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Violence against Nurses in Kuwait

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Abstract

Background: Workplace violence against started to be a pandemic concern receiving attention from all the nations since the end of the last century. This issue has many impacts on the nurses' personal lives, also on the effectiveness and quality of the medical service provided.

Objetive: This study purposes to detect the prevalence of violence against nurses in Kuwait, aiming to establish the proper bases for its future prevention.

Methods: A cross-sectional study was conducted in one Kuwaiti governmental hospital. 900 questionnaires were dispersed randomly among the nurses working in the hospital. There are 600 questionnaires that entered the statistical analysis.

Results: Verbal violence found to be the most prevalent type 45.8%. Age showed a strong association with racial <0.001 and sexual <0.001, also bullying 0.004. Physical violence showed a strong association with female gender <0.001. Arabs has stronger predilection for bullying 27.27% and sexual assault 9.09%. Meanwhile, racial harassment has a stronger predilection towards non-stated 37.70% and Asian 20.89% nationalities. After adjusting for co-variants, physical violence showed a stronger correlation with female gender (OR= 6.09, CI= 3.11, 11.95). Verbal violence was reduced in the ICU (OR= 0.23, CI=0.12, 0.46) and NS (OR= 0.31, CI=0.16, 0.62) departments. Bullying showed a significant predilection for ages 40-44 years old (OR= 3.65, CI= 1.34, 9.90).

Conclusion: It can be deduced from this study that violence against nurses in Kuwait is a highly prevalent subject. An effective and practical strategy has to be adopted by multiple authorities, in order to establish appropriate future preventative measures.

Keywords: Aggression health care workers; Violence against nurses; Health care workers in Kuwait; Occupational health violence; Nurses in Kuwait

Introduction

Violence towards persons in their work settings is becoming a dominant worldwide concern as it interferes with their career and productivity [1-5]. The definition for violence adopted from the NIOSH "an act of aggression directed toward persons at work or on duty, ranging from offensive or threatening language to homicide. Workplace violence is generally defined as any physical assault, emotional or verbal abuse, or threatening, harassing, or coercive behavior in the work setting that causes physical or emotional harm". Nowadays, aggression at work is considered to be an offence which makes the offenders vulnerable for penalties. Thus, there is a necessity for the collaboration between work managers, legal authorities and society to fight against it [6]. Violence against nurses is a worldwide problem, as it is getting more prevalent, it reveals the augmentations of tendency toward violent behavior worldwide. It is associated with many deleterious outcomes on the quality of health service provided, and on the quality of life of the nurses themselves [7]. On yearly bases it is estimated that 10-50% of medical service providers are subjected to different kinds of violence. This could reach up to 85% in many places around the globe. In the U.S. Department of Labor, it is declared that 11 370 abuses took place alongside medics in the year 2010. Nursing carrier is the major concern as they perform a vital part in every health institution and having them laid open to violence results in critical consequences on the health services [8]. The rate of violence against nurses is increasing worldwide. In the Middle East and developing countries, the incidence of violence against nurses is also escalating. A descriptive study of 116 hospitals in Iraq, showed that 14.3% nurses were attacked by serious weapons, similarly among Jordanian nurses, it has found that, 22.5% of 420 study sample, were assaulted [9,10]. Declared that nurses are the most victims of physical attacks among healthcare workers. This fact has been revealed in their cross-sectional study that took place in a number of teaching hospitals in Iran during the year 2011. They found that amongst 6500 health personal, 23.5% of them have experienced physical attacks in which 78% of them were targeted upon nurses.

In Kuwait, the health sector is a major sufferer from those violent attacks. It is estimated that emergency room physicians encountered about 86% verbal and 28% physical insults in which 7% of them have led to serious harm and a grievance trauma [11] It is worth mentioning that the incidence of violence against nurses in Kuwait is not just increasing, but also is associated with deleterious outcomes such as a mass reduction in the nursing force in the health sector [2]. One large cross-sectional study conducted in Kuwait during the year 1999 amongst 5876 nurses, declared that 48% of the nurses have suffered verbal aggression and 7% non-verbal aggression [1]. Therefore, this study is aiming at assessing the prevalence and associated factors of workplace violence among nurses working in general hospitals in Kuwait.

Methods

The study was conducted in AL-Addan hospital, which is one of the governmental basic hospitals in Kuwait, covering one of the six

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Kuwaiti provinces called AL-Ahmadi district. The design adopted is a cross-sectional survey. This design has many advantages such as covering a huge sector of the population for detecting the prevalence and incidence of violence in Kuwait. Consequently, a hypothesis could be established with regards to the etiology and effects of violence against nurses in Kuwait, which could help for future planning and organization. The sample population in this survey is chosen randomly from AL-Addan hospital, which was also chosen randomly amongst many other governmental hospitals in Kuwait. The sample of nurses in this study is intended to be representing the whole population of nurses in Kuwait, as it has been chosen randomly from the whole units of the hospital, with no restrictions or certain conditions in order to limit the chance of the selection bias. Data collection will be undertaken by an English version of the "Workplace Violence in the Health Sector" questionnaire, which is adopted from the internationally standardized GENEVA 2003 questionnaire designed by the four major bodies, the International Labor Office (ILO), the World Health Organization (WHO), the International Council of Nurses (ICN), and the Public Services International (PSI) (ILO/ICN/WHO/PSI, 2003) [12]. Since this questionnaire have been adopted from the four authorized major organizations (ILO, WHO, ICN and PSI), besides being adopted to be a research tool by a number of published international studies worldwide. Thus, the validity and reliability of this questionnaire have been already verified. This questionnaire has been translated into Arabic by qualified personnel, and then translated back to English, after that it was translated to Arabic again by another language expert, in order to ensure the correct translation. Modifications to the questionnaire were carried out, such as deletions of the materials that are not matching up with the objectives of our study. Those include the questions and options concerning the paramedics or those working in the laboratories, x-ray departments. The questionnaire was self-administered to the randomly selected nurses from most of the departments in the hospital except the labor ward. A pilot study was carried out by distributing 20 copies of the questionnaire; it took place in another hospital, in order to establish a broader view of the applicability of the questionnaire to the nurses. Coding system was adopted for the different options of each question. Binary data are the ones that have only two options such as the questions asking about gender (male, female), having direct interaction with the patients (yes, no), and having night shifts (yes, no), were given (1= yeas), (2=no). Meanwhile, data which included categories such as assailant's identity (patient, staff member, patient's relative, and superior) were given numerical codes 1, 2, 3, 4, and so on for the different options. Combined options of some questions, were given certain coding for each combination of options. Furthermore, ordinal data that were included in the scales, were given certain codes out of five, that indicates each element, such as (1=very dissatisfied, 2=dissatisfied, 3=neutral, 4=satisfied, 5= very satisfied).

There were 900 English copies of the questionnaire were distributed. The response rate was 700. However, some of the questions were left unattended; others were lacking too many data, so they were not suitable for data entry. The net suitable questionnaires that were eligible for data entry were 600 questionnaires.

Statistical Analysis

Data were collected and coded then entered into an IBM compatible computer, using the IBM SPSS Statistics 22.0 (Statistical Product and Service Solutions 22.0, 2013, http://www.ibm.com/analytics/us/en/technology/spss/). Entered data were checked for accuracy then for normality, using Kolmogorov-Smirnov & Shapiro-Wilk tests, and the majorities were proved to be not normally distributed. Qualitative variables were expressed as number and percentage while quantitative variables were expressed as median and interquartile range (IQR) or as mean and standard deviation (S). The arithmetic mean and the median were used as measures of central tendency, while the standard deviation and interquartile range were used as a measure of dispersion.

After data collection, data were validated (i.e., consistency testing was done) and checking for skipping. That is besides treatment of outliers.

The following statistical tests were used:

- Independent samples t-test was used as a parametric test of significance for comparison between two sample means, after performing the Levene's test for equality of variances. This was used only for age as a variable when compared with different types of violence.
- The χ2-test (or likelihood ratio =LLR) was used as a non-parametric test of significance for comparison between the distribution of two qualitative variables.
- The Fisher's exact test was used as a non-parametric test of significance for comparison between the distributions of two qualitative variables whenever the χ2-test was not appropriate. It gives a p-value directly.
- Univariate and multivariate logistic regression analysis for prediction of violence. Binary logistic regression analysis was used to assess potential associations between exposure to violence in general (yes/no) and some risk factors, including age, gender, nationality, presence of night shifts as well as departments.
- A 5% level was chosen as a level of significance in all statistical significance tests used.

Results

Most respondents were below the age of 40 years (n=457, 76.8%), their highest percentage was in the age group 30-34 (n=204, 34.3%), males (n=491, 83.1%), married (n=514, 86.7%), with Asian nationality (n=517, 86.2%). The most (Tables 1-5) encountered type of violence is verbal abuse (n=275, 45.8%), followed by racial harassment (n=135,

Variables	Values	n	%
Age (years)	20-24	4	0.7
	25-29	131	22
	30-34	204	34.3
	35-39	118	19.8
	40-44	85	14.3
	45-49	32	5.4
	50-54	6	1
	55-59	12	2
	60+	3	0.5
	Total	595	100
	Mean ± SD	**35.42 ± 7.08**	
Sex	M	491	83.1
	F	100	16.9
	Total	591	100
Nationality	Non-stated (NS)	61	10.2
	Arabs	22	3.7
	Asians	517	86.2
	Total	600	100

Table 1: Descriptive statistics of the sample characteristics.

22.5%). Then comes both bullying and physical assault (n=56, 9.3%) and (53, 8.8%), respectively. The least type is sexual harassment (n=6, 1.0%). The greatest association is between nurses' age and the exposure to sexual and racial harassments (p-value <0.001, <0.001), also with bullying (0.004). Meanwhile there is no association between nurse's age and being exposed to physical (p-0.681) or verbal violence (0.239). There is a high association between sex of nurses and physical violence F=27, 27.0%, M=26, 5.30% (Pearson x2 =47.942, P-<0.001). Most of the significantly associated violence types have a predilection to the Arabs nationality. This is typically seen in bullying 27.27% (Pearson $\chi2$= 15.779, p-<0.001), then sexual harassment 9.09% (LLR=6.935, p-0.031). Racial harassment shows a great predilection for the non-stated nationality 37.70% (Pearson $\chi2$=9.092, p-0.011), and a smaller predilection for Arabs18.18% (Pearson $\chi2$= 9.092, p-0.011). Sexual harassment shows a small significant association with Asians 0.77% (LLR=6.935, p-0.031). Meanwhile, there is no significant association between both physical (Pearson $\chi2$=1.330, p-0.514) and verbal abuse (Pearson $\chi2$=2.688, p-0.261) with any nationality type.

General medicine department associated significantly with the majority of violence types, all are at (p-values= <0.001) except sexual harassment, was not associated significantly with any department (p-value= 0.563). Also, there is a significant association between verbal and racial violence with emergency department at (n=60, 70.59% and n=32, 37.65%), respectively, and specialized units at (n=47, 47.96% and n=28, 28.57%), respectively. Incidents reporting rates were 43%. The prevalence of physical attacks last year is (n=53, 8.8%). Most of the attacks were without weapons (n=45, 84.9%), The majority of the attacks were inflected by the patient's relatives (n=36, 67.9%). Most incidents during morning shifts (n=18, 42.9%).

Verbal abuse prevalence was (n=275, 45.8%) last year, The majority of the verbal abuse was inflected by the patient's relatives (n=226, 54.5%). the majority of them reported it to a senior staff (n=148, 53.8%) or took no action (n=71, 25.8%). Many victims offered opportunity to report the assault (n=113, 41.1%). The feeling of its uselessness was the reason of not reporting the incident in about a 1/2 (n=130, 47.3%) of the nurses, and the fear of negative consequences was the reason in about a 1/3rd (n=58, 21.1%) of them. Prevalence of bullying was (n=56, 9.3%) last year. The majority inflected by the patient's relatives (n=42, 75.0%). About a half of these victims reported to a senior staff (n=26, 46.4%). The feeling of its uselessness, was the main reason of not reporting (n=38, 67.9%).

Sexual harassment prevalence was (n=6, 0.8%) last year. It was inflected by subjects other than patients or their relatives (n=2, 33.3%). Most victims were very dissatisfied with its handling method (n=2, 33.3%), and the feeling of its uselessness was the main reason for declining reporting it (n=6, 100.0%). It is inflected mostly by patient's relatives (n=88, 65.2%), then by patients themselves (n=57, 42.2%). Opportunity to report incident offered to (n=31, 23.0%). Most victims were very dissatisfied by the method of handling incident (n=60, 55.0%). Many of them felt that reporting was useless (n=86, 63.7%). Logistic regression analysis of significant risk factors was run for each type of violence in tables to adjust for the confounding variables. Thus, the adjusted Odd Ratios was then presented for each risk factor along with its associated p-value. It was found that gender has a significant impact on physical violence; with women has 6 times greater odds of physical violence after the adjustment for covariates. Department also is a significant predictor of physical violence where the odds of physical violence is reduced by 75% for specialized unit and around 80% for others, when compared to general medicine and after the adjustment for covariates. It was found that the presence of night shifts has a significant impact on verbal abuse, with those with night shifts has 2.5 times greater odds of verbal abuse after the adjustment for covariates. Departments are a significant predictor of verbal abuse, where those working in emergency have two times greater odds when compared to general medicine department, While those working in ICU had 77% lower odds when compared to general medicine department, and after the adjustment for covariates. Age has significant impact on bullying, with those aged (40-44 years) has 3.6 times greater odds

Type of violence	Frequency	Percent
Physical violence	53	8.8
Verbal abuse	275	45.8
Bullying	56	9.3
Sexual harassment	6	1
Racial harassment	135	22.5

Table 2: Prevalence rate (%) of the different types of violence of the studied nurses encountered in their workplace, in the last 12 months.

Violence	item	Yes	No	t- value	p-value
Physical violence	n	53	542	0.412	0.681
	Mean ± SD	35.80 ± 7.20	35.38 ± 7.08		
Verbal abuse	n	272	323	1.179	0.239
	Mean ± SD	35.79 ± 7.06	35.11 ± 7.10		
Bullying	n	56	539	2.922	0.004
	Mean ± SD	38.04 ± 7.30	35.15 ± 7.01		
Sexual harassment	n	6	589	8.107	<0.001
	Mean ± SD	28.33 ± 2.04	35.49 ± 7.08		
Racial harassment	n	135	460		<0.001
	Mean ± SD	37.20 ± 7.01	34.90 ± 7.03	3.357	

Table 3: Relation of different types of violence with age of nurses in years.

Violence	Sex	Yes		No		Test	Value	p
		n	%	n	%			
Physical violence	M (n=491)	26	5.30	465	94.70	Pearson χ^2	47.942	<0.001
	F (n=100)	27	27.00	73	73.00			
Verbal abuse	M (n=491)	217	44.20	274	55.80	Pearson χ^2	3.217	0.073
	F (n=100)	54	54.00	46	46.00			
Bullying	M (n=491)	40	8.15	451	91.85	Pearson χ^2	2.397	0.122
	F (n=100)	13	13.00	87	87.00			
Sexual harassment	M (n=491)	6	1.22	485	98.78	Fisher's Exact	---	0.596
	F (n=100)	0	0.00	100	100.00			
Racial harassment	M (n=491)	106	21.59	385	78.41	Pearson χ^2	0.560	0.454
	F (n=100)	25	25.00	75	75.00			

Table 4: Relation of different types of violence with sex of nurses.

Variables	OR	P	95% CI	
Age group				
21-29	1			
30-34	1.7	0.236	0.71	4.1
35-39	2.2	0.131	0.79	6.11
40-44	1.76	0.304	0.6	5.15
45+	2.07	0.277	0.56	7.7
Sex				
Males	1			
females	6.09	0.000	3.11	11.95
Nationality				
Non-stated	1			
Arabs	0.53	0.439	0.11	2.64
Asians	0.69	0.433	0.27	1.74
Night shifts				
No	1			
Yes	1.53	0.694	0.19	12.55
Department				
General medicine	1			
General surgery	0.39	0.13	0.11	1.32
Emergency	0.61	0.264	0.26	1.45
Operating room				
Intensive care	0.49	0.164	0.18	1.34
Specialized unit	0.25	0.018	0.08	0.79
Others	0.21	0.017	0.06	0.75
NS	0.21	0.045	0.04	0.96

Table 5: Logistic regression model for predictors of physical violence in workplace.

of bullying after the adjustment for covariates. Department also is a significant predictor of bullying where the odds of bullying is reduced by 94% for those who worked in ICU, 70% lower odds for specialized unit, when compared to general medicine and after the adjustment for covariates. Age has significant impact on racial harassment, where each of age groups (35-39, 40-44 and 45 years and over) has about two times greater odds of racial harassment, compared to those less than 30 years, after the adjustment for covariates. Asians had 52% lower odds of racial harassment when compared to non-stated nationality group. It is noticeable that the mostly practical measures to reduce violence are security measures (n=322, 63.1%), next is restricting public access (n=310, 66.4%). Physical violence at work most frequently resulted from psychological troubles (n=98, 16.3%). The most contributing factors to non-physical violence were work pressure (n=90, 15.0%).

Discussion

The results of this study reveal that verbal violence has the greatest incidence 45.8% within the previous 12 months, next comes racial harassment 22.5%, which is followed by bullying 9.3% and physical harassment 8.8% at apparently the same rate. The least type of violence noticed is sexual harassment 1.0%. Physical violence shows strikingly a significant correlation with female gender x 6 times greater odds (OR= 6.09, CI= 3.11, 11.95). There is a predilection for bullying and ages above 40 years old (OR= 3.65, CI= 1.34, 9.90). A significant reduction of verbal violence, and about 3 quarters of bullying in the ICU (OR= 0.23, CI=0.12, 0.46) and (OR=0.06, CI=0.01, 0.46), respectively. Our study signifies an important point which is that the level of physical aggression is escalating against nurses in Kuwait as the time goes by. This also goes in concordance with Khademloo et al. study [13] that reported that verbal abuse against nurses was the most common violence type in Iran at a rate of 95.9%. One Chinese study [14] revealed that the physical violence rate was higher than our findings. It tended to increase at younger ages such that it was 43.4% for the ages 35-45 years ($p < 0.01$), and increased with higher proficiency level at 32.1% for the senior nurses. This could reflect the Chinese traditions that pay more respect to people when they get older. Incidence of sexual harassments in our study is also lower than that in one Iranian study conducted by Khoshknab et al. [15] in Iran, which showed that the sexual assaults rate was 4.7%. This could be justified by the more conservative nature of the Kuwaiti people with regards to the contact between men and women. However, racial harassment in our study is 22.5%, which is outweighing that in their study 12%. Sexual harassment appeared be significantly frequent in our study and subjected mainly towards younger nurses aged 28 and below (p-<0.001). This is contrasting the result obtained from a Chinese survey [16] which indicated that sexual harassment was the least frequent (12.8%). This could belong to characteristics their study subjects, as most of them are married females (57.8%), whereby being a single is a risk factor for sexual harassment. In contrast to our study Fute et al. [17] and Sabri et al. [18], revealed that many of the physically abused nurses were within the ages 30-40 years (39.5%), and (12%), respectively. This could be related to the fact that most of the physical violence in Iran is directed towards younger nurses as many of them are assigned for night shifts. Our study goes in parallel to the Ethiopian study conducted by He et al. [19] that revealed a positive correlation between physical assault and female gender (AOR=2.0, 95% CI: (1.28, 3.12). Contrasting to our study Hamdan and Abu Hamra [20], in their Mid-Atlantic US study revealed Asian nurses' contract bullying at a lower rate (24.4%) than the white nurses (30.6%). This might be due to the underreporting of the incidents by the Asian nurses. It is astonishing to discover that nightshift in our study is a protective factor from being exposed to all types of violence, as 46.31% of the study participants did not suffer any verbal abuse during their night duties (p-<0.014). In contrast to our findings, rotating shift work found to be influential for getting violence. As the prevalence of physical violence was significantly greater 16.6% (p-0.000) for shiftwork in the Chinese hospitals [21]. In parallel to our results Sabri et al. [18] reported that physical violence was mostly encountered in outpatients' clinics (29%) and emergency department (26%). With a similar pattern also for verbal abuse (P=0.02). Also, in concordance with our results a study done in Palastine by Zafar et al. [22] stated that highest level of violence types was in the ED. Mainly due to the long standing period in the ED, and the deficiency of proper inhibition systems also Abu Al-Rub and Al-Asmar [23], found that most assault occurring in Cyprian emergency departments was verbal 88.8%, that takes place mostly in the weekends (Saturday=35.24%). This could be explained by being drunk, besides the prolonged waiting times during the busy weekends.

Our findings was disputing one Lebanon study [24], males had two folds higher exposure to physical assaults than females (OR: 2.2; CI: 1.1–4.3), together with those who worked at different shifts (OR: 2.8; CI: 1.4–5.5). The most practical techniques to inhibit the aggravation of violence in the hospital were limitation of public existence 66.4%, good security procedures 63.1%, These findings go in parallel with Abu Al-Rub and Al-Khawaldeh [25] findings, as they stated that the safekeeping personnel has to ensure that no one can get into the hospital could induce harm to the others by any means. Added to that expanding the number of security members and equipment, especially during the busy and crowded times [26]. Inspiring nurses and reassuring them about the importance of reporting, in order to estimate the efficacy of the preventative methods and to improve them properly [27]. Collaboration between health authorities and nursing union to implement programs for cultural education and cultivation

on the importance of the role played by the nurses in the keeping and provision of healthcare is warranted. This could be maintained throughout schools and by media programs such as television, papers and establishing community education programs in shopping moles and health institutions [28].

Enhancing proper communication among the nursing personnel with the anxious patients and their relatives would help to comfort them and decline their unease [24]. 26 Moreover, establishing a strategy to limit the number of patients' attendees is also warranted. Activate the role of the national medical council to instate legal penalties for any provocation of nurses' rights. Further studies are needed to reveal the causes of underreporting, which is quite dominant among the Kuwaiti nursing sector in comparison to other counties. Nurses have the right of keeping their dignity and should be provided all the convenience and safety measures to practice their jobs with no interference. Thus, collaboration has to be instituted between multiple authorities such as social workers, decision makers and the heads of the departments in order to facilitate the nurses' jobs and ensure their safety and wellbeing.

Strength of the Study

- The strength of this study was that it was based on a random selection of the hospital, which was one of the governmental hospitals in Kuwait.
- Strength of this study was that nurses were randomly chosen, from all of the departments that included direct contact with patients and the public; this has eliminated any chance of a selection bias.
- There were plenty of copies of the questionnaire (900) copies were distributed among the nurses, so the sample size was great, this have given us more precision of the study results, and also it has eliminated any chance of errors.
- The questionnaire was based on the validated Geneva questionnaire 2003, of the (Violence against healthcare workers). This has given more power to our study.

Limitation of the Study

- Recall bias, as some of the nurses could not recall exactly the details of the assault that they were exposed to either due to the nature of their bust carrier, or due to the time lag since they were exposed to the assault.
- The preponderance of the female gender among the nursing carrier, could have introduced a kind of sampling bias, as some violence types have predilection to a certain gender.
- During the conduction of this work, some of the nurses were on their annual leaves, or vacation, others were having maternity or sick leaves. This could have introduced an unintentional selection bias in our study.
- A minority of nurses were strictly Arabic speakers, so they could not fill in the questionnaire properly, due to their monolingual ability.

Some of the nurses were excluded from the study because they were not fulfilling the criteria of this study. such as those adopted for teaching or research purposes. nurses who were on vacation for their annual leaves, or those who were on sick or maternity leaves, were also excluded from the research.

Key Messages

What is already known about this subject?

Although violence against nurses has been identified as an important problem in Kuwait, according to a cross-sectional survey included 5876 nurses in Kuwait [1]. Its exact magnitude and potential risk factors have been largely unknown. Therefore, this study is meant to assess the prevalence and associated factors of workplace violence among nurses working at general hospitals in Kuwait.

What are the new findings?

It is worth mentioning that the incidence of violence against nurses in Kuwait is not just increasing, but also is associated with deleterious outcomes such as a mass reduction in the nursing force in the health sector [2].

How might this impact on policy or clinical practice in the foreseeable future?

Organizational problems such as higher rates of absenteeism, burnout and job turnover might also increase among nurses. The decreases productivity and efficiency of nurses may affect the quality of medical care they administer to the patients [3]. Providing efficient safety measures to nurses is an essential role of the hospital administration to ensure job satisfaction of nurses and enable them to provide high quality level of medical service [4].

Conclusion

Violence against nurses has been identified as an important problem in Kuwait. Yet, Its exact magnitude and potential risk factors have been largely unknown. Therefore, this study is meant to assess the prevalence and associated factors of workplace violence among nurses working at general hospitals in Kuwait. The major objective is to reveal the prevalence of violence against nurses in the Kuwaiti hospitals. Also, to identify the specific risk factors that helped to perpetuate each type of violence. And establish for their basis for the future preventative measures. It can be deduced from this study that violence against nurses in Kuwait is a highly prevalent subject. An effective and practical strategy has to be adopted by multiple authorities, in order to establish appropriate future preventative measures.

Ethical Approval

The nature, purpose & process of the study were explained to the nurses after whom a verbal consent was obtained from each participant. They were assured about confidentiality. Privacy & anonymity of information were provided. Necessary steps such as not asking for names & data sources in a secure place were taken to ensure confidentiality. Nurses were always reminded of their right to withdraw from the study at any time without giving any reason.

Declaration

This paper has been approved and signed by all the authors.

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