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Workplace Violence Against Iranian Nurses: A Hybrid Concept Analysis

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Abstract

Background: Workplace violence is a widespread phenomenon with a cultural and context-based nature. Understanding the various dimensions of this phenomenon is crucial for developing effective interventions to prevent and manage workplace violence. Accordingly, the present study aimed to analyze the concept of workplace violence experienced by nurses in Iran.

Methods: The concept was defined using Schwartz and Kim's three-stage hybrid concept analysis method. In the theoretical phase, the literature was reviewed and analyzed using Walker and Avant's approach, and in the fieldwork phase, 18 unstructured in-depth interviews were conducted with clinical nurses, and the collected data were analyzed using the conventional content analysis method. The participants were selected through purposive sampling, and the data were analyzed using Graneheim and Lundman's approach. During the final analytical phase, the findings from the theoretical and fieldwork phases were integrated to provide a comprehensive definition of the concept of workplace violence.

Results: Workplace violence against nurses involves a range of behaviors or actions that threaten human dignity and professional reputation with or without intention, which are applied in the workplace or related situations by the patient, caregiver, manager, or colleague, against an individual or group of nurses and is perceived as nurses' exposure to physical violence, psychological violence, honour insult, or religious-ethnic insult, whether explicit or implicit, intermittent or continuous, and mild to severe.

Conclusion: The results of this study can be utilized to develop a tool to measure workplace violence and design interventions to prevent and manage workplace violence.

Keywords: Workplace violence, Nurses, Concept analysis, Hybrid model

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Introduction

The prevalence of workplace violence against healthcare workers is a worrying challenge all around the world (1, 2), and nurses are the largest group at risk and harm from this type of violence (3). Nurses experience various types of physical, verbal, sexual, and racial harassment (4-6). More than half of nurses in Ethiopia were exposed to one type of workplace violence, most often verbal and physical violence (3). A study conducted in Iran found that the prevalence of physical and verbal violence towards healthcare workers by patients and caregivers was 50% and 87%, respectively (7). Moreover, a systematic review study showed that verbal and physical violence in Iran were 74% and 28%, respectively (8). Predisposing variables for violence against nurses include the degree of nursing experience, poor service quality, unmet expectations, disruptive actions by patients or coworkers, waiting times or delays in care, errors in care, the severity of patient pain, patient mortality, excessive workload, and overcrowding(9,10). Violence by colleagues or managers is another type of violence against nurses that is highly prevalent (11).

To develop preventive and protective measures, the level of risk fitting the characteristics of each situation should be accurately assessed (12), and the use of a workplace violence measurement tool, such as a validated questionnaire, is an effective way to specify the level of risk (13). Furthermore, the perception of workplace violence might differ significantly between nations and circumstances (14,15). To understand the situation and measure it, it is necessary to recognize and understand the context-based concept (14). The term "workplace violence" has no universally accepted definition, which makes it difficult for nurses to understand violent behaviors (10,15,16). For example, workplace violence is defined by the World Health Organization (WHO) as the intentional use of physical force or power (17), while more recently, violence has also been defined as unintentional aggressive behaviors (18, 19). Cho et al also stated that physical violence against psychiatric

nurses needs to be redefined (20). Defining the concept of violence from the perspective of nurses is essential, as their different understanding of violence is one of the main reasons for underreporting (21). Furthermore, explaining perceptions, antecedents, and consequences of workplace violence helps design strategies and interventions to prevent violence (14, 16). Workplace violence is a cultural concept, and given that Iran has cultural, ethnic, and religious diversity, exploring nurses' perceptions of workplace violence can contribute to defining the concept of violence and developing prevention programs. Accordingly, this study aimed to explore the concept of workplace violence among Iranian nurses.

Methods

This study was carried out using the hybrid model developed by Schwartz-Barcott and Kim. The hybrid model uses an approach for concept evolution that combines theoretical and empirical phase investigation. This model includes three stages: the theoretical phase, the fieldwork phase, and the final analytical phase (22) (Figure 1).

Theoretical Phase

This phase involves selecting and designing an initial and raw concept, beginning a review of studies, and starting to design the essential components of defining and measuring the concept (22). In the present study, Walker and Avant's (2011) 8-step approach was used to analyze the literature, including selecting a concept, specifying the objectives of the concept analysis, specifying all the uses of the concept, determining the attributes of the concept, Identifying a model case, Identifying additional examples (related, borderline, contrary), Identifying the antecedents and consequences of the concept, and defining empirical referents. This approach is a simple, step-by-step, practical, and user-friendly method, especially for novice researchers (23).

Fieldwork Phase

The second, or fieldwork phase, which partly overlaps with the first phase in terms of time, emphasizes the empirical component of the process. The aim of this phase is to refine the concept developed during the first phase (22). For this study, data were analyzed using conventional qualitative content analysis, where categories are derived directly from the data instead of being based on a preexisting theory. Qualitative content analysis involves breaking the text obtained from the experiences and life stories of individuals into small parts and analyzing them descriptively (24).

In the fieldwork phase, data were collected through unstructured interviews with 18 clinical nurses working in 9 teaching hospitals in Zahedan. The mean age of the participants was 32.25 ± 7.4 years. Moreover, 75% of the participants were female. The mean length of their clinical work experience was 10.43 ± 6.25 years. Having experience of workplace violence and working in clinical departments for at least 6 months were considered as the inclusion criteria. Participants were selected using purposive sampling, which continued until data saturation was reached (25). Each interview began with an open-ended question: "Could you describe your experience of insults, mistreatment, or any other harassing behavior from patients, their caregivers, colleagues, or superiors?" Furthermore, questions such as "How did it happen?", "What happened after these behaviors?" and "How did you feel?" were asked for further clarification. All interviews were conducted in the nurses' break room. Data guidance and interview analysis were used to choose the participants. Each interview lasted between 40-60 minutes.

At the beginning of each interview session, The study's objectives were clearly explained to the participants, and after obtaining written and informed consent, the interviews were recorded. Then each interview was transcribed word by word immediately after finishing the interview. Simultaneously with data collection, the coding process was also carried out. Data analysis was conducted following Graneheim and Lundman's (2004) five-step approach, which involved: transcribing each interview, reading the entire transcript as a unit of analysis, identifying meaning units and initial codes, condensing similar codes into broader categories, and determining the core theme of these categories. The analysis was performed concurrently with data collection using MAXQDA-2010 software.

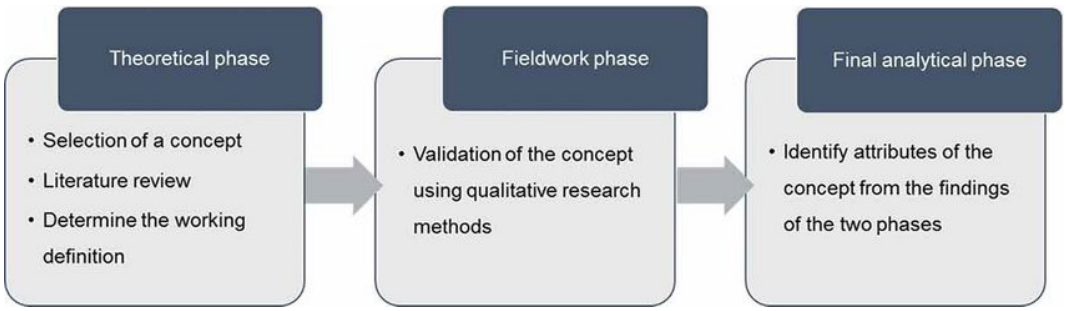

Figure 1. The hybrid model of concept analysis of workplace violence against nurses

Final Analytic Phase

In the third phase, theoretical analysis and insights from empirical observations are combined, and the results are reported. In this step, an analytical approach is used to help finalize the analysis to redefine the concept (22). In this study, the definitions provided in the previous two phases were compared and merged based on their similarities and differences.

Trustworthiness

Trustworthiness is a critical concern in qualitative research. Following Lincoln and Guba (26), the criteria of confirmability, credibility, dependability, and transferability were applied. To ensure credibility, member checking was conducted, while peer review was used to establish confirmability. A qualitative research expert examined all transcripts and categories, and any disagreements were resolved through further discussion and clarification to reach consensus. Additionally, purposive sampling was employed to enhance the transferability of the study.

Ethical Considerations

The study protocol received ethical approval from Zahedan University of Medical Sciences under the code IR.ZAUMS.REC.1401.149. All participants provided written informed consent. They were informed that their interview responses would remain confidential, that they could withdraw from the study at any time, and that confidentiality would be maintained in any published findings.

Results

Theoretical Phase

Selecting a Concept

In this study, the concept of workplace violence towards nurses was selected because of the lack of a culturally specific definition and the necessity to clarify its characteristics, and dimensions to achieve a comprehensive and operational definition.

Specifying the Aims or Purposes of the Analysis

The aim of analyzing the concept of workplace violence against nurses was to clarify the meaning of the concept and provide an operational definition of it. The operational definition can be used to design a region-specific instrument to assess workplace violence against nurses and for formulating effective prevention strategies and interventions.

Identifying All Uses of the Concept Discovered

In this phase, an extensive review of studies in relevant national and international databases, including Wiley, PubMed, CINAHL, ScienceDirect, Ovid, ProQuest, Google Scholar, PsycINFO, SID, IranMedex, Magiran, and IranDoc was conducted over the period 1990-2022 using the following keywords:

- (Aggression OR violence) AND (work OR workplace OR occupational) AND nurse
- (bullying OR mobbing OR horizontal violence OR lateral violence OR vertical violence) AND (work OR workplace OR occupational) AND nurse
- (assault OR violence OR intimidation OR Harassment) AND (work OR workplace OR occupational) AND nurse

The inclusion criteria were the relevance of the article to the purpose of the study, studies published in English or Persian, the search keywords being present in the title, keywords, or abstract of the article, and only articles published in peer-reviewed journals. Editorials, commentaries, and articles published in languages other than Persian or English were excluded. Initially, 476 articles were extracted. After reading the abstracts of the articles and considering the study objectives, 218 articles were finally reviewed. Data analysis was performed using conventional content analysis (24). According to the WHO, workplace violence is classified into physical, psychological, sexual, and racial harassment. Physical violence involves punching, kicking, slapping, shouting, pushing, biting, pinching, and injuring with sharp and pointed objects. Verbal violence also includes insulting, humiliating, intimidating, mocking, and obscene behavior. Racial harassment involves threatening behavior due to race, skin color, language, nationality, religion, association with a minority, place of birth, financial means, or any other status. Sexual harassment includes any unwanted behavior related to gender that is considered an attack on a person and causes him/her to be threatened, insulted, and embarrassed (27). Bullying is another type of misconduct that is accompanied by negative actions and reactions in the workplace and has negative consequences for the victim and the organization (28). Bullying is different from incivility because these behaviors do not occur by accident, but are intentional and occur over a long period (29, 30). Lateral violence is defined as unwanted behavior between coworkers in the workplace that occurs physically or psychologically (11) and is associated with unfair criticism, over-delegation, disrespect for privacy, gossiping, and an unsupportive work environment (31).

Determining the Defining Attributes

Identifying the attributes offers the most comprehensive understanding of the concept, with categorization based on the most frequently occurring elements (22). In this study, each article was reviewed multiple times to extract words and phrases that reflected the concept's attributes. These expressions were then coded and grouped according to their similarities and differences, revealing various dimensions of the concept. Finally, a core theme, 4 main

categories and 10 subcategories were extracted (Table 1).

Threat to human dignity and professional reputation refers to the nurses' perceptions of violent behaviors in the workplace. In other words, nurses consider any behavior or action in the workplace by health service recipients, including patients and caregivers, other clients, or their colleagues, that somehow threatens their personal and professional dignity and reputation, as a form of violent behavior towards themselves. Violence is contagious and can be transmitted to other people (16). The first attribute of workplace violence is physical violence, which consists of physical contact with and without the use of a device. Physical violence is any intentional harm in the workplace that is inflicted using physical force and ranges from minor injury to killing and murder (32). Psychological violence, as the most prevalent type of violence encountered by nurses, is the second attribute of workplace violence, which involves professional development inhibition, humiliation and destruction, oppression and imposition of inferiority, and verbal or nonverbal insults (31). Verbal violence is expressed through words, tone of voice, accusations, profanity, threatening words, or threats of physical attack (33). Sexual harassment includes unwanted and coercive sexual contact and unwanted verbal or nonverbal sexual communication (27, 34). Racial harassment is inflicted against racial minorities and people with cultural-ethnic differences. Nurses belonging to racial minorities, including blacks, are more likely to experience racial harassment than others (3, 27).

Identifying a Model Case

A model case can be a real-world example extracted from the literature or a story that is created by the researcher and includes all the attributes that make up the concept (22).

Katrina is a 24-year-old black nurse. On one of the night shifts when the department was very busy, she called her supervisor and asked for help. The supervisor responded sharply and loudly: "We don't have any extra staff to give to your department!" Katrina said: "The department is very busy." The supervisor replied: "If you can't work, goodbye" (psychological violence). Her colleagues often didn't let her in because of her cultural differences and skin color (racial harassment). That night, one of the patients gradually became agitated and started to address Katrina with sexually offensive words (Sexual harassment) and suddenly picked up the phone on the station and threw it at Katrina (physical violence).

Table 1. Attributes of workplace violence against nurses in the theoretical phase

Subcategories	Categories	Theme
Physical confrontation with an object	Physical violence	Threat to human dignity and professional reputation
Physical confrontation without an object		
Obstruction of professional growth	Psychological violence	
Injustice and imposition of inferiority		
Humiliation and degradation		
Verbal or non-verbal abuse		
Unwanted and forced sexual contact	Sexual harassment	
Sexually unpleasant verbal or nonverbal communication		
Being a racial minority	Ethnic-religious harassment	
Cultural-ethnic incompatibility		

Identifying Borderline, Related, Contrary, Invented, and Illegitimate Cases

Exploring examples that are not identical to the concept being studied, but share similarities or present opposing features, can help researchers better determine which characteristics are most relevant for defining the concept accurately. These include borderline, related, contrary, invented, and illegitimate cases (22).

Borderline Case

A borderline case refers to an instance that exhibits only some of the characteristics associated with the concept.

Mr. B is a 32-year-old nurse in the psychiatric ward. During one of his shifts, the patient suddenly got up from his bed, punched the nurse in the ear, and started swearing. The patient was delusional.

In this case, although the patient exhibited both physical and psychological signs of violence, the behavior is not classified as violence because it was unintentional and resulted from mental or psychological issues.

Contrary Case

A contrary case refers to instances that do not include any of the characteristics of the concept. Introducing such a case clarifies what the concept under analysis is not (22).

Sarah is a 22-year-old nurse who recently graduated and has been working in the surgical ward of a hospital. During one of her night shifts, which was very busy and understaffed, she called the supervisor and requested additional help. The supervisor then contacted a quieter ward and requested a nurse immediately. She then went to the ward and sat next to Sarah. She placed her hand on her shoulder and said, "I'm very pleased with your commitment to your work." When the new nurse arrived, the supervisor told her, "Tonight's shift in this ward is very busy. Please help Sarah, considering your higher work experience." As she was leaving the ward, she told Sarah that if there were any other problems, she could contact her during the night.

In the above example, which is exactly contrary to the sample case, none of the four defining characteristics of workplace violence against nurses are present. Therefore, the reader can understand what does not constitute violence by studying this case.

Identifying Antecedents and Consequences

Antecedents are events or conditions that take place prior to the occurrence of the concept, while consequences are events

that arise as a result of it. In other words, they are considered outputs of the concept (22). The antecedents of the concept of workplace violence against nurses were classified into five categories including "failure to pay attention to and meet patient/caregiver expectations promptly", "patient/caregiver-related underlying factors", "nurse-related underlying factors", "inadequate organizational mechanisms", and "dysfunctional professional interactions" and 19 subcategories.

The consequences of workplace violence against nurses were "personal-professional burnout" (physical exhaustion, psychological distress, and attempts for liberty) and "organizational inefficiency" (unsupportive workplace, dysfunctional professional interactions, adverse care outcomes, and reduced productivity).

Defining Empirical Referents

This step addresses the question of whether we aim to measure a concept or simply determine its presence in the real world. How can this be achieved? (22). Symptoms of nervous system arousal include rapid breathing, increased heart rate, agitation, restlessness, and anxiety(6). In addition, several instruments measure workplace violence (27).

Operational Definition of Workplace Violence Against Nurses in the Theoretical Phase

Based on the results of the theoretical analysis phase, the hybrid concept of "workplace violence against nurses" encompasses a variety of behaviors or actions that threaten human dignity and professional reputation with or without purpose, which are applied in the workplace or related situations by the patient, caregiver, manager, or a colleague, against an individual or group of nurses and is perceived as nurses' exposure to physical violence, Psychological violence, sexual harassment, or religious-ethnic harassmen, whether explicit or implicit intermittent or continuous, and mild to severe.

Fieldwork Phase

The findings from the analysis of the interviews revealed 1 theme, 12 categories, and 41 subcategories that accounted for the antecedents, characteristics, and consequences of workplace violence by patients and their caregivers, colleagues, superiors, or doctors against nurses. The core theme extracted in this study, "threat to human dignity and professional reputation" accounted for "physical violence", "Psychological violence", "honor insult", and "ethnic-religious insult". Moreover, 11 subcategories were extracted as the attributes of the concept of workplace violence against nurses (Table 2).

Furthermore, 6 categories, including unmet patient and caregiver expectations, ineffective organizational management, distorted professional interactions, patient/caregiver-related underlying factors, nurse-related underlying factors, and being a nurse served as the antecedents of workplace violence towards nurses. The consequences of workplace violence were "destructive personal-family harms" and "destructive professional harms".

Table 2. Attributes of workplace violence against nurses in the fieldwork phase

Subcategories	Categories	Theme
Physical confrontation with an object	Physical violence	Threat to human dignity and professional reputation
Physical confrontation without an object		
Perceived injustice and lack of support	Psychological violence	
Obstruction of professional growth		
Injustice and imposition of inferiority		
Humiliation and degradation		
Verbal or non-verbal abuse		
Non-verbal honor insult	Honor insult	
Verbal honor insult		
Religious insult	Ethnic-religious insult	
Ethnic insult		

Threat to Human Dignity and Professional Reputation

An analysis of the experiences of the nurses in this study showed that regardless of the type of violence, their personal and professional dignity and reputation were threatened and damaged to varying degrees by the perpetrators of violence, whether patients and caregivers, colleagues, or superiors. The threat to dignity occurred following physical violence, psychological violence, sexual harassment, and ethnic-religious insult.

Physical Violence

The nurses in this study reported that physical violence was often committed against them by patients and caregivers and rarely by colleagues. These violent behaviors included throwing objects and devices, attacking with cold weapons such as knives, breaking devices, pushing, kicking, and punching.

"A patient had died before he was admitted to the hospital. We did CPR but it was of no use and the patient did not survive. As soon as I told his caregivers that the patient was dead, they started making a fuss and broke the monitor and the windows and attacked me with knives" (P 14).

Psychological Violence

Psychological violence was perceived by the nurses as the most common type of violence, often committed by colleagues and doctors, and sometimes by patients and their caregivers. Psychological violence was divided into 5 subcategories: oppression and imposition of inferiority, humiliation, and destruction, perceived injustice and lack of support, verbal insults and threats, and prevention of professional growth.

"There is discrimination in the ward. For example, the head nurse is not selected based on work qualifications and work experience" (P 12).

Honor Insult

All participants used the term "honor insult" to describe offensive behaviors related to gender.

> "*The patients' looks sometimes bother us. For example, once I got an IV for a patient. He rubbed his hand against mine. It was disgusting" (P 16).*

Ethnic-Religious Insults

The nurses in this study reported that they experienced offensive behaviors, including insults to ethnicity, language, or accent, being or not being native to the city of work, and insults or mockery of their religious beliefs. These insults were divided into religious insults and ethnic insults.

> *"Sometimes colleagues or patients and caregivers talk about my religious beliefs mockingly. They behave in a way that is offensive to me" (P 10).*

Operational Definition of the Concept of Workplace Violence Against Nurses in the Fieldwork Phase

The findings from the fieldwork phase indicated that workplace violence against nurses involves a range of behaviors or acts that threaten human dignity and professional reputation with or without purpose, which are carried out in the workplace by patients and their caregivers or managers and colleagues against an individual or group of nurses and is perceived as nurses encountering physical violence, psychological violence, honor insult, or religious-ethnic insults.

Final Analytic Phase

In this phase, the definitions proposed in the previous two phases were compared and merged. The categories and subcategories that were quite similar were expressed in the same way in the final definition, and subcategories that were extracted in either of the two theoretical or fieldwork phases were also presented in the final classification. Since the aim of this study was to provide a local definition of the phenomenon of workplace violence, the categories and subcategories were labeled in the final analytic phase based on the data from the fieldwork phase (Table 3).

Operational Definition of the Concept of Workplace Violence Against Nurses Based on the Findings from the Final Phase

Workplace violence against nurses involves a range of behaviors or actions that threaten human dignity and professional reputation with or without purpose, which are applied in the workplace or related situations by patients and caregivers or managers and colleagues, against an individual or group of nurses and is perceived as nurses' exposure to physical violence, psychological violence, honor insult, or religious-ethnic insults, explicit or implicit intermittent or continuous, and mild to severe. Violence can continue as a vicious cycle and can affect other people (Figure 2).

Table 3. Attributes of workplace violence against nurses in the final phase

Theoretical Phase	Fieldwork Phase	Final Phase
Physical violence	Physical violence	Physical violence
Psychological violence	Psychological violence	Psychological violence
Sexual harassment	Honor insult	Honor insult
Ethnic-religious harassment	Ethnic-religious insult	Ethnic-religious insult

Discussion

Given the importance of the concept of workplace violence against nurses and the need to provide a local and operational definition of it, a hybrid concept analysis approach was used in this study. Data analysis showed that in some cases, the attributes extracted in the theoretical phase were consistent with the findings from the fieldwork phase, and some attributes showed some differences. Data analysis in the final phase showed four attributes, including physical violence, psychological violence, sexual harassment, and religious-ethnic insults led to a threat to human dignity and professional reputation.

The first attribute extracted in the final phase was physical violence, which was also extracted in both the theoretical and fieldwork phases. Physical violence involves physical confrontation with and without the use of a tool. This finding was confirmed by many studies. Physical violence means the use of physical force in the form of throwing objects and tools, using knives, pushing, punching, and kicking. The data from the fieldwork phase showed that the most common form of weapon use was a knife, and none of the nurses mentioned the use of weapons, because in Iran, owning and carrying weapons by the public is a crime and there are strict deterrent laws in this regard. However, the literature shows that citizens in some countries can own and carry weapons due to liberal laws. Previous studies have also confirmed physical violence experienced by nurses (3, 32).

The second attribute, psychological violence, involves professional development inhibition, oppression and imposition of inferiority, personal and professional humiliation, destruction, perception of injustice and lack of support, and verbal or nonverbal insults. This type of violence was the most common form of violence perceived by nurses, and almost all of them reported that they had experienced it. Other studies have also confirmed that psychological violence is the most common form of violence experienced by nurses. The findings from both theoretical and fieldwork phases showed that although physical violence against nurses is most often committed by patients and their caregivers, psychological violence is often committed by nursing colleagues, physicians, and other staff (1, 7, 33). Honor insult was another attribute of workplace violence experienced by nurses and involved

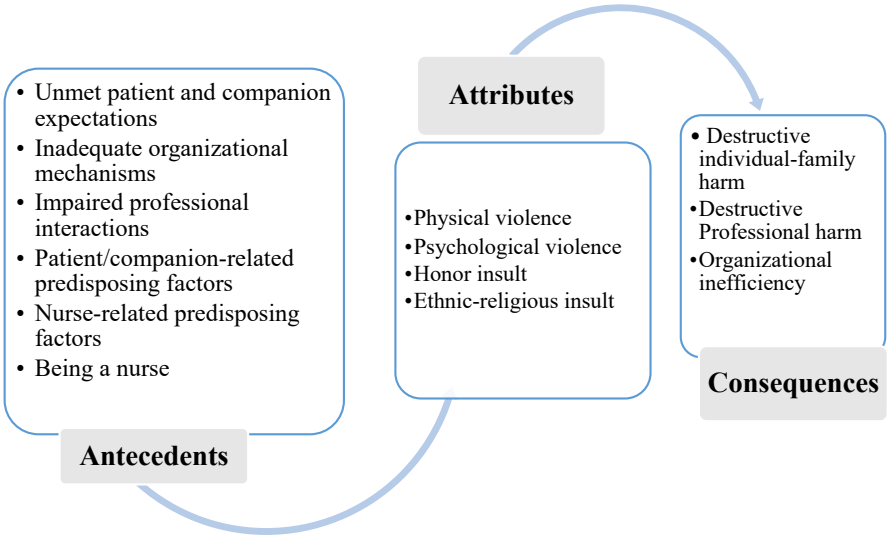

Figure 2. Antecedents, attributes, and consequences of workplace violence against nurses: final phase of hybrid concept analysis

verbal and non-verbal sexual harassment that may occur simultaneously and cannot be separated. The data from the theoretical phase indicated that some nurses experienced some form of sexual harassment. However, given the Iranian cultural norms, this type of violence is not commonly experienced by Iranian nurses as reported in previous studies. Moreover, the nurses in the present study did not report exposure to sexual harassment or insult, and they often used the term "honor insult", which is equivalent to sexual harassment in Western culture. Moreover, all male and female nurses reported they had experienced verbal and non-verbal insults. Several studies have reported sexual harassment against nurses, but it is less prevalent compared to physical and psychological violence and has unfavorable personal and professional effects and consequences (6, 34). The lower prevalence of honor insult in Iran compared to other countries is probably due to underreporting due to cultural sensitivities or the stigma associated with it.

Ethnic-religious insult was the fourth attribute of workplace violence experienced by nurses. Iranian citizens are of Aryan origin, and there is no racial discrimination. However, insults to ethnicity, language, or dialect, insults due to being non-native to a city, and insults or ridicule of religious/religious beliefs were among the harassing behaviors experienced by nurses (34). The most common types of ethnic-religious violence reported by the nurses in this study were ethnic harassment and insults due to linguistic, religious, and geographic differences. The present study showed that all cases of ethnic-religious insults were committed by colleagues.

Conclusion

The findings suggested that the occurrence of violence against nurses threatens their personal dignity and professional reputation. This threat to dignity occurs following physical violence, psychological violence, honor insult, and ethnic-religious insults. The concept of "honor insult", which was introduced in this study, is equivalent to the concept of sexual harassment in Western culture. Iranian nurses do not use this term in their interactions due to its negative connotations. Moreover, the concept of ethnic-religious insults found in this study is equivalent to racial harassment in Western culture. There is no racial diversity in Iran, but the existence of different religions and sects in the country leads to religious insults. The findings from this study can be used to design a tool to measure workplace violence, as well as to develop interventions to prevent and manage workplace violence.

Acknowledgments

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Competing Interests

The author declares no conflict of interest in this study.

Ethical Approval

This study was approved by the Ethics Committee of Zahedan University of Medical Sciences (Ethical code IR.ZAUMS.REC.1401.149).

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