

## Correlation between Workplace Violence against Maternity Nurses during Covid19 Pandemic and their Job Satisfaction

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### Abstract

**Background:** Workplace violence poses a significant and complex challenge within healthcare environments, particularly amplified by the COVID-19 pandemic. Compounded by limited understanding of the COVID-19 epidemic, inadequate access to personal protective equipment, and absence of clear diagnostic and treatment guidelines for patients, nurses experience a substantial burden, leading to job dissatisfaction and subsequently impacting the quality of care provided to women. **This study aimed to** investigate the association between workplace violence against maternity nurses during the COVID-19 pandemic and their level of job satisfaction. **Study design:** A descriptive correlational research design was adopted for this study. **Setting:** The study was carried out at Ain Shams University Maternity Hospital. **Sample:** The sample consisted of 180 maternity nurses, selected through a convenient sampling method. **Data Collection Instruments:** The study employed two data collection tools: an Arabic Structured Interviewing Questionnaire and the Satisfaction of Employees in Healthcare Scale (SEHC). **Results:** The findings revealed that 61.3% of maternity nurses encountered verbal violence in the workplace approximately once a week. Additionally, 33.0% of nurses experienced physical violence in the workplace roughly every 6 months. Furthermore, maternity nurses identified risk factors for exposure to workplace violence during the COVID-19 pandemic, including insufficient response to reported incidents (78.3%), overcrowding (77.4%), and prolonged waiting times (77.4%). Furthermore, a significant number of maternity nurses indicated that workplace violence often goes unreported due to a perceived lack of action against perpetrators (55.7%) and insufficient support for reporting incidents (53.8%). Moreover, only 26.3% of maternity nurses reported job satisfaction during the COVID-19 pandemic. **Conclusions:** The study findings underscore that a considerable portion of maternity nursing staff encounter workplace violence, predominantly in the form of verbal and physical aggression. Additionally, a substantial majority of maternity nurses expressed dissatisfaction with their job. Importantly, a robust positive association ( $p=0.001^{**}$ ) was established between the total workplace violence score and job satisfaction among maternity nurses. **Recommendations:** Based on these results, the study proposes the implementation of a comprehensive violence prevention program tailored to maternity nurses. This program aims to enhance their professional safety, bolster job satisfaction, and ultimately improve the overall quality of care provided.

**Keywords:** Maternity nurses, Workplace Violence, COVID 19 Pandemic, Job satisfaction

### Introduction

Nurses globally are confronting a rising tide of workplace violence, largely exacerbated by the COVID-19 pandemic. Despite the World Health Organization (WHO) designating 2020 as the "Year of Nurses" to acknowledge their indispensable role, the pandemic has left nurses especially susceptible (*WHO, 2020*). Workplace violence (WPV) encompasses acts of force against individuals or groups within the workplace, leading to physical or psychological harm, and even fatalities. The incidence of workplace violence has witnessed a significant surge across multiple nations, imparting both immediate and enduring effects

on the well-being of workers. In the healthcare domain, nurses stand at the forefront of this issue, given their round-the-clock provision of direct patient care (*Maria, et al., 2021*).

The issue of violence targeting nurses within their work environment has garnered escalating attention in recent times. A staggering 25% of registered nurses have reported instances of physical assault by patients or their family members, with over 50% indicating exposure to verbal abuse or bullying. This stark victimization of nurses, who bear the primary responsibility of delivering life-saving care, surpasses the rates observed among other healthcare professionals

(*Al-Qadi, 2021*). Furthermore, a survey conducted by National Nurse United reveals a staggering 20% upsurge in workplace violence incidents within United States hospitals during the COVID-19 era. Research from the USA unearthed that healthcare professionals have faced elevated levels of bullying amid the pandemic (*Dye, et al., 2020*). In Iran, a cross-sectional study underscored a notable rise in the prevalence of verbal abuse during the COVID-19 pandemic, with an estimated 55.7% prevalence rate (*Ghanbari et al., 2020*). Similarly, an additional study highlighted occurrences of workplace violence and nurse bullying within Jordan during the pandemic, with 52% of nurses in the public healthcare sector reporting incidents of verbal abuse (*Rose, Hartnett, and Pillai, 2021*).

As per research findings, violence against healthcare workers (HCWs) during the COVID-19 is attributed to several primary factors. These include the lack of trust in HCWs, the emotional toll of witnessing COVID-19 patient deaths, hospitals' capacity constraints leading to the refusal of admitting COVID-19 patients, and the policies implemented by hospitals in response to the pandemic (*Bhatti, Rauf, Aziz, Martins, & Khan, 2021*). Moreover, additional motivations for attacking and mistreating healthcare providers during health emergencies encompass fear, panic, misconceptions about COVID-19 transmission, and misguided anger, all of which manifest in different contexts during the pandemic (*Elsaid, et al., 2021*).

Workplace violence within hospital settings is correlated with numerous adverse consequences. These include heightened workloads, increased susceptibility to disease-related morbidity and mortality, as well as a substantial negative impact on mental well-being. Furthermore, workplace violence contributes to decreased job satisfaction, reduced quality of life, heightened burnout rates, and an elevated intention to leave one's job. These factors collectively imperil the quality of healthcare and patient safety (*Teo et al., 2021; Ramzi, Fatah, and Dalvandi, 2021*).

The COVID-19 pandemic has exacerbated the burden on HCWs, leading to a surge in burnout rates and a decline in the quality of

care provided, along with an inclination among HCWs to consider leaving their positions (*Rose, Hartnett, and Pillai, 2021*).

Job satisfaction is a comprehensive measure of an employee's contentment with their work, stemming from self-assessment and work experiences (*Choudhary and Saini, 2021*). It encompasses positive emotional responses and a sense of accomplishment. Job satisfaction is influenced by a multitude of factors, categorized into individual and organizational aspects. Individual factors encompass age, gender, marital status, education, job position, professional experience, personality traits, and intelligence. Organizational factors encompass work quality, management style, supervision, communication within the organization, opportunities for growth and advancement, compensation, competition, organizational culture, working conditions, and more (*Kılıç, et al., 2021*). These risk factors undeniably impact job satisfaction. A harmonious interplay between working conditions and job quality significantly contributes to heightened job satisfaction among individuals, even in the context of challenging circumstances like the COVID-19 outbreak (*Barili, et al., 2021*).

The recent surge in the COVID-19 pandemic has exacerbated the issue of low job satisfaction within the healthcare workforce, thereby posing a significant challenge to the long-term viability of healthcare systems. A considerable portion of surveyed nurses have expressed dissatisfaction with their jobs, often coupled with instances of missed care and a perceived lack of adequate support. Notably, nurses who reported higher levels of job satisfaction were marked by a stronger sense of professional commitment. Conversely, nurses grappling with low job satisfaction during the SARS-CoV-2 pandemic cited factors such as role conflicts, heavy workloads, and psychosomatic issues as contributing factors (*Giménez-Espert, Prado-Gascó, and Soto-Rubio, 2020*).

The Nurses' role in the battle against COVID-19 is of paramount importance, as they serve on the front lines of patient care during the peak of the pandemic. Consequently, nurses contend with a multitude of stressors while

working in high-stress environments, often coping with resource limitations that negatively impact their ability to care for COVID-19 patients effectively (*Zhang, et al., 2019*). Given the critical nature of their responsibilities amid this crisis, it becomes imperative for healthcare workers, particularly nurses, to prioritize their psychological and mental well-being. Vigilant monitoring and proactive interventions are warranted to avert potential risks that could extend beyond the consequences of the outbreak itself (*Bao, et al., 2020*).

### **Justification of the problem:**

The rapid and widespread transmission of COVID-19 has unfortunately fueled a disturbing surge in violence against healthcare workers (HCWs). Disturbingly, more than 600 instances of violence, intimidation, or stigmatization aimed at HCWs were documented across 40 countries in various regions including Asia, the Americas, Africa, and the Middle East during the initial six months of the pandemic, as reported by the International Committee of the Red Cross (*Devi, 2020*). Furthermore, a significant number of incidents involving violence, harassment, and stigmatization targeting healthcare personnel and medical facilities have been reported in the aftermath of the COVID-19 pandemic. Out of these documented cases, a substantial 67% were directed towards healthcare professionals (*Kabir, et al., 2021*). Adding to the complexity, a survey conducted by the International Council of Nurses (ICN) in December 2020 unveiled a stark reality. Approximately 90% of the responding national nursing associations (NNAs) expressed varying degrees of concern about factors such as heavy workloads, inadequate resources, burnout, and stress driving nurses to leave their positions (*ICN, 2020*).

Given this context, safeguarding the well-being of nurses is absolutely critical when managing infectious diseases, considering their pivotal role in epidemic prevention and control efforts (*Mo, et al., 2020*). Consequently, healthcare organizations must prioritize the comprehensive care and protection of nurses, enabling them to effectively fulfill their roles in

patient care. By providing nurses with the necessary resources to ensure a secure work environment, the risk of potential violence and injuries can be mitigated, ultimately allowing nurses to continue delivering compassionate patient care (*Said and El-Shafei, 2021*).

### **Aim of this study:**

Was to assess the correlation between workplace violence against maternity nurses during Covid19 pandemic and their job satisfaction.

### **Research Questions**

1. Are the maternity nurses exposed to workplace violence during Covid19 Pandemic?
2. What are the impacts of workplace violence on maternity nurses during Covid19 Pandemic?
3. What are the risk factors correlated with incidents of workplace violence against maternity nurses during Covid19 Pandemic?
4. What are reasons for workplace violence underreporting among maternity nurses during Covid19 Pandemic?
5. What is violence mitigation strategies adapted by maternity nurses to over-come WPV during Covid 19 pandemic?
6. What is the level of maternity nurses' job satisfaction during Covid19 Pandemic?
7. Is there a correlation between workplace violence against maternity nurses during Covid19 pandemic and their job satisfaction?

### **Operational definitions**

Job satisfaction is a measure of the extent to which a staff nurse feels content with their job. This sense of contentment is primarily influenced by their perception of satisfaction, which arises from the comparison between their actual work accomplishments and the expectations associated with their role.

Workplace violence: workplace violence encompasses a range of harmful actions, including physical, psychological, and sexual forms of aggression, directed at professionals within the work environment.

## Participants and Methods

**Design:** A descriptive correlational study design was utilized in this research.

**Setting:** At Ain Shams Maternity University Hospital that consisted of four outpatient clinics, emergency department, delivery unit, ICU, early detection unit, oncology unit, operating unit, and six inpatient units.

**Sample type & size:** A Convenient sample of 180 maternity nurses, (all nurses worked in the previously mentioned setting) were recruited in the study.

**Tools of data collection:** Data was collected by two tools were.

**Tool I:** Arabic Interviewing Questioners' Sheet named "Maternity nurse's workplace violence during Covid 19 pandemic": designed by the researcher based on related literature review (*Ghareeb, El-Shafei, and Eladl, 2021*). It consisted of two parts.

**Part (1):** This segment of the study was developed to evaluate various fundamental attributes of maternity nurses, including factors such as age, educational attainment, and place of residence. Furthermore, it aimed to capture any prior instances of workplace violence that these nurses might have encountered prior to the onset of the COVID-19 pandemic.

**Part (2):** The Workplace Violence in Healthcare Questionnaire (WPVHC) was adapted from a study by *Kumari et al. (2021)* It was concerned with assessment of maternity nurse's workplace violence. The survey involved 37 items in five domains as follow.

- **First Domain: Experienced Workplace Violence frequency:** This domain includes 2 items aimed at determining the frequency of encounters with workplace violence. Respondents indicated their experience on a 5-point Likert scale, with options ranging from "nearly daily" (1) to "about once a year or less" (5).
- **Second Domain: Violent Episodes impact:** Comprises 5 items that gauge the effects of violent incidents on the nurse's emotions,

personal well-being, interactions with family, social leisure activities, and mental health. Responses were provided on a 3-point Likert scale, spanning from "not affected/mildly affected" (1) to "severely affected" (3).

- **Third Domain: Reasons for Workplace Violence Underreporting:** This segment comprises 7 items designed to uncover reasons behind the underreporting of workplace violence among healthcare personnel. Respondents expressed their views on a 3-point Likert scale, including options like "disagree" (1), "neutral" (2), and "agree" (3).
- **Fourth Domain: Risk Factors of Workplace Violence:** there are 12 items that explore different risk factors associated with workplace violence. Respondents assessed the importance of each factor on a 3-point Likert scale, ranging from "very important" (1) to "not important" (3).
- **Fifth Domain: Violence Mitigation Strategies:** it included 11 items focused on suggested strategies for mitigating workplace violence within a healthcare setting. Participants indicated the usefulness of each strategy on a 3-point Likert scale, including options like "very useful" (1), "somewhat useful" (2), and "not useful" (3).

**Scoring system:** Total score was 115. The sum of score of 1<sup>st</sup> domain was 10; the sum of score of 2<sup>nd</sup> domain was 15, the sum of score of 3<sup>rd</sup> domain was 21, the sum of score of 4<sup>th</sup> domain was 36, and the sum of score of 5<sup>th</sup> domain was 33.

**Tool II:** The Satisfaction of Employee in Healthcare Scale (SEHC) was adapted from the work of *Alpern et al. (2013)* and employed to assess the influence of workplace violence on the job satisfaction of maternity nurses during the COVID-19 pandemic. Comprising 20 items, the scale utilized a 4-point Likert scale for responses, ranging from "strongly disagree" (1) to "strongly agree" (4). The total score achievable on this scale ranged from 20 to 120, with higher scores indicating greater levels of job satisfaction.

### Job satisfaction levels were categorized as follows:

- < 60: Unsatisfied
- ≥ 60: Satisfied

### Validity and reliability of Tools:

To establish the validity and reliability of the data collection tools, the instruments were critically reviewed by five experts. These experts, including three professors specialized in Maternity & Gynecology nursing and two professors in administrative nursing, evaluated the tools for their feasibility, comprehensiveness, clarity, appropriateness, and relevance. Furthermore, the internal consistency was evaluated through reliability analysis using Cronbach's Alpha.

Tool	Cronbach's Alpha
Interviewing questionnaire sheet	0.90
WPVHC	0.86
SEHC	0.82.

### Ethical Considerations

Prior to commencing the study, ethical clearance was secured from the Scientific Research Ethical Committee of the Faculty of Nursing at Ain Shams University. Each participant provided oral informed consent, preceded by a comprehensive explanation of the study's objectives. The participants were assured of complete anonymity and confidentiality, with a firm commitment that no harm would be inflicted upon them. Furthermore, each nurse was granted the right to withdraw from the study at any point without any repercussions. It is noteworthy that the data collection tools were meticulously designed to ensure they did not encroach upon the religious, dignitary, cultural, or ethical sensitivities of the nurses. This approach underscores the researchers' respect for the participants' diverse backgrounds and personal values. The researchers were deeply committed to upholding ethical standards and ensuring the utmost care and consideration for the participants throughout the research process.

### Administrative design:

An official approval letter was obtained from faculty of nursing Ain Shams University

Dean including the Title and objective of the study was directed to the administrator of the previous mentioned study setting to conduct this study.

### Pilot Study:

It enrolled (10%) 18 maternity nurses' staff as no modification performed in the tools of data collection.

### Field Work

We used the online data collection method due of the lockdown in Egypt in this crucial period to achieve social distance. Participants were asked to fill up and submit a Google form that had been made. A questionnaire link was shared with groups of maternity nurses on Whats App. Tools of data collection were also printed and distributed by data collectors to maternity nurses' staff, who cannot reach the Google form. Ninety eight nurses (98) completed tools of data collection through Google forms, while, 62 nurses were completed tools of data collection as printed self-administered tools through meeting with researchers two days / week (Sunday interview conducted with nurses at morning shift and Thursday interview conducted with nurse on afternoon shift) researchers follow Covid 19 recommended personal precautions while, conducting meeting with maternity nursing staff. Data were collected from beginning of June 2021 to end of July 2021.

### Statistical Analysis:

Entry of data and statistical analysis were carried out using the SPSS 23.0 statistical software package. The data presentation involved descriptive statistics, which included frequency distributions for categorical variables, and the estimation of means, standard deviations, and medians for quantitative variables. For the comparison of qualitative categorical variables, the chi-square test was employed. In order to evaluate the inter-relationships between numerical variables and ranked ones, the Spearman rank correlation was utilized. This comprehensive approach to data analysis enabled a thorough exploration of the collected data, providing insights into the patterns, relationships, and trends within the study variables. The utilization of these statistical techniques contributes to the rigor and validity of the study's

findings, allowing for a robust interpretation of the results.

## Results

**Table (1):** Displays that 55.6% of studied maternity nurses their age between 30 -40 years old with mean  $\pm$  stander deviation  $29.65 \pm 6.44$ . Concerning educational level; 55.6% of studied maternity nurses their level of education were diploma. Moreover 72.2% of them were working in inpatient departments, as well as 38.8% of them their years of experience were between 5-10 years. As regard to residence 63.4 %of them were from urban areas and 68.8% of them were married

**Table (2):** Demonstrates that 80.5 % of the studied maternity nurses exposed to workplace violence before covid 19. As regard frequency of exposure 76.5% of them exposed more than once. Concerning the main cause of workplace violence, 49.6% of them their cause was workload (Shortage on staff, delayed in care provided). In addition to, 82.1% of the studied maternity nurses their source of workplace violence was patients' relatives. Moreover 75.8% of the studied maternity nurses exposed to verbal violence as a type of workplace violence.

**Figure (1):** Displays that a notable proportion of maternity nurses, specifically 61.3%, reported experiencing verbal violence in the workplace, which included instances of threats, abuse, and heated arguments, occurring approximately once a week. Additionally, 33.0% of the nurses indicated encountering physical violence, such as slapping, beating, or thrashing, about once every six months.

**Figure (2):** Highlights the key risk factors associated with workplace violence during the COVID-19 pandemic, as reported by maternity nurses. Predominant factors include inadequate action on addressing workplace violence complaints (78.3%), overcrowding (77.4%), extended waiting times (77.4%), deficient communication skills (76.4%), and insufficient security measures (75.5%).

**Figure (3):** Presents the far-reaching impacts of workplace violence during the pandemic on maternity nurses. This includes adverse effects on work productivity (60.4%), professional satisfaction (56.7%), job motivation (73.6%), routine family activities (76.4%), psychological well-being (increased stress, anxiety, and low self-esteem) (78.3%), and personal social engagement (60.4%).

**Figure (4):** Demonstrates the attitudes of maternity nurses towards reporting workplace violence incidents. The majority (76.4%) disagreed about feeling comfortable reporting such incidents to competent authorities. Additionally, reasons for underreporting were acknowledged, including lack of organizational support (60.4%), time-consuming processes (60.4%), and apprehension about potential impacts on appraisals or promotions (60.4%). Furthermore, nurses expressed agreement regarding underreporting due to skepticism about effective action against perpetrators and inadequate support for reporting (55.7% and 53.8%, respectively).

**Figure (5):** Depicts the perceived effectiveness of various strategies for mitigating workplace violence as assessed by maternity nurses. Approaches deemed very useful include self-defense training for healthcare workers (71.7%), regular training on soft skills (68.9%), an active complaint redressal system (68.9%), managing the number of patient attendants (67.0%), and enhancing healthcare facilities (67.9%).

**Figure (6):** Highlights a concerning finding that only a mere 26.3% of maternity nurses reported job satisfaction during the COVID-19 pandemic.

**Table (3):** Reveals a highly significant positive correlation between the total score of workplace violence and the overall score of job satisfaction among the studied maternity nurses during the pandemic ( $p < 0.001^{**}$ ). This underscores a strong correlation between workplace violence experiences and job satisfaction levels.

**Table (1):** Number and percentage of general characteristics of nurses (N= 180).

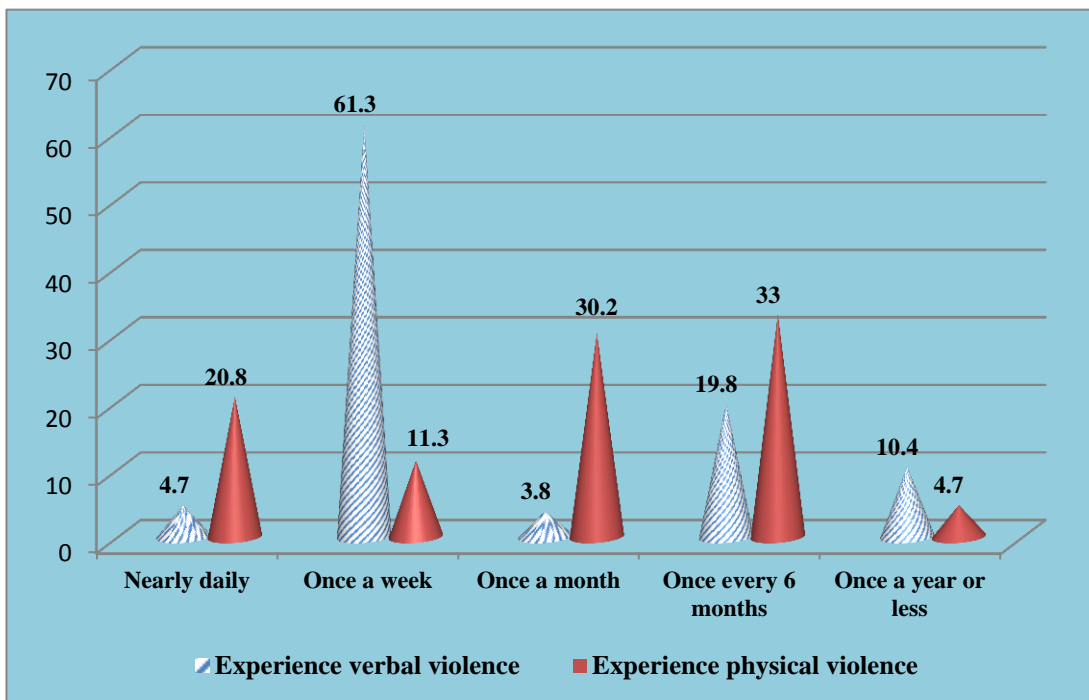
General characteristics	No	%
<b>Age (in years):</b>		
<30	70	38.8
30-< 40	100	55.6
40- 60	10	5.6
Mean $\pm$ Stander Deviation 29.65 $\pm$ 6.44		
<b>Level of education</b>		
Diploma	100	55.6
Technical institute	65	36.1
Bachelor degree	15	8.3
<b>Residence</b>		
Rural	66	36.6
Urban	114	63.4
<b>Marital status</b>		
Married	124	68.8
Divorced	8	4.4
Single	42	23.5
Widow	6	3.3
<b>Work department</b>		
Inpatient departments	130	72.2
Out-patient department	10	5.6
Operating rooms	30	16.6
Delivery rooms	6	3.3
Intensive care unit	4	2.2
<b>Years of experience</b>		
<5 years	50	27.7
5-10years	70	38.8
>10 years	60	33.5

**Table (2):** Frequency and proportion distribution of the studied maternity nurses according to their history of workplace violence (n=180)

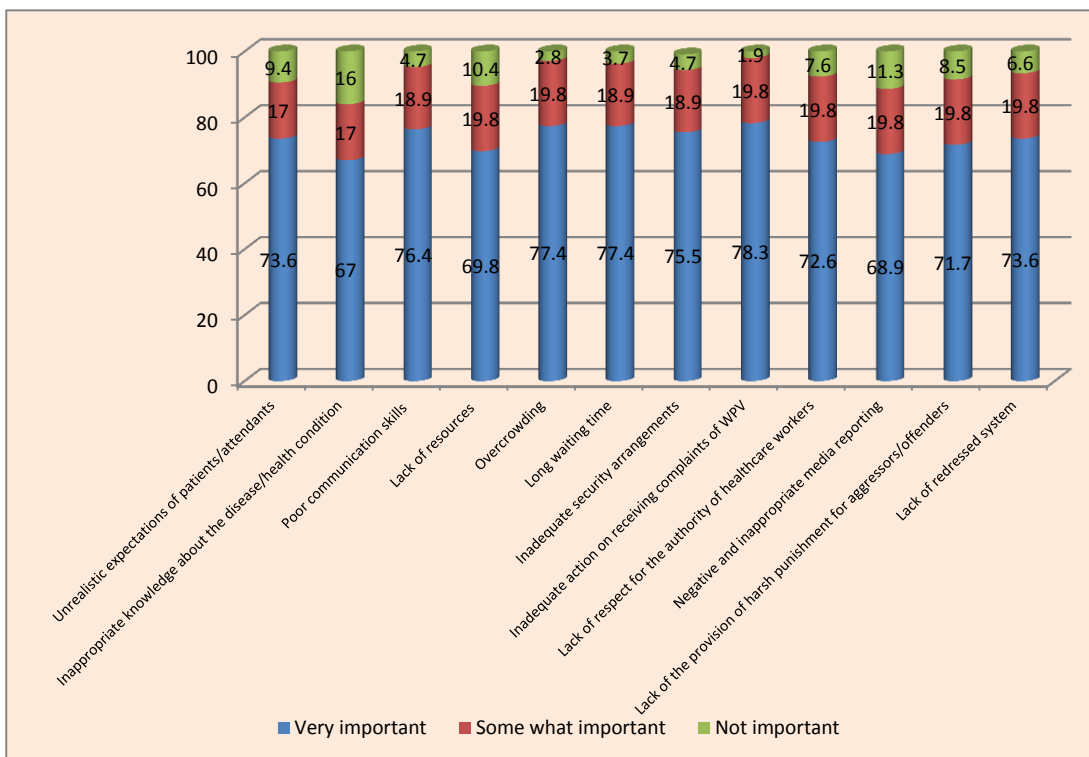
Items	No	%
<b>Exposure to workplace violence</b>		
Yes	145	80.5
No	35	19.5
<b>Number of exposures to workplace violence (n=145)</b>		
Once	34	23.5
More than once	111	76.5
<b>Cause of workplace violence @</b>		
Malpractice/ careless	19	13.1
Stressful events	70	48.2
Workload (Shortage on staff, delayed in care provided)	72	49.6
Working at critical area (emergency unit, delivery unit, ICU )	38	25.6
<b>Source of workplace violence</b>		
The patient	30	20.6
Patients' relatives	120	82.1
Supervisors at work	26	18
Colleagues	11	7.6
<b>Types of work place violence @</b>		
Verbal violence	110	75.8
Physical violence	52	35.8
Sexual violence	34	23.5

@ Not mutually exclusive "participant chosen more than one option"

**Figure (1):** Distribution of the studied maternity nurses according to Frequency of workplace violence domains during Covid 19 pandemic.

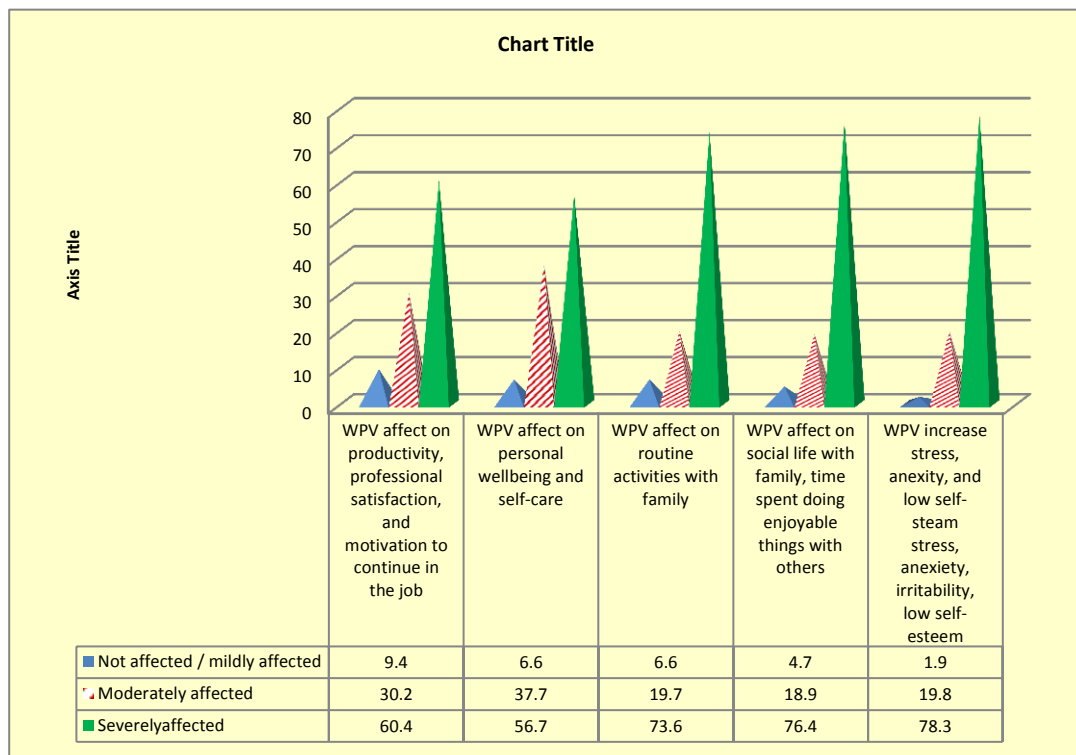


**Figure (2):** Distribution of the studied maternity nurses according to risk factors related to workplace violence domain during Covid 19 pandemic.

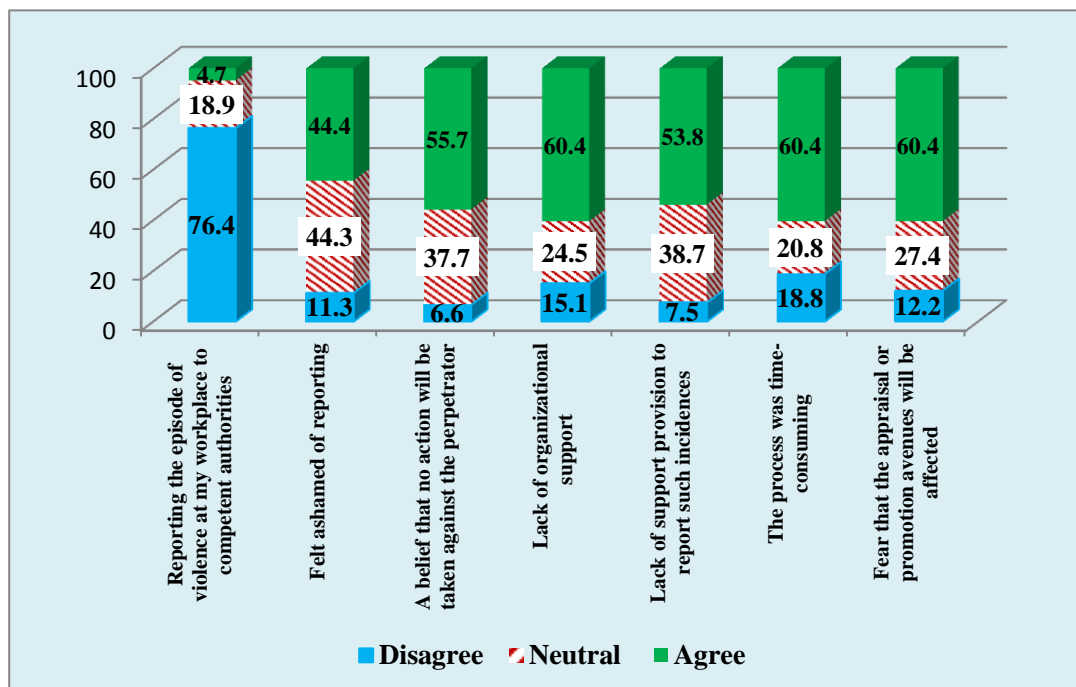




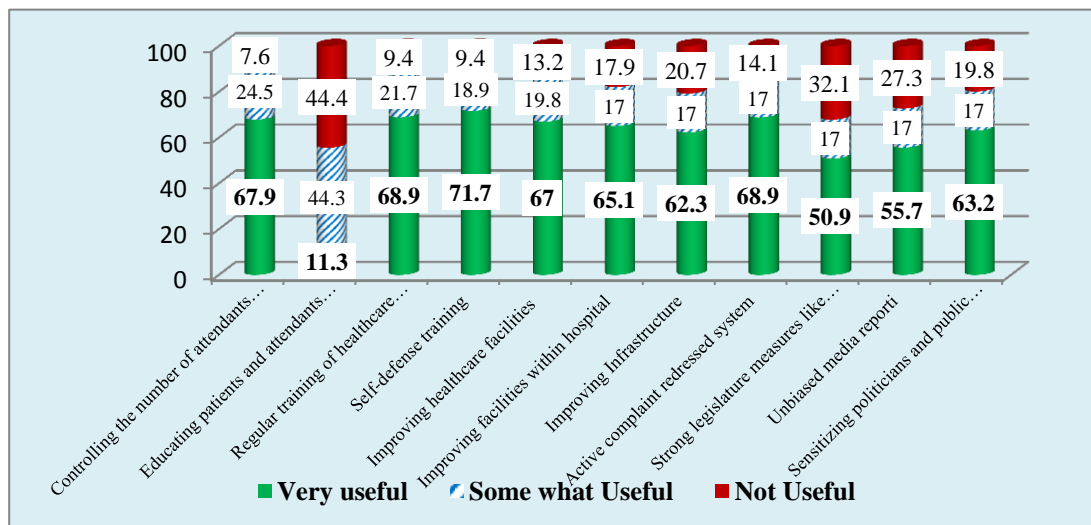
**Figure (3):** Distribution of the studied maternity nurses according to impact of workplace violence domain during Covid- 19 pandemic.



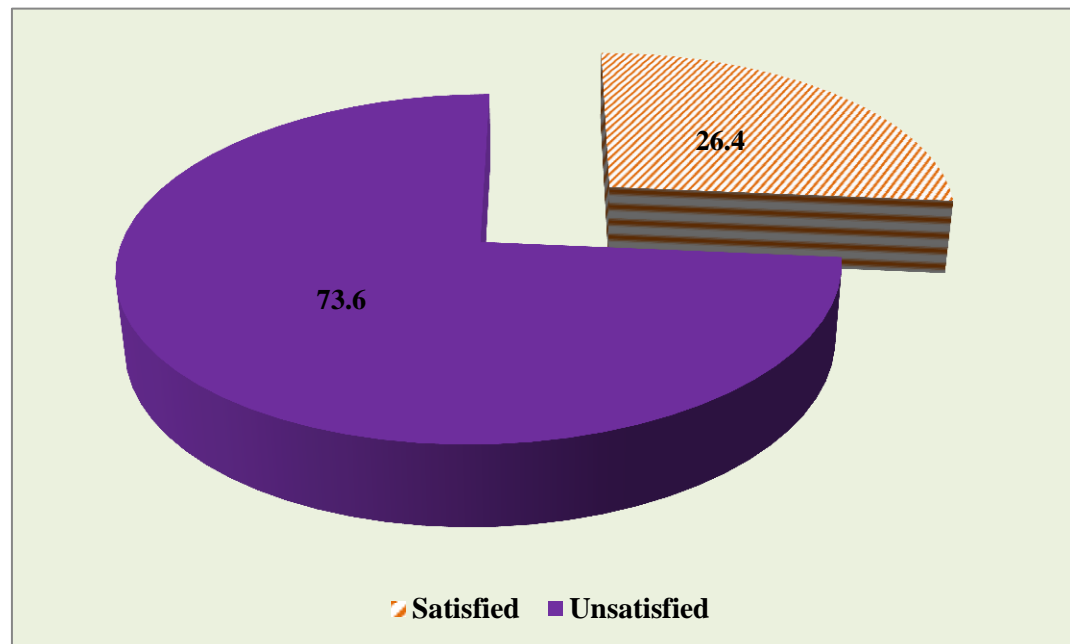
**Figure (4):** Distribution of the studied maternity nurses according to reasons of underreporting of workplace violence domain during Covid 19 pandemic.



**Figure (5):** Distribution of the studied maternity nurses according to violence mitigation strategies used to overcome of workplace violence domain during Covid 19 pandemic



**Figure (6):** Distribution of maternity nurses' according to their total job satisfaction COVID 19 pandemic (n=180)



**Table (3):** Correlation between maternity nurses' workplace violence total score and their total job satisfaction score (n=180)

Items	Total score of WPVHC	
Total score of SEHC	r= 0.873	P value = 0.001**

\*\*Highly statistical significant at p< 0.001

## Discussion

Violence against nurses within their workplace is a pressing global issue that has garnered increased attention in recent times. Shockingly, approximately a quarter of registered nurses have reported being subjected to physical assaults from patients or family members, and even more alarmingly, over half have endured verbal abuse or bullying. Nurses, who bear the primary responsibility of delivering life-saving care, find themselves victimized at a notably higher rate than their counterparts in other healthcare professions. The ramifications of workplace violence are substantial, contributing to an estimated 17.2% annual attrition rate among nurses. This pervasive problem further extends its impact, resulting in far-reaching emotional, physical, professional, and psychological consequences (*Al-Qadi, 2021*). The advent of the Covid-19 pandemic has exacerbated matters, generating heightened job demands and intensified nurse workloads, consequently fostering an environment conducive to work-related stress. Elevated stress levels are intricately linked to diminished job satisfaction (*Elhanafy and El Hessewi, 2021*). Given the gravity of this issue, the present study was conducted with the aim of comprehensively assessing the attitudes and responses of maternity nurses towards workplace violence during the Covid-19 pandemic, while also probing its influence on their job satisfaction.

Turning to the general characteristics of the participants, the findings from this study unveiled that a majority of the examined nurses fell within the 30-40 age bracket, with an average age of  $29.65 \pm 6.44$  years. In terms of educational attainment, it was noted that slightly less than half of the studied nurses possessed diploma-level education. These findings resonate with the outcomes of similar studies. For instance, *Kabir et al. (2021)* conducted an exploratory cross-sectional study in Bangladesh focusing on workplace violence and turnover intention among female nurses in the aftermath of the pandemic. Their results also showed a mean age of approximately 28.69 years. Likewise, *Aboshady, Abd-El-Gawad, and Ata (2021)* carried out a descriptive study in Egypt, assessing workplace violence against nursing staff, and documented that half of the participants were aged between 30 and under 40 years, with an average age of 35.42

$\pm 11.04$ . In congruence with these findings, a significant proportion of nurses in the current study had diploma-level nursing education.

When examining the frequency of workplace violence, the findings of the current study underscore that a majority of the maternity nurses surveyed had encountered workplace violence prior to the Covid-19 pandemic. This aligns with the observations of *Kabir et al. (2021)*, who documented that a significant 74.46% of Bangladeshi female nurses experienced elevated levels of workplace violence. From a researcher's perspective, this increase in workplace violence can be attributed to various factors, such as heightened fear, stress, financial insecurity, food insecurity, and deteriorating mental health. These stressors are closely associated with the pandemic and are likely contributing to the surge in violence witnessed within healthcare settings. Furthermore, the rise in workplace violence against nurses during the pandemic can be attributed to an unsupportive working environment characterized by a shortage of security personnel, an alarming deficit in the nurse-patient ratio, inadequate leadership support, and a lack of rigorous enforcement of policies and regulations designed to safeguard nurses' rights and foster a sense of safety within the workplace.

Shifting focus to the types of workplace violence, the study reveals that nearly two-thirds of maternity nurses were exposed to verbal violence, while almost one-third experienced physical violence. These findings align with the research conducted by *Özkan Şat, Akbaş, and Yaman Sözbir (2021)*, who performed a descriptive cross-sectional study in Turkey and reported that 8.4% of nurses experienced physical violence, 57.8% encountered verbal violence, and 0.8% faced sexual violence. Similarly, *Arafa et al. (2021)* found that psychological workplace violence and physical workplace violence were reported by 75% and 90% of participants, respectively. These findings are consistent with the study conducted by *Byon et al. (2021)* in the United States during the early months of the Covid-19 pandemic, which revealed that 44% of registered nurses experienced physical violence and 68% reported verbal abuse. Furthermore, another study by *Arafa et al. (2021)* conducted in Egypt highlighted that 43% of participants experienced verbal workplace violence and 10% reported instances of physical workplace

violence. These consistent findings from various studies underscore the concerning prevalence of workplace violence against nurses, particularly during the Covid-19 pandemic, and emphasize the urgent need for targeted interventions and support to ensure the well-being and safety of healthcare professionals.

In terms of the sources of workplace violence, the current study revealed that patient relatives emerged as the primary instigators of violence against nurses. This trend can potentially be attributed to a range of factors, including inadequate healthcare services and staffing levels, prolonged waiting times, and a potential lack of comprehensive explanations provided by physicians and nurses to patient relatives. The constraints on time may lead to heightened anxiety and stress among patient relatives, consequently contributing to instances of violence. This finding aligns with the research conducted by *Dehghan-Chaloshtari and Ghodousi (2020)* in Iran, where they investigated the factors and characteristics of workplace violence against nurses, and similarly found that a significant portion of violence was attributed to patient relatives. Furthermore, *Ghareeb, El-Shafei, and Eladl (2021)* conducted a study on workplace violence among healthcare workers in a Jordanian governmental hospital during the Covid-19 pandemic. Their findings also supported the notion that patient relatives were the most common source of violence, accounting for 88.0% of reported incidents. This observation is further corroborated by the work of *Çuvadar and Ekuklu (2020)* who performed a cross-sectional study in Turkey to examine violence against medical doctors and nurses in inpatient treatment centers. Their research documented that 44.3% of reported incidents of violence originated from patient relatives. The consistent prevalence of patient relatives as the main source of workplace violence underscores the importance of addressing communication gaps, managing patient expectations, and enhancing healthcare services to mitigate the potential for violent incidents. The collective evidence from various studies reinforces the need for comprehensive strategies aimed at preventing and managing workplace violence, particularly when it involves patient relatives, to ensure a safer and more conducive healthcare environment for nurses and other healthcare professionals.

Regarding the underlying causes of workplace violence, the findings of the present study indicate that approximately half of the primary contributing factors were work-related stress and the absence of clear policies. This observation aligns with the researcher's perspective, where it is noted that a substantial majority of the participating nurses were employed in inpatient departments. This specific work setting is characterized by crowded environments, high patient expectations, and potentially inadequate communication with patients and their families, all of which can contribute to heightened stress levels and an increased risk of conflicts between healthcare professionals and patients or their relatives. These findings are further corroborated by the work of *Dopelt et al. (2021)*, who conducted a cross-sectional study in a public hospital in Israel during the pandemic. They reported that the primary reason for workplace violence was frustration stemming from extended wait times (70%). The escalation of workplace violence during the pandemic can be attributed to factors such as heightened patient or relative anxiety and mental distress resulting from the onset of the Covid-19 pandemic (72%), longer waiting times due to pandemic-related circumstances (54%), a perceived lack of hospital resources to cater to everyone (45%), and the inability to visit critically ill relatives with Covid-19 (44%). These findings resonate with the study by *Bhatti et al. (2021)*, which highlighted anxiety and poor mental states following Covid-19 as significant drivers for the deterioration of workplace violence during the pandemic. Similarly, *McKay et al. (2020)* underscored that increased waiting times and inadequate hospital resources were major contributors to workplace violence. The consistent presence of work-related stress and lack of clear policies as leading causes of workplace violence emphasizes the need for healthcare institutions to proactively address these issues. Effective strategies for managing stress, improving communication, and establishing comprehensive policies can play a pivotal role in reducing the incidence of workplace violence and creating a safer and more conducive environment for healthcare professionals and patients alike.

A significant factor contributing to the underreporting of workplace violence (WPV) by maternity nurses, as revealed by the present study, is the consensus among nearly two-thirds of

nurses that underreporting may stem from a lack of organizational support, the time-consuming reporting process, and concerns about potential negative effects on career appraisal or promotion. The researcher's perspective supports this observation, highlighting the intensified demands placed on nurses during patient care within the context of the pandemic, potentially creating barriers for nurses to overcome when considering reporting incidents of workplace violence.

This finding aligns closely with the research conducted by *Elsaid et al. (2021)* in Egypt, who investigated workplace violence during the Covid-19 pandemic. Their study unveiled that a majority (90.6%) of healthcare workers exposed to violent incidents chose not to report, either because they perceived reporting as unbeneficial (81.9%) or were unaware of the reporting mechanism (12.1%). This phenomenon could be attributed to the prevalence of verbal abuse in their study (87.9%), where healthcare workers might opt not to report due to heightened workloads during the pandemic, empathy toward the mental state of patients and their relatives, or, regrettably, an acceptance of such insults as commonplace due to their widespread occurrence. These findings are also in line with the work of *Towhari and Bugis (2020)*, who discovered that many instances of workplace violence went unreported, despite the presence of a formal reporting system. The reasons for non-reporting included concerns about the lack of privacy in the reporting system and the belief that workplace violence was a component of one's job responsibilities.

The shared insights from various studies emphasize the crucial need for healthcare institutions to address the barriers to reporting workplace violence. Creating a supportive reporting environment, streamlining reporting procedures, and implementing effective mechanisms to protect nurses' career prospects can encourage greater reporting of incidents, ultimately contributing to the safety and well-being of healthcare professionals in the workplace.

Regarding violence mitigation strategies, it is noteworthy that a significant proportion of maternity nurses, comprising more than two-thirds, view self-defense training for healthcare workers, regular training in soft skills

(counseling, communication, breaking bad news, problem-solving), an active complaint redressal system, visitor control measures, and improvements in healthcare facilities (such as enhancing doctor-patient and population-bed ratios) as highly useful strategies for mitigating workplace violence. This aligns closely with the perspective that equipping healthcare workers with self-defense skills and enhancing their communication and conflict resolution abilities can contribute to a safer work environment and better patient interactions. This finding is consistent with the study by *Arnetz et al. (2017)*, which employed a randomized controlled intervention to evaluate the effects of action plans encompassing environmental, administrative, and behavioral strategies on the incidence of patient-to-healthcare worker violence in hospitals. The study revealed decreased rates of patient-to-staff violent incidents in the intervention units compared to control units, suggesting the effectiveness of a multi-faceted approach in reducing workplace violence. Likewise, *Ramacciati and Giusti (2020)* emphasize the potential of education and training in increasing knowledge and fostering collaboration between nursing and security staff to diminish incidents of workplace violence. Education plays a crucial role in clarifying roles and responses to workplace violence, thereby promoting a safer environment for healthcare professionals. These findings underscore the importance of proactive measures aimed at preventing and addressing workplace violence. By investing in training, education, and infrastructure improvements, healthcare institutions can create a more secure and supportive environment for both healthcare workers and patients, ultimately enhancing patient care and the overall well-being of the workforce.

Regarding levels of job satisfaction, the findings of the current study reveal that more than two-thirds of the studied sample experienced an unsatisfactory level of job satisfaction during the COVID-19 pandemic. This aligns with the research conducted by *Said and El-Shafei (2021)*, who assessed occupational stress, job satisfaction, and intent to leave among nurses dealing with suspected COVID-19 patients. They reported that over half of the nurses (51.0%) at Zagazig Fever Hospital in Egypt expressed a low level of satisfaction with their jobs. However,

these findings contrast with the results of *Zakiyah et al. (2021)*, who conducted a quantitative descriptive study to determine work stress and job satisfaction among nurses during the COVID-19 pandemic. Their study reported that 34.6% of nurses had a high level of job satisfaction, 59.3% had a moderate level, and only 6.1% had a low level of job satisfaction. The variation in job satisfaction levels among nurses across different studies could be attributed to several factors, including the type of healthcare setting, the level of support and recognition provided by the institution, and the specific challenges and stressors faced by healthcare workers during the pandemic. The high rate of job dissatisfaction among nurses in the present study may be explained by the context of working in a governmental hospital, where rewards, recognition, and compensations may be perceived as inadequate. This perception, combined with the additional burdens of COVID-19-related heavy workloads and workplace violence, can contribute to increased stress, anxiety, and reduced self-esteem among nurses, ultimately influencing their level of job satisfaction.

The findings of this study indicate a highly considerable positive relationship between the overall score of workplace violence (WPV) and the total level of job satisfaction among maternity nurses ( $p < 0.001^*$ ). This result is consistent with the research conducted by *Ghareeb, El-Shafei, and Eladl (2021)*, who also found a connection between exposure to workplace violence and low job satisfaction among healthcare workers.

#### **Limitation of the study:**

Last but not least, because the study institutions were routinely sampled, the results may reflect the circumstances in these particular hospitals, which limits the generalizability of the results.

#### **Conclusion:**

The findings of this study underscore the prevalent issue of workplace violence among maternity nursing staff, with a significant proportion having experienced both verbal and physical violence. The identified risk factors contributing to workplace violence include inadequate response to complaints, overcrowding, extended waiting times, deficient communication skills, and insufficient security measures.

Maternity nurses are profoundly impacted by workplace violence, leading to compromised productivity, diminished professional satisfaction, and a decline in motivation to continue their roles. Maternity nurses propose several valuable strategies to mitigate workplace violence, including self-defense training, enhancing soft skills through regular training, establishing an active system for addressing complaints, regulating the presence of attendants accompanying patients, and improving overall healthcare facilities. Importantly, the study reveals that a minority of maternity nurses reported satisfaction with their job during the Covid-19 pandemic. Furthermore, the study underscores a significant positive correlation between the total score of workplace violence and the total score of job satisfaction among the studied maternity nurses. This linkage highlights the crucial interplay between workplace violence and job satisfaction, emphasizing the need for comprehensive measures to address and mitigate workplace violence to enhance overall job satisfaction and well-being for maternity nurses. These findings collectively underscore the importance of creating safe and supportive environments for maternity nurses, promoting their job satisfaction, and ultimately improving the quality of care they provide.

#### **Recommendations:**

According to the findings of this study, several recommendations are proposed to address the prevalent issue of workplace violence among maternity nurses and promote their job satisfaction: Developing a Comprehensive Violence Prevention Program, Enhancing Security Measures, Improving Communication and Reporting Mechanisms, Implementing Soft Skills Training, Workload Management, Supportive Leadership and Organizational Culture, Regular Assessments and Feedback, Employee Assistance Programs (EAPs), Public Awareness Campaigns, Research and Continuous Improvement,

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