ORIGINAL ARTICLE
Workplace Challenges and Violence against Nurses: Subject Review

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ABSTRACT
The "World Health Organization (WHO) defines workplace violence as, 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." (WV) is listed as one of the world's leading causes of workplace disability, and is widespread in health settings in Arab countries and Iraq as well. Nursing staff have the highest recorded incidence of interpersonal violence in Iraq, posing a major concern for healthcare professionals. Different researchers concentrate on prevalence rates of violence against nurses in hospitals, addressing forms of violence, position and background of violence in the workplace. Thus, some form of occupational violence has been encountered by most Iraqi nurses,that may contribute to harm and abuse and reduced job performance. Reports have described the impact of violence in the workplace on the employee satisfaction of nurses and patient safety, but few studies have been done about whether aggression in the workplace influences patient safety via employee satisfaction. Ultimately, abuse against nurses is perceived by the nursing community to be a dynamic and chronic workplace risk. In the health care sector, nurses are among the most abused staff. Nurses are too often subject to abuse, primarily from clients, relatives of patients, visitors and caregivers team. The purpose of this article is to review the violence against nurses and challenges work place.

INTRODUCTION
The Canadian Nurses Association (CNA) strongly advocate violence-free workplaces to combat harassment in the workplace. Since aggression in the workplace poses a danger to workplace safety and health[1].Workplaces must conform with territorial laws that are in force. As the concept of harassment in the workplace can differ, the following description is beneficial: "use by a person against a worker, in a workplace, of physical force that causes or could cause him bodily harm"[2]. Bullying, on the other hand, reflects general psychological abuse, which involves actions that have a stronger impact and reach than gender and race related abuse. Bullying is a type of violence and mental attack [3]

Like in the form of medical, verbal (threats intended to kill, harm or threaten), economic and sexual actions, violent behavior may be explicit. They may also be concealed, such as neglect, rude behavior, embarrassment and hiding of information in front of other nurses. Such attitudes can exist with caregivers [4] .For instance, an altercation among workers and third parties and also with external parties. The consequences of harassment in the workplace or at home may have a good event on the workplace and psychological care providers [5]. The results of family violence may often carry over into the work and threaten the private safety of all workers and the safety of workers [6] .The consequences of family violence can also be absenteeism and decreased productivity. Abuse and bullying have a detrimental effect on clients' health [7] .

Workplace abuse in healthcare has an effect on the wellbeing of staff, as seen in health workers who felt offended as well as elevated levels of mental distress correlated with bullying experienced by health workers , to decrease general health, mental health, and strength ratings[8].

Studies show that abuse against doctors and nurses is more widespread than more individual know. Although 80% of almost 3,000 workplace attacks occur annually in hospital environments, just 41% of nurses and 32% of doctors in the (ED) have reported instances of violence. Many familiar with everyday events in health systems may be surprised to learn that aggressive altercations are so normal that they are considered to be merely part of the process by most employees in the field [9].

Forms of Workplace Violence: There are four forms of violence that can arise in the organization. The first type is by offenders that have no affiliation with the workplace or workers. The attacker is a client of the workplace in the second form. A third form is where the assailant is a work place employee. The fourth form happens when the attacker has a private discussion with the worker [10].

Workplace Abuse Prevalence: "Prevalence of workplace violence from 1993 through 1999, an average of 1.7 million people per year was victim of violent crime while working or on duty in the US .In 2008, there were 16,330 cases of nonfatal assaults and violent acts by persons requiring days away from work in private industry" [11].

They are three nurses employed at a teaching hospital with a Bachelor of Nursing degree. We have been met, directly or indirectly, with sort of violence during our job in the emergency room, whether verbal, physical or psychological. We enable us to better grasp the very meaning of violence and, more specifically, violence in treatment, and its prophylactic and curative dimensions, through the realization of this work. The core of our work in mental hospitals will revolve around abuse in prison services. To use it, we will develop a strategy for nursing care to improve the care. "Indeed, thanks, among other things, to a research methodology work, during our previous year of work, we were able to notice the importance of recognizing this theme and questioning ourselves about the main impacts of it" [12].

The effects of workforce violence against nursing employees: Violence toward nurses can lead to psychological effects in hospital administration, such as anxiety, anger, distrust, and decreased employee performance. A most impacted is early career nurses, as it can lead to professional disenchantment**.** Violence affects caregivers' professional perspective, threatens recruiting and retention efforts, which can ultimately threaten clinical outcomes, especially during the general shortage of nurses [13]

DISCUSSION
Workplace abuse threatens the health and well-being of nurses, other health professionals, caregivers. Individuals directly impacted by a violent event, and also those who experience it, are at danger of fairly serious to extreme physical and psychological consequences. Victims as witnesses may take violent actions as a societal expectation or survival tactic on their own [14]. The consequences of domestic terrorism reach beyond the working setting in order to impact the community and personal lives of potential witnesses. "Bullying in the workplace leads to low employee morale and their satisfaction, and an increase in absenteeism, wastage rates and intention to leaving employment and nursing" [15] .In healthcare facilities, violence can cause unwanted impact on health (collapse, medical errors and administration) and adversely affect patients' health outcomes. The resulting decrease in the standard of care, as well as the bad

reactions of contact with the health system, could prevent clients from receiving care [16].

The direct and indirect financial costs of treatment, as well as its qualitative and human costs, can also be exacerbated by violence at work. These costs include, but are not limited to, loss of efficiency, absenteeism, loss of expertise, the effect on the morale of workers, issues with the organization's or the institution's image, and a reduction in the safety and well-being of employees and patients [17-28].

Nursing professionals "who experience workplace violence are likely to suffer physical and psychological distress, which may affect the worker's capacity to perform everyday activities, his or her relationship with other people, financial condition, quality of life, and the health care system". In addition, the effects of nursing violence in the workplace impact the whole health coverage organization, since it affects its workers, that can lead to decrease of employees, disease or team disability, undermine the standard of care given, and produce costs [29,30,31].

A study by (Tak, et al.,2010) "found that 30% of the nursing assistants indicated that they previously experienced physical injuries from aggression by residents. A strong association was found between mandatory overtime (OR) of 1.65 at 95% (CI) was 1.22, 2.24) and lack of adequate time to help residents with their daily living activities (OR of 1.49 at 95% CI was 1.25, 1.78) with assault injuries" [32].

In a research (Sisawo, et al., 2017), the incidence of WV against nurses in the Gambia is the first to be documented. Results from 224 nurses imply a rather higher incidence of exposed to workplace violence 12 months before the research (62.1 percent). Verbal violence was the most common type. Clients' escort services and clients often were the primary perpetrators of recorded injuries. The out-pt department was identified as the location where the majority of violent prevalence took place. The perceived causes of occupational violence were primarily linked to behavior issues by nurses and patients through qualitative input from respondents [33].

WHO has stated, "An integrated approach should be actively pursued at all levels of intervention based on the combined and balanced consideration of prevention and treatment." WHO keeps employers responsible for both maintaining their workers' safety and intervening to protect them [34,35]. Health professionals are at a higher risk of harassment in the workplace. "From 2002 to 2013, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industry on average. In 2013, the broad healthcare and social assistance"[36-42].

In Iraq, by AbuAlRub et al., 2007, the "Workplace Violence Among Iraqi Hospital Nurses" this study concluded that the Physical violence is a concern in Iraqi institutions, but few employers have established clear health and safety or actual assault policies for this report. Many research subjects had witnessed abuse in the workplace and were very unhappy with the way the cases were treated. Two essential steps reported by nurses for consideration by managers and policy makers is to include educational programs to reduce workplace abuse and implement effective programs in the workplace [43].

In Mosul city Iraq , by Mahmoud ,et al., 2020 found study about "Violence Towards Nurses Staff at Teaching Hospitals in Mosul City", that the attack on nurses working in emergency is pervasive spectacularly non-physical abuse, the families are the majority of the victims of the assault on nurses in the EU. While most incidents of violence took place in the emergency room [44]

The results of this research showed that violence in the workplace is not a new phenomenon, it has become a very serious problem for nurses in Mosul Region. This research offered proof of the importance for nursing staff of the subject of workplace abuse. Evidence of a greater occurrence among nurses in Iraq was presented by the results of the study.

CONCLUSION

The conclusion of the study is that violence in the nurses workplace undermines the provision of reliable, high quality to human rights and human autonomy. In all fields of operation, attacks on nurses and other healthcare staff constitute a significant risk. Current research indicates that compulsory safeguards, such as nil policy on violence against nurses in the workplace, and robust prevent initiatives, monitoring processes and disciplinary policies, must be given to ensure a healthy and supportive workplace atmosphere. Studies have identified (WV) as one of the most dynamic and dangerous hazards facing nurses in the workplace.

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