



ORIGINAL

Workplace Violence and Emotional Intelligence among Nursing Professionals at a National Hospital in Northern Peru

Violencia laboral e inteligencia emocional en el profesional de enfermería de un Hospital Nacional del Norte del Perú

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ABSTRACT

Introduction: Workplace violence is identified as a growing challenge in the healthcare sector, negatively impacting both nursing professionals and the quality of patient care. In this context, emotional intelligence emerges as a key tool for mitigating the effects of workplace violence, facilitating effective stress management, and enhancing interpersonal relationships in the workplace.

Method: The study employed a quantitative, correlational, cross-sectional design. The sample consisted of 183 nurses from a National Hospital in Chiclayo, Peru, selected through probabilistic sampling. Two instruments were used: the EVP-health questionnaire to assess workplace violence and the TMMS-24 scale to measure emotional intelligence.

Results: Findings indicate that 45,3 % of respondents experienced a high level of workplace violence, while 61,8 % showed a low level of emotional intelligence. Additionally, a negative correlation between workplace violence and emotional intelligence was found, demonstrating that high levels of violence are associated with low levels of emotional intelligence. **Conclusions:** the study concludes that enhancing emotional intelligence in nurses could be crucial in reducing workplace violence in healthcare settings. The implementation of emotional intelligence training programs for healthcare staff is suggested, not only to improve the work environment but also to enhance the quality of care provided to patients. The research highlights the need to address these aspects to promote a safer and more efficient work environment in the healthcare sector.

Keywords: Nurses; Victimized Women; Emotional Intelligence; Workplace Violence.

RESUMEN

Introducción: la violencia laboral se identifica como un desafío creciente en el ámbito de la salud, afectando negativamente tanto a los profesionales de enfermería como a la calidad del cuidado del paciente. En este contexto, la inteligencia emocional emerge como una herramienta clave para mitigar los efectos de la violencia laboral, facilitando una gestión eficaz del estrés y mejorando las relaciones interpersonales en el lugar de trabajo.

Método: el estudio siguió un diseño cuantitativo, correlacional y transversal. La muestra consistió en 183 enfermeras de un Hospital Nacional en Chiclayo, Perú, seleccionadas a través de muestreo probabilístico. Se utilizaron dos instrumentos: el cuestionario EVP-salud para evaluar la violencia laboral y la escala TMMS-24

para medir la inteligencia emocional.

Resultados: los hallazgos indican que el 45,3 % de los encuestados experimentó un alto nivel de violencia laboral, mientras que el 61,8 % mostró un bajo nivel de inteligencia emocional. Además, se encontró una correlación negativa entre la violencia laboral y la inteligencia emocional, demostrando que altos niveles de violencia se asocian con bajos niveles de inteligencia emocional.

Conclusiones: el estudio concluye que mejorar la inteligencia emocional en enfermeras podría ser fundamental para reducir la violencia laboral en entornos de salud. Se sugiere la implementación de programas de formación en inteligencia emocional para el personal de salud, no solo para mejorar el ambiente laboral sino también para potenciar la calidad del cuidado brindado a los pacientes. La investigación destaca la necesidad de abordar estos aspectos para promover un entorno de trabajo más seguro y eficiente en el sector sanitario.

Palabras clave: Enfermeros; Mujeres Violentadas; Inteligencia Emocional; Violencia Laboral.

INTRODUCTION

Workplace violence in the healthcare setting represents a growing global challenge, particularly impacting nursing professionals. This phenomenon not only compromises the safety and well-being of these workers but also negatively affects the quality of patient care. In this context, emotional intelligence is presented as a valuable resource for mitigating the effects of workplace violence, allowing for more effective stress management and fostering healthy interpersonal relationships in the workplace.^(1,2,3,4,5)

Healthcare environments, due to their dynamic and demanding nature, are prone to tensions and conflicts that can lead to workplace violence, defined as incidents where staff are abused, threatened, or assaulted in circumstances related to their work, including the journey to and from work.^(6,7,8,9,10) Nursing professionals, in particular, are susceptible to this type of violence, experiencing everything from verbal to physical assaults.^(3,11,12)

Emotional intelligence, understood as the ability to recognize, understand, manage, and use emotions effectively in oneself and others,⁽⁴⁾ plays a crucial role in developing adaptive responses to emotional and social challenges in the workplace.⁽⁵⁾ There is a significant relationship between emotional intelligence and the capacity to cope with workplace violence, especially relevant in nursing, where professionals are in constant interaction with patients and families in situations of high vulnerability and stress. It has been shown that high emotional intelligence in nursing professionals can significantly improve the work climate, reduce stress levels, and, thereby, decrease the incidence of violence episodes.^(13,14,15,16) Developing skills related to emotional intelligence, such as empathy, self-awareness, and emotional regulation, can offer more effective communication and conflict resolution strategies.^(17,18,19,20)

Over the last twenty years, workplace violence in healthcare facilities has been a topic of increasing attention, with cases reported in various locations, including Peru. Enhancing nurses' emotional intelligence could be a strategy to reduce workplace violence, highlighting the importance of self-awareness, self-management, social awareness, and relationship management for personal and professional success. Effective communication is crucial for diagnosis, care, and treatment of patients, highlighting the importance of identifying and enhancing emotional intelligence in the healthcare sector. The prevalence of workplace violence has been increasing, impacting the mental health of medical professionals and patients seeking high-quality care. Workplace violence is conceptualized by the World Health Organization⁽⁸⁾ as an injustice suffered by health personnel during working hours, mostly of a verbal and psychological type. In Mexico, experiences of nurses related to threats against their lives, insults, and physical aggressions, including the use of firearms and bladed weapons, have been documented.⁽⁹⁾ In Peru, it was reported that a high percentage of health personnel have suffered some type of aggression, with patients' relatives being the main aggressors, followed by work colleagues. The SUNAFIL⁽¹⁰⁾ indicates that the majority of complaints of workplace violence come from workers, highlighting the reluctance to report due to fear of dismissal, lack of knowledge about complaint channels, and the normalization of workplace harassment. Studies in Mexico show that most nurses have a medium degree of emotional intelligence, indicating that they possess the necessary skills to effectively manage their emotions and those of others.^(21,22,23,24,25) In Chile, an increase in stress levels among healthcare workers has been observed, pointing out the importance of developing emotional skills to address this issue.⁽¹²⁾

This study aims to analyze the relationship between workplace violence and emotional intelligence in nursing professionals, to identify emotional weaknesses and strengthen their capacities to reduce workplace violence and improve the quality of care. It is hoped that this work will benefit both nursing staff and patients, promoting a better understanding of this phenomenon and the development of strategies to improve the work environment and interpersonal relationships.⁽¹³⁾

METHOD

Design and participants

The study employed a quantitative, descriptive, cross-sectional, and non-experimental approach.⁽¹⁴⁾ The population consisted of 350 nurses working in person at a hospital in the city of Chiclayo, and the sample included 183 nurses from the total population, calculated using the formula for finite populations. The sampling was probabilistic, simple random, as all population elements had the same chance of being chosen, and were selected by defining the population characteristics and sample size through random selection.

Instruments

To assess workplace violence, the EVP-health questionnaire was used. It consists of 13 items and three dimensions corresponding to the three forms of violence that can occur in the country's healthcare centers: intimidation, isolation, and disparagement. Each question was rated on a Likert scale from 1 to 4 (Never=0, Sometimes=1, Most of the time=2, Always=3). After calculating the scores, the final values of the variable were placed between good, regular, and high, according to the scale set by the authors.⁽¹⁵⁾ Cinco Five experts (doctors, nurses, and teaching psychologists) judged the content validity based on Kendall's rank concordance coefficient they assigned ($W=0,509$; $p<0,026$), meeting content validity requirements. Through exploratory component analysis, the KMO test (0,759) and Bartlett's test of sphericity ($p<0,001$), it was concluded that the criteria for internal concept validity are met. According to internal consistency, the reliability of the EVP-health Workplace Violence Scale was assessed using Cronbach's alpha coefficient, which was universally suitable at $\alpha=0,803$, indicating a high level of reliability.⁽¹⁵⁾

For assessing emotional intelligence, the TMMS-24 scale was used, consisting of 24 items, further divided into three dimensions, each with 8 items: attention to feelings, emotional clarity, and emotional repair. Each question was rated on a Likert scale from 1 to 5 (Not at all=1, Slightly=2, Moderately=3, Very=4, and Completely=5). After calculating the scores, the final values of the variable will be placed in high, adequate, and low according to the scale set by the authors.¹⁶ Experts in psychology and nursing analyzed the conceptual equivalence and the extent to which the instrument reflected the specific domain being measured to determine the content validity of the instrument. An exploratory factor analysis was used to establish the internal concept validity, the KMO test (0,985) and Bartlett's test of sphericity ($p<0,000$), concluding that it meets the conditions of internal construct validity. The reliability of the TMMS-24, according to internal consistency, was evaluated using Cronbach's alpha coefficient, which was globally ($\alpha=0,950$), concluding that it has high reliability.⁽¹⁷⁾

Procedure

Subsequently, the study was carried out following the respective administrative procedures, authorization was requested from the authority of a National Hospital, to request permissions and interviews with volunteer study participants. The survey was conducted (in a virtual mode) to collect the required information through a questionnaire to measure the outlined objectives, following the signing of informed consent. The application of the instrument took approximately 20 minutes per study subject.

Data Analysis

Then, data were tabulated through the SPSS program, version 26 in Spanish, and results were presented through graphs and tables. Throughout the research process, respective ethical considerations were considered.

RESULTS

Prevalence of Perceived Workplace Violence

It is evident that of the 183 surveyed nurses, the majority perceive a level of violence between high (45,3 %) and medium (24,6 %) respectively (Table 1).

Level	No.	%
Low	55	30,1
Medium	45	24,6
High	83	45,3
Total	183	100

Detailed Analysis of Workplace Violence Dimensions

It is evident that of the 183 surveyed nurses, the majority perceive a high level of violence in the dimensions: Intimidation is high (49,2 %) and medium (23,5 %), isolation is high level (59,5 %), and disparagement is high level (53,5 %) respectively (Table 2).

Table 2. Workplace Violence by Dimensions among Nursing Professionals

Level	Intimidation		Isolation		Disparagement	
	No.	%	No.	%	No.	%
Low	50	27,3	47	25,7	47	27,9
Medium	43	23,5	27	14,8	27	18,6
High	90	49,2	109	59,5	109	53,5
Total	183	100	183	100	183	100

Levels of Emotional Intelligence

It is evident that of the 183 surveyed nurses, the majority perceive a level of emotional intelligence as low (61,8 %) and medium (36,6 %) respectively (Table 3).

Table 3. Emotional Intelligence among Nursing Professionals

Level	No.	%
Low	113	61,8
Adequate	67	36,6
High	3	1,6
Total	183	100

Assessment of Emotional Intelligence Dimensions

It is evident that of the 183 surveyed nurses, the majority perceive emotional intelligence by dimensions as: Attention to feelings is adequate (51,9 %) and low (44,3 %), Emotional clarity is low level (50,3 %) and adequate (46,4 %), and Emotional repair is low level (48,1 %) and adequate (47,5 %) respectively (table 4).

Table 4. Emotional Intelligence by Dimensions among Nursing Professionals

Level	Attention to Feelings		Emotional Clarity		Emotional Repair	
	No.	%	No.	%	No.	%
Low	81	44,3	92	50,3	88	48,1
Adequate	95	51,9	85	46,4	87	47,5
High	7	3,8	6	3,3	8	4,4
Total	183	100	183	100	183	100

Correlation Between Workplace Violence and Emotional Intelligence Dimensions

The findings show that the factors of workplace violence and emotional intelligence are related, with the bilateral significance being 0,000, less than 0,05 ($p \leq 0,05$). Moreover, the relationship is considerably negative as the intensity is -0,610, -0,479, -0,661, and -0,554, and the level of reliability is 95 % in a sample of 183 nursing professionals from a national hospital (table 5).

Table 5. Correlation between Variables and their Dimensions.

Correlation	Variable	Dimensions			Bilateral significance
		Emotional Intelligence	Attention to Feelings*	Claridad emocional *	
				Rho Spearman	
Violence laboral*	-0,610**	-0,479**	-0,661**	-0,554**	0,000

**The correlation is significant at the 0,01 level (2-tailed).

DISCUSSION

Healthcare staff, particularly in nursing, who possess high emotional intelligence, resolve problems more positively.^(26,27,28,29,30) Nurses capable of maintaining emotional self-control can manage conflictive situations more effectively, and the higher the emotional intelligence among nurses, the more harmonious their relationships become.^(31,32,33,34,35) The aim is to determine the relationship between workplace violence and emotional intelligence among nursing professionals. The results demonstrate a correlation between both variables, with $p=0,000$. This contrasts with findings from Rocha et al, where no relationship between emotional intelligence and workplace violence among nurses was found. Both studies reveal behaviors in both variables that differ across settings, marking a point of differentiation because Rocha's study was conducted in Portugal, a first-

world country with an advanced healthcare system, whereas the healthcare system in Chiclayo has many areas needing improvement. Regarding the level of workplace violence, it was high in 45,3 % of cases. This differs from findings by other authors,^(31,32,33,34,35,36) who reported that nurses experiencing workplace violence mostly show lower personal satisfaction, feeling unfulfilled in their work.

Healthcare is a special occupation requiring high emotional and communication skills because the medical activity itself demands the total attention of the staff. Excessive concentration can also lead to neglect of nurses' emotional output, affecting their attitude, listening, patience, communicative awareness, and emotional awareness.^(37,38,39,40,41) Studies have shown that the level of nurses' emotional intelligence influences the characteristics of the nurse-patient relationship and determines the rate of exposure to violence during conflict. The level of emotional intelligence in a National Hospital in Chiclayo was found to be low in 61,8 %. Similar results were found by Mazzella-Ebstein *et al.* and Papathanasiou *et al.*, who reported low levels of emotional intelligence in their nursing staff. This is explained by the fact that emotionally intelligent nurses have the ability to identify their own emotions and feelings and to adequately identify and differentiate types of emotions to assess the potential for violence. Perceiving and understanding emotions, understanding suffering, and communicating well with the other party. Examples include discussing delicate and heavy topics, understanding and controlling others' emotions as much as possible, providing psychological support, and gaining cooperation and recognition from coworkers.^(42,43,44,45,46,47,48)

Regarding the relationship between the variable of workplace violence and dimensions such as empathy or attention to feelings, emotional repair, and emotional clarity, the bilateral significance is 0,000, being less than 0,05 ($p \leq 0,05$). This contrasts with findings of some articles.^(49,50)

Emotional intelligence at the individual, family, community, and social levels has been proposed as a cognitive-behavioral strategy for overcoming violence.^(51,52) Therefore, developing emotional intelligence capabilities and understanding how to manage conflicts effectively is necessary for everyone, especially for nurses who are constantly faced with stressors in the workplace. Littlejohn showed that the use of emotional intelligence to reduce workplace violence has become the missing link in the nursing and healthcare industry, emphasizing that all professional healthcare leadership must unite and insert a single approach into all healthcare practices, education, and operations.

Implications

The results highlight that a comprehensive approach promoting the development of emotional intelligence in nursing professionals could be key to mitigating workplace violence. Emotional intelligence, characterized by attention to feelings, emotional clarity, and emotional repair, is associated with a better ability to handle stress situations and interpersonal conflicts, which are frequent in health environments. Nurses with higher levels of emotional intelligence are more likely to manage conflictive situations effectively, which in turn can reduce the incidence of workplace violence. The prevalence of workplace violence identified in this study aligns with that documented in previous research across various geographical and health contexts, underscoring its global nature and the need for culturally adapted intervention strategies. Moreover, the observed low emotional intelligence suggests a significant opportunity for professional and personal development of nurses, with the potential to improve not only the well-being of health workers but also the quality of patient care. This study contributes to the existing literature by offering a perspective from a specific context in Peru, enriching the global understanding of the phenomenon and its regional peculiarities. However, it is crucial to consider contextual differences when interpreting these results and designing interventions. Emotional intelligence training for healthcare staff could be an effective strategy not only for improving the work environment but also for enhancing the quality of care offered to patients.

CONCLUSION

In conclusion, it is important to note that cultivating the emotional intelligence of nurses is necessary and feasible for improving rates of workplace violence to ensure standards of efficacy and efficiency currently demanded by patients. The findings highlight that problems related to workplace violence persist as a phenomenon that directly affects a healthy work environment, being a limitation for developing teamwork, quality indicators, productivity, and work performance. Additionally, emotional intelligence is a competency that needs to be developed to manage activities related to nursing care. The work of nursing professionals is centered on nurse-patient interaction and the interdisciplinary team to promote collaborative relationships for the benefit of the patient's recovery and specialized treatment required in a health setting.

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