

Online Publication Date: 15th May 2012
Publisher: Asian Economic and Social Society



Violence Toward Nurses

Moraveji M (Dept of Nursing, Islamic Azad Uni. Zanzan, Iran)

Farmanbar R (Assistant professor of Guilan university of medical sciences,Rasht Iran)

Soleiman nezhad N (Zanzan Uni. of medical sciences, Zanzan, Iran)

Bazarghan M (Tehran Uni. of medical sciences, Tehran, Iran)

Citation : Moraveji M, Farmanbar R, Soleiman nezhad N, Bazarghan M (2012) “ Violence Toward Nurses” International Journal of Asian Social Science, Vol.2, No.5, pp. 674-681.



Author (s)

Moraveji M

Dept of Nursing, Islamic Azad
Uni. Zanjan, Iran.

Farmanbar R

Assistant professor of Guilan
university of medical
sciences, Rasht Iran.

E-mail: farmanbar@gums.ac.ir

Soleiman nezhad N

Zanjan Uni. of medical sciences,
Zanjan, Iran.

Bazarghan M

Tehran Uni. of medical sciences,
Tehran, Iran.

Violence toward Nurses

Abstract

Background and Objective: Although anyone who works in hospital may become a victim of violence, but nurses because have the most direct contact with patients and their relatives are at higher risk. We have a lack of researches about nature of the violence toward nurses particularly in Iran. **Materials and Methods:** This survey is a descriptive comparative study which was performed on nurses working in hospitals in Eastern Azerbaijan and Zanjan that choose randomly. Data was collected by modified "Workplace violence in health sector questionnaire" after obtained validity and reliability through test-re-test. Data was analyzed by using comparison test. **Results:** Findings of this study indicated that nurses are at risk of workplace violence including physical, verbal, sexual and racial threats. There is no different between two province about extend and kinds of violence. **Conclusion:** Finding of this study is consistent with the result of previous researches regarding Existence of all kinds of violence toward nurses. Nurses' workplace condition and their special costumers, cause nurses to accept violence as part of their job. Sending on official notice and prescription to nurses on reporting all managers can follow all reported items and protecting from nurses. In this way nurses can feel secure and tranquility such as other staff. Holding classes on confronting with violence, increasing number on nurse, and improving security facilities can be important factor in prevention of violence.

Key words: Workplaces, Violence, Nurses.

Introduction

Work place violence count as apart of job hazard (Foly, 2004) and defines as follow: Aggression actions including physical invasion to staffs in a work place. Physical invasion also defines as an attack to people with hands or legs may be kidnapping and murder with use of warm and cold weapons, even though tendency to hurt verbally, Physically and written defines as it mentions (National Institute, 2002).

World health organization (who) divided violence in four levels: Physical violence (fist, kick, slap, slout, push, bite, pinch and scotch with sharpinstruments) verbal violence (behaviors like insult and scorn, terrorize,

scoff and crudeness) racial violence (having minatory manner because of race, color, language, nationality, religion, cooperation with special minority, place of birth, financial or any other situations) and sexual violence (all undesirable behavior related o sexuality which counts as an attach to someone and cause menace and insults or his/her shy) (National Institute, 2002).

Having lost of work and extra expectation from nurses, accessible place of work and lack of private place of work, no control on shuttle in place of work, accessibility to warm and cold weapons and abusive of alcohol and drugs (International Council, 2003).

Unsuitable violence against nurses has a lot of Physical and Psychological results which in concise report are: physical injuries (bruise and bone breaking) and illness (migraine, vomit, etc), anger, fear, depression, anxiety, sense of guilty, decrease of self confidence (John, 2002).

In this research, to reach the special goals the recent definition has been used.

Researcher's counts increase of violence in hospitals as significant health care problems and believe that is because of the increase of violence in society (American Nursing Association, 2001). Although everybody in hospital can be exposed with Physical aggressions and verbal menace but nurses because of direct contact with patients and retinue are exposed with the most aggressions (Foly, 2004 and National Institute, 2002). A lot of sources in European and American countries (Bonnie, 2000) and some Asian countries like Thailand, Lebanon and Africa and Australia (McPhaul, 2004; John, 1999; Occupational Safety, 2004 and Cary, 2003) shows aggression against nurses. The important known factors which predispose nursing profession to be object of violence are: Human factors including, lack of personal, using interim and shift working (shift changing and night shift), lack of security facilities and unsuitable design for place of work, unsuitable waiting room, have close Physical touch with patients and their family. Totally violence is ruinous and has deep effects on victim and witnesses and even may cause some tensions after event (Deborah, 2002).

Also decrease of work mentality, increase of work stress, departing of job, decline trust to manager and partners, having unfriendly work environment are negative organic results of violence and has lots of effects efficiency and success of organization (International Council, 2000).

Undoubted violence and menace to violence are big tension factors and obstacles for presenting services and it not compatible with offering suitable services. It is obvious that fray of nurses from people who are taking

care; with reduce the quality of health care (O'Connell, 2000).

Referring to negative effects of violence phenomenon on efficiency of nurses and quality of health care, world health organization with international labor office (ILO) and public services international (PSI) in order to decrease prevalence of violence and it is negative results this object as a preference of their researches, and be live that, those researches about violence in health care has shown just the top of ice mountain, there for collection in formation indicate extent and nature of violence in work place is one the most important factors in global program to reduce violence in health care sector. Since studies in Iran are poor we can say there has been no study about it and besides stern Azarbijan (EA) and Zanjan having around 4500 nurses occupied in state and private hospitals are of the important health care hebs of the country, it is necessary to study to shown the nature and potential factor related to violence toward nurses. It is expected that the results of this research solicit nursing majors attention to identify violence as job dangers and present useful information to improve health care qualities and prevent unacceptable phenomenon of violence.

Methods and materials:

This is a comparative descriptive research and samples included in nurses and who were occupied as a part time or full time employees in EA and Zanjan hospitals and have more than one year experience sampling was cluster and random. According to research in Lebanon (P=0/4), least of primary samples in EA around 381 people estimated which in this study it was 500 people. In Zanjan primary samples estimated around 190 people which in this study it was 200 people. Then 32 hospitals selected through catalog of stat in EA an 10 hospitals in Zanjan. After explanation to data collectors about the plan and method of data collection in a meeting questionnaires presented to spread and collect after randomize selection 48 of them because of being busy and any other reasons returned questionnaires incomplete.

special instrument for data gathering has been used with some changes in comparing with WHO (2003) which is used for data collecting like personal and special information's (age, experiences) occurrence of Physical, verbal, sexual, recessional violence, reaction of nurses and organization to violence, potential factors and strategies to defend toward violence. It should be mentioned that this measure someone suffer violence more than once during a year. To specify the accuracy of this measure we have used 10 member of Tabriz University. Also to evaluate perpetuity pf correlation co efficiency for first and second questions which filled in one week was 0.97-0.99. In quantity evaluation after collection and coding data's analyzed in SPSS software. Also for amputation data analyzed in Minitab software.

Finding:

Finding implies that lots of sample nurses were under violence and there is not a meaningful different in comparison between EA and Zanjan (P=0/682). Also study shows that under were under Physical, verbal, sexual and racial violences. The review on the variety of samples based on their response to questions shows that verbal, Physical, racial and sexual violence are orderly the most common violences toward nurses and there isn't a difference between to provinces (table 1).According to study most Physical and verbal violences were from patients and their

relatives. number of sexual violences from patients in Zanjan were more than EA but number of Physical and verbal violences from Physicians and coworkers in EA were more than Zanjan. There was a different in verbal violence from patient's relations between these two provinces. Abut nurse's reaction against violences except in "sharing with family and friends" and reporting to superion there isn't a clear difference. Majority of nurses invite aggressors to keep temper and in number of them there was no reaction. Although number of violences from nurses in EA was more than Zanjan but totally the number of vidences were low. Based on nurses opinion "disproportion between number of nurses and patients" and "lack of on time security facilities" were the most predisposing factors of violence toward nurses. In comparing the predispose of two provinces, Justin "lack of on time security facilities" the hypothesis was valid and some differences were clear (table 2).

More than half of nurses announced that there were no activity in their workplace against violence and the author's hypothesis about the clear differences in applying preventional strategies like important of quality, restriction in public access, patient screening with violence background, staff increasment, using special cloth, investment to increasment, using special cloth, investment to increase staff, were acceptable. It means that there are some differences between two provinces (table3).

Comparison variety of violence toward nurses working in hospital in eastern Azerbaijan and Zanjan 2010

violence's	responded sample size		yes		precent		statistics test	P-value	Result
	Azerbaijan	Zanjan	Azerbaijan	Zanjan	Azerbaijan	Zanjan			
physical	468	185	216	75	0.46	0.40	-1.31	0.221	reject of hypothesis
verbal	466	189	336	147	0.72	0.78	1.55	0.143	reject of hypothesis
sexual	461	175	44	17	0.095	0.097	0.06	0.99	reject of hypothesis
racial	460	156	95	24	0.21	0.15	-1.53	0.161	reject of hypothesis

Comparison nurses opinion about predisposing factors of violence's in eastern Azerbaijan and Zanjan hospital 2010

	responded sample size		yes		percent		statistics test	P- value	Result
	Azerbaijan	Zanjan	Azerbaijan	Zanjan	Azerbaijan	Zanjan			
using drug & alcohol by patient	456	124	79	11	0.17	0.088	-2.72	0.007	accepted of hypothesis
proportion of users to patient	456	124	198	35	0.43	0.28	-3.26	0.001	accepted of hypothesis
work 12-16 hours in shift	456	124	128	6	0.28	0.048	-8.14	0.000	accepted of hypothesis
lack of on time security facilities	456	124	203	44	0.44	0.35	-1.85	0.065	reject of hypothesis
patient death	456	124	67	3	0.14	0.024	-5.69	0.000	accepted of hypothesis
accessibility of nurses workplace	456	124	88	3	0.19	0.024	-7.32	0.000	accepted of hypothesis
vicinity of workplace to violent area	456	124	60	0	0.131	0	-	-	-
lack of practical program to prevent violence	456	124	83	4	0.18	0.032	-6.23	0.000	accepted of hypothesis
challenge with violent people	456	124	193	15	0.42	0.12	-8.10	0.000	accepted of hypothesis
etc	456	124	109	3	0.23	0.024	-8.85	0.000	accepted of hypothesis

Comparison nurses opinion about existing measures to deal with violence's in eastern

Azerbaijan and Zanjan hospital 2010

	Responded sample size		Yes		Precent		Statistics test	P-value	Result
	Azerbaijan	Zanjan	Azerbaijan	Zanjan	Azerbaijan	Zanjan			
Security measures	460	128	45	17	0.0978	0.133	1.06	-0.290	Reject of hypothesis
Improve surroundings	460	128	52	50.11	0.039	-3.27	0.001	-	accepted of hypothesis
Restrict public access	460	128	60	5	0.13	0.039	-9.93	0.000	accepted of hypothesis
Patient screening	460	128	47	4	0.010	0.031	-3.43	0.001	accepted of hypothesis
Patient protocols	460	128	55	12	0.119	0.094	-0.86	0.388	reject of hypothesis
Increased staff number	460	128	59	9	0.128	0.070	-2.11	0.035	accepted of hypothesis
Special equipment or clothing	460	128	43	5	0.093	0.039	-2.49	0.013	accepted of hypothesis
Changed shifts or rot as	460	128	33	7	0.072	0.054	0.73	0.467	reject of hypothesis
Reduced periods or working alone	460	128	24	3	0.052	0.023	-1.70	0.089	reject of hypothesis
Training	460	128	27	7	0.058	0.055	-0.18	0.861	reject of hypothesis
Investment in HR dvpt	460	128	43	1	0.093	0.0078	-5.48	0.000	accepted of hypothesis
None of these	460	128	261	45	0.057	0.035	-4.49	0.000	accepted of hypothesis
Other	460	128	8	8	0.017	0.062	-2.03	0.043	accepted of hypothesis

Discussion

The results of this study are the same as other studies about Physical, verbal, sexual, racial violence toward nurses. (O'Connell, 2000; Enuzun, 2005; Annette, 2005; Carroll, 1998 and Erickson, 2000) In researches with international health organization guideline, cleared that %61.5 of Australian nurses, %50 of Bulgarian nurses, %74 of Portuguese nurses, %62 of Brazilian nurses and %58 of South African nurses are victims of violence. About spread of different kinds of violence other research results indicates, sexual and racial violence are in Bulgaria 2/2 and 0.8 percent, in Lebanon 0.7 and 1/8, in Thailand 4 and 8, in Portuguese hospitals 8 and 2/2 and in south Africa 22/5 and 4/7 percent, which theses are lower than results of this study (Martino, 2003).

A study in Turkey shows %19/7 of them was under physical violence. (O'Connell, 2000) In another study has shown that 88 percent of nurses were under physical attack. (Deborah, 2002) In all of those studies like ours, most aggressors were patient's relatives. Also Nabb in 2000 deleceared 59 percent of this sample nurses has experienced violence from patient's relatives. (Occupational Safety, 2004) special rules of hospitals like restricting visit time, waiting for long time to get services, conserving about patient's situation accessibility of officials for reception and discharge and sometimes neurosis problems and using drugs will also cause that nurses be under violence (Deborah, 2002) professional

Close relations between nurses and physicians and also relations among nurses cause some contacts there for patient's relatives physician and nurses are the most aggressors in workplace (O'Connell, 2000). According to oconnell report most verbal violences occurs by physicians (%42/8), managers (%32/7) and colleagues includes nurses and other partner (%30/1) (O'Connell, 2000).

Despite of the general definition of violence by the who we can't ignore the role of different cultures. In some cultures the exitance of some belives need to pay more attention. for example in relation between employee and

employee is not allowed to share his requirements, opinion and feeling with employer and totally it will create a big violence at work. Also studies in Brazile shows despite of having a good velation between employer and employee, high volume of work and low wages create violence (Martino, 2003).

The most reason for these violences among health care personnel is lack of clinical proficient and maybe because of this factor majority of these violences happens toward beginners (Farrell, 1999). Also similar to other studies according to nurses opinions. The mest common reason that they avoid to report violence is being useless or accepting violence as a part of their job (International Council, 2002; Ferns, 2005; Tomas, 2002 and Tayllor, 2000).

Based on studies all around the world it is not possible to show a clear definition for aggresses. Patients, their relatives and coworkers are the most aggressors but there is a big different in percentage of aggressors in different cultures. Nurses are under agrgrsion from different people. O'Connell (2000) and Doalfuond (2000) in their research found that the most aggressors or patients. Also Ericson (2000) and farell (2003) say usually patient attack nurses in Emergency and Norology section. oalfuound (2000) says: most violences happen during evening and night shifts.

Basic their social and cultural characterizes cause that they have different perception from violence. So regarding to their understanding there will be different responds (Ferns, 2005).

One of the most problems in implementation of reduction programs of violence is under availing to report. Also lack of recipes for reporting and complexity or time consuming process of reporting is another factor for deficiency of violence information (Ferns, 2005 and Farrell, 1999).

Some of the factors which increase violence according to this study are patients, lack of security facilities. And also lack of practical programs to prevent violence. That all are compatible with the results of other studies. In

Enuzun study %90.9 of nurses believe that it is essential to programs toward violence (Enuzun, 2005).

Lacks of nursing and security personnel especially during visit time and reports with offense of visitors are the most major factors to begin violence in hospital. Studies indicates that when %60 of special unit pass instruction periods to prevent violence, number of violence on that unit in comparing with others, reduce to one third (McPhaul, 2004). Finally participating nurses in this study believe these activities one effective to prevent and- manage violence: increase in number of nurses, on time attention of security guards, public training and refinement to clarification of news and its duties.

It is said that high-expectation of visitors from nurses is because they one uninformed about nurses duties. Since nurses are always accessible patients and their relatives believe that they can obtain all requirements by asking those (Nabb, 2000).

Conclusion

Results of these study shows that physical and verbal violence is a lot in nurse's place of work and lots of presentational procedures should be managed. Communiqué special orders to all nurses to report violence even unimportant occasions to collect essential information. Also managers, based on a clear process, should practically search about reports and find solution to prevent violence and protect nurses' job security. Implementing instructive workshops about opposition with violence increase in number of nurses and security facilities are important factors to prevent violence.

Tank and gratitude:

This study has done by scientific and financial supports of honorable.

References

American Nursing Association. (2001) "health and safety survey" <http://www.nursingworld.Org/surveys/hs> Survey. (Accessed Sep 2005).

Annette, R. (2005) "Verbal Abuse: A Problem for pediatric Nurses" *Journal of Pediatric Nursing* No. 31, pp. 271-279.

Bonnie, R. (2000) *Occupational and Environmental Health nursing.* (2nd. ed). Sanders: Philadelphia, pp. 703.

Carroll, V. (1998) "workplace violence affects one-third of nurses" <http://www.Nursing World/workplace violence> (Accessed Nov 2005).

Cary, L and S. Naomi. (2003) "workplace violence in the health sector: state of the art" <http://www.icn.ch/seworkplace/wp violence SAP> (Accessed Oct 2005).

Deborah, D. (2002) "The extent, nature and precipitating factors of nurse assault among three groups of registers nurses in a regional medical center" *Journal of emergency nursing* vol. 25, No. 1, pp. 11-17.

Enuzun eagan, F and A, Karadakovan. (2005) "Violence toward nursing staff in emergency departments in one Turkish city" *Journal of International Nursing Review* Vol. 52, pp. 154-160.

Erickson, J and S, Williams-Evans. (2000) "Attitudes of emergency nurses regarding patient assaults" *Journal of Emergency Nursing* vol.26, No. 3, pp. 210-215.

Farrell, G. (1999) "Aggression in clinical setting: nurses views- a follow-up study" *Journal of Advanced Nursing* vol. 29, No. 3, pp. 532-541.

Ferns, T and I. Chojnacka. (2005) "Reporting incidents of violence and aggression towards NHS staff" *Journal of Nursing Standard* vol. 19, No. 38, pp. 51-s6.

Foly, M. (2004) "Caring for those who care: "A tribute to nurse and their safety" http://www.nursing-world.org/oj_tnltopic25 /Accessed Des 2005).

International Council of Nurses. (2000) "Abuse and violence against nursing personnel" <http://www.icn.ch/ps violence 00> (Accessed Oct 2005).

International Council of Nurses. (2003) <http://www.ic-nch/seworkplace>.

John, B and J. Sullivan. (1999) *Clinical environmental health and toxic exposure.* (2nd.ed). liPPincott: Philadelphia, pp. 611-612.

John, W. (2002) "How prevalent is violence toward nurses working in genera Hospitals in the UK?" *Journal of advanced nursing* vol.39, No. 3, pp. 230- 240.

Martino, V. (2003) "workplace violence in the health sector: Country case studies" <http://www.icn.ch/workplace/wp> (Accessed Oct2005).

Mcphaul, K and J. Lipscom. (2004) "workplace violence in health care: Recognized but not regulated" <http://www.nursingworld.org/ojn/topic25/tpc25> (Accessed Des 2005).

Nabb, D. (2000) "Visitors violence: the serious effects of aggression on nurses and others" *Journal of Nursing standard* vol. 14, No. 23, pp. 36-38.

National Institute for Occupational safety and health. 2002 "Violence occupational hazards in hospital" <http://www.cdc.gov/niosh/workplace/olence.htm>. (Accessed Des 2005).

Occupational safety and health administration. (2004) "Guideline for preventing workplace violence for health care and social service workers" <http://www.osh.org> (Accessed Sep 2005).

O'Connell B and J. Young. (eds). (2000) "Nurses perceptions of the nature and frequency of aggression in general ward settings and high dependency areas" *Journal of Clinical nursing* vol. 9, No. 4, pp. 602-610.

Taylkor, D. (2000) "Student oreartion in managing violence and aggression" *Journal of Nursing Standard* vol. 14, No. 30, pp. 39-41.

Tomas, j. (2002). "Aggression and violence in health care professions" *Journal of advanced nursing* vol. 31, No. 2, pp. 452- 460.