showed no statistically significant association between years of nursing experience and exposure to either verbal ($p = 0.426$) or physical violence ($p = 0.101$). This indicates that workplace violence affects nurses across all experience levels. Similar findings have been reported in international studies, where exposure to workplace violence is more strongly influenced by organizational and environmental factors such as workload, staffing shortages, and high-pressure clinical areas rather than years of professional experience (13, 14).

The workplace violence remains a critical occupational hazard for nurses, with verbal abuse being the most prevalent form. The findings highlight the urgent need for institutional policies, effective reporting systems, staff protection strategies, and communication improvement programs to reduce violence and ensure a safe working environment for healthcare professionals.

CONCLUSION

Workplace violence among nurses was found to be highly prevalent, with verbal violence being the most common form, followed by physical violence. Patient attendants were identified as the primary perpetrators of such incidents. The findings highlight significant occupational risks faced by nurses in tertiary care hospitals. Strengthening institutional policies, improving hospital security, enhancing communication with patients and attendants, and implementing strict reporting systems are essential to ensure a safe working environment and improve the quality of nursing care.

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