Original

Perception of the Causes of Violence Against Healthcare Professionals in Public Teaching Hospitals in Port Harcourt, Nigeria: A Cross-Sectional Study

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Abstract

Background: Workplace violence is common in most workplaces, and the health sector is also affected. Healthcare professionals are the most common victims of workplace aggression. This study aims to investigate the perceived causes of violence against healthcare professionals in public teaching hospitals in Port Harcourt, Nigeria.
Method: This is a descriptive cross-sectional study conducted at two public tertiary hospitals in Port Harcourt in 2025 among healthcare workers. Data was extracted from the respondents and analyzed with statistical package for the Social Sciences (SPSS), and the results were presented using tables and charts.
Result: The number of healthcare professionals recruited into this study was 293. The commonest causes of workplace violence in this study are long waiting time 150(51.2%), patient in pain 78(26.6), patient not improving 50 (17.1%), payment of hospital fees 50 (17.1%), and the death of a patient 48 (15.4%). The incidents that were not reported were 251(85.7%).
Conclusion: Workplace violence is determined by several factors in this study. The hospital administrators and managers can use the perceived causes in this study to develop preventive strategies against workplace violence.

Keywords: Workplace Violence, Healthcare Professionals, Causes, Action

How to cite this article

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INTRODUCTION

Human beings are involved in various activities to earn a living or make money, which is why work is important in people's lives and wellbeing.[1] There is no definitive definition of violence, as several scholars have defined it in different ways. One of the challenges encountered at the workplace is assault.[2] Violence at the workplace is more common in professions that require interactions between human being. [3] The majority of individuals spend most of their lives at the place where they work. Hence, it is expected that the place of work should be healthy to promote safety and a good work-life balance.[1] Workplace violence has been defined by the health sector and the joint programme on workplace violence in the health sector as an occurrence where an employee is assaulted, ill-treated, maltreated, manhandled, in situations connected to their source of income, livelihood, and job, and it challenges their well-being, welfare, security, protection, comfort, and happiness (4). Any worker, staff, or employee can experience assault as it is commonly experienced in most occupations, workplaces, and professions (5). Facilities that provide healthcare are expected to be safe. This includes healthcare workers and patients/ clients. Healthcare workers are more frequently assaulted compared to other professions.[6,7-11] Assault of healthcare professionals is worst during crises, emergencies, among children, or in disasters, and mass casualties (8). Therefore, healthcare professionals become victims of assault at the place where they are working.

When incidents of workplace violence are not reported and drastic actions are not taken, most healthcare professionals tend to endure it and suffer in silos [11]. The medical workplace must be safe to prevent any form of assault. Nigerian healthcare workers are constantly victims of workplace violence, and it is underreported and ignored. [7,12]. There are diverse reasons why healthcare workers are abused, maltreated, threatened, and assaulted while at work [8,11]. Some of which are long waiting time, patients' demise, and patients that is deteriorating. The results of previous studies have revealed several causes of workplace violence in the healthcare sector, which include a shortage of staff, patients not complying with the instructions of the healthcare professional, long waiting time, challenges with communication, and too much work, as well as deficient security systems in the hospital premises [13, 14]. It is important to investigate the risk factors and causes of assault on healthcare workers, as it will help design mechanisms and strategies against it [15]. This study aims to investigate the causes of workplace violence in public teaching hospitals in Port Harcourt, located in southern Nigeria.

METHODOLOGY

Setting: This study was conducted in two public tertiary teaching hospitals in Port Harcourt, Nigeria, namely the University of Port Harcourt Teaching Hospital and the Rivers State University Teaching Hospital in 2025.

Design: This is a descriptive cross-sectional study conducted at two public teaching hospitals in Port Harcourt in 2025.

Population: The population of this study consists of different cadres of healthcare workers working at the hospitals where the study was conducted.

Eligibility Criteria: The inclusion criteria were victims of workplace violence at the Rivers State University Teaching Hospital and the University of Port Harcourt Teaching Hospital.

Sample Size Estimation: The sample size estimation for this study was done using the Cochrane formula.

Sampling Methodology: Participants in this study were sampled using simple random sampling.

Study Variable: The variables studied were the causes, perception, and demographics of victims of workplace violence at the University of Port Harcourt Teaching Hospital and the Rivers State University Teaching Hospital.

Data collection: The research instrument comprised both qualitative and quantitative questions. The research instrument was adapted from the English version of the workplace violence in the health sector survey questionnaire, designed by four international organizations: the World Health Organization (WHO), the International Council of Nurses (ICN), the International Labour Organization (ILO), and Public Service International (PSI). The questionnaire was interviewer-administered to the research respondents. The questionnaire contained free-text questions where the respondents gave their opinions on three perceived contributing factors to physical and non-physical workplace violence and three most important measures that would reduce workplace violence amongst healthcare workers.

Data Analysis: The research instrument was transferred into Open Data Kit (ODK), and data collection was done electronically. The collected data were cleaned, entered into an Excel spreadsheet, exported, and analyzed using statistical products and service solutions

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(SPSS). Descriptive statistics and inferential statistics were used to present the data.

***Ethics*:** The ethical approval for this study was sought from the research ethics and scientific committees of the University of Port Harcourt Teaching Hospital and the Rivers State University Teaching Hospital. Consent was obtained; confidentiality and respect were maintained.

RESULTS

The number of healthcare workers recruited into the study was 293, comprising 182 (37.9%) women and 111 (62.1%) men. The age demographics of the research participants are shown in Table 1.

Table 1: Socio-Demographic Characteristics (n=293)

Variables	Frequency (%)
Age Group	
20–29 years	79 (27.0)
30–39 years	94 (32.1)
≥40 years	120 (41.0)
Sex	
Male	111 (37.9)
Female	182 (62.1)
Profession	
Nurse	83 (28.3)
Health assistant	73 (24.9)
Doctor	66 (22.5)
Med. records officer	24 (8.2)
Lab scientist/tech	3 (1.0)
Others	44 (15.0)
Years of Experience	
1–5 years	125 (42.7)
6–10 years	81 (27.6)
≥11 years	87 (29.7)

Causes of Violence against Healthcare Workers

There were various perceived causes of violence against healthcare workers, as shown in Table 2. Some healthcare workers perceived that multiple causes led to the incident. Multiple factors were identified in contributing to violence against healthcare workers, with long waiting time emerging as the most frequently cited cause.

Table 2: Causes of Workplace Violence

Variable	*Freq n=293	%
Long waiting time	150	51.2
Patient in pain	78	26.6
Payment of hospital fees	50	17.1
Patient not improving	50	17.1
Drug has not been administered	48	16.4
Death of a patient	48	16.4
The patient has not been attended to on time	44	15.0
Feeling that the health worker's approach is insulting	42	14.3
No bed space	37	12.6
Non-availability of health workers	35	11.9
Non-availability of medical equipment	31	10.6
Delay in transferring the patient	26	8.9
Sample collection	18	6.1
Issues related to administration	13	4.4
Patient on trolley	13	4.4
Issuance of medical report	11	3.8
The health worker is not acting on the information obtained from the previous doctor	10	3.4
Health workers are not using the information obtained online	6	2.0
Issuance of a death certificate	4	1.4
Filling in a police medical report	4	1.4
Sign against the medical report	4	1.4
Others	29	9.9

*Multiple Response

Table 2 shows that the perceived cause of the violence was long waiting time 150(51.2%), patient in pain 78(26.6%), payment of hospital fees 50(17.1%), patient not improving 50(17.1%), and drug not being administered 48(16.4.0%). Others are the death of patients 48(16.4.0%), patients are not being attended to on time 44(15.0%), and feeling that the health worker's approach is insulting 42 (14.3%)

Actions taken towards Workplace Violence

Table 3 shows that 204(69.6%) told their colleagues, 179(61.1%) told the person to stop, 174(59.1%) pretended that it never happened, 42(14.3%) submitted a report to the hospital administration, and 131(44.7%) reported that there were no consequences for the attacker.

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Table 3: Action against Workplace Violence by Victims of Workplace Violence

Variable	Frequency n=293; (Multiple Responses)	Percent
Told a colleague	204	69.6
Told the person to stop	179	61.1
Pretend it never happened	174	59.4
Reported it to a senior staff member	119	40.6
Took no action	114	38.9
Told friends and family members	107	36.5
Reported to a superior	88	30.0
Called hospital security	74	25.3
I tried to defend myself physically	64	21.8
Asked for help	54	18.4
Reporting to the hospital security officer	53	18.1
Asked for help	52	17.7
Self defense	49	16.7
Completed incident/accident reporting form	35	11.9
Sought help from the union association	17	5.8
Sought counselling	13	4.4
Need a vacation	8	2.7
Called the police	6	2.0
Requested to be transferred	5	1.7
Pursued prosecution	4	1.4
Other reaction	2	0.7
Victims of Workplace Violence Submit the report to the hospital administration.		
Yes	42	14.3
No	251	85.7
Reason for not submitting		
It was not important	209	71.3
Nothing would be done	19	6.5
Afraid of the negative consequences	7	2.4
Don't know who to report to	6	2.0
No reason	4	1.4
Felt ashamed	2	0.7
Felt guilty	2	0.7
Others	44	15.0
Consequences for the attacker		
None	131	44.7
Verbal warning	122	41.6
Don't know	26	8.9
Care discontinued	11	3.8
Arrested by the police	3	1.0

Table 3 shows that 204(69.6%) told their colleagues, 179(61.1%) told the person to stop, 174(59.1%) pretended that it never happened, 42(14.3%) submitted a report to the hospital administration, and 131(44.7%) reported that there were no consequences for the attacker.

Opinions on Workplace Violence

Participants identified a variety of contributing factors to physical violence in healthcare settings, with frustration encompassing anger and unmet expectations—emerging as the most frequently cited cause, accounting for 79(19.4%) of the 407 responses recorded. Negligence, whether perceived, medical, or workplace-related, was the second most common factor at 38(9.3%), followed closely by impatience from patients or caregivers at 37(9.1%). Pain and emotional distress 32(7.9%), long waiting times or delays 31(7.6%), and finance-related stress such as costs, bills, and financial constraints 29(7.1%) were also notable contributors.

Other reported factors included poor communication or misinformation 25 (6.1%), fear, anxiety, or mental distress 21(5.2%), lack of staff or understaffing 20(4.9%), and grief following the death of relatives or other losses 19(4.7%). Staff-related issues, such as attitude or manner of approach 14(3.4%) and lack of empathy or understanding 13(3.2%), also played a role. Less frequently mentioned were misunderstanding or miscommunication 10(2.5%), poor hospital management or infrastructure 9(2.2%), aggression or violent behavior 9(2.2%), stress from workload or the environment 8(2.0%), drug or equipment unavailability 6(1.5%), overcrowding or congestion 4(1.0%), and entitlement mentality 3(0.7%).

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Table 4: Opinions on the incidents of Physical Workplace Violence

Variables	Percent (%)
The three most important contributing factors to physical violence	19.4
Frustration (incl. anger, unmet expectations)	
Negligence (incl. perceived, medical, workplace)	9.3
Impatience (patients or caregivers)	9.1
Pain and emotional distress	7.9
Long waiting time/delays	7.6
Finance-related stress (costs, bills, constraints)	7.1
Poor communication/misinformation	6.1
Fear/anxiety / mental distress	5.2
Lack of staff / short-staffed	4.9
Grief (death of relatives, loss)	4.7
Staff attitude/manner of approach	3.4
Lack of empathy/understanding	3.2
Misunderstanding/miscommunication	2.5
Poor hospital management/infrastructure	2.2
Aggression / violent behaviour	2.2
Stress (burnout, from workload or environment)	2.0
Drug/equipment unavailability	1.5
Overcrowding/congestion	1.0
Entitlement mentality	0.7

For psychological (non-physical) violence, frustration was again the most frequently cited contributing factor, reported by 77(21.3%) of the 362 responses. Poor communication followed at 52(14.4%), while financial constraints or related issues accounted for 43(11.9%). Stress, whether from workload or the work environment, was identified by 38(10.5%), and delays or delayed attention were mentioned by 36(9.9%).

Table 5: Opinions on the Causes of Non-Physical Workplace Violence

Variables	Percent (%)
The three most important contributing factors to psychological (non-physical) violence	
Frustration	21.3
Poor communication	14.4
Finance / Financial constraints	11.9
Stress	10.5
Delay / Delayed attention	9.9
Impatience	4.7
Pain	4.4
Death of a patient or loved one	4.1
Lack of empathy	2.8
High hospital bills	2.5
Misunderstanding / Miscommunication	2.2
Entitlement mentality	1.7
Negligence	1.7
Poor manner of approach	1.7
Anxiety / Mental / Emotional stress	1.7
Overcrowding / Lack of space	1.1
Lack of staffing or human resources	1.1
Long waiting time	0.8
Lack of communication	0.8
Unrealistic expectations	0.8

Opinions on Workplace Violence

When asked to identify the three most important measures that would reduce violence in their work setting (n = 649), participants highlighted a variety of strategies reflecting both interpersonal and systemic causes of workplace aggression. The most frequently cited measure was improving communication between health workers and patients—including clear information dissemination, early updates, and mutual understanding—which was reported by 132(20.3%) of respondents. This was followed by enhancing empathy, compassion, and emotional understanding during care interactions, identified by 84(12.9%) of respondents, and increasing staffing levels and manpower, noted by 78(12.0%) as essential to reducing delays, frustration, and staff burnout.

Structural and environmental improvements were also noted, such as availability of equipment and essential materials (4.6%, 30), enhanced security presence and

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CCTV installation (4.3%, 28), and effective hospital management or policy reforms (3.9%, 25). A smaller proportion proposed quick response to patients' needs (3.1%, 20), promoting mutual respect and positive staff attitudes (2.8%, 18), and government-level policy support and subsidies (2.5%, 16).

Table 5: Opinions on Workplace Violence

Variables	Percent (%)
What are the three most important measures that would reduce violence in your work setting?	
Good communication / proper information dissemination	20.3
Empathy/compassion/understanding	12.9
Employment of more staff / adequate manpower	12.0
Subsidized healthcare / reduce treatment cost	7.2
Counselling/patient education	6.8
Staff training / emotional intelligence development	5.9
Public awareness/patient sensitization	4.9
Availability of equipment/materials/infrastructure	4.6
Enhanced security presence / CCTV / policy enforcement	4.3
Effective hospital management/policy improvement	3.9
Quick response / prompt attention to patients	3.1
Mutual respect / good staff attitude	2.8
Government support/policy subsidy	2.5
Teamwork/collaboration among staff	1.8
Enlightenment on hospital procedures/orientation	1.7
Patient feedback/complaint management	1.4
Provision of electricity/power	1.1
Crowd control/decongestion	0.9
Emotional support/stress reduction	0.8
Others (including welfare aid, discipline, kindness, etc.)	1.1

DISCUSSION

This study identified the perceived causes of why healthcare professionals are assaulted while providing medical care for their clients and patients. There were several reasons why healthcare professionals working in tertiary hospitals in Port Harcourt, Nigeria, are being assaulted. The commonest reasons for these incidents of assault were long waiting time, patient not improving, that is, the patient's condition was getting worse; payment of hospital fees, demise of a patient, prescribed medications not being administered, inpatient not being attended to, and feeling that the healthcare professional was not attending well to the patient. The aggressive behavior occurs when resources are used to buy medications, and it is not given when due. This may also be what prompts the hostility exhibited by the patient and their companions. In this study, this manifested as death of the patient, patient in pain, the patient getting worse and not improving, delay in transferring the patient from one ward to another ward, and the patient and their companions feeling that the healthcare professional was not doing enough. The demise of a patient was a cause of physical and psychological workplace violence.

The causes of workplace violence in this study are similar to a study conducted in India and two studies in Saudi Arabia, in which the reasons for violence against healthcare workers were a shortage of staff, long waiting times (14,13,16). It is also similar to the study conducted in the emergency department in an Egyptian hospital, and among resident doctors in Delhi, India, where long waiting time and death were the most common causes of violence against healthcare workers (11, 17). The perceived causes of workplace violence in this study were also similar to a study conducted in Bangladesh (18). The causes of workplace violence in this study disagree with the study conducted in 2022, where the commonest causes of workplace violence were the healthcare worker being a female [19].

Concerning the actions taken by the victim, most of the victims did not report the incident or take any action. Also, most of them pretended as if nothing ever happened. However, the majority of the victims told the assailant immediately to stop; most of them told a colleague, but were reluctant to report the incident to a senior member of staff. Only a few of the victims reported the incident to the law enforcement agents. Despite the underreporting of violence against healthcare workers, they felt that there was a possibility that violence against healthcare professionals should be prevented. The commonest reason why most of the victims did not report the incident was that they felt that it was not important. Only very few of the assailants were arrested. However, the respondents did not give information on whether the assailant was prosecuted in

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a court of a reputable jurisdiction. This is similar to two studies conducted in Bangladesh, where the majority of the incidents of workplace violence were not reported (9,18). The result of this study is similar to a study conducted among resident doctors in Delhi, India, where incidents of workplace violence were underreported (17). However, the result of this study disagrees with a study conducted among nurses and physicians in the emergency department in a health facility in Riyadh, Saudi Arabia, where 50% of the victims of workplace violence reported the incidents, while 50% did not report the incident. (16) Also, in a study conducted in Buridali, Saudi Arabian victims did not take any action following incidents of workplace violence (20). Underreporting is a challenge in addressing workplace violence (11). Therefore, victims should be encouraged to report any incident of workplace violence.

Workplace violence is a threat to healthcare globally, and it is the responsibility of employers to make sure the healthcare facility is safe for healthcare professionals at work [18]. The identification of the causes of violence at the medical workplace enables the health facility to develop strategies to prevent it [18]. Taking strategies to reduce and, if possible, eliminate workplace violence in the two teaching hospitals where the study was conducted will involve addressing the identified causes. This has been identified in some other studies and includes improving the number of healthcare workers, more strategic security measures, improved communication between the healthcare professionals and the patient and their companions while maintaining patient confidentiality always [17,21,22]. It will also include counseling of patients about their illness and possible prognosis so that any worsening state of the patients' illness can be addressed. Healthcare professionals should be trained on breaking bad news, even the demise of a patient, which is always painful psychologically and emotionally. Healthcare workers should always counsel their patients and their caregivers (9). Addressing and preventing violence against healthcare workers will help improve the mental, psychological, and physical well-being of the healthcare professional [22].

The importance of reporting incidents of workplace violence to law enforcement agents will, to a great extent, reduce workplace violence to the barest minimum and aid in making the workplace safe (23). Workplace violence is underreported and sometimes ignored in Nigeria [12,19]. Hence, it was not surprising that most of the victims of workplace violence in this study did not bother reporting the incident. The health administrators of these hospitals can design strategies for violence against healthcare workers by addressing the identified causes. The workplace should be safe at all times (1). Most healthcare facilities do not have a policy against workplace violence (24), though this was not investigated. One of the hazards healthcare professionals encounters while at work is assault (7,16).

Implications of the findings: Following the results of this study, hospital administrators should take steps to reduce patient waiting time, as this was the most common cause of workplace violence. Healthcare workers should be trained on breaking bad news, as the death of a patient is a cause of workplace violence.

CONCLUSION

Violence at the workplace is a menace ravaging many workplaces, and the health sector is the worst affected. Workplace violence occurring among healthcare professionals in two teaching hospitals in Port Harcourt, southern Nigeria, was explored, investigating its causes and actions taken against it. There were various perceived causes of the violence. The commonest causes were long waiting time, patient in pain, patient not improving, and demise of a patient, while the least common causes are signing a medical report, filling a police medical report form, issuance of a death certificate, and payment of hospital fees. Most of the incidents of workplace violence were not reported, although the study did not investigate whether there were formal reporting systems and policies against workplace violence at the hospitals where the study was conducted. This research has revealed the perceived causes of workplace violence in the health sector. The data generated from this survey are relevant to both the Rivers State University Teaching Hospital and the University of Port Harcourt Teaching Hospital.

Declarations

Authors' contribution: DYB: Research conceptualization, wrote the manuscript, data collection and analysis. VIO: supervisor, this article is derived from my MPH dissertation

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