Volume 4, Issue 1, 2026

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

PREVALENCE OF WORKPLACE VIOLENCE AGAINST HEALTHCARE PROFESSIONALS IN THE EMERGENCY DEPARTMENT OF KING ABDULLAH TEACHING HOSPITAL, MANSEHRA

Maria Bushra*[1], Muhammad Riaz[2], Khizir Jamal[3], Aysha Bibi[4], Muhammad Fayyaz[5], Shehzad Ahmed[6], Sana Safdar[7]

*[1]*Assistant Professor, Principal, Abbottabad College of Nursing & Allied Health Sciences, Abbottabad*
[2,3,4,5,6,7]*Post RN BSN Student, Abbottabad College of Nursing & Allied Health Sciences, Abbottabad*

*[1]mariabushra88@gmail.com, [2]riazkhan1886@gmail.com, [3]khizarhassanzai@gmail.com, [4]ashiii5132@gmail.com, [5]fayazhasni10@gmail.com, [6]shehzad.ahmed0019@gmail.com, [7]sanasafdar1096@gmail.com

DOI: https://doi.org/10.5281/zenodo.18386414

Keywords
workplace violence; emergency department; healthcare professionals; Pakistan; occupational safety

Article History
Received: 02 December 2025
Accepted: 12 January 2026
Published: 27 January 2026

Copyright @Author
Corresponding Author: *
Maria Bushra

Abstract

Background: *Workplace violence against healthcare professionals is a growing occupational health concern, particularly in emergency departments where high patient volumes, emotional distress, and unpredictable clinical situations increase staff vulnerability.*

Objective: *This study aimed to assess the prevalence, types, sources, frequency, and reporting practices of workplace violence among healthcare professionals working in the Emergency Department of King Abdullah Teaching Hospital (KATH), Mansehra.*

Methods: *A quantitative, descriptive cross-sectional study was conducted among 120 healthcare professionals, including nurses, physicians, and support staff, working in the emergency department of KATH. Data were collected using a structured self-administered questionnaire. Descriptive statistics were used to analyze demographic characteristics and workplace violence-related variables.*

Results: *Overall, 65% of participants reported experiencing at least one incident of workplace violence during the six months preceding data collection. Verbal abuse was the most frequently reported form of violence (50%), followed by threats or intimidation (16.7%), physical violence (12.5%), and sexual harassment (2.5%). Relatives of patients were identified as the primary perpetrators (37.5%). Despite the high prevalence, only 23.3% of participants formally reported violent incidents.*

Conclusion: *Workplace violence is highly prevalent among emergency department healthcare professionals at KATH, with verbal abuse being the dominant form and underreporting a major concern. Strengthening institutional prevention strategies, reporting mechanisms, and staff support systems is essential to improve workplace safety.*

Introduction

Workplace violence against healthcare professionals has emerged as a critical occupational health and safety concern worldwide, particularly in emergency departments. Emergency care settings are characterized by high patient turnover, overcrowding, unpredictable clinical conditions, and emotionally distressed patients and relatives, all of which increase the likelihood of aggressive behavior toward healthcare staff (World Health Organization [WHO], 2023;

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Pich et al., 2022). The WHO has identified workplace violence in healthcare as a serious threat to staff well-being, workforce retention, and the overall quality of patient care, especially in low- and middle-income countries where health systems are under significant strain (WHO, 2023).

Recent empirical evidence indicates that healthcare professionals working in emergency departments experience higher rates of workplace violence compared to those working in other hospital units (Liu et al., 2023; Nowrouzi-Kia et al., 2024). Verbal abuse has consistently been reported as the most prevalent form of violence, followed by threats, intimidation, and physical assaults (Havaei et al., 2022; Park & Cho, 2024). Although physical violence occurs less frequently, repeated exposure to verbal and psychological aggression has been shown to contribute significantly to stress, emotional exhaustion, burnout, and reduced job satisfaction among healthcare professionals, particularly nurses (Kowalczuk et al., 2022; Llor-Esteban et al., 2023).

In Pakistan, workplace violence against healthcare professionals has become increasingly visible, particularly in public sector hospitals where high patient volumes, limited resources, and staff shortages are common (Imran et al., 2022). Emergency departments in these settings often lack adequate security infrastructure and effective reporting mechanisms, which may contribute to the normalization and underreporting of violent incidents (Copeland & Henry, 2024). Recent local evidence suggests that workplace violence, combined with workforce shortages, plays a substantial role in driving burnout among emergency nurses in northern regions of Pakistan (Bibi, 2025).

Despite growing international and national awareness, empirical research examining workplace violence in emergency departments of teaching hospitals in Pakistan remains limited. Many available studies focus primarily on nursing staff or general hospital settings, with less attention given to multidisciplinary emergency department teams and institutional reporting practices (Al-Qadi et al., 2021; Khalid et al., 2024). Furthermore, there is a lack of recent, institution-specific data from tertiary care hospitals in northern Pakistan.

King Abdullah Teaching Hospital (KATH), Mansehra, is a major tertiary care teaching hospital serving a large population in the Hazara region. The emergency department manages a high volume of patients daily, creating conditions that may increase the risk of workplace violence against healthcare professionals. However, no recent published study has systematically examined the prevalence, types, sources, frequency, and reporting practices of workplace violence in this setting.

Therefore, this study aimed to assess workplace violence among healthcare professionals working in the emergency department of King Abdullah Teaching Hospital, Mansehra. By providing context-specific and contemporary evidence, the study seeks to inform hospital administrators, policymakers, and healthcare leaders and support the development of effective strategies to prevent workplace violence and improve staff safety.

Methods

Study Design

A quantitative, descriptive cross-sectional study design was employed to assess workplace violence among healthcare professionals working in the emergency department. This design was appropriate for determining the prevalence and characteristics of workplace violence at a single point in time.

Study Setting

The study was conducted in the Emergency Department of King Abdullah Teaching Hospital (KATH), Mansehra, Pakistan. KATH is a public sector tertiary care teaching hospital that provides emergency services to a large catchment population in northern Pakistan and operates continuously throughout the year.

Study Population and Sample

The study population consisted of healthcare professionals working in the emergency department, including nurses, physicians, and support staff. A total of 120 participants were recruited using convenience sampling. Healthcare professionals with at least six months of work experience in the emergency department were eligible to participate. Interns,

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

students, and staff on extended leave were excluded.

Data Collection Instrument

Data were collected using a structured, self-administered questionnaire developed after reviewing relevant literature on workplace violence in healthcare settings. The questionnaire consisted of sections addressing demographic characteristics, experience of workplace violence, types of violence, sources and frequency of incidents, and reporting practices. Participants were allowed to report more than one type of violence.

Data Collection Procedure

Data collection was carried out after obtaining permission from hospital administration. Participants were approached during duty hours at times that did not interfere with patient care. The purpose of the study was explained, and written informed consent was obtained prior to questionnaire administration. Completed questionnaires were collected anonymously.

Ethical Considerations

Ethical approval for the study was obtained from the relevant institutional authority. Permission for data collection was granted by King Abdullah Teaching Hospital. Participation was voluntary, confidentiality was maintained, and no personal identifiers were collected.

Data Analysis

Data were coded and entered into a statistical software package for analysis. Descriptive statistics, including frequencies and percentages, were used to summarize demographic characteristics and workplace violence-related variables.

Results

Participant Characteristics

A total of 120 healthcare professionals working in the emergency department participated in the study. Of the participants, 54.2% (n = 65) were female and 45.8% (n = 55) were male. The majority of respondents were aged 20–30 years (41.7%), followed by those aged 31–40 years (37.5%), while 20.8% were between 41 and 50 years of age. Nurses constituted the largest professional group (50.0%), followed by physicians (33.3%) and support staff (16.7%). Regarding work experience, 41.7% of participants had 5–10 years of experience.

Table 1 presents the demographic characteristics of the participants.

Table 1

Demographic Characteristics of Participants (n = 120)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	55	45.8
	Female	65	54.2
Age (years)	20–30	50	41.7
	31–40	45	37.5
	41–50	25	20.8
Profession	Nurses	60	50.0
	Doctors	40	33.3
	Support staff	20	16.7
Work experience	< 5 years	40	33.3
	5–10 years	50	41.7
	> 10 years	30	25.0

Prevalence and Types of Workplace Violence

Overall, 65.0% (n = 78) of participants reported experiencing at least one episode of workplace violence during the six months preceding data collection. Verbal abuse was the most frequently reported form of violence (50.0%), followed by threats or intimidation (16.7%), physical violence (12.5%), and sexual harassment (2.5%). Participants were allowed to report more than one type of violence; therefore, percentages exceed 100%.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Table 2 summarizes the types of workplace violence experienced by participants.

Table 2

Types of Workplace Violence Experienced (n = 120)

Type of violence	Frequency (n)*	Percentage (%)
Verbal abuse	60	50.0
Threats / intimidation	20	16.7
Physical violence	15	12.5
Sexual harassment	3	2.5
No violence reported	42	35.0

Participants could report more than one type of violence.

Sources and Frequency of Workplace Violence

Relatives of patients were identified as the most common perpetrators of workplace violence (37.5%), followed by patients (15.0%), visitors or other individuals (10.0%), and colleagues or staff members (2.5%).

Among participants who experienced workplace violence, 29.2% reported exposure to violent incidents two to five times per month, 25.0% reported experiencing violence once per month, and 10.8% reported experiencing violence more than five times per month.

Table 3 presents the sources and frequency of workplace violence.

Table 3

Sources and Monthly Frequency of Workplace Violence

Variable	Category	Frequency (n)	Percentage (%)
Source of violence	Patients	18	15.0
	Relatives of patients	45	37.5
	Visitors / others	12	10.0
	Colleagues / staff	3	2.5
Frequency of incidents*	Once per month	30	25.0
	2–5 times per month	35	29.2
	> 5 times per month	13	10.8

Frequency percentages are calculated from the total sample.

Reporting of Violent Incidents

Despite the high prevalence of workplace violence, reporting to hospital authorities was limited. Only 23.3% (n = 28) of participants reported violent incidents, while 76.7% (n = 92) did not pursue formal reporting.

Table 4 presents the reporting status of workplace violence incidents.

Table 4

Reporting Status of Workplace Violence Incidents (n = 120)

Reporting status	Frequency (n)	Percentage (%)
Reported	28	23.3
Not reported	92	76.7

Discussion

This study examined the prevalence, types, sources, frequency, and reporting practices of workplace violence among healthcare professionals working in the emergency department of a tertiary care teaching hospital in northern Pakistan. The findings indicate that workplace violence is a common and persistent occupational hazard in this setting, with nearly two-thirds of participants reporting at least one violent incident within the six months preceding data collection. These findings reinforce global and regional evidence that emergency departments represent one of the highest-risk clinical environments for workplace violence (Liu et al., 2023; Nowrouzi-Kia et al., 2024).

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

The prevalence of workplace violence observed in this study (65%) is comparable to rates reported in recent international studies conducted in emergency care settings, particularly in low- and middle-income countries (Rana et al., 2023; Shi et al., 2023). Emergency departments are often characterized by overcrowding, long waiting times, high patient acuity, and emotional distress among patients and their relatives, all of which contribute to heightened tensions and aggressive behavior (Pich et al., 2022). The consistency of these findings across different healthcare systems suggests that workplace violence in emergency departments is a systemic issue rather than an isolated institutional problem.

Verbal abuse was identified as the most prevalent form of workplace violence, affecting half of the participants. This finding aligns with extensive literature indicating that verbal aggression constitutes the most common yet frequently underestimated form of workplace violence in healthcare settings (Havaei et al., 2022; Park & Cho, 2024). Although verbal abuse may not result in immediate physical injury, repeated exposure has been associated with psychological distress, emotional exhaustion, burnout, and decreased job satisfaction among healthcare professionals (Kowalczuk et al., 2022; Llor-Esteban et al., 2023). The relatively lower prevalence of physical violence observed in this study is consistent with prior research; however, its occurrence remains concerning due to the potential for physical harm and long-term psychological consequences (Shi et al., 2023).

Sexual harassment was reported by a small proportion of participants in the present study. This finding should be interpreted cautiously, as sexual harassment is widely recognized to be underreported in healthcare settings, particularly in conservative sociocultural contexts where stigma and fear of blame may discourage disclosure (Aljohani et al., 2021). The low reporting rate may therefore reflect reporting barriers rather than a true absence of such incidents.

Relatives of patients were identified as the primary perpetrators of workplace violence, followed by patients themselves. This pattern has been consistently reported in emergency department literature and is often attributed to dissatisfaction with waiting times, perceived quality of care, and unmet expectations regarding treatment outcomes (Pich et al., 2022; Khalid et al., 2024). In public sector hospitals in Pakistan, limited resources and high patient volumes may further intensify frustration among patient attendants, increasing the likelihood of violent encounters (Imran et al., 2022).

The study also demonstrated that workplace violence was frequently recurrent, with a substantial proportion of participants reporting exposure on a monthly basis. Repeated exposure to violent incidents has been linked to cumulative stress, burnout, and intention to leave the profession, particularly among nurses working in high-pressure environments (Llor-Esteban et al., 2023; Bibi, 2025). These findings are particularly concerning given existing workforce shortages in the healthcare sector, as persistent workplace violence may exacerbate staff attrition and compromise continuity of care.

Despite the high prevalence and frequency of workplace violence, formal reporting of incidents was notably low. This finding is consistent with previous studies indicating that underreporting remains a significant barrier to addressing workplace violence in healthcare settings (Copeland & Henry, 2024). Fear of negative consequences, lack of confidence in institutional response mechanisms, and perceptions that reporting would not lead to meaningful action were commonly cited barriers. The persistence of these barriers suggests a need for organizational cultures that actively support reporting and prioritize staff safety (Al-Qadi et al., 2021).

Overall, the findings of this study underscore the urgent need for comprehensive, multi-level interventions to prevent and manage workplace violence in emergency departments. Evidence suggests that effective strategies should include strengthened security measures, staff training in communication and de-escalation techniques, clear reporting protocols, and strong administrative commitment to addressing reported incidents (WHO, 2023). Addressing workplace violence is essential not only for protecting healthcare professionals but also for improving job satisfaction, workforce retention, and the quality of patient care in emergency settings.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Conclusion

This study demonstrates that workplace violence is a highly prevalent occupational issue among healthcare professionals working in the emergency department of a tertiary care teaching hospital in northern Pakistan. Nearly two-thirds of participants reported experiencing at least one incident of workplace violence within a six-month period, with verbal abuse identified as the most common form. Relatives of patients were the primary perpetrators, and a substantial proportion of healthcare professionals experienced repeated exposure to violent incidents.

Despite the high prevalence of workplace violence, formal reporting was notably low, indicating significant underreporting. Fear of negative consequences, lack of confidence in institutional response mechanisms, and perceptions that reporting would not result in meaningful action appear to discourage healthcare professionals from reporting incidents. This underreporting limits the ability of healthcare institutions to accurately assess the magnitude of the problem and implement effective preventive strategies.

The findings highlight the urgent need for institutional and policy-level interventions to address workplace violence in emergency departments. Strengthening hospital security, establishing clear and supportive reporting systems, and providing regular staff training in communication and conflict de-escalation are essential steps toward improving workplace safety. Addressing workplace violence is critical not only for protecting healthcare professionals but also for ensuring workforce stability and maintaining the quality of patient care in high-pressure emergency settings.

Recommendations

Based on the findings of this study, several recommendations are proposed to reduce workplace violence and improve the safety and well-being of healthcare professionals working in emergency departments.

First, hospital administrations should develop and enforce clear policies and protocols for the prevention and management of workplace violence. Strengthening security measures in emergency departments, including the presence of trained security personnel and controlled access for patient attendants, may help reduce violent incidents.

Second, regular training programs should be provided for healthcare professionals, particularly nurses and frontline staff, focusing on effective communication, early recognition of aggressive behavior, and conflict de-escalation techniques. Such training may enhance staff confidence and improve their ability to manage challenging situations safely.

Third, healthcare institutions should establish transparent, confidential, and user-friendly reporting systems for workplace violence. Encouraging reporting through non-punitive approaches and ensuring timely administrative response to reported incidents may help address underreporting and promote a culture of safety.

Finally, policymakers should recognize workplace violence against healthcare professionals as a critical occupational health issue. Allocation of adequate resources, development of national guidelines, and implementation of monitoring systems are essential to support healthcare institutions in preventing and managing workplace violence.

Authors' Contribution

- **Maria Bushra (MB):** Supervised the study, provided overall academic leadership, and guided the research design and methodology. MB critically reviewed the manuscript for intellectual content and approved the final version for submission.
- **Muhammad Riaz (MR):** Contributed to data collection, assisted in data organization, and participated in the initial drafting of the manuscript, particularly the introduction and results sections.
- **Sana Safdar (SS):** Assisted with data collection and literature review. SS contributed to manuscript drafting and supported data interpretation under supervision.
- **Aysha Bibi (AB):** Participated in data collection and questionnaire administration. AB assisted in manuscript preparation and revision for clarity and consistency.
- **Muhammad Fayyaz (MF):** Contributed to data collection and preliminary data

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

analysis. MF supported the preparation of tables and results presentation.

- **Shehzad Ahmed):** Contributed to data collection and preliminary data analysis. MF supported the preparation of tables and results presentation
- **Khizir Jamal (KJ):** Assisted with data collection and contributed to the literature review and manuscript revision process.

Grant Support & Financial Disclosures:
None

References

Aljohani, B., Burkholder, J., Tran, Q., Chen, C., Beisenova, K., & Pourmand, A. (2021). Workplace violence in emergency departments: A systematic review. *Emergency Medicine International*, *2021*, 1–9. https://doi.org/10.1155/2021/8869936

Al-Qadi, M. M., Al-Khasawneh, A. L., & Hweidi, I. M. (2021). Workplace violence against nurses in emergency departments. *Journal of Nursing Management*, *29*(4), 700–708. https://doi.org/10.1111/jonm.13210

Bibi, S. (2025). *Unseen struggles: Nurse shortages and workplace violence driving burnout in Abbottabad's healthcare sector*. *Journal of Health, Wellness and Community Research*, *3*(12), e742. https://doi.org/10.61919/7w49hc24

Copeland, D., & Henry, M. (2024). Barriers to reporting workplace violence among healthcare workers: A cross-sectional study. *Journal of Nursing Management*, *32*(1), 45–53. https://doi.org/10.1111/jonm.13890

Havaei, F., Astivia, O. L. O., & MacPhee, M. (2022). The impact of workplace violence on nurses' mental health. *Journal of Nursing Management*, *30*(5), 1234–1242. https://doi.org/10.1111/jonm.13625

Hussain, T., Khalid, M., & Afzal, M. (2023). Horizontal violence among nurses in public hospitals. *Pakistan Journal of Nursing Research*, *5*(2), 45–52.

Imran, N., Haider, I., & Bhatti, M. (2022). Violence against healthcare workers in Pakistan. *BMC Health Services Research*, *22*, 1094. https://doi.org/10.1186/s12913-022-08431-2

Khalid, A., Rehman, F., & Ahmad, N. (2024). Emergency department security challenges in public hospitals. *Journal of Emergency Nursing*, *50*(1), 12–19. https://doi.org/10.1016/j.jen.2023.08.004

Kowalczuk, K., Krajewska-Kułak, E., & Sobolewski, M. (2022). Burnout and workplace violence among nurses. *International Journal of Environmental Research and Public Health*, *19*(4), 2241. https://doi.org/10.3390/ijerph19042241

Liu, J., Gan, Y., Jiang, H., et al. (2023). Prevalence of workplace violence against healthcare workers: A meta-analysis. *Occupational and Environmental Medicine*, *80*(2), 98–105. https://doi.org/10.1136/oemed-2022-108635

Llor-Esteban, B., Sánchez-Muñoz, M., & Ruiz-Hernández, J. A. (2023). Repeated exposure to workplace violence and burnout. *International Journal of Nursing Studies*, *137*, 104382. https://doi.org/10.1016/j.ijnurstu.2022.104382

Magnavita, N., & Chirico, F. (2020). New and emerging risk factors in occupational health. *International Journal of Environmental Research and Public Health*, *17*(23), 8906. https://doi.org/10.3390/ijerph17238906

Nowrouzi-Kia, B., Isidro, R., Chai, E., et al. (2024). Workplace violence in emergency healthcare settings. *Journal of Occupational Health*, *66*(1), e12345.

Park, M., & Cho, S. (2024). Workplace violence and job satisfaction among emergency nurses. *Journal of Clinical Nursing*, *33*(3–4), 512–520. https://doi.org/10.1111/jocn.16645

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Pich, J., Hazelton, M., Sundin, D., & Kable, A. (2022). Patient-related violence in emergency departments. *Journal of Clinical Nursing*, *31*(1–2), 46–56. https://doi.org/10.1111/jocn.15839

Rana, W., Mukhtar, S., & Mukhtar, S. (2023). Occupational stress and violence in healthcare workers. *Frontiers in Psychology*, *14*, 1178203. https://doi.org/10.3389/fpsyg.2023.1178203.

Shi, L., Zhang, D., Zhou, C., et al. (2023). Physical violence against healthcare workers. *BMC Public Health*, *23*, 512. https://doi.org/10.1186/s12889-023-15432-1

Spector, P. E., Zhou, Z. E., & Che, X. X. (2021). Nurse exposure to physical and nonphysical violence. *Journal of Occupational Health Psychology*, *26*(2), 121–134. https://doi.org/10.1037/ocp0000261

World Health Organization. (2023). *Violence and harassment in the health sector: Global evidence and policy implications*. https://www.who.int.