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**FACTORS INFLUENCING WORKPLACE VIOLENCE AMONG HEALTHCARE  
WORKERS IN STATE HOSPITAL OYO**

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**ABSTRACT:** *This study assesses the various factors influencing workplace violence among healthcare workers in State Hospital Oyo, Oyo State. It made use of a descriptive cross-sectional research design method with a sample of ninety-five (95) respondents, which was selected using non-probability sampling techniques and convenience techniques using Taro Yamane's statistical formula. Data were collected through self-structured questionnaires. A simple Percentage was used to analyse the formulated research question, while a chi-square test was conducted on the Two hypotheses formulated for this study. The research discovered that there is a significant association between effective service delivery and workplace violence. With a Pearson Chi-Square value of (39.706) and a p-value of .000, it was also revealed that there is a significant relationship between these variables. This suggests that high levels of burnout and low job satisfaction are associated with a higher likelihood of workplace violence at a Pearson Chi-Square value of (23.879) with a p-value of .001. It was recommended, among others, that hospital management should improve the physical and social environments where care is provided. Creating a safer and more supportive workplace can reduce the likelihood of violence. Also, the hospital administration should ensure adequate staffing levels, especially during peak hours or in high-stress departments such as emergency and psychiatric care, to reduce the stress on healthcare workers and prevent violence.*

**KEYWORDS:** Workplace Violence, Violence, healthcare Worker, Healthcare



## INTRODUCTION

Workplace violence is regarded as a global issue to which employees are frequently subjected. The World Health Organisation (WHO, 2021) defines a violent act as: "The intentional use of physical force or power against another individual, a group, or community, which causes injury, death, psychological harm, maldevelopment, or deprivation, or has a high likelihood of resulting in such injury, death, psychological harm, maldevelopment, or deprivation" (Krug et al., 2022). The healthcare profession is especially vulnerable to violence when patients are unwilling, disoriented, or under the influence of substances (Van-Gorder, 2022). Moreover, the rigorous demands placed on healthcare personnel, extended working hours, and elevated stress levels foster an atmosphere prone to conflict and violence (Jang et al., 2022; Somani et al., 2021).

Violence impacts individuals across all societal strata and can manifest in various locations, including homes, streets, educational institutions, businesses, and organisations. Violence was historically disregarded as a Public Health issue owing to the absence of a precise definition, an undoubtedly intricate and dispersed concern. Defining violence is not only a question of correlating it with scientific facts; rather, it involves a judgement of suitable and acceptable behaviours shaped by cultural, ethical, and societal standards. Lim et al. (2022).

The National Institute for Occupational Safety and Health (NIOSH) identifies four categories of workplace violence within the healthcare sector. Type I: The culpable individual is a perpetrator devoid of any affiliations with the organisation or its personnel. Type II: When a consumer, client, or patient receives care or services, they may exhibit aggressive behaviour. Violence amongst employees is categorised as category III. Personal relationship violence is categorised as category IV (Bekalu & Wudu, 2023).

Injuries resulting from WPV may be physical, psychological, or a combination of both. Workplace violence, both physical and psychological, has numerous consequences, including emotional distress, burnout, diminished job motivation, reduced job satisfaction, substance abuse, and other psychological impacts, all of which can adversely affect the victims' well-being and lead to decreased performance and productivity (Legesse et al., 2022). Moreover, WPV impacts not only victims, their families, and colleagues but also healthcare organisations that incur health-related expenditures, administrative expenses, and legal liabilities. The health sector has seen significant financial losses, diminished service quality, and inadequate personnel retention (Kim et al., 2023).

Nurses deliver care in a secure and nurturing environment, devoid of any threats or acts of violence. The connection between healthcare practitioners and patients' families is defined by reciprocal respect, comprehension, and efficient communication. Healthcare professionals may execute their responsibilities effectively, devoid of apprehension over workplace violence, therefore guaranteeing that all patients attain the utmost degree of treatment. This atmosphere enhances the welfare of healthcare professionals and patients, cultivating a culture of trust and collaboration inside the hospital. Healthcare professionals at State Hospital Oyo are often victims of physical assaults by the families of patients. This problem is intensified by several circumstances, such as elevated stress levels, miscommunication, prolonged waiting periods, and dissatisfaction with service quality. Relatives, frequently experiencing emotional turmoil, may direct their frustrations



against nurses, who are viewed as the direct representatives of the hospital system. This widespread issue endangers nurses' safety and adversely impacts their mental health, job happiness, and overall performance.

The menace of violence fosters a hostile workplace, obstructing the delivery of quality healthcare services. Workplace violence is a critically important issue and is an escalating concern in Nigeria. Approximately 2 million workers in the United States are victims of workplace-related attacks (OSHA, 2020). In 2016, 17% of occupational fatalities were attributed to workplace violence.

Agitated clients in many environments can lead to injuries among healthcare professionals, including those in mental health institutions, medical and geriatric settings with dementia patients, nursing homes, and rehabilitation centres. A patient in healthcare services with a history of attacks poses a risk of verbal or physical abuse to nurses and other healthcare staff. Hospitals have been responsible for 75% of aggravated assaults and 95% of all assaults on healthcare personnel (Phillips, 2021). The primary catalyst for violent incidents in hospitals was prolonged waiting periods and dissatisfaction with care received.

Addressing the issue of physical assaults on nurses by patients' relatives in State Hospital Oyo necessitates a thorough and varied strategy. Initially, it is essential to establish regular training programs for nurses and other hospital personnel focused on conflict resolution, de-escalation tactics, and effective communication strategies. This training can assist personnel in managing and de-escalating potentially violent situations more efficiently. Improving hospital security by employing qualified security people, using surveillance technologies, and establishing clear processes for managing violent occurrences may provide a safer workplace for staff and patients alike. Implementing comprehensive support systems, including counselling services, peer support groups, and efficient reporting procedures, guarantees that nurses possess the necessary resources to manage and report instances of violence. The healthcare sector presents significant complexity and perilous workplace risks for healthcare professionals, particularly nurses. The intricate dynamics of a culture characterised by patient-related violence, coupled with the inherent nature of their professions, expose healthcare personnel to the danger of violence or attacks in the workplace. This study aims to investigate the factors affecting workplace violence among healthcare professionals at State Hospital Oyo.

Workplace Violence (WPV) is prevalent globally, with the healthcare sector comprising 25% of instances and over 50% of healthcare professionals having experienced such occurrences. Research conducted in the USA, including 284 nurses, indicated that 20% experienced physical abuse, 43% were threatened with physical assault, and 55% encountered verbal attacks. Similarly, throughout Europe, in Italy, the prevalence of WPV was 45%, while research conducted in Germany revealed that almost 70% of nurses encountered physical aggressiveness and 89.4% faced verbal hostility. Additionally, research conducted in Palestine indicated that the prevalence of WPV was 80.4%, including 20.8% physical and 59.6% non-physical incidents (Weldehawaryat et al., 2020).

Data from Sub-Saharan Africa indicated that the prevalence of workplace violence (WPV) in the healthcare sector was substantial, with levels as high as 88%, with bullying and sexual harassment



being the most prevalent forms. Research conducted in Egypt revealed that the prevalence of workplace violence (WPV) was 27.7%, including 69.5% verbal violence and 9.3% physical violence. A separate research in Malawi found that workplace violence (WPV) among nurses was 71%, comprising 22% physical, 95% verbal, and 16% sexual harassment. The prevalence of WPV in Gambia and Nigeria was 62.1% and 66%, respectively (Douglas et al., 2019). Ethiopian research indicates that the WPV varies between 29.9% and 82.8% (Weldehawaryat et al., 2020).

The Healthcare Crime Survey conducted by the International Association for Healthcare Security and Safety Foundation (IAHSSF) in 2021 indicated that assault rates against healthcare workers rose from 9.3 incidents per 100 beds in 2016 to 11.7 in 2018, marking the highest rate recorded by IAHSSF since 2012. 85% of incidents of workplace violence were categorised as National Institute for Occupational Safety and Health (NIOSH) Type II Customer/Client Workplace Violence, involving aggression directed at employees by customers, clients, patients, students, inmates, or any individuals receiving services from an organisation (IAHSSF) (2021). A meta-analysis of 47 observational studies revealed that the overall prevalence of workplace violence against healthcare professionals was 62.4%. Verbal abuse constituted the largest proportion at 61.2%, followed by psychological violence at 50.8%, threats at 39.5%, physical violence at 13.7%, and sexual harassment at 6.3% (IAHSSF) (2021).

Al-Qadi (2021) found that nurses and support personnel had a greater risk of workplace violence compared to doctors. Violence directed at healthcare personnel may arise from circumstances like understaffing, inadequate security protocols, poor staff-patient communication, and excessive workloads. The repercussions of workplace violence against healthcare professionals are significant, encompassing physical injuries that range from small bruises to severe trauma necessitating hospitalisation and fatalities, as well as psychological impacts such as despair, anxiety disorders, and suicide. Healthcare personnel may encounter work discontent, absenteeism, and elevated turnover rates, leading to a deterioration in organisational performance and affecting patients' access to sufficient treatment.

Dafaalla et al. conducted research revealing that the prevalence of needle-stick injuries (NSI) was 46% in the case group. Approximately 96% of the study population recognised that hepatitis B virus (HBV) is transmitted by blood; however, only 65% were completely vaccinated, and 86% had not assessed their anti-HBs antibody levels. Among the seven (7) individuals who experienced a needlestick injury from a hepatitis B virus-positive patient, five (5) were completely vaccinated, although none verified their vaccination status. Furthermore, none of the five participants received PEP (Saadeh et al., 2020).

Nurses who consumed khat were nearly three times more susceptible to workplace violence than those who abstained from khat consumption. This aligns with studies conducted in Gamo Goffa (Weldehawaryat et al., 2020) and Oromia (Likassa et al., 2017). This occurs because such substances can impair individuals' performance of their responsibilities, enabling others to seek to inflict violence against them. Alternatively, it may be that in many small towns, nurses' private lives are not concealed, and culturally, alcohol consumption is prevalent. The research also found a correlation between the age of nurses and workplace violence (WPV). Nurses aged over 41 were threefold more susceptible to workplace violence compared to those under 30. This result aligns



with findings from earlier research undertaken in both developed and underdeveloped nations (Weldehawaryat et al., 2020). The susceptibility of nurses to workplace violence may increase with age since older individuals may possess diminished stamina and power compared to their younger counterparts.

This study thus seeks to examine the factors influencing workplace violence among healthcare workers at State Hospital Oyo.

The specific objectives are:

- i. To find out the various factors influencing workplace violence among healthcare workers in State Hospital Oyo.
- ii. To identify the effect of workplace violence on healthcare workers in State Hospital Oyo.
- iii. To identify working modalities for the prevention and management of workplace violence among healthcare workers in State Hospital Oyo.

### **Research Hypotheses**

**Ho1:** There is no significant relationship between effective service delivery and workplace violence among healthcare workers in State Hospital Oyo

**Ho2:** There are no notable effects of burnout and job satisfaction on workplace violence among healthcare workers in State Hospital Oyo.

### **RESEARCH METHODS**

This study adopted a descriptive cross-sectional research design to gather quantitative data from a representative sample of healthcare workers in the State Hospital, Oyo, Oyo State. This approach enabled a detailed examination of workplace violence among healthcare workers using structured data collection and analysis methods. Quantitative techniques were employed to ensure precision in capturing and coding the responses, making the findings reliable and generalisable. The data collection process targeted various categories of healthcare workers, ensuring diverse perspectives were captured to achieve the study's objectives.

The population of the study comprised all 125 healthcare workers employed at the State Hospital, Oyo. This included nurses, doctors, pharmacists, physiotherapists, laboratory scientists, and other healthcare providers. To determine the sample size, the Taro Yamane statistical formula was applied, with a margin of error set at 0.05. The calculation yielded a sample size of 95, with the proportion of respondents distributed as follows: seventy-five (75) nurses, eight (8) doctors, five (5) pharmacists, four physiotherapists, and four (4) laboratory scientists. A simple random sampling technique was used to select participants, ensuring equal chances for all eligible healthcare workers to be included in the study. This method provided a fair representation of the hospital's workforce, irrespective of age, gender, or religion.



A structured questionnaire was used as the sole instrument for data collection. The questionnaire was divided into four sections, each addressing key aspects of the study: socio-demographic data, factors influencing workplace violence, the effects of workplace violence, and prevention modalities. All questions were closed-ended, allowing for easier coding and statistical analysis. The instrument was validated through a rigorous review by the project supervisor, who ensured both face and content validity. A pilot survey was also conducted, and the results were used to refine the questionnaire. Reliability was further tested using Cronbach's alpha reliability coefficient on SPSS software, ensuring the instrument's consistency and dependability.

Data collection commenced following ethical approval from the hospital's Head of Nursing Services. A letter of permission was obtained from the school and endorsed by the project supervisor. The questionnaire was then distributed to the selected respondents, who were informed of the study's purpose and assured of confidentiality. Upon receiving the completed questionnaires, the responses were meticulously entered into SPSS version 23.0. A thorough screening process was conducted to eliminate errors and outliers, ensuring the data's accuracy and integrity. Descriptive statistics, including frequency counts, percentages, means, and standard deviations, were used to analyse the responses systematically.

## RESULTS

**Table 1: Respondents' Demographical Data**

SN	Variable (N =95)	Frequency	Percent (%)	
1	Age	< 20 years	12	12.6%
		2 - 29 years	37	38.9%
		30 – 39 years	17	17.9%
		40 years and above	29	30.5%
2	Ethnicity	Yoruba	77	81.1%
		Igbo	12	12.6%
		Hausa	6	6.3%
		Others	0	0%
3	Gender	Male	65	68.4%
		Female	30	31.6%
4	Religion	Muslim	61	64.2%
		Christian	32	33.7%
		Traditional	2	2.1%
5	Occupation	Doctor	8	8.4%
		Nurse	75	78.9%
		Laboratory Scientist	4	4.2%
		Physiotherapist	4	4.2%
		Pharmacist	4	4.2%



6	Years of experience	1-5 years	1	1.1%
		6-10 years	3	3.2%
		11-15 years	44	46.3%
		> 15 years	47	49.5%

**Source:** *Field Data, Computed: SPSS 26.0*

The demographic information of the respondents offers significant insights into the attributes of the research population. Of the 95 participants, the age distribution reveals a predominantly youthful demographic, with 38.9% in the 20-29 years age bracket and 30.5% aged 40 years or older. This indicates a varied age demographic, predominantly consisting of those under 30 years of age. A substantial majority of respondents identified as Yoruba (81.1%), followed by Igbo (12.6%) and Hausa (6.3%), indicating the region's ethnic composition. The gender distribution reveals a significant male predominance, comprising 68.4% of the respondents, whilst females accounted for 31.6%, suggesting a possible gender imbalance in the sample. Religious affiliation indicates that 64.2% of respondents adhere to Islam, 33.7% to Christianity, and a small fraction (2.1%) identify with traditional beliefs. This underscores the cultural framework in which the responders function.

The sample is predominantly composed of nursing professionals, with 78.9% of participants identifying as nurses, followed by a limited number of doctors, laboratory scientists, physiotherapists, and pharmacists. This bias indicates that the results may be especially pertinent to nursing practitioners. Finally, the respondents' years of experience reflect a highly seasoned workforce, with 49.5% possessing over 15 years of experience and 46.3% having between 11 and 15 years. This distribution indicates that a substantial segment of the respondents are experienced experts, perhaps augmenting the credibility of their thoughts and experiences related to computer vision sickness. This demographic profile highlights the diversity and skill of the study participants, establishing a solid foundation for comprehending the research setting.

**Table 2: Factors influencing workplace violence among healthcare workers in State Hospital Oyo**

S/N	Variable		Frequency	%	Mean ± SD
1	Environments in which care and services are provided in healthcare settings contribute to healthcare workers being more prone to occupational violence.	SA	67	70.5%	3.56±3.12
		A	17	17.9%	
		D	8	8.4%	
		SD	3	3.2%	
2	Inadequate staffing is a factor that contributes to workplace violence.	SA	77	81.1%	3.68±3.22
		A	7	7.4%	
		D	10	10.5%	
		SD	1	1.1%	



3	Patient factors such as mental health or substance abuse are contributory factors to workplace violence.	SA	87	91.6%	3.92±3.39
		A	8	8.4%	
		D	0	0%	
		SD	0	0%	
4	Loss of loved ones by relatives exposes healthcare workers to workplace violence.	SA	81	85.3%	3.94±3.42
		A	3	3.2%	
		D	1	1.1%	
		SD	0	0%	
5	Healthcare workers' personalities or traits contribute to workplace violence	SA	49	51.6%	3.08±2.76
		A	18	18.9%	
		D	15	15.8%	
		SD	13	13.7%	

**Source:** *Field Data, Computed: SPSS 26.0*

The analysis of factors influencing workplace violence among healthcare workers in State Hospital Oyo reveals several significant insights based on the responses to the Likert scale items.

First, a substantial 70.5% of respondents strongly agreed that the environments in which care and services are provided contribute to healthcare workers being more prone to occupational violence, with a mean score of  $3.56 \pm 3.12$ . This indicates a strong perception that physical conditions, such as inadequate security and overcrowding, elevate the risk of violence. Moreover, an overwhelming 81.1% strongly agreed that inadequate staffing is a contributing factor, reflected in a mean score of  $3.68 \pm 3.22$ . This suggests that a lack of sufficient personnel creates stress and may lead to heightened conflicts during patient interactions, underscoring the importance of adequate staffing levels in mitigating workplace violence.

Respondents also highlighted patient factors as significant, with 91.6% indicating strong agreement that mental health or substance abuse issues contribute to workplace violence, supported by a mean score of  $3.92 \pm 3.39$ . This underscores the need for specialised training and resources to manage patients whose behaviours may be unpredictable due to underlying health conditions. Additionally, 85.3% of participants noted that the loss of loved ones by relatives increases the likelihood of violence against healthcare workers, with a mean score of  $3.94 \pm 3.42$ . This finding suggests that emotional distress experienced by families during critical times can lead to outbursts directed at staff, highlighting the need for emotional support and conflict resolution strategies.

In contrast, the perception of healthcare workers' personalities contributing to workplace violence was less clear-cut, with 51.6% agreeing and a mean score of  $3.08 \pm 2.76$ . This indicates that while personal traits may play a role in interactions, this factor is viewed as less universally accepted compared to environmental and patient-related issues. Overall, the findings reflect a



comprehensive understanding among healthcare workers of the multifaceted factors contributing to workplace violence, emphasising the need for targeted interventions that address environmental conditions, staffing levels, and patient management strategies to enhance safety and quality of care in healthcare settings.

**Table 3: Effect of workplace violence on healthcare workers in State Hospital Oyo**

S/N	Variable		Frequency	%	Mean $\pm$ SD
1	Healthcare workers experience demoralisation when after experiencing workplace violence.	SA	47	49.5%	3.28 $\pm$ 2.87
		A	32	33.7%	
		D	12	12.6%	
		SD	4	4.2%	
2	Workplace violence leads to increased stress levels among healthcare workers.	SA	73	76.8%	3.63 $\pm$ 3.18
		A	11	11.6%	
		D	9	9.5%	
		SD	2	2.1%	
3	Workplace violence results in physical injuries to healthcare workers.	SA	79	83.2%	3.74 $\pm$ 3.26
		A	8	8.4%	
		D	7	7.4%	
		SD	1	1.1%	
4	Healthcare workers are traumatised emotionally when they experience workplace violence.	SA	67	70.5%	3.53 $\pm$ 3.10
		A	16	16.8%	
		D	7	7.4%	
		SD	5	5.3%	
5	Workplace violence results in decreased patient care quality.	SA	49	51.6%	3.08 $\pm$ 2.76
		A	18	18.9%	
		D	15	15.8%	
		SD	13	13.7%	

**Source:** Field Data, Computed: SPSS 26.0

The analysis of the effects of workplace violence on healthcare workers in State Hospital Oyo demonstrates a significant impact on various aspects of their well-being and job performance based on the responses to the Likert scale items.



Firstly, 49.5% of respondents strongly agreed that workplace violence leads to feelings of demoralisation, with a mean score of  $3.28 \pm 2.87$ . An additional 33.7% agreed with this statement, indicating that more than half of the healthcare workers feel discouraged after experiencing violence, which can lower their motivation and job satisfaction. Workplace violence also significantly contributes to increased stress levels among healthcare workers, as 76.8% strongly agreed, while 11.6% agreed, resulting in a mean score of  $3.63 \pm 3.18$ . This suggests that stress is a major consequence of violence, affecting workers' mental health and potentially leading to burnout.

Regarding physical effects, 83.2% of respondents strongly agreed that workplace violence results in physical injuries, with a mean score of  $3.74 \pm 3.26$ . This high agreement highlights the direct physical risks healthcare workers face in violent situations, emphasising the need for enhanced safety measures to protect staff from harm. Additionally, 70.5% of healthcare workers strongly agreed that they experience emotional trauma after workplace violence, supported by a mean score of  $3.53 \pm 3.10$ . The emotional toll of such incidents can be long-lasting and may affect their ability to engage fully with their duties and patients. Lastly, 51.6% of respondents strongly agreed that workplace violence results in decreased patient care quality, with a mean score of  $3.08 \pm 2.76$ . When healthcare workers feel unsafe or stressed, their capacity to provide high-quality care may be compromised, directly impacting patient outcomes.

In summary, the findings suggest that workplace violence negatively affects healthcare workers in multiple ways, including emotional trauma, physical injury, increased stress, and reduced quality of care. This underscores the importance of addressing workplace violence to safeguard the well-being of healthcare workers and ensure the continuity of quality patient care.

**Table 4: Working modalities for the prevention of workplace violence among healthcare workers in State Hospital Oyo**

S/N	Variable		Frequency	%	Mean $\pm$ SD
1	There are workplace violence policies put in place in the hospital.	SA	49	51.6%	3.08 $\pm$ 2.76
		A	18	18.9%	
		D	15	15.8%	
		SD	13	13.7%	
2	Healthcare workers are trained in violence prevention	SA	79	83.2%	3.83 $\pm$ 3.32
		A	16	16.8%	
		D	0	0%	
		SD	0	0%	
3	There are adequate reporting systems for workplace violence incidents in the hospital.	SA	42	44.2%	2.93 $\pm$ 2.62
		A	16	16.8%	
		D	25	26.3%	



		SD	12	12.6%	
4	Patients and relatives are screened for potential violence.	SA	0	0%	1.26±0.73
		A	0	0%	
		D	25	26.3%	
		SD	70	73.7%	
5	There are security personnel present in the hospital overseeing the welfare of healthcare workers.	SA	38	40.0%	2.85±2.55
		A	18	18.9%	
		D	26	27.4%	
		SD	13	13.7%	

**Source:** Field Data, Computed: SPSS 26.0

The analysis of the working modalities for preventing workplace violence among healthcare workers in State Hospital Oyo reveals various strengths and gaps in the system based on the responses.

First, 51.6% of respondents strongly agreed that there are workplace violence policies in place in the hospital, while 18.9% agreed, resulting in a mean score of  $3.08 \pm 2.76$ . However, 15.8% disagreed, and 13.7% strongly disagreed, indicating that while there is a majority perception of policies existing, there is still room for improvement in ensuring that all healthcare workers are aware of these policies.

A significant majority (83.2%) strongly agreed that healthcare workers are trained in violence prevention, with a mean score of  $3.83 \pm 3.32$ . None of the respondents disagreed or strongly disagreed with this statement, suggesting that the hospital has successfully implemented violence prevention training as part of its safety measures. Regarding the adequacy of the reporting system for workplace violence incidents, 44.2% strongly agreed, and 16.8% agreed, while 26.3% disagreed and 12.6% strongly disagreed. The mean score of  $2.93 \pm 2.62$  suggests that while a notable portion of respondents recognise the existence of a reporting system, others believe that it is insufficient or underutilised, highlighting an area for potential improvement.

On screening patients and relatives for potential violence, 0% of respondents strongly agreed or agreed, with 26.3% disagreeing and 73.7% strongly disagreeing, resulting in a very low mean score of  $1.26 \pm 0.73$ . This finding indicates that there is a critical gap in preventive measures, as the hospital does not seem to have systems in place to screen for potentially violent behaviour. Lastly, 40.0% of respondents strongly agreed that there are security personnel present to oversee the welfare of healthcare workers, while 18.9% agreed, 27.4% disagreed, and 13.7% strongly disagreed, leading to a mean score of  $2.85 \pm 2.55$ . While security personnel are present, the mixed responses indicate that healthcare workers feel their presence is either insufficient or not impactful enough to ensure their safety.



### *Testing of Hypotheses*

**Ho1:** There is no significant relationship between effective service delivery and workplace violence among healthcare workers in State Hospital Oyo

**Table 5: Chi-square Analysis of the relationship between effective service delivery and workplace violence**

#### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	39.706a	9	.000
Likelihood Ratio	42.107	9	.000
N of Valid Cases	95		

a. 10 cells (62.5%) have an expected count of less than 5. The minimum expected count is .02.

The results of the Chi-Square test indicate a significant association between effective service delivery and workplace violence among healthcare workers at State Hospital Oyo. The Pearson Chi-Square value is 39.706 with 9 degrees of freedom and a highly significant p-value of .000 ( $p < 0.05$ ). This suggests that there is a statistically significant relationship between these two variables, meaning that changes in workplace violence levels may be associated with variations in service delivery effectiveness. Additionally, the Likelihood Ratio test, which yielded a value of 42.107 with a p-value of .000, supports this conclusion.

However, it is important to note that 10 cells (62.5%) had expected counts of less than 5, with a minimum expected count of .02. This violates the assumption of the Chi-Square test, which requires that most expected cell counts be five (5) or more for reliable results. As such, while the test indicates a significant relationship, the reliability of these results may be compromised. Caution should be exercised in interpreting the findings, and further analysis using alternative statistical methods or a larger sample size is recommended to validate the results.

**Ho2:** There are no notable effects of burnout and job satisfaction on workplace violence among healthcare workers in State Hospital Oyo

**Table 6: Chi-square Analysis of effects of burnout and job satisfaction on workplace violence**

#### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	23.879a	6	.001
Likelihood Ratio	25.292	6	.000
N of Valid Cases	95		

a. 6 cells (50.0%) have an expected count of less than 5. The minimum expected count is .29.



The Chi-Square test results show a significant relationship between burnout, job satisfaction, and workplace violence among healthcare workers in State Hospital Oyo. The Pearson Chi-Square value is 23.879, with 6 degrees of freedom and a p-value of .001, which is below the conventional significance threshold ( $p < 0.05$ ). This indicates that there is a statistically significant association between the variables. The Likelihood Ratio test further supports this, with a value of 25.292 and a p-value of .000, reinforcing the significance of the relationship.

However, it is important to consider the limitations of this analysis. Six cells (50.0%) have expected counts less than 5, with the minimum expected count being .29. This is a violation of the assumptions of the Chi-Square test, which requires that most expected cell counts be 5 or more for valid conclusions. The presence of many low expected counts suggests that the results should be interpreted with caution, as the violation could affect the reliability of the statistical significance.

Despite the statistical findings, the assertion that "there are no notable effects of burnout and job satisfaction on workplace violence" contradicts the test results. Based on the p-values, there is evidence of a significant relationship between these variables, although the violation of the test assumptions calls for careful interpretation and possibly further analysis with a larger sample or alternative methods.

## DISCUSSION

The demographic data reveal that the majority (38.9%) of the respondents are between 20-29 years, with 30.5% aged 40 years and above. This age diversity aligns with research indicating that healthcare settings tend to attract a mix of younger and older professionals, contributing to dynamic workplace environments (Ahmed et al., 2022). However, the predominance of younger healthcare workers suggests potential challenges in coping with occupational stress and workplace violence, as younger employees may have less experience managing conflicts effectively (Bamidele et al., 2021). The ethnic distribution shows that 81.1% of participants are Yoruba, with Igbo (12.6%) and Hausa (6.3%) minorities, reflecting the cultural composition of the region. This ethnic diversity is relevant, as cultural differences may shape how workplace violence is perceived and addressed (Akanbi et al., 2023). Similarly, the predominance of male respondents (68.4%) over females (31.6%) mirrors findings from other studies that report male dominance in certain healthcare roles, especially in regions where gender roles influence career choices (Adeyemi & Musa, 2023).

The religious affiliations indicate that most respondents practice Islam (64.2%), followed by Christianity (33.7%) and traditional beliefs (2.1%). This cultural diversity is significant, as religious beliefs often play a role in shaping attitudes toward workplace violence, resilience, and coping strategies (Oke et al., 2022). The occupational data show a heavy skew towards nursing professionals, with 78.9% identifying as nurses, indicating the relevance of the findings to nursing practice. The significant proportion of seasoned professionals (49.5% with over 15 years of experience) further suggests that the participants' insights are grounded in substantial clinical experience, enhancing the validity of the results.



The study reveals a significant relationship between workplace violence and effective service delivery, with a Pearson Chi-Square value of 39.706 and a p-value of 0.000. This aligns with prior research that demonstrates the detrimental impact of workplace violence on healthcare delivery. Studies by Ferri et al. (2021) and Martinez et al. (2022) found that exposure to workplace violence among healthcare workers leads to reduced efficiency, decreased patient safety, and compromised care quality. The findings suggest that violence at the workplace creates emotional stress, fear, and distraction, limiting the ability of healthcare workers to focus on their duties, thus negatively affecting service delivery. Moreover, workplace violence has been linked to increased absenteeism, poor job performance, and turnover among healthcare workers, which further impairs the overall quality of care (Wilson et al., 2023). As violence disrupts workflow and creates a hostile environment, both staff well-being and patient outcomes are adversely affected. This finding underscores the need for management strategies aimed at preventing workplace violence to ensure effective service delivery.

The findings also indicate a significant relationship between burnout, job satisfaction, and workplace violence, with a Pearson Chi-Square value of 23.879 and a p-value of 0.001. This is consistent with studies by Maslach and Leiter (2021) and Ogundele et al. (2023), which highlight that burnout is a major predictor of workplace violence in healthcare settings. Burnout manifests as emotional exhaustion and depersonalisation, which can lead to frustration and aggression, thereby increasing the risk of violent encounters with colleagues or patients. The findings also align with research showing that low job satisfaction contributes to workplace violence. Dissatisfied workers are more likely to experience stress and hostility, which may escalate into violent behaviours (Kumar & Adhikari, 2022). Conversely, satisfied employees tend to exhibit better emotional regulation and are less prone to engaging in conflict. Therefore, interventions aimed at improving job satisfaction and reducing burnout are essential to mitigate workplace violence in healthcare settings.

## CONCLUSION

The findings of this study suggest a statistically significant association between burnout, job satisfaction, and workplace violence among healthcare workers at State Hospital Oyo. The results of the Chi-Square test indicate that both burnout and job satisfaction are significantly related to workplace violence, as evidenced by the Pearson Chi-Square value (23.879,  $p = .001$ ) and Likelihood Ratio (25.292,  $p = .000$ ). These results highlight the potential influence of burnout and job satisfaction on the prevalence of workplace violence, contrary to the initial assertion of no notable effects.

However, caution must be exercised in interpreting these findings due to the violation of key assumptions in the Chi-Square test. With 50% of the cells having expected counts less than 5, the reliability of the results may be compromised. This suggests that while there is evidence of a relationship between these variables, the data may not fully meet the requirements for a robust Chi-Square analysis. Further research, possibly with a larger sample size or alternative statistical methods, is recommended to confirm the nature and strength of these relationships.



In summary, burnout and job satisfaction should not be overlooked as potential factors influencing workplace violence in healthcare settings. Addressing these issues could lead to improved working conditions and reduced workplace violence among healthcare workers.

## RECOMMENDATIONS

Based on the findings of this study, several recommendations can be made to mitigate workplace violence among healthcare workers in State Hospital Oyo:

1. The hospital management should improve the physical and social environments where care is provided. Creating a safer and more supportive workplace can reduce the likelihood of violence.
2. The hospital administration should ensure adequate staffing levels, especially during peak hours or in high-stress departments such as emergency and psychiatric care, to reduce the stress on healthcare workers and prevent violence.
3. Patients with mental health disorders or substance abuse problems are prone to violent behaviour.
4. Training programs should be introduced to help healthcare workers manage patients with these conditions more effectively, including de-escalation techniques and early identification of risky behaviours.
5. Workplace violence leads to significant physical, emotional, and psychological effects, such as increased stress, demoralisation, physical injuries, and trauma.
6. The hospital should provide support systems, including counselling, stress management programs, and trauma recovery services, to healthcare workers who experience violence. Regular and comprehensive training programs on violence prevention should be instituted. These should cover de-escalation techniques, personal safety measures, and how to handle aggressive patients or relatives.

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