Nurse Media Journal of Nursing
e-ISSN: 2406-8799, p-ISSN: 2087-7811
https://medianers.undip.ac.id
12(3):340-352, December 2022
https://doi.org/10.14710/nmjn.v12i3.44914

ORIGINAL RESEARCH

Triggers of Workplace Violence in Emergency Departments: A Qualitative Study

Ibrahim Ayasreh[1], Ferial Hayajneh[2], Rana Al Awamleh[1], Mohammed ALBashtawy[3], Abdullah Alkhawaldeh[3]

[1]*Department of Adult Nursing, Faculty of Nursing, Jerash University, Jordan*
[2]*Department of Clinical Nursing, School of Nursing, The University of Jordan, Jordan*
[3]*Department of Community and Mental Health, Princess Salma Faculty of Nursing, AL Al-Bayt University, Jordan*

Article Info

Article History:
Received: 22 February 2022
Revised: 26 November 2022
Accepted: 29 November 2022
Online: 28 December 2022

Keywords:
Emergency departments; emergency nurses; qualitative; violence workplace

Corresponding Author:
Ibrahim Ayasreh
Department of Adult Nursing, Faculty of Nursing, Jerash University, Jordan
Email: i.ayasreh@gmail.com

Abstract

Background: Workplace violence has become an alarming phenomenon facing healthcare systems worldwide. Emergency nurses were the most victimized from workplace violence incidents. There is a crucial need for conducting qualitative research addressing the unique contextual factors associated with workplace violence against emergency nurses in Jordan.
Purpose: This study aimed to explore circumstances that Jordanian emergency nurses, who were victims of workplace violence from clients and/or their relatives, perceive as provocative for workplace violence events.
Methods: A qualitative phenomenological method was used. Purposive sampling was utilized to recruit participants (n=15), who were victims of workplace violence, and working in eight emergency departments distributed over all regions of Jordan. Semi-structured face-to-face interviews were conducted. All interviews were recorded and transcribed into Arabic. The Interpretive Phenomenological Analysis (IPA) was used to manually analyse the gathered data. Member checking, prolonged engagement with data, stepwise replication, and personal journaling were used to enhance the rigor of the study.
Results: Findings of this study resulted in four superordinate themes that represents the main individual, social, and organisational factors contributing to workplace violence in Jordanian emergency departments. These themes include aggressors' misconceptions and misbehaviours with four subordinate themes, inappropriate Jordanian social customs with two subordinate themes, organisational circumstances of emergency department with two subordinate themes, and escalator nurses with three subordinate themes.
Conclusion: This study highlighted how specific social, cultural, legal, and administrative aspects of Jordanian society were inappropriately employed so as to lead to spread of the workplace violence. This study has provided insight into the need for change at personal level of emergency nurses, social level of Jordanian public, and organizational level of hospital administration and environment in order to mitigate workplace violence incidence in emergency departments.

How to cite: Ayasreh, I., Hayajneh, F., Al Awamleh, R., ALBashtawy, M, Alkhawaldeh, A. (2022). Triggers of workplace violence in emergency departments: A qualitative study. *Nurse Media Journal of Nursing, 12*(3), 340-352. https://doi.org/10.14710/nmjn.v12i3.44914

1. Introduction

Workplace violence is considered as one of the most pressing phenomena facing large proportion of healthcare providers worldwide. Due to the nature of nursing occupation which demands from nurse clinicians a closer and longer contact with clients, nurses were deemed as the most victimized among health personnel (Ayasreh & Hayajneh, 2021). Many previous medical and nursing studies, which were conducted to address workplace violence in health care settings, had indicated that emergency nurses were the most vulnerable to aggression from clients and/or relatives (Ramacciati & Giusti, 2020). This was attributed to the unpredictability and high-tension nature of emergency departments and rooms (Zhang et al., 2017).

The phenomenon of workplace violence against nurses in emergency departments has been addressed extensively in previous studies. A cross-sectional Chinese study conducted in 13 general hospitals in Beijing found that approximately 90% of emergency nurses were victims of workplace violence (Li et al., 2019). In USA, the percentage of emergency nurses who were abused by patients and their relatives was estimated to be nearly 86% (Gillespie et al., 2014).

Other studies conducted in Oman, Jordan, Indonesia, and Italy indicated different prevalence rates of workplace violence against emergency nurses of 87.4% (Al-Maskari et al., 2020), 91.4% (Darawad et al., 2015), 80.8 (Zahraa & Feng, 2018) and 76% (Ramacciati et al., 2015), respectively.

Previous studies identified a set of manifestations of workplace violence as being constituents of violent behaviors against emergency nurses. These manifestations were grouped mainly into three main categories: verbal, physical, and sexual violence. Most of previous research findings agreed upon on that verbal violence was the most common type of violence as experienced by emergency nurses (ALBashtawy & Aljezawi, 2016; Darawad et al., 2015; Jeong & Kim, 2017; Lee et al., 2019; Li et al., 2019; Pich et al., 2017; Ramacciatia et al., 2015; Renker et al., 2015; Stene et al., 2015; Zahra & Feng, 2018).

Several studies were also carried out to investigate factors that make emergency nurses more vulnerable to workplace violence. A study conducted by Pich et al. (2017) found that contributing factors of workplace violence can be categorized into three clusters: nurse-associated, patient-associated, and emergency department-associated. Patient-related factors were found mainly associated with clinical conditions of the client aggressors, particularly having alcohol and drug abuse (Pich et al., 2017; Ramacciati et al., 2015; Zahra & Feng, 2018). Another patient-related factor was patient and patients' relatives' misunderstanding of health care processes provided by emergency department staff, and this was obvious in ALBashtawy and Aljezawi (2016) study who found that 46% of violent acts against emergency nurses occurred when health care activities provided by nurses do not meet the expectations of patients and relatives.

Several previous studies found that emergency system and environment characteristics were strong predictors of workplace violence against emergency nurses such as prolonged waiting times (ALBashtawy & Aljezawi 2015; Pich et al. 2017), overcrowding (ALBashtawy & Aljezawi 2015; Darawad et al., 2015), understaffing of emergency departments (Darawad et al., 2015; Pich et al., 2017), and ineffective institutional security (Zahra & Feng 2018). Workplace violence against emergency nurses was found to have deleterious effects on both nurse victims and nursing profession. Many prior studies showed that victimized nurses from workplace violence were personally suffered from psychological disturbances such as feeling anxious, being timid, emotionally exhausted, and being less resilient, patient, and empathetic (Cheung & Yip, 2017; Liu et al., 2019). These disturbances have been found to reflect negatively on nurses' love and belonging to nursing profession, decrease their productivity, and maximize their intent to leave nursing job (Ayasreh & Khlaf, 2020; Bigham et al., 2014; Rayan et al., 2019).

In Jordan, workplace violence against emergency nurses has been found as a growing problem over the past years, as it was found in studies conducted by ALBashtawy (2013), ALBashtawy and Aljezawi (2016), and Darawad et al. (2015) with percentages of 75.3%, 75%, and 91.4%, respectively. These studies demonstrated the seriousness and magnitude of the workplace violence against emergency nurses in Jordan, despite of the presence of laws and regulations criminalizing any violence act against employees during their work. However, all of the previously mentioned studies were quantitative research works and were conducted based on tools and predetermined information extracted from the results of previous studies which were conducted in contexts other than Jordanian and /or Arabic contexts. These studies might not cover all aspects of workplace violence phenomenon in Jordanian context, taking into consideration that workplace violence phenomenon is cultural-sensitive concept and might be perceived in different ways among different cultures. Therefore, due to the cultural hue of workplace violence, there is a crucial need for conducting qualitative research studying the unique contextual factors hovering around of workplace violence incidents against emergency nurses in Jordan. Findings of this study might assist in developing appropriate political strategies and effective remedial and preventive measures to make emergency departments safer and more secure for both health care providers and clients. Accordingly, this study aimed to explore circumstances that Jordanian emergency nurses, who were victims of workplace violence from clients and/or their relatives, perceive as provocative for workplace violence events.

2. Methods

2.1 Research design

This study was conducted through the qualitative interpretive phenomenological design. Due to the richness of the data that can be gathered through qualitative research, this method was chosen for this topic as it allows for an in-depth description and investigation that could yield extensive data on a topic (Streubert & Carpenter, 2011).

2.2 Setting and participants

The target population of this study was emergency nurses who were working in the Jordanian health care settings and experienced at least one violent event during work in the past. The researchers used purposive sampling technique, that is represented by selection of specific individuals who can provide rich information about the phenomenon of interest. The researchers started recruiting potential participants using flyers. These flyers were distributed to the emergency departments of governmental hospitals over the North, the Middle, and the South. Additionally, the flyers were prepared in electronic forms and posted over the social media applications. To enhance the response rates of potential participants, the researcher employed the snowballing technique in which the researcher asked the participants to identify other potential participants who met the inclusion criteria.

In order to enhance the maximum variation, the researchers recruited eligible participants from both genders, and from different Jordanian regions including: the North, the Middle, and the South of Jordan. The final sample size was 15 participants who were working in eight Jordanian emergency departments and have been victimized through workplace violent incidents from patients and/or their relatives. Nurses who were victims of violence perpetrated by aggressors other than patient and/or relatives and those who were victims of violence that had no association with workplace were not considered.

In qualitative studies, there are no specific rules or formulae to determine sample size. However, most literature emphasized on the data saturation as a main criterion for determining the sample size (Streubert & Carpenter, 2011). This was considered in the current study when the researchers stopped gathering data and conducting interviews when no more themes and data were emerged after data analysis of 13 conducted interviews. However, the researchers conducted other two interviews from two participants in order to ensure the redundancy of the data and themes. Consequently, the researchers decided to stop recruiting potential participants for the study, and the final sample size was determined to be 15 participants.

2.3 Data collection

The data collection started in August 2021.The researchers used semi-structured interviews as a data gathering tool in this study. Each interview was conducted in Arabic language and started with collecting information about the socio-demographic characteristics of the participants including gender, age, marital status, working shift, level of education, and years of experience. Then, the researchers started to ask broad questions related to the study's purpose. Accordingly, interview guide was developed by the researchers based on the literature and study's research questions in order to facilitate the conversation and to keep the discussion within the line of study. However, each participant was given an opportunity to discuss any issues and to shape the flow of data based on their perceived importance of these issues. The interview guide included a number of open-ended questions that were written in simple words without using any medical or research jargon, moving through the general-to-specific pattern. Examples of the interview questions include: "Tell me about your experience of workplace violence from patients and/or the relatives", "What do you think contributed to violence happened to you?", "Why workplace violence happened that day?", "Why workplace violence happened to you?", and "What do you think would help decrease the number of violent incidents occurring?".

After getting the permission from the participants, the researchers met them and did the interviews. All interviews were recorded. The interviews lasted for an average of 42 minutes with a maximum of 90 minutes and minimum of 28 minutes, and no additional interviews were conducted for same participant (one cycle). Two copies of each interview audio file were placed in password-protected laptop and flash memory.

All the recorded responses of the participants were transcribed by the primary researcher into written texts. Transcription into Arabic started directly after each interview was being ended. Then transcribed interviews were presented to each related participant to check for accuracy and get feedback. Returning the transcript to the participants is considered as one of the strategies used to enhance the credibility of this study (Morse, 2015).

2.4 Data analysis

Data collection and analysis were conducted simultaneously. The Interpretive Phenomenological Analysis (IPA) developed by Smith et al. (2009) was used as an analytical methodological basis for this study. It was thought that IPA is appropriate to assist the researchers in revealing how study participants make meanings of their experiences and then extracting the themes that reflect their experiences. Furthermore, it might be said that IPA is appropriate in this study because it shares many philosophical concepts with Heideggerian interpretive philosophy. The steps of IPA that were followed were reading and re-reading, initial noting, developing emergent themes, searching for connections across emergent themes, and writing up the results. The analysis was conducted primarily by the primary researcher, but some same pieces of data were analysed by other co-authors independently to ensure the dependability of the study.

2.5 Trustworthiness/rigor

Credibility, transferability, confirmability and dependability were considered to ensure the rigor of the study. Credibility is defined as the extent to which the original data and analysis output are believable (Creswell, 2013). During data analysis, the researchers engaged at length and immersed in the original data through repeatedly listening to the recorded interviews and reading and re-reading the transcripts many times before moving through analysis process. Furthermore, the researchers returned each transcribed interview to its related interviewee to provide the researchers with any comments on the texts, and to check if it actually reflects their experiences as workplace violence victims (Morse, 2015).

Transferability is defined as transfer of the study findings to other similar contexts or people (Morse, 2015). This was operationalized through providing detailed descriptions of the demographic characteristics of the participants of the study.

Confirmability was operationalized through providing detailed information about each step the researchers followed during research process, including how they selected and interviewed the participants, how they transcribed and analysed data, and how interpretation and conclusions were made (Morse, 2015).

Dependability is comparable to reliability in quantitative studies. To ensure dependability of this study, the researchers used personal journaling and audit trail (This strategy, in particular, was done by the primary researcher). Furthermore, stepwise replication was used in which each researcher independently analysed some same piece of data. The results were compared in which no major discrepancies were appeared (Morse, 2015).

2.6 Ethical considerations

As a preliminary step, the ethical approval from the Institutional review board (IRB) of Jerash University (Code number: ABR 21-22) was obtained, along with additional permissions from each hospital in which study potential participants were working. Once the participants had volunteered to participate in this study, the researchers asked them to sign the informed consent, in which the participants were informed about the purpose and significance of the study, what they will be asked during interviews, benefits and risks of the study, and their rights of voluntary participation and withdrawal from the study any time during data collection process.

Participants were informed that their interviews will be recorded and transcribed. Each interview file and transcript were coded. Therefore, the nurses who participated in this study were only known to the researchers. The code list and the transcribed interviews were placed in a locked file cabinet in the primary researcher's office, and the electronic audio and word files of the interviews were placed in a password protected laptop of the primary researcher. Cited quotes were carefully screened to avoid identifying participants' characteristics, and any names mentioned during interviews were replaced with numbers.

3. Results

3.1 Participants' demographics

Fifteen emergency nurses volunteered to participate in this study. All participants were working in governmental hospitals. The average of participants' ages range was approximately 32. Sixty percent of participants were male. Regarding the type of violence, all participants claimed that they were being exposed to verbal violence, whereas one-third of participants claimed being exposed to physical as well. Furthermore, 80% of participants were married. The average years of the participants' experience was about eight years. More than half of participants were working in northern Jordan, on-third were working in Middle region of Jordan, and approximately 13% were working in southern Jordan. See Table 1.

Table 1. Participants' demographic summary

Participant	Gender	Age	Years of experience	Marital status	Hospital region
P1	Male	34	12	Single	Middle
P2	Female	30	7	Single	North
P3	Male	35	13	Married	North
P4	Female	26	2	Married	North
P5	Female	26	3	Married	North
P6	Male	36	12	Married	Middle
P7	Male	29	6	Married	North
P8	Female	28	6	Married	North
P9	Female	32	8	Married	Middle
P10	Male	30	8	Single	South
P11	Male	36	7	Married	Middle
P12	Male	32	9	Married	North
P13	Male	30	6	Married	South
P14	Male	41	17	Married	North
P15	Female	28	6	Married	Middle

3.2 Superordinate and subordinate themes

To explore the provocative circumstances of workplace violence as perceived by Jordanian emergency nurses, IPA of the participants' accounts was used. Four superordinate themes emerged from the transcripts: aggressors' misconceptions and misbehaviours with four subordinate themes, inappropriate Jordanian social customs with two subordinate themes, organisational circumstances of emergency department with two subordinate themes, and escalator nurses with three subordinate themes. See figure 1.

3.2.1 Aggressors' misconceptions and misbehaviours

All participants argued that false beliefs of aggressors had a major role in ignition of workplace violence against emergency nurses. This superordinate theme might be interpreted based on routine activities theory (RAT), which emphasizes on that violence, is maximized in presence of motivated offender. In this study, participants claimed that misconceptions and misbehaviours of clients and/or their relatives motivated them to commit violence against emergency nurses. Thirteen participants claimed that aggressors believe in that priority of care is always for their patients regardless of the seriousness of other patients' conditions in the emergency room. Most of participants attributed this belief to aggressors' lack of awareness about the role of the triage system in the emergency department. P11 said:

> *'They were five men came to me asking to see their mother. I told them; you should go to the triage before. I am working with an urgent case. They started insulting me, and they told me if you don't see our mother now, we will break your head, see my mother now'.* (P11)

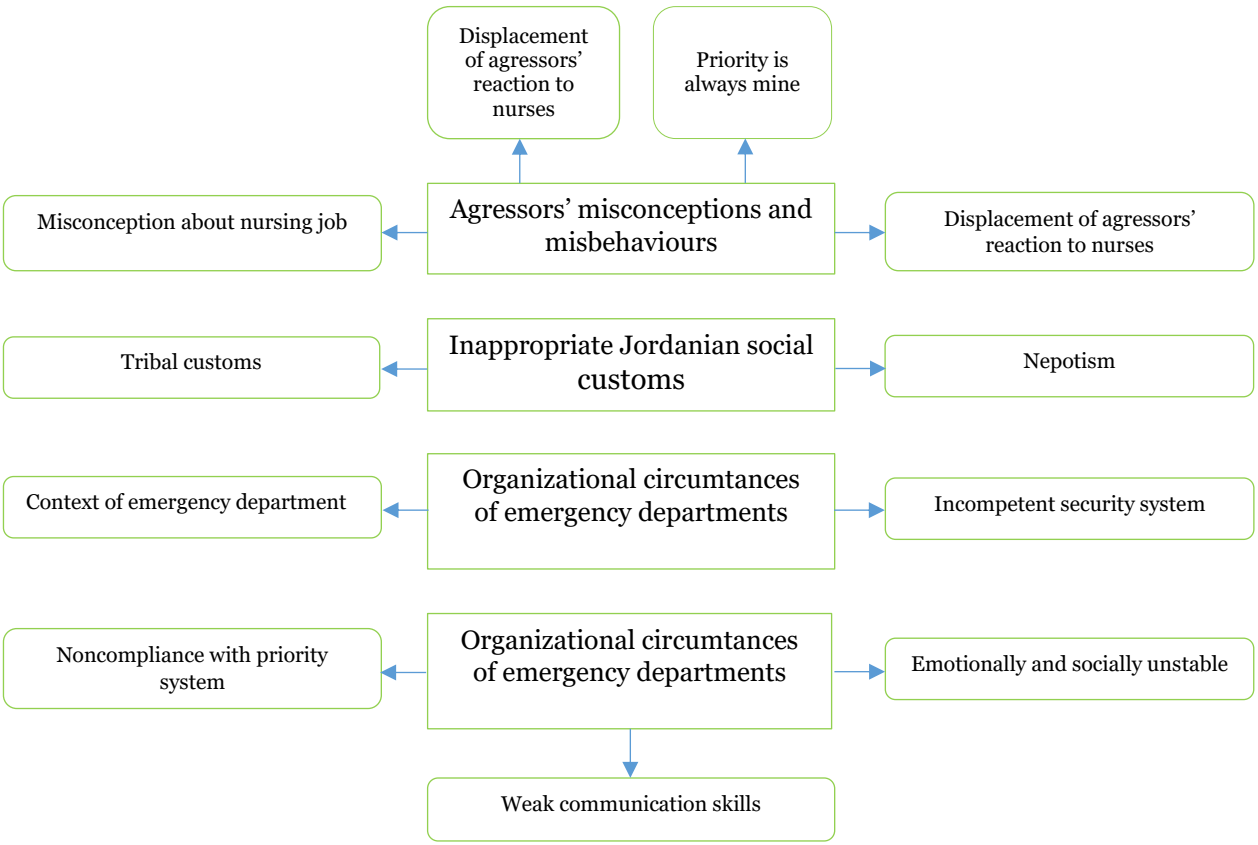

Figure 1. Superordinate and subordinate themes

Ten participants stated that lack of awareness of patients and their relatives about nursing responsibilities makes the emergency nurses more vulnerable to over-questioning and exposes them to unreasonable requests from patients' relatives. Such misbehaviours might maximize the probability of violence against emergency nurses. P14 said:

> *'They asked me to give their father medication. I told them, I am a nurse, and I should firstly take vital signs, and then doctor will decide which medication your father should receive. They yelled at me, give him medication, how the hospital employed stupid one like you. Go and bring a physician to see our father'. (P14)*

Many participants indicated that interferences of patients and relatives in the medical and nursing interventions, contribute to workplace violence against emergency nurses, as P13 said:

> *'I explained to the relatives that their patient is kept under observation. Then they asked me to give him blood because he is pale, then they asked me to take X-rays, then they asked me to give medication to make patient more relaxed. I explained to them that we do the best for your patient. They do not trust us. They intervene in all procedures we do'. (P13)*

Several participants claimed that workplace violence might be attributed to aggressors' perception of nurses as the weakest entity among health care providers. Therefore, aggressors displace their feelings of anger from physicians to nurses, particularly when aggressors feel dissatisfied with physician's orders. P2 said:

> *'The doctor told the patient's relatives, that all tests showed no dangerous injuries threatening the life of patient following RTA, so no need to stay in the hospital, I will discharge the patient. The relatives didn't like the doctor's instructions. But they show respect to the doctor. When I came to them for discharge procedures, they screamed and*

86 told me that all your procedures are false, and that you (nurses) didn't understand anything'. (P2)

3.2.2 *Inappropriate Jordanian social customs*

It was appeared in the interview texts that some Jordanian social customs had a significant contribution in escalating workplace violence against emergency nurses. Nepotism is one of these prevailing customs. In health care context, nepotism might be manifested in assigning priority of caring to specific patients based on kinship, friendship, or official position. Nepotism usually arises feelings of injustice among other patients and might lead to ignition of violence against emergency nurses, particularly those who don't conform to acuity priority system. P1 said:

'Sometime, our colleagues might be forced to pass some patients to receive in virtue of their relativeness to some colleagues or ex officio. We know it is bad behaviour. But I think it is better to make special clinics for employees' relatives'. (P1)

Cup of Coffee‖ is a metaphorical name of one of the common social customs in Jordan. Many participants claimed that most of conflicts, which occur in hospitals, were socially managed through reconciliation meetings between the tribes or families of both the aggressor and the victim, in which usually ends with public apology from the aggressor and dropping the compliant by the victim. Participants believed in that this social behaviour gives the aggressors the opportunity to escape from punishment. P7 said:

'We are tribe-oriented people. When any criminal problem occurred, representatives from tribes other than tribes of aggressor and victims intervene to resolve the criminal issue without resorting to courts. This what is known as cup of coffee. Usually, these tribal meetings end with dropping the personal right against the aggressor for a sum of money paid by the family of aggressor. I think that this tribal custom escalates the workplace violence. The law must take its course'. (P7)

3.2.3 Organisational circumstances of emergency departments

Many participants claimed that there were many organisational contextual factors, which contributed to igniting workplace violence against emergency nurses. All participants stated that hospital security personnel are incompetent, and that their performance doesn't meet the demand. Fourteen participants stated that hospital security personnel were not physically fit to protect the nursing staff. Eleven participants indicated to the curiosity of security personnel and their interferences in medical and nursing interventions as other misbehaviours that might maximize workplace violence instead of mitigating it. Six participants stated that hospital security staff doesn't intervene directly in violence situation due to fear of being injured. P8 said:

'Security is not effective at all. They are old. They cannot protect themselves. I still remember when they compete with people in emergency room to watch CPR case instead of preventing the aggregation of people at the door. They are very curious. It is better to provide more competent security or support the hospital with policemen'. (P8)

All participants argued that contextual characteristics of the emergency department plays a major role in triggering workplace violence against emergency nurses. These characteristics include crowdedness and inadequate staffing. Crowdedness which is one of the distinguished hallmarks of the emergency department, contributes to the ignition of altercations between nurses and patients' relatives, as it leads to disruption of caring processes and provision of nursing interventions. Many participants stated that presence of large numbers of relatives around the patient increases the load of the emergency nurses through excessive questioning and unnecessary requests. Ten participants stated that crowdedness in the emergency department is attributed to patients and relatives' lack of confidence in the role of primary health care centres in managing stable and simple cases, and this is reflected in increased people's visits to emergency department. P14 said:

'I asked the patient about his chief complaint. He said headache from frequent sneezing. It was common cold. (Participant laughed). I told him why you don't go to health centre. He said they 88 don't know anything, and they will not do anything. Medications here are better. I am free to go anywhere I want'. (P14)

All participants revealed that inadequate staffing in emergency department was another significant contributing factor to workplace violence. According to participants, there were some situations in which there was a large influx of critical cases such as those associated with road traffic accidents. However, the number of nurses is relatively small to deal with all these cases. Therefore, a noisy altercation arouses between emergency nurses and relatives particularly those whose patients didn't receive instant care. P11 said:

'We are only four nurses in emergency department. We cannot see all patients at the same time. Sometimes, we deal with six or more patients with same priority. Sometimes, two or more nurses working with one patient. So that the relatives of patients who did not receive care shout and scream insulting the hospital and who work in the hospital. Really, we are at critical need to recover a shortage of nursing staff in ER'. (P11)

3.2.4 Escalator nurses

This superordinate theme might be interpreted based on the concept of suitable target of routine activities theory (RAT), as it was appeared in the participant accounts that there were some emergency nurses with certain characteristics who make any simple conflict between them and the patients and/or relatives worse, and thus igniting workplace violence. Eleven participants mentioned that there were some nurses who should not be placed in emergency department due to their lack of appropriate communication skills. P2 said:

'Yes. Sometimes, the nurses themselves were responsible for igniting altercations with patients or accompaniers. Some nurses don't communicate appropriately with clients. Some nurses lack respect and courtesy in speaking with clients. These nurses should not be assigned to emergency departments'. (P2)

Nine participants stated that there were some nurses who have social or emotional problems that made them unable to control their emotions toward patients or relatives. P9 said:

'At the same time, there were some nurses who are always nervous and problematic. They have chronic diseases and have troubles in their family life. I think they should leave ER to other areas. It is more suitable for them'. (P9)

It is worthy to mention that one participant talked about presence of nurses who were uncomfortable with working in emergency department, and escalation of conflict situations might be a way to convince administration to transfer him to another department. P11 stated:

'Some nurses see that making problems with clients and accompaniers, might force the administrators to move them to another area other than emergency department. However, and due to the shortage of nurses in emergency departments, the administers can't move them. So that altercations continues to occur'. (P11)

4. Discussion

This study explored the circumstances that Jordanian emergency nurses who were victims of workplace violence from clients and/or their relatives perceived as provocative for workplace violence events.Four superordinate themes emerged from the transcripts: aggressors' misconceptions and misbehaviours with four subordinate themes, inappropriate Jordanian social customs with two subordinate themes, organisational circumstances of emergency department with two subordinate themes, and escalator nurses with three subordinate themes.

It was apparent in participants' accounts that most aggressors held inappropriate ideas about the care which they should receive in emergency departments. These inappropriate ideas had a significant role in igniting the conflicts, and thus, violence against emergency nurses.

According to the study participants, there was predominant belief among patients and their relative on that priority is always their own, regardless of the acuity of other patients' cases. Therefore, patients and/or relatives might not expect to wait for long time to receive care. This might be attributed to the lack of awareness among patients and their relatives about triage system in emergency departments, in which prioritizing incoming cases to the emergency departments is done by triage team to identify the severe cases that should be dealt with immediately, and those less severe cases that most likely placed in waiting areas (ALBashtawy, 2013). Accordingly, waiting time is inevitable in emergency departments; however, this issue mostly might be unacceptable among patients and/or relatives. This study finding is congruent with results of many previous studies which found that long waiting time is one of the main contributing factors of workplace violence against emergency nurses (ALBashtawy & Aljezawi, 2015; Ayasreh & Khalaf, 2020; Darawad et al., 2015; Morphet et al., 2014; Pich et al., 2017; Ramacciati et al., 2015; Vezyridis et al., 2014; Wolf et al., 2014). Another Ghanaian study conducted by Boafo (2016) revealed that there was an overwhelming belief in principle of ―first-come-first-served‖ among Ghanaian people; therefore, most violent cases against nurses were perpetrated by patients' relatives who didn't receive instant care upon arrival.

Unawareness about nursing profession and its responsibilities was another factor which falls under the superordinate theme of aggressors' misconceptions and misbehaviours. According to study participants, this unawareness created a state of distrust toward nurses, and leaded patients and relatives to underestimate nursing interventions. Furthermore, most of the study participants claimed that the public view of nurse as a physician's handmaiden and not as autonomous health care providers, is still common among the population in some certain areas in Jordan. Similar findings were revealed from an integrative review conducted by Glerean et al. (2017) to identify young people's perceptions of the nursing profession and described nursing work as caring career with low autonomy, and as having less appreciation than medicine among the society. Negative public image of nurses has been found as contributing factor to workplace violence than any other health care providers (Ayasreh & Hayajneh, 2021). Study participants highlighted one of the most common social behaviours in Jordanian community, which is over-questioning behaviours of patients' relatives and friends about their patient's health condition, in addition to the interference with nursing interventions in front of patients. This might mostly be attributed to relatives' and friends' beliefs in that these behaviours reflect how much they concern and care of their patients during illness and bereavement. Over-questioning and persistent interference in caring interventions have been found to increase the workload and pressure over nurses and contribute to the ignition of conflicts and violence against nurses (Al-Shiyab & Ababneh, 2018), particularly, if the patient was accompanied with large number of relatives and friends (Darawad et al., 2015).

Most of social aspects of Jordan are derived mainly from Arabic and Islamic culture. Therefore, there are many lovely customs and traditions spread in Jordanian community. However, some of these traditions and customs were inappropriately utilized to gain personal interests. Nepotism is one of the common negative social customs in Jordan, which is defined as abuse of a particular position by a particular person through giving a special consideration to relatives or friends regardless of their priorities or capabilities (Vveinhardt & Sroka, 2020). This behaviour is quite prevalent in Arab world, and this might be attributed to the tribalism which is prevailing Arab countries (Caputo, 2017). According to study participants, nepotism was operationalized through two tracks. The first one was when persons with higher official positions intervene as mediators to influence the administration decisions regarding formal reporting and filing of violent acts to judicial authorities. The second track of nepotism was operationalized when health care providers intervene to allow their relatives or friends to jump queues regardless of the acuity of presenting cases. This was congruent with the results of Ghanaian study conducted by Boafo (2016), who found that unfair favouritism and nepotistic nursing behaviours in determining priority of patients' conditions, was one of the most reported triggers of violence against nurses. Cup of Coffee‖ is a common metaphorical term used by Jordanian people to indicate the out-of-court tribal efforts to settle disputes between violence parties and convince the victim to drop the private right in exchange for a specific compensation such as public apology and/or monetary compensation. In most of social violence cases, the victim and/or his/her family are usually exposed to continuous pressures from tribal leaders out of violence parties' tribes to accept reconciliation and drop the private right. Dropping private

right reduces the penalty applied to the aggressor, and the public right of the state remains (Watkins, 2014). However, most of public rights are substituted with financial compensations. Although tribal customs have a significant role in perseveration of social security (Watkins, 2014), study participants claimed that past experiences of continuous acquiescence of violence victims to accept tribal reconciliation and drop private right, contributes significantly to the spread of workplace violence against emergency nurses. This was appeared in one of participant's accounts who stated that he and his family were exposed to social pressure for conciliation over three months after formal complaint was filed. Therefore, due to these social pressures, the participants unwillingly acquiesce to conciliation and dropped his private right, in respect of tribal mediators and to alleviate pressures over his family. It is worth mentioning that the aggressor in previous case perpetrated three other violence cases against emergency nurses in the same hospital, as the study participant claim.

It might be said that both religion and tribe are highly recognized by Jordanian government which considers them as a supporter and contributor to preserving security in the society. This is based on the principle of tolerance advocated by the Islamic religion. However, it is recommended that dropping the personal right is limited to the victim, and not to compensate the public right with monetary penalty. This might mitigate the incidence of workplace violence as a number of participants claim.

The findings of this study revealed that there were specific factors related to the organisational context and environment, which had a significant role in ignition of workplace violence against emergency nurses. These organisational factors included inadequate security system, crowded environment, and inadequate staffing. Most of study participants underlined the inadequacy of security personnel in the emergency departments for preventing violence there. This was congruent with previous studies (Alkorashy & Moalad, 2016; Brophy et al., 2018; Child & Sussman, 2017; Darawad et al., 2015). A Jordanian study conducted by Darawad and others (2015) attributed the inadequacy of security personnel to not having a deterrent actual authority. And this was emphasized by Child and Sussman (2017) study who found that mere presence of security personnel was not effective in preventing or managing workplace violence, and that it is more effective to recruit security personnel with adequate training on conflict de-escalation skills rather than just physical strength. Crowdedness, which is one of the distinguished hallmarks of the emergency department, was found as a contributing factor of workplace violence against emergency nurses. This was consistent with many previous studies (ALBashtawy & Aljezawi, 2015; Darawad et al., 2015; Morphet et al., 2014; Pich et al., 2017; Ramacciati et al., 2015). It is worth mentioning that all participants of the current study were from governmental hospitals in Jordan. Emergency departments in governmental hospitals consisted mostly of rooms open to each other, without restrictions on the number and movement of companions between the rooms (Darawad et al., 2015). This might explain the overcrowding in emergency departments. The study participants claimed that presence of large number of patients' companions in the emergency department hindered the therapeutic communication; create difficulties in providing high-quality care to the patients. This is in line with a study conducted by Alkorashy and Moalad (2016) who found that overcrowding in emergency departments increased service demands on nurses from patients' companions, and thus ignited conflicts between them. It is worth mentioning that some study participants attributed the large numbers of patients visiting emergency departments to the lack of awareness and distrust among patients toward the role of primary health care centres managing simple cases. Inadequate staffing in emergency department has been found as another organisational contributing factor of workplace violence against emergency nurses. This is in line with some international studies (Darawad et al., 2015; Ramacciati et al., 2018; Tiruneh et al., 2016). A study conducted by Tiruneh and others (2016) found that exposure to workplace violence among nurses with low number of staff (number of 1 – 5) during the same working shift was twice higher than those nurses with higher number of staff (number of more than 11). Lower numbers of nursing staff have been found to increases likelihood of workplace violence through maximizing delay in provision of care to patients, particularly in cases of large influx of critical cases (Darawad et al., 2015; Tiruneh et al., 2016).

The findings of the current study revealed that the blame was not entirely directed to patients or relatives in ignition of workplace violence against emergency nurses. Study participants claimed that there were some nurses whose presence made the situation stressful

and tense, due to their certain personality traits. This is consistent with findings of Child and Sussman (2017) study who called these nurses as escalator nurses, because they tend to escalate any conflict between them and patients or relatives, rather than soothing it. This escalating attitude might be attributed to nurses' unwillingness to work in emergency departments (Child & Sussman, 2017), or inadequate preparedness in terms of communications skills (Chen et al., 2018; Darawad et al., 2015; Ramacciati et al., 2015), and this was emphasized in Vezyridis et al. (2014) study who claimed that inexperienced nurses were at more risk than experienced ones, due to lack of adequate communication skills.

5. Implication and limitation

The findings of this study attract the attention of health policy makers toward the importance of enhancing the awareness of the public about the responsibilities of nursing staff and triage process in emergency departments. Furthermore, this study highlighted the lack of knowledge of the public about the roles of primary health care settings in managing non-urgent cases, and the roles of emergency departments in managing only urgent and emergent cases. The findings of this study implicate the need to recruit sufficient number of security personnel who have adequate training on physical fitness and communication skills.

The only limitation of this study was related to the fact that all participants were working in governmental hospitals. The themes of this study might differ from those that might arise from nurses who were working in private, military, and university hospitals.

6. Conclusion

This study highlighted how specific social, cultural, legal, and administrative aspects of Jordanian society were inappropriately employed so as to lead to spread of the workplace violence. This study has provided insight into the need for change at personal level of emergency nurses, social level of Jordanian public, and organizational level of hospital administration and environment in order to mitigate workplace violence incidence in emergence departments. Future qualitative research is needed to understand the experiences of the perpetrators of workplace violence either patients or their relatives. Such research studies could result in better understanding of the victimization event.

Acknowledgment

The researchers would like to appreciate all participants who volunteered in this study. Furthermore, we would thank all nursing administrators who assist the researchers in recruiting study participants.

Author contribution

IA: conceptualization, methodology, and data analysis; FH: writing and data analysis; RA: investigation; MA: reviewing and data analysis; AA: investigations, editing and data analysis.

Conflict of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

ALBashtawy, M. (2013). Workplace violence against nurses in emergency departments in Jordan. *International Nursing Review, 60*(4), 550–555. https://doi.org/10.1111/inr.12059

Albashtawy, M., & Aljezawi, M. (2016). Emergency nurses perspective of workplace violence in Jordanian hospitals: A national survey. *International Emergency Nursing*, *24*, 61-65. https://doi.org/10.1016/j.ienj.2015.06.005

Alkorashy, H. A., & Moalad, F. B. (2016). Workplace violence against nursing staff in a Saudi university hospital. *International Nursing Review, 63*(2), 226-232. https://doi.org/10.1111/inr.12242

Al-Maskari, S. A., Al-Busaidi, I. S., & Al-Maskari, M. A. (2020). Workplace violence against emergency department nurses in Oman: A cross-sectional multi-institutional study. *International Nursing Review, 67*(2), 249–257. https://doi.org/10.1111/inr.12574

Al-Shiyab, A. A., & Ababneh, R. I. (2018). Consequences of workplace violence behaviors in Jordanian public hospitals. *Employee Relations, 40*(3), 515–528. https://doi.org/10.1108/er-02- 2017-0043

Ayasreh, I. R., & Hayajneh, F. A. (2021). Workplace violence against emergency nurses. *Critical Care Nursing Quarterly, 44*(2), 187-202. https://doi.org/10.1097/cnq.0000000000000353

Ayasreh, I. R., & Khalaf, I. A. (2020). Nurse students' attitudes toward the nursing profession after witnessing workplace violence. *International Journal of Nursing Education Scholarship, 17*(1), 1-9. https://doi.org/10.1515/ijnes-2020-0060

Bigham, B. L., Jensen, J. L., Tavares, W., Drennan, I. R., Saleem, H., Dainty, K. N., & Munro, G. (2014). Paramedic self-reported exposure to violence in the emergency medical services (ems) workplace: A Mixed-methods cross-sectional survey. *Prehospital Emergency Care*, *18*(4), 489–494. https://doi.org/10.3109/10903127.2014.912703

Boafo, I. M. (2016). ―…they think we are conversing, so we don't care about them…‖ Examining the causes of workplace violence against nurses in Ghana. *BMC Nursing*, *15*(1), 1-8. https://doi.org/10.1186/s12912-016-0189-8

Brophy, J. T., Keith, M. M., and Hurley, M. (2017). Assaulted and unheard: Violence against healthcare staff. *New Solutions: A Journal of Environmental and Occupational Health Policy*, *27*(4), 581–606. https://doi.org/10.1177/1048291117732301

Caputo, A. (2017). Religious motivation, nepotism and conflict management in Jordan. *International Journal of Conflict Management, 29*(2), 146-166. https://doi.org/10.1108/ijcma-02-2017-0015

Chen, X., Lv, M., Wang, M., Wang, X., Liu, J., Zheng, N., and Liu, C. (2018). Incidence and risk factors of workplace violence against nurses in a Chinese top-level teaching hospital: A cross-sectional study. *Applied Nursing Research*, *40*, 122–128

Cheung, T., and Yip, P. S. F. (2017). Workplace violence towards nurses in Hong Kong: prevalence and correlates. *BMC Public Health*, *17*(1), 1-10. https://doi.org/10.1186/s12889-017-4112-3

Child & Sussman (2017). Occupational disappointment: Why did i even become a nurse? *Journal of Emergency Nursing*, *43*(6), 545–552. https://doi.org/10.1016/j.jen.2017.06.004

Creswell (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Los Angeles: SAGE Publications.

Darawad, M. W., Al-Hussami, M., Saleh, A. M., Mustafa, W. M., & Odeh, H. (2015). Violence against nurses in emergency departments in Jordan. *Workplace Health & Safety*, *63*(1), 9-17. https://doi.org/10.1177/2165079914565348

Gillespie, G. L., Gates, D. M., Kowalenko, T., Bresler, S., & Succop, P. (2014). Implementation of a comprehensive intervention to reduce physical assaults and threats in the emergency department. *Journal of Emergency Nursing, 40*(6), 586–591. https://doi:10.1016/j.jen.2014.01.003

Glerean, N., Hupli, M., Talman, K., & Haavisto, E. (2017). Young peoples' perceptions of the nursing profession: An integrative review. *Nurse Education Today, 57*, 95–102. https://doi.org/10.1016/j.nedt.2017.07.008

Jeong, I.-Y., & Kim, J.-S. (2018). The relationship between intention to leave the hospital and coping methods of emergency nurses after workplace violence. *Journal of Clinical Nursing, 27*(7-8), 1692–1701. https://doi.org/10.1111/jocn.14228

Li, N., Zhang, L., Xiao, G., Chen, J., & Lu, Q. (2019). The relationship between workplace violence, job satisfaction and turnover intention in emergency nurses. *International Emergency Nursing, 45*, 50-55. https://doi.org/10.1016/j.ienj.2019.02.001

Liu, J., Zheng, J., Liu, K., Liu, X., Wu, Y., Wang, J., & You, L. (2019). Workplace violence against nurses, job satisfaction, burnout, and patient safety in Chinese hospitals. *Nursing Outlook*, *67*(5), 558–566. https://doi.org/10.1016/j.outlook.2019.04.006

Morphet, J., Griffiths, D., Beattie, J., and Innes, K. (2019). Managers' experiences of prevention and management of workplace violence against health care staff: A descriptive exploratory study. *Journal of Nursing Management*, *27*(4), 781–791. https://doi.org/10.1111/jonm.12761

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, 25(9), 1212–1222. https://doi.org/10.1177/1049732315588501

Pich, J. V., Kable, A., & Hazelton, M. (2017). Antecedents and precipitants of patient-related violence in the emergency department: Results from the Australian VENT Study (Violence in Emergency Nursing and Triage). *Australasian Emergency Nursing Journal, 20*(3), 107–113. https://doi.org/10.1016/j.aenj.2017.05.005

Ramacciati, N., Ceccagnoli, A., & Addey, B. (2015). Violence against nurses in the triage area: An Italian qualitative study. *International Emergency Nursing, 23*(4), 274–280. https://doi.org/10.1016/j.ienj.2015.02.004

Ramacciati, N., & Giusti, G. D. (2020). Workplace violence in emergency departments: The health professionals and security personnel alliance. *Emergency Medicine Australasia*, *32*(6), 1074-1076. https://doi.org/10.1111/1742-6723.13608

Rayan, A., Sisan, M., & Baker, O. (2019). Stress, workplace violence, and burnout in nurses working in King Abdullah Medical City during Al-Hajj season. *The Journal of Nursing Research, 27*(3), e26. https://doi.org/10.1097/jnr.0000000000000291

Renker, P., Scribner, S. A., & Huff, P. (2015). Staff perspectives of violence in the emergency department: Appeals for consequences, collaboration, and consistency. *Work, 51*(1), 5–18. https://doi:10.3233/wor-141893

Smith, J., Flowers, P. and Larkin, M. (2009). *Interpretative phenomenological analysis*. SAGE

Stene, J., Larson, E., Levy, M., & Dohlman, M. (2015). Workplace violence in the emergency department: Giving staff the tools and support to report. *The Permanente Journal, 19*(2), 113–117. https://doi.org/10.7812/TPP/14-187

Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative* (5th ed.). Lippincott Williams and Wilkins.

Tiruneh, B. T., Bifftu, B. B., Tumebo, A. A., Kelkay, M. M., Anlay, D. Z., & Dachew, B. A. (2016). Prevalence of workplace violence in Northwest Ethiopia: A multivariate analysis. *BMC Nursing, 15*(1), 1-6. https://doi.org/10.1186/s12912-016-0162-6

Vezyridis, P., Samoutis, A., & Mavrikiou, P. M. (2014). Workplace violence against clinicians in Cypriot emergency departments: A national questionnaire survey. *Journal of Clinical Nursing*, *24*(9-10), 1210–1222. https://doi.org/10.1111/jocn.12660

Vveinhardt, J., & Sroka, W. (2020). Nepotism and favouritism in Polish and Lithuanian organizations: The context of organisational microclimate. *Sustainability, 12*(4), 1425. http://dx.doi.org/10.3390/su12041425

Watkins, J. (2014). Seeking justice: Tribal dispute resolution and societal transformation in Jordan. *International Journal of Middle East Studies*, *46*(1), 31-49. https://doi.org/10.1017/s002074381300127x

Wolf, L. A., Delao, A. M., & Perhats, C. (2014). Nothing changes, nobody cares: Understanding the experience of emergency nurses physically or verbally assaulted 139 while providing care. *Journal of Emergency Nursing*, *40*(4), 305–310. https://doi.org/10.1016/j.jen.2013.11.006

Zahra, A. N., & Feng, J.-Y. (2018). Workplace violence against nurses in Indonesian emergency departments. *Enfermería Clínica, 28*, 184–190. https://doi:10.1016/s1130-8621(18)30064-0

Zhang, L., Wang, A., Xie, X., Zhou, Y., Li, J., Yang, L., & Zhang, J., (2017). Workplace violence against nurses: A cross-sectional study. *International Journal of Nursing Studies, 72*, 8-14. https://doi.org/10.1016/j.ijnurstu.2017.04.002