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ORIGINAL PAPER

VIOLENCE AGAINST NURSES IN HEALTHCARE FACILITIES IN THE CZECH REPUBLIC AND SLOVAKIA

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Abstract

Aim: To identify the incidence of workplace violence against nurses in the Czech Republic and Slovakia, its sources, ways of dealing with violence against nurses, the intensity of nurse's psychological problems as a result of their experience of workplace violence. *Design:* A cross-sectional study. *Methods:* Workplace Violence in the Health Sector Country Case Study – Questionnaire was used. The sample consisted of 526 nurses from selected healthcare settings in the Czech Republic and Slovakia. Data was collected from June to November 2016. *Results:* Verbal as well physical violence against nurses is a frequent phenomenon in nurses' workplace in the Czech Republic and Slovakia. We identified statistically significant difference in verbal aggression from patients and higher intensity of nurse's psychological problems as a result of patients' aggression. In both countries, we have found an incomplete problem solution by the management of healthcare facilities. *Conclusion:* Verbal as well physical violence against nurses is a frequent phenomenon in the workplace of Czech and Slovak nurses. The management of healthcare facilities must establish appropriate procedures to reduce the occurrence of this phenomenon.

Keywords: experience, healthcare facility, nurses, psychological problems, workplace violence.

Introduction

Workplace violence (WPV) is "a serious concern for nurses, health care organisations, patients and society as a whole, because it has wide spread negative effects" (Hogarth et al., 2016). It belongs to the severe and complex issues in different types of healthcare facilities in many countries (Beattie et al., 2019; Boafo & Hancock, 2017; Chang et al., 2019; Fisekovic et al., 2015; Jiao et al., 2015). According to the World Health Organization (WHO), the International Labor Office (ILO), the International Council of Nurses (ICN), and Public Services International (PSI) (2002), there is a generally accepted characteristic of workplace violence. The definition of workplace violence is: "Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health" (ILO, ICN, WHO, PSI, 2002).

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The assault of healthcare workers by patients is not a new phenomenon and workplace violence in medical facilities has been in the focus of research for several decades. Healthcare professionals from all categories are confronted with workplace violence (Dehghan-Chaloshtari & Ghodousi, 2017; Fallahi-Khoshknab et al., 2016) that is perpetrated mostly by patients and visitors (Jiao et al., 2015). Violence on workplace may have direct and indirect influence on the health care professionals, quality of care and patient satisfaction (Lau et al., 2004).

However, among health care provider, nurses are the group mostly exposed to workplace violence (Fisekovic et al., 2015). They are confronted with a wide range of violence at work or on duty (Dehghan-Chaloshtari & Ghodousi, 2017). Nurses do not even report violence experiences in the workplace what does not mean they do not suffer as a result of such an incident (Ori et al., 2014). Nurses even regard workplace violence as component of nursing job and consider reporting workplace violence unimportant (Yoon & Sok, 2016).

A solution to the problem exists in a workplace violence prevention program in healthcare facilities (Harwoord, 2017). Schablon et al. (2018) described

the preventive measures such as de-escalation training or first aid support from colleagues as major factors in dealing with and preventing violent and aggressive attacks. "Workplace violence prevention should be addressed aggressively and comprehensively in health care. Safety in health care workplaces relies on leadership enacting appropriate policies; trained employees intervening and reporting; multidisciplinary teams using evidence-based threat assessment and management practices, communicating safety plans, and analysing the environmental context; and ongoing evaluation of program effectiveness" (Wyatt, 2016).

In the Czech Republic (CZ) and Slovakia (SK), a high incidence of aggression towards nurses, mainly by patients, was documented in several national descriptive studies (Lepiešová & Nemčeková, 2013; Lepiešová et al., 2015; Pekara et al., 2017). These studies aim mainly at description of hospitalized patient aggression against nurses, but they do not address its consequences. However, the issue of violence against nurses addresses only marginal attention in these countries, both in clinical practice and in research. The CZ and SK are currently two separate countries in Central Europe with a common history. In 1918, the CZ and SK formed one state, the CZ, which was divided into two separate states in the course of political and social changes in January 1993. These countries now have similar healthcare as well as education systems for healthcare workers. In both countries, health care workers including nurses are protected by law. There are increased criminal penalties for assaults against nurses. In the CZ and SK, there is no systematic implementation of the nursing education program aimed at prevention and management of workplace violence.

Our research study highlights the prevalence of workplace violence against nurses and the consequences of its unsystematic treatment in two European countries with similar healthcare systems.

Aim

The main aim of this research was to identify the incidence of workplace violence against nurses in healthcare facilities in the Czech Republic and Slovakia, its sources, ways of dealing with violence against nurses, the intensity of nurse's psychological problems as a result of their experience of workplace violence, and to describe the differences in the monitored data items between nurses in these two countries.

Methods

Design

A cross-sectional study. The use of the Strengthening the Reporting of Observational studies in Epidemiology checklist is declared by the authors.

Sample

The sample consisted of 526 nurses working in the selected healthcare settings within two participating countries: the CZ and SK. Inclusion criteria were: registered nurse; working in the selected setting; at least one year of clinical experience in the CZ or SK; and consent with the research participation.

In SK, sample consisted of 200 nurses. Slovak sample consisted of nurses from different healthcare facilities (two selected hospitals including an outpatient clinic, and two home care agencies) in Middle Slovakia Region (Žilina Region). In the sample from SK, the largest number of respondents was in the age group 50–54 years (16.5%) with the prevalence of the female participants (96.5%) and 92% of the respondents worked as nurses. The most-mentioned length of practice has been more than 20 years (46%), and the majority of respondents worked on shifts (80%).

In CZ the sample consisted of 326 nurses from two selected hospitals in Moravian-Silesian Region. The largest number of respondents was in the age groups 35–39 years (17.2%) and 40–44 years (17.2%). Women also prevailed (92.1%) among the respondents from CZ, and 71.9% of respondents worked as nurses. The most-mentioned length of practice has been more than 20 years (37%), and the majority of respondents worked on shifts (75.9%).

Data collection

Data collection period lasted from June 2016 to November 2016. Data were collected from nurses working in two health care facilities in CZ and four health care facilities in SK. Paper and pencil questionnaires were administered by researchers to nurses from health care facilities. The researchers addressed the respondents through the chief nurses in the workplaces of their departments. Four hundred nurses were contacted in CZ and two hundred forty nurses in SK. The response rate in the CZ was 81.5% and the response rate in Slovakia was 83.3%.

A structured, self-administered questionnaire adapted from ILO, ICN, WHO, and PSI. ILO/ICN/WHO/PSI, Geneva 3 Workplace Violence in the Health Sector Country Case Study – Questionnaire was used for data collection. Validity and reliability of the tool has

been repeatedly confirmed (Bordignon et al., 2015; Cheung et al., 2018; Niu et al., 2019).

For the purpose of this study, only following 5 main sections of the questionnaire were used: Personal and workplace data (16 items), Physical workplace violence (20 items), Psychological workplace violence (12 items), Opinions on workplace violence (3 items), and health sector employer (2 items). Most of the questions provided multiple choice answers. Nurses were asked to fill the questionnaire (to tick the boxes or write on the marked area). Some parts of the questionnaire were excluded, as for example bullying/mobbing, sexual harassment, racial harassment.

Permission to use the questionnaire was obtained from copyright holder International Labour Office in Geneva, Switzerland. This study was part of a larger study realized in five European countries. The Czech version of the questionnaire was used with permission from Czech-Moravian Confederation of Trade Unions which already translated questionnaire earlier for the purpose of their project. Slovak translation of the questionnaire was not available prior the study. Therefore, the selected parts of the instrument were translated into Slovak language using forward-backward translation as recommended for the cross-cultural adaptation of study instruments (Sperber, 2004).

Data analysis

Descriptive statistical characteristics were calculated (means, standard deviation, absolute and relative frequencies) for the items. To determine the associations between variables, Chi-square test was used. A p-value < 0.05 was considered to be significant. Data were analyzed using the statistical program Statistical Package for the Social Sciences 18.0 (SPSS Inc., Chicago, IL, USA).

Results

The nurses reported their concerns about workplace violence in the Personal and Workplace section of the questionnaire using the five-point Likert scale: 1 – not at all concerned and 5 – extremely concerned. The most frequent response of the Slovak nurses (29%) received an average rating of 3 points. It means that the nurses are moderately concerned about violence in the workplace. The Czech nurses most frequently (35.5%) answered with a rating of 2 points, which means they are slightly concerned about violence in the workplace. In the present study, 69.8% of Slovak nurses reported a lack of institutional procedures for violence incident reports in the workplace and 75.6% of Slovak nurses marked the "no" answer to the question concerning the existence of support in the workplace for reporting workplace violence incidents. In CZ, 87.9% of nurses reported the existence of procedures for reporting violence incidents in the workplace, and 79.3% of Czech nurses chose the answer "yes" to the question of the existence of support in the workplace for reporting cases of workplace violence.

Nurses working in selected healthcare facilities in the CZ and SK are exposed to physical and verbal violence (Table 1, Table 2). The nurses in SK (17.5%) as well as in CZ (17.7%) had experienced physical violence in the workplace in the past 12 months of their practice. The study has not determined any statistically significant differences in physical violence against nurses in CZ and SK. There was not any statistically significant difference in the abuser who committed the physical attack, too. In selected healthcare facilities in CZ and SK, the most frequent sources of physical violence against nurses are patients. Slovak nurses stated that 97.1% of physical attacks they had experienced were patient initiated, and in CZ, 96.5% of physical attacks against nurses had been perpetrated by patients (Table 1).

The most commonly reported response to the physical attack in both examined samples was: "I told the person who attacked me to stop". There was a statistically significant difference in the nurses' response to physical workplace violence by "reporting it to a senior staff member". Such a reaction was stated by 53.6% of Czech nurses and 20% of Slovak nurses. The nurses in SK (63.2%) and in CZ (56.3%) who did not report the incidents of physical violence to others/anyone, as the reason stated it would be "useless". There was not a statistically significant difference in the response of nurses on physical violence in workplaces "took no action" between the two monitored groups.

In the questionnaire, only 13 Slovak nurses and 44 Czech nurses responded to the item concerning the satisfaction of the nurses with the way the incidents had been addressed. In the response to this item, there was a statistically significant difference between the monitored groups. As responding to this item, the Slovak nurses expressed greater satisfaction with the solution of such incidents in comparison to the Czech nurses (Table 1).

In Slovakia, 48% of the nurses and 60.5% of the nurses in CZ had experienced verbal aggression in the workplace in their previous 12 months of practice. There is a statistically significant difference in the occurrence as well as the frequency of verbal

Table 1 Physical violence towards nurses in workplace

	Slovak nurses n (%)	Czech nurses n (%)	p (chi2)
Physical attack in the workplace in the last 12 months			
yes	35 (17.5)	56 (17.7)	
no	165 (82.5)	261 (82.3)	0.944
no answer	0 (0)	9 (0.03)	
total	200 (100)	326 (100)	
Attacker			
patient	34 (97.1)	55 (96.5)	0.665
relatives of patient	0 (0)	2 (3.5)	0.701
management/supervisor	1 (2.9)	2 (3.5)	
total	35 (100)	57 (100)	0.665
Response of nurses on physical violence in workplaces			
took no action	1 (2.9)	3 (5.4)	0.968
tried to pretend it never happened	3 (8.6)	1 (1.8)	0.312
I told the person who attacked me to stop	14 (40)	30 (53.6)	0.296
tried to defend myself physically	7 (20)	12 (21.4)	0.919
told friends/family	5 (14.3)	6 (10.7)	0.859
told a colleague	15 (42.9)	29 (51.8)	0.539
report it to a senior staff member	7 (20)	30 (53.6)	0.003*
sought help from the union	0 (0)	2 (3.6)	0.692
completed incident/accident form	3 (8.6)	12 (21.4)	0.188
other	3 (8.6)	3 (5.4)	0.867
total	35 (100)	56 (100)	
Investigation of the causes of physical violence incidents			
yes	4 (11.8)	3 (5.8)	
no	28 (82.4)	41 (78.9)	0.281
don’t know	2 (5.9)	8 (15.4)	
total	34 (100)	52 (100)	
Consequences for the attacker			
none	4 (33.3)	13 (68.4)	0.344
verbal warning issued	6 (50.0)	6 (31.6)	0.299
reported to police	2 (16.7)	0 (0)	0.212
total	12 (100)	19 (100)	
Satisfaction of nurses to the manner the incident was handled			
very dissatisfied	0 (0)	12 (27.3)	
dissatisfied	5 (38.5)	10 (22.7)	
neither satisfied nor dissatisfied	2 (15.4)	15 (34.1)	0.012*
satisfied	5 (38.5)	3 (6.8)	
very satisfied	1 (7.7)	4 (9.1)	
total	13 (100)	44 (100)	
Reasons of nurses to refuse to report incidents of physical violence to others			
it was not important	5 (26.3)	7 (43.8)	0.468
felt ashamed	1 (5.3)	0 (0)	0.930
felt guilty	1 (5.3)	0 (0)	0.930
useless	12 (63.2)	9 (56.3)	0.945
afraid of negative consequences	1 (5.3)	0 (0)	0.930
did not know who to report to	1 (5.3)	0 (0)	0.930
other	0 (0)	1 (6.3)	0.930
total	19 (100)	16 (100)	

**level of statistical significance p < 0.05*

aggression against the nurses in CZ and SK. Greater incidence and intensity of verbal aggression at work or on duty were reported by the Czech nurses. In selected healthcare facilities in CZ and SK, the most frequent source of verbal aggression against nurses are patients (Table 2).

The most frequently announced reaction of the nurses to verbal aggression was the announcement of this fact to colleagues (44.8%) in SK, and, in CZ, telling the person who had attacked the nurse to stop (64.4%).

Table 2 Psychological violence towards nurses in workplace

	Slovak nurses n (%)	Czech nurses n (%)	p (chi2)
Verbal attack in the workplace in the last 12 months			
yes	96 (48)	181 (60.5)	
no	104 (52)	118 (39.5)	0.008*
no answer	0 (0)	27 (0.08)	
total	200 (100)	326 (100)	
Frequency of nurses verbal abuse in the last months			
all the time	4 (4.2)	27 (14.7)	
often	39 (40.6)	133 (72.3)	0.000*
sometimes	43 (44.8)	24 (13)	
once	10 (10.4)	0 (0)	
total	96 (100)	184 (100)	
Abuser			
patient	71 (74)	149 (79.3)	0.390
relatives of patient	27 (28.1)	73 (38.8)	0.098
staff member	6 (6.3)	16 (8.5)	0.660
management/supervisor	9 (9.4)	11 (5.9)	0.394
external colleague/worker	1 (1)	1 (0.5)	0.792
general public	1 (1)	3 (1.6)	0.875
others	2 (2.1)	2 (1.1)	0.875
total	96 (100)	188 (100)	
Response of nurses on verbal abuse in workplaces			
took no action	22 (22.9)	23 (12.2)	0.031*
tried to pretend it never happened	15 (15.6)	12 (6.4)	0.022*
told the person to stop	38 (39.6)	121 (64.4)	0.000*
tried to defend myself physically	1 (1)	2 (1.1)	0.551
told friends/family	11 (11.5)	22 (11.7)	0.893
sought counselling	0 (0)	6 (3.2)	0.183
told a colleague	43 (44.8)	87 (46.3)	0.911
report it to a senior staff member	16 (16.7)	64 (34)	0.003*
transferred to another position	1 (1)	4 (2.1)	0.856
sought help from the union	0 (0)	2 (1.1)	0.792
completed incident/accident form	0 (0)	20 (10.6)	0.002*
other	2 (2.1)	5 (2.7)	0.919
total	96 (100)	188 (100)	
Investigation of the causes of verbal violence incidents			
yes	7 (7.3)	14 (7.7)	
no	83 (86.5)	150 (82.4)	0.577
don’t know	6 (6.3)	18 (9.9)	
total	96 (100)	182 (100)	
Consequences for the abuser			
none	11(52.4)	21 (58.3)	0.873
verbal warning issued	9 (42.9)	9 (24.3)	0.242
care discontinued	0 (0)	3 (8.3)	0.457
reported to police	1 (4.8)	0 (0)	0.783
other	0 (0)	1 (2.8)	0.783
don’t know	0 (0)	3 (8.3)	0.457
total	21 (100)	36 (100)	
Satisfaction of nurses to the manner the verbal incident was handled			
very dissatisfied	4 (14.8)	3 (8.8)	
dissatisfied	6 (22.2)	9 (26.5)	
neither satisfied nor dissatisfied	15 (55.6)	12 (35.3)	0.190
satisfied	1 (3.7)	8 (23.5)	
very satisfied	1 (3.7)	2 (5.9)	
total	27 (100)	34 (100)	
Reasons of nurses to refuse to report incidents of verbal violence to others			
it was not important	36 (45.6)	50 (60.2)	0.087
felt ashamed	0 (0)	4 (4.8)	0.145
felt guilty	1 (1.3)	0 (0)	0.975
useless	44 (55.7)	32 (38.1)	0.036*
afraid of negative consequences	4 (5.1)	8 (9.5)	0.430
others	1 (1.3)	8 (9.5)	0.050*
total	79 (100)	84 (100)	

**level of statistical significance p < 0.05*

In comparison to the Czech nurses, the Slovak nurses less often announced this incident to their senior staff member and at the same time, they did not even completed any incident form about verbal aggression. The Czech nurses (10.6%) also wrote a report on verbal aggression against them. We found a statistically significant difference in the reactions of the nurses to verbal aggression between these two groups (Table 2). The nurses in Slovakia who did not report the incidents of verbal aggression to others/anyone, as the most frequent reason stated "it would be useless" (55.7%). The nurses in CZ identified the response "it was not important" (60.2%) as the most frequent reason for not reporting verbal aggression. Concerning the reasons for not reporting incidents of verbal workplace violence, there is a statistically significant difference between the groups of nurses in CZ and SK.

A similar number of nurses mentioned "investigations of the causes of verbal aggression", 7.3% of the nurses in SK and 7.7% of the nurses in CZ. In both countries, the most common reaction to the verbal aggressor was "no consequences".

The item "satisfaction of nurses with the way of dealing with verbal incident aggression was handled" was answered by only 27 Slovak and 34 Czech nurses. Concerning this item, there was not a statistically significant difference between two sample groups (Table 2).

A statistically significant difference was found in the intensity of the psychological response to physical and verbal violence between the Czech and Slovak nurses. By means of the questionnaire adapted from ILO / ICN / WHO / PSI, the Slovak nurses reported greater intensity of monitored psychological problems as a result of experienced physical and verbal workplace violence compared to Czech nurses (Table 3, Table 4).

Table 3 Intensity of nursing psychological problems as a consequence of experience with physical violence in the workplace

Psychological problems of nurses after experience with physical violence in the workplace	Slovak nurses n (%)	Czech nurses n (%)	p (chi2)
Repeated, disturbing memories, thoughts, or images of the abuse			
not at all	6 (17.7)	34 (68)	
a little bit	15 (44.1)	10 (20)	
moderately	8 (23.5)	4 (8)	0.000*
quite a bit	5 (14.7)	1 (2)	
extremely	0 (0)	1 (2)	
total	34 (100)	50 (100)	
Avoiding thinking about or talking about the abuse or avoiding having feelings related to it			
not at all	11 (32.4)	33 (64.7)	
a little bit	16 (47.1)	7 (13.7)	0.002*
moderately	2 (5.9)	7 (13.7)	
quite a bit	5 (14.7)	4 (7.8)	
extremely	0 (0)	0 (0)	
total	34 (100)	51 (100)	
Being "super-alert" or watchful and on guard			
not at all	3 (8.8)	11 (21.6)	
a little bit	3 (8.8)	9 (17.6)	
moderately	11 (32.4)	12 (23.5)	0.341
quite a bit	16 (47.1)	18 (35.3)	
extremely	1 (2.9)	1 (2)	
total	34 (100)	51 (100)	
Feeling like everything you did was an effort			
not at all	7 (20.6)	22 (44)	
a little bit	7 (20.6)	14 (28)	
moderately	8 (23.5)	8 (16)	0.001*
quite a bit	12 (35.3)	2 (4)	
extremely	0 (0)	4 (8)	
total	34 (100)	50 (100)	

**level of statistical significance p < 0.05*

Table 4 Intensity of nursing psychological problems as a consequence of experience with verbal violence in the workplace

Psychological problems of nurses after experience with verbal workplace violence	Slovak nurses n (%)	Czech nurses n (%)	p (chi2)
Repeated, disturbing memories, thoughts, or images of the abuse			
not at all	32 (33.3)	89 (56.7)	
a little bit	26 (27.1)	56 (35.7)	
moderately	22 (22.9)	7 (4.5)	0.000*
quite a bit	15 (15.6)	4 (2.6)	
extremely	1 (1)	1 (0.6)	
total	96 (100)	157 (100)	
Avoiding thinking about or talking about the abuse or avoiding having feelings related to it			
not at all	39 (40.6)	87 (55.8)	
a little bit	29 (30.2)	32 (20.5)	0.209
moderately	19 (19.8)	24 (15.4)	
quite a bit	8 (8.3)	11 (7.1)	
extremely	1 (1)	2 (1.3)	
total	96 (100)	156 (100)	
Being "super-alert" or watchful and on guard			
not at all	15 (15.6)	43 (27.2)	
a little bit	20 (20.8)	50 (31.6)	
moderately	23 (24)	29 (18.4)	0.007*
quite a bit	34 (35.4)	29 (18.4)	
extremely	4 (4.2)	7 (4.4)	
total	96 (100)	158 (100)	
Feeling like everything you did was an effort			
not at all	26 (27.1)	63 (40.1)	
a little bit	27 (28.1)	46 (29.3)	
moderately	13 (13.5)	22 (14)	0.047*
quite a bit	23 (24)	17 (10.8)	
extremely	7 (7.3)	9 (5.7)	
total	96 (100)	157 (100)	

**level of statistical significance p < 0.05*

Discussion

In this study, about 20% of nurses in each country reported they had experienced physical violence. However, the incidence increases when the incidence of verbal violence is examined. There might exist several reasons for the high incidence of verbal violence, for example the lack of systematic implementation of nursing education programs aimed at prevention and management of verbal violence from patients; the absence of clear procedures for dealing with verbal violence; nurses consider verbal violence as part of their job and do not address this problem. In our study, there was no statistically significant difference in physical violence against participating nurses in CZ and SK, as well as in the abuser (Table 1).

Nurses working in hospitals in CZ and SK are also exposed to both physical and verbal assault from patients. In our study, there was no statistically significant difference in physical violence against participating nurses in CZ and SK, as well as in the abuser (Table 1). Physical violence was reported by 17.5% of Slovak nurses and 17.7% of Czech nurses. It is difficult to compare research studies that relate to workplace violence experienced by nurses, because these studies use a different methodology for identifying workplace violence and are realized in different clinical settings.

Many studies conducted in medical facilities that deal with aggression, show different findings/results. For example, in a study by Boafo and Hancock (2017), the result showed that only 9.0% Ghanaian nurses from public general hospitals had experienced physical violence in the 12 months prior to the study. In the study by Niu et al. (2019), the incidence of physical violence was found in 55.7% of nurses in acute psychiatric settings.

A higher percentage of physical violence in the last 12 months was reported in research studies conducted between Czech and Slovak nurses in the past years. Lepiešová et al. (2015), for example, in the research carried out in 2014 and 2015, it is stated that 83.3%

of nurses had experienced physical aggression in the sample of 1,042 Slovak nurses. According to the study by Pekara et al. (2017), the contact with physical aggression (25.2%) from patients or other persons in the healthcare facility was reported in the sample of 538 nurses. There was also a statistically significant difference in the incidence and the frequency of verbal aggression against nurses in CZ and SK. Greater incidence and intensity of verbal aggression at work or on duty were reported by the Czech nurses (Table 2). This result may be caused by different workplaces where data have been collected, or tolerance of some nurses to such behaviour that they might considered to be a part of their job (Harwoord, 2017). Toleration to aggressive behaviour of patients was demonstrated in our study, whereby 45.6% of nurses in SR and 60.2% of nurses in CZ identified the response "it was not important" as the most frequent reason for not reporting verbal aggression (Table 2).

In the response of the nurses to the verbal violence in the workplace, there are also differences between the nurses in CZ and SK. In the questionnaire, for example, 20 respondents in the Czech sample marked "completed incident/accident form" as the response to verbal aggression in the workplace, the nurses in SK, however, did not complete any incident form about verbal aggression in the workplace (Table 2). These discrepancies may be related, for example, to different approaches to dealing with patient aggression by the facilities management where the research has taken place. Wyatt et al. (2016) stress the importance of workplace management for implementation of a preventive program to decrease the prevalence of workplace violence. In our study, 55.7% of the nurses in Slovakia and 38.1% of the nurses in the CZ stated that it would be unnecessary to report the incidence of verbal aggression against them (Table 2), which indicates the passivity of the management in solving this problem in the chosen facilities. In general, nurses tend to report violence more than other health care professionals. However, reporting incidents of workplace violence is not routine practice in general hospitals (Pekara et al., 2017).

The direct consequences of WPV can be physical and psychological problems. WPV can reduce job satisfaction, quality of care, and can increase the level of work stress (Alshehry et al., 2019; El-Hneiti et al., 2020). WPV may have further negatively influence on patients' medical care (Jiao et al., 2015). The severity of psychological problems as a result of experienced physical and verbal workplace violence by nurses in CZ and SK, which were ascertained through the questionnaire adapted from ILO / ICN / WHO / PSI, was ranging from "not at all" to "extremely" (Table 3, Table 4). Greater intensity of problems as a result of verbal and physical workplace violence was proclaimed by Slovak sample. In the intensity of detected psychological problems, there was a significant difference between the two groups of nurses. Higher intensity of these problems is reported by the nurses in SK. As already mentioned, this fact can be related to the different activity of the nurses in CZ and SK after physical and verbal assault from the patient (Table 2). In our study, 20% of the Slovak nurses and 53.3% of the Czech nurses reported the incident of physical workplace violence to their supervisor (Table 1). In the case of the incidents of psychological violence against nurses, the nurses in Slovakia preferred a passive solution to this situation ("tried to pretend it never happened") compared to the nurses in CZ. Such an incident was reported to the supervisor by 16.7% of the nurses in SK and 34% of the nurses in CZ. Noorana Zahra and Feng (2018) stress the importance of support from management, encouragement to report violence, and access to workplace violence training in order to reduce and manage violence against nurses.

It is necessary to be aware of the permanent existence of surveillance, and control as component of the structure of the workplace (St-Pierre & Holmes, 2008). According to the results related to the incident reporting procedure of nurses after experience of workplace violence against them in selected health facilities in CZ and SK, there is a necessity to re-evaluate the incident reporting and management policy by the healthcare facilities management. This fact is also emphasized by Boafo and Hancock (2017).

This study has several limitations. It was performed only in the selected hospitals and departments; therefore, the results cannot be generalized for the entire nurses' population.

Data on WPV were collected by means of the questionnaire and, therefore, nurses' reports about physical and verbal violence may not accurately reflect the actual incidence of violence against them by patients as well as their relatives, as described by Blando et al. (2013). Another limitation may be the use of the questionnaire that was not originally created in the language of the target sample.

Conclusion

Verbal as well physical violence against nurses is a frequent phenomenon in the workplace of Czech and Slovak nurses. It has negative consequences

affecting various areas, including psychological problems of nurses confronted with this kind of violence. In our study, we have identified a statistically significant difference in verbal aggression as well as the intensity of psychological problems of nurses as a result of patient aggression between the groups of nurses in CZ and SK. In those healthcare facilities, in which our research was conducted, verbal and physical aggression of patients, however, is a problem that requires a systematic solution by the management of these facilities.

The results of our research point to the urgency to address systematically the issue of violence in clinical workplaces of health care facilities A clear policy towards workplace management and prevention is necessary. Healthcare management should be active in effort to reduce workplace violence and establish effective workplace violence controls or guidelines. Nurses should address workplace violence and remember that it is not a normal part of their job. They should be able to actively report the incidents of workplace violence. A workplace violence prevention program should be a necessary part of the patient safety system of all health care organizations.

Ethical aspects and conflict of interest

Permission to use the questionnaire was obtained from copyright holder. The research was approved by Ethical committee of Faculty of Medicine University and by the Ethics Committee of University hospital.

All nurses of selected health facilities meeting the criteria, was invited to voluntary participate in the study and was fully informed about the purpose of the study, they right to withdraw from participation the study at any stage.

No conflict of interest has been declared by the authors.

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Author contributions

Conception and design (BB, AT), data collection (MT, RZ, KZ, RK) data analysis and interpretation (MT, RZ, RK), manuscript draft (MT, RZ), critical revision of the manuscript (RZ, MT, KZ), final approval of the manuscript (MT, RZ).

References

Alshehry, A. S., Alquwez, N., Almazan, J., Namis, I. M., Moreno-Lacalle, R. C., & Cruz, J. P. (2019). Workplace incivility and its influence on professional quality of life among nurses from multicultural background: a cross-sectional study. *Journal of Clinical Nursing*, *28*(13–14), 2553–2564. https://doi.org/10.1111/jocn.14840

Beattie, J., Griffiths, D., Innes, K., & Morphet, J. (2019). Workplace violence perpetrated by clients of health care: a need for safety and trauma-informed care. *Journal of Clinical Nursing*, *28*(1–2), 116–124. https://doi.org/10.1111/jocn.14683

Blando, J. D., O'Hagan, E., Casteel, C., Nocera, M. A., & Peek-Asa, C. (2013). Impact of hospital security programmes and workplace aggression on nurse perceptions of safety. *Journal of Nursing Management*, *21*(3), 491–498. https://doi.org/10.1111/j.1365-2834.2012.01416.x

Boafo, I. M., & Hancock, P. (2017). Workplace violence against nurses: a cross-sectional descriptive study of Ghanaian nurses. *SAGE Open*, *7*(1), 1–9. https://doi.org/10.1177/2158244017701187

Bordignon, M., & Monteiro, M. I. (2015). Validade aparente de um questionário para avaliação da violência no trabalho. *Acta Paulista de Enfermagem*, *28*, 601–608. https://doi.org/10.1590/1982-0194201500098 (in Portuguese)

Chang, Y. P., Lee, D. C., Chang, S. C., Lee, Y. H., & Wang H. H. (2019). Influence of work excitement and workplace violence on professional commitment and turnover intention among hospital nurses. *Journal of Clinical Nursing*, *28*(11–12), 2171–2180. https://doi.org/10.1111/jocn.14808

Cheung, T., Lee, P. H. & Yip, P. S. F. (2018). The association between workplace violence and physicians' and nurses' job satisfaction in Macau. *PLoS One*, *13*(12), e0207577. https://doi.org/10.1371/journal.pone.0207577

Dehghan-Chaloshtari, S., & Ghodousi, A. (2017). Factors and characteristics of workplace violence against nurses: a study in Iran. *Journal of Interpersonal Violence*, *35*(1–2), 496–509. https://doi.org/10.1177/0886260516683175

El-Hneiti, M., Shaheen, A. M., Salameh, A. B., Al-Dweeri, R. M., Al-Hussami, M., Alfaouri, F. T., & Ahmad, M. (2020). An explorative study of workplace violence against nurses who care for older people. *Nursing Open*, *7*(1), 285–293. https://doi.org/10.1002/nop2.389

Fallahi-Khoshknab, M., Oskouie, F., Najafi, F., Ghazanfari, N., Tamizi, Z., & Afshani S. (2016). Physical violence against health care workers: a nationwide study from Iran. *Iranian Journal of Nursing and Midwifery Research*, *21*(3), 232–238. https://doi.org/10.4103/1735-9066.180387

Fisekovic, M. B., Trajkovic, G. Z., Bjegovic-Mikanovic, V. M., & Terzic-Supic, Z. J. (2015). Does workplace violence exist in primary health care? Evidence from Serbia. *European Journal of Public Health*, *25*(4), 693–698. https://doi.org/10.1093/eurpub/cku247

Harwoord, R. H. (2017). How to deal with violent and aggressive patients in acute medical settings. *Journal of the Royal College of Physicians of Edinburgh*, *47*, 176–182. https://doi.org/10.4997/JRCPE.2017.218

Hogarth, K. M., Beattie J., & Morphet J. (2016). Nurses' attitudes towards the reporting of violence in the emergency department. *Australasian Emergency Nursing Journal*, *19*(2), 75–81. https://doi.org/10.1016/j.aenj.2015.03.006

International Labour Office ILO, International Council of Nurses ICN, World Health Organization WHO, & Public Services International PSI. (2002). *Framework guidelines for addressing workplace violence in the health sector*. International Labour Office. https://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVguidelinesEN.pdf?ua=1&ua=1

Jiao, M., Ning, N., Li, Y., Gao, L., Cui, Y., Sun, H., Kang, Z., Liang, L., Wu, Q., & Hao, Y. (2015). Workplace violence against nurses in Chinese hospitals: a cross-sectional survey. *BMJ Open*, *5*, e006719. http://dx.doi.org/10.1136/bmjopen-2014-006719

Lau, J. B. C., Magarey, J., & McCutcheon, H. (2004). Violence in the emergency department: a literature review. *Australian Emergency Nursing Journal*, *7*(2), 27–37. https://doi.org/10.1016/S1328-2743(05)80028-8

Lepiešová, M., & Nemčeková, M. (2013). Násilie a agresia voči sestrám pri výkone povolania. *Sociológia*, *45*(2), 172–194. (in Slovak)

Lepiešová, M., Tomagová, M., Bóriková, I., Farský, I., Žiaková, K., & Kurucová, R. (2015). Experience of nurses with in-patient aggression in the Slovak Republic. *Central European Journal of Nursing and Midwifery*, *6*(3), 306–312. https://doi.org/10.15452/CEJNM.2015.06.0020

Niu, S. F., Kuo, S. F., Tsai, H. T., Kao, C. C., Traynor, V., & Chou, K. R. (2019). Prevalence of workplace violent episodes experienced by nurses in acute psychiatric settings. *PLoSONE*, *14*(1), e0211183. https://doi.org/10.1371/journal.pone.0211183

Noorana Zahra, A., & Feng, J. Y. (2018). Workplace violence against nurses in Indonesian emergency departments. *Enfermería Clínica*, *28*(Suppl 1), 184–190. https://doi.org/10.1016/S1130-8621(18)30064-0

Ori, J., Devi, N. S., Singh, A. B., Thongam, K., Padu, J., & Abhilesh, R. (2014). Prevalence and attitude of workplace violence among the post graduate students in a tertiary hospital in Manipur. *Journal of Medical Society*, *28*(1), 25–28. https://doi.org/10.4103/0972-4958.135222

Pekara, J., Hulinsky, P., & Treslova, M. (2017). Prevalence of violence in nursing in the Czech Republic. *Journal of Nursing and Care*, *6*(6), 438. https://doi.org/10.4172/2167-1168.1000438

Schablon, A., Wendeler, D., Kozak, A., Nienhaus, A., & Steinke, S. (2018). Prevalence and consequences of aggression and violence towards nursing and care staff in Germany – a survey. *International Journal of Environmental Research and Public Health*, *15*(6), 1274. https://doi.org/10.3390/ijerph15061274

Sperber, A. D. (2004). Translation and validation of study instruments for cross-cultural research. *Gastroenterology*, *126*(Suppl 1), S124–S128. https://doi.org/10.1053/j.gastro.2003.10.016

St-Pierre, I., & Holmes, D. (2008). Managing nurses through disciplinary power: a Foucauldian analysis of workplace violence. *Journal of Nursing Management*, *16*(3), 352–359. https://doi.org/10.1111/j.1365-2834.2007.00812.x

Wyatt, R., Anderson-Drevs, K., & Van Male, L. M. (2016). Workplace violence in health care: a critical issue with a promising solution. *JAMA*, *316*(10), 1037–1038. https://doi.org/10.1001/jama.2016.10384

Yoon, H. S., & Sok, S. R. (2016). Experiences of violence, burnout and job satisfaction in Korean nurses in the emergency medical centre setting. *International Journal of Nursing*, *22*(6), 596–604. https://doi.org/10.1111/ijn.12479

