

Workplace Violence against Nursing Student and Nurses: in Taif Mental Health Hospital: A Cross-Sectional Survey

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Abstract

Original Research Article

Background: Nursing students and nurses have been subjected to workplace violence has become another challenge at medical care facilities. The issue isn't restricted to specific parts of the world; its pervasiveness is expanding around the world. **Objectives:** to look at impact and consequences of violence among nurses and nursing students to make a preventive strategy and assess the phenomenon. **Material and Methods:** In Taif's mental health hospital, a cross-sectional hospital-based survey was conducted. At the end of data collection period, 203 of 415 nurses consented to complete a survey that included questions about violence, result of violence, reaction and action of violence. This group was compared with 21 5th years nursing students from Al-Taif university (94.4 rate of participation). **Results:** The %age of nurses and nursing students who reported at least one unsettling scene of physical violence in clinical settings during their lifetime was 56 % for nurses and 38 % for nursing students. More physical attacks, according to nurses 56%, threats 26% and abuse 8% during the past a year than students. Both nurses and students were generally attacked or annoyed by patients or their family members and companions ("external" violence). The majority of nurses were assaulted or harassed by Verbal threat/aggression and Scratching/pinching Students, on the other hand, frequently reported physical violence by Slapping/hitting. Nurses were mostly Handled the situation themselves whereas students often Call for help and/or activated alarm. Over more regarding result of aggression nurses were mostly feel fear and irritation whereas students feel anxious and helplessness. **Conclusions:** Preventive activity is critically required to control client-to laborer and staff-to-staff savagery in hospitals and clinics. **Clinical Relevance:** Not as it were medical attendants, but moreover nursing understudies, Multilevel projects of viciousness anticipation would be beneficial.

Keywords: Psychiatric, workplace violence, students of nursing, nurses, reaction, result of violence.

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INTRODUCTION

Nursing students and nurses are at high risk for all examples of workplace violence, which include verbal abuse, Physical assault, and the threat of attack, which is widely perceived to have extensive significances for employees' well-being and security [1]. Violence at workplace has become an endemic issue in medical services settings [2], Nurses, in particular, are at a higher risk of being abused [3, 1]. About a 25% of the global workplace violence happens in that segment [4].

Nursing understudies are not absolved from these negative practices, during their clinical situations, Staff nurses are more likely to perpetrate vertical violence against students. This can incorporate quite a few negative practices that might be a weakness to an understudy's learning, understudy medical caretakers

feel frail at the lower part of the progressive chain [5]. In such manner, several research surveys concerning students of nursing discovered that tormenting & provocation at nursing instruction is a significant issue and that such harassing practices have negative impacts. What's more [6, 7] also, Likewise, it is cited that because of inexperience Nursing students are most likely to encounter violence, frequent ward changes, and the difficulty of adjusting to new environments [8].

Emergency department, Physical assaults are said to be most common in psychiatric and intensive care units, indicating that workplace physical violence against nurses varies by department/unit [9].

Harassing, as a type of violence, has expanded essentially in the work environment as of late [10]. This kind of violence (lateral/horizontal and vertical) influences the greater part of all nurses and nursing

students [11]. In general, victims may express feelings of depression, fear, low self-esteem, and isolation [12]. Such violence may have negative consequences for nurses' health, the quality of care they provide, and the employer's ability to retain and hire them. A moral conflict exists between upholding the code of ethics and workplace violence and bullying. [13] for nurses and attendants who must protect their clients' health as well as their own. The risk of work environment viciousness may increase in a setting where governments gradually move the labor force away from intensive consideration settings and emphasize local area based or long-haul care. In addition, there are new challenges in avoiding violence [14].

MATERIALS AND METHODS

Subjects

Taif mental health hospital nurses were welcomed to accumulate namelessly a survey relating to their work-place violence experiences giving educated assent. From 415 nurses, 203 consented to take an interest; accordingly, over half of the nurses wouldn't finish the poll or turned in clear or deficient surveys. The other study group consisted of 5th years nursing students of Al-Taif university were welcome to finish a similar survey during their training at the

hospital. Of the 29 students, 21 (72.4%) consented to take a part. In both nurses and nursing students, the gender distribution was similar. The characteristics of the student and nurse groups are described in Table 1. This study received ethical approval from the Al-Taif Ethics Committee.

Questionnaire

A self-designed questionnaire with two sections was created to gather demographic information about the participants as well as information about workplace abuse against nursing students and nurses. The questions were generated using some previously published literature [14, 15]. The first section of the questionnaire asked about the participants' demographics, while the second section asked about workplace violence. Demographic variables included age, gender, nationality, and health status. The self-designed questionnaire comprised 13 questions regarding violence against nursing students and nurses, 2 for gender and age of aggressor, and 11 about the characteristics of Assaults, working alone when the incident occurs, result of aggression, activity that proceed the incidence, action and reactions to Workplace Violence.

Table 1: The Sample's Characteristics and workplace violence

Item description	Nursing students (N=21) (n, %)	Nurses (N=203) (n, %)	P
Gender			(.136) ^a
Male	11 (52.4)	139 (68.5)	
Female	10 (47.6)	64 (31.5)	
Age			
< 25	21 (100)	2 (1.0)	> 0.001 ^a
25–29	0 (00)	49 (24.1)	
30–34	0 (00)	96 (47.3)	
> 35	0 (00)	56 (27.6)	
Nationality Saudi	21(100.0%)	145 (71.4%)	(.004) ^a
Non-Saudi	0 (0.0%)	58 (28.6%)	
Place of work Emergency department	5 (23.8%)	67 (33.0%)	(.460) ^a
Wards	16 (76.2%)	130 (64.0%)	
Other	0 (0.0%)	6 (3.0%)	
Score for health status (mean ± SD)	4.1±1.1	4.6±0.7	> 0.001 ^b
Type of violent incidence			(0.398) ^a
Physical assault	8 (38.1%)	114 (56.2%)	
Threats	8 (38.1%)	52 (25.6%)	
Abuse	1 (4.8%)	17 (8.4)	
Sexual harassment	3 (14.3%)	15 (7.4%)	
Stalking	1 (4.8%)	5 (2.5%)	
Violent incident			
Verbal threat/aggression	6 (28.6%)	84 (41.4%)	> 0.001 ^a
Scratching/pinching	3 (14.3%)	39 (19.2%)	
Punching	3 (14.3%)	3 (1.5%)	
Slapping/hitting	7 (33.3%)	15 (7.4%)	
Pushing	2 (9.5%)	16 (7.9%)	
Biting	0 (0.0%)	6 (3.0%)	
Kicking	0 (0.0%)	16 (7.9%)	
Unpleasant experience	0 (0.0%)	24 (11.8%)	

^a X² tests. ^b t-test for Student's

The survey depicted a particular incident of aggressive or threatening conduct aimed at a staff member and included predictor domains (sex, age, status), pre-episode activity, the attack type, the victim's activities, and the incident's outcomes. The internal consistency of the data collection instrument was tested using the Cronbach's reliability test, and the scale's overall Cronbach's alpha reliability coefficient was 0.91. To differentiate between internal and external violence the subjects were asked about the aggressor, in internal violence the aggressor was superiors or other professionals, while in external violence the aggressor was patients, family, friends.

Statistics

For data analysis the statistical package SPSS 24 was used. To examine the differences between nurses and nursing students parametrical (t test) was used. For comparing %ages, normally distributed values and for non-parametrical variables the chi-square test was used. The author selected a significance threshold of 1% (p.01) to allow for a large number of comparisons when comparing the aggression rates of nurses and nursing students. Multivariate logistic regression was used, considering confounders, for example, age, sexual orientation, and wellbeing status.

In considering the accompanying factors as necessary factors, standardized coefficients (β) were assessed as dependent variables: gender, age, work condition (student of nursing, nurse), and "physical and verbal violence". as dependent variables: Effect of violence, Result of aggression, Action, and the Violent.

RESULTS

The features of the nurses and nursing students' groups are shown in Table 1. Nursing students were younger and physically better than nurses. Male nurses made up 68.5% of the workforce, while male students made up 52.4 %. The majority of the participants (74.1%) were Saudi, and more than half of the respondents (65.2%) worked in wards. Nurses

reported more physical attacks than trainees, while more threats and incidents of sexual harassment reported by nursing students. Threats and abuse were less common than attacks and physical or verbal abuse. Increased physical or physical abuse in 95.2% of nursing and 97.5% among nursing students was at work. The victims were almost exclusively males (90%), and the victims were almost exclusively females of sexual harassment and stalking (88 percent and 82 percent, respectively; Table 2). The majority of the aggressions did not result in physical harm. Even after nonphysical aggressions, however, casualties revealed important results such as helplessness, disappointment, anxiety, and fear (see Table 2). Both verbal and physical violence were frequently reported by the students. Internal violence by staff, coworkers, teachers, doctors and managers accounted for 41% of physical attacks and 76% of non-physical attacks on students. There was no apparent difference in violence perpetrator between nurses and nursing students (see Table 2). Patients, family members and coworkers have often suffered 'external' violence (89.6% and 83.3%, 95.2% respectively), such as physical or verbal abusers of patients, family members and colleagues; (see Table 2). Gender (female vs. male) the overall regression model is significant, $F(4, 219) = 4.3$ $p < .001$ $R^2 = 0.10$. test each predictor at $\alpha = .05$, violent incident ($p = .001$) and effect of violence ($P = .008$) were unique variance a predictor accounts for statistically significant $P < .05$. furthermore, regarding Status (students vs. workers) the overall regression model is not significant, $F(4, 219) = 2.2$ $p .07$ $R^2 = 0.04$. only effect of violence was statistically significant $P < .05$. regarding Place of work (ER vs. wards) the overall regression model is significant, $F(4, 219) = 12.8$ $p < .001$ $R^2 = 0.20$ Violent incident, Action and Result of aggression were statistically significant $P < .05$ Therefore, Type of violent (physical vs. nonphysical) the overall regression model is significant, $F(4, 219) = 8.9$ $p < .001$ $R^2 = 0.10$. Violent incident, Action and Result of aggression were statistically significant $P < .05$ (see Table 3).

Table 2: Characteristics of Assaults

Term	Physical assaults			Non-Physical assaults		
	Nursing Student (N=9)	Nurse (N=113)	Chi-square P	Nursing Student (N= 12)	Nurse N= (90)	Chi-square P
Gender of aggressor						
Male	9 (8.7)	95 (91.3)	(.195)	10 (11.1)	80 (88.9)	(.575)
Female	2 (11.1)	10 (88.9)		2 (16.7)	10 (83.3)	
Age of aggressor (Years) 19-30	3 (16.7)	15 (83.3)	(.294)	7 (19.4)	29 (80.6)	(.075)
31-50	3 (4.5)	63 (95.5)		5 (7.6)	61 (92.4)	
51-65	3 (9.4)	29 (90.6)		0 (0.0)	0 (0.0)	
65+	0 (0.0)	6 (100.0)		0 (0.0%)	0 (0.0)	
Type of aggressor "External"			(.397)			(.496)
Patient	9 (10.5)	77 (89.5)		5 (10.4)	43 (89.6)	
Patient's relative or friends	0 (0.0)	6 (100)		4 (22.2)	14 (77.8)	
"Internal"						

Term	Physical assaults			Non-Physical assaults		
	Nursing Student (N=9)	Nurse (N=113)	Chi-square P	Nursing Student (N= 12)	Nurse N= (90)	Chi-square P
Colleague, staff	0 (0.0)	18 (100)		2 (8.3)	22 (91.7)	
Superior	0 (0.0)	6 (100)		0 (0.0)	0 (0.0)	
Other people	0 (0.0)	6 (100)		1 (8.3)	11 (91.7)	
Result of aggression						
Terror	3 (10)	27 (90)	(.240)	1 (3.3)	29 (96.7)	(.022)
Annoyance	3 (13.6)	19 (86.4)		2 (8.3)	22 (91.7)	
Irritation	0 (0.0)	6 (100)		1 (8.3)	11 (91.7)	
Nervousness	3 (16.7)	15 (83.3)		3 (16.7)	15 (83.3)	
Fault	0 (0.0)	6 (100)		0 (0.0)	0 (0.0)	
Displeasure	0 (0.0)	0 (0.0)		0 (0.0)	0 (0.0)	
Powerlessness	0 (0.0)	0 (0.0)		3 (50.0)	3 (50.0)	
Physical Injury	0 (0.0)	28 (100)		0 (0.0)	6 (100)	
No response	0 (0.0)	12 (100)		2 (33.3)	4 (66.7)	
Consequence of violence						
Desire for revenge	0(0.0)	34 (100)	< .001	6(16.7)	24 (83.3)	(.085)
Think they are wrong	(0.0)	(0.0)		0 (0.0)	12 (100)	
Think about changing place of study / work	0(0.0)	36(100)		3 (8.3)	33 (91.7)	
Think about changing behavior	3 (16.7)	15 (83.3)		(0.0)	(0.0)	

Chi-square tests $p < .001$

Table 3: Correlation among Predictors and Variables in the entire Group

variable	Violent incident		Action		Result of aggression		Effect of violence	
	β	p	β	p	β	p	β	p
Gender (female vs. male)	.224	.001	-.073	.267	.015	.817	-.182	.008
Status (students vs. workers)	.074	.288	-.049	.462	.022	.742	-.193	.006
Place of work (ER vs. wards)	.234	.000	-.275	.000	.138	.026	.047	.455
Type of violent (physical vs. nonphysical)	-.150	.024	.234	.000	-.159	.013	-.088	.177

Note. Age, gender, working status (nurse/nursing student), place of work, and Type of violent (physical vs. nonphysical) as predictive variables and Violent incident, Action, Result of aggression, and Effect of violence as outcome variables.

Patients were the most commonly reported group to have committed each type of violent act against nurses and nursing students. The Colleague,

staff group was the second most likely to have committed all types of violence except abuse.

Table 4: Groups Who Committed Types of Violence against Nurses over Course of Career

Term	Patient	Patient's relative or friend	Colleague, staff	Superior	Other people	P
Physical assault (n= 122)	65.6%	4.9%	24.6%	4.9%	0.0%	.000
Threats (n= 60)	50.0%	20.0%	10.0%	0.0%	20.0%	
Abuse (n= 18)	66.7%	33.3%	0.0%	0.0%	0.0%	
Sexual harassment (n= 18)	66.7%	0.0%	33.3%	0.0%	0.0%	

Chi-square tests $p < .005$

Nurses often reported that activity that proceed the incidence was Examination/treatment/physical care(97.6%) flowed by Patient transfer/lift/physical assistance (93.3%) and they were not working alone

while incident occur, on the other hand students reported that activity that proceed the incidence was Patient made demand (25.0%) and they working alone when the incident occurs (10.0%).

Table 5: Comparison between Nurses and students regarding Activity that proceed the incidence and whether their Working alone when the incident occurs

Item description	Nursing students (N=21)	Nurses (N=203)	P
Activity that proceed the incidence			.166
Examination/treatment/physical care	11 (10.4%)	95 (89.6%)	
Patient transfer/lift/physical assistance	2 (6.7%)	28 (93.3%)	
Conversation	1 (2.4%)	41 (97.6%)	
Patient made demand	3 (25.0%)	9 (75.0%)	
No activity	4 (11.8%)	30 (88.2%)	
Working alone when the incident occurs			.793
Yes	9 (10.0%)	81 (90.0%)	
No	12 (9.0%)	122 (91.0%)	

Chi-square tests $p < .005$

As shown in Table 6, nursing and nursing student reported that Call for help and/or activated alarm is the most reaction done in the workplace violence. Regarding Action taken by the hospital “The aggression Was reported to superiors is the most response to physical violence taken by nurses (88.9%) and nursing student (11.1%). Therefore (83.3%), (16.7%) of nurses and students’ cases respectively was reported to the police. X² test revealed there was a significant relationship between the victim's choice of

action the repercussions for the aggressor $P < 0.005$. the consequences for the aggressor ranged from taking nothing to reported to police. Encouragingly, for nurses the most frequent (97.4%) was Verbal warning. This was followed by Nothing (84.8%) and then Care discontinued (83.3%). While students were reported to police, Care discontinued, Nothing, and Verbal warning, (22.2%), (16.7%), (15.2%), (2.6%) respectively.

Table 6: Reactions to Physical Workplace Violence

Item description	Nursing students (N=21)	Nurses (N=203)	P
Action taken by the victim			.004
Handled the situation myself	6 (8.1%)	68 (91.9%)	
Call for help and/or activated alarm	9 (10.7%)	75 (89.3%)	
Other(s) arrived to help.	3 (5.0%)	57 (95.0%)	
No action is required.	3 (50.0%)	3 (50.0%)	
Action taken by the hospital “reported the aggression to relatives or friends	0 (0.0%)	28 (100.0%)	.123
Was reported to superiors	8 (11.1%)	64 (88.9%)	
Was reported to a physician	3 (5.2%)	55 (94.8%)	
was stated to the police	7 (16.7%)	35 (83.3%)	
was not stated	3 (12.5%)	21 (87.5%)	
What were the consequences for the aggressor?			.003
Nothing	10 (15.2%)	56 (84.8%)	
Verbal warning	3 (2.6%)	113 (97.4%)	
Care discontinued	4 (16.7%)	20 (83.3%)	
Reported to police	4 (22.2%)	14 (77.8%)	

Chi-square tests $p < .005$

DISCUSSION

The aim of the study is to examine the characteristics and effects of violence in nursing students and nurses to investigate the issue and take prevention measures in the Taif Mental Health hospital (TMH). The present study shows that at least one scene of physical or non-physical violence was present in 97.5% of the nurses and 95.2% of the nursing study. [14] The study showed that at least a disturbing episode of physical or verbal violence occurred during the lifetime of 43 percent of nurses and 34 percent of nursing students. In comparison with the rate shown

[16], this rate is significantly higher. In any case, 85.2 % of members had been exposed to some form of violence. On the other hand, according to a study led by [17], a large %age of students (66%) never open up to threats of violence, physical abuse, or actual maltreatment.

Patient nurses were often exposed to "outside" abuse, such as physical or spell abuse from patients, family members and friends, as well as colleagues and staff (89.6% and 83.3% respectively) while students report regularly, from fellow students and employees, including teachers, doctors, and nursing supervisors,

verbal and physical violence. Although “inside” violence accounts for 41% of physical assaults and 76% of nonphysical assaults against students, other medical care workers are responsible for a significant portion of the violence experienced by nurses and nursing students in the clinical setting (so-called “internal” violence). Internal violence can be classified into two categories: horizontal [18] and vertical [19]. It very well might be unmistakable and direct, or secretive and unobtrusive, and can regularly continue undetected in the working environment [20], numerous student medical attendants and new alumni attendants may feel humiliated, scared, and embarrassed by their educators, specialists, or more senior partners.

The article additionally demonstrated that working environment physical violence has suggestions for the nurses and nursing students’ perspectives. A measurably critical affiliation was found between physical violence and goal to consider changing spot of study/work. This finding backs up the findings of a number of researchers. (e.g., [21, 22, 14] which have connected work environment Nurses who have left the profession have been subjected to violence.

In our study nurses often reported that activity that proceed the incidence was Examination/treatment/physical care (97.6%) flowed by Patient transfer/lift/physical assistance (93.3%) and they were not working alone while incident occur. Unjust or unfair treatment can elicit indignation, but it is usually suppressed. Stifled outrage and rumination are notable reasons for mental and conduct issues. To forestall this sort of rough conduct, customary measures, for example, the improvement of individual wellbeing abilities and de-heightening capacities, or institutional strategies and natural plan may not be sufficient. These ought to in this manner be coordinated with specific intercession focused at underlying drivers, for example, conflict in the working environment or improper instructing. Furthermore in our study However, casualties revealed applicable results including disappointment, even after nonphysical aggressions, fear, anxiety, and helplessness persist, as evidenced by Our research non-physical abuse may have much more serious mental consequences than physical attack and can last months, or even years, after the initial incident, like rage, fear and guilt [22].

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