

## **Workplace Violence and Job Satisfaction Among Female Nurses: A Sociological Study of Public and Private Hospitals in District Peshawar**

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### **Abstract**

*This study investigates the prevalence of workplace violence and its impact on job satisfaction among female nurses in three major public hospitals in Peshawar, Khyber Pakhtunkhwa: Lady Reading Hospital, Khyber Teaching Hospital, and Hayatabad Medical Complex. Utilizing a cross-sectional quantitative design, a sample of 232 female nurses was selected through multistage stratified random sampling. Data were collected using a structured, pretested questionnaire and analyzed through univariate and bivariate statistical techniques using SPSS. The findings reveal that workplace violence is a significant concern in the selected hospitals. Among the respondents, 38.1% reported experiencing physical violence, 38.1% reported verbal abuse, and 36.0% acknowledged facing sexual harassment from hospital administration, while 38.1% reported harassment from patients or their attendants. Additionally, 41.9% of nurses perceived night shifts as being particularly vulnerable to workplace violence, and 38.9% agreed that less experienced nurses are more at risk. These experiences have contributed to a visible decline in job satisfaction levels. Bivariate analysis indicated a statistically significant negative association between workplace violence and job satisfaction ( $p < 0.05$ ). Nurses who reported frequent exposure to violence showed markedly lower levels of professional satisfaction, emotional well-being, and motivation, which may have broader implications for patient care and staff retention. The study recommends full implementation of laws against workplace violence, especially against women, with zero percent tolerance. Besides gender-sensitive grievance redressal systems and staff training in conflict resolution and workplace safety.*

**Keywords:** *Workplace Violence, Female Nurse, Job Satisfaction, Peshawar K.P*

**Introduction**

The contemporary nursing profession originated in the mid-19th century and was significantly shaped by Florence Nightingale, famously known as the "Lady with the Lamp." Nightingale was a pioneering nurse and social reformer who played a pivotal role in transforming modern healthcare. She was born on May 12, 1820, in Florence, Italy (Dossey, 2010). Her work during the Crimean War and the establishment of the Nightingale Training School for Nurses in 1860 laid the foundation for professional nursing education and practice (Dossey, 2010). In the late 19th and early 20th centuries, nursing experienced profound global advancements, particularly with the introduction of formal education and training programs. This era was crucial in establishing nursing as a professional and respected field. Influential institutions, such as the Florence Nightingale School of Nursing and Midwifery in London, were instrumental in shaping nursing into an organized and esteemed profession (Bostridge, 2008).

The roots of the nursing profession in Pakistan can be traced back to the colonial period, during which British influence introduced modern healthcare practices to the region. Nursing education began with the creation of nursing schools by British colonial administrators to train local women as nurses (Rauf, 2017). Following independence in 1947, Pakistan focused on expanding its healthcare services, resulting in the establishment of additional nursing schools and training programs across the country. Both the government and non-governmental organizations played key roles in advancing nursing education and promoting professional development in the field (Shah, 2007). During the latter part of the 20th century, Pakistan took significant steps to professionalize its nursing workforce. These efforts included implementing standardized nursing curricula, establishing licensure examinations, and creating regulatory bodies to oversee nursing practices (Rauf, 2017). Nurses undertake a wide range of tasks, such as providing direct patient care, educating patients about health, and advocating for patients' needs. According to the American Nurses Association (ANA), nurses assess patients' health problems and needs, develop and implement nursing care plans, and maintain accurate medical records. Additionally, they provide emotional support to patients and their families, collaborate with other healthcare professionals, and contribute to the development of health policies (ANA, 2021).

Advanced practice registered nurses (APRNs), including nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists, hold greater responsibilities and more autonomy. They frequently act as primary care providers, have the authority to prescribe medications, and perform medical procedures. This expanded role improves access to healthcare, particularly in areas with limited medical services (Bodenheimer & Bauer, 2016). Nurses are crucial to healthcare, significantly impacting both patient outcomes and the overall health system. They play vital roles in primary healthcare settings, often serving as the first point of contact for patients. Their responsibilities now include meaningful contributions to health policy and primary healthcare delivery (WHO). Nurses are also essential in managing patients' pain and discomfort. They alleviate suffering through clinical interventions, emotional support, and palliative care in diverse healthcare settings (Ferrell & Coyle, 2010).

Despite the vital role of nurses in healthcare institutions and patient care, nurses—especially female nurses—face numerous socio-cultural challenges in their workplace environments. A well-known quote says, "People don't quit companies; they quit bosses," highlighting the critical importance of

workplace culture and relationships in job satisfaction. Female nurses in Pakistan are often subjected to verbal and physical abuse from patients, their families, and sometimes even from colleagues. A study published in *BMC Nursing* highlighted that nurses, especially women, are frequent targets of workplace violence, including incidents of sexual harassment (Abid et al., 2020). Furthermore, female nurses in Pakistan, like their male counterparts, often receive lower wages than doctors and other healthcare professionals, despite playing a crucial role in patient care. Persistent issues such as wage disparity and excessive working hours without proper compensation continue to pose significant challenges within the country's healthcare system (Zafar et al., 2019).

### **Workplace Violence**

In the healthcare sector, nurses in hospitals are under significant pressure and appear to be at high risk of workplace violence. Workplace violence can occur at any time when nurses, their trusted colleagues, supervisors, or heads of nursing experience abuse, threats, or assaults arising from or during the course of their work. Types of workplace violence may include both physical and verbal abuse. Verbal violence refers to deliberate actions against an individual or group that can cause moral, social, psychological, or emotional harm. The consequences of workplace violence may impact older nurses' well-being even more than that of their younger colleagues (Patricia Pariona-Cabrera, 2020).

According to guidelines published by the International Council of Nurses, the World Health Organization, and the International Labour Organization, workplace violence is defined as abuse, threatening behavior, or insults, including physical or psychological brutality (International Labour Office et al., 2002). Workplace violence against nurses remains a persistent and widespread problem worldwide (Yang et al., 2012). Nurses are frequently targets of violent behavior from patients and their family members, including physical violence, psychological abuse, and sexual or racial harassment. Additionally, they often face hostile and undermining behavior, along with a lack of support and trust from their colleagues and supervisors (Hutchinson and Jackson, 2013; Park et al., 2015). Given the importance of the nursing profession, its vital role in the healthcare system, and the various forms of exploitation faced by nurses, particularly workplace violence against female nurses, this study has been designed to scientifically analyze this problem in selected hospitals in Peshawar, Khyber Pakhtunkhwa, Pakistan.

### **Objective of the Study**

- 1- To assess the intensity of workplace violence and the level of job satisfaction among female nurses in the study population.
- 2- To ascertain the association between workplace violence and job satisfaction among the sampled respondents.

### **Methodology**

The nature of this study is quantitative, employing a cross-sectional research design as suggested by Babaie (1992) and Gratton and Jones (2004). The research was carried out in District Peshawar, Khyber Pakhtunkhwa, Pakistan, focusing on three well-established public hospitals: Lady Reading Hospital (LRH), Khyber Teaching Hospital (KTH), and Hayatabad Medical Complex (HMC). These hospitals together constituted the study population due to their large workforce and significant patient load, which made them ideal sites for exploring workplace violence among

female nurses. A multistage stratified random sampling technique was used to ensure fair representation. The total number of registered female nurses across the three selected hospitals was 1,132, comprising 513 nurses at LRH, 330 at KTH, and 289 at HMC. Based on Sekaran’s (2003) sampling criteria, a representative sample of 232 nurses was selected to participate in this study. Data were collected using a well-structured and pre-tested questionnaire. Careful attention was paid to ensure the reliability and validity of the tool to maintain the credibility of the findings. Once data collection was completed, the responses were processed and analyzed using SPSS. Univariate analysis was conducted to present frequencies and percentages reflecting the views and experiences of the respondents. Additionally, bivariate analysis was performed to examine the associations between key variables, providing valuable insights into the factors contributing to workplace violence against female nurses.

## Results and Discussion

### Frequency and Percentage Distribution of Workplace Violence and Job Satisfaction Among Female Nurses

Workplace violence is a major issue in the nursing field, with nurses working night shifts being at greater risk than those who work during the day. Factors such as lower staffing levels and a higher number of patients with serious conditions during night shifts contribute to this increased risk. Studies have shown that nurses working night shifts are more likely to encounter violent situations (Stimpfel, 2012). Workplace violence, which includes physical violence, verbal abuse, and sexual harassment, profoundly affects the nursing profession. Physical violence directed at nurses often results in injuries, trauma, and lasting psychological harm (Bureau of Labor Statistics, BLS). The survey findings indicate that a significant proportion of respondents (41.9%) agreed with the statement, “I agree that working the night shift is riskier for workplace violence than day shift duties.” About 37.7% of respondents were neutral, while 19.9% disagreed with this statement. These results show that the majority of nurses believe night shifts pose higher risks for workplace violence.

Moreover, 38.9% of respondents agreed with the statement, “I consider nurses with less experience to be more at risk for workplace violence than experienced nurses,” while 40.2% were neutral and 20.3% disagreed. Similarly, 38.1% agreed that they experience physical violence in their workplace, with 38.1% neutral and 23.7% disagreeing. Additionally, 38.1% agreed with the statement that they experience verbal abuse in their workplace, while 38.5% were neutral and 23.3% disagreed. A further 38.1% agreed that nurses are sexually harassed by patients, while 37.2% were neutral and 24.5% disagreed. Regarding harassment by hospital administration, 36.0% of respondents agreed that nurses are sexually harassed by the administration, 40.2% were neutral, and 23.7% disagreed. Lastly, 36.4% agreed that the nursing profession is at greater constant risk of workplace violence compared to other professions, while 41.1% were neutral and 22.5% disagreed with this statement

Attribute	Agree	Neutral	Disagree	Total
I agree working the night shift is riskier for workplace violence than day shift duties.	99 (42)	89 (38)	47 (20)	236(100)

I consider nurses with less experience to be more at risk for workplace violence than experienced nurses	92 (39)	95 (40)	48 (20)	236(100)
You consider physical violence in your workplace violence	90 (38)	90 (38)	56 (24)	236 (100.0%)
you consider with verbal abuse in your workplace	90 (8)	91 (38)	55 (23)	236 (100.0%)
I consider nurses are sexually harassed by patients,	90 (38)	88 (37)	58 (24)	236 (100.0%)
I consider nurses are sexually harassed by hospital administration	85 (36)	95 (40)	56 (24)	236 (100.0%)
I consider that nursing profession is at constant risk of workplace violence than other profession	86 (36)	97 (41)	53 (22)	236 (100.0%)

#### **Association between Work Place Violence and Job Satisfaction of Female Nurses**

Female nurses are more likely to encounter workplace violence, such as physical assaults, verbal abuse, and emotional harassment from patients, their families, and occasionally from colleagues (Spector, P. E., 2014). The data presented in Table 4.8 indicate that the association between the independent statement, “I consider nurses are sexually harassed by hospital administration,” and the dependent variable is significant ( $P = 0.000$ ). Similarly, the statement, “I consider that the nursing profession is at constant risk of workplace violence compared to other professions,” is also significantly associated with the dependent variable ( $P = 0.000$ ). The association for the statement, “I experience verbal abuse in my workplace,” is likewise significant ( $P = 0.000$ ). Furthermore, the association between the dependent variable and the statement, “I consider nurses are sexually harassed by patients,” is significant ( $P = 0.000$ ). Moreover, the statement, “I consider nurses with less experience are more at risk of workplace violence than experienced nurses,” shows a significant association ( $P = 0.000$ ). The statement, “I experience physical violence in my workplace,” is also significantly associated ( $P = 0.000$ ). Finally, agreement with the statement, “Working the night shift is riskier for workplace violence than day shift duties,” shows a significant association with the dependent variable of socio-cultural constraints on the nursing profession ( $P = 0.000$ ).

Workplace violence is notably prevalent in healthcare settings. Female nurses frequently face various forms of violence, including physical attacks, verbal abuse, and sexual harassment from patients, their families, and occasionally colleagues (Spector, P. E., 2014). Exposure to workplace violence can lead to psychological problems such as anxiety, depression, and post-traumatic stress disorder (PTSD). Female nurses often endure heightened fear and emotional distress, which negatively impacts their mental health and job performance (Edward, K. L., 2011).

Work place Violence	Perception	Job stratification			Total	Chi- Square P-Value
		Agree	Neutral	Disagree		
1.	Agree	46-46.5%	41-41.4%	12-12.1%	99-41.9%	X <sup>2</sup> = (36.205) (p=0.000)
	Neutral	20-22.5%	49-55.1%	19-21.3%	89-37.7%	
	Disagree	14-29.8%	11-23.4%	22-46.8%	47-19.9%	
2.	Agree	83-90.2%	5-5.4 %	3-3.3%	92-38.9%	X <sup>2</sup> = (22.510) P= 0.001
	Neutral	10-10.5%	80-84.2%	5-5.3%	95-40.2%	
	Disagree	8-16.7%	7-14.6%	33-68.8%	48-20.3%	
3.	Agree	83-92.9%	3-3.3%	3-3.3%	90-38.1%	X <sup>2</sup> = (285.128) P=0.000
	Neutral	5-5.6%	80-88.9%	5-5.6%	90-38.1%	
	Disagree	14-25%	9-16.1%	33-58.9%	56-23.7%	
4.	Agree	84-93.3.9%	4-4.4%	1-1.1%	90-8.1%	X <sup>2</sup> = (268.693) P=0 .000
	Neutral	6-6.1%	80-87.9%	5-5.5%	91-38.5%	
	Disagree	12-21.8%	8-14.5%	35-63.6%	55-23.3%	
5.	Agree	85-94.4%	1-1.1%	3-3.3%	90-38.1%	X <sup>2</sup> = (23.784) (p=0.001)
6.	Disagree	14-24.1%	12-20.7%	32-55.2%	58-24.5%	
	Agree	80-94.1%	2-2.4%	2-2.4%	85-36.01%	
	Neutral	6-6.3%	84-88.4%	5-5.3%	95-40.2%	X <sup>2</sup> = 265.346) (p=0.000)
	Disagree	16-28.4%	6-10.7%	34-60.7%	56-23.7%	
7.	Agree	42-48.8%	35-40.7%	8-9.3%	86-36.4%	
	Neutral	23-23.7%	52-53.5%	22-22.7%	97.41.10%	X <sup>2</sup> = (266.147) (p=0.000)
	Disagree	16-30.2%	14-26.4%	23-43.4%	53-22.45%	

### Conclusion

This study clearly confirms that workplace violence is a widespread and deeply entrenched issue faced by female nurses working in public hospitals in Peshawar. The findings highlight that verbal abuse, intimidation, and sexual harassment are not isolated incidents but rather frequent occurrences, often perpetrated by patients, their attendants, and, alarmingly, sometimes by members of the hospital administration itself. Such persistent exposure to workplace violence has profound and far-reaching consequences, significantly diminishing the nurses' overall job satisfaction, undermining their sense of professional security, and eroding their psychological well-being. This hostile environment not only demotivates nurses and reduces their morale but also directly threatens the quality of patient care by increasing stress, burnout, and the likelihood of errors. Furthermore, the prevalence of workplace violence contributes to higher turnover intentions and nursing workforce shortages, posing a serious challenge to the sustainability and effectiveness of healthcare delivery in an already strained public health system. Addressing this issue requires urgent policy interventions, strict enforcement of protective measures, and the creation of a safe, respectful, and supportive workplace culture to ensure the well-being and retention of female nurses, who form the backbone of hospital care in Peshawar and beyond.

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