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Understanding the factors related to workplace violence incidents among nurses in Aceh, Indonesia

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Abstract. A hospital's organizational culture has a significant influence on how nurses fulfill their duties, affecting their job satisfaction and overall performance. Establishing a robust organizational culture can enhance job satisfaction and organizational performance, ultimately reducing workplace violence. Moreover, creating a supportive safety climate is essential in preventing workplace violence, particularly for nurses who have frequent direct contact with patients. This research initiative aims to examine the intricate relationships between organizational culture, safety climate, the demographic profile of nurses, and the prevalence of workplace violence experienced by nurses as healthcare professionals in Aceh Province, Indonesia. The research methodology is quantitative, utilizing a cross-sectional study design. The target demographic consists of nurses working in hospital environments. The survey is structured to encompass 422 respondents, reflecting a substantial sample size for the study. The study findings reveal a significant correlation between organizational culture (P-value = 0.024) and an insignificant relationship between safety climate (P-value = 0.398) and workplace violence among nurses in Aceh Province. Additionally, it is essential to note that among the analyzed respondent characteristics, concerns about workplace violence actions (P-value= 0.018), workplace violence reporting procedures (P-value= 0.000), and area of work (P-value= 0.002) exhibited a significant correlation with the incidence of workplace violence in the nursing population at hospitals in Aceh. The discoveries outlined here offer crucial insights for nursing professional associations, aid hospital administrators, promote incident documentation, and enhance the availability of occupational health and safety education to mitigate and prevent workplace violence against healthcare personnel.

Key words: nurse demography, organizational culture, preventing violence, safety climate, violence in hospitals

Introduction

Workplace violence (WPV) is a significant global public health issue, as it is prevalent worldwide and poses severe risks for employers, employees, and the economy (1). The issue of violence in healthcare, while not new, continues to warrant attention due to its growing complexity (2-4). WPV can present itself in various forms, including threatening behaviors such as raised fists, throwing objects, or displaying aggressive body language (5); verbal or written threats; and physical assaults like slapping, hitting, biting, pushing, or kicking (6). More severe acts of violence, such as rape, murder, and attacks involving weapons like knives, guns, or bombs, also occur (5).

The World Health Organization categorizes WPV into two main types: physical and psychological violence (1). Physical violence involves the use of force that causes physical, sexual, or psychological harm, including actions like hitting, kicking, stabbing, or biting (6). Psychological violence, on the other hand, involves the intentional use of power, including threats of physical harm, to cause damage to an individual's physical, mental, spiritual, moral, or social well-being, encompassing behaviors such as verbal abuse, intimidation, harassment, and threats (1,4,6).

Research indicates that approximately 50% of nurses have experienced WPV, with verbal abuse being the most frequent type (7,8), followed by threats (41.6%), physical violence (22.3%), and sexual harassment (19.7%). In comparison, bullying has the lowest prevalence at 9.7% (9). Each instance of WPV significantly affects nurses ' psychological well-being, sleep quality, and overall health. In Indonesia, the prevalence of WPV in emergency rooms is 54.6% for non-physical violence and 10% for physical violence (10). However, these numbers represent only a portion of the problem, as many incidents go unreported, much like the phenomenon of an iceberg. Nurses often have to report incidents themselves and are unfamiliar with internal procedures (11). Moreover, 55.6% of nurses are hesitant to report violence, fearing that doing so would reflect poorly on their job performance (10).

Nurses frequently encounter challenges in understanding the ethical and legal dimensions of their profession, including their rights, responsibilities, and scope of practice. This lack of understanding further contributes to their uncertainty regarding the appropriate course of action when reporting incidents of WPV (12). Research indicates that numerous nurses must be familiar with their professional responsibilities and legal safeguards when reporting incidents. The apprehension of facing consequences is a barrier to reporting (13). To establish a safe reporting environment for WPV, it is crucial to deliver thorough education and training on the ethical and legal dimensions of the nursing profession (14).

Moreover, a strong organizational culture is essential as it influences member loyalty and enhances performance. Research indicates that a strong culture is associated with enhanced nurse professionalism and performance (15). Most nurses perceive their organization's culture positively, particularly in terms of participation, adaptability, coherence, and purpose. Fostering a solid organizational culture within healthcare institutions can heighten awareness and proficiency in mitigating WPV (16).

Similarly, a positive safety climate prevents WPV (17). Studies have shown that intervention programs can enhance the safety climate in healthcare settings, resulting in improved performance and a decrease in incidents of violence against nurses (18,19). Strengthening the safety climate at the organizational level directly enhances overall safety outcomes (20).

Therefore, a strategic approach includes strengthening organizational culture, improving the safety climate, and examining the socio-demographic factors of nurses to create a safer work environment. This initiative helps prevent WPV and has a positive impact on nurses' mental and physical well-being, potentially enhancing the overall quality of healthcare services. As a result, this research focuses on exploring the factors related to WPV among nurses in Aceh, Indonesia.

Methods

Design and samples

The research design employed for this study was a cross-sectional design with a quantitative focus. The sample size for the quantitative analysis was determined using Cochran's Formula, based on categorical data (21), with the formula $N = (t)^2 * (p)(q) / (d)^2$. This calculation yielded a sample size of $N = (1.96)^2 \times (0.5) \times (0.5) / (0.01)^2$, resulting in 384 samples.

In anticipation of potential dropouts, the sample size was augmented by 10%, resulting in an adjusted number of respondents, calculated as N = 384 + 38.4, equaling 422.4 (the final sample size was 422). The study employed accidental sampling at 13 Regency/City DPD PPNI locations in Aceh Province, Indonesia (22). The study randomly selected the locations. The inclusion criteria for the sample required participants to be registered nurses in the DPD INNA District/City of Aceh Province, have work experience in hospitals, work in only one hospital, have a minimum of one year of work experience, and be willing to participate as respondents. Data was collected from May 27 to June 8, 2024.

Data collection

The data collection tool used for the study is a web-based questionnaire developed with Google Forms. It has been designed with four separate sections, which are:

a. Part A. The following section involves assessing the respondent's demographic attributes

and professional environment, including age, gender, religion, ethnicity, marital status, occupational position, workplace affiliation, and experience level. Response options will be tailored to the nature of the specific question. Notably, instrument test results are not yielded from this segment of the assessment tool.

b. Part B. A questionnaire was constructed to gauge incidents of WPV among nurses, drawing on prior research (6). The questionnaire comprises five questions, each offering response options for reporting acts of violence: "Never" (scored 0), "1-2 times" (scored 1), "3-4 times" (scored 2), and "5 times or more" (scored 3). The total score for each item ranges from 0 to 15, categorizing the level of violence into None (0), Low (1–5), Medium (6–10), and High (11–15) (14).
c. Part C. The Organizational Culture variable consists of 14 statements, rated on a Likert scale with five answer choices: Strongly Agree (SA) scores 5, Agree (A) scores 4, Neutral (N) scores 3, Disagree (DA) scores 2, and Strongly Disagree (SDA) scores 1. This measurement tool uses a questionnaire adapted from the concept (23).
d. Part D. We use the Nordic Occupational Safety Climate Questionnaire (NOSACQ-50) as a survey to assess safety climate. The NOSACQ-50 has been translated into 40 languages by the Nationale Forskningscenter for Arbejdsmiljø (NFA), including Indonesian. This questionnaire utilizes a Likert scale with four answer options: Strongly Disagree (SD), Disagree (D), Agree (A), and Strongly Agree (SA).

The results of the instrument testing for all the research, as mentioned above, are detailed in Table 1.

Data analysis

During data analysis, researchers use advanced computer programs to calculate the central tendency of the data, create frequency distributions, calculate percentages, and conduct inferential statistics. Additionally, researchers employ various testing methods to analyze hypotheses (22), which include:

The Product Moment Test, also known as Pearson's correlation coefficient, is a statistical method used to measure the strength and direction of the linear relationship between two continuous variables measured on an interval or ratio scale. This test assesses the degree to which the variables are related and provides a correlation coefficient, ranging from -1 to 1, to represent the strength of the relationship.

The Spearman Rank Test is a statistical method employed to evaluate the degree of association between two variables ranked in order of magnitude rather than measured on a continuous scale. This test is beneficial when analyzing data from diverse sources and when the variables under consideration do not follow a normal distribution.

The chi-square test is a statistical method used to determine if there is a significant association between two categorical variables. It is commonly used to compare observed data with expected data and assess whether any statistically significant differences are present. This test is typically presented descriptively in a contingency table (also known as a cross-tabulation) to illustrate the relationship between the variables and determine whether it is statistically significant.

Results

Four hundred twenty-two respondents met the inclusion criteria and participated in this study; their

Table 1. Results of Validity and Reliability Test Research Instruments (n = 30).

	Validity		Reliability	
Instrument	**r-count**	**P-value**	**Cronbach's α**	**Conclusion**
WPV Incidence Scale	0.507 – 0.791	0.000-0.004	0.730	High
Organizational culture	0.353 – 0.915	0.000-0.050	0.768	High
Safety Climate	0.403 – 0.967	0.000-0.030	0.941	Very high

Table 2. Demography Respondent (n = 422).

Demography	Freq	%
Sex		
Woman	278	65.9
Man	144	34.1
Age (Years) (Min-Max= 22-51; Mean= 33.92, SD= 5.84)		
17-25 (Early teens)	22	5.2
26-35 (Early Adult)	255	60.4
36-45 (Late Adult)	128	30.3
46-55 (Early Senior)	17	4.1
Education		
Diploma	187	44.3
Bachelor of Nursing	23	5.5
Nurse Profession	207	49.1
Master of Nursing	5	1.2
Employment		
Government Employee	140	33.2
Government Officials with Employment Agreements	70	16.6
Contract Annually	212	50.2
Monthly Income		
Under is the Regency/City Minimum Wage	222	52.6
Above the Regency/City Minimum Wage	200	47.4
Marital Status		
Unmarried	343	81.3
Marry	75	17.8
Widow/Widowed	4	0.9
Working Period (Years) (Min-Max= 2-30; Mean= 9.01, SD= 5.71)		
< 6 (Junior)	149	35.3
6-10 (Medior)	121	28.7
> 10 (Senior)	152	36.0
Hospital		
Government	339	80.3
Private	883	19,7
Area of Work		
IGD	81	19.2
Intensive Care	80	19.0
Polyclinic	53	12.6
Inpatient Room	208	49.2
Mechanism/procedure for reporting WPV actions		
There is	332	78.7
No	90	21.3
Information or training on handling WPV		
There is	96	22.7
No	326	77.3
Concern about WPV Actions (Min-Max=1-5; Mean= 3.54, SD= 1.34)		
1= Not worried at all	46	10.9
2= Less worried	47	11.1
3= Somewhat worried	106	25.1
4= Worried	80	19.0
5= Very worried	143	33.9
Satisfaction with WPV handling procedures (Min-Max=1-5; Mean= 3.04, SD= 1.34)		
1= Not satisfied at all	51	12.1
2= Not satisfied	77	18.2
3= Somewhat satisfied	152	36.1
4= Satisfied	90	21.3
5= Very satisfied	52	12.3

demographics are presented in Table 2. There is a concerning increase in non-physical violence targeting healthcare institutions. The noticeable disparity in reported incidents of Emotional Abuse, Threats, and Verbal Sexual Harassment suggests the need for different approaches to document and address such incidents (6). These differences may result from variations in reporting methods, cultural attitudes toward violence (4,13), and institutional policies (5).

According to the American Nursing Association, nurses are 5–12 times more likely to experience WPV than other healthcare professionals (24). Data collected from 422 hospital nurses in Aceh Province revealed that 53.8% of WPV incidents were classified as "Low", while 17.3% fell into the "Medium-High" category (Mean = 2.96, SD = 3.53). Further analysis indicated that concerns about WPV actions, WPV reporting procedures, and work areas significantly correlated with the incidence of WPV among nurses in Aceh Province. In contrast, several other factors did not show a significant relationship (refer to Table 6). This disparity underscores the need for implementing standardized procedures for reporting and addressing violence in healthcare settings in Aceh Province, Indonesia (4,25).

As shown in Table 4, nurses' perception of organizational culture achieved a rating of "Good" at 98.6% (Mean = 55.86, SD = 4.20). Organizational culture

Table 3. Workplace Violence Incidence in Nurses (n = 422).

Incident Report	Freq	%
Min-Max= 0-23; Mean= 2.96, SD= 3.53		
Never	122	28.9
Low	227	53.8
Medium	52	13.0
High	9	4.3

Table 4. Perception of Organizational Culture by Nurses (n = 422).

Organizational culture	Freq	%
Min-Max= 43-67; Mean= 55.86, SD= 4.20		
Good	416	98.6
Moderate	6	1.4
Low	0	0

Table 5. Perceptions of Safety Climate by Nurses (n = 422).

Safety Climate	Freq	%
Min-Max= 88-200; Mean=151.01, SD= 16.89		
Good	199	47.2
Low	223	52.8

predicts employee turnover more significantly than job satisfaction (26). Moreover, a strong organizational culture is fostered by recognizing and strategically integrating employees' organizational needs into the cultural norms (27).

Table 5 illustrates that only 52.8% of nurses perceive the safety climate in hospitals to be low, potentially exposing them to various forms of violence, particularly verbal abuse (28). According to Table 3, emotional harassment (66.1%) was identified as the most prevalent form of psychological/non-physical violence, followed by threats (39%). Overall, nurses expressed concern about WPV (Mean= 3.54, SD= 1.34), as shown in Table 2. These findings align with another study, indicating a significant correlation between a safe climate and a higher likelihood of WPV. Therefore, efforts to prevent violence should prioritize enhancing safety climate factors alongside existing prevention strategies, primarily focusing on addressing violence (28).

The results presented in Table 6 indicate that concerns regarding WPV, reporting mechanisms and procedures for WPV, and working areas are significantly associated with WPV incidents among nurses in Aceh Province (P-value ≤ 0.05). Conversely, demographic characteristics such as gender (P-value = 0.425), marital status (P-value = 0.430), and hospital category (P-value = 0.874) show no significant relationship with WPV incidents (all P-values > 0.05). These findings align with previous studies that also found no significant relationship between gender and WPV. It is worth noting that the results of this study differ from other findings, suggesting that women are more susceptible to physical or sexual WPV than men (29).

Previous studies have indicated that WPV is not significantly associated with marital status (30). It is noteworthy that the majority of respondents in this study were married. It is essential to consider that married nurses may face conflicts with their families due to differing work schedules from other family members (31). Despite this, married nurses often demonstrate more vital conflict resolution skills, enabling them to recognize early signs of WPV and reduce the risk of such incidents in the hospital.

The study's findings suggest that factors such as age, education, employment, income, length of service, and training on handling WPV do not have a significant correlation with the incidence of WPV among nurses in Aceh. However, it is essential to note that inadequate communication strategies can increase the likelihood of such incidents. Fortunately, communication skills can be improved over time, which may help reduce the risk of WPV (32,33). Previous studies have shown that nurses with a bachelor's degree often experience WPV, with incidents frequently caused by fellow nurses in the same hospital (34).

The research results revealed no significant relationship between respondent characteristics and WPV. This finding was supported by the P-values obtained for gender (0.425), marital status (0.430), and hospital category (0.874). These findings are consistent with previous studies, which have also found no significant relationship between gender and WPV (35,36). Additionally, factors such as age, education, employment, income, length of service, and training in handling WPV for nurses in Aceh showed no significant correlation with the incidence of WPV.

Table 6. Relationship between Respondent Demographic Data and WPV Incident in Nurses (n = 422).

Demography Respondent	P-value		
	Pearson Correlation	Spearman Rank	Chi-Square
Age	0.997		
Working Period	0.911		
Concerns about WPV Actions	0.018		
Mechanism/procedure for reporting WPV actions	0.000		
Education		0.417	
Employment		0.247	
Monthly Income		0.238	
Satisfaction with WPV handling procedures		0.762	
Information or training on handling WPV		0.564	
Sex			0.425
Marital status			0.430
Hospital Category			0.874
Area of Work			0.002

It is interesting to note that among the characteristics of the respondents analyzed, concerns about WPV actions (P-value = 0.018), WPV reporting procedures (P-value = 0.000), and scope/area of work (P-value = 0.002) showed a significant correlation with the incidence of WPV in the hospital nursing population in Aceh. A study in Hong Kong reported similar findings, indicating a higher incidence of WPV in hospital emergency rooms. Emergency rooms can lead to distress, anger, and vulnerability due to the patient's health conditions and symptoms (37). Additionally, other work areas, such as ICUs and inpatient wards, have also experienced numerous WPV incidents. Other research confirms that non-physical violence is the most frequent type (38) in various areas of care work. Therefore, it can be concluded that nurses working in inpatient rooms are not immune to WPV incidents (39).

As shown in Table 7, researchers examine the relationship between organizational culture in the workplace and the violence experienced by nurses in Aceh Province. Organizational culture encompasses the values, norms, and behaviors practiced and acknowledged in the workplace (23), and it can potentially influence the occurrence of violence in the work environment (40). Based on the research data (Table 7), which was analyzed using the Pearson Correlation test, the significance level (0.024) < P-value (0.05), thus leading to the acceptance of the alternative hypothesis (Ha). This finding indicates a significant correlation between organizational culture and the incidence of WPV among nurses in Aceh Province. This highlights the crucial role of organizational culture in fostering a safe and supportive work environment for nurses.

Table 7. Organizational Culture with Workplace Violence Incidents (n = 422).

	Correlations	Workplace violence (X)	Organizational culture (Y)
X	Pearson Correlation	1	0,110*
	Sig. (2-tailed)		0,024
	N	422	433
Y	Pearson Correlation	0,110*	1
	Sig. (2-tailed)	0,024	
	N	422	422

*. Correlation is significant at the 0.05 level (2-tailed)

Organizational culture is a critical factor in employee turnover, surpassing job satisfaction (26). A robust organizational culture is cultivated by recognizing and strategically integrating employees' needs into the cultural norms (27). Engaged employees are seen as a

Table 8. Safety Climate with Workplace Violence Incidents (n = 422).

	Correlations	Workplace violence (X)	Safety Climate (Y)
X	Pearson Correlation	1	-0,041
	Sig. (2-tailed)		0,398
	N	422	422
Y	Pearson Correlation	-0,041	1
	Sig. (2-tailed)	0,398	
	N	422	422

strategic asset that requires ongoing support through organizational engagement. This approach emphasizes performance-based rewards, empowering employees to develop, grow, and reach their full potential. Furthermore, a positive organizational culture reduces employee aggression, violence, and mood swings, thereby helping organizations attract and retain qualified and valuable employees (41).

The findings from Table 8 indicate that the significance value (0.398) is greater than the P-value (0.05), leading to the conclusion that there is no significant relationship between safety climate and the incidence of WPV among nurses in Aceh Province. It is essential to acknowledge the limitations of this study and recognize that additional factors may influence the results. Nevertheless, it is worth noting that an improved safety climate can potentially reduce the incidence of WPV. Furthermore, research has shown that a positive safety climate can lower the likelihood of verbal violence (19). Additionally, the direct impact of safety climate on worker safety suggests that enhancing the safety climate at the organizational level can result in improved safety performance (20). Safety climate is identified as one of the organizational factors with a positive relationship to WPV incidents and plays a critical role in providing essential support to prevent violence (17).

Discussion

Nurses are frequently exposed to physical violence, often from patients' families or relatives (42), resulting in both bodily harm and psychological effects, such as irritability, a sense of injustice, reduced morale, and a desire to leave the workplace (43). This violence is exacerbated by poor communication, lack of empathy, and service dissatisfaction (44). Collaborating with hospital security to establish warning and defense systems, as well as involving management in curbing violent behavior, are recommended preventive measures (45).

In Aceh Province, physical violence against nurses is commonplace, ranging from hitting and slapping to pushing and pinching (46), influenced by cultural differences and ethnic diversity (47). There is also a prevalent occurrence of non-physical violence in hospitals, which highlights the critical need for comprehensive intervention strategies (42). However, many incidents go unreported due to misconceptions that violence is an inevitable part of the job and a lack of awareness about reporting procedures (13,48). Additionally, nurses are hesitant to report incidents, fearing that they could lead to investigations that might damage the hospital's reputation (49).

Hospital management must safeguard healthcare workers, particularly nurses, and reduce the incidence of WPV (14). Hospitals can prevent such incidents by implementing orientation and onboarding programs, ensuring a safe and secure environment, establishing clear organizational structures, providing training on handling WPV, defining job roles, and promoting open communication to resolve conflicts (14). Also, hospital managers must prioritize violence prevention and remain vigilant to avoid recurrence (50).

The organization's management, leadership, and coworkers should provide various forms of support, including adequate training and skills development, as well as ensuring social and physical safety in the workplace. This support will lead to positive behavior and attitudes, as well as increased engagement in job roles and organizational responsibilities (51). Consequently, promoting a workplace culture of friendship and personal relationships is essential to an organization's strategic human resource management approach (26).

Building personal relationships with employees fosters an emotional bond, crucial for developing a competent and committed workforce (26). Organizations should foster social interactions based on equality and mutual respect (23) and strive to eliminate bias

to help prevent WPV. To further enhance work efficiency and prevent violence, staff must uphold a positive organizational culture and adhere to procedures promoting justice and equality (52).

These findings are particularly relevant for managing and developing organizational culture in hospitals and healthcare institutions, such as those in Aceh Province. Management should focus on reinforcing values and norms that prioritize the safety and well-being of nurses (53). Recommendations include training and education to raise awareness about cultivating a healthy organizational culture and implementing strategies to reduce WPV (4,23).

Moreover, Table 5 illustrates that nurses have a low perception of the safety climate in hospitals (52.8%), which puts them at risk of experiencing various forms of violence, especially verbal aggression (28). This study, detailed in Table 3, reveals that the prevalence of violence spans the low-to-high category, reaching 71.1%. Furthermore, nurses have expressed widespread concern about WPV (Mean = 3.54, SD = 1.34 (Table 2). These findings are consistent with another study that demonstrated a significant association between a safe climate and an increased likelihood of WPV. Hence, it is recommended that primary interventions be prioritized to enhance safety climate factors and improve existing violence prevention strategies (28).

Improving an organization's safety climate can significantly reduce the risk of work-related injuries and their associated consequences (54). To reduce WPV incidents, it is essential to address conflict and rudeness among hospital staff, optimize work processes and workflows, and promote management support for actively responding to instances of violence (19). Hence, a safety climate is critical in shaping employee well-being by promoting adherence to workplace safety protocols, thereby ensuring their health and safety (55).

The findings of this research have significant implications for efforts to improve the working conditions and welfare of nurses in Aceh Province. Despite the absence of a significant relationship between workplace safety climate and incidents of violence, the study highlights the importance of refining workplace safety policies and practices. Furthermore, it emphasizes the need to identify and address other contributing factors to incidents of violence (14,56).

Conclusion

To create a safe work environment in healthcare, nurses must meticulously document any incidents of aggression they face. This practice helps protect them and ensures minimal disruption to their work. Establishing reliable reporting systems is also crucial to fostering a safety culture, enabling nurses to deliver high-quality care and meet community needs. Prioritizing nurses' well-being should be a central focus for healthcare organizations, achieved by addressing the root causes of violence, standardizing reporting processes, and promoting collaboration and respect. By doing so, healthcare organizations can mitigate the adverse effects of WPV and uphold the principles of patient-centered care.

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