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Assault Response Policy and Staff Performance in University of Uyo Teaching Hospital, Uyo, Nigeria

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Abstract

Ineffective assault responses are enabled by an unclear policy framework on workplace harassment in healthcare settings. This study examined the need for a safe workplace assault policy, assault awareness policy, incident reporting and investigation policy, assault training and education policy, and victim support and care policy to improve staff performance in the University of Uyo Teaching Hospital. The study adopted Trauma Theory to explain assault as an overwhelming event that is harmful in creating emotional, psychological, and physiological effects on victims. A survey research design and a sample size of 351 staff were used in the study. A structured questionnaire was used to facilitate data collection. Descriptive statistics and multicollinearity with the variance inflation factor (VIF) were used to ascertain the accuracy of the data set. The hypotheses were tested with the use of Multiple Regression Analysis. Findings revealed that a safe workplace assault policy positively improves staff performance ($B = .781$, $p < 0.05$). The assault awareness policy significantly improved staff performance ($Beta = .828$, $P < 0.05$). The incident reporting and investigation policy significantly improves staff performance ($Beta = .771$, $P < 0.05$). Assault training and education policy significantly improve staff performance ($Beta = .715$, $P < 0.05$). Victim support and care policy significantly improves staff performance ($Beta = .771$, $P < 0.05$). It is recommended that the management should prioritize a safe workplace assault policy with a zero tolerance for sexual harassment and physical assaults to optimize staff performance and reinforce the culture of trust and safety in the healthcare organization. The management should ensure that healthcare workers commit to assault awareness policy advocacy in sharing information that protects the complainants, gives them autonomy, and confidence to improve work performance. The incident reporting and investigation policies should be a fair-driven process for reporting and information gathering to address poor staff performance affected by physical and sexual assault and workplace harassment. The increased performance should be sustained through continuous review of training and education policies for skills and knowledge development to improve patient care through effective communication among healthcare professionals. The management should ensure that the victims of workplace harassment and sexual assault are provided with specialized assistance to ensure that healthcare is timely provided to satisfy the health needs of the victims

Keywords: *Safe workplace, assault policy, Incident reporting, Investigation Policy, Assault Training and Education policy, Victim Support, Care policy*

Introduction

Workplace assaults have been a significant issue in the 21st century in healthcare sectors, as many such incidents have not been investigated or reported to prevent tarnishing the goodwill of the healthcare system (World Health Organization, 2022). However, various stakeholders have raised concerns about the need for organizations to create an assault free workplace to improve productivity. Today, business experts, organizational leaders, and CEOs are gradually developing assault policies despite the paucity of empirical and theatrical studies to combat the

existence of harassment or violence in the workplace. The contemporary healthcare institution is associated with various types of assaults that affect work performance. The strategic efforts to address assault have involved the adoption of assault driven policy to promote harmony and an ethical workplace to sustain health goals of the health institution (Fida et al., 2018). However, one of the high-risk sectors of assault is the healthcare institution in Nigeria, where home-care workers, nurses, and doctors are increasingly faced with high rates of assault/violence caused by families of the patients or the patients. The contributing factors to assault are the poor practice of under-reporting the incidence caused by a lack of confidence in the assault response policies and procedures. In addition, the increasing demand for health services, inability to control visitors, and inadequate staff are factors that result in assault.

The sustainability of staff performance today requires the establishment of polices on sexual assaults, verbal assaults, physical assaults, psychological assaults, and assaults caused by employee negligence. Assault comes in the form of attack, threat, and abuse while executing organizational tasks through coworkers, managers, patients, etc. Physical assault has been a workplace violence that has caused bodily injury and harm through physical violence, the use of weapons, and other abusive practices, resulting in psychological damage. The verbal assault exists in the workplace where an individual is demeaned through threatening language, name-calling, yelling, and screaming that are hurtful. A psychological assault is the harassment involving behaviours that are harmful to the emotional well-being and mental health of employees through aggressive behaviour of bullying, unreasonable workload, threat and intimidation, and excessive monitoring. The existence of sexual assault is unacceptable sexual conduct through unwanted touching, requests for dates, hugging, suggestive eye contact, display of sexual pictures, and messages. Employee negligence creates an enabling environment for assault due to failure to act on complaints, neglecting training associated with high-risk roles of employees, and breach of duty of care to provide a safe work environment.

In healthcare institutions, a safe workplace assault policy, assault awareness policy, incident reporting and investigation policy, assault training and education policy, and victim support and care policy have been linked to improved performance of workers. The need for an assault policy has influenced work performance among employees, visitors, patients, and other stakeholders. The polices on assault response have ensured a safe and enabling compliant environment to prevent assault, protect both medical and non-medical staff from psychological and physical harm. The management commitment to assault response policies has provided a clear response protocol for assault to promote the well-being of workers. The policies have raised awareness and taught workers how to respond to or recognize the early warning signs of assault and ensure that such assaults are addressed to reduce stress among the workers, which could cause negative health outcomes in the organization. A strategic commitment to implementing assault workplace policies has given a clear, productive, dignified, and respectful work atmosphere against assault and harassment. Based on this notion, this study becomes a resource to determine the various policies associated with assault response policy and staff performance in the University of Uyo Teaching Hospital.

Statement of the problem

The continuous improvement of staff performance in the healthcare sector is undermined by a lack of enabling policies. In a healthcare setting, ineffective perceived policy, protocol, insufficient resources, and organizational support have been the systemic root cause of assault and communication breakdown. These have failed to curb various forms of assaults affecting the staff's well-being, retention of workers, and quality of care. The continuous ineffectiveness of the assault response policy has created a cycle of assault that requires multifaceted strategies to prevent and respond to assault.

In healthcare institutions, having an assault response policy is affected by inadequate resources and commitment for policy implementation to address issues of poor safe workplace

assault policy, lack of assault awareness policy, poor practice of incident reporting and investigation policy, ineffective resources for assault training and education policy development, and poor attention to victim support and care policy. These emanate because the lack of effective policies, and under-reporting have contributed to the existence of ongoing assault in the workplace, which significantly affects productivity in the healthcare system. However, with the paucity of literature on assault response policy, it has imposed a challenge regarding the need to enforce or develop a viable policy that could address various harassments, violence, and assaults in healthcare organizations. Hence, this study was conducted to fill the theoretical and empirical gaps associated with the concept of assault response policy on staff performance in the University of Uyo Teaching Hospital, Uyo.

Objectives of the study

The broad objective of the study is to examine the assault response policy and staff performance in the University of Uyo Teaching Hospital, Uyo. The specific objectives are to:

1. Examine how the safe workplace assault policy improves staff performance in the University of Uyo Teaching Hospital, Uyo.
2. Assess how the assault awareness policy improves staff performance in the University of Uyo Teaching Hospital, Uyo.
3. Determine how the incident reporting and investigation policy improves staff performance in the University of Uyo Teaching Hospital, Uyo.
4. Evaluate how the assault training and education policy improves staff performance in the University of Uyo Teaching Hospital, Uyo.
5. Ascertain how the victim support and care policy improves staff performance in the University of Uyo Teaching Hospital, Uyo.

Theoretical framework

Trauma theory

This study is anchored on the Trauma Theory developed by Nurse Ann Wolbert Burgess and Lynda Lytle Holmstrom in 1974. The theory explains assault as an overwhelming event that is harmful in creating a long-lasting emotional, psychological, and physiological effect on victims (Manson & Lodrick, 2013). The overwhelming event alters the victim's core reactions and beliefs, which lead to depression, hypervigilance, flashbacks, dissociation, and post-traumatic stress disorder.

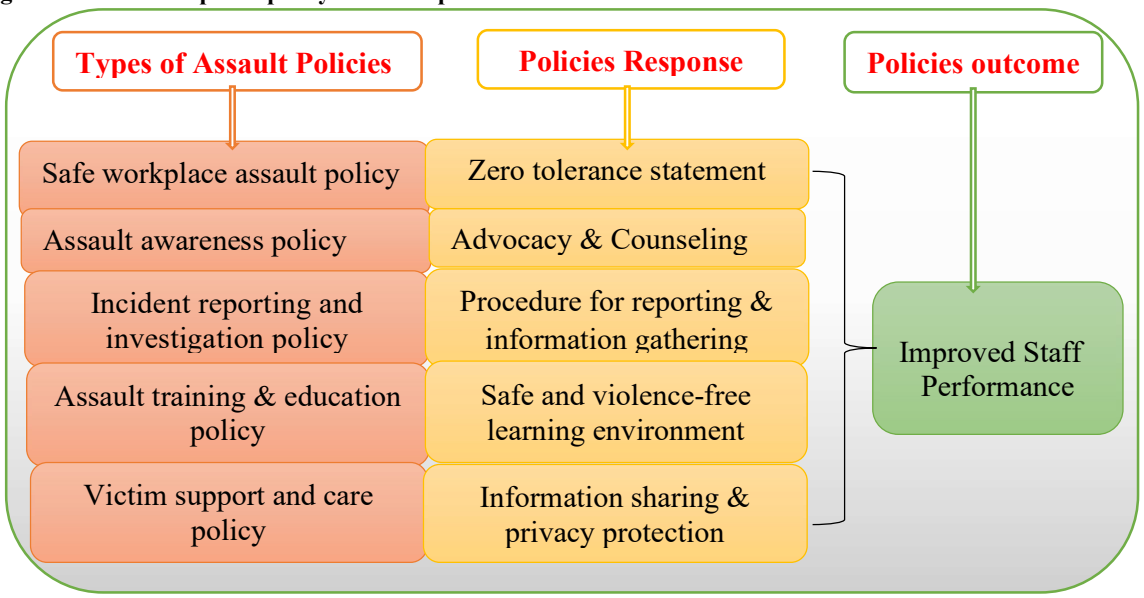
The theory assumes that it disrupts an individual's sense of self, which leads to cognitive, relational, physical, and emotional changes (Manson & Lodrick, 2013). The theory holds that the validity of survivor reactions, experience, and instinctual ability to respond is caused by past experiences. Therefore, as trauma has an impact on the brain, it affects the belief of an individual and the supportive response to prevent retraumatization, to enhance healing.

The justification of the theory for the study is that assault response policies such as safe workplace assault policy, assault awareness policy, incident reporting and investigation policy, assault training and education policy, and victim support and care policy. Furthermore, the theory offers an understanding of how emotional, neurological, and psychological trauma impacts victims. This makes victims to struggle in processing events. The theory provides the development of compassionate and effective system for trauma-informed care to heal and empower victims being assaulted.

Conceptual framework

The conceptual framework of the study was based on the researcher's ideas, experience and conception on assault response policy in a study healthcare institution. The conceptual framework covered variables such as safe workplace assault policy, assault awareness policy incident reporting and investigation policy, assault training and education policy, victim support and care policy and how it affects staff performance.

Figure 1: Assault response policy and staff performance



Source: Author 2025

Conceptual review

Assault is conceptualized as an unwanted physical harm, an attempt, or a threat being caused to an individual. It is a tort, a crime that leads to civil liability or criminal prosecution. The emerging concept of assault response has not been researched significantly by researchers and organizational experts. However, assault response relates to an organizational practice aimed at setting strategies to aid, support, and advocate for victims who have been sexually assaulted. An assault response is a practice that promotes a victim-centred process of justice and care through coordinated efforts in various sectors to proffer emotional support, medical, legal assistance, medical care, and provision of resources to the survivor (Mcloughlin, 2011). The effect response to assault is influenced by the need to provide the victim with a safe space, having respect for the victim's wishes and needs based on trauma-informed care, and sustainable implementation of prevention strategies to minimize future occurrences. An assault response policy is an action plan that outlines steps to be taken when an assault occurs in the workplace. It is a policy developed to support victims through a compassionate and consistent approach to ensure that perpetrators are accountable for the crime, while preventing future incidents (Hadi, 2019). An assault response policy is a clear statement from the leadership that assaults, such as simple assault, sexual assault, aggravated assault, and assault with a weapon, are unacceptable. An assault response policy is necessary to sustain an ethical work environment. The role of assault response policy is to inform workers of the potential dangers associated with assault. The policy helps to educate victims to identify warning signs, adhere to procedures required to report an assault incident, and set out methods for immediate response

aimed at protecting workers and investigating the assault incidents. Hence, the five response policies on assault are: a safe workplace assault policy, assault awareness policy, incident reporting and investigation policy, assault training and education policy, and victim support and care policy.

Safe workplace assault policy is a proactive approach for violence prevention against assault, which helps to create a secure and protective work environment. An effective workplace assault policy enables an organization to respond to assault incidents, and it involves setting a clear mechanism of reporting, implementing security measures, and addressing threats of violence (Ellsberg, 2015). The need for a clear policy statement defines the organization's priority for an assault-free workplace. A safe workplace assault has the goal of creating a secure and safe environment to respond to an assault situation that may escalate. Today, assault is a workplace violence that affects staff performance and limits productivity. For instance, the existence of harassment, threatening behaviour, physical violence, and intimidation undermines organizational productivity due to unethical practices. Assault as an act of violence against employees, visitors, and patients has been traced to fatal occupational injuries, which has raised a serious concern for organizations. In many contemporary workplaces, assaults have gone unreported yearly; therefore, the importance of the assault policy enables workers to identify violence and also prevent it with precaution. With the existence of a zero-tolerance policy on workplace assault, an assault is effectively managed to promote organizational success. In a healthcare institution, this policy covered anyone in contact with the institution.

Assault awareness policy ensures that the leadership and staff are educated on potential violence and early detection of signs that could result in assault. Organizational leaders must carry out an awareness campaign to foster a zero tolerance for assault by educating the workers The awareness assault policy demands setting clear goals on assault by outlining the scope of the policy on diverse assaults, amplifying the awareness campaign through a collaboration with different law enforcement and educational institutions. The development of strategies and programs to enhance assault awareness involves crafting an effective campaign to improve awareness and allocating resources to the affected victims. The sustainability of the awareness involves implementing a culture of consent, empowering workers, and challenging set norms that are harmful (Arnetz et al., 2015). An awareness must be created on the assistance that the victim will receive, the legal consequences to the perpetrators, and the restorative justice practice.

Incident reporting and investigation policy involves the practice of mandating workers to report assaults, which must be investigated, and adequate action taken to protect the workforce. The policy ensures that there is no fear of reprisal for threats being reported. The implementation of the reporting and investigation assault policy is driven by procedures that support formal reporting. The procedures involve interviewing victims involved in assault, collecting evidence, and ensuring that victims are adequately informed. According to Alexander et al. (2016), the policy involves a specific requirement for reporting. The strategic policy steps that that influence investigation is by reporting the incident of assault, collection of evidence by gathering details and fact for appropriate understating the assault incidence, interviewing parties by conducting with staff involved with adequate support, evaluating the available information with the motive to determine the actual cause of the assault, developing and implementing plans to avoid the reoccurrence of the incidence in the future, and continuous tracking to review the measures of implementation of the policy.

Assault training and education policy involves the need to provide training for workers, victims, and the community on how to identify, report, and respond to assault, which is an enabling practice to handle assault issues. The effectiveness of training and education assault policy is influenced by establishing clear anti-violent policies in the organization. Through the policies, a safe environment is created to address abuse and violence (Paluck & Ball, 2010). Implementing training is an act of ensuring the appropriate response to assault is carried out, and to provide workers with the skills and knowledge to respond and prevent assault in the

workplace. The need to tailor this policy is to ensure that the roles of workers are displayed through online or classroom sessions to allow for effective reporting of assault incidents and improve the safety of workers involved in the incidents. An effective policy content must ensure that staff are educated on the potential hazards, prevalence of assault, and risk factors in healthcare. To prevent assault, staff must be taught how to identify signs associated with aggressive behaviour, changes in posture and speech, and verbal threats. In responding to assault, there is a need to ensure that violence-associated assault does not escalate among the parties by preventing confrontational behaviours. Staff must be familiarized with the organization's safety devices and security system as a means of managing assault through laid-down policy. To promote assault reporting, clear procedures have to be established to report incidents and improve the assault policies of the health institution. Training staff has been a source of escaping assault through self-defense training.

The victim support and care assault policy defines the commitment to provide a victim-centered service for effective recovery and well-being of victims through counseling, non-clinical support, and medical care (Petit, 2019). The policy is influenced by immediate response to prioritize the immediate safety of victims, provision of immediate access to healthcare for the victims, and the provision of emotional support and immediate access to counseling. The internal and external reporting and documentation are internal practices that enhance a visible process for reporting assault in the workplace while providing support to the victim. The policy covered the support services, which are provided through psychological and counseling support, financial and legal support, and referral services. This policy drives the need for victim right and dignity, which ensures that assaulted victims are treated with dignity, compassion and respect. The policy aims to protect the privacy of the victim and maintain a high level of confidentiality. The importance of victim support and care policies helps to provide the victim with improved safety, prevention of revictimization, treatment of the victim with dignity, reduction of distress, and increased cooperation. The development of the policy has improved better public safety, effective prosecution, and an increase in victim engagement, ensuring that the appropriate treatment by victims leads to strong cooperation with the criminal justice process. In a healthcare institution, victims of assault or harassment have automatic support from the institution by a clinical psychologist and a victim care officer who offer confidence, guidance, and psychological support throughout the process.

Staff performance is influenced by workplace policies that address the actions of workers. In healthcare, task performance relates to the performance of technical duties and clinical care. The contextual performance of workers relates to the use of teams to improve work performance, and the adaptive performance is the adjustment to constant changes in new technologies. Today, improved performance of an organization requires an anti-assault and anti-harassment framework to address behaviour that could result in poor performance. The need for improved performance has been linked to continuous training and education. This is by ensuring that assault policy is used to communicate to workers, and equipping managers with training to address issues of assault/harassment for effective and fair work outcomes. Preventing harassment and assault in the workplace is a serious task of improving productivity. Preventing violence in the workplace requires collaborative efforts through policy communication on assault. Workers' improvement in performance in healthcare drives the need to provide a clear policy on harassment and violence.

Methodology

This study covered the administrative and operational staff of the University of Uyo Teaching Hospital, with a total of 2,900 staff. The sample size of 351 was scientifically determined with the use of Taro Yamane. A descriptive survey design was used to explore data on assault response policy and staff performance. A structured questionnaire was used to obtain relevant information for the study. From the self-administered questionnaire tagged "Assault Response

Policy and Staff Performance Questionnaire (ASPSPQ)", a total of 312 copies were returned, indicating a response rate of 89 percent. The data obtained were subjected to descriptive statistics, and a multicollinearity test was used to ascertain the adequacy of the data. The study uses content and face validity to establish the validity of the instrument, while the Cronbach Alpha Coefficient was adopted to achieve the reliability of the instrument. Hence, the reliability of the instrument is shown below:

Table 1: Coefficient reliability with Cronbach's Alpha

S/n	Variables	No. of items	Reliability
1	Safe workplace assault policy	5	0.783
2	Assault awareness policy	5	0.779
3	Incident reporting and investigation policy	5	0.727
4	Assault training and education policy	5	0.745
5	Victim support and care policy	5	0.761

Source: Author's analysis 2025

The hypotheses were analyzed using Multiple Regression Analysis. The model for this study is specified as:

$SP = f(ARP)$…….....(i)
$SP = f(AUR\text{-}P, AUT\text{-}P, PER\text{-}P, UNI\text{-}P)$ ....……...… (ii)
The econometric forms of the models are as follows:
$SP = \beta_0 + \beta_1 SWAP + \beta_2 AWP + \beta_3 IRIC + \beta_4 ATEP + \beta_5 VSCP$..…(iii)
Where = (β_1, β_2 - - - - $\beta_4 \neq 0$) are regression coefficients.
ARP = Assault Response Policy
SP = Staff Performance
$SWAP_1$ = Safe workplace assault policy
AWP_2 = Assault awareness policy
$IRIC_3$ = Incident reporting and investigation policy
$ATEP_4$ = Assault training and education policy
$VSCP_5$ = Victim support and care policy
ε = error
β_0 = slope
α = Constant

Table 2: Demographic representation of parents

Demographic	***Total***	***Percent (%)***
Gender		
Male	169	54.2
Female	143	45.8
Total	312	100.0
Age		
25-29 years	79	25.3
30-40 years	77	24.7
41-50 years	91	29.2
51years above	65	20.8
Total	312	100.0
Education		
SSCE	51	16.3
BSc/HND	155	49.7
Master/PhD	106	40.0
Total	312	100.0

Source: Fieldwork 2025

Demographic attributes of respondents

The demographic attributes of respondents were based on gender, age, and educational background. The data obtained from the survey showed that 169(54.2 percent) respondents were male, while 143(45.8 percent) respondents were female. This implies that the males had active involvement in the study than the females. The age range of the respondents indicates that 79(25.3 percent) respondents were 25-29 years, 77(24.7 percent) respondents were 30-40years, 91(20.8 percent) respondents were 41-50 years, while 65(20.8 percent) were 51 years and above. Also in the educational background, 51(16.3 percent) respondents had SSCE; 155(49.7 percent) respondents had BSc/HND; while 106(40.0 percent) of the respondents had master's/PhD qualifications as at the time of the survey. This affirms that the majority of the parents were academically inclined, which justifies the accuracy of the data for the study.

Descriptive Statistics of Variables of the Study

Table 3: Assault response policy and staff performance in the University of Uyo Teaching Hospital

Item	N	Mean	Std. Deviation	Variance
Safe workplace assault policy				
The risk of depression, stress, and physical assault is resolved through a safe workplace policy in the organization	312	3.76	.689	.823
Safe workplace assault policy improves morale, gives support and security to employees for improved job performance	312	3.61	.697	.878
Sexual assault against health workers and patients is reduced by the policy framework, which contributes to a safe work environment	312	3.51	.788	.768
Policy implementation on harassment helps address workplace assault with a commitment to patient safety	312	3.54	.639	.624
Assault awareness policy				
Workplace violence against healthcare workers can be decreased through an awareness policy.	312	3.78	.764	.782
Implementing the awareness policy on psychological assaults makes workers in healthcare feel secure, with higher satisfaction levels	312	3.66	.751	.888
Awareness policies encourage the healthcare staff to report incidents of assault	312	3.53	.641	.630
A lack of awareness on assault reporting affects the effectiveness of the policies on sexual assault	312	3.46	.685	.680
Incident reporting and investigation policy				
Investigating assault helps to address the root causes for corrective actions and policy changes	312	3.65	.876	.745
Collecting data on assault incidents helps identify the recurring issues that provide insights for improvements	312	3.75	.644	.654
The employees' involvement in the reporting and investigation process promotes safety among workers	312	3.54	.759	.638

Prompt reporting and investigation of assaults helps to prevent injuries and damage to the victims	312	3.41	.678	.731
Assault training and education policy				
Training enhances the understanding of workplace assault, which fosters a positive attitude for prevention and intervention.	312	3.72	.656	.583
Educating healthcare workers on sexual and physical assault helps identify behaviors that could develop into aggression.	312	3.52	.765	.552
Education and training practices aim at reducing the aggressive incidents of assault	312	3.55	.757	.763
Provision of training for nurses and other healthcare workers ensures that assault risks are reduced	312	3.68	.674	.587
Victim support and care policy				
Effective access to counseling and support services is provided to help victims regain emotional stability and process trauma	312	3.44	.785	.768
Informing victims on their rights through victim support and care policy prevents them from being assaulted victims	312	3.67	.672	.697
Providing effective policy support systems reduces the re-victimization of individuals	312	3.61	.631	.629
Support given to victims helps them to build boundaries and have a strong sense of personal safety	312	3.63	.578	.764
Staff performance				
Fair processes allow poor staff performance to be addressed with clear procedures for reporting workplace harassment	312	4.67	4.51	.678
Staff performance is optimized by the policy of zero tolerance for sexual harassment	312	4.29	.672	.697
A hostile work environment negatively affects staff performance with discriminatory behaviour, sexual favours, and unwelcome physical contact	312	4.79	.618	.693
Information sharing and protection of the complainant give confidence in staff performance	312	4.55	.569	.749

Source: SPSS Output 2025

The above descriptive statistics on assault response policy and staff performance in the University of Uyo Teaching Hospital involve variables such as safe workplace assault policy, assault awareness policy, incident reporting and investigation policy, assault training and education policy, and victim support and care policy. The adequate spread of data was done with the use of mean, standard deviation, variance, and construct as shown below:

Descriptive analysis of safe workplace assault policy

The analysis on safe workplace assault policy was measured with a mean of 3.76, 3.61, 3.51, and 3.54, which were obtained and allocated to the constructs that measure **s**afe workplace assault policy. With the standard deviation lower than 1, it signifies that 65 % of the variance

was obtained from the mean. This implies that the questions are of a positive response with a variability that is moderate. Hence, this justifies the adequate spread of the data.

Descriptive analysis of assault awareness policy

The analysis on assault awareness policy was measured with a mean of 3.78, 3.66, 3.53, and 3.46, which were obtained and allocated to the constructs that measure assault awareness policy. With the standard deviation lower than 1, it signifies that 65 % of the variance was obtained from the mean. This implies that the questions are of a positive response with a variability that is moderate. Hence, this justifies the adequate spread of the data.

Descriptive analysis of incident reporting and investigation policy

The analysis on incident reporting and investigation policy was measured with a mean of 3.65, 3.75, 3.54, and 3.41, which were obtained and allocated to the constructs that measure incident reporting and investigation policy. With the standard deviation lower than 1, it signifies that 65 % of the variance was obtained from the mean. This implies that the questions are of a positive response with a variability that is moderate. Hence, this justifies the adequate spread of the data.

Descriptive analysis of assault training and education policy

The analysis on assault training and education policy was measured with a mean of 3.44, 3.67, 3.61, and 3.63, which were obtained and allocated to the constructs that measure assault training and education policy. With the standard deviation lower than 1, it signifies that 65 % of the variance was obtained from the mean. This implies that the questions are of a positive response with a variability that is moderate. Hence, this justifies the adequate spread of the data.

Descriptive analysis of victim support and care policy

The analysis on victim support and care policy was measured with a mean of 3.44, 3.67, 3.61, and 3.63, which were obtained and allocated to the constructs that measure victim support and care policy. With the standard deviation lower than 1, it signifies that 65 % of the variance was obtained from the mean. This implies that the questions are of a positive response with a variability that is moderate. Hence, this justifies the adequate spread of the data.

Descriptive analysis of staff performance

The analysis on staff performance was measured with a mean of 4.67, 4.29, 4.79, and 4.55, which were obtained and allocated to the constructs that measure staff performance. With the standard deviation lower than 1, it signifies that 95 % of the variance was obtained from the mean. This implies that the questions are of a positive response with a variability that is moderate. Hence, this justifies the adequate spread of the data Hence, the overview of the respondents on assault response policy and staff performance is shown by the descriptive analysis, which indicates that the mean and standard deviation are in consensus based on the responses from respondents.

Multicollinearity Test

Table 4: Multicollinearity test on assault response policy and staff performance

Variables	Tolerance	Collinearity Statistic VIF
Safe workplace assault policy	.763	1.419
Assault awareness policy	.728	1.394
Incident reporting and investigation policy	.749	1.371
Assault training and education policy	.753	1.470
Victim support and care policy	.742	1.547

Source: SPSS Analysis 2025

The strength and correlations of the variables were predicted with the use of multicollinearity test. The tolerance variance inflation factor (VIF) was also used to ascertain the variation and other unexplained factors (Ringle et al., 2015). However, with the multicollinearity of 0, it means there is an overestimation of the regression coefficient, and in line with the guideline, the tolerance is not expected to be less than 0.1, and the tolerance variance inflation factor (VIF) is not expected to be greater than 5. In line with the above variables, the value of tolerance is greater than 0.1, while the permissive value is lower than 5 for VIF.

Analysis and Test of Hypotheses

Table 5: Multiple regression result on assault response policy and staff performance in the University of Uyo Teaching Hospital

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.831[a]	.669	.617	.461

a. Predictors: (Constant), SWAP, AWP, IRIC, ATEP, VSCP
b. Dependent Variable: SP
Source: SPSS output, 2025

Table 6: Analysis of variance (ANOVA) on assault response policy and staff performance in the University of Uyo Teaching Hospital

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	92.890	5	25.513	181.671	.000[b]
	Residual	32.754	307	.139		
	Total	125.644	312			

a. Dependent Variable: SP
b. Predictors: (Constant), SWAP, AWP, IRIC, ATEP, VSCP
Source: SPSS output, 2025

Table 7: Coefficients on the assault response policy and staff performance in the University of Uyo Teaching Hospital

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	T	Sig.
1	(Constant)	-.876	.264		-3.546	.001
	SWAP	.678	.077	.781	19.687	.000
	AWP	.537	.063	.828	13.794	.004

IRIC	.692	.085	.771	8.896	.000
ATEP	.552	.073	.715	8.456	.000
VSCP		.681	.855	9.543	

a. Dependent Variable: SP
Source: SPSS output, 2025

Hypothesis One

H_0: Safe workplace assault policy does not significantly improve staff performance in the University of Uyo Teaching Hospital, Uyo.

H_1: Safe workplace assault policy significantly improves staff performance in the University of Uyo Teaching Hospital, Uyo.

Decision:

The multiple regression results revealed an R-squared value of .831, an R-squared value of .669, and an adjusted R-squared value of .617. All these estimates indicated a goodness of fit of the data to the model. Table 5 presents the F-test (181.671, $p < 0.05$), indicating that the overall prediction of the independent variable on the dependent variable is statistically significant. Therefore, the regression model provides sufficient evidence to conclude that a safe workplace assault policy significantly improves staff performance. The coefficient in Table 7 provides more information on how a safe workplace assault policy positively improves staff performance. The results indicate that a safe workplace assault policy significantly improves staff performance at the University of Uyo Teaching Hospital, Uyo ($B = .781$, $p < 0.05$). Therefore, the null hypothesis was rejected.

Hypothesis two

H_0: Assault awareness policy does not significantly improve staff performance in the University of Uyo Teaching Hospital, Uyo.

H_1: Assault awareness policy significantly improves staff performance in the University of Uyo Teaching Hospital, Uyo.

Decision:

The multiple regression results revealed an R value of .831, an R-squared value of .669, and an adjusted R-squared value of .617; all these estimates indicated a good fit of the data to the model. Table 5 shows the F-test (181.671, $p < 0.05$), indicating that the overall prediction of the independent variable on the dependent variable is statistically significant. Therefore, the regression model provides sufficient evidence to conclude that assault awareness policy significantly improves staff performance. The coefficient in Table 7 provides more information on how assault awareness policy positively improves staff performance. The results show that the assault awareness policy significantly improves staff performance at the University of Uyo Teaching Hospital, Uyo (Beta = .828, $P < 0.05$). Therefore, the null hypothesis was rejected.

Hypothesis three

H_0: Incident reporting and investigation policy does not significantly improve staff performance in the University of Uyo Teaching Hospital, Uyo

H_1: Incident reporting and investigation policy significantly improves staff performance in the University of Uyo Teaching Hospital, Uyo.

Decision

The multiple regression results revealed an R-squared value of .831, an R-squared value of .669, and an adjusted R-squared value of .617. All these estimates indicated a goodness of fit of the data to the model. Table 5 shows the F-test (181.671, $p < 0.05$), indicating that the overall prediction of the independent variable on the dependent variable is statistically

significant. Therefore, the regression model provides sufficient evidence to conclude that the incident reporting and investigation policy significantly improves staff performance. The coefficient in Table 7 provides more information on how the incident reporting and investigation policy positively improves staff performance. The results show that the incident reporting and investigation policy significantly improves staff performance at the University of Uyo Teaching Hospital, Uyo (Beta = .771, P < 0.05). Therefore, the null hypothesis was rejected.

Hypothesis four

H_0: Assault training and education policy does not significantly improve staff performance in the University of Uyo Teaching Hospital, Uyo

H_1: Assault training and education policy significantly improve staff performance in the University of Uyo Teaching Hospital, Uyo

Decision:

The multiple regression results revealed an R-squared value of .831, an R-squared value of .669, and an adjusted R-squared value of .617. All these estimates indicated a goodness of fit of the data to the model. Table 5 presents the F-test (181.671, p < 0.05), indicating that the overall prediction of the independent variable on the dependent variable is statistically significant. Therefore, the regression model provides sufficient evidence to conclude that assault training and education policy significantly improve staff performance. The coefficient in Table 7 provides more information on how assault training and education policy positively improve staff performance. The results show that assault training and education policy significantly improve staff performance at the University of Uyo Teaching Hospital, Uyo (Beta = .715, P < 0.05). Therefore, the null hypothesis was rejected.

Hypothesis five

H_0: Victim support and care policy does not significantly improve staff performance in the University of Uyo Teaching Hospital, Uyo

H_1: Victim support and care policy significantly improves staff performance in the University of Uyo Teaching Hospital, Uyo

Decision:

The multiple regression results revealed an R-squared value of .831, an R-squared value of .669, and an adjusted R-squared value of .617. All these estimates indicated a goodness of fit of the data to the model. Table 5 shows the F-test (181.671, p < 0.05), indicating that the overall prediction of the independent variable on the dependent variable is statistically significant. Therefore, the regression model provides sufficient evidence to conclude that victim support and care policy significantly improves staff performance. The coefficient in Table 7 provides more information on how victim support and care policy positively improve staff performance. The results show that victim support and care policy significantly improve staff performance at the University of Uyo Teaching Hospital, Uyo (Beta = .771, P < 0.05). Therefore, the null hypothesis was rejected.

Discussion of findings

The results of the first hypothesis reveal that a safe workplace assault policy significantly improves staff performance at the University of Uyo Teaching Hospital, Uyo (Beta = .781, P < 0.05). Responses from the mean affirmed that the risk of depression, stress, and physical assault is resolved through a safe workplace policy in the organization. This is a fact because the understanding of what constitutes workplace violence is by establishing a respectful and safe work environment to minimize assault. Therefore, in the studied health organization, a

safe workplace assault policy improves morale, gives support and security to employees for improved job performance; sexual assault against health workers and patients is reduced by the policy framework, which contributes to a safe work environment; and Policy implementation on harassment helps address workplace assault with commitment to patient safety. Hence, the finding implies that staff performance is optimized by the policy of zero tolerance for sexual harassment and physical assaults, which reinforces the culture of trust and safety in the organization.

The result of the second hypothesis indicates that the assault awareness policy significantly improves staff performance at the University of Uyo Teaching Hospital, Uyo (Beta = 0.828, $P < 0.05$). Responses from the mean affirmed that workplace violence against healthcare workers is decreased through an awareness policy. This is true because the culture of advocacy helps to protect and prevent sexual assault and violence that may arise. Therefore, in the studied health organization, implementing the awareness policy on psychological assaults makes workers in healthcare feel secure with higher satisfaction levels; awareness policies encourage the healthcare staff to report incidents of assault; and a lack of awareness on assault reporting affects the effectiveness of the policies on sexual assault. The finding implies that information sharing through assault awareness policy advocacy and protection of the complainant gives autonomy and confidence for staff performance.

The result of the third hypothesis indicates that the incident reporting and investigation policy significantly improves staff performance at the University of Uyo Teaching Hospital, Uyo (Beta = 0.771, $P < 0.05$). Responses from the mean affirmed that investigating physical and sexual assault helps to address the root causes for corrective actions and policy changes. This is a fact because the incident and investigation policy on physical and sexual assault protects workers from harassment and helps to identify the root causes of assault with corrective actions. Therefore, in the studied health organization, collecting data on assault incidents helps identify recurring issues that provide valuable insights for improvement. The employees' involvement in the reporting and investigation process promotes safety among workers, and prompt reporting and investigation of assault helps prevent injuries and damage to victims. Hence, the finding implies that the practice of fair processes allows poor staff performance, physical and sexual assault to be addressed with clear procedures for reporting workplace harassment.

The result of the fourth hypothesis indicates that assault training and education policy significantly improve staff performance in the University of Uyo Teaching Hospital, Uyo (Beta = 0.715, $P < 0.05$). Responses from the mean indicated that training enhances understanding of workplace assault, which in turn fosters a positive attitude towards prevention and intervention. This is a fact because a safe work environment is created by ensuring that policies of training and education protect vulnerable workers. Therefore, in the studied health organization, educating healthcare workers on sexual and physical assault helps identify behaviors that could generate into aggression; education and training practices aim at reducing the aggressive incidents of assault; provision of training for nurses and other healthcare workers ensures that assault risks are reduced. Hence, the finding implies that a decrease in staff performance in healthcare is optimized through the skills and knowledge to improve patient care through effective communication among healthcare professionals.

The result of the fifth hypothesis indicates that victim support and care policy significantly improves staff performance at the University of Uyo Teaching Hospital, Uyo (Beta = 0.771, $P < 0.05$). Responses from the mean affirmed that Effective access to counseling and support services is provided to help victims regain emotional stability and process trauma. This is a fact because policies on victim support and care improve victim access to social services and healthcare with their rights and dignity. Therefore, in the studied health organization, informing victims of their rights through victim support and care policy prevents them from being assaulted; providing effective policy support systems reduces re-victimization of individuals; and support given to victims helps them to build boundaries and

have a strong sense of personal safety. Hence, the finding implies that victims of workplace harassment and sexual assault are provided with specialized assistance to ensure that healthcare is timely provided to satisfy the health needs of the victims

Conclusion

The sustainable improvement of healthcare is influenced by the existence of a robust assault response policy that prevents patients from harm and helps maintain the optimal healthcare of patients. The required commitment and resources must be sought to establish a framework for effective management of assault incidents with resilience in a respectful healthcare environment. This study reviewed the strategic imperative of assault response policies in the healthcare system, which comprised the need for a safe workplace assault policy, assault awareness policy, incident reporting and investigation policy, assault training and education policy, and victim support and care policy in the University of Uyo Teaching Hospital. Hence, the management commitment to assault response policies has provided a clear response protocol for assault to promote the well-being of workers. The policies have raised awareness and taught workers how to respond or recognize the early warning signs of assault and ensure that such assaults are addressed to reduce stress among the workers, which could cause negative health outcomes in the organization.

Recommendations

The study adduced the following findings:

1. The management should prioritize a safe workplace assault policy with a zero tolerance for sexual harassment and physical assaults to optimize staff performance and reinforce the culture of trust and safety in the healthcare organization.
2. The management should ensure that healthcare workers commit to assault awareness policy advocacy in sharing information that protects the complainants, gives them autonomy, and confidence to improve work performance.
3. The incident reporting and investigation policies should be a fair-driven process for reporting and information gathering to address poor staff performance affected by physical and sexual assault and workplace harassment
4. The increased performance should be sustained through continuous review of training and education policies for skills and knowledge development to improve patient care through effective communication among healthcare professionals
5. The management should ensure that the victims of workplace harassment and sexual assault are provided with specialized assistance to ensure that healthcare is timely provided to satisfy the health needs of the victims

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