



Prevalence of conceived violence against nurses at educational hospitals of Ilam, Iran, 2012



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ABSTRACT

Background and objectives: Health care staffs, all over the world, usually face harsh behavior. Violence in forms of verbal assault and physical action is experienced especially by hospital nurses; however, such violent behaviors are usually not reported, for some reasons. The aim of current study was to identify the workplace violence against nursing staff at educational hospitals of Ilam city (western Iran) in 2012.

Materials and methods: A descriptive study was carried out during July to August 2012 at three educational hospitals of Ilam city. Data collection was done from 106 randomly selected nurses through a questionnaire on types of violence, their sources, and ways to cope with them. Data analysis was carried out through descriptive statistics & Chi-square test.

Results: Totally, 43.84% of the participants had experienced and reported the violence, while the remaining 56.16%, despite being subjected to violence, did not report it. Out of all the studied people, 64.94% believed that reporting violence to officials would be useless. Considering the gender, 43% were male with reported violence rate of 53.57%, while the 57% population of females were reported a lower rate of 42.18% violence.

Conclusion and recommendation: Since most the violent actions have not been reported, it is suggested to develop proper organizational infrastructures, educational programs on reporting such violent behaviors as well as their management. Furthermore, it is recommended to plan more comprehensive educational programs for patients and the community to reduce such undesired aggressive actions against the nurses and other staff at hospitals.

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1. Introduction

Nowadays, health care staffs face more harsh behavior than ever before, all over the world (Gerberich et al., 2005; Islam, Edla, Mujuru, Doyle, & Ducatman, 2003). Of all the hospital personnel, nurses are the most exposed to verbal, emotional, and physical abuse. Nurses are the first and most available personnel throughout the hospitals forming a significant population. Their presence in stressful situations exposes them to more, even three times, abuse or harsh behavior from patients or their companions than other staffs (Shoghi et al., 2008).

Workplace violence constitutes an increasing health concern which is defined as any aggressive action resulting in injury or discomfort in victims (Cezar & Marziale, 2006; Whittington,

Shuttleworth, & Hill, 1996). Violent actions are categorized as non-verbal assaults/threats (fisting hands gestures, and fingering out at victims), verbal assaults/threats (screaming, and shouting), and physical assaults/threats (shoving, kicking, and snickering) (Adib, Al-Shatti, Kamal, El-Gerges, & Al-Raqem, 2002; Felton, 1997; Kisa, 2008). Perpetrators of violence against nurses are often found in aggressive behaviors of the patients and their attendants. Other factors include accidents increase, additional costs of keeping and employing the health staff, increased absenteeism (Findorff, McGovern, Wall, Gerberich, & Alexander, 2004; Littrell & Littrell, 1998), decreased efficiency and performance of staffs and nurses, increased leaving and resigning, (Luck, Jackson, & Usher, 2008; Winstanley & Whittington, 2004) increased patients' claims, and finally job and mental frustration of health staffs (Lin & Liu, 2005; O'Connell, Young, Brooks, Hutchings, & Lofthouse, 2000). Violence against nurses has been reported 62–95% in Taiwan, while 77.9% of the health staff has experienced at least one time verbal/physical violence from patients and/or their

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attendants. The current study is the first investigation on violence amongst nurses working at three educational hospitals of Ilam, Iran.

2. Materials and methods

In this descriptive study, 106 nurses out of 250 ones were selected in a simple random sampling method, from three educational hospitals (Imam Khomeini, Mostafa Khomeini, and Taleghani) of Ilam city. Data collection instrument was a national made questionnaire containing two main parts: demographic data (gender, marriage status, average number of shifts per week, shift rotation education, and wards' workplace; and violence data (a-verbal and physical violence of patients (5 items), b-verbal

and physical violence of attendants (3 items), and c-attitude and reaction of nurses during violent behavior (9 items). Validity and reliability of the questionnaire was assessed by content validity and test-retest methods, respectively. Correlation coefficient of items was calculated as 0.78. Inclusion criteria were having BSN or Diploma degree of nursing and at least 1 year profession precedence (Ghodsbin, Dehbozorgi, & Tayari, 2009; Salimi, Ezazi Erdi, & Karbakhsh Davari, 2007). Exclusion criteria were having no interest to take parts the study, and working in administrative and other jobs than nursing. Data collection was carried out during July to August 2012 by distributing the questionnaires to participants. Data analysis was done employing descriptive and analytic statistics such as frequency, independent *T* test, Pearson's correlation, and one way ANOVA at $P < 0.05$ level.

3. Results

Most the participants were from age group of 30–39 and from male surgery ward (Table 1). Female nurses reported that the violators' genders were joint, females and finally males, with frequency of 43.9%, 34.1%, and 22%, respectively. Most the violent accidents occurred during working days (83.8%), and the least (16.2%) on holidays.

Table 2 shows the frequency of verbal and physical violations of patients and attendants/sitters against nurses.

Fig. 1 represents the rate of reporting for violent cases in different wards during the year prior to the study time, which shows that labor and neonate wards possessed the most, and emergency ward of Mostafa Khomeini hospital was the least one. Fig. 2 reveals the reasons for not reporting violent cases.

There was a significant relationship between workplace/ward and main causes of violence according to one-way ANOVA at 5% level. Usually, insufficient nursing staff and improper security were the main reasons. Further, a statistically significant relationship was observed between workplace/ward and main reactions of nurses ($P < 0.05$); in other word, most the nurses tried to calm down fighters, but there were no relationship between workplace/ward with reporting rate, and also between fighters' disease diagnosed, with not reporting violence reasons of nurses. Also a

Table 1

Characteristics of nurses under investigation.

Characteristics of the nurses studied	N (%)
Age (years)	
<30	42 (39.6)
30–40	50 (24.7)
>40	14 (13.2)
Type of shift	
Permanent	2 (1.9)
Circulating	104 (98.1)
Education	
BSN	84 (79.2)
Diploma	22 (20.8)
Shifts per week	
<7 shifts	18 (17%)
7 shifts	22 (20.8)
>7 shifts	66 (62.2)
Years of work	
<5 years	26 (24.5)
5–9 years	30 (28.3)
10–14 years	6 (5.7)
≥ 15 years	44 (41.5)
Marital status	
Single	22 (20.8)
Married	84 (79.2)

Table 2

Demographic characteristics of study participants and their self-reported workplace violence exposures.

Variables	Physical assault of patient companion N (%)		Assault of patient companion N (%)		Verbal assault of patient N (%)		Physical assault of patient N (%)	
	Yes	No	Yes	No	Yes	No	Yes	No
Age group (year)								
<30	8 (19.23)	34 (80.07)	38 (90.38)	4 (9.62)	35 (82.7)	7 (17.3)	6 (7.7)	39 (92.3)
30–39	12 (24)	38 (76)	47 (94)	3 (6)	46 (92)	4 (8)	14 (28)	36 (72)
40–	4 (38.6)	10 (71.4)	11 (78.5)	3 (21.5)	12 (85.7)	2 (14.3)	5 (35.7)	9 (64.3)
<i>P</i>	0.522		0.117		0.531		0.004	
Gender								
Male	22 (41.5)	31 (58.5)	47 (88.7)	6 (11.3)	47 (88.7)	6 (11.3)	8 (15.1)	45 (74.9)
Female	6 (11.3)	47 (88.7)	48 (90.5)	5 (9.5)	18 (33.9)	29 (66.1)	18 (33.9)	29 (66.1)
χ^2	63.53		11.75		10.41		25.45	
<i>P</i>	0.001		0.851		0.885		0.011	
Education								
BSN	26 (31)	58 (69)	75 (89.3)	9 (10.7)	75 (89.3)	9 (10.7)	29 (34.5)	55 (65.5)
Diploma	5 (22.7)	17 (77.3)	20 (90.9)	2 (9.1)	19 (86.3)	3 (13.7)	4 (18.2)	18 (81.8)
χ^2	17.98		7.62		4.37		27.42	
<i>P</i>	0.196		0.558		0.710		0.061	
Times of aggressive events								
0	84 (79.2)	22 (20.8)	10 (9.9)	96 (90.1)	10 (9.9)	96 (90.1)	82 (77.4)	24 (30.6)
1–4	18 (17)	88 (83)	36 (34)	70 (66)	22 (30.2)	74 (69.8)	26 (15.1)	80 (75.4)
5–10	2 (1.9)	104 (98.1)	10 (9.4)	96 (90.6)	27 (25.4)	79 (74.6)	20 (19)	86 (81)
>10	2 (1.9)	104 (98.1)	50 (47.2)	56 (52.8)	48 (45.3)	58 (54.7)	6 (5.7)	100 (94.3)
<i>P</i>	0.072		0.001		0.339		0.001	

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