

Examining the Frequency of Violence versus Nurses and the Factors Affecting It in Hospitals

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Abstract

Nurses are exposed to various types of violence due to direct contact with patients and exposure to multiple tensions. Therefore, the present study was conducted to investigate the frequency of violence against nurses and the factors affecting it among the personnel working in hospitals. This study was a descriptive-cross-sectional study whose population consisted of 340 nursing personnel. The data collection tool included a Workplace Violence and Demographic Questionnaire in the Health Sector Questionnaire. After completing and collecting the questionnaires, data analysis was done by SPSS statistical software. In the analysis, descriptive statistics and t and chi-square tests were used in inferential statistics. Based on the investigations, 52% of nurses had experienced verbal violence, 15.6 racial (ethnic) violence, and 12% physical violence. Patients' companions were the most common causes of physical violence (80.6%) and verbal violence (57.1%). Demographic characteristics including age, gender, education level, and work experience had a significant relationship with physical and verbal violence. In this study, according to the opinion of the nursing personnel, in most cases, the lack of restrictive laws and regulations, the lack of security facilities, and the lack of people's awareness about the duties of nurses were among the factors that caused violence in the workplace. The results of this study showed that the most common types of violence against nursing personnel were verbal and the patient's companions were the main perpetrators of violence in these cases. It seems that more appropriate control of patients and their companions, training of hospital security personnel, and increasing people's awareness of the duties of nursing personnel can reduce workplace violence.

Keywords: Nurses, Violence, Hospitals, Patients

Introduction

Violence can be considered as a harmful act that a person does to advance his goals and it is not only physical (physical), but also psychological aspects (obscenity, probing, isolating people, shouting, sexual harassment, rape), and include economic (breaking household items, etc.) [1-3]. According to the available studies, violence against medical personnel is a pervasive issue, the scope and frequency of which is increasing. Some researchers believe that the growing trend of violence in hospitals is a function of the overall increase in violence in societies. Violence occurs in many ways and is associated with many complications that involve health personnel and managers of health systems. Verbal threats and physical violence can lead to loss of working days, restriction of activity or work, loss of property, termination of employment, job change, medical treatment, and even death [4, 5].

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Nurses are more exposed to violence due to their direct contact with patients, and various researches have reported the prevalence of this phenomenon among nurses in different countries between 9 and 57 percent [6, 7]. Of course, according to statistics, in general, violence in the world is a growing trend. International reports indicate that 10-15% of employees are exposed to violence every year [8].

Between 2015 and 2019, more than three million violent attacks against healthcare workers have occurred in the world [9, 10]. According to a study in Turkey, the rate of violence against nursing personnel was reported between 37% and 72% [11]. In Hong Kong, the prevalence of violence against nurses is reported to be 44.6% [12]. In a study in Saudi Arabia, 50% of nurses had experienced violence at work [13]. In America, the rate of violence experienced by nurses was 71%, and the most common cause of violence was alcohol consumption by the patient or companion (7.94).

A review of the sources of the prevalence of violence and the factors affecting it in different countries and cultures shows that it is different. The statistics presented from different regions also confirm this content. In fact, despite the studies conducted, the exact amount of violence against nurses and the factors affecting it have not yet been determined [14-16]. On the other hand, due to the dependence of this phenomenon on geographical, social, and cultural conditions, its real dimensions still need to be explored. On the other hand, in the studies conducted, in addition to the difference in the prevalence of violence against nurses, the coping reactions used and the factors affecting it are less mentioned. Due to the difference in the frequency of violence in hospital environments of different regions, as well as the need to identify the factors affecting the occurrence of violence against nurses working in different hospitals and the lack of relevant research in this field, the present study aims to investigate the frequency of occupational violence against nursing and also factors affecting it were done.

Materials and Methods

This study is a cross-sectional descriptive research that was conducted in 2023. Inclusion criteria included work experience of at least 6 months, willingness to complete the questionnaire, and consent to participate in the study. Exclusion criteria included operating room personnel and incomplete completion of the questionnaire. Considering the inclusion criteria, finally, 340 people were considered eligible to enter the study.

The data collection tool included two demographic questionnaires and a workplace violence questionnaire in the health sector, which were provided to the participants in the study to complete. The workplace violence questionnaire in the health sector was prepared by the International Labor Office of the International Council of Nurses and the World Health Organization [17]. This questionnaire has 58 questions in 4 parts including physical violence (18 questions), sexual violence (12 questions), verbal violence (12 questions), and racial violence (13 questions). In this research, face, and content validity were used to determine the validity of the questionnaire, so the questionnaire was given to 11 members of the faculty of the University of Medical Sciences, and after making corrections, it was again given to 6 other professors to confirm the validity. It should be scientifically verified. To confirm its scientific validity or reliability, a pilot study was completed on 20 nurses working in hospital wards and the results were analyzed, Cronbach's alpha was calculated, and the correlation coefficient was 0.83, which is favorable.

After obtaining a written consent form from the participants, each of them individually completed the study questionnaire by self-report method and it was collected by the researcher. The data was analyzed using SPSS version 23 software. To determine the frequency of violence, descriptive statistics of average, absolute, and relative frequency were used, and to determine the related factors, chi-square, and independent t-tests were used.

Results and Discussion

Among the 340 nurses participating in the study, 300 completed the questionnaires and returned them, which was a response rate of 88%. The demographic information of the participants showed that the average age of the participants in the research was 35.82 ± 8.30 years. Their average work experience was 12.77 ± 8.33 years. Most of the participants were women (77%) and in terms of education (85.3%) had a bachelor's degree in nursing, and 52% had no children.

Table 1 shows that 40.3% of the participants sometimes rated their work environment as violent and 25% of them rated the work environment as dangerous most of the time. In addition, 3.12% were always worried about the possibility of danger and injury.

Table 1. Frequency and percentage of personnel's assessment attitude and concern about workplace violence (N: 300).

Your attitude towards workplace violence	Number (Percentage)
Always	22 (7.3)
Most of the time	40 (13.3)

Usually	52 (17.3)
Sometimes	121 (40.3)
No	65 (21.7)
Your assessment of the riskiness of the workplace	Number (Percentage)
Always	37 (12.3)
Most of the time	75 (25)
Usually	53 (17.7)
Sometimes	72 (24)
No	63 (21)
Your concern about the possibility of danger	Number (Percentage)
Always	37 (12.3)
Most of the time	47 (15.7)
Usually	61 (20.3)
Sometimes	86 (28.7)
No	69 (23)

In total, 79.6% of the personnel had experienced one type of violence. The most common type of violence reported by the participants was verbal violence (52%). In 23.3% of cases, the participants did not take any action in response to the violence, and in most cases (65.3%) they did not report the violence. On the other hand, in 59% of cases, the reason for not reporting violence is the lack of a system or guidelines for reporting violence. Among the people who reported the violence, in most cases (72.7%) no action was taken to follow up the violence. Most of the follow-up cases were done by security (74.4%).

In most cases, the opinion of the participants in this research regarding the reasons for the occurrence of violence is the lack of awareness of the people regarding nursing duties (24%) and the lack of security facilities (20.3%). Most of the participants (3.73%) were not trained in anger management. 57% of the participants believed that the lack of laws and regulations is the most important motivating factor for creating violence, and 41% believed that measures leading to safety in the sector are the most important factor for preventing violence.

In examining the relationship between the experience of violence with individual and organizational variables of personnel, the findings showed that age, work experience, gender, education level, employment status, workplace department, number of people working in the department, gender of workplace patients with both types of physical violence and verbal had a significant relationship ($P < 0.05$). Among the individual and organizational variables of marital status, the number of people working in the department and the number of shifts per week only had a significant relationship with verbal violence ($P < 0.05$) (**Table 2**).

Table 2. Investigating the relationship between individual and organizational characteristics with the experience of physical and verbal violence (N: 300).

	Physically abused people (36 people)	P-value	Verbally abused people (156 people)	P-value
Age (Years)	45.55 ± 6.53	< 0.001	37.55 ± 8.96	0.001
Work experience (Years)	22.97 ± 7.77	< 0.001	14.52 ± 8.89	0.001
Gender	Female	0.01	110 (70.5%)	0.006
	Male		46 (29.5%)	
Level of Education	Diploma	< 0.001	7 (4.5%)	0.009
	Bachelor		135 (86.5%)	
	MSc		14 (9%)	
Marital status	Single	0.05	46 (29.5%)	< 0.001
	Married		103 (66%)	
	Divorced		7 (4.5%)	
The number of beds in the workplace	5.30 ± 5.19	< 0.001	11.39 ± 6.26	0.722
Departments of the	Clinic	< 0.001	7 (4.5%)	< 0.0001
	Emergency		8 (22.2%)	

workplace	Children	7 (19.4%)		36 (23.1%)	
	Internal	7 (19.4%)		23 (14.7%)	
	Surgery	-		15 (9.6%)	
	Mental	-		-	
	Other	14 (38.9%)		22 (14.1%)	
The number of people working in the department		18.05±8.49	0.002	23.66±8.09	< 0.0001

This study was conducted to determine the frequency of violence against nurses and the factors affecting it among working nursing personnel. One of the important findings of the study was that 79% of the studied nurses had experienced various types of workplace violence against nurses, which indicates the high prevalence of violence against nurses. This finding is in line with the results of previous studies [18-20]. In the present study, verbal (52%), physical (12%), racial (7.15%), and sexual (0%) violence were reported. In the Gachi-Smith study, it was found that 25% of the personnel were exposed to verbal violence more than 200 times and 20 times to physical violence during the last three years [21]. In a study in Cairo, Samir *et al.* [22] reported that the most common type of violence was physical violence with 78.1%. Of course, it should be noted that in our study, physical violence against nurses was less frequent than verbal violence, which may be due to socio-cultural reasons or fear of the possible consequences of reporting this type of violence.

Another finding of the present study was that the companions of the patients were the most common group causing physical violence (80.6%) and verbal violence (1.57%). These results are largely similar to the results of other studies in this field [18, 19]. In a study conducted in Brazil on 267 nurses, it was found that 61.6% of nurses had experienced violence, 60% of them had faced verbal violence and 15.8% had faced physical violence from the patient [23].

In our study, according to the report of the participants, in most cases, there is a lack of awareness among the people regarding the duties of the personnel (24%), a lack of security facilities (0.3%), a small number of people in the department (7.13), judicial and legal issues of the patient (3.12%), and death of the patient and not having a training program for the prevention of violence (3.9%) have been considered as factors that cause workplace violence. In 2017, in his study, Bordignon considered the lack of proper security facilities and lack of training among the causes of violence against personnel [23], which is consistent with the results of our study. Another important finding in our study was that nurses reported the main reaction to acts of violence against them was to do nothing (23.3%) and to invite the attacker to calm down (16.7%). It seems that the mentioned finding also confirms the findings of previous studies [18], which show that nurses usually do not take any special action in dealing with cases of violence or invite the attackers to calm down.

The findings of the present study showed that the majority of the personnel cited the lack of public awareness of the duties of the personnel as the reason for the occurrence of violence (24%). Based on this finding, it can be said that increasing the general public's awareness of the duties of various hospital personnel and introducing the working aspects of nursing to the public through social media can be effective in reducing the number of violence against personnel. Other findings of this study showed that there was a significant relationship between the demographic variables of age, sex, marital status, and work experience of personnel and the experience of violence. This means that with increasing age and work experience, the experience of violence also increased. This finding is in line with the results of the study of Moghadis Bin *et al.* In the present study, the frequency of experiencing violence in women was higher than in men, and this difference was statistically significant. This finding was consistent with the study of Paryad *et al.* [24]. In the study of Mohamed [25] in Saudi Arabia, it was also found that the experience of violence had a significant relationship with the level of education and marital status. Perhaps improving the level of education and maturity of people can reduce the incidence of violence. In our study, it was found that the increase of people working in the department was related to the violence of experiencing more verbal violence and less number of physical personnel, and this relationship was also significant. This finding confirms that crowding and crowding of people in a department can cause verbal tensions, it increases the motivation for violence and physical attack of the perpetrators of violence. Therefore, to prevent and control physical violence against personnel in departments where fewer people are working, more security and protective measures should be taken into account. The agreement and alignment of most of the findings of this study with many studies is a confirmation of the high frequency of violence against nurses and it is necessary to promote the mental and physical health of patients and nurses, to create peace, motivation, and enthusiasm of the medical staff, to optimize the work environment, Increase human resources, necessary facilities and facilities. The main violence prevention strategy is stated in various employee training texts.

Every nurse should be able to identify the signs of violence in the workplace and take appropriate measures to deal with it [26]. Teaching strategies to deal with violent behavior, providing a safe work environment, creating training programs for nurses to deal with aggressive patients, teaching anger management methods, and

encouraging staff to report cases of violence help to prevent violent behaviors. Also, teaching communication skills and violence control to nursing students, supporting staff, appropriate use of physical restraint, and isolation rooms for aggressive patients and companions, the presence of sufficient staff to prevent the creation of violence, medical or psychological care of the victim nurse is necessary to prevent violence [27]. Annual training seems to be effective in this field [6].

Conclusion

The findings of this study showed that the level of workplace violence against personnel is high. Also, the lack of security facilities and being alone in the ward, as well as the lack of public awareness of nurses' duties, are very important factors in the occurrence of violence against nursing personnel. Therefore, training nurses on how to deal with patients and strengthening nurses' communication skills through training workshops for nurses, as well as improving how to manage violence in the health care system can be important factors in reducing workplace violence against nurses. It seems that workplace violence is one of the important problems of nurses working in the hospitals under study. It is necessary to deal with the issue of violence by adopting a preventive approach, in such a way that instead of treating the effects of violence, the causes are removed. At the same time, it is recommended to adopt a collaborative approach in the sense that all the components related to the problem are involved to reduce the problem. To have a collaborative approach, it is necessary to create open communication channels in the organization. Nurses should be able to freely express their feelings regarding the experience of violence and their opinions regarding changes in the work environment, and on the other hand, this type of participation should be welcomed by the management. Implementing programs and forming committees to deal with violence in hospitals are other solutions for creating open relationships in the organization.

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