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# The consequences of violence against nurses working in the emergency department: A qualitative study

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ABSTRACT

*Background:* Workplace violence (WPV) in healthcare organizations can lead to serious consequences that negatively affect nurses' lives and patient care. There is limited research on the deeper, underlying consequences of WPV for emergency nurses, particularly among emergency nurses in Iran.
*Methods:* A qualitative exploratory design was utilized. Semi-structured interviews were conducted with sixteen nurses working in emergency departments in five hospitals in west and east Azerbaijan of Iran. Data were analyzed using conventional content analysis.
*Results:* "Suffering nurses" emerged as a primary theme of underlying consequences of WPV for emergency nurses. Four sub-themes of suffering were revealed: "mental health risks"; "physical health risks"; "threats to professional integrity"; and "threats to social integrity."
*Conclusion:* Emergency nurses suffer from consequences following WPV. These consequences may not be addressed by staff health and safety programs, putting nurses at further risk. The findings of this study can help policy makers, healthcare leadership, and managers better understand the consequences of WPV so they can advocate for and establish WPV prevention programs and support for nurses who have experienced WPV. Preventing violence and providing support for nurses will ensure a safe workplace and safer patient care.



## 1. Introduction

Workplace violence (WPV) is one of the most challenging issues in healthcare organizations worldwide [1]. WPV can be defined as "An act of aggression directed toward persons at work or on duty, ranging from offensive or threatening language to homicide" [2,p. 9]. WPV is commonly understood as "any physical assault; emotional or verbal abuse; or threatening, harassing or coercive behavior in the work setting that causes physical and/or emotional harm." [2,p. 9]. Nearly 25% of violent incidents such as physical violence, verbal abuse and sexual harassment, happen in health care systems [3] and the probability of healthcare personnel experiencing violence is 16 times more than employees in other fields [4].

A high prevalence of WPV in health care systems has been reported all over the world such as 30% in USA [5], 9.5% in England [6], 36.4% in Japan [7], 91.4% in Jordan [8], 67.4% in Saudi Arabia [9], 85.2% in Turkey [10], and 66.8% in China [11]. Violence against nurses has been described as a silent epidemic that leads to serious consequences such as life-threatening injuries and post-traumatic stress disorders [12,13]. Healthcare work environments with the highest risk for WPV are emergency departments (EDs), psychiatric and intensive care units [1]. Many recent studies reported that the incidence of violence in EDs is growing increasingly around the world, including in Iran [14–17]. A recent survey conducted in Iran reported that 91.6% of nurses in teaching hospitals experienced verbal assault and 19.7% experienced physical violence during a one-year period [15]. The Emergency Nurses Association (ENA) developed a position statement. It discusses about the serious risk of WPV for emergency nurses, establishing and supporting "zero tolerance" policy; emergency nurses right to personal safety; training; reporting violent incidents; expectations of privacy, proper injury care and professional counseling; protection against violence acts; government regulations to support emergency nurses; and emergency nurses responsibility to participate in research and quality improvement projects aimed at preventing, mitigating and reporting WPV [18,p. 1].

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## 2. Background

Reviewing the literature revealed that despite of high prevalence and serious consequences of violence against nurses in Iran, the hospitals do not have appropriate policy and laws [14,19], educational programs [14,20], adequate security guards [19,21], appropriate reporting system [19–21], and zero-tolerance policy [22] to prevent and manage the incidence of violence against Iranian nurses. There is no supporting, consulting and follow-up treatment for staff who experience WPV [23] and more than half of nurses had not reported the violence because they believed that it was useless [24], they fear of repercussion and do not think it will get them anywhere [20]. A recent study in Iran showed that nurses react to WPV by "taking no action" (26.3%), "notifying the security guard" (23.5%), "trying to calm down the violent person" (19.2%), "pretending nothing happened" (16.1%), "trying to defend themselves" (12.3%), "report to superiors" (2.1%) and "suing the violent person" (0.5%) [25].

Despite the numerous studies regarding violence against nurses, there are still many unknown aspects about the aftermath of WPV for nurses, particularly for emergency nurses in Iran [20,21,26]. In Iran, studies have only focused on defining the issue of WPV as it relates to the type of violence encountered by emergency nurses and the sources and causes of the violence [20,26]. In order to understand the consequences of WPV for emergency nurses in Iran, it is essential to explore their perspectives and experiences of WPV. This study aimed to investigate the aftermath and consequences of WPV from the emergency nurse's perspective by using a qualitative research approach.

## 3. Methods

### 3.1. Design

Qualitative methods allow for in-depth investigation of individuals' experiences [27]. Given that WPV and its aftermath is a subjective, multidimensional, and complex phenomenon, a qualitative exploratory design was used to obtain a deep understanding of the phenomenon from nurses' perspectives. In this study, WPV referred to any physical and/or verbal violence.

### 3.2. Participants

Nurses who work in EDs were recruited from five hospitals in West and East Azerbaijan in Iran. Purposive sampling was used. Participants enrolled after study details were distributed among nurses by nurse managers within the five hospitals. Information was given to nurses who were interested to participate in the study by the principal investigator, and each participant provided written consent prior to participation. Inclusion criteria included having a minimum of one year of work experience as a nurse in an emergency department, a willingness to participate in the study, an experience of WPV while working in the ED, and the ability to communicate in Azari or Persian. Sixteen emergency nurses participated in the study.

### 3.3. Data collection

Face-to-face, in-depth, semi-structured interviews were conducted by the principal investigator during the 11-month period from February to December 2015. The interviews began with general questions, including, "Would you please describe your experience with violence in the emergency department?" More focused questions were then asked, including, "What effects did violence have on your life?" Based on the participants' responses, probing questions were asked to obtain a full understanding of their experiences. The duration of the interviews ranged from 38 to 104 min. A digital voice recorder was used to record each interview. Collection of data continued until data saturation was achieved [28], which was indicated by no new codes obtained from the last two interviews conducted.

### 3.4. Data analysis

Data were transcribed verbatim and analyzed using MAXQDA 10 software. A conventional six-step content analysis approach was utilized [29] including: 1) becoming familiar with transcribed data through immersion and reading to identify primary ideas; 2) generating initial codes in the transcription by reviewing line by line; 3) searching for and identifying categories; 4) reviewing categories to identify relationships between categories and subcategories; 5) naming and defining categories and sub-categories; 6) producing the final report from the analysis. Data were analyzed by the principal investigator. Data analysis was conducted at the same time as data were collected. A part of the interview context along with primary codes was given to participants. The data extracted by the researcher was compared to participants' viewpoints.

### 3.5. Ethical statements

The protocol for the research was registered and approved by the ethical committee of Tabriz University of Medical Sciences, Iran (IR.TBZMED.REC.1394.860) and the research conforms to the provisions of the Declaration of Helsinki in 1995 (as revised in Edinburgh 2000). All participants were fully informed about the purpose of the study and study procedures. Each participant provided written consent prior to participation. To ensure confidentiality, no participant names were used in any audio recording or transcripts.

### 3.6. Rigor

The criteria of dependability, credibility, transferability and confirmability were applied to the study to guarantee the trustworthiness and rigor of the research [30]. To confirm dependability, the entire research process was recorded and reported carefully. The credibility of the study was ensured by prolonged engagement with the participants, checking findings with experts (external audits) and participants (member checking) and a complete immersion with the data. To obtain transferability, the findings were confirmed by two experienced emergency nurses with WPV experience who did not participate in the study. To achieve confirmability, the careful recording of the complete study process and findings allowed a second researcher to examine the process and the results of the research. Agreement was confirmed, indicating a lack of researcher bias.

## 4. Results

### 4.1. Demographic profile of participants

All 16 nurses (9 males and 7 females) experienced violence in the ED. Age of participants ranged from 26 to 44 years (35 ± 5.6 years), Work experience ranged from 2 to 18 years (7.5 ± 3.0 years). Regarding education level, one nurse held a PhD, six had a master's degree, and the remaining participants held a bachelor's degree.

### 4.2. Categories

"Suffering nurses" emerged as a main category of the consequences of WPV experienced by emergency nurses. This category

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