

Administrative Strategies to Prevent Workplace Violence and its Effective Implementation in Health Care Settings

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Abstract

Workplace violence (WPV) in healthcare settings is a persistent and growing concern, posing significant threats to the safety, well-being, and performance of healthcare professionals. Nurses, particularly those working in emergency departments and psychiatric units, are frequently exposed to verbal abuse, physical assault, and emotional trauma. Despite legislative efforts and organizational policies, barriers such as inadequate training, insufficient resource allocation, under reporting, and unclear policies continue to hinder the development and implementation of effective preventive strategies. Recognizing the high prevalence of violence in clinical settings, this study explores administrative strategies aimed at preventing WPV and evaluates their effectiveness from the perspective of nurses in a specialized hospital setting. A cross-sectional descriptive research design was employed, targeting a sample of 30 nurses aged 25 to 35 years, selected from a specialized healthcare setting in Multan using a convenience sampling technique. The sample size was determined using a statistical formula to ensure representation. Data collection was conducted through a self-administered structured questionnaire, developed in English, focusing on workplace violence policies, staff involvement in safety decisions, availability of support mechanisms, resource adequacy, communication, and environmental factors contributing to WPV. Data were collected through direct interaction in hospital wards, and the analysis was performed using SPSS (Statistical Packages for the Social Sciences), with results presented in tabular form for clarity. The findings revealed that while over half of the respondents believed that workplace violence policies were clearly communicated (53.4%) and that reporting systems were encouraged and confidential (53.3%), a significant proportion remained neutral or disagreed, indicating communication gaps and underutilized support systems. Staff involvement in decision-making was viewed positively by 60% of participants, yet 20% felt excluded, highlighting the need for greater inclusivity. Although 53.3% acknowledged the availability of support groups, a notable portion (26.7%) disagreed or strongly disagreed, suggesting inconsistency in access and awareness. Furthermore, 56.6% believed that incidents were promptly investigated, but concerns about transparency remained. Environmental factors were recognized by 73.3% as contributors to WPV, and 60% agreed that resources were sufficient. However, issues such as verbal abuse were highly prevalent, with 73.3% of respondents identifying it as a common occurrence. A majority (73.4%) also held that managers were accountable for staff

security, yet neutral and negative responses highlighted potential management gaps. The study concludes that WPV remains a complex and multifaceted issue in healthcare settings, with significant systemic and organizational challenges. While existing strategies show moderate effectiveness, the persistence of verbal abuse, inconsistent communication, and unequal access to support mechanisms indicate critical areas for reform. The findings support the null hypothesis that inadequate training, lack of clear policies, and insufficient resources are significant barriers to WPV prevention. Therefore, a comprehensive, inclusive, and proactive approach involving clear policies, regular training, supportive environments, and strong leadership accountability is essential to fostering a safer and more resilient healthcare workplace.

Keywords: Workplace Violence, Healthcare Professionals, Nurses, Administrative Strategies, Safety Policies.

Introduction

Workplace violence has long been a concern in health care settings, given the unique vulnerabilities associated with patient care. Historically, the evolution of workplace violence prevention in healthcare has been shaped by legislative efforts, research studies, and the advocacy of professional organizations. In the mid-20th century, workplace violence in healthcare was rarely acknowledged as a significant issue. Incident of aggression were often dismissed as part of the job, particularly in mental health and emergency care settings. early studies such as those conducted in the 1970s, began to document violence in healthcare environments especially in psychiatric hospitals and emergency departments. By the 1980s the issue began to gain traction as occupational health became a growing field. In recent decades, research on workplace violence in health care settings has garnered significant attention from the medical community and academic community. The most prevalent kind of violence is when a user attacks a professional. There are few studies that examine and compile preventive activities directed towards users, even though the literature contains several actions centered around interacting with experts. This study's objective is to assess the literature's findings and present a summary of the available data. Its specific goal is to provide an overview of the different user-directed tactics or treatments that are intended to lessen workplace violence that health care professionals encounter (Lopez-Ros et al., 2023). It is believed that up to 95% of health care professionals are impacted. Workers in the emergency room face extremely high rates of workplace violence; according to one study, paramedics are almost three times more likely to be the victims of physical or verbal abuse. Numerous strategies for dealing with violent offenders have been devised, from zero-tolerance policies to direct communication with them. Unfortunately, there is no proof that any of these strategies are effective in preventing or eliminating violence, as demonstrated by a recent Cochran review. Further data on the tactics emergency medical personnel now employ to prevent or lessen violence is required in order to develop more effective interventions to do so. (Spelten et al., 2022). Physical aggressiveness, verbal abuse, sexual harassment, and racial discrimination were among the forms of violence that were witnessed; verbal abuse was the most frequently reported form. Along with coworkers and superiors, these crimes were committed by patients and their relatives. (Bernardes et al., 2020)

Problem statement

Workplace violence in the health care sector is a critical issue that poses significant risks to the safety and well-being of health care workers, patients, and visitors. Despite existing policies and regulations aimed at mitigating such violence, health care settings frequently experience incidents of physical assault, verbal abuse, and other forms of

aggression. This problem persists due to several barriers that hinder the development and implementation of effective violence prevention strategies. Inadequate Training and Awareness, Insufficient Resources and Support, Under reporting and Lack of Data, Inconsistent Implementation of Policies.

Significance

The significance of study is to preventing workplace violence and their effective implementation in health care is crucial for developing policies that ensure the safety and well-being of health care workers, patients, and visitors. Health care workers are at a higher risk of experiencing workplace violence compared to many other professions. health. Effective prevention strategies are essential to safeguard their physical and mental A safe work environment contributes to higher job satisfaction, which can reduce turnover rates and improve the overall quality of care provided. When health care workers are not constantly concerned about their safety, they can focus better on patient care, leading to improved outcomes. A safer environment contributes to a more positive patient experience and can reduce disruptions in care caused by violent incidents.

Objectives

- To determine and investigate the availability and the effectiveness of administrative strategies to prevent work place violence as perceived by nurses and in the hospital settings.

Hypothesis

H₀: "Inadequate training, insufficient resource allocation, and a lack of clear policies are significant barriers to effectively preventing workplace violence in health care settings."

H_A: "Inadequate training, insufficient resource allocation, and a lack of clear policies are not the significant barriers to effectively preventing workplace violence in health care settings."

Limitation

When addressing the barriers to preventing workplace violence in health care settings and implementing effective strategies, there are several limitations and challenges that may arise. Understanding these limitations can help in developing more realistic and actionable solutions.

- Limited staffing resources can hinder the ability to implement and sustain violence prevention measures, as existing staff may already be stretched thin.
- Variability in training quality and frequency can lead to inconsistent preparedness among health care workers. Some staff may not receive the training necessary to handle violent situations effectively.
- Some health care organizations may be resistant to change due to entrenched practices or a lack of awareness about the importance of a systematic approach to preventing violence.

Literature Review

The definition of violence in the healthcare industry is "any instances where the staff members are mistreated, intimidated, or attacked in situations related to their work that involve an unspoken or unspoken threat to their protection, well-being, or health." Including "any dangerous comment or conduct that provides a worker adequate reason for thinking that their safety is at danger," this definition covers it all., It also includes a wide range of actions, such as verbal abuse and sex discrimination, in addition to direct physical assault and other violent acts. Workplace violence is characterized as any act of

physical attack, intimidation, or verbal mistreatment that takes place within the workplace (Al-Qadi, 2021). It is critically necessary to define workplace violence clearly, provide a simple reporting system, and provide supervisory support after a report. (Song et al., 2021). The correlation between elevated incidence of workplace violence and inadequate investigation of violent episodes and staff assaults is well-established. The literature on the obstacles, facilitators, and chances for organizational follow-up regarding workplace violence is scarce. The purpose of this study was to investigate, from the viewpoint of Emergency Department nurses, the obstacles, facilitators, and opportunities for organizational follow-up on workplace violence. (Yang et al., 2023). Psychiatric nurses have the greatest rate of workplace violence when compared to all other health care professions. Violence in the workplace can have disastrous psychological and physical ramifications. When they are accessible, supportive services aren't always used to their full potential. (Dean et al., 2021). Violence in the workplace committed against paramedics by patients and onlookers is a chronic and widespread problem. The evidence for the efficacy of current therapies in the context of Paramedicine is not very strong. There is minimal data to suggest prospects for more effective therapies, and no research have addressed potential constraints. This study aimed to inventory existing workplace interventions and investigate paramedics' perceptions of the opportunities and challenges associated with these interventions. (Thomas et al., 2020). Emergency department (ED) nurses' under-reporting of workplace violence is a widespread practice concern. Absence of reporting of workplace violence results in a lack of statistics reflecting the scope of the problem, which is important for supporting legislative action, regulatory requirements, and organizational changes aimed at preventing violence. This systematic review of the literature was conducted in order to evaluate and compile data regarding the obstacles that ED nurses face while reporting workplace violence. (Gaston, 2020). Health care businesses are experiencing an increase in workplace violence (WPV). This performance improvement (PI) initiative set out to find out what steps could be taken to reduce the frequency of WPV incidents in an acute inpatient hospital setting. The A3 approach to problem-solving was applied. We looked at the situation as it is now and solutions to close any holes in the current procedures. All parties involved were involved in problem-solving and ongoing improvement thanks to the technique. In January 2019, PI members carried out the house-wide interventions, and assaults resulting in injuries dropped to 39 by the end of the fiscal year. In order to promote successful interventions against WPV, more research is required. (Escue et al., 2023). The use of restraints was lessened and front-line staff confidence rose, according to earlier research evaluating training treatments for workplace violence. An examination of workplace violence prevention measures revealed a gap that was filled with an electronic, evidence-based educational package for front-line personnel across a big hospital system. The results of this quality improvement initiative indicate that educating front-line personnel about the hazards of workplace violence can be a feasible strategy to be implemented throughout big healthcare companies (Varty et al., 2024). Workplace violence grew by 23% in the US in 2016 to rank as the second most frequent cause of death, contributing to 900 workplace killings annually and 1.7 million nonfatal assaults. Additionally, from 2 incidents per 100 beds in 2012 to 2.8 occurrences per 100 beds in 2015, there has been a rise in workplace violence in US hospitals. Healthcare organizations and hospitals had to spend \$429 million on protection, personnel, and medical care in 2016 as a result of workplace violence, and they had to invest \$1.1 billion in surveillance and training to prevent violence (Al-Qadi, 2021). The number of health workers who have experienced workplace violence has increased. But in low- and middle-income nations, very little effort has gone into creating violent behavior at work (WPV) prevention initiatives in hospital settings. For the purpose of both avoiding violence and handling the fallout from

incidences, an efficient workplace violence avoidance program is essential. The management staff's opinions on intervention options for preventing workplace violence in a Nigerian tertiary health facility were evaluated in this study (Agu et al., 2023). Verbal violence is included under the categories of physical and psychological violence in the workplace, according to the World Health Organization (WHO). In actuality, there is a difference between catastrophic occurrences that cause an employee's harm or death and regular violence. Major accidents cause widespread outcry, but regular acts of violence by patients and onlookers (such as spitting and name-calling) go unreported. It is doubtful that workplace violence against healthcare professionals will completely disappear; but, developing and putting into practice treatments that will lessen the harm that occurs and make the workplace a safer place is a goal that can be accomplished (Spelten et al., 2022). The term "violence at work" describes actions or threats of violence committed against workers, whether they occur within or outside of the workplace. These acts can range from verbal abuse to physical attacks, homicide, bullying, and harassment. 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. Therefore, workplace violence will spread around the world and threaten both the health and well-being of the populace as well as the peace and stability of the active communities if it is not appropriately addressed, especially in healthcare settings. In order to maintain control, it is necessary to work together to identify the risk factors and consequences of workplace violence in healthcare settings (Pariona-Cabrera et al., 2020). This study encompassed 49 studies, and four prominent concerns related to the reporting of workplace violence were recognized: In general, there is a poor reporting rate, with through oral tradition reports being the most common format; (2) healthcare professionals frequently express dissatisfaction with the way the organization addresses their reports; (3) the factors influencing reporting are numerous and intricate; and (4) there is an absence of research suggesting strategies to encourage official reporting (Huang et al., 2022). A severe issue that affects nurses in clinical settings all over the world is workplace violence (WPV). Nursing students run the same chance of experiencing WPV episodes, which could have unfavorable effects. Nursing professionals and students can avoid and handle workplace violence by participating in WPV education opportunities. In accordance with this data, there aren't many WPV training courses developed and implemented for nursing students completing their studies in nursing in educational environments (Solorzano Martinez & De Oliveira, 2021). Practitioners face a serious risk at work that significantly affects their physical and mental health: violence at work. In the end, this has an impact on national health care services. Physical abuse incidents initiated by patients are more common in Asian nations, particularly in hospital emergency rooms, mental wards, and intensive care units. Junior physicians and residents are typically the ones who deal with these episodes. The unhappiness of patients and those around them, as well as their lack of impulse control, poor administration, misunderstandings, infrastructure problems—particularly the disparities in services between public and private hospitals—and unfavorable media representations of doctors are some of the common causes of violence against medical professionals (Kumari et al., 2020). Every level of society has been affected by violence, which can happen anywhere, including on the streets, in organizations, companies, and schools. Because of the lack of a precise definition, violence was traditionally disregarded as a public health concern. It is an indisputably complex and diffused topic. The definition of violence is a matter of judging what behaviors are proper and acceptable, which is impacted by culture, values, and social conventions. It is not as easy as connecting violence to scientific facts (Lim et al., 2022). The most common cause of workplace violence, patient and visitor violence (PVV), is frequently overlooked, under reported, and a recurring issue in emergency rooms. In nurses, it's linked to bodily harm,

emotional anguish, and work-related stress. Taiwan hosted a randomized controlled trial from January to December 2020. In this study, 75 emergency department (ED) nurses from a hospital were asked to examine the effectiveness of an integrated workplace violence prevention and management training program on PVV. Because the subdivision strategy policy was implemented during the COVID-19 pandemic, cluster sampling was utilized. Either the intervention or a one-hour in-service training was given to ED nurses.(Chang et al., 2022). For nurses, workplace violence (WPV) represents a serious risk to their job. It's possible that clinical settings and nurses' unique demands weren't given enough thought in the education and training programs now in place, which leaves room for doubt about their effectiveness in reducing the incidence of WPV among nurses. In order to investigate the application impacts of this WPV prevention strategy, this study created one based on the real needs of clinical nurses and situational prevention theory.(Cai et al., 2023). The results of this systematic review will have an impact on how the HR department now handles violence against healthcare professionals as well as the growing number of people who need medical attention as a result of a growing elderly population and nursing shortage. Participating in a cycle of continuous improvement that promotes ending harassment of nurses (and everyone else) in the healthcare industry will also have an effect on action research.(Pariona-Cabrera et al., 2020). Mental health professionals may experience physical harm and somatic disorders, burnout and professional tiredness, depression, anxiety, and other occupational stress ailments as a result of workplace trauma. Understanding the experiences of mental health workers after being exposed to occupational trauma, any ensuing mental health issues, and the process of seeking care is necessary for the psychological health of patients as well as staff. (Rodrigues et al., 2021). All forms of violence are illegal, and laws must be both stringent and properly implemented. It is legally required of employers to give employees a safe work environment. Workplace safety rules within their enterprises should take into account both national legislation and the human rights of those who come to work there. Workplace regulations that guarantee a safe hospital environment must prioritize safety precautions, professional training, and education. In order to prevent and combat WPV, it is imperative to implement culturally competent programs that take into account the cultural origins and context of Jordanian nurses.(Al-Natour et al., 2023). In the US, workplace violence results in about 20,000 nonfatal incidents and 1000 fatalities per year. Law enforcement officials, retail personnel, and taxicab drivers are the three professions with the highest death toll. To address violence, one could use behavioral, administrative, and environmental solutions.(Runyan et al., 2000). A survey was executed among a random sample of human service workers (n = 1574) who were employed by a large public administration organization in Canada. The purpose of the survey was to find out which organizational factors (e.g., workload, team dynamics, workplace culture, and supervision) were important in predicting the occurrence of workplace violence and to find out about the workers' negative interpersonal interactions with managers, supervisors, and colleagues. The results validate the necessity of creating work environments that facilitate favorable intrapersonal interactions among employees, cultivate systems for enhanced interpersonal team performance, advance worker equity, and enhance supervisor-to-employee attentiveness in supervisory relationships. There is discussion on the implications for human services work environments.(Shier et al., 2018) Given the significant frequency of WPV among female healthcare professionals, tackling and lessening its effects will need a diverse management strategy. In order to establish a safer workplace and avoid negative consequences on healthcare workers as well as the larger healthcare system, this plan of action should incorporate both focused norms and each person's strategies. To better document workplace violence (WP in personnel categories other than nursing, more research is required.(Ajuwa et al., 2024). Compared to all other private sector industries combined, nonfatal attacks happen in the health care

sector almost four times as frequently. The health care industry has turned into a boiling point for leaders and employees due to performance demands. Ideally, there should be no violence in the workplace in the form of verbal or physical threats or acts. A complete program to prevent violence within an organization starts with a no-tolerance approach and is backed by continuing preventative measures, a post-event assistance strategy, and a data gathering tool to track violent incidents. Similar to safety monitoring tools, workplace violence monitoring instruments can identify trends for further intervention and education by recording the nature, mode, and intensity of the occurrence(Escue et al., 2023)

Research Methodology

The major objective of the chapter is to explain the various tools and techniques of research. To collect data and information scientific method is used.

Study Location and available Resources

The Research will be conducted at specialized health care setting. The study population includes all nurses actively involved in patient care with in hospital wards.

Sample Size Determination

The sample size of 30 nurses will be selected from specialized health care setting Multan using following formula

Sample size $= N / 1 + N \cdot e^2$

- where N = total. population of nurses
- e= margin of error (set at 0.05)

The sample size ensures sufficient statistical power for data analysis and generalization of findings.

Demographic Profile of participants

Participants are the nurses aged 25 to 35 years. This age range is targeted to capture the perspective of those with relevant clinical experience and active involvement in patient care.

Parameters

Inclusive criteria

All the nurses of 25 to 35 age group are the population selected for research data.

Exclusive criteria

Nurses of less than 25 yrs. and more than 35 yrs. age are excluded from research data.

Research design and sampling technique

The study utilize a Cross-Sectional research Design to access the relationship between staffing ratio and patient's outcomes at single point in time. Convenience sampling will be employed due to time limitation, allowing for efficient selection of participants available during the data collection period.

Tools for data collection

Data will be gathered using a Self-administered structured questionnaire designed based on literature review and key indicators of patient outcomes.

- The questionnaire will be developed in English to ensure clarity and ease of understanding for participants.
- Questions will be structured to gather both demographic data and insights into staffing ratios and patient care quality.
- Face to face distribution of questionnaire will ensure accurate and complete data collection, minimizing errors and biases.

Data Collection process

Participants will be approached in their respective wards and questionnaire will be administered through direct interaction to facilitate clarification of any queries.

Data Analysis Methodology

Data was collected, organized and interpreted statistically through SPSS(Statistical Packages for social sciences) and was represented in tabular form.

Results and Discussion

4.1 Work place violence policies clearly communicated to all staff

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	4	13.3	13.3	13.3
Disagree	6	20.0	20.0	33.3
Neutral	4	13.3	13.3	46.7
Agree	11	36.7	36.7	83.3
Strongly Agree	5	16.7	16.7	100.0
Total	30	100.0	100.0	

Data Findings:

The data presents the results regarding whether workplace violence policies are clearly communicated to all staff of a health care setting. Agree (36.7%) and strongly agree (16.7%) combined account for (53.4%) of respondents that the majority perceive the policies to be clearly communicated. Disagree (20.0%)and strongly disagree (13.3%)together constitute (33.3%) showing significantly minority believe the policies are not clearly communicated.13.3% of respondents are neutral indicating they might not have a strong opinion or are uncertain about the clarity of the communication

Data Analysis and Discussion

The data indicates varying level of satisfaction regarding how work place violence policies are communicated breaking this down further .the majority of staff members believe the policies are clearly communicated with cumulative agreement of (53.4%).this suggests that current communication methods are effective for over half of the work force .the organizations efforts to share and promote these policies is reaching a significant portion of employees' cumulative disagreement (33.3%) reflects potential weakness in messaging strategies .employees in this group may feel disconnected ,uninformed or over looked during communication efforts. Neutral responses could mean uncertainty. Employees might not fully understand or engage with policies. Indifference a lack of connection to the topic might leads to disengagement.

4.2 Work place violence reporting encouraged and confidential.

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	4	13.3	13.3	13.3
Disagree	5	16.7	16.7	30.0
Neutral	5	16.7	16.7	46.7
Agree	12	40.0	40.0	86.7
Strongly Agree	4	13.3	13.3	100.0
Total	30	100.0	100.0	

Data Analysis:

The data represents results from 30 participants regarding their agreement with The statement : workplace violence reporting is encouraged and confidential .here the analysis shows agree participants 12(40.0%) ,strongly agree 4 participants (13.3%),total positive agreement 16 participants (53.5%).over half of the participants believe that workplace violence reporting is encouraged and confidential.5 participants are with neutral result (16.7%) which indicate a smaller proportion of participants are undecided and neutral about statement .disagree results are given by only 5 participants (16.7%)and strongly disagree is given by 4 participants(13.3%).

Discussion:

The data provides valuable insight into perception of workplace violence reporting system focusing on whether they are encouraged and confidential. The mixed responses highlight areas of strength and concern within the current framework. Over half (53.3%) of respondents either agree or strongly agree that reporting workplace violence is encouraged and confidential. this indicate a gently positive perception among employees and suggest that current policies and procedure are effective for a majority. The high cumulative percentage of agreement (100% when including positive responses) confirm the scale reliability and response and alignment. A significant portion of employs (30.0%) does not share the views that work place violence a reporting is adequately supported. This could point to systemic gaps such as lack of trust in confidentiality of the process fear of retaliation or insufficient communication about the mechanism in the place. Neutral responses suggest uncertainty or lack of awareness. Employees in this may not have had personal experience with the reporting system or may not be informed about the policies leading to indecision.

4.3 Staff are involved in decision making process.

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	2	6.7	6.7	6.7
Disagree	4	13.3	13.3	20.0
Neutral	6	20.0	20.0	40.0
Agree	12	40.0	40.0	80.0
Strongly Agree	6	20.0	20.0	100.0
Total	30	100.0	100.0	

Data Analysis:

The data summarizes of 30 participants on their agreement with the statement: staff are involved in the decision making process. Data analysis determines the 12 agree participants with (40.0%) and strongly agree 6 participants with 20%. total positive agreement is (60%) with 16 participants .6 participants has given neutral results with 20%. Negative results show 4 participants with disagree result (13.3%), strongly disagree 2 participants (6. 7%). total negative agreement is (20%).

Discussion:

The results offer valuable insight into employs perceptions of their involvement in the decision making process while the majority of respondents express a positive view. A significant portion of the staff believe that they are involved in the decision making process. This indicate that the organization has system in place to engage staff and that many employees feel their input is valued and considered. Such involvement is likely to boost job satisfaction foster a sense of ownership and improve organizational outcomes. A combined of 20% respondents feels excluded from the decision making process. Exclusion from decision making process lead to dissatisfaction and lack of trust in

leadership. The neutral responses could stem from insufficient communication and they believe that their involvement does not significantly impact decision.

4.4 Support groups are available for staff experiencing trauma.

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	3	10.0	10.0	10.0
Disagree	5	16.7	16.7	26.7
Neutral	6	20.0	20.0	46.7
Agree	13	43.3	43.3	90.0
Strongly Agree	3	10.0	10.0	100.0
Total	30	100.0	100.0	

Data analysis:

The data represents the responses of 30 staff members regarding the availability of support groups for those experiencing trauma. The majority of staff members (43.3%) agree that support groups are available for those experiencing trauma. A significant portion (20.0%) of staff members remain neutral on the issue. A combined 26.7% of staff members disagree or strongly disagree that support groups are available. The proportion of staff members who strongly agree (10.0%) is equal to those who strongly disagree (10.0%), indicating polarized opinions on the issue. The agree category has the highest frequency (43.3%), while the disagree category has a significantly lower frequency (16.7%), suggesting that more staff members perceive the organization as supportive.

Discussion:

The results provide valuable insights into the perceptions of staff members regarding the availability of support groups for those experiencing trauma. The findings suggest that while a significant proportion of staff members agree that support groups are available, there is still a notable level of uncertainty and disagreement. The fact that 53.3% of staff members agree or strongly agree that support groups are available indicates that the organization has made efforts to provide support for trauma. This positive perception may be attributed to the organization's commitment to employee well-being and its efforts to create a supportive work environment. However, the results also highlight areas for improvement. The significant proportion of staff members who are neutral (20.0%) or disagree (16.7%) suggests that there may be a lack of awareness or understanding about the availability of support groups. This could be due to inadequate communication or promotion of these resources. The equal proportion of staff members who strongly agree and strongly disagree (10.0% each) suggests that there may be polarized opinions on the issue. This could indicate that some staff members have had positive experiences with support groups, while others have had negative experiences or have not been able to access these resources.

4.5 Incidents are promptly investigated and addressed.

	Frequency	Percent	Valid Percent	Cumulative Percent
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Strongly Disagree	1	3.3	3.3	3.3
Disagree	6	20.0	20.0	23.3
Neutral	6	20.0	20.0	43.3
Agree	10	33.3	33.3	76.7
Strongly Agree	7	23.3	23.3	100.0
Total	30	100.0	100.0	

Data Analysis:

The data represents the responses of 30 staff members regarding the prompt investigation and addressing of incidents. The responses are categorized into five levels of agreement: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. The majority of staff members (56.6%) agree or strongly agree that incidents are promptly investigated and addressed. A significant portion (20.0%) of staff members disagree or strongly disagree with the statement. The remaining 23.3% of staff members are neutral on the issue. The proportion of staff members who strongly agree (23.3%) is significantly higher than those who strongly disagree (3.3%). This suggests that the organization's efforts to promptly investigate and address incidents are perceived positively by a larger proportion of staff members.

Discussion:

The results provide a nuanced understanding of staff members' perceptions regarding the prompt investigation and addressing of incidents. While a majority of staff members agree or strongly agree that incidents are promptly investigated and addressed, a significant minority disagree or strongly disagree. The fact that 56.6% of staff members agree or strongly agree that incidents are promptly investigated and addressed suggests that the organization has made efforts to foster a culture of transparency and accountability. This is crucial in promoting a positive and safe work environment, where staff members feel valued and supported. However, the significant minority of staff members who disagree or strongly disagree (23.3%) highlights areas for improvement. It is possible that these staff members have had negative experiences with incident investigations or feel that their concerns have not been adequately addressed. The organization should take these concerns seriously and engage with staff members to understand their perspectives and improve the incident investigation process. The neutral responses from 20.0% of staff members suggest that there may be a lack of awareness or understanding about the incident investigation process.

4.6 Organization management gives workplace safety first.

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	2	6.7	6.7	6.7
Disagree	3	10.0	10.0	16.7
Neutral	7	23.3	23.3	40.0
Agree	10	33.3	33.3	73.3
Strongly Agree	8	26.7	26.7	100.0
Total	30	100.0	100.0	

Data Analysis:

The data represents the responses of 30 staff members regarding the organization management's prioritization of workplace safety. The majority of staff members (60.0%) agree or strongly agree that organization management gives workplace safety first priority. A significant portion (23.3%) of staff members are neutral on the issue. A

minority (16.7%) of staff members disagree or strongly disagree with the statement. The results suggest that the organization management is perceived to prioritize workplace safety, which can contribute to a positive and safe work environment. However, the neutral and disagreeing staff members may indicate that there is room for improvement in communicating and demonstrating the organization's commitment to workplace safety. The proportion of staff members who strongly agree (26.7%) is significantly higher than those who strongly disagree (6.7%). This suggests that the organization management's The results of the survey provide valuable insights into staff members' perceptions regarding the organization management's prioritization of workplace safety.

Discussion:

The data provided reflects responses to the statement "Organization management gives workplace safety first. Only 2 out of 30 respondents strongly disagree that management prioritizes workplace safety, which represents a relatively small proportion of the total respondents. 3 respondents disagree with the statement, suggesting that a minority believes that management does not focus on workplace safety. A significant portion (7 respondents) are neutral, indicating that they neither agree nor disagree with the statement. This could reflect uncertainty or a lack of clear perception about management's focus on safety. The largest group of respondents (10 people) agree that workplace safety is a priority for management. This shows a generally positive perception. 8 respondents strongly agree, which further supports the idea that a sizable portion believes workplace safety is indeed a priority for management. The results have implications for organizational culture, highlighting the importance of communicating and demonstrating the organization's commitment to workplace safety. By prioritizing workplace safety, the organization can foster a culture of trust, respect, and open communication. The findings suggest that a majority of staff members believe that workplace safety is a top priority for the organization management. The fact that 60.0% of staff members agree or strongly agree that organization management gives workplace safety first priority indicates a positive perception of the organization's commitment to safety. This suggests that the organization management's efforts to prioritize workplace safety are recognized and appreciated by the majority of staff members. However, the results also highlight areas for improvement. The 23.3% of staff members who are neutral on the issue may indicate a lack of awareness or understanding about the organization's safety policies and procedures. Additionally, the 16.7% of staff members who disagree or strongly disagree with the statement may suggest that there are concerns about the organization's commitment to workplace safety that need to be addressed.

4.7 Department collaborate with other departs for regular training sessions for safety measures.

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	2	6.7	6.7	6.7
Disagree	3	10.0	10.0	16.7
Neutral	6	20.0	20.0	36.7
Agree	13	43.3	43.3	80.0
Strongly Agree	6	20.0	20.0	100.0
Total	30	100.0	100.0	

Data Analysis:

The data provided represents the responses to the question about department collaboration with other departments for regular training sessions on safety measures. Below is a breakdown of the results: Strongly Disagree: 2 respondents (6.7%) Disagree: 3 respondents (10.0%) Neutral: 6 respondents (20.0%) Agree: 13 respondents (43.3%) Strongly Agree: 6 respondents (20%). A majority of respondents (63.3%) agree or strongly agree that their department collaborates with other departments for regular safety training. 16.7% disagree or strongly disagree with this statement. 20.0% of respondents remain neutral. In conclusion, most participants seem to be satisfied with the inter-departmental collaboration on safety training.

Discussion:

The results reflect a mix of opinions, with the majority of respondents indicating a positive outlook on this collaboration. Here's a detailed analysis of the findings: A combined **63.3%** of respondents (43.3% agreeing and 20.0% strongly agreeing) believe that their department works with other departments for regular safety training sessions. This indicates a generally favorable view towards cross-departmental collaboration for safety training, suggesting that most employees perceive their workplace as proactive in ensuring safety through collaborative efforts. **20.0%** of respondents chose the neutral option, suggesting that these individuals neither strongly agree nor disagree with the statement. This could indicate uncertainty or a lack of awareness of the inter-departmental safety training programs. For these individuals, further clarification on the scope and benefits of collaboration might be necessary, or it could point to a gap in communication regarding these training sessions. A smaller group of respondents, **16.7%** (6.7% strongly disagreeing and 10.0% disagreeing), do not feel that their department collaborates with others for safety training. This could suggest a need for improvement in cross-department communication or a lack of visibility and participation in the collaborative training efforts. It may also reflect organizational issues, such as scheduling conflicts, lack of resources, or lack of prioritization for such initiatives. The fact that a majority agrees that departments collaborate on safety measures reflects positively on the organization's commitment to safety. A collaborative approach can help foster a stronger safety culture across departments and potentially reduce risks in the workplace. However, the 16.7% of respondents who disagree could indicate that there may be inconsistencies in how safety training is implemented across departments. Some departments may be more proactive or better resourced, leading to unequal experiences for employees. The neutral and negative responses suggest there could be opportunities to increase participation, engagement, and visibility of safety training programs across all departments. For the 16.7% of employees who disagree with the statement, efforts should be made to standardize training practices and ensure all departments are equally involved in regular safety initiatives. Overall, the data suggests a positive trend toward inter-departmental collaboration on safety training. While most employees seem satisfied with these efforts, a portion of the workforce either remains neutral or is not fully supportive. Addressing the concerns of the small group that disagrees could further improve the effectiveness and inclusive of safety training programs in the organization.

4.8 Lack of resources to provide safety at work place.

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	1	3.3	3.3	3.3
Disagree	5	16.7	16.7	20.0
Neutral	6	20.0	20.0	40.0
Agree	13	43.3	43.3	83.3
Strongly Agree	5	16.7	16.7	100.0

Total	30	100.0	100.0	
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Data Analysis:

This data represents responses to the question about whether there is a lack of resources to ensure workplace safety. Strongly Disagree: 1 respondent (3.3%) 5 respondents (16.7%)6 respondents (20.0%)Agree: 13 respondents (43.3%)Strongly Agree: 5 respondents (16.7%)A majority of respondents (60.0%) agree or strongly agree that there are no significant resource shortages when it comes to workplace safety (43.3% agree, 16.7% strongly agree).A smaller portion of the respondents, 20.0%, expressed a neutral stance, indicating uncertainty or indifference on this matter.20.0% of respondents (3.3% strongly disagree, 16.7% disagree) feel that there is a lack of resources to ensure safety at the workplace. The fact that 60.0% of respondents agree or strongly agree suggests that most employees feel that their workplace has sufficient resources to maintain safety standards. This result reflects well on the organization's commitment to workplace safety, indicating that the majority believe safety resources, such as equipment, training, and personnel, are adequately provided.20.0% of respondents were neutral, meaning they neither agree nor disagree. This may reflect either a lack of awareness about the available resources or uncertainty about the adequacy of the resources. A small portion of respondents (20.0%) disagree or strongly disagree with the statement. This suggests that some employees perceive a lack of resources for ensuring workplace safety.

Discussion:

The results regarding the availability of resources to ensure workplace safety show a diverse range of perspectives. Let's break down the results and interpret what they mean for the organization and its safety initiatives. A combined 60% of respondents (43.3% agree, 16.7% strongly agree) do not feel there is a lack of resources to provide workplace safety. This is a positive indicator that the majority of employees are satisfied with the safety resources available in their workplace. It suggests that the organization is doing well in providing adequate resources for safety protocols, equipment, training, and overall workplace safety measures. The presence of sufficient resources can enhance employee morale and confidence in the organization's commitment to safety, which is critical for fostering a safe working environment.20% of respondents answered neutrally, indicating that they are either uncertain or indifferent regarding the availability of safety resources.20% of respondents (3.3% strongly disagree and 16.7% disagree) feel that there is a lack of resources to provide adequate safety at work. It is essential for the organization to identify whether these concerns are isolated or more widespread. If these concerns are rooted in specific departments or job functions, targeted improvements could be made in those areas. The majority of respondents (60%) feel confident about the availability of safety resources in the workplace, which is a good sign of the organization's current safety efforts. However, the 20% of respondents who feel there is a lack of resources must be addressed to ensure that all employees feel safe and supported. This feedback could indicate areas for improvement, such as resource allocation, training, and communication. By addressing these concerns, the organization can further enhance its safety culture and ensure a safe and supportive environment for all employees.

4.9Environmental factors contributed to work place violence.

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	2	6.7	6.7	6.7
Neutral	6	20.0	20.0	26.7
Agree	16	53.3	53.3	80.0

Strongly Agree	6	20.0	20.0	100.0
Total	30	100.0	100.0	

Data Analysis:

Disagree: A small proportion (6.7%) of respondents disagreed with the statement, indicating that a small number of people do not believe environmental factors contribute to workplace violence. **Neutral:** 20.0% of respondents felt neutral about the statement, neither agreeing nor disagreeing, which might indicate uncertainty or lack of clear opinion on the matter. **Agree:** 53.3% of respondents agreed that environmental factors contribute to workplace violence, which is the largest group. This suggests that more than half of the respondents believe environmental factors have an impact on workplace violence. **Strongly Agree:** 20.0% of respondents strongly agreed with the statement, further supporting the idea that environmental factors play a role in workplace violence. The majority of respondents (73.3%) either agreed or strongly agreed that environmental factors contribute to workplace violence. Only a small proportion (6.7%) disagreed with the statement. Therefore, it appears that environmental factors are generally perceived as contributing to workplace violence among the sample group.

Discussion:

The data provided regarding the perception of environmental factors contributing to workplace violence highlights key insights into how employees view the relationship between their work environment and safety concerns. A significant portion of respondents (73.3%) believes that environmental factors do indeed contribute to workplace violence. This suggests that most employees feel that elements such as workspace design, noise levels, crowding, lighting, or even temperature can have a direct impact on the potential for violent or aggressive behavior in the workplace. The 20% of respondents who answered "Neutral" might not fully understand or be aware of how environmental factors might influence workplace violence. This group may not have experienced such issues firsthand or might not have the necessary knowledge to recognize the environmental stressors that could lead to violence. Only a small fraction (6.7%) of respondents disagreed with the statement, indicating that they don't perceive environmental factors as significant contributors to workplace violence. These respondents may attribute workplace violence to other causes, such as interpersonal conflicts, lack of proper management, individual mental health issues, or other factors unrelated to the environment. The majority view (73.3% agreement) suggests a broad acknowledgment of the role environmental factors play in workplace violence. This could be critical for businesses looking to reduce the occurrence of such incidents. The results indicate that the majority of employees acknowledge the significant role that environmental factors play in contributing to workplace violence. While there is a strong consensus on this issue, the neutral and disagreeing responses suggest that there are employees who may not fully recognize this connection. Organizations can use this data to foster more awareness, conduct further research into specific environmental factors, and implement improvements in workplace design and stress management to create a safer, more conducive work environment.

4.10 Communication channels are open between staff, management and security.

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	1	3.3	3.3	3.3
Disagree	6	20.0	20.0	23.3
Neutral	7	23.3	23.3	46.7
Agree	11	36.7	36.7	83.3

Strongly Agree	5	16.7	16.7	100.0
Total	30	100.0	100.0	

Data Analysis:

The data presents the responses to the statement "Communication channels are open between staff, management, and security" from 30 participants. Strongly Disagree: 1 respondent (3.3% of participants), disagree: 6 respondents (20.0%), Neutral: 7 respondents (23.3%), Agree: 11 respondents (36.7%), strongly Agree: 5 respondents (16.7%). A significant portion of respondents (36.7%) Agree that communication channels are open between staff, management, and security. A total of 53.3% (36.7% Agree + 16.7% Strongly Agree) indicate a positive view of communication channels being open. 23.3% of respondents remain Neutral, showing a middle-ground stance on the issue. 23.3% (3.3% Strongly Disagree + 20% Disagree) express dissatisfaction or a lack of agreement regarding the openness of communication channels. The majority of respondents (about 53%) feel that communication channels are indeed open, while a minority (about 23%) disagree.

Discussion:

The results on communication channels between staff, management, and security provide insights into the overall effectiveness of communication within the organization. Here's a deeper discussion of the given data: Only one person strongly disagrees with the statement, indicating that while communication issues may exist, they are not widespread. This small percentage suggests that extreme dissatisfaction with communication is not a major concern. A larger group (20%) disagrees with the statement, indicating a more notable dissatisfaction. This response may point to a significant gap in communication between staff, management, and security that affects a quarter of the respondents. Nearly a quarter of respondents (23.3%) selected "Neutral," suggesting that communication channels might be perceived as neither particularly good nor bad. This group likely experiences a middle-ground view, where communication might be acceptable but not outstanding. The largest group (36.7%) agrees that communication channels are open, indicating a general satisfaction with communication processes. This is a positive outcome, as it suggests that most participants feel that communication flows effectively and is generally transparent. A combined **53.4%** of respondents (Agree + strongly agree) report that communication is open and effective. This is a positive result, suggesting that more than half of the respondents are satisfied with how communication flows between staff, management, and security. It reflects an overall positive organizational environment for communication. However, **23.3%** of respondents (Disagree + Strongly Disagree) feel that communication channels are not open. While not a majority, this is still a significant percentage. This group's dissatisfaction could highlight areas where communication practices need to be reviewed or improved. The **23.3%** who are neutral may indicate a lack of strong opinion on the matter, or possibly individuals who feel that communication is neither problematic nor exceptional. This group could benefit from further investigation to understand whether they feel disengaged or simply feel that communication works well but could be more robust in certain areas. The survey results suggest that while most respondents are satisfied with communication channels, a significant portion of the workforce (about a quarter) feels there are issues with how communication flows between staff, management, and security. Addressing these gaps, particularly through more inclusive and transparent communication practices, can help enhance organizational effectiveness, morale, and collaboration. The neutral responses highlight an opportunity for further engagement and fine-tuning communication strategies to meet the needs of all employees.

4.11 Managers are held accountable for ensuring staff security.

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	1	3.3	3.3	3.3
Disagree	2	6.7	6.7	10.0
Neutral	5	16.7	16.7	26.7
Agree	17	56.7	56.7	83.3
Strongly Agree	5	16.7	16.7	100.0
Total	30	100.0	100.0	

Data Analysis:

The results on the statement "Managers are held accountable for ensuring staff security" provide an overview of how participants perceive the accountability of managers in relation to staff security. Only one participant (3.3%) strongly disagrees with the statement, indicating that they believe managers are not accountable for staff security. This is a very small portion of the respondents, suggesting that the majority do not feel this way. Two participants (6.7%) disagree, five respondents (16.7%) selected "Neutral," meaning they neither agree nor disagree with the statement. The largest group, 56.7%, agree that managers are held accountable for ensuring staff security. Another 16.7% strongly agree, indicating a high level of confidence in the accountability of managers regarding staff security. These respondents feel strongly that managers are responsible and actively engaged in ensuring staff safety. The combined percentage of Agree (56.7%) and Strongly Agree (16.7%) shows that 73.4% of respondents believe managers are accountable for staff security. This is a positive result, suggesting that most participants believe managers play an active role in safeguarding staff members. Only 10% of respondents (3.3% Strongly Disagree + 6.7% Disagree) feel that managers are not accountable for ensuring staff security. A moderate portion of respondents (16.7%) remain neutral.

Discussion:

The results regarding the statement "Managers are held accountable for ensuring staff security" provide valuable insights into how employees perceive the accountability of managers in relation to ensuring the safety of staff. The largest portion of the respondents, **73.4%** (56.7% Agree + 16.7% strongly Agree), believes that managers are held accountable for ensuring staff security. This result suggests that a significant majority of employees feel that their managers take the responsibility of ensuring security seriously and that accountability measures are in place to enforce this responsibility. Only **10%** of respondents (3.3% Strongly Disagree + 6.7% Disagree) disagree with the statement. This low level of disagreement indicates that only a small portion of the workforce perceives a gap in the accountability of managers for staff security. For these employees, there may be concerns about the actual implementation of security measures or how well managers follow through on their responsibilities. A moderate portion of respondents, **16.7%**, chose a neutral stance. This group neither agrees nor disagrees with the statement, which may indicate that these individuals are uncertain or indifferent about the role managers play in ensuring staff security. The results suggest that a large portion of respondents (73.4%) believes that managers are accountable for ensuring staff security, which is a positive reflection of the organization's security culture. However, with 10% of respondents expressing disagreement and 16.7% remaining neutral, there is an opportunity to enhance communication and clarity about managerial roles in security. By engaging with dissatisfied and neutral respondents, the organization can further improve the perception of security accountability, ensuring that all employees feel supported and confident in their safety at work.

4.12 verbal abuse is common occurrence in work place settings.

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	2	6.7	6.7	6.7
Disagree	2	6.7	6.7	13.3
Neutral	4	13.3	13.3	26.7
Agree	13	43.3	43.3	70.0
Strongly Agree	9	30.0	30.0	100.0
Total	30	100.0	100.0	

Data Analysis:

The data analysis shows the distribution of responses regarding the frequency of verbal abuse in workplace settings. Strongly Disagree: 2 respondents (6.7%), Disagree: 2 respondents (6.7%), Neutral: 4 respondents (13.3%), Agree: 13 respondents (43.3%), Strongly Agree: 9 respondents (30.0%), the majority of respondents (73.3%) agree or strongly agree that verbal abuse is a common occurrence in workplace settings, with 43.3% agreeing and 30% strongly agreeing. Only a small percentage (6.7%) disagree or strongly disagree. The remaining 13.3% are neutral on the issue.

Discussion:

The results presented indicate a significant perception among the respondents that verbal abuse is a common occurrence in workplace settings. Strongly agree (30%) and Agree (43.3%): A combined total of 73.3% of respondents either agree or strongly agree that verbal abuse is prevalent in their workplace. This suggests that a large portion of the workforce is either directly experiencing or perceiving verbal abuse as a recurring issue in their environment. This is concerning, as verbal abuse can have serious consequences on employee morale, productivity, and overall workplace culture. Neutral (13.3%): A smaller group of respondents (13.3%) are neutral, meaning they neither agree nor disagree with the statement. This may imply that they either have not witnessed or been personally affected by verbal abuse or perhaps they view it as a more isolated or non-recurring issue. However, the neutrality in this case does not significantly detract from the overall perception of workplace verbal abuse, which is still viewed as common by the majority. Disagree (6.7%) and Strongly Disagree (6.7%): Only 13.4% of respondents disagree or strongly disagree, which is a relatively small portion of the workforce. This suggests that verbal abuse may not be as problematic in all workplaces but remains a significant concern for most. The fact that the majority of employees acknowledge verbal abuse as a common occurrence signals the need for workplace interventions. Verbal abuse can manifest in many forms, such as yelling, bullying, or harsh criticism, and often contributes to a toxic workplace culture. If left unaddressed, it can have negative effects on employees' mental health, job satisfaction, and overall productivity. The high percentage of respondents indicating agreement with the prevalence of verbal abuse in the workplace highlights a critical area for organizational improvement. Addressing verbal abuse proactively can contribute to a healthier, more productive work environment.

Summary

The central idea of this research revolves around identifying barriers to preventing workplace violence and evaluating the effectiveness of implementing strategies to address this issue in health care settings. It emphasizes the importance of clear communication, reporting systems, staff involvement in decision making, trauma support, resource allocation, environmental factors, accountability, and training for fostering a

safer and more secure working environment. The research uses survey results to analyze staff perceptions and areas needing improvement. The correlation between elevated incidence of workplace violence and inadequate investigation of violent episodes and staff assaults is well-established. The literature on the obstacles, facilitators, and chances for organizational follow-up regarding workplace violence is scarce. The purpose of this study was to investigate, from the viewpoint of Emergency Department nurses, the obstacles, facilitators, and opportunities for organizational follow-up on workplace violence. (Yang et al., 2023). Psychiatric nurses have the greatest rate of workplace violence when compared to all other health care professions. Violence in the workplace can have disastrous psychological and physical ramifications. When they are accessible, supportive services aren't always used to their full potential. (Dean et al., 2021). We conduct this research because workplace violence in health care settings remains a critical issue worldwide. Healthcare professionals including nurses, doctors and support staff, often face threats ranging verbal abuse to physical assaults. This problem has been exacerbated in recent years due to several factors including increased patient load, staff shortage, mental health crisis, lack of security measures and cultural and systemic issues. We collect the data from specialized hospital and the main population was staff nurses and head nurses of that hospital. The recent reports highlight the growing trend of violence in healthcare settings globally. Emergency departments and psychiatric units remain hot spots for such incidents. Modern interventions have seen an increase in digital and evidence based educational initiatives similar to those highlighted in the study. While the study provides a comprehensive review of WPV challenges and interventions, recent trends show both advancements and persisting gaps in addressing workplace violence in healthcare. Collaborative and culturally adapted strategies, integrated advanced technology and robust policy framework, are essential for mitigating this growing issue effectively.

Conclusion:

The study on administrative strategies for preventing workplace violence and its effective implementation in healthcare settings highlights significant challenges and opportunities for improvement. The findings reveal that while efforts are being made to communicate policies, encourage reporting, and involve staff in safety decisions, gaps remain in resource allocation, support mechanisms and addressing environmental factors. Verbal abuse and inadequate communication channels are identified as persistent issues that undermine workplace safety. The results supports the null hypothesis. Hence proved that "Inadequate training, insufficient resource allocation, and a lack of clear policies are significant barriers to effectively preventing workplace violence in health care settings."

Recommendations:

There are following recommendation to control this workplace violence worldwide.

1. To Enhance the clarity and enforcement of workplace violence policies.
2. To Establish secure and anonymous reporting mechanism.
3. To Conduct regular training sessions and simulations to equip staff with de-escalation
4. To Develop robust support groups and counseling services for trauma affected staff.

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